



Summary of 2010 Session Laws

| LPHA PRIORITY ISSUES | |
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| (No direct state funding for Community Health Board grants was reduced this year.) | |
| Local Public Health Act Grants | <p>No cuts were made to Local Public Health Act Grants.</p> <p>Community Health Boards use these grants to fund a wide variety of programs and services to residents. These block grants are the largest single source of public health funding from the state to counties. The Local Public Health Association worked hard to make sure that the initial Senate proposal containing cuts to these grants was modified to exclude cuts to this vital source of funding to counties.</p> |
| State Health Improvement Plan (SHIP) | <p>No cuts were made to SHIP grants.</p> <p>Community Health Boards use SHIP funding to support efforts aimed at reducing obesity and tobacco use, as part of a statewide plan to improve the overall health of residents and thereby reduce health care costs.</p> |
| Communicable Disease | <p>There was no new funding appropriated for local public health communicable disease activities, nor were there any reductions.</p> <p>Local public health departments have a mandate to investigate and respond to communicable disease outbreaks.</p> |
| Health Care Access | <p>A significantly scaled back GAMC program was adopted. In addition, the final budget bill allows the Governor to opt in to expanded Medicaid by January 15, 2011. This expansion would provide Medicaid coverage (and federal matching funding) for single, childless adults up to 75% of poverty. (For more information on this topic, please review the section on GAMC & Medicaid Expansion.)</p> |

KEY PUBLIC HEALTH POLICY PROVISIONS

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| <p>Asthma Demonstration Coverage (Chapter 1, article 16, section 38)</p> | <p>Clarifies the additional Medical Assistance coverage for the DHS asthma demonstration pilot must include home environmental assessments for asthma trigger and in-home asthma education on the proper medical management of asthma by a certified asthma educator or public health nurse. Limits the number of visits to two and includes the payment rate. Also clarifies that the items must be “useful to reduce asthma symptoms” and the in-home visit must take place before providing durable medical equipment.</p> |
| <p>Birth Defects Information System (Chapter 1, riders)</p> | <p>A \$10 surcharge on birth certificates will fund the operating costs of the Birth Defects Information System.</p> |
| <p>Blood Testing for Lead Levels (Chapter 1, Art 20, sec 16)</p> | <p>By January 1, 2011, MDH must revise the clinical and case management guidelines to include recommendations for protective health actions and follow up services when a child’s blood lead level exceeds five micrograms of lead per deciliter of blood. The revised guidelines must be implemented to the extent possible within available resources. The commissioner of health must consult with physicians, local public health departments and others in revising the guidelines.</p> |
| <p>Body Art (Chapter 317)</p> | <p>Statewide licensure for body art establishments and body art technicians will begin January 1, 2011. The law covers a variety of types of body art, including tattoo and body (other than ear) piercing. It prohibits tattooing on anyone under 18 and only allows body piercing on minors in the presence of a guardian. The law does not preempt stricter local licensing regulations, but sets a statewide “floor” for regulation. The law would not create a new delegation program from the Minnesota Department of Health to local public health.</p> |

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| <p>Complete Streets (Chapter 351)</p> | <p>This new law defines and implements a Complete Streets policy for state funded roadways. It requires MNDOT to consider the safety and accessibility of all roadway users, including motorists, pedestrians, bicyclists, and others during the planning, design and maintenance of state-funded roads. Local road authorities are encouraged, but not required, to adopt a Complete Streets policy.</p> |
| <p>Comprehensive Life Support Education (Chapter 1, Art 20, sec 18 & 22)</p> | <p>This provision transfers responsibility for the comprehensive advanced life-support education program from the Emergency Medical Services Regulatory Board (EMSRB) to the Minnesota Department of Health. This program trains rural medical personnel, including physicians, physician assistants, nurses, and allied health care providers in a team approach to anticipate, recognize, and treat life-threatening emergencies before serious injury or cardiac arrest occurs.</p> |
| <p>Continuing Care (Chapter 352)</p> | <p>A number of policy and technical changes were made.</p> <ul style="list-style-type: none"> • Allows lead agencies to contract with certified assessors. • Adds to the list of criteria used to determine MA payment for long-term care services; • Establishes criteria for a relative to provide licensed supported living services to a family member and allows MA reimbursement under certain conditions; • Specifies the responsibilities of home care services providers when they decide to discontinue services to someone; • Sets criteria for a PCA who wishes to enroll with a different provider agency; • Modifies requirements for reporting maltreatment of vulnerable adults; • Allows seniors with a certain home care rating to be eligible for the elderly waiver program; • Makes an exception to a limitation on PCA services for children on MA; and • Modifies requirements on how PCAs are trained and evaluated. |

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| <p>Dental Reimbursement and Access (Chapter 1, Art 16, sec 25-26)</p> | <p>Critical access dental provider definitions changed and unallotments reversed.</p> |
| <p>Dental Varnishing (Chapter 307)</p> | <p>Requires DHS to encourage providers to perform dental varnishing at the time of the CTC visit.</p> |
| <p>Early Childhood Education and Care (Chapter 346)</p> | <p>The State Advisory Council on Early Childhood Education and Care will appoint a task force to study and make recommendations on creating an Office of Early Learning. The Commissioner of Health or a designated representative will be added to the Council.</p> <p>The task force will examine ways to integrate a number of early childhood programs, possibly into a new state department. The list of programs to be considered includes home visiting and the task force includes local public health as a member.</p> |
| <p>Electronic Health Technology (Chapter 336)</p> | <p>The legislation allows Minnesota health care providers and hospitals to access between \$450 and \$800 million in Medicare and Medicaid incentives if they successfully demonstrate meaningful use of an electronic health records system.</p> |
| <p>Emergency Preparedness (Chapter 224)</p> | <p>This law provides immunity from civil charges for volunteers or entities that assist the state or a local unit of government during an emergency or disaster. Immunity would not apply if the entity acts in a willful and wanton or reckless manner.</p> |
| <p>Environmental Health Fees (Chapter 1, Art 21, sec 2 & 3)</p> | <p>These provisions clarify youth camp, manufactured home parks and recreational camping area fees.</p> |

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| <p>GAMC and Medicaid Expansion (Chapter 200 & Chapter 1)</p> | <p>General Assistance Medical Care was significantly altered after being line-item vetoed in 2009. Much of the human services budget discussion centered on whether Minnesota would opt into a provision allowing some states to use federal Medicaid funds to cover single, childless adults up to 75% of federal poverty level. (These are individuals who would have been eligible for GAMC in Minnesota, but would have provided a Medicaid payment rate for hospitals and providers, which is significantly higher than the reimbursement under the new state GAMC program.) Chapter 1 gives the governor the option, via Executive Order, to apply for the federal Medicaid reimbursement by January 15, 2011. Funding for the state Medicaid match is included in the budget agreement. If the governor exercises this option, this will draw down \$7 for each state dollar spent.</p> |
| <p>Health Care Homes (Chapter 1, Art 22, sec 2)</p> | <p>Authorizes the state to participate in a demonstration project for health care homes through which counties, health plans, and health care providers may better coordinate care for public program clients. This requires the state to provide a 10% match, to the federal participation of 90%.</p> |
| <p>Health Care Transformation Task Force (Chapter 1, Art 22, sec 4)</p> | <p>Re-establishes the task force to “advise and assist the Governor and the Legislature regarding state implementation of federal health care reform legislation.” Members are appointed by the Legislature and the Governor. The task force is to be appointed by July 1, 2010, with its first meeting by July 15, 2010.</p> |
| <p>Health Disparities Data Collection (Chapter 1, Art 19, sec 23)</p> | <p>DHS and MDH must prepare a report on the ways to improve data collection about health disparities. The report is due January 15, 2011.</p> |

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| <p>Healthy Kids (Chapter 396)</p> | <p>This bill aims to reduce childhood obesity by improving school activity and nutrition.</p> <ul style="list-style-type: none"> • Statewide PE standards that will be phased in by school districts as they do their curriculum review; • Schools will post wellness policies on school district web sites to promote local discussion about healthier schools; • The Education Department will develop quality recess guidelines that schools may adopt; • The Education Department will begin tracking the amount and quality of PE offered in the schools; • Creates a Healthy Kids Awards program for schools to encourage kids get more physical activity and eat healthier. |
| <p>Home & Community Based Services (Chapter 1, Art 17, sec 11)</p> | <p>There is a 5% reduction from the rates paid in June 2010 for customized living for seniors on Elderly Waiver. This is the only provider rate reduction in the HCBS area.</p> |
| <p>Home Health (Chapter 246)</p> | <p>This new law amends home health care licensing laws by adding enforcement tools to better protect consumers. This law will allow the MDH to:</p> <ul style="list-style-type: none"> • Impose a conditional license on home care providers; • Impose terms to be completed before a suspension or conditional license is lifted; • Require a provider whose home care license is being revoked or suspended to provide the counties, MDH and the Ombudsman for Long-Term Care with specific information about its clients to help the counties in finding suitable new providers to care for the clients; and • Prohibit a provider whose home care license was revoked by MDH from keeping or obtaining DHS enrolled status as a personal care assistant provider agency. |

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| <p>Housing with Services (Chapter 1, Art 17, sec 1-5 & 15)</p> | <p>The law includes regulatory changes for residences that are registered with MDH. It also authorizes a “housing options” study that must include “a review of the definition of home and community based services and appropriate settings where these services are provided, including the number of people who may reside under one roof, through HCBS waivers for seniors and persons with disabilities.” A report is due to the Legislature by December 15, 2010.</p> |
| <p>Interpreters (Chapter 1, Art 16, sec 12)</p> | <p>Medical Assistance reimbursed (oral language) interpreter services must be provided by an interpreter listed in the MDH registry or roster.</p> |
| <p>Lead Certification Requirements (Chapter 321)</p> | <p>Makes local units of government responsible for ensuring that persons conducting renovation in pre-1978 target housing and child occupied facilities are trained as renovators and certified as renovation firms in accordance with EPA’s new regulation.</p> |
| <p>MinnesotaCare (Chapter 1, Art 16, sec 34)</p> | <p>Volunteer firefighters or ambulance attendants are now eligible to enroll in MinnesotaCare.</p> |
| <p>Mobile Food Units (Chapter 294)</p> | <p>Allows the regulatory authority (MDH or delegated agency) to grant approval for a mobile food unit to remain in one place for longer than 21 days. Previously, state law prohibited this.</p> |
| <p>Non-Emergency Transportation (Chapter 1, Art 16, sec 3)</p> | <p>The Level of Need determinations for special transportation services were changed from semiannually to annually. The Office of the Legislative Auditor will perform a program audit on this topic prior to the next legislative session, and a legislative workgroup will convene this fall to review specific issues outside of the scope of the OLA report.</p> |
| <p>Personal Care Assistants (Chapter 1, Art 17, sec 10)</p> | <p>The maximum number of hours a personal care assistant can work, regardless of number of recipients enrolled, remains at 275 hours per month (it was reduced from 310 to 275 last year).</p> |

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| <p>Pregnant Women Mandatory Reporting (Chapter 348)</p> | <p>Provides an exception to the mandatory reporting requirement for health care and social service professionals who have knowledge of a pregnant women’s use of marijuana or alcohol during pregnancy, if the professional is providing the woman with prenatal care. The rationale for this change was a desire to encourage women to seek prenatal care, and remove this potential barrier.</p> |
| <p>Prescription Drug Waste Reduction Study (Chapter 1, section 21)</p> | <p>Requires the Minnesota Board of Pharmacy to study, evaluate and report prescription drug waste reduction techniques and technologies applicable to long term care facilities, veterans’ nursing homes and correctional facilities. States that the Minnesota Board of Pharmacy must cooperate and consult with the commissioner of health and others. The report with recommendations is due to the legislature by December 15, 2011.</p> |
| <p>Prescription Drug Disposal (Chapter 223)</p> | <p>The legislation creates an exemption allowing law enforcement officers, hazardous waste transporters and others to possess legend drugs for purposes of disposal. It includes counties operating federally-compliant collection and disposal programs.</p> |
| <p>School Concessions (Chapter 285)</p> | <p>Defines a school concession stand as a food and beverage service establishment located in a school, on school grounds, or within a school-owned athletic complex, that is operated in conjunction with school-sponsored events. This law exempts school concession stands from an additional \$150 license fee, if the concession stand is operated by a school with a current food establishment license.</p> |
| <p>Safe Sharps Management (Chapter 286)</p> | <p>If a public health agency or clinic participates in a needle exchange program they must post on their website a plan that describes how they support the safe collection and proper disposal of the sharps.</p> |

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| <p>Statewide Trauma System & Registry (Chapter 1, Art 20, sec 1, 8-13)</p> | <p>MDH proposed these technical corrections to the existing law and the establishment of a new statewide trauma registry. The registry will collect information to improve clinical practice and prevent and reduce injuries.</p> |
| <p>Subsurface Sewage Treatment Systems (Chapter 361)</p> | <p>Provides an extension for local SSTS ordinances until February 4, 2012 (based on rule deadline for PCA of April 2011) and creates SSTS task force with county representation.</p> |
| <p>Tobacco Modernization and Compliance (Chapter 305)</p> | <p>The new law expands the definition of “tobacco products” to include tobacco ingested by any means; exempting tobacco cessation products. It applies this broader definition to laws regulating promotional distribution, municipal licensing and behind-the-counter sales. It also includes the new definition in laws criminalizing the sale of tobacco products to minors.</p> |

*Prepared by the Local Public Health Association
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