

1020.1

ARTICLE 19

1020.2

MISCELLANEOUS1020.3 Section 1. [10.584] MATERNAL MENTAL HEALTH AWARENESS MONTH.

1020.4 The month of May is designated as Maternal Mental Health Awareness Month in
 1020.5 recognition of the state's desire to recognize the prevalence of pregnancy and postpartum
 1020.6 mental health issues and educate the people of the state about identifying symptoms and
 1020.7 seeking treatment options. Up to one-third of mothers report having symptoms of pregnancy
 1020.8 and postpartum mood and anxiety disorders each year. Many more cases go unreported due
 1020.9 to misunderstanding. Pregnancy and postpartum mood disorders are widespread but treatable
 1020.10 illnesses. Left untreated, pregnancy and postpartum mood and anxiety disorders can lead
 1020.11 to negative effects on birth outcomes, infant development, and the well-being of mothers
 1020.12 and families. The state declares that in order to educate the public, the governor may promote
 1020.13 and encourage the observance of Maternal Mental Health Awareness Month.

1020.14 Sec. 2. Minnesota Statutes 2018, section 124D.142, is amended to read:
 1020.15 124D.142 QUALITY RATING AND IMPROVEMENT SYSTEM.

1020.16 (a) There is established a quality rating and improvement system (QRIS) framework to
 1020.17 ensure that Minnesota's children have access to high-quality early learning and care programs
 1020.18 in a range of settings so that they are fully ready for kindergarten ~~by 2020. Creation of a~~
 1020.19 ~~The~~ standards-based voluntary quality rating and improvement system includes:

1020.20 (1) quality opportunities in order to improve the educational outcomes of children so
 1020.21 that they are ready for school. The framework shall be based on the Minnesota quality rating
 1020.22 system rating tool and a common set of child outcome and program standards and informed
 1020.23 by evaluation results;

1020.24 (2) a tool to increase the number of publicly funded and regulated early learning and
 1020.25 care services in both public and private market programs that are high quality. If a program
 1020.26 or provider chooses to participate, the program or provider will be rated and may receive
 1020.27 public funding associated with the rating. The state shall develop a plan to link future early
 1020.28 learning and care state funding to the framework in a manner that complies with federal
 1020.29 requirements; and

1020.30 (3) tracking progress toward statewide access to high-quality early learning and care
 1020.31 programs, progress toward the number of low-income children whose parents can access
 1020.32 quality programs, and progress toward increasing the number of children who are fully
 1020.33 prepared to enter kindergarten.

ARTICLE 2:

79.18 Sec. 5. Minnesota Statutes 2018, section 124D.142, is amended to read:
 79.19 124D.142 QUALITY RATING AND IMPROVEMENT SYSTEM.

79.20 Subdivision 1. Establishment. (a) There is established a quality rating and improvement
 79.21 system (QRIS) framework to ensure that Minnesota's children have access to high-quality
 79.22 early learning and care programs in a range of settings so that they are fully ready for
 79.23 kindergarten by 2020. Creation of a standards-based voluntary quality rating and
 79.24 improvement system includes:

79.25 (1) quality opportunities in order to improve the educational outcomes of children so
 79.26 that they are ready for school. The framework shall be based on the Minnesota quality rating
 79.27 system rating tool and a common set of child outcome and program standards and informed
 79.28 by evaluation results;

79.29 (2) a tool to increase the number of publicly funded and regulated early learning and
 79.30 care services in both public and private market programs that are high quality. If a program
 79.31 or provider chooses to participate, the program or provider will be rated and may receive
 79.32 public funding associated with the rating. The state shall develop a plan to link future early
 80.1 learning and care state funding to the framework in a manner that complies with federal
 80.2 requirements; and

80.3 (3) tracking progress toward statewide access to high-quality early learning and care
 80.4 programs, progress toward the number of low-income children whose parents can access
 80.5 quality programs, and progress toward increasing the number of children who are fully
 80.6 prepared to enter kindergarten.

1021.1 (b) In planning a statewide quality rating and improvement system framework in
 1021.2 paragraph (a), the state shall use evaluation results of the Minnesota quality rating system
 1021.3 rating tool in use in fiscal year 2008 to recommend:

1021.4 (1) a framework of a common set of child outcome and program standards for a voluntary
 1021.5 statewide quality rating and improvement system;

1021.6 (2) a plan to link future funding to the framework described in paragraph (a), clause (2);
 1021.7 and

1021.8 (3) a plan for how the state will realign existing state and federal administrative resources
 1021.9 to implement the voluntary quality rating and improvement system framework. The state
 1021.10 shall provide the recommendation in this paragraph to the early childhood education finance
 1021.11 committees of the legislature by March 15, 2011.

1021.12 (c) Prior to the creation of a statewide quality rating and improvement system in paragraph
 1021.13 (a), the state shall employ the Minnesota quality rating system rating tool in use in fiscal
 1021.14 year 2008 in the original Minnesota Early Learning Foundation pilot areas and additional
 1021.15 pilot areas supported by private or public funds with its modification as a result of the
 1021.16 evaluation results of the pilot project.

1021.17 (b) A child care provider who has a quality rating under this section and is disqualified
 1021.18 from receiving child care assistance program reimbursement under chapter 119B, as provided
 1021.19 under section 256.98, subdivision 8, paragraph (c), must also have the quality rating
 1021.20 rescinded.

1021.21 Sec. 3. Minnesota Statutes 2018, section 124D.165, subdivision 4, is amended to read:

1021.22 Subd. 4. **Early childhood program eligibility.** (a) In order to be eligible to accept an
 1021.23 for early learning scholarship funds, a program must:

1021.24 (1) participate in the quality rating and improvement system under section 124D.142;
 1021.25 and

1021.26 (2) beginning July 1, 2020, have a three- or four-star rating in the quality rating and
 1021.27 improvement system.

80.7 (b) In planning a statewide quality rating and improvement system framework in
 80.8 paragraph (a), the state shall use evaluation results of the Minnesota quality rating system
 80.9 rating tool in use in fiscal year 2008 to recommend:

80.10 (1) a framework of a common set of child outcome and program standards for a voluntary
 80.11 statewide quality rating and improvement system;

80.12 (2) a plan to link future funding to the framework described in paragraph (a), clause (2);
 80.13 and

80.14 (3) a plan for how the state will realign existing state and federal administrative resources
 80.15 to implement the voluntary quality rating and improvement system framework. The state
 80.16 shall provide the recommendation in this paragraph to the early childhood education finance
 80.17 committees of the legislature by March 15, 2011.

80.18 (c) Prior to the creation of a statewide quality rating and improvement system in paragraph
 80.19 (a), the state shall employ the Minnesota quality rating system rating tool in use in fiscal
 80.20 year 2008 in the original Minnesota Early Learning Foundation pilot areas and additional
 80.21 pilot areas supported by private or public funds with its modification as a result of the
 80.22 evaluation results of the pilot project.

80.23 Subd. 2. **Ratings.** (a) All providers that choose to participate in the quality rating and
 80.24 improvement system shall be rated through a formal process that evaluates a common set
 80.25 of child outcome and program standards. No provider shall receive a rating without being
 80.26 evaluated through the formal rating process.

80.27 (b) Failure to comply with licensing requirements for completing training and background
 80.28 studies may result in a one-star reduction of a provider's rating.

80.29 (c) Failure to comply with technical requirements that do not affect the quality of care
 80.30 or early learning programming shall not reduce a provider's rating.

- 1021.28 (b) Any program accepting scholarships must use the revenue to supplement and not
1021.29 supplant federal funding.
- 1021.30 (c) Notwithstanding paragraph (a), all Minnesota early learning foundation scholarship
1021.31 program pilot sites are eligible to accept an early learning scholarship under this section.
- 1021.32 (d) A program is not eligible for early learning scholarship funds if:
- 1022.1 (1) it is disqualified from receiving payment for child care services from the child care
1022.2 assistance program under chapter 119B, as provided under section 256.98, subdivision 8,
1022.3 paragraph (c); or
- 1022.4 (2) the commissioner of human services refuses to issue a child care authorization,
1022.5 revokes an existing child care authorization, stops payment issued to a program, or refuses
1022.6 to pay a bill under section 119B.13, subdivision 6, paragraph (d), clause (2).
- 1022.7 **EFFECTIVE DATE.** This section is effective July 1, 2019.
- 1022.8 Sec. 4. Minnesota Statutes 2018, section 125A.515, subdivision 1, is amended to read:
- 1022.9 Subdivision 1. **Approval of on-site education programs.** The commissioner shall
1022.10 approve on-site education programs for placement of children and youth in residential
1022.11 facilities including detention centers, before being licensed by the Department of Human
1022.12 Services or the Department of Corrections. Education programs in these facilities shall
1022.13 conform to state and federal education laws including the Individuals with Disabilities
1022.14 Education Act (IDEA). This section applies only to placements in children's residential
1022.15 facilities and psychiatric residential treatment facilities, as defined in section 256B.0625,
1022.16 subdivision 45a, licensed by the Department of Human Services or the Department of
1022.17 Corrections. For purposes of this section, "on-site education program" means the educational
1022.18 services provided directly on the grounds of the children's residential facility or psychiatric
1022.19 residential treatment facility to children and youth placed for care and treatment.
- 1022.20 Sec. 5. Minnesota Statutes 2018, section 125A.515, subdivision 3, is amended to read:
- 1022.21 Subd. 3. **Responsibilities for providing education.** (a) The district in which the children's
1022.22 residential facility or psychiatric residential treatment facility is located must provide
1022.23 education services, including special education if eligible, to all students placed in a facility.
- 1022.24 (b) For education programs operated by the Department of Corrections, the providing
1022.25 district shall be the Department of Corrections. For students remanded to the commissioner
1022.26 of corrections, the providing and resident district shall be the Department of Corrections.
- 1022.27 Sec. 6. Minnesota Statutes 2018, section 125A.515, subdivision 4, is amended to read:
- 1022.28 Subd. 4. **Education services required.** (a) Education services must be provided to a
1022.29 student beginning within three business days after the student enters the children's residential
1022.30 facility or psychiatric residential treatment facility. The first four days of the student's
1022.31 placement may be used to screen the student for educational and safety issues.

- 1023.1 (b) If the student does not meet the eligibility criteria for special education, regular
 1023.2 education services must be provided to that student.
- 1023.3 Sec. 7. Minnesota Statutes 2018, section 125A.515, subdivision 5, is amended to read:
- 1023.4 Subd. 5. **Education programs for students placed in children's residential**
 1023.5 **facilities.** (a) When a student is placed in a children's residential facility or psychiatric
 1023.6 residential treatment facility under this section that has an on-site education program, the
 1023.7 providing district, upon notice from the children's residential facility, must contact the
 1023.8 resident district within one business day to determine if a student has been identified as
 1023.9 having a disability, and to request at least the student's transcript, and for students with
 1023.10 disabilities, the most recent individualized education program (IEP) and evaluation report.
 1023.11 The resident district must send a facsimile copy to the providing district within two business
 1023.12 days of receiving the request.
- 1023.13 (b) If a student placed under this section has been identified as having a disability and
 1023.14 has an individualized education program in the resident district:
- 1023.15 (1) the providing agency must conduct an individualized education program meeting to
 1023.16 reach an agreement about continuing or modifying special education services in accordance
 1023.17 with the current individualized education program goals and objectives and to determine if
 1023.18 additional evaluations are necessary; and
- 1023.19 (2) at least the following people shall receive written notice or documented phone call
 1023.20 to be followed with written notice to attend the individualized education program meeting:
- 1023.21 (i) the person or agency placing the student;
- 1023.22 (ii) the resident district;
- 1023.23 (iii) the appropriate teachers and related services staff from the providing district;
- 1023.24 (iv) appropriate staff from the children's residential facility or psychiatric residential
 1023.25 treatment facility;
- 1023.26 (v) the parents or legal guardians of the student; and
- 1023.27 (vi) when appropriate, the student.
- 1023.28 (c) For a student who has not been identified as a student with a disability, a screening
 1023.29 must be conducted by the providing districts as soon as possible to determine the student's
 1023.30 educational and behavioral needs and must include a review of the student's educational
 1023.31 records.
- 1024.1 Sec. 8. Minnesota Statutes 2018, section 125A.515, subdivision 7, is amended to read:
- 1024.2 Subd. 7. **Minimum educational services required.** When a student is placed in a
 1024.3 children's residential facility or psychiatric residential treatment facility under this section,
 1024.4 at a minimum, the providing district is responsible for:

1024.5 (1) the education necessary, including summer school services, for a student who is not
1024.6 performing at grade level as indicated in the education record or IEP; and

1024.7 (2) a school day, of the same length as the school day of the providing district, unless
1024.8 the unique needs of the student, as documented through the IEP or education record in
1024.9 consultation with treatment providers, requires an alteration in the length of the school day.

1024.10 Sec. 9. Minnesota Statutes 2018, section 125A.515, subdivision 8, is amended to read:

1024.11 Subd. 8. **Placement, services, and due process.** When a student's treatment and
1024.12 educational needs allow, education shall be provided in a regular educational setting. The
1024.13 determination of the amount and site of integrated services must be a joint decision between
1024.14 the student's parents or legal guardians and the treatment and education staff. When
1024.15 applicable, educational placement decisions must be made by the IEP team of the providing
1024.16 district. Educational services shall be provided in conformance with the least restrictive
1024.17 environment principle of the Individuals with Disabilities Education Act. The providing
1024.18 district and children's residential facility or psychiatric residential treatment facility shall
1024.19 cooperatively develop discipline and behavior management procedures to be used in
1024.20 emergency situations that comply with the Minnesota Pupil Fair Dismissal Act and other
1024.21 relevant state and federal laws and regulations.

1024.22 Sec. 10. [137.68] ADVISORY COUNCIL ON RARE DISEASES.

1024.23 Subdivision 1. **Establishment.** The University of Minnesota is requested to establish
1024.24 an advisory council on rare diseases to provide advice on research, diagnosis, treatment,
1024.25 and education related to rare diseases. For purposes of this section, "rare disease" has the
1024.26 meaning given in United States Code, title 21, section 360bb. The council shall be called
1024.27 the Chloe Barnes Advisory Council on Rare Diseases.

1024.28 Subd. 2. **Membership.** (a) The advisory council may consist of public members appointed
1024.29 by the Board of Regents or a designee according to paragraph (b) and four members of the
1024.30 legislature appointed according to paragraph (c).

1024.31 (b) The Board of Regents or a designee is requested to appoint the following public
1024.32 members:

1025.1 (1) three physicians licensed and practicing in the state with experience researching,
1025.2 diagnosing, or treating rare diseases. At least one physician appointed under this clause
1025.3 must be a pediatrician;

1025.4 (2) one registered nurse or advanced practice registered nurse licensed and practicing
1025.5 in the state with experience treating rare diseases;

1025.6 (3) at least two hospital administrators, or their designees, from hospitals in the state
1025.7 that provide care to persons diagnosed with a rare disease. One administrator or designee
1025.8 appointed under this clause must represent a hospital in which the scope of service focuses
1025.9 on rare diseases of pediatric patients;

- 1025.10 (4) three persons age 18 or older who either have a rare disease or are a caregiver of a
 1025.11 person with a rare disease;
- 1025.12 (5) a representative of a rare disease patient organization that operates in the state;
- 1025.13 (6) a social worker with experience providing services to persons diagnosed with a rare
 1025.14 disease;
- 1025.15 (7) a pharmacist with experience with drugs used to treat rare diseases;
- 1025.16 (8) a dentist licensed and practicing in the state with experience treating rare diseases;
- 1025.17 (9) a representative of the biotechnology industry;
- 1025.18 (10) a representative of health plan companies;
- 1025.19 (11) a medical researcher with experience conducting research on rare diseases; and
- 1025.20 (12) a genetic counselor with experience providing services to persons diagnosed with
 1025.21 a rare disease or caregivers of those persons.
- 1025.22 (c) The advisory council shall include two members of the senate, one appointed by the
 1025.23 majority leader and one appointed by the minority leader; and two members of the house
 1025.24 of representatives, one appointed by the speaker of the house and one appointed by the
 1025.25 minority leader.
- 1025.26 (d) The commissioner of health or a designee, a representative of Mayo Medical School,
 1025.27 and a representative of the University of Minnesota Medical School, shall serve as ex officio,
 1025.28 nonvoting members of the advisory council.
- 1025.29 (e) Initial appointments to the advisory council shall be made no later than September
 1025.30 1, 2019. Members appointed according to paragraph (b) shall serve for a term of three years,
 1025.31 except that the initial members appointed according to paragraph (b) shall have an initial
 1026.1 term of two, three, or four years determined by lot by the chairperson. Members appointed
 1026.2 according to paragraph (b) shall serve until their successors have been appointed.
- 1026.3 Subd. 3. **Meetings.** The Board of Regents or a designee is requested to convene the first
 1026.4 meeting of the advisory council no later than October 1, 2019. The advisory council shall
 1026.5 meet at the call of the chairperson or at the request of a majority of advisory council members.
- 1026.6 Subd. 4. **Duties.** (a) The advisory council's duties may include, but are not limited to:
- 1026.7 (1) in conjunction with the state's medical schools, the state's schools of public health,
 1026.8 and hospitals in the state that provide care to persons diagnosed with a rare disease,
 1026.9 developing resources or recommendations relating to quality of and access to treatment and
 1026.10 services in the state for persons with a rare disease, including but not limited to:
- 1026.11 (i) a list of existing, publicly accessible resources on research, diagnosis, treatment, and
 1026.12 education relating to rare diseases;

1026.13 (ii) identifying best practices for rare disease care implemented in other states, at the
1026.14 national level, and at the international level, that will improve rare disease care in the state
1026.15 and seeking opportunities to partner with similar organizations in other states and countries;

1026.16 (iii) identifying problems faced by patients with a rare disease when changing health
1026.17 plans, including recommendations on how to remove obstacles faced by these patients to
1026.18 finding a new health plan and how to improve the ease and speed of finding a new health
1026.19 plan that meets the needs of patients with a rare disease; and

1026.20 (iv) identifying best practices to ensure health care providers are adequately informed
1026.21 of the most effective strategies for recognizing and treating rare diseases; and

1026.22 (2) advising, consulting, and cooperating with the Department of Health, the Advisory
1026.23 Committee on Heritable and Congenital Disorders, and other agencies of state government
1026.24 in developing information and programs for the public and the health care community
1026.25 relating to diagnosis, treatment, and awareness of rare diseases.

1026.26 (b) The advisory council shall collect additional topic areas for study and evaluation
1026.27 from the general public. In order for the advisory council to study and evaluate a topic, the
1026.28 topic must be approved for study and evaluation by the advisory council.

1026.29 Subd. 5. **Conflict of interest.** Advisory council members are subject to the Board of
1026.30 Regents policy on conflicts of interest.

1026.31 Subd. 6. **Annual report.** By January 1 of each year, beginning January 1, 2020, the
1026.32 advisory council shall report to the chairs and ranking minority members of the legislative
1027.1 committees with jurisdiction over higher education and health care policy on the advisory
1027.2 council's activities under subdivision 4 and other issues on which the advisory council may
1027.3 choose to report.

1027.4 Sec. 11. Minnesota Statutes 2018, section 256I.05, subdivision 1c, is amended to read:

1027.5 Subd. 1c. **Rate increases.** An agency may not increase the rates negotiated for housing
1027.6 support above those in effect on June 30, 1993, except as provided in paragraphs (a) to (f).

1027.7 (a) An agency may increase the rates for room and board to the MSA equivalent rate
1027.8 for those settings whose current rate is below the MSA equivalent rate.

1027.9 (b) An agency may increase the rates for residents in adult foster care whose difficulty
1027.10 of care has increased. The total housing support rate for these residents must not exceed the
1027.11 maximum rate specified in subdivisions 1 and 1a. Agencies must not include nor increase
1027.12 difficulty of care rates for adults in foster care whose difficulty of care is eligible for funding
1027.13 by home and community-based waiver programs under title XIX of the Social Security Act.

1027.14 (c) The room and board rates will be increased each year when the MSA equivalent rate
1027.15 is adjusted for SSI cost-of-living increases by the amount of the annual SSI increase, less
1027.16 the amount of the increase in the medical assistance personal needs allowance under section
1027.17 256B.35.

1027.18 (d) When housing support pays for an individual's room and board, or other costs
 1027.19 necessary to provide room and board, the rate payable to the residence must continue for
 1027.20 up to 18 calendar days per incident that the person is temporarily absent from the residence,
 1027.21 not to exceed 60 days in a calendar year, if the absence or absences have received the prior
 1027.22 approval of the county agency's social service staff. Prior approval is not required for
 1027.23 emergency absences due to crisis, illness, or injury.

1027.24 (e) For facilities meeting substantial change criteria within the prior year. Substantial
 1027.25 change criteria exists if the establishment experiences a 25 percent increase or decrease in
 1027.26 the total number of its beds, if the net cost of capital additions or improvements is in excess
 1027.27 of 15 percent of the current market value of the residence, or if the residence physically
 1027.28 moves, or changes its licensure, and incurs a resulting increase in operation and property
 1027.29 costs.

1027.30 (f) Until June 30, 1994, an agency may increase by up to five percent the total rate paid
 1027.31 for recipients of assistance under sections 256D.01 to 256D.21 or 256D.33 to 256D.54 who
 1027.32 reside in residences that are licensed by the commissioner of health as a boarding care home,
 1027.33 but are not certified for the purposes of the medical assistance program. However, an increase
 1028.1 under this clause must not exceed an amount equivalent to 65 percent of the 1991 medical
 1028.2 assistance reimbursement rate for nursing home resident class A, in the geographic grouping
 1028.3 in which the facility is located, as established under Minnesota Rules, parts 9549.0051 to
 1028.4 9549.0058.

1028.5 (g) An agency may increase the rates by \$100 per month for residents in settings under
 1028.6 sections 144D.025 and 256I.04, subdivision 2a, paragraph (b), clause (2).

ARTICLE 12:

386.26 Sec. 9. Minnesota Statutes 2018, section 525A.11, is amended to read:
 386.27 525A.11 PERSONS THAT MAY RECEIVE ANATOMICAL GIFT; PURPOSE
 386.28 OF ANATOMICAL GIFT.

386.29 (a) An anatomical gift may be made to the following persons named in the document
 386.30 of gift:

387.1 (1) a hospital; accredited medical school, dental school, college, or university; organ
 387.2 procurement organization; or nonprofit organization in medical education or research, for
 387.3 research or education;

387.4 (2) subject to paragraph (b), an individual designated by the person making the anatomical
 387.5 gift if the individual is the recipient of the part; and

387.6 (3) an eye bank or tissue bank.

- 387.7 (b) If an anatomical gift to an individual under paragraph (a), clause (2), cannot be
387.8 transplanted into the individual, the part passes in accordance with paragraph (g) in the
387.9 absence of an express, contrary indication by the person making the anatomical gift.
- 387.10 (c) If an anatomical gift of one or more specific parts or of all parts is made in a document
387.11 of gift that does not name a person described in paragraph (a) but identifies the purpose for
387.12 which an anatomical gift may be used, the following rules apply:
- 387.13 (1) if the part is an eye and the gift is for the purpose of transplantation or therapy, the
387.14 gift passes to the appropriate eye bank;
- 387.15 (2) if the part is tissue and the gift is for the purpose of transplantation or therapy, the
387.16 gift passes to the appropriate tissue bank;
- 387.17 (3) if the part is an organ and the gift is for the purpose of transplantation or therapy,
387.18 the gift passes to the appropriate organ procurement organization as custodian of the organ;
387.19 and
- 387.20 (4) if the part is an organ, an eye, or tissue and the gift is for the purpose of research or
387.21 education, the gift passes to the appropriate procurement organization.
- 387.22 (d) For the purpose of paragraph (c), if there is more than one purpose of an anatomical
387.23 gift set forth in the document of gift but the purposes are not set forth in any priority, the
387.24 gift must be used for transplantation or therapy, if suitable. If the gift cannot be used for
387.25 transplantation or therapy, the gift may be used for research or education.
- 387.26 (e) If an anatomical gift of one or more specific parts is made in a document of gift that
387.27 does not name a person described in paragraph (a) and does not identify the purpose of the
387.28 gift, the gift may be used only for transplantation or therapy, and the gift passes in accordance
387.29 with paragraph (g).
- 387.30 (f) If a document of gift specifies only a general intent to make an anatomical gift by
387.31 words such as "donor," "organ donor," or "body donor," or by a symbol or statement of
388.1 similar import, the gift may be used only for transplantation or therapy, and the gift passes
388.2 in accordance with paragraph (g).
- 388.3 (g) For purposes of paragraphs (b), (e), and (f), the following rules apply:
- 388.4 (1) if the part is an eye, the gift passes to the appropriate eye bank;
- 388.5 (2) if the part is tissue, the gift passes to the appropriate tissue bank; and
- 388.6 (3) if the part is an organ, the gift passes to the appropriate organ procurement
388.7 organization as custodian of the organ.
- 388.8 (h) An anatomical gift of an organ for transplantation or therapy, other than an anatomical
388.9 gift under paragraph (a), clause (2), passes to the organ procurement organization as custodian
388.10 of the organ.

388.11 (i) If an anatomical gift does not pass pursuant to paragraphs (a) to (h) or the decedent's
388.12 body or part is not used for transplantation, therapy, research, or education, custody of the
388.13 body or part passes to the person under obligation to dispose of the body or part.

388.14 (j) A person may not accept an anatomical gift if the person knows that the gift was not
388.15 effectively made under section 525A.05 or 525A.10 or if the person knows that the decedent
388.16 made a refusal under section 525A.07 that was not revoked. For purposes of this paragraph,
388.17 if a person knows that an anatomical gift was made on a document of gift, the person is
388.18 deemed to know of any amendment or revocation of the gift or any refusal to make an
388.19 anatomical gift on the same document of gift.

388.20 (k) Except as otherwise provided in paragraph (a), clause (2), nothing in this chapter
388.21 affects the allocation of organs for transplantation or therapy.

388.22 (l) For purposes of paragraphs (c), clauses (1) and (4), and (g), no gift of an eye or a part
388.23 of an eye shall be directly or indirectly processed by or distributed to a for profit entity, and
388.24 no gift shall be sold or distributed for profit.