

House Research Act Summary

CHAPTER: 179

SESSION: 2016 Regular Session

TOPIC: Minnesota Department of Health Policy Bill

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Date: May 26, 2016

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Overview

This bill makes policy changes to provisions governing health carrier notifications of changes to provider networks (section 1), use of the all-payer claims database (section 2), the statewide trauma system (sections 3-4), Zika preparedness (section 5), home care and assisted living licensure (sections 6-18 and 39), body art technician licensure (sections 19-25), medical faculty licenses (section 26), medical cannabis (sections 27-33 and 40-41), hearing instrument dispensers (sections 34-36), and food, beverage, and lodging establishments (sections 37-38).

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- 1 Provider network notifications.** Adds section 62K.075. Requires a health carrier to update the carrier's Web site at least once a month with changes to the carrier's provider network, including provider changes from in-network to out-of-network status. If an enrollee notifies the health carrier, requires the health carrier to reprocess claims for services from a provider who changed from in-network to out-of-network, if the service was provided after the network change but before the change was posted. A claim does not need to be reprocessed if the carrier notified the enrollee of the network change before the service was provided, or if the health carrier can verify that its Web site accurately listed the provider's network status when the service was provided.
- 2 Restricted uses of the all-payer claims data.** Amends section 62U.04, subd. 11. Allows the commissioner of health to use data from the all-payer claims database for an additional three years (until July 1, 2019) to study variations in health care costs, quality, utilization, and illness burden based on geography or population.

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- 3 Level IV designation.** Amends section 144.605, subdivision 5. Modifies the procedure for a hospital to be designated as a level IV trauma hospital, by requiring the commissioner to arrange a site review visit before issuing the designation (instead of within three years of issuing the designation as in current law), after which the review team submits written recommendations to the Trauma Advisory Council. If the council then recommends the designation, the commissioner shall approve the designation. This section is effective October 1, 2016.
- 4 Trauma Advisory Council established.** Amends section 144.608, subdivision. 1. Modifies membership of the Trauma Advisory Council. Current law requires one member to be a board-certified pediatrician whose practice includes hospital emergency department care. This amendment requires the member to be either (1) a physician certified by one of three listed certification groups and practicing primarily in emergency department medical care; or (2) a surgeon certified in pediatric surgery whose practice involves the care of pediatric trauma patients in a trauma hospital.
- 5 Zika preparedness and response.** Adds section 144.945. Directs the commissioner of health to seek additional federal funds to maintain state and local public health readiness to address Zika-related public health threats; engage in Zika testing and surveillance; and monitor areas where mosquitoes carrying Zika may be found in Minnesota.
- 6 Exclusions from home care licensure.** Amends section 144A.471, subdivision 9. The amendment to clause (10) excludes employees of licensed home care providers from requirements that apply to licensed home care providers, when the employees of licensed home care providers respond to occasional emergency calls from individuals who live in settings attached to or next to the location where home care services are also provided.
- The new clause (11) excludes employees of nursing homes, home care providers, and boarding care homes from requirements that apply to licensed home care providers, when the employees provide occasional minor services free of charge to individuals who live in settings attached to or next to the nursing home, boarding care home, or location where home care services are also provided.
- 7 Temporary license.** Amends section 144A.473, subdivision 2. Modifies the length of time a temporary home care license is effective. Current law makes a temporary license effective for one year from the date of issuance. This amendment makes it effective for up to one year from the date of issuance.
- 8 Notice.** Amends section 144A.475, subdivision 3. Amends a subdivision governing notices to home care providers before certain disciplinary actions, to allow the commissioner to temporarily suspend a license, prohibit delivery of services, or issue a conditional license without providing the required notices if the commissioner determines there are level 4 violations or violations that pose an imminent risk of harm to the health or safety of people in the provider's care. If there are level 3 violations that do not pose an imminent risk of harm to health or safety, the commissioner must comply with the notice requirements in this subdivision. (A level 3 violation is one that harms a client's health or safety, and a level 4 violation is one that results in serious injury, impairment, or death.)
- 9 Expedited hearing.** Amends section 144A.475, subdivision 3b. Makes the expedited hearing requirements in this subdivision apply to appeals of issuance of a conditional license.

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Requires a home care provider whose license is temporarily suspended to comply with requirements for notification and transfer of clients, even if the provider appeals the suspension. Expands the scope of the hearing to include whether there were violations that posed an imminent risk of harm.

- 10 Immediate temporary suspension.** Adds subdivision 3c to section 144A.475. Allows the commissioner to issue an immediate temporary suspension of a home care provider's license or a conditional license if the commissioner finds level 4 violations or violations that pose an imminent risk of harm. Requires the commissioner to deliver notice of the suspension, establishes procedures for appealing the suspension, and requires a provider whose license is temporarily suspended to comply with requirements for notification and transfer of clients, even if the provider appeals the suspension.
- 11 Application of other law.** Adds subdivision 14 to section 144A.4791. Allows a home care provider to adopt reasonable restrictions on the use of medical cannabis by patients served by the home care provider. Also provides that home care provider employees are not violating chapter 152 (governing controlled substances and medical cannabis) when carrying out employment duties, such as caring for a patient authorized to use medical cannabis or distributing medical cannabis to a patient authorized to use it.
- 12 Prescriptions.** Amends section 144A.4792, subdivision 13. In a subdivision requiring prescriptions for all medications a home care provider manages for a client, changes a cross-reference to the definition of prescription from a definition in rules to a definition in statutes. The definitions have some technical differences but are the same in content.
- 13 Membership.** Amends section 144A.4799, subdivision 1. Changes the name of an advisory council from the home care provider advisory council to the home care and assisted living program advisory council.
- 14 Duties.** Amends section 144A.4799, subdivision 3. Authorizes the home care and assisted living program advisory council to provide recommendations to the commissioner of health on studies using data in the all-payer claims database, including studies on costs related to dementia and chronic diseases among the elderly.
- 15 Registration of home management providers.** Amends section 144A.482. Removes a requirement that the commissioner must approve orientation sessions attended by individuals who provide home management services.
- 16 Arranged home care provider.** Amends section 144D.01, subdivision 2a. Makes a technical change, replacing a repealed rules reference for home care providers with a reference to the chapter of statutes licensing home care providers.
- 17 Minimum requirements for assisted living.** Amends section 144G.03, subdivision 2. Makes technical changes, removing references to outdated terminology and to repealed rules that governed home care providers and replacing them, where appropriate, with statutory references.
- 18 Nursing assessment.** Amends section 144G.03, subdivision 4. Makes technical changes, removing a reference to repealed rules that governed home care providers and removing an obsolete term.

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- 19 Supervision.** Amends § 146B.01, subd. 28. Clarifies that there are two types of supervision for body art technicians, direct and indirect, and defines both types.
- 20 Licensure requirements.** Amends § 146B.03, subd. 4. Changes the structure of the subdivision on licensure of body art technicians to include two paragraphs. Existing language is designated as paragraph (a) and applies to all applicants for new licenses issued before January 1, 2017.
- Paragraph (b) requires an applicant for a technician license to submit a signed affidavit from each licensed technician who provided supervision for the experiences required for licensure. Requires the applicant to complete a minimum of five hours of coursework in bloodborne pathogens and various infection control techniques. This paragraph is effective for applicants for new licenses issued on or after January 1, 2017.
- 21 Licensure term; renewal.** Amends § 146B.03, subd. 6. Adds a requirement for the commissioner to notify a body art technician of pending license expiration at least 60 days prior to the expiration of the license.
- 22 Temporary licensure.** Amends § 146B.03, subd. 7. Strikes obsolete cross references.
- 23 Required supervised experience.** Amends § 146B.03, by adding subd. 12. Creates a separate subdivision for supervised experience requirements for body art technicians. For a tattoo license, a minimum of 200 hours of supervised tattoo experience is required. For a body piercing license, an applicant must perform 250 piercings under direct supervision and 250 piercings under indirect supervision. For a dual license, an applicant must complete the supervised experienced requirements for both tattoo and body piercing licenses.
- 24 Proof of age.** Amends § 146B.07, subd. 1. Requires body art technicians to require proof of age from clients who state they are 18 years of age or older.
- 25 Parent or legal guardian consent; prohibitions.** Amends § 146B.07, subd. 2. To allow a body art technician to perform body piercings on people under age 18, adds requirements for both the parent and the child to provide proof of identification that includes a photograph. Requires the parent or legal guardian to provide documentation to establish that the individual is the parent or legal guardian of the child.
- 26 Medical faculty license.** Adds section 147.0375. Authorizes the Board of Medical Practice to issue a license to practice medicine to an applicant who satisfies the listed education and training requirements and has been appointed to serve as a faculty member at an accredited medical school or osteopathic medical school. Allows the board to review any medical or osteopathic school before approving the school. Requires a licensee under this section to notify the board if the licensee resigns or is terminated from the faculty position, and directs the board to terminate the medical license in those situations. Requires licensees to comply with reporting requirements and continuing education requirements for physicians. Limits the practice of licensees under this section to the clinical setting of the medical school or an affiliated medical practice. Sunsets this section July 1, 2018.
- 27 Qualifying medical condition.** Amends section 152.22, subd. 14. Adds inflammatory bowel disease to the list of medical conditions for which patients may obtain medical cannabis.
- 28 Deadlines.** Amends section 152.25, subd. 3. Strikes obsolete language regarding notifications and extensions if the commissioner could not meet certain deadlines for

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registering manufacturers or if a manufacturer could not meet certain deadlines to begin distributing medical cannabis to patients.

- 29 Reports.** Amends section 152.25, subd. 4. Requires the commissioner to provide regular updates to the chairs and ranking minority members of the listed legislative committees regarding changes in federal law or regulatory restrictions for medical cannabis.
- 30 Manufacturer; distribution.** Amends section 152.29, subd. 3. Requires pharmacists to give final approval for distribution of medical cannabis to a patient, rather than requiring pharmacists to distribute medical cannabis. Allows consultations between a pharmacist and patient to determine proper dosages to be conducted using a videoconference, if the pharmacist can confirm the patient's identity, the consultation occurs while the patient is at a distribution facility, and the consultation meets privacy requirements that apply to telemedicine.
- 31 Transportation of medical cannabis; staffing.** Adds subd. 3a to section 152.29. Allows a manufacturer to staff a motor vehicle transporting medical cannabis with one employee if the medical cannabis is being transported to a laboratory for testing or to a facility for disposal. In all other cases, requires the vehicle to be staffed with at least two employees.
- 32 Administration.** Adds subd. 1a to section 152.36. Requires the commissioner of health to provide administrative and technical support to the task force on medical cannabis research.
- 33 Impact assessment.** Amends section 152.36, subd. 2. Makes minor and technical changes to language directing the task force on medical cannabis research to hold hearings to evaluate the impact of the use of medical cannabis.
- 34 Certification renewal notice.** Amends section 153A.14, subdivision 2d. Specifies that a renewal notice for certification as a hearing instrument dispenser must be mailed to the dispenser's last known address on record with the commissioner. Removes requirements that the renewal notice must contain a renewal application and a notice of required fees.
- 35 Certification by examination.** Amends section 153A.14, subdivision 2h. Amends a subdivision establishing certification requirements for hearing instrument dispensers, to require the commissioner to administer the practical examination at least twice a year. Also prohibits an applicant from taking the practical examination more than three times in a two-year period. The commissioner no longer administers the written portion of the examination.
- 36 Hearings.** Amends section 153A.15, subdivision 2a. In a subdivision establishing notice requirements before the commissioner may discipline a hearing instrument dispenser, permits notice to be provided personally or by certified mail, return receipt requested.
- 37 Special event food stand.** Amends section 157.15, subdivision 14. In a chapter governing food, beverage, and lodging establishments, amends the definition of special event food stand by removing language that limited operation of the food stand to no more than three times a year. With this amendment, a special event food stand may operate for no more than ten total days within the food stand's license period.
- 38 Posting requirements.** Amends section 157.16, subdivision 4. Requires a food and beverage service establishment, youth camp, hotel, motel, lodging establishment, public pool, or resort to post its original license (current law does not specify that the original license must be

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posted). Strikes language requiring mobile food units, food carts, and seasonal temporary food stands to be issued decals, and to post these decals.

- 39 Residential care and services electronic monitoring work group.** Establishes a residential care and services electronic monitoring work group to develop recommendations for legislation to authorize the use of voluntary electronic monitoring to protect vulnerable adults and children. Lists membership of the work group, and requires the commissioner of health to convene the first meeting by July 1, 2016. Exempts the work group from the appointments requirements in section 15.0597. Allows the work group to accept donated services, and provides that work group members must serve without compensation or reimbursement for expenses. Requires a report to the chairs and ranking minority members of the listed legislative committees by January 15, 2017, and makes the work group expire 30 days after it completes its work.
- 40 Appropriation.** Appropriates \$24,000 in fiscal year 2017 from the general fund to the commissioner of health to administer a medical cannabis task force, and for the task force to conduct an impact assessment on the use of cannabis for medicinal purposes.
- 41 Appropriation cancellation.** Cancels to the general fund a \$24,000 appropriation to the Legislative Coordinating Commission that had been appropriated for administration of the medical cannabis task force.