

SEVENTEENTH DAY

St. Paul, Minnesota, Thursday, February 15, 2007

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

CALL OF THE SENATE

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

Prayer was offered by the Chaplain, Rev. Kevin McDonough.

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

Anderson	Fischbach	Langseth	Olson, G.	Sheran
Bakk	Foley	Larson	Olson, M.	Sieben
Berglin	Frederickson	Latz	Pappas	Skoe
Betzold	Gerlach	Limmer	Pariseau	Skogen
Bonoff	Gimse	Lourey	Pogemiller	Sparks
Carlson	Hann	Lynch	Prettner Solon	Stumpf
Chaudhary	Higgins	Marty	Rest	Tomassoni
Clark	Ingebrigtsen	Metzen	Robling	Vandever
Cohen	Johnson	Michel	Rosen	Vickerman
Dibble	Jungbauer	Moua	Rummel	Wergin
Dille	Koch	Murphy	Saxhaug	Wiger
Doll	Koering	Neuville	Scheid	
Erickson Ropes	Kubly	Olseen	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 letters pertaining to appointments were received and substituted for the letters pertaining to the same appointments dated January 9, 2007, and shown in the Journal of the Senate on January 11, 2007.

February 9, 2007

The Honorable James P. Metzen
President of the Senate

Dear Senator Metzen:

The following appointment is hereby respectfully submitted to the Senate for confirmation:

DEPARTMENT OF ADMINISTRATION
COMMISSIONER

Dana B. Badgerow, 1790 Irving Ave. S., Minneapolis, in the county of Hennepin, effective January 2, 2007, for a term that expires on January 3, 2011.

(Referred to the Committee on State and Local Government Operations and Oversight.)

February 9, 2007

The Honorable James P. Metzen
President of the Senate

Dear Senator Metzen:

The following appointment is hereby respectfully submitted to the Senate for confirmation:

DEPARTMENT OF AGRICULTURE
COMMISSIONER

Gene Hugoson, 2775 - 60th St., Granada, in the county of Martin, effective January 2, 2007, for a term that expires on January 3, 2011.

(Referred to the Committee on Agriculture and Veterans.)

February 9, 2007

The Honorable James P. Metzen
President of the Senate

Dear Senator Metzen:

The following appointment is hereby respectfully submitted to the Senate for confirmation:

DEPARTMENT OF COMMERCE
COMMISSIONER

Glenn Wilson, Jr., 5306 River Bluff Cir., Bloomington, in the county of Hennepin, effective January 2, 2007, for a term that expires on January 3, 2011.

(Referred to the Committee on Commerce and Consumer Protection.)

February 9, 2007

The Honorable James P. Metzen
President of the Senate

Dear Senator Metzen:

The following appointment is hereby respectfully submitted to the Senate for confirmation:

17TH DAY]

THURSDAY, FEBRUARY 15, 2007

297

DEPARTMENT OF CORRECTIONS
COMMISSIONER

Joan Fabian, 35217 Forest Blvd., North Branch, in the county of Chisago, effective January 2, 2007, for a term that expires on January 3, 2011.

(Referred to the Committee on Judiciary.)

February 9, 2007

The Honorable James P. Metzen
President of the Senate

Dear Senator Metzen:

The following appointment is hereby respectfully submitted to the Senate for confirmation:

DEPARTMENT OF EDUCATION
COMMISSIONER

Alice Seagren, 9730 Palmer Cir., Bloomington, in the county of Hennepin, effective January 2, 2007, for a term that expires on January 3, 2011.

(Referred to the Committee on Education.)

February 9, 2007

The Honorable James P. Metzen
President of the Senate

Dear Senator Metzen:

The following appointment is hereby respectfully submitted to the Senate for confirmation:

OFFICE OF ENTERPRISE TECHNOLOGY
CHIEF INFORMATION OFFICER

Gopal K. Khanna, 6605 Nordic Dr., Edina, in the county of Hennepin, effective January 2, 2007, for a term that expires on January 3, 2011.

(Referred to the Committee on State and Local Government Operations and Oversight.)

February 9, 2007

The Honorable James P. Metzen
President of the Senate

Dear Senator Metzen:

The following appointment is hereby respectfully submitted to the Senate for confirmation:

DEPARTMENT OF HEALTH
COMMISSIONER

Dianne Mandernach, Rt. 2, Box 709, Sturgeon Lake, in the county of Pine, effective January 2, 2007, for a term that expires on January 3, 2011.

(Referred to the Committee on Health, Housing and Family Security.)

February 9, 2007

The Honorable James P. Metzen
President of the Senate

Dear Senator Metzen:

The following appointment is hereby respectfully submitted to the Senate for confirmation:

MINNESOTA HOUSING FINANCE AGENCY
COMMISSIONER

Timothy Marx, 1546 Portland Ave., Saint Paul, in the county of Ramsey, effective January 2, 2007, for a term that expires on January 3, 2011.

(Referred to the Committee on Health, Housing and Family Security.)

February 9, 2007

The Honorable James P. Metzen
President of the Senate

Dear Senator Metzen:

The following appointment is hereby respectfully submitted to the Senate for confirmation:

DEPARTMENT OF HUMAN RIGHTS
COMMISSIONER

Velma Korbel, 14801 Butternut St. N.W., Andover, in the county of Anoka, effective January 2, 2007, for a term that expires on January 3, 2011.

(Referred to the Committee on Judiciary.)

February 9, 2007

The Honorable James P. Metzen
President of the Senate

Dear Senator Metzen:

The following appointment is hereby respectfully submitted to the Senate for confirmation:

IRON RANGE RESOURCES AND REHABILITATION
COMMISSIONER

Sandra Layman, 34671 Rebel Beach Rd., Cohasset, in the county of Itasca, effective January 2, 2007, for a term that expires on January 3, 2011.

(Referred to the Committee on Business, Industry and Jobs.)

February 9, 2007

The Honorable James P. Metzen
President of the Senate

Dear Senator Metzen:

The following appointment is hereby respectfully submitted to the Senate for confirmation:

DEPARTMENT OF LABOR AND INDUSTRY
COMMISSIONER

Scott Brener, 4621 Wooddale Ave., Edina, in the county of Hennepin, effective January 2, 2007, for a term that expires on January 3, 2011.

(Referred to the Committee on Business, Industry and Jobs.)

February 9, 2007

The Honorable James P. Metzen
President of the Senate

Dear Senator Metzen:

The following appointment is hereby respectfully submitted to the Senate for confirmation:

BUREAU OF MEDIATION SERVICES
COMMISSIONER

James Alex Cunningham, Jr., 515 Westby Dr., Spring Lake Park, in the county of Anoka, effective January 2, 2007, for a term that expires on January 3, 2011.

(Referred to the Committee on Business, Industry and Jobs.)

February 9, 2007

The Honorable James P. Metzen
President of the Senate

Dear Senator Metzen:

The following appointment is hereby respectfully submitted to the Senate for confirmation:

DEPARTMENT OF PUBLIC SAFETY
COMMISSIONER

Michael Campion, 4236 Rice St., Vadnais Heights, in the county of Ramsey, effective January 2, 2007, for a term that expires on January 3, 2011.

(Referred to the Committee on Judiciary.)

February 9, 2007

The Honorable James P. Metzen
President of the Senate

Dear Senator Metzen:

The following appointment is hereby respectfully submitted to the Senate for confirmation:

DEPARTMENT OF TRANSPORTATION
COMMISSIONER

Lieutenant Governor Carol Molnau, 4966 - 350th St., Lafayette, in the county of Nicollet, effective January 2, 2007, for a term that expires on January 3, 2011.

(Referred to the Committee on Transportation.)

February 9, 2007

The Honorable James P. Metzen
President of the Senate

Dear Senator Metzen:

The following appointment is hereby respectfully submitted to the Senate for confirmation:

DEPARTMENT OF VETERANS AFFAIRS
COMMISSIONER

Clark Dyrud, 5501 Humboldt Cir., Minneapolis, in the county of Hennepin, effective January 2, 2007, for a term that expires on January 3, 2011.

(Referred to the Committee on Agriculture and Veterans.)

Sincerely,
Tim Pawlenty, Governor

The following communication was received.

February 14, 2007

The Honorable James P. Metzen
President of the Senate

Dear Senator Metzen:

As the Senate Minority Leader, I am hereby making the following appointments:

Pursuant to Minnesota Statutes 2006

Section 3.97: Legislative Audit Commission - Senator David Hann, for an indefinite term, serving until replaced or no longer a member of the Senate; Senator Tom Neuville, for a similar term; and

Senator Claire Robling, for a similar term.

Sincerely,
David H. Senjem
Senate Republican Leader

MESSAGES FROM THE HOUSE

Mr. President:

I have the honor to announce the passage by the House of the following House File, herewith transmitted: H.F. No. 160.

Albin A. Mathiowetz, Chief Clerk, House of Representatives

Transmitted February 13, 2007

FIRST READING OF HOUSE BILLS

The following bill was read the first time.

H.F. No. 160: A bill for an act relating to finance; authorizing transfer of appropriations within the Help America Vote Act account; amending Laws 2005, chapter 162, section 34, subdivision 6.

Referred to the Committee on Finance.

REPORTS OF COMMITTEES

Senator Pogemiller moved that the Committee Reports at the Desk be now adopted. The motion prevailed.

Senator Prettner Solon from the Committee on Energy, Utilities, Technology and Communications, to which was referred

S.F. No. 563: A bill for an act relating to energy; requiring development of an economic strategy to maximize state economic development benefits from the renewable electric energy industry.

Reports the same back with the recommendation that the bill do pass and be re-referred to the Committee on Business, Industry and Jobs. Report adopted.

Senator Prettner Solon from the Committee on Energy, Utilities, Technology and Communications, to which was referred

S.F. No. 239: A bill for an act relating to energy; extending eligibility period for certain renewable energy production incentives; amending Laws 2005, chapter 40, section 2, subdivision 4.

Reports the same back with the recommendation that the bill do pass and be re-referred to the

Committee on Finance. Report adopted.

Senator Prettner Solon from the Committee on Energy, Utilities, Technology and Communications, to which was referred

S.F. No. 474: A bill for an act relating to energy; funding a study of potential for the use of geothermal heat pumps in Minnesota.

Reports the same back with the recommendation that the bill do pass and be re-referred to the Committee on Finance. Report adopted.

Senator Rest from the Committee on State and Local Government Operations and Oversight, to which was referred

S.F. No. 538: A bill for an act relating to state government; establishing a heating and cooling policy for state building projects funded with state appropriations; proposing coding for new law in Minnesota Statutes, chapter 16B.

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

Delete everything after the enacting clause and insert:

"Section 1. [16B.326] HEATING AND COOLING SYSTEMS; STATE-FUNDED BUILDINGS.

The commissioner must review and study geothermal applications as possible uses for heating or cooling for all building projects subject to a predesign review under section 16B.335 that receive any state funding for replacement of heating or cooling systems. When practicable, and notwithstanding any law to the contrary, geothermal heating and cooling systems must be given preference when designing, planning, or letting bids for necessary replacement or initial installation of cooling or heating systems in new or existing buildings that are constructed or maintained with state funds. The predesign review must include a written plan for compliance with this section from a project proposer.

EFFECTIVE DATE. This section is effective July 1, 2007, and applies to cooling or heating systems replacement or installation in buildings that are constructed or maintained with state funds that are subject to predesign review on or after that date."

Amend the title as follows:

Page 1, line 2, delete the second "state"

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

Senator Marty from the Committee on Health, Housing and Family Security, to which was referred

S.F. No. 2: A bill for an act relating to health care; establishing premium rate restrictions and expenditure limits; requiring an interoperable electronic health records system; requiring a plan to achieve universal health care; expanding the definition of dependent coverage; eliminating the modification to the MinnesotaCare application form; implementing an intensive care management

program; increasing reimbursement for critical access dental providers; extending medical assistance coverage to Medicare Part D co-payments; creating grants for nonprofit dental providers with a high proportion of uninsured patients; eliminating co-payments for medical assistance and general assistance medical care; modifying the period of renewal for MinnesotaCare; modifying the definition of employer-subsidized insurance; providing for MinnesotaCare outreach; creating a prescription drug discount program; expanding the benefit set for single adults; increasing the eligibility income limit for single adults; increasing the cap for inpatient hospitalization benefits for adults; modifying the definition of income for self-employed farmers; removing insurance barriers for children in MinnesotaCare; eliminating MinnesotaCare premiums for members of the military and their families; reducing premiums for MinnesotaCare; restoring family planning grants; creating a patient incentive health program; requiring uniform billing forms; establishing a small employer option; proposing an amendment to the Minnesota Constitution, article XIII, by adding a section; affirming that every resident of Minnesota has the right to affordable health care; appropriating money; amending Minnesota Statutes 2006, sections 62A.65, subdivision 3; 62E.02, subdivision 7; 62J.04, subdivision 3, by adding a subdivision; 62J.041; 62J.301, subdivision 3; 62J.38; 62J.495; 62L.02, subdivision 11; 62L.08, subdivision 8; 62Q.165, subdivisions 1, 2, by adding a subdivision; 256.01, subdivision 2b; 256B.056, subdivision 10; 256B.0625, by adding a subdivision; 256B.075, subdivision 2; 256B.76; 256D.03, subdivisions 3, 4; 256L.01, subdivision 4; 256L.03, subdivisions 1, 3, 5; 256L.04, subdivisions 1a, 7, 10, by adding a subdivision; 256L.05, subdivisions 1b, 2, 3a; 256L.07, subdivisions 1, 2, 3, 6; 256L.15, subdivisions 1, 2, 4; 256L.17, subdivision 7; Laws 2005, First Special Session chapter 4, article 9, section 3, subdivision 2; proposing coding for new law in Minnesota Statutes, chapters 256; 256L; repealing Minnesota Statutes 2006, sections 62A.301; 256B.0631; 256L.035.

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 2006, section 62A.65, subdivision 3, is amended to read:

Subd. 3. **Premium rate restrictions.** No individual health plan may be offered, sold, issued, or renewed to a Minnesota resident unless the premium rate charged is determined in accordance with the following requirements:

(a) Premium rates must be no more than 25 percent above and no more than 25 percent below the index rate charged to individuals for the same or similar coverage, adjusted pro rata for rating periods of less than one year. The premium variations permitted by this paragraph must be based only upon health status, claims experience, and occupation. For purposes of this paragraph, health status includes refraining from tobacco use or other actuarially valid lifestyle factors associated with good health, provided that the lifestyle factor and its effect upon premium rates have been determined by the commissioner to be actuarially valid and have been approved by the commissioner. Variations permitted under this paragraph must not be based upon age or applied differently at different ages. This paragraph does not prohibit use of a constant percentage adjustment for factors permitted to be used under this paragraph.

(b) Premium rates may vary based upon the ages of covered persons only as provided in this paragraph. In addition to the variation permitted under paragraph (a), each health carrier may use an additional premium variation based upon age of up to plus or minus 50 percent of the index rate.

(c) A health carrier may request approval by the commissioner to establish separate geographic

regions determined by the health carrier and to establish separate index rates for each such region. The commissioner shall grant approval if the following conditions are met:

- (1) the geographic regions must be applied uniformly by the health carrier;
 - (2) each geographic region must be composed of no fewer than seven counties that create a contiguous region; and
 - (3) the health carrier provides actuarial justification acceptable to the commissioner for the proposed geographic variations in index rates, establishing that the variations are based upon differences in the cost to the health carrier of providing coverage.
- (d) Health carriers may use rate cells and must file with the commissioner the rate cells they use. Rate cells must be based upon the number of adults or children covered under the policy and may reflect the availability of Medicare coverage. The rates for different rate cells must not in any way reflect generalized differences in expected costs between principal insureds and their spouses.
- (e) In developing its index rates and premiums for a health plan, a health carrier shall take into account only the following factors:
- (1) actuarially valid differences in rating factors permitted under paragraphs (a) and (b); and
 - (2) actuarially valid geographic variations if approved by the commissioner as provided in paragraph (c).
- (f) All premium variations must be justified in initial rate filings and upon request of the commissioner in rate revision filings. All rate variations are subject to approval by the commissioner.
- (g) The loss ratio must comply with the section 62A.021 requirements for individual health plans.
- (h) Notwithstanding paragraphs (a) to (g), the rates must not be approved, unless the commissioner has determined that the rates are reasonable. In determining reasonableness, the commissioner shall consider the growth rates applied under section 62J.04, subdivision 1, paragraph (b) apply the premium growth limits established under section 62J.04, subdivision 1b, to the calendar year or years that the proposed premium rate would be in effect, and shall consider actuarially valid changes in risks associated with the enrollee populations, and actuarially valid changes as a result of statutory changes in Laws 1992, chapter 549.
- (i) An insurer may, as part of a minimum lifetime loss ratio guarantee filing under section 62A.02, subdivision 3a, include a rating practices guarantee as provided in this paragraph. The rating practices guarantee must be in writing and must guarantee that the policy form will be offered, sold, issued, and renewed only with premium rates and premium rating practices that comply with subdivisions 2, 3, 4, and 5. The rating practices guarantee must be accompanied by an actuarial memorandum that demonstrates that the premium rates and premium rating system used in connection with the policy form will satisfy the guarantee. The guarantee must guarantee refunds of any excess premiums to policyholders charged premiums that exceed those permitted under subdivision 2, 3, 4, or 5. An insurer that complies with this paragraph in connection with a policy form is exempt from the requirement of prior approval by the commissioner under paragraphs (c), (f), and (h).

Sec. 2. Minnesota Statutes 2006, section 62E.02, subdivision 7, is amended to read:

Subd. 7. **Dependent.** "Dependent" means a spouse or unmarried child ~~under the age of 19 years, a dependent child who is a student under the age of 25~~ regardless of whether the dependent child is enrolled in an educational institution, or a dependent child of any age who is disabled.

EFFECTIVE DATE. This section is effective January 1, 2008.

Sec. 3. Minnesota Statutes 2006, section 62J.04, is amended by adding a subdivision to read:

Subd. 1b. **Premium growth limits.** (a) For calendar year 2008 and each year thereafter, the commissioner shall set annual premium growth limits for health plan companies. The premium limits set by the commissioner for calendar years 2008 to 2013 shall not exceed the regional Consumer Price Index for urban consumers for the preceding calendar year plus two percentage points and an additional one percentage point to be used to finance the implementation of the electronic medical record system described under section 62J.495. The commissioner shall ensure that the additional percentage point is being used to provide financial assistance to health care providers to implement electronic medical record systems either directly or through an increase in reimbursement.

(b) For the calendar years beyond 2013, the rate of premium growth shall be limited to the change in the Consumer Price Index for urban consumers for the previous calendar year plus two percentage points. The commissioners of health and commerce shall make a recommendation to the legislature by January 15, 2012, regarding the continuation of the additional percentage point to the growth limit described in paragraph (a). The recommendation shall be based on the progress made by health care providers in instituting an electronic medical record system and in creating a statewide interactive electronic health record system.

(c) The commissioner may add additional percentage points as needed to the premium limit for a calendar year if a major disaster, bioterrorism, or a public health emergency occurs that results in higher health care costs. Any additional percentage points must reflect the additional cost to the health care system directly attributed to the disaster or emergency.

(d) The commissioner shall publish the annual premium growth limits in the State Register by January 31 of the year that the limits are to be in effect.

(e) For the purposes of this subdivision, premium growth is measured as the percentage change in per member, per month premium revenue from the current year to the previous year. Premium growth rates shall be calculated for the following lines of business: individual, small group, and large group. Data used for premium growth rate calculations shall be submitted as part of the cost containment filing under section 62J.38.

(f) For purposes of this subdivision, "health plan company" has the meaning given in section 62J.041.

(g) A health plan company may reduce reimbursement to providers in order to meet the premium growth limitations required by this section.

Sec. 4. Minnesota Statutes 2006, section 62J.04, subdivision 3, is amended to read:

Subd. 3. **Cost containment duties.** The commissioner shall:

(1) establish statewide and regional cost containment goals for total health care spending under this section and collect data as described in sections 62J.38 to 62J.41 to monitor statewide achievement of the cost containment goals and premium growth limits;

(2) divide the state into no fewer than four regions, with one of those regions being the Minneapolis/St. Paul metropolitan statistical area but excluding Chisago, Isanti, Wright, and Sherburne Counties, for purposes of fostering the development of regional health planning and coordination of health care delivery among regional health care systems and working to achieve the cost containment goals;

(3) monitor the quality of health care throughout the state and take action as necessary to ensure an appropriate level of quality;

(4) issue recommendations regarding uniform billing forms, uniform electronic billing procedures and data interchanges, patient identification cards, and other uniform claims and administrative procedures for health care providers and private and public sector payers. In developing the recommendations, the commissioner shall review the work of the work group on electronic data interchange (WEDI) and the American National Standards Institute (ANSI) at the national level, and the work being done at the state and local level. The commissioner may adopt rules requiring the use of the Uniform Bill 82/92 form, the National Council of Prescription Drug Providers (NCPDP) 3.2 electronic version, the Centers for Medicare and Medicaid Services 1500 form, or other standardized forms or procedures;

(5) undertake health planning responsibilities;

(6) authorize, fund, or promote research and experimentation on new technologies and health care procedures;

(7) within the limits of appropriations for these purposes, administer or contract for statewide consumer education and wellness programs that will improve the health of Minnesotans and increase individual responsibility relating to personal health and the delivery of health care services, undertake prevention programs including initiatives to improve birth outcomes, expand childhood immunization efforts, and provide start-up grants for worksite wellness programs;

(8) undertake other activities to monitor and oversee the delivery of health care services in Minnesota with the goal of improving affordability, quality, and accessibility of health care for all Minnesotans; and

(9) make the cost containment goal and premium growth limit data available to the public in a consumer-oriented manner.

Sec. 5. Minnesota Statutes 2006, section 62J.041, is amended to read:

**62J.041 ~~INTERIM HEALTH PLAN COMPANY COST CONTAINMENT GOALS~~
HEALTH CARE EXPENDITURE LIMITS.**

Subdivision 1. **Definitions.** (a) For purposes of this section, the following definitions apply.

(b) "Health plan company" has the definition provided in section 62Q.01. This definition does not include the state employee health plan offered under chapter 43A or the public employees insurance program offered under section 43A.316.

(c) "~~Total Health care expenditures~~" means incurred claims or expenditures on health care services, ~~administrative expenses, charitable contributions, and all other payments made by health plan companies out of premium revenues.~~

(d) "~~Net expenditures~~" means ~~total expenditures minus exempted taxes and assessments and payments or allocations made to establish or maintain reserves.~~

(e) "~~Exempted taxes and assessments~~" means ~~direct payments for taxes to government agencies, contributions to the Minnesota Comprehensive Health Association, the medical assistance provider's surcharge under section 256.9657, the MinnesotaCare provider tax under section 295.52, assessments by the Health Coverage Reinsurance Association, assessments by the Minnesota Life and Health Insurance Guaranty Association, assessments by the Minnesota Risk Adjustment Association, and any new assessments imposed by federal or state law.~~

(f) (d) "~~Consumer cost-sharing or subscriber liability~~" means ~~enrollee coinsurance, co-payment, deductible payments, and amounts in excess of benefit plan maximums.~~

Subd. 2. **Establishment.** ~~The commissioner of health shall establish cost containment goals health care expenditure limits for the increase in net calendar year 2008, and each year thereafter, for health care expenditures by each health plan company for calendar years 1994, 1995, 1996, and 1997. The cost containment goals must be the same as the annual cost containment goals for health care spending established under section 62J.04, subdivision 1, paragraph (b). Health plan companies that are affiliates may elect to meet one combined cost containment goal health care expenditure limit. The limits set by the commissioner shall not exceed the premium limits established in section 62J.04, subdivision 1b.~~

Subd. 3. **Determination of expenditures.** ~~Health plan companies shall submit to the commissioner of health, by April 1, 1994, for calendar year 1993; April 1, 1995, for calendar year 1994; April 1, 1996, for calendar year 1995; April 1, 1997, for calendar year 1996; and April 1, 1998, for calendar year 1997 of each year, beginning 2008, all information the commissioner determines to be necessary to implement this section. The information must be submitted in the form specified by the commissioner. The information must include, but is not limited to, health care expenditures per member per month or cost per employee per month, and detailed information on revenues and reserves. The commissioner, to the extent possible, shall coordinate the submittal of the information required under this section with the submittal of the financial data required under chapter 62J, to minimize the administrative burden on health plan companies. The commissioner may adjust final expenditure figures for demographic changes, risk selection, changes in basic benefits, and legislative initiatives that materially change health care costs, as long as these adjustments are consistent with the methodology submitted by the health plan company to the commissioner, and approved by the commissioner as actuarially justified. The methodology to be used for adjustments and the election to meet one cost containment goal for affiliated health plan companies must be submitted to the commissioner by September 1, 1994. Community integrated service networks may submit the information with their application for licensure. The commissioner shall also accept changes to methodologies already submitted. The adjustment methodology submitted and approved by the commissioner must apply to the data submitted for calendar years 1994 and 1995. The commissioner may allow changes to accepted adjustment methodologies for data submitted for calendar years 1996 and 1997. Changes to the adjustment methodology must be received by September 1, 1996, and must be approved by the commissioner.~~

Subd. 4. **Monitoring of reserves.** (a) The commissioners of health and commerce shall monitor health plan company reserves and net worth as established under chapters 60A, 62C, 62D, 62H, and 64B, with respect to the health plan companies that each commissioner respectively regulates to assess the degree to which savings resulting from the establishment of cost containment goals are passed on to consumers in the form of lower premium rates.

(b) Health plan companies shall fully reflect in the premium rates the savings generated by the cost containment goals. No premium rate, currently reviewed by the Department of Health or Commerce, may be approved for those health plan companies unless the health plan company establishes to the satisfaction of the commissioner of commerce or the commissioner of health, as appropriate, that the proposed new rate would comply with this paragraph.

(c) Health plan companies, except those licensed under chapter 60A to sell accident and sickness insurance under chapter 62A, shall annually before the end of the fourth fiscal quarter provide to the commissioner of health or commerce, as applicable, a projection of the level of reserves the company expects to attain during each quarter of the following fiscal year. These health plan companies shall submit with required quarterly financial statements a calculation of the actual reserve level attained by the company at the end of each quarter including identification of the sources of any significant changes in the reserve level and an updated projection of the level of reserves the health plan company expects to attain by the end of the fiscal year. In cases where the health plan company has been given a certificate to operate a new health maintenance organization under chapter 62D, or been licensed as a community integrated service network under chapter 62N, or formed an affiliation with one of these organizations, the health plan company shall also submit with its quarterly financial statement, total enrollment at the beginning and end of the quarter and enrollment changes within each service area of the new organization. The reserve calculations shall be maintained by the commissioners as trade secret information, except to the extent that such information is also required to be filed by another provision of state law and is not treated as trade secret information under such other provisions.

(d) Health plan companies in paragraph (c) whose reserves are less than the required minimum or more than the required maximum at the end of the fiscal year shall submit a plan of corrective action to the commissioner of health or commerce under subdivision 7.

(e) The commissioner of commerce, in consultation with the commissioner of health, shall report to the legislature no later than January 15, 1995, as to whether the concept of a reserve corridor or other mechanism for purposes of monitoring reserves is adaptable for use with indemnity health insurers that do business in multiple states and that must comply with their domiciliary state's reserves requirements.

Subd. 5. **Notice.** The commissioner of health shall publish in the State Register and make available to the public by July 1, 1995 2009, and each year thereafter, a list of all health plan companies that exceeded their ~~cost containment goal~~ health care expenditure limit for the ~~1994~~ previous calendar year. ~~The commissioner shall publish in the State Register and make available to the public by July 1, 1996, a list of all health plan companies that exceeded their combined cost containment goal for calendar years 1994 and 1995.~~ The commissioner shall notify each health plan company that the commissioner has determined that the health plan company exceeded its ~~cost containment goal~~ health care expenditure limit at least 30 days before publishing the list, and shall provide each health plan company with ten days to provide an explanation for exceeding the ~~cost containment goal~~ health care expenditure limit. The commissioner shall review the explanation

and may change a determination if the commissioner determines the explanation to be valid.

Subd. 6. **Assistance by the commissioner of commerce.** The commissioner of commerce shall provide assistance to the commissioner of health in monitoring health plan companies regulated by the commissioner of commerce.

Sec. 6. Minnesota Statutes 2006, section 62J.07, subdivision 1, is amended to read:

Subdivision 1. **Legislative oversight.** ~~The Legislative Commission on Health Care Access reviews the activities of the commissioner of health, the Health Technology Advisory Committee, and all other state agencies involved in the implementation and administration of this chapter, including efforts to obtain federal approval through waivers and other means shall make recommendations to the legislature on how to achieve the goal of universal health coverage as described in section 62Q.165. The recommendations shall include a timetable in which measurable progress must be achieved toward this goal. The commission shall submit to the legislature by January 15, 2008, the recommendations and corresponding timetable.~~

Sec. 7. Minnesota Statutes 2006, section 62J.07, subdivision 3, is amended to read:

Subd. 3. **Reports to the commission.** ~~The commissioner~~ commissioners of health, human services, commerce, and the Health Technology Advisory Committee shall report on their activities annually and at other times at the request of the Legislative Commission on Health Care Access. ~~The commissioners of health, commerce, and human services shall provide periodic reports to the legislative commission on the progress of rulemaking that is authorized or required under this chapter and shall notify members of the commission when a draft of a proposed rule has been completed and scheduled for publication in the State Register. At the request of a member of the commission, a commissioner shall provide a description and a copy of a proposed rule~~ other state agencies shall provide assistance and technical support to the commission at the request of the commission. The commission may convene subcommittees to provide additional assistance and advice to the commission.

Sec. 8. Minnesota Statutes 2006, section 62J.301, subdivision 3, is amended to read:

Subd. 3. **General duties.** The commissioner shall:

(1) collect and maintain data which enable population-based monitoring and trending of the access, utilization, quality, and cost of health care services within Minnesota;

(2) collect and maintain data for the purpose of estimating total Minnesota health care expenditures and trends;

(3) collect and maintain data for the purposes of setting cost containment goals and premium growth limits under section 62J.04, and measuring cost containment goal and premium growth limit compliance;

(4) conduct applied research using existing and new data and promote applications based on existing research;

(5) develop and implement data collection procedures to ensure a high level of cooperation from health care providers and health plan companies, as defined in section 62Q.01, subdivision 4;

(6) work closely with health plan companies and health care providers to promote improvements

in health care efficiency and effectiveness; and

(7) participate as a partner or sponsor of private sector initiatives that promote publicly disseminated applied research on health care delivery, outcomes, costs, quality, and management.

Sec. 9. Minnesota Statutes 2006, section 62J.38, is amended to read:

62J.38 COST CONTAINMENT DATA FROM GROUP PURCHASERS.

(a) The commissioner shall require group purchasers to submit detailed data on total health care spending for each calendar year. Group purchasers shall submit data for the 1993 calendar year by April 1, 1994, and each April 1 thereafter shall submit data for the preceding calendar year.

(b) The commissioner shall require each group purchaser to submit data on revenue, expenses, and member months, as applicable. Revenue data must distinguish between premium revenue and revenue from other sources and must also include information on the amount of revenue in reserves and changes in reserves. Premium revenue data, information on aggregate enrollment, and data on member months must be broken down to distinguish between individual market, small group market, and large group market. Filings under this section for calendar year 2008 must also include information broken down by individual market, small group market, and large group market for calendar year 2007. Expenditure data must distinguish between costs incurred for patient care and administrative costs. Patient care and administrative costs must include only expenses incurred on behalf of health plan members and must not include the cost of providing health care services for nonmembers at facilities owned by the group purchaser or affiliate. Expenditure data must be provided separately for the following categories and for other categories required by the commissioner: physician services, dental services, other professional services, inpatient hospital services, outpatient hospital services, emergency, pharmacy services and other nondurable medical goods, mental health, and chemical dependency services, other expenditures, subscriber liability, and administrative costs. Administrative costs must include costs for marketing; advertising; overhead; salaries and benefits of central office staff who do not provide direct patient care; underwriting; lobbying; claims processing; provider contracting and credentialing; detection and prevention of payment for fraudulent or unjustified requests for reimbursement or services; clinical quality assurance and other types of medical care quality improvement efforts; concurrent or prospective utilization review as defined in section 62M.02; costs incurred to acquire a hospital, clinic, or health care facility, or the assets thereof; capital costs incurred on behalf of a hospital or clinic; lease payments; or any other costs incurred pursuant to a partnership, joint venture, integration, or affiliation agreement with a hospital, clinic, or other health care provider. Capital costs and costs incurred must be recorded according to standard accounting principles. The reports of this data must also separately identify expenses for local, state, and federal taxes, fees, and assessments. The commissioner may require each group purchaser to submit any other data, including data in unaggregated form, for the purposes of developing spending estimates, setting spending limits, and monitoring actual spending and costs. In addition to reporting administrative costs incurred to acquire a hospital, clinic, or health care facility, or the assets thereof; or any other costs incurred pursuant to a partnership, joint venture, integration, or affiliation agreement with a hospital, clinic, or other health care provider; reports submitted under this section also must include the payments made during the calendar year for these purposes. The commissioner shall make public, by group purchaser data collected under this paragraph in accordance with section 62J.321, subdivision 5. Workers' compensation insurance plans and automobile insurance plans are exempt from complying with this paragraph as it relates to the submission of administrative costs.

(c) The commissioner may collect information on:

(1) premiums, benefit levels, managed care procedures, and other features of health plan companies;

(2) prices, provider experience, and other information for services less commonly covered by insurance or for which patients commonly face significant out-of-pocket expenses; and

(3) information on health care services not provided through health plan companies, including information on prices, costs, expenditures, and utilization.

(d) All group purchasers shall provide the required data using a uniform format and uniform definitions, as prescribed by the commissioner.

Sec. 10. Minnesota Statutes 2006, section 62J.495, is amended to read:

62J.495 HEALTH INFORMATION TECHNOLOGY AND INFRASTRUCTURE ADVISORY COMMITTEE.

Subdivision 1. ~~Establishment; members; duties~~ **Implementation.** By January 1, 2015, all hospitals and health care providers must have in place an interoperable electronic health records system within their hospital system or clinical practice setting. The commissioner of health, in consultation with the Health Information Technology and Infrastructure Advisory Committee, shall develop a statewide plan to meet this goal, including uniform standards to be used for the interoperable system for sharing and synchronizing patient data across systems. The standards must be compatible with federal efforts. The uniform standards must be developed by January 1, 2009, with a status report on the development of these standards submitted to the legislature by January 15, 2008.

Subd. 2. **Health Information Technology and Infrastructure Advisory Committee.** (a) The commissioner shall establish a Health Information Technology and Infrastructure Advisory Committee governed by section 15.059 to advise the commissioner on the following matters:

(1) assessment of the use of health information technology by the state, licensed health care providers and facilities, and local public health agencies;

(2) recommendations for implementing a statewide interoperable health information infrastructure, to include estimates of necessary resources, and for determining standards for administrative data exchange, clinical support programs, patient privacy requirements, and maintenance of the security and confidentiality of individual patient data; and

(3) other related issues as requested by the commissioner.

(b) The members of the Health Information Technology and Infrastructure Advisory Committee shall include the commissioners, or commissioners' designees, of health, human services, administration, and commerce and additional members to be appointed by the commissioner to include persons representing Minnesota's local public health agencies, licensed hospitals and other licensed facilities and providers, private purchasers, the medical and nursing professions, health insurers and health plans, the state quality improvement organization, academic and research institutions, consumer advisory organizations with an interest and expertise in health information technology, and other stakeholders as identified by the Health Information Technology and

Infrastructure Advisory Committee.

~~Subd. 2. Annual report.~~ (c) The commissioner shall prepare and issue an annual report not later than January 30 of each year outlining progress to date in implementing a statewide health information infrastructure and recommending future projects.

~~Subd. 3. Expiration.~~ (d) Notwithstanding section 15.059, this ~~section~~ subdivision expires June 30, ~~2009~~ 2015.

Sec. 11. [62J.496] ELECTRONIC HEALTH RECORD SYSTEM REVOLVING ACCOUNT AND LOAN PROGRAM.

Subdivision 1. Account establishment. The commissioner of finance shall establish and implement a revolving account in the state government special revenue fund to provide loans to physicians or physician group practices to assist in financing the installation or support of an interoperable health record system. The system must provide for the interoperable exchange of health care information between the applicant and, at a minimum, a hospital system, pharmacy, and a health care clinic or other physician group.

Subd. 2. Eligibility. To be eligible for a loan under this section, the applicant must submit a loan application to the commissioner of health on forms prescribed by the commissioner. The application must include, at a minimum:

(1) the amount of the loan requested and a description of the purpose or project for which the loan proceeds will be used;

(2) a signed contract with a vendor;

(3) a description of the health care entities and other groups participating in the project;

(4) evidence of financial stability and a demonstrated ability to repay the loan; and

(5) a description of how the system to be financed interconnects or plans in the future to interconnect with other health care entities and provider groups located in the same geographical area.

Subd. 3. Loans. (a) The commissioner of health may make a no interest loan to a provider or provider group who is eligible under subdivision 2 on a first-come, first-served basis provided that the applicant is able to comply with this section. The total accumulative loan principal must not exceed \$..... per loan. The commissioner of health has discretion over the size and number of loans made.

(b) The commissioner of health may prescribe forms and establish an application process and, notwithstanding section 16A.1283, may impose a reasonable nonrefundable application fee to cover the cost of administering the loan program.

(c) The borrower must begin repaying the principal no later than two years from the date of the loan. Loans must be amortized no later than 15 years from the date of the loan.

(d) Repayments must be credited to the account.

Sec. 12. Minnesota Statutes 2006, section 62J.82, is amended to read:

62J.82 HOSPITAL ~~CHARGE~~ INFORMATION REPORTING DISCLOSURE.

Subdivision 1. **Required information.** The Minnesota Hospital Association shall develop a Web-based system, available to the public free of charge, for reporting ~~charge information~~ the following, for Minnesota residents;

(1) hospital-specific performance on the measures of care developed under section 256B.072 for acute myocardial infarction, heart failure, and pneumonia;

(2) by January 1, 2009, hospital-specific performance on the public reporting measures for hospital-acquired infections as published by the National Quality Forum and collected by the Minnesota Hospital Association and Stratis Health in collaboration with infection control practitioners; and

(3) charge information, including, but not limited to, number of discharges, average length of stay, average charge, average charge per day, and median charge, for each of the 50 most common inpatient diagnosis-related groups and the 25 most common outpatient surgical procedures as specified by the Minnesota Hospital Association.

Subd. 2. **Web site.** The Web site must provide information that compares hospital-specific data to hospital statewide data. The Web site must be established by October 1, 2006, and must be updated annually. The commissioner shall provide a link to this reporting information on the department's Web site.

Subd. 3. **Enforcement.** The commissioner shall provide a link to this information on the department's Web site. If a hospital does not provide this information to the Minnesota Hospital Association, the commissioner of health may require the hospital to do so in accordance with section 144.55, subdivision 6. ~~The commissioner shall provide a link to this information on the department's Web site.~~

Sec. 13. Minnesota Statutes 2006, section 62L.02, subdivision 11, is amended to read:

Subd. 11. **Dependent.** "Dependent" means an eligible employee's spouse, unmarried child who is under the age of 19 years, unmarried child under the age of 25 years who is a full-time student as defined in section 62A.304 regardless of whether the dependent child is enrolled in an educational institution, dependent child of any age who is disabled and who meets the eligibility criteria in section 62A.14, subdivision 2, or any other person whom state or federal law requires to be treated as a dependent for purposes of health plans. For the purpose of this definition, a child includes a child for whom the employee or the employee's spouse has been appointed legal guardian and an adoptive child as provided in section 62A.27.

EFFECTIVE DATE. This section is effective January 1, 2008.

Sec. 14. Minnesota Statutes 2006, section 62L.08, subdivision 8, is amended to read:

Subd. 8. **Filing requirement.** (a) A health carrier that offers, sells, issues, or renews a health benefit plan for small employers shall file with the commissioner the index rates and must demonstrate that all rates shall be within the rating restrictions defined in this chapter. Such demonstration must include the allowable range of rates from the index rates and a description of how the health carrier intends to use demographic factors including case characteristics in calculating the premium rates.

(b) Notwithstanding paragraph (a), the rates shall not be approved, unless the commissioner has determined that the rates are reasonable. In determining reasonableness, the commissioner shall consider the growth rates applied under section 62J.04, subdivision 1, paragraph (b) apply the premium growth limits established under section 62J.04, subdivision 1b, to the calendar year or years that the proposed premium rate would be in effect, and shall consider actuarially valid changes in risk associated with the enrollee population, and actuarially valid changes as a result of statutory changes in Laws 1992, chapter 549.

Sec. 15. Minnesota Statutes 2006, section 62Q.165, subdivision 1, is amended to read:

Subdivision 1. **Definition.** It is the commitment of the state to achieve universal health coverage for all Minnesotans by the year 2010. Universal coverage is achieved when:

- (1) every Minnesotan has access to a full range of quality health care services;
- (2) every Minnesotan is able to obtain affordable health coverage which pays for the full range of services, including preventive and primary care; and
- (3) every Minnesotan pays into the health care system according to that person's ability.

Sec. 16. Minnesota Statutes 2006, section 62Q.165, subdivision 2, is amended to read:

Subd. 2. **Goal.** It is the goal of the state to make continuous progress toward reducing the number of Minnesotans who do not have health coverage so that by January 1, ~~2000~~ 2010, ~~fewer than four percent of the state's population will be without health coverage~~ all Minnesota residents have access to affordable health care. The goal will be achieved by In achieving this goal, a number of options shall be considered, including improving access to private health coverage through insurance reforms and market reforms, by making health coverage more affordable for low-income Minnesotans through purchasing pools and state subsidies, and by reducing the cost of health coverage through cost containment programs and methods of ensuring that all Minnesotans are paying into the system according to their ability.

EFFECTIVE DATE. This section is effective July 1, 2007.

Sec. 17. [145.9269] **FEDERALLY QUALIFIED HEALTH CENTERS.**

Subdivision 1. **Definitions.** For purposes of this section, "federally qualified health center" means an entity that is receiving a grant under United States Code, title 42, section 254b, or, based on the recommendation of the Health Resources and Services Administration within the Public Health Service, is determined by the secretary to meet the requirements for receiving such a grant.

Subd. 2. **Allocation of subsidies.** The commissioner of health shall distribute subsidies to federally qualified health centers operating in Minnesota to continue, expand, and improve federally qualified health center services to low-income populations. The commissioner shall distribute the funds appropriated under this section to federally qualified health centers operating in Minnesota as of January 1, 2007. The amount of each subsidy shall be in proportion to each federally qualified health center's amount of discounts granted to patients during calendar year 2006 as reported on the federal Uniform Data System report in conformance with the Bureau of Primary Health Care Program Expectations Policy Information Notice 98-23, except that each eligible federally qualified health center shall receive at least two percent but no more than 30 percent of the total amount of money available under this section.

Sec. 18. Minnesota Statutes 2006, section 256.01, subdivision 2b, is amended to read:

Subd. 2b. **Performance payments.** (a) The commissioner shall develop and implement a pay-for-performance system to provide performance payments to medical groups that demonstrate optimum care in serving individuals with chronic diseases who are enrolled in health care programs administered by the commissioner under chapters 256B, 256D, and 256L.

(b) The commissioner shall also develop and implement a patient incentive health program to provide incentives and rewards to patients who are enrolled in health care programs administered by the commissioner under chapters 256B, 256D, and 256L, and who have agreed to and met personal health goals established with their primary care provider to manage a chronic disease or condition, including, but not limited to, diabetes, high blood pressure, and coronary artery disease.

Sec. 19. **[256.9545] PRESCRIPTION DRUG DISCOUNT PROGRAM.**

Subdivision 1. **Establishment; administration.** The commissioner shall establish and administer the prescription drug discount program.

Subd. 2. **Commissioner's authority.** The commissioner shall administer a drug rebate program for drugs purchased according to the prescription drug discount program. The commissioner shall execute a rebate agreement from all manufacturers that choose to participate in the program for those drugs covered under the medical assistance program. For each drug, the amount of the rebate shall be equal to the rebate as defined for purposes of the federal rebate program in United States Code, title 42, section 1396r-8. The rebate program shall utilize the terms and conditions used for the federal rebate program established according to section 1927 of title XIX of the federal Social Security Act.

Subd. 3. **Definitions.** For purposes of this section, the following terms have the meanings given them.

(a) "Commissioner" means the commissioner of human services.

(b) "Covered prescription drug" means a prescription drug as defined in section 151.44, paragraph (d), that is covered under medical assistance as described in section 256B.0625, subdivision 13, and that is provided by a participating manufacturer that has a fully executed rebate agreement with the commissioner under this section and complies with that agreement.

(c) "Enrolled individual" means a person who is eligible for the program under subdivision 4 and has enrolled in the program according to subdivision 5.

(d) "Health carrier" means an insurance company licensed under chapter 60A to offer, sell, or issue an individual or group policy of accident and sickness insurance as defined in section 62A.01; a nonprofit health service plan corporation operating under chapter 62C; a health maintenance organization operating under chapter 62D; a joint self-insurance employee health plan operating under chapter 62H; a community integrated service network licensed under chapter 62N; a fraternal benefit society operating under chapter 64B; a city, county, school district, or other political subdivision providing self-insured health coverage under section 471.617 or sections 471.98 to 471.982; and a self-funded health plan under the Employee Retirement Income Security Act of 1974, as amended.

(e) "Participating manufacturer" means a manufacturer as defined in section 151.44, paragraph

(c), that agrees to participate in the prescription drug discount program.

(f) "Participating pharmacy" means a pharmacy as defined in section 151.01, subdivision 2, that agrees to participate in the prescription drug discount program.

Subd. 4. **Eligibility.** (a) To be eligible for the program, an applicant must:

(1) be a permanent resident of Minnesota as defined in section 256L.09, subdivision 4;

(2) not be enrolled in medical assistance, general assistance medical care, or MinnesotaCare;

(3) not be enrolled in and have currently available prescription drug coverage under a health plan offered by a health carrier or employer or under a pharmacy benefit program offered by a pharmaceutical manufacturer; and

(4) not be enrolled in and have currently available prescription drug coverage under a Medicare supplement policy, as defined in sections 62A.31 to 62A.44, or policies, contracts, or certificates that supplement Medicare issued by health maintenance organizations or those policies, contracts, or certificates governed by section 1833 or 1876 of the federal Social Security Act, United States Code, title 42, section 1395, et seq., as amended.

(b) Notwithstanding paragraph (a), clause (3), an individual who is enrolled in a Medicare Part D prescription drug plan or Medicare Advantage plan is eligible for the program but only for drugs that are not covered under the Medicare Part D plan or for drugs that are covered under the plan, but according to the conditions of the plan, the individual is responsible for 100 percent of the cost of the prescription drug.

Subd. 5. **Application procedure.** (a) Applications and information on the program must be made available at county social services agencies, health care provider offices, and agencies and organizations serving senior citizens. Individuals shall submit applications and any information specified by the commissioner as being necessary to verify eligibility directly to the commissioner. The commissioner shall determine an applicant's eligibility for the program within 30 days from the date the application is received. Upon notice of approval, the applicant must submit to the commissioner the enrollment fee specified in subdivision 10. Eligibility begins the month after the enrollment fee is received by the commissioner.

(b) An enrollee's eligibility must be renewed every 12 months with the 12-month period beginning in the month after the application is approved.

(c) The commissioner shall develop an application form that does not exceed one page in length and requires information necessary to determine eligibility for the program.

Subd. 6. **Participating pharmacy.** (a) Upon implementation of the prescription drug discount program, and until January 1, 2009, a participating pharmacy, with a valid prescription, must sell a covered prescription drug to an enrolled individual at the medical assistance rate.

(b) After January 1, 2009, a participating pharmacy, with a valid prescription, must sell a covered prescription drug to an enrolled individual at the medical assistance rate, minus an amount that is equal to the rebate amount described in subdivision 8, plus the amount of any switch fee established by the commissioner under subdivision 10, paragraph (b).

(c) Each participating pharmacy shall provide the commissioner with all information necessary

to administer the program, including, but not limited to, information on prescription drug sales to enrolled individuals and usual and customary retail prices.

Subd. 7. **Notification of rebate amount.** The commissioner shall notify each participating manufacturer, each calendar quarter or according to a schedule established by the commissioner, of the amount of the rebate owed on the prescription drugs sold by participating pharmacies to enrolled individuals.

Subd. 8. **Provision of rebate.** To the extent that a participating manufacturer's prescription drugs are prescribed to a resident of this state, the manufacturer must provide a rebate equal to the rebate provided under the medical assistance program for any prescription drug distributed by the manufacturer that is purchased at a participating pharmacy by an enrolled individual. The participating manufacturer must provide full payment within 38 days of receipt of the state invoice for the rebate, or according to a schedule to be established by the commissioner. The commissioner shall deposit all rebates received into the Minnesota prescription drug dedicated fund established under subdivision 11. The manufacturer must provide the commissioner with any information necessary to verify the rebate determined per drug.

Subd. 9. **Payment to pharmacies.** Beginning January 1, 2009, the commissioner shall distribute on a biweekly basis an amount that is equal to an amount collected under subdivision 8 to each participating pharmacy based on the prescription drugs sold by that pharmacy to enrolled individuals on or after January 1, 2009.

Subd. 10. **Enrollment fee; switch fee.** (a) The commissioner shall establish an annual enrollment fee that covers the commissioner's expenses for enrollment, processing claims, and distributing rebates under this program.

(b) The commissioner shall establish a reasonable switch fee that covers expenses incurred by participating pharmacies in formatting for electronic submission claims for prescription drugs sold to enrolled individuals.

Subd. 11. **Dedicated fund; creation; use of fund.** (a) The Minnesota prescription drug dedicated fund is established as an account in the state treasury. The commissioner of finance shall credit to the dedicated fund all rebates paid under subdivision 8, any federal funds received for the program, all enrollment fees paid by the enrollees, and any appropriations or allocations designated for the fund. The commissioner of finance shall ensure that fund money is invested under section 11A.25. All money earned by the fund must be credited to the fund. The fund shall earn a proportionate share of the total state annual investment income.

(b) Money in the fund is appropriated to the commissioner to reimburse participating pharmacies for prescription drugs provided to enrolled individuals under subdivision 6, paragraph (b); to reimburse the commissioner for costs related to enrollment, processing claims, distributing rebates, and for other reasonable administrative costs related to administration of the prescription drug discount program; and to repay the appropriation provided by law for this section. The commissioner must administer the program so that the costs total no more than funds appropriated plus the drug rebate proceeds.

EFFECTIVE DATE. This section is effective July 1, 2007.

Sec. 20. **[256.962] MINNESOTA HEALTH CARE PROGRAMS OUTREACH.**

Subdivision 1. **Public awareness and education.** (a) The commissioner shall design and implement a statewide campaign to raise public awareness on the availability of health coverage through medical assistance, general assistance medical care, and MinnesotaCare and to educate the public on the importance of obtaining and maintaining health care coverage. The campaign shall include multimedia messages directed to the general population and messages that are culturally specific and community-based, directed to high-uninsured population areas.

(b) The commissioner shall collaborate with public and private entities, including, but not limited to, hospitals, providers, health plans, legal aid offices, pharmacies, insurance agencies, and faith-based organizations to develop outreach activities and partnerships to ensure the distribution of information and applications.

(c) The commissioner shall ensure that all outreach materials are available in languages other than English.

Subd. 2. **Outreach grants.** The commissioner shall award grants to public and private organizations to provide information, applications, and assistance in obtaining coverage through Minnesota public health care programs. In awarding these grants, the commissioner shall give priority to community organizations with a proven ability to provide multilingual and cultural outreach efforts in areas of high-uninsured populations.

Subd. 3. **Application and assistance.** (a) The Minnesota health care programs application must be made available at provider offices, local human services agencies, school districts, public and private elementary schools in which 25 percent or more of the students receive free or reduced price lunches, community health offices, Women, Infants and Children (WIC) program sites, Head Start program sites, public housing councils, child care centers, early childhood education and preschool program sites, legal aid offices, and libraries. The commissioner shall ensure that applications are available in languages other than English and that individuals and families who need assistance due to language or cultural barriers receive the necessary services.

(b) Local human service agencies, hospitals, and health care community clinics receiving state funds must provide direct assistance in completing the application form, including the free use of a copy machine and a drop box for applications. Other locations where applications are required to be available shall either provide direct assistance in completing the application form or provide information on where an applicant can receive application assistance.

(c) Counties must offer applications and application assistance when providing child support collection services.

(d) Local public health agencies and counties that provide immunization clinics must offer applications and application assistance during these clinics.

Subd. 4. **Statewide toll-free telephone number.** The commissioner shall provide funds to establish a statewide toll-free telephone number to provide information on public and private health coverage options and sources of free and low-cost health care.

Subd. 5. **Incentive program.** The commissioner shall establish an incentive program for organizations that directly identify and assist potential enrollees in filling out and submitting an application. For each applicant who is successfully enrolled in MinnesotaCare, medical assistance, or general assistance medical care, the commissioner shall pay the organization a \$25 application

assistance fee. The organization may provide an applicant a gift certificate or other incentive upon enrollment.

Subd. 6. **School districts.** (a) At the beginning of each school year, a school district shall provide information to each student on the availability of health care coverage through the Minnesota health care programs.

(b) For each child who is determined to be eligible for a free or reduced priced lunch, the district shall provide the child's family with an application for the Minnesota health care programs and information on how to obtain application assistance.

(c) A district shall also ensure that applications and information on application assistance are available at early childhood education sites and public schools located within the district's jurisdiction.

(d) Each district shall designate an enrollment specialist to provide application assistance and follow-up services with families who are eligible for the reduced or free lunch program or who have indicated an interest in receiving information or an application for the Minnesota health care program.

(e) Each school district shall provide on their Web site a link to information on how to obtain an application and application assistance.

Subd. 7. **Renewal notice.** (a) The commissioner shall mail a renewal notice to enrollees notifying the enrollee that their eligibility must be renewed. A notice shall be sent at 90 days prior to the renewal date and at 60 days prior to the renewal date.

(b) For enrollees who are receiving services through managed care plans, the managed care plan must provide a follow-up renewal call at least 60 days prior to the enrollee's renewal date.

(c) The commissioner shall include the end of coverage dates on the monthly rosters of enrollees provided to managed care organizations.

Subd. 8. **MinnesotaCare small employer buy-in option.** The commissioner shall provide information on the small employer buy-in option for MinnesotaCare to insurance agents and local chambers of commerce.

Sec. 21. [256.963] PRIMARY CARE ACCESS INITIATIVE.

Subdivision 1. **Establishment.** (a) The commissioner shall award a grant to implement in Hennepin and Ramsey Counties a Web-based primary care access pilot project designed as a collaboration between private and public sectors to connect, where appropriate, a patient with a primary care medical home and schedule patients into available community-based appointments as an alternative to nonemergency use of the hospital emergency room. The grantee must establish a program that diverts patients presenting at an emergency room for nonemergency care to more appropriate outpatient settings. The program must refer the patient to an appropriate health care professional based on the patient's health care needs and situation. The program must provide the patient with a scheduled appointment that is timely, with an appropriate provider who is conveniently located. If the patient is uninsured and potentially eligible for a Minnesota health care program, the program must connect the patient to a primary care provider, community clinic, or agency that can assist the patient with the application process. The program must also ensure

that discharged patients are connected with a community-based primary care provider and assist in scheduling any necessary follow-up visits before the patient is discharged.

(b) The program must not require a provider to pay a fee for accepting charity care patients or patients enrolled in a Minnesota public health care program.

Subd. 2. **Evaluation.** (a) The grantee must report to the commissioner on a quarterly basis the following information:

- (1) total number of appointments available for scheduling by specialty;
- (2) average length of time between scheduling and actual appointment; and
- (3) total number of patients referred and whether the patient was insured or uninsured.

(b) The commissioner, in consultation with the Minnesota Hospital Association, shall conduct an evaluation of the emergency room diversion pilot project and submit the results to the legislature by January 15, 2009. The evaluation shall compare the number of nonemergency visits and repeat visits to hospital emergency rooms for the period before the commencement of the project and one year after the commencement, and an estimate of the costs saved from any documented reductions.

Sec. 22. Minnesota Statutes 2006, section 256B.056, subdivision 10, is amended to read:

Subd. 10. **Eligibility verification.** (a) The commissioner shall require women who are applying for the continuation of medical assistance coverage following the end of the 60-day postpartum period to update their income and asset information and to submit any required income or asset verification.

(b) The commissioner shall determine the eligibility of private-sector health care coverage for infants less than one year of age eligible under section 256B.055, subdivision 10, or 256B.057, subdivision 1, paragraph (d), and shall pay for private-sector coverage if this is determined to be cost-effective.

~~(c) The commissioner shall modify the application for Minnesota health care programs to require more detailed information related to verification of assets and income, and shall verify assets and income for all applicants, and for all recipients upon renewal.~~

~~(d) The commissioner shall require Minnesota health care program recipients to report new or an increase in earned income within ten days of the change, and to verify new or an increase in earned income that affects eligibility within ten days of notification by the agency that the new or increased earned income affects eligibility. Recipients who fail to verify new or an increase in earned income that affects eligibility shall be disenrolled.~~

Sec. 23. Minnesota Statutes 2006, section 256B.0625, is amended by adding a subdivision to read:

Subd. 13i. **Medicare Part D co-payments.** For recipients who are enrolled in a Medicare Part D prescription drug plan or Medicare Advantage plan, medical assistance covers the co-payments which the recipient is responsible for under the Medicare Part D prescription drug plan or Medicare Advantage plan.

EFFECTIVE DATE. This section is effective July 1, 2007.

Sec. 24. Minnesota Statutes 2006, section 256B.0625, subdivision 30, is amended to read:

Subd. 30. **Other clinic services.** (a) Medical assistance covers rural health clinic services, federally qualified health center services, nonprofit community health clinic services, public health clinic services, and the services of a clinic meeting the criteria established in rule by the commissioner. Rural health clinic services and federally qualified health center services mean services defined in United States Code, title 42, section 1396d(a)(2)(B) and (C). Payment for rural health clinic and federally qualified health center services shall be made according to applicable federal law and regulation.

(b) A federally qualified health center that is beginning initial operation shall submit an estimate of budgeted costs and visits for the initial reporting period in the form and detail required by the commissioner. A federally qualified health center that is already in operation shall submit an initial report using actual costs and visits for the initial reporting period. Within 90 days of the end of its reporting period, a federally qualified health center shall submit, in the form and detail required by the commissioner, a report of its operations, including allowable costs actually incurred for the period and the actual number of visits for services furnished during the period, and other information required by the commissioner. Federally qualified health centers that file Medicare cost reports shall provide the commissioner with a copy of the most recent Medicare cost report filed with the Medicare program intermediary for the reporting year which support the costs claimed on their cost report to the state.

~~(c) In order to continue cost-based payment under the medical assistance program according to paragraphs (a) and (b), a federally qualified health center or rural health clinic must apply for designation as an essential community provider within six months of final adoption of rules by the Department of Health according to section 62Q.19, subdivision 7. For those federally qualified health centers and rural health clinics that have applied for essential community provider status within the six-month time prescribed, medical assistance payments will continue to be made according to paragraphs (a) and (b) for the first three years after application. For federally qualified health centers and rural health clinics that either do not apply within the time specified above or who have had essential community provider status for three years, medical assistance payments for health services provided by these entities shall be according to the same rates and conditions applicable to the same service provided by health care providers that are not federally qualified health centers or rural health clinics.~~

~~(d) Effective July 1, 1999, the provisions of paragraph (c) requiring a federally qualified health center or a rural health clinic to make application for an essential community provider designation in order to have cost-based payments made according to paragraphs (a) and (b) no longer apply.~~

~~(e) Effective January 1, 2000, payments made according to paragraphs (a) and (b) shall be limited to the cost phase-out schedule of the Balanced Budget Act of 1997.~~

~~(f) (d) Effective January 1, 2001, each federally qualified health center and rural health clinic may elect to be paid either under the prospective payment system established in United States Code, title 42, section 1396a(aa), or under an alternative payment methodology consistent with the requirements of United States Code, title 42, section 1396a(aa), and approved by the Centers for Medicare and Medicaid Services. The alternative payment methodology shall be 100 percent of costs as determined according to by generally accepted accounting principles and annual Medicare cost principles reports, including Medicaid-eligible cost add-ons.~~

Sec. 25. **[256B.0632] MEDICAL ASSISTANCE CO-PAYMENTS.**

Subdivision 1. **Co-payment.** The medical assistance benefit plan shall include a \$6 co-payment for nonemergency visits to a hospital-based emergency room, except as provided in subdivision 2.

Subd. 2. **Exceptions.** A co-payment shall not be charged to:

- (1) children under the age of 21;
- (2) pregnant women for services that relate to the pregnancy or any other medical condition that may complicate the pregnancy;
- (3) recipients expected to reside for at least 30 days in a hospital, nursing facility, or intermediate care facility for the developmentally disabled; and
- (4) recipients receiving hospice care.

Sec. 26. Minnesota Statutes 2006, section 256B.69, subdivision 2, is amended to read:

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

(a) "Commissioner" means the commissioner of human services. For the remainder of this section, the commissioner's responsibilities for methods and policies for implementing the project will be proposed by the project advisory committees and approved by the commissioner.

(b) "Demonstration provider" means a health maintenance organization, community integrated service network, or accountable provider network authorized and operating under chapter 62D, 62N, or 62T that participates in the demonstration project according to criteria, standards, methods, and other requirements established for the project and approved by the commissioner. For purposes of this section, a county board, or group of county boards operating under a joint powers agreement, is considered a demonstration provider if the county or group of county boards meets the requirements of section 256B.692. Notwithstanding the above, Itasca County may continue to participate as a demonstration provider until July 1, 2004.

(c) "Eligible individuals" means those persons eligible for medical assistance benefits as defined in sections 256B.055, 256B.056, and 256B.06. Notwithstanding sections 256B.055, 256B.056, and 256B.06, an individual who becomes ineligible for the program because of failure to submit income reports or recertification forms in a timely manner, shall remain enrolled in the prepaid health plan and shall remain eligible to receive medical assistance coverage through the last day of the month following the month in which the enrollee became ineligible for the medical assistance program.

(d) "Limitation of choice" means suspending freedom of choice while allowing eligible individuals to choose among the demonstration providers.

Sec. 27. Minnesota Statutes 2006, section 256B.76, is amended to read:

256B.76 PHYSICIAN AND DENTAL 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;

(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;

(4) 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; and

(5) the increases in clause (4) shall be implemented January 1, 2000, for managed care.

(b) 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;

(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;

(3) 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;

(4) the commissioner shall award grants to community clinics or other nonprofit community organizations, political subdivisions, professional associations, or other organizations that demonstrate the ability to provide dental services effectively to public program recipients. Grants may be used to fund the costs related to coordinating access for recipients, developing and implementing patient care criteria, upgrading or establishing new facilities, acquiring furnishings or equipment, recruiting new providers, or other development costs that will improve access to dental care in a region. In awarding grants, the commissioner shall give priority to applicants that plan to serve areas of the state in which the number of dental providers is not currently sufficient to meet the needs of recipients of public programs or uninsured individuals. The commissioner shall consider the following in awarding the grants:

(i) potential to successfully increase access to an underserved population;

(ii) the ability to raise matching funds;

(iii) the long-term viability of the project to improve access beyond the period of initial funding;

(iv) the efficiency in the use of the funding; and

(v) the experience of the proposers in providing services to the target population.

The commissioner shall monitor the grants and may terminate a grant if the grantee does not increase dental access for public program recipients. The commissioner shall consider grants for the following:

(i) implementation of new programs or continued expansion of current access programs that have demonstrated success in providing dental services in underserved areas;

(ii) a pilot program for utilizing hygienists outside of a traditional dental office to provide dental hygiene services; and

(iii) a program that organizes a network of volunteer dentists, establishes a system to refer eligible individuals to volunteer dentists, and through that network provides donated dental care services to public program recipients or uninsured individuals;

(5) beginning October 1, 1999, the payment for tooth sealants and fluoride treatments shall be the lower of (i) submitted charge, or (ii) 80 percent of median 1997 charges;

(6) the increases listed in clauses (3) and (5) shall be implemented January 1, 2000, for managed care; and

(7) 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 (i) the submitted charge, or (ii) 85 percent of median 1999 charges.

(c) Effective for dental services rendered on or after January 1, 2002, the commissioner ~~may, within the limits of available appropriation,~~ shall increase reimbursements to dentists and dental clinics deemed by the commissioner to be critical access dental providers. Reimbursement to a critical access dental provider may be increased by not more than 50 percent above the reimbursement rate that would otherwise be paid to the provider. Payments to health plan companies shall be adjusted to reflect increased reimbursements to critical access dental providers as approved by the commissioner. In determining which dentists and dental clinics shall be deemed critical access dental providers, the commissioner shall review:

(1) the utilization rate in the service area in which the dentist or dental clinic operates for dental services to patients covered by medical assistance, general assistance medical care, or MinnesotaCare as their primary source of coverage;

(2) the level of services provided by the dentist or dental clinic to patients covered by medical assistance, general assistance medical care, or MinnesotaCare as their primary source of coverage; and

(3) whether the level of services provided by the dentist or dental clinic is critical to maintaining adequate levels of patient access within the service area.

In the absence of a critical access dental provider in a service area, the commissioner may designate a dentist or dental clinic as a critical access dental provider if the dentist or dental clinic is willing to provide care to patients covered by medical assistance, general assistance medical care, or MinnesotaCare at a level which significantly increases access to dental care in the service area.

The commissioner shall annually establish a reimbursement schedule for critical access dental

providers and provider-specific limits on total reimbursement received under the reimbursement schedule, and shall notify each critical access dental provider of the schedule and limit.

(d) The commissioner shall award special hardship grants to nonprofit dental providers with a high proportion of uninsured patients that equals or exceeds 15 percent of the total number of patients served by that provider and the provider does not receive a financial benefit comparable to other critical access dental providers under the critical access dental provider formula described in paragraph (c). The commissioner shall award a grant to these providers allocated in proportion to each critical access dental provider's ratio of uninsured patients to the total number of patients served by all providers who qualify for a grant under this paragraph.

(e) An entity that operates both a Medicare certified comprehensive outpatient rehabilitation facility and a facility which was certified prior to January 1, 1993, that is licensed under Minnesota Rules, parts 9570.2000 to 9570.3600, and for whom at least 33 percent of the clients receiving rehabilitation services in the most recent calendar year are medical assistance recipients, shall be reimbursed by the commissioner for rehabilitation services at rates that are 38 percent greater than the maximum reimbursement rate allowed under paragraph (a), clause (2), when those services are (1) provided within the comprehensive outpatient rehabilitation facility and (2) provided to residents of nursing facilities owned by the entity.

~~(e)~~ (f) Effective for services rendered on or after January 1, 2007, the commissioner shall make payments for physician and professional services based on the Medicare relative value units (RVU's). This change shall be budget neutral and the cost of implementing RVU's will be incorporated in the established conversion factor.

Sec. 28. Minnesota Statutes 2006, section 256D.03, subdivision 3, is amended to read:

Subd. 3. **General assistance medical care; eligibility.** (a) General assistance medical care may be paid for any person who is not eligible for medical assistance under chapter 256B, including eligibility for medical assistance based on a spenddown of excess income according to section 256B.056, subdivision 5, or MinnesotaCare as defined in paragraph (b), except as provided in paragraph (c), and:

(1) who is receiving assistance under section 256D.05, except for families with children who are eligible under Minnesota family investment program (MFIP), or who is having a payment made on the person's behalf under sections 256I.01 to 256I.06; or

(2) who is a resident of Minnesota; and

(i) who has gross countable income not in excess of 75 percent of the federal poverty guidelines for the family size, using a six-month budget period and whose equity in assets is not in excess of \$1,000 per assistance unit. General assistance medical care is not available for applicants or enrollees who are otherwise eligible for medical assistance but fail to verify their assets. Enrollees who become eligible for medical assistance shall be terminated and transferred to medical assistance. Exempt assets, the reduction of excess assets, and the waiver of excess assets must conform to the medical assistance program in section 256B.056, subdivision 3, with the following exception: the maximum amount of undistributed funds in a trust that could be distributed to or on behalf of the beneficiary by the trustee, assuming the full exercise of the trustee's discretion under the terms of the trust, must be applied toward the asset maximum;

(ii) who has gross countable income above 75 percent of the federal poverty guidelines but not in excess of 175 percent of the federal poverty guidelines for the family size, using a six-month budget period, whose equity in assets is not in excess of the limits in section 256B.056, subdivision 3c, and who applies during an inpatient hospitalization; or

(iii) the commissioner shall adjust the income standards under this section each July 1 by the annual update of the federal poverty guidelines following publication by the United States Department of Health and Human Services.

(b) Effective for applications and renewals processed on or after September 1, 2006, general assistance medical care may not be paid for applicants or recipients who are adults with dependent children under 21 whose gross family income is equal to or less than 275 percent of the federal poverty guidelines who are not described in paragraph (e).

(c) Effective for applications and renewals processed on or after September 1, 2006, general assistance medical care may be paid for applicants and recipients who meet all eligibility requirements of paragraph (a), clause (2), item (i), for a temporary period beginning the date of application. Immediately following approval of general assistance medical care, enrollees shall be enrolled in MinnesotaCare under section 256L.04, subdivision 7, with covered services as provided in section 256L.03 for the rest of the ~~six-month~~ initial eligibility period, until their ~~six-month~~ annual renewal.

(d) To be eligible for general assistance medical care following enrollment in MinnesotaCare as required by paragraph (c), an individual must complete a new application.

(e) Applicants and recipients eligible under paragraph (a), clause (1); who have applied for and are awaiting a determination of blindness or disability by the state medical review team or a determination of eligibility for Supplemental Security Income or Social Security Disability Insurance by the Social Security Administration; who fail to meet the requirements of section 256L.09, subdivision 2; who are homeless as defined by United States Code, title 42, section 11301, et seq.; who are classified as end-stage renal disease beneficiaries in the Medicare program; who are enrolled in private health care coverage as defined in section 256B.02, subdivision 9; who are eligible under paragraph (j); or who receive treatment funded pursuant to section 254B.02 are exempt from the MinnesotaCare enrollment requirements of this subdivision.

(f) For applications received on or after October 1, 2003, eligibility may begin no earlier than the date of application. For individuals eligible under paragraph (a), clause (2), item (i), a redetermination of eligibility must occur every 12 months. Individuals are eligible under paragraph (a), clause (2), item (ii), only during inpatient hospitalization but may reapply if there is a subsequent period of inpatient hospitalization.

(g) Beginning September 1, 2006, Minnesota health care program applications and renewals completed by recipients and applicants who are persons described in paragraph (c) and submitted to the county agency shall be determined for MinnesotaCare eligibility by the county agency. If all other eligibility requirements of this subdivision are met, eligibility for general assistance medical care shall be available in any month during which MinnesotaCare enrollment is pending. Upon notification of eligibility for MinnesotaCare, notice of termination for eligibility for general assistance medical care shall be sent to an applicant or recipient. If all other eligibility requirements of this subdivision are met, eligibility for general assistance medical care shall be available until enrollment in MinnesotaCare subject to the provisions of paragraphs (c), (e), and (f).

(h) The date of an initial Minnesota health care program application necessary to begin a determination of eligibility shall be the date the applicant has provided a name, address, and Social Security number, signed and dated, to the county agency or the Department of Human Services. If the applicant is unable to provide a name, address, Social Security number, and signature when health care is delivered due to a medical condition or disability, a health care provider may act on an applicant's behalf to establish the date of an initial Minnesota health care program application by providing the county agency or Department of Human Services with provider identification and a temporary unique identifier for the applicant. The applicant must complete the remainder of the application and provide necessary verification before eligibility can be determined. The county agency must assist the applicant in obtaining verification if necessary.

(i) County agencies are authorized to use all automated databases containing information regarding recipients' or applicants' income in order to determine eligibility for general assistance medical care or MinnesotaCare. Such use shall be considered sufficient in order to determine eligibility and premium payments by the county agency.

(j) General assistance medical care is not available for a person in a correctional facility unless the person is detained by law for less than one year in a county correctional or detention facility as a person accused or convicted of a crime, or admitted as an inpatient to a hospital on a criminal hold order, and the person is a recipient of general assistance medical care at the time the person is detained by law or admitted on a criminal hold order and as long as the person continues to meet other eligibility requirements of this subdivision.

(k) General assistance medical care is not available for applicants or recipients who do not cooperate with the county agency to meet the requirements of medical assistance.

(l) In determining the amount of assets of an individual eligible under paragraph (a), clause (2), item (i), there shall be included any asset or interest in an asset, including an asset excluded under paragraph (a), that was given away, sold, or disposed of for less than fair market value within the 60 months preceding application for general assistance medical care or during the period of eligibility. Any transfer described in this paragraph shall be presumed to have been for the purpose of establishing eligibility for general assistance medical care, unless the individual furnishes convincing evidence to establish that the transaction was exclusively for another purpose. For purposes of this paragraph, the value of the asset or interest shall be the fair market value at the time it was given away, sold, or disposed of, less the amount of compensation received. For any uncompensated transfer, the number of months of ineligibility, including partial months, shall be calculated by dividing the uncompensated transfer amount by the average monthly per person payment made by the medical assistance program to skilled nursing facilities for the previous calendar year. The individual shall remain ineligible until this fixed period has expired. The period of ineligibility may exceed 30 months, and a reapplication for benefits after 30 months from the date of the transfer shall not result in eligibility unless and until the period of ineligibility has expired. The period of ineligibility begins in the month the transfer was reported to the county agency, or if the transfer was not reported, the month in which the county agency discovered the transfer, whichever comes first. For applicants, the period of ineligibility begins on the date of the first approved application.

(m) When determining eligibility for any state benefits under this subdivision, the income and resources of all noncitizens shall be deemed to include their sponsor's income and resources as defined in the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, title IV,

Public Law 104-193, sections 421 and 422, and subsequently set out in federal rules.

(n) Undocumented noncitizens and nonimmigrants are ineligible for general assistance medical care. For purposes of this subdivision, a nonimmigrant is an individual in one or more of the classes listed in United States Code, title 8, section 1101(a)(15), and an undocumented noncitizen is an individual who resides in the United States without the approval or acquiescence of the Immigration and Naturalization Service.

(o) Notwithstanding any other provision of law, a noncitizen who is ineligible for medical assistance due to the deeming of a sponsor's income and resources, is ineligible for general assistance medical care.

(p) Effective July 1, 2003, general assistance medical care emergency services end.

Sec. 29. Minnesota Statutes 2006, section 256D.03, subdivision 4, is amended to read:

Subd. 4. **General assistance medical care; services.** (a)(i) For a person who is eligible under subdivision 3, paragraph (a), clause (2), item (i), general assistance medical care covers, except as provided in paragraph (c):

- (1) inpatient hospital services;
- (2) outpatient hospital services;
- (3) services provided by Medicare certified rehabilitation agencies;
- (4) prescription drugs and other products recommended through the process established in section 256B.0625, subdivision 13;
- (5) equipment necessary to administer insulin and diagnostic supplies and equipment for diabetics to monitor blood sugar level;
- (6) eyeglasses and eye examinations provided by a physician or optometrist;
- (7) hearing aids;
- (8) prosthetic devices;
- (9) laboratory and X-ray services;
- (10) physician's services;
- (11) medical transportation except special transportation;
- (12) chiropractic services as covered under the medical assistance program;
- (13) podiatric services;
- (14) dental services as covered under the medical assistance program;
- (15) outpatient services provided by a mental health center or clinic that is under contract with the county board and is established under section 245.62;
- (16) day treatment services for mental illness provided under contract with the county board;

(17) prescribed medications for persons who have been diagnosed as mentally ill as necessary to prevent more restrictive institutionalization;

(18) psychological services, medical supplies and equipment, and Medicare premiums, coinsurance and deductible payments;

(19) medical equipment not specifically listed in this paragraph when the use of the equipment will prevent the need for costlier services that are reimbursable under this subdivision;

(20) services performed by a certified pediatric nurse practitioner, a certified family nurse practitioner, a certified adult nurse practitioner, a certified obstetric/gynecological nurse practitioner, a certified neonatal nurse practitioner, or a certified geriatric nurse practitioner in independent practice, if (1) the service is otherwise covered under this chapter as a physician service, (2) the service provided on an inpatient basis is not included as part of the cost for inpatient services included in the operating payment rate, and (3) the service is within the scope of practice of the nurse practitioner's license as a registered nurse, as defined in section 148.171;

(21) services of a certified public health nurse or a registered nurse practicing in a public health nursing clinic that is a department of, or that operates under the direct authority of, a unit of government, if the service is within the scope of practice of the public health nurse's license as a registered nurse, as defined in section 148.171;

(22) telemedicine consultations, to the extent they are covered under section 256B.0625, subdivision 3b; and

(23) mental health telemedicine and psychiatric consultation as covered under section 256B.0625, subdivisions 46 and 48.

(ii) Effective October 1, 2003, for a person who is eligible under subdivision 3, paragraph (a), clause (2), item (ii), general assistance medical care coverage is limited to inpatient hospital services, including physician services provided during the inpatient hospital stay. A \$1,000 deductible is required for each inpatient hospitalization.

(b) Effective August 1, 2005, sex reassignment surgery is not covered under this subdivision.

(c) In order to contain costs, the commissioner of human services shall select vendors of medical care who can provide the most economical care consistent with high medical standards and shall where possible contract with organizations on a prepaid capitation basis to provide these services. The commissioner shall consider proposals by counties and vendors for prepaid health plans, competitive bidding programs, block grants, or other vendor payment mechanisms designed to provide services in an economical manner or to control utilization, with safeguards to ensure that necessary services are provided. Before implementing prepaid programs in counties with a county operated or affiliated public teaching hospital or a hospital or clinic operated by the University of Minnesota, the commissioner shall consider the risks the prepaid program creates for the hospital and allow the county or hospital the opportunity to participate in the program in a manner that reflects the risk of adverse selection and the nature of the patients served by the hospital, provided the terms of participation in the program are competitive with the terms of other participants considering the nature of the population served. Payment for services provided pursuant to this subdivision shall be as provided to medical assistance vendors of these services under sections 256B.02, subdivision 8, and 256B.0625. For payments made during fiscal year 1990 and later

years, the commissioner shall consult with an independent actuary in establishing prepayment rates, but shall retain final control over the rate methodology.

~~(d) Recipients eligible under subdivision 3, paragraph (a), shall pay the following co-payments for services provided on or after October 1, 2003:~~

~~(1) \$25 for eyeglasses;~~

~~(2) \$25 for nonemergency visits to a hospital-based emergency room;~~

~~(3) \$3 per brand name drug prescription and \$1 per generic drug prescription, subject to a \$12 per month maximum for prescription drug co-payments. No co-payments shall apply to antipsychotic drugs when used for the treatment of mental illness; and~~

~~(4) 50 percent coinsurance on restorative dental services.~~

~~(e) Co-payments shall be limited to one per day per provider for nonpreventive visits, eyeglasses, and nonemergency visits to a hospital-based emergency room. Recipients of general assistance medical care are responsible for all co-payments in this subdivision. The general assistance medical care reimbursement to the provider shall be reduced by the amount of the co-payment, except that reimbursement for prescription drugs shall not be reduced once a recipient has reached the \$12 per month maximum for prescription drug co-payments. The provider collects the co-payment from the recipient. Providers may not deny services to recipients who are unable to pay the co-payment, except as provided in paragraph (f).~~

~~(f) If it is the routine business practice of a provider to refuse service to an individual with uncollected debt, the provider may include uncollected co-payments under this section. A provider must give advance notice to a recipient with uncollected debt before services can be denied.~~

~~(g) (d) Any county may, from its own resources, provide medical payments for which state payments are not made.~~

~~(h) (e) Chemical dependency services that are reimbursed under chapter 254B must not be reimbursed under general assistance medical care.~~

~~(i) (f) The maximum payment for new vendors enrolled in the general assistance medical care program after the base year shall be determined from the average usual and customary charge of the same vendor type enrolled in the base year.~~

~~(j) (g) The conditions of payment for services under this subdivision are the same as the conditions specified in rules adopted under chapter 256B governing the medical assistance program, unless otherwise provided by statute or rule.~~

~~(k) (h) Inpatient and outpatient payments shall be reduced by five percent, effective July 1, 2003. This reduction is in addition to the five percent reduction effective July 1, 2003, and incorporated by reference in paragraph (i) (f).~~

~~(l) (i) Payments for all other health services except inpatient, outpatient, and pharmacy services shall be reduced by five percent, effective July 1, 2003.~~

~~(m) (j) Payments to managed care plans shall be reduced by five percent for services provided on or after October 1, 2003.~~

~~(n)~~ (k) A hospital receiving a reduced payment as a result of this section may apply the unpaid balance toward satisfaction of the hospital's bad debts.

~~(o) Fee for service payments for nonpreventive visits shall be reduced by \$3 for services provided on or after January 1, 2006. For purposes of this subdivision, a visit means an episode of service which is required because of a recipient's symptoms, diagnosis, or established illness, and which is delivered in an ambulatory setting by a physician or physician ancillary, chiropractor, podiatrist, advance practice nurse, audiologist, optician, or optometrist.~~

~~(p) Payments to managed care plans shall not be increased as a result of the removal of the \$3 nonpreventive visit co-payment effective January 1, 2006.~~

(l) Recipients eligible under subdivision 3, paragraph (a), shall pay a \$25 co-payment for nonemergency visits to a hospital-based emergency room.

EFFECTIVE DATE. This section is effective July 1, 2007.

Sec. 30. Minnesota Statutes 2006, section 256L.01, subdivision 1, is amended to read:

Subdivision 1. **Scope.** For purposes of ~~sections 256L.01 to 256L.18~~ this chapter, the following terms shall have the meanings given them.

Sec. 31. Minnesota Statutes 2006, section 256L.01, subdivision 4, is amended to read:

Subd. 4. **Gross individual or gross family income.** (a) "Gross individual or gross family income" for nonfarm self-employed means income calculated for the ~~six-month~~ 12-month period of eligibility using the net profit or loss reported on the applicant's federal income tax form for the previous year and using the medical assistance families with children methodology for determining allowable and nonallowable self-employment expenses and countable income.

(b) "Gross individual or gross family income" for farm self-employed means income calculated for the ~~six-month~~ 12-month period of eligibility using as the baseline the adjusted gross income reported on the applicant's federal income tax form for the previous year ~~and adding back in reported depreciation amounts that apply to the business in which the family is currently engaged.~~

(c) "Gross individual or gross family income" means the total income for all family members, calculated for the ~~six-month~~ 12-month period of eligibility.

EFFECTIVE DATE. This section is effective July 1, 2007.

Sec. 32. Minnesota Statutes 2006, section 256L.03, subdivision 1, is amended to read:

Subdivision 1. **Covered health services.** ~~For individuals under section 256L.04, subdivision 7, with income no greater than 75 percent of the federal poverty guidelines or for families with children under section 256L.04, subdivision 1, all subdivisions of this section apply. "Covered health services" means the health services reimbursed under chapter 256B, with the exception of inpatient hospital services, special education services, private duty nursing services, adult dental care services other than services covered under section 256B.0625, subdivision 9, orthodontic services, nonemergency medical transportation services, personal care assistant and case management services, nursing home or intermediate care facilities services, inpatient mental health services, and chemical dependency services. Outpatient mental health services covered under the MinnesotaCare program are limited to diagnostic assessments, psychological testing, explanation~~

of findings, mental health telemedicine, psychiatric consultation, medication management by a physician, day treatment, partial hospitalization, and individual, family, and group psychotherapy.

No public funds shall be used for coverage of abortion under MinnesotaCare except where the life of the female would be endangered or substantial and irreversible impairment of a major bodily function would result if the fetus were carried to term; or where the pregnancy is the result of rape or incest.

Covered health services shall be expanded as provided in this section.

Sec. 33. Minnesota Statutes 2006, section 256L.03, subdivision 3, is amended to read:

Subd. 3. Inpatient hospital services. (a) Covered health services shall include inpatient hospital services, including inpatient hospital mental health services and inpatient hospital and residential chemical dependency treatment, subject to those limitations necessary to coordinate the provision of these services with eligibility under the medical assistance spenddown. ~~Prior to July 1, 1997, the inpatient hospital benefit for adult enrollees is subject to an annual benefit limit of \$10,000.~~ The inpatient hospital benefit for adult enrollees who qualify under section 256L.04, subdivision 7, or who qualify under section 256L.04, subdivisions 1 and 2, with family gross income that exceeds ~~175~~ 200 percent of the federal poverty guidelines or 215 percent of the federal poverty guidelines on or after July 1, 2009, and who are not pregnant, is subject to an annual limit of ~~\$10,000~~ \$20,000.

(b) Admissions for inpatient hospital services paid for under section 256L.11, subdivision 3, must be certified as medically necessary in accordance with Minnesota Rules, parts 9505.0500 to 9505.0540, except as provided in clauses (1) and (2):

(1) all admissions must be certified, except those authorized under rules established under section 254A.03, subdivision 3, or approved under Medicare; and

(2) payment under section 256L.11, subdivision 3, shall be reduced by five percent for admissions for which certification is requested more than 30 days after the day of admission. The hospital may not seek payment from the enrollee for the amount of the payment reduction under this clause.

Sec. 34. Minnesota Statutes 2006, section 256L.03, subdivision 5, is amended to read:

Subd. 5. Co-payments and coinsurance. (a) Except as provided in paragraphs (b) and (c), the MinnesotaCare benefit plan shall include the following co-payments and coinsurance requirements for all enrollees:

(1) ten percent of the paid charges for inpatient hospital services for adult enrollees, subject to an annual inpatient out-of-pocket maximum of \$1,000 per individual and \$3,000 per family;

(2) \$3 per prescription for adult enrollees;

(3) \$25 for eyeglasses for adult enrollees;

(4) \$3 per nonpreventive visit. For purposes of this subdivision, a "visit" means an episode of service which is required because of a recipient's symptoms, diagnosis, or established illness, and which is delivered in an ambulatory setting by a physician or physician ancillary, chiropractor, podiatrist, nurse midwife, advanced practice nurse, audiologist, optician, or optometrist; and

(5) \$6 for nonemergency visits to a hospital-based emergency room.

(b) Paragraph (a), clause (1), does not apply to parents and relative caretakers of children under the age of 21 ~~in households with family income equal to or less than 175 percent of the federal poverty guidelines. Paragraph (a), clause (1), does not apply to parents and relative caretakers of children under the age of 21 in households with family income greater than 175 percent of the federal poverty guidelines for inpatient hospital admissions occurring on or after January 1, 2001.~~

(c) Paragraph (a), clauses (1) to (4), do not apply to pregnant women and children under the age of 21.

(d) Adult enrollees with family gross income that exceeds ~~175~~ 200 percent of the federal poverty guidelines or 215 percent of the federal poverty guidelines on or after July 1, 2009, and who are not pregnant shall be financially responsible for the coinsurance amount, if applicable, and amounts which exceed the \$~~10,000~~ \$20,000 inpatient hospital benefit limit.

(e) When a MinnesotaCare enrollee becomes a member of a prepaid health plan, or changes from one prepaid health plan to another during a calendar year, any charges submitted towards the \$~~10,000~~ \$20,000 annual inpatient benefit limit, and any out-of-pocket expenses incurred by the enrollee for inpatient services, that were submitted or incurred prior to enrollment, or prior to the change in health plans, shall be disregarded.

Sec. 35. Minnesota Statutes 2006, section 256L.04, subdivision 1a, is amended to read:

Subd. 1a. **Social Security number required.** (a) Individuals and families applying for MinnesotaCare coverage must provide a Social Security number. This requirement does not apply to an undocumented noncitizen or nonimmigrant who is eligible for MinnesotaCare.

(b) The commissioner shall not deny eligibility to an otherwise eligible applicant who has applied for a Social Security number and is awaiting issuance of that Social Security number.

(c) Newborns enrolled under section 256L.05, subdivision 3, are exempt from the requirements of this subdivision.

(d) Individuals who refuse to provide a Social Security number because of well-established religious objections are exempt from the requirements of this subdivision. The term "well-established religious objections" has the meaning given in Code of Federal Regulations, title 42, section 435.910.

Sec. 36. Minnesota Statutes 2006, section 256L.04, subdivision 7, is amended to read:

Subd. 7. **Single adults and households with no children.** The definition of eligible persons includes all individuals and households with no children who have gross family incomes that are equal to or less than ~~175~~ 200 percent of the federal poverty guidelines. Effective July 1, 2009, the definition of eligible persons includes all individuals and households with no children who have gross family incomes that are equal to or less than 215 percent of the federal poverty guidelines.

Sec. 37. Minnesota Statutes 2006, section 256L.04, subdivision 10, is amended to read:

Subd. 10. **Citizenship requirements.** (a) Eligibility for MinnesotaCare is limited to citizens or nationals of the United States, qualified noncitizens, and other persons residing lawfully in the United States as described in section 256B.06, subdivision 4, paragraphs (a) to (e) and (j).

Undocumented noncitizens and nonimmigrants are ineligible for MinnesotaCare. This paragraph does not apply to children.

(b) For purposes of this subdivision, a nonimmigrant is an individual in one or more of the classes listed in United States Code, title 8, section 1101(a)(15), and an undocumented noncitizen is an individual who resides in the United States without the approval or acquiescence of the Immigration and Naturalization Service.

(c) Families with children who are citizens or nationals of the United States must cooperate in obtaining satisfactory documentary evidence of citizenship or nationality according to the requirements of the federal Deficit Reduction Act of 2005, Public Law 109-171. State and county workers must assist applicants in obtaining satisfactory documentary evidence of citizenship or nationality.

Sec. 38. Minnesota Statutes 2006, section 256L.05, subdivision 1, is amended to read:

Subdivision 1. **Application and information availability.** Applications and ~~other information~~ application assistance must be made available ~~to~~ at provider offices, local human services agencies, school districts, public and private elementary schools in which 25 percent or more of the students receive free or reduced price lunches, community health offices, and Women, Infants and Children (WIC) program sites, Head Start program sites, public housing councils, crisis nurseries, child care centers, early childhood education and preschool program sites, legal aid offices, and libraries. These sites may accept applications and forward the forms to the commissioner or local county human services agencies that choose to participate as an enrollment site. Otherwise, applicants may apply directly to the commissioner or to participating local county human services agencies. ~~Beginning January 1, 2000, MinnesotaCare enrollment sites will be expanded to include local county human services agencies which choose to participate.~~

Sec. 39. Minnesota Statutes 2006, section 256L.05, subdivision 1b, is amended to read:

Subd. 1b. **MinnesotaCare enrollment by county agencies.** Beginning September 1, 2006, county agencies shall enroll single adults and households with no children formerly enrolled in general assistance medical care in MinnesotaCare according to section 256D.03, subdivision 3. County agencies shall perform all duties necessary to administer the MinnesotaCare program ongoing for these enrollees, including the redetermination of MinnesotaCare eligibility at ~~six-month~~ renewal.

Sec. 40. Minnesota Statutes 2006, section 256L.05, subdivision 2, is amended to read:

Subd. 2. **Commissioner's duties.** ~~(a)~~ The commissioner or county agency shall use electronic verification as the primary method of income verification. If there is a discrepancy between reported income and electronically verified income, an individual may be required to submit additional verification. In addition, the commissioner shall perform random audits to verify reported income and eligibility. The commissioner may execute data sharing arrangements with the Department of Revenue and any other governmental agency in order to perform income verification related to eligibility and premium payment under the MinnesotaCare program.

~~(b) In determining eligibility for MinnesotaCare, the commissioner shall require applicants and enrollees seeking renewal of eligibility to verify both earned and unearned income. The commissioner shall also require applicants and enrollees to submit the names of their employers~~

~~and a contact name with a telephone number for each employer for purposes of verifying whether the applicant or enrollee, and any dependents, are eligible for employer-subsidized coverage. Data collected is nonpublic data as defined in section 13.02, subdivision 9.~~

Sec. 41. Minnesota Statutes 2006, section 256L.05, subdivision 3a, is amended to read:

Subd. 3a. **Renewal of eligibility.** (a) ~~Beginning January 1, 1999~~ July 1, 2007, an enrollee's eligibility must be renewed every 12 months. The 12-month period begins in the month after the month the application is approved.

~~(b) Beginning October 1, 2004, an enrollee's eligibility must be renewed every six months. The first six-month period of eligibility begins the month the application is received by the commissioner. The effective date of coverage within the first six-month period of eligibility is as provided in subdivision 3. Each new period of eligibility must take into account any changes in circumstances that impact eligibility and premium amount. An enrollee must provide all the information needed to redetermine eligibility by the first day of the month that ends the eligibility period. The premium for the new period of eligibility must be received as provided in section 256L.06 in order for eligibility to continue.~~

(c) For single adults and households with no children formerly enrolled in general assistance medical care and enrolled in MinnesotaCare according to section 256D.03, subdivision 3, the first ~~six-month~~ period of eligibility begins the month the enrollee submitted the application or renewal for general assistance medical care.

Sec. 42. Minnesota Statutes 2006, section 256L.05, subdivision 3c, is amended to read:

Subd. 3c. **Retroactive coverage.** Notwithstanding subdivision 3, the effective date of coverage shall be the ~~first day of the month~~ following termination from medical assistance or general assistance medical care for families and individuals who are eligible for MinnesotaCare and who submitted a written request for retroactive MinnesotaCare coverage with a completed application within 30 days of the mailing of notification of termination from medical assistance or general assistance medical care. The applicant must provide all required verifications within 30 days of the written request for verification. For retroactive coverage, premiums must be paid in full for any retroactive month, current month, and next month within 30 days of the premium billing.

Sec. 43. Minnesota Statutes 2006, section 256L.07, subdivision 1, is amended to read:

Subdivision 1. **General requirements.** (a) ~~Children enrolled in the original children's health plan as of September 30, 1992, children who enrolled in the MinnesotaCare program after September 30, 1992, pursuant to Laws 1992, chapter 549, article 4, section 17, and children who have family gross incomes that are equal to or less than 150 percent of the federal poverty guidelines are eligible without meeting the requirements of subdivision 2 and the four-month requirement in subdivision 3, as long as they maintain continuous coverage in the MinnesotaCare program or medical assistance. Children who apply for MinnesotaCare on or after the implementation date of the employer-subsidized health coverage program as described in Laws 1998, chapter 407, article 5, section 45, who have family gross incomes that are equal to or less than 150 percent of the federal poverty guidelines, must meet the requirements of subdivision 2 to be eligible for MinnesotaCare.~~

~~(b) Families enrolled in MinnesotaCare under section 256L.04, subdivision 1, whose income increases above 275 percent of the federal poverty guidelines, are no longer eligible for the program~~

and shall be disenrolled by the commissioner. Individuals enrolled in MinnesotaCare under section 256L.04, subdivision 7, whose income increases above ~~175~~ 200 percent of the federal poverty guidelines or 215 percent of the federal poverty guidelines on or after July 1, 2009, are no longer eligible for the program and shall be disenrolled by the commissioner. For persons disenrolled under this subdivision, MinnesotaCare coverage terminates the last day of the calendar month following the month in which the commissioner determines that the income of a family or individual exceeds program income limits.

~~(e)~~ (b) Notwithstanding paragraph ~~(b)~~ (a), children may remain enrolled in MinnesotaCare if ten percent of their gross individual or gross family income as defined in section 256L.01, subdivision 4, is less than the annual premium for a ~~six-month~~ policy with a \$500 deductible available through the Minnesota Comprehensive Health Association. Children who are no longer eligible for MinnesotaCare under this clause shall be given a 12-month notice period from the date that ineligibility is determined before disenrollment. The premium for children remaining eligible under this clause shall be the maximum premium determined under section 256L.15, subdivision 2, paragraph (b).

~~(d)~~ Notwithstanding paragraphs (b) and (c), parents are not eligible for MinnesotaCare if gross household income exceeds \$25,000 for the six-month period of eligibility.

Sec. 44. Minnesota Statutes 2006, section 256L.07, subdivision 2, is amended to read:

Subd. 2. Must not have access to employer-subsidized coverage. (a) To be eligible, ~~a family or individual~~ an adult must not have access to subsidized health coverage through an employer and must not have had access to employer-subsidized coverage through a current employer for 18 months prior to application or reapplication. ~~A family or individual~~ An adult whose employer-subsidized coverage is lost due to an employer terminating health care coverage as an employee benefit during the previous 18 months is not eligible.

(b) This subdivision does not apply to ~~a family or individual~~ an adult who was enrolled in MinnesotaCare within six months or less of reapplication and who no longer has employer-subsidized coverage due to the employer terminating health care coverage as an employee benefit.

(c) For purposes of this requirement, subsidized health coverage means health coverage for which the employer pays at least 50 percent of the cost of coverage for the employee or dependent, or a higher percentage as specified by the commissioner. ~~Children are eligible for employer-subsidized coverage through either parent, including the noncustodial parent.~~ The commissioner must treat employer contributions to Internal Revenue Code Section 125 plans and any other employer benefits intended to pay health care costs as qualified employer subsidies toward the cost of health coverage for employees for purposes of this subdivision.

(d) Notwithstanding paragraph (c), if an employer-subsidized health plan requires the employee to pay more than eight percent of the employee's family gross income in co-payments, deductibles, or coinsurance, the health coverage offered shall not constitute employer-subsidized coverage for purposes of determining eligibility for MinnesotaCare.

(e) This subdivision does not apply to children.

Sec. 45. Minnesota Statutes 2006, section 256L.07, subdivision 3, is amended to read:

Subd. 3. **Other health coverage.** (a) ~~Families and individuals~~ Adults enrolled in the MinnesotaCare program must have no health coverage while enrolled or for at least four months prior to application and renewal. ~~Children enrolled in the original children's health plan and children in families with income equal to or less than 150 percent of the federal poverty guidelines, who have other health insurance, are eligible if the coverage:~~

~~(1) lacks two or more of the following:~~

~~(i) basic hospital insurance;~~

~~(ii) medical-surgical insurance;~~

~~(iii) prescription drug coverage;~~

~~(iv) dental coverage; or~~

~~(v) vision coverage;~~

~~(2) requires a deductible of \$100 or more per person per year; or~~

~~(3) lacks coverage because the child has exceeded the maximum coverage for a particular diagnosis or the policy excludes a particular diagnosis.~~

The commissioner may change this eligibility criterion for sliding scale premiums in order to remain within the limits of available appropriations. ~~The requirement of no health coverage~~ This paragraph does not apply to newborns children.

(b) Medical assistance, general assistance medical care, and the Civilian Health and Medical Program of the Uniformed Service, CHAMPUS, or other coverage provided under United States Code, title 10, subtitle A, part II, chapter 55, are not considered insurance or health coverage for purposes of the four-month requirement described in this subdivision.

(c) For purposes of this subdivision, an applicant or enrollee who is entitled to Medicare Part A or enrolled in Medicare Part B coverage under title XVIII of the Social Security Act, United States Code, title 42, sections 1395c to 1395w-152, is considered to have health coverage. An applicant or enrollee who is entitled to premium-free Medicare Part A may not refuse to apply for or enroll in Medicare coverage to establish eligibility for MinnesotaCare.

(d) Applicants who were recipients of medical assistance or general assistance medical care within one month of application must meet the provisions of this subdivision and subdivision 2.

(e) Cost-effective health insurance that was paid for by medical assistance is not considered health coverage for purposes of the four-month requirement under this section, except if the insurance continued after medical assistance no longer considered it cost-effective or after medical assistance closed.

Sec. 46. Minnesota Statutes 2006, section 256L.07, subdivision 6, is amended to read:

Subd. 6. **Exception for certain adults.** Single adults and households with no children formerly enrolled in general assistance medical care and enrolled in MinnesotaCare according to section 256D.03, subdivision 3, are eligible without meeting the requirements of this section until ~~six-month~~ renewal.

Sec. 47. Minnesota Statutes 2006, section 256L.09, subdivision 4, is amended to read:

Subd. 4. **Eligibility as Minnesota resident.** (a) For purposes of this section, a permanent Minnesota resident is a person who has demonstrated, through persuasive and objective evidence, that the person is domiciled in the state and intends to live in the state permanently.

(b) To be eligible as a permanent resident, an applicant must demonstrate the requisite intent to live in the state permanently by:

(1) showing that the applicant maintains a residence at a verified address ~~other than a place of public accommodation~~, through the use of evidence of residence described in section 256D.02, subdivision 12a, paragraph (b), clause (1) (2);

(2) demonstrating that the applicant has been continuously domiciled in the state for no less than 180 days immediately before the application; and

(3) signing an affidavit declaring that (A) the applicant currently resides in the state and intends to reside in the state permanently; and (B) the applicant did not come to the state for the primary purpose of obtaining medical coverage or treatment.

(c) A person who is temporarily absent from the state does not lose eligibility for MinnesotaCare. "Temporarily absent from the state" means the person is out of the state for a temporary purpose and intends to return when the purpose of the absence has been accomplished. A person is not temporarily absent from the state if another state has determined that the person is a resident for any purpose. If temporarily absent from the state, the person must follow the requirements of the health plan in which the person is enrolled to receive services.

Sec. 48. Minnesota Statutes 2006, section 256L.15, subdivision 1, is amended to read:

Subdivision 1. **Premium determination.** (a) Families with children and individuals shall pay a premium determined according to subdivision 2.

(b) Pregnant women and children under age two are exempt from the provisions of section 256L.06, subdivision 3, paragraph (b), clause (3), requiring disenrollment for failure to pay premiums. For pregnant women, this exemption continues until the first day of the month following the 60th day postpartum. Women who remain enrolled during pregnancy or the postpartum period, despite nonpayment of premiums, shall be disenrolled on the first of the month following the 60th day postpartum for the penalty period that otherwise applies under section 256L.06, unless they begin paying premiums.

(c) Members of the military and their families who meet the eligibility criteria for MinnesotaCare upon eligibility approval made within 24 months following the end of the member's tour of active duty shall have their premiums paid by the commissioner. The effective date of coverage for an individual or family who meets the criteria of this paragraph shall be the first day of the month following the month in which eligibility is approved. This exemption shall apply for 12 months.

EFFECTIVE DATE. This section is effective July 1, 2007, or upon federal approval, whichever is later.

Sec. 49. Minnesota Statutes 2006, section 256L.15, subdivision 2, is amended to read:

Subd. 2. **Sliding fee scale; monthly gross individual or family income.** (a) The commissioner

shall establish a sliding fee scale to determine the percentage of monthly gross individual or family income that households at different income levels must pay to obtain coverage through the MinnesotaCare program. The sliding fee scale must be based on the enrollee's monthly gross individual or family income. The sliding fee scale must contain separate tables based on enrollment of one, two, or three or more persons. The sliding fee scale begins with a premium of 1.5 percent of monthly gross individual or family income for individuals or families with incomes below the limits for the medical assistance program for families and children in effect on January 1, 1999, and proceeds through the following evenly spaced steps: 1.8, 2.3, 3.1, 3.8, 4.8, 5.9, 7.4, and 8.8 percent. These percentages are matched to evenly spaced income steps ranging from the medical assistance income limit for families and children in effect on January 1, 1999, to 275 percent of the federal poverty guidelines for the applicable family size, up to a family size of five. The sliding fee scale for a family of five must be used for families of more than five. ~~Effective October 1, 2003, the commissioner shall increase each percentage by 0.5 percentage points for enrollees with income greater than 100 percent but not exceeding 200 percent of the federal poverty guidelines and shall increase each percentage by 1.0 percentage points for families and children with incomes greater than 200 percent of the federal poverty guidelines.~~ The sliding fee scale and percentages are not subject to the provisions of chapter 14. If a family or individual reports increased income after enrollment, premiums shall be adjusted at the time the change in income is reported.

(b) ~~Children in~~ Families whose gross income is above 275 percent of the federal poverty guidelines shall pay the maximum premium. The maximum premium is defined as a base charge for one, two, or three or more enrollees so that if all MinnesotaCare cases paid the maximum premium, the total revenue would equal the total cost of MinnesotaCare medical coverage and administration. In this calculation, administrative costs shall be assumed to equal ten percent of the total. The costs of medical coverage for pregnant women and children under age two and the enrollees in these groups shall be excluded from the total. The maximum premium for two enrollees shall be twice the maximum premium for one, and the maximum premium for three or more enrollees shall be three times the maximum premium for one.

~~(c) After calculating the percentage of premium each enrollee shall pay under paragraph (a), eight percent shall be added to the premium.~~

EFFECTIVE DATE. This section is effective July 1, 2007.

Sec. 50. Minnesota Statutes 2006, section 256L.15, subdivision 4, is amended to read:

Subd. 4. **Exception for transitioned adults.** County agencies shall pay premiums for single adults and households with no children formerly enrolled in general assistance medical care and enrolled in MinnesotaCare according to section 256D.03, subdivision 3, ~~until six-month renewal for six months.~~ The county agency has the option of continuing to pay premiums for these enrollees past the first ~~six-month~~ six months until the 12-month renewal period.

Sec. 51. Minnesota Statutes 2006, section 256L.17, subdivision 2, is amended to read:

Subd. 2. **Limit on total assets.** (a) Effective July 1, 2002, or upon federal approval, whichever is later, in order to be eligible for the MinnesotaCare program, a household of two or more persons must not own more than \$20,000 in total net assets, and a household of one person must not own more than \$10,000 in total net assets.

(b) For purposes of this subdivision, assets are determined according to section 256B.056,

subdivision 3c, except that workers' compensation settlements received due to a work-related injury shall not be considered.

(c) State-funded MinnesotaCare is not available for applicants or enrollees who are otherwise eligible for medical assistance but fail to verify assets. Enrollees who become eligible for federally funded medical assistance shall be terminated from state-funded MinnesotaCare and transferred to medical assistance.

Sec. 52. Minnesota Statutes 2006, section 256L.17, subdivision 3, is amended to read:

Subd. 3. **Documentation.** (a) The commissioner of human services shall require individuals and families, at the time of application or renewal, to indicate on a checkoff form developed by the commissioner whether they satisfy the MinnesotaCare asset requirement. ~~This form must include the following or similar language: "To be eligible for MinnesotaCare, individuals and families must not own net assets in excess of \$30,000 for a household of two or more persons or \$15,000 for a household of one person, not including a homestead, household goods and personal effects, assets owned by children, vehicles used for employment, court-ordered settlements up to \$10,000, individual retirement accounts, and capital and operating assets of a trade or business up to \$200,000. Do you and your household own net assets in excess of these limits?"~~

(b) The commissioner may require individuals and families to provide any information the commissioner determines necessary to verify compliance with the asset requirement, if the commissioner determines that there is reason to believe that an individual or family has assets that exceed the program limit.

Sec. 53. Minnesota Statutes 2006, section 256L.17, subdivision 7, is amended to read:

Subd. 7. **Exception for certain adults.** Single adults and households with no children formerly enrolled in general assistance medical care and enrolled in MinnesotaCare according to section 256D.03, subdivision 3, are exempt from the requirements of this section until ~~six-month~~ renewal.

Sec. 54. **[256L.20] MINNESOTACARE OPTION FOR SMALL EMPLOYERS.**

Subdivision 1. **Definitions.** (a) For the purposes of this section, the following terms have the meanings given them.

(b) "Dependent" means an unmarried child who is under the age of 21 and who is not eligible for employer-subsidized health coverage.

(c) "Eligible employee" means an employee who works at least 20 hours per week for an eligible employer. Eligible employee does not include an employee who works on a temporary or substitute basis or who does not work more than 26 weeks annually. Coverage of an eligible employee includes the employee's spouse if the spouse does not have access to employer-subsidized health coverage.

(d) "Eligible employer" means a business that employs at least two, but not more than 50, eligible employees, the majority of whom are employed in the state, and includes a municipality that has 50 or fewer employees.

(e) "Employer-subsidized health coverage" has the meaning given under section 256L.07, subdivision 2, paragraph (c).

(f) "Maximum premium" has the meaning given under section 256L.15, subdivision 2,

paragraph (b), except that the cost of medical coverage for single adults and households without children formerly enrolled in general assistance medical care and enrolled in MinnesotaCare in accordance with section 256D.03, subdivision 3, paragraph (c), are excluded from the total cost when determining the maximum premium.

(g) "Participating employer" means an eligible employer who meets the requirements in subdivision 3 and applies to the commissioner to enroll its eligible employees and their dependents in the MinnesotaCare program.

(h) "Program" means the MinnesotaCare program.

Subd. 2. **Application and renewal procedures.** (a) Eligible employees and their dependents may enroll in MinnesotaCare through their employer if their employer meets the requirements of subdivision 3. The commissioner shall establish procedures for an eligible employer to participate in the program. The commissioner shall provide an employer with applications for each eligible employee. The employee must fill out the application and submit it to the employer. The employer must submit the completed applications to the commissioner. The commissioner shall determine eligibility for the program and determine the premiums owed by the employer for each eligible employee. The commissioner may require eligible employees to provide income verification to determine premiums.

(b) The effective date of coverage is in accordance with section 256L.05, subdivision 3.

(c) An employer's eligibility must be renewed every 12 months. At that time, all eligible employees enrolled in the program regardless of their enrollment date must reapply.

(d) A participating employer must inform the commissioner of any changes in its employees and premiums must be adjusted accordingly beginning the first day of the month following the month in which the change is reported. An employer's premiums shall not be adjusted due to a change in an employee's income until the next renewal period. Eligible employees hired after enrollment must fill out an application and submit the application to the commissioner. Employees who terminate their employment with the participating employer shall remain enrolled in the program until the last day of the month in which employment is terminated. A terminating employee may remain in the MinnesotaCare program if the employee meets the eligibility requirements of enrollment described in sections 256L.01 to 256L.18.

Subd. 3. **Employer requirements.** In order to participate, an eligible employer must meet the following requirements:

(1) agree to contribute toward the cost of the premium for the employee, the employee's spouse, and the employee's dependents according to subdivision 4;

(2) certify that each eligible employee was informed of the availability of coverage through the program and that at least 75 percent of its eligible employees are planning to or are enrolled in the program; and

(3) have not provided employer-subsidized health coverage as an employee benefit during the previous 12 months, as defined in section 256L.07, subdivision 2, paragraph (c).

Subd. 4. **Premiums.** (a) The premium for coverage provided under this section is equal to the maximum premium as defined in subdivision 1 regardless of the income of the eligible employee.

(b) For eligible employees without dependents with a gross family income equal to or less than 200 percent of the federal poverty guidelines or 215 percent of the federal poverty guidelines on or after July 1, 2009, and for eligible employees with dependents whose gross family income is equal to or less than 275 percent of the federal poverty guidelines, the participating employer shall pay 50 percent of the premium established under paragraph (a) for the eligible employee, the employee's spouse, and any dependents, if applicable.

(c) For eligible employees without dependents with a gross family income over 200 percent of the federal poverty guidelines or 215 percent of the federal poverty guidelines on or after July 1, 2009, and for eligible employees with dependents with a gross family income over 275 percent of the federal poverty guidelines, the participating employer shall pay the full cost of the premium established under paragraph (a) for the eligible employee, the employee's spouse, and any dependents, if applicable. The participating employer may require the employee to pay a portion of the cost of the premium so long as the employer pays at least 50 percent. If the employer requires the employee to pay a portion of the premium, the employee shall pay the portion of the cost to the employer.

(d) The commissioner shall collect premium payments from participating employers for eligible employees, spouses, and dependents who are covered by the program as provided under this section. All premiums collected shall be deposited in the health care access fund.

(e) Nonpayment of premiums by a participating employer will result in the disenrollment of all eligible employees, spouses, and dependents from the program effective the end of the month in which the premium was due.

Subd. 5. **Coverage.** The coverage offered to those enrolled in the program under this section shall include all health services described under section 256L.03 and all co-payments and coinsurance requirements under section 256L.03 shall apply.

Subd. 6. **Enrollment.** For purposes of enrollment under this section, income eligibility limits established under sections 256L.04 and 256L.07, asset limits established under section 256L.17, and the barriers established under section 256L.07, subdivision 2 or 3, do not apply to applicants eligible for this program unless specified in this section. The residency requirement under section 256L.09 shall apply.

Subd. 7. **Outreach.** The commissioner shall provide information on the availability of this buy-in option for small employers and application forms to entities that provide insurance information to small employers, including, but not limited to, insurance agents and chambers of commerce. The commissioner shall establish an assistance fee of \$25 per enrolled employee for such entities that assist eligible employers and their employees in applying to the program.

Sec. 55. Laws 2005, First Special Session chapter 4, article 9, section 3, subdivision 2, is amended to read:

Subd. 2. Community and Family Health Improvement

	Summary by Fund	
General	40,413,000	40,382,000

State Government		
Special Revenue	141,000	128,000
Health Care Access	3,510,000	3,516,000
Federal TANF	6,000,000	6,000,000

~~FAMILY PLANNING BASE REDUCTION.~~

~~Base level funding for the family planning special projects grant program is reduced by \$1,877,000 each year of the biennium beginning July 1, 2007, provided that this reduction shall only take place upon full implementation of the family planning project section of the 1115 waiver. Notwithstanding Minnesota Statutes, section 145.925, the commissioner shall give priority to community health care clinics providing family planning services that either serve a high number of women who do not qualify for medical assistance or are unable to participate in the medical assistance program as a medical assistance provider when allocating the remaining appropriations. Notwithstanding section 15, this paragraph shall not expire.~~

SHAKEN BABY VIDEO. Of the state government special revenue fund appropriation, \$13,000 in 2006 is appropriated to the commissioner of health to provide a video to hospitals on shaken baby syndrome. The commissioner of health shall assess a fee to hospitals to cover the cost of the approved shaken baby video and the revenue received is to be deposited in the state government special revenue fund.

Sec. 56. ADMINISTRATIVE SIMPLIFICATION.

All health care providers and health plans that contract with the state of Minnesota to provide health care services either through the health care programs administered under Minnesota Statutes, chapters 256B, 256D, and 256L, or through the state employee group insurance program administered under Minnesota Statutes, chapter 43A, must use and accept the uniform billing forms and coding requirements established by the Administrative Uniformity Committee by January 1, 2009.

Sec. 57. APPROPRIATION.

(a) \$..... is appropriated from the health care access fund to the commissioner of human services for the biennium beginning July 1, 2007, for the purpose of Minnesota health care programs outreach

grants and the enrollment incentive programs under Minnesota Statutes, section 256.962

(b) \$1,156,000 is appropriated each fiscal year beginning July 1, 2007, from the general fund to the commissioner of health for family planning grants under Minnesota Statutes, section 145.925.

(c) \$..... is appropriated for the biennium beginning July 1, 2007, from the general fund to the commissioner of health subsidies to federally qualified health centers described in Minnesota Statutes, section 145.9269.

(d) \$..... is appropriated for the biennium beginning July 1, 2007, from the general fund to the commissioner of human services for the critical access dental providers reimbursement rates under Minnesota Statutes, section 256B.76, paragraph (c).

(e) \$..... is appropriated for the biennium beginning July 1, 2007, from the general fund to the commissioner of health for the subsidies for federally qualified health centers under Minnesota Statutes, section 145.9269.

(f) \$..... is appropriated for the biennium beginning July 1, 2007, from the general fund to the commissioner of human services for the patient incentive health program established in Minnesota Statutes, section 256.01, subdivision 2b, paragraph (b).

Sec. 58. REPEALER.

Minnesota Statutes 2006, sections 62A.301; 256B.0631; and 256L.035, are repealed."

Amend the title numbers accordingly

And when so amended the bill do pass and be re-referred to the Committee on Commerce and Consumer Protection. Amendments adopted. Report adopted.

Senator Rest from the Committee on State and Local Government Operations and Oversight, to which was referred

S.F. No. 392: A bill for an act relating to local government; authorizing the town of Crane Lake in St. Louis County to issue certificates of indebtedness.

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

Delete everything after the enacting clause and insert:

"Section 1. **TOWN OF CRANE LAKE, CERTIFICATES OF INDEBTEDNESS.**

Notwithstanding Minnesota Statutes, section 366.095, the town board of the town of Crane Lake in St. Louis County may issue one or more certificates of indebtedness in a total amount not to exceed \$225,000, which are not subject to the debt limits of the town. The proceeds of the certificates must be used to acquire property and pay other costs related to a land exchange with the United States Forest Service. The certificates shall be payable in not more than 30 years and be issued on the terms and in the manner as the board may determine. Minnesota Statutes, sections 475.54, subdivision 1, and 475.56, paragraph (c), do not apply to the certificates issued under this section. A tax levy shall be made to pay the principal and interest on the certificates as in the case of bonds.

EFFECTIVE DATE. This section is effective the day after the Crane Lake Town Board and

its chief clerical officer timely complete their compliance with Minnesota Statutes, section 645.021, subdivisions 2 and 3."

And when so amended the bill do pass and be re-referred to the Committee on Taxes. Amendments adopted. Report adopted.

Senator Rest from the Committee on State and Local Government Operations and Oversight, to which was referred

S.F. No. 382: A bill for an act relating to education; providing for statewide health and physical education requirements; directing the Education Department to post approved local school wellness policies on the department Web site; establishing a grant program to implement local school wellness policies; authorizing rulemaking; appropriating money; amending Minnesota Statutes 2006, sections 120B.021, subdivision 1; 120B.023, subdivision 2; 120B.024; proposing coding for new law in Minnesota Statutes, chapter 121A.

Reports the same back with the recommendation that the bill do pass and be re-referred to the Committee on Finance. Report adopted.

Senator Rest from the Committee on State and Local Government Operations and Oversight, to which was re-referred

S.F. No. 26: A bill for an act relating to health occupations; extending the expiration dates for the Board of Medical Practices' advisory councils; amending Minnesota Statutes 2006, sections 147A.27, subdivision 2; 147B.05, subdivision 2; 147C.35, subdivision 2; 147D.25, subdivision 2; 214.32, subdivision 1.

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

Senator Rest from the Committee on State and Local Government Operations and Oversight, to which was referred

S.F. No. 208: A bill for an act relating to elections; making it easier to vote by absentee ballot; amending Minnesota Statutes 2006, sections 203B.02, subdivision 1; 203B.04, subdivision 1; 203B.06, subdivision 3; 203B.11, subdivisions 1, 4.

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 2006, section 203B.02, subdivision 1, is amended to read:

Subdivision 1. ~~Unable to go to polling place~~ **Eligibility for absentee voting.** (a) Any eligible voter who reasonably expects to be unable to go to the polling place on election day in the precinct where the individual maintains residence because of absence from the precinct; illness, including isolation or quarantine under sections 144.419 to 144.4196 or United States Code, title 42, sections 264 to 272; disability; religious discipline; observance of a religious holiday; or service as an election judge in another precinct may vote by absentee ballot as provided in sections 203B.04 to 203B.15.

~~(b) If the governor has declared an emergency and filed the declaration with the secretary of state under section 12.31, and the declaration states that the emergency has made it difficult for voters to go to the polling place on election day, any voter in a precinct covered by the declaration may vote by absentee ballot as provided in sections 203B.04 to 203B.15.~~

Sec. 2. Minnesota Statutes 2006, section 203B.04, subdivision 1, is amended to read:

Subdivision 1. **Application procedures.** Except as otherwise allowed by subdivision 2, an application for absentee ballots for any election may be submitted at any time not less than one day before the day of that election. The county auditor shall prepare absentee ballot application forms in the format provided by the secretary of state, notwithstanding rules on absentee ballot forms, and shall furnish them to any person on request. By January 1 of each even-numbered year, the secretary of state shall make the forms to be used available to auditors through electronic means. An application submitted pursuant to this subdivision shall be in writing and shall be submitted to:

~~(a)~~ (1) the county auditor of the county where the applicant maintains residence; or

~~(b)~~ (2) the municipal clerk of the municipality, or school district if applicable, where the applicant maintains residence.

An application shall be approved if it is timely received, signed and dated by the applicant, contains the applicant's name and residence and mailing addresses, and states that the applicant is eligible to vote by absentee ballot ~~for one of the reasons specified in section 203B.02~~. The application may contain a request for the voter's date of birth, which must not be made available for public inspection. An application may be submitted to the county auditor or municipal clerk by an electronic facsimile device. An application mailed or returned in person to the county auditor or municipal clerk on behalf of a voter by a person other than the voter must be deposited in the mail or returned in person to the county auditor or municipal clerk within ten days after it has been dated by the voter and no later than six days before the election. The absentee ballot applications or a list of persons applying for an absentee ballot may not be made available for public inspection until the close of voting on election day.

An application under this subdivision may contain an application under subdivision 5 to automatically receive an absentee ballot application.

Sec. 3. Minnesota Statutes 2006, section 203B.04, subdivision 6, is amended to read:

Subd. 6. **Ongoing absentee status; termination; rules.** (a) An eligible voter may apply to a county auditor or municipal clerk for status as an ongoing absentee voter ~~who reasonably expects to meet the requirements of section 203B.02, subdivision 1~~. The voter may decline to receive an absentee ballot for one or more elections, provided the request is received by the county auditor or municipal clerk at least five days before the deadline in section 204B.35 for delivering ballots for the election to which it applies. Each applicant must automatically be provided with an absentee ballot ~~application~~ for each ensuing election, other than an election by mail conducted under section 204B.45, or as otherwise requested by the voter, and must have the status of ongoing absentee voter indicated on the voter's registration record.

(b) Ongoing absentee voter status ends on:

(1) the voter's written request;

- (2) the voter's death;
 - (3) return of an ongoing absentee ballot as undeliverable;
 - (4) a change in the voter's status so that the voter is not eligible to vote under section 201.15 or 201.155; or
 - (5) placement of the voter's registration on inactive status under section 201.171.
- (c) The secretary of state shall adopt rules governing procedures under this subdivision.

Sec. 4. Minnesota Statutes 2006, section 203B.06, subdivision 3, is amended to read:

Subd. 3. **Delivery of ballots.** (a) If an application for absentee ballots is accepted at a time when absentee ballots are not yet available for distribution, the county auditor, or municipal clerk accepting the application shall file it and as soon as absentee ballots are available for distribution shall mail them to the address specified in the application. If an application for absentee ballots is accepted when absentee ballots are available for distribution, the county auditor or municipal clerk accepting the application shall promptly:

- (1) mail the ballots to the voter whose signature appears on the application if the application is submitted by mail and does not request commercial shipping under clause (2);
- (2) ship the ballots to the voter using a commercial shipper requested by the voter at the voter's expense;
- (3) deliver the absentee ballots directly to the voter if the application is submitted in person; or
- (4) deliver the absentee ballots in a sealed transmittal envelope to an agent who has been designated to bring the ballots, as provided in section 203B.11, subdivision 4, to a voter who would have difficulty getting to the polls because of health reasons, or who is disabled, or who is a patient in a health care facility, as provided in section 203B.11, subdivision 4, a resident of a facility providing assisted living services governed by chapter 144G, a participant in a residential program for adults licensed under section 245A.02, subdivision 14, or a resident of a shelter for battered women as defined in section 611A.37, subdivision 4.

(b) If an application does not indicate the election for which absentee ballots are sought, the county auditor or municipal clerk shall mail or deliver only the ballots for the next election occurring after receipt of the application. Only one set of ballots may be mailed, shipped, or delivered to an applicant for any election, except as provided in section 203B.13, subdivision 2, or when a replacement ballot has been requested by the voter for a ballot that has been spoiled or lost in transit.

Sec. 5. Minnesota Statutes 2006, section 203B.07, subdivision 2, is amended to read:

Subd. 2. **Design of envelopes.** The return envelope shall be of sufficient size to conveniently enclose and contain the ballot envelope and a voter registration card folded along its perforations. The return envelope shall be designed to open on the left-hand end. Notwithstanding any rule to the contrary, the return envelope must be designed in one of the following ways:

- (1) it must be of sufficient size to contain an additional envelope that when sealed, conceals the signature, identification, and other information; or

(2) it must provide an additional flap that when sealed, conceals the signature, identification, and other information. Election officials may open the flap or the additional envelope at any time after receiving the returned ballot to inspect the returned certificate for completeness or to ascertain other information. A certificate of eligibility to vote by absentee ballot shall be printed on the back of the envelope. The certificate shall contain a statement to be signed and sworn by the voter indicating that the voter meets all of the requirements established by law for voting by absentee ballot. If the voter was not previously registered, the certificate shall also contain a statement signed by a person who is registered to vote in Minnesota or by a notary public or other individual authorized to administer oaths stating that:

- (a) the ballots were displayed to that individual unmarked;
- (b) the voter marked the ballots in that individual's presence without showing how they were marked, or, if the voter was physically unable to mark them, that the voter directed another individual to mark them; and
- (c) ~~if the voter was not previously registered~~, the voter has provided proof of residence as required by section 201.061, subdivision 3.

The county auditor or municipal clerk shall affix first class postage to the return envelopes.

Sec. 6. Minnesota Statutes 2006, section 203B.11, subdivision 4, is amended to read:

Subd. 4. **Agent delivery of ballots.** During the ~~four~~ seven days preceding an election and until 2:00 p.m. on election day, an eligible voter who would have difficulty getting to the polls because of health reasons, or who is disabled, or who is a patient of a health care facility, a resident of a facility providing assisted living services governed by chapter 144G, a participant in a residential program for adults licensed under section 245A.02, subdivision 14, or a resident of a shelter for battered women as defined in section 611A.37, subdivision 4, may designate an agent to deliver the ballots to the voter from the county auditor or municipal clerk. A candidate at the election may not be designated as an agent. The voted ballots must be returned to the county auditor or municipal clerk no later than 3:00 p.m. on election day. The voter must complete an affidavit requesting the auditor or clerk to provide the agent with the ballots in a sealed transmittal envelope. The affidavit must include a statement from the voter stating that the ballots were delivered to the voter by the agent in the sealed transmittal envelope. An agent may deliver ballots to no more than three persons in any election. The secretary of state shall provide samples of the affidavit and transmission envelope for use by the county auditors.

Sec. 7. **REPEALER.**

Minnesota Statutes 2006, section 203B.04, subdivision 5, is repealed."

Amend the title as follows:

Page 1, line 2, delete "making it easier to vote by absentee ballot" and insert "expanding eligibility to vote by absentee ballot; providing for delivery of absentee ballots to an agent of certain persons and return of ballots by the agent; providing for ongoing delivery of absentee ballots on request without application under certain conditions; expanding time for agent delivery of absentee ballots; eliminating requirement that absentee ballots cast by voters previously registered be witnessed or notarized; authorizing rulemaking"

Amend the title numbers accordingly

And when so amended the bill do pass and be re-referred to the Committee on Finance. Amendments adopted. Report adopted.

Senator Chaudhary from the Committee on Environment and Natural Resources, to which was referred

S.F. No. 150: A bill for an act relating to game and fish; adding trapping to the small game and sporting lifetime licenses; amending Minnesota Statutes 2006, section 97A.473, subdivisions 3, 5.

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

Page 2, after line 5, insert:

"Sec. 3. **EFFECTIVE DATE.**

Sections 1 and 2 are effective the day following final enactment and apply retroactively to licenses issued after February 28, 2001."

And when so amended the bill do pass and be re-referred to the Committee on Finance. Amendments adopted. Report adopted.

Senator Chaudhary from the Committee on Environment and Natural Resources, to which was referred

S.F. No. 282: A bill for an act relating to game and fish; modifying angling license fees; amending Minnesota Statutes 2006, section 97A.475, subdivision 6.

Reports the same back with the recommendation that the bill be re-referred to the Committee on Finance without recommendation. Report adopted.

Senator Chaudhary from the Committee on Environment and Natural Resources, to which was referred

S.F. No. 262: A bill for an act relating to game and fish; modifying nonresident hunting fees; amending Minnesota Statutes 2006, section 97A.475, subdivision 3.

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

Page 1, line 17, strike the first comma and insert "or" and strike "fox, or coyote,"

Page 1, after line 19, insert:

"Sec. 2. Minnesota Statutes 2006, section 97B.601, subdivision 3, is amended to read:

Subd. 3. **Nonresidents: raccoon, or bobcat, ~~fox, coyote.~~** A nonresident may not take raccoon, or bobcat, ~~fox, or coyote~~ by firearms without a separate license to take that animal in addition to a small game license."

Amend the title as follows:

Page 1, line 2, after the second semicolon, insert "modifying license requirement for nonresidents taking certain species;"

Amend the title numbers accordingly

And when so amended the bill do pass and be re-referred to the Committee on Finance. Amendments adopted. Report adopted.

Senator Murphy from the Committee on Transportation, to which was referred

S.F. No. 122: A bill for an act relating to traffic regulations; requiring passenger restraint for children under the age of eight in motor vehicles; amending Minnesota Statutes 2006, section 169.685, subdivision 5.

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

Page 1, line 17, strike "may" and insert "must" and strike "or the amount reduced"

Page 1, after line 23, insert:

"Sec. 2. Minnesota Statutes 2006, section 169.685, subdivision 6, is amended to read:

Subd. 6. **Exceptions.** (a) This section does not apply to:

(1) a person transporting a child in an emergency medical vehicle while in the performance of official duties and when the physical or medical needs of the child make the use of a child passenger restraint system unreasonable or when a child passenger restraint system is not available; and

(2) a peace officer transporting a child while in the performance of official duties and when a child passenger restraint system is not available, provided that a seat belt must be substituted; ~~and~~

~~(3) a person while operating a motor vehicle for hire, including a taxi, airport limousine, and bus, but excluding a rented, leased, or borrowed motor vehicle.~~

(b) A child passenger restraint system is not required for a child who cannot, in the judgment of a licensed physician, be safely transported in a child passenger restraint system because of a medical condition, body size, or physical disability. A motor vehicle operator claiming exemption for a child under this paragraph must possess a typewritten statement from the physician stating that the child cannot be safely transported in a child passenger restraint system. The statement must give the name and birth date of the child, be dated within the previous six months, and be made on the physician's letterhead or contain the physician's name, address, and telephone number. A person charged with violating subdivision 5 may not be convicted if the person produces the physician's statement in court or in the office of the arresting officer.

(c) A person offering a motor vehicle for rent or lease shall provide a child passenger restraint device to a customer renting or leasing the motor vehicle who requests the device. A reasonable rent or fee may be charged for use of the child passenger restraint device."

Amend the title numbers accordingly

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

Senator Moua from the Committee on Judiciary, to which was referred

S.F. No. 322: A bill for an act relating to civil commitment; expanding early intervention services; amending Minnesota Statutes 2006, section 253B.065, subdivision 5.

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

Page 2, line 6, after "finds" insert "by clear and convincing evidence"

And when so amended the bill do pass and be re-referred to the Committee on Finance. Amendments adopted. Report adopted.

Senator Moua from the Committee on Judiciary, to which was referred

S.F. No. 463: A bill for an act relating to notaries public; increasing maximum fees; amending Minnesota Statutes 2006, section 357.17.

Reports the same back with the recommendation that the bill do pass. Report adopted.

Senator Moua from the Committee on Judiciary, to which was re-referred

S.F. No. 167: A bill for an act relating to unemployment insurance; making various policy, housekeeping, and style changes to the Minnesota Unemployment Insurance Law; incorporating certain administrative rules into Minnesota Statutes; modifying fraud penalties; amending Minnesota Statutes 2006, sections 268.001; 268.03, subdivisions 1, 2; 268.035, subdivisions 1, 4, 9, 10, 11, 12, 13, 14, 15, 17, 20, 21a, 23, 23a, 24, 26, 29, 30, by adding a subdivision; 268.042, subdivisions 1, 3, 4; 268.043; 268.0435; 268.044, subdivisions 1, 1a, 2, 3, 4; 268.045, subdivision 1; 268.046; 268.047, subdivisions 1, 2, 3, 5; 268.051, subdivisions 1, 1a, 2, 3, 4, 4a, 5, 6, 7, 8, 9; 268.052, subdivisions 1, 2, 3, 4, 5; 268.0525; 268.053, subdivisions 1, 2, 3; 268.057, subdivisions 1, 2, 3, 4, 5, 6, 7, 10; 268.058; 268.059; 268.0625, subdivisions 4, 5; 268.063; 268.064; 268.065, subdivisions 1, 3; 268.066; 268.067; 268.0675; 268.068; 268.069, subdivisions 1, 2, 3; 268.07, subdivisions 1, 2, 3a, 3b; 268.084; 268.085, subdivisions 1, 2, 3, 3a, 4, 5, 6, 7, 8, 9, 11, 12, 13, 13a, 13b, 13c, 16; 268.086, subdivisions 1, 2, 3, 5, 6, 7, 8, 9; 268.087; 268.095, subdivisions 1, 2, 3, 4, 5, 6, 6a, 7, 10, 11; 268.101; 268.103, subdivisions 1, 2; 268.105, subdivisions 1, 2, 3, 3a, 4, 5, 6, 7; 268.115; 268.125, subdivisions 3, 4, 5; 268.131, subdivision 1; 268.135; 268.145, subdivisions 1, 2, 3; 268.155; 268.18, subdivisions 1, 2, 2b, 4, 5, 6; 268.182, subdivisions 1, 2; 268.184, subdivisions 1, 1a; 268.186; 268.188; 268.19, subdivisions 1, 1a, 2; 268.192; 268.194, subdivisions 1, 2, 3, 4, 5, 6; 268.196, subdivisions 1, 3; 268.20; 268.21; 268.22; 268.23; proposing coding for new law in Minnesota Statutes, chapter 268; repealing Minnesota Statutes 2006, sections 268.0435; 268.0511; 268.085, subdivision 10; 268.103, subdivision 4; Minnesota Rules, parts 3315.0210; 3315.0220; 3315.0515; 3315.0520; 3315.0525; 3315.0530, subparts 2, 3, 4, 5, 6; 3315.0540; 3315.0550; 3315.0910, subparts 1, 2, 3, 4, 5, 6, 7, 8; 3315.1005, subparts 1, 3; 3315.1315, subpart 4; 3315.2010; 3315.2810, subparts 2, 4.

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

Page 16, line 22, reinstate the stricken comma

Page 16, line 23, strike the period

And when so amended the bill do pass and be re-referred to the Committee on Finance. Amendments adopted. Report adopted.

Senator Murphy from the Committee on Transportation, to which was referred

S.F. No. 247: A bill for an act relating to traffic regulations; doubling fine for moving violation committed while operating mobile phone; providing affirmative defense to doubled fine; amending Minnesota Statutes 2006, section 169.89, by adding a subdivision.

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

Page 1, line 19, delete "a first aid squad" and insert "any person or group providing emergency medical services"

And when so amended the bill do pass and be re-referred to the Committee on Judiciary. Amendments adopted. Report adopted.

SECOND READING OF SENATE BILLS

S.F. Nos. 538, 26, 122 and 463 were read the second time.

MOTIONS AND RESOLUTIONS

Senator Cohen moved that the name of Senator Erickson Ropes be added as a co-author to S.F. No. 9. The motion prevailed.

Senator Erickson Ropes moved that the name of Senator Pappas be added as a co-author to S.F. No. 408. The motion prevailed.

Senator Tomassoni moved that the names of Senators Berglin and Lourey be added as co-authors to S.F. No. 473. The motion prevailed.

Senator Olson, G. moved that the names of Senators Hann and Limmer be added as co-authors to S.F. No. 506. The motion prevailed.

Senator Kubly moved that the name of Senator Marty be added as a co-author to S.F. No. 538. The motion prevailed.

Senator Bonoff moved that the names of Senators Rest and Clark be added as co-authors to S.F. No. 589. The motion prevailed.

Senator Bonoff moved that the name of Senator Rest be added as a co-author to S.F. No. 593. The motion prevailed.

Senator Pappas moved that the name of Senator Scheid be added as a co-author to S.F. No. 651. The motion prevailed.

Senator Sieben moved that the name of Senator Pappas be added as a co-author to S.F. No. 722. The motion prevailed.

Senator Tomassoni moved that the name of Senator Rest be added as a co-author to S.F. No. 734. The motion prevailed.

Senator Stumpf moved that the name of Senator Wiger be added as a co-author to S.F. No. 750. The motion prevailed.

Senator Rummel moved that the name of Senator Wiger be added as a co-author to S.F. No. 762. The motion prevailed.

Senator Sieben moved that S.F. No. 728 be withdrawn from the Committee on Energy, Utilities, Technology and Communications and re-referred to the Committee on Environment and Natural Resources. The motion prevailed.

Senator Ingebrigtsen introduced –

Senate Resolution No. 38: A Senate resolution congratulating David A. Schmidt of Alexandria, Minnesota, for receiving the Eagle Award.

Referred to the Committee on Rules and Administration.

Senator Michel introduced –

Senate Resolution No. 39: A Senate resolution recognizing April 9, 2007, as the 65th anniversary of the start of the Bataan Death March.

Referred to the Committee on Rules and Administration.

CALENDAR

H.F. No. 110: A bill for an act relating to waters; enacting the Great Lakes – St. Lawrence River Basin Water Resources Compact; proposing coding for new law in Minnesota Statutes, chapter 103G.

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 57 and nays 3, as follows:

Those who voted in the affirmative were:

Anderson	Foley	Latz	Pappas	Sieben
Berglin	Frederickson	Lourey	Pariseau	Skoe
Betzold	Gerlach	Lynch	Pogemiller	Skogen
Bonoff	Gimse	Marty	Prettner Solon	Sparks
Carlson	Hann	Metzen	Rest	Stumpf
Clark	Higgins	Michel	Robling	Tomassoni
Cohen	Ingebrigtsen	Moua	Rosen	Vickerman
Dibble	Johnson	Murphy	Rummel	Wergin
Dille	Jungbauer	Neuville	Saxhaug	Wiger
Doll	Kubly	Olseen	Scheid	
Erickson Ropes	Langseth	Olson, G.	Senjem	
Fischbach	Larson	Olson, M.	Sheran	

Those who voted in the negative were:

Koch

Limmer

Vandever

So the bill passed and its title was agreed to.

S.F. No. 321: A bill for an act relating to state government; including independent nonprofit firefighting corporations for joint exercise of powers agreements; amending Minnesota Statutes 2006, section 471.59, subdivision 1.

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:

Anderson	Frederickson	Larson	Olson, G.	Senjem
Berglin	Gerlach	Latz	Olson, M.	Sheran
Betzold	Gimse	Limmer	Pappas	Sieben
Bonoff	Hann	Lourey	Pariseau	Skoe
Clark	Higgins	Lynch	Pogemiller	Skogen
Cohen	Ingebrigtsen	Marty	Prettner Solon	Sparks
Dibble	Johnson	Metzen	Rest	Stumpf
Dille	Jungbauer	Michel	Robling	Tomassoni
Doll	Koch	Moua	Rosen	Vandever
Erickson Ropes	Koering	Murphy	Rummel	Vickerman
Fischbach	Kubly	Neuville	Saxhaug	Wergin
Foley	Langseth	Olseen	Scheid	Wiger

So the bill passed and its title was agreed to.

CONSENT CALENDAR

S.F. No. 54: A bill for an act relating to economic development; dissolving the Hibbing Area Redevelopment Agency; transferring assets and liabilities to the Hibbing Economic Development Authority.

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 58 and nays 0, as follows:

Those who voted in the affirmative were:

Anderson	Gerlach	Limmer	Pappas	Sieben
Berglin	Gimse	Lourey	Pariseau	Skoe
Betzold	Higgins	Lynch	Pogemiller	Skogen
Bonoff	Ingebrigtsen	Marty	Prettner Solon	Sparks
Clark	Johnson	Metzen	Rest	Stumpf
Cohen	Jungbauer	Michel	Robling	Tomassoni
Dibble	Koch	Moua	Rosen	Vandever
Dille	Koering	Murphy	Rummel	Vickerman
Erickson Ropes	Kubly	Neuville	Saxhaug	Wergin
Fischbach	Langseth	Olseen	Scheid	Wiger
Foley	Larson	Olson, G.	Senjem	
Frederickson	Latz	Olson, M.	Sheran	

So the bill passed and its title was agreed to.

GENERAL ORDERS

The Senate resolved itself into a Committee of the Whole, with Senator Metzen in the chair.

After some time spent therein, the committee arose, and Senator Metzen reported that the committee had considered the following:

S.F. No. 372, which the committee recommends to pass.

S.F. No. 302, which the committee recommends to pass with the following amendment offered by Senator Neville:

Page 2, line 32, strike "or"

Page 2, line 34, strike the period and insert "; or"

Page 2, after line 34, insert:

"(8) where the driver had actual knowledge that the motor vehicle was defectively maintained and the injury or death was caused by the defective maintenance."

Page 4, delete lines 13 to 17

The motion prevailed. So the amendment was adopted.

On motion of Senator Pogemiller, the report of the Committee of the Whole, as kept by the Secretary, was adopted.

INTRODUCTION AND FIRST READING OF SENATE BILLS

The following bills were read the first time.

Senators Skoe, Tomassoni, Clark and Cohen introduced—

S.F. No. 786: A bill for an act relating to higher education; modifying the state grant program; appropriating money; amending Minnesota Statutes 2006, sections 136A.121, subdivisions 5, 6; 136A.125, subdivision 4.

Referred to the Committee on Finance.

Senators Dibble, Rummel, Anderson and Torres Ray introduced—

S.F. No. 787: A bill for an act relating to education; establishing a three-year pilot program to provide high school students with career and college counseling; exploring data collection, accountability, and reporting system options to evaluate the impact of career and counseling programs on subsequent school and work choices of high school graduates; establishing a research consortium; appropriating money.

Referred to the Committee on Finance.

Senators Dibble, Clark and Anderson introduced—

S.F. No. 788: A bill for an act relating to education finance; authorizing the commissioner of education to waive the General Education Development (GED) test fee under certain circumstances; amending Minnesota Statutes 2006, section 124D.55.

Referred to the Committee on Finance.

Senators Torres Ray, Marty and Moua introduced—

S.F. No. 789: A bill for an act relating to education; providing for youth mental health screening and suicide prevention; appropriating money.

Referred to the Committee on Finance.

Senator Wergin introduced—

S.F. No. 790: A bill for an act relating to education finance; authorizing a levy for Independent School District No. 480, Onamia.

Referred to the Committee on Finance.

Senators Scheid; Olson, G.; Wergin and Anderson introduced—

S.F. No. 791: A bill for an act relating to education; appropriating money for professional development for teachers.

Referred to the Committee on Finance.

Senators Scheid and Neuville introduced—

S.F. No. 792: A bill for an act relating to trust companies; limited purpose companies; making nonsubstantive term changes; amending Minnesota Statutes 2006, section 48A.03, subdivision 5.

Referred to the Committee on Judiciary.

Senators Chaudhary, Limmer, Skogen and Marty introduced—

S.F. No. 793: A bill for an act relating to consumer protection; restricting the use of Social Security numbers; amending Minnesota Statutes 2006, section 325E.59, subdivision 1, by adding a subdivision; repealing Minnesota Statutes 2006, section 325E.59, subdivision 2.

Referred to the Committee on Commerce and Consumer Protection.

Senators Neuville and Scheid introduced—

S.F. No. 794: A bill for an act relating to real property; providing for homestead property; amending Minnesota Statutes 2006, sections 510.02; 510.05; 550.175, subdivisions 1, 4, by adding a subdivision; 550.18; 550.19; 550.22; 550.24; 580.24; proposing coding for new law in Minnesota Statutes, chapter 550.

Referred to the Committee on Judiciary.

Senators Olson, M.; Moua and Foley introduced–

S.F. No. 795: A bill for an act relating to guardians and conservators; changing certain requirements and procedures; amending Minnesota Statutes 2006, sections 245.91, by adding subdivisions; 245.94, subdivisions 1, 3, 4; 524.5-316; 524.5-502.

Referred to the Committee on Judiciary.

Senator Saxhaug introduced–

S.F. No. 796: A bill for an act relating to education; modifying the Online Learning Option Act; amending Minnesota Statutes 2006, sections 124D.095, subdivisions 3, 4, 7, 8; 124D.096.

Referred to the Committee on Education.

Senators Koch, Tomassoni, Ortman and Pariseau introduced–

S.F. No. 797: A bill for an act relating to state government; appropriating money for jobs and economic development; modifying mortgage licensing requirements; modifying programs; regulating activities and practices; recodifying and modifying construction codes and licensing provisions; modifying the State Building Code; providing penalties; instructing the revisor to renumber statutory provisions; amending Minnesota Statutes 2006, sections 16B.04, subdivision 2; 16B.60, subdivisions 4, 7, 8, 11; 16B.61; 16B.615, subdivision 4; 16B.617; 16B.6175; 16B.63; 16B.65; 16B.70; 16B.72; 16B.73; 16B.735; 16B.74, subdivisions 1, 2, by adding subdivisions; 16B.741; 16B.744; 16B.745, subdivisions 1, 4; 16B.747; 16B.748; 16B.76; 31.175; 58.04, subdivisions 1, 2; 58.05; 58.06, subdivision 2, by adding a subdivision; 58.08, subdivision 3; 58.10, subdivision 1; 80A.28, subdivision 1; 103I.621, subdivision 3; 116J.551, subdivision 1; 116J.575, subdivisions 1, 1a; 144.122; 144.99, subdivision 1; 175.16, subdivision 1; 179A.04, subdivision 3; 183.38; 183.39, subdivision 1; 183.411, subdivision 2; 183.42; 183.45; 183.46; 183.465; 183.466; 183.48; 183.501; 183.505; 183.51; 183.54, subdivisions 1, 3; 183.545, subdivisions 2, 4, 8, by adding a subdivision; 183.56; 183.57, subdivisions 1, 2, 5, 6; 183.59; 183.60; 183.61, subdivisions 2, 4; 214.01, subdivision 3; 214.04, subdivisions 1, 3; 270.97; 299F.011, subdivision 1; 325E.58; 326.01, subdivisions 2, 3, 4, 5, 6, 6a, 6b, 6c, 6e, 6f, 6g, 6j, 6k, 6l, 7, 8, 9; 326.241; 326.242; 326.243; 326.244, subdivisions 1, 1a, 2, 3, 4, 5, by adding a subdivision; 326.2441; 326.245; 326.247; 326.248; 326.37; 326.38; 326.39; 326.40; 326.401; 326.405; 326.42; 326.46; 326.461, by adding subdivisions; 326.47; 326.48; 326.50; 326.57, subdivision 1; 326.58; 326.59; 326.60; 326.601; 326.61, subdivisions 1, 2, 3, 4; 326.62; 326.65; 326.83, subdivisions 6, 7, 11, 18, 19, 20; 326.84; 326.841; 326.842; 326.86; 326.87; 326.88; 326.89; 326.90, subdivision 1; 326.91, subdivision 1; 326.92; 326.921; 326.93; 326.94; 326.95, subdivision 2; 326.96; 326.97; 326.975, subdivision 1; 326.992; 327.20, subdivision 1; 327.205; 327.31, subdivisions 2, 3, 4, 7, 15, by adding a subdivision; 327.32, subdivision 8; 327.33, subdivisions 2, 6, 7; 327.34, subdivision 3; 327.35, subdivisions 1, 2; 327A.01, subdivision 2; 327B.01, subdivisions 4, 5, 7, 17, by adding subdivisions; 327B.04, subdivisions 1, 4, 6, 7, 8, by adding a subdivision; 327B.05, subdivision 1; 327B.10; 332.54, subdivision 7; 363A.40, subdivision 1; 462.357, subdivision 6a; 462A.07, subdivision 8; 462A.21, subdivision 8b; 462A.33, subdivision 3; 471.465; 471.466; 471.467; 471.471; proposing coding for new law in Minnesota Statutes, chapters 58; 327B;

609; proposing coding for new law as Minnesota Statutes, chapter 326B; repealing Minnesota Statutes 2006, sections 16B.665; 16B.747, subdivision 4; 58.08, subdivision 1; 183.001; 183.02; 183.375, subdivisions 1, 2, 3, 4, 5, 6; 183.41, subdivisions 1, 2, 3, 4; 183.44, subdivisions 1, 2, 3; 183.52; 183.54, subdivision 2; 183.545, subdivision 9; 183.61, subdivisions 1, 3, 5, 6; 326.01, subdivisions 6h, 10, 11, 12, 13; 326.242, subdivisions 9, 9a, 9b, 9c, 9d, 9e, 9f, 9g, 9h, 9i, 9j, 9k, 10; 326.244, subdivision 6; 326.246; 326.2461; 326.40, subdivision 4; 326.41; 326.44; 326.45; 326.47, subdivision 5; 326.51; 326.52; 326.521; 326.64; 326.83, subdivisions 3, 4, 12, 13; 326.85; 326.875; 326.91, subdivisions 2, 3, 4; 326.945; 326.975; 326.98; 327B.05, subdivisions 2, 3, 4, 5, 6; Minnesota Rules, parts 2809.0230; 2891.0010; 2891.0030; 3800.2650; 3800.3580; 3800.3590; 3800.3630; 3800.3750; 3800.3835; 4715.5600; 4715.5900; 4717.7000, subpart 1, item I; 5225.0880; 5225.8600, subparts 1, 2, 3, 4, 5, 6, 7, 8, 9; 5230.0010; 5230.0020; 5230.0040; 5230.0060, subpart 2; 5230.0100, subparts 1, 3, 4.

Referred to the Committee on Business, Industry and Jobs.

Senators Murphy, Bonoff, Olseen, Langseth and Rest introduced—

S.F. No. 798: A bill for an act relating to transportation; increasing motor fuel tax rates and providing for annual adjustments; expanding authority of counties to levy wheelage taxes; increasing base tax on passenger automobiles; authorizing counties to impose sales tax for transportation purposes; authorizing cities and counties to impose transportation impact fees; authorizing issuance of state trunk highway bonds for trunk highway improvements; authorizing issuance of state transportation bonds for construction and reconstruction of key local bridges; modifying distribution of county state-aid highway fund; exempting certain criteria from Administrative Procedure Act; making clarifying changes; appropriating money; amending Minnesota Statutes 2006, sections 162.07, subdivision 1, by adding subdivisions; 163.051; 168.013, subdivision 1a; 174.52, subdivision 5; 296A.07, subdivision 3; 296A.08, subdivision 2; proposing coding for new law in Minnesota Statutes, chapters 296A; 297A; 426.

Referred to the Committee on Transportation.

Senators Higgins and Dibble introduced—

S.F. No. 799: A bill for an act relating to licensing; changing certification for interior designers to licensing requirements; amending Minnesota Statutes 2006, section 326.02, subdivision 4b.

Referred to the Committee on Commerce and Consumer Protection.

Senators Moua, Pogemiller, Limmer, Dibble and Bakk introduced—

S.F. No. 800: A bill for an act relating to taxation; extending a sales tax exemption on construction materials for low-income housing to limited partnerships in which the sole general partner is a nonprofit corporation; amending Minnesota Statutes 2006, section 297A.71, subdivision 23.

Referred to the Committee on Taxes.

Senator Robling introduced–

S.F. No. 801: A bill for an act relating to government finance; appropriating money for general legislative and administrative expenses of state government; regulating state and local government operations; establishing a grant management process; amending Minnesota Statutes 2006, sections 3.987, subdivision 1; 3.988, subdivision 3; 3.989, subdivisions 2, 3; 15B.17, subdivision 1; 16A.103, subdivision 2; 16A.1286, subdivision 2; 16A.28, subdivision 1; 270B.14, by adding a subdivision; proposing coding for new law in Minnesota Statutes, chapters 13; 16B; repealing Minnesota Statutes 2006, section 13.39; Laws 2006, chapter 253, section 22.

Referred to the Committee on State and Local Government Operations and Oversight.

Senators Koering, Berglin, Kubly, Marty and Erickson Ropes introduced–

S.F. No. 802: A bill for an act relating to health; mortuary science; changing provisions dealing with mortuary science; amending Minnesota Statutes 2006, sections 149A.01, subdivisions 2, 3; 149A.02, subdivisions 2, 8, 11, 12, 13, 16, 19, 29, 33, 34, 36, 40, by adding subdivisions; 149A.03; 149A.20, subdivisions 1, 4, 6; 149A.40, subdivision 11; 149A.45, by adding subdivisions; 149A.50, subdivisions 2, 4; 149A.52, subdivision 4, by adding a subdivision; 149A.53, by adding a subdivision; 149A.63; 149A.70, subdivisions 1, 3, 5, 5a, 6, 7, 8, 9; 149A.71, subdivisions 2, 4; 149A.72, subdivision 4; 149A.74, subdivision 1; 149A.80, subdivisions 1, 2, 3; 149A.90, subdivisions 1, 3, 4, 5, 6, 7, 8; 149A.91, subdivisions 2, 3, 5, 6, 10; 149A.92, subdivisions 2, 6; 149A.93, subdivisions 1, 2, 3, 6, 8, by adding a subdivision; 149A.94, subdivisions 1, 3; 149A.95, subdivisions 2, 4, 6, 7, 9, 13, 14, 15, 20, by adding a subdivision; 149A.96, subdivision 1; repealing Minnesota Statutes 2006, sections 149A.93, subdivision 9; 149A.94, subdivision 2.

Referred to the Committee on Health, Housing and Family Security.

Senators Anderson, Olseen, Skoe and Robling introduced–

S.F. No. 803: A bill for an act relating to education finance; increasing funding for the early childhood family education program; increasing the minimum population guarantee used to calculate early childhood family education program revenue; increasing the revenue for the home visiting early childhood family education program; amending Minnesota Statutes 2006, section 124D.135, subdivisions 1, 6.

Referred to the Committee on Finance.

Senators Tomassoni, Bakk, Saxhaug, Olson, M. and Metzen introduced–

S.F. No. 804: A bill for an act relating to unemployment insurance; providing extra unemployment benefits for certain workers laid off from the Ainsworth Lumber Company.

Referred to the Committee on Business, Industry and Jobs.

Senators Tomassoni, Scheid, Dibble and Prettner Solon introduced–

S.F. No. 805: A bill for an act relating to insurance; regulating health plan coverage for hearing aids; amending Minnesota Statutes 2006, section 62Q.675.

Referred to the Committee on Commerce and Consumer Protection.

Senators Neuville and Higgins introduced—

S.F. No. 806: A bill for an act relating to child support; requiring consideration of a child's residence in a foreign country when deviating from the presumptive child support amount; amending Minnesota Statutes 2006, section 518A.43, subdivision 1.

Referred to the Committee on Judiciary.

Senators Dille, Vickerman, Erickson Ropes, Skoe and Koering introduced—

S.F. No. 807: A bill for an act relating to property tax refunds; exempting from the definition of household income the amount of any military disability pay received by a veteran from the federal government; amending Minnesota Statutes 2006, section 290A.03, subdivision 3.

Referred to the Committee on Taxes.

Senators Michel, Wiger, Murphy and Hann introduced—

S.F. No. 808: A bill for an act relating to traffic regulations; enacting the Safe School Zone Law; making clarifying and technical changes; amending Minnesota Statutes 2006, sections 169.01, by adding a subdivision; 169.14, subdivisions 2, 4, 5a.

Referred to the Committee on Transportation.

Senators Higgins, Scheid, Sparks, Metzen and Rosen introduced—

S.F. No. 809: A bill for an act relating to mortgages; prohibiting predatory lending practices; amending Minnesota Statutes 2006, sections 58.13, subdivision 1; 58.137, subdivision 1; 58.15; 58.16.

Referred to the Committee on Commerce and Consumer Protection.

Senators Anderson, Rummel, Bonoff and Torres Ray introduced—

S.F. No. 810: A bill for an act relating to education finance; authorizing a school district to include energy efficiency improvement projects in its alternative facilities plan; amending Minnesota Statutes 2006, sections 123B.59, subdivisions 1, 2; 216C.37, subdivision 2.

Referred to the Committee on Finance.

Senators Larson, Michel and Doll introduced—

S.F. No. 811: A bill for an act relating to property taxation; eliminating the city of Bloomington's obligation to make additional contributions to fiscal disparities pool; amending Minnesota Statutes 2006, sections 473F.01, subdivision 2; 473F.08, subdivisions 5, 7a; repealing Minnesota Statutes 2006, section 473F.08, subdivision 3a.

Referred to the Committee on Taxes.

Senators Higgins, Foley, Scheid, Moua and Neuville introduced—

S.F. No. 812: A bill for an act relating to public safety; appropriating money for squad car camera technology upgrade grants.

Referred to the Committee on Finance.

Senators Higgins, Scheid, Moua, Latz and Neuville introduced—

S.F. No. 813: A bill for an act relating to public safety; appropriating money to replace eliminated federal funds.

Referred to the Committee on Finance.

Senators Higgins, Scheid, Moua and Anderson introduced—

S.F. No. 814: A bill for an act relating to public safety; appropriating money for Asian-American juvenile crime prevention grants.

Referred to the Committee on Finance.

Senators Higgins, Scheid, Moua, Sheran and Pappas introduced—

S.F. No. 815: A bill for an act relating to public safety; appropriating money for local units of government to hire peace officers and to pay overtime for peace officers.

Referred to the Committee on Finance.

Senators Higgins, Prettner Solon, Scheid, Moua and Sheran introduced—

S.F. No. 816: A bill for an act relating to health; expanding private health insurance coverage of young adult dependents by including those not enrolled as full-time students; amending Minnesota Statutes 2006, sections 62E.02, subdivision 7; 62L.02, subdivision 11; repealing Minnesota Statutes 2006, section 62A.301.

Referred to the Committee on Commerce and Consumer Protection.

Senators Anderson, Higgins, Erickson Ropes, Dille and Koering introduced—

S.F. No. 817: A bill for an act relating to labor; allowing the commissioner of labor and industry to issue orders of compliance relating to overtime for nurses; amending Minnesota Statutes 2006, sections 177.27, subdivision 4; 181.275, subdivisions 1, 2; repealing Minnesota Statutes 2006, section 181.275, subdivision 4.

Referred to the Committee on Business, Industry and Jobs.

Senators Erickson Ropes, Murphy, Skogen, Kubly and Dille introduced—

S.F. No. 818: A bill for an act relating to agriculture; establishing a dairy animal revolving loan program; appropriating money; amending Minnesota Statutes 2006, section 41B.06; proposing

coding for new law in Minnesota Statutes, chapter 41B.

Referred to the Committee on Finance.

Senators Erickson Ropes, Foley, Langseth, Ingebrigtsen and Jungbauer introduced—

S.F. No. 819: A bill for an act relating to state government; designating veteran-owned small businesses as targeted group businesses for purposes of awarding certain state and metro agency procurement contracts; amending Minnesota Statutes 2006, section 16C.16, subdivision 5.

Referred to the Committee on State and Local Government Operations and Oversight.

Senators Bakk and Chaudhary introduced—

S.F. No. 820: A bill for an act relating to taxation; requiring withholding on certain contractor payments; amending Minnesota Statutes 2006, section 290.92, by adding a subdivision.

Referred to the Committee on Taxes.

Senators Saltzman, Betzold, Clark, Senjem and Vickerman introduced—

S.F. No. 821: A bill for an act relating to capital improvements; appropriating money for the Disabled Veteran's Rest Camp; authorizing the sale and issuance of state bonds.

Referred to the Committee on Finance.

Senators Torres Ray, Wiger, Clark, Jungbauer and Scheid introduced—

S.F. No. 822: A bill for an act relating to education finance; increasing the funding for the community education youth service program; amending Minnesota Statutes 2006, section 124D.20, subdivisions 4, 4a.

Referred to the Committee on Finance.

Senators Moua, Latz, Higgins, Rosen and Neuville introduced—

S.F. No. 823: A bill for an act relating to public safety; authorizing organizations providing mentoring services to request criminal background checks from the Bureau of Criminal Apprehension; appropriating money; proposing coding for new law in Minnesota Statutes, chapter 299A.

Referred to the Committee on Judiciary.

Senators Moua, Skoe, Sparks and Limmer introduced—

S.F. No. 824: A bill for an act relating to taxation; extending the application of the 4d property tax classification; amending Minnesota Statutes 2006, section 273.128, subdivision 1.

Referred to the Committee on Taxes.

Senators Scheid, Latz, Rest and Higgins introduced—

S.F. No. 825: A bill for an act relating to insurance; requiring development of an electronic database of the insurance status of motor vehicles.

Referred to the Committee on Commerce and Consumer Protection.

Senators Sheran, Prettner Solon, Erickson Ropes and Olson, M. introduced—

S.F. No. 826: A bill for an act relating to state contracts; providing for a preference for vendors with certain mental health benefits; amending Minnesota Statutes 2006, section 16C.06, subdivision 7.

Referred to the Committee on State and Local Government Operations and Oversight.

Senators Higgins, Prettner Solon, Koering, Lourey and Torres Ray introduced—

S.F. No. 827: A bill for an act relating to health; requiring coverage for interpreter services for health plan and medical assistance enrollees; amending Minnesota Statutes 2006, section 256B.0625, subdivision 18a; proposing coding for new law in Minnesota Statutes, chapter 62Q.

Referred to the Committee on Health, Housing and Family Security.

Senators Higgins, Erickson Ropes, Sheran, Koering and Marty introduced—

S.F. No. 828: A bill for an act relating to employee health; establishing the "Safe Patient Handling Act"; requiring safe patient handling programs and committees to be established; appropriating money for safe patient handling grants; transferring money from the workers compensation special fund to the assigned risk safety account; proposing coding for new law in Minnesota Statutes, chapter 182.

Referred to the Committee on Business, Industry and Jobs.

Senator Olseen introduced—

S.F. No. 829: A bill for an act relating to education finance; providing a targeted all-day, everyday kindergarten program for Independent School District No. 138, North Branch; appropriating money.

Referred to the Committee on Finance.

Senators Lynch, Rosen, Larson, Higgins and Scheid introduced—

S.F. No. 830: A bill for an act relating to taxation; individual income; creating a citizenship credit; appropriating money; proposing coding for new law in Minnesota Statutes, chapter 290.

Referred to the Committee on Taxes.

Senator Larson introduced—

S.F. No. 831: A bill for an act relating to education finance; increasing the general education

basic formula allowance by three percent per year; amending Minnesota Statutes 2006, section 126C.10, subdivision 2.

Referred to the Committee on Finance.

Senators Johnson, Scheid and Vandever introduced—

S.F. No. 832: A bill for an act relating to commerce; regulating franchise agreements between outdoor sport equipment dealers and manufacturers; imposing title requirements; appropriating money; proposing coding for new law as Minnesota Statutes, chapters 80G; 86C; repealing Minnesota Statutes 2006, sections 86B.820; 86B.825; 86B.830; 86B.835; 86B.840; 86B.845; 86B.850; 86B.855; 86B.860; 86B.865; 86B.870; 86B.875; 86B.880; 86B.885; 86B.890; 86B.895; 86B.900; 86B.905; 86B.910; 86B.915; 86B.920.

Referred to the Committee on Commerce and Consumer Protection.

Senators Olson, M.; Dibble; Saltzman; Koering and Vandever introduced—

S.F. No. 833: A bill for an act relating to telecommunications; enacting the Minnesota Wireless Telephone Consumer Protection Act; changing certain existing requirements; amending Minnesota Statutes 2006, section 237.665; proposing coding for new law in Minnesota Statutes, chapter 325F; repealing Minnesota Statutes 2006, section 325F.695.

Referred to the Committee on Energy, Utilities, Technology and Communications.

Senator Olson, M. introduced—

S.F. No. 834: A bill for an act relating to capital investment; appropriating money for grants for ice skating rinks and arenas.

Referred to the Committee on Finance.

Senator Langseth introduced—

S.F. No. 835: A bill for an act relating to state government; changing provisions for state general obligation bond proceeds; amending Minnesota Statutes 2006, section 16A.695.

Referred to the Committee on Finance.

Senators Higgins, Berglin, Sieben and Rosen introduced—

S.F. No. 836: A bill for an act relating to taxation; imposing an excise tax on paint; amending Minnesota Statutes 2006, sections 270C.56, subdivision 1; 289A.01; 289A.02, subdivision 5; 289A.12, by adding a subdivision; 289A.18, by adding a subdivision; 289A.19, by adding a subdivision; 289A.20, by adding a subdivision; 289A.56, subdivision 3; proposing coding for new law as Minnesota Statutes, chapter 297J.

Referred to the Committee on Taxes.

Senators Koch and Rest introduced–

S.F. No. 837: A bill for an act relating to local government; Hennepin and Wright Counties; authorizing the Hennepin County Board and the Wright County Board to initiate a process for the change of county boundaries by resolution.

Referred to the Committee on State and Local Government Operations and Oversight.

Senators Neuville, Pariseau, Vickerman, Wergin and Robling introduced–

S.F. No. 838: A bill for an act relating to health; limiting use of funds for state-sponsored health programs for funding abortions.

Referred to the Committee on Health, Housing and Family Security.

Senator Clark introduced–

S.F. No. 839: A bill for an act relating to education; modifying certain early childhood education provisions; appropriating money; amending Minnesota Statutes 2006, sections 124D.13, subdivisions 1, 2, by adding a subdivision; 124D.135, subdivisions 3, 5, 6; proposing coding for new law in Minnesota Statutes, chapter 124D.

Referred to the Committee on Finance.

Senators Senjem and Lynch introduced–

S.F. No. 840: A bill for an act relating to property tax; authorizing a school district and a county to mutually agree to extend the time allowed before the date on which the proposed property tax levy is certified; amending Minnesota Statutes 2006, sections 126C.48, subdivision 2; 275.065, subdivisions 1, 1a.

Referred to the Committee on Taxes.

Senator Berglin introduced–

S.F. No. 841: A bill for an act relating to human services; repealing the nursing home surcharge; establishing a gross receipts tax on lodging and related services; reducing nursing facility reimbursement rates; amending Minnesota Statutes 2006, sections 256.9657, subdivision 4; 256B.431, subdivisions 37, 38; 256B.441, subdivision 13; proposing coding for new law in Minnesota Statutes, chapter 295; repealing Minnesota Statutes 2006, section 256.9657, subdivisions 1, 1a.

Referred to the Committee on Health, Housing and Family Security.

Senator Berglin introduced–

S.F. No. 842: A bill for an act relating to human services; requiring inpatient hospital services to be paid on a fee-for-services basis for the general assistance medical care program; amending Minnesota Statutes 2006, section 256D.03, subdivision 4.

Referred to the Committee on Finance.

Senator Berglin introduced—

S.F. No. 843: A bill for an act relating to human services; providing a rate increase for intermediate care facilities for persons with developmental disabilities, community service providers, and nursing facilities; appropriating money; amending Minnesota Statutes 2006, section 256B.5012, by adding a subdivision.

Referred to the Committee on Health, Housing and Family Security.

Senators Wergin, Prettner Solon, Bakk, Vandever and Tomassoni introduced—

S.F. No. 844: A bill for an act relating to capital improvements; authorizing spending to acquire and better public land and buildings and other improvements of a capital nature with certain conditions; authorizing the sale of state bonds; appropriating money; amending Laws 2006, chapter 258, sections 4, subdivision 4; 7, subdivision 11.

Referred to the Committee on Finance.

Senator Cohen introduced—

S.F. No. 845: A bill for an act proposing an amendment to the Minnesota Constitution by adding a section to article XI; increasing the sales tax rate by three-eighths of one percent and dedicating the receipts to a special fund to be appropriated by law.

Referred to the Committee on Finance.

Senator Cohen introduced—

S.F. No. 846: A bill for an act relating to state government; providing deficiency funding for certain state agencies; appropriating money.

Referred to the Committee on Finance.

Senator Berglin introduced—

S.F. No. 847: A bill for an act relating to commerce; prohibiting financial institutions from imposing a service charge to cash certain checks; amending Minnesota Statutes 2006, section 48.512, subdivision 7.

Referred to the Committee on Commerce and Consumer Protection.

Senators Olson, M.; Erickson Ropes; Koering; Rosen and Lourey introduced—

S.F. No. 848: A bill for an act relating to human services; appropriating money for senior citizen programs.

Referred to the Committee on Finance.

Senators Saxhaug, Ingebrigtsen, Koering and Bakk introduced–

S.F. No. 849: A bill for an act relating to natural resources; exempting certain exchanged land from the tax-forfeited land assurance fee; amending Laws 2006, chapter 236, article 1, section 21.

Referred to the Committee on Environment and Natural Resources.

Senators Saxhaug, Bakk, Skoe and Tomassoni introduced–

S.F. No. 850: A bill for an act relating to tax forfeited lands; providing for timber sales; amending Minnesota Statutes 2006, section 282.04, subdivision 1.

Referred to the Committee on Taxes.

Senator Higgins introduced–

S.F. No. 851: A bill for an act relating to public safety; expanding the crimes for which sex offender assessments must be conducted; amending Minnesota Statutes 2006, section 609.3457, subdivision 4.

Referred to the Committee on Judiciary.

Senators Higgins, Prettner Solon, Berglin and Clark introduced–

S.F. No. 852: A bill for an act relating to insurance; providing more affordable conversion health coverage as a bridge to Medicare for persons 60 to 65 years of age; amending Minnesota Statutes 2006, section 62A.65, subdivision 5.

Referred to the Committee on Health, Housing and Family Security.

Senators Torres Ray, Moua, Scheid and Anderson introduced–

S.F. No. 853: A bill for an act relating to education finance; authorizing certain students over the age of 21 who attend a contract alternative program to continue to receive instruction at that school until graduation; amending Minnesota Statutes 2006, section 124D.68, subdivisions 2, 3.

Referred to the Committee on Finance.

Senators Olseen, Pappas, Moua, Dibble and Lourey introduced–

S.F. No. 854: A bill for an act relating to state government; modifying the membership of an appointment process for the Council on Asian-Pacific Minnesotans; amending Minnesota Statutes 2006, section 3.9226, subdivision 1.

Referred to the Committee on State and Local Government Operations and Oversight.

Senators Metzen, Fischbach, Koering and Higgins introduced–

S.F. No. 855: A bill for an act relating to human services; modifying medical assistance coverage to include consultations with psychologists; increasing the medical assistance reimbursement rate

for critical access mental health services; amending Minnesota Statutes 2006, sections 256B.0625, subdivision 48; 256B.763.

Referred to the Committee on Health, Housing and Family Security.

Senators Dille and Moua introduced—

S.F. No. 856: A bill for an act relating to public safety; authorizing stays of adjudication in certain criminal cases involving consensual sexual relationships with an underaged victim; providing that offenders who receive these stays do not have to register as predatory offenders; classifying data; requiring existing sex education programs to address criminal sexual conduct laws; amending Minnesota Statutes 2006, sections 13.871, subdivision 3; 121A.23, subdivision 1; 243.166, by adding a subdivision; 609.095; proposing coding for new law in Minnesota Statutes, chapter 609.

Referred to the Committee on Judiciary.

Senators Berglin, Bonoff and Dibble introduced—

S.F. No. 857: A bill for an act relating to health; extending the essential community provider designation to a mental health provider located in Hennepin County; amending Minnesota Statutes 2006, section 62Q.19, subdivision 2.

Referred to the Committee on Health, Housing and Family Security.

Senators Torres Ray, Betzold and Berglin introduced—

S.F. No. 858: A bill for an act relating to human services; changing mental health provisions; authorizing a loan forgiveness program; establishing grants for culturally competent mental health services; appropriating money; amending Minnesota Statutes 2006, section 245.696, by adding a subdivision; proposing coding for new law in Minnesota Statutes, chapter 245.

Referred to the Committee on Health, Housing and Family Security.

Senators Marty, Latz, Dille and Betzold introduced—

S.F. No. 859: A bill for an act relating to criminal justice; authorizing reentry projects; appropriating money; proposing coding for new law in Minnesota Statutes, chapter 641.

Referred to the Committee on Finance.

Senators Erickson Ropes and Dille introduced—

S.F. No. 860: A bill for an act relating to mental health; authorizing examiners for Minnesota residents in bordering states; amending Minnesota Statutes 2006, section 245.50, subdivision 5.

Referred to the Committee on Health, Housing and Family Security.

Senators Dibble, Tomassoni, Dille and Betzold introduced—

S.F. No. 861: A bill for an act relating to employment; authorizing employment support for persons with mental illness; appropriating money.

Referred to the Committee on Finance.

Senators Erickson Ropes, Dille and Berglin introduced—

S.F. No. 862: A bill for an act relating to human services; mandating mental health training for foster parents; proposing coding for new law in Minnesota Statutes, chapter 245A.

Referred to the Committee on Health, Housing and Family Security.

Senators Erickson Ropes, Marty and Dille introduced—

S.F. No. 863: A bill for an act relating to human services; changing mental health provisions; establishing children's mental health grants; establishing a children's mental health work group; providing grants for trauma-focused, evidence-based practices to children; providing county reimbursement for respite care for children; requiring reports; appropriating money; amending Minnesota Statutes 2006, section 256L.07, subdivision 3; proposing coding for new law in Minnesota Statutes, chapter 245.

Referred to the Committee on Health, Housing and Family Security.

Senators Sheran and Berglin introduced—

S.F. No. 864: A bill for an act relating to human services; appropriating money for certain child support programs.

Referred to the Committee on Finance.

Senators Pappas, Anderson and Moua introduced—

S.F. No. 865: A bill for an act relating to jobs; awarding grants for the summer youth employment program; appropriating money to the city of St. Paul.

Referred to the Committee on Finance.

Senators Bonoff and Rest introduced—

S.F. No. 866: A bill for an act relating to highways; appropriating money from the trunk highway fund for construction of median safety barrier on marked Interstate Highway 494.

Referred to the Committee on Finance.

Senators Tomassoni, Dibble, Fischbach, Vickerman and Rosen introduced—

S.F. No. 867: A bill for an act relating to employment and economic development; appropriating money for Centers for Independent Living.

Referred to the Committee on Finance.

Senators Lourey, Senjem and Prettner Solon introduced—

S.F. No. 868: A bill for an act relating to occupations and professions; changing provisions for speech-language pathologists and audiologists; amending Minnesota Statutes 2006, section 148.515, subdivision 2, by adding a subdivision.

Referred to the Committee on Health, Housing and Family Security.

Senators Skoe and Jungbauer introduced—

S.F. No. 869: A bill for an act relating to motor vehicles; providing tax exemptions for emergency response vehicles and repair parts; amending Minnesota Statutes 2006, sections 168.012, subdivision 1; 296A.07, subdivision 4; 297A.67, subdivision 28.

Referred to the Committee on Taxes.

Senators Vickerman, Ingebrigtsen, Skoe, Dille and Skogen introduced—

S.F. No. 870: A bill for an act relating to taxation; property; providing for valuation of certain rural land abutting certain public waters; amending Minnesota Statutes 2006, section 273.11, by adding a subdivision.

Referred to the Committee on Taxes.

Senator Fischbach introduced—

S.F. No. 871: A bill for an act relating to transportation; requiring commissioner of transportation to reconvey encroached-upon right-of-way along marked Trunk Highway 23.

Referred to the Committee on Transportation.

Senator Fischbach introduced—

S.F. No. 872: A bill for an act relating to transportation; establishing reconveyance procedures for real property having errors or omissions in the title; amending Minnesota Statutes 2006, section 161.442.

Referred to the Committee on Transportation.

Senators Wergin, Jungbauer, Olseen and Rummel introduced—

S.F. No. 873: A bill for an act relating to capital improvements; appropriating money for a forensic crime lab in Anoka County; authorizing the sale and issuance of state bonds.

Referred to the Committee on Finance.

Senators Olson, M.; Saxhaug; Sheran; Lynch and Koering introduced–

S.F. No. 874: A bill for an act relating to capital improvements; appropriating money for land purchase adjacent to Bemidji State University; authorizing the sale and issuance of state bonds.

Referred to the Committee on Finance.

Senators Anderson, Metzen, Clark, Bakk and Scheid introduced–

S.F. No. 875: A bill for an act relating to employment; increasing and indexing the minimum wage; eliminating the training wage; requiring notice to new employees; amending Minnesota Statutes 2006, section 177.24, subdivision 1, by adding a subdivision.

Referred to the Committee on Business, Industry and Jobs.

Senators Tomassoni, Cohen, Pappas, Bonoff and Latz introduced–

S.F. No. 876: A bill for an act relating to economic development; appropriating money for the historical preservation of the B'nai Abraham Synagogue in Virginia.

Referred to the Committee on Finance.

Senators Dibble, Murphy, Chaudhary, Saxhaug and Rest introduced–

S.F. No. 877: A bill for an act relating to the environment; establishing a grant program for idling reduction technology purchases; authorizing rulemaking; appropriating money; proposing coding for new law in Minnesota Statutes, chapter 116.

Referred to the Committee on Environment and Natural Resources.

Senators Dibble, Murphy, Chaudhary, Saxhaug and Rest introduced–

S.F. No. 878: A bill for an act relating to taxation; income taxes; providing an income tax credit for the purchase of idling reduction equipment; amending Minnesota Statutes 2006, sections 290.01, subdivisions 19a, 19c; 290.06, by adding a subdivision.

Referred to the Committee on Taxes.

Senators Metzen and Chaudhary introduced–

S.F. No. 879: A bill for an act relating to labor relations; establishing certain rights for workers in the meatpacking industry; providing civil and criminal penalties; establishing the position of meatpacking industry workers rights ombudsman in the Department of Labor and Industry; requiring a report; proposing coding for new law in Minnesota Statutes, chapter 179.

Referred to the Committee on Business, Industry and Jobs.

Senators Sieben and Anderson introduced–

S.F. No. 880: A bill for an act relating to consumer protection; requiring child protective devices

in shopping carts; proposing coding for new law in Minnesota Statutes, chapter 325E.

Referred to the Committee on Commerce and Consumer Protection.

Senator Kubly introduced—

S.F. No. 881: A bill for an act relating to capital improvements; authorizing the issuance of state bonds; appropriating money to construct the Victory Center in the city of Bird Island.

Referred to the Committee on Finance.

Senators Pogemiller, Bakk, Moua, Dibble and Ortman introduced—

S.F. No. 882: A bill for an act relating to taxation; providing a direct sales tax exemption for purchases of capital equipment by the printing industry; amending Minnesota Statutes 2006, section 297A.68, subdivision 5.

Referred to the Committee on Taxes.

Senators Scheid, Moua and Pogemiller introduced—

S.F. No. 883: A bill for an act relating to anatomical gifts; adopting the Darlene Luther Revised Uniform Anatomical Gift Act; imposing penalties; proposing coding for new law as Minnesota Statutes, chapter 525A; repealing Minnesota Statutes 2006, sections 525.921; 525.9211; 525.9212; 525.9213; 525.9214; 525.9215; 525.9216; 525.9217; 525.9218; 525.9219; 525.9221; 525.9222; 525.9223; 525.9224.

Referred to the Committee on Judiciary.

Senator Jungbauer introduced—

S.F. No. 884: A bill for an act relating to tax increment financing; authorizing the city of Anoka to establish districts subject to special rules.

Referred to the Committee on Taxes.

Senators Dibble, Murphy and Sparks introduced—

S.F. No. 885: A bill for an act relating to drivers' licenses; modifying driver education provisions; amending Minnesota Statutes 2006, section 171.05, subdivision 2.

Referred to the Committee on Transportation.

Senators Vickerman, Torres Ray, Moua, Senjem and Rest introduced—

S.F. No. 886: A resolution memorializing the President and Congress to promote the United States' ability to compete in the global marketplace for talented and necessary workers.

Referred to the Committee on Business, Industry and Jobs.

Senators Rest, Betzold, Robling, Cohen and Senjem introduced—

S.F. No. 887: A bill for an act relating to state government; abolishing the Department of Employee Relations; transferring duties.

Referred to the Committee on State and Local Government Operations and Oversight.

Senators Fischbach and Rosen introduced—

S.F. No. 888: A bill for an act relating to state government; amending provisions relating to child care; children and family; licensing; health care; continuing care; mental health; health insurance; the Department of Health; appropriating money; amending Minnesota Statutes 2006, sections 13.46, subdivision 2; 16A.724, subdivision 2; 62E.141; 62J.692, subdivisions 1, 4, 7a, 8, 10; 62L.12, subdivision 2; 103I.101, subdivision 6; 103I.208, subdivisions 1, 2; 103I.235, subdivision 1; 119B.05, subdivision 1; 119B.09, subdivisions 1, 7, by adding a subdivision; 119B.13, subdivision 6; 144.123; 144.125; 144.3345; 144D.03, subdivision 1; 148.5194, by adding a subdivision; 148.6445, subdivisions 1, 2; 148C.11, subdivision 1; 149A.52, subdivision 3; 149A.97, subdivision 7; 153A.14, subdivision 4a; 153A.17; 245.465, by adding a subdivision; 245.4874; 245A.02, subdivisions 2, 10, 14; 245A.035; 245A.10, subdivisions 3, 4, 5; 245A.16, subdivisions 1, 3; 245B.01; 245B.02; 245B.03, subdivisions 1, 2; 245B.05, subdivision 2; 245B.055, subdivision 1; 245B.06, subdivisions 7, 9, 10, by adding a subdivision; 245B.07, subdivisions 4, 8; 245C.02, by adding a subdivision; 245C.04, subdivision 1; 245C.05, subdivisions 1, 4, 5, 7, by adding a subdivision; 245C.08, subdivisions 1, 2; 245C.10, by adding a subdivision; 245C.11, subdivisions 1, 2; 245C.12; 245C.16, subdivision 1; 245C.17, by adding a subdivision; 245C.21, by adding a subdivision; 245C.23, subdivision 2; 246.54, subdivision 1; 252.32, subdivision 3; 256.01, subdivisions 2b, 18; 256.482, subdivisions 1, 8; 256.975, subdivision 7; 256B.057, subdivision 8; 256B.0625, subdivisions 18a, 20, by adding subdivisions; 256B.0911, by adding a subdivision; 256B.0915, by adding a subdivision; 256B.0943, subdivision 8; 256B.0945, subdivision 4; 256B.434, by adding a subdivision; 256B.439, subdivision 1; 256B.441, by adding a subdivision; 256B.5012, by adding a subdivision; 256B.69, subdivisions 4, 5g, 5h; 256B.76; 256B.763; 256D.03, subdivision 4; 256J.02, subdivisions 1, 4; 256J.021; 256J.09, subdivision 3b, by adding subdivisions; 256J.32, subdivision 6; 256J.42, subdivisions 1, 6; 256J.425, by adding subdivisions; 256J.46, by adding subdivisions; 256J.49, subdivision 13; 256J.50, subdivision 1; 256J.521, by adding a subdivision; 256J.531; 256J.626, subdivision 7, by adding a subdivision; 256J.751, subdivisions 2, 5; 256J.95, subdivision 15; 256L.02, subdivision 3, by adding subdivisions; 256L.03, subdivision 1; 256L.035; 256L.04, subdivision 1; 256L.05, subdivision 5, by adding a subdivision; 256L.06, subdivision 3; 256L.11, subdivision 7; 256L.12, subdivisions 7, 9a; 256L.15, subdivisions 1a, 2, by adding a subdivision; 259.20, subdivision 2; 259.29, subdivision 1; 259.41; 259.47, subdivision 3; 259.53, subdivision 2; 259.57, subdivision 2; 260C.193, subdivision 3; 260C.209; 260C.212, subdivision 2; 609.115, subdivision 9; Laws 2005, chapter 98, article 3, section 25; proposing coding for new law in Minnesota Statutes, chapters 62A; 149A; 245; 245C; 256C; 256J; 256L; repealing Minnesota Statutes 2006, sections 256J.29; 256J.425, subdivisions 6, 7; 256J.46, subdivisions 1, 2, 2a; 256J.67; 256J.68; Laws 2004, chapter 288, article 6, section 27; Minnesota Rules, parts 4610.2800; 9585.0030.

Referred to the Committee on Health, Housing and Family Security.

Senators Scheid, Dibble, Hann and Pappas introduced—

S.F. No. 889: A bill for an act relating to alcoholic beverages; authorizing off-sale wine licenses for supermarkets; amending Minnesota Statutes 2006, sections 340A.101, by adding a subdivision; 340A.408, subdivision 3; 340A.412, subdivision 3; 340A.413, subdivision 5; 340A.503, subdivision 4; proposing coding for new law in Minnesota Statutes, chapter 340A.

Referred to the Committee on Commerce and Consumer Protection.

Senators Olson, M.; Higgins; Scheid and Lynch introduced—

S.F. No. 890: A bill for an act relating to domestic abuse; making repeat offenders who violate domestic abuse no contact orders guilty of a felony; defining qualified domestic violence-related offenses; amending Minnesota Statutes 2006, sections 518B.01, subdivision 22; 609.02, subdivision 16.

Referred to the Committee on Judiciary.

Senators Langseth and Skoe introduced—

S.F. No. 891: A bill for an act relating to education finance; increasing debt service equalization aid; indexing the equalizing factors for the debt service equalization aid program; amending Minnesota Statutes 2006, sections 123B.53, subdivision 5; 126C.01, by adding a subdivision.

Referred to the Committee on Finance.

Senator Betzold introduced—

S.F. No. 892: A bill for an act relating to local government; authorizing local governments and school districts to establish trusts to pay postemployment benefits to retired employees and officers; appropriating money; proposing coding for new law in Minnesota Statutes, chapter 471.

Referred to the Committee on State and Local Government Operations and Oversight.

Senators Larson, Rest, Gerlach, Gimse and Higgins introduced—

S.F. No. 893: A bill for an act relating to elections; moving precinct caucuses from March to February; moving the state primary from September to June and making conforming changes; amending Minnesota Statutes 2006, sections 10A.31, subdivision 6; 10A.321; 10A.322, subdivision 1; 10A.323; 202A.14, subdivision 1; 204B.33; 204D.03, subdivision 1; 205.065, subdivision 1; 205A.03, subdivision 2.

Referred to the Committee on State and Local Government Operations and Oversight.

Senators Stumpf; Olson, G.; Scheid; Rummel and Torres Ray introduced—

S.F. No. 894: A bill for an act relating to education; authorizing grants for collaborative urban educator recruitment and training programs; appropriating money.

Referred to the Committee on Finance.

Senators Skoe and Langseth introduced–

S.F. No. 895: A bill for an act relating to appropriations; appropriating funds for the construction of flood protection farmstead ring levees in the Red River Valley.

Referred to the Committee on Finance.

Senators Neuville and Hann introduced–

S.F. No. 896: A bill for an act relating to health; extending prompt payment requirements to pharmacy benefit managers and pharmacies; amending Minnesota Statutes 2006, section 62Q.75, subdivisions 1, 2.

Referred to the Committee on Health, Housing and Family Security.

Senators Carlson, Metzen and Senjem introduced–

S.F. No. 897: A bill for an act relating to taxation; sales and use; exempting construction materials and equipment for a legal reference and data center facility; amending Minnesota Statutes 2006, section 297A.71, by adding a subdivision.

Referred to the Committee on Taxes.

Senators Higgins, Senjem, Clark and Metzen introduced–

S.F. No. 898: A bill for an act relating to state government; proposing an amendment to the Minnesota Constitution, article 4, section 9; authorizing a council to establish salaries for legislators; changing the composition of the compensation council; amending Minnesota Statutes 2006, section 15A.082, subdivisions 1, 2, 3.

Referred to the Committee on State and Local Government Operations and Oversight.

Senators Skogen, Langseth, Skoe and Koering introduced–

S.F. No. 899: A bill for an act relating to taxation; extending the period of job opportunity building zone tax benefits in certain cases; amending Minnesota Statutes 2006, section 469.312, subdivision 5.

Referred to the Committee on Taxes.

Senator Berglin introduced–

S.F. No. 900: A bill for an act relating to health; establishing the Long-Term Care Patient Access to Pharmaceuticals Act; providing penalties; proposing coding for new law in Minnesota Statutes, chapter 151.

Referred to the Committee on Health, Housing and Family Security.

Senator Senjem introduced—

S.F. No. 901: A bill for an act relating to capital improvements; authorizing the issuance and sale of state bonds for University of Minnesota asset preservation and replacement; appropriating money.

Referred to the Committee on Finance.

Senators Dibble, Prettner Solon, Higgins, Foley and Anderson introduced—

S.F. No. 902: A bill for an act relating to public safety; requiring the reporting of lost or stolen firearms; providing criminal penalties; proposing coding for new law in Minnesota Statutes, chapter 609.

Referred to the Committee on Judiciary.

Senators Marty, Prettner Solon, Koering, Erickson Ropes and Berglin introduced—

S.F. No. 903: A bill for an act relating to human services; changing mental health provisions; authorizing provider rate increases; changing mental health services coverage by medical assistance; implementing evidence-based practice; appropriating money; amending Minnesota Statutes 2006, sections 256B.038; 256B.0623, subdivisions 2, 8, 12; 256B.0625, subdivisions 38, 43, 46, by adding subdivisions; 256B.0943, subdivisions 1, 2, by adding a subdivision; 256B.69, subdivisions 5g, 5h; 256B.761; 256B.763; 256L.12, subdivision 9a.

Referred to the Committee on Health, Housing and Family Security.

Senators Kubly; Dibble; Olson, M.; Olseen and Carlson introduced—

S.F. No. 904: A bill for an act relating to energy; creating a revolving loan fund for geothermal heating and cooling applications in public buildings; appropriating money; proposing coding for new law in Minnesota Statutes, chapter 216C.

Referred to the Committee on Energy, Utilities, Technology and Communications.

Senator Marty introduced—

S.F. No. 905: A bill for an act relating to elections; reducing the length of political campaigns; moving the state primary from September to October and making conforming changes; amending Minnesota Statutes 2006, sections 10A.31, subdivision 6; 10A.321; 10A.322, subdivision 1; 10A.323; 204B.33; 204D.03, subdivision 1; 205.065, subdivision 1; 205.13, subdivision 1a; 205A.03, subdivision 2; 205A.06, subdivision 1a; 447.32, subdivision 4.

Referred to the Committee on State and Local Government Operations and Oversight.

Senators Torres Ray, Sparks and Scheid introduced—

S.F. No. 906: A bill for an act relating to education finance; making four-year-old students eligible for extended time programs; amending Minnesota Statutes 2006, section 126C.05, subdivision 15.

Referred to the Committee on Finance.

Senators Torres Ray, Sparks, Rummel, Saltzman and Anderson introduced–

S.F. No. 907: A bill for an act relating to education finance; removing the five-year limit on funding for limited English proficiency programs; amending Minnesota Statutes 2006, sections 124D.59, subdivision 2; 124D.65, subdivision 5; 126C.10, subdivision 4.

Referred to the Committee on Finance.

Senators Torres Ray and Anderson introduced–

S.F. No. 908: A bill for an act relating to education finance; authorizing the sale of certain bonds; amending Minnesota Statutes 2006, section 128D.11, subdivision 3.

Referred to the Committee on Finance.

Senator Tomassoni introduced–

S.F. No. 909: A bill for an act relating to higher education; providing funding to the Board of Regents of the University of Minnesota for purpose of sustaining quality and competitiveness by supporting cost of providing a general compensation increase for university employees; appropriating money.

Referred to the Committee on Finance.

Senator Johnson introduced–

S.F. No. 910: A bill for an act relating to public safety; increasing the criminal penalty for criminal vehicular homicide committed by a person with a prior DWI offense; amending Minnesota Statutes 2006, section 609.21, subdivision 1.

Referred to the Committee on Judiciary.

Senators Foley, Wergin, Jungbauer, Betzold and Johnson introduced–

S.F. No. 911: A bill for an act relating to capital improvements; appropriating money for a regional forensic crime laboratory in Anoka County; authorizing the sale and issuance of state bonds.

Referred to the Committee on Finance.

Senator Betzold introduced–

S.F. No. 912: A bill for an act relating to data practices; requiring state and local law enforcement agencies to provide certain information; proposing coding for new law in Minnesota Statutes, chapter 13.

Referred to the Committee on Judiciary.

Senator Betzold introduced—

S.F. No. 913: A bill for an act relating to drivers' licenses; modifying driver record provision; amending Minnesota Statutes 2006, section 171.07, subdivision 1a.

Referred to the Committee on Transportation.

Senator Betzold introduced—

S.F. No. 914: A bill for an act relating to data practices; regulating business screening agencies; providing civil penalties; proposing coding for new law in Minnesota Statutes, chapter 13.

Referred to the Committee on Judiciary.

Senators Robling; Olson, G.; Ortman and Scheid introduced—

S.F. No. 915: A bill for an act relating to taxation; income; allowing a credit for contributions to school tuition organizations; appropriating money; amending Minnesota Statutes 2006, section 290.01, subdivisions 19a, 19b; proposing coding for new law in Minnesota Statutes, chapter 290.

Referred to the Committee on Taxes.

Senators Robling, Limmer, Ingebrigtsen and Wiger introduced—

S.F. No. 916: A bill for an act relating to higher education; prohibiting issuance, manufacture, or use of false or fraudulent academic credentials; prescribing penalties; proposing coding for new law in Minnesota Statutes, chapter 136A.

Referred to the Committee on Higher Education.

Senators Robling, Limmer and Betzold introduced—

S.F. No. 917: A bill for an act relating to local government; authorizing political subdivisions to establish trusts to pay for postemployment benefits; proposing coding for new law in Minnesota Statutes, chapter 471.

Referred to the Committee on State and Local Government Operations and Oversight.

Senators Pappas, Anderson, Sieben, Metzen and Marty introduced—

S.F. No. 918: A bill for an act relating to state government; appropriating money to establish a statewide self-advocacy network project.

Referred to the Committee on Finance.

Senator Saxhaug introduced—

S.F. No. 919: A bill for an act relating to natural resources; requiring a state trail sticker for all-terrain vehicles; changing the license year for fishing, fish house, and dark house licenses; modifying the nonresident archery deer license fee; allowing the use of scopes on muzzleloaders;

establishing a moratorium on licensing new public waters for aquaculture; providing civil penalties; amending Minnesota Statutes 2006, sections 97A.411, subdivision 1; 97A.475, subdivision 3; 97B.031, subdivision 5; proposing coding for new law in Minnesota Statutes, chapter 84.

Referred to the Committee on Environment and Natural Resources.

Senator Betzold, by request, introduced—

S.F. No. 920: A bill for an act relating to retirement; amending certain coverage provisions; making certain technical changes; amending Minnesota Statutes 2006, section 352D.02, subdivisions 1, 3.

Referred to the Committee on State and Local Government Operations and Oversight.

Senators Olseen, Saltzman, Robling and Metzen introduced—

S.F. No. 921: A bill for an act relating to education; providing property tax relief; increasing and indexing debt service equalization revenue; increasing and indexing equalization of the health and safety, deferred maintenance and operating capital levies amending Minnesota Statutes 2006, sections 123B.53, subdivisions 4, 5, 6, by adding a subdivision; 123B.57, subdivision 4; 123B.591, subdivision 3; 126C.10, subdivision 13a.

Referred to the Committee on Finance.

Senators Olseen, Wiger, Saltzman, Robling and Metzen introduced—

S.F. No. 922: A bill for an act relating to education; providing property tax relief; increasing and indexing equalization of the equity, transition, and referendum equalization levies; amending Minnesota Statutes 2006, sections 126C.10, subdivisions 29, 32; 126C.17, subdivision 6, by adding a subdivision.

Referred to the Committee on Finance.

Senators Torres Ray, Higgins, Anderson and Clark introduced—

S.F. No. 923: A bill for an act relating to education; modifying adult basic education aid; increasing GED payment; appropriating money; amending Minnesota Statutes 2006, sections 124D.531, subdivisions 1, 4; 124D.55.

Referred to the Committee on Finance.

Senators Latz, Dibble and Jungbauer introduced—

S.F. No. 924: A bill for an act relating to transportation; requiring commissioner of transportation to file annual report on major highway projects; proposing coding for new law in Minnesota Statutes, chapter 174.

Referred to the Committee on Transportation.

Senators Latz and Foley introduced—

S.F. No. 925: A bill for an act relating to public safety; requiring predatory offenders to register electronic mail addresses and related information to law enforcement; amending Minnesota Statutes 2006, section 243.166, subdivision 4a.

Referred to the Committee on Judiciary.

Senators Torres Ray, Scheid, Anderson and Bonoff introduced—

S.F. No. 926: A bill for an act relating to education finance; increasing the funding for students participating in four-year-old kindergarten programs; amending Minnesota Statutes 2006, section 126C.10, subdivision 31a.

Referred to the Committee on Finance.

Senators Latz and Olson, M. introduced—

S.F. No. 927: A bill for an act relating to crime victims; expanding the protection against employer retaliation; amending Minnesota Statutes 2006, section 611A.036, subdivisions 2, 7.

Referred to the Committee on Judiciary.

Senator Michel introduced—

S.F. No. 928: A bill for an act relating to higher education; providing funding to the Board of Regents of the University of Minnesota to support competitive compensation; appropriating money.

Referred to the Committee on Finance.

Senators Betzold, Langseth, Foley and Jungbauer introduced—

S.F. No. 929: A bill for an act relating to retirement; Public Employees Retirement Association police and fire plan; exempting certain Anoka County field investigators from reemployed annuitant provisions.

Referred to the Committee on State and Local Government Operations and Oversight.

Senator Sheran introduced—

S.F. No. 930: A bill for an act relating to higher education; providing funding to the Board of Regents of the University of Minnesota for the purpose of supporting education and research activities in the area of health workforce and clinical sciences; appropriating money.

Referred to the Committee on Finance.

Senator Latz introduced—

S.F. No. 931: A bill for an act relating to higher education; providing funding to the Board of Regents of the University of Minnesota for the purpose of supporting education and research

activities in the areas of the environment, agricultural systems, and renewable energy; appropriating money.

Referred to the Committee on Finance.

Senator Lynch introduced—

S.F. No. 932: A bill for an act relating to higher education; providing funding to the Board of Regents of the University of Minnesota for the purpose of supporting education and research activities in the area of science and engineering; appropriating money.

Referred to the Committee on Finance.

Senator Cohen introduced—

S.F. No. 933: A bill for an act relating to higher education; providing funding to the Board of Regents of the University of Minnesota for the purpose of advancing the educational experience of all University of Minnesota students; appropriating money.

Referred to the Committee on Finance.

Senator Neuville introduced—

S.F. No. 934: A bill for an act relating to disaster relief; appropriating money for lake cleanup in LeSueur County.

Referred to the Committee on Finance.

Senators Sieben, Pappas, Wiger and Latz introduced—

S.F. No. 935: A resolution requesting Congress to limit fees and expiration dates associated with gift cards issued by federal banks.

Referred to the Committee on Commerce and Consumer Protection.

MEMBERS EXCUSED

Senators Day, Ortman, Saltzman and Torres Ray were excused from the Session of today. Senator Koering was excused from the Session of today from 11:00 to 11:15 a.m. Senators Bakk and Chaudhary were excused from the Session of today from 11:00 to 11:20 a.m.

ADJOURNMENT

Senator Pogemiller moved that the Senate do now adjourn until 11:00 a.m., Monday, February 19, 2007. The motion prevailed.

Patrick E. Flahaven, Secretary of the Senate

INDEX TO DAILY JOURNAL

Thursday, February 15, 2007

EXECUTIVE AND OFFICIAL COMMUNICATIONS

Pages 295 to 301

MESSAGES FROM THE HOUSE AND FIRST READING OF HOUSE FILES

S.F. Nos.	Message Page	H.F. Nos.	Message Page	1st Reading Page
		160	..... 301	301

REPORTS OF COMMITTEES AND SECOND READINGS

S.F. Nos.	Report Page	2nd Reading Page	H.F. Nos.	Report Page	2nd Reading Page
2	..... 302				
26	..... 345	352			
122	..... 350	352			
150	..... 349				
167	..... 351				
208	..... 345				
239	..... 301				
247	..... 352				
262	..... 349				
282	..... 349				
322	..... 351				
382	..... 345				
392	..... 344				
463	..... 351	352			
474	..... 302				
538	..... 302	352			

563 301

MOTIONS AND RESOLUTIONS

S.F. Nos.	Page	H.F. Nos.	Page
9	352		
408	352		
473	352		
506	352		
538	352		
589	352		
593	352		
651	352		
722	352		
728	353		
734	353		
750	353		
762	353		
Sen. Res. No. 38	353		
Sen. Res. No. 39	353		

CALENDAR

S.F. Nos.	Page	H.F. Nos.	Page
321	354	110	353

CONSENT CALENDAR

S.F. Nos.	Page	H.F. Nos.	Page
54	354		

GENERAL ORDERS

S.F. Nos.	Page	H.F. Nos.	Page
372	355		

INTRODUCTION AND FIRST READING OF SENATE BILLS

S.F Nos. 786 to 935 Pages 355 to 381