A bill for an act relating to health and human services; amending continuing care provisions; making changes to nursing facilities; rate-reimbursements; newborn screening; modifying the Safe Patient Handling Act; prescription drugs; doula services; mental health; data practices; requiring a workgroup and reports; amending Minnesota Statutes 2008, sections 13.386, subdivision 3; 43A.318, subdivision 2; 62Q.525, subdivisions 2, 3; 144.125, subdivision 3, by adding subdivisions; 144.7065, subdivisions 8, 10; 145.56, subdivisions 1, 2; 145.712, subdivision 2; 148.995, subdivisions 2, 4; 182.6551; 182.6552, by adding a subdivision; 252.27, subdivision 1a; 252.282, subdivisions 3, 5; 253B.095, subdivision 1; 256B.0657, subdivision 5; 256B.0913, subdivisions 4a, 5a, 12; 256B.0915, subdivision 2; 256B.431, subdivision 10; 256B.433, subdivision 1; 256B.441, subdivisions 5, 11; 256B.5011, subdivision 2; 256B.5012, subdivisions 6, 7; 256B.5013, subdivisions 1, 6; 403.03; 626.557, subdivision 12b; proposing coding for new law in Minnesota Statutes, chapter 182; repealing Minnesota Statutes 2008, section 256B.5013, subdivisions 2, 3, 5.

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

Section 1. Minnesota Statutes 2008, section 13.386, subdivision 3, is amended to read:

Subd. 3. Collection, storage, use, and dissemination of genetic information. (a) Unless otherwise expressly provided by law, genetic information about an individual:

(1) may be collected by a government entity, as defined in section 13.02, subdivision 7a, or any other person only with the written informed consent of the individual;

(2) may be used only for purposes to which the individual has given written informed consent;

(3) may be stored only for a period of time to which the individual has given written informed consent; and

(4) may be disseminated only:

(i) with the individual's written informed consent; or

(ii) if necessary in order to accomplish purposes described by clause (2). A consent to disseminate genetic information under item (i) must be signed and dated. Unless otherwise provided by law, such a consent is valid for one year or for a lesser period specified in the consent.

(b) Notwithstanding paragraph (a), the Department of Health's collection, storage, use, and dissemination of genetic information and blood specimens for testing infants for heritable and congenital disorders are governed by sections 144.125 to 144.128. EFFECTIVE DATE. This section is effective the day following final enactment.

Sec. 2. Minnesota Statutes 2008, section 43A.318, subdivision 2, is amended to read:

Subd. 2. Program creation; general provisions. (a) The commissioner may administer a program to make long-term care coverage available to eligible persons. The commissioner may determine the program's funding arrangements, request bids from qualified vendors, and negotiate and enter into contracts with qualified vendors. Contracts are not subject to the requirements of section 16C.16 or 16C.19. Contracts must be for a uniform term of at least one year, but may be made automatically renewable from term to term in the absence of notice of termination by either party. The program may not be self-insured until the commissioner has completed an actuarial study of the program and reported the results of the study to the legislature and self-insurance has been specifically authorized by law.

(b) The program may provide coverage for home, community, and institutional long-term care and any other benefits as determined by the commissioner. Coverage is
drug.
(c) Coverage required by this subdivision does not include coverage of a drug not listed on the formulary of the coverage included in subdivision 1.
(d) Coverage of a drug required under this subdivision must not be subject to any co-payment, coinsurance, deductible, or other enrollee cost-sharing greater than the coverage included in subdivision 1 applies to other drugs.
(e) The commissioner of commerce or health, as appropriate, may direct a person that issues coverage included in subdivision 1 to make payments required by this section.

Sec. 5. Minnesota Statutes 2008, section 144.125, subdivision 3, is amended to read:
Subd. 3. Objection of parents to test. Information provided to parents. Persons with a duty to perform testing under subdivision 1 shall advise parents of infants (1) that the blood or tissue samples used to perform testing thereunder as well as the results of such testing may be retained by the Department of Health, (2) the benefit of retaining the blood or tissue sample, and (3) that the following options are available to them with respect to the testing: (i) to decline to have the tests, or (ii) to elect to have the tests but to require that all blood samples and records of test results be destroyed within 24 months of the testing. If the parents of an infant object in writing to testing for heritable and congenital disorders or elect to require that blood samples and test results be destroyed, the objection or election shall be recorded on a form that is signed by a parent or legal guardian and made part of the infant’s medical record. A written objection exempts an infant from the requirements of this section and section 144.128. (a) Prior to collecting a sample, persons with a duty to perform testing under subdivision 1 must provide parents or legal guardians of infants with a document that provides the following information:
1. the blood sample will be used to test for heritable and congenital disorders, the blood sample will be retained by the Department of Health for a period of two years, and that blood sample may be used for newborn screening program operations;
2. the data that will be collected as a result of the testing;
3. the alternatives available to the parents or legal guardians in paragraph (c) and that a form to exercise the alternatives is available to the parent or legal guardian from the person with a duty to perform testing under subdivision 1;
4. the benefits of testing and the consequences of a decision to permit or refuse to supply a sample;
5. the benefits of retaining the blood sample and the consequences of a decision to destroy the blood sample or to permit or decline to have the blood sample used for newborn screening program operations;
6. the ways in which the samples and data collected will be stored and used at the Department of Health and elsewhere;
7. the Department of Health’s Web site address where the forms in paragraph (c) may be obtained.

This document satisfies the requirements of section 13.04, subdivision 2.
(b) The person with a duty to perform testing must record that parents or legal guardians of infants have received the information provided under this subdivision and have had an opportunity to ask questions.
(c) The parent or legal guardian of an infant otherwise subject to testing under this section may object to any of the following:
1. the testing itself;
2. the storage of the infant’s blood samples;
3. the storage of the infant’s test results for a period of longer than 24 months; and
4. the use of the infant’s blood samples and test results for newborn screening program operations.
If a parent or legal guardian elects to object to one or more of the alternatives in this paragraph, the election shall be recorded on a form that is signed by the parent or legal guardian. The signed form shall be made part of the infant’s medical record and shall be provided to the Department of Health. The signature of the parent or legal guardian is sufficient and no witness to the signature, photo identification, or notarization shall be required. When a parent or legal guardian elects an alternative under this subdivision, the Department of Health must follow the election and section 144.128, to the extent that section 144.128 pertains to the elected alternative. If the parent or legal guardian objects to the testing itself, section 144.128 does not apply.

EFFECTIVE DATE. This section is effective the day following final enactment.
Sec. 6. Minnesota Statutes 2008, section 144.125, is amended by adding a subdivision to read:

Subd. 4. *Storage and use of samples for newborn screening program operations.* (a) The department may store and use the newborn screening program blood samples for up to 24 months for newborn screening program operations and may store samples for an additional month to carry out the destruction of samples required under subdivision 7.

(b) Notwithstanding paragraph (a), the department may use and store the newborn screening samples for individual health-related studies or any other purpose with a written informed consent of the parent or legal guardian.

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

Sec. 7. Minnesota Statutes 2008, section 144.125, is amended by adding a subdivision to read:

Subd. 5. *Newborn screening program operations.* "Newborn screening program operations" means actions, testing, and procedures directly related to the improvement, implementation, and development of the newborn screening program, such as the testing of the samples, confirmatory testing, laboratory quality control, calibration of equipment, evaluating and improving the accuracy of newborn screening tests, implementation and validation of equipment and technology, and studies or research related to the development of new newborn screening tests.

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

Sec. 8. Minnesota Statutes 2008, section 144.125, is amended by adding a subdivision to read:

Subd. 6. *Development of new screening tests.* When samples are used for program operations to develop new newborn screening tests, the department must remove information that directly links infants to samples, but may use serial numbers that would allow a re-linkage in case a serious issue is discovered that needs to be communicated to the parent or guardian of an infant. Such a re-linkage may only be done after consultation with an ethics committee or an institutional review board.

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

Sec. 9. Minnesota Statutes 2008, section 144.125, is amended by adding a subdivision to read:

Subd. 7. *Deconstruction of samples within 25 months.* (a) Unless a parent or legal guardian has given written informed consent, the department must destroy all newborn screening blood samples within 25 months of the month of birth.

(b) The department shall implement this subdivision by July 1, 2010.

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

Sec. 10. Minnesota Statutes 2008, section 144.125, is amended by adding a subdivision to read:

Subd. 8. *Records retention requirements.* The department shall retain test results in compliance with section 138.17.

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

Sec. 11. Minnesota Statutes 2008, section 144.125, is amended by adding a subdivision to read:

Subd. 9. *Deconstruction of existing samples.* Unless a parent or legal guardian has given written informed consent, the department must destroy all newborn screening blood samples retained by the department as of June 1, 2009, within 25 months of that date.

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

Sec. 12. Minnesota Statutes 2008, section 144.7065, subdivision 8, is amended to read:

Subd. 8. *Root cause analysis; corrective action plan.* Following the occurrence of an adverse health care event, the facility must conduct a root cause analysis of the event. In conducting the root cause analysis, the facility shall review the impact of staffing levels on the event. Following the analysis, the facility must: (1) implement a corrective action plan to implement the findings of the analysis or (2) report to the commissioner any reasons for not taking corrective action. If the root cause analysis and the implementation of a corrective action plan are complete at the time an event must be reported, the findings of the analysis and the corrective action...
(e) The commissioners of health and human services shall each annually report to
the legislature and the governor on the number and type of reports of alleged maltreatment
involving licensed facilities reported under this section, the number of those requiring
investigation under this section, and the resolution of those investigations. The report
shall identify:
(1) whether and where backlogs of cases result in a failure to conform with statutory
time frames;
(2) where adequate coverage requires additional appropriations and staffing; and
(3) any other trends that affect the safety of vulnerable adults.
(i) Each lead agency must have a record retention policy.
(g) Lead agencies, prosecuting authorities, and law enforcement agencies may
exchange not public data, as defined in section 13.02, if the agency or authority requesting
the data determines that the data are pertinent and necessary to the requesting agency in
initiating, furthering, or completing an investigation under this section. Data collected
under this section must be made available to prosecuting authorities and law enforcement
officials, local county agencies, and licensing agencies investigating the alleged
maltreatment under this section. The lead agency shall exchange not public data with the
vulnerable adult maltreatment review panel established in section 256.021 if the data are
pertinent and necessary for a review requested under that section. Upon completion of the
review, not public data received by the review panel must be returned to the lead agency.
(h) Each lead agency shall keep records of the length of time it takes to complete its
investigations.
(i) A lead agency may notify other affected parties and their authorized representative
if the agency has reason to believe maltreatment has occurred and determines the
information will safeguard the well-being of the affected parties or dispel widespread
rumor or unrest in the affected facility.
(j) Under any notification provision of this section, where federal law specifically
prohibits the disclosure of patient identifying information, a lead agency may not provide
any notice unless the vulnerable adult has consented to disclosure in a manner which
conforms to federal requirements.

Sec. 42. NEWBORN SCREENING REPORT.
By January 15, 2010, the Department of Health shall report and make
recommendations to the legislature on its current efforts for ensuring and enhancing how,
parents or legal guardians of newborns are fully informed about the newborn screening
program and of their rights and options regarding testing, storage, public health practices,
studies, and research; the ability to opt out of the collection of data and specimen related
to the testing; and the ability to seek private testing.
EFFECTIVE DATE: This section is effective the day following final enactment.

Sec. 43. HEALTH DEPARTMENT WORKGROUP: HOSPITAL ASSOCIATION
COMMITTEES.
(a) The commissioner of health shall consult with representatives from the
Minnesota Nurses Association, Minnesota Hospital Association, and other shareholders
to further define staffing levels for purposes of Minnesota Statutes, section 144.7065,
subdivision 8, and to develop questions related to staffing for inclusion in the root cause
analysis tool required under that subdivision.
(b) The Minnesota Nurses Association and the Minnesota Hospital Association shall
develop a memorandum of understanding that outlines ways to include representatives
from the Minnesota Nurses Association and the Minnesota Hospital Association work
groups and committees dealing with adverse health care events and corrective action plans
under Minnesota Statutes, section 144.7065.

Sec. 44. REPEALER.
Minnesota Statutes 2008, section 256B.5013, subdivisions 2, 3, and 5, are repealed.

Please direct all comments concerning issues or legislation
to your House Member or State Senator.
For Legislative Staff or for directions to the Capitol, visit the Contact Us page.
General questions or comments.

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