HOUSE RESEARCH

Bill Summary

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Article1: Children and Families

Overview

This article updates provisions related to Northstar Care for Children. It modifies provisions related to random drug testing in general assistance (GA) and MFIP statutes. It creates procedures to ensure child foster homes are smoke-free.

1 **Contribution amount.** Amends Minnesota Statutes 2013 Supplement, § 252.27, subd. 2a. Adds a cross reference to chapter 256N, Northstar Care for Children.

2 **Children eligible for subsidized adoption assistance.** Amends Minnesota Statutes 2013 Supplement, § 256B.055, subd. 1. Adds a cross reference to chapter 256N, Northstar Care for Children.

3 **Person convicted of drug offenses.** Amends § 256D.024, subd. 1. Makes random drug testing of individuals receiving GA who have been convicted of a felony drug offense since July 1, 1997, permissive rather than required.

4 **Special needs.** Amends § 256D.44, subd. 5. Modifies MSA special needs housing provisions by removing limits on the number of housing units in a multifamily building that may be occupied by recipients of this program.

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5 **License required.** Amends § 265I.04, subd. 2a. Modifies the list of types of residence that may be used to provide GRH services to include residences licensed by the commissioner of human services as community residential settings.

6 **Group residential housing agreements.** Amends § 256I.04, subd. 2b. Adds paragraph (b), allowing the commissioner to enter into an agreement with a provider serving veterans who meet GRH eligibility criteria and reside in a GRH-eligible setting located in Stearns County. Makes Stearns County responsible for monitoring and oversight of the setting. Allows the agreement to be terminated with or without cause by either the commissioner or the provider with two calendar months prior notice. Makes this agreement subject to specified county agreement and negotiated rate requirements. Makes this section effective the day following final enactment.

7 **Person convicted of drug offenses.** Amends § 256J.26, subd. 1. Makes random drug testing of individuals on MFIP who have been convicted of a felony drug offense in the past ten years permissive rather than required. Makes vendor payment of benefits for the entire assistance unit permissive rather than required when a member of the assistance unit has a felony drug conviction.

8 **Licensed child foster parent.** Amends Minnesota Statutes 2013 Supplement, § 256N.02, by adding subdivision 14a. Defines "licensed child foster parent" as a person licensed for child foster care under relevant Minnesota Rules, or by a Minnesota tribe.

9 **Placement in foster care.** Amends Minnesota Statutes 2013 Supplement, § 256N.21, subd. 2. Provides that a child in out-of-home placement is eligible for foster care benefits when the legally responsible agency has placement authority and care responsibility and

- the child is placed with a licensed child foster parent, or
- the child is in an emergency relative placement, a licensed adult foster home, or an independent living setting.

10 **Background study.** Amends Minnesota Statutes 2013 Supplement, § 256N.21, by adding subd. 7. Paragraph (a) requires a county or private agency to conduct a background study for child foster care licensing in accordance with chapter 245C and the Adam Walsh Act.

Paragraph (b) requires a tribal organization to conduct a background study for purposes of child foster care licensing in accordance with the Indian Child Welfare Act and, when applicable, the Adam Walsh Act.

11 **Exclusions.** Amends Minnesota Statutes 2013 Supplement, § 256N.22, subd. 6. Adds that the commissioner shall not enter into a guardianship assistance agreement with the stepparent of a child.

12 **General eligibility requirements.** Amends Minnesota Statutes 2013 Supplement, § 256N.23, subd. 1. Clarifies tribal social service agency responsibility in order for a child to be eligible for adoption assistance.

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13 **Time of and request for reassessments.** Amends Minnesota Statutes 2013 Supplement, § 256N.24, subd. 9. Provides that for a child in continuous foster care when six months have elapsed since the last assessment, a reassessment must be completed within 30 days, and annually thereafter.

14 **Caregiver requests for reassessments.** Amends Minnesota Statutes 2013 Supplement, § 256N.24, subd. 10. Strikes language allowing a foster parent to request a reassessment in less than six months when there has been a substantial change in the child's needs.

Adds paragraph (d) which provides that when a kinship assistance or adoption assistance agreement is signed by all parties, a reassessment cannot be requested or conducted for up to two years until the agreement goes into effect or expires.

15 **Financial considerations.** Amends § 257.85, subd. 11. Modifies the method used by the commissioner to reimburse the local agency for relative custody assistance payments.

16 **Parental responsibilities.** Amends § 259.35, subd. 1. Updates statutory cross references.

17 **Study required before placement; certain relatives excepted.** Amends § 259.41, subd. 1. Updates statutory cross references to Northstar Care for Children and adoption assistance.

18 **Placement decisions based on best interests of the child.** Amends § 260C.212, subd. 2. Adds that a review of the home study must be completed prior to a child's placement so a determination can be made as to whether the placement will meet the needs of the child.

19 **Duties of commissioner.** Amends § 260C.215, subd. 4. Requires the home study of prospective foster parents to address the capacity of the prospective parents to provide a smoke-free home environment for the child.

20 **Duties of child-placing agencies.** Amends § 260C.215, subd. 6. Adds that child-placing agencies must ensure foster homes maintain a smoke-free environment and ensure foster children are protected from the effects of second-hand smoke.

21 **Preventing exposure to secondhand smoke for children in foster care.** Amends § 260C.215 by adding subd. 9.

Paragraph (a) provides a list of settings in which a foster child must not be exposed to second hand smoke.

Paragraph (b) requires that the home study must include a plan to maintain a smoke-free environment.

Paragraph (c) instructs the child-placing agency to ask foster parents who do not provide a smoke-free environment to comply with a plan that includes training on the health risks of exposure to second hand smoke. Requires the agency to reassess the placement decision when a foster parent is unable to provide a smoke-free environment.

Paragraph (d) provides that placement of a child with a relative must not be affected by the requirements of this subdivision unless the relative is unable to provide for the immediate

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health needs of the specific child.

Paragraph (e) provides that this subdivision does not apply to traditional or spiritual Native American or religious ceremonies involving tobacco use.

22 **Welfare court services agency, and school records maintained.** Amends § 626.556, subd. 11c. Requires counties to maintain sufficient information on reports alleging child maltreatment that were not accepted for assessment or investigation so that repeat reports involving the same child can be identified. Requires counties to retain this information for 365 days from the date the report was screened out. Requires counties to enter this data into the state social services information system.

23 **Minnesota TANF Expenditures Task Force.**

Subd. 1. Establishment. Establishes the task force to analyze past TANF expenditures and make recommendations as to which, if any, programs currently receiving TANF funding should be funded by the general fund so that a greater portion of TANF funds can go directly to families receiving assistance through MFIP.

Subd. 2. Membership; meetings; staff. Specifies the membership of the task force. Requires members of the task force to serve without compensation or reimbursement of expenses. Requires the commissioner of human services to convene the first meeting of the task force by July 31, 2014. Requires the task force to meet at least quarterly. Requires staffing and technical assistance to be provided by DHS.

Subd. 3. Duties. Lists the duties of the task force. Requires the task force to consider certain issues when making recommendations including:

- the original purpose of the TANF block grant under federal regulations;
- potential overlap of the population eligible for the MFIP cash grant and the other programs currently receiving TANF funds;
- the impact of past expenditures on families who may be eligible for assistance through TANF; and
- the role of noncash assistance expenditures in maintaining compliance with federal law.

Subd. 4. Report. Requires the task force to submit an initial report by November 30, 2014, on past expenditures of the TANF block grant in Minnesota to the chairs and ranking minority members of the legislative committees with jurisdiction over health and human services policy and finance. Requires the task force to submit a final report, including any draft legislation necessary for implementation, by February 1, 2015, to the chairs and ranking minority members of the legislative committees with jurisdiction over health and human services policy and finance.

Subd. 5. Expiration. Provides this section expires March 1, 2015, or upon submission of the final report required under subdivision 4, whichever is earlier.

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24 **Revisor's instruction.** Requires the revisor to change the term "guardianship assistance" to "Northstar kinship assistance" in Minnesota Statutes and rules.

Article 2: Provision of Health Services

Overview

This article changes provisions related to the administration of opiate antagonists and influenza immunizations, regulation of pharmacy benefit manager contracts, the prescription monitoring program, and other topics related to the delivery of health care services.

1 **Basic life support.** Amends § 144E.101, subdivision 6. Adds administration of an opiate antagonist to duties a basic life-support ambulance service medical director may authorize service personnel to perform.

2 **Administration of influenza immunizations.** Adds § 150A.055.

Subd. 1. Practice of dentistry. States a licensed dentist is deemed to be practicing dentistry while administering an influenza vaccination.

Subd. 2. Qualified dentists. Limits administration of an influenza vaccination to only patients 19 years of age and older and only by those dentists who have immediate access to emergency response equipment and have received training approved by the Board of Dentistry that includes specified topics. Also requires dentists giving influenza vaccinations to follow guidelines established by the federal Advisory Committee on Immunization Practices.

Subd. 3. Coordination of care. Requires dentists to report the administration of an influenza vaccination to the Minnesota Immunization Information Connection or otherwise notify the patient's primary physician or clinic.

Effective date. The effective date is January 1, 2015, and applies to influenza immunizations performed on or after that date.

3 **Administration of opiate antagonists for drug overdose.** Amends § 151.37 by adding subdivision 12. Allows a licensed physician, advanced practice registered nurse, or physician assistant to authorize an emergency medical responder, police officer, or staff of community-based health disease prevention or social service programs to administer opiate antagonists. Those individuals may only administer the drug if they have received training on signs of overdose and have either a standing order or protocol from the physician, physician assistant, or advanced practice registered nurse.

4 **Definitions.** Adds § 151.71. Defines the following terms: community/outpatient pharmacy, covered individual, extended days supply, health care provider, health plan, health plan company, long-term care pharmacy, mail-order pharmacy, managed care organization, maximum allowable cost, nationally available, pharmacy, pharmacy benefit manager, plan

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sponsor, specialty drug, and therapeutically equivalent.

5 **Maximum allowable cost pricing.** Adds § 151.72. Sets criteria for the use of maximum allowable cost pricing by a PBM, requires notice and disclosure to pharmacies, and requires a procedure for pharmacies to contest maximum allowable cost pricing and rates.

Subd. 1. Limits on use of maximum allowable cost pricing. (a) Prohibits a PBM from placing a prescription drug on a maximum allowable cost pricing index or creating a maximum allowable cost rate for a drug, until after the six-month period of generic exclusivity, and only if the drug has three or more nationally available and therapeutically equivalent drugs, including the brand product.

(b) Requires a PBM to discontinue the use of maximum allowable cost for a drug in a timely manner, if the criterion related to the number of available drugs cannot be met.

Subd. 2. Notice requirements for use of maximum allowable cost pricing. Requires a PBM to disclose to pharmacies under contract information on the methodology and sources used to establish a maximum allowable cost pricing index or rate, and to provide pharmacies with the pricing index and rates, updated at least once every seven calendar days, in a readily accessible and searchable format.

Subd. 3. Contesting a rate. Requires PBMs to establish a procedure for a pharmacy to contest a maximum allowable cost pricing index or rate, and specifies requirements for this procedure.

Provides that the section is effective August 1, 2014, and applies to PBM contracts with pharmacies and pharmacists entered into or renewed on or after that date.

6 **Specialty drugs.** Adds § 151.73. Allows PBMs to designate certain drugs as specialty drugs, and requires PBMs to allow covered individuals to fill prescriptions for specialty drugs at any pharmacy, if specified conditions are met.

Subd. 1. Designation of specialty drugs. Allows a PBM to designate certain prescription drugs as specialty drugs on a formulary.

Subd. 2. Filling specialty drug prescriptions. If a PBM designates certain drugs as specialty drugs, requires the PBM to allow a covered individual to fill the prescription at any willing pharmacy, if the pharmacy or pharmacist: (1) has the specialty drug in inventory or has ready access to the drug; (2) can comply with handling, patient support, and other requirements related to the drug; and (3) accepts the same rate that the PBM applies to other pharmacies and pharmacists for filling a prescription for the specialty drug.

Provides that the section is effective August 1, 2014, and applies to PBM contracts with pharmacies and pharmacists entered into or renewed on or after that date.

7 **Mail order or extended days supply prescriptions.** Adds § 151.74. Requires PBMs to permit covered individuals to fill prescriptions at any pharmacy willing to comply with the requirements of a plan's mail order or extended days supply network. Prohibits cost-sharing

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and pharmacy reimbursement from varying with pharmacy type.

Subd. 1. Filling prescriptions. Requires PBMs under contract with, or under the control of, a plan sponsor to permit a covered individual to fill a prescription at any pharmacy willing to meet the rate, terms, and conditions of the plan's mail order or extended days supply network.

Subd. 2. Cost-sharing. Prohibits a PBM from imposing cost-sharing or other requirements, on a covered individual who fills a prescription at a community/outpatient pharmacy or long-term care pharmacy that has accepted the terms of the mail order or extended days supply network, that are different from the requirements imposed on covered individuals who fill prescriptions at a mail-order pharmacy.

Subd. 3. Pharmacy reimbursement. Requires a PBM to use the same pricing benchmarks, indices, and formulas when reimbursing pharmacies under this section, regardless of pharmacy type.

Provides that the section is effective August 1, 2014, and applies to PBM contracts with pharmacies and pharmacists entered into or renewed on or after that date.

8 **Applicability.** Adds § 151.75. States that sections 151.71 to 151.75 do not apply to the medical assistance and MinnesotaCare programs.

9 **Prescription monitoring program.** Amends § 152.126.

The amendment to **subdivision 1**:

- Requires reporting for schedule V controlled substances, and classifies tramadol and butalbital as controlled substances for purposes of the program.
- Adds veterinarians to the definition of "prescriber."
- The amendment to **subdivision 3**:
- Renames the Prescription Electronic Reporting Advisory Committee the Prescription Monitoring Program Advisory Task Force and makes related changes.
- Specifies that the board is governed by section 15.059 (standard language on governance of advisory committees), but does not expire.

The amendment to **subdivision 4**:

- Exempts dispensers from reporting controlled substance prescriptions for persons residing in a health care facility, when the drug is distributed through the use of an automated drug distribution system. "Health care facility" is defined as a nursing home, housing with services establishment, community behavioral health hospital, or the Minnesota sex offender facility. Also exempts individuals receiving drug samples. This language narrows the reporting exemption relative to current law, under which the exemption applies to individuals: residing in a skilled nursing or

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intermediate care facility, receiving assisted living or MA waiver services, receiving medication intravenously, receiving hospice and related care, and receiving home care services.

- Clarifies an existing requirement that patients be given conspicuous notice of the reporting requirements, and also requires notice to be given that the information may be used for program administration.

The amendment to **subdivision 5**:

- Requires data reported to be available to users for 12-months (current law requires the data to be retained for 12 months and then removed from the database), except that certain staff may use all data collected under the program to administer, operate, and maintain the program and conduct trend analyses and other studies. Requires data retained beyond 12 months to be de-identified.

- Prohibits the board from retaining the data for more than five years from the date the data was received.

The amendment to **subdivision 6**:

- Allows a prescriber to access the data for a patient to whom the prescriber is providing emergency medical treatment or other medical treatment if the patient has consented to access.

- Requires vendors under contract with the board to comply with data requirements related to de-identification and time limits for retention.

- Allows personnel of Minnesota health care programs to use the data to identify persons for the restricted recipient program and makes related changes (current law refers just to medical assistance).

- Allows access by personnel of the health professionals services program, if certain conditions are met.

- Limits electronic access to the data to certain specified groups of individuals.

- Strikes language prohibiting the board from releasing the name of a prescriber without that prescriber's consent or a valid search warrant or court order.

- Specifies that log of persons accessing the data must be maintained by the board for at least three years (no time period is specified in current law).

- Allows the board to participate in an interstate prescription monitoring program data exchange system, if certain conditions are met.

- Allows the board to provide the data for public research, policy, or education purposes, after the removal of certain information.

The amendment to **subdivision 8** deletes the subdivision in its entirety. The subdivision

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required the board to evaluate the program and submit a report to the legislature by July 15, 2011.

The amendment to **subdivision 10** makes conforming changes.

10 **Good Samaritan overdose prevention.** Adds § 604A.04.

Subd. 1. Definitions; opiate antagonist. Defines opiate antagonist as naloxone hydrochloride or other drug approved by the FDA for the treatment of drug overdose.

Subd. 2. Authority to possess and administer opiate antagonists; release from liability. Releases non-health care providers from civil and criminal liability for either possessing opiate antagonists or administering the drug in good faith.

Subd. 3. Health care professionals; release from liability. Releases licensed health care professionals authorized to prescribe opiate antagonists from civil or criminal liability for, directly or by standing order, prescribing, dispensing, distributing, or administering the drug, in good faith.

Effective date. All sections are effective August 1, 2014, and apply to actions arising from incidents occurring on or after that date.

11 **Seeking medical assistance; mitigating factors.** Adds § 631.205. Provides that the act of providing or seeking medical assistance for a person experiencing an overdose may be considered as a mitigating factor in a related in a related drug or alcohol prosecution, if the prosecutor does not provide immunity.

12 **Citation**. States sections 10 and 11 may be known and cited as "Steve's Law."

13 **Study required; prescription monitoring program database.** Requires the board of pharmacy, in collaboration with the Prescription Monitoring Program Advisory Task Force, shall report to the chairs and ranking minority members of the relevant legislative committees, by December 15, 2014: (1) recommendations on whether or not to require use of the prescription monitoring program by prescribers and pharmacists; (2) an analysis of the impact of the program on rates of chemical abuse and prescription drug abuse; and (3) recommendations on approaches to encourage access to appropriate treatment for prescription drug abuse, through the program.

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Article 3: Chemical and Mental Health

Overview

This article changes expiration dates for various human services advisory councils and authorizes the commissioner of human services to create a pilot project regarding the commitment of persons for mental health treatment. It modifies procedures regarding administration of neuroleptic medication. In addition, training for adult foster home staff is enhanced.

1 **Adult foster care homes serving people with mental illness; certification.** Amends § 245A.03, subd. 6a. Adds that staff must receive training in suicide intervention, warning signs, and appropriate responses to these behaviors. Requires a crisis plan for each resident.

Adds paragraph (c) requiring the commissioner to approve the training curriculum. Requires training to be provided by a mental health professional or mental health practitioner. Permits this training to be provided by an individual living with mental illness or a family member of such an individual if this individual is from a nonprofit organization approved by the commissioner. Requires staff to receive training on mental health diagnoses and crisis response before working alone with clients. Requires the remainder of mandatory training to be completed within six months of hire.

2 **Administration without judicial review.** Amends § 253B.092, subd. 2. Allows neuroleptic medications to be administered without judicial review when the patient does not have capacity to consent but was prescribed neuroleptic medication prior to admission to the treatment facility and the treating physician is making efforts to obtain a substitute decision-maker or obtain a court order.

3 **Membership, terms, compensation, removal and expiration.** Amends § 254A.035, subd. 2. Provides that the American Indian Advisory Council does not expire. This council provides advice to the commissioner on issues related to drug and alcohol misuse and abuse by American Indians.

Provides an immediate effective date.

4 **Citizens advisory council.** Amends § 245A.04. Provides that this council does not expire. This council advises the commissioner of human services concerning the problems of alcohol and drug dependency.

Provides an immediate effective date.

5 **Culturally specific program.** Amends § 254B.01, by adding subd. 8. Paragraph (a) defines "culturally specific program" as a substance use disorder treatment program that improves outcomes for a specific population by eliminating health disparities and provides services responsive to an individual within a specific population's values, beliefs, and practices.

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Paragraph (b) provides that a tribally licensed program designated as serving a culturally specific population by the tribal government satisfies this subdivision.

6 **Rate requirements.** Amends § 254B.05, subd. 5. Strikes the words "serving special populations" and substitutes "culturally specific programs" in the subdivision allowing the commissioner to establish enhanced rates for programs meeting specified criteria.

7 **Expiration.** Amends Minnesota Statutes 2013 § 260.835, subd. 2. Provides that the American Indian Child Welfare Advisory Council does not expire. This council helps the commissioner formulate policies and procedures relating to Indian child welfare services.

Provides an immediate effective date.

8 **Pilot program; notice and information to commissioner of human services regarding patients committed to the commissioner.** Authorizes the commissioner to create a pilot program to test the efficiency of no more than three counties providing notice to the commissioner when a petition is file to commit a patient exclusively to the commissioner. Requires the commissioner to issue a status report to the legislature no later than January 15, 2015.

Article 4: Health-Related Licensing

Overview

This article changes provisions related to the credentialing of health professionals. It makes modifications to the Health Professionals Services Program and prohibits the boards from issuing a credential to a person convicted of a felony-level criminal sexual conduct offense.

1 **Definitions.** Amends § 148.01, subd. 1. Redefines the term "chiropractic," and adds definitions for "chiropractic services," "abnormal articulation," "diagnosis," "diagnostic services," "therapeutic services," and "acupuncture."

2 **Exclusions.** Amends § 148.01, subd. 2. Adds that the practice of chiropractic is not the practice of physical therapy.

3 **Practice of chiropractic.** Amends § 148.01, by adding subd. 4. Authorizes an individual who is licensed to practice chiropractic to provide services and render opinions pertaining to those services to determine a course of action that is in the best interests of the patient,

4 **Generally.** Amends § 148.105, subd. 1. Makes a technical change to reflect that the commissioner of health regulates professionals who are licensed or registered.

5 **Physical agent modalities.** Amends § 148.6402, subd. 17. Strikes language and cross reference to the statutory section on physical agent modalities that is being repealed in this bill.

Provides an immediate effective date.

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6 **Scope of practice.** Amends § 148.6404. Strikes a cross reference to the statutory section being repealed in this bill.

Provides an immediate effective date.

7 **Delegation of duties; assignment of tasks.** Amends § 148.6430. Strikes language and cross reference to the statutory section that is being repealed in this bill.

Provides an immediate effective date.

8 **Applicability.** Amends § 148.6432, subd. 1. Strikes language and cross reference to the statutory section that is being repealed in this bill.

Provides an immediate effective date.

9 **Approved education program.** Amends § 148.7802 subd. 3. Strikes the names of specific approval and accreditation entities. Requires education programs to be approved or accredited by a nationally recognized accreditation agency approved by the board.

10 **Credentialing examination.** Amends § 148.7802, subd. 9. Updates the name of the national certifying board.

11 **Designation.** Amends § 148.7803, subd. 1. Changes the title used by a student from "student athletic trainer" to "athletic training student."

12 **Membership.** Amends § 148.7805, subd. 1. Strikes obsolete language.

13 **Registration.** Amends § 148.7808, subd. 1. Adds that individuals with master's degrees are eligible to apply for registration. Strikes the requirement that the applicant's qualifying score on the credentialing exam must occur within one year of the application for registration.

14 **Temporary registration.** Amends § 148.7808, subd. 4. Provides that a temporary registration is valid for 120 days. Current law states that a temporary license is valid for one year. Allows no more than two athletic trainers with a temporary permit to work under the direction of a registered athletic trainer.

15 **Approved programs.** Amends § 148.7812, subd. 2. Updates the name of the national board that approves continuing education programs.

16 **Discipline; reporting.** Amends § 148.7813, by adding subd. 5. Adds that athletic trainers are subject to the disciplinary procedures and actions in chapter 147. This new subdivision replaces the section on disciplinary action specific to athletic trainers that is being repealed.

17 **Applicability.** Amends § 148.7814. Updates the name of the national certifying board.

18 **Certified doula.** Amends § 148.995, subd. 2. Allows an individual who has been certified by Birth Place/Common Childbirth, Inc. to meet certification requirements in order to be added to the doula registry.

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19 **Supervision.** Amends § 148B.5301, subd. 2. Requires individuals who provide post-master's degree professional practice supervision to meet the requirements in Minnesota Rules, part 2150.5010. These requirements for a supervisor include licensure as a professional counselor, psychologist, or other profession approved by the board; four years of professional counseling experience; and at least 45 hours of formal training in providing professional supervision.

20 **Conversion to licensed professional clinical counselor after August 1, 2014.** Amends § 148B.5301, subd. 4. Strikes existing requirements for conversion from licensed professional counselor to licensed professional clinical counselor, and adds paragraph (a) listing permanent requirements for conversion. Among the requirements:

- the person must be licensed in Minnesota as a professional counselor, be active and in good standing, and have no pending disciplinary complaints or corrective action agreements;
- the person must have a master's or doctorate in counseling or related field from an accredited program and have earned at least 24 graduate-level credits in specified clinical areas;
- the person must provide proof of passing the National Clinical Mental Health Counseling Examination, and ethical, oral, and situation exams as designated by the board;
- the person must have completed 4,000 hours of supervised clinical practice; and
- the person must pay the required application and license fees.

Paragraph (b) provides that required coursework, not completed during a master's or doctoral program, must be taken and passed for credit from an accredited counseling program or institution.

21 **Resident dentist.** Amends § 150A.01, subd. 8a. Updates the title of an accreditation organization.

22 **Dentists.** Amends § 150A.06, sub. 1. Updates the title of an accreditation organization.

23 **Faculty dentists.** Amends § 150A.06, subd. 1a. Strikes obsolete language.

24 **Specialty dentists.** Amends § 150A.06, subd. 1c. Clarifies that the board can issue one or more specialty licenses in the specialty areas of dentistry. Makes conforming changes.

25 **Dental therapists.** Amends § 150.06, subd. 1d. Strikes outdated name of national accreditation organization.

26 **Dental hygienists.** Amends § 150A.06, subd. 2. Updates the name of the national accrediting organization.

27 **Licensed dental assistant.** Amends § 150A.06, subd. 2a. Updates the name of the national accrediting organization

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28 **Continuing education and professional development waiver.** Amends § 150A.06, subd. 2d. Strikes the option of receiving CPR training from an entity equivalent to the Heart Association or the Red Cross so that CPR training must be obtained from either of these organizations.

29 **Waiver of examination.** Amends § 150A.06, subd. 3. Strikes language that allowed the board to waive the clinical examination for applicants who completed a dentistry program outside the state.

30 **Licensure by credential.** Amends § 150A.06, subd. 8. Updates the name of the national accrediting organization.

31 **Failure of professional development portfolio audit.** Amends § 150A.091, subd. 16. Modifies the consequences for failing a professional development portfolio audit. Increase the fee from not more than $250 after failing two consecutive audits to not more than $1,000 for failing two audits. Allows the board to initiate the complaint process when a licensee has multiple failed audits.

32 **Allied dental personnel.** Amends § 150A.10. Makes a technical correction in reference to the title for dental assistants. Strikes "registered" and inserts "licensed or unlicensed." Dental assistants are licensed by the board, not registered.

Adds that a licensed dental hygienist or licensed dental assistant may place, contour, and adjust class II supragingival composite restorations on primary teeth.

33 **License requirements.** Amends § 153.16, subd. 1. Strikes obsolete language regarding graduate training programs. Adds that applicants must successfully complete a residency program approved by a national podiatric medicine accrediting program.

34 **Relicensure after two-year lapse of practice; reentry program.** Amends § 153.16, by adding subd. 1a. Adds that after a greater than two-year lapse of practice, a podiatrist seeking licensure or reinstatement must complete a reentry program to reestablish competency.

35 **Applicants licensed in another state.** Amends §153.16, subd. 2. Requires an applicant seeking licensure, whose license is inactive in another state, to submit evidence of participation in the same number of continuing education hours required in Minnesota Rules.

36 **Temporary permit.** Amends § 153.16, subd. 3. Strikes obsolete language. Updates terminology to provide that the board may issue a temporary permit to a podiatrist in an approved clinical residency program, and may renew the permit annually until the residency is completed, terminated, or discontinued.

37 **Continuing education.** Amends § 153.16, by adding subd. 4. Increases the continuing education requirement from 30 to 40 hours in each two-year cycle of license renewal.

38 **Conviction of felony-level criminal sexual conduct offense.** Creates § 214.076.

Subd. 1. Applicability. Makes this section applicable to all health-related

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licensing boards, except the Board of Medical Practice and the Board of Chiropractic Examiners, and the professions credentialed by the commissioner of health.

Subd. 2. Issuing and renewing credential to practice. Paragraph (a) provides that except as allowed in paragraph (e), a credentialing authority shall not issue or renew a credential to a person who has been convicted of one of the specified offenses on or after August 1, 2014.

Paragraph (b) bars the credentialing authority from issuing or renewing a credential to a person convicted in any other state or country on or after August 1, 2014, of an offense where the elements are substantially similar to the offenses in paragraph (a).

Paragraph (c) provides that a credential is automatically revoked when a person is convicted of an offense listed in paragraph (a).

Paragraph (d) defines the term "conviction."

Paragraph (e) allows a credentialing authority to establish criteria so that an individual who was convicted of one of the enumerated offenses may become credentialed. Requires the criteria to use a rebuttable presumption that the applicant is not suitable for credentialing, provide a standard of overcoming the presumption, and require that a minimum of ten years have elapsed since release from incarceration or probation. Prohibits the credentialing authority from considering an application under this paragraph if the victim was a patient or client at the time of the offense.

Provides that this section is effective for credentials issued on or after August 1, 2014.

39 **Temporary license suspension; imminent risk of harm.** Creates § 214.077. Paragraph (a) requires health-related licensing boards and the commissioner of health, upon receipt of a complaint, to temporarily suspend the credential of regulated person when the board or commissioner has probable cause to believe that continued practice by the regulated person presents an imminent risk of harm.

Paragraph (b) provides that the suspension shall remain in effect until the licensing board or commissioner completes an investigation and issues a final order after a hearing.

Paragraph (c) requires the board or the commissioner to schedule a hearing when it issues the suspension notice. Requires that the regulated person have at least 20 days notice of any hearing; requires the hearing to be scheduled no later than 60 days after issuance of the suspension order.

Provides that this section is effective July 1, 2014.

40 **Receipt of complaint.** Amends § 214.103, subd. 2. Allows an executive director to authorize a field investigation to clarify the nature of the complaint and the facts that led to the making of the complaint.

Provides that this section is effective July 1, 2014.

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41 **Referral to other agencies.** Amends § 214.103, subd. 3. Requires government agencies to coordinate and conduct joint investigations into complaints that involve more than one governmental agency.

Provides that this section is effective July 1, 2014.

42 **Health professionals services program.** Amends § 214.12, by adding subd. 5. Requires the health-related licensing boards to promote the health professionals services program.

Provides that this section is effective July 1, 2014.

43 **Program required.** Amends § 214.29. Requires each health board, including the EMSRB, to contract with the health professionals services program for a diversion program for regulated professionals who are unable to practice safely due to illness, use of alcohol, drugs, chemicals, or as a result of any mental, physical, or psychological condition.

Provides that this section is effective July 1, 2014.

44 **Authority.** Amends § 214.31. Instructs the HPSP to contract with the health-related licensing boards to conduct the diversion program.

Provides that this section is effective July 1, 2014.

45 **Program operations and responsibilities.** Amends § 214.32.

Subd. 1. Management. Paragraph (a) establishes the HPSP Committee to be composed of no fewer than three or more than six executive directors of health-related licensing boards, and two members of the advisory committee. Requires the committee to set the pro rata share of administrative costs and program expenses to be borne by each board, set the program budget, and ensure the program is meeting its statutory charge. Requires the committee to establish uniform criteria governing termination and discharge from the HPSP.

Paragraph (b) transfers authority for administration of the HPSP to the commissioner of administration.

Paragraph (c) authorizes the commissioner of administration to hire HPSP staff and pay program expenses.

Paragraph (d) establishes the advisory committee to the program committee. Membership is composed of one representative from each professional association whose members are eligible for the HPSP, and two public members.

Subd. 2. Services. No changes made.

Subd. 3. Participant costs. No changes made.

Subd. 4. Eligibility. Allows a person who has been terminated from the program for noncompliance to be re-referred to the program by a participating board or the commissioner of health. Strikes the prohibition against individuals in the HIV, HBV,

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and HCV Prevention Program from participating in the HPSP.

Subd. 5. Completion; voluntary termination; discharge. Allows a person to voluntarily terminate participation in the HPSP. The program manager is required to report this termination to the person's regulating board

Subd. 6. Duties of a health related licensing board. Paragraph (a) requires health-related licensing boards upon receipt of notice that a regulated person has been discharged from the HPSP due to noncompliance or voluntarily withdrawal to temporarily suspend the credential of regulated person when the board or commissioner has probable cause to believe that continued practice by the regulated person presents an imminent risk of harm.

Paragraph (b) provides that the suspension shall remain in effect until the licensing board completes an investigation and issues a final order after a hearing.

Paragraph (c) requires the board to schedule a hearing when it issues the suspension notice. Requires that the regulated person have at least 20 days notice of any hearing; requires the hearing to be scheduled no later than 60 days after issuance of the suspension order.

Provides that this section is effective July 1, 2014.

46 **Program manager.** Amends § 214.33, subd. 3. In addition to other required reports to the boards, the program manager must report to the appropriate board when an HPSP participant has caused identifiable patient harm, substituted or adulterated medications; written a prescription in the name of a person or veterinary patient for personal use, or should be monitored by the provisions of sections 214.17 to 214.25.

Provides that this section is effective July 1, 2014.

47 **Employer mandatory reporting.** Amends § 214.33, by adding subd. 5. Requires employers of persons regulated by a health-related licensing board to report to the licensing board that the regulated person has diverted narcotics or other controlled substances.

Lists the exceptions to the reporting requirement.

48 **Grounds for disciplinary action.** Creates § 214.355. Requires the boards to consider it grounds for disciplinary action with a regulated person violates the terms of the HPSP participation agreement or leaves the program without fulfilling the terms for successful program completion.

Provides that this section is effective July 1, 2014.

49 **Revisor's instruction.** (a) Instructs the revisor to remove cross-references to the section repealed in this article and make technical changes required.

(b) Instructions the revisor to change the term "physician's assistant" to "physician assistant" in statute and rule.

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50 **Repealer.** Paragraph (a) repeals § 148.01, subd. 3. (Inclusions. This is a list of the practices and procedures used in chiropractic) and Minnesota Rules, parts 2500.0100, subps. 3 (definition of "acupuncture"), 4b (definition of "diagnosis"), and 9b (definition of "practice of chiropractic") and 2500.4000 (rehabilitation treatment).

Paragraph (b) repeals §§ 214.28 (allowing the boards to contract with a provider for a diversion program); 214.36 (allowing each board to participate or withdraw from the HPSP); and 214.37 (rulemaking authority related to the HPSP) effective July 1, 2014.

Paragraph (c) repeals Minnesota Statutes 2013 Supplement, § 148.6440 (Physical agent modalities. This section requires occupational therapists to have certification in addition to their professional training before they can use these modalities.) the day following final enactment.

Paragraph (d) repeals §§ 148.7808, subd. 2 (registration by equivalency), and 148.7813 (grounds for disciplinary action).

Article 5: Board of Pharmacy

Overview

This article amends Board of Pharmacy policy.

1 **Definitions.** Amends § 151.01. Amends and adds various definitions to the Pharmacy Practice Act. Only amended and new definitions are described in this summary.

Subd. 2. Pharmacy. Updates the definition of "pharmacy."

Subd. 4. Drug. Adds vaccines and biologicals to the definition of "drug." Adds that the term "drug" includes any compound, substance, or derivative, not approved for human use by the FDA or permitted for use by Minnesota law, that induces effects similar to Schedule I or II controlled substances.

Subd. 7. Poison. Makes two technical changes.

Subd. 9. Board or Board of Pharmacy. Strikes the word "State" from the board's name.

Subd. 10. Director. Adds the word "executive" so that the term "director" refers to the executive director of the board.

Subd. 13. Commercial purposes. Excludes "other health care professions" from the definition of "commercial purposes." Current law already excludes the practices of medicine and pharmacy.

Subd. 14. Manufacturing. Redefines the term to mean the preparation or processing of a drug by extraction from substances of natural origin or independently by means of chemical or biological synthesis. This term includes packaging or repackaging a drug, or labeling or relabeling a container of a drug. It does not include

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the labeling of a container within a pharmacy or by a practitioner for dispensing to a patient pursuant to a prescription.

Subd. 14a. Manufacturer. Adds the definition for this term and defines it as any person engaged in manufacturing.

Subd. 14b. Outsourcing facility. Adds the definition for this term. The term means a facility that meets federal requirements and registers with the FDA. These facilities compound human drugs.

Subd. 16. Prescription drug order. Adds the definition of "prescription drug order." Provides that such an order may be written, oral, or electronic, and must be for a specific patient. Requires orders for controlled substances to be prepared according to state and federal laws.

Subd. 16a. Prescription. Adds a new definition for "prescription." Lists the requirements and information that must be included on a valid prescription drug order.

Subd. 16b. Chart order. Adds this definition which means a prescription drug order for a drug that is to be administered to a patient in a hospital or long-term care facility. Lists the information that must be included in a valid chart order.

Subd. 17. Legend drug. Strikes the requirement for a specific cautionary statement to be included with legend drugs. Requires legend drugs to be dispensed by prescription only.

Subd. 18. Label. Strikes an obsolete cross-reference. Clarifies that any information required to appear on a drug or medicine label must be clearly visible on the outside of the container or wrapper.

Subd. 23. Practitioner. Requires drug manufacturers required to report payments to practitioners to include in their annual report the names of physician assistants and APRNs who are authorized to prescribe, dispense, and administer drugs, and dental therapists who are authorized to dispense and administer drugs.

Subd. 27. Practice of pharmacy. Adds that it is within a pharmacist's scope of practice to interpret results of laboratory tests to monitor drug therapy, but may modify the therapy only pursuant to a protocol or collaborative practice agreement.

Clarifies the conditions under which a pharmacist can administer influenza vaccines.

Allows pharmacists to participate in collaborative practice agreements (this term is defined in subdivision 27b).

Subd. 27a. Protocol. Defines "protocol" as a written plan describing the activities in which a pharmacist engages when initiating, modifying, managing, or discontinuing drug therapy; or a plan that authorizes the pharmacist to administer vaccines.

Subd. 27b. Collaborative practice. Defines this term as patient care activities engaged in by one or more pharmacists who work collaboratively with one or more

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practitioners to initiate, manage, and modify drug therapy.

Subd. 27c. Collaborative practice agreement. Provides that this is a written, signed agreement between one or more pharmacists and one or more practitioners to engage in collaborative practice.

Subd. 28. Veterinary legend drug. Strikes the requirement for a specific cautionary statement to be included with legend drugs. Requires legend drugs to be dispensed by prescription only.

Subd. 29. Legend medical gas. Strikes the requirement for a specific cautionary statement to be included with legend medical gases. Requires these gases to be dispensed by prescription only.

Subd. 30. Dispense or dispensing. Defines these terms as the interpretation and processing of a prescription drug order in compliance with board rules.

Subd. 35. Compounding. Creates a new definition. Defines "compounding" as the preparation, mixing, assembling, packaging, and labeling of a drug for a specific patient pursuant to a prescription drug order. This term includes anticipatory compounding and preparation of drugs in which all bulk drug substances and components are nonprescription substances. Provides that the term does not include preparation of a drug for research, teaching, or chemical analysis.

Subd. 36. Anticipatory compounding. Creates a new definition which means a pharmacy's or practitioner's preparation of a supply of a compounded drug product sufficient to meet the pharmacy's short-term need for filling prescriptions or a practitioner's need for dispensing or administering the drug to patients treated by the practitioner.

Subd. 37. Extemporaneous compounding. Adds a new definition which means the compounding of a drug product pursuant to a prescription drug order that is issued in advance of the compounding.

Subd. 38. Compounded positron emission tomography drug. Creates a definition for this term. This means a drug used for PET scans images, and compounded in compliance with Minnesota Rules for a patient or research, teaching, or quality control.

2 Powers and duties. Amends § 151.06.

Subd. 1. Generally; rules. Strikes the list of conduct which may be grounds for disciplinary action. (A new statutory section on disciplinary action is created in section 3 of this bill.) Authorizes a representative of the board to enter and inspect any business licensed or registered by the board.

Subd. 1a. Cease and desist orders. Grants the board authority to issue cease and desist orders. Requires the order to include the bases for issuance of the order and a notice of hearing rights. Establishes time frames for hearings, issuance of the ALJ

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report, and final action by the board. Provides that if no hearing is requested with 30 days of service of the order, the order becomes permanent. Provides that a cease and desist order remains in effect until modified or vacated by the board.

Subd. 1b. Enforcement of cease and desist orders. Provides that the allegations in the cease and desist order are considered conclusively established for purposes of enforcement of the order. Allows the person against whom an order has been issued to seek an injunction to suspend enforcement of the order.

Strikes subdivisions 3 to 5 dealing with disciplinary actions. Provisions of these subdivisions are contained in section 3 of this bill.

3 Disciplinary action. Creates § 151.071.

Subd. 1. Forms of disciplinary action. Allows the board to impose a range of disciplinary action when a licensee, registrant, or applicant has engaged in prohibited conduct under subdivision 2. These actions include denial of a license, refusal to renew, revocation or suspension, or imposition of limitations or conditions on the license.

Subd. 2. Grounds for disciplinary action. Lists prohibited conduct. Included in the list are actions such as obtaining a license by fraud, conviction of a felony related to the practice of the profession, disciplinary action by another state or licensing authority, engaging in unethical conduct, fraudulent billing practices, and termination from the Health Professional Services Program for reasons other than satisfactory completion of the program.

Subd. 3. Automatic suspension. Paragraph (a) instructs the board to automatically suspend a license if a court appoints a guardian for a licensee or the licensee is civilly committed.

Paragraph (b) allows the board to automatically suspend the license of a licensee when the board receives notice that a judgment has been entered against the licensee for, or the licensee has entered a plea of guilty to, a felony related to the practice of pharmacy.

Paragraph (c) allows the board to suspend a facility license or registration when the owner of the facility is subject to a judgment of, or a plea of guilty to, a felony related to the operation of the facility.

Paragraphs (d) and (e) allow individuals whose license or registration have been suspended under paragraphs (a) to (c) to have their license or registration reinstated by demonstrating clear and convincing evidence of rehabilitation. Allows the board to impose restrictions, conditions, or limitations upon reinstatement of the license or registration.

Paragraph (f) allows the board to suspend the license or registration of a regulated individual when the individual fails to maintain a current name and address with the

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board while a disciplinary investigation or action is pending.

Paragraph (g) allows the board to suspend the license or registration of a regulated facility when the owner fails to maintain a current name and address with the board while a disciplinary investigation or action is pending.

Paragraph (h) and (j) require regulated individuals and owners of regulated facilities to maintain a current name and address with the board.

Subd. 4. Effective dates. Provides that any action taken by the board against a license or registration shall be in effect pending appeal.

Subd. 5. Conditions on reissued license. Allows the board to restore a license or registration, but as a condition the board may impose disciplinary or corrective action.

Subd. 6. Temporary suspension of license for pharmacists. Allows the board, without a hearing, to temporarily suspend a pharmacist's license if the board finds the pharmacist has violated a statute or rule the board is empowered to enforce and continued practice by the pharmacist would create a serious risk of harm to the public. Requires the board to schedule a hearing on the matter to be held no later than 30 days after the issuance of the suspension order.

Subd. 7. Temporary suspension of license for pharmacist interns, pharmacy technicians, and controlled substance researchers. Allows the board, without a hearing, to temporarily suspend the registration of a pharmacist intern, pharmacy technician, or controlled substance researcher if the board finds the registrant has violated a statute or rule the board is empowered to enforce and continued practice would create a serious risk of harm to the public. Requires the board to schedule a hearing on the matter to be held no later than 30 days after the issuance of the suspension order.

Subd. 8. Temporary suspension of license for pharmacies, drug wholesalers, drug manufacturers, medical gas manufacturers and medical gas distributors. Allows the board, without a hearing, to temporarily suspend the license or registration of a listed facility if the board finds the licensee or registrant has violated a statute or rule the board is empowered to enforce and continued operation of the facility would create a serious risk of harm to the public. Requires the board to schedule a hearing on the matter to be held no later than 30 days after the issuance of the suspension order.

Subd. 9. Evidence. Allows a copy of a judgment or proceeding under seal of the court administrator or of the administrative agency entering the judgment to be admissible as evidence in certain proceedings.

Subd. 10. Mental examination; access to medical data. Paragraph (a) allows the board to require a regulated person to undergo a mental or physical examination when the board has probable cause to believe the person is unable to practice by reason of illness, substance use, or mental illness.

Paragraph (b) allows the board access to a regulated person's medical or other health

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data, without the person's consent, if the board has probable cause to believe the person is unable to practice due to illness, substance use, or mental illness. Classifies any data obtained as private data.

Subd. 11. Tax clearance certificate. Bars the board from issuing or renewing a license or registration if the commissioner of revenue notifies the board and the regulated person that the regulated person owes the state $500 or more in delinquent taxes. Allows the board to issue or renew the license or registration when the commissioner of revenue issues a tax clearance certificate.

Allows the applicant or regulated person to request a contested case hearing.

Requires applicants and regulated persons to include their Social Security number and Minnesota business identification number on all license applications.

Subd. 12. Limitation. Requires the board to commence proceedings against a regulated person or facility within seven years of the commission of the offense, except for alleged violations of knowingly providing false or misleading information directly related to the care of a patient.

4 Reporting obligations. Creates § 151.072.

Subd. 1. Permission to report. Allows any person who has knowledge of conduct that may be grounds for disciplinary action to make a report to the board.

Subd. 2. Pharmacies. Requires pharmacies to report to the board any disciplinary action taken against a pharmacist, pharmacist intern, or pharmacy technician. Failure to report is a basis for disciplinary action against the facility.

Subd. 3. Licensees and registrants of the board. Requires regulated persons to report to the board personal knowledge of any conduct by another regulated person that may be grounds for disciplinary action. Failure to report is a basis for disciplinary action.

Subd. 4. Courts. Requires the court administrator to notify the board of any judgment or other determination by the court that a licensee or registrant is mentally ill, mentally incompetent, guilty of a felony, guilty of a violation of federal or state narcotics laws, guilty of Medicare or Medicaid fraud; or the court appoints a guardian or civilly commits the regulated person.

Subd. 5. Self-reporting. Requires regulated individuals to report any personal action that would require a report to be filed pursuant to subdivisions 2 to 4.

Subd. 6. Deadlines; forms. Requires reports to be submitted within 30 days of the reportable event. Permits the boards to provide forms for the submission of reports.

Subd. 7. Subpoenas. Allows the board to issue subpoenas for records required by subdivisions 2 to 5 or any related documents.

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5 **Immunity.** Creates § 151.073.

Subd. 1. Reporting. Provides immunity from civil or criminal liability for any person, health care facility, business, or organization that makes a good faith report to the board alleging violations of this chapter. Classifies reports as investigative data.

Subd. 2. Investigation. Provides immunity from civil and criminal liability for any board member, board employee, or person who, within the scope of their duties, is participating or testifying regarding violations of this chapter. Individuals who maintain records or make reports regarding adverse health care events are immune from criminal and civil liability.

6 **Licensee or registrant cooperation.** Creates § 151.074. Requires anyone regulated by the board who is the subject of an investigation to cooperate fully with the board's investigation.

7 **Disciplinary record on judicial review.** Creates § 151.075. Requires the court to seal the administrative record, except for the board's final decision.

8 **Records of prescriptions.** Amends § 151.211.

Subd. 1. Retention of prescription drug orders. Requires prescription drug orders to be retained at the location from which the drug was dispensed for at least two years.

Subd. 2. Refill requirements. Allows drug orders to be refilled with the consent of the prescriber and in accordance with laws and rules. Requires the date of refill to be noted and initialed by the pharmacist, intern or practitioner who refills the prescription.

9 **Compounding.** Creates § 151.251.

Subd. 1. Exemption from manufacturing licensure requirements. Provides that a pharmacist in a pharmacy or a practitioner who are engaged in extemporaneous or anticipatory compounding or compounding not done pursuant to a prescription order are exempt from manufacturing license requirements.

Subd. 2. Compounded drug. Allows a pharmacist or practitioner to compound a drug product under specified conditions:

- the drug product must be compounded from bulk drug substances that meet listed requirements;
- ingredients, other than bulk drug substance, must comply with specified standards;
- the drug products do not appear on the federal DHHS list of drug products withdrawn or removed from the market;
- the drug products are not essentially copies of commercially available drug products; and

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- the drug product has not been identified as one that presents demonstrable difficulties for compounding such that there is an adverse effect on the safety or effectiveness of the drug product.

Subd. 3. Exception. Provides that this section does not apply to compounded PET drugs or radiopharmaceuticals.

10 **Outsourcing facility.** Amends § 151.252, by adding subd. 1a. Requires any person seeking to act as an outsourcing facility to apply and obtain a license from the board and pay the applicable manufacturer licensing fee. Requires the facility to provide the board with proof that the outsourcing facility is registered with the FDA and in compliance with all laws and rules. Requires facilities physically located in other states to be licensed or registered in that state. Requires a separate license for each outsourcing facility. Requires the facility to pass an inspection conducted by a representative of the board.

11 **Exceptions.** Amends § 151.26. States that the exceptions provided in this section do not apply to any compound or substance that is not approved for human consumption by the FDA or by Minnesota law that induces an effect similar to that of a Schedule I or II controlled substance, regardless of whether the substance is marketed for human consumption.

12 **Prohibited acts.** Amends § 151.34 Adds that it is unlawful to sell any compound or substance that is not approved for human consumption by the FDA or by Minnesota law that induces an effect similar to that of a Schedule I or II controlled substance, regardless of whether the substance is marketed for human consumption.

13 **Drugs, adulteration.** Amends § 151.35. Provides that a drug shall be considered adulterated if it is produced in a facility that was not registered by the FDA or licensed by the board.

14 **After January 1, 1983.** Amends § 151.361, subd. 2. Strikes obsolete language related to drugs purchased prior to January 1, 1983, for resale.

15 **Legend drugs, who may prescribe, possess.** Amends § 151.37, as amended by Laws 2013, ch. 43, § 30; Laws 2013, ch. 55, § 2; and Laws 2013, ch. 108, art. 10, § 5. Makes technical changes to reflect updated definitions in this chapter. Modifies subdivision 4 to add that a pharmacy may compound drugs for research studies as allowed in this subdivision in compliance with specified standards. Adds the following subdivisions:

Subd. 10a. Emergency use authorizations. Adds subdivision 10a. Allows entities specifically tasked in a public health response plan to perform critical functions to purchase, possess, and use legend drugs.

Subd. 11. Exclusion for health care educational programs. Rewrites subdivision 11. Allows accredited public and private postsecondary schools to possess legend drugs that are not controlled substances when the school is preparing students for employment in the health care field and the drugs are used in the course of instruction.

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16 **Definitions.** Amends § 151.44. Strikes the definition of "manufacturer" and substitutes a cross-reference the term as it is defined in section 15.01, subd. 14b.

17 **Definitions.** Amends § 151.58, subd. 2. Strikes "community behavioral health hospital" from the definition of a health care facility.

18 **Authorization.** Amends § 151.58, subd. 3. Clarifies that a pharmacy filling prescriptions for patients in a health care facility must have its the policies and procedures approved by the board.

19 **Operation of automated drug distribution systems.** Amends § 151.58, subd. 5. Clarifies the role of a pharmacist employed at a central services pharmacy in the operation of an automated drug distribution system.

20 **Schedule I.** Amends Minnesota Statutes 2013 Supplement § 152.02, subd. 2. Adds several synthetic drugs to the Schedule I list.

21 **Board of Pharmacy; expedited scheduling of additional substances.** Amends § 152.02, subd. 8b. This subdivision currently allows the board, using the expedited rulemaking process, to add a substance to Schedule I if specified conditions are met. It requires the board to notify the legislature of the action so that the legislature has an opportunity to ratify the action. It also provides that the scheduling of the substance expires the day after legislative adjournment unless the legislature ratifies the law.

The proposed amendment strikes language requiring notification to the legislature and would allow the board to add a substance to Schedule I through the expedited rulemaking process.

Article 6: Health Department and Public Health

1 **Encounter data.** Amends § 62U.04, subd. 4. Requires the commissioner to compile summary information on the encounter data submitted by health plan companies and third-party administrators. Requires the commissioner to work with its vendors to assess the data submitted in terms of compliance with data submission requirements and the completeness of data, by comparing the data with summary information and with established and emerging data quality standards, to ensure data quality.

2 **Suspension.** Amends § 62U.04, by adding subd. 10. Directs the commissioner to suspend the development and implementation of the provider peer grouping system. Provides that the suspension continues until the legislature authorizes the commissioner to resume the activity.

3 **Restricted uses of the all-payer claims data.** Amends § 62U.04, by adding subd. 11. (a) States that the commissioner or a designee shall use the encounter and pricing data submitted under subdivisions 4 and 5 only to:

(1) evaluate the performance of the health care home program;

(2) study hospital readmission trends and rates, in collaboration with the Reducing Avoidable Readmissions Effectively campaign;

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(3) analyze variations in health care costs, quality, utilization, and illness burden, based on geographical areas or populations; and

(4) evaluate the state innovation model (SIM) grant, including an analysis of health care cost, quality, and utilization baseline and trend information for targeted populations and communities.

(b) Allows the commissioner to publish the results of the authorized uses in paragraph (a), as long as the data released publicly do not contain information or descriptions that would allow the identification of individual hospitals, clinics, or other providers.

(c) States that nothing in the subdivision shall be construed to prohibit the commissioner from using the encounter data collected under subdivision 4 to complete the state-based risk adjustment system assessment due to the legislature on October 1, 2015.

(d) Allows the commissioner or a designee to use the encounter and pricing data submitted for purposes of paragraph (a), clause (3) – analyze variations in health care costs, quality, utilization, and illness burden – until July 1, 2016.

4 **All-payer claims database work group.** Amends § 62U.04, by adding subd. 12. (a) Requires the commissioner of health to convene a work group to develop a framework for the expanded use of the all-payer claims database. Requires the work group to develop recommendations based on specified questions, and other topics identified by the work group. The specified questions address issues related to: parameters for allowable uses, the appropriate advisory or governing body, funding and fee structures, mechanisms for releasing or accessing data, privacy and security protections, and additional resources that may be needed.

(b) Specifies membership of the work group.

(c) Requires the commissioner to submit a report on the recommendations of the work group to the chairs and ranking minority members of the legislative committees and divisions with jurisdiction over health and human services, judiciary, and civil law, by February 1, 2015. States that in considering these recommendations, the legislature may consider whether the currently authorized uses of the all-payer claims data under § 62U.04 should continue to be authorized.

Provides an immediate effective date.

5 **Accreditation required.** Amends § 144.1225, subdivision 2. Provides an exemption to accreditation and reporting requirements under this section for dental clinics or offices that perform diagnostic imaging through dental cone beam computerized tomography.

6 **Information provided to parents and legal guardians.** Amends § 144.125, subdivision 3.

(a) Adds to the requirement that requires the commissioner make information regarding newborn screening be available to childbirth education programs, in addition to health care providers who provide prenatal care as already required by this section.

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(b)(1) Adds requirements for information that must be given to parents or legal guardians prior to testing being performed, including:

- benefits associated with storage of blood samples and test results;
- that blood samples and test results will be used in accordance with program operations unless the parent or legal guardian elects not to have the samples and results stored;
- legal guardians, in addition to parents already recognized under the section, have the right to elect no newborn screening be performed; and
- parents and legal guardians have the right to request newborn screening be performed but not have blood samples or test results stored.

(b)(2) Adds requirement that, upon request, parents or legal guardians be provided with forms to request to have the newborn screening performed but not to have the blood samples and test results stored.

7 **Parental options.** Amends § 144.125, subdivision 4. Adds that parents or legal guardians may elect to have the newborn screening performed but not to have the blood samples and test results stored. Adds this election by parents and legal guardians to existing procedures relating to obtaining a signed form and storage of that form.

8 **Newborn screening program operations.** Amends§ 144.125, subdivision 5. Adds clause 7 to paragraph (a), which adds utilization of blood samples and test results for studies to the definition of newborn screening operations. Modifies paragraph (b) to preclude any research or studies other than those listed in paragraph (a) without written consent.

9 **Parental options for additional research.** Amends § 144.125, subdivision 7.

(a) Adds that the authorization given by parents or legal guardians to have blood samples and test results retained must now be in writing.

(b) Removes items from the list of mandatory inclusions on the parental or legal guardian consent form allowing retention and use of blood samples and test results, including removal of:

- information as to the personal identification and use of samples and test results for studies;
- information that explains that the health department will not store blood samples or test results for longer than 18 years from an infant's birth day; and
- the benefits and risks associated with storage of blood samples and test results.

10 **Storage and use of samples and test results.** Amends § 144.125, subdivision 8. Modifies the section to allow the health department to store blood samples and test results beyond 18 years of the infant's birth date unless the parent or legal guardian elected against storage. Adds that if the parent or legal guardian elected against storage, the blood samples must be destroyed within one week of receipt of the request, and test results must be destroyed within one month of receipt of the request.

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11 **Written, informed consent for other use of samples and test results.** Amends § 144.125, subdivision 9. Removes the ability of the health department to use blood samples and test results for studies even with written consent. The ability to do studies with written consent was moved to subdivision 5 under section 8 of this bill.

12 **Revoking consent for storage and use.** Amends § 144.125, subdivision 10. Adds individuals 18 years of age or older whose blood was tested to the lists of persons who may revoke approval for storage or use of blood samples or test results. Removes reference to § 144.125, subdivision 6, which is repealed under this bill.

13 **Tobacco products prohibited in public schools.** Amends § 144.4165 to include inhaling or exhaling vapor from an electronic delivery device as a prohibited act in a public school.

14 **Comprehensive stroke center.** Amends § 144.493, subdivision 1. States that in addition to the requirement under current law of certification by the joint commission or other nationally recognized accreditation entity, a hospital must now also participate in the Minnesota stroke registry program in order to be considered a comprehensive stroke center.

15 **Primary stroke center.** Amends § 144.493, subdivision 2. States that in addition to the requirement under current law of certification by the joint commission or other nationally recognized accreditation entity, a hospital must now also participate in the Minnesota stroke registry program in order to be considered a primary stroke center.

16 **Definitions.** Amends § 144.565, subdivision 4. Excludes dental clinics or offices from the definition of diagnostic imaging facility when the clinic or office is performing diagnostic imaging through dental cone beam computerized tomography. Also excludes dental cone beam computerized tomography from the computerized tomography included in the definition of diagnostic imaging services.

17 **Reconsideration.** Amends § 144A.474, subdivision 12. Requires a written request for reconsideration of a correction order to be received by the commissioner of health within 15 calendar days of the correction order issuance date. Specifies that this subdivision does not apply to temporary licensees.

Effective date. The effective date takes the implementation period into consideration so that all licensees will be covered by the section by 2015.

18 **Notice.** Amends § 144A.475, subdivision 3. Changes the requirement for the commissioner to suspend a license to the determination of a Level 3 or Level 4 violation instead of a determination that the health or safety of a consumer is in imminent danger. Under § 144A.474, subdivision 11, paragraph (b), a Level 3 violation is one that endangers the client's health or safety, not including serious injury, impairment or death, or a violation that has the potential to lead to serious injury, impairment or death, and a Level 4 violation is one that results in serious injury, impairment, or death.

Effective date. The effective date takes the implementation period into consideration so that all licensees will be covered by the section by 2015.

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19 **Hearing.** Amends § 144A.475 by adding subdivision 3a. Requires the commissioner to request assignment of an administrative law judge within 15 days of receiving a licensee's appeal of sanctions and lists applicable procedures.

Effective date. This section is effective for appeals received on or after August 1, 2014.

20 **Temporary suspension expedited hearing.** Amends § 144A.475 by adding subdivision 3b. Requires the commissioner to request assignment of an administrative law judge within five business days of receiving a licensee's timely appeal of a temporary suspension and lists applicable procedures.

Effective date. This section is effective August 1, 2014.

21 **Training in dementia care required.** Amends § 144D.065. (a) Requires employees of a housing with services establishment that has a special program or special care unit for residents with Alzheimer's disease or other dementias, or advertises as such, to undergo specified training.

(1) Supervisors of direct care staff: eight hours of initial training within 120 hours of beginning work and two hours of additional training for each 12 months of work thereafter.

(2) Direct care employees: eight hours of initial training within 160 hours of beginning work and two hours of additional training for each 12 months of work thereafter. Prohibits employees from providing direct care until the training is complete unless another employee who has completed the initial training is present to provide assistance if issues arise. Requires a trainer or qualified supervisor to be available for consultation with new employees until training is complete.

(3) Non-direct care staff: four hours of initial training within 160 hours of beginning work and two hours of additional training for each 12 months of work thereafter.

(4) Allows new employees to satisfy the initial training requirement by producing written proof of completion of required training within the past 18 months.

(b) States the areas of required training which already existed under current law.

(c) States requirements for the establishment to provide training information to consumers which already existed under current law.

(d) Requires housing with services establishments that do not fall under paragraph (a) to undergo specified training.

(1) Supervisors of direct care staff: four hours of initial training within 120 hours of beginning work and two hours of additional training for each 12 months of work thereafter.

(2) Direct care employees: four hours of initial training within 160 hours of beginning work and two hours of additional training for each 12 months of work thereafter. Prohibits employees from providing direct care until the training is complete unless another employee who has completed the initial training is present to provide assistance if issues arise.

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Requires a trainer or qualified supervisor to be available for consultation with new employees until training is complete.

(3) Non-direct care staff: four hours of initial training within 160 hours of beginning work and two hours of additional training for each 12 months of work thereafter.

(4) Allows new employees to satisfy the initial training requirement by producing written proof of completion of required training within the past 18 months.

Effective date. This section is effective January 1, 2016.

22 **Manager requirements.** Adds § 144D.10. (a) Requires the person primarily responsible for oversight and management of a housing with services establishment to obtain at least 30 hours of continuing education for every two years of employment as a management in topics relevant to the operation of the housing with services establishment. Allows continuing education earned to maintain a professional license to be used to complete this requirement.

(b) Requires eight hours of the continuing education on topics in section 144D.065, subdivision 1, paragraph (b), relating to dementia training, within 160 hours of beginning work and two hours of additional training for each 12 months of work thereafter.

(c) For managers of establishments not covered by section 325F.72 (covering housing with services establishments that provide a special Alzheimer's program for residents) but who provide housing with services under section 144G, the continuing education must include at least four hours of topics in section 144D.065, subdivision 1, paragraph (b), relating to dementia training, within 160 hours of beginning work and two hours of additional training for each 12 months of work thereafter.

(d) Requires a statement verifying compliance with the continuing education requirement to be included with the annual registration to the commissioner of health. Also requires the establishment to maintain records for at least three years.

(e) Allows new managers to satisfy the initial training requirement by producing written proof of completion of required training within the past 18 months.

Effective date. This section is effective January 1, 2016.

23 **Emergency planning.** Adds § 144D.11. Requires housing with services establishments to, among other things, have a written emergency disaster plan, conduct training with staff on emergency and disaster training within 30 days of hire, and conduct a fire drill or other emergency drill at least every six months.

Effective date. This section is effective January 1, 2016.

24 **Duties of director.** Amends § 145.4716, subdivision 2. Expands the duties of the director of child sex trafficking prevention to include managing the requests for proposals for grants for comprehensive services, including trauma-informed, culturally specific services.

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25 **Minority run health care professional associations.** Amends § 145.928 by adding subdivision 7a. Requires the commissioner of health to award grants to minority run health care professional associations to achieve listed goals.

26 **Scope.** Amends section § 149A.92 by adding subdivision 11. Limits the scope of the requirement that all funeral establishments have a preparation and embalming room to only those funeral establishments where human remains are present for the purpose of preparation and embalming, private viewings, visitations, services, and holding of human remains while awaiting final disposition. Defines "private viewing" as viewing of a dead human body by persons designated in section § 149A.80, subdivision 2.

27 **Posted warning required.** Amends § 325H.05 by adding paragraph (c). Requires tanning facilities to post a sign, in addition to other signs already required under the section, stating that it is unlawful for the facility or operator to allow a person under the age of 18 to use any tanning equipment.

28 **Use by minors prohibited.** Adds § 325H.085. Prohibits the use of any type of tanning equipment available in a Minnesota tanning facility by persons under the age of 18. Defines "tanning equipment."

29 **Penalty.** Amends § 325H.09. Extends the penalty for noncompliance with tanning facility regulations under §§ 325H.01 to 325H.085 to include a penalty of not less than $150 for the first violation and not more than $300 for each subsequent violation.

30 **Automatic External Defibrillation Registration.** Adds § 403.51.

Subd. 1. Definitions. Defines key terms used in the bill.

Subd. 2. Registration. Requires registration, within 30 working days of purchase, of any AED intended to be used or accessed by the public for the benefit of the general public. Registration is not required for an AED that is not intended to be used or accessed by the public for the benefit of the general public or an AED located in a vehicle or other non-stationary storage.

Subd. 3. Required information. Requires that the person registering an AED provide information regarding: (1) the manufacturer, model, and serial number; (2) the specific location where the AED will be kept; and (3) contact information for individuals responsible for the AED's maintenance.

Subd. 4. Information changes. States that the owner of the AED is required to update information in the AED registry within 30 working days of the change occurring.

Subd. 5. Public access AED requirements. States that any AED intended to be used or accessed by the public for the benefit of the general public may be inspected by a public safety agency with jurisdiction over the location of the AED during regular business hours. Requires the AED to be kept in the specified location in the registration and be reasonably maintained.

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Subd. 6. Removal of AED. Allows an authorized agent of a public safety agency with jurisdiction over the location of the AED to direct the AED owner's compliance with this section as well as direct the owner to remove the AED and signs relating to the AED if it is determined that the AED is not ready for immediate use.

Subd. 7. Private use of AED. States that owners of AEDs not intended to be used or accessed by the public for the benefit of the general public are not subject to this section but are encouraged to maintain the AED in a consistent manner.

Subd. 8. AEDs for mobile use. States that owners of AEDs stored in vehicles or otherwise not placed in stationary storage are not subject to this section but are encouraged to maintain the AED in a consistent manner.

Subd. 9. Signs. States that owners of AEDs intended to be used or accessed by the public for the benefit of the general public are encouraged but not required to post signs bearing the universal AED symbol. Disallows a person to post or keep posted a sign if directed to remove a sign by an authorized agent of a public safety agency.

Subd. 10. Emergency response plans. Requires the owner of an AED intended to be used or accessed by the public for the benefit of the general public to develop an emergency response plan appropriate for the nature of the facility.

Subd. 11. No civil liability. States that nothing in this section shall create any civil liability on the part of an AED owner.

Effective date. Provides the bill is effectively retroactively from August 1, 2014.

31 **Municipal license of tobacco, tobacco-related devices, and similar products.** Amends § 461.12.

Subd. 1. Authorization. Extends governing body authorization, including the State Agricultural Society, to issue licenses for the sale of tobacco products to include the sale or electronic delivery devices and nicotine and lobelia delivery products.

Subd. 2. Administrative penalties; licenses. Extends administrative penalties to licensees or employees who sell electronic delivery devices or nicotine or lobelia delivery products to a person under the age of 18.

Subd. 3. Administrative penalty; individuals. Extends administrative penalties to individuals who sell electronic delivery devices or nicotine or lobelia delivery products to a person under the age of 18.

Subd. 4. Minors. Extends licensing authority's requirement to consult with interested parties on alternative penalties for minors for a minor's purchase of electronic delivery devices, or nicotine or lobelia delivery products.

Subd. 5. Compliance checks. Extends licensing authorities duty to conduct unannounced compliance checks to locations that sell tobacco-related devices, electronic delivery devices, or nicotine or lobelia delivery products.

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Subd. 6. Defense. Extends affirmative defense to sale of electronic delivery devices, or nicotine or lobelia delivery products.

Subd. 7. Judicial review. Makes no changes.

Subd. 8. Notice to commissioner. Makes no changes.

32 **Ban on self-service sale of packs; exceptions.** Amends § 461.18.

Subd. 1. Except in adult-only facilities. Requires that no person offer electronic delivery devices or nicotine or lobelia delivery products for sale in an open display accessible to the public. Provides for an exception for facilities which derive at least 90 percent of their revenue from tobacco and tobacco-related products where retailers ensure no person under 18 years old is allowed to enter.

Subd. 2. Vending machine sales prohibited. Extends prohibition of vending machine sales to include electronic delivery devices, or nicotine or lobelia delivery products. The already existing exception for facilities that cannot be entered by persons younger than 18 years of age still applies.

Subd. 3. Federal regulations for cartons, multipacks. Makes no changes.

33 **Effect on local ordinance; notice.** Amends § 461.19 to include sales of tobacco-related devices, electronic delivery devices, and nicotine and lobelia products. This section already provided that sections 461.12 to 461.18 will not preempt a local ordinance providing to more restrictive regulation.

34 **Sale of tobacco to children.** Amends § 609.685.

Subd. 1. Definitions. (a) Expands definition of "tobacco" by inserting "including but not limited to" prior to the list of examples of tobacco.

(b) Expands definition of "tobacco-related devices" to include devices intentionally designed or intended to be used in a way that enables chewing, sniffing, smoking, or inhalation of tobacco products, and components of devices which may be separately marketed or sold.

(c) Adds a definition for "electronic delivery device" that includes any product, and its individual parts, containing or delivering nicotine, lobelia, or other substance intended for human consumption in a way that simulates smoking. The definition excludes products approved by the FDA for sale as tobacco-cessation, tobacco-dependence, or other medical purposes and which is marketed and sold for such approved purposes.

Subd. 1a. Penalty to sell. Extends criminal penalties under paragraph (a) to the sale of tobacco-related devices or electronic delivery devices to persons under 18 years of age

Subd. 2. Other offenses. Extends criminal penalties under paragraph (a) to the furnishing of electronic delivery devices to persons under 18 years of age. Extends

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criminal penalties under paragraph (b) to persons under the age of 18 who use false identification to misrepresent age in order to purchase an electronic delivery device.

Subd. 3. Petty misdemeanor. Extends petty misdemeanor guilt to persons under the age of 18 who possess, smoke, chew, ingest, purchase, or attempt to purchase tobacco-related devices or electronic delivery devices.

Subd. 4. Effect on local ordinances. Makes no changes.

Subd. 5. Exceptions. Amends paragraph (b) to include exceptions for persons under the age of 18 attempting to purchase electronic delivery devices while acting under supervision of an adult for training, education, research, or enforcement purposes.

Subd. 6. Seizure of false identification. Makes no changes.

35 **Sale of nicotine delivery products to children.** Amends § 609.6855 to exclude electronic delivery devices from criminal penalties relating to the sale of nontobacco nicotine products to persons under the age of 18. Sale of electronic delivery devices to persons under the age of 18 is addressed in section 34 of this bill.

36 **Evaluation and reporting requirements.** Requires the commissioner of health to consult with the Alzheimer's Association, Aging Services of Minnesota, Care Providers of Minnesota, the ombudsman for long term care, and other stakeholders to evaluate, among other things, whether additional care providers should be included in the training mandate, and cost implications for compliance with training requirements, and dementia education option available.

37 **Limited opt-in exception.** Allows parents or legal guardians of infants born prior to the effective date to give the department written consent for the storage and use as described in subdivisions 5 and 8.

38 (a) Repeals § 144.125, subdivision 6, which is related to the standard retention period for samples and test results.

(b) Repeals § 325H.06 (requiring signature of persons under the age of 18 prior to using the tanning facility) and § 325H.08 (requiring parental or legal guardian consent before use of a tanning facility by persons under the age of 16).

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Article 7: Local Public Health

Overview

This article removes boards of health from chapter 145A and reclassifies duties previously assigned to boards of health to community health boards. The article also defines the areas of public health responsibility.

1 **Areas of public health responsibility.** Amends § 145A.02 by adding subdivision 1a. Defines areas of public health responsibility.

2 **Community health board.** Amends § 145A.02, subdivision 5. Redefines "community health board" as a governing body for local health and requires the board to be comprised of a single county, multiple contiguous counties, or, in limited circumstances, a single city.

3 **Community health services administrator.** Amends § 145A.02 by adding subdivision 6a. Defines community health services administrator.

4 **Local health department.** Amends § 145A.02 by adding subdivision 8a. Defines local health department.

5 **Essential public health services.** Amends § 145A.02 by adding subdivision 8b. Defines public health services.

6 **Medical consultant.** Amends § 145A.02, subdivision 15. Redefines medical consultant.

7 **Performance management.** Amends § 145A.02 by adding subdivision 15a. Defines performance management.

8 **Performance measure.** Amends § 145A.02 by adding subdivision 15b. Defines performance measure.

9 **Establishment; assignment of responsibilities.** Amends § 145A.03, subdivision 1. Requires a county to establish or join a community health board. Requires, among other things, a community health board to serve a population of 30,000 or more persons or be composed of three or more contiguous counties.

10 **Joint powers community health board.** Amends § 145A.03, subdivision 2. Replaces references to boards of health with community health boards.

11 **Membership; duties of chair.** Amends § 145A.03, subdivision 4. Replaces references to boards of health with community health boards.

12 **Meetings.** Amends § 145A.03, subdivision 5. Replaces references to boards of health with community health boards.

13 **Community health board; eligibility for funding.** Amends § 145.03 by adding subdivision 7. Allows for community health boards meeting the requirements of the section 145A.03 to be eligible for local public health grants under section 145A.131, along with other funds

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granted by the commissioner.

14 Powers and duties of community health board. Amends § 145A.04.

Subd. 1. Jurisdiction; enforcement. States community health boards (CHB) have the general responsibility for development and maintenance of a system of community services and, under the general supervision of the commissioner, shall recommend the enforcement of laws, regulations, and ordinances pertaining to the powers and duties. Provides guidelines on a member withdrawal from a CHB.

Subd. 1a. Duties. Requires a CHB to, among other things, identify local public health priorities, including those listed in the section, and implement activities to address the priorities, submit a health assessment and improvement plan to the commissioner at least every five years, and submit an annual report to the commissioner.

Subd. 2. Appointment of community health service (CHS) administrator. Requires a CHB to appoint a CHS to act on its behalf.

Subd. 2a. Appointment of medical consultant. Requires a CHB to appoint, employ, or contract with a medical consultant and provides purpose of the medical consultant.

Subd. 3. Employment; employees. Permits a CHB to employ persons necessary to carry out its duties and states a person employment by a county, city, or the state whose functions are assumed by the CHB shall become employees of the CHB without loss in benefits, salaries, or rights.

Subd. 4. Acquisition of property; request for and acceptance of funds; collection of fees. Replaces references to boards of health with community health boards.

Subd. 5. Contracts. Replaces references to boards of health with community health boards.

Subd. 6. Investigation; reporting and control of communicable diseases. Replaces references to boards of health with community health boards. Requires the CHB to coordinate with any county board or city council within its jurisdiction while making investigations regarding communicable diseases.

Subd. 6a. Minnesota Responds Medical Reserve Corps; planning. Replaces references to boards of health with community health boards.

Subd. 6b. Minnesota Responds Medical Reserve Corps; agreements. Replaces references to boards of health with community health boards.

Subd. 6c. Minnesota Responds Medical Reserve Corps; when mobilized. Replaces references to boards of health with community health boards.

Subd. 6d. Minnesota Responds Medical Reserve Corps; liability coverage.

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Replaces references to boards of health with community health boards.

Subd. 7. Entry for inspection. Replaces references to boards of health with community health boards.

Subd. 8. Removal and abatement of public health nuisances. Replaces references to boards of health with community health boards.

Subd. 9. Injunctive relief. Replaces references to boards of health with community health boards.

Subd. 10. Hindrance of enforcement prohibited; penalty. Replaces references to boards of health with community health boards.

Subd. 11. Neglect of enforcement prohibited; penalty. Replaces references to boards of health with community health boards.

Subd. 12. Other powers and duties established by law. Replaces references to boards of health with community health boards.

Subd. 13. Recommended legislation. Allows a CHB to recommend local ordinances pertaining to community health services and advise the commissioner on matters relating to public health.

Subd. 14. Equal access to services. Requires a CHB to provide services on the basis of need and prohibits discrimination.

Subd. 15. State and local advisory committees. Established a state community health services advisory committee and lists, among other things, duties, appointment procedures, and states there is no expiration date.

15 **Animal control.** Amends § 145A.05, subdivision 2. Replaces references to boards of health with community health boards.

16 **Supervision of local enforcement.** Amends § 145A.06, subdivision 2. Replaces references to boards of health with community health boards.

17 **Assistance to community health boards.** Amends § 145A.06 by adding subdivision 3a. Requires the commissioner to help and advise CHBs that ask for assistance. Lists examples of assistance the commissioner may provide.

18 **Personnel standards.** Amends § 145A.06 by adding subdivision 3b. Allows the commissioner to adopt rules to set standards for administrative and program personnel to ensure competence in administration and planning.

19 **Deadly infectious disease.** Amends § 145A.05, subdivision 5. Replaces references to boards of health with community health boards.

20 **System-level performance management.** Amends § 145A.06 by adding subdivision 5a. Requires the commissioner, in consultation with the State Community Health Services

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Advisory Committee, to develop performance measure and implement a process to monitor statewide outcomes and performance improvement.

21 **Health volunteer program.** Amends § 145A.06 subdivision 6. Replaces references to boards of health with community health boards.

22 **Commissioner requests for health volunteers.** Amends § 145A.06, subdivision 7. Replaces references to boards of health with community health boards.

23 **Agreements to perform duties of commissioner.** Amends § 145A.07, subdivision 1. Replaces references to boards of health with community health boards.

24 **Agreements to perform duties of community health board.** Amends § 145A.07, subdivision 2. Replaces references to boards of health with community health boards. Updates associated language.

25 **Assessment of costs; tax levy authorized.** Amends § 145A.08. Replaces references to boards of health with community health boards. Updates associated language.

26 **Levying taxes.** Amends § 145A.11, subdivision 2. Replaces references to boards of health with community health boards. Updates associated language.

27 **Local public health grant.** Amends § 145A.131.

Subd. 1. Funding formula for community health boards. Updates language and cross-references.

Subd. 2. Local match. Updates cross-references.

Subd. 3. Accountability. Requires the commissioner to notify community health boards of performance-related accountability requirements of the local public health grant for that calendar year by January 1 of each year. Provides steps for the commissioner to take in the event the commissioner determines a CHB has not met the accountability requirements and an appeals process.

Subd. 4. Responsibility of commissioner to ensure a statewide public health system. Removes unnecessary language.

Subd. 5. Use of funds. Allows CHBs to use their local public health grant funds to address the areas of public health responsibility and local priorities.

28 **Revisor's instruction.** Provides instructive to the revisor regarding cross-references and updates to language.

29 **Repealer.** Repeals multiple subdivisions referring to boards of health, most of which were reorganized under community health board duties.

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Article 8: Continuing Care

Overview

This article contains the Department of Human Services continuing care policy provisions. The article updates terminology to include community residential settings; modifies PCA provisions, the common entry point for reporting maltreatment of vulnerable adults, and the home and community-based services provider rate and grant increase effective April 1, 2014; and repeals an Autism Spectrum Disorder Task Force.

1 **Personal care assistant; requirements.** Amends § 256B.0659, subd. 11. Removes obsolete language related to payment of services provided by certain relatives. The language being removed was found to be unconstitutional by the court in 2013. Makes this section effective the day following final enactment.

2 **Personal care assistance provider agency; required documentation.** Amends § 256B.0659, subd. 28. Modifies the list of documentation a PCA provider agency must maintain to conform to the change in section 1. Makes this section effective the day following final enactment.

3 **Essential community supports.** Amends § 256B.0922, subd. 1. Modifies the services available under the essential community supports program by adding adult day services.

4 **Enrollment requirements.** Amends § 256B.4912, subd. 10. Removes home and community-based waiver provider requirements to provide proof of surety bond coverage and fidelity bond coverage. Lists certain provider-types that are required to provide proof of liability insurance. Exempts providers of foster care services covered under section 245.814 from this requirement (section 245.814 requires liability insurance for these providers). Makes this section effective the day following final enactment.

5 **Home and community-based settings for people with disabilities.** Amends § 256B.492. Modifies the list of allowable home and community-based settings for people with disabilities by adding community residential settings of up to five people. Community residential setting is the new term for corporate adult foster care.

6 **Commissioner's duties; report.** Amends § 256B.493, subd. 1. Adds community residential settings to the list of settings for which the commissioner must solicit proposals for the conversion of services provided for persons with disabilities to other types of community settings.

7 **Rules regarding emergency assistance.** Amends § 256D.01, subd. 1e. Prohibits GA payments from being made for community residential settings licensed under chapter 245D.

8 **Excluded time.** Amends § 256G.02, subd. 6. Adds community residential settings to the list of settings included in the definition of "excluded time."

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9 **Group residential housing.** Amends § 256I.03, subd. 3. Includes community residential settings in the definition of group residential housing.

10 **License required.** Amends § 256I.04, subd. 2a. Adds residences licensed by the commissioner of human services under chapter 245D to the list of establishments with which counties may enter into agreements to provide GRH.

11 **Common entry point designation.** Amends § 626.557, subd. 9. Requires each county board to designate a common entry point for reports of suspected maltreatment for use until the commissioner of human services establishes a common entry point. Allows two or more county boards to jointly designate a single common entry point. Delays the implementation of the common entry point established by the commissioner of human services by six months. The new implementation date is no sooner than January 1, 2015. Makes this section effective the day following final enactment.

12 **Effective date.** Amends Laws 2011, First Special Session ch. 9, art. 7, § 7, the effective date. Removes an age threshold in an effective date for MA-EPD to conform to program eligibility criteria.

13 **Provider rate and grant increase effective April 1, 2014.** Amends Laws 2013, ch. 108, art. 7, § 60. Modifies the home and community-based services provider rate and grant increase effective April 1, 2014, to allow the essential community supports program to receive the one percent increase. Makes this section effective April 1, 2014.

14 **Autism spectrum disorder statewide strategic plan implementation.** Requires the commissioners of education, employment and economic development, health, and human services to implement the autism spectrum disorder statewide strategic plan developed by the Autism Spectrum Disorder Task Force. Requires the commissioners to work with stakeholders, prepare progress reports, and provide two opportunities per year for interested parties to provide input on implementation**.** Makes this section effective the day following final enactment.

15 **Repealer.** Repeals the 2011 law creating the Autism Spectrum Disorder Task Force effective the day following final enactment. Under current law, the task force expires June 30, 2015.

Article 9: Health Care

Overview

This article contains provisions related to Minnesota health care programs. The article makes changes related to home care nursing, establishes a health care homes advisory committee, requires statewide procurement under managed care, and provides a definition of basic care services.

1 **Definitions.** Amends § 256B.0654, subd. 1. Changes terminology, replacing the term "private-duty" nursing with "home care" nursing and the term "regular private duty nursing" with "regular home care nursing." Also modifies the definition of different levels of nursing

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services.

The amendment to paragraph (a) renames "complex private duty nursing care" as "complex home care nursing." Also modifies the criteria for this level of care, by replacing the requirement related to being ventilator dependent or meeting the criteria for an intensive care unit (ICU) level of care, with the requirement that a recipient meet the criteria for regular home care nursing and require life-sustaining interventions to reduce the risk of long-term injury or death.

The amendments to paragraphs (b), (c), and (e) change terminology. The amendment to paragraph (b) also defines home care nursing as physician-ordered, hourly nursing services performed by a registered nurse or licensed practical nurse within scope of practice as provided by the Minnesota Nurse Practice Act, in order to maintain or restore a person's health.

The amendment to paragraph (d) renames "regular private duty nursing" as "regular home care nursing." Also modifies the criteria for this level of care by eliminating references to not needing an ICU level of care and having episodes of instability. Defines regular home care nursing as home care nursing provided because: (1) the recipient requires more individual and continuous care than can be provided during a skilled nurse visit; or (2) the cares are outside the scope of services that can be provided by a home health aide or personal care assistant (these are criteria from § 256B.0652, subd. 5, related to the authorization of private duty nursing services).

Provides a July 1, 2014, effective date.

2 **Health care homes advisory committee.** Amends § 256B.0751 by adding subd. 10. (a) Requires the commissioner of health to establish a health care homes advisory committee.

(b) Requires the committee to include representatives from health care professions and requires at least 25 percent of the committee members to be consumers or patients in health care homes.

(c) Requires the committee to advise the commissioner on ongoing implementation of the health care programs, including, but not limited to, activities such as implementation of health care homes, potential modifications of the health care home rules or statutes, and consumer engagement.

(d) Allows the committee to establish subcommittees on specific topics and states that the committee does not expire.

3 **Statewide procurement.** Amends § 256B.69, by adding subd. 35. (a) For CY 2015, allows the commissioner to extend demonstration provider contracts for a sixth year after the most recent procurement.

(b) For CY 2016 contracts, directs the commissioner to procure demonstration providers, and participating entities under MinnesotaCare, through a statewide procurement. Requires the commissioner to publish a request for proposals by January 5, 2015. Specifies criteria for procurement.

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4 **Reimbursement for basic care services.** Amends § 256B.766. Provides a definition of basic care services that is effective January 1, 2015.

5 **Revisor's instruction.** Directs the revisor of statutes to change the term "private duty nursing" or similar terms to "home care nursing" or similar terms in Minnesota Statutes and Minnesota Rules.

Article 10: Miscellaneous

Overview

This article clarifies what entities and organizations are required to purchase surety bonds. It makes numerous technical changes and relieves the commissioner of responsibility for appointing members to local social services agencies. It requires the commissioner to seek federal approval to operate a demonstration project.

1 **Provider enrollment.** Amends § 256B.04, subd. 21. Clarifies that medical suppliers required to purchase surety bonds are those suppliers enrolled or eligible for enrollment as durable medical equipment providers and suppliers. Durable medical equipment provider and supplier is defined as one that purchases medical equipment or supplies for sale or rental and makes or arranges for repairs and maintenance of equipment. Excludes federally qualified health centers, home health agencies, the Indian Health Service, pharmacies and rural health clinics from the surety bond requirement.

2 **Requirements for provider enrollment of personal care assistance provider agencies.** Amends § 256B.0659, subd. 21. Makes technical changes by striking the word "performance" and inserting the word "surety" to maintain consistency in the designation of the type of bond that must be purchased by an agency.

3 **Managed care pilot.** Amends § 256B.5016, subd. 1. Strikes a cross reference Minnesota Rules, part 9525.1580, which is repealed in section 9 of this bill.

4 **Project extension.** Amends § 256B.69, subd. 16. Strikes a cross reference to Minnesota Rules, part 9500.1456, which is repealed in section 9 of this bill. This statutory section, 256B.69, deals with the medical assistance prepayment program demonstration project.

5 **Requirements for enrollment of CFSS provider agencies.** Amends § 256B.85, subd. 12. Makes technical changes by striking the word "performance" and inserting the word "surety" to maintain consistency in the designation of the type of bond that must be purchased by an agency.

6 **Selection of members, terms, vacancies.** Amends § 393.01, subd. 2. Strikes language requiring the commissioner of human services to appoint members to local social services agencies. Places this responsibility on the board of county commissioners.

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7 **Joint exercise of powers.** Amends § 393.01, subd. 7. Strikes language requiring the commissioner of human services to appoint members to local social services agencies. Places this responsibility on each board of county commissioners.

8 **Simplification of eligibility and enrollment process.** Amends Laws 2011, 1st S.S., ch. 9, art. 9, §17. Strikes the requirement for the commissioner to issue an annual report to the legislature on the progress of developing an integrated service delivery framework to streamline eligibility and enrollment for human services programs.

9 **Rulemaking; redundant provision regarding transition lenses.** Instructs the commissioner to remove transition lenses from the list of glasses not eligible for MA reimbursement in Minnesota Rules, part 9505.0277, subp. 3. This exclusion is included in another provision.

10 **Federal approval.** Requires the commissioner to seek federal approval under the state Medicaid plan to operate the demonstration project for family planning services in section 256B.78. Establishes eligibility requirements.

11 **Revisor's instruction.** Instructs the revisor of statutes to remove cross references to sections and rules repealed in section 9 of this bill and to make necessary corrections to remaining text.

12 **Repealer.** Paragraph (a) repeals § 256.01, subd. 32 (review and evaluation of ongoing studies; commonly known as the "report on reports").

Paragraph (b) repeals Minnesota Rules, parts 9500.1126 (recapture of depreciation); 9500.1450, subp. 3 (geographic location of PMAP); 9500.1452, subp. 3 (exclusion during phase-in period—related to PMAP); 9500.1456 (identification of enrollees); and 9525.1580 (control and location of services—related to the licensing of training and habilitation services).