

EIGHTY-EIGHTH DAY

St. Paul, Minnesota, Tuesday, April 12, 1994

The Senate met at 8:00 a.m. and was called to order by the President.

CALL OF THE SENATE

Mr. Moe, R.D. imposed a call of the Senate. The Sergeant at Arms was instructed to bring in the absent members.

Prayer was offered by the Chaplain, Rev. Gary F. Anderson.

The roll was called, and the following Senators answered to their names:

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|--------------|---------------|-----------|-----------------|-------------|
| Adkins | Dille | Krentz | Morse | Robertson |
| Anderson | Finn | Kroening | Murphy | Runbeck |
| Beckman | Flynn | Laidig | Neuville | Sams |
| Belanger | Frederickson | Langseth | Novak | Samuelson |
| Benson, D.D. | Hanson | Larson | Oliver | Solon |
| Benson, J.E. | Hottinger | Lesewski | Olson | Spear |
| Berg | Janezich | Lessard | Pappas | Stevens |
| Berglin | Johnson, D.E. | Luther | Pariseau | Stumpf |
| Bertram | Johnson, D.J. | Marty | Piper | Terwilliger |
| Betzold | Johnson, J.B. | McGowan | Pogemiller | Vickerman |
| Chandler | Johnston | Meriam | Price | Wiener |
| Chmielewski | Kelly | Metzen | Ranum | |
| Cohen | Kiscaden | Moe, R.D. | Reichgott Junge | |
| Day | Knutson | Mondale | Riveness | |

The President declared a quorum present.

The reading of the Journal was dispensed with and the Journal, as printed and corrected, was approved.

MESSAGES FROM THE HOUSE

Mr. President:

I have the honor to announce the passage by the House of the following House Files, herewith transmitted: H.F. Nos. 2057, 2175 and 2433.

Edward A. Burdick, Chief Clerk, House of Representatives

Transmitted April 11, 1994

FIRST READING OF HOUSE BILLS

The following bills were read the first time and referred to the committees indicated.

H.F. No. 2057: A bill for an act relating to partition fences; requiring the department of natural resources and other state agencies to share in the expense of partition fences; amending Minnesota Statutes 1992, section 344.03, subdivision 1.

Referred to the Committee on Environment and Natural Resources.

H.F. No. 2175: A bill for an act relating to the city of Saint Paul; authorizing a program for the replacement of lead pipes and the charging or assessment of costs for the program and the issuance of general or special obligations to pay the costs of the program.

Referred to the Committee on Taxes and Tax Laws.

H.F. No. 2433: A bill for an act relating to the city of Duluth; authorizing the issuance of general obligation bonds to finance improvements to the Duluth entertainment convention center.

Referred to the Committee on Rules and Administration for comparison with S.F. No. 2205, now on General Orders.

REPORTS OF COMMITTEES

Mr. Moe, R.D. moved that the Committee Reports at the Desk be now adopted. The motion prevailed.

Ms. Berglin from the Committee on Health Care, to which was referred

S.F. No. 2825: A bill for an act relating to human services; modifying provisions concerning rates for care of certain persons and recovery of medical assistance overpayments; modifying provisions concerning home care and alternative care; requiring changes in related rules; providing instructions to the revisor of statutes; amending Minnesota Statutes 1992, sections 256B.0641, subdivision 1; 256B.0913, subdivision 8; 256B.0915, subdivision 5; and 256B.501, subdivisions 1, 3, 3c, and by adding a subdivision; Minnesota Statutes 1993 Supplement, sections 256B.0911, subdivisions 2 and 7; 256B.0913, subdivisions 5 and 12; 256B.0915, subdivision 1; 256B.501, subdivisions 3g and 8; and 256I.06, subdivision 1; repealing Minnesota Statutes 1992, section 256B.501, subdivisions 3d, 3e, and 3f.

Reports the same back with the recommendation that the bill be amended as follows:

Delete everything after the enacting clause and insert:

"Section 1. Minnesota Statutes 1993 Supplement, section 256B.0911, subdivision 2, is amended to read:

Subd. 2. [PERSONS REQUIRED TO BE SCREENED; EXEMPTIONS.] All applicants to Medicaid certified nursing facilities must be screened prior to admission, regardless of income, assets, or funding sources, except the following:

(1) patients who, having entered acute care facilities from certified nursing facilities, are returning to a certified nursing facility;

(2) residents transferred from other certified nursing facilities *located within the state of Minnesota*;

(3) individuals who have a contractual right to have their nursing facility care paid for indefinitely by the veteran's administration; or

(4) individuals who are enrolled in the Ebenezer/Group Health social health maintenance organization project at the time of application to a nursing home; or

(5) individuals previously screened and currently being served under the alternative care or waiver programs.

Regardless of the exemptions in clauses (2) to (4), persons who have a diagnosis or possible diagnosis of mental illness, mental retardation, or a related condition must be screened before admission unless the admission prior to screening is authorized by the local mental health authority or the local developmental disabilities case manager, or unless authorized by the county agency according to Public Law Number 101-508.

Before admission to a Medicaid certified nursing home or boarding care home, all persons must be screened and approved for admission through an assessment process. The nursing facility is authorized to conduct case mix assessments which are not conducted by the county public health nurse under Minnesota Rules, part 9549.0059. The designated county agency is responsible for distributing the quality assurance and review form for all new applicants to nursing homes.

Other persons who are not applicants to nursing facilities must be screened if a request is made for a screening.

Sec. 2. Minnesota Statutes 1993 Supplement, section 256B.0911, subdivision 7, is amended to read:

Subd. 7. [REIMBURSEMENT FOR CERTIFIED NURSING FACILITIES.] (a) Medical assistance reimbursement for nursing facilities shall be authorized for a medical assistance recipient only if a preadmission screening has been conducted prior to admission or the local county agency has authorized an exemption. Medical assistance reimbursement for nursing facilities shall not be provided for any recipient who the local screener has determined does not meet the level of care criteria for nursing facility placement or, if indicated, has not had a level II PASARR evaluation completed unless an admission for a recipient with mental illness is approved by the local mental health authority or an admission for a recipient with mental retardation or related condition is approved by the state mental retardation authority. The commissioner shall make a request to the health care financing administration for a waiver allowing screening team approval of Medicaid payments for certified nursing facility care. An individual has a choice and makes the final decision between nursing facility placement and community placement after the screening team's recommendation, except as provided in paragraphs (b) and (c).

(b) The local county mental health authority or the state mental retardation authority under Public Law Numbers 100-203 and 101-508 may prohibit admission to a nursing facility, if the individual does not meet the nursing facility level of care criteria or needs specialized services as defined in Public Law Numbers 100-203 and 101-508. For purposes of this section, "specialized services" for a person with mental retardation or a related condition means "active treatment" as that term is defined in Code of Federal Regulations, title 42, section 483.440(a)(1).

(c) Upon the receipt by the commissioner of approval by the Secretary of Health and Human Services of the waiver requested under paragraph (a), the local screener shall deny medical assistance reimbursement for nursing facility care for an individual:

(i) whose long-term care needs can be met in a community-based setting and whose cost of community-based home care services is less than 75 percent of the average payment for nursing facility care for that individual's case mix classification; ~~and who is either;~~

(ii) *who is being screened for nursing facility admission;*

(iii) *who meets a nursing facility level of care; and*

(iv) *who is either:*

(i) (A) a current medical assistance recipient ~~being screened for admission to a nursing facility;~~ or

(ii) (B) an individual who would be eligible for medical assistance within 180 days of entering a nursing facility ~~and who meets a nursing facility level of care.~~

(d) Appeals from the screening team's recommendation or the county agency's final decision shall be made according to section 256.045, subdivision 3.

The county shall be held harmless if the recommendation of the screening team is community placement. In cases where a care plan and resources need to be developed before services can be delivered to the applicant, the screener may authorize nursing facility admission and Medicaid payment for a limited period of time sufficient to coordinate any needed community services.

Sec. 3. Minnesota Statutes 1993 Supplement, section 256B.0913, subdivision 5, is amended to read:

Subd. 5. [SERVICES COVERED UNDER ALTERNATIVE CARE.] (a) Alternative care funding may be used for payment of costs of:

- (1) adult foster care;
- (2) adult day care;
- (3) home health aide;
- (4) homemaker services;
- (5) personal care;
- (6) case management;
- (7) respite care;
- (8) assisted living;
- (9) residential care services;
- (10) care-related supplies and equipment;
- (11) meals delivered to the home;
- (12) transportation;

- (13) skilled nursing;
- (14) chore services;
- (15) companion services;
- (16) nutrition services; and
- (17) training for direct informal caregivers.

(b) The county agency must ensure that the funds are used only to supplement and not supplant services available through other public assistance or services programs.

(c) Unless specified in statute, the service standards for alternative care services shall be the same as the service standards defined in the elderly waiver. Persons or agencies must be employed by or under a contract with the county agency or the public health nursing agency of the local board of health in order to receive funding under the alternative care program.

(d) The adult foster care rate shall be considered a difficulty of care payment and shall not include room and board. The adult foster care daily rate shall be negotiated between the county agency and the foster care provider. The rate established under this section shall not exceed 75 percent of the state average monthly nursing home payment for the case mix classification to which the individual receiving foster care is assigned, and it must allow for other alternative care services to be authorized by the case manager.

(e) Personal care services may be provided by a personal care provider organization. A county agency may contract with a relative of the client to provide personal care services, but must ensure nursing supervision. Covered personal care services defined in section 256B.0627, subdivision 4, must meet applicable standards in Minnesota Rules, part 9505.0335.

(f) Costs for supplies and equipment that exceed \$150 per item per month must have prior approval from the commissioner. A county may use alternative care funds to purchase supplies and equipment from a non-Medicaid certified vendor if the cost for the items is less than that of a Medicaid vendor. *A county is not required to contract with a provider of supplies and equipment if the monthly cost of the supplies or equipment is less than \$250.*

(g) For purposes of this section, residential care services are services which are provided to individuals living in residential care homes. Residential care homes are currently licensed as board and lodging establishments and are registered with the department of health as providing special services. Residential care services are defined as "supportive services" and "health-related services." "Supportive services" means the provision of up to 24-hour supervision and oversight. Supportive services includes: (1) transportation, when provided by the residential care center only; (2) socialization, when socialization is part of the plan of care, has specific goals and outcomes established, and is not diversional or recreational in nature; (3) assisting clients in setting up meetings and appointments; (4) assisting clients in setting up medical and social services; (5) providing assistance with personal laundry, such as carrying the client's laundry to the laundry room. Assistance with personal laundry does not include any laundry, such as bed linen, that is included in the room and board rate. Health-related services are limited to minimal assistance with dressing, grooming, and bathing and providing

reminders to residents to take medications that are self-administered or providing storage for medications, if requested. Individuals receiving residential care services cannot receive both personal care services and residential care services.

(h) For the purposes of this section, "assisted living" refers to supportive services provided by a single vendor to clients who reside in the same apartment building of three or more units. Assisted living services are defined as up to 24-hour supervision, and oversight, supportive services as defined in clause (1), individualized home care aide tasks as defined in clause (2), and individualized home management tasks as defined in clause (3) provided to residents of a residential center living in their units or apartments with a full kitchen and bathroom. A full kitchen includes a stove, oven, refrigerator, food preparation counter space, and a kitchen utensil storage compartment. Assisted living services must be provided by the management of the residential center or by providers under contract with the management or with the county.

(1) Supportive services include:

(i) socialization, when socialization is part of the plan of care, has specific goals and outcomes established, and is not diversional or recreational in nature;

(ii) assisting clients in setting up meetings and appointments; and

(iii) providing transportation, when provided by the residential center only.

Individuals receiving assisted living services will not receive both assisted living services and homemaking or personal care services. Individualized means services are chosen and designed specifically for each resident's needs, rather than provided or offered to all residents regardless of their illnesses, disabilities, or physical conditions.

(2) Home care aide tasks means:

(i) preparing modified diets, such as diabetic or low sodium diets;

(ii) reminding residents to take regularly scheduled medications or to perform exercises;

(iii) household chores in the presence of technically sophisticated medical equipment or episodes of acute illness or infectious disease;

(iv) household chores when the resident's care requires the prevention of exposure to infectious disease or containment of infectious disease; and

(v) assisting with dressing, oral hygiene, hair care, grooming, and bathing, if the resident is ambulatory, and if the resident has no serious acute illness or infectious disease. Oral hygiene means care of teeth, gums, and oral prosthetic devices.

(3) Home management tasks means:

(i) housekeeping;

(ii) laundry;

(iii) preparation of regular snacks and meals; and

(iv) shopping.

A person's eligibility to reside in the building must not be contingent on the person's acceptance or use of the assisted living services. Assisted living services as defined in this section shall not be authorized in boarding and lodging establishments licensed according to sections 157.01 to 157.031.

Reimbursement for assisted living services and residential care services shall be made by the lead agency to the vendor as a monthly rate negotiated with the county agency. The rate shall not exceed the nonfederal share of the greater of either the statewide or any of the geographic groups' weighted average monthly medical assistance nursing facility payment rate of the case mix resident class to which the 180-day eligible client would be assigned under Minnesota Rules, parts 9549.0050 to 9549.0059, except for alternative care assisted living projects established under Laws 1988, chapter 689, article 2, section 256, whose rates may not exceed 65 percent of either the statewide or any of the geographic groups' weighted average monthly medical assistance nursing facility payment rate of the case mix resident class to which the 180-day eligible client would be assigned under Minnesota Rules, parts 9549.0050 to 9549.0059. The rate may not cover rent and direct food costs.

(i) For purposes of this section, companion services are defined as nonmedical care, supervision and oversight, provided to a functionally impaired adult. Companions may assist the individual with such tasks as meal preparation, laundry and shopping, but do not perform these activities as discrete services. The provision of companion services does not entail hands-on medical care. Providers may also perform light housekeeping tasks which are incidental to the care and supervision of the recipient. This service must be approved by the case manager as part of the care plan. Companion services must be provided by individuals or nonprofit organizations who are under contract with the local agency to provide the service. Any person related to the waiver recipient by blood, marriage or adoption cannot be reimbursed under this service. Persons providing companion services will be monitored by the case manager.

(j) For purposes of this section, training for direct informal caregivers is defined as a classroom or home course of instruction which may include: transfer and lifting skills, nutrition, personal and physical cares, home safety in a home environment, stress reduction and management, behavioral management, long-term care decision making, care coordination and family dynamics. The training is provided to an informal unpaid caregiver of a 180-day eligible client which enables the caregiver to deliver care in a home setting with high levels of quality. The training must be approved by the case manager as part of the individual care plan. Individuals, agencies, and educational facilities which provide caregiver training and education will be monitored by the case manager.

Sec. 4. Minnesota Statutes 1992, section 256B.0913, subdivision 8, is amended to read:

Subd. 8. [REQUIREMENTS FOR INDIVIDUAL CARE PLAN.] The case manager shall implement the plan of care for each 180-day eligible client and ensure that a client's service needs and eligibility are reassessed at least every six 12 months. The plan shall include any services prescribed by the individual's attending physician as necessary to allow the individual to remain in a community setting. In developing the individual's care plan, the case manager should include the use of volunteers from families and neighbors, religious organizations, social clubs, and civic and service organizations to

support the formal home care services. The county shall be held harmless for damages or injuries sustained through the use of volunteers under this subdivision including workers' compensation liability. The lead agency shall provide documentation to the commissioner verifying that the individual's alternative care is not available at that time through any other public assistance or service program. The lead agency shall provide documentation in each individual's plan of care and to the commissioner that the most cost-effective alternatives available have been offered to the individual and that the individual was free to choose among available qualified providers, both public and private. The case manager must give the individual a ten-day written notice of any decrease in or termination of alternative care services.

Sec. 5. Minnesota Statutes 1993 Supplement, section 256B.0913, subdivision 12, is amended to read:

Subd. 12. [CLIENT PREMIUMS.] (a) A premium is required for all 180-day eligible clients to help pay for the cost of participating in the program. The amount of the premium for the alternative care client shall be determined as follows:

(1) when the alternative care client's income less recurring and predictable medical expenses is greater than the medical assistance income standard but less than 150 percent of the federal poverty guideline, and total assets are less than \$6,000, the fee is zero;

(2) when the alternative care client's income less recurring and predictable medical expenses is greater than 150 percent of the federal poverty guideline and total assets are less than \$6,000, the fee is 25 percent of the cost of alternative care services or the difference between 150 percent of the federal poverty guideline and the client's income less recurring and predictable medical expenses, whichever is less; and

(3) when the alternative care client's total assets are greater than \$6,000, the fee is 25 percent of the cost of alternative care services.

For married persons, total assets are defined as the total marital assets less the estimated community spouse asset allowance, under section 256B.059, if applicable. For married persons, total income is defined as the client's income less the monthly spousal allotment, under section 256B.058.

All alternative care services except case management shall be included in the estimated costs for the purpose of determining 25 percent of the costs.

The monthly premium shall be calculated ~~and be payable in the~~ *based on the cost of the first full month in which the of alternative care services begin* and shall continue unaltered ~~for six months until the semiannual reassessment unless the actual cost of services falls below the fee until the next reassessment is completed or at the end of 12 months whichever comes first. Premiums are due and payable each month alternative care services are received unless the actual cost of the services is less than the premium.~~

(b) The fee shall be waived by the commissioner when:

(1) a person who is residing in a nursing facility is receiving case management only;

(2) a person is applying for medical assistance;

(3) a married couple is requesting an asset assessment under the spousal impoverishment provisions;

(4) a person is a medical assistance recipient, but has been approved for alternative care-funded assisted living services;

(5) a person is found eligible for alternative care, but is not yet receiving alternative care services; or

(6) a person is an adult foster care resident for whom alternative care funds are being used to meet a portion of the person's medical assistance spend-down, as authorized in subdivision 4; and

(7) a person's fee under paragraph (a) is less than \$25.

(c) The county agency must collect the premium from the client and forward the amounts collected to the commissioner in the manner and at the times prescribed by the commissioner. Money collected must be deposited in the general fund and is appropriated to the commissioner for the alternative care program. The client must supply the county with the client's social security number at the time of application. If a client fails or refuses to pay the premium due, the county shall supply the commissioner with the client's social security number and other information the commissioner requires to collect the premium from the client. The commissioner shall collect unpaid premiums using the revenue recapture act in chapter 270A and other methods available to the commissioner. The commissioner may require counties to inform clients of the collection procedures that may be used by the state if a premium is not paid.

(d) The commissioner shall begin to adopt emergency or permanent rules governing client premiums within 30 days after July 1, 1991, including criteria for determining when services to a client must be terminated due to failure to pay a premium.

Sec. 6. Minnesota Statutes 1993 Supplement, section 256B.0915, subdivision 1, is amended to read:

Subdivision 1. [AUTHORITY.] The commissioner is authorized to apply for a home and community-based services waiver for the elderly, authorized under section 1915(c) of the Social Security Act, in order to obtain federal financial participation to expand the availability of services for persons who are eligible for medical assistance. The commissioner may apply for additional waivers or pursue other federal financial participation which is advantageous to the state for funding home care services for the frail elderly who are eligible for medical assistance. The provision of waived services to elderly and disabled medical assistance recipients must comply with the criteria approved in the waiver.

Home and community-based services provided under the elderly and disabled waivers are available to individuals who, but for the provisions of such services, would require a nursing facility level of care, the cost of which could be reimbursed under the approved Medicaid state plan. A preadmission screening must be done in accordance with section 256B.0911, except for subdivision 7, to establish that an individual would require a nursing facility level of care.

Sec. 7. Minnesota Statutes 1993 Supplement, section 256B.0915, subdivision 3, is amended to read:

Subd. 3. [LIMITS OF CASES, RATES, REIMBURSEMENT, AND FORECASTING.] (a) The number of medical assistance waiver recipients that a county may serve must be allocated according to the number of medical assistance waiver cases open on July 1 of each fiscal year. Additional recipients may be served with the approval of the commissioner.

(b) The monthly limit for the cost of waived services to an individual waiver client shall be the statewide average payment rate of the case mix resident class to which the waiver client would be assigned under medical assistance case mix reimbursement system. The statewide average payment rate is calculated by determining the statewide average monthly nursing home rate effective July 1 of the fiscal year in which the cost is incurred, less the statewide average monthly income of nursing home residents who are age 65 or older, and who are medical assistance recipients in the month of March of the previous state fiscal year. The following costs must be included in determining the total monthly costs for the waiver client:

(1) cost of all waived services, including extended medical supplies and equipment; and

(2) cost of skilled nursing, home health aide, and personal care services reimbursable by medical assistance.

(c) Medical assistance funding for skilled nursing services, home health aide, and personal care services for waiver recipients must be approved by the case manager and included in the individual care plan.

(d) Expenditures for extended medical supplies and equipment that cost over \$150 per month for both the elderly waiver and the disabled waiver must have the commissioner's prior approval. *A county is not required to contract with a provider of supplies and equipment if the monthly cost of the supplies or equipment is less than \$250.*

(e) For the fiscal year beginning on July 1, 1993, and for subsequent fiscal years, the commissioner of human services shall not provide automatic annual inflation adjustments for home and community-based waived services. The commissioner of finance shall include as a budget change request in each biennial detailed expenditure budget submitted to the legislature under section 16A.11 annual adjustments in reimbursement rates for home and community-based waived services, based on the forecasted percentage change in the Home Health Agency Market Basket of Operating Costs, for the fiscal year beginning July 1, compared to the previous fiscal year, unless otherwise adjusted by statute. The Home Health Agency Market Basket of Operating Costs is published by Data Resources, Inc. The forecast to be used is the one published for the calendar quarter beginning January 1, six months prior to the beginning of the fiscal year for which rates are set. The adult foster care rate shall be considered a difficulty of care payment and shall not include room and board.

(f) The adult foster care daily rate for the elderly and disabled waivers shall be negotiated between the county agency and the foster care provider. The rate established under this section shall not exceed the state average monthly nursing home payment for the case mix classification to which the individual receiving foster care is assigned, and it must allow for other waiver and medical assistance home care services to be authorized by the case manager.

(g) The assisted living and residential care service rates for elderly and disabled waivers shall be made to the vendor as a monthly rate negotiated with the county agency. The rate shall not exceed the nonfederal share of the greater of either the statewide or any of the geographic groups' weighted average monthly medical assistance nursing facility payment rate of the case mix resident class to which the elderly or disabled client would be assigned under Minnesota Rules, parts 9549.0050 to 9549.0059, except for alternative care assisted living projects established under Laws 1988, chapter 689, article 2, section 256, whose rates may not exceed 65 percent of the greater of either the statewide or any of the geographic groups' weighted average monthly medical assistance nursing facility payment rate for the case mix resident class to which the elderly or disabled client would be assigned under Minnesota Rules, parts 9549.0050 to 9549.0059. The rate may not cover direct rent or food costs.

(h) The county shall negotiate individual rates with vendors and may be reimbursed for actual costs up to the greater of the county's current approved rate or 60 percent of the maximum rate in fiscal year 1994 and 65 percent of the maximum rate in fiscal year 1995 for each service within each program.

(i) On July 1, 1993, the commissioner shall increase the maximum rate for home-delivered meals to \$4.50 per meal.

(j) Reimbursement for the medical assistance recipients under the approved waiver shall be made from the medical assistance account through the invoice processing procedures of the department's Medicaid Management Information System (MMIS), only with the approval of the client's case manager. The budget for the state share of the Medicaid expenditures shall be forecasted with the medical assistance budget, and shall be consistent with the approved waiver.

(k) Beginning July 1, 1991, the state shall reimburse counties according to the payment schedule in section 256.025 for the county share of costs incurred under this subdivision on or after January 1, 1991, for individuals who are receiving medical assistance.

Sec. 8. Minnesota Statutes 1992, section 256B.0915, subdivision 5, is amended to read:

Subd. 5. [REASSESSMENTS FOR WAIVER CLIENTS.] A reassessment of a client served under the elderly or disabled waiver must be conducted at least every ~~six~~ 12 months and at other times when the case manager determines that there has been significant change in the client's functioning. This may include instances where the client is discharged from the hospital.

Sec. 9. Minnesota Statutes 1993 Supplement, section 256B.0917, subdivision 2, is amended to read:

Subd. 2. [DESIGN OF SAIL PROJECTS; LOCAL LONG-TERM CARE COORDINATING TEAM.] (a) The commissioner of human services in conjunction with the interagency long-term care planning committee's long-range strategic plan shall contract with SAIL projects in four to six counties or groups of counties to demonstrate the feasibility and cost-effectiveness of a local long-term care strategy that is consistent with the state's long-term care goals identified in subdivision 1. The commissioner shall publish a notice in the State Register announcing the availability of project funding and giving

instructions for making an application. The instructions for the application shall identify the amount of funding available for project components.

(b) To be selected for the project, a county board or boards must establish a long-term care coordinating team consisting of county social service agencies, public health nursing service agencies, local boards of health, *a representative of local nursing home providers, a representative of local home care providers*, and the area agencies on aging in a geographic area which is responsible for:

(1) developing a local long-term care strategy consistent with state goals and objectives;

(2) submitting an application to be selected as a project;

(3) coordinating planning for funds to provide services to elderly persons, including funds received under Title III of the Older Americans Act, Community Social Services Act, Title XX of the Social Security Act and the Local Public Health Act; and

(4) ensuring efficient services provision and nonduplication of funding.

(c) The board or boards shall designate a public agency to serve as the lead agency. The lead agency receives and manages the project funds from the state and is responsible for the implementation of the local strategy. If selected as a project, the local long-term care coordinating team must semiannually evaluate the progress of the local long-term care strategy in meeting state measures of performance and results as established in the contract.

(d) Each member of the local coordinating team must indicate its endorsement of the local strategy. The local long-term care coordinating team may include in its membership other units of government which provide funding for services to the frail elderly. The team must cooperate with consumers and other public and private agencies, including nursing homes, in the geographic area in order to develop and offer a variety of cost-effective services to the elderly and their caregivers.

(e) The board or boards shall apply to be selected as a project. If the project is selected, the commissioner of human services shall contract with the lead agency for the project and shall provide additional administrative funds for implementing the provisions of the contract, within the appropriation available for this purpose.

(f) Projects shall be selected according to the following conditions.

No project may be selected unless it demonstrates that:

(i) the objectives of the local project will help to achieve the state's long-term care goals as defined in subdivision 1;

(ii) in the case of a project submitted jointly by several counties, all of the participating counties are contiguous;

(iii) there is a designated local lead agency that is empowered to make contracts with the state and local vendors on behalf of all participants;

(iv) the project proposal demonstrates that the local cooperating agencies have the ability to perform the project as described and that the implementation of the project has a reasonable chance of achieving its objectives;

(v) the project will serve an area that covers at least four counties or contains at least 2,500 persons who are 85 years of age or older, according to the projections of the state demographer or the census if the data is more recent; and

(vi) the local coordinating team documents efforts of cooperation with consumers and other agencies and organizations, both public and private, in planning for service delivery.

Sec. 10. Minnesota Statutes 1992, section 256B.432, subdivision 1, is amended to read:

Subdivision 1. [DEFINITIONS.] For purposes of this section, the following terms have the meanings given them.

(a) "Management agreement" means an agreement in which one or more of the following criteria exist:

(1) the central, affiliated, or corporate office has or is authorized to assume day-to-day operational control of the ~~long-term care~~ nursing facility for any six-month period within a 24-month period. "Day-to-day operational control" means that the central, affiliated, or corporate office has the authority to require, mandate, direct, or compel the employees of the ~~long-term care~~ nursing facility to perform or refrain from performing certain acts, or to supplant or take the place of the top management of the ~~long-term care~~ nursing facility. "Day-to-day operational control" includes the authority to hire or terminate employees or to provide an employee of the central, affiliated, or corporate office to serve as administrator of the ~~long-term care~~ nursing facility;

(2) the central, affiliated, or corporate office performs or is authorized to perform two or more of the following: the execution of contracts; authorization of purchase orders; signature authority for checks, notes, or other financial instruments; requiring the ~~long-term care~~ nursing facility to use the group or volume purchasing services of the central, affiliated, or corporate office; or the authority to make annual capital expenditures for the ~~long-term care~~ nursing facility exceeding \$50,000, or \$500 per licensed bed, whichever is less, without first securing the approval of the ~~long-term care~~ nursing facility board of directors;

(3) the central, affiliated, or corporate office becomes or is required to become the licensee under applicable state law;

(4) the agreement provides that the compensation for services provided under the agreement is directly related to any profits made by the ~~long-term care~~ nursing facility; or

(5) the ~~long-term care~~ nursing facility entering into the agreement is governed by a governing body that meets fewer than four times a year, that does not publish notice of its meetings, or that does not keep formal records of its proceedings.

(b) "Consulting agreement" means any agreement the purpose of which is for a central, affiliated, or corporate office to advise, counsel, recommend, or suggest to the owner or operator of the nonrelated ~~long-term care~~ nursing facility measures and methods for improving the operations of the ~~long-term care~~ nursing facility.

(c) "~~Long-term care~~ Nursing facility" means a nursing facility whose medical assistance rates are determined according to section 256B.431 ~~or an intermediate care facility for persons with mental retardation and related conditions whose medical assistance rates are determined according to section 256B.501.~~

Sec. 11. Minnesota Statutes 1992, section 256B.432, subdivision 2, is amended to read:

Subd. 2. [EFFECTIVE DATE.] For rate years beginning on or after July 1, 1990, the central, affiliated, or corporate office cost allocations in subdivisions 3 to 6 must be used when determining medical assistance rates under sections 256B.431 and ~~256B.501~~ 256B.50.

Sec. 12. Minnesota Statutes 1992, section 256B.432, subdivision 3, is amended to read:

Subd. 3. [ALLOCATION; DIRECT IDENTIFICATION OF COSTS OF ~~LONG-TERM CARE NURSING FACILITIES; MANAGEMENT AGREEMENT.~~] All costs that can be directly identified with a specific ~~long-term care~~ nursing facility that is a related organization to the central, affiliated, or corporate office, or that is controlled by the central, affiliated, or corporate office under a management agreement, must be allocated to that ~~long-term care~~ nursing facility.

Sec. 13. Minnesota Statutes 1993 Supplement, section 256B.432, subdivision 5, is amended to read:

Subd. 5. [ALLOCATION OF REMAINING COSTS; ALLOCATION RATIO.] (a) After the costs that can be directly identified according to subdivisions 3 and 4 have been allocated, the remaining central, affiliated, or corporate office costs must be allocated between the ~~long-term care~~ nursing facility operations and the other activities or facilities unrelated to the ~~long-term care~~ nursing facility operations based on the ratio of total operating costs.

(b) For purposes of allocating these remaining central, affiliated, or corporate office costs, the numerator for the allocation ratio shall be determined as follows:

(1) for ~~long-term care~~ nursing facilities that are related organizations or are controlled by a central, affiliated, or corporate office under a management agreement, the numerator of the allocation ratio shall be equal to the sum of the total operating costs incurred by each related organization or controlled ~~long-term care~~ nursing facility;

(2) for a central, affiliated, or corporate office providing goods or services to related organizations that are not ~~long-term care~~ nursing facilities, the numerator of the allocation ratio shall be equal to the sum of the total operating costs incurred by the ~~non-long-term care~~ non-nursing facility related organizations;

(3) for a central, affiliated, or corporate office providing goods or services to unrelated ~~long-term care~~ nursing facilities under a consulting agreement, the numerator of the allocation ratio shall be equal to the greater of directly identified central, affiliated, or corporate costs or the contracted amount; or

(4) for business activities that involve the providing of goods or services to unrelated parties which are not ~~long-term care~~ nursing facilities, the numer-

ator of the allocation ratio shall be equal to the greater of directly identified costs or revenues generated by the activity or function.

(c) The denominator for the allocation ratio is the sum of the numerators in paragraph (b), clauses (1) to (4).

Sec. 14. Minnesota Statutes 1992, section 256B.432, subdivision 6, is amended to read:

Subd. 6. ~~[COST ALLOCATION BETWEEN LONG-TERM CARE NURSING FACILITIES.]~~ (a) Those ~~long-term care~~ *nursing* operations that have long-term care facilities both in Minnesota and outside of Minnesota must allocate the ~~long-term care nursing~~ operation's central, affiliated, or corporate office costs identified in subdivision 5 to Minnesota based on the ratio of total resident days in Minnesota ~~long-term care nursing~~ facilities to the total resident days in all facilities.

(b) The Minnesota ~~long-term care nursing~~ operation's central, affiliated, or corporate office costs identified in paragraph (a) must be allocated to each Minnesota ~~long-term care nursing~~ facility on the basis of resident days.

Sec. 15. Minnesota Statutes 1992, section 256B.501, subdivision 1, is amended to read:

Subdivision 1. [DEFINITIONS.] For the purposes of this section, the following terms have the meaning given them.

(a) "Commissioner" means the commissioner of human services.

(b) "Facility" means a facility licensed as a mental retardation residential facility under section 252.28, licensed as a supervised living facility under chapter 144, and certified as an intermediate care facility for persons with mental retardation or related conditions. *The term does not include a state regional treatment center.*

(c) "Waivered service" means home or community-based service authorized under United States Code, title 42, section 1396n(c), as amended through December 31, 1987, and defined in the Minnesota state plan for the provision of medical assistance services. Waivered services include, at a minimum, case management, family training and support, developmental training homes, supervised living arrangements, semi-independent living services, respite care, and training and habilitation services.

Sec. 16. Minnesota Statutes 1992, section 256B.501, subdivision 3, is amended to read:

Subd. 3. [RATES FOR INTERMEDIATE CARE FACILITIES FOR PERSONS WITH MENTAL RETARDATION OR RELATED CONDITIONS.] The commissioner shall establish, by rule, procedures for determining rates for care of residents of intermediate care facilities for persons with mental retardation or related conditions. ~~The procedures shall be based on methods and standards that the commissioner finds are adequate to provide for the costs that must be incurred for the care of residents in efficiently and economically operated facilities.~~ In developing the procedures, the commissioner shall include:

(a) cost containment measures that assure efficient and prudent management of capital assets and operating cost increases which do not exceed increases in other sections of the economy;

(b) limits on the amounts of reimbursement for property, ~~general and administration~~, and new facilities;

(c) requirements to ensure that the accounting practices of the facilities conform to generally accepted accounting principles;

(d) incentives to reward accumulation of equity;

(e) ~~a revaluation on sale between unrelated organizations for a facility that, for at least three years before its use as an intermediate care facility, has been used by the seller as a single family home and been claimed by the seller as a homestead, and was not revalued immediately prior to or upon entering the medical assistance program, provided that the facility revaluation not exceed the amount permitted by the Social Security Act, section 1902(a)(13); and rule revisions which:~~

(1) *combine the program, maintenance, and administrative operating cost categories, and professional liability and real estate insurance expenses into one general operating cost category;*

(2) *eliminate the maintenance and administrative operating cost category limits and account for disallowances under the rule existing on the effective date of this section in the revised rule. If this provision is later invalidated, the total administrative cost disallowance shall be deducted from economical facility payments in clause (3);*

(3) *establish an economical facility incentive that rewards facilities that provide all appropriate services in a cost-effective manner and penalizes reductions of either direct service wages or standardized hours of care per resident;*

(4) *establish a best practices award system that is based on outcome measures and that rewards quality, innovation, cost effectiveness, and staff retention;*

(5) *establish compensation limits for employees on the basis of full-time employment and the developmentally disabled client base of a provider group or facility. The commissioner may consider the inclusion of hold harmless provisions;*

(6) *establish overall limits on a facility's rate of inflation increases. The commissioner shall consider groupings of facilities that account for a significant variation in cost. The commissioner may differentiate in the application of these limits between high and very high cost facilities. The limits, once established, shall be indexed for inflation and may be rebased by the commissioner; and*

(7) *develop cost allocation principles which are based on facility expenses; and*

(f) *appeals procedures that satisfy the requirements of section 256B.50 for appeals of decisions arising from the application of standards or methods pursuant to Minnesota Rules, parts 9510.0500 to 9510.0890, 9553.0010 to 9553.0080, and 12 MCAR 2.05301 to 2.05315 (temporary).*

In establishing rules and procedures for setting rates for care of residents in intermediate care facilities for persons with mental retardation or related conditions; the commissioner shall consider the recommendations contained in the February 11, 1983, Report of the Legislative Auditor on Community

Residential Programs for the Mentally Retarded and the recommendations contained in the 1982 Report of the Department of Public Welfare Rule 52 Task Force. Rates paid to supervised living facilities for rate years beginning during the fiscal biennium ending June 30, 1985, shall not exceed the final rate allowed the facility for the previous rate year by more than five percent.

Sec. 17. Minnesota Statutes 1992, section 256B.501, subdivision 3c, is amended to read:

Subd. 3c. [COMPOSITE FORECASTED INDEX.] For rate years beginning on or after October 1, 1988, the commissioner shall establish a statewide composite forecasted index to take into account economic trends and conditions between the midpoint of the facility's reporting year and the midpoint of the rate year following the reporting year. The statewide composite index must incorporate the forecast by Data Resources, Inc., of increases in the average hourly earnings of nursing and personal care workers indexed in Standard Industrial Code 805 in "Employment and Earnings," published by the Bureau of Labor Statistics, United States Department of Labor. This portion of the index must be weighted annually by the proportion of total allowable salaries and wages to the total allowable operating costs in the program, maintenance, and administrative operating cost categories for all facilities.

For adjustments to the other operating costs in the program, maintenance, and administrative operating cost categories, the statewide index must incorporate the Data Resources, Inc. forecast for increases in the national CPI-U. This portion of the index must be weighted annually by the proportion of total allowable other operating costs to the total allowable operating costs in the program, maintenance, and administrative operating cost categories for all facilities. The commissioner shall use the indices as forecasted by Data Resources, Inc., in the fourth quarter of the reporting year.

For rate years beginning on or after October 1, 1990, the commissioner shall index a facility's allowable operating costs in the program, maintenance, and administrative operating cost categories by using Data Resources, Inc., forecast for change in the Consumer Price Index-All Items (U.S. city average) (CPI-U). The commissioner shall use the indices as forecasted by Data Resources, Inc., in the first quarter of the calendar year in which the rate year begins. For fiscal years beginning after June 30, 1993, the commissioner shall not provide automatic inflation adjustments for intermediate care facilities for persons with mental retardation. The commissioner of finance shall include annual inflation adjustments in operating costs for intermediate care facilities for persons with mental retardation and related conditions as a budget change request in each biennial detailed expenditure budget submitted to the legislature under section 16A.11.

Sec. 18. Minnesota Statutes 1993 Supplement, section 256B.501, subdivision 3g, is amended to read:

Subd. 3g. [ASSESSMENT OF RESIDENTS CLIENTS.] To establish the service characteristics of residents clients, the quality assurance and review teams in the department of health shall assess all residents clients annually beginning January 1, 1989, using a uniform assessment instrument developed by the commissioner. This instrument shall include assessment of the services identified as needed and provided to each client to address behavioral needs, integration into the community, ability to perform activities of daily living, medical and therapeutic needs, and other relevant factors determined by the

commissioner. By January 30, 1994, the commissioner shall report to the legislature on:

- (1) the assessment process and scoring system utilized;
- (2) possible utilization of assessment information by facilities for management purposes; and
- (3) possible application of the assessment for purposes of adjusting the operating cost rates of facilities based on a comparison of client services characteristics, resource needs, and costs. *For clients newly admitted to the facility, the interdisciplinary team shall complete an assessment of the client, using the uniform assessment instrument developed by the commissioner, within 30 days of the client's admission to the facility. The facility's qualified mental retardation professional shall complete and submit the assessment form to the department of health, quality assurance and review section, within ten working days following the 30-day interdisciplinary team meeting. Clients admitted to the facility for temporary care shall not be assessed using the uniform instrument, unless the clients' length of stay in the facility exceeds 30 days.*

Sec. 19. Minnesota Statutes 1993 Supplement, section 256B.501, subdivision 8, is amended to read:

Subd. 8. [PAYMENT FOR PERSONS WITH SPECIAL NEEDS.] The commissioner shall establish by December 31, 1983, procedures to be followed by the counties to seek authorization from the commissioner for medical assistance reimbursement for very dependent persons with special needs in an amount in excess of the rates allowed pursuant to subdivision subdivisions 2 and 8a, including rates established under section 252.46 when they apply to services provided to residents of intermediate care facilities for persons with mental retardation or related conditions, and procedures to be followed for rate limitation exemptions for intermediate care facilities for persons with mental retardation or related conditions. No excess payment approved by the commissioner after June 30, 1991, shall be authorized unless:

- (1) the need for specific level of service is documented in the individual service plan of the person to be served;
- (2) the level of service needed can be provided within the rates established under section 252.46 and Minnesota Rules, parts 9553.0010 to 9553.0080, without a rate exception within 12 months;
- (3) staff hours beyond those available under the rates established under section 252.46 and Minnesota Rules, parts 9553.0010 to 9553.0080, necessary to deliver services do not exceed 1,440 hours within 12 months;
- (4) there is a basis for the estimated cost of services;
- (5) the provider requesting the exception documents that current per diem rates are insufficient to support needed services;
- (6) estimated costs, when added to the costs of current medical assistance-funded residential and day training and habilitation services and calculated as a per diem, do not exceed the per diem established for the regional treatment centers for persons with mental retardation and related conditions on July 1, 1990, indexed annually by the urban consumer price index, all items, as forecasted by Data Resources Inc., for the next fiscal year over the current fiscal year;

(7) any contingencies for an approval as outlined in writing by the commissioner are met; and

(8) any commissioner orders for use of preferred providers are met.

The commissioner shall evaluate the services provided pursuant to this subdivision through program and fiscal audits.

The commissioner may terminate the rate exception at any time under any of the conditions outlined in Minnesota Rules, part 9510.1120, subpart 3, for county termination, or by reason of information obtained through program and fiscal audits which indicate the criteria outlined in this subdivision have not been, or are no longer being, met.

The commissioner may approve no more than one rate exception, up to 12 months duration, for an eligible client.

Sec. 20. Minnesota Statutes 1992, section 256B.501, is amended by adding a subdivision to read:

Subd. 8a. [PAYMENT FOR PERSONS WITH SPECIAL NEEDS FOR CRISIS INTERVENTION SERVICES.] *State-operated, community-based crisis services provided in accordance with section 252.50, subdivision 7, to a resident of an intermediate care facility for persons with mental retardation (ICF/MR) reimbursed under this section shall be paid by medical assistance in accordance with the paragraphs in this subdivision.*

(a) *"Crisis services" means the specialized services listed in clauses (1) to (3) provided to prevent the recipient from requiring placement in a more restrictive institutional setting such as an inpatient hospital or regional treatment center and to maintain the recipient in his or her present community setting.*

(1) *The crisis services provider shall assess the recipient's behavior and environment to identify factors contributing to the crisis.*

(2) *The crisis services provider shall develop a recipient-specific intervention plan in coordination with the service planning team and provide recommendations for revisions to the individual service plan if necessary to prevent or minimize the likelihood of future crisis situations. The intervention plan shall include a transition plan to aid the recipient in returning to the community-based ICF/MR if the recipient is receiving residential crisis services.*

(3) *The crisis services provider shall consult with and provide training and ongoing technical assistance to the recipient's service providers to aid in the implementation of the intervention plan and revisions to the individual service plan.*

(b) *"Residential crisis services" means crisis services that are provided to a recipient admitted to the crisis services foster care setting because the ICF/MR receiving reimbursement under this section is not able, as determined by the commissioner, to provide the intervention and protection of the recipient and others living with the recipient that is necessary to prevent the recipient from requiring placement in a more restrictive institutional setting.*

(c) *Crisis services providers must be licensed by the commissioner under section 245A.03 to provide foster care, must exclusively provide short-term crisis intervention, and must not be located in a private residence.*

(d) Payment rates are determined annually for each crisis services provider based on cost of care for each provider as defined in section 246.50. Interim payment rates are calculated on a per diem basis by dividing the projected cost of providing care by the projected number of contact days for the fiscal year, as estimated by the commissioner. Final payment rates are calculated by dividing the actual cost of providing care by the actual number of contact days in the applicable fiscal year.

(e) Payment shall be made for each contact day. "Contact day" means any day in which the crisis services provider has face-to-face contact with the recipient or any of the recipient's medical assistance service providers for the purpose of providing crisis services as defined in paragraph (c).

(f) Payment for residential crisis services is limited to 21 days, unless an additional period is authorized by the commissioner. The additional period may not exceed 21 days.

(g) Payment for crisis services shall be made only for services provided while the ICF/MR receiving reimbursement under this section: (1) has a shared services agreement with the crisis services provider in effect in accordance with section 246.57; (2) has reassigned payment for the provision of the crisis services under this subdivision to the commissioner in accordance with Code of Federal Regulations, title 42, section 447.10(e); and (3) has executed a cooperative agreement with the crisis services provider to implement the intervention plan and revisions to the individual service plan as necessary to prevent or minimize the likelihood of future crisis situations, to maintain the recipient in his or her present community setting, and to prevent the recipient from requiring a more restrictive institutional setting.

(h) Payment to the ICF/MR receiving reimbursement under this section shall be made for each therapeutic leave day during which the recipient is receiving residential crisis services, if the ICF/MR is otherwise eligible to receive payment for a therapeutic leave day under Minnesota Rules, part 9505.0415. Payment under this paragraph shall be terminated if the commissioner determines that the ICF/MR is not meeting the terms of the cooperative agreement under paragraph (g) or that the recipient will not return to the ICF/MR.

Sec. 21. Minnesota Statutes 1993 Supplement, section 256I.06, subdivision 1, is amended to read:

Subdivision 1. [MONTHLY PAYMENTS.] Monthly payments made ~~on an individual's behalf~~ for group residential housing must be issued as a voucher or vendor payment directly to a recipient of group residential housing. In the event that the federal Health Care Financing Administration approves vendor payments on an individual's behalf as optional state supplements to the Supplemental Security Income program, group residential housing payments made on an individual's behalf must be made by voucher or vendor payment.

Sec. 22. [CRISIS SERVICES STUDY.]

The commissioner shall study and explore various methods of funding crisis services for persons with mental retardation or related conditions. The commissioner shall seek advice from affected parties in completing this study, and report the findings to the 1995 legislature.

Sec. 23. [RULES.]

For rate years beginning as soon as practical after September 30, 1995, the commissioner shall revise Minnesota Rules, parts 9553.0010 to 9553.0080, to incorporate changes made to Minnesota Statutes, section 256B.501.

Sec. 24. [ICF/MR RULE REVISION.]

The commissioner shall consider various time record and time distribution record keeping requirements when developing rule revisions for cost allocation regarding intermediate care facilities for persons with mental retardation or related conditions. The commissioner shall consider information from the public, including providers, provider associations, advocates, and counties when developing rule amendments in the area of cost allocation.

From July 1, 1994, until December 31, 1994, all employees and consultants of ICFs/MR, including any individual for whom any portion of that individual's compensation is reported for reimbursement under Minnesota Rules, parts 9553.0010 to 9553.0080, shall document their service to all sites according to paragraphs (a) to (c). For this purpose, and for paragraphs (a) to (c), employee means an individual who is compensated by a facility or provider group for necessary services on any hourly or salaried basis. Employees and consultants for whom no portion of that individual's total compensation is reported for reimbursement in Minnesota Rules, parts 9553.0010 to 9553.0080, are exempt from the record keeping requirements set forth in paragraphs (a) to (c).

(a) Time and attendance records are required for all employees and consultants as set forth in Minnesota Statutes, section 256B.432, subdivision 8.

(b) Employees and consultants shall keep time records on a daily basis showing the actual time spent on various activities, as required by Minnesota Rules, part 9553.0030, except that employees with multiple duties must not use a sampling method.

(c) All employees and consultants who work for the benefit of more than one site shall keep a record of where work is performed. This record must specify the time in which work performed at a site solely benefits that site. The amount of time reported for work performed at a site for the sole benefit of that site does not need to be adjusted for brief, infrequent telephone interruptions, time spent away from the site when accompanying clients from that site, and time away from the site for shopping or errands if the shopping or errands benefit solely that site.

For record keeping purposes, site means a Minnesota ICF/MR, waived services location, semi-independent living service arrangement, day training and habilitation operation, or similar out-of-state service operation for persons with developmental disabilities. Site also means any nondevelopmental disability service location or any business operation owned or operated by a provider group, either in or outside of Minnesota, whether or not that operation provides a service to persons with developmental disabilities.

Sec. 25. [REPEALER.]

After the revisions required by section 23 to Minnesota Rules, parts 9553.0010 to 9553.0080, have been adopted and filed with the secretary of state, so as to have the force and effect of law under Minnesota Statutes, section 14.38, the following subdivisions of Minnesota Statutes 1992, section 256B.501, are repealed: subdivisions 3d, 3e, and 3f.

Sec. 26. [EFFECTIVE DATE.]

Subdivision 1. Except as provided in subdivisions 2 and 3, sections 1 to 25 are effective August 1, 1994.

Subd. 2. The amendment in section 16 to Minnesota Statutes, section 256B.501, subdivision 3, creating clause (7) in paragraph (e), is effective the day after final enactment. Sections 19 and 20 are effective October 1, 1994. However, if any required federal approval has not been received before that date, the amendments made by sections 19 and 20 may not be implemented until federal approval is received.

Subd. 3. Sections 10 and 12 to 14 are effective after the revisions required by section 23 to Minnesota Rules, parts 9553.0010 to 9553.0080, have been adopted and filed with the secretary of state and have the force and effect of law."

Amend the title as follows:

Page 1, line 8, delete "256B.0641,"

Page 1, line 9, delete "subdivision 1;"

Page 1, line 10, after the semicolon, insert "256B.432, subdivisions 1, 2, 3, and 6;"

Page 1, line 14, delete "subdivision 1" and insert "subdivisions 1 and 3; 256B.0917, subdivision 2; 256B.432, subdivision 5"

And when so amended the bill do pass. Amendments adopted. Report adopted.

Mr. Merriam from the Committee on Finance, to which was re-referred

S.F. No. 2378: A bill for an act relating to crime prevention; providing mandatory minimum prison sentences for persons convicted of a drive-by shooting; requiring prosecutors to report sentencing practices under the mandatory minimum sentencing law relating to certain weapon-related offenses; prohibiting waiver of the mandatory minimum sentence for firearms offenses for a repeat offender; increasing felony penalties for furnishing a minor with a firearm, ammunition, or explosives or recklessly furnishing another with a dangerous weapon; broadening the scope of the gun control act to apply to transfers of firearms by persons who are not federally licensed dealers; requiring a license to sell firearms or ammunition in the metropolitan area; prohibiting assault weapons in the metropolitan area; requiring maintenance of records regarding firearms sales in the metropolitan area; allowing metropolitan city attorneys to obtain assistance from the attorney general in prosecuting firearms offenses; allowing law enforcement agencies to charge a fee to conduct firearms eligibility background checks; clarifying that weapons may be seized in connection with certain offenses; requiring inspection of correctional facilities and lockups at least once every biennium; authorizing the commissioner of corrections to impose disciplinary confinement periods comparable to periods in place for inmates sentenced before August 1, 1993; modifying eligibility criteria for the challenge incarceration program; defining the length of phase III of the program; authorizing the commissioner of corrections to limit placement of convicted felons awaiting completion of presentence investigation reports in state correctional facilities; providing for good time reduction of sentences in local correctional facilities; providing a

separate definition of "mentally incapacitated" for certain victims under 18; expanding first-degree criminal sexual conduct to cover sexual contact with a child under 13; increasing the penalty for assault and malicious punishment of a child under three; expanding the forfeiture law's definition of "weapon used"; requiring the destruction of forfeited weapons used, firearms, ammunition, and firearm accessories; increasing the maximum fine applicable to petty misdemeanor traffic violations; clarifying the elements of the driving after license suspension, revocation, and cancellation offenses; increasing the penalty for committing certain escapes from custody; modifying criminal provisions relating to blasting agents and explosives; requiring county attorneys to adopt charging and plea bargaining practices; providing for two work and learn facilities for youth; appropriating money for public defense, criminal justice, corrections, and related purposes; providing for the transfer of certain money in the state treasury; amending Minnesota Statutes 1992, sections 13.99, by adding a subdivision; 124.912, subdivision 3; 169.89, subdivision 2; 171.18, subdivision 1; 219.383, subdivision 4; 241.021, subdivision 2; 241.26, subdivision 7; 243.18, subdivision 1; 243.23, subdivision 2; 243.24, subdivision 1; 244.09, by adding a subdivision; 244.12, subdivisions 1 and 2; 244.15, subdivision 4; 244.172, subdivision 3; 260.132, by adding a subdivision; 260.165, subdivision 1; 299A.31; 299A.32, subdivision 3; 299A.34, subdivisions 1 and 2; 299A.36; 299A.38, subdivision 3; 299C.065, as amended; 299F.72, subdivision 2, and by adding a subdivision; 299F.73; 299F.74; 299F.75; 299F.77; 299F.78, subdivision 1; 299F.79; 299F.80; 299F.82; 299F.83; 383B.225, subdivision 6; 388.051, by adding a subdivision; 487.25, by adding a subdivision; 609.0331; 609.0332; 609.115, subdivision 1; 609.185; 609.20; 609.223, by adding a subdivision; 609.224, subdivision 3; 609.245; 609.28; 609.341, subdivisions 4, 7, 11, and 12; 609.342, subdivision 1; 609.377; 609.485, subdivision 4; 609.5315, subdivision 6, and by adding a subdivision; 609.5316, subdivisions 1 and 3; 609.66, subdivisions 1b and 1c; 609.746, subdivision 1; 609.855; 611A.19, subdivision 1; 624.21; 624.712, by adding subdivisions; 624.7131, subdivisions 2 and 3; 624.714, subdivision 6; 624.731, subdivision 8; 626.76; 626.846, subdivision 6; 626A.05, subdivision 2; 631.425, subdivision 6; and 642.09; Minnesota Statutes 1993 Supplement, sections 171.24; 241.021, subdivision 1; 243.18, subdivision 2; 260.221, subdivision 1; 299A.35, subdivision 1; 518B.01, subdivision 6; 609.11, subdivisions 8, 9, and by adding a subdivision; 609.345, subdivision 1; 609.531, subdivision 1; 609.5315, subdivisions 1 and 2; 609.66, subdivision 1d; 609.902, subdivision 4; 624.713, subdivision 1, and by adding subdivisions; 624.7131, subdivision 10; 624.7132, subdivisions 1, 2, 4, 8, 11, 12, and 14; 626.556, subdivision 2; and 628.26; proposing coding for new law in Minnesota Statutes, chapters 242; 299A; 299F; 609; and 629; repealing Minnesota Statutes 1992, sections 299F.71; 299F.72, subdivisions 3 and 4; 299F.78, subdivision 2; 299F.815, subdivision 2; and 609.855, subdivision 4; Minnesota Statutes 1993 Supplement, sections 243.18, subdivision 3; 299F.811; 299F.815, subdivision 1; and 624.7132, subdivisions 7 and 10; Laws 1993, chapter 146, article 2, sections 15 and 18.

Reports the same back with the recommendation that the bill be amended as follows:

Page 3, lines 6 and 7, delete "25,466,000" and insert "32,834,000" and delete "26,920,000" and insert "34,288,000"

Page 3, line 15, delete "50,000" and insert "100,000" in both places

Page 3, line 20, delete "150,000" and insert "200,000" in both places

Page 3, line 23, delete "1,600,000" and insert "4,368,000" in both places

Page 3, after line 23, insert:

| | | | |
|-----------------|-----|-----------|------------|
| "SUPREME COURT | -0- | 175,000 | 175,000 |
| DISTRICT COURTS | -0- | 4,325,000 | 4,325,000" |

Page 3, delete line 25 and insert:

| | |
|------------------------|------|
| "APPROPRIATIONS | |
| Available for the Year | |
| Ending June 30 | |
| 1994 | 1995 |
| \$ | \$ " |

Page 3, delete lines 28 to 30

Page 4, line 36, delete "3,450,000" and insert "3,500,000"

Page 4, delete line 45

Reletter the paragraphs in sequence

Page 5, line 4, delete "50,000" and insert "100,000"

Page 5, after line 10, insert:

"\$50,000 is for the development and testing of an instrument to measure the outcome of out-of-home placements for juveniles. The commissioner shall consult with the commissioner of corrections on the design of the instrument and implementation of the study. The commissioner shall report to the chairs of the senate crime prevention committee and the house of representatives judiciary committee regarding the results of the development and testing by September 1, 1995."

Page 5, line 15, delete "\$150,000" and insert "\$100,000"

Page 5, after line 33, insert:

"(e) \$50,000 is transferred from the insurance trust fund created in Minnesota Statutes, section 43A.316, subdivision 9, to the general fund for appropriation to the commissioner of public safety for a grant to fund the activities of a statewide youth safety initiative coordinated by the Minnesota student safety program."

Page 5, line 34, delete "(e)" and insert "(f)"

Page 6, line 13, delete "150,000" and insert "200,000"

Page 6, after line 13, insert:

“(a) Pilot Projects 150,000”

Page 6, after line 16, insert:

“(b) Teen Pregnancy Reduction 50,000

This appropriation is to develop, in consultation with the commissioner of education and a representative from Minnesota planning, a program to reduce teen pregnancy modeled after the education now and babies later (ENABL) program in California.”

Page 6, line 17, delete “1,600,000” and insert “4,368,000”

Page 6, line 20, delete everything after “article” and insert “9,”

Page 6, line 21, delete “subdivision,”

Page 6, line 24, after the period, insert “This appropriation may be used to fund no more than one dispositional advisor in each judicial district.”

Page 6, after line 24, insert:

“Sec. 5. SUPREME COURT

(a) Court Interpreter Program 100,000

(b) Commitment Study 75,000

Sec. 6. DISTRICT COURTS

(a) Human Resources Enhancements 2,577,000

(b) Jury Service Enhancements 1,693,000

(c) New Judge Orientation 25,000

(d) Sexual Assault Cases 30,000

This appropriation is for the trial courts to conduct training for the judicial district coordinating councils on the dynamics of sexual assault and on model programs for handling sexual assault cases.”

Renumber the sections of article 1 in sequence

Pages 92 and 93, delete section 1

Renumber the sections of article 8 in sequence

Page 101, after line 15, insert:

“ARTICLE 9

PUBLIC DEFENSE SERVICES

Section 1. Minnesota Statutes 1992, section 477A.012, is amended by adding a subdivision to read:

Subd. 7. [AID OFFSET FOR 1995 PUBLIC DEFENDER COSTS.] (a) In

the case of a county located in the first, fifth, seventh, ninth, or tenth judicial district, there shall be deducted from the payment to the county under this section an amount equal to the cost of public defense services in juvenile and misdemeanor cases, to the extent those costs are assumed by the state for the calendar year beginning on January 1, 1995.

(b) For the purpose of the aid reductions under this section, the following amounts shall be used by the commissioner of revenue as the cost of public defense services in juvenile and misdemeanor cases for each county in the first, fifth, seventh, ninth, and tenth judicial districts, during the calendar year beginning on January 1, 1995:

| COUNTY | JUDICIAL DISTRICT | AMOUNT |
|------------------------|-------------------|-----------|
| (1) Aitkin | 9 | \$126,000 |
| (2) Anoka | 10 | \$634,000 |
| (3) Becker | 7 | \$160,000 |
| (4) Beltrami | 9 | \$130,000 |
| (5) Benton | 7 | \$ 68,000 |
| (6) Blue Earth | 5 | \$ 96,000 |
| (7) Brown | 5 | \$ 58,000 |
| (8) Carver | 1 | \$ 82,000 |
| (9) Cass | 9 | \$134,000 |
| (10) Chisago | 10 | \$ 66,000 |
| (11) Clay | 7 | \$136,000 |
| (12) Clearwater | 9 | \$ 24,000 |
| (13) Cottonwood | 5 | \$ 24,000 |
| (14) Crow Wing | 9 | \$128,000 |
| (15) Dakota | 1 | \$644,000 |
| (16) Douglas | 7 | \$ 84,000 |
| (17) Faribault | 5 | \$ 34,000 |
| (18) Goodhue | 1 | \$ 94,000 |
| (19) Hubbard | 9 | \$ 30,000 |
| (20) Isanti | 10 | \$ 56,000 |
| (21) Itasca | 9 | \$ 44,000 |
| (22) Jackson | 5 | \$ 30,000 |
| (23) Kanabec | 10 | \$ 42,000 |
| (24) Kittson | 9 | \$ 12,000 |
| (25) Koochiching | 9 | \$ 32,000 |
| (26) Lake of the Woods | 9 | \$ 8,000 |
| (27) Le Sueur | 1 | \$ 64,000 |
| (28) Lincoln | 5 | \$ 20,000 |
| (29) Lyon | 5 | \$ 58,000 |
| (30) Mahnomen | 9 | \$ 12,000 |
| (31) Marshall | 9 | \$ 28,000 |
| (32) Martin | 5 | \$ 74,000 |
| (33) McLeod | 1 | \$ 66,000 |
| (34) Mille Lacs | 7 | \$ 46,000 |
| (35) Morrison | 7 | \$ 70,000 |
| (36) Murray | 5 | \$ 14,000 |
| (37) Nicollet | 5 | \$ 86,000 |
| (38) Nobles | 5 | \$ 62,000 |
| (39) Norman | 9 | \$ 18,000 |
| (40) Otter Tail | 7 | \$172,000 |
| (41) Pennington | 9 | \$ 30,000 |

| | | |
|-----------------|----|-----------|
| (42) Pine | 10 | \$ 46,000 |
| (43) Pipestone | 5 | \$ 14,000 |
| (44) Polk | 9 | \$140,000 |
| (45) Red Lake | 9 | \$ 10,000 |
| (46) Redwood | 5 | \$ 98,000 |
| (47) Rock | 5 | \$ 28,000 |
| (48) Roseau | 9 | \$ 42,000 |
| (49) Scott | 1 | \$164,000 |
| (50) Sherburne | 10 | \$164,000 |
| (51) Sibley | 1 | \$ 82,000 |
| (52) Stearns | 7 | \$306,000 |
| (53) Todd | 7 | \$ 66,000 |
| (54) Wadena | 7 | \$ 24,000 |
| (55) Washington | 10 | \$282,000 |
| (56) Watonwan | 5 | \$ 38,000 |
| (57) Wright | 10 | \$118,000 |

(c) One-fourth of the amount specified under paragraph (b) for each county shall be deducted from each local government aid payment to the county under section 477A.015 in 1994, and one-half of the amount computed under paragraph (b) for each county shall be deducted from each local government aid payment to the county under section 477A.015 in 1995, and each subsequent year. If the amount specified under paragraph (b) exceeds the amount payable to a county under subdivision 1, the excess shall be deducted from the aid payable to the county under section 273.1398, subdivision 2, and then, if necessary, from the disparity reduction aid under section 273.1398, subdivision 3.

(d) The appropriation for the state assumption of the costs of public defender services in juvenile and misdemeanor cases in the first, fifth, seventh, ninth, and tenth judicial districts, for the time period from January 1, 1995, to June 30, 1995, shall be annualized for the 1996-1997 biennium.

Sec. 2. Minnesota Statutes 1993 Supplement, section 611.17, is amended to read:

611.17 [FINANCIAL INQUIRY; STATEMENTS.]

(a) Each judicial district must screen requests under paragraph (b).

(b) Upon a request for the appointment of counsel, the court shall make appropriate inquiry into the financial circumstances of the applicant, who shall submit a financial statement under oath or affirmation setting forth the applicant's assets and liabilities, including the value of any real property owned by the applicant, whether homestead or otherwise, less the amount of any encumbrances on the real property, the source or sources of income, and any other information required by the court. The state public defender shall furnish appropriate forms for the financial statements. The information contained in the statement shall be confidential and for the exclusive use of the court and the public defender appointed by the court to represent the applicant except for any prosecution under section 609.48. A refusal to execute the financial statement or produce financial records constitutes a waiver of the right to the appointment of a public defender.

Sec. 3. Minnesota Statutes 1993 Supplement, section 611.20, subdivision 2, is amended to read:

Subd. 2. [PARTIAL PAYMENT.] If the court determines that the defendant is able to make partial payment, the court shall direct the partial payments to the ~~governmental unit responsible for the costs of the public defender state general fund~~. Payments directed by the court to the state shall be recorded by the court administrator who shall transfer the payments to the state treasurer.

Sec. 4. Minnesota Statutes 1992, section 611.26, subdivision 4, is amended to read:

Subd. 4. [ASSISTANT PUBLIC DEFENDERS.] A chief district public defender shall appoint assistants who are qualified attorneys licensed to practice law in this state and other staff as the chief district public defender finds prudent and necessary subject to the standards adopted by the state public defender. Assistant district public defenders must be appointed to ensure broad geographic representation and caseload distribution within the district. Each assistant district public defender serves at the pleasure of the chief district public defender. *A chief district public defender is authorized, subject to approval by the state board of public defense or their designee, to hire an independent contractor to perform the duties of an assistant public defender.*

Sec. 5. Minnesota Statutes 1992, section 611.26, subdivision 6, is amended to read:

Subd. 6. [PERSONS DEFENDED.] The district public defender shall represent, without charge, a defendant charged with a felony ~~or~~, a gross misdemeanor, ~~or misdemeanor~~ when so directed by the district court. ~~In the second, third, fourth, sixth, and eighth districts only,~~ The district public defender shall also represent a ~~defendant charged with a misdemeanor when so directed by the district court and shall represent~~ a minor in the juvenile court when so directed by the juvenile court.

Sec. 6. Minnesota Statutes 1993 Supplement, section 611.27, subdivision 4, is amended to read:

Subd. 4. [COUNTY PORTION OF COSTS.] That portion of subdivision 1 directing counties to pay the costs of public defense service shall not be in effect between ~~July 1, 1993~~ January 1, 1995, and July 1, 1995. This subdivision only relates to costs associated with felony ~~and~~, gross misdemeanor ~~public defense services in all judicial districts and to~~, juvenile, and misdemeanor public defense services ~~in the second, third, fourth, sixth, and eighth judicial districts.~~ *Notwithstanding the provisions of this subdivision, in the first, fifth, seventh, ninth, and tenth judicial districts, the cost of juvenile and misdemeanor public defense services for cases opened prior to January 1, 1995, shall remain the responsibility of the respective counties in those districts, even though the cost of these services may occur after January 1, 1995.*

Sec. 7. [EFFECTIVE DATE.]

Sections 1, 2, and 4 are effective July 1, 1994. Sections 3 and 5 to 7 are effective January 1, 1995.

ARTICLE 10

COURTS

Section 1. Minnesota Statutes 1992, section 2.722, subdivision 1, is amended to read:

Subdivision 1. [DESCRIPTION.] Effective July 1, 1959, the state is divided into ten judicial districts composed of the following named counties, respectively, in each of which districts judges shall be chosen as hereinafter specified:

1. Goodhue, Dakota, Carver, Le Sueur, McLeod, Scott, and Sibley; 27 28 judges; and four permanent chambers shall be maintained in Red Wing, Hastings, Shakopee, and Glencoe and one other shall be maintained at the place designated by the chief judge of the district;

2. Ramsey; 24 judges;

3. Wabasha, Winona, Houston, Rice, Olmsted, Dodge, Steele, Waseca, Freeborn, Mower, and Fillmore; 22 judges; and permanent chambers shall be maintained in Faribault, Albert Lea, Austin, Rochester, and Winona;

4. Hennepin; 54 57 judges;

5. Blue Earth, Watonwan, Lyon, Redwood, Brown, Nicollet, Lincoln, Cottonwood, Murray, Nobles, Pipestone, Rock, Faribault, Martin, and Jackson; 17 judges; and permanent chambers shall be maintained in Marshall, Windom, Fairmont, New Ulm, and Mankato;

6. Carlton, St. Louis, Lake, and Cook; 15 judges;

7. Benton, Douglas, Mille Lacs, Morrison, Otter Tail, Stearns, Todd, Clay, Becker, and Wadena; 20 22 judges; and permanent chambers shall be maintained in Moorhead, Fergus Falls, Little Falls, and St. Cloud;

8. Chippewa, Kandiyohi, Lac qui Parle, Meeker, Renville, Swift, Yellow Medicine, Big Stone, Grant, Pope, Stevens, Traverse, and Wilkin; 11 judges; and permanent chambers shall be maintained in Morris, Montevideo, and Willmar;

9. Norman, Polk, Marshall, Kittson, Red Lake, Roseau, Mahnommen, Pennington, Aitkin, Itasca, Crow Wing, Hubbard, Beltrami, Lake of the Woods, Clearwater, Cass and Koochiching; 20 judges; and permanent chambers shall be maintained in Crookston, Thief River Falls, Bemidji, Brainerd, Grand Rapids, and International Falls;

10. Anoka, Isanti, Wright, Sherburne, Kanabec, Pine, Chisago, and Washington; 32 34 judges; and permanent chambers shall be maintained in Anoka, Stillwater, and other places designated by the chief judge of the district.

Sec. 2. Minnesota Statutes 1992, section 631.021, is amended to read:

631.021 [SPEEDY CRIMINAL TRIALS; CASE DISPOSITION OBJECTIVES.]

The judges of each judicial district must adopt and administer rules or procedures to ensure that, on and after ~~July 1, 1994~~ July 1, 1997, the following timing objectives for the disposition of criminal cases are met by judges within the district:

(1) 90 percent of all criminal cases must be disposed of within 120 days;

(2) 97 percent of all criminal cases must be disposed of within 180 days; and

(3) 99 percent of all criminal cases must be disposed of within 365 days.

The time periods referred to in clauses (1) to (3) must be measured from the date the criminal complaint is filed, to the date the defendant is either found not guilty or is sentenced. If the criminal case begins by indictment rather than by criminal complaint, the time period must be measured from the date the indictment is returned.

Sec. 3. [COMMITMENT STUDY.]

Subdivision 1. [GENERAL; TASK FORCE.] The supreme court is requested to conduct a study of state civil commitment laws and procedures and related legal and treatment issues. To conduct the study, the supreme court shall convene an advisory task force on the commitment system, including the following:

(1) judges, county attorneys, a representative of the attorney general's office, and attorneys who represent patients and proposed patients;

(2) parents or other family members of patients;

(3) mental health advocates;

(4) patients or former patients;

(5) mental health service providers;

(6) representatives of state and county mental health agencies;

(7) law enforcement; and

(8) two members of the house of representatives, one of whom must be a member of the minority party, appointed by the speaker, and two members of the senate, one of whom must be a member of the minority party, appointed by the subcommittee on committees of the senate committee on rules and administration.

Members of the task force should represent a cross-section of regions within the state. The task force shall select a chair from among its membership, other than the members appointed under clause (8).

Subd. 2. [SCOPE OF STUDY.] To the extent practicable, the study should include:

(1) hearings and procedures governing administration of neuroleptic medications;

(2) provisional discharges;

(3) monitoring of medication;

(4) mental health treatment advance declarations;

(5) relationship between the commitment act and the psychopathic personality statute;

(6) criteria for commitments and 72-hour holds;

(7) time lines and length of commitment;

(8) *impact of available resources and service delivery systems on commitments and implementation of least restrictive alternatives;*

(9) *training and expertise of professionals involved in the commitment process;*

(10) *separation of functions and conflicts of interest and related due process issues in the commitment process;*

(11) *rights of patients;*

(12) *variations in implementation and interpretation of commitment laws around the state;*

(13) *vulnerable adult reporting and mental competency issues; and*

(14) *any other commitment, legal, and treatment issues identified by the task force.*

Subd. 3. [STAFF.] The task force may employ necessary staff to provide legal counsel, research, and clerical assistance.

Subd. 4. [REPORT.] The task force shall submit a written report to the governor and the legislature by January 15, 1996, containing its findings and recommendations. The task force expires upon submission of its report.

Sec. 4. [RESOURCE REPORT.]

The commissioner of corrections shall evaluate existing sexual assault victim advocacy services and estimate the need for additional advocacy services.

Sec. 5. [SEXUAL ASSAULT COORDINATING BOARD.]

Subdivision 1. [SEXUAL ASSAULT COORDINATING COUNCILS.] By October 1, 1994, the conference of chief judges shall establish a coordinating council in each judicial district to oversee efforts to coordinate the criminal justice system response to sexual assault cases. Membership shall include representation of at least the following groups:

(1) *judges;*

(2) *county attorneys;*

(3) *public defenders;*

(4) *law enforcement;*

(5) *sexual assault advocacy programs;*

(6) *court administration;*

(7) *social service agencies;*

(8) *medical personnel; and*

(9) *the public.*

Subd. 2. [SEXUAL ASSAULT COORDINATION PLAN.] Each sexual assault coordinating council shall prepare a written sexual assault coordination plan to implement the goal of ensuring the appropriate response of the

criminal justice system to the handling of sexual assault cases. Each plan must address the following issues:

- (1) the roles and responsibilities of criminal justice agencies in responding to sexual assault allegations;*
- (2) the needs of the victim for advocacy services in the process;*
- (3) the current range of judicial sanctions imposed;*
- (4) the adequacy of existing services for the victim and defendant; and*
- (5) the coordination of the criminal justice system response to sexual assault cases.*

Subd. 3. [REVIEW OF JUDICIAL DISTRICT SEXUAL ASSAULT COORDINATING PLAN.] *(a) Each judicial district shall submit its sexual assault coordination plan to the conference of chief judges by October 1, 1995. The conference shall review the plans and make recommendations it deems appropriate. Specifically, the conference shall address the adequacy and use of criminal justice resources to respond to sexual assault cases.*

(b) A copy of each judicial district's plan, along with the conference of chief judges' recommendations for changes in rules, criminal procedure, and statutes, must be filed with the chair of the senate crime prevention committee and the chair of the house of representatives judiciary committee by January 1, 1996.

Sec. 6. [EFFECTIVE DATE.]

This article is effective the day following final enactment, except that the additional judgeships authorized for judicial districts are established February 1, 1995."

Amend the title as follows:

Page 2, line 11, after "sections" insert "2.722, subdivision 1;"

Page 2, lines 12 and 13, delete "124.912, subdivision 6;"

Page 2, line 26, after the first semicolon, insert "477A.012, by adding a subdivision;"

Page 2, line 34, after the second semicolon, insert "611.26, subdivisions 4 and 6;"

Page 2, line 38, after "2;" insert "631.021;"

Page 2, line 45, after "4;" insert "611.17; 611.20, subdivision 2; 611.27, subdivision 4;"

And when so amended the bill do pass. Amendments adopted. Report adopted.

SECOND READING OF SENATE BILLS

S.F. Nos. 2825 and 2378 were read the second time.

MOTIONS AND RESOLUTIONS

Ms. Anderson moved that the name of Mr. Marty be added as a co-author to S.F. No. 348. The motion prevailed.

Messrs. Knutson and Johnson, D.E. introduced—

Senate Resolution No. 75: A Senate resolution congratulating Carol Ann Shudlick, of Apple Valley, Minnesota, on being named to the Kodak Women's All-America Division I team.

Referred to the Committee on Rules and Administration.

SUSPENSION OF RULES

Remaining on the Order of Business of Motions and Resolutions, Mr. Moe, R.D. moved that the Senate take up the Calendar and that the rules of the Senate be so far suspended as to waive the lie-over requirement. The motion prevailed.

CALENDAR

S.F. No. 2068: A bill for an act relating to health; modifying provisions relating to the nursing home moratorium exceptions; amending Minnesota Statutes 1992, sections 144A.073, subdivisions 1, 3a, 4, 8, and by adding subdivisions; and 256B.431, subdivision 17; Minnesota Statutes 1993 Supplement, section 144A.073, subdivisions 2 and 3.

Was read the third time and placed on its final passage.

The question was taken on the passage of the bill.

The roll was called, and there were yeas 60 and nays 0, as follows:

Those who voted in the affirmative were:

| | | | | |
|--------------|---------------|----------|------------|-----------------|
| Adkins | Dille | Knutson | Moe, R.D. | Ranum |
| Anderson | Finn | Krentz | Mondale | Reichgott Junge |
| Belanger | Flynn | Kroening | Morse | Riveness |
| Benson, D.D. | Frederickson | Laidig | Murphy | Robertson |
| Benson, J.E. | Hanson | Langseth | Neuville | Runbeck |
| Berg | Hottinger | Larson | Oliver | Sams |
| Berglin | Janezich | Lesewski | Olson | Samuelson |
| Bertram | Johnson, D.E. | Lessard | Pappas | Spear |
| Betzold | Johnson, J.B. | Luther | Pariseau | Stumpf |
| Chandler | Johnston | McGowan | Piper | Terwilliger |
| Cohen | Kelly | Merriam | Pogemiller | Vickerman |
| Day | Kiscaden | Metzen | Price | Wiener |

So the bill passed and its title was agreed to.

S.F. No. 2550: A bill for an act relating to metropolitan government; providing for appointment of metropolitan area soil and water conservation supervisors by metropolitan counties; amending Minnesota Statutes 1992, section 103C.305, subdivision 1; proposing coding for new law in Minnesota Statutes, chapter 103C.

Was read the third time and placed on its final passage.

The question was taken on the passage of the bill.

The roll was called, and there were yeas 59 and nays 3, as follows:

Those who voted in the affirmative were:

| | | | | |
|--------------|---------------|-----------|-----------------|-------------|
| Adkins | Dille | Krentz | Mondale | Riveness |
| Anderson | Finn | Kroening | Morse | Robertson |
| Belanger | Flynn | Laidig | Murphy | Runbeck |
| Benson, D.D. | Frederickson | Langseth | Neuville | Sams |
| Benson, J.E. | Hanson | Larson | Oliver | Samuelson |
| Berg | Hottinger | Lesewski | Olson | Solon |
| Berglin | Janezich | Lessard | Pappas | Spear |
| Bertram | Johnson, D.E. | Luther | Piper | Stumpf |
| Betzold | Johnson, J.B. | Marty | Pogemiller | Terwilliger |
| Chandler | Kelly | McGowan | Price | Vickerman |
| Chmielewski | Kiscaden | Metzen | Ranum | Wiener |
| Cohen | Knutson | Moe, R.D. | Reichgott Junge | |

Mr. Day, Ms. Johnston and Mrs. Pariseau voted in the negative.

So the bill passed and its title was agreed to.

S.F. No. 2709: A bill for an act relating to agriculture; amending provisions regarding the pricing of certain dairy products; amending Minnesota Statutes 1993 Supplement, section 32.72.

Was read the third time and placed on its final passage.

The question was taken on the passage of the bill.

The roll was called, and there were yeas 41 and nays 23, as follows:

Those who voted in the affirmative were:

| | | | | |
|--------------|---------------|----------|-----------------|-----------|
| Adkins | Cohen | Kelly | Moe, R.D. | Samuelson |
| Anderson | Dille | Kroening | Murphy | Solon |
| Belanger | Finn | Laidig | Novak | Stumpf |
| Benson, J.E. | Frederickson | Langseth | Pappas | Vickerman |
| Berg | Hanson | Larson | Pariseau | Wiener |
| Berglin | Janezich | Lesewski | Piper | |
| Bertram | Johnson, D.E. | Lessard | Price | |
| Betzold | Johnson, J.B. | McGowan | Reichgott Junge | |
| Chmielewski | Johnston | Metzen | Riveness | |

Those who voted in the negative were:

| | | | | |
|--------------|----------|----------|------------|-------------|
| Benson, D.D. | Kiscaden | Merriam | Olson | Sams |
| Chandler | Knutson | Mondale | Pogemiller | Spear |
| Day | Krentz | Morse | Ranum | Terwilliger |
| Flynn | Luther | Neuville | Robertson | |
| Hottinger | Marty | Oliver | Runbeck | |

So the bill passed and its title was agreed to.

S.F. No. 1888: A bill for an act relating to human rights; prohibiting marital status discrimination by public accommodations; amending Minnesota Statutes 1993 Supplement, section 363.03, subdivision 3.

Was read the third time and placed on its final passage.

The question was taken on the passage of the bill.

The roll was called, and there were yeas 63 and nays 0, as follows:

Those who voted in the affirmative were:

| | | | | |
|--------------|----------|-------------|--------------|---------------|
| Adkins | Berg | Chmielewski | Flynn | Johnson, D.E. |
| Anderson | Berglin | Cohen | Frederickson | Johnson, J.B. |
| Belanger | Bertram | Day | Hanson | Johnston |
| Benson, D.D. | Betzold | Dille | Hottinger | Kelly |
| Benson, J.E. | Chandler | Finn | Janezich | Kiscaden |

| | | | | |
|----------|-----------|------------|-----------------|-------------|
| Knutson | Luther | Neuville | Ranum | Spear |
| Krentz | Marty | Oliver | Reichgott Junge | Stevens |
| Kroening | McGowan | Olson | Riveness | Stumpf |
| Laidig | Merriam | Pappas | Robertson | Terwilliger |
| Langseth | Metzen | Pariseau | Runbeck | Vickerman |
| Larson | Moe, R.D. | Piper | Sams | Wiener |
| Lesewski | Morse | Pogemiller | Samuelson | |
| Lessard | Murphy | Price | Solon | |

So the bill passed and its title was agreed to.

S.F. No. 2393: A bill for an act relating to the jobs and training department; making changes of a technical and housekeeping nature; amending Minnesota Statutes 1992, sections 248.011; 248.07, subdivisions 1, 2, 3, 4, 5, 13, 14a, and 16; 248.11; 268A.09; and 268A.11, subdivisions 1 and 3; Minnesota Statutes 1993 Supplement, sections 248.10; and 268A.02, subdivision 2; repealing Minnesota Statutes 1992, sections 268A.12.

Was read the third time and placed on its final passage.

The question was taken on the passage of the bill.

The roll was called, and there were yeas 64 and nays 0, as follows:

Those who voted in the affirmative were:

| | | | | |
|--------------|---------------|-----------|-----------------|-------------|
| Adkins | Dille | Krentz | Morse | Riveness |
| Anderson | Finn | Laidig | Murphy | Robertson |
| Belanger | Flynn | Langseth | Neuville | Runbeck |
| Benson, D.D. | Frederickson | Larson | Novak | Sams |
| Benson, J.E. | Hanson | Lesewski | Oliver | Samuelson |
| Berg | Hottinger | Lessard | Olson | Solon |
| Berglin | Janezich | Luther | Pappas | Spear |
| Bertram | Johnson, D.E. | Marty | Pariseau | Stevens |
| Betzold | Johnson, J.B. | McGowan | Piper | Stumpf |
| Chandler | Johnston | Merriam | Pogemiller | Terwilliger |
| Chmielewski | Kelly | Metzen | Price | Vickerman |
| Cohen | Kiscaden | Moe, R.D. | Ranum | Wiener |
| Day | Knutson | Mondale | Reichgott Junge | |

So the bill passed and its title was agreed to.

S.F. No. 2171: A bill for an act relating to fire and police state aid; including Indian tribal governments in definition of municipality; amending Minnesota Statutes 1992, section 69.011, subdivision 1.

Was read the third time and placed on its final passage.

The question was taken on the passage of the bill.

The roll was called, and there were yeas 62 and nays 2, as follows:

Those who voted in the affirmative were:

| | | | | |
|--------------|---------------|-----------|-----------------|-------------|
| Adkins | Finn | Kroening | Murphy | Robertson |
| Anderson | Flynn | Laidig | Neuville | Runbeck |
| Belanger | Frederickson | Langseth | Novak | Sams |
| Benson, D.D. | Hanson | Larson | Oliver | Solon |
| Benson, J.E. | Hottinger | Lessard | Olson | Spear |
| Berglin | Janezich | Luther | Pappas | Stevens |
| Bertram | Johnson, D.E. | Marty | Pariseau | Stumpf |
| Betzold | Johnson, J.B. | McGowan | Piper | Terwilliger |
| Chandler | Johnston | Merriam | Pogemiller | Vickerman |
| Chmielewski | Kelly | Metzen | Price | Wiener |
| Cohen | Kiscaden | Moe, R.D. | Ranum | |
| Day | Knutson | Mondale | Reichgott Junge | |
| Dille | Krentz | Morse | Riveness | |

Mr. Berg and Ms. Lesewski voted in the negative.

So the bill passed and its title was agreed to.

S.F. No. 2104: A bill for an act relating to children; establishing an abused child program under the commissioner of corrections; creating an advisory committee; specifying powers and duties of the commissioner and the advisory committee; proposing coding for new law in Minnesota Statutes, chapter 241.

Was read the third time and placed on its final passage.

The question was taken on the passage of the bill.

The roll was called, and there were yeas 65 and nays 0, as follows:

Those who voted in the affirmative were:

| | | | | |
|--------------|---------------|-----------|------------|-----------------|
| Adkins | Dille | Krentz | Mondale | Reichgott Junge |
| Anderson | Finn | Kroening | Morse | Riveness |
| Belanger | Flynn | Laidig | Murphy | Robertson |
| Benson, D.D. | Frederickson | Langseth | Neuville | Runbeck |
| Benson, J.E. | Hanson | Larson | Novak | Sams |
| Berg | Hottinger | Lesewski | Oliver | Samuelson |
| Berglin | Janezich | Lessard | Olson | Solon |
| Bertram | Johnson, D.E. | Luther | Pappas | Spear |
| Betzold | Johnson, J.B. | Marty | Pariseau | Stevens |
| Chandler | Johnston | McGowan | Piper | Stumpf |
| Chmielewski | Kelly | Merriam | Pogemiller | Terwilliger |
| Cohen | Kiscaden | Metzen | Price | Vickerman |
| Day | Knutson | Moe, R.D. | Ranum | Wiener |

So the bill passed and its title was agreed to.

H.F. No. 2553: A bill for an act relating to retirement; public employees retirement association; permitting purchase of service credit by certain soil and water conservation district employees.

Was read the third time and placed on its final passage.

The question was taken on the passage of the bill.

The roll was called, and there were yeas 64 and nays 0, as follows:

Those who voted in the affirmative were:

| | | | | |
|--------------|---------------|-----------|-----------------|-------------|
| Adkins | Dille | Kroening | Morse | Riveness |
| Anderson | Finn | Laidig | Murphy | Robertson |
| Belanger | Flynn | Langseth | Neuville | Runbeck |
| Benson, D.D. | Frederickson | Larson | Novak | Sams |
| Benson, J.E. | Hanson | Lesewski | Oliver | Samuelson |
| Berg | Hottinger | Lessard | Olson | Solon |
| Berglin | Janezich | Luther | Pappas | Spear |
| Bertram | Johnson, J.B. | Marty | Pariseau | Stevens |
| Betzold | Johnston | McGowan | Piper | Stumpf |
| Chandler | Kelly | Merriam | Pogemiller | Terwilliger |
| Chmielewski | Kiscaden | Metzen | Price | Vickerman |
| Cohen | Knutson | Moe, R.D. | Ranum | Wiener |
| Day | Krentz | Mondale | Reichgott Junge | |

So the bill passed and its title was agreed to.

S.F. No. 1872: A bill for an act relating to elevators; regulating persons who may do elevator work; amending Minnesota Statutes 1992, sections 183.355, subdivision 3; 183.357, subdivisions 1 and 2; and 183.358; proposing coding for new law in Minnesota Statutes, chapter 183.

Was read the third time and placed on its final passage.

The question was taken on the passage of the bill.

The roll was called, and there were yeas 65 and nays 0, as follows:

Those who voted in the affirmative were:

| | | | | |
|--------------|---------------|-----------|------------|-----------------|
| Adkins | Dille | Krentz | Mondale | Reichgott Junge |
| Anderson | Finn | Kroening | Morse | Riveness |
| Belanger | Flynn | Laidig | Murphy | Robertson |
| Benson, D.D. | Frederickson | Langseth | Neuville | Runbeck |
| Benson, J.E. | Hanson | Larson | Novak | Sams |
| Berg | Hottinger | Lesewski | Oliver | Samuelson |
| Berglin | Janezich | Lessard | Olson | Solon |
| Bertram | Johnson, D.E. | Luther | Pappas | Spear |
| Betzold | Johnson, J.B. | Marty | Pariseau | Stevens |
| Chandler | Johnston | McGowan | Piper | Stumpf |
| Chmielewski | Kelly | Merriam | Pogemiller | Terwilliger |
| Cohen | Kiscaden | Metzen | Price | Vickerman |
| Day | Knutson | Moe, R.D. | Ranum | Wiener |

So the bill passed and its title was agreed to.

H.F. No. 1844: A bill for an act relating to highways; designating trunk highway marked No. 212 as the Minnesota Veterans Memorial Highway; amending Minnesota Statutes 1992, section 161.14, by adding a subdivision.

Was read the third time and placed on its final passage.

The question was taken on the passage of the bill.

The roll was called, and there were yeas 62 and nays 3, as follows:

Those who voted in the affirmative were:

| | | | | |
|--------------|---------------|-----------|-----------------|-------------|
| Adkins | Finn | Laidig | Murphy | Runbeck |
| Anderson | Frederickson | Langseth | Neuville | Sams |
| Belanger | Hanson | Larson | Novak | Samuelson |
| Benson, D.D. | Hottinger | Lesewski | Oliver | Solon |
| Benson, J.E. | Janezich | Lessard | Olson | Spear |
| Berg | Johnson, D.E. | Luther | Pariseau | Stevens |
| Berglin | Johnson, J.B. | Marty | Piper | Stumpf |
| Bertram | Johnston | McGowan | Pogemiller | Terwilliger |
| Chandler | Kelly | Merriam | Price | Vickerman |
| Chmielewski | Kiscaden | Metzen | Ranum | Wiener |
| Cohen | Knutson | Moe, R.D. | Reichgott Junge | |
| Day | Krentz | Mondale | Riveness | |
| Dille | Kroening | Morse | Robertson | |

Mr. Betzold, Mses. Flynn and Pappas voted in the negative.

So the bill passed and its title was agreed to.

S.F. No. 348: A bill for an act relating to highways; requiring accelerated construction of noise barriers on marked trunk highway No. 280 if the reconstruction of that highway is delayed beyond fiscal year 1997.

Was read the third time and placed on its final passage.

The question was taken on the passage of the bill.

The roll was called, and there were yeas 47 and nays 18, as follows:

Those who voted in the affirmative were:

| | | | | |
|-------------|---------------|-----------|-----------------|-----------|
| Adkins | Finn | Langseth | Olson | Sams |
| Anderson | Flynn | Larson | Pappas | Samuelson |
| Belanger | Hanson | Lessard | Pariseau | Solon |
| Berglin | Hottinger | Luther | Piper | Spear |
| Bertram | Janezich | Marty | Pogemiller | Stumpf |
| Betzold | Johnson, D.E. | Metzen | Price | Vickerman |
| Chandler | Johnson, J.B. | Moe, R.D. | Ranum | Wiener |
| Chmielewski | Kelly | Mondale | Reichgott Junge | |
| Cohen | Krentz | Morse | Riveness | |
| Dille | Kroening | Novak | Runbeck | |

Those who voted in the negative were:

| | | | | |
|--------------|--------------|----------|-----------|-------------|
| Benson, D.D. | Frederickson | Laidig | Murphy | Stevens |
| Benson, J.E. | Johnston | Lesewski | Neuville | Terwilliger |
| Berg | Kiscaden | McGowan | Oliver | |
| Day | Knutson | Merriam | Robertson | |

So the bill passed and its title was agreed to.

S.F. No. 2556: A bill for an act relating to transportation; increasing money set aside from the county state-aid highway and municipal state-aid street funds to the disaster accounts and research accounts; changing composition of disaster account boards; providing that remaining money from research accounts lapse to the appropriate funds after two years; amending Minnesota Statutes 1992, sections 162.06, subdivisions 3 and 4; and 162.12, subdivisions 3 and 4.

Was read the third time and placed on its final passage.

The question was taken on the passage of the bill.

The roll was called, and there were yeas 65 and nays 0, as follows:

Those who voted in the affirmative were:

| | | | | |
|--------------|---------------|-----------|------------|-----------------|
| Adkins | Dille | Krentz | Mondale | Reichgott Junge |
| Anderson | Finn | Kroening | Morse | Riveness |
| Belanger | Flynn | Laidig | Murphy | Robertson |
| Benson, D.D. | Frederickson | Langseth | Neuville | Runbeck |
| Benson, J.E. | Hanson | Larson | Novak | Sams |
| Berg | Hottinger | Lesewski | Oliver | Samuelson |
| Berglin | Janezich | Lessard | Olson | Solon |
| Bertram | Johnson, D.E. | Luther | Pappas | Spear |
| Betzold | Johnson, J.B. | Marty | Pariseau | Stevens |
| Chandler | Johnston | McGowan | Piper | Stumpf |
| Chmielewski | Kelly | Merriam | Pogemiller | Terwilliger |
| Cohen | Kiscaden | Metzen | Price | Vickerman |
| Day | Knutson | Moe, R.D. | Ranum | Wiener |

So the bill passed and its title was agreed to.

S.F. No. 2642: A bill for an act relating to witnesses; establishing a privilege for certain communications made to licensed social workers; amending Minnesota Statutes 1993 Supplement, section 595.02, subdivision 1.

Was read the third time and placed on its final passage.

The question was taken on the passage of the bill.

The roll was called, and there were yeas 63 and nays 1, as follows:

Those who voted in the affirmative were:

| | | | | |
|--------------|---------------|-----------|-----------------|-------------|
| Adkins | Dille | Kroening | Morse | Robertson |
| Anderson | Finn | Laidig | Murphy | Runbeck |
| Belanger | Flynn | Langseth | Neuville | Sams |
| Benson, D.D. | Frederickson | Larson | Novak | Samuelson |
| Benson, J.E. | Hanson | Lesewski | Oliver | Solon |
| Berg | Hottinger | Lessard | Pappas | Spear |
| Berglin | Janezich | Luther | Pariseau | Stevens |
| Bertram | Johnson, D.E. | Marty | Piper | Stumpf |
| Betzold | Johnson, J.B. | McGowan | Pogemiller | Terwilliger |
| Chandler | Johnston | Merriam | Price | Vickerman |
| Chmielewski | Kelly | Metzen | Ranum | Wiener |
| Cohen | Knutson | Moe, R.D. | Reichgott Junge | |
| Day | Krentz | Mondale | Riveness | |

Ms. Kiscaden voted in the negative.

So the bill passed and its title was agreed to.

MOTIONS AND RESOLUTIONS - CONTINUED

RECONSIDERATION

Mr. Bertram moved that the vote whereby S.F. No. 2550 was passed by the Senate on April 12, 1994, be now reconsidered. The motion prevailed.

S.F. No. 2550: A bill for an act relating to metropolitan government; providing for appointment of metropolitan area soil and water conservation supervisors by metropolitan counties; amending Minnesota Statutes 1992, section 103C.305, subdivision 1; proposing coding for new law in Minnesota Statutes, chapter 103C.

Was read the third time and passed on its final passage.

The question was taken on the passage of the bill.

The roll was called, and there were yeas 52 and nays 14, as follows:

Those who voted in the affirmative were:

| | | | | |
|--------------|---------------|-----------|-----------------|-----------|
| Adkins | Cohen | Kroening | Murphy | Runbeck |
| Anderson | Finn | Langseth | Novak | Sams |
| Beckman | Flynn | Larson | Oliver | Samuelson |
| Belanger | Frederickson | Lessard | Pappas | Solon |
| Benson, D.D. | Hanson | Luther | Piper | Spear |
| Benson, J.E. | Hottinger | Marty | Pogemiller | Stumpf |
| Berg | Janezich | McGowan | Price | Vickerman |
| Berglin | Johnson, D.E. | Merriam | Ranum | Wiener |
| Betzold | Kelly | Metzen | Reichgott Junge | |
| Chandler | Kiscaden | Moe, R.D. | Riveness | |
| Chmielewski | Krentz | Mondale | Robertson | |

Those who voted in the negative were:

| | | | | |
|---------|---------------|----------|----------|-------------|
| Bertram | Johnson, J.B. | Laidig | Neuville | Stevens |
| Day | Johnston | Lesewski | Olson | Terwilliger |
| Dille | Knutson | Morse | Pariseau | |

So the bill passed and its title was agreed to.

MOTIONS AND RESOLUTIONS - CONTINUED

Remaining on the Order of Business of Motions and Resolutions, Mr. Moe, R.D. moved that the Senate take up the Consent Calendar. The motion prevailed.

CONSENT CALENDAR

S.F. No. 2410: A bill for an act relating to recreational vehicles; modifying registration requirements for off-road vehicles; amending Minnesota Statutes 1993 Supplement, sections 84.797, subdivision 6, and by adding a subdivision; and 84.798, subdivision 1.

Mr. Luther moved that S.F. No. 2410, No. 1 on the Consent Calendar, be stricken and placed on General Orders. The motion prevailed.

MOTIONS AND RESOLUTIONS - CONTINUED

Pursuant to Rule 10, Mr. Moe, R.D., Chair of the Committee on Rules and Administration, designated S.F. No. 2168 a Special Order to be heard immediately.

SPECIAL ORDER

S.F. No. 2168: A bill for an act relating to agricultural businesses; exempting from sales tax the gross receipts of used farm machinery sales; providing matching moneys for federal emergency disaster funds to flood damaged counties; providing supplemental funding for grain inspection programs, financial assistance programs under the ethanol production fund, and small business disaster loan programs; expanding research on grain diseases; increasing funding for the farm advocates program, agricultural resource centers, legal challenges to the federal milk market order system, farm and small business management programs at technical colleges, and the Farmers' Legal Action Group; providing funding to the Agricultural Utilization Research Institute; appropriating money; amending Minnesota Statutes 1992, sections 297A.02, subdivision 2; and 297A.25, by adding a subdivision; Minnesota Statutes 1993 Supplement, section 41B.044, subdivision 2; and Laws 1993, chapter 172, section 7, subdivision 3.

Mr. Price moved to amend S.F. No. 2168 as follows:

Page 6, after line 28, insert:

"Sec. 18. [REPORT OF AGENCIES.]

Before January 1, 1996, the commissioner of public safety shall coordinate and present to the legislature a report from all departments, agencies, and organizations receiving funding under this act regarding the specific uses of such funding and the effects of assistance provided under this act to the agricultural economy and rural communities affected by natural disasters in 1993."

Renumber the sections in sequence and correct the internal references

Amend the title accordingly

The motion prevailed. So the amendment was adopted.

S.F. No. 2168 was read the third time, as amended, and placed on its final passage.

The question was taken on the passage of the bill, as amended.

The roll was called, and there were yeas 65 and nays 0, as follows:

Those who voted in the affirmative were:

| | | | | |
|--------------|---------------|----------|-----------|-----------------|
| Adkins | Dille | Knutson | Moe, R.D. | Reichgott Junge |
| Anderson | Finn | Krentz | Mondale | Riveness |
| Beckman | Flynn | Kroening | Morse | Robertson |
| Belanger | Frederickson | Laidig | Murphy | Runbeck |
| Benson, D.D. | Hanson | Langseth | Neuville | Sams |
| Benson, J.E. | Hottinger | Larson | Novak | Samuelson |
| Berg | Janezich | Lesewski | Oliver | Solon |
| Berglin | Johnson, D.E. | Lessard | Olson | Spear |
| Bertram | Johnson, D.J. | Luther | Pappas | Stevens |
| Betzold | Johnson, J.B. | Marty | Pariseau | Stumpf |
| Chandler | Johnston | McGowan | Piper | Terwilliger |
| Cohen | Kelly | Merriam | Price | Vickerman |
| Day | Kiscaden | Metzen | Ranum | Wiener |

So the bill, as amended, was passed and its title was agreed to.

MOTIONS AND RESOLUTIONS - CONTINUED

Pursuant to Rule 10, Mr. Moe, R.D., Chair of the Committee on Rules and Administration, designated S.F. No. 2913 a Special Order to be heard immediately.

SPECIAL ORDER

S.F. No. 2913: A bill for an act relating to state government; supplementing appropriations for public safety; the environment and natural resources; the general legislative, judicial, and administrative expenses of state government; community development; and human services; fixing and limiting the amount of fees, penalties, and other costs to be collected in certain cases; transferring certain duties and functions; amending Minnesota Statutes 1992, sections 3.737, subdivisions 1 and 4; 16A.124, subdivisions 2 and 7; 16A.127, as amended; 16A.15, subdivision 3; 16B.01, subdivision 4; 16B.05, subdivision 2; 16B.06, subdivisions 1 and 2; 41A.09, subdivisions 2 and 5; 43A.37, subdivision 1; 60K.06; 60K.19, subdivision 8; 62A.046; 62A.048; 62A.27; 62D.102; 82.20, subdivisions 7 and 8; 82.21, by adding a subdivision; 82B.08, subdivisions 4 and 5; 82B.09, subdivision 1; 82B.19, subdivision 1; 83.25; 84.0887, by adding subdivisions; 84A.32, subdivision 1; 85A.02, subdivision 17; 144.804, subdivision 1; 171.06, subdivision 3; 176.102, subdivisions 3a and 14; 176.611, subdivision 6a; 204B.27, by adding a subdivision; 221.041, by adding a subdivision; 221.171, subdivision 2; 245.97, subdivision 1; 246.18, by adding a subdivision; 252.025, by adding a subdivision; 256.74, by adding a subdivision; 256.9365, subdivisions 1 and 3; 256B.056, by adding a subdivision; 256B.0625, subdivision 25, and by adding a subdivision; 256B.0641, subdivision 1; 256B.431, subdivision 17; 256H.05, subdivision 6; 257.62, subdivisions 1, 5, and 6; 257.64, subdivision 3; 257.69, subdivisions 1 and 2; 296.02, subdivision 7; 354.06, subdivision 1; 462A.05, by adding a subdivision; 477A.12; 504.33, subdivision 4; 504.35; 518.171, subdivision 5; and 518.613, subdivision 7; Minnesota Statutes 1993 Supplement, sections 15.50, subdivision 2; 41A.09, subdivision 3; 62A.045; 82.21, subdivision 1; 82.22, subdivisions 6 and 13; 82.34, subdivision 3; 97A.028, subdivision 3; 116J.966, subdivision 1; 138.763, subdivision 1; 144A.071, subdivisions 3 and 4a; 239.785, subdivision 2, and by adding a subdivision; 245.97, subdivision 6; 246.18, subdivision 4; 252.46, subdivision 6, and by adding a subdivision; 256.969, subdivision 24; 256B.431, subdivision 24; 256I.04, subdivision 3; 257.55, subdivision 1; 257.57, subdivision 2; 268.98, subdivision 1; 477A.13; 477A.14; 504.33, subdivision 7; 518.171, subdivisions 1, 3,

4, 7, and 8; 518.611, subdivisions 2 and 4; 518.613, subdivision 2; and 518.615, subdivision 3; Laws 1993, chapter 369, section 5, subdivision 4; proposing coding for new law in Minnesota Statutes, chapters 62A; 148; and 268; repealing Minnesota Statutes 1992, sections 16A.06, subdivision 8; 16A.124, subdivision 6; 43A.21, subdivision 5; 62C.141; 62C.143; 62D.106; 62E.04, subdivisions 9 and 10; 268.32; 268.551; 268.552; 355.04; and 355.06; Laws 1985, First Special Session chapter 12, article 11, section 19.

Mr. Finn moved to amend S.F. No. 2913 as follows:

Page 7, after line 26, insert:

“(f) City of Laporte Shoreland Grant

The remaining balance of the shoreland grant made by the commissioner of natural resources to the city of Laporte may be used by the city for administration of the city’s shoreland ordinance.”

The motion prevailed. So the amendment was adopted.

Mr. Morse moved to amend S.F. No. 2913 as follows:

Page 7, delete lines 14 to 26

The motion prevailed. So the amendment was adopted.

Mr. Samuelson moved to amend S.F. No. 2913 as follows:

Page 78, line 4, delete “*more than*” and delete “*below*” and insert “*or more of*”

Page 87, after line 33, insert:

“Sec. 11. [EFFECTIVE DATE.]

Section 6 is effective for vaccines administered on or after October 1, 1994.”

The motion prevailed. So the amendment was adopted.

Mr. Samuelson then moved to amend S.F. No. 2913 as follows:

Page 67, line 19, delete “5,612,000” and insert “(5,612,000)”

The motion prevailed. So the amendment was adopted.

Mr. Morse moved to amend S.F. No. 2913 as follows:

Page 77, line 18, delete everything after “*persons*”

Page 77, line 19, delete everything before “*meeting*” and insert “*with over 50 percent of the clients served*”

Page 121, after line 21, insert:

“Sec. 6. Minnesota Statutes 1992, section 144A.47, is amended to read:

144A.47 [INFORMATION AND REFERRAL SERVICES.]

(a) The commissioner shall ensure that information and referral services relating to home care are available in all regions of the state. The commissioner shall collect and make available information about available home care

services, sources of payment, providers, and the rights of consumers. The commissioner may require home care providers, *except home care providers described in paragraph (b)*, to provide information requested for the purposes of this section, including price information, as a condition of registration or licensure. Specific price information furnished by providers under this section is not public data and must not be released without the written permission of the agency. The commissioner may publish and make available:

(1) general information and a summary of the range of prices of home care services in the state;

(2) limitations on hours, availability of services, and eligibility for third-party payments, applicable to individual providers; and

(3) other information the commissioner determines to be appropriate.

(b) A home care provider is not required to provide information under paragraph (a) if the provider is (1) licensed as a licensed practical nurse under section 148.211; (2) providing home care services under the supervision of a registered nurse; and (3) is only employed by the person who receives home care services, or that person's guardian, conservator, or designated representative. For purposes of this paragraph, "employee" has the meaning given it in section 181.931.

(c) A home care provider described in paragraph (b) may voluntarily provide information for the purposes of paragraph (a)."

Renumber the sections of article 10 in sequence and correct the internal references

Amend the title accordingly

The motion prevailed. So the amendment was adopted.

Mr. Oliver moved to amend S.F. No. 2913 as follows:

Page 67, line 33, delete "23,279,000" and insert "23,182,000"

Page 71, line 29, delete "4,067,000" and insert "3,970,000"

Page 73, line 18, delete "562,000" and insert "659,000"

Page 73, line 21, delete "393,000" and insert "490,000"

Page 73, line 53, delete "72,000" and insert "169,000"

Page 87, after line 9, insert:

"Sec. 9. Minnesota Statutes 1993 Supplement, section 256D.03, subdivision 4, is amended to read:

Subd. 4. [GENERAL ASSISTANCE MEDICAL CARE; SERVICES.] (a) For a person who is eligible under subdivision 3, paragraph (a), clause (3), general assistance medical care covers:

(1) inpatient hospital services;

(2) outpatient hospital services;

(3) services provided by Medicare certified rehabilitation agencies;

(4) prescription drugs and other products recommended through the process established in section 256B.0625, subdivision 13;

(5) equipment necessary to administer insulin and diagnostic supplies and equipment for diabetics to monitor blood sugar level;

(6) eyeglasses and eye examinations provided by a physician or optometrist;

(7) hearing aids;

(8) prosthetic devices;

(9) laboratory and X-ray services;

(10) physician's services;

(11) medical transportation;

(12) chiropractic services as covered under the medical assistance program;

(13) podiatric services;

(14) dental services;

(15) outpatient services provided by a mental health center or clinic that is under contract with the county board and is established under section 245.62;

(16) day treatment services for mental illness provided under contract with the county board;

(17) prescribed medications for persons who have been diagnosed as mentally ill as necessary to prevent more restrictive institutionalization;

(18) case management services for a person with serious and persistent mental illness who would be eligible for medical assistance except that the person resides in an institution for mental diseases;

(19) psychological services, medical supplies and equipment, and Medicare premiums, coinsurance and deductible payments;

(20) medical equipment not specifically listed in this paragraph when the use of the equipment will prevent the need for costlier services that are reimbursable under this subdivision; and

(21) services performed by a certified pediatric nurse practitioner, a certified family nurse practitioner, a certified adult nurse practitioner, a certified obstetric/gynecological nurse practitioner, or a certified geriatric nurse practitioner in independent practice, if the services are otherwise covered under this chapter as a physician service, and if the service is within the scope of practice of the nurse practitioner's license as a registered nurse, as defined in section 148.171.

(b) For a recipient who is eligible under subdivision 3, paragraph (a), clause (1) or (2), general assistance medical care covers the services listed in paragraph (a) with the exception of special transportation services.

(c) For a recipient who is eligible under subdivision 3, paragraph (a), clause (1), (2), or (3), general assistance medical care shall not cover gender reassignment surgery and other services related to gender reassignment.

~~(e)~~ (d) In order to contain costs, the commissioner of human services shall select vendors of medical care who can provide the most economical care consistent with high medical standards and shall where possible contract with organizations on a prepaid capitation basis to provide these services. The

commissioner shall consider proposals by counties and vendors for prepaid health plans, competitive bidding programs, block grants, or other vendor payment mechanisms designed to provide services in an economical manner or to control utilization, with safeguards to ensure that necessary services are provided. Before implementing prepaid programs in counties with a county operated or affiliated public teaching hospital or a hospital or clinic operated by the University of Minnesota, the commissioner shall consider the risks the prepaid program creates for the hospital and allow the county or hospital the opportunity to participate in the program in a manner that reflects the risk of adverse selection and the nature of the patients served by the hospital, provided the terms of participation in the program are competitive with the terms of other participants considering the nature of the population served. Payment for services provided pursuant to this subdivision shall be as provided to medical assistance vendors of these services under sections 256B.02, subdivision 8, and 256B.0625. For payments made during fiscal year 1990 and later years, the commissioner shall consult with an independent actuary in establishing prepayment rates, but shall retain final control over the rate methodology.

(d) (e) The commissioner of human services may reduce payments provided under sections 256D.01 to 256D.21 and 261.23 in order to remain within the amount appropriated for general assistance medical care, within the following restrictions.

For the period July 1, 1985 to December 31, 1985, reductions below the cost per service unit allowable under section 256.966, are permitted only as follows: payments for inpatient and outpatient hospital care provided in response to a primary diagnosis of chemical dependency or mental illness may be reduced no more than 30 percent; payments for all other inpatient hospital care may be reduced no more than 20 percent. Reductions below the payments allowable under general assistance medical care for the remaining general assistance medical care services allowable under this subdivision may be reduced no more than ten percent.

For the period January 1, 1986 to December 31, 1986, reductions below the cost per service unit allowable under section 256.966 are permitted only as follows: payments for inpatient and outpatient hospital care provided in response to a primary diagnosis of chemical dependency or mental illness may be reduced no more than 20 percent; payments for all other inpatient hospital care may be reduced no more than 15 percent. Reductions below the payments allowable under general assistance medical care for the remaining general assistance medical care services allowable under this subdivision may be reduced no more than five percent.

For the period January 1, 1987 to June 30, 1987, reductions below the cost per service unit allowable under section 256.966 are permitted only as follows: payments for inpatient and outpatient hospital care provided in response to a primary diagnosis of chemical dependency or mental illness may be reduced no more than 15 percent; payments for all other inpatient hospital care may be reduced no more than ten percent. Reductions below the payments allowable under medical assistance for the remaining general assistance medical care services allowable under this subdivision may be reduced no more than five percent.

For the period July 1, 1987 to June 30, 1988, reductions below the cost per service unit allowable under section 256.966 are permitted only as follows:

payments for inpatient and outpatient hospital care provided in response to a primary diagnosis of chemical dependency or mental illness may be reduced no more than 15 percent; payments for all other inpatient hospital care may be reduced no more than five percent. Reductions below the payments allowable under medical assistance for the remaining general assistance medical care services allowable under this subdivision may be reduced no more than five percent.

For the period July 1, 1988 to June 30, 1989, reductions below the cost per service unit allowable under section 256.966 are permitted only as follows: payments for inpatient and outpatient hospital care provided in response to a primary diagnosis of chemical dependency or mental illness may be reduced no more than 15 percent; payments for all other inpatient hospital care may not be reduced. Reductions below the payments allowable under medical assistance for the remaining general assistance medical care services allowable under this subdivision may be reduced no more than five percent.

There shall be no copayment required of any recipient of benefits for any services provided under this subdivision. A hospital receiving a reduced payment as a result of this section may apply the unpaid balance toward satisfaction of the hospital's bad debts.

(e) (f) Any county may, from its own resources, provide medical payments for which state payments are not made.

(f) (g) Chemical dependency services that are reimbursed under chapter 254B must not be reimbursed under general assistance medical care.

(g) (h) The maximum payment for new vendors enrolled in the general assistance medical care program after the base year shall be determined from the average usual and customary charge of the same vendor type enrolled in the base year.

(h) (i) The conditions of payment for services under this subdivision are the same as the conditions specified in rules adopted under chapter 256B governing the medical assistance program, unless otherwise provided by statute or rule."

Renumber the sections of article 7 in sequence and correct the internal references

Page 121, after line 21, insert:

"Sec. 6. [145.91] [WOMEN'S HEALTH CENTER.]

The commissioner of health shall establish a women's health center. The center shall be responsible for investigating women's health needs, creating a statewide coalition on women's health, developing a resource inventory of services and support systems available for women, convening conferences on women's health, ensuring effective dissemination of current research results, and other activities that promote the health status of women of all ages."

Renumber the sections of article 10 in sequence and correct the internal references

Amend the title accordingly

The question was taken on the adoption of the amendment.

The roll was called, and there were yeas 23 and nays 42, as follows:

Those who voted in the affirmative were:

| | | | | |
|--------------|----------|----------|-----------------|-------------|
| Belanger | Johnston | Lesewski | Olson | Runbeck |
| Benson, D.D. | Kiscaden | McGowan | Pappas | Stevens |
| Benson, J.E. | Knutson | Merriam | Pariseau | Terwilliger |
| Dille | Laidig | Neuville | Reichgott Junge | |
| Frederickson | Larson | Oliver | Robertson | |

Those who voted in the negative were:

| | | | | |
|-------------|---------------|-----------|------------|-----------|
| Adkins | Cohen | Kelly | Mondale | Sams |
| Anderson | Day | Krentz | Morse | Samuelson |
| Beckman | Finn | Kroening | Murphy | Spear |
| Berg | Flynn | Langseth | Novak | Stumpf |
| Berglin | Hanson | Lessard | Piper | Vickerman |
| Bertram | Hottinger | Luther | Pogemiller | Wiener |
| Betzold | Janezich | Marty | Price | |
| Chandler | Johnson, D.J. | Metzen | Ranum | |
| Chmielewski | Johnson, J.B. | Moe, R.D. | Riveness | |

The motion did not prevail. So the amendment was not adopted.

Mr. Belanger moved to amend S.F. No. 2913 as follows:

Page 33, line 1, after "sections" insert "15.435;"

Amend the title accordingly

The question was taken on the adoption of the amendment.

The roll was called, and there were yeas 28 and nays 35, as follows:

Those who voted in the affirmative were:

| | | | | |
|--------------|---------------|----------|-----------|-------------|
| Adkins | Hanson | Kroening | Novak | Spear |
| Belanger | Janezich | Laidig | Oliver | Stevens |
| Benson, D.D. | Johnson, J.B. | Lessard | Ranum | Stumpf |
| Day | Kiscaden | McGowan | Robertson | Terwilliger |
| Dille | Knutson | Murphy | Samuelson | |
| Flynn | Krentz | Neuville | Solon | |

Those who voted in the negative were:

| | | | | |
|--------------|---------------|----------|-----------|-----------------|
| Anderson | Chandler | Johnston | Merriam | Pariseau |
| Beckman | Chmielewski | Kelly | Metzen | Piper |
| Benson, J.E. | Cohen | Langseth | Moe, R.D. | Price |
| Berg | Finn | Larson | Mondale | Reichgott Junge |
| Berglin | Frederickson | Lesewski | Morse | Riveness |
| Bertram | Hottinger | Luther | Olson | Runbeck |
| Betzold | Johnson, D.J. | Marty | Pappas | Wiener |

The motion did not prevail. So the amendment was not adopted.

Mr. Berg moved to amend S.F. No. 2913 as follows:

Page 17, line 26, delete the new language

Page 17, lines 29 to 32, delete the new language

The motion prevailed. So the amendment was adopted.

Mr. Kroening moved to amend S.F. No. 2913 as follows:

Page 37, delete section 10

Renumber the sections of article 4 in sequence and correct the internal references

Amend the title accordingly

The motion prevailed. So the amendment was adopted.

Mr. Dille moved to amend S.F. No. 2913 as follows:

Page 15, after line 12, insert:

"Sec. 16. Minnesota Statutes 1993 Supplement, section 97A.028, subdivision 1, is amended to read:

Subdivision 1. [DEFINITIONS.] (a) ~~The definitions in this subdivision apply to this section.~~

(b) *For the purposes of this section, "agricultural crops" means annually seeded crops, legumes, vegetables, fruit orchards, tree farms and nurseries, turf farms, and apiaries.*

(c) ~~"Specialty crops" means fruit orchards, vegetables, tree farms and nurseries, turf farms, and apiaries."~~

Page 15, lines 19 and 23, strike "specialty" and insert "agricultural"

Page 16, line 3, delete "specialty" and insert "agricultural"

Renumber the sections of article 2 in sequence and correct the internal references

Amend the title accordingly

The motion prevailed. So the amendment was adopted.

Ms. Johnson, J.B. moved to amend S.F. No. 2913 as follows:

Page 11, after line 20, insert:

"(c) The commissioner shall make payments to producers of ethanol in the amount of 1.5 cents for each kilowatt hour of electricity generated using closed-loop biomass in a cogeneration facility at an ethanol plant located in the state. Payments under this paragraph shall be made only for electricity generated at cogeneration facilities that begin operation by June 30, 2000. The payments apply to electricity generated on or before the date ten years after the producer first qualifies for payment under this paragraph. Total payments under this paragraph in any fiscal year may not exceed \$750,000. For the purposes of this paragraph:

(1) "closed-loop biomass" means any organic material from a plant that is planted exclusively for purposes of being used to generate electricity; and

(2) "cogeneration" means the combined generation of:

(i) electrical or mechanical power; and

(ii) steam or forms of useful energy, such as heat, that are used for industrial, commercial, heating, or cooling purposes."

Page 11, line 21, delete "(c)" and insert "(d)"

Page 11, line 29, delete "(d)" and insert "(e)"

Page 11, line 35, delete "(e)" and insert "(f)"

Page 20, line 17, after the period, insert "Section 10, paragraph (c), is effective July 1, 1995, and applies to electricity generated on or after that date."

The motion prevailed. So the amendment was adopted.

Mr. Neuville moved to amend S.F. No. 2913 as follows:

Page 6, line 40, delete "250,000" and insert "215,000"

Page 7, after line 26, insert:

"(f) Lake Francis Sewer Feasibility Study 35,000

\$35,000 is for a grant to the city of Elysian for an engineering study to determine the feasibility and cost of connecting existing city sewer lines to affected homes on Lake Francis, Elysian, Minnesota. This appropriation is available until expended."

CALL OF THE SENATE

Mr. Morse imposed a call of the Senate for the balance of the proceedings on S.F. No. 2913. The Sergeant at Arms was instructed to bring in the absent members.

The question recurred on the Neuville amendment. The motion did not prevail. So the amendment was not adopted.

Mr. Benson, D.D. moved to amend S.F. No. 2913 as follows:

Pages 121 to 130, delete sections 6 to 12

Renumber the sections of article 10 in sequence and correct the internal references

Amend the title accordingly

The motion did not prevail. So the amendment was not adopted.

Mr. Stevens moved to amend S.F. No. 2913 as follows:

Page 104, after line 9, insert:

"Sec. 21. [518.575] [PUBLICATION OF NAMES OF DELINQUENT CHILD SUPPORT OBLIGORS.]

Once each quarter the department of human services shall publish at government bid rates in the newspaper of widest circulation in each county a list of name and last known address of each person who (1) is a child support obligor, (2) resides in the county, (3) is at least \$3,000 in arrears, and (4) has made only partial child support payments that total less than 25 percent of the amount of child support owed for the last 12 months including any payments made through the interception of federal or state taxes. An obligor's name may not be published if the obligor claims in writing, and the department of human services determines, there is good cause for the nonpayment of child support. The list must be based on the best information available to the state at the time of publication.

Before publishing the name of the obligor, the department of human services shall send a notice to the obligor's last known address which states the department's intention to publish the obligor's name and the amount of child support the obligor owes. The notice must also provide an opportunity

to have the obligor's name removed from the list by paying the arrearage or by entering into an agreement to pay the arrearage, and the final date when the payment or agreement can be accepted."

Page 109, after line 22, insert:

"Sec. 27. [REPORT TO LEGISLATURE.]

The department of human services shall report to the legislature in January 1996, in the department of human services annual report to the legislature, the fiscal implications of the program, including related costs and savings."

Renumber the sections of article 8 in sequence and correct the internal references

Amend the title accordingly

Ms. Wiener moved to amend the Stevens amendment to S.F. No. 2913 as follows:

Page 1, line 22, before the period, insert "and notifies the obligee"

The motion did not prevail. So the amendment to the amendment was not adopted.

The question recurred on the adoption of the Stevens amendment.

The roll was called, and there were yeas 55 and nays 6, as follows:

Those who voted in the affirmative were:

| | | | | |
|--------------|---------------|----------|-----------|-------------|
| Adkins | Cohen | Kelly | Moe, R.D. | Price |
| Anderson | Day | Knutson | Mondale | Ranum |
| Beckman | Dille | Krentz | Morse | Rivenness |
| Belanger | Flynn | Kroening | Murphy | Robertson |
| Benson, J.E. | Frederickson | Langseth | Neuville | Runbeck |
| Berg | Hottinger | Larson | Novak | Samuelson |
| Berglin | Janezich | Lesewski | Oliver | Stevens |
| Bertram | Johnson, D.E. | Luther | Olson | Stumpf |
| Betzold | Johnson, D.J. | Marty | Pappas | Terwilliger |
| Chandler | Johnson, J.B. | McGowan | Pariseau | Vickerman |
| Chmielewski | Johnston | Merriam | Piper | Wiener |

Those who voted in the negative were:

| | | | | |
|----------|--------|------------|-----------------|-------|
| Finn | Metzen | Pogemiller | Reichgott Junge | Spear |
| Kiscaden | | | | |

The motion prevailed. So the amendment was adopted.

Mr. Samuelson moved to amend S.F. No. 2913 as follows:

Page 71, after line 35, insert:

"[GAMC.] For services rendered after June 30, 1994, general assistance medical care shall not cover gender reassignment surgery and other services related to gender reassignment."

Ms. Piper moved to amend the Samuelson amendment to S.F. No. 2913 as follows:

Page 1, line 7, before the period, insert "unless determined to be medically necessary by two experts"

The question was taken on the adoption of the Piper amendment to the Samuelson amendment.

The roll was called, and there were yeas 10 and nays 51, as follows:

Those who voted in the affirmative were:

| | | | | |
|----------|---------|-------|-----------------|--------|
| Anderson | Betzold | Marty | Ranum | Spear |
| Berglin | Flynn | Piper | Reichgott Junge | Wiener |

Those who voted in the negative were:

| | | | | |
|--------------|---------------|-----------|------------|-------------|
| Adkins | Finn | Kroening | Mondale | Runbeck |
| Beckman | Frederickson | Laidig | Morse | Sams |
| Belanger | Hanson | Langseth | Murphy | Samuelson |
| Benson, D.D. | Hottinger | Larson | Neuville | Stevens |
| Berg | Johnson, D.E. | Lesewski | Novak | Stumpf |
| Bertram | Johnson, D.J. | Lessard | Oliver | Terwilliger |
| Chandler | Johnson, J.B. | Luther | Olson | Vickerman |
| Chmielewski | Kelly | McGowan | Pariseau | |
| Cohen | Kiscaden | Merriam | Pogemiller | |
| Day | Knutson | Metzen | Price | |
| Dille | Krentz | Moe, R.D. | Robertson | |

The motion did not prevail. So the amendment to the amendment was not adopted.

The question recurred on the adoption of the Samuelson amendment.

The roll was called, and there were yeas 57 and nays 7, as follows:

Those who voted in the affirmative were:

| | | | | |
|--------------|---------------|-----------|------------|-------------|
| Adkins | Dille | Krentz | Mondale | Runbeck |
| Beckman | Finn | Kroening | Morse | Sams |
| Belanger | Frederickson | Laidig | Murphy | Samuelson |
| Benson, D.D. | Hanson | Langseth | Neuville | Solon |
| Benson, J.E. | Hottinger | Larson | Novak | Stevens |
| Berg | Johnson, D.E. | Lesewski | Oliver | Stumpf |
| Bertram | Johnson, D.J. | Lessard | Olson | Terwilliger |
| Betzold | Johnson, J.B. | Luther | Pariseau | Vickerman |
| Chandler | Johnston | McGowan | Pogemiller | Wiener |
| Chmielewski | Kelly | Merriam | Price | |
| Cohen | Kiscaden | Metzen | Riveness | |
| Day | Knutson | Moe, R.D. | Robertson | |

Those who voted in the negative were:

| | | | | |
|----------|-------|--------|-------|-------|
| Anderson | Flynn | Pappas | Piper | Spear |
| Berglin | Marty | | | |

The motion prevailed. So the amendment was adopted.

S.F. No. 2913 was read the third time, as amended, and placed on its final passage.

The question was taken on the passage of the bill, as amended.

The roll was called, and there were yeas 64 and nays 2, as follows:

Those who voted in the affirmative were:

| | | | | |
|--------------|---------------|----------|-----------|-----------------|
| Adkins | Day | Kiscaden | Metzen | Ranum |
| Anderson | Dille | Knutson | Moe, R.D. | Reichgott Junge |
| Beckman | Finn | Krentz | Mondale | Runbeck |
| Belanger | Flynn | Kroening | Morse | Sams |
| Benson, D.D. | Frederickson | Laidig | Murphy | Samuelson |
| Benson, J.E. | Hanson | Langseth | Neuville | Solon |
| Berg | Hottinger | Larson | Novak | Spear |
| Berglin | Janezich | Lesewski | Oliver | Stevens |
| Bertram | Johnson, D.E. | Lessard | Olson | Stumpf |
| Betzold | Johnson, D.J. | Luther | Pappas | Terwilliger |
| Chandler | Johnson, J.B. | Marty | Pariseau | Vickerman |
| Chmielewski | Johnston | McGowan | Piper | Wiener |
| Cohen | Kelly | Merriam | Price | |

Mr. Riveness and Ms. Robertson voted in the negative.

So the bill, as amended, was passed and its title was agreed to.

RECESS

Mr. Moe, R.D. moved that the Senate do now recess until 1:25 p.m. The motion prevailed.

The hour of 1:25 p.m. having arrived, the President called the Senate to order.

CALL OF THE SENATE

Mr. Moe, R.D. imposed a call of the Senate. The Sergeant at Arms was instructed to bring in the absent members.

MOTIONS AND RESOLUTIONS - CONTINUED

RECONSIDERATION

Mr. Benson, D.D. moved that the vote whereby S.F. No. 2913 was passed by the Senate on April 12, 1994, be now reconsidered.

CALL OF THE SENATE

Mr. Moe, R.D. imposed a call of the Senate for the balance of today's proceedings. The Sergeant at Arms was instructed to bring in the absent members.

The question recurred on the motion of Mr. Benson, D.D. The motion prevailed.

S.F. No. 2913: A bill for an act relating to state government; supplementing appropriations for public safety; the environment and natural resources; the general legislative, judicial, and administrative expenses of state government; community development; and human services; fixing and limiting the amount of fees, penalties, and other costs to be collected in certain cases; transferring certain duties and functions; amending Minnesota Statutes 1992, sections 3.737, subdivisions 1 and 4; 16A.124, subdivisions 2 and 7; 16A.127, as amended; 16A.15, subdivision 3; 16B.01, subdivision 4; 16B.05, subdivision

2; 16B.06, subdivisions 1 and 2; 41A.09, subdivisions 2 and 5; 43A.37, subdivision 1; 60K.06; 60K.19, subdivision 8; 62A.046; 62A.048; 62A.27; 62D.102; 82.20, subdivisions 7 and 8; 82.21, by adding a subdivision; 82B.08, subdivisions 4 and 5; 82B.09, subdivision 1; 82B.19, subdivision 1; 83.25; 84.0887, by adding subdivisions; 84A.32, subdivision 1; 85A.02, subdivision 17; 144.804, subdivision 1; 171.06, subdivision 3; 176.102, subdivisions 3a and 14; 176.611, subdivision 6a; 204B.27, by adding a subdivision; 221.041, by adding a subdivision; 221.171, subdivision 2; 245.97, subdivision 1; 246.18, by adding a subdivision; 252.025, by adding a subdivision; 256.74, by adding a subdivision; 256.9365, subdivisions 1 and 3; 256B.056, by adding a subdivision; 256B.0625, subdivision 25, and by adding a subdivision; 256B.0641, subdivision 1; 256B.431, subdivision 17; 256H.05, subdivision 6; 257.62, subdivisions 1, 5, and 6; 257.64, subdivision 3; 257.69, subdivisions 1 and 2; 296.02, subdivision 7; 354.06, subdivision 1; 462A.05, by adding a subdivision; 477A.12; 504.33, subdivision 4; 504.35; 518.171, subdivision 5; and 518.613, subdivision 7; Minnesota Statutes 1993 Supplement, sections 15.50, subdivision 2; 41A.09, subdivision 3; 62A.045; 82.21, subdivision 1; 82.22, subdivisions 6 and 13; 82.34, subdivision 3; 97A.028, subdivision 3; 116J.966, subdivision 1; 138.763, subdivision 1; 144A.071, subdivisions 3 and 4a; 239.785, subdivision 2, and by adding a subdivision; 245.97, subdivision 6; 246.18, subdivision 4; 252.46, subdivision 6, and by adding a subdivision; 256.969, subdivision 24; 256B.431, subdivision 24; 256I.04, subdivision 3; 257.55, subdivision 1; 257.57, subdivision 2; 268.98, subdivision 1; 477A.13; 477A.14; 504.33, subdivision 7; 518.171, subdivisions 1, 3, 4, 7, and 8; 518.611, subdivisions 2 and 4; 518.613, subdivision 2; and 518.615, subdivision 3; Laws 1993, chapter 369, section 5, subdivision 4; proposing coding for new law in Minnesota Statutes, chapters 62A; 148; and 268; repealing Minnesota Statutes 1992, sections 16A.06, subdivision 8; 16A.124, subdivision 6; 43A.21, subdivision 5; 62C.141; 62C.143; 62D.106; 62E.04, subdivisions 9 and 10; 268.32; 268.551; 268.552; 355.04; and 355.06; Laws 1985, First Special Session chapter 12, article 11, section 19.

Mr. Oliver moved to amend S.F. No. 2913 as follows:

Page 121, after line 21, insert:

“Sec. 6. [145.91] [WOMEN’S HEALTH CENTER.]

The commissioner of health shall establish a women’s health center. The center shall be responsible for investigating women’s health needs, creating a statewide coalition on women’s health, developing a resource inventory of services and support systems available for women, convening conferences on women’s health, assuring effective dissemination of current research results, and other activities that promote the health status of women of all ages.”

Renumber the sections of article 10 in sequence and correct the internal references

Amend the title accordingly

The question was taken on the adoption of the amendment.

The roll was called, and there were yeas 43 and nays 22, as follows:

Those who voted in the affirmative were:

| | | | | |
|--------------|---------------|----------|-----------------|-------------|
| Adkins | Dille | Kelly | Metzen | Robertson |
| Anderson | Finn | Kiscaden | Mondale | Runbeck |
| Belanger | Flynn | Knutson | Neuville | Sams |
| Benson, D.D. | Frederickson | Laidig | Oliver | Stevens |
| Benson, J.E. | Hanson | Larson | Olson | Terwilliger |
| Berglin | Hottinger | Lesewski | Pappas | Vickerman |
| Betzold | Johnson, D.E. | Lessard | Pariseau | Wiener |
| Chandler | Johnson, D.J. | Luther | Ranum | |
| Cohen | Johnston | McGowan | Reichgott Junge | |

Those who voted in the negative were:

| | | | | |
|-------------|---------------|-----------|------------|--------|
| Beckman | Janezich | Marty | Pogemiller | Spear |
| Berg | Johnson, J.B. | Merriam | Price | Stumpf |
| Bertram | Krentz | Moe, R.D. | Riveness | |
| Chmielewski | Kroening | Murphy | Samuelson | |
| Day | Langseth | Piper | Solon | |

The motion prevailed. So the amendment was adopted.

S.F. No. 2913 was read the third time, as amended, and placed on its final passage.

The question was taken on the passage of the bill, as amended.

The roll was called, and there were yeas 63 and nays 1, as follows:

Those who voted in the affirmative were:

| | | | | |
|--------------|---------------|----------|------------|-----------------|
| Adkins | Day | Kiscaden | Metzen | Reichgott Junge |
| Anderson | Dille | Knutson | Moe, R.D. | Robertson |
| Beckman | Finn | Krentz | Mondale | Runbeck |
| Belanger | Flynn | Kroening | Murphy | Sams |
| Benson, D.D. | Frederickson | Laidig | Neuville | Samuelson |
| Benson, J.E. | Hanson | Langseth | Oliver | Solon |
| Berg | Hottinger | Larson | Olson | Spear |
| Berglin | Janezich | Lesewski | Pappas | Stevens |
| Bertram | Johnson, D.E. | Lessard | Pariseau | Stumpf |
| Betzold | Johnson, D.J. | Luther | Piper | Vickerman |
| Chandler | Johnson, J.B. | Marty | Pogemiller | Wiener |
| Chmielewski | Johnston | McGowan | Price | |
| Cohen | Kelly | Merriam | Ranum | |

Mr. Riveness voted in the negative.

So the bill, as amended, was passed and its title was agreed to.

MOTIONS AND RESOLUTIONS - CONTINUED

Without objection, remaining on the Order of Business of Motions and Resolutions, the Senate reverted to the Orders of Business of Messages From the House, First Reading of House Bills, Reports of Committees and Second Reading of Senate Bills.

MESSAGES FROM THE HOUSE

Mr. President:

I have the honor to announce the passage by the House of the following Senate File, herewith returned: S.F. No. 2262.

Edward A. Burdick, Chief Clerk, House of Representatives

Returned April 11, 1994

Mr. President:

I have the honor to announce that the House has acceded to the request of the Senate for the appointment of a Conference Committee, consisting of 3 members of the House, on the amendments adopted by the House to the following Senate File:

S.F. No. 1898: A bill for an act relating to insurance; health; requiring coverage for equipment and supplies for the management and treatment of diabetes; proposing coding for new law in Minnesota Statutes, chapter 62A.

There has been appointed as such committee on the part of the House:

Pugh, Asch and Davids.

Senate File No. 1898 is herewith returned to the Senate.

Edward A. Burdick, Chief Clerk, House of Representatives

Returned April 11, 1994

Mr. President:

I have the honor to announce that the House has acceded to the request of the Senate for the appointment of a Conference Committee, consisting of 3 members of the House, on the amendments adopted by the House to the following Senate File:

S.F. No. 1912: A bill for an act relating to insurance; accident and health; permitting short-term coverage; amending Minnesota Statutes 1993 Supplement, section 62A.65, by adding a subdivision.

There has been appointed as such committee on the part of the House:

Cooper, Davids and Lourey.

Senate File No. 1912 is herewith returned to the Senate.

Edward A. Burdick, Chief Clerk, House of Representatives

Returned April 11, 1994

Mr. President:

I have the honor to announce that the House has acceded to the request of the Senate for the appointment of a Conference Committee, consisting of 3 members of the House, on the amendments adopted by the House to the following Senate File:

S.F. No. 2246: A bill for an act relating to natural resources; authorizing the exchange of certain state lands in Wabasha and Fillmore counties under certain conditions.

There has been appointed as such committee on the part of the House:

Waltman, Sviggum and Johnson, V.

Senate File No. 2246 is herewith returned to the Senate.

Edward A. Burdick, Chief Clerk, House of Representatives

Returned April 11, 1994

Mr. President:

I have the honor to announce that the House has acceded to the request of the Senate for the appointment of a Conference Committee, consisting of 3 members of the House, on the amendments adopted by the House to the following Senate File:

S.F. No. 1744: A bill for an act relating to the city of Lakefield; allowing the city of Lakefield to expand its public utilities commission to five members.

There has been appointed as such committee on the part of the House:

Olson, K.; Winter and Girard.

Senate File No. 1744 is herewith returned to the Senate.

Edward A. Burdick, Chief Clerk, House of Representatives

Returned April 11, 1994

Mr. President:

I have the honor to announce that the House refuses to concur in the Senate amendments to House File No. 2675:

H.F. No. 2675: A bill for an act relating to state lands; authorizing public sale of certain tax-forfeited land that borders public waters in Aitkin county.

The House respectfully requests that a Conference Committee of 3 members be appointed thereon.

Lourey, Cooper and Ozment have been appointed as such committee on the part of the House.

House File No. 2675 is herewith transmitted to the Senate with the request that the Senate appoint a like committee.

Edward A. Burdick, Chief Clerk, House of Representatives

Transmitted April 11, 1994

Mr. Lessard moved that the Senate accede to the request of the House for a Conference Committee on H.F. No. 2675, and that a Conference Committee of 3 members be appointed by the Subcommittee on Committees on the part of the Senate, to act with a like Conference Committee appointed on the part of the House. The motion prevailed.

Mr. President:

I have the honor to announce that the House refuses to concur in the Senate amendments to House File No. 2362:

H.F. No. 2362: A bill for an act relating to animals; changing the definition of a potentially dangerous dog; changing the identification tag requirements for a dangerous dog; amending Minnesota Statutes 1992, sections 347.50, subdivision 3; and 347.51, subdivision 7.

The House respectfully requests that a Conference Committee of 3 members be appointed thereon.

Carlson, Kahn and Pugh have been appointed as such committee on the part of the House.

House File No. 2362 is herewith transmitted to the Senate with the request that the Senate appoint a like committee.

Edward A. Burdick, Chief Clerk, House of Representatives

Transmitted April 11, 1994

Mr. Moe, R.D. moved that H.F. No. 2362 be laid on the table. The motion prevailed.

Mr. President:

I have the honor to announce the passage by the House of the following House Files, herewith transmitted: H.F. Nos. 2666 and 2189.

Edward A. Burdick, Chief Clerk, House of Representatives

Transmitted April 11, 1994

FIRST READING OF HOUSE BILLS

The following bills were read the first time and referred to the committee indicated.

H.F. No. 2666: A bill for an act relating to local government; prohibiting the adoption of certain zoning ordinances by municipalities, counties, and towns; amending Minnesota Statutes 1992, sections 394.25, by adding a subdivision; and 462.357, by adding a subdivision; proposing coding for new law in Minnesota Statutes, chapter 366.

Referred to the Committee on Rules and Administration for comparison with S.F. No. 2421, now on General Orders.

H.F. No. 2189: A bill for an act relating to education; prekindergarten through grade 12; providing for general education revenue; transportation; special programs; community education; facilities; organization and cooperation; commitment to excellence; other programs; miscellaneous provisions; libraries; state agencies; school bus safety; conforming amendments; providing for appointments; appropriating money; amending Minnesota Statutes 1992, sections 13.04, by adding a subdivision; 120.101, by adding a subdivision; 120.17, subdivision 1; 121.612, subdivision 7; 121.912, subdivision 5; 121.935, subdivision 6; 122.23, subdivisions 6, 8, 10, 13, and by adding a subdivision; 122.531, subdivision 9; 122.533; 122.91, subdivision 3; 122.937, subdivision 4; 123.35, subdivision 19a, and by adding subdivisions; 123.3514, subdivision 4; 123.39, subdivision 1; 123.58, subdivisions 2 and 4; 124.195, subdivisions 3, 6, and by adding a subdivision; 124.223, subdivision 1; 124.244, subdivision 4; 124.26, subdivision 1b; 124.2601, subdivisions 3, 5, and 7; 124.2711, by adding a subdivision; 124.2713, by adding a subdivision; 124.2721, subdivisions 1 and 5; 124.2725, subdivision 16; 124.278, subdivision 1; 124.6472, subdivision 1; 124.84, by adding a subdivision; 124.85; 124.90, by adding a subdivision; 124.912, by adding a subdivision; 124.95, subdivision 4; 124A.02, by adding subdivisions; 124A.03, subdivision 2a; 124A.22, subdivision 2a; 124A.26, by adding a

subdivision; 124C.49; 125.09, subdivision 1; 125.188, subdivision 1; 126.02, subdivision 1; 126.15, subdivision 4; 126.23; 126.69, subdivisions 1 and 3; 126.77, subdivision 1; 126.78; 127.27, subdivision 5; 127.30, by adding a subdivision; 127.31, by adding a subdivision; 127.38; 129C.15, by adding a subdivision; 134.195, subdivision 10; 136D.22, by adding subdivisions; 136D.72, by adding subdivisions; 136D.82, by adding subdivisions; 169.01, subdivision 6; 169.21, subdivision 2; 169.442, subdivision 1; 169.443, subdivision 8, and by adding a subdivision; 169.445, subdivisions 1 and 2; 169.446, subdivision 3; 169.447, subdivision 6; 169.45, subdivision 1; 169.64, subdivision 8; 171.01, subdivision 22; 171.321, subdivision 3; 171.3215; 179A.07, subdivision 6; 260.181, subdivision 2; 272.02, subdivision 8; 475.61, subdivision 4; and 631.40, subdivision 1a; Minnesota Statutes 1993 Supplement, sections 120.062, subdivision 5; 120.064, subdivision 16; 120.17, subdivisions 11b, 12, and 17; 121.11, subdivisions 7c and 7d; 121.702, subdivisions 2 and 9; 121.703; 121.705; 121.706; 121.707; 121.708; 121.709; 121.710; 121.831, subdivision 9; 121.885, subdivisions 1, 2, and 4; 123.3514, subdivisions 6 and 6b; 123.58, subdivisions 6, 7, 8, and 9; 123.951; 124.155, subdivisions 1 and 2; 124.17, subdivisions 1 and 2f; 124.225, subdivisions 1 and 7e; 124.226, subdivisions 3a and 9; 124.2455; 124.26, subdivisions 1c and 2; 124.2711, subdivision 1; 124.2713, subdivision 5; 124.2714; 124.2727, subdivisions 6 and 6a; 124.573, subdivision 2b; 124.6469, subdivision 3; 124.91, subdivisions 3 and 5; 124.914, subdivision 4; 124.95, subdivision 1; 124A.029, subdivision 4; 124A.03, subdivisions 1c, 2, and 3b; 124A.22, subdivisions 5, 6, 8, and 9; 124A.225, subdivisions 1, 3, 4, and 5; 124A.29, subdivision 1; 124A.292, subdivision 3; 125.05, subdivision 1a; 125.138, subdivision 9; 125.185, subdivision 4; 125.230, subdivisions 3, 4, and 6; 125.231, subdivisions 1 and 4; 125.623, subdivision 3; 125.706; 126.239, subdivision 3; 126.70, subdivisions 1 and 2a; 127.46; 171.321, subdivision 2; 275.48; Laws 1992, chapter 499, articles 6, section 34; and 11, section 9; Laws 1993, chapter 224, articles 2, section 15, subdivision 2, as amended; 3, sections 36, subdivision 2; 38, subdivision 22; 5, sections 43; 46, subdivisions 2, 3, and 4; 6, section 30, subdivisions 2 and 6; 7, section 28, subdivisions 3, 4, 9, and 11; 8, sections 20, subdivision 2; 22, subdivisions 6, 7, and 12; 12, sections 39 and 41; and 15, section 2; proposing coding for new law in Minnesota Statutes, chapters 120; 121; 123; 124; 124A; 125; 126; 127; 134; and 169; 473; repealing Minnesota Statutes 1992, sections 121.935, subdivision 7; 122.23, subdivision 13a; 122.91, subdivisions 5 and 7; 122.93, subdivision 7; 122.937; 122.94, subdivisions 2, 3, and 6; 122.945; 136D.22, subdivisions 1 and 3; 136D.71, subdivision 2; 136D.72, subdivisions 1, 2, and 5; 136D.82, subdivisions 1 and 3; 169.441, subdivisions 2 and 3; 169.442, subdivisions 2 and 3; 169.445, subdivision 3; 169.447, subdivision 3; Minnesota Statutes 1993 Supplement, sections 121.935, subdivision 5; 123.80; 124.2727, subdivision 8; 124A.225, subdivision 2; Laws 1992, chapter 499, article 6, section 39, subdivision 3; Law 1993, chapter 224, articles 1, section 37; 8, section 14; Minnesota Rules, parts 3520.3600; 3520.3700; 8700.6410; 8700.9000; 8700.9010; 8700.9020; and 8700.9030.

Mr. Moe, R.D. moved that H.F. No. 2189 be laid on the table. The motion prevailed.

REPORTS OF COMMITTEES

Mr. Moe, R.D. moved that the Committee Reports at the Desk be now adopted, with the exception of the report on S.F. No. 2640. The motion prevailed.

Mr. Moe, R.D. from the Committee on Rules and Administration, to which was referred under Joint Rule 2.03, together with the committee report thereon,

S.F. No. 2371: A bill for an act relating to crime; imposing penalties on any person who performs female genital mutilation; providing certain exceptions; requiring the commissioner of health to carry out appropriate education, prevention, and outreach activities in communities that traditionally engage in these practices; proposing coding for new law in Minnesota Statutes, chapters 144; and 609.

Reports the same back with the recommendation that the report from the Committee on Health Care, shown in the Journal for April 11, 1994, be adopted; that committee recommendation being:

"the bill be amended and when so amended the bill do pass". Amendments adopted. Report adopted.

Mr. Moe, R.D. from the Committee on Rules and Administration, to which was referred under Joint Rule 2.03, together with the committee report thereon,

S.F. No. 2036: A bill for an act relating to human services; permitting certain providers to request a state agency hearing; modifying the conduct of state agency hearings; modifying certain requirements for prior authorization of services under medical assistance; amending Minnesota Statutes 1992, sections 256.045, subdivisions 3, 4, 5 and by adding a subdivision; and 256B.0625, subdivisions 8, 8a, 25, 31, and by adding a subdivision.

Reports the same back with the recommendation that the report from the Committee on Health Care, shown in the Journal for April 11, 1994, be adopted; that committee recommendation being:

"the bill be amended and when so amended the bill do pass". Amendments adopted. Report adopted.

Mr. Moe, R.D. from the Committee on Rules and Administration, to which was referred under Joint Rule 2.03, together with the committee report thereon,

S.F. No. 1961: A bill for an act relating to driving while intoxicated; authorizing imposition of a two-year gross misdemeanor sentence on certain repeat DWI offenders; requiring consecutive sentences for multiple crimes committed by repeat DWI offenders and DWI offenders who drive without insurance or after license cancellation or revocation; imposing misdemeanor penalties on persons who knowingly lend their motor vehicles to intoxicated or unlicensed drivers; amending Minnesota Statutes 1992, sections 169.797, subdivision 4; 609.02, subdivision 2, and by adding a subdivision; 609.105; Minnesota Statutes 1993 Supplement, sections 169.121, subdivision 3; and 171.24; proposing coding for new law in Minnesota Statutes, chapter 169.

Reports the same back with the recommendation that the report from the Committee on Crime Prevention, shown in the Journal for April 6, 1994, be adopted; that committee recommendation being:

"the bill be amended and when so amended the bill do pass". Amendments adopted. Report adopted.

Mr. Moe, R.D. from the Committee on Rules and Administration, to which was referred under Joint Rule 2.03, together with the committee report thereon,

S.F. No. 1863: A bill for an act relating to crime; recodifying and revising the crime of contributing to a minor's delinquency or need for protection or services; increasing penalties for certain acts; proposing coding for new law in Minnesota Statutes, chapter 609; repealing Minnesota Statutes 1992, section 260.315.

Reports the same back with the recommendation that the report from the Committee on Crime Prevention, shown in the Journal for April 6, 1994, be adopted; that committee recommendation being:

"the bill be amended and when so amended the bill do pass". Amendments adopted. Report adopted.

Mr. Moe, R.D. from the Committee on Rules and Administration, to which was referred under Rule 35, together with the committee report thereon,

S.F. No. 1944: A bill for an act relating to employment; restoring the purchasing power of a minimum wage salary; amending Minnesota Statutes 1992, section 177.24, subdivision 1.

Reports the same back with the recommendation that the report from the Committee on Jobs, Energy and Community Development, shown in the Journal for April 6, 1994, be amended to read:

"the bill be amended and when so amended the bill do pass and be re-referred to the Committee on Finance". Amendments adopted. Report adopted.

Mr. Moe, R.D. from the Committee on Rules and Administration, to which was referred under Joint Rule 2.03, together with the committee report thereon,

S.F. No. 1133: A bill for an act relating to the environment; establishing a cleanup program for closed landfills; establishing an advisory committee; authorizing rulemaking; providing penalties; providing a voluntary buy-out option for insurance companies; authorizing the sale of state bonds; appropriating money; amending Minnesota Statutes 1992, section 115B.04, by adding a subdivision; Minnesota Statutes 1993 Supplement, sections 115B.42, subdivision 2; 116.07, subdivision 10; proposing coding for new law in Minnesota Statutes, chapter 115B.

Reports the same back with the recommendation that the report from the Committee on Judiciary, shown in the Journal for April 6, 1994, be amended to read:

"the bill be amended and when so amended the bill do pass and be re-referred to the Committee on Finance". Amendments adopted. Report adopted.

Mr. Moe, R.D. from the Committee on Rules and Administration, to which was referred under Joint Rule 2.03, together with the committee report thereon,

S.F. No. 2816: A bill for an act relating to metropolitan government; increasing the amount of obligations the metropolitan council may issue for certain transit purposes; amending Minnesota Statutes 1992, section 473.39, subdivision 1b.

Reports the same back with the recommendation that the report from the Committee on Transportation and Public Transit, shown in the Journal for April 5, 1994, be adopted; that committee recommendation being:

"the bill be amended and when so amended the bill do pass and be re-referred to the Committee on Taxes and Tax Laws". Amendments adopted. Report adopted.

Mr. Moe, R.D. from the Committee on Rules and Administration, to which was referred under Joint Rule 2.03, together with the committee report thereon,

S.F. No. 1726: A bill for an act relating to traffic regulations; authorizing peace officers to stop drivers and issue citations for seat belt violations without first observing a moving violation; amending Minnesota Statutes 1993 Supplement, section 169.686, subdivision 1.

Reports the same back with the recommendation that the report from the Committee on Transportation and Public Transit, shown in the Journal for March 30, 1994, be adopted; that committee recommendation being:

"the bill do pass". Report adopted.

Mr. Moe, R.D. from the Committee on Rules and Administration, to which was referred under Rule 35, together with the committee report thereon,

S.F. No. 1991: A bill for an act relating to metropolitan government; requiring the metropolitan council to adopt rules allocating comprehensive choice housing among cities and towns in the metropolitan area; requiring metropolitan council review of efforts of cities and towns to comply with the allocation; establishing penalties for noncompliance; proposing coding for new law in Minnesota Statutes, chapters 16A; and 473.

Reports the same back with the recommendation that the report from the Committee on Jobs, Energy and Community Development, shown in the Journal for April 6, 1994, be amended to read:

"the bill do pass and be re-referred to the Committee on Metropolitan and Local Government". Report adopted.

Mr. Moe, R.D. from the Committee on Rules and Administration, to which was referred under Rule 35, together with the committee report thereon,

S.F. No. 614: A bill for an act relating to education; modifying the teacher retirement program to provide an incentive for experienced teachers to participate in job sharing; proposing coding for new law in Minnesota Statutes, chapter 125.

Reports the same back with the recommendation that the report from the Committee on Governmental Operations and Reform, shown in the Journal for April 5, 1994, be adopted; that committee recommendation being:

"the bill be amended and when so amended the bill do pass". Amendments adopted. Report adopted.

Mr. Moe, R.D. from the Committee on Rules and Administration, to which was referred under Rule 35, together with the committee report thereon,

S.F. No. 609: A bill for an act relating to retirement; the Minneapolis teachers retirement fund association; providing for purchase of allowable service credit for public school employment outside the state of Minnesota; proposing coding for new law in Minnesota Statutes, chapter 354A.

Reports the same back with the recommendation that the report from the Committee on Governmental Operations and Reform, shown in the Journal for April 5, 1994, be adopted; that committee recommendation being:

"the bill be amended and when so amended the bill do pass". Amendments adopted. Report adopted.

Mr. Moe, R.D. from the Committee on Rules and Administration, to which was referred under Rule 35, together with the committee report thereon,

S.F. No. 1795: A bill for an act relating to traffic regulations; establishing Minnesota child passenger restraint and education account to assist families in financial need to obtain child passenger restraint systems; amending Minnesota Statutes 1992, section 169.685, by adding a subdivision; Minnesota Statutes 1993 Supplement, section 169.685, subdivision 5.

Reports the same back with the recommendation that the report from the Committee on Transportation and Public Transit, shown in the Journal for April 5, 1994, be amended to read:

"the bill do pass and be re-referred to the Committee on Finance". Report adopted.

Ms. Berglin from the Committee on Health Care, to which was referred

S.F. No. 2640: A bill for an act relating to human services; modifying certain provisions related to medical assistance and general assistance medical care; amending Minnesota Statutes 1992, sections 246.53, subdivision 1; 252.275, subdivisions 3 and 4; 256.015, subdivisions 2 and 7; 256.9365, subdivisions 1 and 3; 256.969, subdivisions 10 and 16; 256B.042, subdivision 2; 256B.056, by adding a subdivision; 256B.059, subdivision 1; 256B.06, subdivision 4; 256B.0625, by adding a subdivision; 256B.15, subdivision 1a; 256B.69, subdivision 4, and by adding a subdivision; 256D.03, subdivisions 3a and 3b; 256D.16; 256D.425, by adding a subdivision; 261.04, subdivision 2; 524.3-803; 524.3-1201; and 528.08; Minnesota Statutes 1993 Supplement, sections 245.492, subdivision 6; 245.493, subdivision 2, and by adding a subdivision; 245.4932, subdivisions 1 and 2; 245.494, subdivision 3; 245.496, subdivision 3, and by adding a subdivision; 256.9685, subdivision 1; 256.969, subdivision 24; 256B.059, subdivisions 3 and 5; 256B.0595, subdivisions 1, 2, 3, and 4; 256B.15, subdivision 2; 256D.03, subdivisions 3 and 4; and 514.981, subdivisions 2 and 5; proposing coding for new law in Minnesota Statutes, chapter 245; repealing Minnesota Statutes 1992, section 252.275, subdivisions 4a and 10; Minnesota Statutes 1993 Supplement, section 501B.89.

Reports the same back with the recommendation that the bill be amended as follows:

Delete everything after the enacting clause and insert:

"Section 1. Minnesota Statutes 1993 Supplement, section 245.492, subdivision 6, is amended to read:

Subd. 6. [~~INITIAL~~ OPERATIONAL TARGET POPULATION.] "~~Initial~~ Operational target population" means a population of children that the local children's mental health collaborative agrees to serve ~~in the start-up phase and who meet fall within~~ the criteria for the target population. The ~~initial~~ operational target population may be less than the target population.

Sec. 2. Minnesota Statutes 1993 Supplement, section 245.492, subdivision 2, is amended to read:

Subd. 2. [BASE LEVEL FUNDING.] "Base level funding" means funding received from state, federal, or local sources and expended across the local system of care in fiscal year 1993 for children's mental health services ~~or, for~~ special education services, ~~and other services~~ for children with emotional or behavioral disturbances ~~and their families~~.

In subsequent years, base level funding may be adjusted to reflect decreases in the numbers of children in the target population.

Sec. 3. Minnesota Statutes 1993 Supplement, section 245.492, subdivision 9, is amended to read:

Subd. 9. [INTEGRATED SERVICE SYSTEM.] "Integrated service system" means a coordinated set of procedures established by the local children's mental health collaborative for coordinating services and actions across categorical systems and agencies that results in:

- (1) integrated funding;
- (2) improved outreach, early identification, and intervention across systems;
- (3) strong collaboration between parents and professionals in identifying children in the target population facilitating access to the integrated system, and coordinating care and services for these children;
- (4) a coordinated assessment process across systems that determines which children need multiagency care coordination and wraparound services;
- (5) multiagency plan of care; and
- (6) ~~wraparound~~ individualized rehabilitation services.

Services provided by the integrated service system must meet the requirements set out in sections 245.487 to 245.4887. Children served by the integrated service system must be economically and culturally representative of children in the service delivery area.

Sec. 4. Minnesota Statutes 1993 Supplement, section 245.492, subdivision 23, is amended to read:

Subd. 23. [~~WRAPAROUND~~ INDIVIDUALIZED REHABILITATION SERVICES.] "~~Wraparound~~ Individualized rehabilitation services" are alternative, flexible, coordinated, and highly individualized services that are based on a multiagency plan of care. These services are designed to build on the strengths

and respond to the needs identified in the child's multiagency assessment and to improve the child's ability to function in the home, school, and community. ~~Wraparound~~ *Individualized rehabilitation* services may include, but are not limited to, residential services, respite services, services that assist the child or family in enrolling in or participating in recreational activities, assistance in purchasing otherwise unavailable items or services important to maintain a specific child in the family, and services that assist the child to participate in more traditional services and programs.

Sec. 5. Minnesota Statutes 1993 Supplement, section 245.493, subdivision 2, is amended to read:

Subd. 2. [GENERAL DUTIES OF THE LOCAL CHILDREN'S MENTAL HEALTH COLLABORATIVES.] Each local children's mental health collaborative must:

(1) notify the commissioner of human services within ten days of formation by signing a collaborative agreement and providing the commissioner with a copy of the signed agreement;

~~(1)~~ *(2) identify a service delivery area and an initial operational target population within that service delivery area. The initial operational target population must be economically and culturally representative of children in the service delivery area to be served by the local children's mental health collaborative. The size of the initial operational target population must also be economically viable for the service delivery area;*

~~(2)~~ *(3) seek to maximize federal revenues available to serve children in the target population by designating local expenditures for mental health services for these children and their families that can be matched with federal dollars;*

~~(3)~~ *(4) in consultation with the local children's advisory council and the local coordinating council, if it is not the local children's mental health collaborative, design, develop, and ensure implementation of an integrated service system that meets the requirements for state and federal reimbursement and develop interagency agreements necessary to implement the system;*

~~(4)~~ *(5) expand membership to include representatives of other services in the local system of care including prepaid health plans under contract with the commissioner of human services to serve the mental health needs of children in the target population and their families;*

~~(5)~~ *(6) create or designate a management structure for fiscal and clinical responsibility and outcome evaluation;*

~~(6)~~ *(7) spend funds generated by the local children's mental health collaborative as required in sections 245.491 to 245.496; and*

~~(7)~~ *(8) explore methods and recommend changes needed at the state level to reduce duplication and promote coordination of services including the use of uniform forms for reporting, billing, and planning of services;*

(9) submit its integrated service system design, including its contract with the commissioner of human services, to the state coordinating council for approval within one year of notifying the commissioner of human services of its formation;

(10) provide an annual report that includes the elements listed in section

245.494, subdivision 2, and the collaborative's planned timeline to expand its operational target population to the state coordinating council; and

(11) expand its operational target population.

Each local children's mental health collaborative may contract with the commissioner of human services to become a medical assistance provider of mental health services.

Sec. 6. Minnesota Statutes 1993 Supplement, section 245.4932, subdivision 1, is amended to read:

Subdivision 1. [PROVIDER COLLABORATIVE RESPONSIBILITIES.] The children's mental health collaborative shall have the following authority and responsibilities regarding federal revenue enhancement:

(1) *the collaborative must establish an integrated fund;*

(2) *the collaborative shall designate a lead county or other qualified entity as the fiscal agency for reporting, claiming, and receiving payments;*

(3) *the collaborative or lead county may enter into subcontracts with other counties, school districts, special education cooperatives, municipalities, and other public and nonprofit entities for purposes of identifying and claiming eligible expenditures to enhance federal reimbursement;*

(4) *the collaborative shall use any enhanced revenue attributable to the activities of the collaborative, including administrative and service revenue, solely to provide mental health services or to expand the operational target population. The lead county or other qualified entity may not use enhanced federal revenue for any other purpose;*

(5) *the members of the collaborative must continue the base level of expenditures, as defined in section 245.492, subdivision 2, for services for children with emotional or behavioral disturbances and their families from any state, county, federal, or other public or private funding source which, in the absence of the new federal reimbursement earned under sections 245.491 to 245.496, would have been available for those services. The base year for purposes of this subdivision shall be the accounting period closest to state fiscal year 1993;*

(6) *the collaborative or lead county must develop and maintain an accounting and financial management system adequate to support all claims for federal reimbursement, including a clear audit trail and any provisions specified in the contract with the commissioner of human services;*

(7) *the collaborative shall or its members may elect to pay the nonfederal share of the medical assistance costs for services designated by the collaborative; and*

(8) *the lead county or other qualified entity may not use federal funds or local funds designated as matching for other federal funds to provide the nonfederal share of medical assistance.*

Sec. 7. Minnesota Statutes 1993 Supplement, section 245.4932, subdivision 2, is amended to read:

Subd. 2. [COMMISSIONER'S RESPONSIBILITIES.] (1) Notwithstanding sections 256B.19, subdivision 1, and 256B.0625, the commissioner shall be required to amend the state medical assistance plan to include as covered

services eligible for medical assistance reimbursement, those services eligible for reimbursement under federal law or waiver, which a collaborative elects to provide and for which the collaborative elects to pay the nonfederal share of the medical assistance costs.

(2) The commissioner may suspend, reduce, or terminate the federal reimbursement to a ~~provider~~ collaborative that does not meet the requirements of sections 245.493 to 245.496.

(3) The commissioner shall recover from the collaborative any federal fiscal disallowances or sanctions for audit exceptions directly attributable to the collaborative's actions or the proportional share if federal fiscal disallowances or sanctions are based on a statewide random sample.

Sec. 8. Minnesota Statutes 1993 Supplement, section 245.4932, subdivision 3, is amended to read:

Subd. 3. [PAYMENTS.] Notwithstanding section 256.025, subdivision 2, payments under sections 245.493 to 245.496 to providers for ~~wraparound service expenditures and expenditures for other~~ services for which the collaborative elects to pay the nonfederal share of medical assistance shall only be made of federal earnings from services provided under sections 245.493 to 245.496.

Sec. 9. Minnesota Statutes 1993 Supplement, section 245.4932, subdivision 4, is amended to read:

Subd. 4. [CENTRALIZED DISBURSEMENT OF MEDICAL ASSISTANCE PAYMENTS.] Notwithstanding section 256B.041, and except for family community support services and therapeutic support of foster care, county payments for the cost of ~~wraparound services and other~~ services for which the collaborative elects to pay the nonfederal share, for reimbursement under medical assistance, shall not be made to the state treasurer. For purposes of wraparound services under sections 245.493 to 245.496, the centralized disbursement of payments to providers under section 256B.041 consists only of federal earnings from services provided under sections 245.493 to 245.496.

Sec. 10. [245.4933] [MEDICAL ASSISTANCE PROVIDER STATUS.]

Subdivision 1. [REQUIREMENTS.] (a) In order for a local children's mental health collaborative to become a prepaid provider of medical assistance services and be eligible to receive medical assistance reimbursement, the collaborative must:

(1) enter into a contract with the commissioner of human services to provide mental health services including inpatient, outpatient, medication management, services under the rehabilitation option, and related physician services;

(2) meet the applicable federal requirements;

(3) either carry stop-loss insurance or enter into a risk sharing agreement with the commissioner of human services; and

(4) provide medically necessary medical assistance mental health services to children in the target population who enroll in the local children's mental health collaborative.

(b) Upon execution of the provider contract with the commissioner of human services the local children's mental health collaborative may:

(1) provide mental health services which are not medical assistance state plan services in addition to the state plan services described in the contract with the commissioner of human services; and

(2) enter into subcontracts which meet the requirements of Code of Federal Regulations, title 42, section 434.6, with other providers of mental health services including prepaid health plans established under section 256B.69.

Subd. 2. [PROVIDER STATUS IN A PREPAID HEALTH PLAN COUNTY.] (a) A children's mental health collaborative that has a service delivery area in a county where a prepaid health plan contract with the commissioner of human services, including those established under section 256B.69, existing on or before January 1, 1995, must enter into an agreement between the commissioner of human services and one or more such prepaid health plans in order to become a provider of medical assistance or MinnesotaCare services. The collaborative and the health plan shall work cooperatively to assure the integration of physical and mental health services.

(b) After January 1, 1995, a children's mental health collaborative with a service delivery area in a county where no prepaid health plan contract with the commissioner of human services exists, including those established under section 256B.69, shall be given notice by the commissioner of the intent to establish a prepaid health plan contract in that county. The collaborative must enter into an agreement between the commissioner and one or more such prepaid health plans in order to become a provider of MinnesotaCare or medical assistance services but shall have 12 months from receipt of the notice of intent or actual establishment of the prepaid health plan contract, whichever occurs later, to meet the requirements of paragraph (a). During this notice period, the collaborative will not be at financial risk. The individual members of the collaborative who have a medical assistance provider agreement may bill the prepaid health plan on a nonrisk basis at medical assistance fee-for-service rates. Upon expiration of the notice period, collaboratives that do not meet the requirements of paragraph (a) to become a prepaid provider shall not be eligible to receive medical assistance or MinnesotaCare reimbursement. The collaborative and the health plan shall work cooperatively to assure the integration of physical and mental health services.

(c) The commissioner shall provide each children's mental health collaborative considering whether to become a prepaid provider of mental health services with the commissioner's best estimate of a capitated payment prior to an actuarial study based upon the collaborative's operational target population. The capitated payment shall be adjusted annually, if necessary, for changes in the operational target population.

(d) The commissioner shall negotiate risk adjustment and reinsurance mechanisms with children's mental health collaboratives that become medical assistance providers.

Subd. 3. [NONCONTRACTING COLLABORATIVES.] A local children's mental health collaborative that does not become a provider of medical assistance or MinnesotaCare services may provide services through individual members of a noncontracting collaborative who have a medical assistance

provider agreement to eligible recipients who are not enrolled in the health plan.

Sec. 11. Minnesota Statutes 1993 Supplement, section 245.494, subdivision 1, is amended to read:

Subdivision 1. [STATE COORDINATING COUNCIL.] The state coordinating council, in consultation with the integrated fund task force, shall:

(1) assist local children's mental health collaboratives in meeting the requirements of sections 245.491 to 245.496, by seeking consultation and technical assistance from national experts and coordinating presentations and assistance from these experts to local children's mental health collaboratives;

(2) assist local children's mental health collaboratives in identifying an economically viable ~~initial~~ operational target population;

(3) develop methods to reduce duplication and promote coordinated services including uniform forms for reporting, billing, and planning of services;

(4) by September 1, 1994, develop a model multiagency plan of care that can be used by local children's mental health collaboratives in place of an individual education plan, individual family community support plan, individual family support plan, and an individual treatment plan;

(5) assist in the implementation and operation of local children's mental health collaboratives by facilitating the integration of funds, coordination of services, and measurement of results, and by providing other assistance as needed;

(6) by July 1, 1993, develop a procedure for awarding start-up funds. Development of this procedure shall be exempt from chapter 14;

(7) develop procedures and provide technical assistance to allow local children's mental health collaboratives to integrate resources for children's mental health services with other resources available to serve children in the target population in order to maximize federal participation and improve efficiency of funding;

(8) ensure that local children's mental health collaboratives and the services received through these collaboratives meet the requirements set out in sections 245.491 to 245.496;

(9) identify base level funding from state and federal sources across systems;

(10) explore ways to access additional federal funds and enhance revenues available to address the needs of the target population;

(11) develop a mechanism for identifying the state share of funding for services to children in the target population and for making these funds available on a per capita basis for services provided through the local children's mental health collaborative to children in the target population. Each year beginning January 1, 1994, forecast the growth in the state share and increase funding for local children's mental health collaboratives accordingly;

(12) identify barriers to integrated service systems that arise from data

practices and make recommendations including legislative changes needed in the data practices act to address these barriers; and

(13) annually review the expenditures of local children's mental health collaboratives to ensure that funding for services provided to the target population continues from sources other than the federal funds earned under sections 245.491 to 245.496 and that federal funds earned are spent consistent with sections 245.491 to 245.496.

Sec. 12. Minnesota Statutes, 1993 Supplement, section 245.494, subdivision 3, is amended to read:

Subd. 3. [DUTIES OF THE COMMISSIONER OF HUMAN SERVICES.] The commissioner of human services, in consultation with the integrated fund task force, shall:

(1) *beginning January 1, ensure that all department of human services actions are consistent with provisions of federal and state laws, regulations, contracts, waivers, and the state medicaid plan;*

(2) *in the first quarter of 1994, in areas where a local children's mental health collaborative has been established, based on an independent actuarial analysis, separate identify all medical assistance, general assistance medical care, and MinnesotaCare resources devoted to mental health services for children and their families in the target population including inpatient, outpatient, medication management, services under the rehabilitation option, and related physician services from in the total health capitation from of prepaid plans; including plans established under contract with the commissioner to provide medical assistance services under section 256B.69; for the target population as identified in section 245.492, subdivision 21, and develop guidelines for managing these mental health benefits that will require all contractors to:*

(i) *provide mental health services eligible for medical assistance reimbursement;*

(ii) *meet performance standards established by the commissioner of human services including providing services consistent with the requirements and standards set out in sections 245.487 to 245.4888 and 245.491 to 245.496;*

(iii) *provide the commissioner of human services with data consistent with that collected under sections 245.487 to 245.4888; and*

(iv) *in service delivery areas where there is a local children's mental health collaborative for the target population defined by local children's mental health collaborative:*

(A) *participate in the local children's mental health collaborative;*

(B) *commit resources to the integrated fund that are actuarially equivalent to resources received for the target population being served by local children's mental health collaboratives; and*

(C) *meet the requirements and the performance standards developed for local children's mental health collaboratives;*

(2) *ensure that any prepaid health plan that is operating within the jurisdiction of a local children's mental health collaborative and that is able to meet all the requirements under section 245.494, subdivision 3, paragraph (1),*

items (i) to (iv), shall have 60 days from the date of receipt of written notice of the establishment of the collaborative to decide whether it will participate in the local children's mental health collaborative; the prepaid health plan shall notify the collaborative and the commissioner of its decision to participate;

(3) assist each children's mental health collaborative to determine an actuarially feasible operational target population;

(4) ensure that a prepaid health plan that contracts with the commissioner to provide medical assistance or MinnesotaCare services shall pass through the identified resources to a collaborative or collaboratives when the collaborative meets the requirements of section 245.4933 to serve the collaborative's operational target population. The commissioner shall, through an independent actuarial analysis, specify differential rates the prepaid health plan must pay the collaborative based upon severity, functioning, and other risk factors, taking into consideration the fee-for-service experience of children excluded from prepaid medical assistance participation;

(5) ensure that a children's mental health collaborative that enters into an agreement with a prepaid health plan under contract with the commissioner shall accept medical assistance recipients in the operational target population on a first-come, first-served basis up to the collaborative's operating capacity or as determined in the agreement between the collaborative and the commissioner;

(6) ensure that a children's mental health collaborative that receives resources passed through a prepaid health plan under contract with the commissioner shall be subject to the quality assurance standards, reporting of utilization information, standards set out in sections 245.487 to 245.4888, and other requirements established in Minnesota Rules, part 9500.1460;

(7) ensure that any prepaid health plan that contracts with the commissioner, including a plan that contracts under section 256B.69, must enter into an agreement with any collaborative operating in the same service delivery area that:

(i) meets the requirements of section 245.4933;

(ii) is willing to accept the rate determined by the commissioner to provide medical assistance services; and

(iii) requests to contract with the prepaid health plan;

(8) ensure that no agreement between a health plan and a collaborative shall terminate the legal responsibility of the health plan to assure that all activities under the contract are carried out. The agreement may require the collaborative to indemnify the health plan for activities that are not carried out;

(9) ensure that where a collaborative enters into an agreement between the commissioner and a prepaid health plan to provide medical assistance and MinnesotaCare services, a separate capitation rate will be determined through an independent actuarial analysis which is based upon the factors set forth in clause (4) to be paid to a collaborative for children in the operational target population who are eligible for medical assistance but not included in the prepaid health plan contract with the commissioner;

(10) ensure that in counties where no prepaid health plan contract to provide medical assistance or MinnesotaCare services exists, a children's mental health collaborative that meets the requirements of section 245.4933 shall:

(i) be paid a capitated rate, actuarially determined, that is based upon the collaborative's operational target population;

(ii) accept medical assistance or MinnesotaCare recipients in the operational target population on a first-come, first-served basis up to the collaborative's operating capacity or as determined in the contract between the collaborative and the commissioner; and

(iii) comply with quality assurance standards, reporting of utilization information, standards set out in sections 245.487 to 245.4888, and other requirements established in Minnesota Rules, part 9500.1460;

(11) subject to federal approval, in the development of rates for local children's mental health collaboratives, the commissioner shall consider, and may adjust, trend and utilization factors, to reflect changes in mental health service utilization and access;

(12) consider changes in mental health service utilization, access, and price and determine the actuarial value of the services in the maintenance of rates for local children's mental health collaborative provided services, subject to federal approval;

(13) provide written notice to any prepaid health plan operating within the service delivery area of a children's mental health collaborative of the collaborative's existence within 30 days of the commissioner's receipt of notice of the collaborative's formation;

(14) ensure that in a geographic area where both a prepaid health plan, including those established under either section 256.9363 or 256B.69 and a local children's mental health collaborative exist, medical assistance and MinnesotaCare recipients in the operational target population will have the choice to receive mental health services through either the prepaid health plan or the collaborative;

(3) (15) develop a mechanism for integrating medical assistance resources for mental health service with ~~resources for general assistance medical care,~~ MinnesotaCare, and any other state and local resources available for services for children in the operational target population and develop a procedure for making these resources available for use by a local children's mental health collaborative;

(4) (16) gather data needed to manage mental health care including evaluation data and data necessary to establish a separate capitation rate for children's mental health services if that option is selected;

(5) (17) by January 1, 1994, develop a model contract for providers of mental health managed care that meets the requirements set out in sections 245.491 to 245.496 and 256B.69, and utilize this contract for all subsequent awards, and before January 1, 1995, the commissioner of human services shall not enter into or extend any contract for any prepaid plan that would impede the implementation of sections 245.491 to 245.496;

(6) (18) develop revenue enhancement or rebate mechanisms and procedures to certify expenditures made through local children's mental health

collaboratives for services including administration and outreach that may be eligible for federal financial participation under medical assistance, ~~including expenses for administration~~, and other federal programs;

(7) (19) ensure that new contracts and extensions or modifications to existing contracts under section 256B.69 do not impede implementation of sections 245.491 to 245.496;

(8) (20) provide technical assistance to help local children's mental health collaboratives certify local expenditures for federal financial participation, using due diligence in order to meet implementation timelines for sections 245.491 to 245.496 and recommend necessary legislation to enhance federal revenue, provide clinical and management flexibility, and otherwise meet the goals of local children's mental health collaboratives and request necessary state plan amendments to maximize the availability of medical assistance for activities undertaken by the local children's mental health collaborative;

(9) (21) take all steps necessary to secure medical assistance reimbursement under the rehabilitation option for family community support services and therapeutic support of foster care, and for ~~residential treatment and wrap-around individualized rehabilitation services when these services are provided through a local children's mental health collaborative~~;

(10) (22) provide a mechanism to identify separately the reimbursement to a county for child welfare targeted case management provided to children served by the local collaborative for purposes of subsequent transfer by the county to the integrated fund; and

(11) ~~where interested and qualified contractors are available, finalize contracts within 180 days of receipt of written notification of the establishment of a local children's mental health collaborative~~

(23) *ensure that when family members who are enrolled in a prepaid health plan and whose children are receiving mental health services through a local children's mental health collaborative file complaints about mental health services needed by the family members, the commissioner shall comply with section 256B.031, subdivision 6. A collaborative may assist a family to make a complaint.*

Sec. 13. Minnesota Statutes 1993 Supplement, section 245.495, is amended to read:

245.495 [ADDITIONAL FEDERAL REVENUES.]

(a) Each local children's mental health collaborative shall report expenditures eligible for federal reimbursement in a manner prescribed by the commissioner of human services under section 256.01, subdivision 2, clause (17). The commissioner of human services shall pay all funds earned by each local children's mental health collaborative to the collaborative. Each local children's mental health collaborative must use these funds to expand the *initial operational target population* or to develop or provide mental health services through the local integrated service system to children in the target population. Funds may not be used to supplant funding for services to children in the target population.

For purposes of this section, "mental health services" are community-based, nonresidential services, which may include respite care, that are identified in the child's multiagency plan of care.

(b) The commissioner may set aside a portion of the federal funds earned under this section to repay the special revenue maximization account under section 256.01, subdivision 2, clause (15). The set-aside must not exceed five percent of the federal reimbursement earned by collaboratives and repayment is limited to:

(1) the costs of developing and implementing sections 245.491 to 245.496, including the costs of technical assistance from the departments of human services, education, health, and corrections to implement the children's mental health integrated fund;

(2) programming the information systems; and

(3) any lost federal revenue for the central office claim directly caused by the implementation of these sections.

(c) Any unexpended funds from the set-aside described in paragraph (b) shall be distributed to counties according to section 245.496, subdivision 2.

Sec. 14. Minnesota Statutes 1993 Supplement, section 245.496, subdivision 3, is amended to read:

Subd. 3. [SUBMISSION AND APPROVAL OF LOCAL COLLABORATIVE PROPOSALS FOR INTEGRATED SYSTEMS.] By December 31, 1994, a local children's mental health collaborative that received start-up funds must submit to the state coordinating council its proposal for creating and funding an integrated service system for children in the target population. *A local children's mental health collaborative which forms without receiving start-up funds must submit its proposal for creating and funding an integrated service system within one year of notifying the commissioner of human services of its existence.* Within 60 days of receiving the local collaborative proposal the state coordinating council must review the proposal and notify the local children's mental health collaborative as to whether or not the proposal has been approved. If the proposal is not approved, the state coordinating council must indicate changes needed to receive approval.

Sec. 15. Minnesota Statutes 1993 Supplement, section 245.496, is amended by adding a subdivision to read:

Subd. 4. [APPROVAL OF A COLLABORATIVE'S INTEGRATED SERVICES SYSTEM.] *(a) The state coordinating council must approve a collaborative's proposed integrated service system design proposal when a collaborative elects to become a medical assistance provider. The state coordinating council shall approve the integrated service system proposal when the following elements are present:*

(1) interagency agreements signed by the head of each member agency and which set forth the specific financial commitments of each member;

(2) a contract executed under section 245.4933 between the collaborative and the commissioner of human services;

(3) an adequate management structure for fiscal and clinical responsibility including sufficient allocation of risk and liability;

(4) a process of utilization review; and

(5) compliance with sections 245.491 to 245.496.

(b) The state coordinating council may not approve a proposed integrated service system for a collaborative which plans to become a medical assistance provider if any of the elements in paragraph (a) are not present.

Sec. 16. Minnesota Statutes 1992, section 252.275, subdivision 3, is amended to read:

Subd. 3. [REIMBURSEMENT.] Counties shall be reimbursed for all expenditures made pursuant to subdivision 1 at a rate of 70 percent, up to the allocation determined pursuant to subdivisions 4, 4a, and 4b. However, the commissioner shall not reimburse costs of services for any person if the costs exceed the state share of the average medical assistance costs for services provided by intermediate care facilities for a person with mental retardation or a related condition for the same fiscal year, and shall not reimburse costs of a one-time living allowance for any person if the costs exceed \$1,500 in a state fiscal year. ~~For the biennium ending June 30, 1993, the commissioner shall not reimburse costs in excess of the 85th percentile of hourly service costs based upon the cost information supplied to the legislature in the proposed budget for the biennium.~~ The commissioner may make payments to each county in quarterly installments. The commissioner may certify an advance of up to 25 percent of the allocation. Subsequent payments shall be made on a reimbursement basis for reported expenditures and may be adjusted for anticipated spending patterns.

Sec. 17. Minnesota Statutes 1992, section 252.275, subdivision 4, is amended to read:

Subd. 4. [FORMULA.] ~~Effective January 1, 1992,~~ The commissioner shall allocate funds on a calendar year basis. ~~For calendar year 1992, funds shall be allocated based on each county's portion of the statewide reimbursement received under this section for state fiscal year 1991. For subsequent calendar years, funds shall be allocated~~ Beginning with the calendar year 1994 grant period, funds shall be allocated first in amounts equal to each county's guaranteed floor according to subdivision 4b, with any remaining available funds allocated based on each county's portion of the statewide expenditures eligible for reimbursement under this section during the 12 months ending on June 30 of the preceding calendar year.

If the legislature appropriates funds for special purposes, the commissioner may allocate the funds based on proposals submitted by the counties to the commissioner in a format prescribed by the commissioner. Nothing in this section prevents a county from using other funds to pay for additional costs of semi-independent living services.

Sec. 18. Minnesota Statutes 1992, section 256.015, subdivision 2, is amended to read:

Subd. 2. [PERFECTION; ENFORCEMENT.] The state agency may perfect and enforce its lien under sections 514.69, 514.70, and 514.71, and must file the verified lien statement with the appropriate court administrator in the county of financial responsibility. The verified lien statement must contain the following: the name and address of the person to whom medical care, subsistence, or other payment was furnished; the date of injury; the name and address of vendors furnishing medical care; the dates of the service or payment; the amount claimed to be due for the care or payment; and to the best of the state agency's knowledge, the names and addresses of all persons,

firms, or corporations claimed to be liable for damages arising from the injuries.

This section does not affect the priority of any attorney's lien. The state agency is not subject to any limitations period referred to in section 514.69 or 514.71 and has one year from the date notice is *first* received by it under subdivision 4, paragraph (c), *even if the notice is untimely*, or one year from the date medical bills are first paid by the state agency, whichever is later, to file its verified lien statement. The state agency may commence an action to enforce the lien within one year of (1) the date the notice required by subdivision 4, paragraph (c), is received, or (2) the date the person's cause of action is concluded by judgment, award, settlement, or otherwise, whichever is later.

Sec. 19. Minnesota Statutes 1992, section 256.015, subdivision 7, is amended to read:

Subd. 7. [COOPERATION REQUIRED.] Upon the request of the department of human services, any state agency or third party payer shall cooperate with the department in furnishing information to help establish a third party liability. *Upon the request of the department of human services or county child support or human service agencies, any employer or third party payer shall cooperate in furnishing information about group health insurance plans or medical benefit plans available to its employees.* The department of human services and county agencies shall limit its use of information gained from agencies ~~and~~, third party payers, and employers to purposes directly connected with the administration of its public assistance *and child support* programs. The provision of information by agencies ~~and~~, third party payers, and employers to the department under this subdivision is not a violation of any right of confidentiality or data privacy.

Sec. 20. Minnesota Statutes 1993 Supplement, section 256.9685, subdivision 1, is amended to read:

Subdivision 1. [AUTHORITY.] The commissioner shall establish procedures for determining medical assistance and general assistance medical care payment rates under a prospective payment system for inpatient hospital services in hospitals that qualify as vendors of medical assistance. The commissioner shall establish, by rule, procedures for implementing this section and sections 256.9686, 256.969, and 256.9695. ~~The medical assistance payment rates must be based on methods and standards that the commissioner finds are adequate to provide for the costs that must be incurred for the care of recipients in efficiently and economically operated hospitals.~~ Services must meet the requirements of section 256B.04, subdivision 15, or 256D.03, subdivision 7, paragraph (b), to be eligible for payment except the commissioner may establish exemptions to specific requirements based on diagnosis, procedure, or service after notice in the State Register and a 30-day comment period.

Sec. 21. Minnesota Statutes 1992, section 256.969, subdivision 10, is amended to read:

Subd. 10. [SEPARATE BILLING BY CERTIFIED REGISTERED NURSE ANESTHETISTS.] Hospitals may exclude certified registered nurse anesthetist costs from the operating payment rate as allowed by section 256B.0625, subdivision 11. To be eligible, a hospital must notify the commissioner in writing by October 1 of the year preceding the rate year of the request to

exclude certified registered nurse anesthetist costs. The hospital must agree that all hospital claims for the cost and charges of certified registered nurse anesthetist services will not be included as part of the rates for inpatient services provided during the rate year. In this case, the operating payment rate shall be adjusted to exclude the cost of certified registered nurse anesthetist services. ~~Payments made through separate claims for certified registered nurse anesthetist services shall not be paid directly through the hospital provider number or indirectly by the certified registered nurse anesthetist to the hospital or related organizations.~~

For admissions occurring on or after July 1, 1991, and until the expiration date of section 256.9695, subdivision 3, services of certified registered nurse anesthetists provided on an inpatient basis may be paid as allowed by section 256B.0625, subdivision 11, when the hospital's base year did not include the cost of these services. To be eligible, a hospital must notify the commissioner in writing by July 1, 1991, of the request and must comply with all other requirements of this subdivision.

Sec. 22. Minnesota Statutes 1992, section 256.969, subdivision 16, is amended to read:

Subd. 16. [INDIAN HEALTH SERVICE FACILITIES.] Indian health service facilities are exempt from the rate establishment methods required by this section and shall be reimbursed at charges as limited to the amount allowed under federal law. ~~This exemption is not effective for payments under general assistance medical care.~~

Sec. 23. Minnesota Statutes 1992, section 256B.042, subdivision 2, is amended to read:

Subd. 2. [LIEN ENFORCEMENT.] The state agency may perfect and enforce its lien by following the procedures set forth in sections 514.69, 514.70 and 514.71, and its verified lien statement shall be filed with the appropriate court administrator in the county of financial responsibility. The verified lien statement shall contain the following: the name and address of the person to whom medical care was furnished, the date of injury, the name and address of the vendor or vendors furnishing medical care, the dates of the service, the amount claimed to be due for the care, and, to the best of the state agency's knowledge, the names and addresses of all persons, firms, or corporations claimed to be liable for damages arising from the injuries. This section shall not affect the priority of any attorney's lien. The state agency is not subject to any limitations period referred to in section 514.69 or 514.71 and has one year from the date notice is *first* received by it under subdivision 4, paragraph (c), *even if the notice is untimely*, or one year from the date medical bills are first paid by the state agency, whichever is later, to file its verified lien statement. The state agency may commence an action to enforce the lien within one year of (1) the date the notice required by subdivision 4, paragraph (c), is received or (2) the date the recipient's cause of action is concluded by judgment, award, settlement, or otherwise, whichever is later.

Sec. 24. Minnesota Statutes 1992, section 256B.059, subdivision 1, is amended to read:

Subdivision 1. [DEFINITIONS.] (a) For purposes of this section, the terms defined in this subdivision have the meanings given them.

(b) "Community spouse" means the spouse of an institutionalized ~~person~~ spouse.

(c) "Spousal share" means one-half of the total value of all assets, to the extent that either the institutionalized spouse or the community spouse had an ownership interest at the time of institutionalization.

(d) "Assets otherwise available to the community spouse" means assets individually or jointly owned by the community spouse, other than assets excluded by subdivision 5, paragraph (c).

(e) "Community spouse asset allowance" is the value of assets that can be transferred under subdivision 3.

(f) *"Institutionalized spouse" means a person who is: (i) in a hospital, nursing facility, intermediate care facility for persons with mental retardation, or is receiving home- and community-based services under section 256B.0915, and is expected to remain in such facility or institution or receive such home- and community-based services for at least 30 consecutive days; and (ii) married to a person who is not in a hospital, nursing facility, or intermediate care facility for persons with mental retardation, and is not receiving home- and community-based services under section 256B.0915.*

Sec. 25. Minnesota Statutes 1993 Supplement, section 256B.059, subdivision 3, is amended to read:

Subd. 3. [COMMUNITY SPOUSE ASSET ALLOWANCE.] An institutionalized spouse may transfer assets to the community spouse solely for the benefit of the community spouse. Except for increased amounts allowable under subdivision 4, the maximum amount of assets allowed to be transferred is the amount which, when added to the assets otherwise available to the community spouse, is as follows:

(1) prior to July 1, 1994, the greater of:

(i) \$14,148;

(ii) the lesser of the spousal share or \$70,740; or

(iii) the amount required by court order to be paid to the community spouse; and

(2) for persons ~~who begin~~ whose date of initial determination of eligibility for medical assistance following their first continuous period of institutionalization occurs on or after July 1, 1994, the greater of:

(i) \$20,000;

(ii) the lesser of the spousal share or \$70,740; or

(iii) the amount required by court order to be paid to the community spouse.

If the assets available to the community spouse are already at the limit permissible under this section, or the higher limit attributable to increases under subdivision 4, no assets may be transferred from the institutionalized spouse to the community spouse. The transfer must be made as soon as practicable after the date the institutionalized spouse is determined eligible for medical assistance, or within the amount of time needed for any court order required for the transfer. On January 1, 1994, and every January 1 thereafter, the limits in this subdivision shall be adjusted by the same percentage change

in the consumer price index for all urban consumers (all items; United States city average) between the two previous Septembers. These adjustments shall also be applied to the limits in subdivision 5.

Sec. 26. Minnesota Statutes 1993 Supplement, section 256B.059, subdivision 5, is amended to read:

Subd. 5. [ASSET AVAILABILITY.] (a) At the time of ~~application~~ *initial determination of eligibility* for medical assistance benefits *following the first continuous period of institutionalization*, assets considered available to the institutionalized spouse shall be the total value of all assets in which either spouse has an ownership interest, reduced by the following:

(1) prior to July 1, 1994, the greater of:

(i) \$14,148;

(ii) the lesser of the spousal share or \$70,740; or

(iii) the amount required by court order to be paid to the community spouse;

(2) for persons ~~who begin~~ *whose date of initial determination of eligibility for medical assistance following* their first continuous period of institutionalization *occurs* on or after July 1, 1994, the greater of:

(i) \$20,000;

(ii) the lesser of the spousal share or \$70,740; or

(iii) the amount required by court order to be paid to the community spouse. If the community spouse asset allowance has been increased under subdivision 4, then the assets considered available to the institutionalized spouse under this subdivision shall be further reduced by the value of additional amounts allowed under subdivision 4.

(b) An institutionalized spouse may be found eligible for medical assistance even though assets in excess of the allowable amount are found to be available under paragraph (a) if the assets are owned jointly or individually by the community spouse, and the institutionalized spouse cannot use those assets to pay for the cost of care without the consent of the community spouse, and if: (i) the institutionalized spouse assigns to the commissioner the right to support from the community spouse under section 256B.14, subdivision 3; (ii) the institutionalized spouse lacks the ability to execute an assignment due to a physical or mental impairment; or (iii) the denial of eligibility would cause an imminent threat to the institutionalized spouse's health and well-being.

(c) After the month in which the institutionalized spouse is determined eligible for medical assistance, during the continuous period of institutionalization, no assets of the community spouse are considered available to the institutionalized spouse, unless the institutionalized spouse has been found eligible under clause (b).

(d) Assets determined to be available to the institutionalized spouse under this section must be used for the health care or personal needs of the institutionalized spouse.

(e) For purposes of this section, assets do not include assets excluded under ~~section 256B.056, without regard to the limitations on total value in that section~~ *the supplemental security income program.*

Sec. 27. Minnesota Statutes 1993 Supplement, section 256B.0595, subdivision 1, is amended to read:

Subdivision 1. [PROHIBITED TRANSFERS.] (a) *For transfers of assets made on or before August 10, 1993, if a person or the person's spouse has given away, sold, or disposed of, for less than fair market value, any asset or interest therein, except assets other than the homestead that are excluded under section 256B.056, subdivision 3 the supplemental security program, within 30 months before or any time after the date of institutionalization if the person has been determined eligible for medical assistance, or within 30 months before or any time after the date of the first approved application for medical assistance if the person has not yet been determined eligible for medical assistance, the person is ineligible for long-term care services for the period of time determined under subdivision 2.*

(b) *Effective for transfers made on or after July 1, 1993, or upon federal approval, whichever is later August 10, 1993, (i) a person, a person's spouse, or a person's authorized representative any person, court, or administrative body with legal authority to act in place of, on behalf of, at the direction of, or upon the request of the person or person's spouse, (ii) may not give away, sell, or dispose of, for less than fair market value, any asset or interest therein, except assets other than the homestead that are excluded under the supplemental security income program, for the purpose of establishing or maintaining medical assistance eligibility. For purposes of determining eligibility for medical assistance long-term care services, any transfer of an asset such assets within 60 36 months preceding application before or any time after the time an institutionalized person applies for medical assistance or during the period of medical assistance eligibility, including assets excluded under section 256B.056, subdivision 3, or 36 months before or any time after a medical assistance recipient becomes institutionalized, for less than fair market value may be considered. Any such transfer for less than fair market value made within 60 months preceding application for medical assistance or during the period of medical assistance eligibility is presumed to have been made for the purpose of establishing or maintaining medical assistance eligibility and the person is ineligible for medical assistance long-term care services for the period of time determined under subdivision 2, unless the person furnishes convincing evidence to establish that the transaction was exclusively for another purpose, or unless the transfer is permitted under subdivisions 3 or 4. Notwithstanding the provisions of this paragraph, in the case of payments from a trust or portions of a trust that are considered transfers of assets under federal law, any transfers made within 60 months before or any time after an institutionalized person applies for medical assistance and within 60 months before or any time after a medical assistance recipient becomes institutionalized, may be considered.*

(c) *This section applies to transfers, for less than fair market value, of income or assets, including assets that are considered income in the month received, such as inheritances, court settlements, and retroactive benefit payments or income which the person or the person's spouse is entitled to but does not receive due to action by the person, the person's spouse, or any person, court, or administrative body with legal authority to act in place of, on behalf of, at the direction of, or upon the request of the person or the person's spouse.*

(d) *This section applies to payments for care or personal services provided by a relative, unless the compensation was stipulated in a notarized, written*

agreement which was in existence when the service was performed, the care or services directly benefited the person, and the payments made represented reasonable compensation for the care or services provided. A notarized written agreement is not required if payment for the services was made within 60 days after the service was provided.

(e) This section applies to the portion of any asset or interest that a person ~~or~~, a person's spouse, or any person, court, or administrative body with legal authority to act in place of, on behalf of, at the direction of, or upon the request of the person or the person's spouse, transfers to an ~~irrevocable~~ any trust, annuity, or other instrument, that exceeds the value of the benefit likely to be returned to the person or spouse while alive, based on estimated life expectancy using the life expectancy tables employed by the supplemental security income program to determine the value of an agreement for services for life. The commissioner may adopt rules reducing life expectancies based on the need for long-term care.

(f) For purposes of this section, long-term care services include *services in a nursing facility, services that are eligible for payment according to section 256B.0625, subdivision 2, because they are provided in a swing bed, intermediate care facility for persons with mental retardation, and home home- and community-based services provided pursuant to section 256B.491 sections 256B.0915, 256B.092, and 256B.49.* For purposes of this subdivision and subdivisions 2, 3, and 4, "institutionalized person" includes a person who is an inpatient in a nursing facility, or in a swing bed, or intermediate care facility for persons with mental retardation or who is receiving ~~home home-~~ and community-based services under ~~section 256B.491 sections 256B.0915, 256B.092, and 256B.49.~~

Sec. 28. Minnesota Statutes 1993 Supplement, section 256B.0595, subdivision 2, is amended to read:

Subd. 2. [PERIOD OF INELIGIBILITY.] (a) For any uncompensated transfer *occurring on or before August 10, 1993*, the number of months of ineligibility for long-term care services shall be the lesser of 30 months, or the uncompensated transfer amount divided by the average medical assistance rate for nursing facility services in the state in effect on the date of application. The amount used to calculate the average medical assistance payment rate shall be adjusted each July 1 to reflect payment rates for the previous calendar year. The period of ineligibility begins with the month in which the assets were transferred. If the transfer was not reported to the local agency at the time of application, and the applicant received long-term care services during what would have been the period of ineligibility if the transfer had been reported, a cause of action exists against the transferee for the cost of long-term care services provided during the period of ineligibility, or for the uncompensated amount of the transfer, whichever is less. The action may be brought by the state or the local agency responsible for providing medical assistance under chapter 256G. The uncompensated transfer amount is the fair market value of the asset at the time it was given away, sold, or disposed of, less the amount of compensation received.

(b) For uncompensated transfers made ~~on or after July 4 August 10, 1993, or upon federal approval, whichever is later,~~ the number of months of ineligibility, ~~including partial months, for medical assistance~~ long-term care services shall be the total uncompensated value of the resources transferred divided by the average medical assistance rate for nursing facility services in

the state in effect on the date of application. If a calculation of a penalty period results in a partial month, payments for medical assistance services will be reduced in an amount equal to the fraction, except that in calculating the value of uncompensated transfers, uncompensated transfers not to exceed \$1,000 in total value per month shall be disregarded for each month prior to the month of application for medical assistance. The amount used to calculate the average medical assistance payment rate shall be adjusted each July 1 to reflect payment rates for the previous calendar year. The period of ineligibility begins with the month in which the assets were transferred except that if one or more uncompensated transfers are made during a period of ineligibility, the total assets transferred during the ineligibility period shall be combined and a penalty period calculated to begin in the month the first uncompensated transfer was made. The penalty in this paragraph shall not apply to uncompensated transfers of assets not to exceed a total of \$1,000 per month during a medical assistance eligibility certification period. If the transfer was not reported to the local agency at the time of application, and the applicant received medical assistance services during what would have been the period of ineligibility if the transfer had been reported, a cause of action exists against the transferee for the cost of medical assistance services provided during the period of ineligibility, or for the uncompensated amount of the transfer, whichever is less. The action may be brought by the state or the local agency responsible for providing medical assistance under chapter 256G. The uncompensated transfer amount is the fair market value of the asset at the time it was given away, sold, or disposed of, less the amount of compensation received.

(c) If the total value of all uncompensated transfers made in a month exceeds \$1,000, the disregards allowed under paragraph (b) do not apply. Effective 60 days following published notice of receipt of federal approval, if a calculation of a penalty period results in a partial month, payments for long-term care services will be reduced in an amount equal to the fraction, except that in calculating the value of uncompensated transfers, if the total value of all uncompensated transfers made in a month do not exceed \$1,000 in total value, then such transfers shall be disregarded for each month prior to the month of application for or during receipt of medical assistance. Notice of federal approval shall be published in the State Register.

Sec. 29. Minnesota Statutes 1993 Supplement, section 256B.0595, subdivision 3, is amended to read:

Subd. 3. [HOMESTEAD EXCEPTION TO TRANSFER PROHIBITION.]

(a) An institutionalized person is not ineligible for long-term care services due to a transfer of assets for less than fair market value if the asset transferred was a homestead and:

(I) title to the homestead was transferred to the individual's

(i) spouse;

(ii) child who is under age 21;

(iii) blind or permanently and totally disabled child as defined in the supplemental security income program;

(iv) sibling who has equity interest in the home and who was residing in the home for a period of at least one year immediately before the date of the individual's admission to the facility; or

(v) son or daughter who was residing in the individual's home for a period of at least two years immediately before the date of the individual's admission to the facility, and who provided care to the individual that permitted the individual to reside at home rather than in an institution or facility;

(2) a satisfactory showing is made that the individual intended to dispose of the homestead at fair market value or for other valuable consideration; or

(3) the local agency grants a waiver of the excess resources created by the uncompensated transfer because denial of eligibility would cause undue hardship for the individual, based on imminent threat to the individual's health and well-being.

(b) When a waiver is granted under paragraph (a), clause (3), a cause of action exists against the person to whom the homestead was transferred for that portion of long-term care services granted within:

(i) 30 months of ~~the~~ a transfer made on or before August 10, 1993;

(ii) 60 months if the homestead was transferred after August 10, 1993, to a trust or portion of a trust that is considered a transfer of assets under federal law; or

(iii) 36 months if transferred in any other manner after August 10, 1993,

or the amount of the uncompensated transfer, whichever is less, together with the costs incurred due to the action. The action may be brought by the state or the local agency responsible for providing medical assistance under chapter 256G.

(c) Effective for transfers made on or after July 1, 1993, or Upon federal approval, whichever is later, an institutionalized person is not ineligible for medical assistance services due to a transfer of assets for less than fair market value if the asset transferred was a homestead and:

(1) title to the homestead was transferred to the individual's

(i) spouse;

(ii) child who is under age 21;

(iii) blind or permanently and totally disabled child as defined in the supplemental security income program;

(iv) sibling who has equity interest in the home and who was residing in the home for a period of at least one year immediately before the date of the individual's admission to the facility; or

(v) son or daughter who was residing in the individual's home for a period of at least two years immediately before the date of the individual's admission to the facility, and who provided care to the individual that permitted the individual to reside at home rather than in an institution or facility;

(2) a satisfactory showing is made that the individual intended to dispose of the homestead at fair market value or for other valuable consideration; or

(3) the local agency grants a waiver of the excess resources created by the uncompensated transfer because denial of eligibility would cause undue hardship for the individual, based on imminent threat to the individual's health and well-being.

(d) When a waiver is granted under paragraph (c), clause (3), a cause of action exists against the person to whom the homestead was transferred for that portion of medical assistance services granted during the period of ineligibility under subdivision 2, or the amount of the uncompensated transfer, whichever is less, together with the costs incurred due to the action. The action may be brought by the state or the local agency responsible for providing medical assistance under chapter 256G.

Sec. 30. Minnesota Statutes 1993 Supplement; section 256B.0595, subdivision 4, is amended to read:

Subd. 4. [OTHER EXCEPTIONS TO TRANSFER PROHIBITION.] (a) An institutionalized person who has made, or whose spouse has made a transfer prohibited by subdivision 1, is not ineligible for long-term care services if one of the following conditions applies:

(1) the assets were transferred to the ~~community individual's~~ spouse, as defined in section 256B.059 or to another for the sole benefit of the spouse; or

(2) the institutionalized spouse, prior to being institutionalized, transferred assets to a spouse, provided that the spouse to whom the assets were transferred does not then transfer those assets to another person for less than fair market value. (At the time when one spouse is institutionalized, assets must be allocated between the spouses as provided under section 256B.059); or

(3) the assets were transferred to the individual's child who is blind or permanently and totally disabled as determined in the supplemental security income program; or

(4) a satisfactory showing is made that the individual intended to dispose of the assets either at fair market value or for other valuable consideration; or

(5) the local agency determines that denial of eligibility for long-term care services would work an undue hardship and grants a waiver of excess assets. When a waiver is granted, a cause of action exists against the person to whom the assets were transferred for that portion of long-term care services granted within 30 months of the transfer, or the amount of the uncompensated transfer, whichever is less, together with the costs incurred due to the action. The action may be brought by the state or the local agency responsible for providing medical assistance under this chapter; or

(6) for transfers occurring after August 10, 1993, the assets were transferred by the person or person's spouse: (i) into a trust established solely for the benefit of a son or daughter of any age who is blind or disabled as defined by the supplemental security income program; or (ii) into a trust established solely for the benefit of an individual who is under 65 years of age who is disabled as defined by the supplemental security income program.

(b) Effective for transfers made on or after July 1, 1993, or Upon federal approval, whichever is later, an institutionalized person who has made, or whose spouse has made a transfer prohibited by subdivision 1, is not ineligible for medical assistance services if one of the following conditions applies:

(1) the assets were transferred to the community spouse, as defined in section 256B.059; or

(2) the institutionalized spouse, prior to being institutionalized, transferred assets to a spouse, provided that the spouse to whom the assets were transferred does not then transfer those assets to another person for less than fair market value. (At the time when one spouse is institutionalized, assets must be allocated between the spouses as provided under section 256B.059); or

(3) the assets were transferred to the individual's child who is blind or permanently and totally disabled as determined in the supplemental security income program; or

(4) a satisfactory showing is made that the individual intended to dispose of the assets either at fair market value or for other valuable consideration; or

(5) the local agency determines that denial of eligibility for medical assistance services would work an undue hardship and grants a waiver of excess assets. When a waiver is granted, a cause of action exists against the person to whom the assets were transferred for that portion of medical assistance services granted during the period of ineligibility determined under subdivision 2 or the amount of the uncompensated transfer, whichever is less, together with the costs incurred due to the action. The action may be brought by the state or the local agency responsible for providing medical assistance under this chapter.

Sec. 31. Minnesota Statutes 1992, section 256B.06, subdivision 4, is amended to read:

Subd. 4. [CITIZENSHIP REQUIREMENTS.] Eligibility for medical assistance is limited to citizens of the United States and aliens lawfully admitted for permanent residence or otherwise permanently residing in the United States under the color of law. Aliens who are seeking legalization under the Immigration Reform and Control Act of 1986, Public Law Number 99-603, who are under age 18, over age 65, blind, disabled, or Cuban or Haitian, and who meet the eligibility requirements of medical assistance under subdivision 1 and sections 256B.055 to 256B.062 are eligible to receive medical assistance. Pregnant women who are aliens seeking legalization under the Immigration Reform and Control Act of 1986, Public Law Number 99-603, and who meet the eligibility requirements of medical assistance under subdivision 1 are eligible for payment of care and services through the period of pregnancy and six weeks postpartum. Payment shall also be made for care and services that are furnished to an alien, regardless of immigration status, who otherwise meets the eligibility requirements of this section if such care and services are necessary for the treatment of an emergency medical condition, *except for organ transplants and related care and services*. For purposes of this subdivision, the term "emergency medical condition" means a medical condition, including labor and delivery, that if not immediately treated could cause a person physical or mental disability, continuation of severe pain, or death.

Sec. 32. Minnesota Statutes 1993 Supplement, section 256B.0625, subdivision 20, is amended to read:

Subd. 20. [MENTAL ILLNESS CASE MANAGEMENT.] (a) To the extent authorized by rule of the state agency, medical assistance covers case management services to persons with serious and persistent mental illness or subject to federal approval, children with severe emotional disturbance. Entities meeting program standards set out in rules governing family

community support services as defined in section 245.4871, subdivision 17, are eligible for medical assistance reimbursement for case management services for children with severe emotional disturbance when these services meet the program standards in Minnesota Rules, parts 9520.0900 to 9520.0926 and 9505.0322, excluding subpart 6.

(b) In counties where fewer than 50 percent of children estimated to be eligible under medical assistance to receive case management services for children with severe emotional disturbance actually receive these services in state fiscal year 1995, community mental health centers serving those counties, entities meeting program standards in Minnesota Rules, parts 9520.0570 to 9520.0870, and other entities authorized by the commissioner are eligible for medical assistance reimbursement for case management services for children with severe emotional disturbance when these services meet the program standards in Minnesota Rules, parts 9520.0900 to 9520.0926 and 9505.0322, excluding subpart 6.

(c) *Until legislation is enacted to implement the report required under section 245.494, the rate for medical assistance case management for children with severe emotional disturbance shall be \$45 per hour.*

Sec. 33. Minnesota Statutes 1993 Supplement, section 256B.0625, subdivision 37, is amended to read:

Subd. 37. ~~[WRAPAROUND INDIVIDUALIZED REHABILITATION SERVICES.]~~ Medical assistance covers ~~wraparound individualized rehabilitation~~ services as defined in section 245.492, subdivision 20, ~~that are provided through a local children's mental health collaborative, as that entity is defined in section 245.492, subdivision 11 23, that are provided by a county or an entity under contract with the county through an integrated service system, as described in section 245.4931, that is approved by the state coordinating council, subject to federal approval.~~

Sec. 34. Minnesota Statutes 1992, section 256B.15, subdivision 1a, is amended to read:

Subd. 1a. [ESTATES SUBJECT TO CLAIMS.] If a person receives any medical assistance hereunder, on the person's death, if single, or on the death of the survivor of a married couple, either or both of whom received medical assistance, the total amount paid for medical assistance rendered for the person and spouse shall be filed as a claim against the estate of the person or the estate of the surviving spouse in the court having jurisdiction to probate the estate.

A claim shall be filed if medical assistance was rendered for either or both persons under one of the following circumstances:

(a) the person was over ~~65~~ 55 years of age, and received services under this chapter, excluding alternative care;

(b) the person resided in a medical institution for six months or longer, received services under this chapter excluding alternative care, and, at the time of institutionalization or application for medical assistance, whichever is later, the person could not have reasonably been expected to be discharged and returned home, as certified in writing by the person's treating physician. For purposes of this section only, a "medical institution" means a skilled nursing facility, intermediate care facility, intermediate care facility for persons with mental retardation, nursing facility, or inpatient hospital; or

(c) the person received general assistance medical care services under chapter 256D.

The claim shall be considered an expense of the last illness of the decedent for the purpose of section 524.3-805. Any statute of limitations that purports to limit any county agency or the state agency, or both, to recover for medical assistance granted hereunder shall not apply to any claim made hereunder for reimbursement for any medical assistance granted hereunder. Counties are entitled to one-half of the nonfederal share of medical assistance collections from estates that are directly attributable to county effort.

Sec. 35. Minnesota Statutes 1993 Supplement, section 256B.15, subdivision 2, is amended to read:

Subd. 2. [LIMITATIONS ON CLAIMS.] The claim shall include only the total amount of medical assistance rendered after age 65 or 55, or during a period of institutionalization described in subdivision 1a, clause (b), and the total amount of general assistance medical care rendered, and shall not include interest. Claims that have been allowed but not paid shall bear interest according to section 524.3-806, paragraph (d). A claim against the estate of a surviving spouse who did not receive medical assistance, for medical assistance rendered for the predeceased spouse, is limited to the value of the assets of the estate that were marital property or jointly owned property at any time during the marriage.

Any claim under this section will be limited, or waived, in the event that evidence of undue hardship upon financially dependent family members or other documented dependents of the deceased medical assistance recipient is shown. Undue hardship exists when application of probate laws regarding medical assistance would deprive financially dependent family members, or other documented dependents of the deceased medical assistance recipient of food, clothing, shelter, or other necessities of life. Undue hardship does not exist where application of probate laws regarding medical assistance merely causes the deceased medical assistance recipient's family members or other persons inconvenience, or might restrict the lifestyle, but would not cause the risk of serious deprivation of food, clothing, shelter, or other necessities of life. Undue hardship does not exist where the waiver or limitation of a claim under this section will not result in the distribution of the estate to the person claiming undue hardship.

Sec. 36. Minnesota Statutes 1992, section 256B.69, subdivision 4, is amended to read:

Subd. 4. [LIMITATION OF CHOICE.] The commissioner shall develop criteria to determine when limitation of choice may be implemented in the experimental counties. The criteria shall ensure that all eligible individuals in the county have continuing access to the full range of medical assistance services as specified in subdivision 6. The commissioner shall exempt the following persons from participation in the project, in addition to those who do not meet the criteria for limitation of choice: (1) persons eligible for medical assistance according to section 256B.055, subdivision 1, or who are in foster placement; (2) persons eligible for medical assistance due to blindness or disability as determined by the social security administration or the state medical review team, unless they are 65 years of age or older; (3) recipients who currently have private coverage through a health maintenance organization; and (4) recipients who are eligible for medical assistance by spending down excess income for medical expenses other than the nursing

facility per diem expense. *The commissioner may allow persons with a one month spend-down, who are otherwise eligible to enroll, to voluntarily enroll or remain enrolled if they elect to prepay their monthly spend-down to the state.* Before limitation of choice is implemented, eligible individuals shall be notified and after notification, shall be allowed to choose only among demonstration providers. After initially choosing a provider, the recipient is allowed to change that choice only at specified times as allowed by the commissioner. If a demonstration provider ends participation in the project for any reason, a recipient enrolled with that provider must select a new provider but may change providers without cause once more within the first 60 days after enrollment with the second provider.

Sec. 37. Minnesota Statutes 1992, section 256B.69, is amended by adding a subdivision to read:

Subd. 18. [ALTERNATIVE INTEGRATED LONG-TERM CARE SERVICES; ELDERLY AND DISABLED PERSONS.] The commissioner may implement demonstration projects to create alternative integrated delivery systems for acute and long-term care services to elderly and disabled persons that provide increased coordination, improve access to quality services, and mitigate future cost increases. The commissioner may seek federal authority to combine Medicare and Medicaid capitation payments for the purpose of such demonstrations. Medicare funds and services shall be administered according to the terms and conditions of the federal waiver and demonstration provisions. For the purpose of administering medical assistance funds, demonstrations under this subdivision are subject to subdivisions 1 to 17. The provisions of Minnesota Rules, parts 9500.1450 to 9500.1464, apply to these demonstrations, with the exceptions of parts 9500.1452, subpart 2, item B; and 9500.1457, subpart 1, items B and C, which do not apply to elderly persons enrolling in demonstrations under this section. Persons who disenroll from demonstrations under this subdivision remain subject to Minnesota Rules, parts 9500.1450 to 9500.1464. When a person is enrolled in a health plan under this demonstration and the health plan's participation is subsequently terminated for any reason, the person shall be provided an opportunity to select a new health plan and shall have the right to change health plans within the first 60 days of enrollment in the second health plan. Persons required to participate in health plans under section 256B.69 who fail to make a choice of health plan will not be randomly assigned to health plans under this demonstration. Notwithstanding Minnesota Statutes 1993 Supplement, section 256.9363, subdivision 5, and Minnesota Rules, part 9505.5220, subpart 1a, if adopted, for the purpose of demonstrations under this subdivision, the commissioner may contract with managed care organizations to serve only elderly persons eligible for medical assistance, or both elderly and disabled persons. Before implementation of a demonstration project for disabled persons, the commissioner must provide information to appropriate committees of the senate and house of representatives and must involve representatives of affected disability groups in the design of the project.

Sec. 38. Minnesota Statutes 1993 Supplement, section 256D.03, subdivision 3, is amended to read:

Subd. 3. [GENERAL ASSISTANCE MEDICAL CARE; ELIGIBILITY.] (a) General assistance medical care may be paid for any person who is not eligible for medical assistance under chapter 256B, including eligibility for medical assistance based on a spend-down of excess income according to section 256B.056, subdivision 5, and:

(1) who is receiving assistance under section 256D.05 or 256D.051, or who is having a payment made on the person's behalf under sections 256L.01 to 256L.06; or

(2)(i) who is a resident of Minnesota; and whose equity in assets is not in excess of \$1,000 per assistance unit. No asset test shall be applied to children and their parents living in the same household. Exempt assets, the reduction of excess assets, and the waiver of excess assets must conform to the medical assistance program in chapter 256B, with the following exception: the maximum amount of undistributed funds in a trust that could be distributed to or on behalf of the beneficiary by the trustee, assuming the full exercise of the trustee's discretion under the terms of the trust, must be applied toward the asset maximum; and

(ii) who has countable income not in excess of the assistance standards established in section 256B.056, subdivision 4, or whose excess income is spent down pursuant to section 256B.056, subdivision 5, using a six-month budget period, except that a one-month budget period must be used for recipients residing in a long-term care facility. The method for calculating earned income disregards and deductions for a person who resides with a dependent child under age 21 shall be as specified in section 256.74, subdivision 1. However, if a disregard of \$30 and one-third of the remainder described in section 256.74, subdivision 1, clause (4), has been applied to the wage earner's income, the disregard shall not be applied again until the wage earner's income has not been considered in an eligibility determination for general assistance, general assistance medical care, medical assistance, or aid to families with dependent children for 12 consecutive months. The earned income and work expense deductions for a person who does not reside with a dependent child under age 21 shall be the same as the method used to determine eligibility for a person under section 256D.06, subdivision 1, except the disregard of the first \$50 of earned income is not allowed; or

(3) who would be eligible for medical assistance except that the person resides in a facility that is determined by the commissioner or the federal health care financing administration to be an institution for mental diseases.

(b) Eligibility is available for the month of application, and for three months prior to application if the person was eligible in those prior months. A redetermination of eligibility must occur every 12 months.

(c) General assistance medical care is not available for a person in a correctional facility unless the person is detained by law for less than one year in a county correctional or detention facility as a person accused or convicted of a crime, or admitted as an inpatient to a hospital on a criminal hold order, and the person is a recipient of general assistance medical care at the time the person is detained by law or admitted on a criminal hold order and as long as the person continues to meet other eligibility requirements of this subdivision.

(d) General assistance medical care is not available for applicants or recipients who do not cooperate with the county agency to meet the requirements of medical assistance.

(e) In determining the amount of assets of an individual, there shall be included any asset or interest in an asset, including an asset excluded under paragraph (a), that was given away, sold, or disposed of for less than fair market value within the 30 60 months preceding application for general assistance medical care or during the period of eligibility. Any transfer

described in this paragraph shall be presumed to have been for the purpose of establishing eligibility for general assistance medical care, unless the individual furnishes convincing evidence to establish that the transaction was exclusively for another purpose. For purposes of this paragraph, the value of the asset or interest shall be the fair market value at the time it was given away, sold, or disposed of, less the amount of compensation received. For any uncompensated transfer, the number of months of ineligibility, including partial months, shall be calculated by dividing the uncompensated transfer amount by the average monthly per person payment made by the medical assistance program to skilled nursing facilities for the previous calendar year. The individual shall remain ineligible until this fixed period has expired. The period of ineligibility may exceed 30 months, and a reapplication for benefits after 30 months from the date of the transfer shall not result in eligibility unless and until the period of ineligibility has expired. The period of ineligibility begins in the month the transfer was reported to the county agency, or if the transfer was not reported, the month in which the county agency discovered the transfer, whichever comes first. For applicants, the period of ineligibility begins on the date of the first approved application.

(f)(1) Beginning October 1, 1993, an undocumented alien or a nonimmigrant is ineligible for general assistance medical care other than emergency services. For purposes of this subdivision, a nonimmigrant is an individual in one or more of the classes listed in United States Code, title 8, section 1101(a)(15), and an undocumented alien is an individual who resides in the United States without the approval or acquiescence of the Immigration and Naturalization Service.

(2) This subdivision does not apply to a child under age 18, to a Cuban or Haitian entrant as defined in Public Law Number 96-422, section 501(e)(1) or (2)(a), or to an alien who is aged, blind, or disabled as defined in United States Code, title 42, section 1382c(a)(1).

(3) For purposes of paragraph (f), "emergency services" has the meaning given in Code of Federal Regulations, title 42, section 440.255(b)(1).

Sec. 39. Minnesota Statutes 1992, section 256D.03, subdivision 3a, is amended to read:

Subd. 3a. [CLAIMS; ASSIGNMENT OF BENEFITS.] *Probate* claims must be filed pursuant to section 256D.16. General assistance medical care applicants and recipients must apply or agree to apply third party health and accident benefits to the costs of medical care. ~~They~~ *General assistance and general assistance medical care applicants and recipients* must cooperate with the state in establishing paternity and obtaining third party payments *to be eligible under this chapter*. By signing an application for general assistance *or general assistance medical care*, a person assigns to the department of human services all rights to medical support or payments for medical expenses from another person or entity on their own or their dependent's behalf and agrees to cooperate with the state in establishing paternity and obtaining third party payments. The application shall contain a statement explaining the assignment. Any rights or amounts assigned shall be applied against the cost of medical care paid for under this chapter. An assignment is effective on the date general assistance medical care eligibility takes effect. The assignment shall not affect benefits paid or provided under automobile accident coverage and private health care coverage until the person or organization providing the benefits has received notice of the assignment.

Sec. 40. Minnesota Statutes 1992, section 256D.03, subdivision 3b, is amended to read:

Subd. 3b. [COOPERATION.] *General assistance or general assistance medical care, applicants and recipients must cooperate with the state and local agency to identify potentially liable third party payers and assist the state in obtaining third party payments. Cooperation includes identifying any third party who may be liable for care and services provided under this chapter to the applicant, recipient, or any other family member for whom application is made and providing relevant information to assist the state in pursuing a potentially liable third party.* General assistance medical care applicants and recipients must cooperate by providing information about any group health plan in which they may be eligible to enroll. They must cooperate with the state and local agency in determining if the plan is cost-effective. If the plan is determined cost-effective and the premium will be paid by the state or local agency or is available at no cost to the person, they must enroll or remain enrolled in the group health plan. Cost-effective insurance premiums approved for payment by the state agency and paid by the local agency are eligible for reimbursement according to subdivision 6.

Sec. 41. Minnesota Statutes 1993 Supplement, section 256D.03, subdivision 4, is amended to read:

Subd. 4. [GENERAL ASSISTANCE MEDICAL CARE; SERVICES.] (a) For a person who is eligible under subdivision 3, paragraph (a), clause (3), general assistance medical care covers:

- (1) inpatient hospital services;
- (2) outpatient hospital services;
- (3) services provided by Medicare certified rehabilitation agencies;
- (4) prescription drugs and other products recommended through the process established in section 256B.0625, subdivision 13;
- (5) equipment necessary to administer insulin and diagnostic supplies and equipment for diabetics to monitor blood sugar level;
- (6) eyeglasses and eye examinations provided by a physician or optometrist;
- (7) hearing aids;
- (8) prosthetic devices;
- (9) laboratory and X-ray services;
- (10) physician's services;
- (11) medical transportation;
- (12) chiropractic services as covered under the medical assistance program;
- (13) podiatric services;
- (14) dental services;
- (15) outpatient services provided by a mental health center or clinic that is under contract with the county board and is established under section 245.62;

(16) day treatment services for mental illness provided under contract with the county board;

(17) prescribed medications for persons who have been diagnosed as mentally ill as necessary to prevent more restrictive institutionalization;

(18) case management services for a person with serious and persistent mental illness who would be eligible for medical assistance except that the person resides in an institution for mental diseases;

(19) psychological services, medical supplies and equipment, and Medicare premiums, coinsurance and deductible payments;

(20) medical equipment not specifically listed in this paragraph when the use of the equipment will prevent the need for costlier services that are reimbursable under this subdivision; and

(21) services performed by a certified pediatric nurse practitioner, a certified family nurse practitioner, a certified adult nurse practitioner, a certified obstetric/gynecological nurse practitioner, or a certified geriatric nurse practitioner in independent practice, if the services are otherwise covered under this chapter as a physician service, and if the service is within the scope of practice of the nurse practitioner's license as a registered nurse, as defined in section 148.171; and

(22) services of a certified public health nurse practicing in a public health nursing clinic that is a department of, or that operates under the direct authority of, a unit of government, if the service is within the scope of practice of the public health nurse's license as a registered nurse, as defined in section 148.171.

(b) For a recipient who is eligible under subdivision 3, paragraph (a), clause (1) or (2), general assistance medical care covers the services listed in paragraph (a) with the exception of special transportation services.

(c) In order to contain costs, the commissioner of human services shall select vendors of medical care who can provide the most economical care consistent with high medical standards and shall where possible contract with organizations on a prepaid capitation basis to provide these services. The commissioner shall consider proposals by counties and vendors for prepaid health plans, competitive bidding programs, block grants, or other vendor payment mechanisms designed to provide services in an economical manner or to control utilization, with safeguards to ensure that necessary services are provided. Before implementing prepaid programs in counties with a county operated or affiliated public teaching hospital or a hospital or clinic operated by the University of Minnesota, the commissioner shall consider the risks the prepaid program creates for the hospital and allow the county or hospital the opportunity to participate in the program in a manner that reflects the risk of adverse selection and the nature of the patients served by the hospital, provided the terms of participation in the program are competitive with the terms of other participants considering the nature of the population served. Payment for services provided pursuant to this subdivision shall be as provided to medical assistance vendors of these services under sections 256B.02, subdivision 8, and 256B.0625. For payments made during fiscal year 1990 and later years, the commissioner shall consult with an independent actuary in establishing prepayment rates, but shall retain final control over the rate methodology.

(d) The commissioner of human services may reduce payments provided under sections 256D.01 to 256D.21 and 261.23 in order to remain within the amount appropriated for general assistance medical care, within the following restrictions.

For the period July 1, 1985 to December 31, 1985, reductions below the cost per service unit allowable under section 256.966, are permitted only as follows: payments for inpatient and outpatient hospital care provided in response to a primary diagnosis of chemical dependency or mental illness may be reduced no more than 30 percent; payments for all other inpatient hospital care may be reduced no more than 20 percent. Reductions below the payments allowable under general assistance medical care for the remaining general assistance medical care services allowable under this subdivision may be reduced no more than ten percent.

For the period January 1, 1986 to December 31, 1986, reductions below the cost per service unit allowable under section 256.966 are permitted only as follows: payments for inpatient and outpatient hospital care provided in response to a primary diagnosis of chemical dependency or mental illness may be reduced no more than 20 percent; payments for all other inpatient hospital care may be reduced no more than 15 percent. Reductions below the payments allowable under general assistance medical care for the remaining general assistance medical care services allowable under this subdivision may be reduced no more than five percent.

For the period January 1, 1987 to June 30, 1987, reductions below the cost per service unit allowable under section 256.966 are permitted only as follows: payments for inpatient and outpatient hospital care provided in response to a primary diagnosis of chemical dependency or mental illness may be reduced no more than 15 percent; payments for all other inpatient hospital care may be reduced no more than ten percent. Reductions below the payments allowable under medical assistance for the remaining general assistance medical care services allowable under this subdivision may be reduced no more than five percent.

For the period July 1, 1987 to June 30, 1988, reductions below the cost per service unit allowable under section 256.966 are permitted only as follows: payments for inpatient and outpatient hospital care provided in response to a primary diagnosis of chemical dependency or mental illness may be reduced no more than 15 percent; payments for all other inpatient hospital care may be reduced no more than five percent. Reductions below the payments allowable under medical assistance for the remaining general assistance medical care services allowable under this subdivision may be reduced no more than five percent.

For the period July 1, 1988 to June 30, 1989, reductions below the cost per service unit allowable under section 256.966 are permitted only as follows: payments for inpatient and outpatient hospital care provided in response to a primary diagnosis of chemical dependency or mental illness may be reduced no more than 15 percent; payments for all other inpatient hospital care may not be reduced. Reductions below the payments allowable under medical assistance for the remaining general assistance medical care services allowable under this subdivision may be reduced no more than five percent.

There shall be no copayment required of any recipient of benefits for any services provided under this subdivision. A hospital receiving a reduced

payment as a result of this section may apply the unpaid balance toward satisfaction of the hospital's bad debts.

(e) Any county may, from its own resources, provide medical payments for which state payments are not made.

(f) Chemical dependency services that are reimbursed under chapter 254B must not be reimbursed under general assistance medical care.

(g) The maximum payment for new vendors enrolled in the general assistance medical care program after the base year shall be determined from the average usual and customary charge of the same vendor type enrolled in the base year.

(h) The conditions of payment for services under this subdivision are the same as the conditions specified in rules adopted under chapter 256B governing the medical assistance program, unless otherwise provided by statute or rule.

Sec. 42. Minnesota Statutes 1992, section 256D.425, is amended by adding a subdivision to read:

Subd. 4. [COOPERATION.] To be eligible for the Minnesota supplemental aid program, applicants and recipients must cooperate with the state and local agency to identify potentially liable third party payers and assist the state in obtaining third party payments. Cooperation includes identifying any third party who may be liable for benefits provided under chapter 256D, to the applicant, recipient, or any other family member for whom application is made, and providing relevant information to assist the state in pursuing a potentially liable third party.

Sec. 43. [REPEALER.]

Minnesota Statutes 1992, section 252.275, subdivisions 4a and 10, are repealed.

Sec. 44. [EFFECTIVE DATE.]

Subdivision 1. Except as provided in this section, sections 1 to 43 are effective July 1, 1994.

Subd. 2. Section 21 is effective for admissions occurring on or after October 25, 1993.

Subd. 3. Section 34 and the portion of section 35 relating to the age of a medical assistance recipient for purposes of estate claims, are effective for the total amount of medical assistance rendered to persons age 55 or older, on or after July 1, 1994.

Subd. 4. Sections 27 to 30 are effective October 1, 1993, except that the portion of section 28 that is subject to federal approval is effective July 1, 1994. However, if any required federal approval has not been received before that date, the portion of section 28 that requires federal approval may not be implemented until federal approval is received.

Subd. 5. Sections 11, 12, and 43 are effective the day following final enactment."

Delete the title and insert:

"A bill for an act relating to health care; amending Minnesota Statutes 1992, sections 252.275, subdivisions 3 and 4; 256.015, subdivisions 2 and 7; 256.969, subdivisions 10 and 16; 256B.042, subdivision 2; 256B.059, subdivision 1; 256B.06, subdivision 4; 256B.15, subdivision 1a; 256B.69, subdivision 4, and by adding a subdivision; 256D.03, subdivisions 3a and 3b; and 256D.425, by adding a subdivision; Minnesota Statutes 1993 Supplement, sections 245.492, subdivisions 2, 6, 9, and 23; 245.493, subdivision 2; 245.4932, subdivisions 1, 2, 3, and 4; 245.494, subdivisions 1 and 3; 245.495; 245.496, subdivision 3, and by adding a subdivision; 256.9685, subdivision 1; 256B.059, subdivisions 3 and 5; 256B.0595, subdivisions 1, 2, 3, and 4; 256B.0625, subdivisions 20 and 37; 256B.15, subdivision 2; and 256D.03, subdivisions 3 and 4; proposing coding for new law in Minnesota Statutes, chapter 245; repealing Minnesota Statutes 1992, section 252.275, subdivisions 4a and 10."

And when so amended the bill do pass.

Pursuant to Joint Rule 2.03, the bill was referred to the Committee on Rules and Administration.

SUSPENSION OF RULES

Mr. Moe, R.D. moved that Joint Rule 2.03 be suspended as to the Committee Report on S.F. No. 2640. The motion prevailed.

Mr. Moe, R.D. moved the adoption of the Committee Report on S.F. No. 2640. The motion prevailed. Amendments adopted. Report adopted.

Mr. Merriam from the Committee on Finance, to which was re-referred

S.F. No. 2206: A bill for an act relating to education; prekindergarten through grade 12; providing for general education revenue; transportation; special programs; community programs; facilities; organization and cooperation; commitment to excellence; other education programs; miscellaneous provisions; libraries; state agencies; conforming references to repealed law; appropriating money; amending Minnesota Statutes 1992, sections 13.04, by adding a subdivision; 120.062, subdivision 12, and by adding a subdivision; 120.101, subdivision 5, and by adding a subdivision; 120.17, subdivision 1; 121.612, subdivision 7; 121.904, subdivision 4e; 121.935, subdivision 6; 122.23, subdivisions 6, 8, 10, 13, and by adding a subdivision; 122.531, subdivision 9; 122.533; 122.91, subdivision 3; 122.937, subdivision 4; 123.35, subdivision 19a, and by adding subdivisions; 123.3514, subdivisions 3 and 4; 123.39, subdivision 1; 123.58, subdivisions 2 and 4; 123.78, by adding a subdivision; 124.17, subdivision 1d; 124.19, subdivision 1b; 124.195, subdivision 3a; 124.214, subdivision 2; 124.223, subdivision 1, and by adding subdivisions; 124.225, by adding subdivisions; 124.244, subdivision 4; 124.248, subdivision 3; 124.26, subdivision 1b; 124.2601, subdivisions 3, 5, and 7; 124.2711, by adding a subdivision; 124.2713, by adding a subdivision; 124.2721, subdivisions 1 and 5; 124.2725, subdivision 16; 124.46, subdivision 3; 124.573, by adding a subdivision; 124.90, by adding a subdivision; 124.912, subdivision 6, and by adding a subdivision; 124.914, subdivision 1; 124.95, subdivision 4; 124A.02, by adding a subdivision; 124A.26, by adding a subdivision; 124A.28, by adding a subdivision; 125.09, subdivision 1; 125.135, subdivision 2; 125.188, subdivision 1; 126.02, subdivision 1; 126.23;

126.51, subdivision 1; 126.69, subdivisions 1 and 3; 126A.04, subdivision 5; 127.03, subdivision 3; 127.27, subdivision 5; 129C.15, by adding a subdivision; 134.195, subdivision 10; 136A.125, subdivision 3; 136D.23, subdivision 2; 136D.26; 136D.281, by adding a subdivision; 136D.74, subdivision 2a; 136D.741, by adding a subdivision; 136D.83, subdivision 2; 136D.86; 136D.88, by adding a subdivision; 169.01, subdivision 6; 169.442, subdivision 1; 169.443, subdivision 8; 169.445, subdivisions 1 and 2; 169.446, subdivision 3; 169.447, subdivision 6; 169.64, subdivision 8; 171.01, subdivision 22; 171.321, subdivision 3, and by adding subdivisions; 171.3215; 272.02, subdivision 8; 475.61, subdivision 4; 631.40, subdivision 1a; Minnesota Statutes 1993 Supplement, sections 16A.152, subdivision 2; 120.064, subdivisions 3, 8, 9, and 16; 120.101, subdivision 5b; 120.17, subdivisions 3, 11b, 12, and 17; 121.11, subdivision 7d; 121.702, subdivisions 2 and 9; 121.703; 121.705; 121.706; 121.707; 121.708; 121.709; 121.710; 121.8355, subdivision 1; 121.885, subdivisions 1, 2, and 4; 121.904, subdivisions 4a and 4c; 123.351, subdivision 8; 123.58, subdivisions 6, 7, 8, and 9; 124.155, subdivisions 1 and 2; 124.17, subdivision 1; 124.19, subdivision 1; 124.225, subdivision 1; 124.226, subdivisions 3a and 9; 124.243, subdivision 8; 124.244, subdivision 1; 124.248, subdivision 4; 124.26, subdivisions 1c and 2; 124.2711, subdivision 1; 124.2714; 124.2727, subdivisions 6a, 6d, and 8; 124.573; subdivisions 2b, 2e, and 3; 124.83, subdivision 1; 124.91, subdivisions 3 and 5; 124.914, subdivision 4; 124.95, subdivision 1; 124A.03, subdivisions 1c and 3b; 124A.22, subdivisions 5 and 9; 124A.225, subdivisions 1, 4, and by adding a subdivision; 124A.23, subdivision 1; 124A.29, subdivision 1; 124A.292, subdivision 3; 124C.60; 125.05, subdivision 1a; 125.138, subdivision 9; 125.185, subdivision 4; 125.230, subdivisions 3, 4, and 6; 125.231, subdivisions 1 and 4; 125.623, subdivision 3; 126.239, subdivision 3; 126.70, subdivisions 1 and 2a; 171.321, subdivision 2; 275.48; Laws 1993, chapter 224, articles 1, section 38; 4, section 44, subdivision 6; 5, sections 43 and 46, subdivisions 2, 3, and 4; 7, section 28, subdivisions 3, 4, and 11; 8, section 22, subdivision 12; 12, sections 26 and 39; and 15, section 2; proposing coding for new law in Minnesota Statutes, chapters 120; 121; 122; 123; 124; 126; 134; 169; repealing Minnesota Statutes 1992, sections 121.935, subdivision 7; 122.91, subdivisions 5 and 7; 122.93, subdivision 7; 122.937; 122.94, subdivisions 2, 3, and 6; 122.945; 136D.22, subdivision 3; 136D.27; 136D.71, subdivision 2; 136D.73, subdivision 3; 136D.74, subdivisions 2a, 2b, and 4; 136D.82, subdivision 3; 136D.87; 169.441, subdivisions 2 and 3; 169.442, subdivisions 2 and 3; 169.445, subdivision 3; 169.447, subdivision 3; 169.45; Minnesota Statutes 1993 Supplement, sections 121.935, subdivision 5; 123.80; 124.2727, subdivisions 6, 7, and 8; Laws 1992, chapter 499, article 6, section 39, subdivision 3; Laws 1993, chapter 224, article 8, section 14; Minnesota Rules 1991, parts 3520.3600; and 3520.3700.

Reports the same back with the recommendation that the bill be amended as follows:

Page 14, line 14, strike "pupil units" and insert "*pupils*"

Page 20, line 31, delete "1995" and insert "1994"

Page 51, line 17, delete everything after the period

Page 51, delete lines 18 to 21

Page 75, line 32, delete the second "or" and insert "and"

Page 109, line 9, delete "1995" and insert "1994"

Page 112, after line 19, insert:

"Sec. 35. Laws 1992, chapter 499, article 6, section 34, subdivision 2, is amended to read:

Subd. 2. The authority in subdivision 1 expires if the members of the joint school district have not combined according to Minnesota Statutes 1990, section 122.244, by July 1, ~~1996~~ 1997."

Page 114, line 12, delete "35" and insert "36"

Renumber the sections of article 6 in sequence

Page 119, delete section 7

Page 122, line 31, delete "11" and insert "10"

Renumber the sections of article 7 in sequence

Page 130, line 6, before "Each" insert "(a)"

Page 130, line 21, after the period, insert:

"(b)"

Page 145, after line 4, insert:

"Sec. 30. [135A.081] [REMEDIAL INSTRUCTION; CHARGE BACK.]

Subdivision 1. [CONDITIONS.] If:

(1) a public high school in the state graduates a student;

(2) the student meets the minimum admission standards of a public post-secondary institution in the state;

(3) the student is admitted to an entry level course or program at the institution;

(4) within 12 months of first enrollment, the institution determines that the student's English language reading or writing ability, or both, or the student's mathematic ability does not rise to the level that is a necessary prerequisite to minimally acceptable comprehension of entry level courses or programs at the institution; and

(5) the institution's determination is confirmed by independently administered tests,

then the institution may provide remedial instruction to the student to try to increase the student's ability to permit the student to comprehend the entry level course or program at the institution's minimally acceptable standards.

Subd. 2. [CONFIRMATION.] The institution's determination of a student's substandard ability is confirmed if the student scores below 12th grade level in a standardized test in any of the following areas covered by the determination: English language, reading comprehension, English language composition, or mathematics. The test must be administered by some responsible person or entity other than the student's high school or the post-secondary institution seeking the confirmation.

Subd. 3. [CHARGE BACK.] (a) The post-secondary institution that ordered the confirming tests may charge back to the student's high school the full cost of a test that confirms the institution's determination.

(b) The institution may also charge back to the student's high school, according to the following schedule, the actual incremental cost to the institution of the remedial instruction not to exceed the per course or per comparable program cost of entry level courses or programs at the institution:

| <i>Percent of cost of remedial instruction provided in academic year after high school graduation</i> | <i>Academic year</i> |
|---|----------------------|
| <i>60 percent</i> | <i>first</i> |
| <i>40 percent</i> | <i>second</i> |
| <i>20 percent</i> | <i>third</i> |
| <i>10 percent</i> | <i>fourth</i> |

(c) If a second determination of substandard ability is confirmed in the same subject area, the institution may charge back to the student's high school the full cost of the confirming test and half the amount otherwise permitted under the schedule in paragraph (b).

Subd. 4. [NO CREDITS; STUDENT COSTS.] (a) A post-secondary institution providing remedial instruction under this section must not award credit to a student toward a degree or program completion for remedial instruction provided under this section.

(b) The institution may charge the student for the actual incremental costs of the remedial instruction less the amount charged back to the student's high school.

Subd. 5. [JUST CLAIM.] A valid charge back for remedial instruction to a student under this section is, under section 123.40, subdivision 1, a just claim against the school district that includes the student's high school."

Page 146, delete section 32

Renumber the sections of article 8 in sequence

Page 203, line 24, delete "revenue" and insert "aid"

Page 203, line 25, delete "123.799" and insert "124.225, subdivision 8m"

Amend the title as follows:

Page 2, line 31, after the third semicolon, insert "Laws 1992, chapter 499, article 6, section 34, subdivision 2,"

Page 2, delete line 35 and insert "3 and 11; 12,"

Page 2, line 38, after "134;" insert "135A;"

And when so amended the bill do pass and be re-referred to the Committee on Taxes and Tax Laws. Amendments adopted. Report adopted.

SECOND READING OF SENATE BILLS

S.F. Nos. 2371, 2036, 1961, 1863, 1726, 614, 609 and 2640 were read the second time.

MOTIONS AND RESOLUTIONS - CONTINUED

Mr. Merriam moved that the name of Mr. Johnson, D.E. be added as a co-author to S.F. No. 2523. The motion prevailed.

APPOINTMENTS

Mr. Moe, R.D. from the Subcommittee on Committees recommends that the following Senators be and they hereby are appointed as a Conference Committee on:

H.F. No. 2248: Messrs. Benson, D.D.; Vickerman and Dille.

Mr. Moe, R.D. moved that the foregoing appointments be approved. The motion prevailed.

MOTIONS AND RESOLUTIONS - CONTINUED

Pursuant to Rule 10, Mr. Moe, R.D., Chair of the Committee on Rules and Administration, designated S.F. No. 2378 a Special Order to be heard immediately.

SPECIAL ORDER

S.F. No. 2378: A bill for an act relating to crime prevention; providing mandatory minimum prison sentences for persons convicted of a drive-by shooting; requiring prosecutors to report sentencing practices under the mandatory minimum sentencing law relating to certain weapon-related offenses; prohibiting waiver of the mandatory minimum sentence for firearms offenses for a repeat offender; increasing felony penalties for furnishing a minor with a firearm, ammunition, or explosives or recklessly furnishing another with a dangerous weapon; broadening the scope of the gun control act to apply to transfers of firearms by persons who are not federally licensed dealers; requiring a license to sell firearms or ammunition in the metropolitan area; prohibiting assault weapons in the metropolitan area; requiring maintenance of records regarding firearms sales in the metropolitan area; allowing metropolitan city attorneys to obtain assistance from the attorney general in prosecuting firearms offenses; allowing law enforcement agencies to charge a fee to conduct firearms eligibility background checks; clarifying that weapons may be seized in connection with certain offenses; requiring inspection of correctional facilities and lockups at least once every biennium; authorizing the commissioner of corrections to impose disciplinary confinement periods comparable to periods in place for inmates sentenced before August 1, 1993; modifying eligibility criteria for the challenge incarceration program; defining the length of phase III of the program; authorizing the commissioner of corrections to limit placement of convicted felons awaiting completion of presentence investigation reports in state correctional facilities; providing for good time reduction of sentences in local correctional facilities; providing a separate definition of "mentally incapacitated" for certain victims under 18; expanding first-degree criminal sexual conduct to cover sexual contact with a child under 13; increasing the penalty for assault and malicious punishment of a child under three; expanding the forfeiture law's definition of "weapon used"; requiring the destruction of forfeited weapons used, firearms, ammunition, and firearm accessories; increasing the maximum fine applicable to petty misdemeanor traffic violations; clarifying the elements of the driving after license suspension, revocation, and cancellation offenses; increasing the

penalty for committing certain escapes from custody; modifying criminal provisions relating to blasting agents and explosives; requiring county attorneys to adopt charging and plea bargaining practices; providing for two work and learn facilities for youth; appropriating money for public defense, criminal justice, corrections, and related purposes; providing for the transfer of certain money in the state treasury; amending Minnesota Statutes 1992, sections 2.722, subdivision 1; 13.99, by adding a subdivision; 169.89, subdivision 2; 171.18, subdivision 1; 219.383, subdivision 4; 241.021, subdivision 2; 241.26, subdivision 7; 243.18, subdivision 1; 243.23, subdivision 2; 243.24, subdivision 1; 244.09, by adding a subdivision; 244.12, subdivisions 1 and 2; 244.15, subdivision 4; 244.172, subdivision 3; 260.132, by adding a subdivision; 260.165, subdivision 1; 299A.31; 299A.32, subdivision 3; 299A.34, subdivisions 1 and 2; 299A.36; 299A.38, subdivision 3; 299C.065, as amended; 299F.72, subdivision 2, and by adding a subdivision; 299F.73; 299F.74; 299F.75; 299F.77; 299F.78, subdivision 1; 299F.79; 299F.80; 299F.82; 299F.83; 383B.225, subdivision 6; 388.051, by adding a subdivision; 477A.012, by adding a subdivision; 487.25, by adding a subdivision; 609.0331; 609.0332; 609.115, subdivision 1; 609.185; 609.20; 609.223, by adding a subdivision; 609.224, subdivision 3; 609.245; 609.28; 609.341, subdivisions 4, 7, 11, and 12; 609.342, subdivision 1; 609.377; 609.485, subdivision 4; 609.5315, subdivision 6, and by adding a subdivision; 609.5316, subdivisions 1 and 3; 609.66, subdivisions 1b and 1c; 609.746, subdivision 1; 609.855; 611.26, subdivisions 4 and 6; 611A.19, subdivision 1; 624.21; 624.712, by adding subdivisions; 624.7131, subdivisions 2 and 3; 624.714, subdivision 6; 624.731, subdivision 8; 626.76; 626.846, subdivision 6; 626A.05, subdivision 2; 631.021; 631.425, subdivision 6; and 642.09; Minnesota Statutes 1993 Supplement, sections 171.24; 241.021, subdivision 1; 243.18, subdivision 2; 260.221, subdivision 1; 299A.35, subdivision 1; 518B.01, subdivision 6; 609.11, subdivisions 8, 9, and by adding a subdivision; 609.345, subdivision 1; 609.531, subdivision 1; 609.5315, subdivisions 1 and 2; 609.66, subdivision 1d; 609.902, subdivision 4; 611.17; 611.20, subdivision 2; 611.27, subdivision 4; 624.713, subdivision 1, and by adding subdivisions; 624.7131, subdivision 10; 624.7132, subdivisions 1, 2, 4, 8, 11, 12, and 14; 626.556, subdivision 2; and 628.26; proposing coding for new law in Minnesota Statutes, chapters 242; 299A; 299F; 609; and 629; repealing Minnesota Statutes 1992, sections 299F.71; 299F.72, subdivisions 3 and 4; 299F.78, subdivision 2; 299F.815, subdivision 2; and 609.855, subdivision 4; Minnesota Statutes 1993 Supplement, sections 243.18, subdivision 3; 299F.811; 299F.815, subdivision 1; and 624.7132, subdivisions 7 and 10; Laws 1993, chapter 146, article 2, sections 15 and 18.

SUSPENSION OF RULES

Mr. Moe, R.D. moved that an urgency be declared within the meaning of Article IV, Section 19, of the Constitution of Minnesota, with respect to S.F. No. 2378 and that the rules of the Senate be so far suspended as to give S.F. No. 2378, now on General Orders, its third reading and place it on its final passage. The motion prevailed.

Mr. Spear moved to amend S.F. No. 2378 as follows:

Page 57, delete section 18

Renumber the sections of article 3 in sequence and correct the internal references

Amend the title accordingly

The motion prevailed. So the amendment was adopted.

Mr. Spear then moved to amend S.F. No. 2378 as follows:

Page 45, line 5, delete "*in an*" and insert "*of \$250*"

Page 45, delete line 6

Page 45, line 7, delete "*exceed \$500,*"

Page 58, line 4, delete "\$....." and insert "\$10."

Page 60, line 32, delete "\$....." and insert "\$10."

Page 62, line 27, delete "\$....." and insert "\$10."

The motion prevailed. So the amendment was adopted.

Mr. Kelly moved to amend S.F. No. 2378 as follows:

Page 6, line 31, delete "\$250,000" and insert "\$900,000"

Page 7, line 11, delete "1,693,000" and insert "1,043,000"

Correct the subdivision and section totals and the summaries by fund accordingly

The motion prevailed. So the amendment was adopted.

Mr. Bertram moved to amend S.F. No. 2378 as follows:

Page 86, after line 1, insert:

"Sec. 3. Minnesota Statutes 1992, section 241.021, subdivision 4, is amended to read:

Subd. 4. [HEALTH CARE.] The commissioner of corrections shall provide *necessary and adequate* professional health care, *including examination, diagnosis, and treatment*, to persons confined in institutions under the control of the commissioner of corrections and pay the costs of their care in hospitals and other medical facilities not under the control of the commissioner of corrections, including the secure treatment unit operated by the St. Paul - Ramsey Hospital. All reimbursements for these health care services shall be deposited in the general fund. *The commissioner may not pay the cost of purely elective surgery, or treatments or surgery that are purely cosmetic in nature, unless the commissioner's costs will be reimbursed in full under the inmate's health insurance policy.*"

Page 91, after line 19, insert:

"Sec. 15. Minnesota Statutes 1992, section 641.15, subdivision 2, is amended to read:

Subd. 2. [MEDICAL AID.] Except as provided in section 466.101, the county board shall pay the costs of medical services provided to prisoners. *The county may not pay for purely elective surgery, or treatments or surgery that are purely cosmetic in nature, unless the cost will be reimbursed in full by the prisoner's health insurance policy.* The county is entitled to reimbursement from the prisoner for payment of medical bills to the extent that the prisoner to whom the medical aid was provided has the ability to pay the bills. If there is a disagreement between the county and a prisoner concerning the prisoner's

ability to pay, the court with jurisdiction over the defendant shall determine the extent, if any, of the prisoner's ability to pay for the medical services. If a prisoner is covered by health or medical insurance or other health plan when medical services are provided, the county providing the medical services has a right of subrogation to be reimbursed by the insurance carrier for all sums spent by it for medical services to the prisoner that are covered by the policy of insurance or health plan, in accordance with the benefits, limitations, exclusions, provider restrictions, and other provisions of the policy or health plan. The county may maintain an action to enforce this subrogation right. The county does not have a right of subrogation against the medical assistance program or the general assistance medical care program."

Renumber the sections of article 6 in sequence and correct the internal references

Amend the title accordingly

The motion prevailed. So the amendment was adopted.

Mr. McGowan moved to amend S.F. No. 2378 as follows:

Page 17, after line 3, insert:

"Sec. 11. Minnesota Statutes 1992, section 609.152, is amended by adding a subdivision to read:

Subd. 2a. [DANGEROUS REPEAT OFFENDERS; MANDATORY MINIMUM SENTENCE.] Unless a longer mandatory minimum sentence is otherwise required by law or a longer prison sentence is presumed under the sentencing guidelines, a person who is convicted of a violent crime must be committed to the commissioner of corrections for not less than ten years, notwithstanding the statutory maximum sentence otherwise applicable to the offense, if the court determines on the record at the time of sentencing that the person has two or more prior convictions for violent crimes. Any person convicted and sentenced as required by this subdivision is not eligible for probation, parole, discharge, or work release, until that person has served the full sentence as provided by law, notwithstanding sections 241.26, 242.19, 243.05, 244.04, 609.12, and 609.135."

Renumber the sections of article 2 in sequence and correct the internal references

Amend the title accordingly

Ms. Berglin moved to amend the McGowan amendment to S.F. No. 2378 as follows:

Page 1, after line 1, insert:

"Page 11, after line 4, insert:

"Sec. 6. Minnesota Statutes 1992, section 290.06, is amended by adding a subdivision to read:

Subd. 2g. [TAX INCREASE TO FUND MANDATORY MINIMUM SENTENCES.] Each of the brackets as determined under subdivisions 2c and 2d shall be adjusted annually by the commissioner of revenue to produce additional income tax revenue to pay for the cost of mandatory minimum sentences for dangerous repeat offenders. For each of the taxable years beginning after December 31, 1993, and before January 1, 1996, the revenue

required to be produced under this subdivision is \$75,000,000. For taxable years beginning after December 31, 1995, the revenue required to be produced under this subdivision is \$77,000,000. For taxable years beginning after 1996, the revenue required to be produced under this subdivision shall be the amount determined by the commissioner of corrections to reflect the cost of the sentences, with those amounts to be enacted by the legislature."

Renumber the sections in sequence

Mr. Frederickson questioned whether the amendment to the amendment was germane.

The President ruled that the amendment to the amendment was germane.

Mr. McGowan withdrew his amendment.

Mr. Knutson moved to amend S.F. No. 2378 as follows:

Page 110, after line 36, insert:

"ARTICLE 11

MISCELLANEOUS

Section 1. Minnesota Statutes 1992, section 8.06, is amended to read:

8.06 [ATTORNEY FOR STATE OFFICERS, BOARDS, OR COMMISSIONS; EMPLOY COUNSEL.]

(a) The attorney general shall act as the attorney for all state officers and all boards or commissions created by law in all matters pertaining to their official duties, *except that if a state officer, board, or commission believes that representation by the attorney general could create a conflict of interest or breach of confidentiality, the officer, board, or commission may hire outside counsel. The department of finance may assess the office of the attorney general for such representation.*

(b) When requested by the attorney general, it shall be the duty of any county attorney of the state to appear within the county and act as attorney for any such board, commission, or officer in any court of such county. The attorney general may, upon request in writing, employ, and fix the compensation of, a special attorney for any such board, commission, or officer when, in the attorney general's judgment, the public welfare will be promoted thereby. Such special attorney's fees or salary shall be paid from the appropriation made for such board, commission, or officer.

(c) A state agency that is current with its billings from the attorney general for legal services may contract with the attorney general for additional legal and investigative services.

(d) Except as ~~herein~~ provided in paragraph (a), no board, commission, or officer shall ~~hereafter~~ employ any attorney at the expense of the state.

(e) Whenever the attorney general, the governor, and the chief justice of the supreme court shall certify, in writing, filed in the office of the secretary of state, that it is necessary, in the proper conduct of the legal business of the state, either civil or criminal, that the state employ additional counsel, the attorney general shall thereupon be authorized to employ such counsel and,

with the governor and the chief justice, fix the additional counsel's compensation. Except as ~~herein~~ *stated provided in this paragraph and paragraph (a)*, no additional counsel shall be employed and the legal business of the state shall be performed exclusively by the attorney general and the attorney general's assistants."

Amend the title accordingly

Mr. Spear questioned whether the amendment was germane.

The President ruled that the amendment was not germane.

Mr. Betzold moved to amend S.F. No. 2378 as follows:

Page 92, after line 29, insert:

"Sec. 17. [INMATE MENTAL HEALTH TRAINING STUDY.]

Subdivision 1. [STUDY.] The commissioners of corrections and human services shall convene a group to evaluate current training programs, and practices relating to appropriate identification, care, and treatment of inmates who are mentally ill for correctional staff who have direct contact with inmates. The study group shall determine whether current practices are appropriate and sufficient to help correctional staff identify and understand mental illness and treatment issues. The study group shall:

(1) make a specific recommendation whether correctional staff who have direct contact with inmates should be required to attend continuing education on mental health issues; and

(2) develop a plan for addressing inmate mental health issues, including early intervention.

Subd. 2. [PARTICIPANTS.] In convening the study group, the commissioners shall include representatives of the following:

(1) the ombudsman for corrections;

(2) the ombudsman for mental health and mental retardation;

(3) mental health experts;

(4) mental health advocates;

(5) inmate advocates; and

(6) correctional officers.

Subd. 3. [REPORT.] The study group shall submit a joint report to the chairs of the senate crime prevention committee and the house of representatives judiciary committee and the chairs of the senate health care committee and the house of representatives health and human services committee by December 15, 1994, with its recommendations.

Sec. 18. [INMATE HIV/AIDS TRAINING STUDY.]

Subdivision 1. [STUDY.] The commissioners of corrections and health shall convene a group to evaluate current training programs and practices relating to appropriate identification, care, and treatment of inmates who are affected with HIV/AIDS for correctional staff who have direct contact with inmates. The study group shall determine whether current practices are appropriate

and sufficient to help correctional staff identify and understand HIV/AIDS issues. The study group shall:

(1) make a specific recommendation whether correctional staff who have direct contact with inmates should be required to attend continuing education on HIV/AIDS issues; and

(2) develop a plan for addressing inmate HIV/AIDS issues, including prevention and education, early intervention, health care, release preparations, and risks of discrimination and harassing treatment.

Subd. 2. [PARTICIPANTS.] In convening the study group, the commissioners shall include representatives of the following:

(1) the ombudsman for corrections;

(2) HIV/AIDS advocates;

(3) inmate advocates; and

(4) correctional officers.

Subd. 3. [REPORT.] The study group shall submit a joint report to the chairs of the senate crime prevention committee and the house of representatives judiciary committee and the chairs of the senate health care committee and the house of representatives health and human services committee by December 15, 1994, with their recommendations."

Renumber the sections of article 6 in sequence and correct the internal references

Amend the title accordingly

The motion prevailed. So the amendment was adopted.

Mr. Lessard moved to amend S.F. No. 2378 as follows:

Pages 43 to 46, delete section 3 and insert:

"Sec. 3. [299A.05] [MINNESOTA RETAIL FIREARMS DEALERS LICENSE.]

Subdivision 1. [LICENSE REQUIRED.] A person who engages in the business of dealing in firearms at retail in this state under a federal firearms license shall obtain a retail firearms dealers license under this section. For purposes of this section, "dealer" has the meaning given in United States Code, title 18, sections 921(a)(11)(A), (a)(21)(C), and (a)(22).

Subd. 2. [APPLICATION.] The commissioner of public safety shall prescribe a form for license applications which shall require the applicant's social security number, fingerprints, residential addresses for the last ten years, any other information deemed necessary by the commissioner, and a signed consent by the applicant to an eligibility investigation, including a check of state and federal criminal records, police department records, and state and private mental health records including probate court records. The application must include the valid sales tax identification number of the applicant and a copy of the federal firearms license or the application for the license.

Subd. 3. [ELIGIBILITY.] The commissioner shall issue a retail firearms dealers license, valid for three years, to any applicant who has complied with

subdivision 2. The license shall be issued not later than 30 business days after the application is delivered to the commissioner unless the commissioner has determined that the applicant is not eligible under this subdivision. The license shall specify the premises for which the license is effective. The commissioner may not issue, transfer, or renew a license if the investigation under subdivision 5 establishes that the applicant:

(1) is not eligible to possess a handgun or semiautomatic military-style assault weapon under section 624.713;

(2) has had a license revoked under this section within five years of the license application; or

(3) has been convicted within ten years of the license application of a violation of a federal or state law involving the illegal use or possession of a firearm or ammunition other than a crime of violence as defined in section 624.712, subdivision 5, or has been convicted within five years of the license application of any felony.

Subd. 4. [INVESTIGATION OF ELIGIBILITY.] On initial application for a license, or on application for a transfer or renewal of an existing license, the commissioner shall conduct a background investigation of the applicant to determine eligibility under this section. An investigation fee, in an amount reflecting the cost of the licensing program, not to exceed \$150, shall be charged to an applicant by the commissioner.

Subd. 5. [LICENSE DENIAL OR REVOCATION.] The commissioner shall deny or revoke a license under this section on a finding that the licensee has intentionally violated a provision of this section or has been convicted of a violation of a provision of a federal or state law involving the use or possession of a firearm. In addition, the commissioner may impose a fine of up to \$5,000 for each violation for willfully providing materially false information in the application. A license denial or revocation under this section is a contested case under sections 14.57 to 14.69 of the administrative procedure act.

Subd. 6. [DUTIES.] A licensee shall:

(1) maintain an accurate record of each commercial transaction involving a firearm including the date, name and address of purchaser, item purchased, and the form of identification offered. Records kept pursuant to federal law meet this requirement;

(2) surrender the license to the commissioner within seven days after becoming ineligible under subdivision 4;

(3) file transferee reports with the appropriate law enforcement agency and otherwise comply with chapter 624 to determine the eligibility of each person to whom a handgun or semiautomatic military-style assault weapon is sold or transferred; and

(4) post the license in a conspicuous place in the premises for which it is used.

Subd. 7. [LICENSE LIMITED TO SPACE SPECIFIED.] The commissioner may issue a retail firearms dealers license for a permanent business location that is located in an area in which local zoning laws authorized by section 471.635 permit the operation of the business but no license shall be denied to a qualified applicant who elects to sell only at gun shows. The

license is only effective for the licensed premises specified in the approved license application except that a licensee may also sell firearms at gun shows as permitted by federal law.

Subd. 8. [LICENSE TRANSFER.] A license may be transferred only to another qualified person. Where a license is held by a corporation, a change in ownership of ten percent or more of the stock of the corporation must be reported in writing to the commissioner within ten days of the transfer.

Subd. 9. [LICENSEE MAY NOT SELL FOR RESALE.] A retail firearms dealers licensee may not sell a firearm to any person for the purpose of resale or to any person whom the licensee has reason to believe intends to resell the firearm without written approval of the commissioner. This subdivision does not apply to a sale or transfer between licensed firearms dealers.

Subd. 10. [DATA CLASSIFICATION.] Data maintained by the commissioner under this section are private data on individuals or nonpublic data as defined in section 13.02, except that the list of names of licensees and their designated public addresses are public data. An applicant shall designate a public address which may be different than the business address listed on the license application. The public address may be a post office box.

Subd. 11. [PENALTY.] A person who sells a firearm without the license required by subdivision 2 is guilty of a gross misdemeanor. A person who otherwise violates this section is guilty of a misdemeanor."

Page 53, after line 17, insert:

"Sec. 14. Minnesota Statutes 1993 Supplement, section 624.712, subdivision 7, is amended to read:

Subd. 7. "Semiautomatic military-style assault weapon" means:

(4) any of the following firearms:

- (i) Avtomat Kalashnikov (AK-47) semiautomatic rifle type;
- (ii) Beretta AR-70 and BM-59 semiautomatic rifle types;
- (iii) Colt AR-15 semiautomatic rifle type;
- (iv) Daewoo Max-1 and Max-2 semiautomatic rifle types;
- (v) Famas MAS semiautomatic rifle type;
- (vi) Fabrique Nationale FN-LAR and FN-FNC semiautomatic rifle types;
- (vii) Galil semiautomatic rifle type;
- (viii) Heckler & Koch HK-91, HK-93, and HK-94 semiautomatic rifle types;
- (ix) Ingram MAC-10 and MAC-11 semiautomatic pistol and carbine types;
- (x) Intratec TEC-9 semiautomatic pistol handgun type;
- (xi) Sigarms SIG 550SP and SIG 551SP semiautomatic rifle types;
- (xii) SKS with detachable magazine semiautomatic rifle type;
- (xiii) Steyr AUG semiautomatic rifle type;
- (xiv) Street Sweeper and Striker-12 revolving-cylinder shotgun types;

(xv) USAS-12 semiautomatic shotgun type;

(xvi) Uzi semiautomatic pistol *handgun* and carbine types; or

(xvii) Valmet M76 and M78 semiautomatic rifle types;

(2) any firearm that is another model made by the same manufacturer as one of the firearms listed in clause (1), and has the same action design as one of the listed firearms, and is a redesigned, renamed, or renumbered version of one of the firearms listed in clause (1), or has a slight modification or enhancement, including but not limited to a folding or retractable stock; adjustable sight; ease deflector for left-handed shooters; shorter barrel; wooden, plastic, or metal stock; larger clip size; different caliber; or a bayonet mount; and

(3) any firearm that has been manufactured or sold by another company under a licensing agreement with a manufacturer of one of the firearms listed in clause (1) entered into after the effective date of Laws 1993, chapter 326, to manufacture or sell firearms that are identical or nearly identical to those listed in clause (1), or described in clause (2), regardless of the company of production or country of origin.

The weapons listed in clause (1), except those listed in items (iii), (ix), (x), (xiv), and (xv), are the weapons the importation of which was barred by the Bureau of Alcohol, Tobacco, and Firearms of the United States Department of the Treasury in July 1989.

Except as otherwise specifically provided in paragraph (d), A firearm is not a "semiautomatic military-style assault weapon" if it is generally recognized as particularly suitable for or readily adaptable to sporting purposes under United States Code, title 18, section 925, paragraph (d)(3), or any regulations adopted pursuant to that law."

Page 57, delete section 18

Pages 60 and 61, delete section 27

Page 62, line 31, delete "*in the metropolitan area*"

Page 62, after line 33, insert:

"Sec. 30. [CONSTITUTIONAL AMENDMENT PROPOSED.]

Subdivision 1. [AMENDMENT PROPOSED.] An amendment to the Minnesota Constitution, adding a section to Article I, is proposed to the people of the state. If the amendment is adopted, the section will read:

Sec. 18. The right of a citizen to keep and bear arms for the defense and security of the person, family, or home, or for lawful hunting, recreation, or marksmanship training is fundamental and shall not be abridged.

Subd. 2. [SUBMISSION TO VOTERS.] The amendment shall be submitted at the 1994 general election. The following question shall be proposed:

"Shall the Minnesota Constitution be amended to provide that the right of a citizen to keep and bear arms for the defense and security of the person,

family, home, or for lawful hunting, recreation, or marksmanship training is fundamental and shall not be abridged?

Yes

No''''

Page 62, line 36, delete "*subdivisions 7 and 10, are*" and insert "*subdivision 7, is*"

Page 63, delete line 2 and insert:

"Section 3 is effective January 1, 1995, if the constitutional amendment proposed in section 30 is adopted by the people at the 1994 general election, and applies to"

Page 63, line 5, delete "*December 31, 1994*" and insert "*June 1, 1995*" and delete "*2*" and insert "*3*"

Page 63, line 6, delete "*December 31, 1994*" and insert "*June 1, 1995*" and delete "*3*" and insert "*4*"

Renumber the sections of article 3 in sequence and correct the internal references

Amend the title accordingly

Mr. Spear questioned whether the amendment was germane.

The President ruled that the amendment was germane.

Ms. Flynn moved to amend the Lessard amendment to S.F. No. 2378 as follows:

Page 6, after line 8, insert:

"Sec. 31. [CONSTITUTIONAL AMENDMENT PROPOSED.]

Subdivision 1. [AMENDMENT PROPOSED.] An amendment to the Minnesota Constitution, adding a section to Article 1, is proposed to the people of the state. If the amendment is adopted, the section will read:

Sec. 19. The sale and possession of semiautomatic military-style assault weapons, as defined by state law, are prohibited within the state of Minnesota.

Subd. 2. [SUBMISSION TO VOTERS.] The amendment shall be submitted at the 1994 general election. The following question shall be proposed:

"Shall the Minnesota Constitution be amended to prohibit the sale and possession of semiautomatic military-style assault weapons?"

Yes

No''''

The question was taken on the adoption of the Flynn amendment to the Lessard amendment.

The roll was called, and there were yeas 22 and nays 42, as follows:

Those who voted in the affirmative were:

| | | | | |
|----------|-----------|-----------|-----------------|--------|
| Anderson | Hottinger | Merriam | Pogemiller | Spear |
| Berglin | Kroening | Moe, R.D. | Price | Wiener |
| Betzold | Langseth | Mondale | Ranum | |
| Cohen | Luther | Novak | Reichgott Junge | |
| Flynn | Marty | Piper | Riveness | |

Those who voted in the negative were:

| | | | | |
|--------------|---------------|----------|-----------|-------------|
| Adkins | Day | Johnston | Morse | Samuelson |
| Beckman | Dille | Kiscaden | Murphy | Solon |
| Belanger | Finn | Krentz | Neuville | Stevens |
| Benson, D.D. | Frederickson | Laidig | Oliver | Stumpf |
| Benson, J.E. | Hanson | Larson | Olson | Terwilliger |
| Berg | Janezich | Lesewski | Pariseau | Vickerman |
| Bertram | Johnson, D.E. | Lessard | Robertson | |
| Chandler | Johnson, D.J. | McGowan | Runbeck | |
| Chmielewski | Johnson, J.B. | Metzen | Sams | |

The motion did not prevail. So the amendment to the amendment was not adopted.

Mr. Laidig moved to amend the Lessard amendment to S.F. No. 2378 as follows:

Page 4, lines 4 and 5, reinstate the stricken language

Page 4, lines 30 to 36, reinstate the stricken language

Page 5, lines 1 to 21, reinstate the stricken language

The motion prevailed. So the amendment to the amendment was adopted.

The question recurred on the Lessard amendment, as amended.

The roll was called, and there were yeas 41 and nays 23, as follows:

Those who voted in the affirmative were:

| | | | | |
|--------------|---------------|----------|-----------|-------------|
| Adkins | Finn | Krentz | Murphy | Solon |
| Beckman | Frederickson | Kroening | Neuville | Stevens |
| Benson, D.D. | Hanson | Laidig | Oliver | Stumpf |
| Benson, J.E. | Janezich | Langseth | Olson | Terwilliger |
| Berg | Johnson, D.E. | Larson | Pariseau | Vickerman |
| Bertram | Johnson, D.J. | Lessard | Robertson | |
| Chmielewski | Johnson, J.B. | McGowan | Runbeck | |
| Day | Johnston | Metzen | Sams | |
| Dille | Kiscaden | Morse | Samuelson | |

Those who voted in the negative were:

| | | | | |
|----------|-----------|-----------|-----------------|----------|
| Anderson | Cohen | Marty | Piper | Riveness |
| Belanger | Flynn | Merriam | Pogemiller | Spear |
| Berglin | Hottinger | Moe, R.D. | Price | Wiener |
| Betzold | Kelly | Mondale | Ranum | |
| Chandler | Luther | Novak | Reichgott Junge | |

The motion prevailed. So the Lessard amendment, as amended, was adopted.

Mr. Spear moved that S.F. No. 2378 be laid on the table. The motion prevailed.

MOTIONS AND RESOLUTIONS - CONTINUED

Without objection, remaining on the Order of Business of Motions and Resolutions, the Senate proceeded to the Order of Business of Introduction and First Reading of Senate Bills.

INTRODUCTION AND FIRST READING OF SENATE BILLS

The following bills were read the first time and referred to the committees indicated.

Mr. Novak introduced—

S.F. No. 2915: A bill for an act relating to economic development; adding New Brighton and Mounds View to a pilot project; appropriating money.

Referred to the Committee on Jobs, Energy and Community Development.

Messrs. Kroening, Kelly, Frederickson, Ms. Johnson, J.B. and Mr. Novak introduced—

S.F. No. 2916: A bill for an act relating to public administration; authorizing spending to acquire and to better public land and buildings and other public improvements of a capital nature with certain conditions; authorizing issuance of bonds; establishing and maintaining a teacher training institute and related activities; appropriating money; amending Laws 1993, chapter 373, section 25, subdivision 5.

Referred to the Committee on Finance.

Ms. Runbeck introduced—

S.F. No. 2917: A bill for an act relating to the state building code; requiring diaper changing areas in certain water closets and lavatories; amending Minnesota Statutes 1992, section 16B.61, by adding a subdivision.

Referred to the Committee on Governmental Operations and Reform.

MOTIONS AND RESOLUTIONS – CONTINUED

Without objection, remaining on the Order of Business of Motions and Resolutions, the Senate reverted to the Order of Business of Messages From the House.

MESSAGES FROM THE HOUSE

Mr. President:

I have the honor to announce the passage by the House of the following Senate File, AS AMENDED by the House, in which amendments the concurrence of the Senate is respectfully requested:

S.F. No. 1758: A bill for an act relating to welfare reform; requiring pregnant and parenting minors to live with their parents in order to receive aid to families with dependent children (AFDC); providing an exception to the AFDC overpayment statute; allowing start work offset to AFDC recipients in the first month of work; broadening the scope of the employment and training statute by requiring more AFDC recipients to participate in job search; allowing vendor emergency assistance payments for damage deposit; providing required workers' compensation insurance for community work experience program workers; expanding cost-neutral fraud prevention programs; allowing emergency assistance damage deposit be returned to the county; allowing the county to pay monthly general assistance differently; making general assistance and work readiness lump-sum criteria the same as the AFDC lump-sum criteria, with some exceptions; requiring a study to expand the parent's fair share pilot project statewide; requiring the departments of human services and revenue to design and implement a plan which supports working families; directing the commissioner of human services to seek

several waivers from the federal government which support and promote moving off welfare and becoming self-sufficient; expanding the parent's fair share pilot project into Ramsey county; expanding state support for basic sliding fee day care program; appropriating money; amending Minnesota Statutes 1992, sections 256.73, by adding subdivisions; 256.737, by adding a subdivision; 256.81; 256.979, by adding a subdivision; 256.983, subdivision 1; 256D.05, subdivision 6; 256D.09, by adding a subdivision; 256H.05, subdivision 1b; and 268.672, subdivision 6; Minnesota Statutes 1993 Supplement, sections 256.031, subdivision 3; 256.73, subdivision 8; and 256.736, subdivisions 10 and 14; proposing coding for new law in Minnesota Statutes, chapters 256; and 256D; repealing Minnesota Statutes 1993 Supplement, section 256.734.

Senate File No. 1758 is herewith returned to the Senate.

Edward A. Burdick, Chief Clerk, House of Representatives

Returned April 12, 1994

Mr. Samuelson moved that S.F. No. 1758 be laid on the table. The motion prevailed.

MEMBERS EXCUSED

Mr. Beckman was excused from the Session of today from 8:00 to 9:00 a.m. Mr. Johnson, D.J. was excused from the Session of today from 8:00 to 9:25 a.m. Mr. Solon was excused from the Session of today from 12:00 noon to 1:00 p.m. Mr. Morse was excused from the Session of today from 1:30 to 2:00 p.m. Ms. Pappas was excused from the Session of today at 4:15 p.m. Mr. Knutson was excused from the Session of today at 5:55 p.m.

ADJOURNMENT

Mr. Moe, R.D. moved that the Senate do now adjourn until 8:30 a.m., Wednesday, April 13, 1994. The motion prevailed.

Patrick E. Flahaven, Secretary of the Senate