STATE OF MINNESOTA

Journal of the Senate

EIGHTY-SECOND LEGISLATURE

FORTY-NINTH DAY

St. Paul, Minnesota, Tuesday, May 8, 2001

The Senate met at 9:30 a.m. and was called to order by the President.

CALL OF THE SENATE

Senator Belanger imposed a call of the Senate. The Sergeant at Arms was instructed to bring in the absent members.

Prayer was offered by the Chaplain, Rev. William J. Van Oss.

The roll was called, and the following Senators answered to their names:

Anderson	Higgins	Langseth
Bachmann	Hottinger	Larson
Belanger	Johnson, Dave	Lesewski
Berg	Johnson, Dean	Lessard
Berglin	Johnson, Debbie	Limmer
Betzold	Johnson, Doug	Lourey
Chaudhary	Kelley, S.P.	Marty
Cohen	Kelly, R.C.	Metzen
Day	Kierlin	Moe, R.D.
Dille	Kinkel	Murphy
Fischbach	Kiscaden	Neuville
Foley	Kleis	Oliver
Fowler	Knutson	Olson
Frederickson	Krentz	Orfield

The President declared a quorum present.

The reading of the Journal was dispensed with and the Journal, as printed and corrected, was approved.

MEMBERS EXCUSED

Senator Solon was excused from the Session of today.

EXECUTIVE AND OFFICIAL COMMUNICATIONS

The following communications were received and referred to the committees indicated. February 27, 2001

The Honorable Don Samuelson President of the Senate

Dear Sir:

The following appointments are hereby respectfully submitted to the Senate for confirmation as required by law:

Pogemiller Robertson

Ourada

Pappas

Price

Ranum

Reiter

Rest

Ring

Sabo

Sams

Robling

Samuelson

Pariseau

Scheevel Scheid Schwab Stevens Stumpf Terwilliger Tomassoni Vickerman Wiener Wiger

JOURNAL OF THE SENATE

MINNESOTA POLLUTION CONTROL AGENCY

Brian Bensen, 5823 47th Street Southeast, Saint Cloud, Minnesota 56304-9726, in the county of Sherburne, effective March 3, 2001 for a four-year term expiring on January 3, 2005.

Dr. Dan Foley, 1581 Tamberwood Trail, Woodbury, Minnesota 55125, in the county of Washington, effective March 3, 2001 for a four-year term expiring on January 3, 2005.

(Referred to the Committee on Environment and Natural Resources.)

March 26, 2001

The Honorable Don Samuelson President of the Senate

Dear Sir:

The following appointment is hereby respectfully submitted to the Senate for confirmation as required by law:

BOARD OF ANIMAL HEALTH

Gary Leff, DVM, 927 Circle Drive, Buffalo, Minnesota 55313, in the county of Wright, effective April 2, 2001, for a four-year term expiring on January 3, 2005.

(Referred to the Committee on Agriculture, General Legislation and Veterans Affairs.)

March 26, 2001

The Honorable Don Samuelson President of the Senate

Dear Sir:

The following appointment is hereby respectfully submitted to the Senate for confirmation as required by law:

COMMISSIONER, DEPARTMENT OF TRADE AND ECONOMIC DEVELOPMENT

Rebecca Yanisch, 1201 Yale Place, #1102, Minneapolis, Minnesota 55403, in the county of Hennepin, effective April 9, 2001, to complete a four-year term expiring on January 6, 2003.

(Referred to the Committee on Jobs, Housing and Community Development.)

April 12, 2001

The Honorable Don Samuelson President of the Senate

Dear Sir:

The following appointment is hereby respectfully submitted to the Senate for confirmation as required by law:

EMERGENCY MEDICAL SERVICES REGULATORY BOARD

Robert Anderson, Box 28, Ottertail, Minnesota 56571, in the county of OtterTail, effective April 17, 2001 to complete a term expiring on January 7, 2002.

(Referred to the Committee on Health and Family Security.)

Sincerely, Jesse Ventura, Governor

May 7, 2001

The Honorable Steve Sviggum Speaker of the House of Representatives

TUESDAY, MAY 8, 2001

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The Honorable Don Samuelson President of the Senate

I have the honor to inform you that the following enrolled Acts of the 2001 Session of the State Legislature have been received from the Office of the Governor and are deposited in the Office of the Secretary of State for preservation, pursuant to the State Constitution, Article IV, Section 23:

			Time and	
S.F.	H.F.	Session Laws	Date Approved	Date Filed
No.	No.	Chapter No.	2001	2001
	865	71	10:42 a.m. May 4	May 4
	933	72	10:43 a.m. May 4	May 4
	953	73	10:45 a.m. May 4	May 4
	1748	74	10:46 a.m. May 4	May 4
	1247	75	10:48 a.m. May 4	May 4
	489	76	10:31 a.m. May 7	May 7

Sincerely, Mary Kiffmeyer Secretary of State

MESSAGES FROM THE HOUSE

Mr. President:

I have the honor to announce the passage by the House of the following Senate Files, herewith returned: S.F. Nos. 1611, 1999, 110, 1090, 773, 1932, 511, 849, 1155, 1432, 1706, 923, 930, 1206 and 2006.

Edward A. Burdick, Chief Clerk, House of Representatives

Returned May 7, 2001

Mr. President:

I have the honor to announce the passage by the House of the following Senate File, AS AMENDED by the House, in which amendments the concurrence of the Senate is respectfully requested:

S.F. No. 1835: A bill for an act relating to employment; regulating an employee's right to receive certain employment termination information; amending Minnesota Statutes 2000, section 181.933, subdivision 1.

Senate File No. 1835 is herewith returned to the Senate.

Edward A. Burdick, Chief Clerk, House of Representatives

Returned May 7, 2001

CONCURRENCE AND REPASSAGE

Senator Kelley, S.P. moved that the Senate concur in the amendments by the House to S.F. No. 1835 and that the bill be placed on its repassage as amended. The motion prevailed.

S.F. No. 1835 was read the third time, as amended by the House, and placed on its repassage.

The question was taken on the repassage of the bill, as amended.

The roll was called, and there were yeas 60 and nays 0, as follows:

Those who voted in the affirmative were:

Anderson	Fowler	Krentz	Oliver	Robling
Bachmann	Frederickson	Langseth	Olson	Sabo
Belanger	Higgins	Larson	Orfield	Sams
Berg	Hottinger	Lesewski	Ourada	Samuelson
Berglin	Johnson, Dave	Lessard	Pappas	Scheevel
Betzold	Johnson, Debbie	Limmer	Pariseau	Scheid
Chaudhary	Kelley, S.P.	Lourey	Pogemiller	Schwab
Cohen	Kierlin	Marty	Price	Terwilliger
Day	Kinkel	Metzen	Reiter	Tomassoni
Dille	Kiscaden	Moe, R.D.	Rest	Vickerman
Fischbach	Kleis	Murphy	Ring	Wiener
Foley	Knutson	Neuville	Robertson	Wiger

So the bill, as amended, was repassed and its title was agreed to.

MESSAGES FROM THE HOUSE - CONTINUED

Mr. President:

I have the honor to announce the passage by the House of the following Senate File, AS AMENDED by the House, in which amendments the concurrence of the Senate is respectfully requested:

S.F. No. 986: A bill for an act relating to gambling; modifying definition of lawful purpose; amending requirements for illegal gambling enforcement; allowing noon hour bingo; amending Minnesota Statutes 2000, sections 297E.06, subdivision 4; 349.12, subdivision 25; 349.15, subdivision 1, by adding a subdivision; 349.155, subdivision 4a; 349.168, subdivisions 1, 2; 349.17, by adding a subdivision; 349.2127, subdivision 7; 349.213.

Senate File No. 986 is herewith returned to the Senate.

Edward A. Burdick, Chief Clerk, House of Representatives

Returned May 7, 2001

CONCURRENCE AND REPASSAGE

Senator Vickerman moved that the Senate concur in the amendments by the House to S.F. No. 986 and that the bill be placed on its repassage as amended. The motion prevailed.

S.F. No. 986 was read the third time, as amended by the House, and placed on its repassage.

The question was taken on the repassage of the bill, as amended.

The roll was called, and there were yeas 62 and nays 0, as follows:

Those who voted in the affirmative were:

Anderson	Frederickson	Langseth
Bachmann	Higgins	Larson
Belanger	Hottinger	Lesewski
Berg	Johnson, Dave	Lessard
Berglin	Johnson, Dean	Limmer
Betzold	Johnson, Debbie	Lourey
Chaudhary	Kelley, S.P.	Metzen
Cohen	Kierlin	Moe, R.D.
Day	Kinkel	Murphy
Dille	Kiscaden	Neuville
Fischbach	Kleis	Oliver
Foley	Knutson	Olson
Fowler	Krentz	Orfield

Pappas Pariseau Pogemiller Price Reiter Rest Ring Robertson Robling Sabo Sams Samuelson

Ourada

Scheevel Scheid Schwab Stevens Stumpf Terwilliger Tomassoni Vickerman Wiener Wiger So the bill, as amended, was repassed and its title was agreed to.

MESSAGES FROM THE HOUSE - CONTINUED

Mr. President:

I have the honor to announce the passage by the House of the following Senate File, AS AMENDED by the House, in which amendments the concurrence of the Senate is respectfully requested:

S.F. No. 1968: A bill for an act relating to labor; requiring the certification and regulation of crane operators; authorizing civil penalties; proposing coding for new law as Minnesota Statutes, chapter 184C.

Senate File No. 1968 is herewith returned to the Senate.

Edward A. Burdick, Chief Clerk, House of Representatives

Returned May 7, 2001

Senator Samuelson moved that the Senate do not concur in the amendments by the House to S.F. No. 1968, and that a Conference Committee of 3 members be appointed by the Subcommittee on Committees on the part of the Senate, to act with a like Conference Committee to be appointed on the part of the House. The motion prevailed.

Mr. President:

I have the honor to announce the passage by the House of the following Senate File, AS AMENDED by the House, in which amendments the concurrence of the Senate is respectfully requested:

S.F. No. 1752: A bill for an act relating to liquor; authorizing on-sale intoxicating liquor licenses in Minneapolis, St. Paul, Blaine, Elk River, Moorhead, and St. Louis Park; clarifying regulations with respect to premix machines; removing certain intoxicating liquor license restrictions relating to Metropolitan State University; authorizing Minneapolis to issue an intoxicating liquor license; removing certain temporary license restrictions; amending Minnesota Statutes 2000, sections 340A.404, subdivisions 2, 2b; 340A.410, subdivision 10; 340A.508, by adding a subdivision.

Senate File No. 1752 is herewith returned to the Senate.

Edward A. Burdick, Chief Clerk, House of Representatives

Returned May 7, 2001

Senator Moe, R.D. moved that S.F. No. 1752 be laid on the table. The motion prevailed.

Mr. President:

I have the honor to announce the passage by the House of the following House Files, herewith transmitted: H.F. Nos. 1356 and 1155.

Edward A. Burdick, Chief Clerk, House of Representatives

Transmitted May 7, 2001

FIRST READING OF HOUSE BILLS

The following bills were read the first time and referred to the committees indicated.

H.F. No. 1356: A bill for an act relating to agriculture; clarifying a definition; amending Minnesota Statutes 2000, section 561.19, subdivision 1.

JOURNAL OF THE SENATE

Referred to the Committee on Environment and Natural Resources.

H.F. No. 1155: A bill for an act relating to insurance; regulating action plans of certain health plan companies; requiring an affirmative provider consent to participate in a network under a category of coverage; requiring disclosure of changes in a provider's contract; imposing a moratorium on managed care auto insurance plans; amending Minnesota Statutes 2000, sections 62Q.07; 62Q.74, subdivisions 2, 3, and 4; proposing coding for new law in Minnesota Statutes, chapter 62Q.

Referred to the Committee on Rules and Administration for comparison with S.F. No. 1081, now on General Orders.

MOTIONS AND RESOLUTIONS

Senator Robertson moved that S.F. No. 1714, No. 46 on General Orders, be stricken and re-referred to the Committee on State and Local Government Operations. The motion prevailed.

Senator Ourada moved that S.F. No. 1811, No. 44 on General Orders, be stricken and re-referred to the Committee on Agriculture, General Legislation and Veterans Affairs. The motion prevailed.

Senator Higgins moved that S.F. No. 1345 be taken from the table. The motion prevailed.

S.F. No. 1345: A bill for an act relating to health; modifying the Vital Statistics Act; modifying access to adoption records; amending Minnesota Statutes 2000, sections 144.212, subdivisions 2a, 3, 5, 7, 8, 9, 11; 144.214, subdivisions 1, 3, 4; 144.215, subdivisions 1, 3, 4, 6, 7; 144.217; 144.218; 144.221, subdivisions 1, 3; 144.222, subdivision 2; 144.223; 144.225, subdivisions 1, 2, 2a, 3, 4, 7; 144.226, subdivisions 1, 3; 144.227; 260C.317, subdivision 4; proposing coding for new law in Minnesota Statutes, chapter 144; repealing Minnesota Statutes 2000, sections 144.1761; 144.217, subdivision 4; 144.219.

Senator Berglin moved to amend S.F. No. 1345 as follows:

Page 1, after line 14, insert:

"ARTICLE 1

APPROPRIATIONS

Section 1. [HEALTH APPROPRIATIONS.]

The sums shown in the columns marked "APPROPRIATIONS" are appropriated from the general fund, or any other fund named, to the agencies and for the purposes specified in the following sections of this article, to be available for the fiscal years indicated for each purpose. The figures "2002" and "2003" where used in this article, mean that the appropriation or appropriations listed under them are available for the fiscal year ending June 30, 2002, or June 30, 2003, respectively. Where a dollar amount appears in parentheses, it means a reduction of an appropriation.

Sec. 2. COMMISSIONER OF HEALTH

Subdivision 1. Total Appropriation	l	131,234,000	314,155,000
	Summary by Fund		
General	83,930,000	87,719,000	
State Government Special Revenue	26,829,000	28,713,000	
Health Care Access	13,935,000	7,367,000	

2386

Federal TANF

6,540,000

Subd. 2. Family and	
Community Health	

6,540,000

72,485,000

Summary by Fund		
General	57,318,000	60,430,000
State Government Special Revenue	961,000	1,987,000
Health Care Access	3,682,000	3,712,000
Federal TANF	6,540,000	6,540,000

[HEALTH DISPARITIES.] (a) Of the general fund appropriation, \$6,450,000 in fiscal year 2002 and \$7,450,000 in fiscal year 2003 is for reducing health disparities to be spent as follows:

(1) \$3,400,000 the first year and \$4,150,000 the second year for grants to community organizations in accordance with Minnesota Statutes, section 145.9269, subdivision 6, for prevention services targeted to populations affected by health disparities;

(2) \$2,150,000 the first year and \$2,350,000 the second year in accordance with Minnesota Statutes, section 145.9269, subdivision 7, for grants to community health boards;

(3) \$500,000 each year for grants to tribal governments in accordance with Minnesota Statutes, section 145.9269, subdivision 8, to support efforts to identify and implement culturally based community interventions that reduce health disparities for American Indians;

(4) \$200,000 the first year and \$250,000 the second year for distribution to the community health boards in accordance with Minnesota Statutes, section 145.9269, subdivision 9, for health screening and follow-up services for foreign-born persons; and

(5) \$200,000 each year for state administrative costs.

[IMMUNIZATION INFORMATION SERVICE.] Of the general fund appropriation, \$1,000,000 the first year and \$2,000,000 the second year is available to the commissioner for grants to community health boards as defined in Minnesota Statutes, section 145A.02, to support the development of a statewide immunization information service and to support maintenance of current registry activities related to tracking medical assistance-eligible children. [PROMOTING HEALTHY LIFESTYLES.] \$6,540,000 from the TANF fund in fiscal years 2002 and 2003 is appropriated to the commissioner to award grants to promote healthy behaviors among youth in accordance with Minnesota Statutes, section 145.9263.

Of this amount, \$3,000,000 is for local grants under Minnesota Statutes, section 145.9263, subdivision 2; \$3,000,000 is for community youth grants under Minnesota Statutes, section 145.9263, subdivision 3; \$480,000 is for a statewide outreach campaign under Minnesota Statutes, section 145.9263, subdivision 4; and \$60,000 is for training and technical assistance.

[PROMOTING HEALTHY LIFESTYLES CARRYFORWARD.] Any unexpended balance of the TANF funds appropriated for the promoting healthy lifestyles grant program established under Minnesota Statutes, section 145.9263, in the first fiscal year of the biennium does not cancel but is available for the second year.

[HEALTH WORKFORCE DEVELOPMENT.] Of the general fund appropriation, \$1,003,000 in the first year and \$1,967,000 in the second year is to expand the health professionals loan program, of which \$963,000 in the first year and \$1,927,000 in the second year is for direct grants to increase the placement of physicians, dentists, pharmacists, mental health providers, health care technicians in rural communities, and nurses in nursing homes, ICFs/MR, and home health care agencies statewide.

[POISON INFORMATION SYSTEM.] Of the general fund appropriation, \$1,360,000 each fiscal year is for poison control system grants under Minnesota Statutes, section 145.93.

[WIC TRANSFERS.] The general fund appropriation for the women, infants, and children (WIC) food supplement program is available for either year of the biennium. Transfers of these funds between fiscal years must be either to maximize federal funds or to minimize fluctuations in the number of program participants.

[MINNESOTA CHILDREN WITH SPECIAL HEALTH NEEDS CARRYFORWARD.] General fund appropriations for treatment services in the services for Minnesota children with special health needs program are available for either year of the biennium.

[HOME VISITING PROGRAM.] Of the general fund appropriation, \$7,000,000 each year is for distribution to county boards according to the formula in Minnesota Statutes, section 256J.625, subdivision 3, to be used by county public health boards to serve families with incomes at or below 200 percent of the federal poverty guidelines, in the manner specified by Minnesota Statutes, section 145A.16, subdivision 3, clauses (2), (3), (4), (5), and (6). Training, evaluation, and technical assistance shall be provided in accordance with Minnesota Statutes, section 145A.16, subdivisions 5, 6, and 7. This appropriation shall not become a part of the agency's base funding for the 2004-2005 biennium.

[HOME VISITING TANF BASE REDUCTION.] Notwithstanding Laws 2000, chapter 488, article 8, section 2, subdivision 6, as amended by Laws 2000, chapter 499, sections 22 and 39, base level funding from the state's federal TANF block grant for the home visiting program under Minnesota Statutes, section 145A.16, for fiscal year 2002 and fiscal year 2003 is zero.

[SUICIDE PREVENTION.] Of the general fund appropriation, \$1,025,000 each year is to fund community-based suicide prevention programs under Minnesota Statutes, section 145.56, subdivision 2, and \$75,000 each year is for the commissioner for suicide prevention activities under Minnesota Statutes, section 145.56, subdivisions 1, 3, 4, and 5.

[INFORMED CONSENT.] \$172,000 in fiscal year 2002 and \$184,000 in fiscal year 2003 are for the commissioner to implement Minnesota Statutes, sections 145.4241 to 145.4247.

Subd. 3. Access and Quality Improvement

27,028,000	20,480,000

Summary by Fund		
General	8,263,000	8,231,000
State Government Special Revenue	8,512,000	8,594,000
Health Care Access	10,253,000	3,655,000

. . .

[STOP-LOSS FUND.] Of the health care access fund appropriation, \$200,000 the first year and \$50,000 the second year is for grants to organizations developing health care purchasing alliances established under Minnesota Statutes, chapter 62T. Of this appropriation, \$50,000 the first year is for a grant to the University of Minnesota-Crookston to support the northwest purchasing alliance; \$50,000 the first year is for a grant to the southwest regional development commission to support the southwest purchasing alliance; \$50,000 the first year is for a grant to the arrowhead regional development commission to support the development of a northeast Minnesota purchasing alliance; and \$50,000 each year is for a grant to the Brainerd lakes area chamber of commerce education association to support the north central purchasing alliance. The state grants must be matched on a one-to-one basis by nonstate funds. This is a one-time appropriation and shall not become part of the base level funding for the 2004-2005 biennium.

[HEALTH CARE SAFETY NET.] Of the health care access fund appropriation, \$6,500,000 the first year is to provide financial support to Minnesota health care safety net providers. This appropriation shall not become part of base funding for the agency for the 2004-2005 biennium. Of the amounts available:

(1) \$2,000,000 is for a grant program to aid safety net community clinics;

(2) \$2,000,000 is to be transferred to the Minnesota comprehensive health association (MCHA); and

(3) \$2,500,000 is for a grant program to provide rural hospital capital improvement grants described in Minnesota Statutes, section 144.148.

[GRANTS TO COMMUNITY CLINICS.] Of the general fund appropriation, \$2,000,000 each year is for grants to eligible community clinics under Minnesota Statutes, section 145.9268, to improve the ongoing viability of Minnesota's clinic-based safety net providers. This appropriation is contingent on federal approval of the intergovernmental transfers and payments to safety net hospitals authorized under Minnesota Statutes, section 256B.195. This appropriation shall become part of base level funding for the 2004-2005 biennium.

[HOME CARE PROVIDERS FEE WAIVER.] Notwithstanding the provisions of Minnesota Rules, chapter 4669, and Minnesota Statutes, section 144A.4605, subdivision 5, the commissioner of health may, during the biennium beginning July 1, 2001, waive license fees for all home care providers who hold a current license as of June 30, 2001, for the purpose of reducing surplus home care fees in the state government special revenue fund.

[RURAL AMBULANCE STUDY.] (a) The commissioner shall direct the rural health advisory committee to conduct a study and make recommendations regarding the challenges faced by rural ambulance services related to: personnel shortages for volunteer ambulance services; personnel shortages for full-time, paid ambulance services; funding for ambulance operations; and the impact on rural ambulance services from changes in ambulance reimbursement as a result of the federal Balanced Budget Act of 1997, Public Law Number 105-33.

(b) The advisory committee may also examine and make recommendations on:

(1) whether state law allows adequate flexibility to address operational and staffing problems encountered by rural ambulance services; and

(2) whether current incentive programs, such as the volunteer ambulance recruitment program and state reimbursement for volunteer training, are adequate to ensure ambulance service volunteers will be available in rural areas.

(c) The advisory committee shall identify existing state, regional, and local resources supporting the provision of local ambulance services in rural areas.

(d) The advisory committee shall, if appropriate, make recommendations for addressing alternative delivery models for rural volunteer ambulance services. Such alternatives may include, but are not limited to, multiprovider service coalitions, purchasing cooperatives, regional response strategies, and different utilization of first responder and rescue squads.

(e) In conducting its study, the advisory committee shall consult with groups broadly representative of rural health and emergency medical services. Such groups may include: local elected officials; ambulance and emergency medical services associations; hospitals and nursing homes; physicians, nurses, and mid-level practitioners; rural health groups; the emergency medical services regulatory board and regional emergency medical services boards; and fire and sheriff's departments.

30,250,000

31,323,000

(f) The advisory committee shall report its findings and recommendations to the commissioner by September 1, 2002.

Subd. 4. Health Protection

Summary by Fund

General	13,045,000	13,346,000
State Government		
Special Revenue	17,205,000	17,977,000

[EMERGING HEALTH THREATS.] (a) Of the general fund appropriation, \$750,000 in the first year and \$850,000 in the second year is to maintain the state capacity to identify and respond to emerging health threats.

(b) Of these amounts, \$450,000 in the first year and \$550,000 in the second year is to expand state laboratory capacity to identify infectious disease organisms, evaluate environmental contaminants, and develop new analytical techniques to deal with biological and chemical health threats.

(c) \$300,000 each year is to train, consult, and otherwise assist local officials responding to clandestine drug laboratories and minimizing health risks to responders and the public. The commissioner is authorized to bill local governments to reimburse the general fund for the costs incurred.

[SEXUALLY TRANSMITTED INFECTIONS.] Of the general fund appropriation, \$150,000 each year is to increase access to free screening for sexually transmitted infections, including efforts to provide screening to members of high-risk communities, and \$250,000 each year is for grants to community-based organizations and local public health entities to increase the screening of members of high-risk communities. These appropriations shall become part of the base level funding for the 2004-2005 biennium.

[BASE FUNDING TRANSFER.] \$250,000 each fiscal year is transferred from the base appropriation for sexually transmitted disease program operations to the HIV grants program and shall become part of base level funding for the HIV grants program for the 2004-2005 biennium.

[COMMUNITY HEALTH EDUCATION AND PROMOTION PROGRAM ON FOOD SAFETY.] (a) Of the general fund appropriation, \$200,000 each year is for a grant to the city of Minneapolis to establish a community-based

5,455,000

health education and promotion program on food safety in the Latino, Somali, and Southeast Asian communities.

(b) The program shall consist of direct training of food industry operators and workers on safe handling of food and proper operation of food establishments and a community consumer awareness campaign to increase community awareness of food safety and access to food regulatory services.

(c) This is a one-time appropriation and shall not become part of the base level funding for the 2004-2005 biennium.

Subd. 5. Management and Support Services

Summary by Fund

General	5,304,000	5,712,000
State Government Special Revenue	151,000	155,000

Sec. 3. TRANSFERS

Subdivision 1. Administration

Positions, salary money, and nonsalary administrative money may be transferred within the department of health as the commissioner considers necessary, with the advance approval of the commissioner of finance. The commissioner shall inform the chairs of the house health and human services finance committee and the senate health and family security budget division quarterly about transfers made under this provision.

Subd. 2. Prohibited Transfers

Grant money shall not be transferred to operations within the department of health without the approval of the legislature.

Sec. 4. INDIRECT COSTS NOT TO FUND PROGRAMS.

The commissioner of health shall not use indirect cost allocations to pay for the operational costs of any program for which the commissioner is responsible.

Sec. 5. CARRYOVER LIMITATION

None of the appropriations in this act which are allowed to be carried forward from fiscal year 2002 to fiscal year 2003 shall become part of the base level funding for the 2004-2005 biennial budget, unless specifically directed by the legislature. 5,867,000

Sec. 6. SUNSET OF UNCODIFIED LANGUAGE

All uncodified language contained in this article expires on June 30, 2003, unless a different expiration date is explicit.

ARTICLE 2

DEPARTMENT OF HEALTH

Section 1. Minnesota Statutes 2000, section 62J.152, subdivision 8, is amended to read:

Subd. 8. [REPEALER.] This section and sections 62J.15 and 62J.156 are repealed effective July 1, 2001 2005.

Sec. 2. Minnesota Statutes 2000, section 62J.451, subdivision 5, is amended to read:

Subd. 5. [HEALTH CARE ELECTRONIC DATA INTERCHANGE SYSTEM.] (a) The health data institute shall establish an electronic data interchange system that electronically transmits, collects, archives, and provides users of data with the data necessary for their specific interests, in order to promote a high quality, cost-effective, consumer-responsive health care system. This public-private information system shall be developed to make health care claims processing and financial settlement transactions more efficient and to provide an efficient, unobtrusive method for meeting the shared electronic data interchange needs of consumers, group purchasers, providers, and the state.

(b) The health data institute shall operate the Minnesota center for health care electronic data interchange established in section 62J.57, and shall integrate the goals, objectives, and activities of the center with those of the health data institute's electronic data interchange system.

Sec. 3. Minnesota Statutes 2000, section 103I.101, subdivision 6, is amended to read:

Subd. 6. [FEES FOR VARIANCES.] The commissioner shall charge a nonrefundable application fee of $\frac{120}{150}$ to cover the administrative cost of processing a request for a variance or modification of rules adopted by the commissioner under this chapter.

[EFFECTIVE DATE.] This section is effective July 1, 2002.

Sec. 4. Minnesota Statutes 2000, section 103I.112, is amended to read:

103I.112 [FEE EXEMPTIONS FOR STATE AND LOCAL GOVERNMENT.]

(a) The commissioner of health may not charge fees required under this chapter to a <u>federal</u> <u>agency</u>, state agency, or a local unit of government or to a subcontractor performing work for the state agency or local unit of government.

(b) "Local unit of government" means a statutory or home rule charter city, town, county, or soil and water conservation district, watershed district, an organization formed for the joint exercise of powers under section 471.59, a board of health or community health board, or other special purpose district or authority with local jurisdiction in water and related land resources management.

[EFFECTIVE DATE.] This section is effective July 1, 2002.

Sec. 5. Minnesota Statutes 2000, section 103I.208, subdivision 1, is amended to read:

Subdivision 1. [WELL NOTIFICATION FEE.] The well notification fee to be paid by a property owner is:

(1) for a new well, \$120 \$150, which includes the state core function fee;

(2) for a well sealing, $\$20 \ \30 for each well, which includes the state core function fee, except that for monitoring wells constructed on a single property, having depths within a 25 foot range, and sealed within 48 hours of start of construction, a single fee of $\$20 \ \30 ; and

(3) for construction of a dewatering well, $\frac{120}{150}$, which includes the state core function fee, for each well except a dewatering project comprising five or more wells shall be assessed a single fee of $\frac{600}{100}$ \$750 for the wells recorded on the notification.

[EFFECTIVE DATE.] This section is effective July 1, 2002.

Sec. 6. Minnesota Statutes 2000, section 103I.208, subdivision 2, is amended to read:

Subd. 2. [PERMIT FEE.] The permit fee to be paid by a property owner is:

(1) for a well that is not in use under a maintenance permit, \$100 \$125 annually;

(2) for construction of a monitoring well, $\frac{120}{150}$, which includes the state core function fee;

(3) for a monitoring well that is unsealed under a maintenance permit, \$100 \$125 annually;

(4) for monitoring wells used as a leak detection device at a single motor fuel retail outlet, a single petroleum bulk storage site excluding tank farms, or a single agricultural chemical facility site, the construction permit fee is 120 which includes the state core function fee, per site regardless of the number of wells constructed on the site, and the annual fee for a maintenance permit for unsealed monitoring wells is 100 per site regardless of the number of monitoring wells is 100 per site regardless of the number of monitoring wells is 100 per site regardless of the number of monitoring wells is 100 per site regardless of the number of monitoring wells located on site;

(5) for a groundwater thermal exchange device, in addition to the notification fee for wells, \$120 \$150, which includes the state core function fee;

(6) for a vertical heat exchanger, \$120 \$150;

(7) for a dewatering well that is unsealed under a maintenance permit, $\frac{100}{500}$ annually for each well, except a dewatering project comprising more than five wells shall be issued a single permit for $\frac{500}{500}$ \$625 annually for wells recorded on the permit; and

(8) for excavating holes for the purpose of installing elevator shafts, $\frac{120}{120}$ \$150 for each hole.

[EFFECTIVE DATE.] This section is effective July 1, 2002.

Sec. 7. Minnesota Statutes 2000, section 103I.235, subdivision 1, is amended to read:

Subdivision 1. [DISCLOSURE OF WELLS TO BUYER.] (a) Before signing an agreement to sell or transfer real property, the seller must disclose in writing to the buyer information about the status and location of all known wells on the property, by delivering to the buyer either a statement by the seller that the seller does not know of any wells on the property, or a disclosure statement indicating the legal description and county, and a map drawn from available information showing the location of each well to the extent practicable. In the disclosure statement, the seller must indicate, for each well, whether the well is in use, not in use, or sealed.

(b) At the time of closing of the sale, the disclosure statement information, name and mailing address of the buyer, and the quartile, section, township, and range in which each well is located must be provided on a well disclosure certificate signed by the seller or a person authorized to act on behalf of the seller.

(c) A well disclosure certificate need not be provided if the seller does not know of any wells on the property and the deed or other instrument of conveyance contains the statement: "The Seller certifies that the Seller does not know of any wells on the described real property."

(d) If a deed is given pursuant to a contract for deed, the well disclosure certificate required by this subdivision shall be signed by the buyer or a person authorized to act on behalf of the buyer. If the buyer knows of no wells on the property, a well disclosure certificate is not required if the following statement appears on the deed followed by the signature of the grantee or, if there is more than one grantee, the signature of at least one of the grantees: "The Grantee certifies that the Grantee does not know of any wells on the described real property." The statement and signature of the grantee may be on the front or back of the deed or on an attached sheet and an acknowledgment of the statement by the grantee is not required for the deed to be recordable.

JOURNAL OF THE SENATE

(e) This subdivision does not apply to the sale, exchange, or transfer of real property:

(1) that consists solely of a sale or transfer of severed mineral interests; or

(2) that consists of an individual condominium unit as described in chapters 515 and 515B.

(f) For an area owned in common under chapter 515 or 515B the association or other responsible person must report to the commissioner by July 1, 1992, the location and status of all wells in the common area. The association or other responsible person must notify the commissioner within 30 days of any change in the reported status of wells.

(g) For real property sold by the state under section 92.67, the lessee at the time of the sale is responsible for compliance with this subdivision.

(h) If the seller fails to provide a required well disclosure certificate, the buyer, or a person authorized to act on behalf of the buyer, may sign a well disclosure certificate based on the information provided on the disclosure statement required by this section or based on other available information.

(i) A county recorder or registrar of titles may not record a deed or other instrument of conveyance dated after October 31, 1990, for which a certificate of value is required under section 272.115, or any deed or other instrument of conveyance dated after October 31, 1990, from a governmental body exempt from the payment of state deed tax, unless the deed or other instrument of conveyance contains the statement made in accordance with paragraph (c) or (d) or is accompanied by the well disclosure certificate containing all the information required by paragraph (b) or (d). The county recorder or registrar of titles must not accept a certificate unless it contains all the required information. The county recorder or registrar of titles shall note on each deed or other instrument of conveyance accompanied by a well disclosure certificate that the well disclosure certificate was received. The notation must include the statement "No wells on property" if the disclosure certificate states there are no wells on the property. The well disclosure certificate shall not be filed or recorded in the records maintained by the county recorder or registrar of titles. After noting "No wells on property" on the deed or other instrument of conveyance, the county recorder or registrar of titles shall destroy or return to the buyer the well disclosure certificate. The county recorder or registrar of titles shall collect from the buyer or the person seeking to record a deed or other instrument of conveyance, a fee of \$20 \$30 for receipt of a completed well disclosure certificate. By the tenth day of each month, the county recorder or registrar of titles shall transmit the well disclosure certificates to the commissioner of health. By the tenth day after the end of each calendar quarter, the county recorder or registrar of titles shall transmit to the commissioner of health \$17.50 \$27.50 of the fee for each well disclosure certificate received during the quarter. The commissioner shall maintain the well disclosure certificate for at least six years. The commissioner may store the certificate as an electronic image. A copy of that image shall be as valid as the original.

(j) No new well disclosure certificate is required under this subdivision if the buyer or seller, or a person authorized to act on behalf of the buyer or seller, certifies on the deed or other instrument of conveyance that the status and number of wells on the property have not changed since the last previously filed well disclosure certificate. The following statement, if followed by the signature of the person making the statement, is sufficient to comply with the certification requirement of this paragraph: "I am familiar with the property described in this instrument and I certify that the status and number of wells on the described real property have not changed since the last previously filed well disclosure certificate." The certification and signature may be on the front or back of the deed or on an attached sheet and an acknowledgment of the statement is not required for the deed or other instrument of conveyance to be recordable.

(k) The commissioner in consultation with county recorders shall prescribe the form for a well disclosure certificate and provide well disclosure certificate forms to county recorders and registrars of titles and other interested persons.

(1) Failure to comply with a requirement of this subdivision does not impair:

2396

TUESDAY, MAY 8, 2001

(1) the validity of a deed or other instrument of conveyance as between the parties to the deed or instrument or as to any other person who otherwise would be bound by the deed or instrument; or

(2) the record, as notice, of any deed or other instrument of conveyance accepted for filing or recording contrary to the provisions of this subdivision.

[EFFECTIVE DATE.] This section is effective July 1, 2002.

Sec. 8. Minnesota Statutes 2000, section 103I.525, subdivision 2, is amended to read:

Subd. 2. [APPLICATION FEE.] The application fee for a well contractor's license is $\frac{50}{75}$. The commissioner may not act on an application until the application fee is paid.

[EFFECTIVE DATE.] This section is effective July 1, 2002.

Sec. 9. Minnesota Statutes 2000, section 103I.525, subdivision 6, is amended to read:

Subd. 6. [LICENSE FEE.] The fee for a well contractor's license is \$250, except the fee for an individual well contractor's license is \$50 \$75.

[EFFECTIVE DATE.] This section is effective July 1, 2002.

Sec. 10. Minnesota Statutes 2000, section 103I.525, subdivision 8, is amended to read:

Subd. 8. [RENEWAL.] (a) A licensee must file an application and a renewal application fee to renew the license by the date stated in the license.

(b) The renewal application fee shall be set by the commissioner under section 16A.1285 for a well contractor's license is \$250.

(c) The renewal application must include information that the applicant has met continuing education requirements established by the commissioner by rule.

(d) At the time of the renewal, the commissioner must have on file all properly completed well reports, well sealing reports, reports of excavations to construct elevator shafts, well permits, and well notifications for work conducted by the licensee since the last license renewal.

[EFFECTIVE DATE.] This section is effective July 1, 2002.

Sec. 11. Minnesota Statutes 2000, section 103I.525, subdivision 9, is amended to read:

Subd. 9. [INCOMPLETE OR LATE RENEWAL.] If a licensee fails to submit all information required for renewal in subdivision 8 or submits the application and information after the required renewal date:

(1) the licensee must include an additional a late fee set by the commissioner of \$75; and

(2) the licensee may not conduct activities authorized by the well contractor's license until the renewal application, renewal application fee, late fee, and all other information required in subdivision 8 are submitted.

[EFFECTIVE DATE.] This section is effective July 1, 2002.

Sec. 12. Minnesota Statutes 2000, section 103I.531, subdivision 2, is amended to read:

Subd. 2. [APPLICATION FEE.] The application fee for a limited well/boring contractor's license is $50 \frac{50}{50}$. The commissioner may not act on an application until the application fee is paid.

[EFFECTIVE DATE.] This section is effective July 1, 2002.

Sec. 13. Minnesota Statutes 2000, section 103I.531, subdivision 6, is amended to read:

JOURNAL OF THE SENATE

Subd. 6. [LICENSE FEE.] The fee for a limited well/boring contractor's license is \$50 \$75.

[EFFECTIVE DATE.] This section is effective July 1, 2002.

Sec. 14. Minnesota Statutes 2000, section 103I.531, subdivision 8, is amended to read:

Subd. 8. [RENEWAL.] (a) A person must file an application and a renewal application fee to renew the limited well/boring contractor's license by the date stated in the license.

(b) The renewal application fee shall be set by the commissioner under section 16A.1285 for a limited well/boring contractor's license is \$75.

(c) The renewal application must include information that the applicant has met continuing education requirements established by the commissioner by rule.

(d) At the time of the renewal, the commissioner must have on file all properly completed well sealing reports, well permits, vertical heat exchanger permits, and well notifications for work conducted by the licensee since the last license renewal.

[EFFECTIVE DATE.] This section is effective July 1, 2002.

Sec. 15. Minnesota Statutes 2000, section 103I.531, subdivision 9, is amended to read:

Subd. 9. [INCOMPLETE OR LATE RENEWAL.] If a licensee fails to submit all information required for renewal in subdivision 8 or submits the application and information after the required renewal date:

(1) the licensee must include an additional a late fee set by the commissioner of \$75; and

(2) the licensee may not conduct activities authorized by the limited well/boring contractor's license until the renewal application, renewal application fee, and late fee, and all other information required in subdivision 8 are submitted.

[EFFECTIVE DATE.] This section is effective July 1, 2002.

Sec. 16. Minnesota Statutes 2000, section 103I.535, subdivision 2, is amended to read:

Subd. 2. [APPLICATION FEE.] The application fee for an elevator shaft contractor's license is \$50 \$75. The commissioner may not act on an application until the application fee is paid.

[EFFECTIVE DATE.] This section is effective July 1, 2002.

Sec. 17. Minnesota Statutes 2000, section 103I.535, subdivision 6, is amended to read:

Subd. 6. [LICENSE FEE.] The fee for an elevator shaft contractor's license is \$50 \$75.

[EFFECTIVE DATE.] This section is effective July 1, 2002.

Sec. 18. Minnesota Statutes 2000, section 103I.535, subdivision 8, is amended to read:

Subd. 8. [RENEWAL.] (a) A person must file an application and a renewal application fee to renew the license by the date stated in the license.

(b) The renewal application fee shall be set by the commissioner under section 16A.1285 for an elevator shaft contractor's license is \$75.

(c) The renewal application must include information that the applicant has met continuing education requirements established by the commissioner by rule.

(d) At the time of renewal, the commissioner must have on file all reports and permits for elevator shaft work conducted by the licensee since the last license renewal.

[EFFECTIVE DATE.] This section is effective July 1, 2002.

2398

Sec. 19. Minnesota Statutes 2000, section 103I.535, subdivision 9, is amended to read:

Subd. 9. [INCOMPLETE OR LATE RENEWAL.] If a licensee fails to submit all information required for renewal in subdivision 8 or submits the application and information after the required renewal date:

(1) the licensee must include an additional a late fee set by the commissioner of \$75; and

(2) the licensee may not conduct activities authorized by the elevator shaft contractor's license until the renewal application, renewal application fee, and late fee, and all other information required in subdivision 8 are submitted.

[EFFECTIVE DATE.] This section is effective July 1, 2002.

Sec. 20. Minnesota Statutes 2000, section 103I.541, subdivision 2b, is amended to read:

Subd. 2b. [APPLICATION FEE.] The application fee for a monitoring well contractor registration is $50 \frac{575}{100}$. The commissioner may not act on an application until the application fee is paid.

[EFFECTIVE DATE.] This section is effective July 1, 2002.

Sec. 21. Minnesota Statutes 2000, section 103I.541, subdivision 4, is amended to read:

Subd. 4. [RENEWAL.] (a) A person must file an application and a renewal application fee to renew the registration by the date stated in the registration.

(b) The renewal application fee shall be set by the commissioner under section 16A.1285 for a monitoring well contractor's registration is \$75.

(c) The renewal application must include information that the applicant has met continuing education requirements established by the commissioner by rule.

(d) At the time of the renewal, the commissioner must have on file all well reports, well sealing reports, well permits, and notifications for work conducted by the registered person since the last registration renewal.

[EFFECTIVE DATE.] This section is effective July 1, 2002.

Sec. 22. Minnesota Statutes 2000, section 103I.541, subdivision 5, is amended to read:

Subd. 5. [INCOMPLETE OR LATE RENEWAL.] If a registered person submits a renewal application after the required renewal date:

(1) the registered person must include an additional <u>a</u> late fee set by the commissioner of \$75; and

(2) the registered person may not conduct activities authorized by the monitoring well contractor's registration until the renewal application, renewal application fee, late fee, and all other information required in subdivision 4 are submitted.

[EFFECTIVE DATE.] This section is effective July 1, 2002.

Sec. 23. Minnesota Statutes 2000, section 103I.545, is amended to read:

103I.545 [REGISTRATION OF DRILLING MACHINES REQUIRED.]

Subdivision 1. [DRILLING MACHINE.] (a) A person may not use a drilling machine such as a cable tool, rotary tool, hollow rod tool, or auger for a drilling activity requiring a license or registration under this chapter unless the drilling machine is registered with the commissioner.

(b) A person must apply for the registration on forms prescribed by the commissioner and submit a \$50 \$75 registration fee.

(c) A registration is valid for one year.

Subd. 2. [PUMP HOIST.] (a) A person may not use a machine such as a pump hoist for an activity requiring a license or registration under this chapter to repair wells or borings, seal wells or borings, or install pumps unless the machine is registered with the commissioner.

(b) A person must apply for the registration on forms prescribed by the commissioner and submit a \$50 \$75 registration fee.

(c) A registration is valid for one year.

[EFFECTIVE DATE.] This section is effective July 1, 2002.

Sec. 24. Minnesota Statutes 2000, section 144.1202, subdivision 4, is amended to read:

Subd. 4. [AGREEMENT; CONDITIONS OF IMPLEMENTATION.] (a) An agreement entered into before August 2, 2002 2003, must remain in effect until terminated under the Atomic Energy Act of 1954, United States Code, title 42, section 2021, paragraph (j). The governor may not enter into an initial agreement with the Nuclear Regulatory Commission after August 1, 2002 2003. If an agreement is not entered into by August 1, 2002 2003, any rules adopted under this section are repealed effective August 1, 2002 2003.

(b) An agreement authorized under subdivision 1 must be approved by law before it may be implemented.

Sec. 25. [144.1205] [RADIOACTIVE MATERIAL; SOURCE AND SPECIAL NUCLEAR MATERIAL; FEES; INSPECTION.]

Subdivision 1. [APPLICATION AND LICENSE RENEWAL FEE.] When a license is required for radioactive material or source or special nuclear material by a rule adopted under section 144.1202, subdivision 2, an application fee according to subdivision 4 must be paid upon initial application for a license. The licensee must renew the license 60 days before the expiration date of the license by paying a license renewal fee equal to the application fee under subdivision 4. The expiration date of a license is the date set by the United States Nuclear Regulatory Commission before transfer of the licensing program under section 144.1202 and thereafter as specified by rule of the commissioner of health.

Subd. 2. [ANNUAL FEE.] <u>A licensee must pay an annual fee at least 60 days before the anniversary date of the issuance of the license. The annual fee is an amount equal to 80 percent of the application fee under subdivision 4, rounded to the nearest whole dollar.</u>

Subd. 3. [FEE CATEGORIES; INCORPORATION OF FEDERAL LICENSING CATEGORIES.] (a) Fee categories under this section are equivalent to the licensing categories used by the United States Nuclear Regulatory Commission under Code of Federal Regulations, title 10, parts 30 to 36, 39, 40, 70, 71, and 150, except as provided in paragraph (b).

(b) The category of "Academic, small" is the type of license required for the use of radioactive materials in a teaching institution. Radioactive materials are limited to ten radionuclides not to exceed a total activity amount of one curie.

Subd. 4. [APPLICATION FEE.] A licensee must pay an application fee as follows:

Radioactive material, Applicatio	n	U.S. Nuclear Regulatory
source and	fee	Commission licensing
special material		category as reference
Type A broadscope	\$20,000	Medical institution type A
Type B broadscope	\$15,000	Research and development
		type B
Type C broadscope	\$10,000	Academic type C
Medical use	\$4,000	Medical
		Medical institution

		Medical private practice
Mobile nuclear medical laboratory Medical special use	<u>\$4,000</u>	Mobile medical laboratory
sealed sources	<u>\$6,000</u>	Teletherapy High dose rate remote afterloaders Stereotactic radiosurgery devices
In vitro testing Measuring gauge,	<u>\$2,300</u>	In vitro testing laboratories
sealed sources	<u>\$2,000</u>	Fixed gauges Portable gauges Analytical instruments Measuring systems - other
Gas chromatographs Manufacturing and	<u>\$1,200</u>	Gas chromatographs
distribution	<u>\$14,700</u>	Manufacturing and distribution - other
Distribution only	<u>\$8,800</u>	Distribution of radioactive material for commercial use only
Other services Nuclear medicine	<u>\$1,500</u>	Other services
pharmacy Waste disposal	<u>\$4,100</u> <u>\$9,400</u>	Nuclear pharmacy Waste disposal service prepackage Waste disposal service processing/repackage
Waste storage only	<u>\$7,000</u>	To receive and store radioactive material waste
Industrial radiography	<u>\$8,400</u>	Industrial radiography fixed location Industrial radiography portable/temporary sites
Irradiator - self-shielded	<u>\$4,100</u>	Irradiators self-shielded less than 10,000 curies
Irradiator - less than 10,000 Ci	<u>\$7,500</u>	Irradiators less than 10,000 curies
Irradiator - more than 10,000 Ci	<u>\$11,500</u>	Irradiators greater than 10,000 curies
Research and development,		
no distribution Radioactive material	<u>\$4,100</u>	Research and development
possession only Source material Special nuclear material, less than	<u>\$1,000</u> <u>\$1,000</u>	Byproduct possession only Source material shielding
· · · · · · · · · · · · · · · · · · ·		

JOURNAL OF THE SENATE

<u>200 grams</u>	<u>\$1,000</u>	Special nuclear material plutonium-neutron sources less than 200 grams
Pacemaker		
manufacturing	<u>\$1,000</u>	Pacemaker byproduct and/or special nuclear material - medical institution
General license		
distribution	<u>\$2,100</u>	General license distribution
General license		
distribution, exempt	<u>\$1,500</u>	<u>General license</u> <u>distribution -</u>
A 1 1 11	¢1.000	certain exempt items
Academic, small	<u>\$1,000</u>	Possession limit of ten radionuclides, not to exceed a total of one curie of activity
Veterinary	\$2,000	Veterinary use
Well logging	\$5,000	Well logging

Subd. 5. [PENALTY FOR LATE PAYMENT.] An annual fee or a license renewal fee submitted to the commissioner after the due date specified by rule must be accompanied by an additional amount equal to 25 percent of the fee due.

<u>Subd. 6.</u> [INSPECTIONS.] The commissioner of health shall make periodic safety inspections of the radioactive material and source and special nuclear material of a licensee. The commissioner shall prescribe the frequency of safety inspections by rule.

<u>Subd. 7.</u> [RECOVERY OF REINSPECTION COST.] <u>If the commissioner finds serious</u> violations of public health standards during an inspection under subdivision 6, the licensee must pay all costs associated with subsequent reinspection of the source. The costs shall be the actual costs incurred by the commissioner and include, but are not limited to, labor, transportation, per diem, materials, legal fees, testing, and monitoring costs.

<u>Subd. 8.</u> [RECIPROCITY FEE.] <u>A licensee submitting an application for reciprocal recognition</u> of a materials license issued by another agreement state or the United States Nuclear Regulatory <u>Commission for a period of 180 days or less during a calendar year must pay one-half of the</u> application fee specified under subdivision 4. For a period of 181 days or more, the licensee must pay the entire application fee under subdivision 4.

Subd. 9. [FEES FOR LICENSE AMENDMENTS.] <u>A licensee must pay a fee to amend a</u> license as follows:

(1) to amend a license requiring no license review including, but not limited to, facility name change or removal of a previously authorized user, no fee;

(2) to amend a license requiring review including, but not limited to, addition of isotopes, procedure changes, new authorized users, or a new radiation safety officer, \$200; and

(3) to amend a license requiring review and a site visit including, but not limited to, facility move or addition of processes, \$400.

[EFFECTIVE DATE.] This section is effective July 1, 2002.

Sec. 26. Minnesota Statutes 2000, section 144.122, is amended to read:

144.122 [LICENSE, PERMIT, AND SURVEY FEES.]

2402

(a) The state commissioner of health, by rule, may prescribe reasonable procedures and fees for filing with the commissioner as prescribed by statute and for the issuance of original and renewal permits, licenses, registrations, and certifications issued under authority of the commissioner. The expiration dates of the various licenses, permits, registrations, and certifications as prescribed by the rules shall be plainly marked thereon. Fees may include application and examination fees and a penalty fee for renewal applications submitted after the expiration date of the previously issued permit, license, registration, and certification. The commissioner may also prescribe, by rule, reduced fees for permits, licenses, registrations, and certifications when the application therefor is submitted during the last three months of the permit, license, registration, or certification period. Fees proposed to be prescribed in the rules shall be first approved by the department of finance. All fees proposed to be prescribed in rules shall be reasonable. The fees shall be in an amount so that the total fees collected by the commissioner will, where practical, approximate the cost to the commissioner in administering the program. All fees collected shall be deposited in the state government special revenue fund unless otherwise specifically appropriated by law for specific purposes.

(b) The commissioner may charge a fee for voluntary certification of medical laboratories and environmental laboratories, and for environmental and medical laboratory services provided by the department, without complying with paragraph (a) or chapter 14. Fees charged for environment and medical laboratory services provided by the department must be approximately equal to the costs of providing the services.

(c) The commissioner may develop a schedule of fees for diagnostic evaluations conducted at clinics held by the services for children with handicaps program. All receipts generated by the program are annually appropriated to the commissioner for use in the maternal and child health program.

(d) The commissioner, for fiscal years 1996 and beyond, shall set license fees for hospitals and nursing homes that are not boarding care homes at the following levels:

Joint Commission on Accreditation of Healthcare

Organizations (JCAHO hospitals)	\$1,017
	\$7,055
Non-JCAHO hospitals	\$762 plus \$34 per bed
	\$4,680 plus \$234 per bed
Nursing home	\$78 plus \$19 per bed

For fiscal years 1996 and beyond, the commissioner shall set license fees for outpatient surgical centers, boarding care homes, and supervised living facilities at the following levels:

Outpatient surgical centers	\$517
	<u>\$1,512</u>
Boarding care homes	\$78 plus \$19 per bed <u>\$183 plus \$91 per bed</u>
Supervised living facilities	\$78 plus \$19 per bed \$183 plus \$91 per bed.

(e) Unless prohibited by federal law, the commissioner of health shall charge applicants the following fees to cover the cost of any initial certification surveys required to determine a provider's eligibility to participate in the Medicare or Medicaid program:

Prospective payment surveys for	\$ 900
hospitals	
Swing bed surveys for nursing homes	\$1,200
Psychiatric hospitals	\$1,400
Rural health facilities	\$1,100
Portable X-ray providers	\$ 500

JOURNAL OF THE SENATE

Home health agencies	\$1,800
Outpatient therapy agencies	\$ 800
End stage renal dialysis providers	\$2,100
Independent therapists	\$ 800
Comprehensive rehabilitation	\$1,200
outpatient facilities	
Hospice providers	\$1,700
Ambulatory surgical providers	\$1,800
Hospitals	\$4,200
Other provider categories or	Actual surveyor costs:
	average surveyor cost x
	number of hours for the
-	survey process.
Ambulatory surgical providers	\$1,800 \$4,200 Actual surveyor costs: average surveyor cost x number of hours for the

These fees shall be submitted at the time of the application for federal certification and shall not be refunded. All fees collected after the date that the imposition of fees is not prohibited by federal law shall be deposited in the state treasury and credited to the state government special revenue fund.

Sec. 27. Minnesota Statutes 2000, section 144.1464, is amended to read:

144.1464 [SUMMER HEALTH CARE INTERNS.]

Subdivision 1. [SUMMER INTERNSHIPS.] The commissioner of health, through a contract with a nonprofit organization as required by subdivision 4, shall award grants to hospitals and, clinics, nursing facilities, and home care providers to establish a secondary and post-secondary summer health care intern program. The purpose of the program is to expose interested secondary and post-secondary pupils to various careers within the health care profession.

Subd. 2. [CRITERIA.] (a) The commissioner, through the organization under contract, shall award grants to hospitals and, clinics, nursing facilities, and home care providers that agree to:

(1) provide secondary and post-secondary summer health care interns with formal exposure to the health care profession;

(2) provide an orientation for the secondary and post-secondary summer health care interns;

(3) pay one-half the costs of employing the secondary and post-secondary summer health care intern, based on an overall hourly wage that is at least the minimum wage but does not exceed \$6 an hour;

(4) interview and hire secondary and post-secondary pupils for a minimum of six weeks and a maximum of 12 weeks; and

(5) employ at least one secondary student for each post-secondary student employed, to the extent that there are sufficient qualifying secondary student applicants.

(b) In order to be eligible to be hired as a secondary summer health intern by a hospital $\Theta r_{,}$ clinic, nursing facility, or home care provider, a pupil must:

(1) intend to complete high school graduation requirements and be between the junior and senior year of high school; and

(2) be from a school district in proximity to the facility; and

(3) provide the facility with a letter of recommendation from a health occupations or science educator.

(c) In order to be eligible to be hired as a post-secondary summer health care intern by a hospital or clinic, a pupil must:

(1) intend to complete a health care training program or a two-year or four-year degree program and be planning on enrolling in or be enrolled in that training program or degree program; and

(2) be enrolled in a Minnesota educational institution or be a resident of the state of Minnesota; priority must be given to applicants from a school district or an educational institution in proximity to the facility; and

(3) provide the facility with a letter of recommendation from a health occupations or science educator.

(d) Hospitals and, clinics, nursing facilities, and home care providers awarded grants may employ pupils as secondary and post-secondary summer health care interns beginning on or after June 15, 1993, if they agree to pay the intern, during the period before disbursement of state grant money, with money designated as the facility's 50 percent contribution towards internship costs.

Subd. 3. [GRANTS.] The commissioner, through the organization under contract, shall award separate grants to hospitals and, clinics, nursing facilities, and home care providers meeting the requirements of subdivision 2. The grants must be used to pay one-half of the costs of employing secondary and post-secondary pupils in a hospital or, clinic, nursing facility, or home care setting during the course of the program. No more than 50 percent of the participants may be post-secondary students, unless the program does not receive enough qualified secondary applicants per fiscal year. No more than five pupils may be selected from any secondary or post-secondary institution to participate in the program and no more than one-half of the number of pupils selected may be from the seven-county metropolitan area.

Subd. 4. [CONTRACT.] The commissioner shall contract with a statewide, nonprofit organization representing facilities at which secondary and post-secondary summer health care interns will serve, to administer the grant program established by this section. Grant funds that are not used in one fiscal year may be carried over to the next fiscal year. The organization awarded the grant shall provide the commissioner with any information needed by the commissioner to evaluate the program, in the form and at the times specified by the commissioner.

Sec. 28. Minnesota Statutes 2000, section 144.148, subdivision 2, is amended to read:

Subd. 2. [PROGRAM.] The commissioner of health shall award rural hospital capital improvement grants to eligible rural hospitals. A grant shall not exceed \$300,000 \$1,000,000 per hospital. Prior to the receipt of any grant, the hospital must certify to the commissioner that at least one-quarter of the grant amount, which may include in-kind services, is available for the same purposes from nonstate resources.

Sec. 29. Minnesota Statutes 2000, section 144.1494, subdivision 1, is amended to read:

Subdivision 1. [CREATION OF ACCOUNT.] A rural physician Education account is accounts are established in the health care access fund and the general fund. The commissioner shall use money from the account to establish a loan forgiveness program for medical residents agreeing to practice in designated rural areas, as defined by the commissioner. Appropriations made to this account these accounts do not cancel and are available until expended, except that at the end of each biennium the commissioner shall cancel to the health care access fund or general fund, as applicable, any remaining unobligated balance in this accounts.

Sec. 30. Minnesota Statutes 2000, section 144.1494, subdivision 3, is amended to read:

Subd. 3. [LOAN FORGIVENESS.] For each fiscal year after 1995, The commissioner may accept up to 12 22 applicants a year who are medical residents for participation in the loan forgiveness program with payment for the first 12 applicants accepted to be made out of the health care access fund education account and payment for the remaining applicants accepted to be made <u>out of the general fund education account</u>. The 12 resident applicants may be in any year of residency training; however, priority must be given to the following categories of residents in descending order: third year residents, second year residents, and first year residents. Applicants are responsible for securing their own loans. Applicants chosen to participate in the loan forgiveness program may designate for each year of medical school, up to a maximum of four

years, an agreed amount, not to exceed \$10,000, as a qualified loan. For each year that a participant serves as a physician in a designated rural area, up to a maximum of four years, the commissioner shall annually pay an amount equal to one year of qualified loans. Participants who move their practice from one designated rural area to another remain eligible for loan repayment. In addition, in any year that a resident participating in the loan forgiveness program serves at least four weeks during a year of residency substituting for a rural physician to temporarily relieve the rural physician of rural practice commitments to enable the rural physician to take a vacation, engage in activities outside the practice area, or otherwise be relieved of rural practice commitments, the participating resident may designate up to an additional \$2,000, above the \$10,000 yearly maximum.

Sec. 31. Minnesota Statutes 2000, section 144.1494, subdivision 4, is amended to read:

Subd. 4. [PENALTY FOR NONFULFILLMENT.] If a participant does not fulfill the required three-year minimum commitment of service in a designated rural area, the commissioner shall collect from the participant the amount paid under the loan forgiveness program. The commissioner shall deposit the money collected in the rural physician education account collections in the health care access fund or the general fund, as applicable, to be credited to the accounts established in subdivision 1. The commissioner shall allow waivers of all or part of the money owed the commissioner if emergency circumstances prevented fulfillment of the three-year service commitment.

Sec. 32. Minnesota Statutes 2000, section 144.1496, is amended to read:

144.1496 [NURSES IN NURSING HOMES OR, ICFMRS, OR HOME HEALTH CARE AGENCIES.]

Subdivision 1. [CREATION OF THE ACCOUNT.] An Education account accounts in the health care access fund is and the general fund are established for a loan forgiveness program for nurses who agree to practice nursing in a nursing home or, intermediate care facility for persons with mental retardation or related conditions, or home health care agency. The account consists accounts consist of money appropriated by the legislature and repayments and penalties collected under subdivision 4. Money from the account accounts must be used for a loan forgiveness program.

Subd. 2. [ELIGIBILITY.] To be eligible to participate in the loan forgiveness program, a person enrolled in a program of study designed to prepare the person to become a registered nurse or licensed practical nurse must submit an application to the commissioner before completion of a nursing education program. A nurse who is selected to participate must sign a contract to agree to serve a minimum one-year service obligation providing nursing services in a licensed nursing home or, intermediate care facility for persons with mental retardation or related conditions, or home health care agency, which shall begin no later than March following completion of a nursing program or loan forgiveness program selection.

Subd. 3. [LOAN FORGIVENESS.] The commissioner may accept up to ten <u>177</u> applicants a year with payment for the first ten applicants accepted to be made out of the health care access fund education account and payment for the remaining applicants accepted to be made out of the general fund education account. Applicants are responsible for securing their own loans. For each year of nursing education, for up to two years, applicants accepted into the loan forgiveness program may designate an agreed amount, not to exceed \$3,000, as a qualified loan. For each year that a participant practices nursing in a nursing home ΘF , intermediate care facility for persons with mental retardation or related conditions, <u>or home health care agency</u>, up to a maximum of two years, the commissioner shall annually repay an amount equal to one year of qualified loans. Participants who move from one nursing home ΘF , intermediate care facility for persons with mental retardation or related conditions, <u>or home health care agency</u> to another remain eligible for loan repayment.

Subd. 4. [PENALTY FOR NONFULFILLMENT.] If a participant does not fulfill the service commitment required under subdivision 3 for full repayment of all qualified loans, the commissioner shall collect from the participant 100 percent of any payments made for qualified

loans and interest at a rate established according to section 270.75. The commissioner shall deposit the collections in the health care access fund or the general fund, as applicable, to be credited to the account accounts established in subdivision 1. The commissioner may grant a waiver of all or part of the money owed as a result of a nonfulfillment penalty if emergency circumstances prevented fulfillment of the required service commitment.

Subd. 5. [RULES.] The commissioner may adopt rules to implement this section.

Sec. 33. [144.1499] [PROMOTION OF HEALTH CARE AND LONG-TERM CARE CAREERS.]

The commissioner of health, in consultation with an organization representing health care employers, long-term care employers, and educational institutions, may make grants to qualifying consortia as defined in section 116L.11, subdivision 4, for intergenerational programs to encourage middle and high school students to work and volunteer in health care and long-term care settings. To qualify for a grant under this section, a consortium shall:

(1) develop a health and long-term care careers curriculum that provides career exploration and training in national skill standards for health care and long-term care and that is consistent with Minnesota graduation standards and other related requirements;

(2) offer programs for high school students that provide training in health and long-term care careers with credits that articulate into post-secondary programs; and

(3) provide technical support to the participating health care and long-term care employer to enable the use of the employer's facilities and programs for kindergarten to grade 12 health and long-term care careers education.

Sec. 34. [144.1501] [RURAL PHARMACISTS LOAN FORGIVENESS.]

Subdivision 1. [DEFINITIONS.] (a) For purposes of this section, the terms defined in this subdivision have the meanings given them.

(b) "Designated rural area" means:

(1) an area in Minnesota outside the counties of Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, and Washington, excluding the cities of Duluth, Mankato, Moorhead, Rochester, and St. Cloud; or

(2) a municipal corporation, as defined under section 471.634, that is physically located, in whole or in part, in an area defined as a designated rural area under clause (1).

Designated rural areas may be further defined by the commissioner of health to reflect a shortage of pharmacists as indicated by the ratio of pharmacists to population and the distance to the next nearest pharmacy.

(c) "Qualifying educational loans" means government, commercial, and foundation loans for actual costs paid for tuition, reasonable education expenses, and reasonable living expenses related to the graduate or undergraduate education of a pharmacist.

<u>Subd. 2.</u> [CREATION OF ACCOUNT; LOAN FORGIVENESS PROGRAM.] <u>A rural</u> pharmacist education account is established in the general fund. The commissioner of health shall use money from the account to establish a loan forgiveness program for pharmacists who agree to practice in designated rural areas. The commissioner may seek advice in establishing the program from the pharmacists association, the University of Minnesota, and other interested parties.

<u>Subd. 3.</u> [ELIGIBILITY.] To be eligible to participate in the loan forgiveness program, a pharmacy student must submit an application to the commissioner of health while attending a program of study designed to prepare the individual to become a licensed pharmacist. For fiscal year 2002, applicants may have graduated from a pharmacy program in calendar year 2001. A pharmacy student who is accepted into the loan forgiveness program must sign a contract to agree

to serve a minimum three-year service obligation within a designated rural area, which shall begin no later than March 31 of the first year following completion of a pharmacy program or residency. If fewer applications are submitted by pharmacy students than there are participant slots available, the commissioner may consider applications submitted by pharmacy program graduates who are licensed pharmacists. Pharmacists selected for loan forgiveness must comply with all terms and conditions of this section.

Subd. 4. [LOAN FORGIVENESS.] The commissioner of health may accept up to 14 applicants per year for participation in the loan forgiveness program. Applicants are responsible for securing their own loans. The commissioner shall select participants based on their suitability for rural practice, as indicated by rural experience or training. The commissioner shall give preference to applicants closest to completing their training. For each year that a participant serves as a pharmacist in a designated rural area as required under subdivision 3, up to a maximum of four years, the commissioner shall make annual disbursements directly to the participant equivalent to \$5,000 per year of service, not to exceed \$20,000 or the balance of the qualifying educational loans, whichever is less. Before receiving loan repayment disbursements and as requested, the participant must complete and return to the commissioner an affidavit of practice form provided by the commissioner verifying that the participant is practicing as required in an eligible area. The participant must provide the commissioner with verification that the full amount of loan repayment disbursement received by the participant has been applied toward the qualifying educational loans. After each disbursement, verification must be received by the commissioner and approved before the next loan repayment disbursement is made. Participants who move their practice from one designated rural area to another remain eligible for loan repayment.

<u>Subd. 5.</u> [PENALTY FOR NONFULFILLMENT.] <u>If a participant does not fulfill the service</u> commitment under subdivision 3, the commissioner of health shall collect from the participant 100 percent of any payments made for qualified educational loans and interest at a rate established according to section 270.75. The commissioner shall deposit the money collected in the rural pharmacist education account established under subdivision 2.

Subd. 6. [SUSPENSION OR WAIVER OF OBLIGATION.] Payment or service obligations cancel in the event of a participant's death. The commissioner of health may waive or suspend payment or service obligations in cases of total and permanent disability or long-term temporary disability lasting for more than two years. The commissioner shall evaluate all other requests for suspension or waivers on a case-by-case basis and may grant a waiver of all or part of the money owed as a result of a nonfulfillment penalty if emergency circumstances prevented fulfillment of the required service commitment.

Sec. 35. [144.1502] [DENTISTS LOAN FORGIVENESS.]

Subdivision 1. [DEFINITION.] For purposes of this section, "qualifying educational loans" means government, commercial, and foundation loans for actual costs paid for tuition, reasonable education expenses, and reasonable living expenses related to the graduate or undergraduate education of a dentist.

<u>Subd. 2.</u> [CREATION OF ACCOUNT; LOAN FORGIVENESS PROGRAM.] <u>A dentist</u> education account is established in the general fund. The commissioner of health shall use money from the account to establish a loan forgiveness program for dentists who agree to care for substantial numbers of state public program participants and other low- to moderate-income uninsured patients.

Subd. 3. [ELIGIBILITY.] To be eligible to participate in the loan forgiveness program, a dental student must submit an application to the commissioner of health while attending a program of study designed to prepare the individual to become a licensed dentist. For fiscal year 2002, applicants may have graduated from a dentistry program in calendar year 2001. A dental student who is accepted into the loan forgiveness program must sign a contract to agree to serve a minimum three-year service obligation during which at least 25 percent of the dentist's yearly patient encounters are delivered to state public program enrollees or patients receiving sliding fee schedule discounts through a formal sliding fee schedule meeting the standards established by the United States Department of Health and Human Services under Code of Federal Regulations, title

42, section 51, chapter 303. The service obligation shall begin no later than March 31 of the first year following completion of training. If fewer applications are submitted by dental students than there are participant slots available, the commissioner may consider applications submitted by dental program graduates who are licensed dentists. Dentists selected for loan forgiveness must comply with all terms and conditions of this section.

Subd. 4. [LOAN FORGIVENESS.] The commissioner of health may accept up to 14 applicants per year for participation in the loan forgiveness program. Applicants are responsible for securing their own loans. The commissioner shall select participants based on their suitability for practice serving public program patients, as indicated by experience or training. The commissioner shall give preference to applicants who have attended a Minnesota dentistry educational institution and to applicants closest to completing their training. For each year that a participant meets the service obligation required under subdivision 3, up to a maximum of four years, the commissioner shall make annual disbursements directly to the participant equivalent to \$10,000 per year of service, not to exceed \$40,000 or the balance of the qualifying educational loans, whichever is less. Before receiving loan repayment disbursements and as requested, the participant must complete and return to the commissioner an affidavit of practice form provided by the commissioner verifying that the participant is practicing as required under subdivision 3. The participant must provide the commissioner with verification that the full amount of loan repayment disbursement received by the participant has been applied toward the designated loans. After each disbursement, verification must be received by the commissioner and approved before the next loan repayment disbursement is made. Participants who move their practice remain eligible for loan repayment as long as they practice as required under subdivision 3.

<u>Subd. 5.</u> [PENALTY FOR NONFULFILLMENT.] <u>If a participant does not fulfill the service</u> commitment under subdivision 3, the commissioner of health shall collect from the participant 100 percent of any payments made for qualified educational loans and interest at a rate established according to section 270.75. The commissioner shall deposit the money collected in the dentist education account established under subdivision 2.

Subd. 6. [SUSPENSION OR WAIVER OF OBLIGATION.] Payment or service obligations cancel in the event of a participant's death. The commissioner of health may waive or suspend payment or service obligations in cases of total and permanent disability or long-term temporary disability lasting for more than two years. The commissioner shall evaluate all other requests for suspension or waivers on a case-by-case basis and may grant a waiver of all or part of the money owed as a result of a nonfulfillment penalty if emergency circumstances prevented fulfillment of the required service commitment.

Sec. 36. [144.1503] [RURAL MENTAL HEALTH PROFESSIONAL LOAN FORGIVENESS.]

Subdivision 1. [DEFINITIONS.] (a) For purposes of this section, the terms defined in this subdivision have the meanings given them.

(b) "Designated rural area" means:

(1) an area in Minnesota outside the counties of Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, and Washington, excluding the cities of Duluth, Mankato, Moorhead, Rochester, and St. Cloud; or

(2) a municipal corporation, as defined under section 471.634, that is physically located, in whole or in part, in an area defined as a designated rural area under clause (1).

(c) "Mental health professional" means a psychologist, clinical social worker, marriage and family therapist, or psychiatric nurse.

(d) "Qualifying educational loans" means government, commercial, and foundation loans for actual costs paid for tuition, reasonable education expenses, and reasonable living expenses related to the graduate or undergraduate education of a mental health professional.

Subd. 2. [CREATION OF ACCOUNT; LOAN FORGIVENESS PROGRAM.] A rural mental

health professional education account is established in the general fund. The commissioner of health shall use money from the account to establish a loan forgiveness program for mental health professionals who agree to practice in designated rural areas.

Subd. 3. [ELIGIBILITY.] To be eligible to participate in the loan forgiveness program, a mental health professional student must submit an application to the commissioner of health while attending a program of study designed to prepare the individual to become a mental health professional. For fiscal year 2002, applicants may have graduated from a mental health professional educational program in calendar year 2001. A mental health professional student who is accepted into the loan forgiveness program must sign a contract to agree to serve a minimum three-year service obligation within a designated rural area, which shall begin no later than March 31 of the first year following completion of a mental health professional educational program.

Subd. 4. [LOAN FORGIVENESS.] The commissioner of health may accept up to 12 applicants per year for participation in the loan forgiveness program. Applicants are responsible for securing their own loans. The commissioner shall select participants based on their suitability for rural practice, as indicated by rural experience or training. The commissioner shall give preference to applicants who have attended a Minnesota mental health professional educational institution and to applicants closest to completing their training. For each year that a participant serves as a mental health professional in a designated rural area as required under subdivision 3, up to a maximum of four years, the commissioner shall make annual disbursements directly to the participant equivalent to \$4,000 per year of service, not to exceed \$16,000 or the balance of the qualifying educational loans, whichever is less. Before receiving loan repayment disbursements and as requested, the participant must complete and return to the commissioner an affidavit of practice form provided by the commissioner verifying that the participant is practicing as required in an eligible area. The participant must provide the commissioner with verification that the full amount of loan repayment disbursement received by the participant has been applied toward the qualifying educational loans. After each disbursement, verification must be received by the commissioner and approved before the next loan repayment disbursement is made. Participants who move their practice from one designated rural area to another remain eligible for loan repayment.

<u>Subd. 5.</u> [PENALTY FOR NONFULFILLMENT.] If a participant does not fulfill the service commitment under subdivision 3, the commissioner of health shall collect from the participant 100 percent of any payments made for qualified educational loans and interest at a rate established according to section 270.75. The commissioner shall deposit the money collected in the rural mental health professional education account established under subdivision 2.

<u>Subd. 6.</u> [SUSPENSION OR WAIVER OF OBLIGATION.] Payment or service obligations cancel in the event of a participant's death. The commissioner of health may waive or suspend payment or service obligations in cases of total and permanent disability or long-term temporary disability lasting for more than two years. The commissioner shall evaluate all other requests for suspension or waivers on a case-by-case basis and may grant a waiver of all or part of the money owed as a result of a nonfulfillment penalty if emergency circumstances prevented fulfillment of the required service commitment.

Sec. 37. [144.1504] [RURAL HEALTH CARE TECHNICIANS LOAN FORGIVENESS.]

<u>Subdivision 1.</u> [DEFINITIONS.] (a) For purposes of this section, the terms defined in this subdivision have the meanings given them.

(b) "Clinical laboratory scientist" means a person who performs and interprets results of medical tests that require the exercise of independent judgment and responsibility, with minimal supervision by the director or supervisor, in only those specialties or subspecialties in which the person is qualified by education, training, and experience and has demonstrated ongoing competency by certification or other means. A clinical laboratory scientist may also be called a medical technologist.

(c) "Clinical laboratory technician" means any person other than a medical laboratory director, clinical laboratory scientist, or trainee who functions under the supervision of a medical laboratory

director or clinical laboratory scientist and performs diagnostic and analytical laboratory tests in only those specialties or subspecialties in which the person is qualified by education, training, and experience and has demonstrated ongoing competency by certification or other means. A clinical laboratory technician may also be called a medical technician.

(d) "Designated rural area" means:

(1) an area in Minnesota outside the counties of Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, and Washington, excluding the cities of Duluth, Mankato, Moorhead, Rochester, and St. Cloud; or

(2) a municipal corporation, as defined under section 471.634, that is physically located, in whole or in part, in an area defined as a designated rural area under clause (1).

(e) "Health care technician" means a clinical laboratory scientist, clinical laboratory technician, radiologic technologist, dental hygienist, dental assistant, or paramedic.

(f) "Paramedic" means a person certified under chapter 144E by the emergency medical services regulatory board as an emergency medical technician-paramedic.

(g) "Qualifying educational loans" means government, commercial, and foundation loans for actual costs paid for tuition, reasonable education expenses, and reasonable living expenses related to the graduate or undergraduate education of a health care technician.

(h) "Radiologic technologist" means a person, other than a licensed physician, who has demonstrated competency by certification, registration, or other means for administering medical imaging or radiation therapy procedures to other persons for medical purposes. Radiologic technologist includes, but is not limited to, radiographers, radiation therapists, and nuclear medicine technologists.

Subd. 2. [CREATION OF ACCOUNT; LOAN FORGIVENESS PROGRAM.] <u>A rural health</u> care technician education account is established in the general fund. The commissioner of health shall use money from the account to establish a loan forgiveness program for health care technicians who agree to practice in designated rural areas.

Subd. 3. [ELIGIBILITY.] To be eligible to participate in the loan forgiveness program, a health care technician student must submit an application to the commissioner of health while attending a program of study designed to prepare the individual to become a health care technician. For fiscal year 2002, applicants may have graduated from a health care technician program in calendar year 2001. A health care technician student who is accepted into the loan forgiveness program must sign a contract to agree to serve a minimum one-year service obligation within a designated rural area, which shall begin no later than March 31 of the first year following completion of a health care technician program.

Subd. 4. [LOAN FORGIVENESS.] The commissioner of health may accept up to 30 applicants per year for participation in the loan forgiveness program. Applicants are responsible for securing their own loans. The commissioner shall select participants based on their suitability for rural practice, as indicated by rural experience or training. The commissioner shall give preference to applicants who have attended a Minnesota health care technician educational institution and to applicants closest to completing their training. For each year that a participant serves as a health care technician in a designated rural area as required under subdivision 3, up to a maximum of two years, the commissioner shall make annual disbursements directly to the participant equivalent to \$2,500 per year of service, not to exceed \$5,000 or the balance of the qualifying educational loans, whichever is less. Before receiving loan repayment disbursements and as requested, the participant must complete and return to the commissioner an affidavit of practice form provided by the commissioner verifying that the participant is practicing as required in an eligible area. The participant must provide the commissioner with verification that the full amount of loan repayment disbursement received by the participant has been applied toward the qualifying educational loans. After each disbursement, verification must be received by the commissioner and approved before the next loan repayment disbursement is made. Participants who move their practice from one designated rural area to another remain eligible for loan repayment.

Subd. 5. [PENALTY FOR NONFULFILLMENT.] If a participant does not fulfill the service commitment under subdivision 3, the commissioner of health shall collect from the participant 100 percent of any payments made for qualified educational loans and interest at a rate established according to section 270.75. The commissioner shall deposit the money collected in the rural health care technician education account established under subdivision 2.

Subd. 6. [SUSPENSION OR WAIVER OF OBLIGATION.] Payment or service obligations cancel in the event of a participant's death. The commissioner of health may waive or suspend payment or service obligations in cases of total and permanent disability or long-term temporary disability lasting for more than two years. The commissioner shall evaluate all other requests for suspension or waivers on a case-by-case basis and may grant a waiver of all or part of the money owed as a result of a nonfulfillment penalty if emergency circumstances prevented fulfillment of the required service commitment.

Sec. 38. Minnesota Statutes 2000, section 144.226, subdivision 4, is amended to read:

Subd. 4. [VITAL RECORDS SURCHARGE.] In addition to any fee prescribed under subdivision 1, there is a nonrefundable surcharge of 33 52 for each certified and noncertified birth or death record, and for a certification that the record cannot be found. The local or state registrar shall forward this amount to the state treasurer to be deposited into the state government special revenue fund. This surcharge shall not be charged under those circumstances in which no fee for a birth or death record is permitted under subdivision 1, paragraph (a). This surcharge requirement expires June 30, 2002.

Sec. 39. [144.3805] [HEALTH STANDARDS.]

Subdivision 1. [CRITERIA.] When establishing or revising safe drinking water standards, the commissioner of health shall adopt standards that adequately protect children and adults with a margin of safety that provides a reasonable certainty of no harm to child and adult health, by taking into account the risk of cancer and effects on each of the following health outcomes:

- (1) general infant and child development;
- (2) development of the brain and nervous system;

(3) respiratory function;

- (4) immunologic suppression or hypersensitization;
- (5) endocrine (hormonal) function; and

(6) any other important health outcomes identified by the commissioner.

Subd. 2. [MARGIN OF SAFETY.] If there is insufficient information to establish with reasonable certainty, for cancer or any health outcome under subdivision 1, that child health will not be harmed, the commissioner shall adopt a specific margin of safety for that health outcome or risk that shall be included in the overall margin of safety to protect human health.

Sec. 40. Minnesota Statutes 2000, section 144.396, subdivision 7, is amended to read:

Subd. 7. [LOCAL PUBLIC HEALTH PROMOTION AND PROTECTION.] The commissioner shall distribute the funds available under section 144.395, subdivision 2, paragraph (c), clause (3) for the following:

(1) to community health boards for local health promotion and protection activities for local health initiatives other than tobacco prevention aimed at high risk health behaviors among youth. The commissioner shall distribute these funds to the community health boards based on demographics and other need-based factors relating to health;

(2) for activities that improve the health and learning environment of school-aged children; and

(3) for competitive grants to public-private partnerships focusing on the state school health issues identified by the commissioner.

Sec. 41. Minnesota Statutes 2000, section 144.98, subdivision 3, is amended to read:

Subd. 3. [FEES.] (a) An application for certification under subdivision 1 must be accompanied by the biennial fee specified in this subdivision. The fees are for:

(1) nonrefundable base certification fee, \$500 \$1,200; and

(2) test category certification fees:	
Test Category	Certification Fee
Clean water program bacteriology	<u>\$200</u> <u>\$600</u>
Safe drinking water program bacteriology	\$600
Clean water program inorganic chemistry,	
fewer than four constituents	<u>\$100</u> <u>\$600</u>
Safe drinking water program inorganic chemistry,	
four or more constituents	<u>\$300 </u> <u>\$600</u>
Clean water program chemistry metals,	
fewer than four constituents	<u>\$200</u> <u>\$800</u>
Safe drinking water program chemistry metals,	
four or more constituents	<u>\$500</u> <u>\$800</u>
Resource conservation and recovery program	
chemistry metals	<u>\$800</u>
Clean water program volatile organic compounds	<u>\$600 <u>\$1,200</u></u>
Safe drinking water program	
volatile organic compounds	\$1,200
Resource conservation and recovery program	
volatile organic compounds	\$1,200
Underground storage tank program	
volatile organic compounds	\$1,200
Clean water program other organic compounds	<u>\$600 <u>\$1,200</u></u>
Safe drinking water program other organic compounds	\$1,200
Resource conservation and recovery program	
other organic compounds	\$1,200

(b) The total biennial certification fee is the base fee plus the applicable test category fees. The biennial certification fee for a contract laboratory is 1.5 times the total certification fee.

(c) Laboratories located outside of this state that require an on-site survey will be assessed an additional $\frac{1,200}{2,500}$ fee.

(d) Fees must be set so that the total fees support the laboratory certification program. Direct costs of the certification service include program administration, inspections, the agency's general support costs, and attorney general costs attributable to the fee function.

(e) A change fee shall be assessed if a laboratory requests additional analytes or methods at any time other than when applying for or renewing its certification. The change fee is equal to the test category certification fee for the analyte.

(f) A variance fee shall be assessed if a laboratory requests and is granted a variance from a rule adopted under this section. The variance fee is \$500 per variance.

(g) Refunds or credits shall not be made for analytes or methods requested but not approved.

(h) Certification of a laboratory shall not be awarded until all fees are paid.

Sec. 42. [145.4241] [DEFINITIONS.]

Subdivision 1. [APPLICABILITY.] As used in sections 145.4241 to 145.4246, the following terms have the meaning given them.

Subd. 2. [ABORTION.] "Abortion" includes an act, procedure, or use of any instrument, medicine, or drug which is supplied or prescribed for or administered to a woman known to be pregnant with the intention to terminate the pregnancy with an intention other than to increase the probability of live birth, to preserve the life or health of the child after live birth, or to remove a dead fetus.

<u>Subd. 3.</u> [ATTEMPT TO PERFORM AN ABORTION.] "Attempt to perform an abortion" means an act, or an omission of a statutorily required act, that, under the circumstances as the actor believes them to be, constitutes a substantial step in a course of conduct planned to culminate in the performance of an abortion in Minnesota in violation of sections 145.4241 to 145.4246.

Subd. 4. [MEDICAL EMERGENCY.] "Medical emergency" means any condition that, on the basis of the physician's good faith clinical judgment, complicates the medical condition of a pregnant female to the extent that:

(1) an immediate abortion of her pregnancy is necessary to avert her death; or

(2) a 24-hour delay in performing an abortion creates a serious risk of substantial injury or impairment of a major bodily function.

Subd. 5. [PHYSICIAN.] "Physician" means a person licensed under chapter 147.

Subd. 6. [PROBABLE GESTATIONAL AGE OF THE FETUS.] "Probable gestational age of the fetus" means what will, in the judgment of the physician, with reasonable probability, be the gestational age of the fetus at the time the abortion is planned to be performed.

Sec. 43. [145.4242] [INFORMED CONSENT.]

(a) No abortion shall be performed in this state except with the voluntary and informed consent of the female upon whom the abortion is to be performed. Except in the case of a medical emergency, consent to an abortion is voluntary and informed only if the female is told the following, by telephone or in person, by the physician who is to perform the abortion, the referring physician, a registered nurse, or a licensed practical nurse, at least 24 hours prior to the abortion:

(1) the particular medical risks associated with the particular abortion procedure to be employed including, when medically accurate, the risks of infection, hemorrhage, breast cancer, danger to subsequent pregnancies, and infertility;

(2) the probable gestational age of the fetus at the time the abortion is to be performed;

(3) the medical risks associated with carrying to term;

(4) that medical assistance benefits may be available for prenatal care, childbirth, and neonatal care;

(5) that the father is liable to assist in the support of her child except under certain circumstances, even in instances when the father has offered to pay for the abortion;

(6) the availability of a toll-free number and Web site that can provide information on support services during pregnancy and while the child is dependent and offer alternatives to abortion; and

2414

(7) that she has the right to review the printed materials described in section 145.4243, and the printed materials are available on the state Web site.

(b) The physician or the physician's agent shall orally inform the female that the materials have been provided by the state of Minnesota and that they describe the unborn child and list agencies that offer alternatives to abortion.

(c) The physician or the physician's agent shall orally inform the female of the Web site address and toll-free number.

(d) If the female chooses to view the materials, they shall either be given to her at least 24 hours before the abortion or mailed to her at least 72 hours before the abortion by first class mail, or at the woman's request, by certified mail, restricted delivery to addressee, which means the postal employee may only deliver the mail to the addressee. The envelope used by the physician shall not identify the name of the physician or the physician's clinic or business.

(e) If a physical examination, tests, or the availability of other information to the physician subsequently indicates, in the medical judgment of the physician, a revision of the information previously supplied to the patient, that revised information may be communicated to the patient at any time prior to the performance of the abortion.

Sec. 44. [145.4243] [PRINTED INFORMATION.]

Subdivision 1. [MATERIALS.] (a) Within 90 days after the effective date of sections 145.4241 to 145.4246, the department of health shall cause to be published, in English and in each language that is the primary language of two percent or more of the state's population, the printed materials described in paragraphs (b) and (c) in such a way as to ensure that the information is easily comprehensible.

(b) The materials must be designed to inform the female of the probable anatomical and physiological characteristics of the fetus at two-week gestational increments from the time when a female can be known to be pregnant to full term, including any relevant information on the possibility of the fetus' survival and pictures or drawings representing the development of the fetus at two-week gestational increments, provided that any such pictures or drawings must contain the dimensions of the fetus and must be realistic and appropriate for the stage of pregnancy depicted. The materials must be objective, nonjudgmental, and designed to convey only accurate scientific information about the fetus at the various gestational ages.

(c) The materials must contain objective information describing the methods of abortion procedures commonly employed, the medical risks commonly associated with each procedure, the possible detrimental psychological effects of abortion, and the medical risks commonly associated with carrying a child to term.

Subd. 2. [TYPEFACE; AVAILABILITY.] The materials referred to in this section must be printed in a typeface large enough to be clearly legible. The materials required under this section must be available from the department of health upon request and in appropriate number to any person, facility, or hospital at no cost.

Sec. 45. [145.4244] [PROCEDURE IN CASE OF MEDICAL EMERGENCY.]

When a medical emergency compels the performance of an abortion, the physician shall inform the female, prior to the abortion if possible, of the medical indications supporting the physician's judgment that an abortion is necessary to avert her death or that a 24-hour delay in conformance with section 145.4242 creates a serious risk of substantial injury or impairment of a major bodily function.

Sec. 46. [145.4245] [TOLL-FREE TELEPHONE NUMBER AND WEB SITE.]

Subdivision 1. [RIGHT TO KNOW.] All pregnant women have the right to know information about resources available to assist them and their families. The commissioner of health shall establish and maintain a statewide toll-free telephone number available seven days a week to provide information and referrals to local community resources to assist women and families through pregnancy and childbirth and while the child is dependent.

<u>Subd. 2.</u> [INFORMATION.] <u>The toll-free telephone number must provide information</u> regarding community resources on the following topics:

(1) information regarding avoiding unplanned pregnancies;

(2) prenatal care, including the need for an initial risk screening and assessment;

(3) adoption;

(4) health education, including the importance of good nutrition during pregnancy and the risks associated with alcohol and tobacco use during pregnancy;

(5) available social services, including medical assistance benefits for prenatal care, childbirth, and neonatal care;

(6) legal assistance in obtaining child support; and

(7) community support services and other resources to enhance family strengths and reduce the possibility of family violence.

Subd. 3. [WEB SITE.] The commissioner shall design and maintain a secure Web site to provide the information described under subdivision 2 and section 145.4243 with a minimum resolution of 72 PPI. The Web site shall provide the toll-free information and referral telephone number described under subdivision 2.

Sec. 47. [145.4246] [ENFORCEMENT PENALTIES.]

Subdivision 1. [STANDING.] A person with standing may maintain an action against the performance or attempted performance of abortions in violation of section 145.4242. Those with standing are:

(1) a woman upon whom an abortion in violation of section 145.4242 has been performed or attempted to be performed; and

(2) the parent of an unemancipated minor upon whom an abortion in violation of section 145.4242 has been, is about to be, or was attempted to be performed; and

(3) attorney general of the state of Minnesota.

<u>Subd. 2.</u> [INJUNCTIONS.] Parties bringing actions against the performance or attempted performance of abortions in violation of section 145.4242 may seek temporary restraining orders, preliminary injunctions, and injunctions related only to the physician or facility where the violation occurred in accordance with the Rules of Civil Procedure. Persons with standing must bring any actions within six months of the date of the performed or attempted performance of abortions in violation of section 145.4242.

Subd. 3. [CONTEMPT.] Any person knowingly violating the terms of an injunction against the performance or attempted performance of abortions in violation of section 145.4242 is subject to civil contempt, and shall be fined no more than \$1,000 for the first violation, no more than \$5,000 for the second violation, no more than \$10,000 for the third violation, and for each successive violation an amount sufficient to deter future violations. The fine shall be the exclusive penalty for a violation. Each performance or attempted performance of abortion in violation of section 145.4242 is a separate violation. No fine shall be assessed against the woman on whom an abortion is performed or attempted.

<u>Subd. 4.</u> [REALLOCATION OF THE FINE.] <u>Any fines collected under this section must be</u> <u>sent to a special account at the Minnesota department of health to be used for materials cited in</u> section 145.4243.

2416
Sec. 48. [145.4247] [CUMULATIVE RIGHTS.]

The provisions of sections 145.4241 to 145.4246 are cumulative with existing law regarding an individual's right to consent to medical treatment and shall not impair any existing right any patient may have under the common law or statutes of this state.

Sec. 49. [145.56] [SUICIDE PREVENTION.]

<u>Subdivision 1.</u> [SUICIDE PREVENTION PLAN.] The commissioner of health shall refine, coordinate, and implement the state's suicide prevention plan using an evidence-based, public health approach focused on prevention, in collaboration with the commissioner of human services; the commissioner of public safety; the commissioner of children, families, and learning; and appropriate agencies, organizations, and institutions in the community.

<u>Subd. 2.</u> [COMMUNITY-BASED PROGRAMS.] (a) The commissioner shall establish a grant program to fund:

(1) community-based programs to provide education, outreach, and advocacy services to populations who may be at risk for suicide;

(2) community-based programs that educate community helpers and gatekeepers, such as family members, spiritual leaders, coaches, and business owners, employers, and coworkers on how to prevent suicide by encouraging help-seeking behaviors;

(3) community-based programs that educate populations at risk for suicide and community helpers and gatekeepers that must include information on the symptoms of depression and other psychiatric illnesses, the warning signs of suicide, skills for preventing suicides, and making or seeking effective referrals to intervention and community resources; and

(4) community-based programs to provide evidence-based suicide prevention and intervention education to school staff, parents, and students in grades kindergarten through 12.

<u>Subd. 3.</u> [WORKPLACE AND PROFESSIONAL EDUCATION.] (a) The commissioner shall promote the use of employee assistance and workplace programs to support employees with depression and other psychiatric illnesses and substance abuse disorders, and refer them to services. The commissioner shall collaborate with employer and professional associations, unions, and safety councils.

(b) The commissioner shall provide training and technical assistance to local public health and other community-based professionals to provide for integrated implementation of best practices for preventing suicide.

Subd. 4. [COLLECTION AND REPORTING SUICIDE DATA.] The commissioner shall coordinate with federal, regional, local, and other state agencies to collect, analyze, and annually issue a public report on Minnesota-specific data on suicide and suicidal behaviors.

<u>Subd. 5.</u> [PERIODIC EVALUATIONS; BIENNIAL REPORTS.] <u>The commissioner shall</u> conduct periodic evaluations of the impact of and outcomes from implementation of the state's suicide prevention plan and each of the activities specified in this section. Beginning July 1, 2004, and July 1 of each even-numbered year thereafter, the commissioner shall report the results of these evaluations to the chairs of the policy and finance committees in the house and senate with jurisdiction over health and human services issues.

Sec. 50. Minnesota Statutes 2000, section 145.881, subdivision 2, is amended to read:

Subd. 2. [DUTIES.] The advisory task force shall meet on a regular basis to perform the following duties:

(a) review and report on the health care needs of mothers and children throughout the state of Minnesota;

(b) review and report on the type, frequency and impact of maternal and child health care

services provided to mothers and children under existing maternal and child health care programs, including programs administered by the commissioner of health;

(c) establish, review, and report to the commissioner a list of program guidelines and criteria which the advisory task force considers essential to providing an effective maternal and child health care program to low income populations and high risk persons and fulfilling the purposes defined in section 145.88;

(d) review staff recommendations of the department of health regarding maternal and child health grant awards before the awards are made;

(e) make recommendations to the commissioner for the use of other federal and state funds available to meet maternal and child health needs;

(f) make recommendations to the commissioner of health on priorities for funding the following maternal and child health services: (1) prenatal, delivery and postpartum care, (2) comprehensive health care for children, especially from birth through five years of age, (3) adolescent health services, (4) family planning services, (5) preventive dental care, (6) special services for chronically ill and handicapped children and (7) any other services which promote the health of mothers and children; and

(g) make recommendations to the commissioner of health on the process to distribute, award and administer the maternal and child health block grant funds; and

(h) review the measures that are used to define the variables of the funding distribution formula in section 145.882, subdivision 4a, every two years and make recommendations to the commissioner of health for changes based upon principles established by the advisory task force for this purpose.

Sec. 51. Minnesota Statutes 2000, section 145.882, is amended by adding a subdivision to read:

Subd. 4a. [ALLOCATION TO COMMUNITY HEALTH BOARDS.] (a) Federal maternal and child health block grant money remaining after distributions made under subdivision 2 and money appropriated for allocation to community health boards must be allocated according to paragraphs (b) to (d) to community health boards as defined in section 145A.02, subdivision 5.

(b) All community health boards must receive 95 percent of the funding awarded to them for the 1998-1999 funding cycle. If the amount of state and federal funding available is less than 95 percent of the amount awarded to community health boards for the 1998-1999 funding cycle, the available funding must be apportioned to reflect a proportional decrease for each recipient.

(c) The federal and state funding remaining after distributions made under paragraph (b) must be allocated to each community health board based on the following three variables:

(1) 25 percent based on the maternal and child population in the area served by the community health board;

(2) 50 percent based on the following factors as determined by averaging the data available for the three most current years:

(i) the proportion of infants in the area served by the community health board whose weight at birth is less than 2,500 grams;

(ii) the proportion of mothers in the area served by the community health board who received inadequate or no prenatal care;

(iii) the proportion of births in the area served by the community health board to women under age 19; and

(iv) the proportion of births in the area served by the community health board to American Indians and women of color; and

(3) 25 percent based on the income of the maternal and child population in the area served by the community health board.

(d) Each variable must be expressed as a city or county score consisting of the city or county frequency of each variable divided by the statewide frequency of the variable. A total score for each city or county jurisdiction must be computed by totaling the scores of the three variables. Each community health board must be allocated an amount equal to the total score obtained for the city, county, or counties in its area multiplied by the amount of money available.

Sec. 52. Minnesota Statutes 2000, section 145.882, subdivision 7, is amended to read:

Subd. 7. [USE OF BLOCK GRANT MONEY.] (a) Maternal and child health block grant money allocated to a community health board or community health services area under this section must be used for qualified programs for high risk and low-income individuals. Block grant money must be used for programs that:

(1) specifically address the highest risk populations, particularly low-income and minority groups with a high rate of infant mortality and children with low birth weight, by providing services, including prepregnancy family planning services, calculated to produce measurable decreases in infant mortality rates, instances of children with low birth weight, and medical complications associated with pregnancy and childbirth, including infant mortality, low birth rates, and medical complications arising from chemical abuse by a mother during pregnancy;

(2) specifically target pregnant women whose age, medical condition, maternal history, or chemical abuse substantially increases the likelihood of complications associated with pregnancy and childbirth or the birth of a child with an illness, disability, or special medical needs;

(3) specifically address the health needs of young children who have or are likely to have a chronic disease or disability or special medical needs, including physical, neurological, emotional, and developmental problems that arise from chemical abuse by a mother during pregnancy;

(4) provide family planning and preventive medical care for specifically identified target populations, such as minority and low-income teenagers, in a manner calculated to decrease the occurrence of inappropriate pregnancy and minimize the risk of complications associated with pregnancy and childbirth; or

(5) specifically address the frequency and severity of childhood injuries and other child and adolescent health problems in high risk target populations by providing services calculated to produce measurable decreases in mortality and morbidity. However, money may be used for this purpose only if the community health board's application includes program components for the purposes in clauses (1) to (4) in the proposed geographic service area and the total expenditure for injury-related programs under this clause does not exceed ten percent of the total allocation under subdivision 3.

(b) Maternal and child health block grant money may be used for purposes other than the purposes listed in this subdivision only under the following conditions:

(1) the community health board or community health services area can demonstrate that existing programs fully address the needs of the highest risk target populations described in this subdivision; or

(2) the money is used to continue projects that received funding before creation of the maternal and child health block grant in 1981.

(c) (b) Projects that received funding before creation of the maternal and child health block grant in 1981, must be allocated at least the amount of maternal and child health special project grant funds received in 1989, unless (1) the local board of health provides equivalent alternative funding for the project from another source; or (2) the local board of health demonstrates that the need for the specific services provided by the project has significantly decreased as a result of changes in the demographic characteristics of the population, or other factors that have a major impact on the demand for services. If the amount of federal funding to the state for the maternal

and child health block grant is decreased, these projects must receive a proportional decrease as required in subdivision 1. Increases in allocation amounts to local boards of health under subdivision 4 may be used to increase funding levels for these projects <u>may be continued at the</u> discretion of the community health board.

Sec. 53. Minnesota Statutes 2000, section 145.885, subdivision 2, is amended to read:

Subd. 2. [ADDITIONAL REQUIREMENTS FOR COMMUNITY BOARDS OF HEALTH.] Applications by community health boards as defined in section 145A.02, subdivision 5, under section 145.882, subdivision 3 <u>4a</u>, must also contain a summary of the process used to develop the local program, including evidence that the community health board notified local public and private providers of the availability of funding through the community health board for maternal and child health services; a list of all public and private agency requests for grants submitted to the community health board indicating which requests were included in the grant application; and an explanation of how priorities were established for selecting the requests to be included in the grant application, a written statement of the criteria to be applied to public and private agency requests for funding.

Sec. 54. Minnesota Statutes 2000, section 145.925, subdivision 1, is amended to read:

Subdivision 1. [ELIGIBLE ORGANIZATIONS; PURPOSE.] The commissioner of health may make special grants to cities, counties, groups of cities or counties, or nonprofit corporations to provide prepregnancy family planning services. <u>No funds received under this section shall be used</u> to provide abortion services.

Sec. 55. [145.9263] [PROMOTING HEALTHY LIFESTYLES AMONG YOUTH.]

Subdivision 1. [ESTABLISHMENT.] The commissioner shall establish a grant program to promote healthy behavior among youth.

<u>Subd. 2.</u> [LOCAL GRANTS.] The commissioner shall award competitive grants to eligible applicants for projects and initiatives directed at promoting healthy lifestyles such as proper nutrition, the need for physical exercise, and the avoidance of other unhealthy behaviors. The project areas for grants include;

(1) after-school programs that focus on leadership, youth mentoring and peer counseling, academic support, and after-school enrichment;

(2) programs that provide education and support for youth and parents that support healthy behaviors and self-sufficiency;

(3) youth development programs; or

(4) programs that focus on ethnic or cultural enrichment.

<u>Subd. 3.</u> [HIGH-RISK COMMUNITY YOUTH GRANTS.] (a) the commissioner shall award grants to communities that have significant risk factors for unhealthy youth behaviors and that currently have in place youth development programs.

(b) To be eligible for a grant under this subdivision, an applicant must be a tribal government or a community health board as defined in section 145A.02. Applicants must submit proposals to the commissioner. A proposal must specify the strategies to be implemented. Strategies may include youth mentoring programs, academic support programs, and parent support and education programs. Applicants must demonstrate that a proposed project:

(1) is research-based or based on proven effective strategies;

(2) is designed to coordinate with related youth risk behavior reduction activities;

(3) involves youth and parents in the project's development and implementation;

(4) reflects racially and ethnically appropriate approaches; and

49TH DAY]

(5) will be implemented through or with persons or community-based organizations that reflect the race or ethnicity of the population to be reached.

Subd. 4. [PUBLIC AWARENESS.] The commissioner shall coordinate a public/private partnership to provide a statewide outreach campaign directed at youth on the importance of a healthy lifestyle and the health consequences of poor nutrition and the lack of physical exercise in terms of obesity and other health problems. The campaign shall include culturally specific and community-based messages.

<u>Subd. 5.</u> [PROCESS.] (a) The commissioner, in consultation with community partners, shall develop the criteria and procedures to allocate the grants under this section. In developing the criteria, the commissioner shall establish an administrative cost limit for grant recipients. The outcomes established under subdivision 6 must be specified to the grant recipients receiving grants under this section at the time the grant is awarded. The commissioner may require an applicant to enter into a collaborative agreement with the local public health entity.

(b) Eligible applicants may include, but are not limited to, nonprofit organizations, community clinics, and social service organizations. Applicants must submit proposals to the commissioner. The proposals must specify the strategies to be implemented and must take into account the need for a coordinated local effort.

(c) The commissioner shall give priority to programs that:

(1) are designed to coordinate with related youth risk behavior reduction activities;

(2) involve youth and parents in the development and implementation;

(3) are implemented through or with community-based organizations reflecting the race and ethnicity of the population to be needed; and

(4) reflect racial and ethnic appropriate approaches.

Subd. 6. [MEASURABLE OUTCOMES.] The commissioner, in consultation with other public and private nonprofit organizations interested in youth development efforts, shall establish measurable outcomes to determine the effectiveness of the grants receiving funds under this section.

Subd. 7. [COORDINATION.] The commissioner shall coordinate the projects and initiatives funded under this section with other efforts at the local, state, and national level to avoid duplication and promote complimentary efforts.

Subd. 8. [EVALUATION.] (a) Using the outcome measures established in subdivision 6, the commissioner shall conduct a biennial evaluation of the efforts funded under this section.

(b) Grant recipients shall cooperate with the commissioner of health in the evaluation and provide the commissioner with the information necessary to conduct the evaluation.

Subd. 9. [REPORT.] The commissioner shall submit biennial reports to the legislature on the activities of the projects funded under this section and the results of the biennial evaluation. These reports are due by January 15 of every other year, beginning in the year 2004.

Sec. 56. [145.9268] [COMMUNITY CLINIC GRANTS.]

Subdivision 1. [DEFINITION.] For purposes of this section, "eligible community clinic" means:

(1) a clinic that provides services under conditions as defined in Minnesota Rules, part 9505.0255, and utilizes a sliding fee scale to determine eligibility for charity care;

(2) an Indian tribal government or Indian health service unit; or

(3) a consortium of clinics comprised of entities under clause (1) or (2).

<u>Subd. 2.</u> [GRANTS AUTHORIZED.] The commissioner of health shall award grants to eligible community clinics to improve the ongoing viability of Minnesota's clinic-based safety net providers. Grants shall be awarded to support the capacity of eligible community clinics to serve low-income populations, reduce current or future uncompensated care burdens, or provide for improved care delivery infrastructure.

<u>Subd. 3.</u> [ALLOCATION OF GRANTS.] (a) To receive a grant under this section, an eligible community clinic must submit an application to the commissioner of health by the deadline established by the commissioner. A grant may be awarded upon the signing of a grant contract.

(b) An application must be on a form and contain information as specified by the commissioner but at a minimum must contain:

(1) a description of the project for which grant funds will be used;

(2) a description of the problem the proposed project will address; and

(3) a description of achievable objectives, a workplan, and a timeline for project completion.

(c) The commissioner shall review each application to determine whether the application is complete and whether the applicant and the project are eligible for a grant. In evaluating applications according to paragraph (e), the commissioner shall establish criteria including, but not limited to: the priority level of the project; the applicant's thoroughness and clarity in describing the problem; a description of the applicant's proposed project; the manner in which the applicant will demonstrate the effectiveness of the project; and evidence of efficiencies and effectiveness gained through collaborative efforts. The commissioner may also take into account other relevant factors, including, but not limited to, the percentage for which uninsured patients represent the applicant's patient base. During application review, the commissioner may request additional information about a proposed project, including information on project cost. Failure to provide the information requested disqualifies an applicant. The commissioner has discretion over the number of grants awarded.

(d) In determining which eligible community clinics will receive grants under this section, the commissioner shall give preference to those grant applications that show evidence of collaboration with other eligible community clinics, hospitals, health care providers, or community organizations. In addition, the commissioner shall give priority, in declining order, to grant applications for projects that:

(1) establish, update, or improve information, data collection, or billing systems;

(2) procure, modernize, remodel, or replace equipment used an the delivery of direct patient care at a clinic;

(3) provide improvements for care delivery, such as increased translation and interpretation services;

(4) provide a direct offset to expenses incurred for charity care services; or

(5) other projects determined by the commissioner to improve the ability of applicants to provide care to the vulnerable populations they serve.

Subd. 4. [EVALUATION.] The commissioner of health shall evaluate the overall effectiveness of the grant program. The commissioner shall collect progress reports to evaluate the grant program from the eligible community clinics receiving grants.

Sec. 57. [145.9269] [ELIMINATING HEALTH DISPARITIES.]

Subdivision 1. [STATE-COMMUNITY PARTNERSHIPS.] The commissioner, in partnership with culturally based community organizations; the Indian affairs council as defined in section 3.922; the council on affairs of Chicano/Latino people as defined in section 3.9223; the council on Black Minnesotans as defined in section 3.9225; the council on Asian-Pacific Minnesotans as

defined in section 3.9226; community health boards; and tribal governments, shall develop and implement a comprehensive coordinated plan to reduce health disparities experienced by American Indians and communities of color in infant mortality, breast and cervical cancer screening, HIV/AIDS/STDs, immunizations, cardiovascular disease, diabetes, injury, and violence.

<u>Subd. 2.</u> [MEASURABLE OUTCOMES.] <u>The commissioner, in consultation with community</u> partners, shall establish measurable outcomes to determine the effectiveness of the grants and other activities receiving funds under this section in reducing health disparities. The goal of the grants shall be to decrease by one-half the ratio of American Indians and communities of color specific health condition rates to white rates in the areas identified in subdivision 1.

Subd. 3. [STATEWIDE ASSESSMENT.] The commissioner shall enhance current data tools to assure a statewide assessment of the risk behaviors associated with the areas identified in subdivision 1. This statewide assessment must be used to establish a baseline to measure the effect of activities funded under this section. To the extent feasible, the commissioner of health must conduct the assessment so that the results may be compared to nationwide data. Data collected and used for assessment must not identify an individual according to section 13.05, subdivision 7.

<u>Subd. 4.</u> [TECHNICAL ASSISTANCE.] The commissioner shall provide the necessary expertise to community organizations to ensure that submitted proposals are likely to be successful in reducing health disparities. The commissioner shall provide grant recipients with guidance and training on strategies related to reducing the health disparities identified in this section. The commissioner shall also provide grant recipients with assistance in the development of evaluation of local community activities.

<u>Subd. 5.</u> [PROCESS.] (a) The commissioner shall, in consultation with community partners, develop the criteria and procedures to allocate the grants under this section. In developing the criteria, the commissioner shall establish an administrative cost limit for grant recipients. The outcomes established under subdivision 2 must be specified to the grant recipients receiving grants under this section at the time the grant is awarded.

(b) A grant recipient must coordinate the activities related to reducing health disparities with other grant recipients receiving funding under this section within the recipient's service area.

Subd. 6. [COMMUNITY GRANT PROGRAM.] (a) The commissioner shall award grants to eligible applicants for local or regional projects and initiatives directed at reducing health disparities. Grant proposals must address one or more of the following priority areas:

(1) decreasing racial and ethnic disparities in infant mortality rates;

(2) decreasing racial and ethnic disparities in morbidity and mortality rates relating to breast and cervical cancer;

(3) decreasing racial and ethnic disparities in morbidity and mortality rates relating to HIV/AIDS/STDs;

(4) increasing adult and child immunization rates in racial and ethnic populations;

(5) decreasing racial and ethnic disparities in morbidity and mortality rates relating to cardiovascular disease;

(6) decreasing racial and ethnic disparities in morbidity and mortality rates relating to diabetes; and

(7) decreasing racial and ethnic disparities in morbidity and mortality rates relating to injury or violence.

(b) The commissioner may award up to 20 percent of the funds available as planning grants. Planning grant proposals must be used to address such areas as community assessment, determining community priority areas, coordination activities, and development of community-supported strategies.

JOURNAL OF THE SENATE

(c) Eligible applicants may include, but are not limited to, faith-based organizations, social service organizations, community nonprofit organizations, and community clinics. Applicants must submit proposals to the commissioner and must demonstrate partnerships with local public health. The proposals must specify the strategies to be implemented to reduce one or more of the project areas listed under paragraph (a), and must be targeted to achieve the outcomes established in subdivision 2.

(d) The commissioner must give priority to applicants who demonstrate that the proposed project or initiative:

(1) is supported by the community the applicant will be serving;

(2) is research based or based on promising strategies;

(3) is designed to compliment other related community activities;

(4) utilizes strategies that positively impacts more than one priority area; and

(5) will be implemented through or with community-based organizations that reflect the race or ethnicity of the population to be reached.

<u>Subd. 7.</u> [LOCAL PUBLIC HEALTH.] The commissioner shall award grants to community health boards for local health promotion and protection activities aimed at reducing maternal and child health disparities between whites and American Indians and populations of color. Local public health must submit proposals to the commissioner and must demonstrate partnerships with culturally based community organizations or with tribal governments. The commissioner shall distribute these funds to community health boards according to the formula in section 145.882, subdivision 4.

<u>Subd. 8.</u> [TRIBAL GOVERNMENTS.] The commissioner shall award grants to American Indian tribal governments for implementation of community interventions to reduce health disparities for the project areas listed under subdivision 6, paragraph (a), and must be targeted to achieve the outcomes established in subdivision 2. Tribal governments must submit proposals to the commissioner and must demonstrate partnerships with local public health. The distribution formula shall be determined by the commissioner, in consultation with the tribal governments.

Subd. 9. [REFUGEE AND IMMIGRANT HEALTH.] The commissioner shall distribute funds to community health boards for health screening and follow-up services for foreign-born persons. Distribution shall be based on the following criteria:

(1) cases of pulmonary tuberculosis;

(2) cases of extrapulmonary tuberculosis;

(3) the number of months providing directly observed therapy to cases of uninsured tuberculosis or extrapulmonary tuberculosis; and

(4) the number of new refugees in the service area within the fiscal year.

The commissioner, in cooperation with the affected local public health departments, shall determine reimbursement rates within the given appropriations.

Subd. 10. [COORDINATION.] The commissioner shall coordinate the projects and initiatives funded under this section with other efforts at the local, state, or national level to avoid duplication of effort and promote complimentary efforts.

<u>Subd. 11.</u> [EVALUATION.] <u>Using the outcome measures established in subdivision 2, the commissioner shall conduct a biennial evaluation of the community grants program, community health board activities, and tribal government activities funded under this section. Grant recipients, tribal governments, and community health boards shall cooperate with the commissioner in the evaluation and provide the commissioner with the information necessary to conduct the evaluation.</u>

2424

49TH DAY]

Subd. 12. [REPORT.] The commissioner shall submit a biennial report to the legislature on the local community projects, tribal government, and community health board prevention activities funded under this section. These reports must include information on grant recipients, activities that were conducted using grant funds, evaluation data and outcome measures, if available. These reports are due by January 15 of every other year, beginning in the year 2004.

Sec. 58. Minnesota Statutes 2000, section 157.16, subdivision 3, is amended to read:

Subd. 3. [ESTABLISHMENT FEES; DEFINITIONS.] (a) The following fees are required for food and beverage service establishments, hotels, motels, lodging establishments, and resorts licensed under this chapter. Food and beverage service establishments must pay the highest applicable fee under paragraph (e), clause (1), (2), (3), or (4), and establishments serving alcohol must pay the highest applicable fee under paragraph (e), clause (6) or (7). The license fee for new operators previously licensed under this chapter for the same calendar year is one-half of the appropriate annual license fee, plus any penalty that may be required. The license fee for operators opening on or after October 1 is one-half of the appropriate annual license fee, plus any penalty that may be required.

(b) All food and beverage service establishments, except special event food stands, and all hotels, motels, lodging establishments, and resorts shall pay an annual base fee of \$100 \$145.

(c) A special event food stand shall pay a flat fee of 30 35 annually. "Special event food stand" means a fee category where food is prepared or served in conjunction with celebrations, county fairs, or special events from a special event food stand as defined in section 157.15.

(d) In addition to the base fee in paragraph (b), each food and beverage service establishment, other than a special event food stand, and each hotel, motel, lodging establishment, and resort shall pay an additional annual fee for each fee category as specified in this paragraph:

(1) Limited food menu selection, 30 40. "Limited food menu selection" means a fee category that provides one or more of the following:

(i) prepackaged food that receives heat treatment and is served in the package;

(ii) frozen pizza that is heated and served;

(iii) a continental breakfast such as rolls, coffee, juice, milk, and cold cereal;

(iv) soft drinks, coffee, or nonalcoholic beverages; or

(v) cleaning for eating, drinking, or cooking utensils, when the only food served is prepared off site.

(2) Small establishment, including boarding establishments, \$55 \$75. "Small establishment" means a fee category that has no salad bar and meets one or more of the following:

(i) possesses food service equipment that consists of no more than a deep fat fryer, a grill, two hot holding containers, and one or more microwave ovens;

(ii) serves dipped ice cream or soft serve frozen desserts;

(iii) serves breakfast in an owner-occupied bed and breakfast establishment;

(iv) is a boarding establishment; or

(v) meets the equipment criteria in clause (3), item (i) or (ii), and has a maximum patron seating capacity of not more than 50.

(3) Medium establishment, $\frac{150}{210}$. "Medium establishment" means a fee category that meets one or more of the following:

(i) possesses food service equipment that includes a range, oven, steam table, salad bar, or salad preparation area;

JOURNAL OF THE SENATE

(ii) possesses food service equipment that includes more than one deep fat fryer, one grill, or two hot holding containers; or

(iii) is an establishment where food is prepared at one location and served at one or more separate locations.

Establishments meeting criteria in clause (2), item (v), are not included in this fee category.

(4) Large establishment, \$250 \$350. "Large establishment" means either:

(i) a fee category that (A) meets the criteria in clause (3), items (i) or (ii), for a medium establishment, (B) seats more than 175 people, and (C) offers the full menu selection an average of five or more days a week during the weeks of operation; or

(ii) a fee category that (A) meets the criteria in clause (3), item (iii), for a medium establishment, and (B) prepares and serves 500 or more meals per day.

(5) Other food and beverage service, including food carts, mobile food units, seasonal temporary food stands, and seasonal permanent food stands, \$30 \$40.

(6) Beer or wine table service, 30 40. "Beer or wine table service" means a fee category where the only alcoholic beverage service is beer or wine, served to customers seated at tables.

(7) Alcoholic beverage service, other than beer or wine table service, \$75 \$105.

"Alcohol beverage service, other than beer or wine table service" means a fee category where alcoholic mixed drinks are served or where beer or wine are served from a bar.

(8) Lodging per sleeping accommodation unit, $4 \frac{6}{6}$, including hotels, motels, lodging establishments, and resorts, up to a maximum of $400 \frac{600}{500}$. "Lodging per sleeping accommodation unit" means a fee category including the number of guest rooms, cottages, or other rental units of a hotel, motel, lodging establishment, or resort; or the number of beds in a dormitory.

(9) First public swimming pool, \$100 \$140; each additional public swimming pool, \$50 \$80. "Public swimming pool" means a fee category that has the meaning given in Minnesota Rules, part 4717.0250, subpart 8.

(10) First spa, \$50 \$80; each additional spa, \$25 \$40. "Spa pool" means a fee category that has the meaning given in Minnesota Rules, part 4717.0250, subpart 9.

(11) Private sewer or water, $\$30 \ \40 . "Individual private water" means a fee category with a water supply other than a community public water supply as defined in Minnesota Rules, chapter 4720. "Individual private sewer" means a fee category with an individual sewage treatment system which uses subsurface treatment and disposal.

(e) A fee is not required for a food and beverage service establishment operated by a school as defined in sections 120A.05, subdivisions 9, 11, 13, and 17 and 120A.22.

(f) A fee of \$150 for review of the construction plans must accompany the initial license application for food and beverage service establishments, hotels, motels, lodging establishments, or resorts.

(g) (f) When existing food and beverage service establishments, hotels, motels, lodging establishments, or resorts are extensively remodeled, a fee of \$150 must be submitted with the remodeling plans.

(h) (g) Seasonal temporary food stands and special event food stands are not required to submit construction or remodeling plans for review.

Sec. 59. Minnesota Statutes 2000, section 157.22, is amended to read:

157.22 [EXEMPTIONS.]

This chapter shall not be construed to apply to:

(1) interstate carriers under the supervision of the United States Department of Health and Human Services;

(2) any building constructed and primarily used for religious worship;

(3) any building owned, operated, and used by a college or university in accordance with health regulations promulgated by the college or university under chapter 14;

(4) any person, firm, or corporation whose principal mode of business is licensed under sections 28A.04 and 28A.05, is exempt at that premises from licensure as a food or beverage establishment; provided that the holding of any license pursuant to sections 28A.04 and 28A.05 shall not exempt any person, firm, or corporation from the applicable provisions of this chapter or the rules of the state commissioner of health relating to food and beverage service establishments;

(5) family day care homes and group family day care homes governed by sections 245A.01 to 245A.16;

(6) nonprofit senior citizen centers for the sale of home-baked goods; and

(7) food not prepared at an establishment and brought in by individuals attending a potluck event for consumption at the potluck event. An organization sponsoring a potluck event under this clause may advertise the potluck event to the public through any means. Individuals who are not members of an organization sponsoring a potluck event under this clause may attend the potluck event and consume the food at the event. Licensed food establishments cannot be sponsors of potluck events. Potluck event food shall not be brought into a licensed food establishment kitchen; and

(8) a home school in which a child is provided instruction at home.

Sec. 60. Minnesota Statutes 2000, section 326.38, is amended to read:

326.38 [LOCAL REGULATIONS.]

Any city having a system of waterworks or sewerage, or any town in which reside over 5,000 people exclusive of any statutory cities located therein, or the metropolitan airports commission, may, by ordinance, adopt local regulations providing for plumbing permits, bonds, approval of plans, and inspections of plumbing, which regulations are not in conflict with the plumbing standards on the same subject prescribed by the state commissioner of health. No city or such town shall prohibit plumbers licensed by the state commissioner of health from engaging in or working at the business, except cities and statutory cities which, prior to April 21, 1933, by ordinance required the licensing of plumbers. Any city by ordinance may prescribe regulations, reasonable standards, and inspections and grant permits to any person, firm, or corporation engaged in the business of installing water softeners, who is not licensed as a master plumber or journeyman plumber by the state commissioner of health, to connect water softening and water filtering equipment to private residence water distribution systems, where provision has been previously made therefor and openings left for that purpose or by use of cold water connections to a domestic water heater; where it is not necessary to rearrange, make any extension or alteration of, or addition to any pipe, fixture or plumbing connected with the water system except to connect the water softener, and provided the connections so made comply with minimum standards prescribed by the state commissioner of health.

Sec. 61. [MEDICATIONS DISPENSED IN SCHOOLS STUDY.]

(a) The commissioner of health, in consultation with the board of nursing, shall study the relationship between the Nurse Practice Act, Minnesota Statutes, sections 148.171 to 148.285; and 121A.22, which specifies the administration of medications in schools and the activities authorized under these sections, including the administration of prescription and nonprescription medications

[49TH DAY

and medications needed by students to manage a chronic illness. The commissioner shall also make recommendations on necessary statutory changes needed to promote student health and safety in relation to administering medications in schools and addressing the changing health needs of students.

(b) The commissioner shall convene a work group to assist in the study and recommendations. The work group shall consist of representatives of the commissioner of human services; the commissioner of children, families, and learning; the board of nursing; the board of teaching; school nurses; parents; school administrators; school board associations; the American Academy of Pediatrics; and the Minnesota Nurse's Association.

(c) The commissioner shall submit these recommendations and any recommended statutory changes to the legislature by January 15, 2002.

Sec. 62. [REPEALER.]

Minnesota Statutes 2000, sections 144.148, subdivision 8; 145.882, subdivisions 3 and 4; and 145.927, are repealed.

ARTICLE 3

VITAL STATISTICS"

Amend the title accordingly

Senator Kleis questioned whether the amendment was germane.

The President ruled that the amendment was germane.

Senator Limmer appealed the decision of the President.

The question was taken on "Shall the decision of the President be the judgment of the Senate?"

The roll was called, and there were yeas 37 and nays 26, as follows:

Those who voted in the affirmative were:

Anderson Berglin Betzold Chaudhary Cohen Foley Fowler Higgins	Hottinger Johnson, Dave Johnson, Dean Johnson, Doug Kelley, S.P. Kinkel Kiscaden Krentz	Langseth Lourey Marty Metzen Murphy Oliver Orfield Pappas	Pogemiller Price Rest Ring Robertson Sabo Samuelson Scheid	Terwilliger Tomassoni Vickerman Wiener Wiger
Those who voted	l in the negative were	e:		
Bachmann	Frederickson	Lesewski	Pariseau	Stevens
Belanger	Johnson, Debbie	Lessard	Reiter	Stumpf
Berg	Kierlin	Limmer	Robling	
Day	Kleis	Neuville	Sams	
Dille	Knutson	Olson	Scheevel	
Fischbach	Larson	Ourada	Schwab	

So the decision of the President was sustained.

Pursuant to Rule 7.7, Senator Kleis raised a point of order as to whether the Berglin amendment was in order.

The President ruled the point of order not well taken, so the Berglin amendment was in order.

Senator Pariseau moved to lay the Berglin amendment on the table.

The President ruled that the Pariseau motion was not in order.

CALL OF THE SENATE

Senator Scheevel imposed a call of the Senate for the balance of the proceedings on S.F. No. 1345. The Sergeant at Arms was instructed to bring in the absent members.

Senator Kleis moved that S.F. No. 1345 be laid on the table.

The question was taken on the adoption of the Kleis motion.

The roll was called, and there were yeas 34 and nays 32, as follows:

Those who voted in the affirmative were:

Bachmann Belanger Berg Day Dille Fischbach Fowler	Frederickson Johnson, Debbie Johnson, Doug Kelly, R.C. Kierlin Kinkel Kleis	Knutson Langseth Larson Lesewski Lessard Limmer Neuville	Oliver Olson Ourada Pariseau Reiter Robling Sams	Samuelson Scheevel Schwab Stevens Stumpf Vickerman
Fowler	Kleis	Neuville	Sams	

Those who voted in the negative were:

Anderson	
Berglin	
Betzold	
Chaudhary	
Cohen	
Foley	
Higgins	

Hottinger Johnson, Dave Johnson, Dean Kelley, S.P. Kiscaden Krentz Lourey

Marty Metzen Moe, R.D. Murphy Orfield Pappas Pogemiller Price Ranum Rest Ring Robertson Sabo Scheid Terwilliger Tomassoni Wiener

Wiger

The motion prevailed.

MOTIONS AND RESOLUTIONS - CONTINUED

Senator Moe, R.D. moved that S.F. No. 1752 be taken from the table. The motion prevailed.

S.F. No. 1752: A bill for an act relating to liquor; authorizing on-sale intoxicating liquor licenses in Minneapolis, St. Paul, Blaine, Elk River, Moorhead, and St. Louis Park; clarifying regulations with respect to premix machines; removing certain intoxicating liquor license restrictions relating to Metropolitan State University; authorizing Minneapolis to issue an intoxicating liquor license; removing certain temporary license restrictions; amending Minnesota Statutes 2000, sections 340A.404, subdivisions 2, 2b; 340A.410, subdivision 10; 340A.508, by adding a subdivision.

Senator Moe, R.D., for Senator Solon, moved that the Senate do not concur in the amendments by the House to S.F. No. 1752, and that a Conference Committee of 3 members be appointed by the Subcommittee on Committees on the part of the Senate, to act with a like Conference Committee to be appointed on the part of the House. The motion prevailed.

SPECIAL ORDERS

Pursuant to Rule 26, Senator Moe, R.D., Chair of the Committee on Rules and Administration, designated the following bills a Special Orders Calendar to be heard immediately:

S.F. Nos. 795, 446, 1721, 1004, H.F. No. 208 and S.F. No. 2106.

SPECIAL ORDER

S.F. No. 795: A bill for an act relating to natural resources; requiring the continuation of

grant-in-aid snowmobile trail access when the commissioner of natural resources acquires land; permitting all-terrain vehicles to be operated on certain recreational land trails in Mille Lacs and Pine counties; amending Minnesota Statutes 2000, section 84.83, by adding a subdivision.

Was read the third time and placed on its final passage.

The question was taken on the passage of the bill.

The roll was called, and there were yeas 63 and nays 0, as follows:

Those who voted in the affirmative were:

Anderson	Higgins	Krentz	Orfield	Samuelson
Bachmann	Hottinger	Langseth	Ourada	Scheevel
Belanger	Johnson, Dave	Larson	Pappas	Scheid
Berg	Johnson, Dean	Lesewski	Pariseau	Schwab
Berglin	Johnson, Debbie	Lessard	Price	Stevens
Betzold	Johnson, Doug	Limmer	Ranum	Stumpf
Chaudhary	Kelley, S.P.	Lourey	Reiter	Terwilliger
Cohen	Kelly, R.C.	Metzen	Rest	Tomassoni
Day	Kierlin	Moe, R.D.	Ring	Vickerman
Fischbach	Kinkel	Murphy	Robertson	Wiener
Foley	Kiscaden	Neuville	Robling	Wiger
Fowler	Kleis	Oliver	Sabo	U U
Frederickson	Knutson	Olson	Sams	

So the bill passed and its title was agreed to.

SPECIAL ORDER

S.F. No. 446: A bill for an act relating to telecommunications; authorizing state agencies to allow commercial wireless equipment to be placed on state-owned lands, buildings, and other structures; proposing coding for new law in Minnesota Statutes, chapter 16B.

Senator Johnson, Doug moved to amend S.F. No. 446 as follows:

Page 1, line 18, after the comma, insert "property administered by the pollution control agency under chapter 115B,"

Page 1, line 20, after "transportation" insert ", the pollution control agency,"

The motion prevailed. So the amendment was adopted.

S.F. No. 446 was read the third time, as amended, and placed on its final passage.

The question was taken on the passage of the bill, as amended.

The roll was called, and there were yeas 63 and nays 0, as follows:

Those who voted in the affirmative were:

Anderson	Frederickson	Krentz	Orfield	Samuelson
Bachmann	Higgins	Langseth	Ourada	Scheevel
Belanger	Hottinger	Larson	Pappas	Scheid
Berg	Johnson, Dave	Lesewski	Pariseau	Schwab
Berglin	Johnson, Dean	Lessard	Pogemiller	Stevens
Betzold	Johnson, Debbie	Limmer	Price	Stumpf
Chaudhary	Johnson, Doug	Lourey	Reiter	Terwilliger
Cohen	Kelley, S.P.	Marty	Rest	Tomassoni
Day	Kierlin	Moe, R.D.	Ring	Vickerman
Dille	Kinkel	Murphy	Robertson	Wiener
Fischbach	Kiscaden	Neuville	Robling	Wiger
Foley	Kleis	Oliver	Sabo	-
Fowler	Knutson	Olson	Sams	

So the bill, as amended, was passed and its title was agreed to.

SPECIAL ORDER

S.F. No. 1721: A bill for an act relating to employment; regulating the use of protected genetic information in employment; providing penalties; proposing coding for new law in Minnesota Statutes, chapter 181.

Was read the third time and placed on its final passage.

The question was taken on the passage of the bill.

The roll was called, and there were yeas 63 and nays 0, as follows:

Those who voted in the affirmative were:

Anderson Bachmann Belanger Berg Berglin Betzold Chaudhary Cohen Day Dille Fischbach Foley	Frederickson Higgins Hottinger Johnson, Dean Johnson, Debbie Johnson, Doug Kelley, S.P. Kelly, R.C. Kierlin Kinkel Kiscaden Kleis	Krentz Langseth Lesewski Lessard Limmer Lourey Marty Moe, R.D. Murphy Neuville Oliver Olson	Ourada Pappas Pariseau Pogemiller Price Ranum Reiter Rest Ring Robertson Robling Sabo	Samuelson Scheevel Scheid Schwab Stevens Stumpf Terwilliger Tomassoni Vickerman Wiener Wiger
Foley	Kleis	Olson	Sabo	wiger
Fowler	Knutson	Orfield	Sams	

So the bill passed and its title was agreed to.

SPECIAL ORDER

S.F. No. 1004: A bill for an act relating to commerce; prohibiting tampering with clock-hour meters on heavy machinery; prescribing criminal and civil penalties; providing remedies; proposing coding for new law in Minnesota Statutes, chapter 325E.

Senator Neuville moved to amend S.F. No. 1004 as follows:

Page 1, after line 11, insert:

"Subd. 2. [DEALER.] "Dealer" means a farm equipment dealer as defined in section 325E.061, subdivision 4, or a heavy and utility equipment dealer as defined in section 325E.068, subdivision 4."

Page 1, line 12, delete "2" and insert "3"

Page 1, line 18, delete "3" and insert "4"

Page 1, line 22, delete "4" and insert "5"

Page 2, line 11, delete "person" and insert "dealer"

Page 2, line 15, after "fact" insert "in writing"

The motion prevailed. So the amendment was adopted.

S.F. No. 1004 was read the third time, as amended, and placed on its final passage.

The question was taken on the passage of the bill, as amended.

The roll was called, and there were yeas 57 and nays 6, as follows:

Those who voted in the affirmative were:

Anderson	Higgins	Langseth	Pappas	Scheevel
Bachmann	Hottinger	Lessard	Pariseau	Scheid
Berg	Johnson, Dean	Limmer	Pogemiller	Schwab
Berglin	Johnson, Debbie	Lourey	Price	Stevens
Betzold	Johnson, Doug	Marty	Ranum	Stumpf
Chaudhary	Kelley, S.P.	Moe, R.D.	Rest	Terwilliger
Cohen	Kelly, R.C.	Murphy	Ring	Tomassoni
Day	Kierlin	Neuville	Robertson	Wiener
Fischbach	Kinkel	Oliver	Robling	Wiger
Foley	Kiscaden	Olson	Sabo	U
Fowler	Kleis	Orfield	Sams	
Frederickson	Krentz	Ourada	Samuelson	
Those who voted	1 in the negative wer	e:		

Belanger Larson Lesewski Reiter Vickerman Dille

So the bill, as amended, was passed and its title was agreed to.

SPECIAL ORDER

H.F. No. 208: A resolution urging authorization of funding for modernization of waterways.

Senator Johnson, Dean moved to amend H.F. No. 208, the unofficial engrossment, as follows:

Page 3, line 21, delete "\$5 million" and insert "\$3 million"

The motion prevailed. So the amendment was adopted.

H.F. No. 208 was read the third time, as amended, and placed on its final passage.

The question was taken on the passage of the resolution, as amended.

The roll was called, and there were yeas 54 and nays 8, as follows:

Those who voted in the affirmative were:

Bachmann Belanger Berg Chaudhary Day Dille Fischbach Fowler Frederickson Hottinger Johnson, Dean Those who voted	Johnson, Debbie Johnson, Doug Kelley, S.P. Kierlin Kinkel Kiscaden Kleis Knutson Krentz Langseth Larson	Lesewski Lessard Limmer Lourey Metzen Murphy Neuville Oliver Olson Ourada Pappas e:	Pariseau Pogemiller Price Ranum Reiter Rest Ring Robertson Robling Sams Samuelson	Scheevel Scheid Schwab Stevens Stumpf Terwilliger Tomassoni Vickerman Wiener Wiger
Anderson Berglin	Betzold Cohen	Higgins Marty	Orfield	Sabo

So the resolution, as amended, was passed and its title was agreed to.

SPECIAL ORDER

S.F. No. 2106: A bill for an act relating to transportation; regulating state highways in municipalities; making conforming changes; amending Minnesota Statutes 2000, sections 160.85, subdivision 3; and 161.1245, subdivision 4; proposing coding for new law in Minnesota Statutes, chapter 161; repealing Minnesota Statutes 2000, sections 161.17; 161.171; 161.172; 161.173; 161.174; 161.175; 161.176; 161.177; and 473.181, subdivision 1.

Senator Terwilliger moved that S.F. No. 2106 be laid on the table. The motion prevailed.

MOTIONS AND RESOLUTIONS - CONTINUED

Senator Moe, R.D. moved that H.F. No. 2498 be taken from the table and referred to the Committee on Taxes. The motion prevailed.

H.F. No. 2498: A bill for an act relating to the financing and operation of government in this state; providing a sales tax rebate; providing property tax reform; making changes to income, franchise, sales and use, property, motor vehicle sales, motor vehicle registration, mortgage registry, deed, motor fuels, cigarette and tobacco, liquor, insurance premiums, lawful gambling, minerals, estate, and special taxes; changing and allowing tax credits, subtractions, and exemptions, including an income tax subtraction for capital gains; providing a biomedical innovation initiative; conforming with changes in federal income tax provisions; providing for allocation and apportionment of income; imposing a state general tax levy on certain property; providing a property tax homestead credit; imposing general levy limits; providing for property tax levy reverse referenda; changing property tax valuation, assessment, levy, classification, homestead, credit, aid, exemption, deferral, review, appeal, abatement, and distribution provisions; abolishing certain property tax levies for transit and establishing a transit fund; providing and modifying certain aids to local units of government; changing levy authority; reducing certain utility taxes and requiring a corresponding rate reduction; changing certain provisions relating to biomass facilities; providing for disposition of local lodging tax proceeds; providing priorities for disposition of production tax proceeds by the iron range resources and rehabilitation board; providing for certain payments in lieu of taxes; reducing rates on lawful gambling taxes; reducing rates on solid waste management taxes; providing for state takeover of certain costs of district court administration and out-of-home placement; providing for uniform sales and use tax administration; providing for taxation and incentive payments on forest lands; providing for electronic filing and payment of taxes; changing procedures for disposition of seized contraband; abolishing certain health care provider taxes and health plan premium taxes; providing for deposit of certain tobacco settlement and cigarette tax proceeds to the health care access fund; changing tax increment financing provisions and authorizing certain grants, duration extensions, and expenditures; requiring registration of tax increment financing consultants; creating a health care access fund reserve; reducing the tax on life insurance premiums; increasing property tax refunds and changing calculation of rent constituting property taxes for purposes of property tax refunds; reducing taconite production tax and occupation tax rates; providing special authority to certain political subdivisions; authorizing special taxing districts; changing and clarifying tax administration, collection, enforcement, interest, and penalty provisions; changing revenue recapture provisions; authorizing abatements and waivers of fees and certain taxes in disaster areas; changing and imposing fees; changing debt collection provisions for student loans; providing certain duties and powers to the commissioner of revenue; authorizing publication of names of certain delinquent taxpayers; authorizing border city allocations; changing provisions relating to tax-forfeited lands and providing for tax-forfeited lands transfers; defining terms; classifying data; establishing a legislative commission; requiring studies; imposing a criminal penalty; appropriating money; amending Minnesota Statutes 2000, sections 16D.08, subdivision 2; 62J.041, subdivision 1; 62Q.095, subdivision 6; 69.021, subdivision 5; 84.922, by adding a subdivision; 88.49, subdivisions 5, 9a; 88.491, subdivision 2; 97A.065, subdivision 2; 103D.905, subdivision 3; 115B.24, subdivision 2; 123B.55; 126C.01, subdivision 3; 126C.13, subdivision 4; 126C.17, by adding a subdivision; 144.3831, subdivision 2; 168.013, subdivision 1a; 174.24, subdivision 3b; 179A.101, subdivision 1; 179A.102, subdivision 6; 179A.103, subdivision 1; 214.16, subdivisions 2, 3; 216B.2424, subdivision 5; 239.101, subdivision 3; 260.765, by adding a subdivision; 260.771, by adding a subdivision; 270.06; 270.07, subdivision 3; 270.11, by adding a subdivision; 270.12, subdivision 2; 270.271, subdivisions 1, 3; 270.60, subdivision 4, by adding a subdivision; 270.70, subdivision 13; 270.73, subdivision 1; 270.771; 270.78; 270A.03, subdivisions 5, 7; 270A.11; 270B.01, subdivision 8; 270B.02, subdivisions 2, 3; 270B.03, subdivision 6; 270B.14, subdivision 1; 271.01, subdivision 5; 271.21, subdivision 2; 272.02, subdivisions 9, 10, 22, by adding subdivisions; 273.061, subdivisions 1, 2, 8; 273.072, subdivision 1; 273.11, subdivisions 1a, 14, by adding subdivisions; 273.1104, subdivision 2; 273.111,

subdivision 4; 273.121; 273.124, subdivisions 8, 13, 14; 273.13, subdivisions 22, 23, 24, 25, 31; 273.1392; 273.1393; 273.1398, subdivisions 1a, 4a, by adding subdivisions; 274.01, subdivision 1; 274.13, subdivision 1; 275.02; 275.065, subdivisions 1, 3, 5a, 6, 8, by adding a subdivision; 275.066; 275.07, subdivision 1; 275.16; 275.62, subdivision 1; 275.70, subdivision 5, by adding subdivisions; 276.04, subdivision 2; 276.11, subdivision 1; 276A.01, subdivision 3; 276A.06, subdivision 3; 282.01, subdivisions 1a, 1b; 282.04, subdivision 2; 287.035; 287.04; 287.08; 287.12; 287.13, by adding a subdivision; 287.20, subdivisions 2, 9; 287.21, subdivision 1; 287.28; 289A.02, subdivision 7, by adding a subdivision; 289A.08, subdivision 16; 289A.11, subdivision 1; 289A.12, subdivision 3; 289A.18, subdivision 4; 289A.20, subdivisions 1, 2, 4; 289A.26, subdivision 2a; 289A.31, subdivision 7; 289A.50, subdivisions 2, 2a; 289A.60, subdivisions 7, 21; 290.01, subdivisions 6b, 7, 19, 19b, 19c, 19d, 22, 29, 31, by adding a subdivision; 290.014, subdivision 5; 290.05, subdivision 1; 290.06, subdivisions 2c, 22; 290.067, subdivisions 1, 2, 2b; 290.0671, subdivisions 1, 1a, 7; 290.0674, subdivisions 1, 2; 290.0675, subdivisions 1, 3; 290.068, subdivisions 1, 3, 4; 290.091, subdivisions 2, 3; 290.0921, subdivisions 1, 2, 3, 6; 290.0922, subdivision 2; 290.093; 290.095, subdivision 2; 290.17, subdivisions 1, 4; 290.191, subdivisions 2, 3; 290.21, subdivision 4; 290.9725; 290A.03, subdivisions 6, 11, 12, 13, 15; 290A.04, subdivisions 2, 2a, 4; 290A.15; 291.005, subdivision 1; 295.55, subdivision 4; 296A.15, subdivisions 1, 7; 296A.16, subdivision 2; 296A.21, subdivisions 1, 4; 296A.24, subdivisions 1, 2; 297A.01, subdivision 3; 297A.07, subdivision 3; 297A.25, subdivisions 3, 11, 28; 297A.61, subdivisions 2, 3, 4, 6, 7, 9, 10, 12, 14, 16, 17, 19, 22, 23, by adding subdivisions: 297A.62, subdivision 3; 297A.64, subdivisions 3, 4; 297A.66, subdivisions 1, 3; 297A.67, subdivisions 2, 8, 23, 24, 25, by adding subdivisions; 297A.68, subdivisions 2, 3, 5, 11, 13, 14, 18, 25, by adding subdivisions; 297A.69, subdivision 2; 297A.70, subdivisions 1, 2, 3, 4, 7, 8, 10, 13, 14; 297A.71, subdivisions 3, 6, by adding subdivisions; 297A.72, subdivision 1; 297A.75; 297A.77, subdivision 1; 297A.80; 297A.82, subdivision 3, by adding a subdivision; 297A.89, subdivision 1; 297A.90, subdivision 1; 297A.91; 297A.92, subdivision 2; 297A.94; 297A.99, subdivisions 7, 9, 11; 297B.03; 297B.09, subdivision 1; 297E.02, subdivisions 1, 4, 6; 297E.16, subdivisions 1, 2; 297F.09, subdivision 7; 297F.10, subdivision 1; 297F.16, subdivision 4; 297F.20, subdivision 3; 297F.21, subdivisions 1, 2, 3; 297G.09, subdivision 6; 297G.15, subdivision 4; 297G.16, subdivisions 5, 7; 297G.20, subdivisions 3, 4; 297H.02, subdivision 2; 297H.03, subdivision 2; 297H.04, subdivision 2, by adding a subdivision; 297H.05; 297H.06, by adding a subdivision; 297H.13, by adding a subdivision; 297I.05, by adding a subdivision; 297I.15, by adding a subdivision; 297I.20; 297I.35, subdivision 2; 297I.40, subdivisions 1, 2, 7; 297I.85, subdivision 7; 298.01, subdivisions 3, 3a, 3b, 4, 4a, 4c; 298.22, subdivision 2, by adding a subdivision; 298.225, subdivision 1; 298.24, subdivision 1; 298.27; 298.28, subdivisions 6, 9a; 298.2961, subdivision 2; 298.75, subdivisions 1, 2, by adding a subdivision; 299D.03, subdivision 5; 345.41; 345.42, by adding a subdivision; 349.19, subdivision 2a; 357.021, subdivision 1a; 461.12, by adding a subdivision; 469.040, subdivision 5; 469.169, by adding a subdivision; 469.1732, subdivision 1; 469.174, subdivisions 1, 3, 10, 10a, 12, 25; 469.175, subdivisions 1, 3, 6, 6b, by adding a subdivision; 469.176, subdivisions 1b, 1c, 1e, 3, 4, 4g, by adding a subdivision; 469.1763, subdivision 6; 469.177, subdivisions 1, 11, by adding a subdivision; 469.1771, subdivision 1; 469.178, by adding a subdivision; 469.1791, subdivisions 1, 3, 9; 469.1812, subdivision 2; 469.1813, subdivisions 4, 6; 469.190, subdivision 3; 469.202, subdivision 2; 473.388, subdivisions 4, 7; 473.446, subdivision 1, by adding a subdivision; 473.843, subdivision 3; 473F.08, subdivision 3; 473H.10, subdivision 3; 475.58, subdivision 1; 477A.011, subdivisions 35, 36; 477A.0121, by adding a subdivision; 477A.0122, by adding a subdivision; 477A.013, subdivisions 1, 9; 477A.03, subdivision 2, by adding a subdivision; 477A.12; 477A.14; 480.181, subdivision 1; 487.33, subdivision 5; 574.34, subdivision 1; Laws 1986, chapter 396, section 5; Laws 1997, chapter 231, article 10, section 25; Laws 1998, chapter 389, article 16, section 35, subdivision 1; Laws 1999, chapter 216, article 7, section 46, subdivision 3; Laws 1999, chapter 243, article 4, section 19; Laws 2000, chapter 490, article 8, section 17; Laws 2000, chapter 490, article 11, section 26; proposing coding for new law in Minnesota Statutes, chapters 3; 12; 16A; 62Q; 103B; 116J; 123B; 144F; 245; 256L; 270; 272; 273; 275; 290; 290A; 295; 296A; 297A; 469; 471; 473; 477A; 480; 484; proposing coding for new law as Minnesota Statutes, chapters 126C; 216B; 290C; repealing Minnesota Statutes 2000, sections 13.4967, subdivision 3; 16A.1521; 16A.76; 62T.10; 126C.13, subdivisions 1, 2, 3; 144.1484, subdivision 2; 256L.02, subdivision 3; 270.31; 270.32; 270.33; 270.34; 270.35; 270.36; 270.37; 270.38; 270.39; 273.13, subdivision 24a; 273.1382; 273.1399; 275.078; 275.08, subdivision 1e; 289A.60, subdivision 15; 290.06,

49TH DAY]

subdivisions 25, 26; 290.0673; 290.095, subdivisions 1a, 7; 290.191, subdivision 4; 290.21, subdivision 3; 290.23; 290.25; 290.31, subdivisions 2, 2a, 3, 4, 5, 19; 290.35; 290.9726, subdivision 7; 290A.04, subdivision 2j; 290A.18, subdivision 2; 295.50; 295.51; 295.52; 295.53; 295.54; 295.55; 295.56; 295.57; 295.58; 295.582; 295.59; 296A.16, subdivision 6; 296A.24, subdivision 3; 297A.61, subdivision 16; 297A.62, subdivision 2; 297A.64, subdivision 1; 297A.68, subdivision 21; 297A.71, subdivisions 2, 15, 16, 21; 297B.032; 297E.16, subdivision 3; 297F.21, subdivision 4; 297G.20, subdivision 5; 297I.05, subdivisions 5, 8; 297I.30, subdivision 3; 298.01, subdivision 3; ad, 4d, 4e; 469.1732, subdivision 2; 469.1734, subdivision 4; 469.1782, subdivision 1; 473.446, subdivision 8; Laws 1988, chapter 426, section 1; Laws 1988, chapter 702, section 16; Laws 1992, chapter 511, article 2, section 52, as amended; Laws 1996, chapter 471, article 8, section 45; Laws 1999, chapter 243, article 6, section 14; Laws 1999, chapter 243, article 6, section 15; Laws 2000, chapter 490, article 6, section 17; Minnesota Rules, parts 8120.0200; 8120.0500; 8120.0700; 8120.2700; 8120.2800; 8120.3000; 8120.3000; 8120.3200; 8120.4300; 8120.4400; 8120.4400; 8120.4500; 8120.4600; 8120.4900; 8120.5000; 8120.5100; 8120.5300.

Senator Sams moved that S.F. No. 1128, No. 8 on General Orders, be stricken and re-referred to the Committee on Health and Family Security. The motion prevailed.

RECESS

Senator Moe, R.D. moved that the Senate do now recess subject to the call of the President. The motion prevailed.

After a brief recess, the President called the Senate to order.

APPOINTMENTS

Senator Moe, R.D. from the Subcommittee on Committees recommends that the following Senators be and they hereby are appointed as a Conference Committee on:

S.F. No. 1968: Senators Samuelson; Johnson, Dave and Frederickson.

S.F. No. 1752: Senators Solon, Metzen and Lessard.

Senator Moe, R.D. moved that the foregoing appointments be approved. The motion prevailed.

MOTIONS AND RESOLUTIONS - CONTINUED

Pursuant to Rule 26, Senator Moe, R.D., Chair of the Committee on Rules and Administration, designated S.F. No. 1109 a Special Order to be heard immediately.

SPECIAL ORDER

S.F. No. 1109: A bill for an act relating to transportation; providing for design-build method of state transportation project delivery; proposing coding for new law in Minnesota Statutes, chapter 161.

Was read the third time and placed on its final passage.

The question was taken on the passage of the bill.

The roll was called, and there were yeas 61 and nays 2, as follows:

Those who voted in the affirmative were:

Anderson Bachmann Berg Betzold

Chaudhary

Cohen Day Dille Fischbach Foley Fowler Frederickson Higgins Hottinger Johnson, Dean Johnson, Debbie	Kelley, S.P. Kierlin Kinkel Kiscaden Kleis Knutson Krentz Langseth Larson Lesewski Lessard	Lourey Marty Metzen Moe, R.D. Murphy Neuville Oliver Olson Orfield Ourada Pappas	Pogemiller Price Ranum Reiter Rest Ring Robertson Robling Sams Samuelson Scheevel	Schwab Stevens Stumpf Terwilliger Tomassoni Vickerman Wiener Wiger
Johnson, Debbie Johnson, Doug	Lessard Limmer	Pappas Pariseau	Scheevel Scheid	

Those who voted in the negative were:

Berglin Sabo

So the bill passed and its title was agreed to.

RECONSIDERATION

Having voted on the prevailing side, Senator Ranum moved that the vote whereby H.F. No. 208 was passed by the Senate on May 8, 2001, be now reconsidered. The motion prevailed. So the vote was reconsidered.

H.F. No. 208 was read the third time, as amended, and placed on its final passage.

The question was taken on the passage of the bill, as amended.

The roll was called, and there were yeas 46 and nays 17, as follows:

Those who voted in the affirmative were:

Bachmann	Johnson, Doug	Limmer	Price	Schwab
Berg	Kierlin	Lourey	Reiter	Stevens
Day	Kinkel	Metzen	Rest	Stumpf
Dille	Kiscaden	Moe, R.D.	Ring	Terwilliger
Fischbach	Knutson	Murphy	Robertson	Tomassoni
Fowler	Krentz	Neuville	Robling	Vickerman
Frederickson	Langseth	Oliver	Sams	
Hottinger	Larson	Olson	Samuelson	
Johnson, Dean	Lesewski	Ourada	Scheevel	
Johnson, Debbie	Lessard	Pariseau	Scheid	
Those who vot	ted in the negative	were:		

Anderson	Cohen	Kleis	Pogemiller	Wiger
Berglin	Foley	Marty	Ranum	-
Betzold	Higgins	Orfield	Sabo	
Chaudhary	Kelley, S.P.	Pappas	Wiener	

So the bill, as amended, was passed and its title was agreed to.

MOTIONS AND RESOLUTIONS - CONTINUED

Senator Murphy moved that S.F. No. 2265 be withdrawn from the Committee on Crime Prevention and re-referred to the Committee on Rules and Administration. The motion prevailed.

Senator Berglin moved that S.F. No. 2361 be taken from the table. The motion prevailed.

S.F. No. 2361: A bill for an act relating to the operation of state government; modifying provisions relating to health; health department; human services; human services department; long-term care; medical assistance; general assistance medical care; MinnesotaCare; prescription drug program; home and community-based waivers; services for persons with disabilities; group residential housing; state-operated services; chemical dependency; mental health; Minnesota

family investment program; general assistance program; child support enforcement; adoption; children in need of protection or services; termination of parental rights; child protection; veterans nursing homes board; health-related licensing boards; emergency medical services regulatory board; Minnesota state council on disability; ombudsman for mental health and mental retardation; ombudsman for families; requiring reports; appropriating money; amending Minnesota Statutes 2000, sections 13.46, subdivision 4; 13.461, subdivision 17; 13B.06, subdivision 7; 15A.083, subdivision 4; 16A.06, by adding a subdivision; 16A.87; 62A.095, subdivision 1; 62A.48, subdivision 4, by adding subdivisions; 62J.152, subdivision 8; 62J.451, subdivision 5; 62J.692, subdivision 7; 62J.694, subdivision 2; 62Q.19, subdivision 1; 62S.01, by adding subdivisions; 62S.26; 103I.101, subdivision 6; 103I.112; 103I.208, subdivisions 1, 2; 103I.235, subdivision 1; 103I.525, subdivisions 2, 6, 8, 9; 103I.531, subdivisions 2, 6, 8, 9; 103I.535, subdivisions 2, 6, 8, 9; 103I.541, subdivisions 2b, 4, 5; 103I.545; 116L.11, subdivision 4; 116L.12, subdivisions 4, 5; 116L.13, subdivision 1; 121A.15, by adding subdivisions; 144.057; 144.0721, subdivision 1; 144.1202, subdivision 4; 144.122; 144.1464; 144.1494, subdivisions 1, 3, 4; 144.1496; 144.226, subdivision 4; 144.396, subdivision 7; 144.98, subdivision 3; 144A.071, subdivisions 1, 1a, 2, 4a; 144A.073, subdivision 2; 144D.01, subdivision 4; 145.881, subdivision 2; 145.882, subdivision 7, by adding a subdivision; 145.885, subdivision 2; 148.212; 148.263, subdivision 2; 148.284; 150A.10, by adding a subdivision; 157.16, subdivision 3; 157.22; 214.001, by adding a subdivision; 214.002, subdivision 1; 214.01, by adding a subdivision; 214.104; 241.272, subdivision 6; 242.192; 245.462, subdivision 18, by adding subdivisions; 245.466, subdivision 2; 245.470, by adding a subdivision; 245.474, subdivision 2, by adding a subdivision; 245.4871, subdivision 27, by adding subdivisions; 245.4875, subdivision 2; 245.4876, subdivision 1, by adding a subdivision; 245.488, by adding a subdivision; 245.4885, subdivision 1; 245.4886, subdivision 1; 245.98, by adding a subdivision; 245.982; 245.99, subdivision 4; 245A.03, subdivision 2b; 245A.04, subdivisions 3, 3a, 3b, 3c, 3d; 245A.05; 245A.06; 245A.07; 245A.08; 245A.13, subdivisions 7, 8; 245A.16, subdivision 1; 245B.08, subdivision 3; 252.275, subdivision 4b; 253.28, by adding a subdivision; 253B.02, subdivision 10; 253B.03, subdivisions 5, 10, by adding a subdivision; 253B.04, subdivisions 1, 1a, by adding a subdivision; 253B.045, subdivision 6; 253B.05, subdivision 1; 253B.07, subdivision 1; 253B.09, subdivision 1; 253B.10, subdivision 4; 254B.03, subdivision 1; 254B.09, by adding a subdivision; 256.01, subdivision 2, by adding a subdivision; 256.045, subdivisions 3, 3b, 4; 256.476, subdivisions 1, 2, 3, 4, 5, 8, by adding a subdivision; 256.741, subdivisions 1, 5, 8; 256.955, subdivisions 2, 2a, 7, by adding a subdivision; 256.9657, subdivision 2; 256.969, subdivision 3a, by adding a subdivision; 256.975, by adding subdivisions; 256.979, subdivisions 5, 6; 256.98, subdivision 8; 256B.04, by adding a subdivision; 256B.055, subdivision 3a; 256B.056, subdivisions 1a, 4b; 256B.057, subdivisions 2, 9, by adding subdivisions; 256B.061; 256B.0625, subdivisions 1, 2, 4, 5, 7, 8, 10, 11, by adding subdivisions; 256B.0627, subdivisions 1, 2, 4, 5, 7, 8, 10, 11, by adding subdivisions; 256B.0627, subdivisions 1, 2, 4, 5, 7, 8, 10, 11, by adding subdivisions; 256B.0635, subdivisions 1, 2; 256B.0644; 256B.0911, subdivisions 1, 3, 5, 6, 7, by adding subdivisions; 256B.0913, subdivisions 1, 2, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14; 256B.0915, subdivisions 1d, 3, 5; 256B.0917, by adding a subdivision; 256B.093, subdivision 3; 256B.431, subdivision 2e, by adding subdivisions; 256B.433, subdivision 2e, by adding subdivisions; 256B.433, subdivision 2e, by adding subdivisions; 256B.434, subdivisions; 256B.0917, by adding subdivision; 256B.093, subdivision 3; 256B.431, subdivision; 256B.0917, by adding subdivision; 256B.093, subdivision; 256B.431, subdivision; 256B.0917, by adding subdivision; 256B.093, subdivision; 256B.431, subdivision; 256B.0917, by adding subdivision; 256B.093, subdivision; 256B.434, subd subdivision 2e, by adding subdivisions; 256B.433, subdivision 3a; 256B.434, subdivision 4; 256B.49, by adding subdivisions; 256B.5012, subdivision 3, by adding subdivisions; 256B.69, subdivisions 4, 5c, 23, by adding a subdivision; 256B.75; 256B.76; 256D.053, subdivision 1; 256D.35, by adding subdivisions; 256D.425, subdivision 1; 256D.44, subdivision 5; 256I.05, subdivisions 1d, 1e, by adding a subdivision; 256J.08, subdivision 55a, by adding a subdivision; 256J.21, subdivision 2; 256J.24, subdivisions 2, 9, 10; 256J.31, subdivision 12; 256J.32, subdivision 4; 256J.37, subdivision 9; 256J.39, subdivision 2; 256J.42, subdivisions 1, 3, 4, 5; 256J.45, subdivisions 1, 2; 256J.46, subdivision 1; 256J.48, subdivision 1, by adding a subdivision; 256J.49, subdivisions 2, 13, by adding a subdivision; 256J.50, subdivisions 5, 10, by adding a subdivision; 256J.515; 256J.52, subdivisions 2, 3, 6; 256J.53, subdivisions 1, 2, 3; 256J.56; 256J.62, subdivisions 2a, 9; 256J.625; 256J.645; 256K.03, subdivisions 1, 5; 256K.07; 256L.01, subdivision 4; 256L.02, subdivision 4; 256L.04, subdivision 2; 256L.05, subdivision 2; 256L.06, subdivision 3; 256L.07, subdivisions 1, 2, 3, by adding subdivisions; 256L.12, by adding a subdivision; 256L.15, subdivisions 1, 2; 256L.16; 260C.201, subdivision 1; 326.38; 393.07, by adding a subdivision; 518.551, subdivision 13; 518.5513, subdivision 5; 518.575, subdivision 1; 518.5851, by adding a subdivision; 518.5853, by adding a subdivision; 518.6111, subdivision 5; 518.6195; 518.64, subdivision 2; 518.641, subdivisions 1, 2, 3, by adding a subdivision; 548.091, subdivision 1a; 609.115, subdivision 9; 611.23; 626.556, subdivisions 2, 10, 10b, 10d, 10e, 10f,

10i, 11, 12, by adding a subdivision; 626.557, subdivisions 3, 9d, 12b; 626.5572, subdivision 17; 626.559, subdivision 2; Laws 1998, chapter 404, section 18, subdivision 4; Laws 1998, chapter 407, article 8, section 9; Laws 1999, chapter 152, section 4; Laws 1999, chapter 216, article 1, section 13, subdivision 4; Laws 1999, chapter 245, article 3, section 45, as amended; Laws 1999, chapter 245, article 4, section 110; Laws 1999, chapter 245, article 10, section 10, as amended; Laws 2000, chapter 364, section 2; proposing coding for new law in Minnesota Statutes, chapters 62Q; 62S; 116L; 144; 144A; 144D; 145; 214; 244; 246; 256; 256B; 256J; 299A; repealing Minnesota Statutes 2000, sections 116L.12, subdivisions 2, 7; 144.148, subdivision 8; 144A.16; 145.882, subdivisions 3, 4; 145.9245; 145.927; 256.01, subdivision 18; 256.476, subdivision 7; 256.955, subdivision 2b; 256B.0635, subdivision 3; 256B.0911, subdivisions 2, 2a, 4, 8, 9; 256B.0912; 256B.0913, subdivisions 3, 15a, 15b, 15c, 16; 256B.0915, subdivisions 3a, 3b, 3c; 256B.434, subdivision 5; 256B.49, subdivisions 1, 2, 3, 4, 5, 6, 7, 8, 9, 10; 256D.066; 256E.06, subdivision 2b; 256J.08, subdivision 50a; 256J.12, subdivision 3; 256J.32, subdivision 7a; 256J.43; 256J.49, subdivision 11; 256J.53, subdivision 4; 256L.15, subdivision 3; 518.641, subdivisions 4, 5; Laws 1997, chapter 203, article 9, section 21; Laws 1998, chapter 407, article 6, section 111; Laws 2000, chapter 488, article 10, section 28; Laws 2000, chapter 488, article 10, section 30; Minnesota Rules, parts 4655.6810; 4655.6820; 4655.6830; 4658.1600; 4658.1605; 4658.1610; 4658.1690; 9505.2390; 9505.2395; 9505.2396; 9505.2400; 9505.2405; 9505.2410; 9505.2413; 9505.2415; 9505.2420; 9505.2425; 9505.2426; 9505.2430; 9505.2435; 9505.2440; 9505.2445; 9505.2450; 9505.2455; 9505.2458; 9505.2460; 9505.2465; 9505.2470; 9505.2473; 9505.2475; 9505.2480; 9505.2485; 9505.2486; 9505.2490; 9505.2495; 9505.2496; 9505.2500; 9505.3010; 9505.3015; 9505.3020; 9505.3025; 9505.3030; 9505.3035; 9505.3040; 9505.3065; 9505.3085; 9505.3135; 9505.3500; 9505.3510; 9505.3520; 9505.3530; 9505.3535; 9505.3540; 9505.3545; 9505.3550; 9505.3560; 9505.3570; 9505.3575; 9505.3580; 9505.3585; 9505.3600; 9505.3610; 9505.3620; 9505.3622; 9505.3624; 9505.3626; 9505.3630; 9505.3635; 9505.3640; 9505.3645; 9505.3650; 9505.3660; 9505.3670; 9546.0010; 9546.0020; 9546.0030; 9546.0040; 9546.0050: 9546.0060.

Senator Berglin moved to amend S.F. No. 2361 as follows:

Page 9, after line 24, insert:

"[EMPLOYMENT AND TRAINING.] (a) \$1,810,000 is appropriated from the state's federal TANF block grant to the commissioner in fiscal year 2002 and in fiscal year 2003 for employment and training grants.

(b) \$5,000,000 is appropriated from the state's federal TANF block grant to the commissioner in fiscal year 2002 and in fiscal year 2003 for welfare-to-work programs administered by the commissioner of economic security that have utilized all of the federal welfare-to-work funding received. The commissioner of economic security shall establish guidelines for distributing the available funds to local workforce service areas based on current expenditures and the documented need.

(c) The appropriations in paragraphs (a) and (b) shall not become part of the base level funding for the 2004-2005 biennium."

Page 13, after line 34, insert:

"[LONG-TERM CARE EMPLOYEE INSURANCE PROGRAM ADMINISTRATION.] Of the general fund 49TH DAY]

appropriation, \$500,000 in fiscal year 2002 and \$1,750,000 in fiscal year 2003 is for the administrative costs associated with the long-term care employee insurance program under Minnesota Statutes, section 256.956."

Page 15, line 35, before "Unexpended" insert "(a) Money appropriated for Senior LinkAge line, community services grants, and access demonstration project grants shall be used by the commissioner to maximize federal reimbursement according to federal law, rule, and regulation. (b)"

Pages 99 and 100, delete section 5 and insert:

"Sec. 5. Minnesota Statutes 2000, section 62Q.19, subdivision 2, is amended to read:

Subd. 2. [APPLICATION.] (a) Any provider may apply to the commissioner for designation as an essential community provider by submitting an application form developed by the commissioner. Except as provided in paragraph (d), applications must be accepted within two years after the effective date of the rules adopted by the commissioner to implement this section.

(b) Each application submitted must be accompanied by an application fee in an amount determined by the commissioner. The fee shall be no more than what is needed to cover the administrative costs of processing the application.

(c) The name, address, contact person, and the date by which the commissioner's decision is expected to be made shall be classified as public data under section 13.41. All other information contained in the application form shall be classified as private data under section 13.41 until the application has been approved, approved as modified, or denied by the commissioner. Once the decision has been made, all information shall be classified as public data unless the applicant designates and the commissioner determines that the information contains trade secret information.

(d) The commissioner shall accept an application for designation as an essential community provider until June 30, 2001, from:

(1) one applicant that is a nonprofit community health care facility, certified as a medical assistance provider effective April 1, 1998, that provides culturally competent health care to an underserved Southeast Asian immigrant and refugee population residing in the immediate neighborhood of the facility;

(2) one applicant that is a nonprofit home health care provider, certified as a Medicare and a medical assistance provider that provides culturally competent home health care services to a low-income culturally diverse population;

(3) up to five applicants that are nonprofit community mental health centers certified as medical assistance providers that provide mental health services to children with serious emotional disturbance and their families or to adults with serious and persistent mental illness; and

(4) one applicant that is a nonprofit provider certified as a medical assistance provider that provides mental health, child development, and family services to children with physical and mental health disorders and their families.

(e) The commissioner shall accept applications for designation as an essential community provider until June 30, 2002, from an alternative school authorized under sections 123A.05 to 123A.08 or under section 124D.68 and a charter school authorized under section 124D.10. For these schools, the essential community provider designation applies for mental health services delivered by a licensed health care or social services practitioner to a child currently enrolled in the school."

Page 124, after line 7, insert:

"Sec. 22. Minnesota Statutes 2000, section 256B.056, subdivision 4, is amended to read:

Subd. 4. [INCOME.] To be eligible for medical assistance, a person eligible under section 256B.055, subdivision 7, not receiving supplemental security income program payments, and families and children may have an income up to 133-1/3 percent of the AFDC income standard in effect under the July 16, 1996, AFDC state plan. Effective July 1, 2000, the base AFDC standard in effect on July 16, 1996, shall be increased by three percent. Effective July 1, 2001, or the date upon which federal rules published in the Federal Register at 66FR2316 become effective, whichever is later, the income limit for a person eligible under this subdivision shall be increased by 3.2 percent. Effective January 1, 2000, and each successive January, recipients of supplemental security income may have an income up to the supplemental security income standard in effect on that date. In computing income to determine eligibility of persons who are not residents of long-term care facilities, the commissioner shall disregard increases in income as required by Public Law Numbers 94-566, section 503; 99-272; and 99-509. Veterans aid and attendance benefits and Veterans Administration unusual medical expense payments are considered income to the recipient."

Page 127, line 15, delete "sections" and insert "section"

Page 127, lines 16 and 17, delete "and 256B.056, subdivision 1a,"

Page 127, line 19, delete everything after "(b)"

Page 127, delete lines 20 to 29

Page 127, line 30, delete "(c)"

Page 129, after line 22, insert:

"[EFFECTIVE DATE.] This section is effective January 1, 2003."

Page 301, line 14, delete "256B.437" and insert "256B.438"

Page 310, line 21, delete "256B.437" and insert "256B.438"

Pages 339 and 340, delete sections 10 and 11

Page 341, line 4, strike everything after "(2)"

Page 341, line 5, strike "K;"

Page 341, line 6, strike "(3)"

Page 341, line 9, strike "(4)" and insert "(3)"

Page 341, line 32, after the period, insert "For persons who are initially admitted to a nursing facility before July 1, 2001, and have their payment rate under this subdivision negotiated after July 1, 2001,"

Page 341, line 33, reinstate the stricken "highest multiple bedroom payment rate for"

Page 341, line 34, after the stricken "nursing" insert "the" and reinstate the stricken "facility, as initially established by the"

Page 341, line 35, delete the new language and reinstate the stricken language

Page 341, line 36, delete the new language and after the period, insert "For persons initially admitted to a nursing facility on or after July 1, 2001, the negotiated payment rate must not exceed 300 percent of the facility's multiple bedroom payment rate for case mix classification K."

Page 357, line 2, delete "144A.16" and insert "144A.161"

Page 379, delete lines 24 to 27 and insert:

49TH DAY]

TUESDAY, MAY 8, 2001

"[EFFECTIVE DATE.] This section is effective January 15, 2003, or upon federal approval of a federal waiver to receive enhanced matching funds under the state's children's health insurance program, whichever occurs latest."

Page 382, delete lines 13 to 16 and insert:

"[EFFECTIVE DATE.] This section is effective upon implementation of Minnesota Statutes, section 256.956."

Page 384, delete line 11

Page 384, line 12, delete "4" and insert "Upon implementation of section 256.956"

Page 412, line 24, after "those" insert "premium rate"

Page 412, line 25, after "determines" insert "that"

Page 413, line 10, delete "shall" and insert "must"

Page 415, line 1, delete "where" and insert "in which"

Page 415, line 17, delete "shall" and insert "must"

Page 415, line 29, delete "shall apply" and insert "applies"

Page 416, line 20, delete "for" and insert "of"

Page 418, line 9, delete "shall" and insert "must"

Page 419, line 15, after the second comma, insert "issued under this chapter,"

Page 420, line 1, delete "shall" and insert "must"

Page 421, line 1, delete "shall" and insert "must"

Page 421, line 31, delete "defined" and insert "described"

Page 422, line 7, delete "defined" and insert "described"

Page 422, line 26, delete "should" and insert "must"

Page 424, line 1, delete "shall be" and insert "are"

Page 425, lines 33 and 34, delete "shall" and insert "must"

Page 426, line 1, delete "shall" and insert "must"

Page 427, line 13, delete "shall" and insert "must"

Page 427, line 17, after "age" insert "provided in this paragraph"

Page 429, line 2, delete "shall be" and insert "is"

Page 429, lines 14 and 19, delete "shall" and insert "must"

Page 429, line 23, delete the first "as" and insert "so"

Page 430, line 16, delete "shall" and insert "must"

Page 431, lines 9, 11, 13, 15, and 20, delete "shall" and insert "must"

Page 432, line 2, delete "health plan"

Page 543, after line 3, insert:

"Sec. 2. Minnesota Statutes 2000, section 245.814, subdivision 1, is amended to read:

Subdivision 1. [INSURANCE FOR FOSTER HOME PROVIDERS.] The commissioner of human services shall within the appropriation provided purchase and provide insurance to individuals licensed as foster home providers to cover their liability for:

(1) injuries or property damage caused or sustained by persons in foster care in their home; and

(2) actions arising out of alienation of affections sustained by the birth parents of a foster child or birth parents or children of a foster adult.

For purposes of this subdivision, insurance for homes licensed to provide adult foster care shall be limited to family adult foster care homes as defined in section 144D.01, subdivision 7."

Page 617, line 3, before "clauses" insert "paragraph (a),"

Page 617, line 5, before "clause" insert "paragraph (a),"

Page 617, line 10, delete "section 245A.03,"

Page 617, line 27, after "serious" insert "or"

Page 617, line 36, delete "section 245A.04,"

Page 618, line 14, delete "these" and insert "such" and delete "as" and insert "shall not be conducted under section 256.045"

Page 618, line 15, delete everything before the period

Page 618, line 22, delete the comma

Page 618, line 30, before the period, insert "or denial of a license"

Page 619, line 2, before the period, insert "or denial of a license"

Page 619, line 6, after "for" insert "a denial of a license under section 245A.05 or a"

Page 619, line 32, before "clauses" insert "paragraph (c),"

Page 624, line 15, delete the second comma and insert a period

Page 624, delete line 16

Page 634, line 9, after "including" insert ", but not limited to, the provision of adequate staff-to-child or adult ratios and the"

Page 635, line 7, before "licensing" insert "denial of a license under section 245A.05 or a"

Page 635, line 12, before the period, insert "or denial of a license" and before "is" insert "or denial of a license"

Page 635, line 15, before the comma, insert "or was not rescinded"

Page 635, line 17, before the period, insert "or denial of a license"

Page 636, line 1, delete "their" and insert "the"

Page 636, line 6, before the period, insert "or denial of a license"

Page 636, line 7, before "licensing" insert "denial of a license or a"

Page 636, line 14, after "a" insert "denial of a license under section 245A.05 or a"

Page 637, line 4, delete "chapter 245A" and insert "this chapter"

49TH DAY]

Page 639, line 26, before "clauses" insert "section 245A.04, subdivision 3d, paragraph (a)," and delete "of that subdivision"

Page 639, line 30, delete "clause (9)" and insert "this clause"

Page 639, line 31, delete "and" and insert "or"

Page 641, line 33, before "clauses" insert "paragraph (a),"

Page 645, line 32, after "a" insert "denial of a license under section 245A.05 or a"

Page 646, line 2, before the period, insert "or denial of a license"

Page 646, line 34, delete "a" and insert "A"

Page 647, line 8, delete "626.557" and insert "626.5572"

Page 649, line 9, after "a" insert "denial of a license under section 245A.05 or a"

Page 649, line 15, before the period, insert "or denial of a license"

Page 653, line 13, delete "2001" and insert "2002"

Renumber the sections in sequence and correct the internal references

Amend the title accordingly

The motion prevailed. So the amendment was adopted.

Senator Berglin then moved to amend S.F. No. 2361 as follows:

Page 32, after line 57, insert:

"[FEE INCREASE.] The board may increase fees to meet the requirements of Minnesota Statutes, section 214.06."

Page 33, after line 15, insert:

"[FEE INCREASE.] The board may increase fees to meet the requirements of Minnesota Statutes, section 214.06."

The motion prevailed. So the amendment was adopted.

Senator Oliver moved to amend S.F. No. 2361 as follows:

Page 654, after line 2, insert:

"Section 1. [16A.78] [MINNESOTACARE-SUBSIDIZED HEALTH INSURANCE ACCOUNT.]

(a) A MinnesotaCare-subsidized health insurance account is established in the general fund.

(b) Beginning with the payment due December 31, 2003, the commissioner shall credit to the account the ongoing tobacco settlement payments received by the state each December as a result of the settlement of the lawsuit styled as State v. Philip Morris Inc., No. C1-94-8565 (Minnesota District Court Second Judicial District) and the entire balance of the health care access fund.

(c) Money in the account is available for and may only be spent for expenditures associated with the MinnesotaCare-subsidized health insurance program.

(d) The balance in the account does not cancel and remains in the account until appropriated by law for the purposes described in this section.

(e) Notwithstanding section 11A.20, investment earnings on the account are credited to the account.

(f) Effective July 1, 2003, all programs formerly funded out of the health care access fund, other than the MinnesotaCare-subsidized health insurance program, shall be funded out of the general fund.

[EFFECTIVE DATE.] This section is effective July 1, 2003.

Sec. 2. [62Q.48] [PASS-THROUGH OF SAVINGS TO PURCHASERS.]

Subdivision 1. [PREMIUMS TO REFLECT SAVINGS.] Health plan company premium rates must reflect all savings resulting from:

(1) the contingent elimination of the MinnesotaCare provider taxes under section 295.52, subdivision 8, and the resulting reduction in the transfer of additional expenses generated by section 295.52 obligations to third-party contracts under section 295.582; and

(2) the contingent elimination of the tax on nonprofit health plan company premiums under section 297I.05, subdivision 5, paragraph (b).

Subd. 2. [DOCUMENTING COMPLIANCE.] Each health plan company shall annually submit documentation indicating compliance with subdivision 1 to the appropriate commissioner.

<u>Subd. 3.</u> [ENFORCEMENT.] If the appropriate commissioner finds that a health plan company has not complied with subdivision 1, the commissioner may take enforcement action against that health plan company. The commissioner may, by order, require premium rate reductions, fine or censure the health plan company, or revoke or suspend the certificate of authority or license of the health plan company to do business in this state, if the commissioner finds that the health plan company has not complied with this section. The health plan company may appeal the commissioner's order through a contested case hearing in accordance with chapter 14.

[EFFECTIVE DATE.] This section is effective July 1, 2003."

Page 662, after line 24, insert:

"Sec. 17. Minnesota Statutes 2000, section 256L.02, subdivision 3, is amended to read:

Subd. 3. [FINANCIAL MANAGEMENT.] (a) The commissioner shall manage spending for the MinnesotaCare program in a manner that maintains a minimum reserve in accordance with section 16A.76. As part of each state revenue and expenditure forecast, the commissioner must make an assessment of the expected expenditures for the covered services for the remainder of the current biennium and for the following biennium. The estimated expenditure, including the reserve requirements described in section 16A.76, shall be compared to an estimate of the revenues that will be available in the health care access fund. Based on this comparison, and after consulting with the chairs of the house ways and means committee and the senate finance committee, and the legislative commission on health care access, the commissioner shall, as necessary, make the adjustments specified in paragraph (b) to ensure that expenditures remain within the limits of available revenues for the remainder of the current biennium and for the following biennium. The commissioner shall not hire additional staff using appropriations from the health care access fund until the commissioner of finance makes a determination that the adjustments implemented under paragraph (b) are sufficient to allow MinnesotaCare expenditures to remain within the limits of available revenues for the remainder of the current biennium and for the following biennium.

(b) The adjustments the commissioner shall use must be implemented in this order: first, stop enrollment of single adults and households without children; second, upon 45 days' notice, stop coverage of single adults and households without children already enrolled in the MinnesotaCare program; third, upon 90 days' notice, decrease the premium subsidy amounts by ten percent for families with gross annual income above 200 percent of the federal poverty guidelines; fourth, upon 90 days' notice, decrease the premium subsidy amounts by ten percent for families with gross annual income at or below 200 percent; and fifth, require applicants to be uninsured for at

2444

least six months prior to eligibility in the MinnesotaCare program. If these measures are insufficient to limit the expenditures to the estimated amount of revenue, the commissioner shall further limit enrollment or decrease premium subsidies.

[EFFECTIVE DATE.] This section is effective July 1, 2003.

Sec. 18. Minnesota Statutes 2000, section 295.52, is amended by adding a subdivision to read:

Subd. 8. [CONTINGENT ELIMINATION OF TAX.] The commissioner shall establish tax rates for calendar years beginning on or after January 1, 2004, based upon determinations made by the commissioner of finance regarding the actual balance of the health care access fund. The commissioner of finance shall, on September 1 of each year, beginning September 1, 2003, determine the actual balance of the MinnesotaCare-subsidized health insurance account for the fiscal year that begins the following July 1. If the commissioner of finance determines on September 1 that for the following fiscal year, the actual balance will be equal to or greater than 20 percent of the forecasted direct appropriations for the MinnesotaCare program, no taxes shall be imposed under subdivisions 1, 1a, 2, 3, and 4 for the calendar year that begins immediately following that September 1. If the commissioner of finance determines on September 1 that the actual balance in the account will be less then 20 percent of the forecasted direct appropriations for actual balance in the account will be less than 20 percent of the forecasted direct appropriations for the MinnesotaCare program for the following fiscal year, then the commissioner, in consultation with the commissioner of finance, shall determine the amount needed to eliminate the deficit and shall impose taxes under subdivisions 1, 1a, 2, 3, and 4 for the calendar year that begins immediately following that September 1. The commissioner shall determine the rate of the tax to the nearest one-quarter of one percent up to two percent, using the lowest of the rates that the commissioner determines will produce sufficient revenue to restore the actual balance in the account to 20 percent of the forecasted direct appropriations for the MinnesotaCare program. The commissioner shall publish in the State Register by October 1 of each year, beginning October 1, 2003, the amount of the tax to be imposed for the following calendar year. In determining the actual balance of the MinnesotaCare-subsidized health insurance account under this subdivision, the commissioner of finance shall not count revenues resulting from any increase in the one percent premium tax under section 297I.05, subdivision 5, paragraph (b).

[EFFECTIVE DATE.] This section is effective July 1, 2003.

Sec. 19. Minnesota Statutes 2000, section 297I.05, subdivision 5, is amended to read:

Subd. 5. [HEALTH MAINTENANCE ORGANIZATIONS, NONPROFIT HEALTH SERVICE PLAN CORPORATIONS, AND COMMUNITY INTEGRATED SERVICE NETWORKS.] (a) Health maintenance organizations, community integrated service networks, and nonprofit health care service plan corporations are exempt from the tax imposed under this section for premiums received in calendar years 2001 and 2002.

(b) For calendar years after 2002 year 2003, a tax is imposed on health maintenance organizations, community integrated service networks, and nonprofit health care service plan corporations. The rate of tax is equal to one percent of gross premiums less return premiums received in the calendar year.

(c) For calendar years after 2003, a contingent tax is imposed on health maintenance organizations, community integrated service networks, and nonprofit health care service plan corporations. The commissioner of finance shall establish premium tax rates for calendar years beginning on or after January 1, 2004, based upon determinations made by the commissioner regarding the actual balance of the MinnesotaCare-subsidized health insurance account. The commissioner of finance shall, on September 1 of each year, beginning September 1, 2003, determine actual balance of the health care access fund for the fiscal year that begins the following July 1. If the commissioner determines on September 1 that for the following fiscal year, the actual balance will be equal to or greater than 20 percent of the forecasted direct appropriations for the MinnesotaCare program, no tax shall be imposed for the calendar year that begins immediately following that September 1. If the commissioner determines on September on September 1 that the actual balance in the account will be less than 20 percent of the forecasted direct appropriations for the MinnesotaCare program for the following fiscal year, then the commissioner, in consultation with

the commissioner of revenue, shall determine the amount needed to eliminate the deficit and a tax shall be imposed for the calendar year that begins immediately following that September 1. The commissioner shall determine the rate of the tax as either one-quarter of one percent, one-half of one percent, three-quarters of one percent, or one percent of gross premiums, less return premiums received in the calendar year, whichever is the lowest of those rates that the commissioner determines will produce sufficient revenue to restore the actual balance in the account to 20 percent of the forecasted direct appropriations for the MinnesotaCare program. The commissioner of finance shall publish in the State Register by October 1 of each year, beginning October 1, 2003, the amount of tax to be imposed for the following calendar year. In determining the actual balance of the MinnesotaCare-subsidized health insurance account under this paragraph, the commissioner of finance shall count revenues resulting from any increase in taxes under section 295.52.

(c) (d) In approving the premium rates as required in sections 62L.08, subdivision 8, and 62A.65, subdivision 3, the commissioners of health and commerce shall ensure that any exemption from tax as described in paragraph (a) is reflected in the premium rate.

(d) (e) The commissioner shall deposit all revenues, including penalties and interest, collected under this chapter from health maintenance organizations, community integrated service networks, and nonprofit health service plan corporations in the health care access fund. Refunds of overpayments of tax imposed by this subdivision must be paid from the health care access fund. There is annually appropriated from the health care access fund to the commissioner the amount necessary to make any refunds of the tax imposed under this subdivision.

[EFFECTIVE DATE.] This section is effective July 1, 2003."

Page 670, line 28, before "Minnesota" insert "(a)"

Page 670, after line 29, insert:

"(b) Minnesota Statutes 2000, sections 16A.76; and 16A.724, are repealed effective July 1, 2003."

Renumber the sections in sequence and correct the internal references

Amend the title accordingly

Senator Berglin questioned whether the amendment was germane.

The President moved that the amendment was not germane.

Senator Kiscaden moved to amend S.F. No. 2361 as follows:

Page 525, line 33, delete "and" and insert "or"

The motion prevailed. So the amendment was adopted.

S.F. No. 2361 was read the third time, as amended, and placed on its final passage.

The question was taken on the passage of the bill, as amended.

The roll was called, and there were yeas 43 and nays 22, as follows:

Those who voted in the affirmative were:

Bachmann
Belanger
Berg
Berglin
Chaudhary
Day
Dille
Fischbach
Foley

Fowler Frederickson Hottinger Johnson, Dean Johnson, Debbie Johnson, Doug Kelly, R.C. Kierlin Kinkel Kiscaden Kleis Knutson Langseth Larson Lesewski Lessard Limmer Metzen Moe, R.D. Murphy Neuville Ourada Price Reiter Ring Robling Sams Samuelson Schwab Stevens Stumpf Terwilliger Tomassoni Vickerman Those who voted in the negative were:

Anderson	Kelley, S.P.	Olson	Ranum
Betzold	Krentz	Orfield	Rest
Cohen	Lourey	Pappas	Robertson
Higgins	Marty	Pariseau	Sabo
Johnson, Dave	Oliver	Pogemiller	Scheid

So the bill, as amended, was passed and its title was agreed to.

MEMBERS EXCUSED

Senator Johnson, Doug was excused from the Session of today from 9:30 to 10:20 a.m. Senator Stumpf was excused from the Session of today from 10:00 to 10:15 a.m. Senator Metzen was excused from the Session of today from 11:00 to 11:45 a.m. Senator Knutson was excused from the Session of today from 11:10 to 11:30 a.m. Senator Johnson, Dave was excused from the Session of today from 11:15 a.m. to 12:25 p.m.

ADJOURNMENT

Senator Moe, R.D. moved that the Senate do now adjourn until 8:00 a.m., Wednesday, May 9, 2001. The motion prevailed.

Patrick E. Flahaven, Secretary of the Senate

Wiener Wiger

INDEX TO DAILY JOURNAL

Tuesday, May 8, 2001

EXECUTIVE AND OFFICIAL COMMUNICATIONS

Pages 2381 to 2383

CHAPTER LAWS

S.F. Nos.

H.F. Nos.	Session Laws Chapter No.	Page
865		
933		
953		
1748		
1247		
489		

1st Reading Page 2386 2385

MESSAGES FROM THE HOUSE AND FIRST READINGS OF HOUSE FILES

S.F. Nos.	Message Page	H.F. Nos.	Message Page
110		1155	
511		1356	
773			
849			
923			
930			
986			
1090			
1155			
1206			
1432			
1611			
1706			
1752			
1835			
1932			
1968			
1999			
2006			

CONCURRENCE AND REPASSAGE

S.F. Nos.	Page	H.F. Nos.	Page
986			
1835			

JOURNAL OF THE SENATE

[49TH DAY

MOTIONS AND RESOLUTIONS

S.F. Nos. Page 11282435 13452386 17142386 17522429 18112386 22652436 23612436

APPOINTMENTS TO CONFERENCE COMMITTEES

S.F. Nos.	Page			H.F. Nos.	Page
1752		•			
1968					

SPECIAL ORDERS

S.F. Nos.	Page
446	
795	
1004	
1109	
1721	
2106	