

ONE HUNDRED FIRST DAY

St. Paul, Minnesota, Thursday, April 5, 2012

The Senate met at 11:00 a.m. and was called to order by the President.

CALL OF THE SENATE

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

Prayer was offered by the Chaplain, Pastor Carol J. Tomer.

The members of the Senate gave the pledge of allegiance to the flag of the United States of America.

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

Bakk	Gazelka	Kelash	Newman	Sheran
Benson	Gerlach	Koch	Nienow	Sieben
Bonoff	Gimse	Kruse	Olson	Skoe
Brown	Goodwin	Latz	Ortman	Sparks
Carlson	Hall	Lillie	Pappas	Stumpf
Chamberlain	Hann	Limmer	Parry	Thompson
Cohen	Harrington	Lourey	Pederson	Tomassoni
Dahms	Hayden	Magnus	Reinert	Torres Ray
Daley	Higgins	Marty	Rest	Vandever
DeKruif	Hoffman	McGuire	Robling	Wiger
Dziedzic	Howe	Metzen	Rosen	Wolf
Eaton	Ingebrigtsen	Miller	Saxhaug	
Fischbach	Jungbauer	Nelson	Senjem	

The President declared a quorum present.

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

EXECUTIVE AND OFFICIAL COMMUNICATIONS

The following communications were received.

April 4, 2012

The Honorable Michelle L. Fischbach
President of the Senate

Dear Madam President:

Please be advised that I have received, approved, signed and deposited in the Office of the Secretary of State, S.F. Nos. 2297, 2084, 2069 and 1993.

Sincerely,
Mark Dayton, Governor

CERTIFICATION

April 4, 2012

To the Governor
State of Minnesota

To the Senate
State of Minnesota

To the House of Representatives
State of Minnesota

This is to certify that the House of Representatives and the Senate in Joint Convention on Wednesday, April 4, 2012, have elected as a member of the Board of Regents of the University of Minnesota the following member to hold office for the remainder of the term of Steve Sviggum:

Thomas Devine, Second Congressional District

Michelle Fischbach
President of the Senate

Kurt Zellers
Speaker of the House of Representatives

MESSAGES FROM THE HOUSE

Madam President:

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

S.F. No. 2296: A bill for an act relating to elections; modifying certificate on absentee ballot envelopes; amending Minnesota Statutes 2010, section 203B.21, subdivision 3.

Senate File No. 2296 is herewith returned to the Senate.

Albin A. Mathiowetz, Chief Clerk, House of Representatives

Returned April 4, 2012

Senator Chamberlain moved that the Senate do not concur in the amendments by the House to

S.F. No. 2296, and that a Conference Committee of 3 members be appointed by the Subcommittee on Conference Committees on the part of the Senate, to act with a like Conference Committee appointed on the part of the House. The motion prevailed.

Madam President:

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

S.F. No. 2493: A bill for an act relating to natural resources; appropriating money from the outdoor heritage fund; modifying requirements for outdoor heritage fund appropriations; appropriating money for clean water; appropriating money for an Aquatic Invasive Species Cooperative Research Center; modifying prior appropriations; modifying certain parks and trails grant program provisions; amending Minnesota Statutes 2010, sections 85.535, subdivision 3; 97A.056, by adding subdivisions; Laws 2009, chapter 172, article 3, section 3; Laws 2011, First Special Session chapter 2, article 3, section 2, subdivision 9; Laws 2011, First Special Session chapter 6, article 2, section 7.

Senate File No. 2493 is herewith returned to the Senate.

Albin A. Mathiowetz, Chief Clerk, House of Representatives

Returned April 4, 2012

Senator Ingebrigtsen moved that the Senate do not concur in the amendments by the House to S.F. No. 2493, and that a Conference Committee of 3 members be appointed by the Subcommittee on Conference Committees on the part of the Senate, to act with a like Conference Committee appointed on the part of the House. The motion prevailed.

REPORTS OF COMMITTEES

Senator Senjem moved that the Committee Report at the Desk be now adopted. The motion prevailed.

Senator Robling from the Committee on Finance, to which was re-referred

S.F. No. 2093: A bill for an act relating to state government; making adjustments to health and human services appropriations; making changes to provisions related to health care, the Department of Health, children and family services, continuing care; providing for data sharing; requiring eligibility determinations; providing grants; requiring studies and reports; appropriating money; amending Minnesota Statutes 2010, sections 43A.316, subdivision 5; 62A.047; 62A.21, subdivision 2a; 62D.02, subdivision 3; 62D.05, subdivision 6; 62D.101, subdivision 2a; 62D.12, subdivision 1; 62J.26, subdivisions 3, 5, by adding a subdivision; 62J.496, subdivision 2; 62Q.80; 62U.04, subdivisions 1, 2, 4, 5; 72A.201, subdivision 8; 144.5509; 144A.073, by adding a subdivision; 144A.351; 145.906; 245A.03, by adding a subdivision; 245A.11, subdivisions 2a, 7, 7a; 245B.07, subdivision 1; 245C.04, subdivision 6; 245C.05, subdivision 7; 256.01, by adding subdivisions; 256.975, subdivision 7; 256B.056, subdivision 1a; 256B.0625, subdivision 9, by

adding a subdivision; 256B.0644; 256B.0754, subdivision 2; 256B.0911, by adding a subdivision; 256B.092, subdivision 1b; 256B.431, subdivision 17e, by adding a subdivision; 256B.434, subdivision 10; 256B.441, by adding a subdivision; 256B.48, by adding a subdivision; 256B.69, by adding a subdivision; 256D.06, subdivision 1b; 256D.44, subdivision 5; 626.556, by adding a subdivision; Minnesota Statutes 2011 Supplement, sections 62U.04, subdivisions 3, 9; 119B.13, subdivision 7; 144.1222, subdivision 5; 245A.03, subdivision 7; 256.987, subdivision 1; 256B.056, subdivision 3; 256B.06, subdivision 4; 256B.0625, subdivision 17; 256B.0631, subdivisions 1, 2; 256B.0911, subdivision 3c; 256B.097, subdivision 3; 256B.49, subdivisions 15, 23; 256B.69, subdivisions 5a, 9c; 256B.76, subdivision 4; 256L.12, subdivision 9; Laws 2011, First Special Session chapter 9, article 7, section 52; article 10, sections 3, subdivisions 1, 3, 4; 4, subdivision 2; 8, subdivision 8; proposing coding for new law in Minnesota Statutes, chapters 148; 256B; repealing Minnesota Statutes 2010, sections 62D.04, subdivision 5; 62M.09, subdivision 9; 62Q.64; 144A.073, subdivision 9; 256B.48, subdivision 6; Minnesota Statutes 2011 Supplement, section 256B.5012, subdivision 13; Laws 2011, First Special Session chapter 9, article 7, section 54; Minnesota Rules, part 4685.2000.

Reports the same back with the recommendation that the bill be amended as follows:

Page 131, after line 29, insert:

"ARTICLE 7

CONTINGENT APPROPRIATIONS

Section 1. **APPROPRIATIONS.**

The sums shown in the columns marked "Appropriations" are added to or, if shown in parentheses, subtracted from the appropriations in Laws 2011, First Special Session chapter 9, article 10, to the agencies and for the purposes specified in this article. The appropriations are from the general fund or other named fund and are available for the fiscal years indicated for each purpose. The figures "2012" and "2013" used in this article mean that the addition to or subtraction from the appropriation listed under them is available for the fiscal year ending June 30, 2012, or June 30, 2013, respectively. Supplemental appropriations and reductions to appropriations for the fiscal year ending June 30, 2012, are effective the day following final enactment unless a different effective date is explicit.

	<u>APPROPRIATIONS</u>	
	<u>Available for the Year</u>	
	<u>Ending June 30</u>	
	<u>2012</u>	<u>2013</u>
Sec. 2. <u>COMMISSIONER OF HUMAN SERVICES</u> \$	<u>721,000</u> \$	<u>21,153,000</u>
<u>(a) Operations</u>	<u>118,000</u>	<u>11,000</u>

In fiscal years 2012 and 2013 only, the commissioner shall transfer \$11,000 to the commissioner of education for activities

related to developing a plan for a residential campus for individuals with autism.

Base Adjustment. The general fund base is reduced by \$11,000 in fiscal years 2014 and 2015.

(b) Health Care	<u>24,000</u>	<u>(110,000)</u>
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Base Adjustment. The general fund base is increased by \$110,000 in fiscal years 2014 and 2015.

(c) Continuing Care	<u>19,000</u>	<u>-0-</u>
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This is a onetime appropriation.

(d) Chemical and Mental Health	<u>19,000</u>	<u>68,000</u>
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Base Adjustment. The general fund base is decreased by \$68,000 in fiscal years 2014 and 2015.

(e) Medical Assistance Grants	<u>541,000</u>	<u>19,935,000</u>
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(f) Aging and Adult Services Grants	<u>-0-</u>	<u>999,000</u>
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In fiscal year 2013, upon federal approval to implement the nursing facility level of care under Minnesota Statutes, section 144.0724, subdivision 11, \$999,000 is for essential community supports grants. This is a onetime appropriation.

(g) Disabilities Grants	<u>-0-</u>	<u>250,000</u>
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This is a onetime appropriation.

EFFECTIVE DATE. This section is effective upon receipt by the commissioner of money from managed care organizations pursuant to contract agreements to return any surplus in excess of one percent. If the money is received after June 30, 2012, amounts appropriated in fiscal year 2012 are available in fiscal year 2013.

Sec. 3. Minnesota Statutes 2011 Supplement, section 245A.03, subdivision 7, is amended to read:

Subd. 7. **Licensing moratorium.** (a) The commissioner shall not issue an initial license for child foster care licensed under Minnesota Rules, parts 2960.3000 to 2960.3340, or adult foster care licensed under Minnesota Rules, parts 9555.5105 to 9555.6265, under this chapter for a physical location that will not be the primary residence of the license holder for the entire period of licensure.

If a license is issued during this moratorium, and the license holder changes the license holder's primary residence away from the physical location of the foster care license, the commissioner shall revoke the license according to section 245A.07. Exceptions to the moratorium include:

- (1) foster care settings that are required to be registered under chapter 144D;
- (2) foster care licenses replacing foster care licenses in existence on May 15, 2009, and determined to be needed by the commissioner under paragraph (b);
- (3) new foster care licenses determined to be needed by the commissioner under paragraph (b) for the closure of a nursing facility, ICF/MR, or regional treatment center, or restructuring of state-operated services that limits the capacity of state-operated facilities;
- (4) new foster care licenses determined to be needed by the commissioner under paragraph (b) for persons requiring hospital level care; or
- (5) new foster care licenses determined to be needed by the commissioner for the transition of people from personal care assistance to the home and community-based services.

(b) The commissioner shall determine the need for newly licensed foster care homes as defined under this subdivision. As part of the determination, the commissioner shall consider the availability of foster care capacity in the area in which the licensee seeks to operate, and the recommendation of the local county board. The determination by the commissioner must be final. A determination of need is not required for a change in ownership at the same address.

(c) Residential settings that would otherwise be subject to the moratorium established in paragraph (a), that are in the process of receiving an adult or child foster care license as of July 1, 2009, shall be allowed to continue to complete the process of receiving an adult or child foster care license. For this paragraph, all of the following conditions must be met to be considered in the process of receiving an adult or child foster care license:

- (1) participants have made decisions to move into the residential setting, including documentation in each participant's care plan;
- (2) the provider has purchased housing or has made a financial investment in the property;
- (3) the lead agency has approved the plans, including costs for the residential setting for each individual;
- (4) the completion of the licensing process, including all necessary inspections, is the only remaining component prior to being able to provide services; and
- (5) the needs of the individuals cannot be met within the existing capacity in that county.

To qualify for the process under this paragraph, the lead agency must submit documentation to the commissioner by August 1, 2009, that all of the above criteria are met.

(d) The commissioner shall study the effects of the license moratorium under this subdivision and shall report back to the legislature by January 15, 2011. This study shall include, but is not limited to the following:

- (1) the overall capacity and utilization of foster care beds where the physical location is not the

primary residence of the license holder prior to and after implementation of the moratorium;

(2) the overall capacity and utilization of foster care beds where the physical location is the primary residence of the license holder prior to and after implementation of the moratorium; and

(3) the number of licensed and occupied ICF/MR beds prior to and after implementation of the moratorium.

(e) When a foster care recipient moves out of a foster home that is not the primary residence of the license holder according to section 256B.49, subdivision 15, paragraph (f), the county shall immediately inform the Department of Human Services Licensing Division, and the department shall immediately decrease the statewide licensed capacity for ~~the home~~ foster care settings where the physical location is not the primary residence of the license holder. A decreased licensed capacity according to this paragraph is not subject to appeal under this chapter. A needs determination process, managed at the state level, with county input, will determine where the reduced capacity will occur.

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

Sec. 4. Minnesota Statutes 2011 Supplement, section 256B.0659, subdivision 11, is amended to read:

Subd. 11. **Personal care assistant; requirements.** (a) A personal care assistant must meet the following requirements:

(1) be at least 18 years of age with the exception of persons who are 16 or 17 years of age with these additional requirements:

(i) supervision by a qualified professional every 60 days; and

(ii) employment by only one personal care assistance provider agency responsible for compliance with current labor laws;

(2) be employed by a personal care assistance provider agency;

(3) enroll with the department as a personal care assistant after clearing a background study. Except as provided in subdivision 11a, before a personal care assistant provides services, the personal care assistance provider agency must initiate a background study on the personal care assistant under chapter 245C, and the personal care assistance provider agency must have received a notice from the commissioner that the personal care assistant is:

(i) not disqualified under section 245C.14; or

(ii) is disqualified, but the personal care assistant has received a set aside of the disqualification under section 245C.22;

(4) be able to effectively communicate with the recipient and personal care assistance provider agency;

(5) be able to provide covered personal care assistance services according to the recipient's personal care assistance care plan, respond appropriately to recipient needs, and report changes in the recipient's condition to the supervising qualified professional or physician;

- (6) not be a consumer of personal care assistance services;
 - (7) maintain daily written records including, but not limited to, time sheets under subdivision 12;
 - (8) effective January 1, 2010, complete standardized training as determined by the commissioner before completing enrollment. The training must be available in languages other than English and to those who need accommodations due to disabilities. Personal care assistant training must include successful completion of the following training components: basic first aid, vulnerable adult, child maltreatment, OSHA universal precautions, basic roles and responsibilities of personal care assistants including information about assistance with lifting and transfers for recipients, emergency preparedness, orientation to positive behavioral practices, fraud issues, and completion of time sheets. Upon completion of the training components, the personal care assistant must demonstrate the competency to provide assistance to recipients;
 - (9) complete training and orientation on the needs of the recipient within the first seven days after the services begin; and
 - (10) be limited to providing and being paid for up to 275 hours per month, except that this limit shall be 275 hours per month for the period July 1, 2009, through June 30, 2011, of personal care assistance services regardless of the number of recipients being served or the number of personal care assistance provider agencies enrolled with. The number of hours worked per day shall not be disallowed by the department unless in violation of the law.
- (b) A legal guardian may be a personal care assistant if the guardian is not being paid for the guardian services and meets the criteria for personal care assistants in paragraph (a).
- (c) Persons who do not qualify as a personal care assistant include parents and stepparents of minors, spouses, paid legal guardians, family foster care providers, except as otherwise allowed in section 256B.0625, subdivision 19a, or staff of a residential setting. When the personal care assistant is a relative of the recipient, the commissioner shall pay 80 percent of the provider rate. This rate reduction is delayed until July 1, 2013. For purposes of this section, relative means the parent or adoptive parent of an adult child, a sibling aged 16 years or older, an adult child, a grandparent, or a grandchild.

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

Sec. 5. Minnesota Statutes 2011 Supplement, section 256B.49, subdivision 15, is amended to read:

Subd. 15. **Individualized service plan; comprehensive transitional service plan; maintenance service plan.** (a) Each recipient of home and community-based waived services shall be provided a copy of the written service plan which:

- (1) is developed and signed by the recipient within ten working days of the completion of the assessment;
- (2) meets the assessed needs of the recipient;
- (3) reasonably ensures the health and safety of the recipient;
- (4) promotes independence;

(5) allows for services to be provided in the most integrated settings; and

(6) provides for an informed choice, as defined in section 256B.77, subdivision 2, paragraph (p), of service and support providers.

(b) In developing the comprehensive transitional service plan, the individual receiving services, the case manager, and the guardian, if applicable, will identify the transitional service plan fundamental service outcome and anticipated timeline to achieve this outcome. Within the first 20 days following a recipient's request for an assessment or reassessment, the transitional service planning team must be identified. A team leader must be identified who will be responsible for assigning responsibility and communicating with team members to ensure implementation of the transition plan and ongoing assessment and communication process. The team leader should be an individual, such as the case manager or guardian, who has the opportunity to follow the recipient to the next level of service.

Within ten days following an assessment, a comprehensive transitional service plan must be developed incorporating elements of a comprehensive functional assessment and including short-term measurable outcomes and timelines for achievement of and reporting on these outcomes. Functional milestones must also be identified and reported according to the timelines agreed upon by the transitional service planning team. In addition, the comprehensive transitional service plan must identify additional supports that may assist in the achievement of the fundamental service outcome such as the development of greater natural community support, increased collaboration among agencies, and technological supports.

The timelines for reporting on functional milestones will prompt a reassessment of services provided, the units of services, rates, and appropriate service providers. It is the responsibility of the transitional service planning team leader to review functional milestone reporting to determine if the milestones are consistent with observable skills and that milestone achievement prompts any needed changes to the comprehensive transitional service plan.

For those whose fundamental transitional service outcome involves the need to procure housing, a plan for the recipient to seek the resources necessary to secure the least restrictive housing possible should be incorporated into the plan, including employment and public supports such as housing access and shelter needy funding.

(c) Counties and other agencies responsible for funding community placement and ongoing community supportive services are responsible for the implementation of the comprehensive transitional service plans. Oversight responsibilities include both ensuring effective transitional service delivery and efficient utilization of funding resources.

(d) Following one year of transitional services, the transitional services planning team will make a determination as to whether or not the individual receiving services requires the current level of continuous and consistent support in order to maintain the recipient's current level of functioning. Recipients who are determined to have not had a significant change in functioning for 12 months must move from a transitional to a maintenance service plan. Recipients on a maintenance service plan must be reassessed to determine if the recipient would benefit from a transitional service plan at least every 12 months and at other times when there has been a significant change in the recipient's functioning. This assessment should consider any changes to technological or natural community supports.

(e) When a county is evaluating denials, reductions, or terminations of home and community-based services under section 256B.49 for an individual, the case manager shall offer to meet with the individual or the individual's guardian in order to discuss the prioritization of service needs within the individualized service plan, comprehensive transitional service plan, or maintenance service plan. The reduction in the authorized services for an individual due to changes in funding for waived services may not exceed the amount needed to ensure medically necessary services to meet the individual's health, safety, and welfare.

(f) At the time of reassessment, local agency case managers shall assess each recipient of community alternatives for disabled individuals or traumatic brain injury waived services currently residing in a licensed adult foster home that is not the primary residence of the license holder, or in which the license holder is not the primary caregiver, to determine if that recipient could appropriately be served in a community-living setting. If appropriate for the recipient, the case manager shall offer the recipient, through a person-centered planning process, the option to receive alternative housing and service options. In the event that the recipient chooses to transfer from the adult foster home, the vacated bed shall not be filled with another recipient of waiver services and group residential housing, unless provided under section 245A.03, subdivision 7, paragraph (a), clauses (3) and (4), and the statewide licensed capacity shall be reduced accordingly. If the adult foster home becomes no longer viable due to these transfers, the county agency, with the assistance of the department, shall facilitate a consolidation of settings or closure. This reassessment process shall be completed by June 30, ~~2012~~ 2013. The results of the assessments shall be used in the statewide needs determination process. Implementation of the statewide licensed capacity reduction shall begin on July 1, 2013.

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

Sec. 6. Minnesota Statutes 2011 Supplement, section 256B.76, subdivision 1, is amended to read:

Subdivision 1. **Physician reimbursement.** (a) Effective for services rendered on or after October 1, 1992, the commissioner shall make payments for physician services as follows:

(1) payment for level one Centers for Medicare and Medicaid Services' common procedural coding system codes titled "office and other outpatient services," "preventive medicine new and established patient," "delivery, antepartum, and postpartum care," "critical care," cesarean delivery and pharmacologic management provided to psychiatric patients, and level three codes for enhanced services for prenatal high risk, shall be paid at the lower of (i) submitted charges, or (ii) 25 percent above the rate in effect on June 30, 1992. If the rate on any procedure code within these categories is different than the rate that would have been paid under the methodology in section 256B.74, subdivision 2, then the larger rate shall be paid;

(2) payments for all other services shall be paid at the lower of (i) submitted charges, or (ii) 15.4 percent above the rate in effect on June 30, 1992; and

(3) all physician rates shall be converted from the 50th percentile of 1982 to the 50th percentile of 1989, less the percent in aggregate necessary to equal the above increases except that payment rates for home health agency services shall be the rates in effect on September 30, 1992.

(b) Effective for services rendered on or after January 1, 2000, payment rates for physician and professional services shall be increased by three percent over the rates in effect on December 31,

1999, except for home health agency and family planning agency services. The increases in this paragraph shall be implemented January 1, 2000, for managed care.

(c) Effective for services rendered on or after July 1, 2009, payment rates for physician and professional services shall be reduced by five percent, except that for the period July 1, 2009, through June 30, 2010, payment rates shall be reduced by 6.5 percent for the medical assistance and general assistance medical care programs, over the rates in effect on June 30, 2009. This reduction and the reductions in paragraph (d) do not apply to office or other outpatient visits, preventive medicine visits and family planning visits billed by physicians, advanced practice nurses, or physician assistants in a family planning agency or in one of the following primary care practices: general practice, general internal medicine, general pediatrics, general geriatrics, and family medicine. This reduction and the reductions in paragraph (d) do not apply to federally qualified health centers, rural health centers, and Indian health services. Effective October 1, 2009, payments made to managed care plans and county-based purchasing plans under sections 256B.69, 256B.692, and 256L.12 shall reflect the payment reduction described in this paragraph.

(d) Effective for services rendered on or after July 1, 2010, payment rates for physician and professional services shall be reduced an additional seven percent over the five percent reduction in rates described in paragraph (c). This additional reduction does not apply to physical therapy services, occupational therapy services, and speech pathology and related services provided on or after July 1, 2010. This additional reduction does not apply to physician services billed by a psychiatrist or an advanced practice nurse with a specialty in mental health. Effective October 1, 2010, payments made to managed care plans and county-based purchasing plans under sections 256B.69, 256B.692, and 256L.12 shall reflect the payment reduction described in this paragraph.

(e) Effective for services rendered on or after September 1, 2011, through June 30, ~~2013~~ 2012, payment rates for physician and professional services shall be reduced three percent from the rates in effect on August 31, 2011. This reduction does not apply to physical therapy services, occupational therapy services, and speech pathology and related services.

Sec. 7. Minnesota Statutes 2011 Supplement, section 256B.76, subdivision 2, is amended to read:

Subd. 2. **Dental reimbursement.** (a) Effective for services rendered on or after October 1, 1992, the commissioner shall make payments for dental services as follows:

(1) dental services shall be paid at the lower of (i) submitted charges, or (ii) 25 percent above the rate in effect on June 30, 1992; and

(2) dental rates shall be converted from the 50th percentile of 1982 to the 50th percentile of 1989, less the percent in aggregate necessary to equal the above increases.

(b) Beginning October 1, 1999, the payment for tooth sealants and fluoride treatments shall be the lower of (1) submitted charge, or (2) 80 percent of median 1997 charges.

(c) Effective for services rendered on or after January 1, 2000, payment rates for dental services shall be increased by three percent over the rates in effect on December 31, 1999.

(d) Effective for services provided on or after January 1, 2002, payment for diagnostic examinations and dental x-rays provided to children under age 21 shall be the lower of (1) the submitted charge, or (2) 85 percent of median 1999 charges.

(e) The increases listed in paragraphs (b) and (c) shall be implemented January 1, 2000, for managed care.

(f) Effective for dental services rendered on or after October 1, 2010, by a state-operated dental clinic, payment shall be paid on a reasonable cost basis that is based on the Medicare principles of reimbursement. This payment shall be effective for services rendered on or after January 1, 2011, to recipients enrolled in managed care plans or county-based purchasing plans.

(g) Beginning in fiscal year 2011, if the payments to state-operated dental clinics in paragraph (f), including state and federal shares, are less than \$1,850,000 per fiscal year, a supplemental state payment equal to the difference between the total payments in paragraph (f) and \$1,850,000 shall be paid from the general fund to state-operated services for the operation of the dental clinics.

(h) If the cost-based payment system for state-operated dental clinics described in paragraph (f) does not receive federal approval, then state-operated dental clinics shall be designated as critical access dental providers under subdivision 4, paragraph (b), and shall receive the critical access dental reimbursement rate as described under subdivision 4, paragraph (a).

(i) Effective for services rendered on or after September 1, 2011, through June 30, ~~2013~~ 2012, payment rates for dental services shall be reduced by three percent. This reduction does not apply to state-operated dental clinics in paragraph (f).

Sec. 8. Minnesota Statutes 2011 Supplement, section 256B.766, is amended to read:

256B.766 REIMBURSEMENT FOR BASIC CARE SERVICES.

(a) Effective for services provided on or after July 1, 2009, total payments for basic care services, shall be reduced by three percent, except that for the period July 1, 2009, through June 30, 2011, total payments shall be reduced by 4.5 percent for the medical assistance and general assistance medical care programs, prior to third-party liability and spenddown calculation. Effective July 1, 2010, the commissioner shall classify physical therapy services, occupational therapy services, and speech-language pathology and related services as basic care services. The reduction in this paragraph shall apply to physical therapy services, occupational therapy services, and speech-language pathology and related services provided on or after July 1, 2010.

(b) Payments made to managed care plans and county-based purchasing plans shall be reduced for services provided on or after October 1, 2009, to reflect the reduction effective July 1, 2009, and payments made to the plans shall be reduced effective October 1, 2010, to reflect the reduction effective July 1, 2010.

(c) Effective for services provided on or after September 1, 2011, through June 30, ~~2013~~ 2012, total payments for outpatient hospital facility fees shall be reduced by five percent from the rates in effect on August 31, 2011.

(d) Effective for services provided on or after September 1, 2011, through June 30, ~~2013~~ 2012, total payments for ambulatory surgery centers facility fees, medical supplies and durable medical equipment not subject to a volume purchase contract, prosthetics and orthotics, renal dialysis services, laboratory services, public health nursing services, physical therapy services, occupational therapy services, speech therapy services, eyeglasses not subject to a volume purchase contract, hearing aids not subject to a volume purchase contract, anesthesia services, and hospice services shall be reduced by three percent from the rates in effect on August 31, 2011.

(e) This section does not apply to physician and professional services, inpatient hospital services, family planning services, mental health services, dental services, prescription drugs, medical transportation, federally qualified health centers, rural health centers, Indian health services, and Medicare cost-sharing.

Sec. 9. Laws 2011, First Special Session chapter 9, article 10, section 3, subdivision 3, is amended to read:

Subd. 3. Forecasted Programs

The amounts that may be spent from this appropriation for each purpose are as follows:

(a) MFIP/DWP Grants

	Appropriations by Fund	
General	84,680,000	91,978,000
Federal TANF	84,425,000	75,417,000
(b) MFIP Child Care Assistance Grants		55,456,000
		30,923,000
(c) General Assistance Grants		49,192,000
		46,938,000

General Assistance Standard. The commissioner shall set the monthly standard of assistance for general assistance units consisting of an adult recipient who is childless and unmarried or living apart from parents or a legal guardian at \$203. The commissioner may reduce this amount according to Laws 1997, chapter 85, article 3, section 54.

Emergency General Assistance. The amount appropriated for emergency general assistance funds is limited to no more than \$6,689,812 in fiscal year 2012 and \$6,729,812 in fiscal year 2013. Funds to counties shall be allocated by the commissioner using the allocation method specified in Minnesota Statutes, section 256D.06.

(d) Minnesota Supplemental Aid Grants	38,095,000	39,120,000
(e) Group Residential Housing Grants	121,080,000	129,238,000
(f) MinnesotaCare Grants	295,046,000	317,272,000

This appropriation is from the health care access fund.

(g) Medical Assistance Grants	4,501,582,000	4,437,282,000
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Managed Care Incentive Payments. The commissioner shall not make managed care incentive payments for expanding preventive services during fiscal years beginning July 1, 2011, and July 1, 2012.

Reduction of Rates for Congregate Living for Individuals with Lower Needs. Beginning October 1, 2011, lead agencies must reduce rates in effect on January 1, 2011, by ~~ten~~ up to five percent for individuals with lower needs living in foster care settings where the license holder does not share the residence with recipients on the CADI and DD waivers and customized living settings for CADI. Lead agencies must adjust contracts within 60 days of the effective date.

Reduction of Lead Agency Waiver Allocations to Implement Rate Reductions for Congregate Living for Individuals with Lower Needs. Beginning October 1, 2011, the commissioner shall reduce lead agency waiver allocations to implement the reduction of rates for individuals with lower needs living in foster care settings where the license holder does not share the residence with recipients on the CADI and DD waivers and customized living settings for CADI.

Reduce customized living and 24-hour customized living component rates. Effective July 1, 2011, the commissioner shall reduce elderly waiver customized living and 24-hour customized living component service spending by five percent through reductions in component rates and service rate limits. The commissioner shall adjust the elderly waiver capitation payment rates for managed care organizations paid under Minnesota Statutes, section 256B.69, subdivisions 6a and 23, to reflect reductions in component spending for customized living services and

24-hour customized living services under Minnesota Statutes, section 256B.0915, subdivisions 3e and 3h, for the contract period beginning January 1, 2012. To implement the reduction specified in this provision, capitation rates paid by the commissioner to managed care organizations under Minnesota Statutes, section 256B.69, shall reflect a ten percent reduction for the specified services for the period January 1, 2012, to June 30, 2012, and a five percent reduction for those services on or after July 1, 2012.

Limit Growth in the Developmental Disability Waiver. The commissioner shall limit growth in the developmental disability waiver to six diversion allocations per month beginning July 1, 2011, through June 30, 2013, and 15 diversion allocations per month beginning July 1, 2013, through June 30, 2015. Waiver allocations shall be targeted to individuals who meet the priorities for accessing waiver services identified in Minnesota Statutes, 256B.092, subdivision 12. The limits do not include conversions from intermediate care facilities for persons with developmental disabilities. Notwithstanding any contrary provisions in this article, this paragraph expires June 30, 2015.

Limit Growth in the Community Alternatives for Disabled Individuals Waiver. The commissioner shall limit growth in the community alternatives for disabled individuals waiver to 60 allocations per month beginning July 1, 2011, through June 30, 2013, and 85 allocations per month beginning July 1, 2013, through June 30, 2015. Waiver allocations must be targeted to individuals who meet the priorities for accessing waiver services identified in Minnesota Statutes, section 256B.49, subdivision 11a. The limits include conversions and diversions, unless the commissioner has approved a plan to convert funding due to the closure or downsizing of a residential facility or nursing facility

to serve directly affected individuals on the community alternatives for disabled individuals waiver. Notwithstanding any contrary provisions in this article, this paragraph expires June 30, 2015.

Personal Care Assistance Relative Care.

The commissioner shall adjust the capitation payment rates for managed care organizations paid under Minnesota Statutes, section 256B.69, to reflect the rate reductions for personal care assistance provided by a relative pursuant to Minnesota Statutes, section 256B.0659, subdivision 11. This rate reduction is delayed until July 1, 2013.

(h) Alternative Care Grants	46,421,000	46,035,000
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Alternative Care Transfer. Any money allocated to the alternative care program that is not spent for the purposes indicated does not cancel but shall be transferred to the medical assistance account.

(i) Chemical Dependency Entitlement Grants	94,675,000	93,298,000
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EFFECTIVE DATE. This section is effective the day following final enactment.

Sec. 10. **EMERGENCY MEDICAL ASSISTANCE STUDY.**

(a) The commissioner of human services shall develop a plan to provide coordinated and cost-effective health care and coverage for individuals who meet eligibility standards for emergency medical assistance and who are ineligible for other state public programs. The commissioner shall consult with relevant stakeholders in the development of the plan. The commissioner shall consider the following elements:

(1) strategies to provide individuals with the most appropriate care in the appropriate setting, utilizing higher quality and lower cost providers;

(2) payment mechanisms to encourage providers to manage the care of these populations, and to produce lower cost of care and better patient outcomes;

(3) ensure coverage and payment options that address the unique needs of those needing episodic care, chronic care, and long-term care services;

(4) strategies for coordinating health care and nonhealth care services, and integrating with existing coverage; and

(5) other issues and strategies to ensure cost-effective and coordinated delivery of coverage and services.

(b) The commissioner shall submit the plan to the chairs and ranking minority members of the legislative committees with jurisdiction over health and human services policy and financing by January 15, 2013.

Sec. 11. EMERGENCY MEDICAL CONDITION CANCER TREATMENT COVERAGE EXCEPTION.

(a) Notwithstanding Minnesota Statutes, section 256B.06, subdivision 4, paragraph (h), clause (2), surgery and the administration of chemotherapy, radiation, and related services necessary to treat cancer shall be covered as an emergency medical condition under Minnesota Statutes, section 256B.06, paragraph (f), if the recipient has a cancer diagnosis that is not in remission and requires surgery, chemotherapy, or radiation treatment.

(b) Coverage under paragraph (a) is effective May 1, 2012, until June 30, 2013.

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

Sec. 12. INSTRUCTIONS TO THE COMMISSIONERS TO DEVELOP A PLAN FOR AN AUTISM RESIDENTIAL CAMPUS.

(a) The commissioner of human services, in consultation with the commissioners of education and employment and economic development, shall develop a plan to create a residential campus providing 24-hour supervision for individuals with a diagnosis of autistic disorder as defined by diagnostic code 299.0 in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV). This plan must identify how the costs and programming will be shared between the agencies so that the social, educational, sensory, and vocational needs of the individuals served by the program will be met.

(b) The plan must be developed no later than August 31, 2012.

Sec. 13. INSTRUCTIONS TO THE COMMISSIONER TO REQUEST A WAIVER AND CREATE AND FUND AN AUTISM RESIDENTIAL CAMPUS.

(a) The commissioner of human services shall develop a proposal to the United States Department of Health and Human Services which shall include any necessary waivers, state plan amendments, and any other federal authority that may be necessary to create and fund the program in paragraph (b).

(b) The commissioner shall request authority to create and fund a residential campus program to serve individuals to age 21 who are diagnosed with autistic disorder as defined by diagnostic code 299.0 in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV), and who are able to live in a supported housing environment that provides 24-hour supervision. The program must:

- (1) provide continuous on-site supervision;
- (2) provide sensory or other therapeutic programming as appropriate for each resident; and
- (3) incorporate independent living skills, socialization skills, and vocational skills, as appropriate for each resident.

(c) The commissioner shall submit the proposal no later than January 1, 2013.

Sec. 14. STUDY OF PERSONAL CARE ASSISTANCE AND OTHER UNLICENSED ATTENDANT SERVICES PROCEDURES.

The commissioner of human services shall assign the department's office of inspector general to evaluate and make recommendations regarding state policies and statutory directives to control improper billing and fraud in personal care attendant and other unlicensed attendant services reimbursed through the department. The evaluation must review:

(1) the care provided by personal care attendants, behavioral aides, and other unlicensed attendant care services reimbursed through the department;

(2) investigations completed in recent years by the department's surveillance and integrity review division and the attorney general's office Medicaid fraud control unit to determine patterns of improper billing and fraud;

(3) whether there are appropriate standards for an objective assessment or for determining a medical basis for client service eligibility; and

(4) current policies and other requirements related to supervision and verification of services to clients.

The study may involve unannounced site visits to enrolled providers and recipients of services in this study. The commissioner shall report to the chairs and ranking minority members of the legislative committees with jurisdiction over these issues with draft legislation to implement these recommendations by February 15, 2013.

Sec. 15. STUDY OF PERSONAL CARE ASSISTANCE SERVICE MODEL.

The commissioner of human services shall study the current service model of personal care assistance services and any current gaps that exist in the program. The report shall include an analysis of the utilization of additional services by personal care assistance recipients, the effects of access to care coordination services, eligibility criteria, and the results of reductions in personal care assistance services. The results of this study will become part of medical assistance reform work under Minnesota Statutes, section 256B.021. The commissioner shall report the findings of this study to the chairs and ranking minority members of the legislative committees with jurisdiction over these issues by February 15, 2013."

Amend the title accordingly

And when so amended the bill do pass. Amendments adopted. Report adopted.

SECOND READING OF SENATE BILLS

S.F. No. 2093 was read the second time.

INTRODUCTION AND FIRST READING OF SENATE BILLS

The following bills were read the first time.

Senator Miller introduced—

S.F. No. 2595: A bill for an act relating to education; appropriating money for the Rushford-Peterson school district for a new school to replace an aged school extensively damaged by flood water.

Referred to the Committee on Education.

Senators Miller, Rosen, Wiger and Metzen introduced—

S.F. No. 2596: A bill for an act relating to gambling; authorizing the operation of lottery gaming machines and conduct of other nonlottery games at a gaming facility; licensing and regulating the gaming facility; imposing a gaming transaction fee on gaming at the gaming facility; appropriating money; amending Minnesota Statutes 2010, sections 240.135; 299L.07, subdivisions 2, 2a; 340A.410, subdivision 5; 349A.01, subdivision 10, by adding subdivisions; 349A.04; 349A.10, subdivisions 3, 6; 349A.13; 541.20; 541.21; 609.75, subdivision 3; 609.761, by adding a subdivision; proposing coding for new law in Minnesota Statutes, chapters 299L; 349A.

Referred to the Committee on State Government Innovation and Veterans.

Senator Gimse introduced—

S.F. No. 2597: A bill for an act relating to transportation; authorizing toll facility on segment of Interstate Highway 35E; redirecting MnPASS revenues; amending Minnesota Statutes 2010, sections 160.845; 160.93, subdivisions 1, 2; repealing Minnesota Statutes 2010, section 160.93, subdivision 2a.

Referred to the Committee on Transportation.

Senator Michel introduced—

S.F. No. 2598: A bill for an act relating to trademarks; enacting the Minnesota Small Business Trademark Protection Act; providing for a dispute settlement conference; amending Minnesota Statutes 2010, section 333.18, by adding subdivisions; proposing coding for new law in Minnesota Statutes, chapter 333.

Referred to the Committee on Jobs and Economic Growth.

Senators Metzen, Jungbauer and Tomassoni introduced—

S.F. No. 2599: A bill for an act relating to stadiums; providing for a new National Football League Stadium in Minnesota; establishing a Minnesota Stadium Authority; abolishing the Metropolitan Sports Facilities Commission; providing for use of certain local tax revenue; authorizing electronic pull-tabs and bingo; authorizing the sale and issuance of state appropriation bonds; appropriating money; amending Minnesota Statutes 2010, sections 3.971, subdivision 6; 3.9741, by adding a subdivision; 13.55, subdivision 1; 297A.71, by adding subdivisions; 349.12, subdivisions 3b, 3c, 5, 6a, 12a, 18, 25b, 25c, 25d, 29, 31, 32, by adding subdivisions; 349.13; 349.151, subdivisions 4b, 4c, by adding a subdivision; 349.161, subdivisions 1, 5; 349.162, subdivision 5; 349.163, subdivisions 1, 5, 6; 349.1635, subdivisions 2, 3, by adding a subdivision;

349.17, subdivisions 6, 7, 8, by adding a subdivision; 349.1721; 349.18, subdivision 1; 349.19, subdivisions 2, 3, 5, 10; 349.211, subdivision 1a; 352.01, subdivision 2a; 473.121, subdivision 5a; 473.164; 473.565, subdivision 1; Minnesota Statutes 2011 Supplement, sections 10A.01, subdivision 35; 340A.404, subdivision 1; proposing coding for new law in Minnesota Statutes, chapter 16A; proposing coding for new law as Minnesota Statutes, chapter 473J; repealing Minnesota Statutes 2010, sections 473.551; 473.552; 473.553, subdivisions 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13; 473.556, subdivisions 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 16, 17; 473.561; 473.564, subdivisions 2, 3; 473.572; 473.581; 473.592, subdivision 1; 473.595; 473.598; 473.599; 473.76.

Referred to the Committee on Local Government and Elections.

MOTIONS AND RESOLUTIONS

Senator Koch introduced –

Senate Resolution No. 146: A Senate resolution honoring Tricia Manuel and recognizing International Clown Week.

Referred to the Committee on Rules and Administration.

Senators Senjem and Bakk introduced –

Senate Resolution No. 147: A Senate resolution commemorating the lives and work of deceased Senators.

The Honorable Peter P. Stumpf, 1975-1982

The Honorable Conrad M. Vega, 1977-1986

The Honorable Karl F. Grittner, 1959-1970

The Honorable Linda Scheid, 1997-2011

The Honorable Douglas H. Sillers, 1973-1980

The Honorable Gary W. Kubly, 2003-2012

The Honorable Gary M. DeCramer, 1983-1992

WHEREAS, those in public office need an uncommon dedication to meet the demands upon their time, resources, and talents; and

WHEREAS, in the history of the Minnesota Senate, there have been countless Senators who have left a heritage of noble deeds, thoughts, and acts; and

WHEREAS, in their endeavors to legislate for the public good of this state, they strove to represent fairly the rights of the people; and

WHEREAS, their spirits continually challenge, enlighten, and encourage those who remain to honestly and diligently exercise the work of the government for the public good; and

WHEREAS, Senators of today take courage and inspiration from those noble servants of another time who believed it was better to serve than to be served; and

NOW, THEREFORE, BE IT RESOLVED by the Senate of the State of Minnesota that it recognizes the tremendous contributions of the following deceased Senators: the Honorable Peter P. Stumpf, 1975-1982, the Honorable Conrad M. Vega, 1977-1986, the Honorable Karl F. Grittner, 1959-1970, the Honorable Linda Scheid, 1997-2011, the Honorable Douglas H. Sillers, 1973-1980, the Honorable Gary W. Kubly, 2003-2012, and the Honorable Gary M. DeCramer, 1983-1992. Their dedication to the public good is a source of inspiration to, and is worthy of emulation by, their present-day colleagues.

BE IT FURTHER RESOLVED that the Secretary of the Senate is directed to prepare an enrolled copy of this resolution, to be authenticated by the Secretary's signature and that of the Chair of the Senate Rules and Administration Committee, and transmit it to appropriate relatives of those commemorated by this resolution.

Senator Senjem moved the adoption of the foregoing resolution. The motion prevailed. So the resolution was adopted.

Senators Senjem and Bakk introduced –

Senate Concurrent Resolution No. 11: A Senate concurrent resolution relating to the delivery of bills to the Governor after final adjournment.

WHEREAS, the Minnesota Constitution, Article IV, Section 23, authorizes the presentation to the Governor after sine die adjournment of bills that passed in the last three days of the Session; NOW, THEREFORE,

BE IT RESOLVED, by the Senate of the State of Minnesota, the House of Representatives concurring, that upon adjournment sine die of the 87th regular session of the Legislature, bills must be presented to the Governor as follows:

(a) The Speaker of the House of Representatives, the Chief Clerk of the House of Representatives, the President of the Senate, and the Secretary of the Senate shall certify and sign each bill in the same manner and upon the same certification as each bill is signed for presentation to the Governor before adjournment sine die, and each of those officers shall continue in their designated capacity during the three days following the date of final adjournment.

(b) The Chief Clerk of the House of Representatives and the Secretary of the Senate, in accordance with the rules of the respective bodies and under the supervision and direction of the standing Committee on Rules and Legislative Administration and the standing Committee on Rules and Administration, shall carefully enroll each bill and present it to the Governor in the same manner as each bill is enrolled and presented to the Governor before adjournment of the Legislature sine die.

(c) The Revisor of Statutes shall continue to assist in all of the functions relating to enrollment of bills of the House of Representatives and of the Senate under the supervision of the Chief Clerk of the House of Representatives and the Secretary of the Senate in the same manner that the assistance was rendered before adjournment of the Legislature sine die.

BE IT FURTHER RESOLVED that the Secretary of the Senate is directed to deliver copies of this resolution to the Governor and the Secretary of State.

Senator Senjem moved the adoption of the foregoing resolution. The motion prevailed. So the resolution was adopted.

Senator Senjem moved that H.F. No. 2171 be taken from the table, and given a second reading. The motion prevailed.

H.F. No. 2171: A bill for an act relating to natural resources; modifying game and fish license provisions; providing for taking wolf; modifying requirements to take and transport wild animals; modifying department authority and duties; creating walk-in access program; modifying predator control program; modifying deer baiting restrictions; modifying authority to remove beavers; providing for disposition of certain receipts; eliminating venison donation program; modifying snowmobile registration and trail sticker requirements; modifying snowmobile operation provisions; modifying watercraft license fees; modifying shooting range provisions; modifying temporary drawdown of public waters provisions; modifying 2012 fishing opener date; requiring rulemaking; providing civil penalties; appropriating money; amending Minnesota Statutes 2010, sections 84.027, subdivisions 14, 15; 84.82, subdivisions 2, 3; 84.8205, subdivision 1; 84.83, subdivisions 2, 3; 84.86, subdivision 1; 84.8712, subdivision 1; 86B.301, subdivision 2; 86B.415, subdivisions 1, 2, by adding a subdivision; 87A.01, subdivision 4; 87A.02, subdivision 2; 97A.015, subdivisions 3a, 53; 97A.065, subdivision 6; 97A.085, by adding a subdivision; 97A.095, subdivisions 1, 2; 97A.137, subdivision 5; 97A.405, subdivision 4, by adding a subdivision; 97A.421, subdivision 3; 97A.441, subdivision 7; 97A.451, subdivisions 3, 4, by adding a subdivision; 97A.473, subdivisions 3, 5, 5a; 97A.475, subdivisions 2, 3, 3a, 4, 20, 44; 97A.482; 97B.001, subdivision 7; 97B.031, subdivisions 1, 2; 97B.035, subdivision 1a; 97B.071; 97B.085, subdivision 3; 97B.328; 97B.601, subdivisions 3a, 4; 97B.603; 97B.605; 97B.671, subdivisions 3, 4; 97B.711, subdivision 1; 97B.805, subdivision 1; 97B.901; 97C.355, subdivision 1, by adding a subdivision; 97C.395, subdivision 1; 97C.515, subdivisions 2, 4, 5; 103G.005, by adding a subdivision; 103G.408; Minnesota Statutes 2011 Supplement, sections 97A.075, subdivision 1, by adding a subdivision; 97B.075; 97B.645, subdivision 9; 97B.667; proposing coding for new law in Minnesota Statutes, chapters 31; 87A; 97A; 97B; repealing Minnesota Statutes 2010, sections 17.035; 17.4993, subdivision 2; 87A.02, subdivision 1; 97A.045, subdivisions 8, 13; 97A.065, subdivision 1; 97A.095, subdivision 3; 97A.331, subdivision 7; 97A.485, subdivision 12; 97A.552; 97B.303; 97B.645, subdivision 2; 97C.031.

H.F. No. 2171 was read the second time.

Senator Senjem moved that H.F. No. 2171 be laid on the table. The motion prevailed.

S.F. No. 1586 and the Conference Committee Report thereon were reported to the Senate.

CONFERENCE COMMITTEE REPORT ON S.F. NO. 1586

A bill for an act relating to public safety; adding a felony-level penalty and affirmative defenses to the vulnerable adult neglect crime; amending Minnesota Statutes 2010, section 609.233.

April 3, 2012

The Honorable Michelle L. Fischbach
President of the Senate

The Honorable Kurt Zellers
Speaker of the House of Representatives

We, the undersigned conferees for S.F. No. 1586 report that we have agreed upon the items in dispute and recommend as follows:

That the Senate concur in the House amendments and that S.F. No. 1586 be further amended as follows:

Page 2, line 34, before "operator" insert "an"

Page 3, line 12, before "A" insert "(a)"

Page 3, line 16, after "and" insert ", except as provided in paragraph (b) or (c),"

Page 3, line 18, delete "demonstrable" and reinstate the stricken language

Page 3, line 18, after the period, insert:

"(b) If the confinement or restraint results in demonstrable bodily harm, the person may be sentenced to imprisonment for not more than two years or to payment of a fine of not more than \$4,000, or both.

(c)"

Page 3, line 19, strike "that" and insert "the" and after "payment" insert "of a fine"

We request the adoption of this report and repassage of the bill.

Senate Conferees: Warren Limmer, Julianne E. Ortman, Bill G. Ingebrigtsen

House Conferees: Steve Gottwalt, Joyce Peppin, Debra Hilstrom

Senator Limmer moved that the foregoing recommendations and Conference Committee Report on S.F. No. 1586 be now adopted, and that the bill be repassed as amended by the Conference Committee. The motion prevailed. So the recommendations and Conference Committee Report were adopted.

S.F. No. 1586 was read the third time, as amended by the Conference Committee, and placed on its repassage.

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

The roll was called, and there were yeas 58 and nays 0, as follows:

Those who voted in the affirmative were:

Bakk	Chamberlain	Fischbach	Hall	Howe
Benson	Cohen	Gazelka	Hann	Ingebrigtsen
Bonoff	Dahms	Gerlach	Harrington	Jungbauer
Brown	Dziedzic	Gimse	Higgins	Kelash
Carlson	Eaton	Goodwin	Hoffman	Koch

Kruse	Metzen	Pappas	Senjem	Tomassoni
Latz	Miller	Parry	Sheran	Torres Ray
Lillie	Nelson	Pederson	Sieben	Vandever
Limmer	Newman	Rest	Skoe	Wiger
Lourey	Nienow	Robling	Sparks	Wolf
Magnus	Olson	Rosen	Stumpf	
Marty	Ortman	Saxhaug	Thompson	

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

CONFERENCE COMMITTEE EXCUSED

Pursuant to Rule 12.5, Senator DeKruif moved that the following members be excused for a Conference Committee on H.F. No. 2455 at 11:40 a.m.:

Senators DeKruif, Daley and Reinert. The motion prevailed.

SPECIAL ORDERS

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

S.F. No. 2314, H.F. No. 1829, S.F. Nos. 2121, 1416, H.F. Nos. 2216, 2132, S.F. No. 2324, H.F. Nos. 2506, 2949, S.F. Nos. 1804, 2188, 2357 and 1679.

SPECIAL ORDER

S.F. No. 2314: A resolution memorializing Congress and the President of the United States to formally recognize the Khmer Freedom Fighters.

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

The question was taken on the passage of the resolution.

The roll was called, and there were yeas 59 and nays 0, as follows:

Those who voted in the affirmative were:

Bakk	Gerlach	Kelash	Newman	Sheran
Benson	Gimse	Koch	Nienow	Sieben
Bonoff	Goodwin	Kruse	Olson	Skoe
Brown	Hall	Latz	Ortman	Sparks
Carlson	Hann	Lillie	Pappas	Stumpf
Chamberlain	Harrington	Limmer	Parry	Thompson
Cohen	Hayden	Lourey	Pederson	Tomassoni
Dahms	Higgins	Magnus	Rest	Torres Ray
Dziedzic	Hoffman	Marty	Robling	Vandever
Eaton	Howe	Metzen	Rosen	Wiger
Fischbach	Ingebrigtsen	Miller	Saxhaug	Wolf
Gazelka	Jungbauer	Nelson	Senjem	

So the resolution passed and its title was agreed to.

RECESS

Senator Senjem moved that the Senate do now recess subject to the call of the President. The motion prevailed.

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

SPECIAL ORDER

H.F. No. 1829: A bill for an act relating to public safety; authorizing county attorneys and assistant county attorneys to carry firearms on duty under the terms of a permit to carry; amending Minnesota Statutes 2010, section 388.051, by adding a subdivision.

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

The question was taken on the passage of the bill.

The roll was called, and there were yeas 53 and nays 10, as follows:

Those who voted in the affirmative were:

Bakk	Gerlach	Kruse	Olson	Sieben
Benson	Gimse	Latz	Ortman	Skoe
Bonoff	Goodwin	Lillie	Parry	Sparks
Brown	Hall	Limmer	Pederson	Stumpf
Carlson	Hann	Lourey	Reinert	Thompson
Chamberlain	Harrington	Magnus	Rest	Tomassoni
Dahms	Hoffman	Metzen	Robling	Vandever
Daley	Howe	Miller	Rosen	Wiger
DeKruif	Ingebrigtsen	Nelson	Saxhaug	Wolf
Fischbach	Jungbauer	Newman	Senjem	
Gazelka	Koch	Nienow	Sheran	

Those who voted in the negative were:

Cohen	Eaton	Higgins	Marty	Pappas
Dziedzic	Hayden	Kelash	McGuire	Torres Ray

So the bill passed and its title was agreed to.

SPECIAL ORDER

S.F. No. 2121: A bill for an act relating to data practices; classifying data on unofficial fiscal notes; amending Minnesota Statutes 2010, section 13.64, by adding a subdivision.

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

The question was taken on the passage of the bill.

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

Those who voted in the affirmative were:

Bakk	Carlson	Daley	Fischbach	Goodwin
Benson	Chamberlain	DeKruif	Gazelka	Hall
Bonoff	Cohen	Dziedzic	Gerlach	Hann
Brown	Dahms	Eaton	Gimse	Harrington

Hayden	Latz	Newman	Robling	Thompson
Higgins	Lillie	Nienow	Rosen	Tomassoni
Hoffman	Limmer	Olson	Saxhaug	Torres Ray
Howe	Lourey	Ortman	Senjem	Vandever
Ingebrigtsen	Marty	Pappas	Sheran	Wiger
Jungbauer	McGuire	Parry	Sieben	Wolf
Kelash	Metzen	Pederson	Skoe	
Koch	Miller	Reinert	Sparks	
Kruse	Nelson	Rest	Stumpf	

So the bill passed and its title was agreed to.

SPECIAL ORDER

S.F. No. 1416: A bill for an act relating to real estate; providing process for unaffixing manufactured home from real property; amending Minnesota Statutes 2010, sections 168A.01, by adding a subdivision; 168A.02, subdivision 3; 168A.04, subdivision 1; 168A.05, subdivisions 1, 1a, 1b; 168A.141, subdivision 1; proposing coding for new law in Minnesota Statutes, chapter 168A.

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

The question was taken on the passage of the bill.

The roll was called, and there were yeas 61 and nays 0, as follows:

Those who voted in the affirmative were:

Bakk	Gerlach	Koch	Olson	Skoe
Benson	Gimse	Kruse	Ortman	Sparks
Bonoff	Goodwin	Latz	Pappas	Stumpf
Brown	Hall	Lillie	Parry	Thompson
Carlson	Hann	Limmer	Pederson	Tomassoni
Chamberlain	Harrington	Lourey	Reinert	Torres Ray
Dahms	Hayden	Marty	Rest	Vandever
Daley	Higgins	McGuire	Robling	Wiger
DeKruif	Hoffman	Metzen	Rosen	Wolf
Dziedzic	Howe	Miller	Saxhaug	
Eaton	Ingebrigtsen	Nelson	Senjem	
Fischbach	Jungbauer	Newman	Sheran	
Gazelka	Kelash	Nienow	Sieben	

So the bill passed and its title was agreed to.

SPECIAL ORDER

H.F. No. 2216: A bill for an act relating to insurance; the Minnesota Comprehensive Health Association; permitting flexibility in premium rate-setting process; amending Minnesota Statutes 2010, sections 62E.08, subdivisions 1, 3; 62E.091.

Senator Gerlach moved that the amendment made to H.F. No. 2216 by the Committee on Rules and Administration in the report adopted April 4, 2012, pursuant to Rule 45, be stricken. The motion prevailed. So the amendment was stricken.

H.F. No. 2216 was read the third time and placed on its final passage.

The question was taken on the passage of the bill.

The roll was called, and there were yeas 61 and nays 0, as follows:

Those who voted in the affirmative were:

Bakk	Gazelka	Koch	Olson	Skoe
Benson	Gerlach	Kruse	Ortman	Sparks
Bonoff	Gimse	Latz	Pappas	Stumpf
Brown	Hall	Lillie	Parry	Thompson
Carlson	Hann	Limmer	Pederson	Tomassoni
Chamberlain	Harrington	Lourey	Reinert	Torres Ray
Cohen	Hayden	Marty	Rest	Vandever
Dahms	Higgins	McGuire	Robling	Wiger
Daley	Hoffman	Metzen	Rosen	Wolf
DeKruif	Howe	Miller	Saxhaug	
Dziedzic	Ingebrigtsen	Nelson	Senjem	
Eaton	Jungbauer	Newman	Sheran	
Fischbach	Kelash	Nienow	Sieben	

So the bill passed and its title was agreed to.

SPECIAL ORDER

H.F. No. 2132: A bill for an act relating to the Washington County Housing and Redevelopment Authority; clarifying the jurisdiction of the authority; amending Laws 1974, chapter 475, sections 1; 2, subdivision 1; 3.

Senator Vandever moved to amend H.F. No. 2132, the unofficial engrossment, as follows:

Page 1, after line 5, insert:

"Section 1. Minnesota Statutes 2010, section 383E.17, is amended to read:

383E.17 HOUSING AND REDEVELOPMENT.

Subdivision 1. **Housing and redevelopment authority.** There is created in the county of Anoka a public body corporate and politic, to be known as the Anoka County Housing and Redevelopment Authority, ~~having~~. Except as otherwise provided in this section, the Anoka County Housing and Redevelopment Authority has all of the powers and duties of a county authority and a county housing and redevelopment authority under the provisions of ~~the Municipal Housing and Redevelopment Act, Minnesota Statutes 1986, sections 462.411 to 462.711.~~ For the purposes of applying the provisions of the Municipal Housing and Redevelopment Act to Anoka County, ~~the county has all of the powers and duties of a municipality, the county board has all of the powers and duties of a governing body, the chair of the county board has all of the powers and duties of a mayor, and the area of operation includes the area within the territorial boundaries of the county sections 469.001 to 469.047 and any other law.~~

Subd. 2. **Municipal authorities.** This section shall not limit or restrict any ~~existing~~ housing and redevelopment authority existing on or before May 3, 2011, or prevent a municipality from creating an authority with the concurrence of the county under section 469.004, subdivision 5. The county shall not exercise jurisdiction in any municipality where a municipal housing and redevelopment authority is established on or before May 3, 2011. Except for the area in those municipalities, the Anoka County Housing and Redevelopment Authority's jurisdiction and area of operations includes all of the area within the territorial boundaries of the county and includes the areas within the boundaries of all other municipalities in the county. Local approval of all projects

is required pursuant to section 383E.18. If a municipal housing and redevelopment authority requests the Anoka County Housing and Redevelopment Authority to handle the housing duties of the municipal authority, the Anoka County Housing and Redevelopment Authority shall act and have exclusive jurisdiction for housing in the municipality. A transfer of duties relating to housing shall not transfer any duties relating to redevelopment.

EFFECTIVE DATE. This section is effective the day after the governing bodies of Anoka County and the Anoka County Housing and Redevelopment Authority and their chief clerical officers timely complete their compliance with Minnesota Statutes, section 645.021, subdivisions 2 and 3.

Sec. 2. Minnesota Statutes 2010, section 383E.18, is amended to read:

383E.18 LOCAL APPROVAL.

Before a housing or redevelopment project of the Anoka County Housing and Redevelopment Authority is undertaken, the project and the location of the project shall be approved by the local governing body with jurisdiction over all or any part of the area in which the proposed project is located.

EFFECTIVE DATE. This section is effective the day after the governing bodies of Anoka County and the Anoka County Housing and Redevelopment Authority and their chief clerical officers timely complete their compliance with Minnesota Statutes, section 645.021, subdivisions 2 and 3."

Renumber the sections in sequence and correct the internal references

Amend the title accordingly

The motion prevailed. So the amendment was adopted.

H.F. No. 2132 was read the third time, as amended, and placed on its final passage.

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

The roll was called, and there were yeas 60 and nays 1, as follows:

Those who voted in the affirmative were:

Bakk	Fischbach	Kelash	Newman	Senjem
Benson	Gazelka	Koch	Nienow	Sheran
Bonoff	Gerlach	Kruse	Olson	Sieben
Brown	Gimse	Latz	Ortman	Skoe
Carlson	Hall	Lillie	Pappas	Sparks
Chamberlain	Hann	Limmer	Parry	Stumpf
Cohen	Harrington	Lourey	Pederson	Thompson
Dahms	Hayden	Marty	Reinert	Tomassoni
Daley	Higgins	McGuire	Rest	Torres Ray
DeKruif	Hoffman	Metzen	Robling	Vanderveer
Dziedzic	Howe	Miller	Rosen	Wiger
Eaton	Ingebrigtsen	Nelson	Saxhaug	Wolf

Those who voted in the negative were:

Jungbauer

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

SPECIAL ORDER

S.F. No. 2324: A bill for an act relating to occupational licensing; modifying electrical licenses; amending Minnesota Statutes 2010, sections 326B.31, subdivision 14, by adding subdivisions; 326B.33, subdivisions 17, 19, by adding a subdivision.

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

The question was taken on the passage of the bill.

The roll was called, and there were yeas 53 and nays 8, as follows:

Those who voted in the affirmative were:

Bakk	Fischbach	Kelash	Olson	Sieben
Benson	Gazelka	Koch	Pappas	Skoe
Bonoff	Gerlach	Kruse	Parry	Sparks
Carlson	Gimse	Latz	Pederson	Stumpf
Chamberlain	Hann	Lourey	Reinert	Tomassoni
Cohen	Harrington	Marty	Rest	Torres Ray
Dahms	Hayden	McGuire	Robling	Vandever
Daley	Higgins	Metzen	Rosen	Wiger
DeKruif	Howe	Miller	Saxhaug	Wolf
Dziedzic	Ingebrigtsen	Nelson	Senjem	
Eaton	Jungbauer	Nienow	Sheran	

Those who voted in the negative were:

Brown	Hoffman	Limmer	Ortman
Hall	Lillie	Newman	Thompson

So the bill passed and its title was agreed to.

SPECIAL ORDER

H.F. No. 2506: A bill for an act relating to education; striking the requirement to allocate portions of reserved staff development revenue for particular purposes; amending Minnesota Statutes 2010, section 122A.61, subdivision 1.

Senator Nelson moved that H.F. No. 2506 be laid on the table. The motion prevailed.

SPECIAL ORDER

H.F. No. 2949: A bill for an act relating to education; modifying certain early childhood and kindergarten through grade 12 policy and finance provisions; requiring reports; appropriating money; amending Minnesota Statutes 2010, sections 120B.13, subdivision 4; 124D.09, subdivisions 9, 10, 12, 24; 135A.101, subdivision 1; 471.975; Minnesota Statutes 2011 Supplement, sections 120B.07; 120B.08; 120B.09; 120B.36, subdivision 1; 124D.09, subdivision 5; 126C.126; 126C.40, subdivision 1; Laws 2011, First Special Session chapter 11, article 5, section 11; article 7, section 2, subdivision 8; repealing Minnesota Statutes 2010, section 124D.09, subdivision 23.

Senator Brown moved to amend H.F. No. 2949, as amended pursuant to Rule 45, adopted by the Senate April 4, 2012, as follows:

(The text of the amended House File is identical to S.F. No. 2482.)

Page 50, delete section 4

Renumber the sections in sequence and correct the internal references

Amend the title accordingly

Pursuant to Rule 7.5, Senator Ortman questioned whether the Brown amendment was in order. The President ruled the amendment was not in order.

Senator Brown appealed the decision of the President.

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

The roll was called, and there were yeas 21 and nays 37, as follows:

Those who voted in the affirmative were:

Benson	Gerlach	Howe	Nienow	Vandev eer
Chamberlain	Gimse	Jungbauer	Ortman	
Daley	Hall	Koch	Parry	
DeKruif	Hann	Lillie	Robling	
Gazelka	Hoffman	Newman	Thompson	

Those who voted in the negative were:

Bonoff	Harrington	Lourey	Pederson	Stumpf
Brown	Hayden	Marty	Reinert	Tomassoni
Carlson	Higgins	McGuire	Rest	Torres Ray
Cohen	Ingebrigtsen	Metzen	Rosen	Wiger
Dahms	Kelash	Miller	Sheran	Wolf
Dziedzic	Kruse	Nelson	Sieben	
Eaton	Latz	Olson	Skoe	
Fischbach	Limmer	Pappas	Sparks	

So the decision of the President was overturned.

The question was taken on the adoption of the Brown amendment. The motion prevailed. So the amendment was adopted.

Senator Rosen moved to amend H.F. No. 2949, as amended pursuant to Rule 45, adopted by the Senate April 4, 2012, as follows:

(The text of the amended House File is identical to S.F. No. 2482.)

Page 8, after line 15, insert:

"Sec. 11. Minnesota Statutes 2011 Supplement, section 124D.09, subdivision 7, is amended to read:

Subd. 7. **Dissemination of information; notification of intent to enroll.** By March 1 of each year, a district must provide general information about the program to all pupils in grades 8, 9, 10, and 11. To assist the district in planning, a pupil shall inform the district by ~~March~~ May 30 of each year of the pupil's intent to enroll in postsecondary courses during the following school year. A pupil is ~~not~~ bound by notifying or not notifying the district by ~~March~~ May 30."

Renumber the sections in sequence and correct the internal references

Amend the title accordingly

The motion prevailed. So the amendment was adopted.

H.F. No. 2949 was read the third time, as amended, and placed on its final passage.

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

The roll was called, and there were yeas 49 and nays 13, as follows:

Those who voted in the affirmative were:

Bakk	Fischbach	Howe	Miller	Saxhaug
Benson	Gazelka	Ingebrigtsen	Nelson	Senjem
Bonoff	Gerlach	Jungbauer	Newman	Sparks
Brown	Gimse	Kelash	Nienow	Stumpf
Carlson	Hall	Koch	Olson	Thompson
Chamberlain	Hann	Kruse	Pappas	Torres Ray
Dahms	Harrington	Latz	Parry	Vandever
Daley	Hayden	Lillie	Pederson	Wiger
DeKruif	Higgins	Limmer	Robling	Wolf
Dziedzic	Hoffman	Metzen	Rosen	

Those who voted in the negative were:

Cohen	Lourey	Ortman	Sheran	Tomassoni
Eaton	Marty	Reinert	Sieben	
Goodwin	McGuire	Rest	Skoe	

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

MOTIONS AND RESOLUTIONS - CONTINUED

Senator Nelson moved that H.F. No. 2506 be taken from the table. The motion prevailed.

H.F. No. 2506: A bill for an act relating to education; striking the requirement to allocate portions of reserved staff development revenue for particular purposes; amending Minnesota Statutes 2010, section 122A.61, subdivision 1.

Senator Wiger moved to amend H.F. No. 2506, as amended pursuant to Rule 45, adopted by the Senate April 2, 2012, as follows:

(The text of the amended House File is identical to S.F. No. 2059.)

Page 2, delete section 2

Renumber the sections in sequence and correct the internal references

Amend the title accordingly

The question was taken on the adoption of the amendment.

The roll was called, and there were yeas 25 and nays 35, as follows:

Those who voted in the affirmative were:

Bakk	Dziedzic	Harrington	Higgins	Latz
Cohen	Eaton	Hayden	Kelash	Lourey

Marty	Pappas	Saxhaug	Skoe	Tomassoni
McGuire	Reinert	Sheran	Sparks	Torres Ray
Metzen	Rest	Sieben	Stumpf	Wiger

Those who voted in the negative were:

Benson	Fischbach	Howe	Miller	Pederson
Bonoff	Gazelka	Ingebrigtsen	Nelson	Robling
Brown	Gimse	Jungbauer	Newman	Rosen
Carlson	Goodwin	Koch	Nienow	Senjem
Chamberlain	Hall	Kruse	Olson	Thompson
Dahms	Hann	Lillie	Ortman	Vanderveer
DeKruif	Hoffman	Limmer	Parry	Wolf

The motion did not prevail. So the amendment was not adopted.

H.F. No. 2506 was read the third time and placed on its final passage.

The question was taken on the passage of the bill.

The roll was called, and there were yeas 56 and nays 6, as follows:

Those who voted in the affirmative were:

Bakk	Gazelka	Jungbauer	Nienow	Skoe
Benson	Gerlach	Kelash	Olson	Sparks
Bonoff	Gimse	Koch	Ortman	Stumpf
Brown	Goodwin	Kruse	Pappas	Thompson
Carlson	Hall	Latz	Parry	Torres Ray
Chamberlain	Hann	Lillie	Pederson	Vanderveer
Cohen	Harrington	Limmer	Rest	Wiger
Dahms	Hayden	McGuire	Robling	Wolf
Daley	Higgins	Metzen	Rosen	
DeKruif	Hoffman	Miller	Saxhaug	
Dziedzic	Howe	Nelson	Senjem	
Fischbach	Ingebrigtsen	Newman	Sieben	

Those who voted in the negative were:

Eaton	Marty	Sheran
Lourey	Reinert	Tomassoni

So the bill passed and its title was agreed to.

SPECIAL ORDER

S.F. No. 1804: A bill for an act relating to state government; making changes to health and human services policy provisions; modifying provisions related to continuing care, the telephone equipment program, chemical and mental health, and health care; reforming comprehensive assessment and case management services; requiring reports; amending Minnesota Statutes 2010, sections 144A.071, subdivision 5a; 237.50; 237.51; 237.52; 237.53; 237.54; 237.55; 237.56; 245.461, by adding a subdivision; 245.462, subdivision 20; 245.487, by adding a subdivision; 245.4871, subdivision 15; 245.4932, subdivision 1; 245A.11, subdivisions 2a, 8; 246.53, by adding a subdivision; 252.32, subdivision 1a; 252A.21, subdivision 2; 256.476, subdivision 11; 256.9657, subdivision 1; 256B.04, subdivision 14; 256B.056, subdivision 3c; 256B.0595, subdivision 2; 256B.0625, subdivisions 13, 13d, 19c, 42; 256B.0659, subdivisions 1, 2, 3, 3a, 4, 9, 13, 14, 19, 20, 21, 24, 30; 256B.0911, subdivisions 1, 2b, 2c, 3, 3b, 4c, 6; 256B.0913, subdivisions 7, 8; 256B.0915, subdivisions 1a, 1b, 3c, 6; 256B.0916, subdivision 7; 256B.092, subdivisions

1, 1a, 1b, 1e, 1g, 2, 3, 5, 7, 8, 8a, 9, 11; 256B.096, subdivision 5; 256B.15, subdivisions 1c, 1f; 256B.19, subdivision 1c; 256B.441, subdivisions 13, 31, 53; 256B.49, subdivisions 13, 21; 256B.69, subdivision 5; 256F.13, subdivision 1; 256G.02, subdivision 6; 256L.05, subdivision 3; 514.982, subdivision 1; Minnesota Statutes 2011 Supplement, sections 125A.21, subdivision 7; 144A.071, subdivisions 3, 4a; 245A.03, subdivision 7; 254B.04, subdivision 2a; 256B.056, subdivision 3; 256B.057, subdivision 9; 256B.0625, subdivisions 13e, 13h, 14, 56; 256B.0631, subdivisions 1, 2; 256B.0659, subdivision 11; 256B.0911, subdivisions 1a, 3a, 4a; 256B.0915, subdivision 10; 256B.49, subdivisions 14, 15; 256B.69, subdivisions 5a, 28; 256L.12, subdivision 9; 256L.15, subdivision 1; 626.557, subdivision 9; Laws 2008, chapter 338, section 3, subdivisions 1, 8; Laws 2009, chapter 79, article 8, section 81, as amended; proposing coding for new law in Minnesota Statutes, chapter 252; repealing Minnesota Statutes 2010, sections 256.01, subdivision 18b; 256B.431, subdivisions 2c, 2g, 2i, 2j, 2k, 2l, 2o, 3c, 11, 14, 17b, 17f, 19, 20, 25, 27, 29; 256B.434, subdivisions 4a, 4b, 4c, 4d, 4e, 4g, 4h, 7, 8; 256B.435; 256B.436; Minnesota Statutes 2011 Supplement, section 256B.431, subdivision 26; Minnesota Rules, part 9555.7700.

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

The question was taken on the passage of the bill.

The roll was called, and there were yeas 59 and nays 0, as follows:

Those who voted in the affirmative were:

Bakk	Fischbach	Kelash	Newman	Sheran
Benson	Gazelka	Koch	Nienow	Sieben
Bonoff	Gimse	Kruse	Olson	Skoe
Brown	Goodwin	Latz	Ortman	Sparks
Carlson	Hall	Lillie	Pappas	Stumpf
Chamberlain	Hann	Limmer	Pederson	Thompson
Cohen	Harrington	Lourey	Reinert	Tomassoni
Dahms	Hayden	Marty	Rest	Torres Ray
Daley	Higgins	McGuire	Robling	Vanderveer
DeKruif	Hoffman	Metzen	Rosen	Wiger
Dziedzic	Howe	Miller	Saxhaug	Wolf
Eaton	Jungbauer	Nelson	Senjem	

So the bill passed and its title was agreed to.

SPECIAL ORDER

S.F. No. 2188: A bill for an act relating to human services; creating a plan to develop a chemical health community-based integrated model of care.

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

The question was taken on the passage of the bill.

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

Those who voted in the affirmative were:

Bakk	Chamberlain	Dziedzic	Gimse	Hayden
Benson	Cohen	Eaton	Goodwin	Higgins
Bonoff	Dahms	Fischbach	Hall	Hoffman
Brown	Daley	Gazelka	Hann	Howe
Carlson	DeKruif	Gerlach	Harrington	Jungbauer

Kelash	McGuire	Ortman	Rosen	Stumpf
Koch	Metzen	Pappas	Saxhaug	Thompson
Latz	Miller	Parry	Senjem	Tomassoni
Lillie	Nelson	Pederson	Sheran	Torres Ray
Limmer	Newman	Reinert	Sieben	Vandever
Lourey	Nienow	Rest	Skoe	Wiger
Marty	Olson	Robling	Sparks	Wolf

So the bill passed and its title was agreed to.

SPECIAL ORDER

S.F. No. 2357: A bill for an act relating to human services; changing human services legal provisions; modifying provisions related to human services licensing, licensing data, and the Office of Inspector General; amending the Human Services Background Studies Act; amending Minnesota Statutes 2010, sections 13.46, subdivisions 2, 3, 4; 13.82, subdivision 1; 245A.04, subdivisions 1, 7, 11, by adding a subdivision; 245A.05; 245A.07, subdivision 3; 245A.08, subdivision 2a; 245A.14, subdivision 11, by adding a subdivision; 245A.146, subdivisions 2, 3; 245A.18, subdivision 1; 245A.22, subdivision 2; 245A.66, subdivisions 2, 3; 245C.03, subdivision 1; 245C.04, subdivision 1; 245C.05, subdivisions 2, 4, 7, by adding a subdivision; 245C.07; 245C.16, subdivision 1; 245C.17, subdivision 2; 245C.22, subdivision 5; 245C.24, subdivision 2; Minnesota Statutes 2011 Supplement, section 256B.04, subdivision 21; proposing coding for new law in Minnesota Statutes, chapter 245A; repealing Minnesota Rules, part 9503.0150, item E.

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

The question was taken on the passage of the bill.

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

Those who voted in the affirmative were:

Bakk	Gazelka	Kelash	Nienow	Sieben
Benson	Gerlach	Koch	Olson	Skoe
Bonoff	Gimse	Kruse	Ortman	Sparks
Brown	Goodwin	Latz	Pappas	Stumpf
Carlson	Hall	Lillie	Parry	Thompson
Chamberlain	Hann	Limmer	Pederson	Tomassoni
Cohen	Harrington	Lourey	Reinert	Torres Ray
Dahms	Hayden	Marty	Rest	Vandever
Daley	Higgins	McGuire	Robling	Wiger
DeKruif	Hoffman	Metzen	Rosen	Wolf
Dziedzic	Howe	Miller	Saxhaug	
Eaton	Ingebrigtsen	Nelson	Senjem	
Fischbach	Jungbauer	Newman	Sheran	

So the bill passed and its title was agreed to.

SPECIAL ORDER

S.F. No. 1679: A bill for an act relating to human services; modifying advisory council provisions; amending Minnesota Statutes 2010, sections 254A.035, subdivision 2; 254A.04; 256B.093, subdivision 1; 260.835, subdivision 2.

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

The question was taken on the passage of the bill.

The roll was called, and there were yeas 49 and nays 13, as follows:

Those who voted in the affirmative were:

Bakk	Gimse	Kelash	Olson	Senjem
Bonoff	Goodwin	Koch	Ortman	Sheran
Carlson	Hall	Latz	Pappas	Sieben
Cohen	Hann	Lourey	Parry	Skoe
Dahms	Harrington	Marty	Pederson	Sparks
Daley	Hayden	McGuire	Reinert	Stumpf
Dziedzic	Higgins	Metzen	Rest	Tomassoni
Eaton	Howe	Miller	Robling	Torres Ray
Fischbach	Ingebrigtsen	Nelson	Rosen	Wiger
Gerlach	Jungbauer	Nienow	Saxhaug	

Those who voted in the negative were:

Benson	DeKruif	Kruse	Newman	Wolf
Brown	Gazelka	Lillie	Thompson	
Chamberlain	Hoffman	Limmer	Vandever	

So the bill passed and its title was agreed to.

MOTIONS AND RESOLUTIONS - CONTINUED

Without objection, remaining on the Order of Business of Motions and Resolutions, the Senate reverted to the Orders of Business of Messages From the House, Reports of Committees and Second Reading of House Bills.

MESSAGES FROM THE HOUSE

Madam President:

I have the honor to announce the passage by the House of the following Senate Files, herewith returned: S.F. Nos. 1236 and 1543.

Albin A. Mathiowetz, Chief Clerk, House of Representatives

Returned April 5, 2012

Madam President:

I have the honor to announce that the House has acceded to the request of the Senate for the appointment of a Conference Committee, consisting of 3 members of the House, on the amendments adopted by the House to the following Senate File:

S.F. No. 1750: A bill for an act relating to natural resources; modifying Heartland Trail; providing for expedited exchanges of certain lands; adding to and deleting from state parks, state recreation areas, and state forests; authorizing public and private sale of certain state lands; modifying certain easements; modifying certain lease provisions; modifying Mississippi River management plan; amending Minnesota Statutes 2010, sections 84.631; 85.015, subdivision 12; 92.50, subdivision 1; proposing coding for new law in Minnesota Statutes, chapter 92.

There has been appointed as such committee on the part of the House:

Hancock, McNamara and Rukavina.

Senate File No. 1750 is herewith returned to the Senate.

Albin A. Mathiowetz, Chief Clerk, House of Representatives

Returned April 5, 2012

Madam President:

I have the honor to announce that the House refuses to concur in the Senate amendments to House File No. 2398:

H.F. No. 2398: A bill for an act relating to agriculture; modifying provisions related to pesticides, plants, nursery law, inspections, enforcements, seeds, commercial feed, food, animals, grain, and weights and measures; establishing Dairy Research, Teaching, and Consumer Education Authority; providing for food law enforcement; making technical and conforming changes; repealing obsolete provisions; extending certain exceptions to the minimum content requirements for biodiesel; imposing penalties; providing certain counties capital improvement plan authority; modifying treatment of certain secured or guaranteed loans; requiring reports; amending Minnesota Statutes 2010, sections 17.114, subdivisions 3, 4; 17.982, subdivision 1; 17.983; 18B.065, subdivision 2a; 18B.316, subdivision 6; 18G.02, subdivision 14; 18G.10, subdivision 7, by adding a subdivision; 18H.02, subdivision 14, by adding a subdivision; 18H.10; 18H.14; 18J.01; 18J.02; 18J.04, subdivisions 1, 2, 3, 4; 18J.05, subdivisions 1, 2, 6; 18J.06; 18J.07, subdivisions 3, 4, 5; 21.82, subdivisions 7, 8; 25.33, subdivisions 5, 13, 14; 25.36; 25.37; 28A.03, subdivisions 3, 5, 6; 28A.21, subdivision 6; 31.01, subdivisions 2, 3, 4, 21, 25, 28; 31.121; 31.123; 31.13; 31.94; 31A.02, subdivisions 13, 14, 15, 16; 31A.23; 32.01, subdivisions 11, 12; 35.0661, subdivisions 2, 3; 40A.17; 41A.12, subdivisions 2, 4; 48.24, subdivision 5; 223.16, subdivision 12; 223.17, subdivisions 1, 4, 9; 232.21, subdivisions 2, 6, 12; 232.22, subdivisions 3, 4, 5, 7; 232.23, subdivisions 2, 10; 232.24, subdivisions 1, 2; 239.092; 239.093; 239.77, subdivision 3; Laws 2010, chapter 228, section 4; Laws 2010, Second Special Session chapter 1, article 1, section 11; Laws 2011, chapter 14, section 6; proposing coding for new law as Minnesota Statutes, chapters 32C; 34A; repealing Minnesota Statutes 2010, sections 17.984; 17B.01; 17B.02; 17B.03; 17B.04; 17B.041; 17B.0451; 17B.048; 17B.05; 17B.06; 17B.07; 17B.10; 17B.11; 17B.12; 17B.13; 17B.14; 17B.15, subdivisions 1, 3; 17B.16; 17B.17; 17B.18; 17B.20; 17B.22, subdivisions 1, 2; 17B.28; 17B.29; 28.15; 28A.12; 28A.13; 29.28; 31.031; 31.041; 31.05; 31.14; 31.393; 31.58; 31.592; 31.621, subdivision 5; 31.631, subdivision 4; 31.633, subdivision 2; 31.681; 31.74, subdivision 3; 31.91; 31A.24; 31A.26; 32.078; 32.475, subdivision 7; 32.61; 32.90; 34.113; 35.243; 35.255; 35.67; 35.72, subdivisions 1, 2, 3, 4, 5; 223.16, subdivision 7; 223.18; 232.21, subdivision 4; 232.24, subdivision 3; 232.25; 233.01; 233.015; 233.017; 233.02; 233.03; 233.05; 233.06; 233.07; 233.08; 233.09; 233.10; 233.11; 233.12; 233.22; 233.23; 233.24; 233.33; 234.01; 234.03; 234.04; 234.05; 234.06; 234.08; 234.09; 234.10; 234.11; 234.12; 234.13; 234.14; 234.15; 234.16; 234.17; 234.18; 234.19; 234.20; 234.21; 234.22; 234.23; 234.24; 234.25; 234.27; 235.01; 235.02; 235.04; 235.05; 235.06; 235.07; 235.08; 235.09; 235.10; 235.13; 235.18; 236.01; 236.02; 236.03; 236.04; 236.05; 236.06; 236.07; 236.08; 236.09; 395.14; 395.15; 395.16; 395.17; 395.18; 395.19; 395.20; 395.21; 395.22; 395.23; 395.24; Minnesota Rules, parts 1505.0780; 1505.0810; 1511.0100; 1511.0110; 1511.0120; 1511.0130; 1511.0140; 1511.0150; 1511.0160; 1511.0170; 1540.0010,

subpart 26; 1550.0930, subparts 3, 4, 5, 6, 7; 1550.1040, subparts 3, 4, 5, 6; 1550.1260, subparts 6, 7; 1562.0100, subparts 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25; 1562.0200; 1562.0400; 1562.0700; 1562.0900; 1562.1300; 1562.1800.

The House respectfully requests that a Conference Committee of 5 members be appointed thereon.

Anderson, P.; Hamilton; Kiel; Swedzinski and Eken have been appointed as such committee on the part of the House.

House File No. 2398 is herewith transmitted to the Senate with the request that the Senate appoint a like committee.

Albin A. Mathiowetz, Chief Clerk, House of Representatives

Transmitted April 5, 2012

Senator Senjem, for Senator Magnus, moved that the Senate accede to the request of the House for a Conference Committee on H.F. No. 2398, and that a Conference Committee of 5 members be appointed by the Subcommittee on Conference Committees on the part of the Senate, to act with a like Conference Committee appointed on the part of the House. The motion prevailed.

REPORTS OF COMMITTEES

Senator Senjem moved that the Committee Reports at the Desk be now adopted, with the exception of the report on S.F. No. 1199. The motion prevailed.

Senator Robling from the Committee on Finance, to which was re-referred

S.F. No. 1199: A bill for an act relating to labor and employment; modifying prevailing wage provisions; amending Minnesota Statutes 2010, section 177.42, subdivisions 4, 6; proposing coding for new law in Minnesota Statutes, chapter 177.

Reports the same back with the recommendation that the bill be amended as follows:

Delete everything after the enacting clause and insert:

"Section 1. Minnesota Statutes 2010, section 177.42, subdivision 4, is amended to read:

Subd. 4. **Prevailing hours of labor.** "Prevailing hours of labor" means the hours of labor per day and per week worked within the area by a larger number of workers of the same class than are employed within the area for any other number of hours per day and per week. The prevailing hours of labor may not be more than ~~eight~~ ten hours per day or more than 40 hours per week. As used in this section, "week" applies to work performed Monday through Saturday.

Sec. 2. Minnesota Statutes 2010, section 177.43, subdivision 7, is amended to read:

Subd. 7. **Applicability.** This section does not apply to a contract, or work under a contract, under which-

~~(1) the estimated total cost of completing the project is less than \$2,500 and only one trade or occupation is required to complete it, or~~

~~(2) the estimated total cost of completing the project is less than \$25,000 and more than one trade or occupation is required to complete it \$500,000. The commissioner shall make an annual adjustment to the project threshold in this subdivision according to the Producer Price Index for nonresidential construction, published by the United States Bureau of Labor Statistics."~~

Amend the title numbers accordingly

And when so amended the bill do pass. Senator Cohen questioned the reference thereon and, under Rule 21, the bill was referred to the Committee on Rules and Administration.

Senator Robling from the Committee on Finance, to which was re-referred

H.F. No. 1850: A bill for an act relating to state government; increasing the maximum award amount in the state employee gainsharing program; amending Minnesota Statutes 2011 Supplement, section 16A.90.

Reports the same back with the recommendation that the bill do pass and be placed on the Consent Calendar. Report adopted.

SECOND READING OF HOUSE BILLS

H.F. No. 1850 was read the second time.

MOTIONS AND RESOLUTIONS - CONTINUED

Senator Senjem moved that H.F. No. 2294 be taken from the table. The motion prevailed.

Pursuant to Rule 26, Senator Senjem, Chair of the Committee on Rules and Administration, designated H.F. No. 2294 a Special Order to be heard immediately.

SPECIAL ORDER

H.F. No. 2294: A bill for an act relating to state government; making adjustments to health and human services appropriations; making changes to provisions related to health care, the Department of Health, children and family services, continuing care, chemical dependency, child support, background studies, homelessness, and vulnerable children and adults; providing for data sharing; requiring eligibility determinations; requiring the University of Minnesota to request funding for rural primary care training; providing for the release of medical assistance liens; requiring reporting of potential welfare fraud; providing penalties; providing appointments; providing grants; requiring studies and reports; appropriating money; amending Minnesota Statutes 2010, sections 62D.02, subdivision 3; 62D.05, subdivision 6; 62D.12, subdivision 1; 62J.496, subdivision 2; 62Q.80; 62U.04, subdivisions 1, 2, 4, 5; 119B.13, subdivision 3a; 144.1222, by adding a subdivision; 144.292, subdivision 6; 144.293, subdivision 2; 144.298, subdivision 2; 144A.351; 144D.04, subdivision 2; 145.906; 245.697, subdivision 1; 245A.03, by adding a subdivision; 245A.10, by

adding a subdivision; 245A.11, subdivision 7; 245B.07, subdivision 1; 245C.04, subdivision 6; 245C.05, subdivision 7; 252.27, subdivision 2a; 254A.19, by adding a subdivision; 256.01, by adding subdivisions; 256.9831, subdivision 2; 256B.056, subdivision 1a; 256B.0625, subdivisions 9, 28a, by adding subdivisions; 256B.0659, by adding a subdivision; 256B.0751, by adding a subdivision; 256B.0754, subdivision 2; 256B.0915, subdivision 3g; 256B.092, subdivisions 1b, 7, by adding subdivisions; 256B.0943, subdivision 9; 256B.431, subdivision 17e, by adding a subdivision; 256B.441, by adding a subdivision; 256B.49, by adding a subdivision; 256B.69, subdivision 9, by adding subdivisions; 256D.06, subdivision 1b; 256D.44, subdivision 5; 256E.37, subdivision 1; 256I.05, subdivision 1e; 256J.08, by adding a subdivision; 256J.26, subdivision 1, by adding a subdivision; 256J.45, subdivision 2; 256J.50, by adding a subdivision; 256J.521, subdivision 2; 256L.07, subdivision 3; 462A.29; 514.981, subdivision 5; 518A.40, subdivision 4; Minnesota Statutes 2011 Supplement, sections 62E.14, subdivision 4g; 62U.04, subdivisions 3, 9; 119B.13, subdivision 7; 245A.03, subdivision 7; 256.045, subdivision 3; 256.987, subdivisions 1, 2, by adding subdivisions; 256B.056, subdivision 3; 256B.057, subdivision 9; 256B.0625, subdivisions 8, 8a, 8b, 38; 256B.0911, subdivisions 3a, 3c; 256B.0915, subdivisions 3e, 3h; 256B.097, subdivision 3; 256B.49, subdivisions 14, 15, 23; 256B.5012, subdivision 13; 256B.69, subdivisions 5a, 5c; 256E.35, subdivisions 5, 6; 256I.05, subdivision 1a; 256J.49, subdivision 13; 256L.031, subdivisions 2, 3, 6; 256L.12, subdivision 9; 256M.40, subdivision 1; Laws 2010, chapter 374, section 1; Laws 2011, First Special Session chapter 9, article 7, sections 52; 54; article 9, section 18; article 10, section 3, subdivisions 1, 3, 4; proposing coding for new law in Minnesota Statutes, chapters 144; 256B; 626.

Senator Hann moved to amend H.F. No. 2294 as follows:

Delete everything after the enacting clause, and delete the title, of H.F. No. 2294, and insert the language after the enacting clause, and the title, of S.F. No. 2093, the second engrossment.

The motion prevailed. So the amendment was adopted.

RECONSIDERATION

Having voted on the prevailing side, Senator Hann moved that the vote whereby the Hann amendment to H.F. No. 2294 was adopted on April 5, 2012, be now reconsidered. The motion prevailed. So the vote was reconsidered.

Senator Hann withdrew his amendment.

Senator Hann moved to amend H.F. No. 2294 as follows:

Delete everything after the enacting clause, and delete the title, of H.F. No. 2294, and insert the language after the enacting clause, and the title, of S.F. No. 2093, the third engrossment.

The motion prevailed. So the amendment was adopted.

Senator Hann moved to amend H.F. No. 2294, as amended by the Senate April 5, 2012, as follows:

(The text of the amended House File is identical to S.F. No. 2093.)

Page 2, delete section 1

Page 3, delete section 2

Page 18, delete lines 17 to 22

Page 18, delete section 9

Page 23, after line 30, insert:

"Sec. 11. EMERGENCY MEDICAL CONDITION DIALYSIS COVERAGE EXCEPTION.

(a) Notwithstanding Minnesota Statutes, section 256B.06, subdivision 4, paragraph (h), clause (2), dialysis services provided in a hospital or freestanding dialysis facility shall be covered as an emergency medical condition under Minnesota Statutes, section 256B.06, subdivision 4, paragraph (f).

(b) Coverage under paragraph (a) is effective May 1, 2012, until June 30, 2013.

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

Page 25, delete section 15

Page 25, delete section 16

Page 25, delete section 17 and insert:

"Sec. 12. REPEALER.

Minnesota Statutes 2010, section 62D.04, subdivision 5, is repealed effective January 1, 2013."

Page 47, line 30, delete "18d" and insert "18c"

Page 48, line 17, delete "18e" and insert "18d"

Page 49, line 6, delete "18f" and insert "18e"

Page 62, line 11, delete "beds of a license holder" and insert "license holder's beds occupied by residents"

Page 103, line 23, delete "total"

Page 105, line 31, delete "245A.07" and insert "256B.057"

Page 105, line 32, delete "7" and insert "9"

Page 105, line 34, delete "245A.07" and insert "256B.057" and delete "7" and insert "9"

Page 109, line 16, before "Nothing" insert "Nothing in this section applies to a policy designed primarily to provide coverage payable on a per diem, fixed indemnity, or non-expense-incurred basis, or a policy that provides only accident coverage."

Page 109, after line 30, insert:

"EFFECTIVE DATE. This section is effective August 1, 2012."

Page 110, after line 18, insert:

"EFFECTIVE DATE. This section is effective August 1, 2012."

Page 111, after line 5, insert:

"EFFECTIVE DATE. This section is effective August 1, 2012."

Page 125, line 9, delete "3,833,000" and insert "5,021,000"

Page 125, line 12, delete "46,000" and insert "(668,000)"

Page 125, line 13, delete "23,000" and insert "1,176,000"

Page 125, line 14, delete "3,764,000" and insert "4,513,000"

Page 125, delete line 21 and insert:

"Appropriations by Fund

	<u>2012</u>	<u>2013</u>
<u>General</u>	<u>-0-</u>	<u>473,000</u>
<u>Health Care Access</u>	<u>-0-</u>	<u>1,153,000</u>

The general fund appropriation is a onetime appropriation.

In fiscal year 2013, the commissioner shall transfer from the health care access fund \$870,000 to the legislative auditor for managed care audit activities under Minnesota Statutes, section 256B.69, subdivision 9c. This is an ongoing transfer. Beginning in fiscal year 2014, the base amount for this transfer is \$1,740,000.

Base Adjustment. The health care access fund base is increased by \$689,000 in fiscal years 2014 and 2015."

Page 125, line 22, delete "275,000" and insert "375,000"

Page 125, line 24, delete "\$149,000" and insert "\$249,000"

Page 125, line 25, delete "\$169,000" and insert "\$269,000"

Page 125, line 30, delete "(3,769,000)" and insert "(4,518,000)"

Page 125, line 31, delete "3,764,000" and insert "4,513,000"

Page 128, line 20, delete "65,000" and insert "-0-"

Page 128, line 21, delete "is" and insert "includes \$65,000"

Page 128, line 29, delete "\$411,000" and insert "\$476,000"

Page 128, line 30, before the period, insert "and \$65,000 in fiscal year 2015"

Page 129, line 19, after the period, insert "Notwithstanding section 7, this paragraph expires on June 30, 2015."

Correct the subdivision and section totals and the appropriations by fund accordingly

Renumber the sections in sequence and correct the internal references

Amend the title accordingly

The motion prevailed. So the amendment was adopted.

Senator Hann moved to amend H.F. No. 2294, as amended by the Senate April 5, 2012, as follows:

(The text of the amended House File is identical to S.F. No. 2093.)

Page 133, delete lines 14 to 17

Page 135, delete line 14

Page 136, line 32, delete "delayed until" and insert "effective"

Page 136, delete line 35

Page 139, delete line 9

Page 146, line 19, delete "delayed until" and insert "effective"

Page 146, delete line 27

Page 147, delete line 23

Page 149, after line 12, insert:

"Sec. 16. **EFFECTIVE DATE.**

This article is effective upon receipt by the commissioner of money from managed care organizations pursuant to contract agreements to return any surplus in excess of one percent. If the money is received after June 30, 2012, amounts appropriated in fiscal year 2012 are available in fiscal year 2013."

The motion prevailed. So the amendment was adopted.

Senator Lourey moved to amend H.F. No. 2294, as amended by the Senate April 5, 2012, as follows:

(The text of the amended House File is identical to S.F. No. 2093.)

Page 122, after line 11, insert:

"Sec. 13. Minnesota Statutes 2010, section 256B.0943, subdivision 9, is amended to read:

Subd. 9. **Service delivery criteria.** (a) In delivering services under this section, a certified provider entity must ensure that:

(1) each individual provider's caseload size permits the provider to deliver services to both clients with severe, complex needs and clients with less intensive needs. The provider's caseload size should reasonably enable the provider to play an active role in service planning, monitoring, and delivering services to meet the client's and client's family's needs, as specified in each client's individual treatment plan;

(2) site-based programs, including day treatment and preschool programs, provide staffing and facilities to ensure the client's health, safety, and protection of rights, and that the programs are able to implement each client's individual treatment plan;

(3) a day treatment program is provided to a group of clients by a multidisciplinary team under the clinical supervision of a mental health professional. The day treatment program must be provided in and by: (i) an outpatient hospital accredited by the Joint Commission on Accreditation of Health Organizations and licensed under sections 144.50 to 144.55; (ii) a community mental health center under section 245.62; or (iii) an entity that is ~~under contract with the county board certified under subdivision 4 to operate a program that meets the requirements of section 245.4712, subdivision 2, or 245.4884, subdivision 2, and Minnesota Rules, parts 9505.0170 to 9505.0475.~~ The day treatment program must stabilize the client's mental health status while developing and improving the client's independent living and socialization skills. The goal of the day treatment program must be to reduce or relieve the effects of mental illness and provide training to enable the client to live in the community. The program must be available at least one day a week for a two-hour time block. The two-hour time block must include at least one hour of individual or group psychotherapy. The remainder of the structured treatment program may include individual or group psychotherapy, and individual or group skills training, if included in the client's individual treatment plan. Day treatment programs are not part of inpatient or residential treatment services. A day treatment program may provide fewer than the minimally required hours for a particular child during a billing period in which the child is transitioning into, or out of, the program; and

(4) a therapeutic preschool program is a structured treatment program offered to a child who is at least 33 months old, but who has not yet reached the first day of kindergarten, by a preschool multidisciplinary team in a day program licensed under Minnesota Rules, parts 9503.0005 to 9503.0175. The program must be available two hours per day, five days per week, and 12 months of each calendar year. The structured treatment program may include individual or group psychotherapy and individual or group skills training, if included in the client's individual treatment plan. A therapeutic preschool program may provide fewer than the minimally required hours for a particular child during a billing period in which the child is transitioning into, or out of, the program.

(b) A provider entity must deliver the service components of children's therapeutic services and supports in compliance with the following requirements:

(1) individual, family, and group psychotherapy must be delivered as specified in Minnesota Rules, part 9505.0323;

(2) individual, family, or group skills training must be provided by a mental health professional or a mental health practitioner who has a consulting relationship with a mental health professional who accepts full professional responsibility for the training;

(3) crisis assistance must be time-limited and designed to resolve or stabilize crisis through arrangements for direct intervention and support services to the child and the child's family.

Crisis assistance must utilize resources designed to address abrupt or substantial changes in the functioning of the child or the child's family as evidenced by a sudden change in behavior with negative consequences for well being, a loss of usual coping mechanisms, or the presentation of danger to self or others;

(4) mental health behavioral aide services must be medically necessary treatment services, identified in the child's individual treatment plan and individual behavior plan, which are performed minimally by a paraprofessional qualified according to subdivision 7, paragraph (b), clause (3), and which are designed to improve the functioning of the child in the progressive use of developmentally appropriate psychosocial skills. Activities involve working directly with the child, child-peer groupings, or child-family groupings to practice, repeat, reintroduce, and master the skills defined in subdivision 1, paragraph (p), as previously taught by a mental health professional or mental health practitioner including:

(i) providing cues or prompts in skill-building peer-to-peer or parent-child interactions so that the child progressively recognizes and responds to the cues independently;

(ii) performing as a practice partner or role-play partner;

(iii) reinforcing the child's accomplishments;

(iv) generalizing skill-building activities in the child's multiple natural settings;

(v) assigning further practice activities; and

(vi) intervening as necessary to redirect the child's target behavior and to de-escalate behavior that puts the child or other person at risk of injury.

A mental health behavioral aide must document the delivery of services in written progress notes. The mental health behavioral aide must implement treatment strategies in the individual treatment plan and the individual behavior plan. The mental health behavioral aide must document the delivery of services in written progress notes. Progress notes must reflect implementation of the treatment strategies, as performed by the mental health behavioral aide and the child's responses to the treatment strategies; and

(5) direction of a mental health behavioral aide must include the following:

(i) a clinical supervision plan approved by the responsible mental health professional;

(ii) ongoing on-site observation by a mental health professional or mental health practitioner for at least a total of one hour during every 40 hours of service provided to a child; and

(iii) immediate accessibility of the mental health professional or mental health practitioner to the mental health behavioral aide during service provision."

Renumber the sections in sequence and correct the internal references

Amend the title accordingly

The motion prevailed. So the amendment was adopted.

Senator Gazelka moved to amend H.F. No. 2294, as amended by the Senate April 5, 2012, as follows:

(The text of the amended House File is identical to S.F. No. 2093.)

Page 112, after line 13, insert:

"Sec. 8. [62Q.026] CERTAIN FEDERALLY NONQUALIFIED HEALTH PLANS; SALE PERMITTED.

Subdivision 1. Definitions. (a) For purposes of this section, the terms defined in this section have the meanings given.

(b) "Commissioner" means the commissioner of commerce.

(c) "Health plan" has the meaning given in section 62Q.01, subdivision 3.

(d) "Health plan company" has the meaning given in section 62Q.01, subdivision 4.

(e) "Nonqualified health plan" means any health plan not certified by the federal Secretary of Health and Human Services in accordance with the Patient Protection and Affordable Care Act of 2010, as amended.

(f) "Qualified health plan" means a health plan certified by the federal Secretary of Health and Human Services for eligibility to be sold inside health benefit exchanges in accordance with the Patient Protection and Affordable Care Act of 2010, as amended.

Subd. 2. Sale of nonqualified health plan permitted. A health plan company authorized under Minnesota law to offer, issue, sell, or renew a health plan in Minnesota may do so regardless of whether the health plan is a qualified or nonqualified health plan under the federal Patient Protection and Affordable Care Act of 2010, as amended. No statute or rule of this state shall be interpreted as providing to the contrary.

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

Renumber the sections in sequence and correct the internal references

Amend the title accordingly

The motion prevailed. So the amendment was adopted.

CALL OF THE SENATE

Senator Limmer imposed a call of the Senate for the balance of the proceedings on H.F. No. 2294. The Sergeant at Arms was instructed to bring in the absent members.

Senator Hoffman moved to amend H.F. No. 2294, as amended by the Senate April 5, 2012, as follows:

(The text of the amended House File is identical to S.F. No. 2093.)

Page 49, line 7, delete "status" and insert "date"

Page 49, line 10, delete "status" and insert "date"

The motion prevailed. So the amendment was adopted.

Senator Sheran moved to amend H.F. No. 2294, as amended by the Senate April 5, 2012, as follows:

(The text of the amended House File is identical to S.F. No. 2093.)

Page 74, after line 22, insert:

"EFFECTIVE DATE. This section is effective April 1, 2012."

Page 75, line 16, after the semicolon, insert "and"

Page 75, delete lines 17 to 30 and insert:

"(6) when a person enrolled in medical assistance under section 256B.057, subdivision 9, is age 65 or older and has been enrolled during each of the 24 consecutive months before the person's 65th birthday, the assets owned by the person and the person's spouse must be disregarded, up to the limits of section 256B.057, subdivision 9, paragraph (d), when determining eligibility for medical assistance under section 256B.055, subdivision 7. The income of a spouse of a person enrolled in medical assistance under section 256B.057, subdivision 9, during each of the 24 consecutive months before the person's 65th birthday must be disregarded when determining eligibility for medical assistance under section 256B.055, subdivision 7. Persons eligible under this clause are not subject to the provisions in section 256B.059. A person whose 65th birthday occurs in 2012 or 2013 is required to have qualified for medical assistance under section 256B.057, subdivision 9, prior to age 65 for at least 20 months in the 24 months prior to reaching age 65."

Page 75, after line 32, insert:

"Sec. 15. Minnesota Statutes 2011 Supplement, section 256B.057, subdivision 9, is amended to read:

Subd. 9. **Employed persons with disabilities.** (a) Medical assistance may be paid for a person who is employed and who:

(1) but for excess earnings or assets, meets the definition of disabled under the Supplemental Security Income program;

~~(2) is at least 16 but less than 65 years of age;~~

~~(3) meets the asset limits in paragraph (d); and~~

~~(4) (3) pays a premium and other obligations under paragraph (e).~~

(b) For purposes of eligibility, there is a \$65 earned income disregard. To be eligible for medical assistance under this subdivision, a person must have more than \$65 of earned income. Earned income must have Medicare, Social Security, and applicable state and federal taxes withheld. The person must document earned income tax withholding. Any spousal income or assets shall be disregarded for purposes of eligibility and premium determinations.

(c) After the month of enrollment, a person enrolled in medical assistance under this subdivision who:

(1) is temporarily unable to work and without receipt of earned income due to a medical condition, as verified by a physician; or

(2) loses employment for reasons not attributable to the enrollee, and is without receipt of earned income may retain eligibility for up to four consecutive months after the month of job loss. To receive a four-month extension, enrollees must verify the medical condition or provide notification of job loss. All other eligibility requirements must be met and the enrollee must pay all calculated premium costs for continued eligibility.

(d) For purposes of determining eligibility under this subdivision, a person's assets must not exceed \$20,000, excluding:

(1) all assets excluded under section 256B.056;

(2) retirement accounts, including individual accounts, 401(k) plans, 403(b) plans, Keogh plans, and pension plans;

(3) medical expense accounts set up through the person's employer; and

(4) spousal assets, including spouse's share of jointly held assets.

(e) All enrollees must pay a premium to be eligible for medical assistance under this subdivision, except as provided under section 256.01, subdivision 18b.

(1) An enrollee must pay the greater of a \$65 premium or the premium calculated based on the person's gross earned and unearned income and the applicable family size using a sliding fee scale established by the commissioner, which begins at one percent of income at 100 percent of the federal poverty guidelines and increases to 7.5 percent of income for those with incomes at or above 300 percent of the federal poverty guidelines.

(2) Annual adjustments in the premium schedule based upon changes in the federal poverty guidelines shall be effective for premiums due in July of each year.

(3) All enrollees who receive unearned income must pay five percent of unearned income in addition to the premium amount, except as provided under section 256.01, subdivision 18b.

(4) Increases in benefits under title II of the Social Security Act shall not be counted as income for purposes of this subdivision until July 1 of each year.

(f) A person's eligibility and premium shall be determined by the local county agency. Premiums must be paid to the commissioner. All premiums are dedicated to the commissioner.

(g) Any required premium shall be determined at application and redetermined at the enrollee's six-month income review or when a change in income or household size is reported. Enrollees must report any change in income or household size within ten days of when the change occurs. A decreased premium resulting from a reported change in income or household size shall be effective the first day of the next available billing month after the change is reported. Except for changes occurring from annual cost-of-living increases, a change resulting in an increased premium shall not affect the premium amount until the next six-month review.

(h) Premium payment is due upon notification from the commissioner of the premium amount required. Premiums may be paid in installments at the discretion of the commissioner.

(i) Nonpayment of the premium shall result in denial or termination of medical assistance unless the person demonstrates good cause for nonpayment. Good cause exists if the requirements

specified in Minnesota Rules, part 9506.0040, subpart 7, items B to D, are met. Except when an installment agreement is accepted by the commissioner, all persons disenrolled for nonpayment of a premium must pay any past due premiums as well as current premiums due prior to being reenrolled. Nonpayment shall include payment with a returned, refused, or dishonored instrument. The commissioner may require a guaranteed form of payment as the only means to replace a returned, refused, or dishonored instrument.

(j) The commissioner shall notify enrollees annually beginning at least 24 months before the person's 65th birthday of the medical assistance eligibility rules affecting income, assets, and treatment of a spouse's income and assets that will be applied upon reaching age 65.

(k) For enrollees whose income does not exceed 200 percent of the federal poverty guidelines and who are also enrolled in Medicare, the commissioner shall reimburse the enrollee for Medicare part B premiums under section 256B.0625, subdivision 15, paragraph (a).

EFFECTIVE DATE. This section is effective April 1, 2012."

Page 105, delete sections 34 and 35

Page 106, delete section 36

Renumber the sections in sequence and correct the internal references

Amend the title accordingly

The motion prevailed. So the amendment was adopted.

Senator Bonoff moved to amend H.F. No. 2294, as amended by the Senate April 5, 2012, as follows:

(The text of the amended House File is identical to S.F. No. 2093.)

Page 107, delete section 1

Renumber the sections in sequence and correct the internal references

Amend the title accordingly

The question was taken on the adoption of the amendment.

The roll was called, and there were yeas 28 and nays 34, as follows:

Those who voted in the affirmative were:

Bakk	Harrington	Lourey	Rest	Stumpf
Bonoff	Hayden	Marty	Saxhaug	Tomassoni
Cohen	Higgins	McGuire	Sheran	Torres Ray
Dziedzic	Howe	Metzen	Sieben	Wiger
Eaton	Kelash	Pappas	Skoe	
Goodwin	Latz	Reinert	Sparks	

Those who voted in the negative were:

Benson	Daley	Gimse	Jungbauer	Miller
Brown	DeKruif	Hall	Koch	Nelson
Carlson	Fischbach	Hann	Kruse	Newman
Chamberlain	Gazelka	Hoffman	Lillie	Nienow
Dahms	Gerlach	Ingebrigtsen	Limmer	Olson

Ortman
Parry

Pederson
Robling

Rosen
Senjem

Thompson
Vandever

Wolf

The motion did not prevail. So the amendment was not adopted.

Senator Jungbauer moved to amend H.F. No. 2294, as amended by the Senate April 5, 2012, as follows:

(The text of the amended House File is identical to S.F. No. 2093.)

Page 42, after line 9, insert:

"Sec. 14. [148F.01] DEFINITIONS.

Subdivision 1. **Applicability.** For purposes of this chapter, the following terms have the meanings given them.

Subd. 2. **Accredited medical laboratory educational program.** "Accredited medical laboratory educational program" means a program to provide instruction and experience in medical laboratory science that has been accredited by an accrediting agency recognized by the United States Department of Health and Human Services.

Subd. 3. **Categorical medical laboratory scientist.** "Categorical medical laboratory scientist" means an individual eligible for licensure under this chapter who performs the functions of a medical laboratory scientist in one or more of the following areas of the laboratory depending upon the certification examinations passed: chemistry, hematology, immunohematology, and microbiology.

Subd. 4. **CLIA.** "CLIA" means Clinical Laboratory Improvement Amendments of 1988 and includes Public Law 10-578 and Code of Federal Regulations, title 42, section 493. CLIA regulations provide a minimum foundation upon which personnel standards for entry level technical personnel in this state are built. Qualifications and responsibilities for laboratory director, technical supervisor, and technical consultant are as specified in CLIA regulations. All medical laboratory personnel are under the supervision, control, and responsibility of the laboratory director.

Subd. 5. **Commissioner.** "Commissioner" means the commissioner of health or the commissioner's designee.

Subd. 6. **Cytotechnologist.** "Cytotechnologist" means an individual who specializes in the cellular analysis of patient samples from all body sites, for the purpose of evaluating, detecting, and identifying potential disease processes through the exercise of independent technical judgment, under the supervision, control, and responsibility of the laboratory director, and who:

(1) assists health care providers with the collection, detection, and identification of normal and abnormal cells, infectious agents, and other noncellular material from submitted specimens;

(2) performs a variety of medical laboratory tests that may include the use of molecular techniques with approval and oversight of a medical director, to ascertain information to help in classification of a specimen consistent with the scope of work provided under the Clinical Laboratory Improvement Amendments of 1988;

(3) establishes and implements protocols, quality control, method selection, equipment selection and maintenance, and activities related to the preanalytic, analytic, and postanalytic

phases of testing; and

(4) may direct, supervise, consult, and educate and perform research functions.

Subd. 7. **Histotechnician.** "Histotechnician" means an individual who, with the approval, supervision, and control of a board-certified anatomic pathologist, may perform the following functions:

(1) prepares tissue specimens for microscopic examination;

(2) monitors, performs, selects, develops, evaluates, correlates, and ensures accuracy and validity of laboratory testing and procedures, including, but not limited to, techniques in fixation, processing, embedding, microtomy, cryotomy, ultramicrotomy, and staining;

(3) prepares gross specimens as defined by and under the direction of a board-certified anatomic pathologist;

(4) establishes and implements protocols, quality assurance, and quality control related to the following procedures: histochemical, immunohistochemical, electron microscopy, cytopreparation, in situ hybridization, enzyme histochemical, DNA hydrolysis, laser capturing, molecular techniques, and research; and

(5) participates in method selection, development, equipment selection and maintenance, and activities related to the preanalytical and analytical phases of tissue preparation.

Subd. 8. **Histotechnologist.** "Histotechnologist" means an individual who, with the approval, supervision, and control of a board-certified anatomic pathologist, may perform the following functions:

(1) prepares tissue specimens for microscopic examination;

(2) monitors, performs, selects, develops, evaluates, correlates, and ensures accuracy and validity of laboratory testing and procedures including, but not limited to, techniques in fixation, processing, embedding, microtomy, cryotomy, ultramicrotomy, and staining;

(3) prepares gross specimens as defined by and under the direction of a board-certified anatomic pathologist;

(4) establishes and implements protocols, quality assurance, and quality control related to the following procedures: histochemical, immunohistochemical, electron microscopy, cytopreparation, in situ hybridization, enzyme histochemical, DNA hydrolysis, laser capturing, molecular techniques, and research;

(5) establishes and implements new protocols and procedures dealing directly in quality assessment, method development, and equipment selection and maintenance and all activities related to preanalytical and analytical phases of tissue preparation; and

(6) may direct, supervise, consult, educate, and perform research functions.

Subd. 9. **Independent medical judgment.** In the laboratory, "independent medical judgment" is exercised only by a pathologist or other licensed physician in the diagnosis and treatment decisions related to clinical laboratory tests.

Subd. 10. **Independent technical judgment.** "Independent technical judgment" means the performance or conduct of clinical laboratory tests and assumption of responsibility for determination of the validity of clinical laboratory test. The authorized exercise of independent technical judgment shall not be deemed to include or permit the exercise of independent medical judgment in the diagnosis or treatment of, or reporting of clinical laboratory test results or their interpretation to patients, except as authorized by a laboratory director and according to CLIA.

Subd. 11. **Medical laboratory or laboratory.** "Medical laboratory" or "laboratory" means any facility or office in Minnesota in which medical laboratory tests are performed.

Subd. 12. **Medical laboratory scientist or generalist.** "Medical laboratory scientist" or "generalist" means an individual eligible for licensure under this chapter who:

(1) performs medical laboratory tests, including tests that require the exercise of independent technical judgment;

(2) establishes and implements protocols, quality assessment, method development and selection, equipment selection and maintenance, and all activities related to the preanalytic, analytic, and postanalytic phases of laboratory testing; and

(3) may direct, supervise, consult, educate, and perform research functions.

Subd. 13. **Medical laboratory specialist.** "Medical laboratory specialist" means an individual certified and eligible for licensure in one of the categories described in subdivisions 14, 15, and 16, to perform testing, including tests that require the exercise of independent technical judgment needed to establish and implement protocols, quality assessment, method development and selection, equipment selection and maintenance, and all activities related to the preanalytic, analytic, and postanalytic phases of laboratory testing, and who direct, supervise, consult, and educate in a specific specialized section of the laboratory.

Subd. 14. **Medical laboratory specialist in cytogenetics.** "Medical laboratory specialist in cytogenetics" means an individual eligible for licensure under this chapter to perform standard cytogenetic and molecular testing procedures used to evaluate possible genetic anomalies.

Subd. 15. **Medical laboratory specialist in molecular biology/pathology.** "Medical laboratory specialist in molecular biology/pathology" means an individual eligible for licensure under this chapter to perform all aspects of molecular analysis, including, but not limited to, recombinant DNA technology, polymerase chain reaction, and hybridization techniques.

Subd. 16. **Medical laboratory specialist in histocompatibility.** "Medical laboratory specialist in histocompatibility" means an individual eligible for licensure under this chapter to perform histocompatibility testing procedures, including, but not limited to, molecular and serological techniques.

Subd. 17. **Medical laboratory technician.** "Medical laboratory technician" means an individual eligible for licensure under this chapter who performs medical laboratory tests at all CLIA complexity levels according to established and approved protocols and requiring limited exercise of independent judgment.

Subd. 18. **Medical laboratory test or laboratory test.** "Medical laboratory test" or "laboratory test" means a microbiological, serological, chemical, biological, hematological, immunological,

immuno-hematological, radiobioassay, cytological, histological preparation, molecular, biophysical, or any other test or procedure performed on material derived from or existing in a human body, that provides information for the diagnosis, prevention, or monitoring of a disease or impairment or assessment of a medical condition. A medical laboratory test includes components of the preanalytic and postanalytic phases of testing, as well as the analytic phase, that occurs in the laboratory.

Subd. 19. **Medical laboratory subspecialists.** "Medical laboratory subspecialists" means an individual eligible for licensure under this chapter to perform the functions of a medical laboratory scientist in a subspecialty or esoteric clinical laboratory that is not one of the general categorical areas of the laboratory. The subspecialty/esoteric laboratories may be disease or medical specialty-oriented or utilize advanced technology not routinely used in the clinical laboratory. These subspecialty/esoteric laboratories may be subspecialized areas within the hematology, chemistry, immunology, transfusion, medicine, genetics, or microbiology disciplines.

Subd. 20. **Nationally recognized certification agency.** "Nationally recognized certification agency" means an agency that provides certification examinations for medical laboratory professionals. As the agency defines new certification examinations, the commissioner and the advisory council will recognize these examinations.

Subd. 21. **Pathologist's assistant.** "Pathologist's assistant" means an individual specializing in prediagnostic surgical pathology and autopsy pathology who assists pathologists.

Subd. 22. **Phlebotomist.** "Phlebotomist" means an individual who is qualified to obtain blood samples for testing by means of venipuncture, capillary puncture, or access of venous access devices, to perform specimen processing and preparation of samples for testing, and to perform waived and point-of-care testing.

Subd. 23. **Point-of-care testing.** "Point-of-care testing" means analytical patient testing activities provided within a facility that do not require permanent dedicated space, including, but not limited to, analytic instruments that are temporarily brought to a patient care location. Point-of-care testing must be under the direction of an individual licensed under this chapter at the baccalaureate degree level or who qualifies as a laboratory director under federal CLIA regulations.

Subd. 24. **Trainee/student.** "Trainee/student" means an individual who has not fulfilled the educational requirements to take an approved nationally recognized certification examination or who needs to obtain full-time comprehensive experience under supervision.

Subd. 25. **Waived test.** "Waived test" means a laboratory examination or procedure as determined by the United States Food and Drug Administration that has an insignificant risk of an erroneous result, including those that:

- (1) have been approved by the United States Food and Drug Administration for home use;
- (2) employ methodologies that are so simple and accurate as to render the likelihood of erroneous results negligible; or
- (3) pose no reasonable risk of harm to the patient if performed incorrectly.

Sec. 15. **[148F.02] EXCEPTIONS.**

This chapter does not apply to:

(1) the qualifications as established by federal CLIA for laboratory directors, technical supervisors, or technical consultants;

(2) other licensed or registered professionals performing functions within the professional's scope of practice;

(3) medical laboratory science professionals employed by the United States government, or any bureau, division, or agency, while performing duties within the scope of the professional's federal employment;

(4) medical laboratory science professionals engaged exclusively in basic science or investigative research, provided that the results of any examination performed are not used in health maintenance, diagnosis, or treatment of disease as described in federal CLIA regulations under Code of Federal Regulations, title 42, section 493;

(5) professionals engaged exclusively in assay development or management-related activities in the clinical laboratory, provided the results of any examination performed are not used in health maintenance, diagnosis, or treatment of disease as described in federal CLIA regulations;

(6) professionals engaged exclusively in the education of medical laboratory science professionals, provided that results of any examination performed are not used in health maintenance, diagnosis, or treatment of disease as described in federal CLIA regulations;

(7) professionals engaged exclusively in providing phlebotomy services;

(8) pathologist's assistants or individuals performing pathology assistant activities under supervision by pathologists;

(9) students or trainees enrolled in a medical laboratory science education program provided that:

(i) the activities performed by the student or trainee constitute a part of a planned course in the program;

(ii) the student or trainee is clearly designated as intern, trainee, or student; and

(iii) the student or trainee is working directly under an individual licensed under this chapter to practice medical laboratory science or by a professional who is exempt under this section;

(10) individuals who only perform waived tests or moderately complex point-of-care tests under the direction of a qualified CLIA laboratory director according to federal CLIA regulations; and

(11) individuals who perform moderately complex testing as defined by federal CLIA regulations provided that the laboratory complies with the following requirements:

(i) within the laboratory, a licensed medical laboratory scientist or individual who qualifies as a laboratory director under federal CLIA regulations is responsible for:

(A) designing, providing, and supervising the training programs for the testing personnel;

(B) supervising and monitoring the quality assurance and quality control activities of the testing site;

(C) assisting in the selection of technology;

(D) reviewing the results of proficiency testing and recommending corrective action, if necessary; and

(E) monitoring the continued laboratory testing competency of the testing personnel;

(ii) documented personnel evaluation processes are in place, which ensure and document the continued competency of the testing personnel; and

(iii) after July 1, 2012, the licensed medical laboratory scientist or individual who qualifies as a laboratory director under CLIA regulations must ensure that new employees have initial certification as a certified or registered medical assistant or certified office laboratory technician by the American Medical Technologists (AMT) or the American Association of Medical Assistants (AAMS) or other national certification agency recognized by the commissioner. Individuals employed as a medical assistant or office laboratory technician on July 1, 2012, are not required to be certified. Failure of a laboratory to comply with the requirements described in clause (11) subjects the individual to the requirements of this chapter and requires the individual to be licensed as required under this chapter.

This chapter does not apply to a declared emergency as defined in section 12.03 that reduces laboratory capacity or increases testing demands, or other loss of critical laboratory capacity. Practitioners who are not licensed in any state, but are certified by one of the agencies recognized in this chapter or deemed competent by the affected laboratory director, may practice as needed in the emergency situation.

Sec. 16. [148F.03] LICENSURE REQUIRED; TITLES USED, RESTRICTED, AND ALLOWED.

Subdivision 1. **Unlicensed practice prohibited.** Effective January 1, 2014, no individual shall perform a medical laboratory test unless the individual is licensed under this chapter as a medical laboratory scientist, categorical medical laboratory scientist, medical laboratory technician, medical laboratory specialist in cytogenetics, medical laboratory specialist in molecular biology/pathology, or medical laboratory specialist in histocompatibility, medical laboratory subspecialist, cytotechnologist, histotechnician, or histotechnologist, or is exempt from licensure under section 148F.02.

Subd. 2. **Protected titles and restrictions on use.** No individual shall use the phrase medical laboratory scientist, categorical medical laboratory scientist, medical laboratory technician, medical laboratory specialist in cytogenetics, medical laboratory specialist in molecular biology/pathology, or medical laboratory specialist in histocompatibility, or medical laboratory subspecialist, cytotechnologist, histotechnician, or histotechnologist, or the initials MLS, MLT, CT, HT, or HTL, alone or in combination with any other words or initials to form an occupational title, or to indicate or imply that the person is licensed as one of the professionals listed, unless the individual is licensed under this chapter.

Subd. 3. **Persons licensed or certified in other states.** An individual who is licensed under this chapter and licensed or certified in another state may use the designation licensed or certified with a protected title only if the state of licensure or certification (if other than Minnesota) is clearly indicated.

Sec. 17. [148F.035] SCOPE OF PRACTICE.

Medical laboratory professionals licensed under this chapter shall perform laboratory tests and provide test results to physicians and patients upon request or upon physician referral according to CLIA. The practice of medical laboratory science includes:

- (1) the production of test data;
- (2) monitoring the accuracy, precision, and utility of laboratory testing;
- (3) analytical correlation and interpretation of test data;
- (4) designing, evaluating, and implementing new laboratory test methods; and
- (5) documenting and reporting test results.

The services provided by medical laboratory professionals must be consistent with good practice and sound professional ethics.

Sec. 18. [148F.04] DUTIES OF THE COMMISSIONER.

The commissioner, with the advice of the advisory council, shall:

(1) administer the procedures for this chapter, including, but not limited to, verifying the qualifications and standards for education, experience, examinations, and continuing education, as established by the certification agencies recognized in this chapter, and other methods for determining whether an applicant or licensee is qualified, as specified under this chapter;

(2) enforce standards for professional conduct found in the Code of Professional Ethics;

(3) issue licenses to qualified individuals;

(4) collect and deposit fees as established under section 148F.16;

(5) on the recommendation of the advisory council, approve future nationally recognized, validated, competency-based written, oral, or practical examinations developed by the American Society for Clinical Pathology Board of Certification, American Medical Technologists, American Association of Bioanalysts, and American Society for Histocompatibility and Immunogenetics, or successor organizations, for purposes of licensure of medical laboratory science professionals as provided for in this chapter; and

(6) maintain a roster of the names and addresses of individuals currently licensed under this chapter and of all individuals whose licenses have been disciplined under this chapter.

Sec. 19. [148F.05] MEDICAL LABORATORY SCIENCE PROFESSIONAL LICENSING ADVISORY COUNCIL.

Subdivision 1. **Membership and qualifications of advisory council.** (a) The commissioner shall appoint a 11-member advisory council that may include applicants recommended by laboratory professional associations. Members must be actively employed for at least two years in their specific area of practice.

(b) Six members must be medical laboratory science professionals who are licensed under this chapter and include:

- (1) one nonphysician laboratory director;

- (2) one medical laboratory scientist;
- (3) one medical laboratory technician;
- (4) one specialist in cytogenetics, histocompatibility, or molecular biology;
- (5) one cytotechnologist; and
- (6) one histotechnician or histotechnologist.

(c) Three members must be physicians certified by the American Board of Pathology or the American Board of Osteopathic Pathology. Two must be certified in clinical pathology.

(d) One of the members must be a physician who is not a laboratory director and is not a pathologist.

(e) One member must be a public member as defined in section 214.02.

Subd. 2. **Duties.** The advisory council shall:

(1) advise and make recommendations to the commissioner regarding the medical laboratory science practitioner licensure standards;

(2) advise the commissioner on enforcement of this chapter;

(3) provide for distribution of information regarding medical laboratory science practitioners licensure standards;

(4) review applications upon the request of the commissioner and make recommendations on granting or denying licensure or licensure renewal;

(5) advise the commissioner on issues related to receiving and investigating complaints, conducting objective hearings, and imposing disciplinary action in relation to complaints received against medical laboratory science practitioners; and

(6) perform other duties requested by the commissioner.

Subd. 3. **Organization.** The advisory council shall be organized and administered under section 15.059.

Subd. 4. **Terms.** Members shall serve for a term of four years.

Subd. 5. **Chair.** The chair shall serve for a term of two years.

Subd. 6. **Meetings.** The advisory council shall meet at the commissioner's request, but not less than once annually.

Subd. 7. **Support.** The commissioner shall provide the necessary staff support and meeting space for the advisory council.

Sec. 20. **[148F.06] TEMPORARY REQUIREMENTS FOR LICENSURE; TRANSITION PERIOD.**

Subdivision 1. **Experienced medical laboratory science professionals transition.** (a) Notwithstanding section 148F.03, an individual who is certified by or eligible to be certified by

a certification agency recognized by the commissioner to perform medical laboratory testing, or meets the subspecialty requirements in section 148F.07, subdivision 7, may perform medical laboratory tests without the appropriate license provided the individual has applied to the commissioner for licensure and the application:

(1) has not been denied by the commissioner; or

(2) has not been withdrawn.

(b) This subdivision expires January 1, 2014.

Subd. 2. **Employed medical laboratory science professional transition.** (a) An individual who does not meet the education, training, and experience qualifications for any license described in this chapter on July 1, 2012, has until January 1, 2014, to be licensed under this subdivision.

(b) The commissioner shall issue a license under this subdivision if the applicant:

(1) is practicing in the field on July 1, 2012, or has six months of acceptable experience of at least half time, 1040 hours per year, in the three years immediately prior to July 1, 2012; and

(2) on a form provided by the commissioner, submits the job, title, description of the position, period of employment, and confirmation of competent practice, as attested by the applicant's employer, who shall submit a signed statement stating that the applicant is not the subject of a disciplinary action or past disciplinary action in their employment, professional association membership, or under any credentialing authority in this or another jurisdiction, and is not disqualified on the basis of section 148F.14.

(c) The commissioner and advisory council shall determine which type of license the applicant is eligible for and issue the license if the requirements of this subdivision are met.

(d) An initial license issued under this subdivision must be renewed following the procedures required under section 148F.10, provided the license is maintained without interruption.

(e) This subdivision expires January 1, 2013.

Sec. 21. **[148F.07] STANDARDS FOR LICENSURE.**

Subdivision 1. **Medical laboratory scientist (MLS).** (a) The commissioner shall issue a medical laboratory scientist's license to an individual who meets the following requirements in paragraph (b):

(1) possesses a baccalaureate degree from a regionally accredited college or university and verified by the nationally recognized certification agencies;

(2) has met the medical laboratory experience and training required by the recognized certification agencies; and

(3) passes a nationally recognized certification examination administered by the American Society for Clinical Pathology Board of Certification, American Medical Technologists, American Association of Bioanalysts, or successor organizations.

(b) The commissioner shall issue a medical laboratory scientist's license to an individual who has completed an official military training program of at least 50 weeks, which was approved by the

National Accrediting Agency for Clinical Laboratory Sciences (NAACLS) or a national accrediting agency acceptable to the commissioner, and held the military enlisted occupational specialty of medical laboratory specialist and possesses a baccalaureate degree from a regionally accredited college or university.

Subd. 2. **Medical laboratory scientist, categorical.** The commissioner shall issue a categorical medical laboratory scientist's license to an individual who:

(1) possesses a baccalaureate degree from a regionally accredited college or university and verified by the nationally recognized certification agencies;

(2) has met the medical laboratory experience and training required by the recognized certification agencies; and

(3) passes a nationally recognized certification examination administered by the American Society for Clinical Pathology Board of Certification, American Medical Technologists, American Association of Bioanalysts, or successor organizations.

Subd. 3. **Medical laboratory technician (MLT).** (a) The commissioner shall issue a medical laboratory technician's license to an individual who meets the following requirements in paragraph (b):

(1) possesses an associate degree from a regionally accredited college or university verified by the nationally recognized certification agencies;

(2) has met the medical laboratory experience and training required by the recognized certification agencies; and

(3) passes a nationally recognized certification examination administered by the American Society for Clinical Pathology Board of Certification, American Medical Technologists, American Association of Bioanalysts, or successor organizations.

(b) The commissioner shall issue a medical laboratory technician's license to an individual who has completed an official military training program of at least 50 weeks, which was approved by the National Accrediting Agency for Clinical Laboratory Sciences (NAACLS) or a national accrediting agency acceptable to the commissioner, and held the military enlisted occupational specialty of medical laboratory specialist and possesses an associate degree from a regionally accredited college or university.

Subd. 4. **Medical laboratory specialist in molecular biology.** The commissioner shall issue a medical laboratory specialist in molecular biology license to an individual who:

(1) possesses a baccalaureate degree from a regionally accredited college or university verified by the recognized certification agencies;

(2) meets the medical laboratory experience and training required by the nationally recognized certification agencies, or alternatively one year of on-the-job training; and

(3) either passes a nationally recognized certification examination administered by the American Society for Clinical Pathology Board of Certification, American Association of Bioanalysts, or successor organizations.

Subd. 5. Medical laboratory specialist in cytogenetics. The commissioner shall issue a medical laboratory specialist in cytogenetics license to an individual who:

(1) possesses a baccalaureate degree from a regionally accredited college or university verified by the nationally recognized certification agencies;

(2) has met the medical laboratory experience and training required by the nationally recognized certification agencies or alternatively one year of on-the-job training; and

(3) passes a nationally recognized certification examination administered by the American Society for Clinical Pathology Board of Certification, or successor organizations.

Subd. 6. Histocompatibility technologist. The commissioner shall issue a medical laboratory specialist in histocompatibility license to an individual who:

(1) possesses a baccalaureate degree from a regionally accredited college or university verified by the nationally recognized certification agencies;

(2) has met the medical laboratory experience and training required by the nationally recognized certification agencies or alternatively one year of on-the-job training; and

(3) passes a nationally recognized certification examination administered by the American Board of Histocompatibility and Immunogenetics.

Subd. 7. Medical laboratory subspecialist. The commissioner shall issue a medical laboratory subspecialist license to an individual who:

(1) possesses a baccalaureate from a regionally accredited college or university verified by the recognized certification agencies;

(2) has met the required medical laboratory experience and training through one year of on-the-job training; and

(3) either is deemed competent via written confirmation by the respective laboratory director or passes a nationally recognized certification examination administered by the American Society for Clinical Pathology Board of Certification, or successor organizations.

Subd. 8. Cytotechnologist. The commissioner shall issue a cytotechnologist license to an individual who:

(1) possesses a baccalaureate degree from a regionally accredited college or university required and verified by the recognized certification agencies;

(2) has met the medical laboratory experience and training required by the recognized certification agencies; and

(3) passes a nationally recognized certification examination administered by the American Society for Clinical Pathology Board of Certification, or successor organizations.

Subd. 9. Histotechnologist. The commissioner shall issue a histotechnologist license to an individual who:

(1) possesses a baccalaureate degree from a regionally accredited college or university required

and verified by the recognized certification agencies;

(2) has met the medical laboratory experience and training required by the recognized certification agencies; and

(3) passes a nationally recognized certification examination administered by the American Society for Clinical Pathology Board of Certification, or successor organizations.

Subd. 10. **Histotechnician.** The commissioner shall issue a histotechnician license to an individual who:

(1) possesses an associate degree from a regionally accredited college or university required and verified by the recognized certification agencies;

(2) has medical laboratory experience and training required by the recognized certification agencies; and

(3) passes a nationally recognized certification examination administered by the American Society for Clinical Pathology Board of Certification, or successor organizations.

Sec. 22. [148F.08] RECIPROCITY.

Subdivision 1. **Licensure.** The commissioner may waive the licensure requirements for an applicant who holds a valid license or its equivalent issued by another state provided that the requirements under which that license or its equivalent was issued are equivalent to or exceed the standards required by this chapter. Once the license is up for renewal, the applicant shall be issued a Minnesota license upon meeting the license renewal requirements in section 148F.11.

Subd. 2. **Current credentials required.** An applicant applying for licensure by reciprocity must provide all necessary evidence to the commissioner that the applicant holds a current and unrestricted license for the practice of medical laboratory science in another jurisdiction that has requirements equivalent to or higher than the standards required to be licensed as a medical laboratory professional in one of the categories defined in this chapter.

Subd. 3. **Verification of credentials required.** An applicant for licensure under this section must have maintained the appropriate and unrestricted credentials in each jurisdiction during the last five years as demonstrated by submitting letters of verification to the commissioner. Each letter must state the applicant's name, date of birth, credential number, date of issuance, a statement regarding disciplinary actions, if any, taken against the applicant, and the terms under which the credential was issued.

Sec. 23. [148F.09] TEMPORARY LICENSE REQUIREMENTS.

(a) The commissioner may issue a temporary license to an applicant who:

(1) is eligible to sit for and registered to take a certification examination or has taken the examination and is awaiting results;

(2) meets the educational requirements of the nationally recognized certification agency and is seeking to qualify for the certification examination by completing the required supervised medical laboratory experience; or

(3) meets the educational requirements for the position and is undergoing the required on-the-job training necessary for a specialized clinical laboratory.

(b) A temporary license shall be issued for a 12-month period and may be renewed for two additional 12-month periods at the discretion of the commissioner, in order to allow the applicant to complete the required supervised medical laboratory experience or retake a certification examination, or be deemed competent by the laboratory director.

(c) A temporary license expires 12 months after it is issued or on the date the commissioner issues or denies a permanent license to the holder.

(d) A temporary license authorizes the holder to perform medical laboratory tests only in the area of practice for which the individual seeks to be permanently licensed.

Sec. 24. [148F.10] LICENSURE APPLICATION PROCEDURES.

(a) Applicants must submit an application for licensure to the commissioner upon the forms prescribed and furnished by the commissioner, and must submit with the application the designated application fee as specified in section 148F.16.

(b) Upon receipt of the application and the application fee, the commissioner shall issue a license for a medical laboratory scientist, a medical laboratory technician, or an appropriate specialty license to an individual who meets the qualifications specified in this chapter.

(c) The commissioner shall approve, approve with conditions, or deny licensure. The commissioner shall act on an application for licensure according to paragraphs (b) to (d).

(d) The commissioner shall determine if the applicant meets the requirements for licensure. The commissioner, or the advisory council at the commissioner's request, may investigate information provided by an applicant to determine whether the information is accurate and complete.

(e) The commissioner shall notify an applicant of action taken on the application, and if licensure is denied or approved with conditions, the grounds for the commissioner's determination.

(f) An applicant denied licensure or granted licensure with conditions may make a written request to the commissioner, within 30 days of the date of the commissioner's determination, for reconsideration of the commissioner's determination. Individuals requesting reconsideration may submit information that the applicant wants considered in the reconsideration. After reconsideration of the commissioner's determination to deny licensure or grant licensure with conditions, the commissioner shall determine whether the original determination should be affirmed or modified. An applicant is allowed no more than one request in any one biennial licensure period for reconsideration of the commissioner's determination to deny licensure or approve licensure with conditions.

Sec. 25. [148F.11] LICENSURE RENEWAL.

Subdivision 1. **Renewal term.** Licenses issued under this chapter must be renewed every two years. The renewal term is the effective date of the initial license or renewed license to the date of expiration of the license.

Subd. 2. **Renewal applications.** In order to renew a license, a licensee must submit:

- (1) a completed and signed application for renewal on a form prescribed by the commissioner;
- (2) the applicable renewal fee as specified in section 148F.16; and
- (3) documentation that the licensee has completed continuing education requirements as prescribed by the recognized certification agencies or 12 hours of documented continuing education.

Sec. 26. [148F.12] LICENSURE FOLLOWING LAPSE OF LICENSURE STATUS.

For an applicant whose licensure status has lapsed, the applicant must:

- (1) apply for licensure renewal according to section 148F.11 and document compliance with the continuing education requirements as prescribed by the nationally recognized certification agency since the applicant's license lapsed; and
- (2) fulfill the requirements of section 148F.07 and provide evidence of compliance with the continuing education requirements as prescribed by one of the nationally recognized certification agencies.

Sec. 27. [148F.13] CONTINUING EDUCATION REQUIREMENTS.

Continuing education requirements shall be as described by the applicable certification agencies recognized under this chapter.

Sec. 28. [148F.14] INVESTIGATION PROCESS; GROUNDS FOR DISCIPLINARY ACTION.

Subdivision 1. **Disciplinary action.** (a) The commissioner may impose disciplinary action as described in paragraph (b) against an applicant or licensee whom the commissioner, by a preponderance of the evidence, determines:

- (1) has violated a statute, rule, or order that the commissioner issued or is empowered to enforce;
- (2) has made a misrepresentation for the purpose of obtaining licensure, either on an application provided by the commissioner or in response to oral or written questions from the commissioner;
- (3) violated the code of professional conduct in subdivisions 2 to 4;
- (4) engaged in dishonorable, unethical, or unprofessional conduct of a character likely to deceive, defraud, or harm the public;
- (5) failed to perform services with reasonable judgment, skill, or safety due to the use of alcohol, drugs, or other physical or mental impairment;
- (6) aided or assisted another person in violating any provision of this chapter or any applicable rules;
- (7) made any misrepresentation with regard to the existence or category of license or other certification or professional qualification held in connection with any employment application;
- (8) intentionally submitted false or misleading information in response to a written request by the commissioner or advisory council;

(9) failed, within 30 days, to provide information in response to a written request by the commissioner or advisory council;

(10) performed services for which the license is issued in an incompetent manner or in a manner that falls below community standards;

(11) violated any provision of this chapter;

(12) violated any state or federal law, rule, or regulation which directly relates to the practice related to the discipline for which the individual is licensed;

(13) has been disciplined for conduct in the practice of an occupation by the state of Minnesota, another jurisdiction, or a national professional association, if any of the grounds are the same or substantially equivalent to those in this chapter;

(14) has not cooperated with the commissioner or the advisory council in an investigation conducted according to this paragraph;

(15) engaged in conduct with a patient that is sexual or may reasonably be interpreted by the patient as sexual, or in any verbal behavior that is seductive or sexually demeaning to a patient; or

(16) any other just cause related to the practice for which they are licensed under this chapter.

(b) If grounds for disciplinary action exist under paragraph (a), the commissioner may take one or more of the following actions:

(1) refuse to grant or renew a license;

(2) revoke a license;

(3) suspend a license;

(4) impose limitations or conditions on a license, including, but not limited to, practice under supervision, continued practice on the demonstration of knowledge or skill by appropriate examination or other review of knowledge, skill, and competence;

(5) censure or reprimand the licensee; or

(6) any reasonable lesser action, including, but not limited to, censure, reprimand, or restriction on licensure, or any action authorized by statute.

(c) Upon notice from the commissioner denying licensure renewal or upon notice that disciplinary actions have been imposed and the person is no longer entitled to provide the services for which the person was previously licensed under this chapter, the person shall cease to provide the services under this chapter, to use the protected titles pursuant to this chapter, and to represent to the public that the person is licensed by the commissioner.

(d) A person who has had licensure suspended may request and provide justification for reinstatement following the period of suspension specified by the commissioner. The requirement of this chapter for renewing licensure and any other conditions imposed with the suspension must be met before licensure may be reinstated.

(e) The commissioner shall contract with the health professional services program as authorized

by sections 214.31 to 214.37 to provide these services to practitioners under this chapter. The health professional services program does not affect the commissioner's authority to discipline violations of this chapter.

Subd. 2. **Duty to patient.** Medical laboratory professionals shall:

- (1) be accountable for the quality and integrity of the laboratory services they provide;
- (2) maintain high standards of practice and sound judgment in establishing, performing, and evaluating laboratory testing; and
- (3) safeguard the dignity and privacy of patients and provide accurate information to other health care professionals about the services they provide.

Subd. 3. **Duty to colleagues and profession.** Medical laboratory professionals shall:

- (1) uphold and maintain the dignity and respect of the profession and strive to maintain a reputation of honesty, integrity, and reliability; and
- (2) actively strive to establish cooperative and respectful working relationships with other health care professionals with the primary objective of ensuring a high standard of care for the patients they serve.

Sec. 29. [148F.15] REPORTING OBLIGATIONS.

Subdivision 1. **Permission to report.** A person who has knowledge of any conduct constituting grounds for disciplinary action under this chapter may report the violation to the commissioner.

Subd. 2. **Institutions.** A state agency, political subdivision, agency of a local unit of government, private agency, hospital, clinic, prepaid medical plan, or other health care institution or organization located in this state shall report to the commissioner any action taken by the agency, institution, or organization or any of its administrators or medical or other committees to revoke, suspend, restrict, or condition a medical laboratory professional's privilege to practice in the institution, or as part of the organization, any denial of privileges, or any other disciplinary action for conduct that might constitute grounds for disciplinary action by the commissioner under this chapter. The institution, organization, or governmental entity shall also report the resignation of any medical laboratory science professional before the conclusion of any disciplinary action proceeding for conduct that might constitute grounds for disciplinary action under this chapter, or before the commencement of formal charges but after the practitioner had knowledge that formal charges were contemplated or were being prepared.

Subd. 3. **Professional societies.** A state or local professional society for medical laboratory science professionals shall report to the commissioner any termination, revocation, or suspension of membership or any other disciplinary action taken against a medical laboratory science professional. If the society has received a complaint that might be grounds for discipline under this chapter against a member on which it has not taken any disciplinary action, the society shall report the complaint and the reason why it has not taken action on it or shall direct the complainant to the commissioner.

Subd. 4. **Licensed professionals.** A licensed health professional shall report to the commissioner personal knowledge of any conduct that the licensed health professional reasonably believes constitutes grounds for disciplinary action under this chapter by a medical laboratory science

professional, including conduct indicating that the individual may be medically incompetent, or may be medically or physically unable to engage safely in the provision of services. If the information was obtained in the course of a client relationship, the client is a medical laboratory science professional, and the treating individual successfully counsels the medical laboratory science professional to limit or withdraw from practice to the extent required by the impairment, the commissioner may deem this limitation of or withdrawal from practice to be sufficient disciplinary action.

Subd. 5. **Self-reporting.** A medical laboratory science professional shall report to the commissioner any personal action that would require that a report be filed with the commissioner by any person, health care facility, business, or organization under subdivisions 2 to 4. The medical laboratory science professional shall also report the revocation, suspension, restriction, limitation, or other disciplinary action in this state and report the filing of charges regarding the practitioner's license or right of practice in another state or jurisdiction.

Subd. 6. **Deadlines; forms.** Reports required by subdivisions 2 to 5 must be submitted no later than 30 days after the reporter learns of the occurrence of the reportable event or transaction. The commissioner may provide forms for the submission of required reports, may require that reports be submitted on the forms provided, and may adopt rules necessary to ensure prompt and accurate reporting.

Sec. 30. **[148F.16] FEES.**

Subdivision 1. **Initial licensure fee.** The initial licensure fee for medical laboratory scientist, categorical medical laboratory scientist, medical laboratory specialist in molecular biology, medical laboratory specialist in cytogenetics, histocompatibility technologist, other specialists and categoricals, and medical laboratory technicians is \$155. The commissioner shall prorate fees based on the number of quarters remaining in the biennial licensure period.

Subd. 2. **Licensure renewal fee.** The biennial licensure renewal fee for medical laboratory scientist, categorical medical laboratory scientist, medical laboratory specialist in molecular biology, medical laboratory specialist in cytogenetics, histocompatibility technologist, other specialists and categoricals, and medical laboratory technicians is \$115.

Subd. 3. **Late fee.** The fee for late submission of a renewal application is \$45.

Subd. 4. **Temporary licensure fee.** The fee for temporary licensure is \$50.

Subd. 5. **Verification to other states.** The fee for verification of licensure to other states is \$25.

Subd. 6. **Verification to institutions.** The fee for verification of licensure to institutions is \$10.

Subd. 7. **Nonrefundable fees.** All fees are nonrefundable."

Page 46, after line 14, insert:

"Sec. 35. **ADVISORY COUNCIL; DEADLINES.**

The commissioner of health shall complete the first appointments required by Minnesota Statutes, section 148F.05, no later than September 1, 2012. The commissioner's designee shall convene the first meeting of the council no later than October 1, 2012. The members of the advisory council shall select a chair from its membership at the first meeting of the council."

Renumber the sections in sequence and correct the internal references

Amend the title accordingly

The motion did not prevail. So the amendment was not adopted.

Senator Nienow moved to amend H.F. No. 2294, as amended by the Senate April 5, 2012, as follows:

(The text of the amended House File is identical to S.F. No. 2093.)

Page 58, after line 11, insert:

"Sec. 2. [144.595] HOSPITAL FUTILITY POLICY.

(a) A hospital licensed under sections 144.50 to 144.56 that adopts or implements a futility policy that applies to treatment of any child, from birth to 18 years of age, must disclose the futility policy to the parents of children treated at the hospital when the hospital identifies the need for a formal process to address concerns over the proposed treatment of a child. The hospital must, upon request of a parent of a patient or prospective patient, provide a copy of the current policy, if any.

(b) For purposes of this section, a "futility policy" is any written policy that encourages or allows hospital employees, or other medical professionals who provide care to patients at the hospital, to withhold or discontinue treatment for a patient on the grounds of medical futility."

Renumber the sections in sequence and correct the internal references

Amend the title accordingly

The motion prevailed. So the amendment was adopted.

Senator Nelson moved to amend H.F. No. 2294, as amended by the Senate April 5, 2012, as follows:

(The text of the amended House File is identical to S.F. No. 2093.)

Page 11, line 1, reinstate the stricken "(d)"

Page 11, line 2, after the stricken period, insert "A volunteer dentist who has signed a volunteer agreement under section 256B.76, subdivision 7a, shall not be considered to be participating in medical assistance or MinnesotaCare for the purpose of this section."

Page 20, after line 24, insert:

"Sec. 11 Minnesota Statutes 2010, section 256B.76, is amended by adding a subdivision to read:

Subd. 7a. **Volunteer dental providers.** (a) A volunteer dentist who is not enrolled as a medical assistance provider; is providing volunteer services for a nonprofit or government-owned dental provider enrolled as a medical assistance dental provider; and is not receiving payment for services provided, shall complete and submit a volunteer agreement form as prescribed by the commissioner. The volunteer agreement shall be used to enroll the dentist in medical assistance only for the purpose of providing volunteer services. The volunteer agreement shall specify that a volunteer dentist:

(1) will not appear in the Minnesota health care programs provider directory;

(2) will not receive payment for the services they provide to Minnesota health care program patients; and

(3) is not required to serve Minnesota health care program patients when providing nonvolunteer services in a private practice.

(b) A volunteer dentist enrolled under this subdivision shall not otherwise be enrolled in or receive payments from Minnesota health care programs as a fee-for-service provider.

(c) The volunteer dentist shall be notified by the dental provider for which they are providing services that medical assistance is being billed for the volunteer services provided."

Renumber the sections in sequence and correct the internal references

Amend the title accordingly

The motion prevailed. So the amendment was adopted.

Senator Rosen moved to amend H.F. No. 2294, as amended by the Senate April 5, 2012, as follows:

(The text of the amended House File is identical to S.F. No. 2093.)

Page 78, after line 16, insert:

"Sec. 17. Minnesota Statutes 2011 Supplement, section 256B.0911, subdivision 3a, is amended to read:

Subd. 3a. **Assessment and support planning.** (a) Persons requesting assessment, services planning, or other assistance intended to support community-based living, including persons who need assessment in order to determine waiver or alternative care program eligibility, must be visited by a long-term care consultation team within 15 calendar days after the date on which an assessment was requested or recommended. After January 1, 2011, these requirements also apply to personal care assistance services, private duty nursing, and home health agency services, on timelines established in subdivision 5. Face-to-face assessments must be conducted according to paragraphs (b) to (i).

(b) The county may utilize a team of either the social worker or public health nurse, or both. After January 1, 2011, lead agencies shall use certified assessors to conduct the assessment in a face-to-face interview. The consultation team members must confer regarding the most appropriate care for each individual screened or assessed.

(c) The assessment must be comprehensive and include a person-centered assessment of the health, psychological, functional, environmental, and social needs of referred individuals and provide information necessary to develop a support plan that meets the consumers needs, using an assessment form provided by the commissioner.

(d) The assessment must be conducted in a face-to-face interview with the person being assessed and the person's legal representative, as required by legally executed documents, and other individuals as requested by the person, who can provide information on the needs, strengths, and preferences of the person necessary to develop a support plan that ensures the person's health and safety, but who is not a provider of service or has any financial interest in the provision of

services. For persons who are to be assessed for elderly waiver customized living services under section 256B.0915, with the permission of the person being assessed or the person's designated or legal representative, the client's current or proposed provider of services may submit a copy of the provider's nursing assessment or written report outlining their recommendations regarding the client's care needs. The person conducting the assessment will notify the provider of the date by which this information is to be submitted. This information shall be provided to the person conducting the assessment prior to the assessment.

(e) The person, or the person's legal representative, must be provided with written recommendations for community-based services, including consumer-directed options, or institutional care that include documentation that the most cost-effective alternatives available were offered to the individual, and alternatives to residential settings, including, but not limited to, foster care settings that are not the primary residence of the license holder. For purposes of this requirement, "cost-effective alternatives" means community services and living arrangements that cost the same as or less than institutional care.

(f) If the person chooses to use community-based services, the person or the person's legal representative must be provided with a written community support plan, regardless of whether the individual is eligible for Minnesota health care programs. A person may request assistance in identifying community supports without participating in a complete assessment. Upon a request for assistance identifying community support, the person must be transferred or referred to the services available under sections 256.975, subdivision 7, and 256.01, subdivision 24, for telephone assistance and follow up.

(g) The person has the right to make the final decision between institutional placement and community placement after the recommendations have been provided, except as provided in subdivision 4a, paragraph (c).

(h) The team must give the person receiving assessment or support planning, or the person's legal representative, materials, and forms supplied by the commissioner containing the following information:

(1) the need for and purpose of preadmission screening if the person selects nursing facility placement;

(2) the role of the long-term care consultation assessment and support planning in waiver and alternative care program eligibility determination;

(3) information about Minnesota health care programs;

(4) the person's freedom to accept or reject the recommendations of the team;

(5) the person's right to confidentiality under the Minnesota Government Data Practices Act, chapter 13;

(6) the long-term care consultant's decision regarding the person's need for institutional level of care as determined under criteria established in section 144.0724, subdivision 11, or 256B.092; and

(7) the person's right to appeal the decision regarding the need for nursing facility level of care or the county's final decisions regarding public programs eligibility according to section 256.045, subdivision 3.

(i) Face-to-face assessment completed as part of eligibility determination for the alternative care, elderly waiver, community alternatives for disabled individuals, community alternative care, and traumatic brain injury waiver programs under sections 256B.0915, 256B.0917, and 256B.49 is valid to establish service eligibility for no more than 60 calendar days after the date of assessment. The effective eligibility start date for these programs can never be prior to the date of assessment. If an assessment was completed more than 60 days before the effective waiver or alternative care program eligibility start date, assessment and support plan information must be updated in a face-to-face visit and documented in the department's Medicaid Management Information System (MMIS). The effective date of program eligibility in this case cannot be prior to the date the updated assessment is completed."

Page 80, after line 8, insert:

"Sec. 20. Minnesota Statutes 2011 Supplement, section 256B.0915, subdivision 3e, is amended to read:

Subd. 3e. **Customized living service rate.** (a) Payment for customized living services shall be a monthly rate authorized by the lead agency within the parameters established by the commissioner. The payment agreement must delineate the amount of each component service included in the recipient's customized living service plan. The lead agency, with input from the provider of customized living services, shall ensure that there is a documented need within the parameters established by the commissioner for all component customized living services authorized.

(b) The payment rate must be based on the amount of component services to be provided utilizing component rates established by the commissioner. Counties and tribes shall use tools issued by the commissioner to develop and document customized living service plans and rates.

(c) Component service rates must not exceed payment rates for comparable elderly waiver or medical assistance services and must reflect economies of scale. Customized living services must not include rent or raw food costs.

(d) With the exception of individuals described in subdivision 3a, paragraph (b), the individualized monthly authorized payment for the customized living service plan shall not exceed 50 percent of the greater of either the statewide or any of the geographic groups' weighted average monthly nursing facility rate of the case mix resident class to which the elderly waiver eligible client would be assigned under Minnesota Rules, parts 9549.0050 to 9549.0059, less the maintenance needs allowance as described in subdivision 1d, paragraph (a), until the July 1 of the state fiscal year in which the resident assessment system as described in section 256B.438 for nursing home rate determination is implemented. Effective on July 1 of the state fiscal year in which the resident assessment system as described in section 256B.438 for nursing home rate determination is implemented and July 1 of each subsequent state fiscal year, the individualized monthly authorized payment for the services described in this clause shall not exceed the limit which was in effect on June 30 of the previous state fiscal year updated annually based on legislatively adopted changes to all service rate maximums for home and community-based service providers.

(e) Effective July 1, 2011, the individualized monthly payment for the customized living service plan for individuals described in subdivision 3a, paragraph (b), must be the monthly authorized payment limit for customized living for individuals classified as case mix A, reduced by 25 percent. This rate limit must be applied to all new participants enrolled in the program on or after July 1, 2011, who meet the criteria described in subdivision 3a, paragraph (b). This monthly limit also

applies to all other participants who meet the criteria described in subdivision 3a, paragraph (b), at reassessment.

(f) Customized living services are delivered by a provider licensed by the Department of Health as a class A or class F home care provider and provided in a building that is registered as a housing with services establishment under chapter 144D. Licensed home care providers are subject to section 256B.0651, subdivision 14.

(g) A provider may not bill or otherwise charge an elderly waiver participant or their family for additional units of any allowable component service beyond those available under the service rate limits described in paragraph (d), nor for additional units of any allowable component service beyond those approved in the service plan by the lead agency.

Sec. 21. Minnesota Statutes 2011 Supplement, section 256B.0915, subdivision 3h, is amended to read:

Subd. 3h. **Service rate limits; 24-hour customized living services.** (a) The payment rate for 24-hour customized living services is a monthly rate authorized by the lead agency within the parameters established by the commissioner of human services. The payment agreement must delineate the amount of each component service included in each recipient's customized living service plan. The lead agency, with input from the provider of customized living services, shall ensure that there is a documented need within the parameters established by the commissioner for all component customized living services authorized. The lead agency shall not authorize 24-hour customized living services unless there is a documented need for 24-hour supervision.

(b) For purposes of this section, "24-hour supervision" means that the recipient requires assistance due to needs related to one or more of the following:

- (1) intermittent assistance with toileting, positioning, or transferring;
- (2) cognitive or behavioral issues;
- (3) a medical condition that requires clinical monitoring; or

(4) for all new participants enrolled in the program on or after July 1, 2011, and all other participants at their first reassessment after July 1, 2011, dependency in at least three of the following activities of daily living as determined by assessment under section 256B.0911: bathing; dressing; grooming; walking; or eating when the dependency score in eating is three or greater; and needs medication management and at least 50 hours of service per month. The lead agency shall ensure that the frequency and mode of supervision of the recipient and the qualifications of staff providing supervision are described and meet the needs of the recipient.

(c) The payment rate for 24-hour customized living services must be based on the amount of component services to be provided utilizing component rates established by the commissioner. Counties and tribes will use tools issued by the commissioner to develop and document customized living plans and authorize rates.

(d) Component service rates must not exceed payment rates for comparable elderly waiver or medical assistance services and must reflect economies of scale.

(e) The individually authorized 24-hour customized living payments, in combination with

the payment for other elderly waiver services, including case management, must not exceed the recipient's community budget cap specified in subdivision 3a. Customized living services must not include rent or raw food costs.

(f) The individually authorized 24-hour customized living payment rates shall not exceed the 95 percentile of statewide monthly authorizations for 24-hour customized living services in effect and in the Medicaid management information systems on March 31, 2009, for each case mix resident class under Minnesota Rules, parts 9549.0050 to 9549.0059, to which elderly waiver service clients are assigned. When there are fewer than 50 authorizations in effect in the case mix resident class, the commissioner shall multiply the calculated service payment rate maximum for the A classification by the standard weight for that classification under Minnesota Rules, parts 9549.0050 to 9549.0059, to determine the applicable payment rate maximum. Service payment rate maximums shall be updated annually based on legislatively adopted changes to all service rates for home and community-based service providers.

(g) Notwithstanding the requirements of paragraphs (d) and (f), the commissioner may establish alternative payment rate systems for 24-hour customized living services in housing with services establishments which are freestanding buildings with a capacity of 16 or fewer, by applying a single hourly rate for covered component services provided in either:

(1) licensed corporate adult foster homes; or

(2) specialized dementia care units which meet the requirements of section 144D.065 and in which:

(i) each resident is offered the option of having their own apartment; or

(ii) the units are licensed as board and lodge establishments with maximum capacity of eight residents, and which meet the requirements of Minnesota Rules, part 9555.6205, subparts 1, 2, 3, and 4, item A.

(h) A provider may not bill or otherwise charge an elderly waiver participant or their family for additional units of any allowable component service beyond those available under the service rate limits described in paragraph (e), nor for additional units of any allowable component service beyond those approved in the service plan by the lead agency."

Renumber the sections in sequence and correct the internal references

Amend the title accordingly

The motion prevailed. So the amendment was adopted.

Senator Reinert moved to amend H.F. No. 2294, as amended by the Senate April 5, 2012, as follows:

(The text of the amended House File is identical to S.F. No. 2093.)

Page 139, after line 9, insert:

"Sec. 6. Minnesota Statutes 2011 Supplement, section 256B.69, subdivision 5c, is amended to read:

Subd. 5c. **Medical education and research fund.** (a) The commissioner of human services shall transfer each year to the medical education and research fund established under section 62J.692, ~~an amount specified in this subdivision. The commissioner shall calculate~~ the following:

(1) an amount equal to the reduction in the prepaid medical assistance payments as specified in this clause. Until January 1, 2002, the county medical assistance capitation base rate prior to plan specific adjustments and after the regional rate adjustments under subdivision 5b is reduced 6.3 percent for Hennepin County, two percent for the remaining metropolitan counties, and no reduction for nonmetropolitan Minnesota counties; and after January 1, 2002, the county medical assistance capitation base rate prior to plan specific adjustments is reduced 6.3 percent for Hennepin County, two percent for the remaining metropolitan counties, and 1.6 percent for nonmetropolitan Minnesota counties. Nursing facility and elderly waiver payments and demonstration project payments operating under subdivision 23 are excluded from this reduction. The amount calculated under this clause shall not be adjusted for periods already paid due to subsequent changes to the capitation payments;

(2) beginning July 1, 2003, \$4,314,000 from the capitation rates paid under this section;

(3) beginning July 1, 2002, an additional \$12,700,000 from the capitation rates paid under this section; and

(4) beginning July 1, 2003, an additional \$4,700,000 from the capitation rates paid under this section.

(b) This subdivision shall be effective upon approval of a federal waiver which allows federal financial participation in the medical education and research fund. The amount specified under paragraph (a), clauses (1) to (4), shall not exceed the total amount transferred for fiscal year 2009. Any excess shall first reduce the amounts specified under paragraph (a), clauses (2) to (4). Any excess following this reduction shall proportionally reduce the amount specified under paragraph (a), clause (1).

(c) Beginning September 1, 2011, of the amount in paragraph (a), the commissioner shall transfer \$21,714,000 each fiscal year to the medical education and research fund.

(d) ~~Beginning September 1, 2011,~~ Of the amount in paragraph (a), ~~and following the transfer under paragraph (c), the commissioner shall transfer to the medical education research fund \$23,936,000 in fiscal years year 2012 and 2013 and \$36,744,000 in fiscal year 2014 and thereafter 2013 and thereafter.~~"

Renumber the sections in sequence and correct the internal references

Amend the title accordingly

The motion did not prevail. So the amendment was not adopted.

Senator McGuire moved to amend H.F. No. 2294, as amended by the Senate April 5, 2012, as follows:

(The text of the amended House File is identical to S.F. No. 2093.)

Page 46, delete section 1

Page 133, after line 3, insert:

<u>"(e) MFIP Child Care Assistance Grants</u>	<u>-0-</u>	<u>6,713,000</u>
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Child Care Resource and Referral Programs. \$300,000 is appropriated in fiscal year 2013 from the general fund to the commissioner of human services for the purposes of grants for child care resource and referral programs under Minnesota Statutes, section 119B.19. This is a onetime appropriation.

Child Care Services Grants. \$250,000 is appropriated in fiscal year 2013 from the general fund to the commissioner of human services for the purposes of child care services grants under Minnesota Statutes, section 119B.21, subdivision 5. This is a onetime appropriation.

Child Care Improvement Grants. \$163,000 is appropriated in fiscal year 2013 from the general fund to the commissioner of human services for the purposes of child care improvement grants under Minnesota Statutes, section 119B.25. This is a onetime appropriation.

Basis Sliding Fee Child Care Assistance. \$6,000,000 is appropriated in fiscal year 2013 from the general fund to the commissioner of human services for the basic sliding fee child care program under Minnesota Statutes, section 119B.03, to reduce the basic sliding fee waiting list."

Page 133, line 4, delete "(e)" and insert "(f)"

Page 133, line 5, delete "(f)" and insert "(g)"

Page 133, line 12, delete "(g)" and insert "(h)"

Page 142, after line 23, insert:

"Sec. 9. Laws 2011, First Special Session chapter 9, article 1, section 9, the effective date, is amended to read:

EFFECTIVE DATE. This section is effective January 1, ~~2013~~ 2014."

Page 149, after line 12, insert:

"Sec. 17. **CHILD CARE PROVIDER RATE INCREASE.**

For fiscal year 2013, child care provider rates established under Minnesota Statutes, section 119B.13, subdivision 1, are increased by 2.5 percent for like-care arrangements in the county effective July 1, 2012. This is a onetime increase for fiscal year 2013."

Renumber the sections in sequence and correct the internal references

Amend the title accordingly

The question was taken on the adoption of the amendment.

The roll was called, and there were yeas 28 and nays 34, as follows:

Those who voted in the affirmative were:

Bakk	Harrington	Lourey	Rest	Stumpf
Bonoff	Hayden	Marty	Saxhaug	Tomassoni
Cohen	Higgins	McGuire	Sheran	Torres Ray
Dziedzic	Howe	Metzen	Sieben	Wiger
Eaton	Kelash	Pappas	Skoe	
Goodwin	Latz	Reinert	Sparks	

Those who voted in the negative were:

Benson	Fischbach	Ingebrigtsen	Nelson	Robling
Brown	Gazelka	Jungbauer	Newman	Rosen
Carlson	Gerlach	Koch	Nienow	Senjem
Chamberlain	Gimse	Kruse	Olson	Thompson
Dahms	Hall	Lillie	Ortman	Vanderveer
Daley	Hann	Limmer	Parry	Wolf
DeKruif	Hoffman	Miller	Pederson	

The motion did not prevail. So the amendment was not adopted.

RECONSIDERATION

Having voted on the prevailing side, Senator Ortman moved that the vote whereby the Bonoff amendment to H.F. No. 2294 failed to pass on April 5, 2012, be now reconsidered. The motion prevailed. So the vote was reconsidered.

The question was taken on the adoption of the Bonoff amendment.

The roll was called, and there were yeas 29 and nays 33, as follows:

Those who voted in the affirmative were:

Bakk	Harrington	Lourey	Rest	Stumpf
Bonoff	Hayden	Marty	Saxhaug	Tomassoni
Cohen	Higgins	McGuire	Sheran	Torres Ray
Dziedzic	Howe	Metzen	Sieben	Wiger
Eaton	Kelash	Pappas	Skoe	Wolf
Goodwin	Latz	Reinert	Sparks	

Those who voted in the negative were:

Benson	Dahms	Gazelka	Hann	Koch
Brown	Daley	Gerlach	Hoffman	Kruse
Carlson	DeKruif	Gimse	Ingebrigtsen	Lillie
Chamberlain	Fischbach	Hall	Jungbauer	Limmer

Miller
Nelson
Newman

Nienow
Olson
Ortman

Parry
Pederson
Robling

Rosen
Senjem
Thompson

Vandev eer

The motion did not prevail. So the amendment was not adopted.

Senator Eaton moved to amend H.F. No. 2294, as amended by the Senate April 5, 2012, as follows:

(The text of the amended House File is identical to S.F. No. 2093.)

Page 112, delete section 8

Page 119, delete section 9

Page 121, delete sections 10 to 12

Page 129, delete section 4

Renumber the sections in sequence and correct the internal references

Amend the title accordingly

The question was taken on the adoption of the amendment.

The roll was called, and there were yeas 26 and nays 36, as follows:

Those who voted in the affirmative were:

Bakk
Bonoff
Cohen
Dziedzic
Eaton
Goodwin

Harrington
Hayden
Higgins
Kelash
Latz
Lourey

Marty
McGuire
Metzen
Pappas
Rest
Saxhaug

Sheran
Sieben
Skoe
Sparks
Stumpf
Tomassoni

Torres Ray
Wiger

Those who voted in the negative were:

Benson
Brown
Carlson
Chamberlain
Dahms
Daley
DeKruif
Fischbach

Gazelka
Gerlach
Gimse
Hall
Hann
Hoffman
Howe
Ingebrigtsen

Jungbauer
Koch
Kruse
Lillie
Limmer
Miller
Nelson
Newman

Nienow
Olson
Ortman
Parry
Pederson
Reinert
Robling
Rosen

Senjem
Thompson
Vandev eer
Wolf

The motion did not prevail. So the amendment was not adopted.

Senator Hoffman moved to amend H.F. No. 2294, as amended by the Senate April 5, 2012, as follows:

(The text of the amended House File is identical to S.F. No. 2093.)

Page 9, delete section 6

Page 26, line 5, delete "HMO"

Page 26, line 6, delete "section 62D.04, subdivision 5, is" and insert "sections 62D.04, subdivision 5, and 256B.0644, are"

Renumber the sections in sequence and correct the internal references

Amend the title accordingly

The question was taken on the adoption of the amendment.

The roll was called, and there were yeas 32 and nays 28, as follows:

Those who voted in the affirmative were:

Benson	Fischbach	Ingebrigtsen	Newman	Senjem
Brown	Gazelka	Jungbauer	Nienow	Thompson
Carlson	Gerlach	Koch	Olson	Vandever
Chamberlain	Gimse	Kruse	Ortman	Wolf
Dahms	Hall	Lillie	Parry	
Daley	Hann	Limmer	Pederson	
DeKruif	Hoffman	Miller	Robling	

Those who voted in the negative were:

Bakk	Harrington	Lourey	Rest	Stumpf
Bonoff	Hayden	Marty	Rosen	Tomassoni
Cohen	Higgins	McGuire	Saxhaug	Torres Ray
Dziedzic	Howe	Metzen	Sieben	Wiger
Eaton	Kelash	Pappas	Skoe	
Goodwin	Latz	Reinert	Sparks	

The motion prevailed. So the amendment was adopted.

H.F. No. 2294 was read the third time, as amended, and placed on its final passage.

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

The roll was called, and there were yeas 45 and nays 16, as follows:

Those who voted in the affirmative were:

Benson	Gazelka	Jungbauer	Newman	Saxhaug
Bonoff	Gerlach	Koch	Nienow	Senjem
Brown	Gimse	Kruse	Olson	Skoe
Carlson	Hall	Lillie	Ortman	Sparks
Chamberlain	Hann	Limmer	Parry	Stumpf
Dahms	Higgins	Lourey	Pederson	Thompson
Daley	Hoffman	Metzen	Reinert	Tomassoni
DeKruif	Howe	Miller	Robling	Vandever
Fischbach	Ingebrigtsen	Nelson	Rosen	Wolf

Those who voted in the negative were:

Bakk	Goodwin	Latz	Rest
Cohen	Harrington	Marty	Sieben
Dziedzic	Hayden	McGuire	Torres Ray
Eaton	Kelash	Pappas	Wiger

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

MOTIONS AND RESOLUTIONS - CONTINUED

Senator Hann moved that S.F. No. 2093 on General Orders, be stricken and laid on the table. The motion prevailed.

Senator Rest moved that S.F. No. 2261, No. 72 on General Orders, be stricken and returned to its author. The motion prevailed.

RECESS

Senator Senjem moved that the Senate do now recess subject to the call of the President. The motion prevailed.

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

APPOINTMENTS

Senator Senjem from the Subcommittee on Conference Committees recommends that the following Senators be and they hereby are appointed as a Conference Committee on:

H.F. No. 2398: Senators Magnus, Dahms, Brown, Rosen and Skoe.

S.F. No. 2493: Senators Ingebrigtsen, Carlson and Saxhaug.

S.F. No. 2296: Senators Chamberlain, Wolf and Bonoff.

Senator Senjem moved that the foregoing appointments be approved. The motion prevailed.

MEMBERS EXCUSED

Senators Dibble, Langseth and Michel were excused from the Session of today. Senator Magnus was excused from the Session of today at 12:05 p.m. Senator Goodwin was excused from the Session of today from 12:15 to 1:15 p.m. Senator Bakk was excused from the Session of today from 1:00 to 1:15 p.m. Senator Ingebrigtsen was excused from the Session of today from 1:20 to 1:45 p.m. Senator Sheran was excused from the Session of today at 4:05 p.m.

ADJOURNMENT

Senator Senjem moved that the Senate do now adjourn until 12:00 noon, Monday, April 16, 2012. The motion prevailed.

Cal R. Ludeman, Secretary of the Senate

