

(c) The county's issuance of a permit under this section does not make the county liable for any injury occurring at the event.

Presented to the governor May 20, 1997

Signed by the governor May 22, 1997, 12:00 p.m.

CHAPTER 205—S.F.No. 95

An act relating to health; modifying provisions related to health maintenance organizations; modifying lead inspection provisions; modifying vital statistics provisions; modifying asbestos abatement provisions; modifying provisions relating to traumatic brain injury and spinal cord injury notification and data; modifying provisions for hearings related to permitting, licensing, registration, and certification; modifying revocation and suspension provisions for permits, licenses, registration, and certifications; modifying provisions for testing infants for inborn metabolic errors; modifying medical education and research costs trust fund provisions; requiring conformance with federal regulations; amending Minnesota Statutes 1996, sections 62D.02, subdivision 10; 62D.03, subdivisions 3 and 4; 62D.04, subdivision 3; 62D.042, subdivision 3; 62D.06, subdivision 1; 62D.07, subdivision 3; 62D.09, subdivisions 1, 3, and 8; 62D.102; 62D.11, subdivisions 1, 1b, and 3; 62D.12, by adding a subdivision; 62D.20, subdivision 2; 62J.60, subdivision 3; 62J.69, subdivision 1; 144.125; 144.215, subdivision 1; 144.218; 144.664, subdivision 3; 144.665; 144.9501, subdivision 29, and by adding a subdivision; 144.9504, subdivision 2; 144.9506, subdivisions 1 and 5; 144.99, subdivisions 9 and 10; 257.73; 326.71, subdivisions 4 and 6; 326.72, subdivision 2; 326.74; 326.76; 326.78, subdivision 1; and 326.785; repealing Minnesota Statutes 1996, sections 62D.03, subdivision 2; and 62D.11, subdivision 4; Laws 1988, chapter 495, section 1; Minnesota Rules, part 4600.3900.

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

Section 1. Minnesota Statutes 1996, section 62D.02, subdivision 10, is amended to read:

Subd. 10. "Consumer" means any person ~~other than a person (a) whose occupation involves, or before retirement involved, the administration of health activities or the providing of health services; (b) who is, or ever was, employed by a health care facility, as a licensed health professional; or (c) who has, or ever had, a direct, substantial financial or managerial interest in the rendering of health service other than the payment of reasonable expense reimbursement or compensation as a member of the board of a health maintenance organization, including an enrollee, to whom a health maintenance organization directs marketing materials.~~

Sec. 2. Minnesota Statutes 1996, section 62D.03, subdivision 3, is amended to read:

Subd. 3. The commissioner of health may require any person providing physician and hospital services with payments made in the manner set forth in section 62D.02, subdivision 4, to apply for a certificate of authority under sections 62D.01 to 62D.30. An applicant may continue to operate until the commissioner of health acts upon the application. In the event that an application is denied, the applicant shall henceforth be treated as

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a health maintenance organization whose certificate of authority has been revoked. Any person directed to apply for a certificate of authority shall be subject to the provisions of this subdivision 2.

Sec. 3. Minnesota Statutes 1996, section 62D.03, subdivision 4, is amended to read:

Subd. 4. Each application for a certificate of authority shall be verified by an officer or authorized representative of the applicant, and shall be in a form prescribed by the commissioner of health. Each application shall include the following:

(a) a copy of the basic organizational document, if any, of the applicant and of each major participating entity; such as the articles of incorporation, or other applicable documents, and all amendments thereto;

(b) a copy of the bylaws, rules and regulations, or similar document, if any, and all amendments thereto which regulate the conduct of the affairs of the applicant and of each major participating entity;

(c) a list of the names, addresses, and official positions of the following:

(1) all members of the board of directors, or governing body of the local government unit, and the principal officers and shareholders of the applicant organization; and

(2) all members of the board of directors, or governing body of the local government unit, and the principal officers of the major participating entity and each shareholder beneficially owning more than ten percent of any voting stock of the major participating entity;

The commissioner may by rule identify persons included in the term "principal officers";

(d) a full disclosure of the extent and nature of any contract or financial arrangements between the following:

(1) the health maintenance organization and the persons listed in clause (c)(1);

(2) the health maintenance organization and the persons listed in clause (c)(2);

(3) each major participating entity and the persons listed in clause (c)(1) concerning any financial relationship with the health maintenance organization; and

(4) each major participating entity and the persons listed in clause (c)(2) concerning any financial relationship with the health maintenance organization;

(e) the name and address of each participating entity and the agreed upon duration of each contract or agreement;

(f) a copy of the form of each contract binding the participating entities and the health maintenance organization. Contractual provisions shall be consistent with the purposes of sections 62D.01 to 62D.30, in regard to the services to be performed under the contract, the manner in which payment for services is determined, the nature and extent of responsibilities to be retained by the health maintenance organization, the nature and extent of risk sharing permissible, and contractual termination provisions;

(g) a copy of each contract binding major participating entities and the health maintenance organization. Contract information filed with the commissioner shall be confi-

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dential and subject to the provisions of section 13.37, subdivision 1, clause (b), upon the request of the health maintenance organization.

Upon initial filing of each contract, the health maintenance organization shall file a separate document detailing the projected annual expenses to the major participating entity in performing the contract and the projected annual revenues received by the entity from the health maintenance organization for such performance. The commissioner shall disapprove any contract with a major participating entity if the contract will result in an unreasonable expense under section 62D.19. The commissioner shall approve or disapprove a contract within 30 days of filing.

Within 120 days of the anniversary of the implementation of each contract, the health maintenance organization shall file a document detailing the actual expenses incurred and reported by the major participating entity in performing the contract in the preceding year and the actual revenues received from the health maintenance organization by the entity in payment for the performance;

~~Contracts implemented prior to April 25, 1984, shall be filed within 90 days of April 25, 1984. These contracts are subject to the provisions of section 62D.19, but are not subject to the prospective review prescribed by this clause, unless or until the terms of the contract are modified. Commencing with the next anniversary of the implementation of each of these contracts immediately following filing, the health maintenance organization shall, as otherwise required by this subdivision, file annual actual expenses and revenues;~~

(h) a statement generally describing the health maintenance organization, its health maintenance contracts and separate health service contracts, facilities, and personnel, including a statement describing the manner in which the applicant proposes to provide enrollees with comprehensive health maintenance services and separate health services;

(i) a copy of the form of each evidence of coverage to be issued to the enrollees;

(j) a copy of the form of each individual or group health maintenance contract and each separate health service contract which is to be issued to enrollees or their representatives;

(k) financial statements showing the applicant's assets, liabilities, and sources of financial support. If the applicant's financial affairs are audited by independent certified public accountants, a copy of the applicant's most recent certified financial statement may be deemed to satisfy this requirement;

(l) a description of the proposed method of marketing the plan, a schedule of proposed charges, and a financial plan which includes a three-year projection of the expenses and income and other sources of future capital;

(m) a statement reasonably describing the geographic area or areas to be served and the type or types of enrollees to be served;

(n) a description of the complaint procedures to be utilized as required under section 62D.11;

(o) a description of the procedures and programs to be implemented to meet the requirements of section 62D.04, subdivision 1, clauses (b) and (c) and to monitor the quality of health care provided to enrollees;

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(p) a description of the mechanism by which enrollees will be afforded an opportunity to participate in matters of policy and operation under section 62D.06;

(q) a copy of any agreement between the health maintenance organization and an insurer or nonprofit health service corporation regarding reinsurance, stop-loss coverage, insolvency coverage, or any other type of coverage for potential costs of health services, as authorized in sections 62D.04, subdivision 1, clause (f), 62D.05, subdivision 3, and 62D.13;

(r) a copy of the conflict of interest policy which applies to all members of the board of directors and the principal officers of the health maintenance organization, as described in section 62D.04, subdivision 1, paragraph (g). All currently licensed health maintenance organizations shall also file a conflict of interest policy with the commissioner within 60 days after August 1, 1990, or at a later date if approved by the commissioner;

(s) a copy of the statement that describes the health maintenance organization's prior authorization administrative procedures;

(t) a copy of the agreement between the guaranteeing organization and the health maintenance organization, as described in section 62D.043, subdivision 6; and

(u) other information as the commissioner of health may reasonably require to be provided.

Sec. 4. Minnesota Statutes 1996, section 62D.04, subdivision 3, is amended to read:

Subd. 3. Except as provided in section 62D.03, subdivision 2, no person who has not been issued a certificate of authority shall use the words "health maintenance organization" or the initials "HMO" in its name, contracts or literature. Provided, however, that persons who are operating under a contract with, operating in association with, enrolling enrollees for, or otherwise authorized by a health maintenance organization licensed under sections 62D.01 to 62D.30 to act on its behalf may use the terms "health maintenance organization" or "HMO" for the limited purpose of denoting or explaining their association or relationship with the authorized health maintenance organization. No health maintenance organization which has a minority of consumers enrollees and members elected according to section 62D.06, subdivision 1, as members of its board of directors shall use the words "consumer controlled" in its name or in any way represent to the public that it is controlled by consumers.

Sec. 5. Minnesota Statutes 1996, section 62D.042, subdivision 3, is amended to read:

Subd. 3. **PHASE-IN FOR EXISTING ORGANIZATIONS.** ~~(a) Organizations that obtained a certificate of authority on or before April 25, 1988, have until December 31, 1993, to establish a net worth of at least 8-1/3 percent of the sum of all expenses incurred during the previous calendar year, or \$1,000,000, whichever is greater.~~

~~(b) By December 31, 1989, organizations shall have a net worth of at least one-fifth of 8-1/3 percent of the sum of all expenses incurred during the previous calendar year, or \$1,000,000, whichever is greater.~~

~~(c) By December 31, 1990, organizations shall have a net worth of at least two-fifths of 8-1/3 percent of the sum of all expenses incurred during the previous calendar year, or \$1,000,000, whichever is greater.~~

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(d) ~~By December 31, 1991, organizations shall have a net worth of at least three-fifths of 8-1/3 percent of the sum of all expenses incurred during the previous calendar year, or \$1,000,000, whichever is greater.~~

(e) ~~By December 31, 1992, organizations~~ Each organization shall have a net worth of at least four-fifths of 8-1/3 percent of the sum of all expenses incurred during the previous calendar year, or \$1,000,000, whichever is greater.

Sec. 6. Minnesota Statutes 1996, section 62D.06, subdivision 1, is amended to read:

Subdivision 1. The governing body of any health maintenance organization which is a nonprofit corporation may include enrollees, providers, or other individuals; provided, however, that after a health maintenance organization which is a nonprofit corporation has been authorized under sections 62D.01 to 62D.30 for one year, at least 40 percent of the governing body shall be composed of consumers enrollees and members elected by the enrollees and members from among the enrollees and members. For purposes of this section, "member" means a consumer who receives health care services through a self-insured contract that is administered by the health maintenance organization or its related third-party administrator. The number of members elected to the governing body shall not exceed the number of enrollees elected to the governing body. An enrollee or member elected to the governing board may not be a person (1) whose occupation involves, or before retirement involved, the administration of health activities or the provision of health services; (2) who is or was employed by a health care facility as a licensed health professional; or (3) who has or had a direct substantial financial or managerial interest in the rendering of a health service, other than the payment of a reasonable expense reimbursement or compensation as a member of the board of a health maintenance organization.

After a health maintenance organization which is a local governmental unit has been authorized under sections 62D.01 to 62D.30 for one year, an enrollee advisory body shall be established. The enrollees who make up this advisory body shall be elected by the enrollees from among the enrollees.

Sec. 7. Minnesota Statutes 1996, section 62D.07, subdivision 3, is amended to read:

Subd. 3. Contracts and evidences of coverage shall contain:

(a) No provisions or statements which are unjust, unfair, inequitable, misleading, deceptive, or which are untrue, misleading, or deceptive as defined in section 62D.12, subdivision 1; and

(b) A clear, concise and complete statement of:

(1) the health care services and the insurance or other benefits, if any, to which the enrollee is entitled under the health maintenance contract;

(2) any exclusions or limitations on the services, kind of services, benefits, or kind of benefits, to be provided, including any deductible or copayment feature and requirements for referrals, prior authorizations, and second opinions;

(3) where and in what manner information is available as to how services, including emergency and out of area services, may be obtained;

(4) the total amount of payment and copayment, if any, for health care services and the indemnity or service benefits, if any, which the enrollee is obligated to pay with re-

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spect to individual contracts, or an indication whether the plan is contributory or noncontributory with respect to group certificates; and

(5) a description of the health maintenance organization's method for resolving enrollee complaints and a statement identifying the commissioner as an external source with whom grievances complaints may be registered; and

(c) On the cover page of the evidence of coverage and contract, a clear and complete statement of enrollees' rights as consumers. The statement must be in bold print and captioned "Important Consumer Enrollee Information and Enrollee Bill of Rights" and must include but not be limited to the following provisions in the following language or in substantially similar language approved in advance by the commissioner, except that paragraph (8) does not apply to prepaid health plans providing coverage for programs administered by the commissioner of human services:

CONSUMER ENROLLEE INFORMATION

(1) **COVERED SERVICES:** Services provided by (name of health maintenance organization) will be covered only if services are provided by participating (name of health maintenance organization) providers or authorized by (name of health maintenance organization). Your contract fully defines what services are covered and describes procedures you must follow to obtain coverage.

(2) **PROVIDERS:** Enrolling in (name of health maintenance organization) does not guarantee services by a particular provider on the list of providers. When a provider is no longer part of (name of health maintenance organization), you must choose among remaining (name of the health maintenance organization) providers.

(3) **REFERRALS:** Certain services are covered only upon referral. See section (section number) of your contract for referral requirements. All referrals to non-(name of health maintenance organization) providers and certain types of health care providers must be authorized by (name of health maintenance organization).

(4) **EMERGENCY SERVICES:** Emergency services from providers who are not affiliated with (name of health maintenance organization) will be covered only if proper procedures are followed. Your contract explains the procedures and benefits associated with emergency care from (name of health maintenance organization) and non-(name of health maintenance organization) providers.

(5) **EXCLUSIONS:** Certain services or medical supplies are not covered. You should read the contract for a detailed explanation of all exclusions.

(6) **CONTINUATION:** You may convert to an individual health maintenance organization contract or continue coverage under certain circumstances. These continuation and conversion rights are explained fully in your contract.

(7) **CANCELLATION:** Your coverage may be canceled by you or (name of health maintenance organization) only under certain conditions. Your contract describes all reasons for cancellation of coverage.

(8) **NEWBORN COVERAGE:** If your health plan provides for dependent coverage, a newborn infant is covered from birth, but only if services are provided by participating (name of health maintenance organization) providers or authorized by (name of

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health maintenance organization). Certain services are covered only upon referral. (Name of health maintenance organization) will not automatically know of the infant's birth or that you would like coverage under your plan. You should notify (name of health maintenance organization) of the infant's birth and that you would like coverage. If your contract requires an additional premium for each dependent, (name of health maintenance organization) is entitled to all premiums due from the time of the infant's birth until the time you notify (name of health maintenance organization) of the birth. (Name of health maintenance organization) may withhold payment of any health benefits for the newborn infant until any premiums you owe are paid.

(9) PRESCRIPTION DRUGS AND MEDICAL EQUIPMENT: Enrolling in (name of health maintenance organization) does not guarantee that any particular prescription drug will be available nor that any particular piece of medical equipment will be available, even if the drug or equipment is available at the start of the contract year.

ENROLLEE BILL OF RIGHTS

(1) Enrollees have the right to available and accessible services including emergency services, as defined in your contract, 24 hours a day and seven days a week;

(2) Enrollees have the right to be informed of health problems, and to receive information regarding treatment alternatives and risks which is sufficient to assure informed choice;

(3) Enrollees have the right to refuse treatment, and the right to privacy of medical and financial records maintained by the health maintenance organization and its health care providers, in accordance with existing law;

(4) Enrollees have the right to file a grievance complaint with the health maintenance organization and the commissioner of health and the right to initiate a legal proceeding when experiencing a problem with the health maintenance organization or its health care providers;

(5) Enrollees have the right to a grace period of 31 days for the payment of each premium for an individual health maintenance contract falling due after the first premium during which period the contract shall continue in force;

(6) Medicare enrollees have the right to voluntarily disenroll from the health maintenance organization and the right not to be requested or encouraged to disenroll except in circumstances specified in federal law; and

(7) Medicare enrollees have the right to a clear description of nursing home and home care benefits covered by the health maintenance organization.

Sec. 8. Minnesota Statutes 1996, section 62D.09, subdivision 1, is amended to read:

Subdivision 1. (a) Any written marketing materials which may be directed toward potential enrollees and which include a detailed description of benefits provided by the health maintenance organization shall include a statement of ~~consumer~~ enrollee information and rights as described in section 62D.07, subdivision 3, paragraphs (b) and (c). Prior to any oral marketing presentation, the agent marketing the plan must inform the potential enrollees that any complaints concerning the material presented should be directed to the health maintenance organization, the commissioner of health, or, if applicable, the employer.

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(b) Detailed marketing materials must affirmatively disclose all exclusions and limitations in the organization's services or kinds of services offered to the contracting party, including but not limited to the following types of exclusions and limitations:

- (1) health care services not provided;
- (2) health care services requiring copayments or deductibles paid by enrollees;
- (3) the fact that access to health care services does not guarantee access to a particular provider type; and
- (4) health care services that are or may be provided only by referral of a physician.

(c) No marketing materials may lead consumers to believe that all health care needs will be covered. All marketing materials must alert consumers to possible uncovered expenses with the following language in bold print: "THIS HEALTH CARE PLAN MAY NOT COVER ALL YOUR HEALTH CARE EXPENSES; READ YOUR CONTRACT CAREFULLY TO DETERMINE WHICH EXPENSES ARE COVERED." Immediately following the disclosure required under paragraph (b), clause (3), consumers must be given a telephone number to use to contact the health maintenance organization for specific information about access to provider types.

(d) The disclosures required in paragraphs (b) and (c) are not required on billboards or image, and name identification advertisement.

Sec. 9. Minnesota Statutes 1996, section 62D.09, subdivision 3, is amended to read:

Subd. 3. Every health maintenance organization or its representative shall annually, before June 1, provide to its enrollees the following: (1) a summary of its most recent annual financial statement including a balance sheet and statement of receipts and disbursements; (2) a description of the health maintenance organization, its health care plan or plans, its facilities and personnel, any material changes therein since the last report; (3) the current evidence of coverage or contract; and (4) a statement of ~~consumer~~ enrollee information and rights as described in section 62D.07, subdivision 3, paragraph (c).

Sec. 10. Minnesota Statutes 1996, section 62D.09, subdivision 8, is amended to read:

Subd. 8. Each health maintenance organization shall issue a membership card to its enrollees. The membership card must:

- (1) identify the health maintenance organization;
- (2) include the name, address, and telephone number to call if the ~~enroller~~ enrollee has a complaint;
- (3) include the telephone number to call or the instruction on how to receive authorization for emergency care; and
- (4) include one of the following:

(i) the telephone number to call to appeal to or file a complaint with the commissioner of health; or

(ii) for persons enrolled under section 256.9363, 256B.69, or 256D.03, the telephone number to call to file a complaint with the ombudsperson designated by the com-

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missioner of human services under section 256B.69 and the address to appeal to the commissioner of human services. The ombudsperson shall annually provide the commissioner of health with a summary of complaints and actions taken.

Sec. 11. Minnesota Statutes 1996, section 62D.102, is amended to read:

62D.102 FAMILY THERAPY.

(a) In addition to minimum requirements established in other sections, all group health maintenance contracts providing benefits for mental or nervous disorder treatments in a hospital shall also provide coverage for at least ten hours of treatment over a 12-month period with a copayment not to exceed the greater of \$10 or 20 percent of the applicable usual and customary charge for mental or nervous disorder consultation, diagnosis and treatment services delivered while the enrollee is not a bed patient in a hospital and at least 75 percent of the cost of the usual and customary charges for any additional hours of ambulatory mental health treatment during the same 12-month benefit period for serious or persistent mental or nervous disorders. Prior authorization may be required for an extension of coverage beyond ten hours of treatment. This prior authorization must be based upon the severity of the disorder, the patient's risk of deterioration without ongoing treatment and maintenance, degree of functional impairment, and a concise treatment plan. Authorization for extended treatment may be limited to a maximum of 30 visit hours during any 12-month benefit period.

(b) For purposes of this section, Covered treatment for a minor includes treatment for the family if family therapy is recommended by a health maintenance organization provider. For purposes of determining benefits under this section, "hours of treatment" means treatment rendered on an individual or single-family basis. If treatment is rendered on a group basis, the hours of covered group treatment must be provided at a ratio of no less than two group treatment sessions to one individual treatment hour. For a health maintenance contract that is offered as a companion to a health insurance subscriber contract, the benefits for mental or nervous disorders must be calculated in aggregate for the health maintenance contract and the health insurance subscriber contract.

Sec. 12. Minnesota Statutes 1996, section 62D.11, subdivision 1, is amended to read:

Subdivision 1. **ENROLLEE COMPLAINT SYSTEM.** Every health maintenance organization shall establish and maintain a complaint system, as required under section 62Q.105 to provide reasonable procedures for the resolution of written complaints initiated by or on behalf of enrollees concerning the provision of health care services. "Provision of health services" includes, but is not limited to, questions of the scope of coverage, quality of care, and administrative operations. The health maintenance organization must inform enrollees that they may choose to use an alternative dispute resolution process to appeal a health maintenance organization's internal appeal decision. If an enrollee chooses to use an alternative dispute resolution process, the health maintenance organization must participate.

Sec. 13. Minnesota Statutes 1996, section 62D.11, subdivision 1b, is amended to read:

Subd. 1b. **EXPEDITED RESOLUTION OF COMPLAINTS ABOUT URGENTLY NEEDED SERVICE MEDICALLY URGENT SERVICES.** In addition to

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any remedy contained in subdivision 1a, when a complaint involves a dispute about a health maintenance organization's coverage of an immediately and urgently needed a medically urgent service, the commissioner may also order the health maintenance organization to use an expedited system to process the complaint.

Sec. 14. Minnesota Statutes 1996, section 62D.11, subdivision 3, is amended to read:

Subd. 3. **DENIAL OF SERVICE COVERAGE.** Within a reasonable time after receiving an enrollee's written or oral communication to the health maintenance organization concerning a refusal denial of service coverage or inadequacy of services, the health maintenance organization shall provide the enrollee with a written statement of the reason for the refusal denial of service coverage, and a statement approved by the commissioner of health which explains the health maintenance organization complaint procedures, and in the case of Medicare enrollees, which also explains Medicare appeal procedures.

Sec. 15. Minnesota Statutes 1996, section 62D.12, is amended by adding a subdivision to read:

Subd. 19. **COVERAGE OF SERVICE.** A health maintenance organization may not deny or limit coverage of a service which the enrollee has already received solely on the basis of lack of prior authorization or second opinion, to the extent that the service would otherwise have been covered under the member's contract by the health maintenance organization had prior authorization or second opinion been obtained.

Sec. 16. Minnesota Statutes 1996, section 62D.20, subdivision 2, is amended to read:

Subd. 2. **PRIOR AUTHORIZATION.** The commissioner shall adopt rules that address the issue of appropriate prior authorization requirements, considering ~~consumer~~ enrollee needs, administrative concerns, and the nature of the benefit.

Sec. 17. Minnesota Statutes 1996, section 62J.60, subdivision 3, is amended to read:

Subd. 3. **HUMAN READABLE DATA ELEMENTS.** (a) The following are the minimum human readable data elements that must be present on the front side of the Minnesota health care identification card:

(1) card issuer name or logo, which is the name or logo that identifies the card issuer. The card issuer name or logo may be the card's front background. No standard label is required for this data element;

(2) claim submission number. The standardized label for this element is "Cln Subm #";

(3) identification number, which is the unique identification number of the individual card holder established and defined under this section. The standardized label for the data element is "ID";

(4) identification name, which is the name of the individual card holder. The identification name must be formatted as follows: first name, space, optional middle initial, space, last name, optional space and name suffix. The standardized label for this data element is "Name";

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(5) account number(s), which is any other number, such as a group number, if required for part of the identification or claims process. The standardized label for this data element is "Account";

(6) care type, which is the description of the group purchaser's plan product under which the beneficiary is covered. The description shall include the health plan company name and the plan or product name. The standardized label for this data element is "Care Type";

(7) service type, which is the description of coverage provided such as hospital, dental, vision, prescription, or mental health. The standard label for this data element is "Svc Type"; and

(8) provider/clinic name, which is the name of the primary care clinic the card holder is assigned to by the health plan company. The standard label for this field is "PCP." This information is mandatory only if the health plan company assigns a specific primary care provider to the card holder.

(b) The following human readable data elements shall be present on the back side of the Minnesota health identification card. These elements must be left justified, and no optional data elements may be interspersed between them:

(1) claims submission name(s) and address(es), which are the name(s) and address(es) of the entity or entities to which claims should be submitted. If different destinations are required for different types of claims, this must be labeled; and

(2) telephone number(s) and name(s); which are the telephone number(s) and name(s) of the following contact(s) with a standardized label describing the service function as applicable:

- (i) eligibility and benefit information;
- (ii) utilization review;
- (iii) precertification; or
- (iv) customer services.

(c) The following human readable data elements are mandatory on the back side of the card for health maintenance organizations and integrated service networks:

(1) emergency care authorization telephone number or instruction on how to receive authorization for emergency care. There is no standard label required for this information; and

(2) one of the following:

(i) telephone number to call to appeal to or file a complaint with the commissioner of health; or

(ii) for persons enrolled under section 256.9363, 256B.69, or 256D.03, the telephone number to call to file a complaint with the ombudsperson designated by the commissioner of human services under section 256B.69 and the address to appeal to the commissioner of human services. There is no standard label required for this information.

(d) All human readable data elements not required under paragraphs (a) to (c) are optional and may be used at the issuer's discretion.

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Sec. 18. Minnesota Statutes 1996, section 62J.69, subdivision 1, is amended to read:

Subdivision 1. **DEFINITIONS.** For purposes of this section, the following definitions apply:

(a) "Medical education" means the accredited clinical training of physicians (medical students and residents), doctor of pharmacy practitioners, dentists, advanced practice nurses (clinical nurse specialist, certified registered nurse anesthetists, nurse practitioners, and certified nurse midwives), and physician assistants.

(b) "Clinical training" means accredited training that is funded and was historically funded in part by inpatient care revenues and that occurs in both inpatient and ambulatory care settings.

(c) "Trainee" means students involved in an accredited clinical training program for medical education as defined in paragraph (a).

(d) "Health care research" means approved clinical, outcomes, and health services investigations that are funded by patient out-of-pocket expenses or a third-party payer.

(e) "Commissioner" means the commissioner of health.

(f) "Teaching institutions" means any hospital, medical center, clinic, or other organization that currently sponsors or conducts accredited medical education programs or clinical research in Minnesota.

Sec. 19. Minnesota Statutes 1996, section 144.125, is amended to read:

144.125 TESTS OF INFANTS FOR INBORN METABOLIC ERRORS.

It is the duty of (1) the administrative officer or other person in charge of each institution caring for infants 28 days or less of age and, (2) the person required in pursuance of the provisions of section 144.215, to register the birth of a child, or (3) the nurse midwife or midwife in attendance at the birth, to cause arrange to have administered to every infant or child in its care tests for hemoglobinopathy, phenylketonuria, and other inborn errors of metabolism in accordance with rules prescribed by the state commissioner of health. In determining which tests must be administered, the commissioner shall take into consideration the adequacy of laboratory methods to detect the inborn metabolic error, the ability to treat or prevent medical conditions caused by the inborn metabolic error, and the severity of the medical conditions caused by the inborn metabolic error. Testing and the recording and reporting of the test results of the tests shall be performed at the times and in the manner prescribed by the commissioner of health. The commissioner shall charge laboratory service fees for conducting the tests of infants for inborn metabolic errors so that the total of fees collected will approximate the costs of conducting the tests. Costs associated with capital expenditures and the development of new procedures may be prorated over a three-year period when calculating the amount of the fees.

Sec. 20. Minnesota Statutes 1996, section 144.215, subdivision 1, is amended to read:

Subdivision 1. **WHEN AND WHERE TO FILE.** A certificate of birth for each live birth which occurs in this state shall be filed with the state registrar or the local registrar of the district in which the birth occurred, within five days after the birth.

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Sec. 21. Minnesota Statutes 1996, section 144.218, is amended to read:

144.218 NEW REPLACEMENT CERTIFICATES OF BIRTH.

Subdivision 1. **ADOPTION.** Upon receipt of a certified copy of an order, decree, or certificate of adoption, the state registrar shall register a supplementary replacement certificate in the new name of the adopted person. The original certificate of birth and the certified copy are confidential pursuant to section 13.02, subdivision 3, and shall not be disclosed except pursuant to court order or section 144.1761. A certified copy of the original birth certificate from which the registration number has been deleted and which has been marked "Not for Official Use," or the information contained on the original birth certificate, except for the registration number, shall be provided on request to a parent who is named on the original birth certificate. Upon the receipt of a certified copy of a court order of annulment of adoption the state registrar shall restore the original certificate to its original place in the file.

Subd. 2. **ADOPTION OF FOREIGN PERSONS.** In proceedings for the adoption of a person who was born in a foreign country, the court, upon evidence presented by the commissioner of human services from information secured at the port of entry, or upon evidence from other reliable sources, may make findings of fact as to the date and place of birth and parentage. Upon receipt of certified copies of the court findings and the order or decree of adoption, the state registrar shall register a birth certificate in the new name of the adopted person. The certified copies of the court findings and the order or decree of adoption are confidential, pursuant to section 13.02, subdivision 3, and shall not be disclosed except pursuant to court order or section 144.1761. The birth certificate shall state the place of birth as specifically as possible, and that the certificate is not evidence of United States citizenship.

Subd. 3. **SUBSEQUENT MARRIAGE OF BIRTH PARENTS.** If, in cases in which a certificate of birth has been registered pursuant to section 144.215 and the birth parents of the child marry after the birth of the child, a new replacement certificate of birth shall be registered upon presentation of a certified copy of the marriage certificate of the birth parents, and either an acknowledgment a recognition of parentage or court adjudication of paternity. The information presented and the original certificate of birth are confidential, pursuant to section 13.02, subdivision 3, and shall not be disclosed except pursuant to court order.

Subd. 4. **INCOMPLETE, INCORRECT, AND MODIFIED CERTIFICATES.** If a court finds that a birth certificate is incomplete, inaccurate or false, or if it is being issued pursuant to section 259.10, subdivision 2, it may order the registration of a new replacement certificate, and, if necessary, set forth the correct information in the order. Upon receipt of the order the state registrar shall register a new replacement certificate containing the findings of the court, and the prior certificate shall be confidential pursuant to section 13.02, subdivision 3, and shall not be disclosed except pursuant to court order.

Sec. 22. Minnesota Statutes 1996, section 144.664, subdivision 3, is amended to read:

Subd. 3. **NOTIFICATION.** Within five days of receiving a report of traumatic brain injury or spinal cord injury, the commissioner shall notify the ~~commissioner~~ of economic security. ~~The notification shall include the person's name and other identifying in-~~

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formation injured person or the injured person's family of resources and services available in Minnesota, pursuant to section 144.662, clause (2).

Sec. 23. Minnesota Statutes 1996, section 144.665, is amended to read:

144.665 TRAUMATIC BRAIN INJURY AND SPINAL CORD INJURY DATA.

Data on individuals collected by the commissioner of health under sections 144.662 to 144.664 or provided to the commissioner of economic security under section 144.664 are private data on individuals as defined in section 13.02, subdivision 12, and may be used only for the purposes set forth in sections 144.662 to 144.664 in accordance with the rules adopted by the commissioner.

Sec. 24. Minnesota Statutes 1996, section 144.9501, is amended by adding a subdivision to read:

Subd. 6a. CHILD. "Child" means an individual up to 72 months of age.

Sec. 25. Minnesota Statutes 1996, section 144.9501, subdivision 29, is amended to read:

Subd. 29. **SWAB TEAM SERVICES.** "Swab team services" means activities that provide protection from lead hazards such as:

(1) removing lead dust by washing, vacuuming with high efficiency particle accumulator (HEPA) or wet vacuum cleaners, and cleaning the interior of residential property;

(2) removing loose paint and paint chips and ~~reporting~~ repainting or installing guards to protect intact paint;

(3) covering or replacing bare soil that has a lead concentration of 100 parts per million or more;

(4) health education;

(5) advice and assistance to help residents locate and move to a temporary residence while lead hazard reduction is being completed; or

(6) any other assistance necessary to meet the resident's immediate needs as a result of the relocation.

Sec. 26. Minnesota Statutes 1996, section 144.9504, subdivision 2, is amended to read:

Subd. 2. **LEAD INSPECTION.** (a) An inspecting agency shall conduct a lead inspection of a residence according to the venous blood lead level and time frame set forth in clauses (1) to (4) (5) for purposes of secondary prevention:

(1) within 48 hours of a child or pregnant female in the residence being identified to the agency as having a venous blood lead level equal to or greater than 70 micrograms of lead per deciliter of whole blood;

(2) within five working days of a child or pregnant female in the residence being identified to the agency as having a venous blood lead level equal to or greater than 45 micrograms of lead per deciliter of whole blood;

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(3) within ten working days of a child or pregnant female in the residence being identified to the agency as having a venous blood lead level equal to or greater than 20 micrograms of lead per deciliter of whole blood; or

(4) within ten working days of a child or pregnant female in the residence being identified to the agency as having a venous blood lead level that persists in the range of 15 to 19 micrograms of lead per deciliter of whole blood for 90 days after initial identification; or

(5) within ten working days of a pregnant female in the residence being identified to the agency as having a venous blood lead level equal to or greater than ten micrograms of lead per deciliter of whole blood.

(b) Within the limits of available state and federal appropriations, an inspecting agency may also conduct a lead inspection for children with any elevated blood lead level.

(c) In a building with two or more dwelling units, an inspecting agency shall inspect the individual unit in which the conditions of this section are met and shall also inspect all common areas. If a child visits one or more other sites such as another residence, or a residential or commercial child care facility, playground, or school, the inspecting agency shall also inspect the other sites. The inspecting agency shall have one additional day added to the time frame set forth in this subdivision to complete the lead inspection for each additional site.

(d) Within the limits of appropriations, the inspecting agency shall identify the known addresses for the previous 12 months of the child or pregnant female with elevated blood lead levels; notify the property owners, landlords, and tenants at those addresses that an elevated blood lead level was found in a person who resided at the property; and give them a copy of the lead inspection guide. This information shall be classified as private data on individuals as defined under section 13.02, subdivision 12.

(e) The inspecting agency shall conduct the lead inspection according to rules adopted by the commissioner under section 144.9508. An inspecting agency shall have lead inspections performed by lead inspectors licensed by the commissioner according to rules adopted under section 144.9508. If a property owner refuses to allow an inspection, the inspecting agency shall begin legal proceedings to gain entry to the property and the time frame for conducting a lead inspection set forth in this subdivision no longer applies. An inspector or inspecting agency may observe the performance of lead hazard reduction in progress and shall enforce the provisions of this section under section 144.9509. Deteriorated painted surfaces, bare soil, dust, and drinking water must be tested with appropriate analytical equipment to determine the lead content, except that deteriorated painted surfaces or bare soil need not be tested if the property owner agrees to engage in lead hazard reduction on those surfaces.

(f) A lead inspector shall notify the commissioner and the board of health of all violations of lead standards under section 144.9508, that are identified in a lead inspection conducted under this section.

(g) Each inspecting agency shall establish an administrative appeal procedure which allows a property owner to contest the nature and conditions of any lead order issued by the inspecting agency. Inspecting agencies must consider appeals that propose lower cost methods that make the residence lead safe.

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(h) Sections 144.9501 to 144.9509 neither authorize nor prohibit an inspecting agency from charging a property owner for the cost of a lead inspection.

Sec. 27. Minnesota Statutes 1996, section 144.9506, subdivision 1, is amended to read:

Subdivision 1. **LICENSE REQUIRED.** (a) A lead inspector shall obtain a license before performing lead inspections and shall renew it annually. The commissioner shall charge a fee and require annual training, as specified in this section. A lead inspector shall have the inspector's license readily available at all times at an inspection site and make it available, on request, for inspection by the inspecting agency with jurisdiction over the site. A license shall not be transferred.

(b) Individuals shall not advertise or otherwise present themselves as lead inspectors unless licensed by the commissioner.

(c) An individual may use sodium rhodizonate to test paint for the presence of lead without obtaining a lead inspector license, but must not represent the test as a lead inspection.

Sec. 28. Minnesota Statutes 1996, section 144.9506, subdivision 5, is amended to read:

Subd. 5. **APPROVAL OF LEAD INSPECTION COURSE.** Until the commissioner adopts rules under section 144.9508 to license lead inspectors and approve lead inspector training courses, a lead inspection course sponsored by a training course provider in one of the regional lead training consortia established by the United States Environmental Protection Agency is an approved course for the purpose of this section, providing it covers the criteria listed in section 144.9505. The commissioner shall evaluate for approval by permit lead inspector courses other than those approved by the United States Environmental Protection Agency. After adoption of rules under section 144.9508, all training courses offered for the purpose of licensing individuals as lead inspectors must be reviewed and approved by the commissioner.

Sec. 29. Minnesota Statutes 1996, section 144.99, subdivision 9, is amended to read:

Subd. 9. **SUSPENSION OR REVOCATION OF PERMITS, LICENSES, REGISTRATIONS, OR CERTIFICATES.** The commissioner may suspend, place conditions on, or revoke a permit, license, registration, or certificate issued under the statutes or rules cited in subdivision 1 for:

(1) serious or repeated violations of the requirements in the statutes, rules, or other actions listed in subdivision 1 that apply to the permit, license, registration, or certificate, or if the applicant submitted;

(2) submitting false material information to the department in connection with activities for which the permit, license, registration, or certificate is issued;

(3) allowing the alteration or use of one's own permit, license, registration, or certificate by another; or

(4) within the previous five years, conviction of a crime in connection with activities for which the permit, license, registration, or certificate was issued.

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Sec. 30. Minnesota Statutes 1996, section 144.99, subdivision 10, is amended to read:

Subd. 10. **HEARINGS RELATED TO DENIAL, REFUSAL TO RENEW, SUSPENSION, OR REVOCATION OF A PERMIT, LICENSE, REGISTRATION, OR CERTIFICATE.** If the commissioner proposes to deny, refuses to renew, suspends, or revokes a permit, license, registration, or certificate under subdivision 8 or 9, the commissioner must first notify, in writing, the person against whom the action is proposed to be taken and provide the person an opportunity to request a hearing under the contested case provisions of chapter 14. If the person does not request a hearing by notifying the commissioner within 20 days after receipt of the notice of proposed action, the commissioner may proceed with the action without a hearing. This subdivision does not apply to:

(1) the denial of or refusal to renew a permit, license, registration, or certificate based on the applicant's failure to meet or maintain the minimum qualifications for holding the permit, license, registration, or certificate; or

(2) the denial of, refusal to renew, suspension of, or revocation of a permit, license, registration, or certificate if the person against whom the action is proposed to be taken has been granted a hearing under this subdivision within the previous 12 months.

Sec. 31. Minnesota Statutes 1996, section 257.73, is amended to read:

257.73 BIRTH RECORDS.

Subdivision 1. Upon compliance with the provisions of section 257.55, subdivision 1, paragraph (e), 257.75, or upon order of a court of this state or upon request of a court of another state, the state or local registrar of vital statistics shall prepare a new replacement certificate of birth consistent with the acknowledgment or the findings of the court and shall substitute the new replacement certificate for the original certificate of birth.

Subd. 2. The fact that the father and child relationship was declared after the child's birth shall not be ascertainable from the new replacement certificate but the actual place and date of birth shall be shown.

Subd. 3. The evidence upon which the new replacement certificate was made and the original birth certificate shall be kept in a sealed and confidential file and be subject to inspection only upon consent of the court and all interested persons, or in exceptional cases only upon an order of the court for good cause shown.

Sec. 32. Minnesota Statutes 1996, section 326.71, subdivision 4, is amended to read:

Subd. 4. **ASBESTOS-RELATED WORK.** "Asbestos-related work" means the enclosure, removal, or encapsulation of asbestos-containing material in a quantity that meets or exceeds 260 lineal feet of friable asbestos-containing material on pipes, 160 square feet of friable asbestos-containing material on other facility components, or, if linear feet or square feet cannot be measured, a total of 35 cubic feet of friable asbestos-containing material on or off all facility components in one facility. In the case of single or multifamily residences, "asbestos-related work" also means the enclosure, removal, or encapsulation of greater than ten but less than 260 lineal linear feet of friable asbestos-containing material on pipes or ducts or, greater than six but less than 160 square feet of friable asbestos-containing material on other facility components, or, if linear feet or

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square feet cannot be measured, greater than one cubic foot but less than 35 cubic feet of friable asbestos-containing material on or off all facility components in one facility. This provision excludes asbestos-containing floor tiles and sheeting, roofing materials, siding, and all ceilings with asbestos-containing material in single family residences and buildings with no more than four dwelling units. Asbestos-related work includes asbestos abatement area preparation; enclosure, removal, or encapsulation operations; and an air quality monitoring specified in rule to assure that the abatement and adjacent areas are not contaminated with asbestos fibers during the project and after completion.

For purposes of this subdivision, the quantity of asbestos containing material applies separately for every project.

Sec. 33. Minnesota Statutes 1996, section 326.71, subdivision 6, is amended to read:

Subd. 6. **CONTRACTING ENTITY.** "Contracting entity" means a public or private body, board, natural person, corporation, partnership, proprietorship, joint venture, fund, authority, or similar entity that contracts with a person to do asbestos-related work or asbestos management activity for the benefit of the contracting entity.

Sec. 34. Minnesota Statutes 1996, section 326.72, subdivision 2, is amended to read:

Subd. 2. **DISPLAY OF LICENSE.** Licensees shall post a project permit, obtained from the commissioner after compliance with the provisions of section 326.74 and rules promulgated under section 326.78, in a conspicuous place outside of the asbestos abatement work area. The actual license or a copy shall be readily available at the work site for inspection by the commissioner, other public officials charged with the health, safety, and welfare of the state's citizens, and the contracting entity.

Sec. 35. Minnesota Statutes 1996, section 326.74, is amended to read:

326.74 **REPORTING ASBESTOS WORK.**

At least five calendar days before beginning any asbestos-related work, Written notice shall be given to the commissioner of ~~the an~~ asbestos-related work project by the person holding the license issued under section 326.72, subdivision 1. Unless the project is an emergency project, the notice shall be given to the commissioner at least five calendar days before the project begins. The notice shall contain the following information:

- (1) a brief description of the work to be performed;
- (2) the name of the contracting entity;
- (3) the location and address of the project work site;
- (4) the approximate duration of the project;
- (5) the approximate amount of the asbestos involved in the project;
- (6) the name of any project manager; and
- (7) other information required by the commissioner.

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Sec. 36. Minnesota Statutes 1996, section 326.76, is amended to read:

326.76 DUTIES OF CONTRACTING ENTITIES.

A contracting entity intending to have asbestos-related work or asbestos management activity performed for its benefit shall include in the specifications and contracts for the work a requirement that the work be performed by contractors and subcontractors licensed or certified by the commissioner under sections 326.70 to 326.81 and in accordance with rules prescribed by the commissioner related to ~~asbestos abatement~~ asbestos-related work and asbestos management activity. No contracting entity shall allow ~~asbestos-related work~~ or asbestos management activity to be performed for its benefit unless it has seen that the person has a valid license or certificate. A contracting entity's failure to comply with this section does not relieve a person from any responsibilities under sections 326.70 to 326.81.

Sec. 37. Minnesota Statutes 1996, section 326.78, subdivision 1, is amended to read:

Subdivision 1. **RULEMAKING.** The commissioner shall adopt and begin enforcement of rules necessary to implement sections 326.70 to 326.81. The rules adopted shall not be duplicative of rules adopted by the commissioner of the department of labor and industry. The rules shall include rules in the following areas:

- (1) application, enclosure, removal, and encapsulation procedures;
- (2) license and certificate qualification requirements;
- (3) examinations for obtaining a license and certificate;
- (4) training necessary for individual certification;
- (5) qualifications for managers of ~~asbestos abatement~~ asbestos-related work projects;
- (6) ~~abatement~~ asbestos-related work and asbestos management activity specifications;
- (7) any contractor bonding and insurance requirements deemed necessary by the commissioner;
- (8) license and certificate issuance and revocation procedures;
- (9) suspension or revocation of licenses or certificates;
- (10) license and certificate suspension and revocation criteria;
- (11) cleanup standards;
- (12) continuing education requirements; and
- (13) other rules necessary to implement sections 326.70 to 326.81.

Sec. 38. Minnesota Statutes 1996, section 326.785, is amended to read:

326.785 ASBESTOS CONTAINMENT BARRIERS.

Notwithstanding Minnesota Rules, part 4620.3500, subpart 4, item B, subitem (5) 4620.3568, subparts 1 to 4, containment barriers, in the case of tunnel abatement enclosures, are limited to double critical barriers.

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Sec. 39. CONFORMANCE WITH FEDERAL REGULATIONS.

The commissioner of health shall amend Minnesota Rules, chapter 4761, as needed to conform with federal regulations, and shall perform any procedural steps necessary to obtain authorization to administer the regulations in Code of Federal Regulations, title 40, part 745 (1996), adopted by the United States Environmental Protection Agency to implement the requirements of title X of the federal Residential Lead-Based Paint Hazard Reduction Act of 1992, Public Law Number 102-550, 106 Statutes at Large 3897.

Sec. 40. REPEALER.

(a) Minnesota Statutes 1996, sections 62D.03, subdivision 2; and 62D.11, subdivision 4, are repealed.

(b) Minnesota Rules, part 4600.3900, is repealed.

(c) Laws 1988, chapter 495, section 1, is repealed.

Sec. 41. EFFECTIVE DATE.

Section 19 is effective the day following final enactment.

Presented to the governor May 20, 1997

Signed by the governor May 22, 1997, 12:02 p.m.

CHAPTER 206—S.F.No. 420

An act relating to state agencies; modifying department of administration authority for elevator regulation, the building code, leases, and other administrative matters; modifying lighting standards; modifying licensure provisions for manufactured home installers; amending Minnesota Statutes 1996, sections 16B.24, subdivisions 6 and 6a; 16B.482; 16B.49; 16B.50; 16B.54, subdivision 8; 16B.72; 16B.73; 16B.747, subdivision 3; 216C.195, subdivision 3; and 326.841; Laws 1996, chapter 463, section 13, subdivision 7; repealing Minnesota Statutes 1996, sections 15.171; 15.172; 15.173; 15.174; and 16B.88, subdivision 6.

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

Section 1. Minnesota Statutes 1996, section 16B.24, subdivision 6, is amended to read:

Subd. 6. PROPERTY RENTAL LEASES. (a) **LEASES.** The commissioner shall rent lease land and other premises when necessary for state purposes. Notwithstanding subdivision 6a, paragraph (a), the commissioner may lease land or premises for up to ten years, subject to cancellation upon 30 days' written notice by the state for any reason except lease of other non-state-owned land or premises for the same use. The commissioner may not lease non-state-owned land and buildings or substantial portions of land or buildings within the capitol area as defined in section 15.50 unless the commissioner first consults with the capitol area architectural and planning board. If the commissioner enters into a lease-purchase agreement for buildings or substantial portions of buildings

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