



# 2016 Legislative Session Summary



**Public Health**  
Prevent. Promote. Protect.

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# 2016 Legislative Session Overview

## A Short Session with Mixed Success

The 2016 legislative session officially began on March 8<sup>th</sup>—a late start due to ongoing construction at the Capitol—giving legislators less than three months to complete their work before the constitutional end of session on May 23<sup>rd</sup>. Unlike 2015, which was a budget year, there was less “must-do” work in 2016 (a non-budget or policy year). Still, many discussions and hearings on higher-profile issues started as early as January, in anticipation of the shortened timeline to conduct business.

The forecast released in February projected a \$900 million surplus—less than the \$1.2 billion originally anticipated but enough for lawmakers to continue discussions on the top priorities left on the table last year (transportation and taxes), as well as a capital investment/bonding bill and supplemental spending. In addition, Governor Dayton was adamant on dedicating funding to equity initiatives that would reduce Minnesota's racial disparities and continuing to prioritize early childhood initiatives.

Despite initial optimism at the start of session that everyone would be ready to get to work and find compromises on common priorities, it quickly became apparent that the House, Senate and Governor had vastly different goals and strategies. As session continued, lawmakers from both sides of the aisle once again became increasingly frustrated with the lack of transparency in deal making and the amount of prominent legislation left unfinished when session adjourned sine die.

The 2016 session was not without some accomplishments, however. Legislators succeeded in passing a supplemental budget bill that included health and human services, public safety, education, equity, agriculture, state government and labor and industry, among other provisions. The passage of this larger omnibus bill happened in a flurry of activity the last weekend of session and came as a surprise to many, given the stark differences in budget targets originally set by the House and Senate. The bill was crafted to address many of Governor Dayton's priorities but also included many cuts and cost shifts in order to balance funding for new and existing projects. The supplemental budget bill was signed into law on June 1, 2016, and did not include LPHA's priorities for increasing family home visiting reimbursements and establishing an asthma care benefit.

Outside of the supplemental budget bill, legislators passed a tax bill, which was later vetoed by Governor Dayton over technical errors and concern regarding some tax breaks. They also passed numerous standalone policy bills which went on to be signed into law. (Several of the policy bills have implications for local public health and are outlined later in this summary.) Two of the session's top priorities, however—transportation and bonding—went unfinished, as legislators failed to come to an agreement before the gavel fell at midnight, May 22<sup>nd</sup>.

At the time of this summary's printing, speculation of a special session continues, but only the Governor may call legislators back—an act unlikely to happen without agreements set on bonding and taxes.

## Moving Forward

In the coming months, the LPHA will be working closely with members, state agencies and its partners to support implementation of this session's laws, as well as prepare for the 2017 budget session, when critical funding sources such as the Local Public Health Grant and SHIP will be revisited. This fall marks an election year, with all 201 House and Senate members on the ballot. The outcome of the election will have significant influence on priorities and strategies for the next biennium.

# Local Public Health Association Priority Issues

## Increase MA Reimbursement for Family Home Visiting

- Targeted family home visits are an effective way to prevent child maltreatment, promote healthy childhood development and foster self-sufficient families—all of which help to reduce health care and other public program costs.
- The vast majority of families served by targeted family home visiting programs are on MA. However, current MA reimbursements fall far short of covering the full cost of services, leaving counties to rely heavily on local tax levies to fill the gaps.
- Increasing the minimum MA reimbursement for family home visits would provide needed resources to maintain and strengthen family home visiting programs that lessen the negative impacts of poverty and improve outcomes for children of our most at-risk families, while also lessening the burden on local tax levies.

**Action Taken:** The LPHA advocated for increasing to \$140 the minimum MA reimbursement for family home visits. Bills introduced by Senator Franzen and Representative Hamilton in the 2015 session (SF998/HF1009) remained active in 2016; these bills used language limiting increased reimbursements to public health nurse visits provided as part of an evidence-based program (defined as those which are MIECHV-eligible). In 2016, the language of SF998 also was included in Governor Dayton's supplemental budget proposal and moved forward by Senator Lourey as part of the Senate HHS provisions to be considered for inclusion in the Omnibus Supplemental Budget bill. The LPHA supported SF998/HF1009 and the language in the Governor's supplemental budget proposal as a positive first step toward providing needed resources to strengthen and maintain family home visiting programs.

**Outcome:** The increased MA reimbursement for public health nurse home visits was not included in the final Omnibus Supplemental Budget bill. **Did not pass.**

## Establish MA Benefit for Asthma Care Services

- 90,000 kids throughout MN have asthma, and disparities exist. It is the leading cause of missed school days in our state.
- Asthma interventions that include both education and home environmental assessments produce a strong return on investment, resulting in fewer asthma symptoms, increased school attendance and reduced use of urgent care, ER visits and hospitalizations.
- Establishing an MA reimbursement for asthma care services would allow local public health departments to maintain and expand programs that provide in-home assessments, education and products to reduce asthma triggers—thereby helping to ensure more of our children grow up healthy and ready to learn.

**Action Taken:** The LPHA—in collaboration with a 17-member coalition including organizations from hospitals, health plans, and school nurses—advocated for SF1737 (Hoffman)/HF1453 (Zerwas) to establish an enhanced asthma care services benefit for children with poorly controlled asthma. These bills were originally introduced during the 2015 session and remained active in 2016. Language from these bills also was included in Governor Dayton's supplemental budget proposal and moved forward

by Senator Lourey as part of the Senate HHS Articles to be considered for inclusion in the Omnibus Supplemental Budget bill.

**Outcome:** The MA benefit for asthma care services was not included in the final Omnibus Supplemental Budget bill. ***Did not pass.***

# Omnibus Supplemental Budget Bill

*These provisions of the Omnibus Supplemental Budget bill ([HF2749/Chapter 189](#)) were passed during the regular session and signed into law by Governor Dayton on June 1, 2016. Provisions containing an appropriation are effective July 1, 2016. All other provisions take effect on August 1, 2016, unless otherwise noted.*

**Agricultural Emergency Account.** An agricultural emergency account with a \$1 million appropriation is established and appropriated to the Commissioner of Agriculture for emergency response and preparedness activities for agricultural emergencies affecting producers of livestock, poultry, crops or other agricultural products. Eligible uses of funds include but are not limited to purchasing necessary equipment and reimbursing costs incurred by local units of government that are not eligible for reimbursement from other sources.

**Broadband.** \$35 million in one-time funding is appropriated to expand access to high speed broadband internet. Of this, no more than \$5 million may be used for grants to underserved areas. ("Underserved areas" means areas lacking access to service at speeds at least 100 megabits/second download and at least 20 megabits/second upload.) Up to \$1 million may be used for administration and mapping, and the remainder is for grants to projects in unserved areas. \$500,000 may be awarded to projects that propose to expand the availability and adoption of broadband service in low-income areas.

**Equity.** \$35 million is appropriated to expand economic opportunities and eliminate disparities for Minnesotans of color. Of this appropriation, \$34.25 million goes to the Department of Employment and Economic Development and \$750,000 to the Minnesota Housing Finance Agency.

**Health Information Technology.** The Commissioner of Health's coordination efforts for health information technology are expanded to include: (1) providing financial and technical support to Minnesota health care providers to encourage implementation of admission, discharge and transfer alerts, care summary document exchange transactions and to evaluate the impact of health information technology on cost and quality of care; (2) providing educational resources and technical assistance to health care providers and patients related to privacy, security, and consent laws governing clinical health information; (3) assessing Minnesota's legal, financial, and regulatory framework for health information exchange and making recommendations to strengthen the ability of health care providers to securely exchange data in compliance with patient preferences and in a way that is efficient and financially sustainable; and (4) seeking public input on patient impact and costs associated with requirements related to patient consent requirements for the release of health records as required under the Minnesota Health Records Act.

**Housing.** \$1.5 million is appropriated to help working Minnesotans find affordable, reliable and safe housing. Funding also will be invested in a new Landlord Guarantee Fund pilot program within the Minnesota Housing agency to incentivize landlords to take on the real or perceived risk of renting to populations that have had trouble finding rental housing, including those with disabilities, serious mental illness, or those experiencing homelessness.

**Good Food Access Program.** A one-time \$250,000 appropriation is to establish a good food access program and corresponding advisory committee within the MN Department of Agriculture (MDA). The program will provide financial and technical assistance for grocery stores and other food retailers to improve the availability of and access to affordable and nutritious food, including fresh fruits and vegetables, for underserved communities in low-income and moderate-income areas.

**Physical Education Standards.** Beginning in the 2016-2017 school year, the MN Department of Education (MDE) must adopt the most recent National Association of Sport and Physical Education K-12 standards and benchmarks for physical education as the required physical education academic standards. MDE may modify and adapt the standards to accommodate state interest but must maintain the purpose and integrity of the national standards.

**Pregnancy.** The Commissioner of Human Services is directed to establish pilot projects, within the limits of federal funds available specifically for treatment for pregnant and postpartum women with a substance use disorder, to provide substance use disorder treatment and services to pregnant and postpartum women; the Commissioner also is required to apply for any available federal grant funds for the pilot projects. The Commissioner of Health is directed to establish a grant program within the limits of federal funds available to provide culturally competent screening and treatment for pre- and postpartum mood and anxiety disorders in pregnant women and women who have given birth in the last 12 months.

**Radon Licensing Act.** The Radon Licensing Act as passed in 2015 was amended to clarify that radon testing and mitigation data maintained by MDH are private data on individuals or nonpublic data (*effective day following final enactment*). The law also:

- Clarifies MDH's rulemaking authority for establishing licensure requirements and work standards relating to indoor radon in dwellings and other buildings (*effective day following final enactment*);
- Modifies the date in which radon mitigation systems installed must have a radon mitigation system tag provided by the commissioner from October 1, 2017, to January 1, 2018;
- Modifies the effective date requiring licensure for persons performing laboratory analysis, or performs a service to mitigate radon in the indoor atmosphere, from October 1, 2017, to January 1, 2018, and removes the licensure requirement for persons that sell devices that detect the presence of radon in the indoor atmosphere;
- Specifies that licensure does not apply to employees of a firm or corporation that installs radon control systems in newly constructed Minnesota homes, a person authorized as a building official, or any person that distributes radon testing devices or information for general education purposes;
- Modifies the fees for radon licenses; and
- Specifies that the Radon Licensing Act does not preclude local units of government from requiring additional permits or inspections for radon control systems and does not supersede local inspection or permit requirements.

**Recreational Camping Areas.** The definition of "recreational camping area" is amended to exclude privately owned areas used for camping no more than once a year and for no longer than

seven consecutive days by members of a private club where the members pay annual dues to belong to the club (*effective the day following final enactment*). This change excludes these camping areas from the regulations of chapter 327.

**Safe Harbor.** Eligibility for Safe Harbor services is extended to youth 24 years of age or younger. \$33,000 is appropriated to the Commissioner of Health in FY17 for trauma-informed, culturally specific services for exploited youth, with base funding increasing to \$750,000 in FY18 and FY19. In addition, \$33,000 is appropriated to the Commissioner of Human Services in FY17 for emergency shelter and transitional and long-term housing beds for sexually exploited youth and youth at risk of sexual exploitation and for statewide outreach workers to connect sexually exploited youth with shelter and services; base funding for the appropriation will be \$750,000 in FY18 and FY19.

**School Crisis Response Teams.** The Commissioner of Education is required to collect, maintain and make available to school districts contact information for school crisis response teams. The Commissioner must work cooperatively with the Minnesota School Safety Center to help develop school crisis response teams in regions of the state where an existing crisis response team has not yet been formed.

**School-Linked Mental Health Grants.** \$33,000 is appropriated in FY17 for children's mental health grants for current grantees to expand services to school buildings, school districts or counties that do not have school-linked mental health available and to provide training to grantees on the use of evidence-based practices. Base funding is \$1.45 million in FY18 and \$1.45 million in FY19.

**Sophia's Law.** Beginning May 1, 2017, a motorboat with an enclosed accommodation compartment must have a functioning marine carbon monoxide detection system to be operated on waters of MN or sold in the state.

**Student Surveys.** School districts and charter schools are required to notify students and parents about student surveys, to inform parents when surveys are administered, and to allow parents to review the survey and opt their student out of participating. Districts and schools are prohibited from imposing a penalty on a student who opts out of participating in a survey (*effective for 2016-2017 school year and later*).

**Water.** \$923,000 is dedicated to the Pollution Control Agency to expedite critical water infrastructure updates to help ensure clean, affordable water is available to all Minnesotans. In addition, \$432,000 is dedicated to cleaning up contaminated sediment and industrial waste at ten locations in the St. Louis River Estuary and Duluth harbor and bay, as well as \$594,000 for Minnesota farmers to plant perennial cover crops to help keep Minnesota's water clean.

# Additional Bills of Interest to Public Health

The items below were considered outside of the Omnibus Supplemental Budget bill but may also be of interest to local public health departments. Unless otherwise noted, policy bills which were signed into law go into effect on August 1, 2016; bills that contain an appropriation and were signed into law become effective July 1, 2016 (the same day the fiscal year begins).

## Legislation that Passed

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**All-Payer Claims Database.** MDH is allowed to use the all-payer claims database for an additional three years (until July 1, 2019) to study variations in health care costs, quality, utilization and illness burden based on geography or population. **Outcome: Passed and signed into law, [Chapter 179](#).**

**Food / Beverage Posting Requirements.** A food and beverage service establishment, youth camp, hotel, motel, lodging establishment, public pool or rest must post its original license. Mobile food units, food cars and seasonal temporary food stands are no longer required to be issued decals or to post decals. **Outcome: Passed and signed into law, [Chapter 179](#).**

**Legend Drugs / “Take Back” Program.** Effective May 20, 2016, licensed pharmacies are now authorized (though not required) to collect legend drugs for the purpose of disposing as pharmaceutical waste. **Outcome: Passed and signed into law, [Chapter 124](#).**

**Naloxone Access.** Effective May 20, 2016, pharmacists may enter into protocols with a CHB medical consultant to dispense opiate antagonists. To aid implementation, the Commissioner of Health shall provide medical consultants education materials, an opiate antagonist protocol and a notice of liability protections. Upon the request of a CHB, the Commissioner of Health may designate a practitioner who is authorized to prescribe opiate antagonists to enter into the written protocol with pharmacists practicing within a community health service area. **Outcome: Passed and signed into law, [Chapter 124](#).**

**Prescription Monitoring Program.** The prescription monitoring program is modified. Among the changes, by July 1, 2017, every prescriber who is authorized in this state to prescribe controlled substances for humans and who holds a current registration issued by the FDA and every licensed pharmacist practicing in this state must register and maintain a user account with the prescription monitoring program. **Outcome: Passed and signed into law, [Chapter 185](#).**

**Special Event Food Stands.** The definition of “special event food stand” is amended to clarify that a special event food stand may operate for no more than ten total days within the food stand’s license period. (Past language limited operation of a food stand to no more than ten days or three events.) **Outcome: Passed and signed into law, [Chapter 179](#).**

**Temporary Health Care Dwellings.** A new act allows for the zoning of a temporary family health care dwelling—a mobile home for a mentally or physically impaired person to live in—to be placed on the property of a relative or caregiver, with the intent of making it easier for the caregiver to provide care. This act is effective September 1, 2016, and applies to temporary dwelling permit applications made under the act on or after that date. A county may opt-out by passage of a resolution; municipalities may opt-out by ordinance. **Outcome: Passed and signed into law, [Chapter 111](#).**

**Zika.** The Commissioner of Health is directed to seek additional federal funds to maintain state and local public health readiness to address Zika-related public health threats, engage in Zika testing and surveillance, and monitor areas where mosquitoes carrying Zika may be found in MN. **Outcome: Passed and signed into law, [Chapter 179](#).**

## Legislation that Did Not Pass

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**Baby Boxes.** A House proposal would have established a safe sleep baby box program, intended to provide new mothers will common supplies for caring for a newborn (e.g. diapers). Under the program, grants would have been provided by the Commissioner of Health to federally qualified health centers and rural health clinics to distribute baby boxes to their MA clients. **Outcome: Did not pass.**

**Bonding.** Included in the bonding bill was a \$2.335 million, one-time investment in public health laboratory equipment and \$70 million to establish a water infrastructure funding program (\$18.5 million of which would have supported drinking water projects). The House and Senate failed to come to an agreement on a bonding bill before the end of session. **Outcome: Did not pass.**

**Crumb Rubber.** A House proposal would have required signs at playgrounds and athletic fields on how to avoid crumb rubber fibers, dust and other adverse impacts; place a moratorium until July 1, 2019, on using crumb rubber in new fields and playgrounds; and require MDH to report to the legislature on the issue by January 1, 2019. The bill received an informational hearing only; no vote was taken. **Outcome: Did not pass.**

**Family Home Visiting Standards.** Proposals in the House and Senate would have provided one-time funding for MDH to implement and evaluate pilot projects designed to test standards for family home visiting programs. Both local public health and nonprofit agencies would have been eligible to apply for funding. **Outcome: Did not pass.**

**Flame Retardant Chemicals.** A Senate proposal would have built on legislation passed in 2015 by adding additional flame-retardant chemicals to the list of flame-retardant chemicals prohibited in certain products, such as residential textiles (carpeting, window coverings, etc.) and mattresses. **Outcome: Did not pass.**

**Gun Background Checks.** Bills proposed in the House and Senate would have closed loopholes on background checks for gun sales. The bills received an informational hearing in the Senate but no was vote taken. There was no action taken on the House companion bills. **Outcome: Did not pass.**

**Health Care Access Fund.** A Senate proposal would have eliminated the repeal of the provider tax and clarified the uses of the Health Care Access Fund. This would have had implications for future funding for SHIP, which is currently funded by the Health Care Access Fund. **Outcome: Did not pass.**

**Help Me Grow.** Governor Dayton's supplemental budget proposal included a \$1 million appropriation to support a statewide Help Me Grow system. **Outcome: Did not pass.**

**Minnesota Student Survey.** A bill introduced in the House and Senate would have required school districts to obtain prior written consent from a parent or guardian before administering academic or non-academic surveys, such as the Minnesota Student Survey (as opposed to the current opt-out

method). **Outcome: Did not pass.**

**Paid Family Leave.** A Senate proposal would have created a 12-week paid insurance program for most Minnesota workers. Although the proposal advanced as part of negotiations for a tax bill, it was not included in the final package. **Outcome: Did not pass.**

**Title X Funds / Family Planning Grants.** A House proposal would have subjected all federal Title X funds, state general funds, federal TANF funds and maternal and child health block grant funds for family planning to new requirements that prohibit funds from going to organizations offering abortion services. **Outcome: Did not pass.**

**Tobacco-Free Stadiums.** Late in session, bills were introduced in the House and Senate that would have taken commercial tobacco (including e-cigarettes and chewing tobacco) out of all professional sports venues in Minnesota, including the Twins' Target Field. The bills did not receive hearings. **Outcome: Did not pass.**

**Tobacco Taxes.** Language included in the tax bill would have repealed the cigarette/tobacco tax "inflation" (the annual tax increase on cigarettes passed as part of the 2013 tax increase) and lowered the tax rate on e-cigarettes sold by Big Tobacco, such as VUSE and MarkTen. Although the tax bill was passed by the House and Senate in the final hours of session, Governor Dayton did not take action and let the measure expire (known as a "pocket veto"). **Outcome: Did not pass.**

**Training Requirements for Peace Officers Responding to Mental Health Crises.** A Senate proposal would have required the creation of a list of approved training courses to instruct peace officers in the techniques of responding to a mental health crisis and established minimum continuing education training requirements for peace officers holding an active license. **Outcome: Did not pass.**