Subd. 2. **VENDING MACHINE SALES PROHIBITED.** No person shall sell tobacco products from vending machines. This subdivision does not apply to vending machines in facilities that cannot be entered at any time by persons younger than 18 years of age.

Subd. 3. **FEDERAL REGULATIONS.** Code of Federal Regulations, title 21, part 897.16(c), is incorporated by reference with respect to cartons and other multipack units.

Sec. 7. **[461.19] EFFECT ON LOCAL ORDINANCE; NOTICE.**

Sections 461.12 to 461.18 do not preempt a local ordinance that provides for more restrictive regulation of tobacco sales. A governing body shall give notice of its intention to consider adoption or substantial amendment of any local ordinance required under section 4 or permitted under this section. The governing body shall take reasonable steps to send notice by mail at least 30 days prior to the meeting to the last known address of each licensee or person required to hold a license under section 4. The notice shall state the time, place, and date of the meeting and the subject matter of the proposed ordinance.

Sec. 8. **REPEALER.**

Minnesota Statutes 1996, section 325E.075, is repealed.

Sec. 9. **EFFECTIVE DATE.**

Section 6, subdivision 3, is effective upon the implementation of Code of Federal Regulations, title 21, part 897.16(c).

Presented to the governor May 27, 1997

Signed by the governor May 30, 1997, 1:40 p.m.

CHAPTER 228—H.F.No. 556

An act relating to health; modifying provisions for unique identifiers for health care providers, group purchasers, and patients; modifying birth data provisions; limiting access to certified copies of birth and death certificates; requiring standardized format for birth and death certificates; extending date of commissioner's access to fetal, infant, and maternal death data; modifying lead inspection and notice requirements; amending Minnesota Statutes 1996, sections 62J.451, subdivision 6c; 62J.54; 144.212, by adding subdivisions; 144.215, by adding subdivisions; 144.225, subdivision 2, and by adding subdivisions; 144.9504, subdivision 2; and 145.90, subdivision 2.

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

Section 1. Minnesota Statutes 1996, section 62J.451, subdivision 6c, is amended to read:

Subd. 6c. **PROVIDER ORGANIZATION PERFORMANCE MEASUREMENT.** (a) As part of the performance measurement plan specified in subdivision 6, the health data institute shall develop a mechanism to assess the performance of hospitals and other provider organizations, and to disseminate this information to consumers, purchasers, policymakers, and other interested parties, consistent with the data policies specified in section 62J.452. Data to be collected may include structural characteristics including staff-mix and nurse-patient ratios. In selecting additional data for collection, the health data institute may consider:

(1) feasibility and statistical validity of the indicator;

(2) purchaser and public demand for the indicator;

(3) estimated expense of collecting and reporting the indicator; and

(4) usefulness of the indicator for internal improvement purposes.

(b) The health data institute may conduct consumer surveys that focus on health care provider organizations. Health care provider organizations may provide roster data, as defined in subdivision 2, including names, addresses, and telephone numbers of their patients, to the health data institute for purposes of conducting the surveys. Roster data provided by health care provider organizations under this paragraph are private data on individuals as defined in section 13.02, subdivision 12. Providing data under this paragraph does not constitute a release of health records for purposes of section 144.335, subdivision 3a.

Sec. 2. Minnesota Statutes 1996, section 62J.54, is amended to read:

62J.54 **IDENTIFICATION AND IMPLEMENTATION OF UNIQUE IDENTIFIERS.**

Subdivision 1. **UNIQUE IDENTIFICATION NUMBER FOR HEALTH CARE PROVIDER ORGANIZATIONS.** (a) ~~On and after January 1, 1998~~ Not later than 24 months after the date on which a unique health identifier for health care providers is adopted or established under sections 1171 to 1179 of Public Law Number 104-191, 110 Statutes at Large 1936, all group purchasers and health care providers in Minnesota shall use a unique identification number to identify health care provider organizations, except as provided in paragraph ~~(c)~~ (b).

(b) Small health plans, as defined by the federal Secretary of Health and Human Services under section 1175 of Public Law Number 104-191, 110 Statutes at Large 1936, shall use a unique identification number to identify health provider organizations no later than 36 months after the date on which a unique health identifier for health care providers is adopted or established under sections 1171 to 1179 of Public Law Number 104-191, 110 Statutes at Large 1936.

(c) The ~~first eight digits of the national provider identifier maintained by the federal Health Care Financing Administration~~ unique health identifier for health care providers adopted or established by the federal Secretary of Health and Human Services under sections 1171 to 1179 of Public Law Number 104-191, 110 Statutes at Large 1936 (1996 and subsequent amendments), shall be used as the unique identification number for health care provider organizations.

~~(c)~~ (d) Provider organizations required to have a ~~national provider~~ unique health identifier are:

(1) hospitals licensed under chapter 144;

(2) nursing homes and hospices licensed under chapter 144A;

(3) subacute care facilities;

(4) individual providers organized as a clinic or group practice;

(5) independent laboratory, pharmacy, surgery, radiology, or outpatient facilities;

(6) ambulance services licensed under chapter 144; ~~and~~

(7) special transportation services certified under chapter 174; and

(8) other provider organizations as required by the federal Secretary of Health and Human Services under sections 1171 to 1179 of Public Law Number 104–191, 110 Statutes at Large 1936 (1996 and subsequent amendments).

Provider organizations shall obtain a ~~national provider~~ unique health identifier from the federal ~~Health Care Financing Administration~~ Secretary of Health and Human Services using the ~~federal Health Care Financing Administration's prescribed~~ process prescribed by the Secretary.

~~(d)~~ (e) Only the unique health care provider organization identifier shall be used for purposes of submitting and receiving claims, and in conjunction with other data collection and reporting functions.

~~(e) The state and federal health care programs administered by the department of human services shall use the unique identification number assigned to health care providers for implementation of the Medicaid Management Information System or the national provider identifier maintained by the federal Health Care Financing Administration.~~

(f) The commissioner of health may ~~become a subscriber to~~ contract with the federal ~~Health Care Financing Administration's national provider system~~ Secretary of Health and Human Services or the Secretary's agent to implement this subdivision.

Subd. 2. **UNIQUE IDENTIFICATION NUMBER FOR INDIVIDUAL HEALTH CARE PROVIDERS.** (a) ~~On and after January 1, 1998~~ Not later than 24 months after the date on which a unique health identifier for health care providers is adopted or established under sections 1171 to 1179 of Public Law Number 104–191, 110 Statutes at Large 1936, all group purchasers and health care providers in Minnesota shall use a unique identification number to identify an individual health care provider, except as provided in paragraph ~~(e)~~ (b).

(b) Small health plans, as defined by the federal Secretary of Health and Human Services under section 1175 of Public Law Number 104–191, 110 Statutes at Large 1936, shall use a unique identification number to identify an individual health care provider no later than 36 months after the date on which a unique health identifier for health care providers is adopted or established under sections 1171 to 1179 of Public Law Number 104–191, 110 Statutes at Large 1936.

(c) The ~~first eight digits of the national provider identifier maintained by the federal Health Care Financing Administration's national provider system~~ unique health identifier for health care providers adopted or established by the federal Secretary of Health and Human Services under sections 1171 to 1179 of Public Law Number 104–191, 110 Statutes at Large 1936 (1996 and subsequent amendments), shall be used as the unique identification number for individual health care providers.

~~(c)~~ (d) Individual providers required to have a ~~national provider~~ unique health identifier are:

(1) physicians licensed under chapter 147;

(2) dentists licensed under chapter 150A;

(3) chiropractors licensed under chapter 148;

(4) podiatrists licensed under chapter 153;

(5) physician assistants as defined under section 147A.01;

(6) advanced practice nurses as defined under section 62A.15;

(7) doctors of optometry licensed under section 148.57;

(8) pharmacists licensed under chapter 151;

~~(8)~~ (9) individual providers who may bill Medicare for medical and other health services as defined in United States Code, title 42, section 1395x(s); ~~and~~

~~(9)~~ (10) individual providers who are providers for state and federal health care programs administered by the commissioner of human services; and

(11) other individual providers as required by the federal Secretary of Health and Human Services under sections 1171 to 1179 of Public Law Number 104–191, 110 Statutes at Large 1936 (1996 and subsequent amendments).

Providers shall obtain a ~~national provider~~ unique health identifier from the federal ~~Health Care Financing Administration~~ Secretary of Health and Human Services using the ~~Health Care Financing Administration's prescribed~~ process prescribed by the Secretary.

~~(d)~~ (e) Only the unique individual health care provider identifier shall be used for purposes of submitting and receiving claims, and in conjunction with other data collection and reporting functions.

~~(e) The state and federal health care programs administered by the department of human services shall use the unique identification number assigned to health care providers for implementation of the Medicaid Management Information System or the national provider identifier maintained by the federal Health Care Financing Administration.~~

(f) The commissioner of health may ~~become a subscriber to~~ contract with the federal ~~Health Care Financing Administration's national provider system~~ Secretary of Health and Human Services or the Secretary's agent to implement this subdivision.

Subd. 3. **UNIQUE IDENTIFICATION NUMBER FOR GROUP PURCHASERS.** (a) ~~On and after January 1, 1998~~ Not later than 24 months after the date on which a unique health identifier for employers and health plans is adopted or established under sections 1171 to 1179 of Public Law Number 104–191, 110 Statutes at Large 1936, all group purchasers and health care providers in Minnesota shall use a unique identification number to identify group purchasers, except as provided in paragraph (b).

(b) Small health plans, as defined by the federal Secretary of Health and Human Services under section 1175 of Public Law Number 104–191, 110 Statutes at Large 1936, shall use a unique identification number to identify group purchasers no later than 36 months after the date on which a unique health identifier for employers and health plans is adopted or established under sections 1171 to 1179 of Public Law Number 104–191, 110 Statutes at Large 1936.

(c) The ~~payer identification number assigned for the federal Health Care Financing Administration's PAYERID system~~ unique health identifier for health plans and employers adopted or established by the federal Secretary of Health and Human Services under sections 1171 to 1179 of Public Law Number 104–191, 110 Statutes at Large 1936 (1996 and subsequent amendments), shall be used as the unique identification number for group purchasers.

~~(c)~~ (d) Group purchasers shall obtain a ~~payer~~ unique health identifier ~~number~~ from the federal ~~Health Care Financing Administration~~ Secretary of Health and Human Services using the ~~Health Care Financing Administration's prescribed~~ process prescribed by the Secretary.

~~(d)~~ (e) The unique group purchaser identifier, as described in this section, shall be used for purposes of submitting and receiving claims, and in conjunction with other data collection and reporting functions.

~~(e)~~ (f) The commissioner of health may ~~become a registry user to~~ contract with the federal ~~Health Care Financing Administration's PAYERID system~~ Secretary of Health and Human Services or the Secretary's agent to implement this subdivision.

Subd. 4. **UNIQUE PATIENT IDENTIFICATION NUMBER.** (a) ~~On and after January 1, 1998~~ Not later than 24 months after the date on which a unique health identifier for individuals is adopted or established under sections 1171 to 1179 of Public Law Number 104–191, 110 Statutes at Large 1936, all group purchasers and health care providers in Minnesota shall use a unique identification number to identify each patient who receives health care services in Minnesota, except as provided in paragraph ~~(e)~~ (b).

(b) ~~Except as provided in paragraph (d), following the recommendation of the workgroup for electronic data interchange, the social security number of the patient~~ Small health plans, as defined by the federal Secretary of Health and Human Services under section 1175 of Public Law Number 104–191, 110 Statutes at Large 1936, shall use a unique identification number to identify each patient who receives health care services in Minnesota no later than 36 months after the date on which a unique health identifier for individuals is adopted or established under sections 1171 to 1179 of Public Law Number 104–191, 110 Statutes at Large 1936.

(c) The unique health identifier for individuals adopted or established by the federal Secretary of Health and Human Services under sections 1171 to 1179 of Public Law Number 104–191, 110 Statutes at Large 1936 (1996 and subsequent amendments), shall be used as the unique patient identification number, except as provided in paragraphs (e) and (f).

~~(c)~~ (d) The unique patient identification number shall be used by group purchasers and health care providers for purposes of submitting and receiving claims, and in conjunction with other data collection and reporting functions.

~~(d) The commissioner shall develop an alternate numbering system for patients who do not have or refuse to provide a social security number. This provision does not require~~

~~that patients provide their social security numbers and does not require group purchasers or providers to demand that patients provide their social security numbers. Group purchasers and health care providers shall establish procedures to notify patients that they can elect not to have their social security number used as the unique patient identification number.~~

(e) ~~The state and federal health care programs administered by the department of human services shall use the unique person master index (PMI) identification number assigned to clients participating in programs administered by the department of human services.~~ Within the limits of available appropriations, the commissioner shall develop a proposal for an alternate numbering system for patients who do not have or refuse to provide their social security numbers, if:

(1) a unique health identifier for individuals is adopted or established under sections 1171 to 1179 of Public Law Number 104–191, 110 Statutes at Large 1936;

(2) the unique health identifier is the social security number of the patient;

(3) there is no federal alternate numbering system for patients who do not have or refuse to provide their social security numbers; and

(4) federal law or the federal Secretary of Health and Human Services explicitly allows a state to develop an alternate numbering system for patients who do not have or refuse to provide their social security numbers.

(f) If an alternate numbering system is developed under paragraph (e), patients who use numbers issued by the alternate numbering system are not required to provide their social security numbers and group purchasers or providers may not demand the social security numbers of patients who provide numbers issued by the alternate numbering system. If an alternate numbering system is developed under paragraph (e), group purchasers and health care providers shall establish procedures to notify patients that they can elect not to have their social security number used as the unique patient identifier.

(g) The commissioner of health may contract with the federal Secretary of Health and Human Services or the Secretary's agent to implement this subdivision.

Sec. 3. Minnesota Statutes 1996, section 144.212, is amended by adding a subdivision to read:

Subd. 1a. **AMENDMENT.** "Amendment" means completion or correction of a vital record.

Sec. 4. Minnesota Statutes 1996, section 144.212, is amended by adding a subdivision to read:

Subd. 2a. **DELAYED REGISTRATION.** "Delayed registration" means registration of a certificate of birth or death filed one or more years after the date established by law for filing a certificate of birth or death.

Sec. 5. Minnesota Statutes 1996, section 144.212, is amended by adding a subdivision to read:

Subd. 4a. **INSTITUTION.** "Institution" means a public or private establishment that:

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

(1) provides inpatient or outpatient medical, surgical, or diagnostic care or treatment; or

(2) provides nursing, custodial, or domiciliary care, or to which persons are committed by law.

Sec. 6. Minnesota Statutes 1996, section 144.215, is amended by adding a subdivision to read:

Subd. 5. **BIRTHS OCCURRING IN AN INSTITUTION.** When a birth occurs in an institution or en route to an institution, the person in charge of the institution or that person's authorized designee shall obtain the personal data required under this section and shall prepare the certificate of birth. For purposes of this section, "institution" means a hospital or other facility that provides childbirth services.

Sec. 7. Minnesota Statutes 1996, section 144.215, is amended by adding a subdivision to read:

Subd. 6. **BIRTHS OCCURRING OUTSIDE AN INSTITUTION.** When a birth occurs outside of an institution as defined in subdivision 5, the certificate of birth shall be prepared and filed by one of the following persons, in the indicated order of preference:

(1) the physician present at the time of the birth or immediately thereafter;

(2) in the absence of a physician, a person present at the time of the birth or immediately thereafter;

(3) the father or mother of the child; or

(4) in the absence of the father and if the mother is unable, the person with primary responsibility for the premises where the child was born.

Sec. 8. Minnesota Statutes 1996, section 144.215, is amended by adding a subdivision to read:

Subd. 7. **EVIDENCE REQUIRED TO REGISTER A NONINSTITUTION BIRTH WITHIN THE FIRST YEAR OF BIRTH.** When a birth occurs in this state outside of an institution, as defined in subdivision 5, and the birth certificate is filed before the first birthday, evidence in support of the facts of birth shall be required when neither the state nor local registrar has personal knowledge regarding the facts of birth. Evidence shall be presented by the individual responsible for filing the certificate under subdivision 6. Evidence shall consist of proof that the child was born alive, proof of pregnancy, or evidence of the mother's presence in this state on the date of the birth. If the evidence is not acceptable, the state registrar shall advise the applicant of the reason for not filing a birth certificate and shall further advise the applicant of the right of appeal to a court of competent jurisdiction.

Sec. 9. Minnesota Statutes 1996, section 144.225, subdivision 2, is amended to read:

Subd. 2. **DATA ABOUT BIRTHS.** (a) Except as otherwise provided in this subdivision, data pertaining to the birth of a child~~,~~ to a woman who was not married to the child's father when the child was conceived nor when the child was born, including the original certificate of birth and the certified copy, are confidential data. At the time of the birth of a child to a woman who was not married to the child's father when the child was conceived nor when the child was born, the mother may designate on the birth registration form whether data pertaining to the birth will be public data. Notwithstanding the designation of the data as confidential, it may be disclosed:

(1) to a parent or guardian of the child~~,~~;

(2) to the child when the child is 18 years of age or older~~,~~;

(3) under paragraph (b); or

(4) pursuant to a court order~~, or under paragraph (b)~~. For purposes of this section, a subpoena does not constitute a court order.

(b) Unless the child is adopted, data pertaining to the birth of a child that are not accessible to the public become public data if 100 years have elapsed since the birth of the child who is the subject of the data, or as provided under section 13.10, whichever occurs first.

(c) If a child is adopted, data pertaining to the child's birth are governed by the provisions relating to adoption records, including sections 13.10, subdivision 5; 144.1761; 144.218, subdivision 1; and 259.89. The birth and death records of the commissioner of health shall be open to inspection by the commissioner of human services and it shall not be necessary for the commissioner of human services to obtain an order of the court in order to inspect records or to secure certified copies of them.

(d) The name and address of a mother under paragraph (a) and the child's date of birth may be disclosed to the county social services or public health member of a family services collaborative for purposes of providing services under section 121.8355.

Sec. 10. Minnesota Statutes 1996, section 144.225, is amended by adding a subdivision to read:

Subd. 7. **CERTIFIED COPY OF BIRTH OR DEATH CERTIFICATE.** The state or local registrar shall issue a certified copy of a birth or death certificate to an individual upon the individual's proper completion of an affidavit provided by the commissioner:

(1) to a person who has a tangible interest in the requested certificate. A person who has a tangible interest is:

(i) the subject of the certificate;

(ii) a child of the subject;

(iii) the spouse of the subject;

(iv) a parent of the subject, unless the parent is a birth parent whose parental rights have been terminated;

(v) the legal custodian or guardian of the subject;

(vi) a personal representative of the estate of the subject or a successor of the subject, as defined in section 524.1–201, if the subject is deceased;

(vii) a representative authorized by a person under clauses (1) to (3); or

(viii) a person who demonstrates that a certified copy of the certificate is necessary for the determination or protection of a personal or property right, pursuant to rules adopted by the commissioner;

(2) to any local, state, or federal governmental agency upon request if the certified certificate is necessary for the governmental agency to perform its authorized duties. An authorized governmental agency includes the department of human services, the department of revenue, and the United States Immigration and Naturalization Service; or

(3) pursuant to a court order issued by a court of competent jurisdiction. For purposes of this section, a subpoena does not constitute a court order.

Sec. 11. Minnesota Statutes 1996, section 144.225, is amended by adding a subdivision to read:

Subd. 8. **STANDARDIZED FORMAT FOR CERTIFIED BIRTH AND DEATH CERTIFICATES.** No later than July 1, 2000, the commissioner shall develop a standardized format for certified birth certificates and death certificates issued by state and local registrars. The format shall incorporate security features in accordance with this section. The standardized format must be implemented on a statewide basis by July 1, 2001.

Sec. 12. 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) 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;

(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.

(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 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~~ venous blood lead levels of at least 20 micrograms per deciliter for the child or at least ten micrograms per deciliter for the pregnant female; 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. The inspecting agency shall provide the notice required by this subdivision without identifying the child or pregnant female with the elevated blood lead level. The inspecting agency is not required to obtain the consent of the child's parent or guardian or the consent of the pregnant female for purposes of this subdivision. 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.

(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. 13. Minnesota Statutes 1996, section 145.90, subdivision 2, is amended to read:

Subd. 2. **ACCESS TO DATA.** (a) Until July 1, ~~1997~~ 2000, the commissioner of health has access to medical data as defined in section 13.42, subdivision 1, paragraph (b), medical examiner data as defined in section 13.83, subdivision 1, and health records created, maintained, or stored by providers as defined in section 144.335, subdivision 1, paragraph (b), without the consent of the subject of the data, and without the consent of the parent, spouse, other guardian, or legal representative of the subject of the data, when the subject of the data is:

(1) a fetus that showed no signs of life at the time of delivery, was 20 or more weeks of gestation at the time of delivery, and was not delivered by an induced abortion;

(2) a liveborn infant that died within the first two years of life;

(3) a woman who died during a pregnancy or within 12 months of a fetal death, a live birth, or other termination of a pregnancy; or

(4) the biological mother of a fetus or infant as described in clause (1) or (2).

The commissioner only has access to medical data and health records related to deaths or stillbirths that occur on or after July 1, 1994. With respect to data under clause (4), the commissioner only has access to medical data and health records that contain information that bears upon the pregnancy and the outcome of the pregnancy.

(b) The provider or responsible authority that creates, maintains, or stores the data shall furnish the data upon the request of the commissioner. The provider or responsible authority may charge a fee for providing data, not to exceed the actual cost of retrieving and duplicating the data.

(c) The commissioner shall make a good faith reasonable effort to notify the subject of the data, or the parent, spouse, other guardian, or legal representative of the subject of the data, before collecting data on the subject. For purposes of this paragraph, "reasonable effort" includes:

(1) one visit by a public health nurse to the last known address of the data subject, or the parent, spouse, or guardian; and

(2) if the public health nurse is unable to contact the data subject, or the parent, spouse, or guardian, one notice by certified mail to the last known address of the data subject, or the parent, spouse, or guardian.

(d) The commissioner does not have access to coroner or medical examiner data that are part of an active investigation as described in section 13.83.

Sec. 14. **EFFECTIVE DATE.**

Sections 7 and 8 are effective August 1, 1998. Section 10 is effective August 1, 2000. Section 13 is effective the day following final enactment.

Presented to the governor May 29, 1997

Signed by the governor June 2, 1997, 2:06 p.m.

CHAPTER 229—H.F.No. 1460

VETOED

CHAPTER 230—H.F.No. 241

An act relating to motor carriers; allowing personnel of departments of transportation and public safety to conduct joint or combined audits of motor carrier records; requiring commissioner of public safety to provide commissioner of transportation information on traffic accidents involving