Bill Summary Comparison of

Health and Human Services

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| House File 2414-2 | Senate File UEH2414-1 |
| Article 12: Health Department | Article 9: Department of Health |

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| Section | Article 12: Health Department |  | Article 9: Department of Health |
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|  |  | Senate only | ****Section 1 (8.40**)** creates an account in the special revenue fund for the purpose of providing funds to pay for the litigation costs associated with actions related to the defense of the Pain Capable Unborn Child Protection Act. |
|  | Exceptions.Amends § 16A.151, subd. 2. Section 161A.151, subdivision 1, requires money recovered by the state in litigation or a settlement to be deposited in the general fund, and subdivision 2 establishes exceptions to this rule. Paragraph (f) establishes an additional exception, requiring money the state receives from litigation regarding annual settlement payments on transferred tobacco brands to be deposited in a new tobacco use prevention account. | House only  |  |
|  | Industrial hemp.Amends § 18K.02, subd. 3. Amends the definition of industrial hemp in the chapter that authorizes persons licensed by the commissioner of agriculture to grow industrial hemp for commercial purposes and authorizes the processing, selling, and buying of industrial hemp grown in Minnesota, to make that definition conform with the definition of hemp in federal law. | House only; this section is in the Senate Agriculture Omnibus Bill, SF 2226, article 2 and also in the House Agriculture Finance Omnibus Bill, SF 2226, first unofficial engrossment, article 1. |  |
|  | Agricultural crop; possession authorized.Amends § 18K.03. Allows a hemp grower licensed by the commissioner of agriculture to sell hemp to medical cannabis manufacturers. | Senate allows a licensee to sell hemp products derived from hemp grown in Minnesota to medical cannabis manufacturers; House allows a licensee to sell hemp to a medical cannabis manufacturer. (House Ag bill permits a licensed hemp grower to possess, transport, sell, buy, or process hemp grown in another state.) | ****Section 2 (18K.03)**** authorizes a person licensed to grow industrial hemp under chapter 18K to sell hemp products derived from industrial hemp grown in Minnesota to medical cannabis manufacturers. |
|  |  | Senate only | ****Sections 3 and 4 (62J.495)**** eliminate the date by which all hospitals and health care providers must have in place an interoperable health records system. |
|  | Boring.Amends § 103I.005, subd. 2. Amends the definition of “boring” in chapter 103I (which covers wells, borings, and underground uses) to specify that it includes temporary borings. | House only (SF 890, on floor) |  |
|  | Environmental well.Amends § 103I.005, subd. 8a. Amends the definition of “environmental well,” by clarifying that it does not include an exploratory boring. | House only (SF 890, on floor) |  |
|  | Temporary boring.Amends § 103I.005, subd. 17a. Defines “temporary boring” for chapter 103I. This term replaces the term “temporary environmental well” in this chapter. | House only (SF 890, on floor) |  |
|  | Notification required.Amends § 103I.205, subd. 1. Provides that a person is not required to notify the commissioner before constructing a temporary boring (instead of temporary environmental well as in current law). | House only (SF 890, on floor) |  |
|  | License required.Amends § 103I.205, subd. 4. Allows a person who is a professional engineer, hydrologist or hydrogeologist, professional geoscientist, or geologist, or who meets qualifications in rule, to construct, repair, and seal a temporary boring (in addition to an environmental well as in current law). Removes language authorizing a licensed plumber who does not have a well or boring contractor’s license under chapter 103I to repair submersible pumps or water pipes connected to water well water systems if the repair location is in an area with no licensed well contractors within 50 miles. | House only (SF 890, on floor) |  |
|  | Report of work.Amends § 103I.205, subd. 9. Modifies the deadline for submitting a report to the commissioner of health related to well or boring construction or sealing to within 60 days, rather than 30 days, of completing the work. | House only (SF 890, on floor) |  |
|  | Well notification fee.Amends § 103I.208, subd. 1. Makes an existing $75 fee apply to the sealing of temporary borings, and provides that a single notification and $75 fee is required for all borings on a single property. Exempts temporary borings less than 25 feet in depth from the notification and fee requirements in chapter 103I. Changes a term used, from “temporary environmental well” to “temporary boring.” | House only (SF 890, on floor) |  |
|  | Temporary boring and unsuccessful well exemption.Amends § 103I.235, subd. 3. Exempts temporary borings that were sealed by a licensed contractor (rather than temporary environmental wells as in current law) from requirements to disclose to a buyer the location of wells on the property. | House only (SF 890, on floor) |  |
|  | Temporary boring.Adds subd. 3a to § 103I.301. Requires the owner of a property with a temporary boring to have the temporary boring sealed within 72 hours after the start of construction of the temporary boring, and specifies who is authorized to seal the temporary boring. | House only (SF 890, on floor) |  |
|  | Notification required.Amends § 103I.301, subd. 6. Prohibits a person from sealing a temporary boring until a notification is filed with the commissioner, except that temporary borings less than 25 feet in depth are exempt from this notification requirement. Provides that a single notification is required for all temporary borings sealed on a single property. | House only (SF 890, on floor) |  |
|  | Notification and map of borings.Amends § 103I.601, subd. 4. Provides that one site fee of $275 must be submitted for all exploratory borings marked on the proposed boring map submitted to the commissioner of health, not $275 per exploratory boring. Also specifies the paper size for the map of proposed borings to be submitted to the commissioner. | House only (SF 890, on floor) |  |
|  | Fees for ionizing radiation-producing equipment.Amends § 144.121, subd. 1a. Requires facilities that use radiation**-**producing security screening systems to pay the commissioner of health a base registration fee of $100 plus $100 for each system in use. Defines security screening system for purposes on this section as radiation-producing equipment designed and used for security screening of humans who are in the custody of a correctional or detention facility, and used by the facility to image and identify contraband items concealed within or on all sides of a human body. Also defines correctional or detention facility. | Identical to SF 445, passed floor May 2, 2019, except Senate security screening system fee is $720 and House fee is $100 |  |
|  | Exemption from examination requirements; operators of security screening systems.Adds subd. 9 to § 144.121. Exempts employees of correctional or detention facilities who operate security screening systems and the facilities in which these systems are operated from certain statutory and regulatory requirements (e.g., operator need not have passed a national exam for limited x-ray machine operation) enforced by the Department of Health. | Identical to SF 445, passed floor May 2, 2019 |  |
|  |  | Senate only | ****Section 7 (144.1506, subdivision 2)**** authorizes primary care residency training grants that are longer than three years to be awarded for the duration of the residency so long as an average of $100,000 per residency per slot is not exceeded. |
|  | Data about births.Amends § 144.225, subd. 2. Amends a subdivision governing access to birth data, to allow:a tribal health department to obtain (1) contact information for a mother who was not married to a child’s father when the child was conceived and born and (2) the child’s date of birth (current law allows this information to be disclosed to a county social services department or a public health member of a family services collaborative); anda tribal child support program to access birth records for child support enforcement purposes. | House only |  |
|  | Health data associated with birth registration.Amends § 144.225, subd. 2a. Allows the commissioner of health to disclose to a tribal health department, health data associated with a birth registration that identifies a mother or child at high risk for serious disease, disability, or delay (current law allows the commissioner to disclose this information to a community health board). | House only |  |
|  | Certified birth or death record.Amends § 144.225, subd. 7. Directs the state or local office of vital records to issue a certified birth or death record or statement of no vital record found to any tribal governmental agency upon request, if the certified vital record is needed for the governmental agency to perform its duties (current law allows local, state, and federal governmental agencies to obtain certified vital records needed to perform their duties). | House only |  |
|  | Fee setting.Amends § 144.3831, subd. 1. Increases the annual service connection fee assessed by the commissioner of health for every service connection to a public water supply owned or operated by a city or town, from $6.36 to $9.72. | Identical | ****Section 8 (144.3831, subdivision 1)**** increases the annual fee-for-service connection to a public water supply, from $6.36 to $9.72. |
|  | Statewide tobacco cessation services.Adds § 144.397. Directs the commissioner of health to administer or contract for the administration of statewide tobacco cessation services to help Minnesotans quit using tobacco products. Lists tobacco cessation services that may be provided, and requires services to be consistent with evidence-based best practices and coordinated with tobacco prevention and cessation services offered to individuals through their health insurance. | Identical | ****Section 9 (144.397)**** requires the commissioner to administer statewide tobacco cessation services to assist individuals who are seeking advice or services to help them quit using tobacco products. The commissioner must establish statewide public awareness activities to inform the public of the availability of the services and encourage the public to use the services. |
|  | Tobacco use prevention account.Adds § 144.398. Establishes a tobacco use prevention account and annually appropriates money from that account for tobacco use prevention activities.Subd. 1. Account created. Creates a tobacco use prevention account in the special revenue fund, and directs the commissioner of management and budget to deposit into the account all money recovered by the state from litigation regarding annual tobacco settlement payments on transferred tobacco brands.Subd. 2. Uses of money in account. Appropriates $12 million each year from the account to the commissioner of health for tobacco use prevention activities. If the account contains less than $12 million on July 1, appropriates the amount in the account to the commissioner.Subd. 3. Definitions. Defines terms: consent judgment; litigation regarding annual tobacco settlement payments on transferred tobacco brands; and settlement agreement. | House only |  |
|  | Public policy.Amends § 144.412. Expands the public purposes of the Clean Indoor Air Act to include protecting employees and the public from involuntary exposure to aerosol or vapor from electronic delivery devices. | Identical | Section 10 (144.412) adds to the public policy of the MCAA to protect against involuntary exposure to aerosol or vapor from electronic delivery devices. |
|  | Scope.Amends § 144.413, subd. 1. Corrects a statutory citation listing statutes to which the definitions in this section apply, to make these definitions apply to the entire Clean Indoor Air Act. | Identical | Section 11 (144.413, subdivision 1) makes a conforming citation change. |
|  | Smoking.Amends § 144.413, subd. 4. The Clean Indoor Air Act prohibits smoking in certain locations. This subdivision amends the definition of smoking for the act, by:* specifying that smoking includes burning or carrying a lighted or heated cigar, cigarette, pipe, or other product;
* specifying that a lighted or heated product may contain, be made from, or be derived from nicotine, tobacco, marijuana, or another plant; and
* specifying that smoking includes carrying or using an activated electronic delivery device.
 | Identical | Section 12 (144.413, subdivision 4) modifies the definition of smoking to include the burning or carrying of a lighted or heated cigar, cigarette, pipe, or any other lighted or heated product containing, made, or derived from nicotine, tobacco, marijuana, or other plant that is intended for inhalation. Specifies that the definition includes carrying or using an activated electronic delivery device. |
|  | Day care premises.Amends § 144.414, subd. 2. Strikes language that includes the use of electronic delivery devices in the definition of smoking for purposes of prohibiting smoking in day care premises. (This language is no longer needed since another section adds the use of electronic delivery devices to the definition of smoking for the entire act.) | Identical | Section 13 (144.414, subdivision 2) makes a conforming change. |
|  | Health care facilities and clinics.Amends § 144.414, subd. 3. Strikes language that includes the use of electronic delivery devices in the definition of smoking for purposes of prohibiting smoking in health care facilities and clinics. (This language is no longer needed since another section adds the use of electronic delivery devices to the definition of smoking for the entire act.) | Identical | Section 14 (144.414, subdivision 3) makes a conforming change. |
|  | **Responsibilities of proprietors.**Amends § 144.416. In a section establishing responsibilities under the Clean Indoor Air Act for proprietors of public places, public transportation, places of employment, and public meetings, provides that the act does not prohibit a proprietor or other person or entity in charge from taking more stringent measures to protect individuals from involuntary exposure to aerosol or vapor from electronic delivery devices. | Identical | Section 15 (144.416) modifies this section to permit a proprietor of a business to take more stringent measures to protect individuals from involuntary exposure to aerosol or vapor from electronic delivery services. |
|  | Tobacco products prohibited in public schools.Amends § 144.4165. Makes the following changes to a section prohibiting the use or ingestion of tobacco, tobacco products, and electronic delivery devices at public schools:* removes a reference to the term “tobacco product”;
* clarifies that a person cannot carry or use an activated electronic delivery device;
* prohibits the use of tobacco or electronic delivery devices at charter schools; and
* strikes language that prohibits persons under 18 from possessing any of these items.
 | Differences:* House strikes a reference to tobacco product and Senate does not;
* House strikes language that prohibits persons under 18 from possessing tobacco and electronic delivery devices and Senate does not;
* House prohibits use of tobacco and electronic delivery devices in a charter school and Senate does not.
 | Section 16 (144.4165) modifies this section to prohibit carrying or using an activated electronic delivery device in public schools. |
|  | Tobacco products shop.Amends § 144.4167, subd. 4. In a subdivision in the Clean Indoor Air Act that allows sampling of tobacco products in a tobacco products shop, provides that a person under age 21 cannot enter a tobacco products shop at any time and modifies the description of products sold in a tobacco products shop. Also adds electronic delivery devices to the list of products from which a tobacco products shop derives more than 90 percent of its revenue. | **House only** |  |
|  | Local government ordinances.Amends § 144.417, subd. 4. In a subdivision governing authority of local governments under the Clean Indoor Air Act, provides that the act does not prohibit a local government from enacting more stringent measures to protect individuals from involuntary exposure to aerosol or vapor from electronic delivery devices. | Identical | Section 17 (144.417) modifies this section to permit a local government to pass more stringent measures to protect individuals from involuntary exposure to aerosol or vapor from electronic delivery devices. |
|  |  | Senate only | **Section 18 (144.552) Paragraph (a)**requires the commissioner to return in full payments made by a hospital to the commissioner to cover the costs of a public interest review if the commissioner fails to issue a finding within 150 calendar days of the initial submission of the hospital’s plan to increase its number of licensed beds. **Paragraph (b)**requires a hospital to respond to the commissioner’s request for additional information within 14 days of the commissioner’s request.**Paragraph (c)**increases the current 90-day default time limit for the commissioner to issue a public interest finding to 150 calendar days, but also eliminates the six-month time limit in extenuating circumstances.**Paragraph (c), clause (1),**modifies one of the conditions the commissioner is required to consider when performing a public interest review of a proposed hospital construction moratorium exception: under current practice, the commissioner considers the number of licensed beds when analyzing whether new hospitals or new licensed beds are needed “to provide timely access to care or access to new and improved services.” The amendment to paragraph (c), clause (1), requires the commissioner to consider instead the number of available beds and provides a definition of "available beds." |
|  | Eligibility for license condition.Amends § 144.562, subd. 2. Increases the total number of swing bed days critical access hospitals are allowed per year, from 2,000 days per hospital per year to 9,125 days per hospital per year. Strikes paragraphs that allow the commissioner of health to approve swing bed use beyond 2,000 days in certain conditions, that allow a hospital to admit a limited number of additional patients to swing beds once the 2,000-day limit is reached without commissioner approval or being in violation of this section, and that allow a health system to allocate its total limit of swing bed days among the hospitals within the system. | House only |  |
|  |  | Senate only | ****Section 19 (144.586, subdivision 3)**** requires hospitals discharging a medically fragile pediatric patient to ensure that arrangements are made and in place to implement the patients discharge plan prior to discharge. |
|  |  | Senate only | **Section 20 (144.591)** requires a hospital to provide to a patient within 30 days of discharge an itemized description of billed charges that includes a notation for each drug dispensed to the patient, the charge for which was increased by 5% or more over the hospital’s acquisition cost. |
|  | Newborn hearing screening advisory committee.Amends § 144.966, subd. 2. Under current law the newborn hearing screening advisory committee expires June 30, 2019. This bill extends the advisory committee to June 30, 2025, and adds the following two members to this committee: a representative from the Deaf Mentor Program, and a representative of the State Academy for the Deaf from the Minnesota State Academies staff, who must be appointed by September 1, 2019. | Both House and Senate extend the committee for six more years.House adds two members to committee. | ****Section 22 (144.966, subdivision 2)**** extends the newborn hearing screening advisory council until June 30, 2025. |
|  | Remedies available.Amends § 144.99. Allows the commissioner of health to enforce the medical cannabis sections (sections 152.22 to 152.37) using the tools and authority in the Health Enforcement Consolidation Act. (These provisions allow the commissioner to access information and property, list enforcement actions the commissioner may take, provide for contested case hearings, provide that a violation of a statute subject to enforcement under the act is a misdemeanor, and establish procedures for issuing administrative penalty orders.) | House only |  |
|  | Medication administration.Amends § 144A.43, subd. 11. Modifies the definition of medication administration in statutes governing home care providers. | House only (SF 971, on floor) |  |
|  | Medication reconciliation.Adds subd. 12a to § 144A.43. For statutes governing home care providers, defines medication reconciliation as the process of identifying the most accurate list of all medications a client is taking by comparing the client record to an external list of medications. | House only (SF 971, on floor) |  |
|  | Standby assistance.Amends § 144A.43, subd. 30. Modifies the definition of standby assistance in statutes governing home care providers. | House only (SF 971, on floor) |  |
|  | Change in ownership.Amends § 144A.472, subd. 5. Amendments to paragraph (a) clarify what constitutes a change of ownership for a home care provider business. New paragraphs (b) and (c) provide that when a change in ownership occurs, employees of the business under the old owner who continue employment with the business under the new owner are not required to undergo new training, except on policies of the new owner that differ from those of the old owner. | House only (SF 971, on floor) |  |
|  | Fees; application, change of ownership, renewal, and failure to notify.Amends § 144A.472, subd. 7. Adds a penalty of $1,000 for a home care provider with a temporary license that fails to notify the commissioner of health within five days after it begins providing services to clients. | House only (SF 971, on floor) |  |
|  | Issuance of temporary license and license renewal.Amends § 144A.473.Subd. 1. Temporary license and renewal of license. Exempts temporary licenses from the requirement that home care provider licenses are valid for up to a year from the date of issuance.Subd. 2. Temporary license. Adds a reference that temporary licenses can be extended according to subdivision 3. Requires the commissioner to survey temporary licensees within 90 calendar days after the provider begins providing services. Also changes terminology from license year to license period.Subd. 3. Temporary licensee survey. Modifies steps the commissioner may take if a temporary licensee is not in substantial compliance with a survey: in addition to not issuing a license as provided in current law, the commissioner may terminate the temporary license, or extend the temporary license and apply conditions. Establishes a deadline by which the commissioner must receive a reconsideration request and supporting documentation from a temporary licensee. Lists the circumstances under which a temporary licensee whose license is denied may continue operating. | House only (SF 971, on floor) |  |
|  | Types of home care surveys.Amends § 144A.474, subd. 2. In a subdivision governing home care provider surveys, defines change in ownership survey, and requires such surveys to be completed within six months after the commissioner issues a new license due to a change in ownership. | House only (SF 971, on floor) |  |
|  | Conditions.Amends § 144A.475, subd. 1. Permits the commissioner to refuse to grant a license as a result of a change in ownership, if a home care provider, owner, or managerial official engages in certain conduct. | House only (SF 971, on floor) |  |
|  | Terms to suspension of conditional license.Amends § 144A.475, subd. 2. Provides that a home care provider operating under a suspended or conditional license according to this subdivision may continue to operate while home care clients are being transferred to other providers. | House only (SF 971, on floor) |  |
|  | Plan required.Amends § 144A.475, subd. 5. Provides that a home care provider whose license is being suspended or revoked according to this subdivision may continue to operate while home care clients are being transferred to other providers. | House only (SF 971, on floor) |  |
|  | Prior criminal convictions; owner and managerial officials.Amends § 144A.476, subd. 1. Requires the commissioner to conduct a background study on owners and managerial officials of a home care provider before issuing a license due to a change in ownership. | House only (SF 971, on floor) |  |
|  | Employee records.Amends § 144A.479, subd. 7. Makes a technical change. | House only (SF 971, on floor) |  |
|  |  | Senate only | **Article 1, Section 12 (144A.479, subdivision 8)** inserts a cross-reference in the home care statute notifying home care providers of their obligation to submit labor market data. |
|  | Home care bill of rights; notification to client.Amends § 144A.4791, subd. 1. Clarifies that a client must receive a written notice of the home care bill of rights before the date services are first provided to the client. | House only (SF 971, on floor) |  |
|  | Statement of home care services.Amends § 144A.4791, subd. 3. Clarifies that a home care provider must provide the client with information about the home care provider’s license and the services the provider can provide before the date services are first provided to the client. | House only (SF 971, on floor) |  |
|  | Initiation of services.Amends § 144A.4791, subd. 6. Clarifies that if a client receives services before the client receives a review or assessment, a licensed health professional or registered nurse must complete a temporary plan and orient staff to deliver services. | House only (SF 971, on floor) |  |
|  | Basic individualized client review and monitoring.Amends § 144A.4791, subd. 7. Requires an initial review of the client’s needs and preferences to be completed within 30 days after the date home care services are first provided to the client. | House only (SF 971, on floor) |  |
|  | Comprehensive assessment, monitoring, and reassessment.Amends § 144A.4791, subd. 8. Requires an initial assessment or reassessment to occur within specified periods after the date home care services are first provided to the client. | House only (SF 971, on floor) |  |
|  | Service plan, implementation, and revisions to service plan.Amends § 144A.4791, subd. 9. Requires a service plan to be finalized within 14 days after the date home care services are first provided, rather than after the initiation of home care services. Modifies what the service plan must include regarding staffing and supervision. | House only (SF 971, on floor) |  |
|  | Medication management services; comprehensive home care license.Amends § 144A.4792, subd. 1. Requires a comprehensive home care provider to have policies to ensure security and accountability for management, control, and disposition of controlled substances, if the provider stores and secures controlled substances. | House only (SF 971, on floor) |  |
|  | Provision of medication management services.Amends § 144A.4792, subd. 2. Requires an assessment conducted before a home care provider provides medication management services, to include providing instructions to the client or a representative on interventions to manage medications and prevent medication diversion. | House only (SF 971, on floor) |  |
|  | Individualized medication management plan.Amends § 144A.4792, subd. 5. Requires medication reconciliation to occur as part of medication management. | House only (SF 971, on floor) |  |
|  | Medication management for clients who will be away from home.Amends § 144A.4792, subd. 10. Modifies requirements for medication management for clients who will be away from home:* for unplanned time away, limits the amount of medication a client may receive to the amount needed for seven calendar days (rather than 120 hours [five calendar days] as in current law); and
* requires written procedures that apply during unplanned time away when a registered nurse is not available, to specify how unlicensed staff must document unused medications that are returned to the provider.
 | House only (SF 971, on floor) |  |
|  | Treatment and therapy orders.Amends § 144A.4793, subd. 6. Requires treatment and therapy orders to be renewed at least every 12 months, and requires these orders to include information on the duration of the treatment or therapy. | House only (SF 971, on floor) |  |
|  | Content.Amends § 144A.4796, subd. 2. Makes a technical change to a subdivision governing what must be covered in home care provider employee orientation. | House only (SF 971, on floor) |  |
|  | Supervision of staff providing delegated nursing or therapy home care tasks.Amends § 144A.4797, subd. 3. Clarifies when supervision must take place for staff performing delegated tasks. | House only (SF 971, on floor) |  |
|  | Disease prevention and infection control.Amends § 144A.4798. Consolidates and updates disease prevention and infection control requirements for home care providers. | House only (SF 971, on floor) |  |
|  | Membership.Amends § 144A.4799, subd. 1. Allows persons who have received home care services within the past five years to be members of the home care and assisted living program advisory council. | House only (SF 971, on floor) |  |
|  | Duties.Amends § 144A.4799, subd. 3. Clarifies the topics on which the home care and assisted living program advisory council may provide advice to the commissioner. | House only (SF 971, on floor) |  |
|  | Integrated licensing established.Amends § 144A.484, subd. 1. Strikes an obsolete paragraph. | House only (SF 971, on floor) |  |
|  |  | Senate only | **Section 23 (144H.01, subdivision 5)**modifies the definition of “medically complex or technologically dependent child” to reduce the age of a child who may be served in a PPECC from 20 to 6 years of age. |
|  |  | Senate only | **Section 24 (144H.04, subdivision 1)**delays by two years, from 2018 to 2020, the initial licensing of PPECCs. |
|  |  | Senate only | **Section 25 (144H.04, subdivision 1a)**extends the phase-in for licensing additional PPECCs by two years. |
|  |  | Senate only | **Section 26 (144H.06)** modifies which Minnesota Rules apply to PPECCs by including an existing background study requirement and eliminating a redundant fee requirement. |
|  |  | Senate only | **Section 27 (144H.07, subdivision 1)** reduces by 1.5 hours, from 14 to 12.5, the maximum number of hours a PPECC may operate, and restricts the operating hours to normal waking hours. |
|  |  | Senate only | **Section 28 (144H.07, subdivision 2)**reduces by 1.5 hours, from 14 to 12.5, the maximum number of hours a child may be served in a PPECC during a 24-hour period. |
|  |  | Senate only | **Section 29 (144H.08, subdivision 8)** requires an administrator of a PPECC to have at least 2 years of experience managing the care of medically complex or technologically dependent children. |
|  |  | Senate only | **Section 30 (144H.11, subdivision 2)** eliminates the requirement that a registered nurse employed at a PPECC have recent experience caring for acutely ill or chronically ill children. |
|  |  | Senate only | **Section 31 (144H.11, subdivision 3)**eliminates the requirement that licensed practical nurses employed by PPECCs need two years of experience in pediatrics. |
|  |  | Senate only | **Section 32 (144H.11, subdivision 4)** makes technical changes. |
|  |  | Senate only | **Section 33 (145.4131, subdivision 1)** adds as part of the data that is required to be reported by a physician or facility performing an abortion information regarding whether a determination of probable post fertilization age was made and the probable post fertilization age determined including: (1) the method used; or (2) if determination was not made before performing the abortion the basis of the determination that a medical emergency existed; and if the abortion was performed after the determination age of 20 or more weeks the basis of the determination that the woman had a condition that necessitated the abortion to avert her death or to avert serious risk of substantial and irreversible physical impairment of a major bodily function that does not include psychological or emotional conditions. |
|  |  | Senate only | **Section 34 (145.4141)** defines the following terms: abortion; attempt to perform or induce an abortion; fertilization; medical emergency; physician; post fertilization age; probable post fertilization age of the unborn child; reasonable medical judgment; unborn child or fetus; and woman. |
|  |  | Senate only | **Section 35 (145.4142)** sets out legislative findings. |
|  |  | Senate only | **Section 36 (145.4143)** prohibits an abortion from being performed except in the case of an medical emergency, unless the physician performing the abortion has made a determination of the probable post fertilization age of the unborn child or relied on the determination made by another physician. |
|  |  | Senate only | **Section 37 (145.4144),** **subdivision 1** states that no person shall perform or induce or attempt to induce an abortion when it has been determined that the probable post fertilization age of the unborn child is 20 or more weeks unless, within reasonable medical judgment, the woman has a condition which so complicates her medical condition as to necessitate the abortion to avert her death or to avert serious risk of substantial and irreversible physical impairment of a major bodily function, not including psychological or emotional conditions.**Subdivision 2** states that when an abortion is performed on a woman whose unborn child has been determined to have a probable post fertilization age of 20 or more weeks and is not prohibited, the physician must terminate the pregnancy in a manner which provides the best opportunity for the unborn child to survive unless termination of the pregnancy in that manner would pose a greater risk either of the death of the woman or of substantial and irreversible physical impairment of major bodily function not including psychological or emotional conditions, to the woman than would other available methods. |
|  |  | Senate only | **Section 38 (145.4145), subdivision 1** states that any person who intentionally or recklessly performs or induces or attempts to perform an abortion in violation of these sections is guilty of a felony.**Subdivision 2** establishes civil remedies for a woman upon whom an abortion has been performed or induced in violation of these sections or a father of the unborn child who was the subject of an abortion. |
|  |  | Senate only | **Section 39 (145.4146)** provides privacy protections in a civil or criminal court proceeding or action brought under these sections.  Authorizes the court to determine whether to be preserved from public disclosure if she does not give her consent to such disclosure. |
|  |  | Senate only | **Section 40 (145.4147)** establishes severability if any portion of these sections are found to be unconstitutional. |
|  | Eligibility for grants.Amends § 145.4235, subd. 2. Modifies requirements for the positive abortion alternatives program to:* require an organization receiving a grant to indicate in its name, signage, and printed materials that its purpose is to support women in carrying their pregnancies to term and that it does not provide counseling or referrals for abortions; and
* require all written materials provided by an organization receiving a grant to be medically accurate, and to require the commissioner of health to approve any written materials.
 | Senate modifies the grantee requirements for the alternative to abortion program.House adds additional requirements for grantees, requires written materials to be medically accurate as defined, and requires the commissioner to approve written information to ensure it is medically accurate. | ****Section 41 (145.4235, subdivision 2)**** modifies the grantee requirements for the positive alternative grant program by making a program that has had an alternatives to abortion program in existence for at least two years prior to the date of the grant application eligible for a grant. |
|  | Privacy protections.Amends § 145.4235, subd. 3. Limits the information an organization receiving a positive abortion alternatives grant can release about a woman receiving services from the organization, to information releases expressly permitted in the woman’s written consent. Also requires an organization to allow a woman to copy her health record onsite, provide the woman with a copy of her health record, or provide the woman with information about the location of her health record if the woman no longer holds the health record. | House only |  |
|  | Provision of pregnancy test results.Amends § 145.4235, subd. 3a. Requires an organization receiving a positive abortion alternatives grant and providing pregnancy tests to women, to give women a written statement of the pregnancy test results at no cost, immediately after the test, and in the language requested by the woman. | House only |  |
|  | Duties of commissioner.Amends § 145.4235, subd. 4. Requires the commissioner to establish an evaluation process for positive abortion alternatives grants and to use that process to evaluate grants and inform grant award decisions for subsequent grant cycles. | House only |  |
|  |  | Senate only | **Section 42 (145.4242)** requires a physician to orally inform the patient of the opportunity to view or decline to view an active ultrasound image of the unborn child if at any time prior to the performance of an abortion the woman undergoes an ultrasound examination or the physician determines that ultrasound imaging will be used during the course of the abortion procedure. |
|  |  | Senate only | **Section 43 (145.4244)** requires a health care facility that performs abortions to provide the required printed information under the woman right to know act  on the facility’s website or provide a link to the Department of Health’s website. |
|  | Home visiting for pregnant women and families with young children.Adds § 145.87. Directs the commissioner of health to award grants to community health boards, nonprofit organizations, and tribal nations to start up or expand home visiting programs serving pregnant women and families with young children.Subd. 1. Definitions. Defines terms for this section: evidence-based home visiting program, evidence-informed home visiting program, and health equity.Subd. 2. Grants for home visiting programs. Directs the commissioner of health to award grants to start up or expand home visiting programs serving pregnant women and families with young children. Requires home visits provided by these programs to be provided by early childhood professionals or health professionals. Requires grant funds to be used for evidence-based home visiting programs that address health equity, or evidence-informed home visiting programs that address health equity. Also requires these programs to serve families or pregnant women who are high risk or have high needs.Subd. 3. Grant prioritization. Directs the commissioner to give priority in awarding grants to programs seeking to expand home visiting services with community or regional partnerships, and requires at least 75 percent of grant funds to be allocated to evidence-based home visiting programs that address health equity and up to 25 percent to be allocated to evidence-informed home visiting programs that address health equity.Subd. 4. No supplanting of existing funds. Requires funds distributed under this section to supplement, and not supplant, existing funding for evidence-based or evidence-informed home visiting programs.Subd. 5. Administrative costs. Allows the commissioner to use up to 10 percent of the annual appropriation for training and technical assistance and to administer and evaluate the program, and allows the commissioner to contract for the performance of some of these activities. | House only |  |
|  |  | Senate only | ****Section 44 (145.908, subdivision 1)**** specifies that the commissioner shall provide grants for screening and treatment for pre- and postpartum mood and anxiety disorders within the limits of available appropriations (instead of within federal funds that are available). |
|  | Community-based opioid prevention; pilot grant program.Adds § 145.9275. Directs the commissioner to establish a grant program to fund community opioid abuse prevention pilot grants to reduce emergency room and health care provider visits results from opioid use or abuse and to reduce rates of opioid addiction. Lists activities that may be funded using these grants. | House only |  |
|  | Goal; establishment.Amends § 145.928. Adds access to and utilization of high-quality prenatal care, to the list of priority areas in the eliminating health disparities program operated by the commissioner of health. | Same, except Senate strikes specific goal of decreasing disparities by 50% by 2010 and House does not. | **Section 45 (145.928)** modify the goals of the health disparities grant program to include reducing ethnic and racial disparities in access to and utilization of high quality prenatal care. |
|  | Community grant program; immunization rates, prenatal care access and utilization, and infant mortality rates.Amends § 145.928, subd. 7. Allows the commissioner of health to award grants through the eliminating health disparities grant program, for projects to decrease racial and ethnic disparities in access to and utilization of high-quality prenatal care. | Identical | **Section 46 (145.928)** modify the goals of the health disparities grant program to include reducing ethnic and racial disparities in access to and utilization of high quality prenatal care. |
|  | Community solutions for healthy child development grant program.Adds § 145.9285. Establishes the program, establishes duties for the commissioner of health, creates a Community Solutions Advisory Council, specifies organizations eligible for grants, requires the commissioner to develop a request for proposals for grants, requires grants to be prioritized and awarded to organizations and entities in counties with higher proportions of people of color and American Indians, and requires grant recipients to report grant outcomes to the commissioner.Subd. 1. Establishment. Directs the commissioner of health to establish the community solutions for healthy child development grant program, and establishes purposes for the program.Subd. 2. Commissioner’s duties. Requires the commissioner of health to develop a request for proposals for this program; provide outreach, technical assistance, and program development; review responses to the RFP; communicate with the ethnic councils, the Minnesota Indian Affairs Council, and the governor’s early learning council; establish an accountability process; maintain outcomes data; and contract with a third party to conduct evaluations.Subd. 3. Community Solutions Advisory Council. Requires the commissioner to appoint 12 people to a Community Solutions Advisory Council, requires at least 3 of these members to come from greater Minnesota, and lists duties for the advisory council. Also provides for compensation of advisory council members.Subd. 4. Eligible grantees. Provides that organizations eligible to receive grants include organizations that work with communities of color and American Indian communities, tribal nations and tribal organizations, and organizations focused on supporting healthy child development.Subd. 5. Strategic considerations and priority of proposals; eligible populations; grant awards. Directs the commissioner, in developing the RFP, to consider building on community capacity to promote child development and family well-being and to address social determinants of healthy child development. In awarding grants, requires the commissioner to give priority to proposals from organizations led by and serving people of color, led by and serving American Indians, with proposals focused on prenatal to grade 3 healthy development, with proposals focused on multigenerational solutions, located in or proposing to serve communities in moderate to high risk counties, or community-based organizations that have historically served communities of color and American Indians but have not had access to state grant funding. Requires initial grants to be awarded by April 15, 2020, and annually thereafter, and provides that grants are awarded for third-year periods.Subd. 6. Geographic distribution of grants. Requires the commissioner and the advisory council to ensure that grants are prioritized and awarded to organizations in counties with a higher proportion of people of color and American Indians than the state average, to the extent possible.Subd. 7. Report. Requires grant recipients to report grant outcomes to the commissioner. | House only |  |
|  |  | Senate only | Section 47 (145.986, subdivision 1) permits grants to go for a broader purpose than just obesity and tobacco use. |
|  |  | Senate only | Section 48 (145.986, subdivision 1a) requires projects to be proven-effective strategies and promising practices that can be evaluated with experimental or quasi-experimental designs. |
|  |  | Senate only | Section 49 (145.986, subdivision 4) specifies that the evaluation use the most appropriate experimental or quasi-experimental design suitable to the activity or project. |
|  |  | Senate only | Section 50 (145.986, subdivision 5) requires the reports to the legislature to include a description of the evaluation systems used. |
|  |  | Senate only | Section 51 (145.986, subdivision 6) makes conforming changes to the broader purposes of the SHIP grants. |
|  | Domestic violence and sexual assault prevention program.Adds § 145.987. Directs the commissioner of health to award grants to nonprofit organizations for domestic violence and sexual assault prevention activities.Subd. 1. Program established. Directs the commissioner of health to administer a domestic violence and sexual assault prevention program.Subd. 2. Grant criteria. Directs the commissioner to award grants to nonprofit organizations to develop new programs or sustain or expand existing programs, to prevent domestic violence and sexual assault. Lists activities that may be funded with these grants.Subd. 3. Definition. Defines domestic violence and sexual assault to include intimate partner violence, sex trafficking, domestic abuse, criminal sexual conduct crimes, abusive international marriage, forced marriage, and female genital mutilation.Subd. 4. Promotion; administration. Allows the commissioner to spend up to 15 percent of program funding each fiscal year to promote and administer the program.Subd. 4. Nonstate sources. Allows the commissioner to accept contributions from nonstate sources, and appropriates those contributions to the commissioner for this program.Subd. 5. Program evaluation. Requires the commissioner to report by February 28 of each even-numbered year to the legislative committees governing health, on grants made under this section. Directs the commissioner to evaluate the effectiveness of the program, and to use the evaluation information to inform existing and proposed department policies and programs. Requires an organization receiving a grant to make available to MDH aggregate data on activities funded by the grant. | House only |  |
|  |  | Senate only | **Section 52 (151.72)** regulates the sale of certain cannabinoid products.          **Subdivision 1** defines hemp and labeling.**Subdivision 2, paragraph (a),** specifies that this section applies to the sale of any product, other than food, intended for human or animal consumption that contains cannabinoids extracted from hemp.**Paragraph (b)** specifies that a product that meets the requirements of this section may be sold for human or animal consumption.**Paragraph (c)** requires the product to be tested by an independent accredited third-party analytical laboratory.**Paragraph (d)** requires the product to bear a label that meets certain requirements.**Paragraph (e)** specifies when a product regulated under this section would be considered an adulterated drug.**Paragraph (f)** specifies when a product regulated under this section would be considered misbranded.**Paragraph (g)** states that no person who sells a product regulated under this section shall make a false, misleading, or unsubstantiated claim concerning health benefits.**Paragraph (h)** authorizes the Board of Pharmacy to issue cease and desist orders under the board’s current authority to embargo misbranded and adulterated drugs and to seek injunctive relief for any violations of this section. |
|  | Hemp.Adds subd. 5a to § 152.22. Defines hemp for purposes of the medical cannabis statutes, by referring to the definition of industrial hemp in chapter 18K. | Both House and Senate define hemp as industrial hemp, as defined in Chapter 18K. House specifies that hemp is not marijuana. Minor drafting differences. | **Section 53 (152.22, subdivision 5a)** adds a definition of “hemp” in the medical cannabis definition section. |
|  | Hemp grower.Adds subd. 5b to § 152.22. Defines hemp grower for purposes of the medical cannabis statutes. | House only |  |
|  | Medical cannabis.Amends § 152.22, subd. 6. Amends the definition of medical cannabis that applies to the medical cannabis statutes, to add raw cannabis delivered using a vaporized delivery method as an allowable delivery form. (Current law allows medical cannabis to be delivered through liquid, pill, a topical application, or a vaporized delivery method using liquid or oil, and the use of dried leaves or plant form is not permitted.) Makes this section effective August 1, 2020, or earlier if the commissioner of health certifies that the department has the procedures and guidelines in place to implement this section. | House adds raw cannabis as an allowable form and makes this section effective August 1, 2020, or upon certification from the commissioner that the department is ready to implement this section, whichever is earlier.Senate states that for purposes of the medical cannabis program, medical cannabis includes hemp acquired by a manufacturer from a licensed hemp grower. | ****Section 54 (152.22, subdivision 6)**** add hemp acquired by a medical cannabis manufacturer to the definition of medical cannabis for the purpose of the medical cannabis program. |
|  | Registered designated caregiver.Amends § 152.22, subd. 11. Amends the definition of registered designated caregiver, requiring a caregiver to be 18 or older rather than 21 or older as in current law and modifying the description of a patient’s disability that necessitates a designated caregiver. | House only |  |
|  | Registry verification.Amends § 152.22, subd. 13. Amends the definition of registry verification, to provide that it does not list the patient’s qualifying medical condition and to list the patient’s spouse if the spouse is acting as caregiver to the patient. | House only |  |
|  | Qualifying medical condition.Amends § 152.22, subd. 15. Amends the definition of qualifying medical condition that applies to the medical cannabis statutes, to:* remove the additional qualifications that a person with cancer or terminal illness must satisfy in order to obtain medical cannabis (under current law, a person with cancer or terminal illness may obtain medical cannabis only if the condition or treatment produces severe or chronic pain, nausea or severe vomiting, or cachexia or severe wasting. The amendment to this subdivision removes those additional requirements.); and
* add (1) any chronic condition for which an opiate could otherwise be prescribed, and (2) chronic pain or intractable pain, as qualifying medical conditions. (The commissioner of health added intractable pain to the list of qualifying medical conditions in December 2015, and patients with intractable pain were eligible to obtain medical cannabis beginning August 1, 2016. Chronic pain is a new qualifying medical condition being added by this amendment.)

Makes this section effective August 1, 2020. | House only |  |
|  | Medical cannabis manufacturer registration.Amends § 152.25, subd. 1. Provides that a registration agreement between a medical cannabis manufacturer and the commissioner is not transferable. | House only |  |
|  | Revocation or nonrenewal of a medical cannabis manufacturer registration.Amends § 152.25, subd. 1a. Makes a conforming change with the amendment to section 152.25, subdivision 1, which makes registration agreements not transferrable. | House only |  |
|  | Notice to patients.Amends § 152.25, subd. 1c. Includes spouses acting as caregivers to patients enrolled in the medical cannabis program, in a subdivision requiring the commissioner to notify certain people if the commissioner takes action that may affect a manufacturer’s ability to provide medical cannabis. | House only |  |
|  | Reports.Amends § 152.25, subd. 4. Directs the commissioner to provide updates to certain legislative committees and to the task force on medical cannabis therapeutic research on (1) changes in federal law regarding the use of hemp, and (2) the market demand and supply for products made from hemp that can be used for medicinal purposes. | Minor differences; staff recommends House. | ****Section 55 (152.25, subdivision 4)**** requires the commissioner of health to update the medical cannabis task force on the market demand and supply of hemp products that can be used for medicinal purposes. |
|  | Commissioner duties.Amends § 152.27, subd. 2. In a subdivision that in part requires the commissioner to create a certification for health care practitioners to use to certify whether a patient with a qualifying medical condition needs a designated caregiver, modifies the description of a patient’s disability that necessitates a designated caregiver. | House only |  |
|  | Patient application.Amends § 152.27, subd. 3. In a subdivision establishing requirements for patients to apply for enrollment in the medical cannabis program, modifies the description of a patient’s disability that necessitates a designated caregiver. Also adds spouses as patient caregivers to the certification from a health care practitioner regarding the patient’s qualifying medical condition and need for a caregiver. | House only |  |
|  | Registered designated caregiver.Amends § 152.27, subd. 4. In a subdivision establishing procedures and requirements for designated caregivers to be registered under the medical cannabis program, lowers the age for a caregiver from 21 to 18; modifies the description of a patient’s disability that necessitates a designated caregiver; requires a designated caregiver’s background check to be renewed every two years; and provides that a registered designated caregiver may also be a patient enrolled in the registry program and may possess and use medical cannabis as a patient. | House only |  |
|  | Parents, legal guardians, and spouses.Amends § 152.27, subd. 5. Adds spouses of patients to the list of people who may act as a patient caregiver without having to register as a designated caregiver. | House only |  |
|  | Patient enrollment.Amends § 152.27, subd. 6. Removes a patient’s qualifying medical condition from the information listed on the patient’s registry verification. Also adds a patient’s spouse if acting as a patient caregiver, to the information included on a registry verification. | House only |  |
|  | Health care practitioner duties.Amends § 152.28, subd. 1. Allows a health care practitioner to use telemedicine to conduct a patient assessment to issue a recertification that a patient has a qualifying medical condition. Also modifies the description of a patient’s disability that necessitates a designated caregiver. | Minor differences; staff recommends House in paragraph (a), clause (2).Difference in clause (3) conforms to a House only change. | **Section 56 (152.28, subdivision 1)** authorizes a health care practitioner to conduct a registered patient assessment for recertification of a qualifying condition via telemedicine. |
|  | Manufacturer; requirements.Amends § 152.29, subd. 1. Increases the number of medical cannabis distribution facilities that must be operated in the state from four to eight. Directs the commissioner to designate geographic service areas served by each manufacturer, and prohibits a manufacturer from having more than two distribution facilities located in each geographic service area. Allows a manufacturer to obtain hemp from a hemp grower, and process that hemp into an allowable form of medical cannabis. Provides that hemp is subject to quality control, security and testing, and other requirements that apply to medical cannabis plant material, and requires a manufacturer to verify that a hemp grower is licensed by the commissioner of agriculture before obtaining hemp from the hemp grower. | **Paragraph (a) is the same except for a technical difference; staff recommends Senate.****In paragraph (b), Senate specifies that hemp obtained from a medical cannabis manufacturer must be grown in Minnesota; House does not specify this. Also a technical difference because House defines hemp grower for this chapter and Senate does not, and other technical differences.****In paragraph (c), Senate requires hemp obtained from a manufacturer to be laboratory-tested the same as medical cannabis, and House does not.****In paragraph (d), House provides that security measures to prevent theft of medical cannabis also apply to hemp and Senate does not because Senate defines medical cannabis to include hemp in another section. Also technical difference because House defines hemp grower for this chapter and Senate does not, and other technical differences.****Paragraph (e) technical difference; staff recommends Senate.**Paragraph (m) technical difference because House defines hemp grower for this chapter and Senate does not. | **Section 57 (152.29, subdivision 1)** increases the distribution facilities that a manufacturer must operate from four to eight.  Requires the commissioner to designate the geographic service areas to be served by each manufacturer and limits the manufacturer to no more than two distribution facilities in each geographic service area assigned to that manufacturer.  This section also permits a manufacturer to obtain hemp from a hemp grower licensed under chapter 18K and make the hemp available to patients in one of the permitted forms. It also clarifies that hemp acquired by a manufacturer is subject to the same quality control, security, testing and other requirements as for medical cannabis under the program.  Finally this section requires the manufacturer to include in its operating documents procedures for the delivery and transportation of hemp between hemp growers and the manufacturers. |
|  | Manufacturer; production.Amends § 152.29, subd. 2. Requires hemp processing to take place in a secure setting, and allows a manufacturer to use hemp to provide a reliable, ongoing supply of medical cannabis. Requires hemp plant material to be processed into an allowable form of medical cannabis before it is distributed to patients. | **Paragraph (a) House specifies sources of medical cannabis for the registry program and Senate does not.****Paragraph (b) technical differences; staff recommends Senate.**Paragraph (c) House requires a manufacturer to process hemp plant material into an allowable form before distribution and Senate does not. | **Section 58 (152.29, subdivision 2)** conforming change, requiring a manufacturer to process hemp under the same requirements as medical cannabis. |
|  | Manufacturer; distribution.Amends § 152.29, subd. 3. Allows a manufacturer to transport medical cannabis or medical cannabis products to another manufacturer for the receiving manufacturer to distribute. Allows a manufacturer to distribute up to a 90-day supply of medical cannabis, rather than a 30-day supply as in current law. Makes a conforming change. | **In paragraphs (a) and (d) House allows one manufacturer to transport medical cannabis or products to the other manufacturer for distribution and Senate does not.****In paragraph (b), House strikes language specifying that manufacturers are not required to dispense medical cannabis products and Senate retains that language. Also House changes a term and Senate does not. (Staff recommends House term change.)**In paragraph (c), the difference relates to a House-only change; both House and Senate allow distribution of up to a 90-day supply of medical cannabis. | **Section 59 (152.29, subdivision 3)** extends the maximum supply that a manufacturer may dispense to a patient from 30 day supply to a 90 day supply. |
|  |  | Senate only | **Section 60 (152.29, subdivision 3a)** authorizes a manufacturer to staff a transport vehicle with only one employee if transporting hemp only. |
|  | Data practices.Amends § 152.31. Allows the commissioner to execute data sharing arrangements with the commissioner of agriculture to verify licensing, inspection, and compliance information related to hemp growers. | Minor differences; staff recommends House. | **Section 61 (152.31)** authorizes the commissioner to execute data sharing arrangements with the commissioner of agriculture to verify licensing information, inspections, and compliance related to licensed hemp growers. |
|  | Criminal and civil protections.Amends § 152.32, subd. 2. Makes a change to conform with other language allowing patient spouses to serve as caregivers to patients enrolled in the medical cannabis program. | House only |  |
|  | Intentional diversion; criminal penalty.Amends § 152.33, subd. 1. Specifies that transferring medical cannabis to another registered manufacturer or to a spouse caregiver of a patient does not subject a manufacturer to criminal penalties. | House only |  |
|  | Diversion by patient, registered designated caregiver, parent, legal guardian, or patient’s spouse; criminal penalty. Amends § 152.33, subd. 2. Adds patient spouses serving as caregivers to the list of patient caregivers subject to criminal penalties if they divert medical cannabis to a person other than the intended patient. | House only |  |
|  | Health care facilities.Amends § 152.34. Allows hospice providers, supervised living facilities, and other health facilities regulated by the commissioner of health to adopt reasonable restrictions on the use of medical cannabis. | House only |  |
|  | Impact assessment.Amends 152.36, subd. 2. Directs the task force on medical cannabis therapeutic research to evaluate the impact of using hemp and Minnesota’s activities involving hemp. | House only |  |
|  |  | Senate only | ****Section 62 (157.22)**** exempts from the licensure requirement under chapter 157 (food and beverage establishments) a food stand if the stand is operated by a person who is under the age of 14; located on private property with the property owner’s permission; has gross receipts or contributions of $1000 or less; and a sign is posted at the site that states that the products sold at the stand are not subject to state inspection or regulation if the stand offers for sale potentially hazardous food. |
|  | Suspension; illegal purchase of alcohol or tobacco.Amends § 171.171. In a section requiring the commissioner of public safety to suspend a person’s driver’s license for illegally purchasing alcohol or tobacco, strikes a clause referring to a petty misdemeanor penalty being eliminated in the bill for using false identification to purchase tobacco. Also provides that if a person lends a license or other identification to a person under 21 (rather than under 18 as in current law) for certain purchases, the commissioner must suspend the lender’s license, and modifies the purchases covered by this clause to include tobacco, a tobacco-related device, an electronic delivery device, or a nicotine or lobelia delivery product (rather than a tobacco product as in current law). | House only |  |
|  | Commissioner of health data. Amends § 214.25, subd. 2. Makes a technical change to a subdivision classifying data collected or maintained by the commissioner in administering the HIV/HBV/HCB prevention program (a program being repealed in this article), and strikes paragraphs authorizing disclosure of certain data under this program that are obsolete if the program is repealed. | House only |  |
|  | Administrative penalty for sales and furnishing; licensees.Amends § 461.12, subd. 2. In a subdivision establishing penalties for certain conduct by a retail seller of tobacco, tobacco-related devices, electronic delivery devices, and nicotine or lobelia delivery products, makes the following changes:* changes the age at or above which a person can purchase tobacco, tobacco-related devices, electronic delivery devices, and nicotine delivery devices from 18 to 21;
* makes the penalties apply for giving or furnishing these items, in addition to selling these items as in current law; and
* increases the penalties imposed for selling, giving, or furnishing to a person under age 21, and allows a license to be revoked for a third or subsequent violation.
 | House only |  |
|  | Administrative penalty for sales and furnishing; individuals.Amends § 461.12, subd. 3. In a subdivision establishing penalties for certain conduct by an individual, makes the following changes:* makes the $50 penalty apply to giving or furnishing tobacco, tobacco-related devices, electronic delivery devices, or nicotine or lobelia delivery products to an underage person, in addition to selling these items as in current law;
* changes the age at or above which an individual can buy these items from another individual, from 18 to 21; and
* makes imposition of the administrative penalty optional rather than mandatory.
 | House only |  |
|  | Alternative penalties for use of false identification; persons under age 21.Amends § 461.12, subd. 4. In a subdivision allowing local units of government to consult with interested persons to develop alternative penalties for using a false ID to buy tobacco, tobacco-related devices, electronic delivery devices, or nicotine or lobelia delivery products, makes the following changes:* changes references to “children” or “minors” to “persons under the age of 21 years”; and
* provides that the penalties must be alternative civil penalties and prohibits alternative penalties from including fines or monetary penalties.
 | House only |  |
|  | Compliance checks.Amends § 461.12, subd. 5. In a subdivision governing compliance checks conducted on retail sellers of tobacco products and related items, changes the ages of persons who may be involved in compliance checks (from over age 15 but under age 18 as in current law, to at least 17 but under age 21). Requires a person under age 18 to get a parent’s prior written consent to participate in compliance checks. Requires the local unit of government licensing retail sellers of tobacco products to report violations to the commissioner of human services by January 15 each year, and lists information these reports must include and may include. Requires the commissioner to make information in reports from the past five years publicly available, to make the most recent list of licensees publicly available, and to update this information at least annually. | House only |  |
|  | Defense.Amends § 461.12, subd. 6. Amends a subdivision establishing an affirmative defense to a charge of selling tobacco or related items to an underage person, by changing the age at which a person can purchase tobacco or related items from 18 to 21. | House only |  |
|  | Notice to commissioner; information shared with commissioner of human services.Amends § 461.12, subd. 8. By January 15 of each year, requires the commissioner of revenue to provide the commissioner of human services with a list of tobacco retailers currently licensed by local jurisdictions. (Local jurisdictions report this information to the commissioner of revenue within 30 days of issuing a license.) | House only |  |
|  | Ban on self-service sales; exceptions.Amends § 461.18. In a subdivision prohibiting self-service sales of tobacco and related items, amends the description of tobacco products shop to conform with language in section 144.4167, subdivision 4; changes the age at which a person can enter a tobacco products shop from 18 to 21; and adds sales of electronic delivery devices to the list of items sold at a tobacco products shop. Provides that a subdivision prohibiting the sale of tobacco products and related items from vending machines does not apply to vending machines in locations that cannot be entered by persons under age 21, rather than under age 18 as in current law. Also updates a citation to a provision in the Code of Federal Regulations, which governs tobacco product sales via vending machines, self-service displays, and mail-order sales. | House only |  |
|  | Age verification and signage required.Adds § 461.22.Subd. 1. Signage. Requires all locations where tobacco, tobacco-related devices, electronic delivery devices, and nicotine or lobelia delivery products are sold, to display a sign in plain view that selling these products to a person under age 21 is illegal. Makes this sign provide notice to people selling these products that they must verify the age of any person under age 30 who wants to buy one of these products.Subd. 2. Age verification. Requires a retail seller of tobacco products to verify that a person seeking to buy tobacco or a related item is at least age 21. Provides that verification is not required if the purchaser appears to be age 30 or older. | House only |  |
|  | Sale of tobacco to persons under age 21.Amends § 609.685.Subd. 1. Definitions. Modifies the description of items that are not tobacco. Makes a technical change to the definition of tobacco-related devices. Amends the definition of electronic delivery device by adding a reference to inhaling aerosol and removing language that a person uses an electronic delivery device to simulate smoking in the delivery of nicotine or another substance. Lists items that are included in the definition of electronic delivery device, and updates language describing products that are not electronic delivery devicesSubd.1a. Penalty to sell or furnish. Changes the penalty from a misdemeanor to a petty misdemeanor for a first violation if a person gives or furnishes tobacco or related items, in addition to selling these items as in current law, to an underage person, and changes the age from 18 to 21. Lowers the penalty for a subsequent violation from a gross misdemeanor to a misdemeanor.Subd. 2. Use of false identification. Strikes language regarding furnishing tobacco or related items to persons under age 18. Changes the penalty from a misdemeanor to an alternative civil penalty if a person under age 21 (rather than under 18 as in current law) buys or attempts to buy tobacco or a related item using a false ID.Subd. 2a. Alternative penalties. Directs law enforcement and court systems representatives to consult with interested persons to develop alternative penalties for persons under 21 who violate this section, and lists options for alternative penalties. Prohibits alternative penalties from including fines or monetary penalties.Subd. 3. Petty misdemeanor. Strikes a subdivision establishing a petty misdemeanor penalty for a person under age 18 who possesses or purchases tobacco or related items.Subd. 4. Effect on local ordinances. Updates references to a range of subdivisions since subdivision 3 is being stricken.Subd. 5. Exceptions. Updates the age of an Indian who may receive tobacco as part of a traditional spiritual or cultural ceremony, from under 18 to under 21, and updates the age of persons exempt from the penalties if the person purchases tobacco or related items for training, enforcement, education, or research purposes, from under 18 to under 21.Subd. 6. Seizure of false identification. In a subdivision allowing seizure of false identification, changes a term from retailer to licensee. | House only |  |
|  | Sale of nicotine delivery products to persons under age 21.Amends § 609.6855.Subd. 1. Penalty to sell or furnish. Changes the penalty from a misdemeanor to a petty misdemeanor for a first violation if a person gives or furnishes, in addition to sells as in current law, a product containing or delivering nicotine or lobelia to a person under age 21 (rather than 18 as in current law). Allows a product containing or delivering nicotine or lobelia to be sold to a person under age 21 if the product is a drug, device, or combination product authorized for sale by the U.S. Food and Drug Administration.Subd. 2. Use of false identification. Changes the penalty from a misdemeanor to an alternative civil penalty if a person under 21 (rather than under 18 as in current law) buys or attempts to buy a nicotine or lobelia delivery product. Provides that penalties do not apply if a person under age 21 buys or attempts to buy these products for training, education, research, or enforcement purposes.Subd. 3. Alternative penalties. Strikes language establishing a penalty for a person under age 18 who possesses or purchases a nicotine or lobelia delivery product. Directs law enforcement and court systems representatives to develop alternative penalties for persons under age 21 who violate this section, and lists options for alternative penalties. Prohibits alternative penalties from including fines or monetary penalties. | House only |  |
|  | Skin lightening products public awareness and education grant program.Subd. 1. Establishment; purpose. Directs the commissioner of health to develop a grant program to increase public awareness and educate communities on the health dangers of using skin lightening products that contain mercury.Subd. 2. Grants authorized. Directs the commissioner to award grants to community-based organizations serving ethnic communities, local public health entities, and nonprofit organizations that provide health care and public health services to minorities, and requires the commissioner to prioritize awarding grants to organizations that have historically served communities at significant risk from these products and that have not had access to state grant funding.Subd. 3. Grant allocation. Requires grant funds to be used to conduct public awareness and education activities on the dangers of these products, the symptoms and health effects of mercury poisoning, and how to dispose of products with mercury. Lists information a grant application must include. | House only |  |
|  | Revisor instruction.Directs the commissioner of health to correct cross-references in statute to conform with the repeal of the HIV/HBV/HCV prevention program. | House only |  |
|  |  | Senate only | ****Section 64 (Perinatal Hospice Grants)**** establishes the perinatal hospice grant program providing grants to eligible entities for the development of new perinatal programs or the expansion of existing programs, for training members of a multidisciplinary team providing perinatal hospice services, and for the creation and distribution of materials promoting the awareness of perinatal hospice programs. |
|  |  | Senate only | ****Section 65 (Plan for a Working Group on Links Between Health Disparities and Educational Achievement for Children from American Indian Communities and Communities of Color)**** requires the commissioner of health, in consultation with the commissioner of education, to develop a plan to convene a working group to examine health disparities and disparities in educational achievement for children from American Indian communities and communities of color. |
|  |  | Senate only | Section 66 (Sale of Certain Cannabinoid Products Workgroup) requires the commissioner of health to convene a workgroup to advise the legislature on how to regulate products that contain cannabinoids extracted from hemp. The results of the study must be submitted to the legislature by January 15, 2020 |
|  |  | Senate only | ****Section 67 (Short Title)**** states that sections 145.4141 to 145.4147 may be cited as the Pain Capable Unborn Child Protection Act. |
|  |  | Senate only | ****Section 68 (Study of Breastfeeding Disparities)**** requires the commissioner of health and community stakeholders to study and identify barriers, challenges, and successes affecting the initiation, duration, and exclusivity of breastfeeding. The commissioner is required to report to the legislature with any recommendations by September 15, 2020. |
|  |  | Senate only | **Section 69 (Study of Health Care Costs and Reimbursement Rates)** requires the commissioner of health to study and report to the legislature by February 1, 2020, the cost of health care in this state, including a comparison of reimbursement rates paid to providers under Medicare, medical assistance, and private commercial markets, and an analysis of the impact on hospitals if the commercial market were to reimburse hospitals at the Medicare rate.  |
|  |  | Senate only | Section 71 (Targeted Grant Program to Address Outbreaks of Vaccine-Preventable Diseases) requires the commissioner of health to award two-year grants to community health boards to fund immunization-related activities to address outbreaks of vaccine-related diseases and lower the risk of outbreaks of vaccine-preventable diseases in communities with low immunization rates. |
|  | Repealer.Para (a) repeals §§ 144.414, subd. 5 (prohibiting the use of electronic delivery devices in certain specific locations and authorizing political subdivisions and businesses to adopt more stringent prohibitions on the use of electronic delivery devices); 144A.45, subd 6, and 144A.481 (obsolete provisions regarding tuberculosis prevention and control for home care providers and the transition to a new licensing structure for home care providers).Para (b) repeals the HIV/HBV/HCV prevention program statutes January 1, 2020. | 1. Sec. 144.414, subd. 5 – Identical

Sec. 144.1464 – Senate only Sec. 144A.45, subd. 6 – House only (SF 971, on floor)Sec. 144A.481 – House only (SF 971, on floor)1. Identical

  | **Section 72**, **paragraph (a),** repeals section 144.1464 (summer health interns) and section 144.414, subdivision 5 (electronic cigarettes prohibited in certain locations) effective July 1, 2019.**Paragraph (b)** repeals sections 214.17 to 214.25 (infection control law for regulated persons) effective January 1, 2020. |