

Of this amount, \$80,000 may be used to conduct access inspections under section 5.

Sec. 12. **EFFECTIVE DATE.**

The emergency rulemaking authority in section 8 is effective the day following final enactment.

Presented to the governor April 17, 1992

Signed by the governor April 27, 1992, 2:18 p.m.

CHAPTER 595—S.F.No. 2137

An act relating to health; modifying requirements for lead education, assessment, screening and abatement; transferring rule authority from the commissioner of the pollution control agency; defining a residential hospice facility; modifying hospice program conditions; limiting the number of residential hospice facilities; requiring a report; amending Minnesota Statutes 1990, sections 144.871, subdivisions 3, 6, 8, and by adding subdivisions; 144.872, subdivisions 1, 2, 3, and 4; 144.873, subdivisions 2 and 3; 144.874, subdivision 4; 144.876; 144.878, subdivision 2, and by adding a subdivision; and 144A.48, subdivision 1, and by adding a subdivision; Minnesota Statutes 1991 Supplement, sections 144.871, subdivision 2; 144.873, subdivision 1; 144.874, subdivisions 1, 2, 3, and 12; and 326.87, subdivision 1; repealing Minnesota Statutes 1990, sections 116.51; 116.52; 116.53, subdivision 1; and 144.878, subdivision 4.

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

Section 1. Minnesota Statutes 1991 Supplement, section 144.871, subdivision 2, is amended to read:

Subd. 2. **ABATEMENT.** "Abatement" means removal of, replacement of, or encapsulation of deteriorated paint, bare soil, dust, drinking water, or other materials that are or may become readily accessible during the abatement process and pose an immediate threat of actual lead exposure to people. ~~The abatement rules to be adopted under section 144.878, subdivision 2, shall apply as described in section 144.874.~~

Sec. 2. Minnesota Statutes 1990, section 144.871, subdivision 3, is amended to read:

Subd. 3. **ABATEMENT CONTRACTOR.** "Abatement contractor" means any person hired by a property owner or resident to perform abatement of a lead source in violation of standards under section 144.878.

Sec. 3. Minnesota Statutes 1990, section 144.871, subdivision 6, is amended to read:

New language is indicated by underline, deletions by ~~strikeout~~.

Subd. 6. **ELEVATED BLOOD LEAD LEVEL.** "Elevated blood lead level" in a child no more than six years old or in a pregnant woman means at least 25 micrograms of lead per deciliter of whole blood a blood lead level that exceeds the federal Centers for Disease Control guidelines for preventing lead poisoning in young children, unless the commissioner finds that a lower concentration is necessary to protect public health.

Sec. 4. Minnesota Statutes 1990, section 144.871, is amended by adding a subdivision to read:

Subd. 7a. HIGH RISK FOR TOXIC LEAD EXPOSURE. "High risk for toxic lead exposure" means either:

(1) that elevated blood lead levels have been diagnosed in a population of children or pregnant women;

(2) without blood lead data, that a population of children or pregnant women resides in:

(i) a census tract with many residential structures known to have or suspected of having deteriorated paint; or

(ii) a census tract with a median soil lead concentration greater than 100 parts per million for any sample collected according to Minnesota Rules, part 4761.0400, subpart 8, and rules adopted under section 144.878; or

(3) the priorities adopted by the commissioner under section 144.878, subdivision 2, shall apply to this subdivision.

Sec. 5. Minnesota Statutes 1990, section 144.871, is amended by adding a subdivision to read:

Subd. 7b. PRIMARY PREVENTION FOR TOXIC LEAD EXPOSURE. "Primary prevention for toxic lead exposure" means performance of swab team services, encapsulation, and removal and replacement abatement, including lead cleanup and health education, before children develop elevated blood lead levels.

Sec. 6. Minnesota Statutes 1990, section 144.871, subdivision 8, is amended to read:

Subd. 8. **SAFE HOUSING.** "Safe housing" means a residence that does not ~~violate~~ have deteriorating paint, bare soil, lead dust, and which does not violate any of the standards adopted according to section 144.878, ~~subdivision 2.~~

Sec. 7. Minnesota Statutes 1990, section 144.871, is amended by adding a subdivision to read:

Subd. 9. SWAB TEAM. "Swab team" means a person or persons who implement in-place management of lead exposure sources, which includes:

New language is indicated by underline, deletions by ~~strikeout~~.

(1) covering or replacing bare soil that has a lead concentration of 100 parts per million, and establishing safe exterior play and garden areas;

(2) removing loose paint and paint chips and installing guards to protect intact paint;

(3) removing lead dust by washing, vacuuming, and cleaning the interior of residential property including carpets; and

(4) other means, including cleanup and health education, that immediately protect children who engage in mouthing or pica behavior from lead sources.

Sec. 8. Minnesota Statutes 1990, section 144.872, subdivision 1, is amended to read:

Subdivision 1. **PROACTIVE LEAD EDUCATION STRATEGY.** ~~For fiscal years 1990 and 1991,~~ The commissioner shall, within available federal or state appropriations, contract with boards of health in communities at high risk for toxic lead exposure to children, ~~lead advocacy organizations, and businesses to design and implement a uniform, proactive educational program to introduce sections 144.871 to 144.878 and to promote the prevention of exposure to all sources of lead to target populations. Priority shall be given to providing to assure, at the time of a home assessment or following an abatement order, that a family will receive visits by public health nurses and community-based advocates specifically trained in lead cleanup and the health-related aspects of lead exposure in their residence periodically throughout the abatement process or until the child's blood lead level is no longer elevated. The purpose of the home visit is to provide information about safety measures, community resources, legal resources related to the abatement process, housing resources, nutrition, health follow-up materials, and methods to be followed before, during, and after the abatement process. If a family moves to a new residence temporarily, during the abatement process, services should be provided at the temporary residence whenever feasible. Boards of health are encouraged to link the service with other home visits a family may be receiving and to use neighborhood-based programs which give priority to hiring neighborhood residents as community-based advocates. Ongoing education that includes health and lead cleanup information and the lead laws and rules shall be provided to health care and social service providers, registered licensed abatement contractors, other contractors, building trades professionals and nonprofessionals, property owners, and parents. Educational materials shall be multilingual and multicultural to meet the needs of diverse populations. The commissioner shall create and administer a program to fund locally based advocates who, following the issuance of an abatement order, shall visit the family in their residence to instruct them about safety measures, materials, and methods to be followed before, during, and after the abatement process; either conduct or contract with nonprofit organizations or businesses, for a proactive lead education program to serve communities at high risk for toxic lead exposure to children in which a board of health does not have a contract with the commissioner for a proactive lead education strategy.~~

New language is indicated by underline, deletions by ~~strikeout~~.

Sec. 9. Minnesota Statutes 1990, section 144.872, subdivision 2, is amended to read:

Subd. 2. **HOME ASSESSMENTS.** The commissioner shall, within available federal or state appropriations, contract with boards of health, who may determine priority for responding to cases of elevated blood lead levels, to conduct assessments to determine sources of lead contamination in the residences of ~~children and pregnant women whose blood lead levels exceed 25~~ are at least ten micrograms per deciliter and of children whose blood lead levels are at least 20 micrograms per deciliter or whose blood lead levels persist in the range of 15 to 19 micrograms per deciliter for 90 days after initial identification to the board of health or the commissioner. Assessments must be conducted within five working days of the board of health receiving notice that the criteria in this subdivision have been met. The commissioner or boards of health must identify the known addresses for the previous 12 months of the child or pregnant woman with elevated blood lead levels and notify the property owners at those addresses. The commissioner may also collect information on the race, sex, and family income of children and pregnant women with elevated blood lead levels. Within the limits of appropriations, a board of health shall conduct home assessments for children and pregnant women whose confirmed blood lead levels are in the range of ten to 19 micrograms per deciliter. The commissioner shall also provide educational materials on all sources of lead to boards of health to provide education on ways of reducing the danger of lead contamination. The commissioner may provide laboratory or field lead testing equipment to a board of health or may reimburse a board of health for direct costs associated with assessments.

Sec. 10. Minnesota Statutes 1990, section 144.872, subdivision 3, is amended to read:

Subd. 3. **SAFE HOUSING.** The commissioner shall contract with boards of health for safe housing to be used in meeting relocation requirements in section 144.874, subdivision 4. The commissioner shall, within available federal or state appropriations, award grants to boards of health for the purposes of paying housing costs under section 144.874, subdivision 4.

Sec. 11. Minnesota Statutes 1990, section 144.872, subdivision 4, is amended to read:

Subd. 4. **PAINT REMOVAL LEAD CLEANUP EQUIPMENT AND MATERIAL GRANTS.** ~~State matching~~ Within the limits of available state or federal appropriations, funds shall be made available ~~for~~ under a grant program to nonprofit community-based organizations in areas at high risk for toxic lead exposure. Grantees shall use the money to purchase and provide paint removal lead cleanup equipment and educational materials, and to pay for training for staff and volunteers for lead abatement certification. Grantees may work with licensed lead abatement contractors and certified trainers to meet the requirements of this program. Equipment shall include: high efficiency particle accumu-

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lator and wet vacuum cleaners, drop cloths, secure containers, respirators, scrapers, and dust and particle containment material, and other cleanup and containment materials to patch loose paint and plaster, control household dust, wax floors, clean carpets and sidewalks, and cover bare soil. Upon certification, the grantees may make equipment and educational materials available to residents and property owners and instruct them on the proper use. Equipment shall be made available to low-income households on a priority basis.

Sec. 12. Minnesota Statutes 1991 Supplement, section 144.873, subdivision 1, is amended to read:

Subdivision 1. **REPORT REQUIRED.** Medical laboratories performing blood lead analyses must report to the commissioner ~~confirmed finger stick and venipuncture~~ blood lead results ~~of at least five micrograms per deciliter and the method used to obtain these results.~~ Boards of health must report to the commissioner the results of analyses from residential samples of paint, ~~bare soil, dust, and drinking water that show lead in concentrations greater than or equal to the lead standards adopted by permanent rule under section 144.878.~~ The commissioner shall require the date of the test, and the current address and birthdate of the patient, and other related information from medical laboratories and boards of health as may be needed to monitor and evaluate blood lead levels in the public; including the date of the test and the address of the patient.

Sec. 13. Minnesota Statutes 1990, section 144.873, subdivision 2, is amended to read:

Subd. 2. **TEST OF CHILDREN IN HIGH RISK AREAS.** Within limits of available state and federal appropriations, the commissioner shall promote and subsidize a blood lead test of all children under six years of age who live in the all areas of high risk areas of Minneapolis, St. Paul, and Duluth for toxic lead exposure that are currently known or subsequently identified. Within the limits of available appropriations, the commissioner shall conduct surveys, especially soil assessments larger than a residence, as defined by the commissioner, in greater Minnesota communities where a case of elevated blood lead levels has been reported.

Sec. 14. Minnesota Statutes 1990, section 144.873, subdivision 3, is amended to read:

Subd. 3. **STATEWIDE LEAD SCREENING.** Statewide lead screening by erythrocyte protoporphyrin test blood lead assays in conjunction with routine blood tests analyzed by atomic absorption equipment or other equipment with equivalent or better accuracy shall be advocated by boards of health.

Sec. 15. Minnesota Statutes 1991 Supplement, section 144.874, subdivision 1, is amended to read:

Subdivision 1. **RESIDENCE ASSESSMENT.** (a) A board of health must conduct a timely assessment of a residence, within five working days of receiving

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notification that the criteria in this subdivision have been met, to determine sources of lead exposure if:

(1) a pregnant woman in the residence is identified as having a blood lead level of at least ten micrograms of lead per deciliter of whole blood; ~~or~~

(2) a child in the residence is identified as having ~~an elevated~~ a blood lead level at or above 20 micrograms per deciliter; or

(3) a blood lead level that persists in the range of 15 to 19 micrograms per deciliter for 90 days after initial identification.

Within the limits of available state and federal appropriations, a board of health shall also conduct home assessments for children whose confirmed blood lead levels are in the range of ten to 19 micrograms per deciliter. If a child regularly spends several hours per day at another residence, such as a residential child care facility, the board of health must also assess the other residence.

(b) The board of health must conduct the residential assessment according to rules adopted by the commissioner according to section 144.878.

Sec. 16. Minnesota Statutes 1991 Supplement, section 144.874, subdivision 2, is amended to read:

Subd. 2. **RESIDENTIAL LEAD ASSESSMENT GUIDE.** (a) The commissioner of health shall develop or purchase a residential lead assessment guide that enables parents to assess the possible lead sources present and that suggests actions. The guide must provide information on safe abatement and disposal methods, sources of equipment, and telephone numbers for additional information to enable the persons to either perform the abatement or to intelligently select an abatement contractor. In addition, the guide must:

(1) meet the requirements of Minnesota laws and rules;

(2) be understandable at an eighth grade reading level;

(3) include information on all necessary safety precautions for all lead source cleanup; and

(4) be the best available educational material.

(b) A board of health must provide the residential lead assessment guide to:

(1) parents of children who are identified as having blood lead levels of at least ten micrograms per deciliter; and

(2) property owners and occupants who are issued housing code orders requiring disruption of lead sources.

(c) A board of health must provide the residential lead assessment guide on request to owners or tenants of residential property within the jurisdiction of the board of health.

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Sec. 17. Minnesota Statutes 1991 Supplement, section 144.874, subdivision 3, is amended to read:

Subd. 3. **ABATEMENT ORDERS.** A board of health must order a property owner to perform abatement on a lead source that exceeds a standard adopted according to section 144.878 at the residence of a child with an elevated blood lead level or a pregnant woman with a blood lead level of at least ten micrograms per deciliter. Abatement orders must require that any source of damage, such as leaking roofs, plumbing, and windows, must be repaired or replaced, as needed, to prevent damage to lead-containing interior surfaces. With each abatement order, the board of health must provide a residential lead abatement guide. ~~The guide must be developed or purchased by the commissioner and must provide information on safe abatement and disposal methods, sources of equipment, and telephone numbers for additional information to enable the property owner to either perform the abatement or to intelligently select an abatement contractor.~~

Sec. 18. Minnesota Statutes 1990, section 144.874, subdivision 4, is amended to read:

Subd. 4. **RELOCATION OF RESIDENTS.** A board of health must ensure that residents are relocated from rooms or dwellings during abatement that generates leaded dust, such as removal or disruption of lead-based paint or plaster that contains lead. Residents must be allowed to return to the residence or dwelling after completion of abatement. A board of health shall use grant funds under section 144.872, subdivision 3, in cooperation with local housing agencies, to pay for moving costs for any low income resident temporarily relocated during lead abatement, not to exceed \$250 per household.

Sec. 19. Minnesota Statutes 1991 Supplement, section 144.874, subdivision 12, is amended to read:

Subd. 12. **ENFORCEMENT AND STATUS REPORT.** The commissioner shall examine compliance with Minnesota's existing lead standards and rules and report to the legislature ~~by January 15, 1992, or biennially, beginning February 15, 1993,~~ including an evaluation of current levels of compliance lead program activities by the state and boards of health, the need for any additional enforcement procedures, recommendations on developing a method to enforce compliance with lead standards and cost estimates for any proposed enforcement procedure. The report must also include a geographic analysis of all blood lead assays showing incidence data and environmental analyses reported or collected by the commissioner.

Sec. 20. Minnesota Statutes 1990, section 144.876, is amended to read:

144.876 REGISTRATION AND LICENSING OF ABATEMENT CONTRACTORS AND CERTIFICATION OF EMPLOYEES.

Subdivision 1. LICENSING AND CERTIFICATION. Abatement contractors must register with, within 180 days after rules are adopted under section

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144.878, subdivision 5, obtain a license from the commissioner according to forms and procedures prescribed by the commissioner. Employees of abatement contractors must obtain certification from the commissioner. The commissioner shall specify training and testing requirements for licensure and certification and shall charge a fee for the cost of issuing a license or certificate and for training provided by the commissioner. The commissioner shall provide the contractor with a written violation notice, and may revoke the license of an abatement contractor, or the certificate of an employee, upon finding that the contractor or employee has violated the rules adopted under section 144.878 in a manner that poses unreasonable risk to public health.

Fees collected under this subdivision must be set in amounts to be determined by the commissioner to cover but not exceed the costs of adopting rules under section 144.878, subdivision 5, the costs of licensure, certification, and training, and the costs of enforcing licenses and certificates under this subdivision. All fees received must be paid into the state treasury and credited to the lead abatement licensing and certification account and are appropriated to the commissioner to cover costs incurred under this subdivision and section 144.878, subdivision 5.

Subd. 2. LICENSED BUILDING CONTRACTOR; INFORMATION. The commissioner shall provide health and safety information on lead abatement to all residential building contractors licensed under section 326.84. The information must include material on ways to protect the health and safety of both employees working on lead contaminated structures and residents of lead contaminated structures.

Subd. 3. UNLICENSED ABATEMENT CONTRACTORS. Contractors may not advertise or otherwise present themselves as abatement contractors unless they have abatement licenses issued by the department of health under rules adopted under section 144.878, subdivision 5.

Sec. 21. Minnesota Statutes 1990, section 144.878, subdivision 2, is amended to read:

Subd. 2. LEAD STANDARDS AND ABATEMENT METHODS. (a) ~~By January 31, 1991,~~ The commissioner shall adopt rules establishing standards and abatement methods for lead in paint, dust, and drinking water in a manner that protects public health and the environment for all residences, including residences also used for a commercial purpose. The commissioner shall adopt priorities for providing abatement services to areas defined to be at high risk for toxic lead exposure. In adopting priorities, the commission shall consider the number of children and pregnant women diagnosed with elevated blood lead levels and the median concentration of lead in the soil. The commissioner shall give priority to: areas having the largest population of children and pregnant women having elevated blood lead levels; areas with the highest median soil lead concentration; and areas where it has been determined that there are large numbers of residences that have deteriorating paint. The commissioner shall differ-

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entiate between intact paint and deteriorating paint. The commissioner and political subdivisions shall require abatement of intact paint only if the commissioner or political subdivision finds that intact paint is ~~accessible to children as~~ a chewable or lead-dust producing surface ~~and that~~ is a known source of actual lead exposure to a specific person. In adopting rules under this subdivision, the commissioner shall require the best available technology for abatement methods, paint stabilization, and repainting.

(b) ~~By January 31, 1991,~~ The commissioner of the ~~pollution control agency~~ health shall adopt standards and abatement methods for lead in bare soil on playgrounds and residential property in a manner to protect public health and the environment.

(c) ~~By January 31, 1991,~~ The commissioner of the pollution control agency shall adopt rules to ensure that removal of exterior lead-based coatings from residential property by abrasive blasting methods ~~is~~ and disposal of any hazardous waste are conducted in a manner that protects public health and the environment.

(d) All standards adopted under this subdivision must provide adequate margins of safety that are consistent with a detailed review of scientific evidence and an emphasis on overprotection rather than underprotection when the scientific evidence is ambiguous. The rules must apply to any individual performing or ordering the performance of lead abatement.

Sec. 22. Minnesota Statutes 1990, section 144.878, is amended by adding a subdivision to read:

Subd. 5. LEAD ABATEMENT CONTRACTORS AND EMPLOYEES. The commissioner shall adopt rules to license abatement contractors; to certify employees of lead abatement contractors who perform abatement; and to certify lead abatement trainers who provide lead abatement training for contractors, employees, or other lead abatement trainers. The rules must include standards and procedures for on-the-job training for swab teams. All lead abatement training must include a hands-on component and instruction on the health effects of lead exposure, the use of personal protective equipment, workplace hazards and safety problems, abatement methods and work practices, decontamination procedures, cleanup and waste disposal procedures, lead monitoring and testing methods, and legal rights and responsibilities. At least 30 days before publishing initial notice of proposed rules under this subdivision on the licensing of lead abatement contractors, the commissioner shall submit the rules to the chairs of the health and human services committees in the house of representatives and the senate, and to any legislative committee on licensing created by the legislature.

Sec. 23. Minnesota Statutes 1990, section 144A.48, subdivision 1, is amended to read:

Subdivision 1. **DEFINITIONS.** For the purposes of this section, the following terms have the meanings given to them:

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(1) "Core services" means physician services, registered nursing services, medical social services, pastoral care or other counseling services, and volunteer services that are provided either directly by the hospice program or through a service contract or other arrangement;

(2) "Hospice patient" means an individual who has been diagnosed as terminally ill with a probable life expectancy of under one year, as documented by the individual's attending physician, and who alone or, when unable, through the hospice patient's family has voluntarily consented to and received admission to a hospice program;

(3) "Hospice patient's family" means relatives of the hospice patient, the hospice patient's guardian, primary caregivers, or persons identified by the hospice patient as having significant personal ties;

(4) "Hospice program" means palliative and supportive care and other services provided by an interdisciplinary team under the direction of an identifiable hospice administration to terminally ill hospice patients and their families to meet the physical, nutritional, emotional, social, spiritual, and special needs experienced during the final stages of illness, dying, and bereavement, through a centrally coordinated program that ensures continuity and consistency of home and inpatient care provided directly or through an agreement;

(5) "Interdisciplinary team" means a group of qualified individuals with expertise in meeting the special needs of hospice patients and their families, including, at a minimum, those individuals who are providers of core services;

(6) "Palliative care" means care directed at managing the symptoms experienced by the hospice patient and intended to enhance the quality of life for the hospice patient and the patient's family, but not directed at curing the illness; and

(7) "Residential hospice facility" means a facility that houses no more than eight hospice patients, located in a residential area in a facility that resembles a single-family home, that directly provides 24-hour residential and support services in a home-like setting for hospice patients as an integral part of the continuum of home care provided by a hospice licensed under subdivision 2; and

(8) "Volunteer services" means services by volunteers who provide a personal presence that augments a variety of professional and nonprofessional services available to the hospice patient, the patient's family, and the hospice program.

Sec. 24. Minnesota Statutes 1990, section 144A.48, is amended by adding a subdivision to read:

Subd. 6. RESIDENTIAL HOSPICE. A hospice program may operate a residential hospice facility for hospice patients if it is:

(1) licensed as a hospice program under this section;

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(2) licensed as a class B supervised living facility under section 144.50, subdivision 6, provided that:

(i) the residential hospice facility is not required to obtain a program license from the department of human services under Minnesota Rules, part 4665.0700; and

(ii) for purposes of the state building code and state uniform fire code, the facility meets group R, division 3, occupancy requirements for six or less persons and group R, division 1, occupancy requirements for seven to eight persons; and

(3) in compliance with the fire protection provisions of chapter 21 of the 1988 Life Safety Code, NFPA 101, for facilities housing persons with impractical evacuation capabilities, as a minimum.

Sec. 25. Minnesota Statutes 1991 Supplement, section 326.87, subdivision 1, is amended to read:

Subdivision 1. **STANDARDS.** The commissioner, in consultation with the council, may adopt standards for continuing education requirements and course approval. Except for the course content, the standards must be consistent with the standards established for real estate agents and other professions licensed by the department of commerce. At a minimum, the content of one hour of any required continuing education must contain information on lead abatement rules and safe lead abatement procedures.

Sec. 26. ALLOCATION OF FEDERAL LEAD ABATEMENT FUNDS.

To the extent practicable under federal guidelines, the commissioner of health shall coordinate with the commissioner of housing finance so that at least 50 percent of federal lead abatement funds are allocated for swab teams as defined in section 7. Priority for funding swab teams shall be given to contractors who hire residents from neighborhoods where the contractor is providing lead abatement services.

To the extent practicable under federal guidelines, the commissioner of health may use federal funding for local boards of health for lead screening, lead assessment, and lead abatement only to the extent that the federal funds do not replace existing funding for these lead services.

Sec. 27. LICENSURE LIMITATION.

For the fiscal year ending June 30, 1993, the commissioner of health may license up to 15 residential hospice programs under section 24. The commissioner shall report to the legislature by March 1, 1993, on the number of residential hospice programs that have been licensed or applied for licensure under section 24, their geographic location, and any financial information available to the commissioner. The report shall include a recommendation from the commissioner. The report shall include a recommendation from the commissioner on

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the need to continue limiting the number of licensed residential hospice programs.

Sec. 28. **REVISOR INSTRUCTION.**

In Minnesota Statutes and Minnesota Rules, the revisor shall recodify Minnesota Statutes, section 116.53, subdivision 2, as part of Minnesota Statutes, chapter 144, and shall change the terms "commissioner of the pollution control agency," "pollution control agency," and similar terms to "commissioner of health," "department of health," and similar terms.

Sec. 29. **REPEALER.**

Minnesota Statutes 1990, sections 116.51; 116.52; 116.53, subdivision 1; and 144.878, subdivision 4, are repealed.

Presented to the governor April 17, 1992

Signed by the governor April 29, 1992, 4:02 p.m.

CHAPTER 596—H.F.No. 2001

An act relating to retirement; requiring the metropolitan airports commission to apply for certain state aid; providing an optional method for calculating annuities of certain members of the Minneapolis employees retirement fund; amending Minnesota Statutes 1990, sections 69.011, by adding a subdivision; 69.031, subdivision 5; and 422A.01, by adding subdivisions; Minnesota Statutes 1991 Supplement, section 69.011, subdivision 1; proposing coding for new law in Minnesota Statutes, chapter 422A.

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

Section 1. Minnesota Statutes 1991 Supplement, section 69.011, subdivision 1, is amended to read:

Subdivision 1. **DEFINITIONS.** Unless the language or context clearly indicates that a different meaning is intended, the following words and terms shall for the purposes of this chapter and chapters 423, 423A, 424 and 424A have the meanings ascribed to them:

(a) "Commissioner" means the commissioner of revenue.

(b) "Municipality" means any home rule charter or statutory city, organized town or park district subject to chapter 398, ~~and~~ the University of Minnesota, and, for purposes of the police state aid program only, the metropolitan airports commission, with respect to employees covered under chapter 422A.

(c) "Minnesota Firetown Premium Report" means a form prescribed by the

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