

State of Minnesota
HOUSE OF REPRESENTATIVES

EIGHTY-NINTH SESSION

H. F. No. 2742

03/08/2016 Authored by Daniels and Newton

The bill was read for the first time and referred to the Committee on Health and Human Services Reform

03/16/2016 By motion, recalled and re-referred to the Committee on Civil Law and Data Practices

1.1 A bill for an act
1.2 relating to human rights; adding a requirement for closed captioning on
1.3 televisions in medical facilities; amending Minnesota Statutes 2014, sections
1.4 363A.11, subdivision 3; 363A.12, by adding a subdivision.

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

1.6 Section 1. Minnesota Statutes 2014, section 363A.11, subdivision 3, is amended to read:

1.7 Subd. 3. **Specific prohibitions.** (a) This subdivision lists specific prohibitions
1.8 against discrimination on the basis of disability. For purposes of this subdivision,
1.9 discrimination includes:

1.10 (1) the imposition or application of eligibility criteria that screen out or tend to
1.11 screen out an individual with a disability or any class of individuals with disabilities
1.12 from fully and equally enjoying any goods, services, facilities, privileges, advantages, or
1.13 accommodations, unless the criteria can be shown to be necessary for the provision of the
1.14 goods, services, facilities, privileges, advantages, or accommodations;

1.15 (2) failure to make reasonable modifications in policies, practices, or procedures
1.16 when the modifications are necessary to afford the goods, services, facilities, privileges,
1.17 advantages, or accommodations to individuals with disabilities, unless the entity can
1.18 demonstrate that making the modifications would fundamentally alter the nature of the
1.19 goods, services, facilities, privileges, advantages, or accommodations;

1.20 (3) failure to take all necessary steps to ensure that no individual with a disability
1.21 is excluded, denied services, segregated, or otherwise treated differently than other
1.22 individuals because of the absence of auxiliary aids and services, unless the entity can
1.23 demonstrate that taking the steps would fundamentally alter the nature of the goods,

services, facilities, privileges, advantages, or accommodations being offered and would result in an undue burden;

(4) failure of a health care facility licensed under chapter 114 to provide closed captioning at all times in waiting rooms when a television is present that has the closed captioning feature;

(5) failure to remove architectural barriers, and communication barriers that are structural in nature, in existing facilities, and transportation barriers in existing vehicles used by an establishment for transporting individuals, not including barriers that can only be removed through the retrofitting of vehicles by the installation of hydraulic or other lifts, if the removal is readily achievable; and

~~(5)~~ (6) if an entity can demonstrate that the removal of a barrier under clause (4) (5) is not readily achievable or cannot be considered a reasonable accommodation, a failure to make the goods, services, facilities, privileges, advantages, or accommodations available through alternative means if the means are readily achievable.

(b) It is not a violation of paragraph (a), clause (4), if the captioning feature is deactivated by a member of the general public or an individual using or requesting services, so long as the captioning is reactivated as soon as possible by a member of the facility staff upon knowledge that the deactivation has occurred.

Sec. 2. Minnesota Statutes 2014, section 363A.12, is amended by adding a subdivision to read:

Subd. 6. Closed captioning. It is an unfair discriminatory practice for a facility offering public services to fail to provide closed captioning at all times on televisions available for the public when those televisions have the closed captioning feature. It is not a violation of this subdivision if the captioning feature is deactivated by a member of the general public or an individual using or requesting services, so long as the captioning is reactivated as soon as possible by a member of the facility staff upon knowledge that the deactivation has occurred.