

This Document can be made available
in alternative formats upon request

HOUSE FILE No. 2241

FIRST COMMITTEE ENGROSSMENT

March 19, 2007

Authored by Clark

The bill was read for the first time and referred to the Committee on Finance

Referred by Chair to Housing Policy and Finance and Public Health Finance Division.

March 31, 2007

Returned to the Committee on Finance as Amended.

1.1 A bill for an act

1.2 relating to appropriations; appropriating money for health and human services
1.3 for certain programs and grants; appropriating money for various state agencies;
1.4 changing certain health, human services, and safety-related provisions; amending
1.5 Minnesota Statutes 2006, sections 13.3806, by adding a subdivision; 16B.61,
1.6 by adding a subdivision; 103I.101, subdivision 6; 103I.208, subdivisions 1, 2;
1.7 103I.235, subdivision 1; 144.123; 144.125; 144.2215, subdivision 1; 144.9502,
1.8 subdivision 3; 144.9504, subdivision 2; 144.9507, by adding a subdivision;
1.9 144.9512; 144E.101, subdivision 6; 144E.127; 144E.35, subdivision 1; 145A.17;
1.10 156.001, by adding a subdivision; 156.02, subdivisions 1, 2; 156.04; 156.072,
1.11 subdivision 2; 156.073; 156.12, subdivisions 2, 4, 6; 156.15, subdivision
1.12 2; 156.16, subdivisions 3, 10; 156.18, subdivisions 1, 2; 156.19; 198.075;
1.13 256B.0625, subdivision 14, by adding a subdivision; 256K.45, by adding
1.14 a subdivision; 462A.21, subdivision 8b; 462A.33, subdivision 3; 469.021;
1.15 Laws 2005, First Special Session chapter 4, article 9, section 3, subdivision 2;
1.16 proposing coding for new law in Minnesota Statutes, chapters 144; 156; 325;
1.17 325E; repealing Laws 2004, chapter 288, article 6, section 27.

1.18 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

1.19 **ARTICLE 1**

1.20 **HUMAN SERVICES APPROPRIATIONS**

1.21 Section 1. **SUMMARY OF APPROPRIATIONS.**

1.22 The amounts shown in this section summarize direct appropriations, by fund, made
1.23 in this article.

	<u>2008</u>		<u>2009</u>		<u>Total</u>
1.24 <u>General</u>	\$ 24,725,000	\$	24,225,000	\$	48,950,000
1.25 <u>TANF</u>	\$ 750,000	\$	750,000	\$	1,500,000
1.26 <u>Total</u>	\$ 25,475,000	\$	24,975,000	\$	50,450,000

1.28 Sec. 2. **HEALTH AND HUMAN SERVICES APPROPRIATIONS.**

3.1 **Transitional Housing and Emergency**

3.2 **Services.**

3.3 (1) \$750,000 each year from the federal
3.4 TANF fund is for transitional housing
3.5 programs under Minnesota Statutes, section
3.6 256E.33. The TANF appropriations
3.7 are onetime. The general fund base for
3.8 transitional housing is increased by \$422,000
3.9 each year for the fiscal 2010-2011 biennium.

3.10 Up to ten percent of this appropriation may
3.11 be used for housing and services which
3.12 extend beyond 24 months. \$300,000 in each
3.13 year of this amount is for grants for safe
3.14 housing pilot projects for battered women
3.15 and families in Anoka County, Houston
3.16 County, and Beltrami County; and

3.17 (2) \$527,000 each year is added to the
3.18 base for emergency services grants under
3.19 Laws 1997, chapter 162, article 3, section
3.20 7. The base for emergency services grants
3.21 is decreased each year by \$300,000 in fiscal
3.22 year 2010 and fiscal year 2011.

3.23 **Foodshelf Programs.** \$575,000 each year
3.24 is added to the base for foodshelf programs
3.25 under Minnesota Statutes, section 256E.34.
3.26 The base is decreased by \$250,000 each year
3.27 in fiscal year 2010 and fiscal year 2011.

3.28 **Long-term Homeless Services.** \$2,440,000
3.29 each year is added to the base for the
3.30 long-term homeless services under
3.31 Minnesota Statutes, section 256K.26. The
3.32 base is decreased by \$1,000,000 each year in
3.33 fiscal year 2010 and fiscal year 2011.

3.34 **Minnesota Community Action Grants.**
3.35 \$1,500,000 each year is added to the base for

4.1 the purposes of Minnesota community action
4.2 grants under Minnesota Statutes, sections
4.3 256E.30 to 256E.32. The base is reduced by
4.4 \$500,000 each year in fiscal year 2010 and
4.5 fiscal year 2011.

4.6 **Tenant Hotline Services Program. \$50,000**
4.7 each year is added to the base for a grant to
4.8 HOME Line for the tenant hotline services
4.9 program. This is a onetime appropriation.

4.10	<u>Subd. 3. Children and Economic Assistance</u>		
4.11	<u>Administration</u>	<u>100,000</u>	<u>100,000</u>

4.12 Sec. 4. Minnesota Statutes 2006, section 256K.45, is amended by adding a subdivision
4.13 to read:

4.14 Subd. 6. **Funding.** Any funds appropriated for this section may be expended
4.15 on programs described under subdivisions 3 to 5, technical assistance, and capacity
4.16 building. In addition, up to five percent of funds appropriated may be used for program
4.17 administration and up to eight percent of funds appropriated may be used for the purpose
4.18 of monitoring and evaluating runaway and homeless youth programs receiving funding
4.19 under this section. Funding shall be directed to meet the greatest need, with a significant
4.20 share of the funding focused on homeless youth providers in greater Minnesota.

4.21 Sec. 5. **DIRECTION TO COMMISSIONER.**

4.22 (a) The commissioner of human services shall offer a request for proposals to
4.23 identify a research and evaluation firm with experience working with:

- 4.24 (1) homeless youth providers;
- 4.25 (2) data; and
- 4.26 (3) the topics of housing, homelessness, and a continuum of care for youth.

4.27 (b) The research and evaluation firm identified under paragraph (a) shall monitor and
4.28 evaluate the programs receiving funding under Minnesota Statutes, section 256K.45.

4.29 **ARTICLE 2**

4.30 **DEPARTMENT OF HEALTH APPROPRIATIONS**

4.31 Section 1. **SUMMARY OF APPROPRIATIONS.**

4.32 The amounts shown in this section summarize direct appropriations, by fund, made
4.33 in this article.

6.1	<u>Health Care Access</u>	<u>3,602,000</u>	<u>3,625,000</u>
6.2	<u>Federal TANF</u>	<u>8,667,000</u>	<u>9,002,000</u>

6.3 **TANF Appropriations.** (a) \$3,579,000 of
6.4 the TANF funds is appropriated in each year
6.5 of the biennium to the commissioner for
6.6 home visiting and nutritional services listed
6.7 under Minnesota Statutes, section 145.882,
6.8 subdivision 7, clauses (6) and (7). Funding
6.9 shall be distributed to community health
6.10 boards based on Minnesota Statutes, section
6.11 145A.131, subdivision 1.

6.12 (b) \$5,088,000 in the first year and \$5,423,000
6.13 in the second year are appropriated to the
6.14 commissioner of health for the family home
6.15 visiting grant program. The commissioner
6.16 shall distribute funds to community health
6.17 boards using a formula developed in
6.18 conjunction with the state Community
6.19 Health Services Advisory Committee. The
6.20 commissioner may use five percent of the
6.21 funds appropriated in each fiscal year to
6.22 conduct the ongoing evaluations required
6.23 under Minnesota Statutes, section 145A.17,
6.24 subdivision 7, and may use ten percent of
6.25 the funds appropriated each fiscal year to
6.26 provide training and technical assistance as
6.27 required under Minnesota Statutes, section
6.28 145A.17, subdivisions 4 and 5.

6.29 **TANF Carryforward.** Any unexpended
6.30 balance of the TANF appropriation in the
6.31 first year of the biennium does not cancel but
6.32 is available for the second year.

6.33 **Loan Forgiveness.** \$605,000 the first year
6.34 and \$775,000 the second year and thereafter
6.35 are for the loan forgiveness program under

7.1 Minnesota Statutes, section 144.1501. This
7.2 funding is in addition to the loan forgiveness
7.3 program base.

7.4 **MN ENABL.** Base level funding for the MN
7.5 ENABL program, under Minnesota Statutes,
7.6 section 145.9255, is reduced by \$220,000
7.7 each year of the biennium beginning July 1,
7.8 2007.

7.9 **Positive Alternatives.** Base level funding for
7.10 the positive abortion alternatives program,
7.11 under Minnesota Statutes, section 145.4235,
7.12 is reduced by \$1,400,000 each year of the
7.13 biennium beginning July 1, 2007.

7.14 **Fetal Alcohol Spectrum Disorder.** (a)
7.15 \$900,000 each year is added to the base for
7.16 fetal alcohol spectrum disorder. On July 1
7.17 each fiscal year, the portion of the general
7.18 fund appropriation to the commissioner of
7.19 health for fetal alcohol spectrum disorder
7.20 administration and grants shall be transferred
7.21 to a statewide organization that focuses
7.22 solely on prevention of and intervention with
7.23 fetal alcohol spectrum disorder as follows:

7.24 (1) on July 1, 2007, \$2,090,000; and
7.25 (2) on July 2, 2008, and annually thereafter,
7.26 \$2,090,000.

7.27 (b) The money shall be used for prevention
7.28 and intervention services and programs,
7.29 including, but not limited to, community
7.30 grants, professional education, public
7.31 awareness, and diagnosis. The organization
7.32 may retain \$60,000 of the transferred money
7.33 for administrative costs. The organization
7.34 shall report to the commissioner annually

8.1 by January 15 on the services and programs
8.2 funded by the appropriation.

8.3 **Deaf or Hearing Loss Support. \$100,000**
8.4 for the first year and \$100,000 for the second
8.5 year is for the purpose of providing family
8.6 support and assistance to families with
8.7 children who are deaf or have a hearing
8.8 loss. The family support provided must
8.9 include direct parent-to-parent assistance and
8.10 information on communication, educational,
8.11 and medical options. The commissioner
8.12 may contract with a nonprofit organization
8.13 that has the ability to provide these services
8.14 throughout the state.

8.15 **Heart Disease and Stroke Prevention.**
8.16 \$200,000 is appropriated in the first year for
8.17 the heart disease and stroke prevention unit
8.18 of the Department of Health to fund data
8.19 collection and other activities to improve
8.20 cardiovascular health and reduce the burden
8.21 of heart disease and stroke in Minnesota.
8.22 This is a onetime appropriation.

8.23 **Family Planning Grants. \$1,000,000 each**
8.24 year is for family planning grants under
8.25 Minnesota Statutes, section 145.925.

8.26 **Bright Smiles Pilot Project. (a) \$384,000**
8.27 in the first year and \$50,000 in the second
8.28 year is to fund a grant for the Bright Smiles
8.29 pilot project.

8.30 (b) Of these amounts, \$50,000 each year is to
8.31 fund a dental health coordinator position.

8.32 (c) The commissioner of health shall
8.33 establish a pilot project to fund a Bright
8.34 Smiles program designed to increase access
8.35 to oral health care for low-income and

9.1 immigrant children, ages birth to five
9.2 years, and their families and to build the
9.3 knowledge and ability of parents to care
9.4 for the oral health of their children. Under
9.5 this pilot project, a Bright Smiles program
9.6 shall serve the medically underserved areas
9.7 in Minneapolis and the Bemidji area, as
9.8 determined by the commissioner of health.

9.9 (d) A grant shall be used to fund costs related
9.10 to improving oral health outreach, education,
9.11 screening, and access to care for families
9.12 with children, ages birth to five years.

9.13 (e) Grant applicants shall submit to
9.14 the commissioner a written plan that
9.15 demonstrates the ability to provide the
9.16 following:

9.17 (1) new programs or continued expansion
9.18 of current access programs that have
9.19 demonstrated success in providing dental
9.20 services in underserved areas of Minneapolis
9.21 and the Bemidji area;

9.22 (2) programs for screening children entering
9.23 the Minneapolis and the Bemidji area public
9.24 school systems and facilitating access to care
9.25 for their families;

9.26 (3) programs testing new models of care
9.27 that are sensitive to cultural needs of the
9.28 recipients;

9.29 (4) programs creating new educational
9.30 campaigns that inform individuals of the
9.31 importance of good oral health and the
9.32 link between dental diseases, overall health
9.33 status, and success in school; and

- 10.1 (5) programs testing new delivery models
10.2 by creating partnerships between local early
10.3 childhood and school-age education and
10.4 community clinic dental providers.
- 10.5 (f) Qualified applicants are partnerships
10.6 among early childhood experts, Minneapolis
10.7 or Bemidji area public schools, and nonprofit
10.8 clinics that are established to provide health
10.9 services to low-income patients, provide
10.10 preventive and dental care services, and
10.11 utilize a sliding-scale fee or other method of
10.12 providing charity care that ensures that no
10.13 person is denied services because of inability
10.14 to pay.
- 10.15 (g) Applicants shall submit to the
10.16 commissioner an application and supporting
10.17 documentation, in the form and manner
10.18 specified by the commissioner. Applicants
10.19 must be able to provide culturally appropriate
10.20 outreach, screenings, and access to dental
10.21 care for children, ages birth to five years,
10.22 their parents, and pregnant women most at
10.23 risk of poor oral health due to lack of access
10.24 to dental care. Applicants must also meet the
10.25 following criteria:
- 10.26 (1) have the potential to successfully increase
10.27 access to families with children, ages birth
10.28 to five years;
- 10.29 (2) incorporate quality program evaluation;
10.30 (3) maximize use of grant funds; and
10.31 (4) have experience in providing services to
10.32 the target populations of this program.
- 10.33 (h) The commissioner shall evaluate the
10.34 effectiveness of this pilot program on the

11.1 oral health of children and their families and
 11.2 report to the house of representatives and
 11.3 senate committees with jurisdiction over
 11.4 public health policy and finance by January
 11.5 1, 2009, with recommendations as to how to
 11.6 develop programs throughout Minnesota that
 11.7 provide education and access to oral health
 11.8 care for low-income and immigrant children.

11.9 **Suicide prevention programs. \$600,000**
 11.10 each year is to fund the suicide prevention
 11.11 program and to administer the grants for
 11.12 institutions of higher education in the state
 11.13 of Minnesota to coordinate implementation
 11.14 of youth suicide early intervention and
 11.15 prevention strategies. The base for fiscal
 11.16 years 2010 and 2011 is reduced by \$300,000.

11.17 **Subd. 3. Policy Quality and Compliance**

11.18	<u>Appropriations by Fund</u>		
11.19	<u>General</u>	<u>12,000</u>	<u>24,000</u>
11.20	<u>SGSR</u>	<u>94,000</u>	<u>188,000</u>
11.21	<u>HCAF</u>	<u>46,000</u>	<u>93,000</u>

11.22 **Subd. 4. Health Protection**

11.23	<u>Appropriations by Fund</u>		
11.24	<u>General</u>	<u>18,393,000</u>	<u>13,269,000</u>
11.25	<u>State Government</u>		
11.26	<u>Special Revenue</u>	<u>25,980,000</u>	<u>26,674,000</u>
11.27	<u>Environmental</u>	<u>300,000</u>	<u>300,000</u>

11.28 **Pandemic Influenza Preparedness. Of**
 11.29 the general fund appropriation to the
 11.30 commissioner, \$4,088,000 in fiscal year 2008
 11.31 is for preparation, planning, and response
 11.32 to a pandemic influenza outbreak. This
 11.33 appropriation is available until June 30, 2009.

11.34 Base funding for the 2010-2011 biennium is
 11.35 \$0 each fiscal year.

12.1 **Environmental Health Tracking and**
12.2 **Biomonitoring.** (a) \$700,000 in each
12.3 year is to the Department of Health for
12.4 the environmental health tracking and
12.5 biomonitoring program. The base for fiscal
12.6 year 2010 and fiscal year 2011 is increased
12.7 by \$300,000 each year.

12.8 (b) \$300,000 each year is from the
12.9 environmental fund to the Pollution Control
12.10 Agency for transfer to the Department
12.11 of Health for the health tracking and
12.12 biomonitoring program. The base for the
12.13 environmental fund is \$0 in fiscal year 2010
12.14 and after.

12.15 **AIDS Prevention Initiative Focusing**
12.16 **on African-born Residents.** \$300,000 in
12.17 2008 is for an AIDS prevention initiative
12.18 focusing on African-born residents. This
12.19 appropriation is a onetime appropriation
12.20 and shall not become part of the base-level
12.21 funding for the 2008-2009 biennium.

12.22 The commissioner of health shall award
12.23 grants in accordance with Minnesota Statutes,
12.24 section 145.924, paragraph (b), for a public
12.25 education and awareness campaign targeting
12.26 communities of African-born Minnesota
12.27 residents. The grants shall be designed to
12.28 promote knowledge and understanding about
12.29 HIV and to increase knowledge in order
12.30 to eliminate and reduce the risk for HIV
12.31 infection; to encourage screening and testing
12.32 for HIV; and to link individuals to public
12.33 health and health care resources. The grants
12.34 must be awarded to collaborative efforts that
12.35 bring together nonprofit community-based

13.1 groups with demonstrated experience in
13.2 addressing the public health, health care,
13.3 and social service needs of African-born
13.4 communities.

13.5 **Water Level Standard for Atrazine.**

13.6 \$200,000 in 2008 is for a study relating to
13.7 atrazine health risk limit standards under
13.8 Minnesota Statutes, section 144.355. This is
13.9 a onetime appropriation.

13.10 **Arsenic Health Risk Standard.** \$920,000 in
13.11 the first year and \$461,000 in the second year
13.12 is to fund the study relating to arsenic health
13.13 risk standards, under Minnesota Statutes,
13.14 section 144.967.

13.15 **Lindane and Bisphenol-A Studies.**

13.16 \$114,000 in the first year is for the Lindane
13.17 committee and the study of bisphenol-A,
13.18 under Minnesota Statutes, section 325.72.
13.19 This is a onetime appropriation.

13.20 **Decabromodiphenyl Ether Study.**

13.21 \$118,000 in the first year is for transfer to the
13.22 commissioner of the pollution control agency
13.23 for the study of decabromodiphenyl ether
13.24 under Minnesota Statutes, section 325E.387.
13.25 This is a onetime appropriation.

13.26 **Radiation Study.** \$45,000 in the first year
13.27 from the general fund and \$15,000 in the
13.28 first year from the state government special
13.29 revenue fund are for the radiation study in
13.30 section 60. This is a onetime appropriation.

13.31 **Lead Abatement.** \$1,500,000 each year is
13.32 for changes in lead abatement requirements.

13.33 A portion of this amount may be used to
13.34 reimburse local governments for costs of
13.35 implementing the new requirements.

14.1 **Water Treatment.** \$40,000 in the first year
14.2 is for water treatment.

14.3 **Environmental Justice Mapping.** \$137,000
14.4 in the first year and \$53,000 in the second
14.5 year is for environmental justice mapping.

14.6 **HIV Information.** \$80,000 each year
14.7 is to fund a community-based nonprofit
14.8 organization with demonstrated capacity to
14.9 operate a statewide HIV information and
14.10 referral service using telephone, Internet, and
14.11 other appropriate technologies.

14.12 **Lead Hazard Reduction.** \$250,000 is
14.13 appropriated in the first year of the biennium
14.14 for a grant to a nonprofit organization
14.15 operating the CLEARCorps to conduct a
14.16 pilot project to determine the incidence of
14.17 lead hazards in pre-1978 rental property.
14.18 Any balance in the first year does not cancel
14.19 but is available in the second year.

14.20 **Minnesota Birth Defects Information**
14.21 **System.** \$750,000 each year is to maintain
14.22 the birth defects information system that was
14.23 established by Minnesota Statutes, section
14.24 144.2215.

14.25 **Subd. 5. Minority and Multicultural Health**

14.26	<u>Appropriations by Fund</u>		
14.27	<u>General</u>	<u>5,042,000</u>	<u>5,052,000</u>
14.28	<u>Federal TANF</u>	<u>2,421,000</u>	<u>2,421,000</u>

14.29 **TANF Appropriations.** (a) \$2,421,000 of
14.30 the TANF funds is appropriated in each year
14.31 of the biennium to the commissioner for
14.32 home visiting and nutritional services listed
14.33 under Minnesota Statutes, section 145.882,
14.34 subdivision 7, clauses (6) and (7). Funding
14.35 shall be distributed to tribal governments

15.1 based on Minnesota Statutes, section
 15.2 145A.14, subdivision 2a, paragraph (b).
 15.3 (b) \$262,000 in the first year and \$577,000
 15.4 in the second year are appropriated
 15.5 to the commissioner of health for the
 15.6 family home visiting grant program. The
 15.7 commissioner shall distribute funds to tribal
 15.8 governments using a formula developed in
 15.9 conjunction with tribal governments. The
 15.10 commissioner may use five percent of the
 15.11 funds appropriated in each fiscal year to
 15.12 conduct the ongoing evaluations required
 15.13 under Minnesota Statutes, section 145A.17,
 15.14 subdivision 7, and may use ten percent of
 15.15 the funds appropriated each fiscal year to
 15.16 provide training and technical assistance as
 15.17 required under Minnesota Statutes, section
 15.18 145A.17, subdivisions 4 and 5.

15.19 **TANF Carryforward.** Any unexpended
 15.20 balance of the TANF appropriation in the
 15.21 first year of the biennium does not cancel but
 15.22 is available for the second year.

15.23 **Subd. 6. Administrative Support Services**

15.24	<u>Appropriations by Fund</u>		
15.25	<u>General</u>	<u>11,047,000</u>	<u>11,197,000</u>

15.26 **Disease Surveillance.** \$2,000,000 each fiscal
 15.27 year is for redesigning and implementing
 15.28 coordinated and modern disease surveillance
 15.29 systems for the department. Base level
 15.30 funding for the 2012-2013 biennium will be
 15.31 \$600,000 each fiscal year for maintaining
 15.32 and operating the systems.

15.33	<u>Sec. 4. VETERANS NURSING HOMES</u>			
15.34	<u>BOARD</u>	<u>\$</u>	<u>44,124,000</u>	<u>\$</u>
				<u>46,244,000</u>

16.1 **Repair and Betterment.** Of this
 16.2 appropriation, \$4,000,000 in fiscal year
 16.3 2008 and \$4,000,000 in fiscal year 2009
 16.4 are to be used for repair, maintenance,
 16.5 rehabilitation, and betterment activities at
 16.6 facilities statewide.

16.7 **Base Adjustment.** The general fund base is
 16.8 decreased by \$2,000,000 in fiscal year 2010
 16.9 and \$2,000,000 in fiscal year 2011.

16.10 Sec. 5. **HEALTH-RELATED BOARDS**

16.11 <u>Subdivision 1. Total Appropriation; State</u>			
16.12 <u>Government Special Revenue Fund</u>	<u>\$</u>	<u>14,654,000</u>	<u>\$</u>
			<u>14,527,000</u>

16.13 The commissioner of finance shall not permit
 16.14 the allotment, encumbrance, or expenditure
 16.15 of money appropriated in this section in
 16.16 excess of the anticipated biennial revenues
 16.17 or accumulated surplus revenues from fees
 16.18 collected by the boards.

16.19 <u>Subd. 2. Board of Chiropractic Examiners</u>	<u>450,000</u>	<u>447,000</u>
--	----------------	----------------

16.20 <u>Subd. 3. Board of Dentistry</u>	<u>987,000</u>	<u>1,009,000</u>
---	----------------	------------------

16.21 <u>Subd. 4. Board of Dietetic and Nutrition</u>		
16.22 <u>Practice</u>	<u>103,000</u>	<u>119,000</u>

16.23 **Base Adjustment.** Of this appropriation in
 16.24 fiscal year 2009, \$14,000 is onetime.

16.25 <u>Subd. 5. Board of Marriage and Family</u>		
16.26 <u>Therapy</u>	<u>134,000</u>	<u>154,000</u>

16.27 **Base Adjustment.** Of this appropriation in
 16.28 fiscal year 2009, \$17,000 is onetime.

16.29 <u>Subd. 6. Board of Medical Practice</u>	<u>4,120,000</u>	<u>3,674,000</u>
--	------------------	------------------

16.30 <u>Subd. 7. Board of Nursing</u>	<u>3,985,000</u>	<u>4,146,000</u>
---	------------------	------------------

16.31 <u>Subd. 8. Board of Nursing Home</u>		
16.32 <u>Administrators</u>	<u>633,000</u>	<u>647,000</u>

17.1 Administrative Services Unit. Of this
 17.2 appropriation, \$430,000 in fiscal year
 17.3 2008 and \$439,000 in fiscal year 2009 are
 17.4 for the administrative services unit. The
 17.5 administrative services unit may receive
 17.6 and expend reimbursements for services
 17.7 performed by other agencies.

17.8	<u>Subd. 9. Board of Optometry</u>	<u>98,000</u>	<u>114,000</u>
------	------------------------------------	---------------	----------------

17.9 Base Adjustment. Of this appropriation in
 17.10 fiscal year 2009, \$13,000 is onetime.

17.11	<u>Subd. 10. Board of Pharmacy</u>	<u>1,375,000</u>	<u>1,442,000</u>
-------	------------------------------------	------------------	------------------

17.12 Base Adjustment. Of this appropriation in
 17.13 fiscal year 2009, \$29,000 is onetime.

17.14	<u>Subd. 11. Board of Physical Therapy</u>	<u>306,000</u>	<u>295,000</u>
-------	--	----------------	----------------

17.15	<u>Subd. 12. Board of Podiatry</u>	<u>54,000</u>	<u>63,000</u>
-------	------------------------------------	---------------	---------------

17.16 Base Adjustment. Of this appropriation in
 17.17 fiscal year 2009, \$7,000 is onetime.

17.18	<u>Subd. 13. Board of Psychology</u>	<u>788,000</u>	<u>806,000</u>
-------	--------------------------------------	----------------	----------------

17.19	<u>Subd. 14. Board of Social Work</u>	<u>997,000</u>	<u>1,022,000</u>
-------	---------------------------------------	----------------	------------------

17.20	<u>Subd. 15. Board of Veterinary Medicine</u>	<u>230,000</u>	<u>195,000</u>
-------	---	----------------	----------------

17.21	<u>Subd. 16. Board of Behavioral Health and</u>		
17.22	<u>Therapy</u>	<u>394,000</u>	<u>394,000</u>

17.23	<u>Sec. 6. EMERGENCY MEDICAL SERVICES</u>		
17.24	<u>BOARD</u>	<u>\$ 3,710,000</u>	<u>\$ 3,745,000</u>

17.25	<u>Appropriations by Fund</u>		
17.26		<u>2008</u>	<u>2009</u>
17.27	<u>General</u>	<u>3,023,000</u>	<u>3,041,000</u>
17.28	<u>State Government</u>		
17.29	<u>Special Revenue</u>	<u>687,000</u>	<u>704,000</u>

17.30 Regional Emergency Medical Services
 17.31 Programs. \$400,000 each year is for
 17.32 regional emergency medical services
 17.33 programs, to be distributed equally to the

19.1 (5) a representative from the Department of
 19.2 Human Services; and
 19.3 (6) representatives from interested
 19.4 stakeholders including counties, local
 19.5 public housing authorities, the Metropolitan
 19.6 Council, disability service providers, and
 19.7 disability advocacy organizations who are
 19.8 appointed by the Minnesota State Council on
 19.9 Disability for two-year terms.

19.10 (c) Notwithstanding Laws 2005, First Special
 19.11 Session chapter 4, article 7, section 57, the
 19.12 interagency work group shall be administered
 19.13 by the Minnesota Housing Finance Agency,
 19.14 the Minnesota State Council on Disability,
 19.15 Department of Human Services, and the
 19.16 Department of Transportation.

19.17 (d) The Options Too Steering Committee
 19.18 shall report to the chairs of the health
 19.19 and human services policy and finance
 19.20 committees of the senate and house of
 19.21 representatives by October 15, 2007, and
 19.22 October 15, 2008, on the continued progress
 19.23 of the work group towards implementing the
 19.24 recommendations in the Options Too report
 19.25 dated February 15, 2007.

19.26	Sec. 8. <u>OMBUDSMAN FOR MENTAL</u>			
19.27	<u>HEALTH AND DEVELOPMENTAL</u>			
19.28	<u>DISABILITIES</u>	<u>\$</u>	<u>1,567,000</u>	<u>\$</u>
				<u>1,621,000</u>

19.29	Sec. 9. <u>OMBUDSMAN FOR FAMILIES</u>	<u>\$</u>	<u>251,000</u>	<u>\$</u>
				<u>257,000</u>

19.30 Sec. 10. Minnesota Statutes 2006, section 13.3806, is amended by adding a subdivision
 19.31 to read:

19.32 Subd. 21. **Birth defects registry system.** Data on individuals collected by the
 19.33 birth defects registry system are private data on individuals and classified pursuant to
 19.34 section 144.2215.

20.1 Sec. 11. Minnesota Statutes 2006, section 16B.61, is amended by adding a subdivision
20.2 to read:

20.3 Subd. 3b. **Window fall prevention device code.** The commissioner of labor and
20.4 industry shall adopt rules for window fall prevention devices as part of the state Building
20.5 Code. Window fall prevention devices include, but are not limited to, safety screens,
20.6 hardware, guards, and other devices that comply with the standards established by the
20.7 commissioner of labor and industry. The rules must require compliance with standards
20.8 for window fall prevention devices developed by ASTM International, contained in the
20.9 International Building Code as the model language with amendments deemed necessary to
20.10 coordinate with the other adopted building codes in Minnesota. The rules must establish a
20.11 scope that includes the applicable building occupancies, and the types, locations, and sizes
20.12 of windows that will require the installation of fall devices. The rules will be effective July
20.13 1, 2009. The commissioner shall report to the legislature on the status of the rulemaking
20.14 on or before February 15, 2008.

20.15 Sec. 12. Minnesota Statutes 2006, section 103I.101, subdivision 6, is amended to read:

20.16 Subd. 6. **Fees for variances.** The commissioner shall charge a nonrefundable
20.17 application fee of ~~\$175~~ \$215 to cover the administrative cost of processing a request for a
20.18 variance or modification of rules adopted by the commissioner under this chapter.

20.19 **EFFECTIVE DATE.** This section is effective July 1, 2008.

20.20 Sec. 13. Minnesota Statutes 2006, section 103I.208, subdivision 1, is amended to read:

20.21 Subdivision 1. **Well notification fee.** The well notification fee to be paid by a
20.22 property owner is:

20.23 (1) for a new water supply well, ~~\$175~~ \$215, which includes the state core function
20.24 fee;

20.25 (2) for a well sealing, ~~\$35~~ \$50 for each well, which includes the state core function
20.26 fee, except that for monitoring wells constructed on a single property, having depths
20.27 within a 25 foot range, and sealed within 48 hours of start of construction, a single fee of
20.28 ~~\$35~~ \$50; and

20.29 (3) for construction of a dewatering well, ~~\$175~~ \$215, which includes the state core
20.30 function fee, for each dewatering well except a dewatering project comprising five or
20.31 more dewatering wells shall be assessed a single fee of ~~\$875~~ \$1,075 for the dewatering
20.32 wells recorded on the notification.

20.33 **EFFECTIVE DATE.** This section is effective July 1, 2008.

21.1 Sec. 14. Minnesota Statutes 2006, section 103I.208, subdivision 2, is amended to read:

21.2 Subd. 2. **Permit fee.** The permit fee to be paid by a property owner is:

21.3 (1) for a water supply well that is not in use under a maintenance permit, ~~\$150~~ \$175
21.4 annually;

21.5 (2) for construction of a monitoring well, ~~\$175~~ \$215, which includes the state
21.6 core function fee;

21.7 (3) for a monitoring well that is unsealed under a maintenance permit, ~~\$150~~ \$175
21.8 annually;

21.9 (4) for monitoring wells used as a leak detection device at a single motor fuel retail
21.10 outlet, a single petroleum bulk storage site excluding tank farms, or a single agricultural
21.11 chemical facility site, the construction permit fee is ~~\$175~~ \$215, which includes the state
21.12 core function fee, per site regardless of the number of wells constructed on the site, and
21.13 the annual fee for a maintenance permit for unsealed monitoring wells is ~~\$150~~ \$175 per
21.14 site regardless of the number of monitoring wells located on site;

21.15 (5) for a groundwater thermal exchange device, in addition to the notification fee for
21.16 water supply wells, ~~\$175~~ \$215, which includes the state core function fee;

21.17 (6) for a vertical heat exchanger, ~~\$175~~ \$215;

21.18 (7) for a dewatering well that is unsealed under a maintenance permit, ~~\$150~~ \$175
21.19 annually for each dewatering well, except a dewatering project comprising more than five
21.20 dewatering wells shall be issued a single permit for ~~\$750~~ \$875 annually for dewatering
21.21 wells recorded on the permit; and

21.22 (8) for an elevator boring, ~~\$175~~ \$215 for each boring.

21.23 **EFFECTIVE DATE.** This section is effective July 1, 2008.

21.24 Sec. 15. Minnesota Statutes 2006, section 103I.235, subdivision 1, is amended to read:

21.25 Subdivision 1. **Disclosure of wells to buyer.** (a) Before signing an agreement to
21.26 sell or transfer real property, the seller must disclose in writing to the buyer information
21.27 about the status and location of all known wells on the property, by delivering to the buyer
21.28 either a statement by the seller that the seller does not know of any wells on the property,
21.29 or a disclosure statement indicating the legal description and county, and a map drawn
21.30 from available information showing the location of each well to the extent practicable.
21.31 In the disclosure statement, the seller must indicate, for each well, whether the well is in
21.32 use, not in use, or sealed.

21.33 (b) At the time of closing of the sale, the disclosure statement information, name and
21.34 mailing address of the buyer, and the quartile, section, township, and range in which each

22.1 well is located must be provided on a well disclosure certificate signed by the seller or a
22.2 person authorized to act on behalf of the seller.

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

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

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

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

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

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

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

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

22.30 (i) A county recorder or registrar of titles may not record a deed or other instrument
22.31 of conveyance dated after October 31, 1990, for which a certificate of value is required
22.32 under section 272.115, or any deed or other instrument of conveyance dated after October
22.33 31, 1990, from a governmental body exempt from the payment of state deed tax, unless
22.34 the deed or other instrument of conveyance contains the statement made in accordance
22.35 with paragraph (c) or (d) or is accompanied by the well disclosure certificate containing all
22.36 the information required by paragraph (b) or (d). The county recorder or registrar of titles

23.1 must not accept a certificate unless it contains all the required information. The county
 23.2 recorder or registrar of titles shall note on each deed or other instrument of conveyance
 23.3 accompanied by a well disclosure certificate that the well disclosure certificate was
 23.4 received. The notation must include the statement "No wells on property" if the disclosure
 23.5 certificate states there are no wells on the property. The well disclosure certificate shall not
 23.6 be filed or recorded in the records maintained by the county recorder or registrar of titles.
 23.7 After noting "No wells on property" on the deed or other instrument of conveyance, the
 23.8 county recorder or registrar of titles shall destroy or return to the buyer the well disclosure
 23.9 certificate. The county recorder or registrar of titles shall collect from the buyer or the
 23.10 person seeking to record a deed or other instrument of conveyance, a fee of ~~\$40~~ \$45
 23.11 for receipt of a completed well disclosure certificate. By the tenth day of each month,
 23.12 the county recorder or registrar of titles shall transmit the well disclosure certificates
 23.13 to the commissioner of health. By the tenth day after the end of each calendar quarter,
 23.14 the county recorder or registrar of titles shall transmit to the commissioner of health
 23.15 ~~\$32.50~~ \$37.50 of the fee for each well disclosure certificate received during the quarter.
 23.16 The commissioner shall maintain the well disclosure certificate for at least six years. The
 23.17 commissioner may store the certificate as an electronic image. A copy of that image
 23.18 shall be as valid as the original.

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

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

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

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

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

24.3 **EFFECTIVE DATE.** This section is effective July 1, 2008.

24.4 Sec. 16. Minnesota Statutes 2006, section 144.123, is amended to read:

24.5 **144.123 FEES FOR DIAGNOSTIC LABORATORY SERVICES;**
24.6 **EXCEPTIONS.**

24.7 Subdivision 1. **Who must pay.** Except for the limitation contained in this section,
24.8 the commissioner of health shall charge a handling fee for each specimen submitted to
24.9 the Department of Health for analysis for diagnostic purposes by any hospital, private
24.10 laboratory, private clinic, or physician. No fee shall be charged to any entity which
24.11 receives direct or indirect financial assistance from state or federal funds administered by
24.12 the Department of Health, including any public health department, nonprofit community
24.13 clinic, ~~venereal sexually transmitted disease clinic, family planning clinic,~~ or similar
24.14 entity. No fee will be charged for any biological materials submitted to the Department
24.15 of Health as a requirement of Minnesota Rules, part 4605.7040, or for those biological
24.16 materials requested by the department to gather information for disease prevention or
24.17 control purposes. The commissioner of health may establish ~~by rule~~ other exceptions to
24.18 the handling fee as may be necessary to ~~gather information for epidemiologic purposes~~
24.19 protect the public's health. All fees collected pursuant to this section shall be deposited in
24.20 the state treasury and credited to the state government special revenue fund.

24.21 Subd. 2. **Rules for Fee amounts.** The commissioner of health shall ~~promulgate~~
24.22 ~~rules, in accordance with chapter 14, which shall specify the amount of the charge a~~
24.23 handling fee prescribed in subdivision 1. The fee shall approximate the costs to the
24.24 department of handling specimens including reporting, postage, specimen kit preparation,
24.25 and overhead costs. The fee prescribed in subdivision 1 shall be ~~\$15~~ \$25 per specimen
24.26 ~~until the commissioner promulgates rules pursuant to this subdivision.~~

24.27 Sec. 17. Minnesota Statutes 2006, section 144.125, is amended to read:

24.28 **144.125 TESTS OF INFANTS FOR HERITABLE AND CONGENITAL**
24.29 **DISORDERS.**

24.30 Subdivision 1. **Duty to perform testing.** It is the duty of (1) the administrative
24.31 officer or other person in charge of each institution caring for infants 28 days or less
24.32 of age, (2) the person required in pursuance of the provisions of section 144.215, to
24.33 register the birth of a child, or (3) the nurse midwife or midwife in attendance at the

25.1 birth, to arrange to have administered to every infant or child in its care tests for heritable
 25.2 and congenital disorders according to subdivision 2 and rules prescribed by the state
 25.3 commissioner of health. Testing and the recording and reporting of test results shall be
 25.4 performed at the times and in the manner prescribed by the commissioner of health. The
 25.5 commissioner shall charge ~~laboratory service fees~~ a fee so that the total of fees collected
 25.6 will approximate the costs of conducting the tests and implementing and maintaining
 25.7 a system to follow-up infants with heritable or congenital disorders. The ~~laboratory~~
 25.8 ~~service~~ fee is ~~\$61~~ \$101 per specimen. Costs associated with capital expenditures and
 25.9 the development of new procedures may be prorated over a three-year period when
 25.10 calculating the amount of the fees.

25.11 **Subd. 2. Determination of tests to be administered.** The commissioner shall
 25.12 periodically revise the list of tests to be administered for determining the presence of a
 25.13 heritable or congenital disorder. Revisions to the list shall reflect advances in medical
 25.14 science, new and improved testing methods, or other factors that will improve the public
 25.15 health. In determining whether a test must be administered, the commissioner shall take
 25.16 into consideration the adequacy of ~~laboratory~~ analytical methods to detect the heritable
 25.17 or congenital disorder, the ability to treat or prevent medical conditions caused by the
 25.18 heritable or congenital disorder, and the severity of the medical conditions caused by the
 25.19 heritable or congenital disorder. The list of tests to be performed may be revised if the
 25.20 changes are recommended by the advisory committee established under section 144.1255,
 25.21 approved by the commissioner, and published in the State Register. The revision is
 25.22 exempt from the rulemaking requirements in chapter 14, and sections 14.385 and 14.386
 25.23 do not apply.

25.24 **Subd. 3. Objection of parents to test.** Persons with a duty to perform testing under
 25.25 subdivision 1 shall advise parents of infants (1) that the blood or tissue samples used to
 25.26 perform testing thereunder as well as the results of such testing may be retained by the
 25.27 Department of Health, (2) the benefit of retaining the blood or tissue sample, and (3) that
 25.28 the following options are available to them with respect to the testing: (i) to decline to
 25.29 have the tests, or (ii) to elect to have the tests but to require that all blood samples and
 25.30 records of test results be destroyed within 24 months of the testing. If the parents of
 25.31 an infant object in writing to testing for heritable and congenital disorders or elect to
 25.32 require that blood samples and test results be destroyed, the objection or election shall
 25.33 be recorded on a form that is signed by a parent or legal guardian and made part of the
 25.34 infant's medical record. A written objection exempts an infant from the requirements of
 25.35 this section and section 144.128.

26.1 Sec. 18. Minnesota Statutes 2006, section 144.2215, subdivision 1, is amended to read:

26.2 Subdivision 1. **Establishment.** Within the limits of available appropriations, the
26.3 commissioner of health shall establish and maintain an information system containing data
26.4 on the cause, treatment, prevention, and cure of major birth defects. The commissioner
26.5 shall consult with representatives and experts in epidemiology, medicine, insurance,
26.6 health maintenance organizations, genetics, consumers, and voluntary organizations in
26.7 developing the system and may phase in the implementation of the system. After the
26.8 parents have provided informed consent under section 144.2216, subdivision 4, the
26.9 commissioner shall offer the parents with their informed consent a visit by a trained health
26.10 care worker to interview the parents about:

26.11 (1) all previous home addresses, occupations, and places of work including from
26.12 childhood;

26.13 (2) the time and place of any military service; and

26.14 (3) known occasions or sites of toxic exposures.

26.15 Sec. 19. **[144.355] WATER LEVEL STANDARD FOR ATRAZINE.**

26.16 (a) The Department of Health in consultation with the Pollution Control Agency
26.17 shall set atrazine drinking water standards for the health risk limit in private wells and
26.18 the maximum contaminant level in public water systems at three ppb to comply with the
26.19 federal standard determined by the United States Environmental Protection Agency.

26.20 (b) By December 31, 2007, the Department of Health in consultation with the
26.21 Pollution Control Agency shall use current scientific evidence to set the drinking
26.22 water standards for the health risk limit of atrazine in private wells and the maximum
26.23 contaminant level of atrazine in public water systems at a level not to exceed one ppb
26.24 to reflect the requirements in section 144.0751 to adequately protect the health of a
26.25 developing fetus, infant, and child which requires a higher level of care due to fetal, infant,
26.26 and child development.

26.27 **EFFECTIVE DATE.** This section is effective the day following final enactment.

26.28 Sec. 20. Minnesota Statutes 2006, section 144.9502, subdivision 3, is amended to read:

26.29 Subd. 3. **Reports of blood lead analysis required.** (a) Every hospital, medical
26.30 clinic, medical laboratory, other facility, or individual performing blood lead analysis
26.31 shall report the results after the analysis of each specimen analyzed, for both capillary
26.32 and venous specimens, and epidemiologic information required in this section to the
26.33 commissioner of health, within the time frames set forth in clauses (1) and (2):

27.1 (1) within two working days by telephone, fax, or electronic transmission, with
27.2 written or electronic confirmation within one month, for a venous blood lead level equal to
27.3 or greater than ~~15~~ ten micrograms of lead per deciliter of whole blood; or

27.4 (2) within one month in writing or by electronic transmission, for any capillary
27.5 result or for a venous blood lead level less than ~~15~~ ten micrograms of lead per deciliter of
27.6 whole blood.

27.7 (b) If a blood lead analysis is performed outside of Minnesota and the facility
27.8 performing the analysis does not report the blood lead analysis results and epidemiological
27.9 information required in this section to the commissioner, the provider who collected the
27.10 blood specimen must satisfy the reporting requirements of this section. For purposes of
27.11 this section, "provider" has the meaning given in section 62D.02, subdivision 9.

27.12 (c) The commissioner shall coordinate with hospitals, medical clinics, medical
27.13 laboratories, and other facilities performing blood lead analysis to develop a universal
27.14 reporting form and mechanism.

27.15 Sec. 21. Minnesota Statutes 2006, section 144.9504, subdivision 2, is amended to read:

27.16 Subd. 2. **Lead risk assessment.** (a) An assessing agency shall conduct a lead risk
27.17 assessment of a residence according to the venous blood lead level and time frame set
27.18 forth in clauses (1) to (4) for purposes of secondary prevention:

27.19 (1) within 48 hours of a child or pregnant female in the residence being identified to
27.20 the agency as having a venous blood lead level equal to or greater than ~~60~~ 45 micrograms
27.21 of lead per deciliter of whole blood;

27.22 (2) within five working days of a child or pregnant female in the residence being
27.23 identified to the agency as having a venous blood lead level equal to or greater than ~~45~~ 15
27.24 micrograms of lead per deciliter of whole blood;

27.25 (3) within ten working days of a child in the residence being identified to the agency
27.26 as having a venous blood lead level equal to or greater than ~~15~~ ten micrograms of lead
27.27 per deciliter of whole blood; or

27.28 (4) within ten working days of a pregnant female in the residence being identified to
27.29 the agency as having a venous blood lead level equal to or greater than ten micrograms of
27.30 lead per deciliter of whole blood.

27.31 (b) Within the limits of available local, state, and federal appropriations, an assessing
27.32 agency may also conduct a lead risk assessment for children with any elevated blood
27.33 lead level.

27.34 (c) In a building with two or more dwelling units, an assessing agency shall assess
27.35 the individual unit in which the conditions of this section are met and shall inspect all

28.1 common areas accessible to a child. If a child visits one or more other sites such as another
 28.2 residence, or a residential or commercial child care facility, playground, or school, the
 28.3 assessing agency shall also inspect the other sites. The assessing agency shall have one
 28.4 additional day added to the time frame set forth in this subdivision to complete the lead
 28.5 risk assessment for each additional site.

28.6 (d) Within the limits of appropriations, the assessing agency shall identify the
 28.7 known addresses for the previous 12 months of the child or pregnant female with venous
 28.8 blood lead levels of at least ~~15~~ ten micrograms per deciliter ~~for the child or at least ten~~
 28.9 ~~micrograms per deciliter for the pregnant female~~; notify the property owners, landlords,
 28.10 and tenants at those addresses that an elevated blood lead level was found in a person
 28.11 who resided at the property; and give them primary prevention information. Within the
 28.12 limits of appropriations, the assessing agency may perform a risk assessment and issue
 28.13 corrective orders in the properties, if it is likely that the previous address contributed to
 28.14 the child's or pregnant female's blood lead level. The assessing agency shall provide the
 28.15 notice required by this subdivision without identifying the child or pregnant female with
 28.16 the elevated blood lead level. The assessing agency is not required to obtain the consent of
 28.17 the child's parent or guardian or the consent of the pregnant female for purposes of this
 28.18 subdivision. This information shall be classified as private data on individuals as defined
 28.19 under section 13.02, subdivision 12.

28.20 (e) The assessing agency shall conduct the lead risk assessment according to rules
 28.21 adopted by the commissioner under section 144.9508. An assessing agency shall have
 28.22 lead risk assessments performed by lead risk assessors licensed by the commissioner
 28.23 according to rules adopted under section 144.9508. If a property owner refuses to allow
 28.24 a lead risk assessment, the assessing agency shall begin legal proceedings to gain entry
 28.25 to the property and the time frame for conducting a lead risk assessment set forth in this
 28.26 subdivision no longer applies. A lead risk assessor or assessing agency may observe the
 28.27 performance of lead hazard reduction in progress and shall enforce the provisions of this
 28.28 section under section 144.9509. Deteriorated painted surfaces, bare soil, and dust must be
 28.29 tested with appropriate analytical equipment to determine the lead content, except that
 28.30 deteriorated painted surfaces or bare soil need not be tested if the property owner agrees to
 28.31 engage in lead hazard reduction on those surfaces. The lead content of drinking water
 28.32 must be measured if another probable source of lead exposure is not identified. Within a
 28.33 standard metropolitan statistical area, an assessing agency may order lead hazard reduction
 28.34 of bare soil without measuring the lead content of the bare soil if the property is in a
 28.35 census tract in which soil sampling has been performed according to rules established by

29.1 the commissioner and at least 25 percent of the soil samples contain lead concentrations
29.2 above the standard in section 144.9508.

29.3 (f) Each assessing agency shall establish an administrative appeal procedure which
29.4 allows a property owner to contest the nature and conditions of any lead order issued by
29.5 the assessing agency. Assessing agencies must consider appeals that propose lower cost
29.6 methods that make the residence lead safe. The commissioner shall use the authority and
29.7 appeal procedure granted under sections 144.989 to 144.993.

29.8 (g) Sections 144.9501 to 144.9509 neither authorize nor prohibit an assessing agency
29.9 from charging a property owner for the cost of a lead risk assessment.

29.10 Sec. 22. Minnesota Statutes 2006, section 144.9507, is amended by adding a
29.11 subdivision to read:

29.12 Subd. 6. **Medical assistance.** Medical assistance reimbursement for lead risk
29.13 assessment services under section 256B.0625, subdivision 49, shall not be used to replace
29.14 or decrease existing state or local funding for lead services and lead-related activities.

29.15 Sec. 23. Minnesota Statutes 2006, section 144.9512, is amended to read:

29.16 **144.9512 LEAD ABATEMENT PROGRAM.**

29.17 Subdivision 1. **Definitions.** (a) The definitions in section 144.9501 and in this
29.18 subdivision apply to this section.

29.19 (b) ~~"Eligible organization" means a lead contractor, city, board of health, community~~
29.20 ~~health department, community action agency as defined in section 256E.30, or community~~
29.21 ~~development corporation.~~

29.22 (c) ~~"Commissioner" means the commissioner of health, or the commissioner of the~~
29.23 ~~Minnesota Housing Finance Agency as authorized by section 462A.05, subdivision 15c.~~

29.24 Subd. 2. **Grants; administration.** Within the limits of the available appropriation,
29.25 the commissioner ~~must develop a swab team services program which may~~ shall make
29.26 ~~demonstration and training grants to eligible organizations~~ a nonprofit organization
29.27 currently operating the CLEARCorps lead hazard reduction project to train workers to
29.28 provide swab team services and swab team services for residential property. Grants may
29.29 ~~be awarded to nonprofit organizations to provide technical assistance and training to~~
29.30 ~~ensure quality and consistency within the statewide program. Grants must be awarded to~~
29.31 ~~help ensure full-time employment to workers providing swab team services and must be~~
29.32 ~~awarded for a two-year period.~~

29.33 ~~Grants awarded under this section must be made in consultation with the~~
29.34 ~~commissioner of the Housing Finance Agency and representatives of neighborhood~~

30.1 ~~groups from areas at high risk for toxic lead exposure, a labor organization, the lead~~
30.2 ~~coalition, community action agencies, and the legal aid society. The consulting team must~~
30.3 ~~review grant applications and recommend awards to eligible organizations that meet~~
30.4 ~~requirements for receiving a grant under this section.~~

30.5 ~~Subd. 3. **Applicants.** (a) Interested eligible organizations may apply to the~~
30.6 ~~commissioner for grants under this section. Two or more eligible organizations may~~
30.7 ~~jointly apply for a grant. Priority shall be given to community action agencies in greater~~
30.8 ~~Minnesota and to either community action agencies or neighborhood based nonprofit~~
30.9 ~~organizations in cities of the first class. Of the total annual appropriation, 12.5 percent may~~
30.10 ~~be used for administrative purposes. The commissioner may deviate from this percentage~~
30.11 ~~if a grantee can justify the need for a larger administrative allowance. Of this amount,~~
30.12 ~~up to five percent may be used by the commissioner for state administrative purposes.~~
30.13 ~~Applications must provide information requested by the commissioner, including at least~~
30.14 ~~the information required to assess the factors listed in paragraph (d):~~

30.15 ~~(b) The commissioner must consult with boards of health to provide swab team~~
30.16 ~~services for purposes of secondary prevention. The priority for swab teams created~~
30.17 ~~by grants to eligible organizations under this section must be work assigned by the~~
30.18 ~~commissioner of health, or by a board of health if so designated by the commissioner of~~
30.19 ~~health, to provide secondary prevention swab team services to fulfill the requirements~~
30.20 ~~of section 144.9504, subdivision 6, in response to a lead order. Swab teams assigned~~
30.21 ~~work under this section by the commissioner, that are not engaged daily in fulfilling the~~
30.22 ~~requirements of section 144.9504, subdivision 6, must deliver swab team services in~~
30.23 ~~response to elevated blood lead levels as defined in section 144.9501, subdivision 9,~~
30.24 ~~where lead orders were not issued, and for purposes of primary prevention in census~~
30.25 ~~tracts known to be in areas at high risk for toxic lead exposure as described in section~~
30.26 ~~144.9503, subdivision 2:~~

30.27 ~~(c) Any additional money must be used for grants to establish swab teams for~~
30.28 ~~primary prevention under section 144.9503, in census tracts in areas at high risk for toxic~~
30.29 ~~lead exposure as determined under section 144.9503, subdivision 2:~~

30.30 ~~(d) In evaluating grant applications, the commissioner must consider the following~~
30.31 ~~criteria:~~

30.32 ~~(1) the use of lead contractors and lead workers for residential swab team services;~~

30.33 ~~(2) the participation of neighborhood groups and individuals, as swab team workers,~~
30.34 ~~in areas at high risk for toxic lead exposure;~~

30.35 ~~(3) plans for the provision of swab team services for primary and secondary~~
30.36 ~~prevention as required under subdivision 4;~~

31.1 ~~(4) plans for supervision, training, career development, and postprogram placement~~
31.2 ~~of swab team members;~~

31.3 ~~(5) plans for resident and property owner education on lead safety;~~

31.4 ~~(6) plans for distributing cleaning supplies to area residents and educating residents~~
31.5 ~~and property owners on cleaning techniques;~~

31.6 ~~(7) sources of other funding and cost estimates for training, lead inspections, swab~~
31.7 ~~team services, equipment, monitoring, testing, and administration;~~

31.8 ~~(8) measures of program effectiveness;~~

31.9 ~~(9) coordination of program activities with other federal, state, and local public~~
31.10 ~~health, job training, apprenticeship, and housing renovation programs including programs~~
31.11 ~~under sections 116L.86 to 116L.881; and~~

31.12 ~~(10) prior experience in providing swab team services.~~

31.13 Subd. 4. ~~Lead supervisor or certified firm~~ **Eligible grant activities.** (a) Eligible
31.14 ~~organizations and lead supervisors or certified firms may participate in the swab team~~
31.15 ~~program. An eligible organization~~ The nonprofit receiving a grant under this section
31.16 must ~~assure~~ ensure that all participating lead supervisors or certified firms are licensed
31.17 and that all swab team workers are certified by the Department of Health under section
31.18 144.9505. ~~Eligible organizations and lead supervisors or certified firms may distinguish~~
31.19 ~~between interior and exterior services in assigning duties and~~ The nonprofit organization
31.20 may participate in the program by:

31.21 (1) providing on-the-job training for swab team workers;

31.22 (2) providing swab team services to meet the requirements of sections 144.9503,
31.23 subdivision 4, and 144.9504, subdivision 6;

31.24 (3) providing ~~a removal and replacement component using skilled craft workers~~
31.25 ~~under subdivision 7~~ lead hazard reduction to meet the requirements of section 144.9501,
31.26 subdivision 17;

31.27 ~~(4) providing lead testing according to subdivision 8;~~

31.28 ~~(5)~~ (4) providing lead dust ~~cleaning supplies~~ cleanup equipment and materials, as
31.29 described in section ~~144.9507~~ 144.9503, subdivision 4, ~~paragraph (c) 1~~, to residents; ~~or~~

31.30 ~~(6)~~ (5) having a swab team worker instruct residents and property owners on
31.31 appropriate lead control techniques, including the lead-safe directives developed by the
31.32 commissioner of health;

31.33 (6) conducting blood lead testing events including screening children and pregnant
31.34 women according to Department of Health screening guidelines;

31.35 (7) performing case management services according to Department of Health case
31.36 management guidelines; or

32.1 (8) conducting mandated risk assessments under Minnesota Statutes, section
32.2 144.9504, subdivision 2.

32.3 ~~(b) Participating lead supervisors or certified firms must:~~

32.4 ~~(1) demonstrate proof of workers' compensation and general liability insurance~~
32.5 ~~coverage;~~

32.6 ~~(2) be knowledgeable about lead abatement requirements established by the~~
32.7 ~~Department of Housing and Urban Development and the Occupational Safety and Health~~
32.8 ~~Administration and lead hazard reduction requirements and lead-safe directives of the~~
32.9 ~~commissioner of health;~~

32.10 ~~(3) demonstrate experience with on-the-job training programs;~~

32.11 ~~(4) demonstrate an ability to recruit employees from areas at high risk for toxic~~
32.12 ~~lead exposure; and~~

32.13 ~~(5) demonstrate experience in working with low-income clients.~~

32.14 **Subd. 5. Swab team workers.** Each worker engaged in swab team services
32.15 established under this section must have blood lead concentrations below 15 micrograms
32.16 of lead per deciliter of whole blood as determined by a baseline blood lead screening.
32.17 ~~Any~~ The nonprofit organization receiving a grant under this section is responsible for lead
32.18 screening and must ~~assure~~ ensure that all swab team workers meet the standards established
32.19 in this subdivision. ~~Grantees~~ The nonprofit organization must use appropriate workplace
32.20 procedures including following the lead-safe directives developed by the commissioner of
32.21 health to reduce risk of elevated blood lead levels. ~~Grantees~~ The nonprofit organization
32.22 and participating contractors must report all employee blood lead levels that exceed 15
32.23 micrograms of lead per deciliter of whole blood to the commissioner of health.

32.24 ~~**Subd. 6. On-the-job training component.** (a) Programs established under this~~
32.25 ~~section must provide on-the-job training for swab team workers.~~

32.26 ~~(b) Swab team workers must receive monetary compensation equal to the prevailing~~
32.27 ~~wage as defined in section 177.42, subdivision 6, for comparable jobs in the licensed~~
32.28 ~~contractor's principal business.~~

32.29 ~~**Subd. 7. Removal and replacement component.** (a) Within the limits of the~~
32.30 ~~available appropriation and if a need is identified by a lead inspector, the commissioner~~
32.31 ~~may establish a component for removal and replacement of deteriorated paint in residential~~
32.32 ~~properties according to the following criteria:~~

32.33 ~~(1) components within a residence must have both deteriorated lead-based paint and~~
32.34 ~~substrate damage beyond repair or rotting wooden framework to be eligible for removal~~
32.35 ~~and replacement;~~

33.1 ~~(2) all removal and replacement must be done using least-cost methods and~~
33.2 ~~following lead-safe directives;~~

33.3 ~~(3) whenever windows and doors or other components covered with deteriorated~~
33.4 ~~lead-based paint have sound substrate or are not rotting, those components should be~~
33.5 ~~repaired, sent out for stripping, planed down to remove deteriorated lead-based paint, or~~
33.6 ~~covered with protective guards instead of being replaced, provided that such an activity is~~
33.7 ~~the least-cost method of providing the swab team service;~~

33.8 ~~(4) removal and replacement or repair must be done by lead contractors using skilled~~
33.9 ~~craft workers or trained swab team members; and~~

33.10 ~~(5) all craft work that requires a state license must be supervised by a person with~~
33.11 ~~a state license in the craft work being supervised. The grant recipient may contract for~~
33.12 ~~this supervision.~~

33.13 ~~(b) The program design must:~~

33.14 ~~(1) identify the need for on-the-job training of swab team workers to be removal and~~
33.15 ~~replacement workers; and~~

33.16 ~~(2) describe plans to involve appropriate groups in designing methods to meet the~~
33.17 ~~need for training swab team workers.~~

33.18 ~~Subd. 8. **Testing and evaluation.** (a) Testing of the environment is not necessary~~
33.19 ~~by swab teams whose work is assigned by the commissioner of health or a designated~~
33.20 ~~board of health under section 144.9504. The commissioner of health or designated board~~
33.21 ~~of health must share the analytical testing data collected on each residence for purposes~~
33.22 ~~of secondary prevention under section 144.9504 with the swab team workers in order to~~
33.23 ~~provide constructive feedback on their work and to the commissioner for the purposes~~
33.24 ~~set forth in paragraph (c):~~

33.25 ~~(b) For purposes of primary prevention evaluation, the following samples must be~~
33.26 ~~collected: pretesting and posttesting of one noncarpeted floor dust lead sample and a~~
33.27 ~~notation of the extent and location of bare soil and of deteriorated lead-based paint. The~~
33.28 ~~analytical testing data collected on each residence for purposes of primary prevention~~
33.29 ~~under section 144.9503 must be shared with the swab team workers in order to provide~~
33.30 ~~constructive feedback on their work and to the commissioner for the purposes set forth in~~
33.31 ~~paragraph (c):~~

33.32 ~~(c) The commissioner of health must establish a program to collect appropriate data~~
33.33 ~~as required under paragraphs (a) and (b), in order to conduct an ongoing evaluation of~~
33.34 ~~swab team services for primary and secondary prevention. Within the limits of available~~
33.35 ~~appropriations, the commissioner of health must conduct on up to 1,000 residences which~~
33.36 ~~have received primary or secondary prevention swab team services, a postremediation~~

34.1 ~~evaluation, on at least a quarterly basis for a period of at least two years for each residence.~~
34.2 ~~The evaluation must note the condition of the paint within the residence, the extent of bare~~
34.3 ~~soil on the grounds, and collect and analyze one noncarpeted floor dust lead sample.~~
34.4 ~~The data collected must be evaluated to determine the efficacy of providing swab team~~
34.5 ~~services as a method of reducing lead exposure in young children. In evaluating this data,~~
34.6 ~~the commissioner of health must consider city size, community location, historic traffic~~
34.7 ~~flow, soil lead level of the property by area or census tract, distance to industrial point~~
34.8 ~~sources that emit lead, season of the year, age of the housing, age and number of children~~
34.9 ~~living at the residence, the presence of pets that move in and out of the residence, and~~
34.10 ~~other relevant factors as the commissioner of health may determine.~~

34.11 Subd. 9. **Program benefits.** As a condition of providing swab team services under
34.12 this section, ~~an~~ the nonprofit organization may require a property owner to not increase
34.13 rents on a property solely as a result of a substantial improvement made with public
34.14 funds under the programs in this section.

34.15 Subd. 10. **Requirements of ~~organizations receiving grants~~ the nonprofit**
34.16 **organization.** ~~An eligible~~ The nonprofit organization that is awarded a ~~training and~~
34.17 ~~demonstration~~ grant under this section must prepare and submit a quarterly progress report
34.18 to the commissioner beginning three months after receipt of the grant.

34.19 Sec. 24. **[144.966] EARLY HEARING DETECTION AND INTERVENTION**
34.20 **ACT.**

34.21 Subdivision 1. **Definitions.** (a) "Child" means a person 18 years of age or younger.

34.22 (b) "False positive rate" means the proportion of infants identified as having a
34.23 significant hearing loss by the screening process who are ultimately found to not have a
34.24 significant hearing loss.

34.25 (c) "False negative rate" means the proportion of infants not identified as having
34.26 a significant hearing loss by the screening process who are ultimately found to have a
34.27 significant hearing loss.

34.28 (d) "Hearing screening test" means automated auditory brain stem response,
34.29 otoacoustic emissions, or another appropriate screening test approved by the Department
34.30 of Health.

34.31 (e) "Hospital" means a birthing health care facility or birthing center licensed in
34.32 this state that provides obstetrical services.

34.33 (f) "Infant" means a child who is not a newborn and has not attained the age of
34.34 one year.

34.35 (g) "Newborn" means an infant 28 days old or younger.

35.1 (h) "Parent" means a natural parent, stepparent, adoptive parent, guardian, or
35.2 custodian of a newborn or infant.

35.3 Subd. 2. Newborn Hearing Screening Advisory Committee. (a) The
35.4 commissioner of health shall appoint a Newborn Hearing Screening Advisory Committee
35.5 to advise and assist the Department of Health and the Department of Education in:

35.6 (1) developing protocols and timelines for screening, rescreening, and diagnostic
35.7 audiological assessment and early medical, audiological, and educational intervention
35.8 services for children who are deaf or hard-of-hearing;

35.9 (2) designing protocols for tracking children from birth through age three that may
35.10 have passed newborn screening but are at risk for delayed or late onset of permanent
35.11 hearing loss;

35.12 (3) designing a technical assistance program to support facilities implementing the
35.13 screening program and facilities conducting rescreening and diagnostic audiological
35.14 assessment;

35.15 (4) designing implementation and evaluation of a system of follow-up and tracking;
35.16 and

35.17 (5) evaluating program outcomes to increase effectiveness and efficiency and ensure
35.18 culturally appropriate services for children with a confirmed hearing loss and their families.

35.19 (b) Membership of the committee shall include at least one member from each of the
35.20 following groups with no less than two of the members being deaf or hard-of-hearing:

35.21 (1) a representative from a consumer organization representing culturally deaf
35.22 persons;

35.23 (2) a parent with a child with hearing loss representing a parent organization;

35.24 (3) a consumer from an organization representing oral communication options;

35.25 (4) a consumer from an organization representing cued speech communication
35.26 options;

35.27 (5) an audiologist who has experience in evaluation and intervention of infants
35.28 and young children;

35.29 (6) a speech-language pathologist who has experience in evaluation and intervention
35.30 of infants and young children;

35.31 (7) two primary care providers who have experience in the care of infants and young
35.32 children, one of which shall be a pediatrician;

35.33 (8) a representative from the early hearing detection intervention teams;

35.34 (9) a representative from the Department of Education resource center for the deaf
35.35 and hard-of-hearing or their designee;

36.1 (10) a representative of the Minnesota Commission Serving Deaf and Hard of
36.2 Hearing People;

36.3 (11) a representative from the Department of Human Services Deaf and Hard of
36.4 Hearing Services Division;

36.5 (12) one or more of the Part C coordinators from the Department of Education, the
36.6 Department of Health, or the Department of Human Services or their designee;

36.7 (13) the Department of Health early hearing detection and intervention coordinator;

36.8 (14) two birth hospital representatives from one rural and one urban hospital;

36.9 (15) a pediatric geneticist;

36.10 (16) an otolaryngologist;

36.11 (17) a representative from the Newborn Screening Advisory Committee under
36.12 this subdivision; and

36.13 (18) a representative of the Department of Education regional low-incidence
36.14 facilitators.

36.15 The Department of Health member shall chair the first meeting of the committee.
36.16 At the first meeting, the committee shall elect a chairperson from its membership. The
36.17 committee shall meet at the call of the chairperson, at least four times a year. The
36.18 committee shall adopt written bylaws to govern its activities. The Department of Health
36.19 shall provide technical and administrative support services as required by the committee.
36.20 These services shall include technical support from individuals qualified to administer
36.21 infant hearing screening, rescreening, and diagnostic audiological assessments.

36.22 Members of the committee shall receive no compensation for their service, but
36.23 shall be reimbursed for expenses incurred as a result of their duties as members of the
36.24 committee.

36.25 Subd. 3. **Newborn and infant hearing screening programs.** All hospitals shall
36.26 establish a Universal Newborn Hearing and Infant Screening (UNHS) program. Each
36.27 UNHS program shall:

36.28 (1) in advance of any hearing screening testing, provide to the newborn's or infant's
36.29 parents information concerning the nature of the screening procedure, applicable costs of
36.30 the screening procedure, the potential risks and effects of hearing loss, and the benefits of
36.31 early detection and intervention;

36.32 (2) comply with parental consent under section 144.125, subdivision 3;

36.33 (3) develop policies and procedures for screening and rescreening based on
36.34 Department of Health recommendations;

36.35 (4) provide appropriate training and monitoring of individuals responsible for
36.36 performing hearing screening tests as recommended by the Department of Health;

37.1 (5) test the newborn's hearing prior to discharge, or, if the newborn is expected to
37.2 remain in the hospital for a prolonged period, testing shall be performed prior to three
37.3 months of age, or when medically feasible;

37.4 (6) develop and implement procedures for documenting the results of all hearing
37.5 screening tests;

37.6 (7) inform the baby's parents or parent, primary care physician, and the Department
37.7 of Health according to recommendations of the Department of Health of the results of the
37.8 hearing screening test or rescreening if conducted, or if the newborn or infant was not
37.9 successfully tested. The hospital that discharges the baby to home is responsible for
37.10 the screening; and

37.11 (8) collect performance data specified by the Department of Health.

37.12 Subd. 4. **Notification and information.** (a) Notification to the parents, primary
37.13 care provider, and Department of Health shall occur prior to discharge or no later than ten
37.14 days following the date of testing. Notification shall include information recommended by
37.15 the Department of Health.

37.16 (b) A physician, nurse, midwife, or other health professional attending a birth outside
37.17 a hospital or institution shall provide information, orally and in writing, as established by
37.18 the Department of Health, to parents regarding places where the parents may have their
37.19 infants' hearing screened and the importance of such screening.

37.20 (c) The professional conducting the diagnostic procedure to confirm the hearing loss
37.21 must report the results to the parents, primary care provider, and Department of Health
37.22 according to the Department of Health recommendations.

37.23 Subd. 5. **Oversight responsibility.** The Department of Health shall exercise
37.24 oversight responsibility for UNHS programs, including establishing a performance data
37.25 set and reviewing performance data collected by each hospital.

37.26 Subd. 6. **Civil and criminal immunity and penalties.** (a) No physician or hospital
37.27 shall be civilly or criminally liable for failure to conduct hearing screening testing.

37.28 (b) No physician, midwife, nurse, other health professional, or hospital acting in
37.29 compliance with this section shall be civilly or criminally liable for any acts conforming
37.30 with this section, including furnishing information required according to this section.

37.31 Subd. 7. **Laboratory service fees.** The commissioner shall charge laboratory
37.32 service fees according to section 16A.1285 so that the total of fees collected will
37.33 approximate the costs of implementing and maintaining a system to follow up infants,
37.34 provide technical assistance, a tracking system, data management, and evaluation.

37.35 **EFFECTIVE DATE.** This section is effective the day following final enactment.

38.1 Sec. 25. **[144.967] ARSENIC HEALTH RISK STANDARD.**

38.2 Subdivision 1. **Arsenic health risk standard established.** The commissioner of
38.3 health in cooperation with the commissioners of agriculture and the Pollution Control
38.4 Agency responsible for monitoring land and water cleanup and soil contamination
38.5 information shall determine a health risk standard for human exposure to arsenic. The
38.6 commissioner of health shall ensure that the established arsenic health risk standard is
38.7 included in all information provided to the public.

38.8 Subd. 2. **Information.** The commissioner of health, in consultation with the
38.9 commissioners of agriculture and the Pollution Control Agency with jurisdiction over
38.10 soil and water contamination, shall establish a central information source available to
38.11 the public to provide accurate information on arsenic soil and water contamination in
38.12 residential areas.

38.13 Subd. 3. **Testing for arsenic.** (a) The commissioner of health shall ensure access
38.14 to medical testing for arsenical pesticide exposure to persons living within one mile of
38.15 the CMC Heartland Lite Yard Superfund site who are not covered by health insurance or
38.16 medical assistance.

38.17 (b) Through an agreement with the United States Environmental Protection Agency,
38.18 the commissioner shall ensure soil testing is available to households within one mile of the
38.19 CMC Heartland Lite Yard Superfund site at no cost to the residents.

38.20 Subd. 4. **Evaluation.** The commissioner of health shall evaluate the cumulative
38.21 health impact burdens of environmental toxins in the residential communities impacted by
38.22 arsenic-contaminated soil from the CMC Heartland Lite Yard Superfund site. The first
38.23 priority shall be to evaluate health burdens to those communities experiencing health
38.24 disparities as documented by the Minority and Multicultural Health Division of the
38.25 Minnesota Department of Health.

38.26 Sec. 26. **[144.995] DEFINITIONS.**

38.27 (a) For purposes of sections 144.995 to 144.998, the terms in this section have
38.28 the meanings given.

38.29 (b) "Advisory panel" means the Environmental Health Tracking and Biomonitoring
38.30 Advisory Panel established under section 144.998.

38.31 (c) "Biomonitoring" means the process by which chemicals and their metabolites are
38.32 identified and measured within a biospecimen.

38.33 (d) "Biospecimen" means a sample of human fluid, serum, or tissue that is reasonably
38.34 available as a medium to measure the presence and concentration of chemicals or their
38.35 metabolites in a human body.

39.1 (e) "Commissioner" means the commissioner of the Department of Health.

39.2 (f) "Community" means geographically or nongeographically-based populations
39.3 that may participate in the biomonitoring program. A "nongeographical community"
39.4 includes, but is not limited to, populations that may share a common chemical exposure
39.5 through similar occupations, populations experiencing a common health outcome that
39.6 may be linked to chemical exposures, or populations that may experience similar chemical
39.7 exposures because of comparable consumption, lifestyle, product use, or subpopulations
39.8 that share ethnicity, age, or gender.

39.9 (g) "Department" means the Department of Health.

39.10 (h) "Designated chemicals" means those chemicals that are known to, or strongly
39.11 suspected of, adversely impacting human health or development, based upon scientific,
39.12 peer-reviewed animal, human, or in vitro studies, and baseline human exposure data,
39.13 and consists of chemical families or metabolites that are included in the federal Centers
39.14 for Disease Control and Prevention studies that are known collectively as the National
39.15 Reports on Human Exposure to Environmental Chemicals program and any substances
39.16 specified under section 144.998, subdivision 3, clause (6).

39.17 (i) "Environmental hazard" means a chemical, metal, or other substance for which
39.18 scientific, peer-reviewed studies of humans, animals, or cells have demonstrated that the
39.19 chemical is known or reasonably anticipated to adversely impact human health.

39.20 (j) "Environmental health tracking" means collection, integration, analysis, and
39.21 dissemination of data on human exposures to chemicals in the environment and on
39.22 diseases potentially caused or aggravated by those chemicals.

39.23 **Sec. 27. [144.996] ENVIRONMENTAL HEALTH TRACKING;**
39.24 **BIOMONITORING.**

39.25 Subdivision 1. **Environmental health tracking.** In cooperation with the
39.26 commissioner of the Pollution Control Agency, the commissioner shall establish an
39.27 environmental health tracking program to:

39.28 (1) coordinate data collection activities with the Pollution Control Agency,
39.29 Department of Agriculture, University of Minnesota, and any other relevant state agency
39.30 and work to promote the sharing of and access to health and environmental databases
39.31 in order to develop an environmental health tracking system for Minnesota, consistent
39.32 with applicable data practices laws;

39.33 (2) facilitate the dissemination of public health tracking data to the public and
39.34 researchers in accessible format and provide technical assistance on interpreting the data;

40.1 (3) develop written data sharing agreements with the Minnesota Pollution Control
40.2 Agency, Department of Agriculture, and other relevant state agencies and organizations,
40.3 and develop additional procedures as needed to protect individual privacy;

40.4 (4) develop a strategic plan that includes a mission statement, the identification of
40.5 core priorities for research and epidemiologic surveillance, the identification of internal
40.6 and external stakeholders, and a work plan describing future program development;

40.7 (5) organize, analyze, and interpret available data, in order to:

40.8 (i) characterize statewide and localized trends and geographic patterns of prevalence
40.9 and incidence of chronic diseases, including, but not limited to, cancer, respiratory
40.10 diseases, reproductive problems, birth defects, neurologic diseases, and developmental
40.11 disorders;

40.12 (ii) recommend to the commissioner methods to improve data collection on
40.13 statewide population rates of chronic diseases and the occurrence of environmental
40.14 hazards and exposures;

40.15 (iii) characterize statewide and localized trends and geographic patterns in the
40.16 occurrence of environmental hazards and exposures;

40.17 (iv) assess the level of correlation with disease rate data and indicators of exposure
40.18 such as biomonitoring data, and other health and environmental data;

40.19 (v) incorporate newly collected and existing health tracking and biomonitoring
40.20 data into efforts to identify communities with elevated rates of chronic disease, higher
40.21 likelihood of exposure to environmental pollutants, or both;

40.22 (vi) analyze occurrence of environmental hazards, exposures, and diseases with
40.23 relation to socioeconomic status, race, and ethnicity;

40.24 (vii) develop and implement targeted plans to conduct more intensive health tracking
40.25 and biomonitoring among communities;

40.26 (viii) work with the Pollution Control Agency, the Department of Agriculture, and
40.27 other relevant state agency personnel and organizations to develop, implement, and
40.28 evaluate preventive measures to reduce elevated rates of diseases and exposures identified
40.29 through activities performed under sections 144.995 to 144.998; and

40.30 (ix) provide baseline data and present descriptive information relevant to policy
40.31 formation that are consistent with existing goals of the department; and

40.32 (6) submit a biennial report to the legislature by January 15, beginning January
40.33 15, 2009, on the status of environmental health tracking activities and related research
40.34 programs, and making recommendations regarding the continuation and improvement of
40.35 the programs.

40.36 Subd. 2. **Biomonitoring.** The commissioner shall:

41.1 (1) conduct biomonitoring of communities on a voluntary basis by collecting and
41.2 analyzing biospecimens, as appropriate, to assess environmental exposures to designated
41.3 chemicals;

41.4 (2) conduct biomonitoring of pregnant women and minors on a voluntary basis,
41.5 when scientifically appropriate;

41.6 (3) communicate findings to the public, and plan ensuing stages of biomonitoring
41.7 and disease tracking work to further develop and refine the integrated analysis;

41.8 (4) share analytical results with the advisory panel and work with the panel
41.9 to interpret results, communicate findings to the public, and plan ensuing stages of
41.10 biomonitoring work; and

41.11 (5) submit a biennial report to the legislature by January 15, beginning January
41.12 15, 2009, on the status of the biomonitoring program and any recommendations for
41.13 improvement.

41.14 Subd. 3. **Health data.** Data collected under the biomonitoring program are health
41.15 data under section 13.3805.

41.16 **Sec. 28. [144.997] BIOMONITORING PILOT PROGRAM.**

41.17 Subdivision 1. **Pilot program.** With advice from the advisory panel, the
41.18 commissioner shall develop a biomonitoring pilot program. The program shall collect
41.19 one biospecimen from each of the voluntary participants. The biospecimen selected must
41.20 be the biospecimen that most accurately represents body concentration of the chemical
41.21 of interest. Each biospecimen from the voluntary participants must be analyzed for one
41.22 type or class of related chemicals or metals, based on recommendations from the advisory
41.23 panel. The panel shall determine the chemical or class of chemicals that community
41.24 members were most likely exposed to. The program shall collect and assess biospecimens
41.25 in accordance with the following:

41.26 (1) 30 voluntary participants from each of three communities that the advisory panel
41.27 identifies as likely to have been exposed to a designated chemical;

41.28 (2) 100 voluntary participants from each of two communities: (i) that the advisory
41.29 panel identifies as likely to have been exposed to arsenic and (ii) that the advisory panel
41.30 identifies as likely to have been exposed to mercury; and

41.31 (3) 100 voluntary participants from each of two communities that the advisory panel
41.32 identifies as likely to have been exposed to perfluorinated chemicals.

41.33 Subd. 2. **Base program.** Following the conclusion of the pilot program and within
41.34 the appropriations available, the program shall:

42.1 (1) collect and assess biospecimens from at least as many voluntary participants and
42.2 communities as identified in subdivision 1, clause (1); and

42.3 (2) work with the advisory panel to assess the usefulness of continuing biomonitoring
42.4 among members of communities assessed during the initial phase of the program,
42.5 and to identify other communities and other designated chemicals to be assessed via
42.6 biomonitoring.

42.7 **Subd. 3. Participation.** (a) Participation in the biomonitoring program by providing
42.8 biospecimens is voluntary and requires written, informed consent. Minors may participate
42.9 in the program if a written consent is signed by the minor's parent or legal guardian.
42.10 The written consent must include the information required to be provided under this
42.11 subdivision to all voluntary participants.

42.12 (b) All participants shall be evaluated for the presence of the designated chemical
42.13 of interest as a component of the biomonitoring process. Participants shall be provided
42.14 with information and fact sheets about the program's activities and its findings.
42.15 Individual participants shall, if requested, receive their complete results. Any results
42.16 provided to participants shall be subject to the Department of Health Institutional
42.17 Review Board protocols and guidelines. When either physiological or chemical data
42.18 obtained from a participant indicate a significant known health risk, program staff
42.19 experienced in communicating biomonitoring results shall consult with the individual
42.20 and recommend follow-up steps, as appropriate. Program administrators shall receive
42.21 training in administering the program in an ethical, culturally sensitive, participatory,
42.22 and community-based manner.

42.23 **Subd. 4. Program guidelines.** (a) The commissioner, in consultation with the
42.24 advisory panel, shall develop:

42.25 (1) protocols or program guidelines that address the science and practice of
42.26 biomonitoring to be utilized and procedures for changing those protocols to incorporate
42.27 new and more accurate or efficient technologies as they become available. The protocols
42.28 shall be developed utilizing a peer-review process in a manner that is participatory and
42.29 community-based in design, implementation, and evaluation;

42.30 (2) guidelines for ensuring the privacy of information; informed consent; follow-up
42.31 counseling and support; and communicating findings to participants, communities, and
42.32 the general public. The informed consent used for the program must meet the informed
42.33 consent protocols developed by the National Institutes of Health;

42.34 (3) educational and outreach materials that are culturally appropriate for
42.35 dissemination to program participants and communities. Priority shall be given to the
42.36 development of materials specifically designed to ensure that parents are informed about

43.1 all of the benefits of breastfeeding so that the program does not result in an unjustified fear
43.2 of toxins in breast milk, which might inadvertently lead parents to avoid breastfeeding.
43.3 The materials shall communicate relevant scientific findings; data on the accumulation
43.4 of pollutants to community health; and the required responses by local, state, and other
43.5 governmental entities in regulating toxicant exposures;

43.6 (4) a training program that is culturally sensitive specifically for health care
43.7 providers, health educators, and other program administrators;

43.8 (5) a designation process for state and private laboratories that are qualified to
43.9 analyze biospecimens and report the findings; and

43.10 (6) a method for informing affected communities and local governments representing
43.11 those communities concerning biomonitoring activities and for receiving comments from
43.12 citizens concerning those activities.

43.13 (b) The commissioner may enter into contractual agreements with health clinics,
43.14 community-based organizations, or experts in a particular field to perform any of the
43.15 activities described under this section.

43.16 **Sec. 29. [144.998] ENVIRONMENTAL HEALTH TRACKING AND**
43.17 **BIOMONITORING ADVISORY PANEL.**

43.18 Subdivision 1. **Creation.** The commissioner shall establish the Environmental
43.19 Health Tracking and Biomonitoring Advisory Panel. The commissioner shall appoint,
43.20 from the panel's membership, a chair. The panel shall meet as often as it deems necessary
43.21 but, at a minimum, on a quarterly basis. Members of the panel shall serve without
43.22 compensation but shall be reimbursed for travel and other necessary expenses incurred
43.23 through performance of their duties. Members appointed under this subdivision are
43.24 appointed for a three-year term and may be reappointed.

43.25 Subd. 2. **Members.** The commissioner shall appoint eight members who have
43.26 backgrounds or training in designing, implementing, and interpreting health tracking and
43.27 biomonitoring studies or in related fields of science, including epidemiology, biostatistics,
43.28 environmental health, laboratory sciences, occupational health, industrial hygiene,
43.29 toxicology, and public health, including:

43.30 (1) two scientists who represent nongovernmental organizations with a focus on
43.31 environmental health, environmental justice, children's health, or on specific chronic
43.32 diseases; and

43.33 (2) one scientist who is a representative of the University of Minnesota.

44.1 In addition, the commissioner shall appoint one member representing each of the
44.2 following departments or divisions: the department's health promotion and chronic disease
44.3 division, the Pollution Control Agency, and the Department of Agriculture.

44.4 Subd. 3. Duties. The advisory panel shall make recommendations to the
44.5 commissioner and the legislature on:

44.6 (1) priorities for health tracking;

44.7 (2) priorities for biomonitoring that are based on sound science and practice, and
44.8 that will advance the state of public health in Minnesota;

44.9 (3) specific chronic diseases to study under the environmental health tracking system;

44.10 (4) specific environmental pollutant exposures to study under the environmental
44.11 health tracking system;

44.12 (5) specific communities and geographic areas on which to focus environmental
44.13 health tracking and biomonitoring efforts;

44.14 (6) specific chemicals and metals to study under the biomonitoring program that
44.15 meet the following criteria:

44.16 (i) the degree of potential exposure to the public or specific subgroups, including,
44.17 but not limited to, occupational;

44.18 (ii) the likelihood of a chemical being a carcinogen or toxicant based on
44.19 peer-reviewed health data, the chemical structure, or the toxicology of chemically related
44.20 compounds;

44.21 (iii) the limits of laboratory detection for the chemical, including the ability to detect
44.22 the chemical at low enough levels that could be expected in the general population;

44.23 (iv) exposure or potential exposure to the public or specific subgroups;

44.24 (v) the known or suspected health effects resulting from the same level of exposure
44.25 based on peer-reviewed scientific studies;

44.26 (vi) the need to assess the efficacy of public health actions to reduce exposure to a
44.27 chemical;

44.28 (vii) the availability of a biomonitoring analytical method with adequate accuracy,
44.29 precision, sensitivity, specificity, and speed;

44.30 (viii) the availability of adequate biospecimen samples; and

44.31 (ix) other criteria that the panel may agree to; and

44.32 (7) other aspects of the design, implementation, and evaluation of the environmental
44.33 health tracking and biomonitoring system, including, but not limited to:

44.34 (i) identifying possible community partners and sources of additional public or
44.35 private funding;

44.36 (ii) developing outreach and educational methods and materials; and

45.1 (iii) disseminating environmental health tracking and biomonitoring findings to
45.2 the public.

45.3 Subd. 4. **Liability.** No member of the panel shall be held civilly or criminally liable
45.4 for an act or omission by that person if the act or omission was in good faith and within
45.5 the scope of the member's responsibilities under sections 144.995 to 144.998.

45.6 Sec. 30. Minnesota Statutes 2006, section 144E.101, subdivision 6, is amended to read:

45.7 Subd. 6. **Basic life support.** (a) Except as provided in paragraph (e), a basic life
45.8 support ambulance shall be staffed by at least two ambulance service personnel, at least
45.9 one of which must be an EMT, who provide a level of care so as to ensure that:

45.10 (1) life-threatening situations and potentially serious injuries are recognized;

45.11 (2) patients are protected from additional hazards;

45.12 (3) basic treatment to reduce the seriousness of emergency situations is administered;

45.13 and

45.14 (4) patients are transported to an appropriate medical facility for treatment.

45.15 (b) A basic life support service shall provide basic airway management.

45.16 (c) By January 1, 2001, a basic life support service shall provide automatic
45.17 defibrillation, as provided in section 144E.103, subdivision 1, paragraph (b).

45.18 (d) A basic life support service licensee's medical director may authorize the
45.19 ambulance service personnel to carry and to use medical antishock trousers and to perform
45.20 intravenous infusion if the ambulance service personnel have been properly trained.

45.21 (e) Upon application from an ambulance service that includes evidence
45.22 demonstrating hardship, the board may grant a ~~temporary~~ variance from the staff
45.23 requirements in paragraph (a) and may authorize a basic life support ambulance to be
45.24 staffed by one EMT and one first responder. The variance shall apply to basic life support
45.25 ambulances operated by the ambulance service ~~for up to one year from the date of the~~
45.26 ~~variance's issuance~~ until the ambulance service renews its license. When a variance
45.27 expires, an ambulance service may apply for a new variance under this paragraph. For
45.28 purposes of this paragraph, "ambulance service" means either an ambulance service whose
45.29 primary service area is located outside the metropolitan counties listed in section 473.121,
45.30 subdivision 4, and outside the cities of Duluth, Mankato, Moorhead, Rochester, and St.
45.31 Cloud; or an ambulance service based in a community with a population of less than 1,000.

45.32 Sec. 31. Minnesota Statutes 2006, section 144E.127, is amended to read:

45.33 **144E.127 INTERHOSPITAL; INTERFACILITY TRANSFER.**

46.1 Subdivision 1. **Interhospital transfers.** When transporting a patient from one
46.2 licensed hospital to another, a licensee may substitute for one of the required ambulance
46.3 service personnel, a physician, a registered nurse, or physician's assistant who has been
46.4 trained to use the equipment in the ambulance and is knowledgeable of the licensee's
46.5 ambulance service protocols.

46.6 Subd. 2. **Interfacility transfers.** In an interfacility transport, a licensee whose
46.7 primary service area is located outside the metropolitan counties listed in section 473.121,
46.8 subdivision 4, and outside the cities of Duluth, Mankato, Moorhead, Rochester, and St.
46.9 Cloud; or an ambulance service based in a community with a population of less than 1,000,
46.10 may substitute one EMT with a registered first responder if an EMT or EMT-paramedic,
46.11 physician, registered nurse, or physician's assistant is in the patient compartment. If using
46.12 a physician, registered nurse, or physician's assistant as the sole provider in the patient
46.13 compartment, the individual must be trained to use the equipment in the ambulance and be
46.14 knowledgeable of the ambulance service protocols.

46.15 Sec. 32. Minnesota Statutes 2006, section 144E.35, subdivision 1, is amended to read:

46.16 **Subdivision 1. Repayment for volunteer training.** ~~Any political subdivision, or~~
46.17 ~~nonprofit hospital or nonprofit corporation operating~~ A licensed ambulance service shall
46.18 be reimbursed by the board for the necessary expense of the initial training of a volunteer
46.19 ambulance attendant upon successful completion by the attendant of a basic emergency
46.20 care course, or a continuing education course for basic emergency care, or both, which has
46.21 been approved by the board, pursuant to section 144E.285. Reimbursement may include
46.22 tuition, transportation, food, lodging, hourly payment for the time spent in the training
46.23 course, and other necessary expenditures, except that in no instance shall a volunteer
46.24 ambulance attendant be reimbursed more than ~~\$450~~ \$600 for successful completion of a
46.25 basic course, and ~~\$225~~ \$275 for successful completion of a continuing education course.

46.26 Sec. 33. Minnesota Statutes 2006, section 145A.17, is amended to read:

46.27 **145A.17 FAMILY HOME VISITING PROGRAMS.**

46.28 **Subdivision 1. Establishment; goals.** The commissioner shall establish a program
46.29 to fund family home visiting programs designed to foster a healthy ~~beginning for children~~
46.30 ~~in families at or below 200 percent of the federal poverty guidelines~~ beginnings, improve
46.31 pregnancy outcomes, promote school readiness, prevent child abuse and neglect, reduce
46.32 juvenile delinquency, promote positive parenting and resiliency in children, and promote
46.33 family health and economic self-sufficiency for children and families. The commissioner
46.34 shall promote partnerships, collaboration, and multidisciplinary visiting done by teams of

47.1 professionals and paraprofessionals from the fields of public health nursing, social work,
47.2 and early childhood education. A program funded under this section must serve families
47.3 at or below 200 percent of the federal poverty guidelines, and other families determined
47.4 to be at risk, including but not limited to being at risk for child abuse, child neglect, or
47.5 juvenile delinquency. Programs must ~~give priority for services to families considered to~~
47.6 ~~be in need of services, including but not limited to~~ begin prenatally whenever possible and
47.7 must be targeted to families with:

- 47.8 (1) adolescent parents;
- 47.9 (2) a history of alcohol or other drug abuse;
- 47.10 (3) a history of child abuse, domestic abuse, or other types of violence;
- 47.11 (4) a history of domestic abuse, rape, or other forms of victimization;
- 47.12 (5) reduced cognitive functioning;
- 47.13 (6) a lack of knowledge of child growth and development stages;
- 47.14 (7) low resiliency to adversities and environmental stresses; ~~or~~
- 47.15 (8) insufficient financial resources to meet family needs;
- 47.16 (9) a history of homelessness;
- 47.17 (10) a risk of long-term welfare dependence or family instability due to employment
47.18 barriers; or
- 47.19 (11) other risk factors as determined by the commissioner.

47.20 Subd. 3. **Requirements for programs; process.** (a) ~~Before a community health~~
47.21 ~~board or tribal government may receive an allocation under subdivision 2, a community~~
47.22 ~~health board or tribal government must submit a proposal to the commissioner that~~
47.23 ~~includes identification, based on a community assessment, of the populations at or below~~
47.24 ~~200 percent of the federal poverty guidelines that will be served and the other populations~~
47.25 ~~that will be served. Each program that receives funds must~~ Community health boards
47.26 and tribal governments that receive funding under this section must submit a plan to
47.27 the commissioner describing a multidisciplinary approach to targeted home visiting for
47.28 families. The plan must be submitted on forms provided by the commissioner. At a
47.29 minimum, the plan must include the following:

- 47.30 (1) a description of outreach strategies to families prenatally or at birth;
- 47.31 (2) provisions for the seamless delivery of health, safety, and early learning services;
- 47.32 (3) methods to promote continuity of services when families move within the state;
- 47.33 (4) a description of the community demographics;
- 47.34 (5) a plan for meeting outcome measures; and
- 47.35 (6) a proposed work plan that includes:
- 47.36 (i) coordination to ensure nonduplication of services for children and families;

48.1 (ii) a description of the strategies to ensure that children and families at greatest risk
48.2 receive appropriate services; and

48.3 (iii) collaboration with multidisciplinary partners including public health,
48.4 ECFE, Head Start, community health workers, social workers, community home
48.5 visiting programs, school districts, and other relevant partners. Letters of intent from
48.6 multidisciplinary partners must be submitted with the plan.

48.7 (b) Each program that receives funds must accomplish the following program
48.8 requirements:

48.9 (1) use ~~either a broad community-based or selective community-based~~ strategy to
48.10 provide preventive and early intervention home visiting services;

48.11 (2) offer a home visit by a trained home visitor. If a home visit is accepted, the first
48.12 home visit must occur prenatally or as soon after birth as possible and must include a
48.13 public health nursing assessment by a public health nurse;

48.14 (3) offer, at a minimum, information on infant care, child growth and development,
48.15 positive parenting, preventing diseases, preventing exposure to environmental hazards,
48.16 and support services available in the community;

48.17 (4) provide information on and referrals to health care services, if needed, including
48.18 information on and assistance in applying for health care coverage for which the child or
48.19 family may be eligible; and provide information on preventive services, developmental
48.20 assessments, and the availability of public assistance programs as appropriate;

48.21 (5) provide youth development programs when appropriate;

48.22 (6) recruit home visitors who will represent, to the extent possible, the races,
48.23 cultures, and languages spoken by families that may be served;

48.24 (7) train and supervise home visitors in accordance with the requirements established
48.25 under subdivision 4;

48.26 (8) maximize resources and minimize duplication by coordinating ~~activities or~~
48.27 contracting with local social and human services organizations, education organizations,
48.28 and other appropriate governmental entities and community-based organizations and
48.29 agencies; ~~and~~

48.30 (9) utilize appropriate racial and ethnic approaches to providing home visiting
48.31 services; and

48.32 (10) connect eligible families, as needed, to additional resources available in the
48.33 community, including, but not limited to, early care and education programs, health or
48.34 mental health services, family literacy programs, employment agencies, social services,
48.35 and child care resources and referral agencies.

49.1 (c) When available, programs that receive funds under this section must offer or
49.2 provide the family with a referral to center-based or group meetings that meet at least
49.3 once per month for those families identified with additional needs. The meetings must
49.4 focus on further enhancing the information, activities, and skill-building addressed during
49.5 home visitation; offering opportunities for parents to meet with and support each other;
49.6 and offering infants and toddlers a safe, nurturing, and stimulating environment for
49.7 socialization and supervised play with qualified teachers.

49.8 ~~(b)~~ (d) Funds available under this section shall not be used for medical services. The
49.9 commissioner shall establish an administrative cost limit for recipients of funds. The
49.10 outcome measures established under subdivision 6 must be specified to recipients of
49.11 funds at the time the funds are distributed.

49.12 ~~(e)~~ (e) Data collected on individuals served by the home visiting programs must
49.13 remain confidential and must not be disclosed by providers of home visiting services
49.14 without a specific informed written consent that identifies disclosures to be made.
49.15 Upon request, agencies providing home visiting services must provide recipients with
49.16 information on disclosures, including the names of entities and individuals receiving the
49.17 information and the general purpose of the disclosure. Prospective and current recipients
49.18 of home visiting services must be told and informed in writing that written consent for
49.19 disclosure of data is not required for access to home visiting services.

49.20 Subd. 4. **Training.** The commissioner shall establish training requirements for
49.21 home visitors and minimum requirements for supervision ~~by a public health nurse~~. The
49.22 requirements for nurses must be consistent with chapter 148. The commissioner must
49.23 provide training for home visitors. Training must include ~~child development, positive~~
49.24 ~~parenting techniques, screening and referrals for child abuse and neglect, and diverse~~
49.25 ~~cultural practices in child rearing and family systems~~ the following:

49.26 (1) effective relationships for engaging and retaining families and ensuring family
49.27 health, safety, and early learning;

49.28 (2) effective methods of implementing parent education, conducting home visiting,
49.29 and promoting quality early childhood development;

49.30 (3) early childhood development from birth to age five;

49.31 (4) diverse cultural practices in child rearing and family systems;

49.32 (5) recruiting, supervising, and retaining qualified staff;

49.33 (6) increasing services for underserved populations; and

49.34 (7) relevant issues related to child welfare and protective services, with information
49.35 provided being consistent with state child welfare agency training.

50.1 Subd. 5. **Technical assistance.** The commissioner shall provide administrative
50.2 and technical assistance to each program, including assistance in data collection and
50.3 other activities related to conducting short- and long-term evaluations of the programs
50.4 as required under subdivision 7. The commissioner may request research and evaluation
50.5 support from the University of Minnesota.

50.6 Subd. 6. **Outcome and performance measures.** The commissioner shall establish
50.7 ~~outcomes~~ measures to determine the impact of family home visiting programs funded
50.8 under this section on the following areas:

- 50.9 (1) appropriate utilization of preventive health care;
- 50.10 (2) rates of substantiated child abuse and neglect;
- 50.11 (3) rates of unintentional child injuries;
- 50.12 (4) rates of children who are screened and who pass early childhood screening; ~~and~~
- 50.13 (5) rates of children accessing early care and educational services;
- 50.14 (6) program retention rates;
- 50.15 (7) number of home visits provided compared to the number of home visits planned;
- 50.16 (8) participant satisfaction;
- 50.17 (9) rates of at-risk populations reached; and
- 50.18 (10) any additional qualitative goals and quantitative measures established by the
50.19 commissioner.

50.20 Subd. 7. **Evaluation.** Using the qualitative goals and quantitative outcome and
50.21 performance measures established under subdivisions 1 and 6, the commissioner shall
50.22 conduct ongoing evaluations of the programs funded under this section. Community
50.23 health boards and tribal governments shall cooperate with the commissioner in the
50.24 evaluations and shall provide the commissioner with the information necessary to conduct
50.25 the evaluations. As part of the ongoing evaluations, the commissioner shall rate the impact
50.26 of the programs on the outcome measures listed in subdivision 6, and shall periodically
50.27 determine whether home visiting programs are the best way to achieve the qualitative
50.28 goals established under subdivisions 1 and 6. If the commissioner determines that home
50.29 visiting programs are not the best way to achieve these goals, the commissioner shall
50.30 provide the legislature with alternative methods for achieving them.

50.31 Subd. 8. **Report.** By January 15, 2002, and January 15 of each even-numbered
50.32 year thereafter, the commissioner shall submit a report to the legislature on the family
50.33 home visiting programs funded under this section and on the results of the evaluations
50.34 conducted under subdivision 7.

51.1 Subd. 9. **No supplanting of existing funds.** Funding available under this section
51.2 may be used only to supplement, not to replace, nonstate funds being used for home
51.3 visiting services as of July 1, 2001.

51.4 Sec. 34. Minnesota Statutes 2006, section 156.001, is amended by adding a subdivision
51.5 to read:

51.6 Subd. 10a. **Program for the Assessment of Veterinary Education Equivalence;**
51.7 **PAVE certificate.** A "Program for the Assessment of Veterinary Education Equivalence"
51.8 or "PAVE" certificate is issued by the American Association of Veterinary State Boards,
51.9 indicating that the holder has demonstrated knowledge and skill equivalent to that
51.10 possessed by a graduate of an accredited or approved college of veterinary medicine.

51.11 Sec. 35. **[156.015] FEES.**

51.12 Subdivision 1. **Verification of licensure.** The board may charge a fee of \$25 per
51.13 license verification to a licensee for verification of licensure status provided to other
51.14 veterinary licensing boards.

51.15 Subd. 2. **Continuing education review.** The board may charge a fee of \$50 per
51.16 submission to a sponsor for review and approval of individual continuing education
51.17 seminars, courses, wet labs, and lectures. This fee does not apply to continuing education
51.18 sponsors that already meet the criteria for preapproval under Minnesota Rules, part
51.19 9100.1000, subpart 3, item A.

51.20 Sec. 36. Minnesota Statutes 2006, section 156.02, subdivision 1, is amended to read:

51.21 Subdivision 1. **License application.** Application for a license to practice veterinary
51.22 medicine in this state shall be made in writing to the Board of Veterinary Medicine upon a
51.23 form furnished by the board, accompanied by satisfactory evidence that the applicant is at
51.24 least 18 years of age, is of good moral character, and has one of the following:

51.25 (1) a diploma conferring the degree of doctor of veterinary medicine, or an
51.26 equivalent degree, from an accredited or approved college of veterinary medicine;

51.27 (2) an ECFVG or PAVE certificate; or

51.28 (3) a certificate from the dean of an accredited or approved college of veterinary
51.29 medicine stating that the applicant is a student in good standing expecting to be graduated
51.30 at the completion of the current academic year of the college in which the applicant is
51.31 enrolled.

51.32 The application shall contain the information and material required by subdivision
51.33 2 and any other information that the board may, in its sound judgment, require. The

52.1 application shall be filed with the board at least 60 days before the date of the examination.
52.2 If the board deems it advisable, it may require that such application be verified by the
52.3 oath of the applicant.

52.4 Sec. 37. Minnesota Statutes 2006, section 156.02, subdivision 2, is amended to read:

52.5 Subd. 2. **Required with application.** Every application shall contain the following
52.6 information and material:

52.7 (1) the application fee set by the board in the form of a check or money order payable
52.8 to the board, which fee is not returnable in the event permission to take the examination
52.9 is denied for good cause;

52.10 (2) a copy of a diploma from an accredited or approved college of veterinary
52.11 medicine or a certificate from the dean or secretary of an accredited or approved college of
52.12 veterinary medicine showing the time spent in the school and the date when the applicant
52.13 was duly and regularly graduated or will duly and regularly graduate or verification of
52.14 ECFVG or PAVE certification;

52.15 (3) affidavits of at least two veterinarians and three adults who are not related to
52.16 the applicant setting forth how long a time, when, and under what circumstances they
52.17 have known the applicant, and any other facts as may be proper to enable the board to
52.18 determine the qualifications of the applicant; and

52.19 (4) if the applicant has served in the armed forces, a copy of discharge papers.

52.20 Sec. 38. Minnesota Statutes 2006, section 156.04, is amended to read:

52.21 **156.04 BOARD TO ISSUE LICENSE.**

52.22 The Board of Veterinary Medicine shall issue to every applicant who has successfully
52.23 passed the required examination, who has received a diploma conferring the degree of
52.24 doctor of veterinary medicine or an equivalent degree from an accredited or approved
52.25 college of veterinary medicine or an ECFVG or PAVE certificate, and who shall have been
52.26 adjudged to be duly qualified to practice veterinary medicine, a license to practice.

52.27 Sec. 39. Minnesota Statutes 2006, section 156.072, subdivision 2, is amended to read:

52.28 Subd. 2. **Required with application.** Such doctor of veterinary medicine shall
52.29 accompany the application by the following:

52.30 (1) a copy of a diploma from an accredited or approved college of veterinary
52.31 medicine or certification from the dean, registrar, or secretary of an accredited or approved
52.32 college of veterinary medicine attesting to the applicant's graduation from an accredited

53.1 or approved college of veterinary medicine, or a certificate of satisfactory completion of
53.2 the ECFVG or PAVE program.

53.3 (2) affidavits of two licensed practicing doctors of veterinary medicine residing in
53.4 the United States or Canadian licensing jurisdiction in which the applicant is currently
53.5 practicing, attesting that they are well acquainted with the applicant, that the applicant is a
53.6 person of good moral character, and has been actively engaged in practicing or teaching in
53.7 such jurisdiction for the period above prescribed;

53.8 (3) a certificate from the regulatory agency having jurisdiction over the conduct of
53.9 practice of veterinary medicine that such applicant is in good standing and is not the
53.10 subject of disciplinary action or pending disciplinary action;

53.11 (4) a certificate from all other jurisdictions in which the applicant holds a currently
53.12 active license or held a license within the past ten years, stating that the applicant is and
53.13 was in good standing and has not been subject to disciplinary action;

53.14 (5) in lieu of clauses (3) and (4), certification from the Veterinary Information
53.15 Verification Agency that the applicant's licensure is in good standing;

53.16 (6) a fee as set by the board in form of check or money order payable to the board,
53.17 no part of which shall be refunded should the application be denied;

53.18 (7) score reports on previously taken national examinations in veterinary medicine,
53.19 certified by the Veterinary Information Verification Agency; and

53.20 (8) if requesting waiver of examination, provide evidence of meeting licensure
53.21 requirements in the state of the applicant's original licensure that were substantially equal
53.22 to the requirements for licensure in Minnesota in existence at that time.

53.23 Sec. 40. Minnesota Statutes 2006, section 156.073, is amended to read:

53.24 **156.073 TEMPORARY PERMIT.**

53.25 The board may issue without examination a temporary permit to practice veterinary
53.26 medicine in this state to a person who has submitted an application approved by the
53.27 board for license pending examination, and holds a doctor of veterinary medicine degree
53.28 or an equivalent degree from an approved or accredited college of veterinary medicine
53.29 or an ECFVG or PAVE certification. The temporary permit shall expire the day after
53.30 publication of the notice of results of the first examination given after the permit is
53.31 issued. No temporary permit may be issued to any applicant who has previously failed
53.32 the national examination and is currently not licensed in any licensing jurisdiction of the
53.33 United States or Canada or to any person whose license has been revoked or suspended
53.34 or who is currently subject to a disciplinary order in any licensing jurisdiction of the
53.35 United States or Canada.

54.1 Sec. 41. Minnesota Statutes 2006, section 156.12, subdivision 2, is amended to read:

54.2 Subd. 2. **Authorized activities.** No provision of this chapter shall be construed to
54.3 prohibit:

54.4 (a) a person from rendering necessary gratuitous assistance in the treatment of any
54.5 animal when the assistance does not amount to prescribing, testing for, or diagnosing,
54.6 operating, or vaccinating and when the attendance of a licensed veterinarian cannot be
54.7 procured;

54.8 (b) a person who is a regular student in an accredited or approved college of
54.9 veterinary medicine from performing duties or actions assigned by instructors or
54.10 preceptors or working under the direct supervision of a licensed veterinarian;

54.11 (c) a veterinarian regularly licensed in another jurisdiction from consulting with a
54.12 licensed veterinarian in this state;

54.13 (d) the owner of an animal and the owner's regular employee from caring for and
54.14 administering to the animal belonging to the owner, except where the ownership of the
54.15 animal was transferred for purposes of circumventing this chapter;

54.16 (e) veterinarians who are in compliance with subdivision 6 and who are employed by
54.17 the University of Minnesota from performing their duties with the College of Veterinary
54.18 Medicine, College of Agriculture, Agricultural Experiment Station, Agricultural Extension
54.19 Service, Medical School, School of Public Health, or other unit within the university; or
54.20 a person from lecturing or giving instructions or demonstrations at the university or in
54.21 connection with a continuing education course or seminar to veterinarians or pathologists
54.22 at the University of Minnesota Veterinary Diagnostic Laboratory;

54.23 (f) any person from selling or applying any pesticide, insecticide or herbicide;

54.24 (g) any person from engaging in bona fide scientific research or investigations which
54.25 reasonably requires experimentation involving animals;

54.26 (h) any employee of a licensed veterinarian from performing duties other than
54.27 diagnosis, prescription or surgical correction under the direction and supervision of the
54.28 veterinarian, who shall be responsible for the performance of the employee;

54.29 (i) a graduate of a foreign college of veterinary medicine from working under the
54.30 direct personal instruction, control, or supervision of a veterinarian faculty member of
54.31 the College of Veterinary Medicine, University of Minnesota in order to complete the
54.32 requirements necessary to obtain an ECFVG or PAVE certificate.

54.33 Sec. 42. Minnesota Statutes 2006, section 156.12, subdivision 4, is amended to read:

54.34 Subd. 4. **Titles.** It is unlawful for a person who has not received a professional
54.35 degree from an accredited or approved college of veterinary medicine, or ECFVG or PAVE

55.1 certification, to use any of the following titles or designations: Veterinary, veterinarian,
55.2 animal doctor, animal surgeon, animal dentist, animal chiropractor, animal acupuncturist,
55.3 or any other title, designation, word, letter, abbreviation, sign, card, or device tending to
55.4 indicate that the person is qualified to practice veterinary medicine.

55.5 Sec. 43. Minnesota Statutes 2006, section 156.12, subdivision 6, is amended to read:

55.6 Subd. 6. **Faculty licensure.** (a) Veterinary Medical Center clinicians at the College
55.7 of Veterinary Medicine, University of Minnesota, who are engaged in the practice of
55.8 veterinary medicine as defined in subdivision 1 and who treat animals owned by clients of
55.9 the Veterinary Medical Center must possess the same license required by other veterinary
55.10 practitioners in the state of Minnesota except for persons covered by paragraphs (b) and (c).

55.11 (b) A specialty practitioner in a hard-to-fill faculty position who has been employed
55.12 at the College of Veterinary Medicine, University of Minnesota, for five years or
55.13 more prior to 2003 or is specialty board certified by the American Veterinary Medical
55.14 Association or the European Board of Veterinary Specialization may be granted a specialty
55.15 faculty Veterinary Medical Center clinician license which will allow the licensee to
55.16 practice veterinary medicine in the state of Minnesota in the specialty area of the licensee's
55.17 training and only within the scope of employment at the Veterinary Medical Center.

55.18 (c) A specialty practitioner in a hard-to-fill faculty position at the College of
55.19 Veterinary Medicine, University of Minnesota, who has graduated from a board-approved
55.20 foreign veterinary school may be granted a temporary faculty Veterinary Medical Center
55.21 clinician license. The temporary faculty Veterinary Medical Center clinician license
55.22 expires in two years and allows the licensee to practice veterinary medicine as defined
55.23 in subdivision 1 and treat animals owned by clients of the Veterinary Medical Center.
55.24 The temporary faculty Veterinary Medical Center clinician license allows the licensee to
55.25 practice veterinary medicine in the state of Minnesota in the specialty area of the licensee's
55.26 training and only within the scope of employment at the Veterinary Medical Center while
55.27 under the direct supervision of a veterinarian currently licensed and actively practicing
55.28 veterinary medicine in Minnesota, as defined in section 156.04. The direct supervising
55.29 veterinarian shall not have any current or past conditions, restrictions, or probationary
55.30 status imposed on the veterinarian's license by the board within the past five years. The
55.31 holder of a temporary faculty Veterinary Medical Center clinician license who is enrolled
55.32 in a PhD program may apply for up to two additional consecutive two-year extensions
55.33 of an expiring temporary faculty Veterinary Medical Center clinician license. Any other
55.34 holder of a temporary faculty Veterinary Medical Center clinician license may apply for
55.35 one two-year extension of the expiring temporary faculty Veterinary Medical Center

56.1 clinician license. Temporary faculty Veterinary Medical Center clinician licenses that are
56.2 allowed to expire may not be renewed. The board shall grant an extension to a licensee
56.3 who demonstrates suitable progress toward completing the requirements of their academic
56.4 program, specialty board certification, or full licensure in Minnesota by a graduate of a
56.5 foreign veterinary college.

56.6 (d) Temporary and specialty faculty Veterinary Medical Center clinician licensees
56.7 must abide by all the laws governing the practice of veterinary medicine in the state
56.8 of Minnesota and are subject to the same disciplinary action as any other veterinarian
56.9 licensed in the state of Minnesota.

56.10 (e) The fee for a license issued under this subdivision is the same as for a regular
56.11 license to practice veterinary medicine in Minnesota. License payment deadlines, late
56.12 payment fees, and other license requirements are also the same as for regular licenses.

56.13 Sec. 44. Minnesota Statutes 2006, section 156.15, subdivision 2, is amended to read:

56.14 Subd. 2. **Service.** Service of an order under this section is effective if the order is
56.15 served on the person or counsel of record personally or by ~~certified~~ United States mail to
56.16 the most recent address provided to the board for the person or counsel of record.

56.17 Sec. 45. Minnesota Statutes 2006, section 156.16, subdivision 3, is amended to read:

56.18 Subd. 3. **Dispensing.** "Dispensing" means distribution of veterinary prescription
56.19 drugs or over-the-counter drugs for extra-label use or human drugs for extra-label use by a
56.20 person licensed as a pharmacist by the Board of Pharmacy or a person licensed by the
56.21 Board of Veterinary Medicine.

56.22 Sec. 46. Minnesota Statutes 2006, section 156.16, subdivision 10, is amended to read:

56.23 Subd. 10. **Prescription.** "Prescription" means an order from a veterinarian to a
56.24 pharmacist or another veterinarian authorizing the dispensing of ~~a~~ veterinary prescription
56.25 drug drugs, human drugs for extra-label use, or over-the counter drugs for extra-label use
56.26 to a client for use on or in a patient.

56.27 Sec. 47. Minnesota Statutes 2006, section 156.18, subdivision 1, is amended to read:

56.28 Subdivision 1. **Prescription.** (a) A person may not dispense a veterinary
56.29 prescription drug to a client without a prescription or other veterinary authorization. A
56.30 person may not make extra-label use of an animal or human drug for an animal without a
56.31 prescription from a veterinarian. A veterinarian or the veterinarian's authorized employee
56.32 may dispense ~~a~~ veterinary prescription drug to drugs, human drugs for extra-label use, or

57.1 ~~an over-the-counter drug for extra-label use by a client or oversee the extra-label use of~~
57.2 ~~a veterinary drug directly by a client~~ without a separate written prescription, providing
57.3 there is documentation of the prescription in the medical record and there is an existing
57.4 veterinarian-client-patient relationship. The prescribing veterinarian must monitor the use
57.5 of veterinary prescription drugs, human drugs for extra-label use, or over-the-counter
57.6 drugs for extra-label use by a client.

57.7 (b) A veterinarian may dispense prescription veterinary drugs and prescribe and
57.8 dispense extra-label use drugs to a client without personally examining the animal if
57.9 a bona fide veterinarian-client-patient relationship exists and in the judgment of the
57.10 veterinarian the client has sufficient knowledge to use the drugs properly.

57.11 (c) A veterinarian may issue a prescription or other veterinary authorization by oral or
57.12 written communication to the dispenser, or by computer connection. If the communication
57.13 is oral, the veterinarian must enter it into the patient's record. The dispenser must record
57.14 the veterinarian's prescription or other veterinary authorization within 72 hours.

57.15 (d) A prescription or other veterinary authorization must include:

57.16 (1) the name, address, and, if written, the signature of the prescriber;

57.17 (2) the name and address of the client;

57.18 (3) identification of the species for which the drug is prescribed or ordered;

57.19 (4) the name, strength, and quantity of the drug;

57.20 (5) the date of issue;

57.21 (6) directions for use; ~~and~~

57.22 (7) withdrawal time; if applicable; and

57.23 (8) number of authorized refills.

57.24 (e) A veterinarian may, in the course of professional practice and an existing
57.25 veterinarian-client-patient relationship, prepare medicaments that combine drugs approved
57.26 by the United States Food and Drug Administration and other legally obtained ingredients
57.27 with appropriate vehicles.

57.28 (f) A veterinarian or a bona fide employee of a veterinarian may dispense veterinary
57.29 prescription drugs to a person on the basis of a prescription issued by a licensed
57.30 veterinarian. The provisions of paragraphs (c) and (d) apply.

57.31 (g) This section does not limit the authority of the Minnesota Racing Commission to
57.32 regulate veterinarians providing services at a licensed racetrack.

57.33 Sec. 48. Minnesota Statutes 2006, section 156.18, subdivision 2, is amended to read:

57.34 Subd. 2. **Label of dispensed veterinary drugs.** (a) A veterinarian or the
57.35 veterinarian's authorized agent or employee dispensing a veterinary prescription drug

58.1 ~~or prescribing the extra-label use of an over-the-counter drug, an over-the-counter drug~~
58.2 for extra-label use, or a human drug for extra-label use must provide written information
58.3 which includes the name and address of the veterinarian, date of filling, species of patient,
58.4 name or names of drug, strength of drug or drugs, directions for use, withdrawal time,
58.5 and cautionary statements, if any, appropriate for the drug.

58.6 (b) If the veterinary drug has been prepared, mixed, formulated, or packaged by the
58.7 dispenser, all of the information required in paragraph (a) must be provided on a label
58.8 affixed to the container.

58.9 (c) If the veterinary drug is in the manufacturer's original package, the information
58.10 required in paragraph (a) must be supplied in writing but need not be affixed to the
58.11 container. Information required in paragraph (a) that is provided by the manufacturer on
58.12 the original package does not need to be repeated in the separate written information.
58.13 Written information required by this paragraph may be written on the sales invoice.

58.14 Sec. 49. Minnesota Statutes 2006, section 156.19, is amended to read:

58.15 **156.19 EXTRA-LABEL USE.**

58.16 A person, other than a veterinarian or ~~a person working under the control~~ an
58.17 employee of a veterinarian, must not make extra-label use of a veterinary drug in or
58.18 on a food-producing animal, unless permitted by the prescription of a veterinarian. A
58.19 veterinarian may prescribe the extra-label use of a ~~veterinary~~ drug if:

58.20 (1) the veterinarian makes a careful medical diagnosis within the context of a valid
58.21 veterinarian-client-patient relationship;

58.22 (2) the veterinarian determines that there is no marketed drug specifically labeled to
58.23 treat the condition diagnosed, or that drug therapy as recommended by the labeling has, in
58.24 the judgment of the attending veterinarian, been found to be clinically ineffective;

58.25 (3) the veterinarian recommends procedures to ensure that the identity of the treated
58.26 animal will be carefully maintained; ~~and~~

58.27 (4) the veterinarian prescribes a significantly extended time period for drug
58.28 withdrawal before marketing meat, milk, or eggs; and

58.29 (5) the veterinarian has met the criteria established in Code of Federal Regulations,
58.30 title 21, part 530, which define the extra-label use of medication in or on animals.

58.31 Sec. 50. Minnesota Statutes 2006, section 198.075, is amended to read:

58.32 **198.075 MINNESOTA VETERANS HOME EMPLOYEES; EXCLUDED**
58.33 **FROM COMMISSARY PRIVILEGES.**

59.1 Except as provided in this section, no commissary privileges including food, laundry
59.2 service, janitorial service, and household supplies shall be furnished to any employee of
59.3 the Minnesota veterans homes. An employee of the Minnesota veterans homes who works
59.4 a second shift that is consecutive with a regularly scheduled shift may be allowed one free
59.5 meal at the veterans home on the day of that extra shift.

59.6 Sec. 51. Minnesota Statutes 2006, section 256B.0625, subdivision 14, is amended to
59.7 read:

59.8 Subd. 14. **Diagnostic, screening, and preventive services.** (a) Medical assistance
59.9 covers diagnostic, screening, and preventive services.

59.10 (b) "Preventive services" include services related to pregnancy, including:

59.11 (1) services for those conditions which may complicate a pregnancy and which may
59.12 be available to a pregnant woman determined to be at risk of poor pregnancy outcome;

59.13 (2) prenatal HIV risk assessment, education, counseling, and testing; and

59.14 (3) alcohol abuse assessment, education, and counseling on the effects of alcohol
59.15 usage while pregnant. Preventive services available to a woman at risk of poor pregnancy
59.16 outcome may differ in an amount, duration, or scope from those available to other
59.17 individuals eligible for medical assistance.

59.18 (c) "Screening services" include, but are not limited to, blood lead tests. Screening
59.19 services also include, for children with blood lead levels equal to or greater than five
59.20 micrograms of lead per deciliter of whole blood, environmental investigations to
59.21 determine the source of lead exposure. Reimbursement is limited to a health professional's
59.22 time and activities during an on-site investigation of a child's home or primary residence.

59.23 Sec. 52. Minnesota Statutes 2006, section 256B.0625, is amended by adding a
59.24 subdivision to read:

59.25 Subd. 49. **Lead risk assessments.** (a) Effective October 1, 2007, or six months after
59.26 federal approval, whichever is later, medical assistance covers lead risk assessments
59.27 provided by a lead risk assessor who is licensed by the commissioner of health under
59.28 section 144.9505 and employed by an assessing agency as defined in section 144.9501.
59.29 Medical assistance covers a onetime on-site investigation of a recipient's home or primary
59.30 residence to determine the existence of lead so long as the recipient is under the age
59.31 of 21 and has a venous blood lead level specified in section 144.9504, subdivision 2,
59.32 paragraph (a).

59.33 (b) Medical assistance reimbursement covers the lead risk assessor's time to
59.34 complete the following activities:

- 60.1 (1) gathering samples;
60.2 (2) interviewing family members;
60.3 (3) gathering data, including meter readings; and
60.4 (4) providing a report with the results of the investigation and options for reducing
60.5 lead-based paint hazards.

60.6 Medical assistance coverage of lead risk assessment does not include testing of
60.7 environmental substances such as water, paint, or soil or any other laboratory services.

60.8 Medical assistance coverage of lead risk assessments is not included in the capitated
60.9 services for children enrolled in health plans through the prepaid medical assistance
60.10 program and the MinnesotaCare program.

60.11 (c) Payment for lead risk assessment must be cost-based and must meet the criteria
60.12 for federal financial participation under the Medicaid program. The rate must be based
60.13 on allowable expenditures from cost information gathered. Under section 144.9507,
60.14 subdivision 5, federal medical assistance funds may not replace existing funding for
60.15 lead-related activities. The nonfederal share of costs for services provided under this
60.16 subdivision must be from state or local funds and is the responsibility of the agency
60.17 providing the risk assessment. Eligible expenditures for the nonfederal share of costs may
60.18 not be made from federal funds or funds used to match other federal funds. Any federal
60.19 disallowances are the responsibility of the agency providing risk assessment services.

60.20 **Sec. 53. [325.172] BISPHENOL-A IN PRODUCTS FOR CHILDREN.**

60.21 Subdivision. 1. **Bisphenol-A and phthalates committee.** The commissioner of
60.22 health shall create a committee under the direction of the environmental health division of
60.23 the Department of Health to study the scientific literature and make recommendations to
60.24 the legislature on the health impact of bisphenol-A and phthalates on children in products
60.25 intended for use by young children, including, but not limited to, toys, pacifiers, baby
60.26 bottles, and teethers, and report back by January 15, 2008. The committee shall also
60.27 identify least harmful alternatives. Of the seven committee members at least one shall be a
60.28 representative of the Department of Health, one shall be a representative of environmental
60.29 health sciences research, one shall be a representative of the Minnesota Nurses
60.30 Association, one shall be a representative of environmental health consumer advocates,
60.31 one shall be a member of a children's product manufacturer's association, and one shall be
60.32 a representative of the University of Minnesota, chemical plastics research department.

60.33 Subd. 2. **Definitions.** For the purposes of this section, the following terms have
60.34 the meanings given them:

61.1 (a) "Toy" means all products designed or intended by the manufacturer to be used by
61.2 children when they play.

61.3 (b) "Child care article" means all products designed or intended by the manufacturer
61.4 to facilitate sleep, relaxation, or the feeding of children or to help children with sucking or
61.5 teething.

61.6 Sec. 54. **[325E.385] PRODUCTS CONTAINING POLYBROMINATED**
61.7 **DIPHENYL ETHER.**

61.8 Subdivision 1. **Definitions.** For the purposes of sections 325E.386 to 325E.388,
61.9 the terms in this section have the meanings given them.

61.10 Subd. 2. **Commercial decabromodiphenyl ether.** "Commercial
61.11 decabromodiphenyl ether" means the chemical mixture of decabromodiphenyl ether,
61.12 including associated polybrominated diphenyl ether impurities not intentionally added.

61.13 Subd. 3. **Commissioner.** "Commissioner" means the commissioner of the Pollution
61.14 Control Agency.

61.15 Subd. 4. **Manufacturer.** "Manufacturer" means any person, firm, association,
61.16 partnership, corporation, governmental entity, organization, or joint venture that produces
61.17 a product containing polybrominated diphenyl ethers or an importer or domestic
61.18 distributor of a noncombustible product containing polybrominated diphenyl ethers.

61.19 Subd. 5. **Polybrominated diphenyl ethers or PBDE's.** "Polybrominated diphenyl
61.20 ethers" or "PBDE's" means chemical forms that consist of diphenyl ethers bound with
61.21 bromine atoms. Polybrominated diphenyl ethers include, but are not limited to, the
61.22 three primary forms of the commercial mixtures known as pentabromodiphenyl ether,
61.23 octabromodiphenyl ether, and decabromodiphenyl ether.

61.24 Subd. 6. **Retailer.** "Retailer" means a person who offers a product for sale at retail
61.25 through any means, including, but not limited to, remote offerings such as sales outlets,
61.26 catalogs, or the Internet, but does not include a sale that is a wholesale transaction with a
61.27 distributor or a retailer.

61.28 Subd. 7. **Used product.** "Used product" means any product that has been previously
61.29 owned, purchased, or sold in commerce. Used product does not include any product
61.30 manufactured after January 1, 2008.

61.31 Sec. 55. **[325E.386] PRODUCTS CONTAINING CERTAIN**
61.32 **POLYBROMINATED DIPHENYL ETHERS BANNED; EXEMPTIONS.**

61.33 Subdivision 1. **Penta- and octabromodiphenyl ethers.** Except as provided in
61.34 subdivision 3, beginning January 1, 2008, a person may not manufacture, process, or

62.1 distribute in commerce a product or flame-retardant part of a product containing more
62.2 than one-tenth of one percent of pentabromodiphenyl ether or octabromodiphenyl ether
62.3 by mass.

62.4 Subd. 2. **Exemptions.** The following products containing polybrominated diphenyl
62.5 ethers are exempt from subdivision 1:

62.6 (1) the sale or distribution of any used transportation vehicle with component parts
62.7 containing polybrominated diphenyl ethers;

62.8 (2) the sale or distribution of any used transportation vehicle parts or new
62.9 transportation vehicle parts manufactured before January 1, 2008, that contain
62.10 polybrominated diphenyl ethers;

62.11 (3) the manufacture, sale, repair, distribution, maintenance, refurbishment, or
62.12 modification of equipment containing polybrominated diphenyl ethers and used primarily
62.13 for military or federally funded space program applications. This exemption does not
62.14 cover consumer-based goods with broad applicability;

62.15 (4) the sale or distribution by a business, charity, public entity, or private party of
62.16 any used product containing polybrominated diphenyl ethers;

62.17 (5) the manufacture, sale, or distribution of new carpet cushion made from recycled
62.18 foam containing more than one-tenth of one percent penta polybrominated diphenyl
62.19 ether; or

62.20 (6) medical devices.

62.21 In-state retailers in possession of products on January 1, 2008, that are banned for
62.22 sale under subdivision 1 may exhaust their stock through sales to the public. Nothing in
62.23 this section restricts the ability of a manufacturer, importer, or distributor from transporting
62.24 products containing polybrominated diphenyl ethers through the state, or storing such
62.25 products in the state for later distribution outside the state.

62.26 **Sec. 56. [325E.387] REVIEW OF DECABROMODIPHENYL ETHER.**

62.27 Subdivision 1. **Commissioner duties.** The commissioner in consultation
62.28 with the commissioners of health and public safety shall review uses of commercial
62.29 decabromodiphenyl ether, availability of technically feasible and safer alternatives, fire
62.30 safety and any evidence regarding the potential harm to public health and the environment
62.31 posed by commercial decabromodiphenyl ether and the alternatives. The commissioner
62.32 must consult with key stakeholders. The commissioner must also review the findings from
62.33 similar state and federal agencies and must report their findings and recommendations to
62.34 the appropriate committees of the legislature no later than January 15, 2008.

63.1 Subd. 2. State procurement. By January 1, 2008, the commissioner of
 63.2 administration shall make available for purchase and use by all state agencies only
 63.3 equipment, supplies, and other products that do not contain polybrominated diphenyl
 63.4 ethers, unless exempted under section 325E.386, subdivision 2.

63.5 **Sec. 57. ~~[325E.388]~~ PENALTIES.**

63.6 A manufacturer who violates sections 325E.386 to 325E.388 is subject to a
 63.7 civil penalty not to exceed \$1,000 for each violation in the case of a first offense. A
 63.8 manufacturer is subject to a civil penalty not to exceed \$5,000 for each repeat offense.
 63.9 Penalties collected under this section must be used by the commissioner to implement
 63.10 and enforce this section.

63.11 **Sec. 58. Laws 2005, First Special Session chapter 4, article 9, section 3, subdivision 2,**
 63.12 **is amended to read:**

63.13 **Subd. 2. Community and Family Health**
 63.14 **Improvement**

63.15	Summary by Fund		
63.16	General	40,413,000	40,382,000
63.17	State Government		
63.18	Special Revenue	141,000	128,000
63.19	Health Care Access	3,510,000	3,516,000
63.20	Federal TANF	6,000,000	6,000,000

63.21 ~~**Family Planning Base Reduction.** Base~~
 63.22 ~~level funding for the family planning~~
 63.23 ~~special projects grant program is reduced~~
 63.24 ~~by \$1,877,000 each year of the biennium~~
 63.25 ~~beginning July 1, 2007, provided that~~
 63.26 ~~this reduction shall only take place~~
 63.27 ~~upon full implementation of the family~~
 63.28 ~~planning project section of the 1115 waiver.~~
 63.29 ~~Notwithstanding Minnesota Statutes, section~~
 63.30 ~~145.925, the commissioner shall give priority~~
 63.31 ~~to community health care clinics providing~~
 63.32 ~~family planning services that either serve a~~
 63.33 ~~high number of women who do not qualify~~
 63.34 ~~for medical assistance or are unable to~~
 63.35 ~~participate in the medical assistance program~~

64.1 ~~as a medical assistance provider when~~
64.2 ~~allocating the remaining appropriations.~~
64.3 ~~Notwithstanding section 15, this paragraph~~
64.4 ~~shall not expire.~~

64.5 **Shaken Baby Video.** Of the state
64.6 government special revenue fund
64.7 appropriation, \$13,000 in 2006 is
64.8 appropriated to the commissioner of health
64.9 to provide a video to hospitals on shaken
64.10 baby syndrome. The commissioner of health
64.11 shall assess a fee to hospitals to cover the
64.12 cost of the approved shaken baby video and
64.13 the revenue received is to be deposited in the
64.14 state government special revenue fund.

64.15 **Sec. 59. FUNDING FOR ENVIRONMENTAL JUSTICE MAPPING.**

64.16 The commissioner of health, in conjunction with the commissioner of the Pollution
64.17 Control Agency, shall apply for federal funding to renew and expand the state's
64.18 environmental justice mapping capacity in order to promote public health tracking. The
64.19 commissioner shall coordinate the project with the Pollution Control Agency and the
64.20 Department of Agriculture in order to explore possible links between environmental health
64.21 and toxic exposures and to help create a system for environmental public health tracking.
64.22 The commissioner shall also make recommendations to the legislature for additional
64.23 sources of funding within the state.

64.24 **EFFECTIVE DATE.** This section is effective the day following final enactment.

64.25 **Sec. 60. LEGISLATIVE FINDINGS AND PURPOSE.**

64.26 The legislature hereby finds that hearing loss occurs in newborn infants more
64.27 frequently than any other health condition for which newborn infant screening is required.
64.28 Early detection of hearing loss in a child and early intervention and treatment has been
64.29 demonstrated to be highly effective in facilitating a child's healthy development in a
64.30 manner consistent with the child's age, language acquisition, and cognitive ability.
64.31 Without early hearing detection and intervention, children with hearing loss experience
64.32 serious delays in language acquisition and social and cognitive development. With
64.33 appropriate testing and identification of newborn infants, hearing loss screening will

65.1 facilitate early intervention and treatment and will serve the public purpose of promoting
65.2 the healthy development of children.

65.3 For these reasons, the legislature hereby determines that it is beneficial and in the
65.4 best interests of the development of the children of the state of Minnesota that newborn
65.5 infants' hearing be screened.

65.6 **Sec. 61. INFORMATION SHARING.**

65.7 By August 1, 2007, the commissioner of health, the Pollution Control Agency, the
65.8 commissioner of agriculture, and the University of Minnesota are requested to jointly
65.9 develop and sign a memorandum of understanding declaring their intent to share new
65.10 and existing environmental hazard, exposure, and health outcome data, consistent with
65.11 applicable data practices laws, and to cooperate and communicate effectively to ensure
65.12 sufficient clarity and understanding of the data between these organizations.

65.13 **Sec. 62. COMMISSIONER OF HEALTH REPORT; ROUTINE RADIATION**
65.14 **EMISSIONS.**

65.15 The commissioner of health, within the limits of available appropriations, in
65.16 cooperation with the utilities that own the Monticello and Prairie Island nuclear plants,
65.17 shall issue a report detailing where routine radiation releases go and the health impacts of
65.18 the radiation emissions on affected communities. By April 1, 2008, the report must be
65.19 distributed to house and senate committees having jurisdiction over public health and to
65.20 all communities that are part of the emergency response planning.

65.21 **Sec. 63. FRAGRANCE-FREE SCHOOLS EDUCATION PILOT PROJECT.**

65.22 Subdivision 1. **Purpose.** Recognizing that scented products may trigger asthma or
65.23 chemical sensitivity reactions in students and school staff, which can contribute to learning
65.24 and breathing problems, the commissioner of health shall develop a fragrance-free schools
65.25 education pilot project.

65.26 Subd. 2. **Education.** The commissioner of health, in collaboration with the
65.27 commissioner of education and the Minneapolis Board of Education, shall establish a
65.28 working group composed of at least three students, two teachers, one school administrator,
65.29 and one member of the Minneapolis Board of Education to recommend an education
65.30 campaign in Minneapolis public schools to inform students and parents about the
65.31 potentially harmful effects of the use of fragrance products on sensitive students and
65.32 school personnel in Minneapolis schools. The commissioner shall report findings to the
65.33 legislature by February 1, 2008.

66.1 **EFFECTIVE DATE.** This section is effective the day following final enactment.

66.2 Sec. 64. **LINDANE COMMITTEE.**

66.3 The commissioner of health shall create a committee of stakeholders, including
66.4 at least one environmental health research scientist and at least one parent consumer
66.5 advocate, to review the scientific literature and make recommendations to the legislature
66.6 on the health impact of Lindane on children and report back by January 15, 2008.

66.7 Sec. 65. **MEDICAL ASSISTANCE COVERAGE FOR ARSENIC TESTING.**

66.8 The commissioner of human services shall ensure that testing for arsenic under
66.9 section 1, subdivision 3, is covered under medical assistance.

66.10 Sec. 66. **BLOOD LEAD TESTING STUDY.**

66.11 The commissioner of health, in consultation with the Department of Human
66.12 Services; cities of the first class; health care providers; and other interested parties shall
66.13 conduct a study to evaluate blood lead testing methods used to confirm elevated blood
66.14 lead status. The study shall examine and/or develop:

66.15 (1) the false positive rate of capillary tests for children less than 72 months old;

66.16 (2) current protocols for conducting capillary testing, including filter paper
66.17 methodology;

66.18 (3) existing guidelines and regulations from other states and federal agencies
66.19 regarding lead testing;

66.20 (4) recommendations regarding the use of capillary tests to initiate environmental
66.21 investigations and case management, including number and timing of tests and fiscal
66.22 implications for state and local lead programs; and

66.23 (5) recommendations regarding reducing the state mandatory intervention to ten
66.24 micrograms of lead per deciliter of whole blood.

66.25 The commissioner shall submit the results of the study and any recommendations,
66.26 including any necessary legislative changes, to the legislature by February 15, 2008.

66.27 Sec. 67. **WINDOW SAFETY EDUCATION.**

66.28 The commissioner of health shall create in the department's current educational
66.29 safety program a component targeted at parents and caregivers of young children to
66.30 provide awareness of the need to take precautions to prevent children from falling
66.31 through open windows. The commissioner of health shall consult with representatives
66.32 of the residential building industry, the window products industry, the child safety

67.1 advocacy community, and the Department of Labor and Industry to create the window
 67.2 safety program component. The program must include the gathering of data about
 67.3 falls from windows that result in severe injury in order to measure the effectiveness of
 67.4 the safety program. The commissioner of health may consult with other child safety
 67.5 advocacy groups, experts, and interested parties in the development and implementation
 67.6 of the window safety program. The commissioner of health shall prepare and submit
 67.7 a final report on the window safety program to the legislature by March 1, 2011. The
 67.8 commissioner shall prepare and submit a yearly progress report to the legislature by
 67.9 March 1 of each year beginning in 2008 until the submission of the final report. The
 67.10 final report must include a summary of the safety program, the impact of the program on
 67.11 children falling from windows, and any recommendations for further study or action.

67.12 **Sec. 68. REVISOR'S INSTRUCTION.**

67.13 The revisor of statutes shall change the range reference "144.9501 to 144.9509"
 67.14 to "144.9501 to 144.9512" wherever the reference appears in Minnesota Statutes and
 67.15 Minnesota Rules.

67.16 **Sec. 69. REPEALER.**

67.17 Laws 2004, chapter 288, article 6, section 27, is repealed.

67.18 **ARTICLE 3**

67.19 **HOUSING**

67.20 **Section 1. SUMMARY OF APPROPRIATIONS.**

67.21 The amounts shown in this section summarize direct appropriations, by fund, made
 67.22 in this article.

		<u>2008</u>		<u>2009</u>		<u>Total</u>
67.23						
67.24	<u>General</u>	\$	<u>67,896,000</u>	\$	<u>49,040,000</u>	\$ <u>116,936,000</u>
67.25	<u>TANF</u>	\$	<u>3,075,000</u>	\$	<u>3,075,000</u>	\$ <u>6,150,000</u>
67.26	<u>Total</u>	\$	<u>70,971,000</u>	\$	<u>52,115,000</u>	\$ <u>123,086,000</u>

67.27 **Sec. 2. HOUSING.**

67.28 The sums shown in the columns marked "Appropriations" are appropriated to the
 67.29 agencies and for the purposes specified. The appropriations are from the general fund, or
 67.30 another named fund, and are available for the fiscal years indicated for each purpose. The
 67.31 figures "2008" and "2009" used in this act mean that the appropriations listed under them
 67.32 are available for the fiscal year ending June 30, 2008, or June 30, 2009, respectively. "The

69.1 262.1. If the appropriation in either year is
69.2 insufficient, the appropriation for the other
69.3 year is available.

69.4 **Subd. 2. Economic Development and Housing**
69.5 **Challenge**

69.6 (a) \$21,308,000 the first year and \$9,622,000
69.7 the second year are for the economic
69.8 development and housing challenge program
69.9 under Minnesota Statutes, section 462A.33,
69.10 for housing that:

69.11 (i) conserves energy and utilizes sustainable,
69.12 healthy building materials;

69.13 (ii) preserves sensitive natural areas and
69.14 open spaces and minimizes the need for new
69.15 infrastructure;

69.16 (iii) is accessible to jobs and services through
69.17 integration with transportation or transit
69.18 systems; and

69.19 (iv) expands the mix of housing choices in
69.20 a community by diversifying the levels of
69.21 housing affordability.

69.22 The agency may fund demonstration projects
69.23 that have unique approaches to achieving the
69.24 housing described above.

69.25 (b) The base is reduced by \$3,407,000 each
69.26 year in fiscal year 2010 and fiscal year 2011.

69.27 **Subd. 3. Housing Trust Fund**

69.28 \$15,195,000 the first year and \$11,945,000
69.29 the second year are for the housing trust fund
69.30 account created under Minnesota Statutes,
69.31 section 462A.201, for the purposes of that
69.32 section. Of this amount, \$1,500,000 the first
69.33 year and \$1,500,000 in the second year is a
69.34 onetime appropriation from the state's federal

70.1 TANF block grant. The base is reduced by
70.2 \$3,390,000 each year in fiscal year 2010 and
70.3 fiscal year 2011.

70.4 **Subd. 4. Bridges Rental Assistance for**
70.5 **Mentally Ill**

70.6 \$3,400,000 the first year and \$3,400,000
70.7 the second year are for a rental housing
70.8 assistance program for persons with a mental
70.9 illness or families with an adult member with
70.10 a mental illness under Minnesota Statutes,
70.11 section 462A.2097.

70.12 **Subd. 5. Family Homeless Prevention**

70.13 \$7,565,000 the first year and \$7,565,000
70.14 the second year are for family homeless
70.15 prevention and assistance programs under
70.16 Minnesota Statutes, section 462A.204. Of
70.17 this amount, \$1,575,000 in the first year
70.18 and \$1,575,000 in the second year is a
70.19 onetime appropriation from the state's federal
70.20 TANF block grant. The base is reduced by
70.21 \$3,800,000 each year in fiscal year 2010 and
70.22 fiscal year 2011.

70.23 **Subd. 6. Home Ownership Assistance Fund**

70.24 \$1,885,000 the first year and \$1,885,000
70.25 the second year are for the home ownership
70.26 assistance program under Minnesota
70.27 Statutes, section 462A.21, subdivision 8.
70.28 The base is reduced by \$1,000,000 each year
70.29 in fiscal year 2010 and fiscal year 2011.

70.30 **Subd. 7. Affordable Rental Investment Fund**

70.31 \$11,496,000 the first year and \$8,996,000
70.32 the second year are for the affordable rental
70.33 investment fund program under Minnesota
70.34 Statutes, section 462A.21, subdivision 8b.

71.1 Of this amount, \$2,500,000 the first year is a
71.2 onetime appropriation.

71.3 This appropriation is to finance the
71.4 acquisition, rehabilitation, and debt
71.5 restructuring of federally assisted rental
71.6 property and for making equity take-out loans
71.7 under Minnesota Statutes, section 462A.05,
71.8 subdivision 39. The owner of the federally
71.9 assisted rental property must agree to
71.10 participate in the applicable federally assisted
71.11 housing program and to extend any existing
71.12 low-income affordability restrictions on the
71.13 housing for the maximum term permitted.

71.14 The owner must also enter into an agreement
71.15 that gives local units of government,
71.16 housing and redevelopment authorities,
71.17 and nonprofit housing organizations the
71.18 right of first refusal if the rental property
71.19 is offered for sale. Priority must be given
71.20 among comparable federally assisted rental
71.21 properties to properties with the longest
71.22 remaining term under an agreement for
71.23 federal rental assistance. Priority must also
71.24 be given among comparable rental housing
71.25 developments to developments that are or
71.26 will be owned by local government units, a
71.27 housing and redevelopment authority, or a
71.28 nonprofit housing organization.

71.29 This appropriation may also be used to
71.30 finance the acquisition, rehabilitation, and
71.31 debt restructuring of existing supportive
71.32 housing properties. For purposes of this
71.33 subdivision, "supportive housing" means
71.34 affordable rental housing with links to
71.35 services necessary for individuals, youth, and

72.1 families with children to maintain housing
72.2 stability.
72.3 Of this amount, \$2,500,000 is appropriated
72.4 for the purposes of financing the
72.5 rehabilitation and operating costs to preserve
72.6 public housing. For purposes of this
72.7 subdivision, "public housing" is housing for
72.8 low-income persons and households financed
72.9 by the federal government and owned and
72.10 operated by public housing authorities and
72.11 agencies. Eligible public housing authorities
72.12 must have a public housing assessment
72.13 system rating of standard or above. Priority
72.14 among comparable proposals must be given
72.15 to proposals that maximize federal or local
72.16 resources to finance the capital and operating
72.17 costs.

72.18 **Subd. 8. Housing Rehabilitation and**
72.19 **Accessibility**

72.20 \$5,657,000 the first year and \$4,287,000 the
72.21 second year are for the housing rehabilitation
72.22 and accessibility program under Minnesota
72.23 Statutes, section 462A.05, subdivisions 14a
72.24 and 15a. The base is reduced by \$629,000
72.25 each year in fiscal year 2010 and fiscal year
72.26 2011.

72.27 **Subd. 9. Urban Indian Housing Program**

72.28 \$187,000 in the first year and \$187,000 in
72.29 the second year are for the urban Indian
72.30 housing program under Minnesota Statutes,
72.31 section 462A.07, subdivision 15. The base is
72.32 reduced by \$52,000 each year in fiscal year
72.33 2010 and fiscal year 2011.

72.34 **Subd. 10. Tribal Indian Housing Program**

73.1 \$1,683,000 in the first year and \$1,683,000
73.2 in the second year are for the tribal Indian
73.3 housing program under Minnesota Statutes,
73.4 section 462A.07, subdivision 14. The base is
73.5 reduced by \$468,000 each year in fiscal year
73.6 2010 and fiscal year 2011.

73.7 **Subd. 11. Home Ownership Education,**
73.8 **Counseling, and Training**

73.9 \$2,135,000 the first year and \$2,135,000
73.10 the second year are appropriated for the
73.11 home ownership education, counseling, and
73.12 training program under Minnesota Statutes,
73.13 section 462A.209. The base is reduced by
73.14 \$1,460,000 each year in fiscal year 2010 and
73.15 fiscal year 2011. Of this amount, \$..... the
73.16 first year is for:

73.17 (1) foreclosure prevention and assistance
73.18 activities in communities that have mortgage
73.19 foreclosure rates that exceed the statewide
73.20 average foreclosure rate for the most recent
73.21 quarter for which data is available; and

73.22 (2) home buyer education and counseling
73.23 activities by organizations that have
73.24 experience working with emerging markets
73.25 or partner with organizations with experience
73.26 working with emerging markets and that have
73.27 demonstrated a commitment to increasing the
73.28 homeownership rate of emerging markets.

73.29 **Subd. 12. Capacity Building Grants**

73.30 \$820,000 for the biennium is for capacity
73.31 building grants under Minnesota Statutes
73.32 section 462A.21, subdivision 3b, to be used
73.33 for continuum of care planning in greater
73.34 Minnesota. This appropriation is the agency's
73.35 base budget for this program.

74.1 **Subd. 13. Grant for Hennepin County.**

74.2 \$50,000 is a onetime appropriation in the
74.3 first year for a grant to Hennepin County
74.4 for collaboration with the Center for Urban
74.5 and Regional Affairs at the University
74.6 of Minnesota for the development of a
74.7 predictive, data-driven model that can be
74.8 used to identify at-risk properties in order to
74.9 target resources to prevent foreclosure.

74.10 Sec. 4. Minnesota Statutes 2006, section 462A.21, subdivision 8b, is amended to read:

74.11 Subd. 8b. **Family rental housing.** It may establish a family rental housing
74.12 assistance program to provide loans or direct rental subsidies for housing for families
74.13 with incomes of up to 80 percent of state median income, or to provide grants for the
74.14 operating cost of public housing. Priority must be given to those developments with
74.15 resident families with the lowest income. The development may be financed by the
74.16 agency or other public or private lenders. Direct rental subsidies must be administered by
74.17 the agency for the benefit of eligible families. Financial assistance provided under this
74.18 subdivision to recipients of aid to families with dependent children must be in the form
74.19 of vendor payments whenever possible. Loans, grants, and direct rental subsidies under
74.20 this subdivision may be made only with specific appropriations by the legislature. The
74.21 limitations on eligible mortgagors contained in section 462A.03, subdivision 13, do not
74.22 apply to loans for the rehabilitation of existing housing under this subdivision.

74.23 Sec. 5. Minnesota Statutes 2006, section 462A.33, subdivision 3, is amended to read:

74.24 Subd. 3. **Contribution requirement.** Fifty percent of the funds appropriated for
74.25 this section must be used for challenge grants or loans ~~which meet the requirements of this~~
74.26 ~~subdivision~~ for housing proposals with financial or in-kind contributions from nonstate
74.27 resources that reduce the need for deferred loan or grant funds from state resources. ~~These~~
74.28 Challenge grants or loans must be used for economically viable homeownership or rental
74.29 housing proposals that:

- 74.30 ~~(1) include a financial or in-kind contribution from an area employer and either a unit~~
74.31 ~~of local government or a private philanthropic, religious, or charitable organization; and~~
74.32 ~~(2) address the housing needs of the local work force.~~

74.33 Among comparable proposals, preference must be given to proposals that include
74.34 contributions from nonstate resources for the greatest portion of the total development

75.1 cost. Comparable proposals with contributions from local units of government or private
75.2 philanthropic, religious, or charitable organizations must be given preference in awarding
75.3 grants or loans.

75.4 For the purpose of this subdivision, ~~an employer~~ a contribution may consist partially
75.5 or wholly of the premium paid for federal housing tax credits.

75.6 ~~Preference for grants and loans shall also be given to comparable proposals that~~
75.7 ~~include a financial or in-kind contribution from a unit of local government, an area~~
75.8 ~~employer, and a private philanthropic, religious, or charitable organization.~~

75.9 Sec. 6. Minnesota Statutes 2006, section 469.021, is amended to read:

75.10 **469.021 PREFERENCES.**

75.11 As between applicants equally in need and eligible for occupancy of a dwelling
75.12 and at the rent involved, preference shall be given to disabled veterans, persons with
75.13 disabilities, and families of service persons who died in service and to families of veterans.
75.14 In admitting families of low income to dwelling accommodations in any housing project an
75.15 authority shall, as far as is reasonably practicable, give consideration to applications from
75.16 families ~~to which aid for dependent children is payable~~ receiving assistance under chapter
75.17 256J, and to resident families to whom public assistance or supplemental security income
75.18 for the aged, blind, and disabled is payable, when those families are otherwise eligible.

75.19 Sec. 7. **MORTGAGE FORECLOSURE REDUCTION.**

75.20 The commissioner of the Minnesota Housing Finance Agency, in consultation with
75.21 the commissioner of commerce, the attorney general, the Minnesota Mortgage Bankers'
75.22 Association, Legal Services of Minnesota, and the Minnesota Sheriffs' Association
75.23 shall evaluate the provisions of Minnesota Statutes, sections 580.04 and 580.041, to
75.24 determine if corrective actions could be taken by the 2008 legislature to reduce mortgage
75.25 foreclosures in the state.