

**Senate Counsel, Research,
and Fiscal Analysis**

G-17 STATE CAPITOL
75 REV. DR. MARTIN LUTHER KING, JR. BLVD.
ST. PAUL, MN 55155-1606
(651) 296-4791
FAX: (651) 296-7747
JO ANNE ZOFF SELLNER
DIRECTOR

Senate

State of Minnesota

S.F. No. 988 - Hearing Aid Dispenser Act

Author: Senator Dallas C. Sams

Prepared by: Katie Cavanor, Senate Counsel (651/296-3801) *KTC*

Date: March 3, 2005

S.F. No. 988 modifies the Hearing Aid Dispenser Act.

Section 1 (153A.15, subdivision 1) permits the Commissioner of Health to take enforcement action against a hearing aid dispenser if the dispenser fails to give the consumer a copy of the audiogram when the consumer requests a copy. Enforcement action may also be taken for failing to return a consumer's hearing aid used as a trade-in or for a discount in the price of a new hearing aid when requested by the consumer upon cancellation of the purchase agreement.

Section 2 (153A.19, subdivision 2) changes the word "sell" to "dispense." The section also extends the money-back guarantee period from 30 days to 45 days; defines for purposes of suspending the running of the money-back guarantee when the hearing aid is not in the possession of the consumer due to the hearing aid being repaired or adjusted to be based on business days; and places a maximum amount of \$250 that the dispenser can retain as a cancellation fee upon the cancellation of a purchasing agreement and return.

KC:ph

Senators Sams, Higgins, Belanger and Kiscaden introduced--
S.F. No. 988: Referred to the Committee on Commerce.

1 A bill for an act
2 relating to health; increasing consumer protection for
3 hearing aid users; amending Minnesota Statutes 2004,
4 sections 153A.15, subdivision 1; 153A.19, subdivision
5 2.

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

7 Section 1. Minnesota Statutes 2004, section 153A.15,
8 subdivision 1, is amended to read:

9 Subdivision 1. [PROHIBITED ACTS.] The commissioner may
10 take enforcement action as provided under subdivision 2 against
11 a dispenser of hearing instruments for the following acts and
12 conduct:

13 (1) prescribing or otherwise recommending to a consumer or
14 potential consumer the use of a hearing instrument, unless the
15 prescription from a physician or recommendation from a hearing
16 instrument dispenser or audiologist is in writing, is based on
17 an audiogram that is delivered to the consumer or potential
18 consumer when the prescription or recommendation is made, and
19 bears the following information in all capital letters of
20 12-point or larger boldface type: "THIS PRESCRIPTION OR
21 RECOMMENDATION MAY BE FILLED BY, AND HEARING INSTRUMENTS MAY BE
22 PURCHASED FROM, THE CERTIFIED DISPENSER OF YOUR CHOICE";

23 (2) failing to give a copy of the audiogram, upon which the
24 prescription or recommendation is based, to the consumer when
25 ~~there has been a charge for the audiogram and~~ the consumer

1 requests a copy;

2 (3) dispensing a hearing instrument to a minor person 18
3 years or younger unless evaluated by an audiologist for hearing
4 evaluation and hearing aid evaluation;

5 (4) failing to provide the consumer rights brochure
6 required by section 153A.14, subdivision 9;

7 (5) being disciplined through a revocation, suspension,
8 restriction, or limitation by another state for conduct subject
9 to action under this chapter;

10 (6) presenting advertising that is false or misleading;

11 (7) providing the commissioner with false or misleading
12 statements of credentials, training, or experience;

13 (8) engaging in conduct likely to deceive, defraud, or harm
14 the public; or demonstrating a willful or careless disregard for
15 the health, welfare, or safety of a consumer;

16 (9) splitting fees or promising to pay a portion of a fee
17 to any other professional other than a fee for services rendered
18 by the other professional to the client;

19 (10) engaging in abusive or fraudulent billing practices,
20 including violations of federal Medicare and Medicaid laws, Food
21 and Drug Administration regulations, or state medical assistance
22 laws;

23 (11) obtaining money, property, or services from a consumer
24 through the use of undue influence, high pressure sales tactics,
25 harassment, duress, deception, or fraud;

26 (12) failing to comply with restrictions on sales of
27 hearing aids in sections 153A.14, subdivision 9, and 153A.19;

28 (13) performing the services of a certified hearing
29 instrument dispenser in an incompetent or negligent manner;

30 (14) failing to comply with the requirements of this
31 chapter as an employer, supervisor, or trainee;

32 (15) failing to provide information in a timely manner in
33 response to a request by the commissioner, commissioner's
34 designee, or the advisory council;

35 (16) being convicted within the past five years of
36 violating any laws of the United States, or any state or

1 territory of the United States, and the violation is a felony,
2 gross misdemeanor, or misdemeanor, an essential element of which
3 relates to hearing instrument dispensing, except as provided in
4 chapter 364;

5 (17) failing to cooperate with the commissioner, the
6 commissioner's designee, or the advisory council in any
7 investigation;

8 (18) failing to perform hearing instrument dispensing with
9 reasonable judgment, skill, or safety due to the use of alcohol
10 or drugs, or other physical or mental impairment;

11 (19) failing to fully disclose actions taken against the
12 applicant or the applicant's legal authorization to dispense
13 hearing instruments in this or another state;

14 (20) violating a state or federal court order or judgment,
15 including a conciliation court judgment, relating to the
16 activities of the applicant in hearing instrument dispensing;

17 (21) having been or being disciplined by the commissioner
18 of the Department of Health, or other authority, in this or
19 another jurisdiction, if any of the grounds for the discipline
20 are the same or substantially equivalent to those in sections
21 153A.13 to 153A.19;

22 (22) misrepresenting the purpose of hearing tests, or in
23 any way communicating that the hearing test or hearing test
24 protocol required by section 153A.14, subdivision 4b, is a
25 medical evaluation, a diagnostic hearing evaluation conducted by
26 an audiologist, or is other than a test to select a hearing
27 instrument, except that the hearing instrument dispenser can
28 determine the need for or recommend the consumer obtain a
29 medical evaluation consistent with requirements of the United
30 States Food and Drug Administration;

31 (23) violating any of the provisions of sections 153A.13 to
32 153A.19; and

33 (24) aiding or abetting another person in violating any of
34 the provisions of sections 153A.13 to 153A.19; and

35 (25) failing to return a consumer's hearing aid used as a
36 trade-in or for a discount in the price of a new hearing aid

1 when requested by the consumer upon cancellation of the purchase
2 agreement.

3 Sec. 2. Minnesota Statutes 2004, section 153A.19,
4 subdivision 2, is amended to read:

5 Subd. 2. [~~30-DAY~~ 45 CALENDAR DAY GUARANTEE AND BUYER RIGHT
6 TO CANCEL.] No person shall ~~sell~~ dispense a hearing aid in this
7 state unless:

8 (a) The dispenser provides the buyer with a ~~30-day~~ 45
9 calendar day written money-back guarantee. The guarantee must
10 permit the buyer to cancel the purchase for any reason within ~~30~~
11 45 calendar days after receiving the hearing aid by giving or
12 mailing written notice of cancellation to the dispenser. If the
13 consumer mails the notice of cancellation, the 45 calendar day
14 period is counted using the postmark date, not the date of
15 receipt by the dispenser. If the hearing aid must be repaired,
16 remade, or adjusted during the ~~30-day~~ 45 calendar day money-back
17 guarantee period, the running of the ~~30-day~~ 45 calendar day
18 period is suspended one calendar day for each 24-hour period
19 that the hearing aid is not in the buyer's possession. A
20 repaired, remade, or adjusted hearing aid must be claimed by the
21 buyer within three working business days after notification of
22 availability, after which time the running of the ~~30-day~~ 45
23 calendar day period resumes. The guarantee must entitle the
24 buyer, upon cancellation, to receive a ~~full~~ refund of payment
25 within 30 days of return of the hearing aid to the dispenser.
26 The dispenser may retain as a cancellation fee ~~ten-percent~~ no
27 more than \$250 of the buyer's total purchase price of the
28 hearing aid.

29 (b) The dispenser shall provide the buyer with a contract
30 written in plain English, that contains uniform language and
31 provisions that meet the requirements under the Plain Language
32 Contract Act, sections 325G.29 to 325G.36. The contract must
33 include, but is not limited to, the following: in immediate
34 proximity to the space reserved for the signature of the buyer,
35 or on the first page if there is no space reserved for the
36 signature of the buyer, a clear and conspicuous disclosure of

1 the following specific statement in all capital letters of no
2 less than 12-point boldface type: MINNESOTA STATE LAW GIVES THE
3 BUYER THE RIGHT TO CANCEL THIS PURCHASE FOR ANY REASON AT ANY
4 TIME PRIOR TO MIDNIGHT OF THE 30TH 45TH CALENDAR DAY AFTER
5 RECEIPT OF THE HEARING AID(S). THIS CANCELLATION MUST BE IN
6 WRITING AND MUST BE GIVEN OR MAILED TO THE SELLER DISPENSER. IF
7 THE BUYER DECIDES TO RETURN THE HEARING AID(S) WITHIN
8 THIS ~~30-DAY~~ 45 CALENDAR DAY PERIOD, THE BUYER WILL RECEIVE A
9 REFUND OF \$~~.....(State-the-dollar-amount-of-refund.)~~ THE
10 TOTAL PURCHASE PRICE OF THE AID(S) FROM WHICH THE DISPENSER MAY
11 RETAIN AS A CANCELLATION FEE NO MORE THAN \$250.



March 8, 2005

The Honorable Becky Lourey
Health and Family Security Committee Chair
G-24 Capitol
75 Rev. Dr. Martin Luther King Jr. Blvd.
St. Paul, MN 55155-1606

Dear Senator Lourey:

AARP is pleased to see the consumer protections afforded by S.F. 988, and urges your support of the bill. This legislation is brought forward by various industry and consumer stakeholders to safeguard Minnesota's hearing aid users and build trust in the hearing aid industry. AARP believes this issue is important because:

- Hearing loss is one of the most prevalent chronic health conditions in the United States
- Approximately 28 million Americans suffer from some form of hearing impairment
- 30% of people between the ages of 65 and 74 experience hearing loss
- 50% of people over the age of 75 experience hearing loss
- Many, though not all, hearing-impaired individuals can benefit from the amplification provided by a hearing aid.

AARP strongly supports a mandatory 45-day trial period, and a prompt money-back guarantee. Please support S.F. 988. If you have any questions or concerns, please contact me at 651-726-5643.

Sincerely,

A handwritten signature in black ink that reads "Keith Weigel".

Keith Weigel
Advocacy Director
AARP Minnesota

CC: Health and Family Security Committee Members

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S.F. No. 1115 - Plumber Licensure

Author: Senator Michelle L. Fischbach

Prepared by: Katie Cavanor, Senate Counsel (651/296-3801) KTC

Date: March 3, 2005

S.F. No. 1115 requires all plumbers to be licensed by the Commissioner of Health and establishes a new restricted category of licensure for plumbers working in cities with fewer than 5,000 residents or in towns. The bill also establishes fees for plumber licensure and related activities, requires inspections of all new plumbing installations, and directs the commissioner to adopt rules regarding suspending, revoking, and refusing to grant or renew licenses and registrations.

Section 1 (144.22) requires the Commissioner of Health to adopt rules and establish criteria and procedures for suspending, revoking, and refusing to grant or renew licenses and registrations. Authorizes the commissioner to suspend, revoke, or refuse to grant or renew licenses and registrations according to the rules adopted. Establishes new fees for plumbing examinations, licensure, inspections, and plan review. Establishes the number of inspections required for specific plumbing installations.

Section 2 (326.01, subdivision 9a) defines a "restricted plumbing contractor."

Section 3 (326.37, subdivision 1) requires the commissioner to adopt by rule uniform standards for all new plumbing installations, including additions, extensions, alterations, and replacements.

Section 4 (326.37, subdivision 1a) requires the commissioner to inspect all new plumbing installations. Requires the commissioner to have the inspection plans in place and operational by July 1, 2007. Specifies that these inspection requirements do not apply if a political subdivision already requires similar plumbing inspections.

Section 5 (326.38) prohibits a city having a system of waterworks or sewage or a town of over 5,000 from requiring licensure for persons performing building sewer or water service installation who have completed pipe laying training as prescribed by the commissioner.

Section 6 (326.40, subdivision 1) prohibits any person from engaging in or working at the business of a master plumber, restricted plumbing contractor, or journeyman plumber unless they are licensed to do so by the commissioner. States that no license is required if the person is performing building sewer or water service installation and has completed pipe laying training as prescribed by the commissioner or if the person is selling an appliance plumbing installation service at point of sale if the installation work is performed by a licensed plumber.

Section 7 (326.402) establishes specifications for the licensure of a restricted plumbing contractor.

Subdivision 1 requires the commissioner to grant a restricted plumbing contractor license to any person who applies and provides evidence of having at least two years of practical plumbing experience.

Subdivision 2 permits restricted plumbing contractors to work only in cities and towns with fewer than 5,000 residents.

Subdivision 3 requires applications to be submitted to the commissioner before January 1, 2006.

Subdivision 4 specifies that this license does not expire and stays in effect for as long as the license holder engages in plumbing.

Subdivision 5 prohibits restricted plumbing contractor licenses from being transferred or sold.

Subdivision 6 directs the commissioner to adopt rules regarding license renewal.

Section 8 (326.451) requires the commissioner to adopt rules regarding the certification of plumbing inspectors, including rules on certification periods, examinations and fees, certification fees, certification renewals, the suspension or revocation of certifications, and the refusal to grant or renew certifications. Requires the commissioner to suspend, revoke, or refuse to grant or renew inspector certifications in compliance with the adopted rules.

Section 9 instructs the Revisor of Statutes to modify cross-references .

Section 10 repeals Minnesota Statutes, section 326.45 (limits the application of these statutes to cities with 5,000 or more residents).

KC:ph

Senators Fischbach, Lourey, Kelley, Gaither and Moua introduced--
S.F. No. 1115: Referred to the Committee on Health and Family Security.

1 A bill for an act

2 relating to occupations; requiring plumbers to be
3 licensed; establishing inspection requirements for new
4 plumbing installations; allowing the commissioner to
5 charge fees to hire staff; licensing restricted
6 plumbing contractors; requiring rulemaking; amending
7 Minnesota Statutes 2004, sections 144.122; 326.01, by
8 adding a subdivision; 326.37, subdivision 1, by adding
9 a subdivision; 326.38; 326.40, subdivision 1;
10 proposing coding for new law in Minnesota Statutes,
11 chapter 326; repealing Minnesota Statutes 2004,
12 section 326.45.

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

14 Section 1. Minnesota Statutes 2004, section 144.122, is
15 amended to read:

16 144.122 [LICENSE, PERMIT, AND SURVEY FEES.]

17 (a) The state commissioner of health, by rule, may
18 prescribe reasonable procedures and fees for filing with the
19 commissioner as prescribed by statute and for the issuance of
20 original and renewal permits, licenses, registrations, and
21 certifications issued under authority of the commissioner. The
22 expiration dates of the various licenses, permits,
23 registrations, and certifications as prescribed by the rules
24 shall be plainly marked thereon. Fees may include application
25 and examination fees and a penalty fee for renewal applications
26 submitted after the expiration date of the previously issued
27 permit, license, registration, and certification. The
28 commissioner may also prescribe, by rule, reduced fees for
29 permits, licenses, registrations, and certifications when the

1 application therefor is submitted during the last three months
2 of the permit, license, registration, or certification period.
3 Fees proposed to be prescribed in the rules shall be first
4 approved by the Department of Finance. All fees proposed to be
5 prescribed in rules shall be reasonable. The fees shall be in
6 an amount so that the total fees collected by the commissioner
7 will, where practical, approximate the cost to the commissioner
8 in administering the program. All fees collected shall be
9 deposited in the state treasury and credited to the state
10 government special revenue fund unless otherwise specifically
11 appropriated by law for specific purposes.

12 (b) The commissioner shall adopt reasonable rules
13 establishing criteria and procedures for refusal to grant or
14 renew licenses and registrations, and for suspension and
15 revocation of licenses and registrations.

16 (c) The commissioner may refuse to grant or renew licenses
17 and registrations, or suspend or revoke licenses and
18 registrations, in accordance with the commissioner's criteria
19 and procedures as adopted by rule.

20 (d) The commissioner may charge a fee for voluntary
21 certification of medical laboratories and environmental
22 laboratories, and for environmental and medical laboratory
23 services provided by the department, without complying with
24 paragraph (a) or chapter 14. Fees charged for environment and
25 medical laboratory services provided by the department must be
26 approximately equal to the costs of providing the services.

27 ~~(e)~~ (e) The commissioner may develop a schedule of fees for
28 diagnostic evaluations conducted at clinics held by the services
29 for children with handicaps program. All receipts generated by
30 the program are annually appropriated to the commissioner for
31 use in the maternal and child health program.

32 ~~(d)~~ (f) The commissioner shall set license fees for
33 hospitals and nursing homes that are not boarding care homes at
34 the following levels:

35 Joint Commission on Accreditation of Healthcare

36 Organizations (JCAHO hospitals) \$7,055

- 1 Non-JCAHO hospitals \$4,680 plus \$234 per bed
- 2 Nursing home \$183 plus \$91 per bed

3 The commissioner shall set license fees for outpatient
 4 surgical centers, boarding care homes, and supervised living
 5 facilities at the following levels:

- 6 Outpatient surgical centers \$1,512
- 7 Boarding care homes \$183 plus \$91 per bed
- 8 Supervised living facilities \$183 plus \$91 per bed.

9 ~~(e)~~ (g) Unless prohibited by federal law, the commissioner
 10 of health shall charge applicants the following fees to cover
 11 the cost of any initial certification surveys required to
 12 determine a provider's eligibility to participate in the
 13 Medicare or Medicaid program:

14	Prospective payment surveys for	\$ 900
15	hospitals	
16		
17	Swing bed surveys for nursing homes	\$1,200
18		
19	Psychiatric hospitals	\$1,400
20		
21	Rural health facilities	\$1,100
22		
23	Portable x-ray providers	\$ 500
24		
25	Home health agencies	\$1,800
26		
27	Outpatient therapy agencies	\$ 800
28		
29	End stage renal dialysis providers	\$2,100
30		
31	Independent therapists	\$ 800
32		
33	Comprehensive rehabilitation	\$1,200
34	outpatient facilities	
35		
36	Hospice providers	\$1,700
37		
38	Ambulatory surgical providers	\$1,800
39		
40	Hospitals	\$4,200
41		
42	Other provider categories or	Actual surveyor costs:
43	additional resurveys required	average surveyor cost x
44	to complete initial certification	number of hours for the
45		survey process.

46 These fees shall be submitted at the time of the
 47 application for federal certification and shall not be
 48 refunded. All fees collected after the date that the imposition
 49 of fees is not prohibited by federal law shall be deposited in
 50 the state treasury and credited to the state government special
 51 revenue fund.

1 (h) The commissioner shall charge the following fees for
 2 examinations, registrations, licenses, plan reviews, and
 3 inspections:

4	<u>Plumbing examination</u>		<u>\$ 50</u>
5	<u>Water conditioning examination</u>		<u>\$ 50</u>
6	<u>Plumbing bond registration fee</u>		<u>\$ 40</u>
7	<u>Water conditioning bond registration fee</u>		<u>\$ 40</u>
8	<u>Master plumber's license</u>		<u>\$120</u>
9	<u>Restricted plumbing contractor license</u>		<u>\$ 90</u>
10	<u>Journeyman plumber's license</u>		<u>\$ 55</u>
11	<u>Apprentice registration</u>		<u>\$ 25</u>
12	<u>Water conditioning contractor license</u>		<u>\$ 70</u>
13	<u>Water conditioning installer license</u>		<u>\$ 35</u>
14	<u>Residential inspection fee (each visit)</u>		<u>\$ 50</u>
15	<u>Public, commercial, and</u>	<u>Plan review fee</u>	<u>Inspection fee</u>
16	<u>industrial inspections</u>		
17	<u>25 or fewer drainage</u>		
18	<u>fixture units</u>	<u>\$ 50</u>	<u>\$ 300</u>
19	<u>26 to 50 drainage</u>		
20	<u>fixture units</u>	<u>\$150</u>	<u>\$ 900</u>
21	<u>51 to 150 drainage</u>		
22	<u>fixture units</u>	<u>\$200</u>	<u>\$1,200</u>
23	<u>151 to 249 drainage</u>		
24	<u>fixture units</u>	<u>\$250</u>	<u>\$1,500</u>
25	<u>250 or more drainage</u>		
26	<u>fixture units</u>	<u>\$300</u>	<u>\$1,800</u>
27	<u>Callback fee (each visit)</u>		<u>\$ 100</u>

28 (i) Plumbing installations that require only fixture
 29 installation or replacement require a minimum of one
 30 inspection. Residence remodeling involving plumbing
 31 installations requires a minimum of two inspections. New
 32 residential plumbing installations require a minimum of three
 33 inspections. For purposes of this paragraph and paragraph (h),
 34 residences of more than four units are considered commercial.

35 Sec. 2. Minnesota Statutes 2004, section 326.01, is
 36 amended by adding a subdivision to read:

1 Subd. 9a. [RESTRICTED PLUMBING CONTRACTOR.] A "restricted
 2 plumbing contractor" is any person skilled in the planning,
 3 superintending, and practical installation of plumbing who is
 4 otherwise lawfully qualified to contract for plumbing and
 5 installations and to conduct the business of plumbing, who is
 6 familiar with the laws and rules governing the business of
 7 plumbing, and who performs the plumbing trade in cities and
 8 towns with a population of fewer than 5,000 according to federal
 9 census.

10 Sec. 3. Minnesota Statutes 2004, section 326.37,
 11 subdivision 1, is amended to read:

12 Subdivision 1. [RULES.] The state commissioner of
 13 health ~~may shall~~, by rule, prescribe minimum uniform standards
 14 ~~which shall be uniform, and which standards shall thereafter be~~
 15 effective for all new plumbing installations, including
 16 additions, extensions, alterations, and replacements connected
 17 ~~with any water or sewage disposal system owned or operated by or~~
 18 ~~for any municipality, institution, factory, office building,~~
 19 ~~hotel, apartment building, or any other place of business~~
 20 ~~regardless of location or the population of the city or town in~~
 21 ~~which located.~~ Notwithstanding the provisions of Minnesota
 22 Rules, part 4715.3130, as they apply to review of plans and
 23 specifications, the commissioner may allow plumbing
 24 construction, alteration, or extension to proceed without
 25 approval of the plans or specifications by the commissioner.

26 The commissioner shall administer the provisions of
 27 sections 326.37 to ~~326.45~~ 326.451 and for such purposes may
 28 employ plumbing inspectors and other assistants.

29 Sec. 4. Minnesota Statutes 2004, section 326.37, is
 30 amended by adding a subdivision to read:

31 Subd. 1a. [INSPECTION.] All new plumbing installations,
 32 including additions, extensions, alterations, and replacements,
 33 shall be inspected by the commissioner for compliance with
 34 accepted standards of construction for health, safety to life
 35 and property, and compliance with applicable codes. The
 36 Department of Health must have full implementation of its

1 inspections plan in place and operational July 1, 2007. This
2 subdivision does not apply where a political subdivision
3 requires, by ordinance, plumbing inspections similar to the
4 requirements of this subdivision.

5 Sec. 5. Minnesota Statutes 2004, section 326.38, is
6 amended to read:

7 326.38 [LOCAL REGULATIONS.]

8 Any city having a system of waterworks or sewerage, or any
9 town in which reside over 5,000 people exclusive of any
10 statutory cities located therein, or the metropolitan airports
11 commission, may, by ordinance, adopt local regulations providing
12 for plumbing permits, bonds, approval of plans, and inspections
13 of plumbing, which regulations are not in conflict with the
14 plumbing standards on the same subject prescribed by the state
15 commissioner of health. No city or such town shall prohibit
16 plumbers licensed by the state commissioner of health from
17 engaging in or working at the business, except cities and
18 statutory cities which, prior to April 21, 1933, by ordinance
19 required the licensing of plumbers. No city or such town may
20 require a license for persons performing building sewer or water
21 service installation who have completed pipe laying training as
22 prescribed by the commissioner of health. Any city by ordinance
23 may prescribe regulations, reasonable standards, and inspections
24 and grant permits to any person, firm, or corporation engaged in
25 the business of installing water softeners, who is not licensed
26 as a master plumber or journeyman plumber by the state
27 commissioner of health, to connect water softening and water
28 filtering equipment to private residence water distribution
29 systems, where provision has been previously made therefor and
30 openings left for that purpose or by use of cold water
31 connections to a domestic water heater; where it is not
32 necessary to rearrange, make any extension or alteration of, or
33 addition to any pipe, fixture or plumbing connected with the
34 water system except to connect the water softener, and provided
35 the connections so made comply with minimum standards prescribed
36 by the state commissioner of health.

1 Sec. 6. Minnesota Statutes 2004, section 326.40,
2 subdivision 1, is amended to read:

3 Subdivision 1. [~~PLUMBERS-MUST-BE-LICENSED-IN-CERTAIN~~
4 ~~CITIES,-MASTER-AND-JOURNEYMAN-PLUMBERS~~ MASTER, JOURNEYMAN, AND
5 RESTRICTED PLUMBING CONTRACTORS; PLUMBING ON ONE'S OWN PREMISES;
6 RULES FOR EXAMINATION.] ~~In-any-city-now-or-hereafter-having~~
7 ~~57000-or-more-population,-according-to-the-last-federal-census,-~~
8 ~~and-having-a-system-of-waterworks-or-sewerage,-no-person,-firm,-~~
9 ~~or-corporation-shall-engage-in-or-work-at-the-business-of-a~~
10 ~~master-plumber-or-journeyman-plumber-unless-licensed-to-do-so-by~~
11 ~~the-state-commissioner-of-health.~~ No person, firm, or
12 corporation may engage in or work at the business of a master
13 plumber, restricted plumbing contractor, or journeyman plumber
14 unless licensed to do so by the commissioner of health under
15 sections 326.37 to 326.451. A license is not required for:

16 (1) persons performing building sewer or water service
17 installation who have completed pipe laying training as
18 prescribed by the commissioner of health; or

19 (2) persons selling an appliance plumbing installation
20 service at point of sale if the installation work is performed
21 by a plumber licensed under sections 326.37 to 326.451.

22 A master plumber may also work as a journeyman plumber.
23 Anyone not so licensed may do plumbing work which complies with
24 the provisions of the minimum standard prescribed by the state
25 commissioner of health on premises or that part of premises
26 owned and actually occupied by the worker as a residence, unless
27 otherwise forbidden to do so by a local ordinance.

28 ~~In-any-such-city~~ No person, firm, or corporation shall
29 engage in the business of installing plumbing nor install
30 plumbing in connection with the dealing in and selling of
31 plumbing material and supplies unless at all times a licensed
32 master plumber or restricted plumbing contractor, who shall be
33 responsible for proper installation, is in charge of the
34 plumbing work of the person, firm, or corporation.

35 The Department of Health shall prescribe rules, not
36 inconsistent herewith, for the examination and licensing of

1 plumbers.

2 Sec. 7. [326.402] [RESTRICTED PLUMBING CONTRACTOR
3 LICENSE.]

4 Subdivision 1. [LICENSURE.] The commissioner shall grant a
5 restricted plumbing contractor license to any person who applies
6 to the commissioner and provides evidence of having at least two
7 years of practical plumbing experience in the plumbing trade
8 preceding application for licensure.

9 Subd. 2. [USE OF LICENSE.] A restricted plumbing
10 contractor may engage in the plumbing trade only in cities and
11 towns with a population of fewer than 5,000 according to federal
12 census.

13 Subd. 3. [APPLICATION PERIOD.] Applications for restricted
14 plumbing contractor licenses must be submitted to the
15 commissioner prior to January 1, 2006.

16 Subd. 4. [USE PERIOD FOR RESTRICTED PLUMBING CONTRACTOR
17 LICENSE.] A restricted plumbing contractor license does not
18 expire and remains in effect for as long as that person engages
19 in the plumbing trade.

20 Subd. 5. [PROHIBITION OF TRANSFERENCE.] A restricted
21 plumbing contractor license must not be transferred or sold to
22 any other person.

23 Subd. 6. [RESTRICTED PLUMBING CONTRACTOR LICENSE RENEWAL.]
24 The commissioner shall adopt rules for renewal of the restricted
25 plumbing contractor license.

26 Sec. 8. [326.451] [INSPECTORS.]

27 (a) The commissioner shall set all reasonable criteria and
28 procedures by rule for inspector certification, certification
29 period, examinations, examination fees, certification fees, and
30 renewal of certifications.

31 (b) The commissioner shall adopt reasonable rules
32 establishing criteria and procedures for refusal to grant or
33 renew inspector certifications, and for suspension and
34 revocation of inspector certifications.

35 (c) The commissioner shall refuse to renew or grant
36 inspector certifications, or suspend or revoke inspector

1 certifications, in accordance with the commissioner's criteria
2 and procedures as adopted by rule.

3 Sec. 9. [REVISOR'S INSTRUCTION.]

4 The revisor of statutes shall change all references to
5 Minnesota Statutes, section 326.45, to Minnesota Statutes,
6 section 326.451, in Minnesota Statutes, sections 144.99, 326.44,
7 326.61, and 326.65.

8 Sec. 10. [REPEALER.]

9 Minnesota Statutes 2004, section 326.45, is repealed.

10 Sec. 11. [EFFECTIVE DATE.]

11 Sections 1 to 8 and 10 are effective July 1, 2005.

APPENDIX
Repealed Minnesota Statutes for 05-2373

326.45 STATE LICENSE; EXAMINATION; APPLICATION.

The provisions of sections 326.37 to 326.45 which require state licenses to engage in the work or business of plumbing, and the provisions which provide for the examination of applicants for such licenses, shall only apply in cities having a population of 5,000 or more.

**Senate Counsel, Research,
and Fiscal Analysis**



G-17 STATE CAPITOL
75 REV. DR. MARTIN LUTHER KING, JR. BLVD.
ST. PAUL, MN 55155-1606
(651) 296-4791
FAX: (651) 296-7747
JO ANNE ZOFF SELLNER
DIRECTOR

Senate

State of Minnesota

S.F. No. 525 - Changing Terminology in Law For People With Disabilities

Author: Senator Sheila M. Kiscaden

Prepared by: Thomas S. Bottern, Senate Counsel (651/296-3810) 
Joan White, Senate Counsel (651/296-3814) 

Date: March 4, 2005

Section 1 directs the Revisor of Statutes to change certain terms for people with disabilities wherever they appear in Minnesota Statutes to conform with a list of specific terms contained in the bill. For example, the bill directs that all references to “mentally retarded” individuals in the statutes must be changed to refer to “developmentally disabled” people. The bill also provides the Revisor with discretion to use one of several terms that would be most appropriate in the context of the statute where the term is used.

Section 2 requires the Governor’s Council on Developmental Disabilities, in consultation with the Department of Administration, to review the rules and provide to the Revisor a list of rules containing outdated language and appropriate terminology changes. The Revisor shall make the change in rules.

Section 3 requires state agencies to use the terminology changes specified in section 1 when printed material and signage are replaced and new printed material and signage are obtained. State agencies do not have to replace existing printed material and signage.

JW:rd

KEY: ~~stricken~~ = old language to be removed
underscored = new language to be added

NOTE: If you cannot see any difference in the key above, you need to change the display of stricken and/or underscored language.

Authors and Status ■ List versions

S.F. No. 525, 1st Engrossment: 84th Legislative Session (2005-2006) Posted on Feb 17, 2005

1.1 A bill for an act
1.2 relating to state government; changing terminology for
1.3 mentally retarded, mental retardation, physically
1.4 handicapped, and similar terms.
1.5 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:
1.6 Section 1. [REVISOR INSTRUCTION.]
1.7 (a) The revisor of statutes shall change the terms in
1.8 column A to the terms in column B, wherever they appear in
1.9 Minnesota Statutes,
1.10 Column A Column B
1.11 "mental retardation" "developmental disability"
1.12 "mental retardation or
1.13 a related condition"; "developmental disability"
1.14 "mental retardation
1.15 and related condition"
1.16 "mentally retarded" "developmentally disabled"
1.17 "handicapped persons" "disabled persons"
1.18 "handicapped children" "disabled children" or
1.19 "children with disabilities,"
1.20 whichever term is most appropriate
1.21 in the context of the sentence
1.22 "handicapped dependents" "disabled dependents"
1.23 "handicapped" "disabled," "disability," or
1.24 "people with disabilities,"
1.25 whichever term is most appropriate
2.1 in the context of the sentence
2.2 "handicaps" "disabilities"
2.3 "idiots" "developmentally disabled"
2.4 (b) Where the terms in column B are substituted in statute,
2.5 insert "person" or "people" if not already used in the existing
2.6 sentence structure.
2.7 Sec. 2. [MINNESOTA RULES.]
2.8 The Governor's Council on Developmental Disabilities, in
2.9 consultation with the Department of Administration, shall review
2.10 Minnesota Rules and provide to the revisor of statutes a list of
2.11 Minnesota Rules containing outdated language specified in
2.12 section 1 and the appropriate terminology changes that must be
2.13 made in each of the rules. The revisor of statutes shall make
2.14 the indicated changes in Minnesota Rules.
2.15 Sec. 3. [STATE AGENCIES.]
2.16 State agencies shall use the terminology changes specified
2.17 in section 1 when printed material and signage are replaced and
2.18 new printed material and signage are obtained. State agencies
2.19 do not have to replace existing printed material and signage to
2.20 comply with sections 1 and 2.

1 Senator moves to amend S.F. No. 525 as follows:

2 Page 2, line 9, before the comma, insert "and the
3 Department of Human Services"

4 Page 2, line 20, after the period, insert "Language changes
5 made according to sections 1 and 2 shall not expand or exclude
6 eligibility to services."

Thank you Madam Chair and other members of this committee for allowing me to speak today. My name is Roberta Blomster and I am from Vadnais Heights.

I would like you to support Bill S. F. No. 525, because the language in the Statutes relating to people with disabilities needs to change. It is helping a lot of people to make fun of as well as hurt people with disabilities. They look at our disabilities first, not our abilities. We are always told, "Oh, you can't do this, you can't do that" and we are tired of hearing that.

I was raised to believe it is not that I cannot do something, only that I have not tried it yet.

I am an individual with disabilities.

I was the first Cheerleader with special needs at White Bear High School. I saw a need for cheerleaders at the adaptive sports competitions. I asked the cheerleading coach if I could become a cheerleader for the Adaptive Team, I did not get far. Then I went to the Director of Sports, he said no problem, telling the coach; I would be part of her Cheerleading squad. I became one of her top students, attending every practice and regional training camps as well. I ended up lettering in Cheerleading at White Bear Lake High School.

I am also a major force in Special Olympics: as an International Gold Medal Winner, a Special Olympics Athlete, a Special Olympics Coach for Track & Field, a Global Messenger who is trained to be a self advocate and promoter of Special Olympics, an Athlete Leader, and a Trainer for other athletes in the area of self advocacy and speech presentation. I was named the 1998 Special Olympics Minnesota Outstanding Female Athlete of the Year. I am working on my next goals with Special Olympics of being on the State and/or International Board of Directors and also becoming an International Global Messenger.

I have given speeches on disabilities and Special Olympics to schools, businesses, civic groups, and at self-advocacy conferences.

I have attended a meeting of the Governor's Council on Developmental Disabilities. And I applied to be a public member of that council, last year. On the night of Tuesday, March 1st, I was appointed onto the Council.

As you can see, I have accomplished a lot, as an individual. My disabilities have not hindered me, when I have a goal; even Mom has a hard time keeping up with me.

Not only will this bill directly affect people with disabilities throughout this state; but all Minnesotans as well. We will be showing Minnesotans that the State looks at us as People First, and then at our disabilities. The state must be the leader, in removing labels from us. I am not an idiot, handicapped or Mentally Retarded, I am an individual with disabilities. Hurtful names such as "Retard" should not be in anybody's vocabulary and I believe this legislation is the start to removing these labels.

I am willing to answer any questions that you may have.

Thank you again Madam Chair and other members of the committee for allowing me to testify today.

**Senate Counsel, Research,
and Fiscal Analysis**

G-17 STATE CAPITOL
75 REV. DR. MARTIN LUTHER KING, JR. BLVD.
ST. PAUL, MN 55155-1606
(651) 296-4791
FAX: (651) 296-7747
JO ANNE ZOFF SELLNER
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Senate

State of Minnesota

**S.F. No. 1219 - Clarifying Payment From the County of
Financial Responsibility for Temporary Confinement
Under the Civil Commitment Act**

Author: Senator Steve Dille

Prepared by: Joan White, Senate Counsel (651/296-3814)

Date: March 2, 2005



S.F. No. 1219 clarifies that the county of financial responsibility is responsible for paying the costs of emergency care and treatment for the temporary confinement of individuals under the Civil Commitment Act, even if there is no contract between the county and the facility providing the emergency care and treatment.

JW:rd

Senator Dille introduced--

S.F. No. 1219: Referred to the Committee on Health and Family Security.

1 A bill for an act
2 relating to human services; clarifying payment from
3 the county of responsibility for temporary confinement
4 under the Civil Commitment Act; amending Minnesota
5 Statutes 2004, section 253B.045, subdivision 2.

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

7 Section 1. Minnesota Statutes 2004, section 253B.045,
8 subdivision 2, is amended to read:

9 Subd. 2. [FACILITIES.] Each county or a group of counties
10 shall maintain or provide by contract a facility for confinement
11 of persons held temporarily for observation, evaluation,
12 diagnosis, treatment, and care. If no contract is maintained,
13 the county of financial responsibility shall pay for the costs
14 of emergency care and treatment of persons held under sections
15 253B.05, subdivisions 1 and 2, and 253B.07, subdivision 2b.

16 When the temporary confinement is provided at a regional center,
17 the commissioner shall charge the county of financial
18 responsibility for the costs of confinement of persons
19 hospitalized under section 253B.05, subdivisions 1 and 2, and
20 section 253B.07, subdivision 2b, except that the commissioner
21 shall bill the responsible health plan first. If the person has
22 health plan coverage, but the hospitalization does not meet the
23 criteria in subdivision 6 or section 62M.07, 62Q.53, or 62Q.535,
24 the county is responsible. "County of financial responsibility"
25 means the county in which the person resides at the time of

1 confinement or, if the person has no residence in this state,
2 the county which initiated the confinement. The charge shall be
3 based on the commissioner's determination of the cost of care
4 pursuant to section 246.50, subdivision 5. When there is a
5 dispute as to which county is the county of financial
6 responsibility, the county charged for the costs of confinement
7 shall pay for them pending final determination of the dispute
8 over financial responsibility. Disputes about the county of
9 financial responsibility shall be submitted to the commissioner
10 to be settled in the manner prescribed in section 256G.09.

1 Senator *Kelley* moves to amend S.F. No. 1219 as
2 follows:

3 Page 1, line 12, after "maintained" insert "with the
4 facility providing the emergency care and treatment"

La Clair

1 Senator moves to amend S.F. No. 1219 as
2 follows:

3 Page 1, line 15, before the period, insert "except that
4 the facility shall bill the responsible health plan first"

1 Senator ^{Kelley}.... moves to amend S.F. No. 1219 as follows:

2 Page 1, line 12, delete the new language

3 Page 1, line 13, delete everything before "shall" and

4 insert "If a facility ^{incurs} increases expenses as a result of EMTALA

5 for a resident of another county, the state"



SF 1219

Dille

Office of the City Attorney

111 Hassan Street SE
Hutchinson, MN 55350-2522
320-587-5151/Fax 320-234-4240

November 17, 2004

Department of Human Services
Kevin Goodno, Commissioner
444 Lafayette Road North
St. Paul, MN 55155

Dear Mr. Goodno:

I represent Hutchinson Area Health Care and am writing to you to express issues Hutchinson Area Health Care faces in providing 72-hour hold services to various Minnesota counties.

Hutchinson Area Health Care is a municipal hospital, and has within its facility, a twelve-bed inpatient mental health unit. The Unit is able to provide 72-hour emergency hold services for adults and adolescents pursuant to Minnesota Statute 253B.05. However, a situation has developed over the last two years which seriously affects the ability of our facility to provide mental health services to our own service area and also carried with it serious adverse financial impact for our facility. The cause of this concern is our responsibility to provide emergency medical care under the Emergency Medical Treatment and Labor Act (EMTALA) and our experience that counties throughout the State of Minnesota are not paying for 72-hour hold services provided by our facility.

A typical scenario in which this situation arises would be an instance when a peace officer or a physician in County A has made a determination that a person is dangerous to himself or others and signs a 72-hour hold. County A typically transports the patient to the facility that County A has contracted with pursuant to Minnesota Statute 253B.05 for the provision of 72-hour hold services. Unfortunately, that facility is unable to accommodate the patient due to a lack of bed space. The patient is referred to Hutchinson Area Health Care through the provision of the Emergency Medical Treatment and Labor Act (EMTALA). Our facility treats the patient and the patient is either discharged at the end of the 72-hour hold or continues to be treated voluntarily or through the commencement of a commitment proceeding by County A.

Our facility currently has 113 outstanding accounts involving fourteen Minnesota counties, including all of the counties in the metropolitan area. As you may have guessed, the difficulty lies in getting paid for these services. There are two Statutes which, on the surface, seem to address payment for these services. Minnesota Statutes 253B allows counties to contract with facility for 72-hour hold services. Minnesota Statutes 256G addresses financial responsibilities for commitment. In attempting to collect payment from counties for 72-hour hold services

pursuant to Minnesota Statute 253B, the common response has been, "County A does not have a contract with Hutchinson Area Health Care as outlined in Minnesota Statute 253B.05, therefore County A is not responsible for the bill." Minnesota 256G provides some guidance into the payment of these expenses, noting that the committing county shall initially pay for expenses which later can be shifted to the County of residence. This provision is ineffectual because most of the time there are no commitment proceedings instituted for a patient as a result of the 72-hour hold. Therefore, when attempting to collect from counties using this Statute, they deny payment on the basis that no commitment was initiated.

This situation becomes even more convoluted when the 72-hour hold is instituted for a patient in County A but that person is a resident of County B.

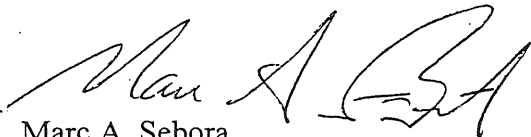
The unwillingness of counties to pay, the shifting of responsibility to other counties or the exploitation of "loop holes" in the aforementioned Statutes, the current need for psychiatric services in the State of Minnesota and the EMTALA requirements create a significant issue. Hutchinson Area Health Care suffers a double consequence of having to deal with providing services with no payment while people in our community are unable to access mental health services because our beds are occupied by 72-Hour Holds from other portions of the State.

The City of Hutchinson has been forced into initiating legal action to attempt to collect these debts. The unfortunate result of this is that money and time will be lost on resolving these accounts. Because of the many venues these lawsuits will be initiated in, there will be conflicting results in who should ultimately pay for these services. We believe this situation will only become worse as treatment facilities of State run institutions become more and more limited.

We need your help. I would appreciate the opportunity to speak with you about a resolution to this situation which can be applied consistently and which is stated in terms that cannot be misconstrued by governmental agencies and health care providers.

I look forward to hearing from you.

Sincerely,



Marc A. Sebor
Hutchinson City Attorney

03/07/2005 MON 16:12 FAX

002

	Current Total Balance Due:	Outstanding Patients:
Anoka County Government Center	1346.94	4
Carver County Social Services	24814.41	23
Chippewa County Family Services	6670.66	3
Dakota County Social Services	3296.20	5
Hennepin County Social Services	34718.32	27
Kandiyohi County Family Services	2971.22	1
Martin County Human Services	4244.95	1
Meeker County Social Services	41280.29	18
Olmstead County Community Services	297.83	1
Pine County Health & Human Services	375.01	1
Ramsey County Human Services	28219.03	15
Redwood Cty Human Services	329.90	1
Renville Cty Human Services	344.41	1
Sibley Cty Human Services	38.44	1
Stearns County Social Services	434.29	1
Swift County Human Services	2066.25	1
Washington County Community Services	19338.32	10
Wright County Human Services	26528.64	24
Yellow Medicine Cty Family Services	250.00	1
Total Currently Due:	<u>197565.11</u>	<u>139</u>

**Senate Counsel, Research,
and Fiscal Analysis**

G-17 STATE CAPITOL
75 REV. DR. MARTIN LUTHER KING, JR. BLVD.
ST. PAUL, MN 55155-1606
(651) 296-4791
FAX: (651) 296-7747
JO ANNE ZOFF SELLNER
DIRECTOR

Senate
State of Minnesota

S.F. No. 828 - Public Disclosure of Employer of Enrollees in Public Assistance Programs

Author: Senator Becky Lourey

Prepared by: Katie Cavanor, Senate Counsel (651/296-3801) JC

Date: March 3, 2005

S.F. No. 828 requires an applicant to a state funded public assistance health care program to identify the applicant's employer if employed or, if not employed, the employer of any adult who is responsible for providing support for the applicant and requires the Commissioner of Human Services to report this information to the Legislature for employers who employ 25 or more public assistance health care program beneficiaries.

Subdivision 1 defines "proposed beneficiary."

Subdivision 2 requires an applicant for health care benefits under medical assistance, general assistance medical care, or MinnesotaCare to identify the employer of the proposed beneficiary. If the applicant is not employed, the applicant must identify the employer of any adult who is responsible for providing all or some of the proposed beneficiary's support.

Subdivision 3 requires the Commissioner of Human Services to submit to the Legislature on or before January 1 of each year, a report identifying all employers identified by applicants who employ 25 or more public health program beneficiaries. The report must include the name of the employer, names of its subsidiaries that employ public health program beneficiaries, locations, the total number of its employees and dependents who are enrolled in each state funded health care program, and the total cost to the state of providing public health care benefits for the employees and enrolled dependents of each named employer. The report must not include the name of any individual public health program beneficiary. The Commissioner must make the report available to the public on the Department's Web site and must provide a copy to any member of the public who requests a copy.

KC:ph

Senators Lourey, Anderson and Dibble introduced--

S.F. No. 828: Referred to the Committee on Health and Family Security.

1 A bill for an act

2 relating to health; requiring disclosure of employers
3 of applicants for publicly funded health programs;
4 proposing coding for new law in Minnesota Statutes,
5 chapter 62J.

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

7 Section 1. [62J.85] [PUBLIC PROGRAMS; EMPLOYER
8 DISCLOSURE.]

9 Subdivision 1. [DEFINITION.] As used in this section,

10 "proposed beneficiary" means:

11 (1) an individual who files an application for benefits or
12 hospital care for the individual; or

13 (2) an individual on whose behalf an application for
14 benefits or hospital care is filed, including, but not limited
15 to, children or other dependents of the applicant.

16 Subd. 2. [INFORMATION REQUIRED UNDER STATE-FUNDED
17 PROGRAMS.] An applicant for health care benefits under public
18 programs, including, but not limited to, Medicaid, medical
19 assistance, general assistance medical care, or MinnesotaCare,
20 and any person requesting uncompensated care in a hospital shall
21 identify the employer or employers of the proposed beneficiary
22 of the health care benefits. In the event the proposed
23 beneficiary is not employed, the applicant shall identify the
24 employer or employers of any adult who is responsible for
25 providing all or some of the proposed beneficiary's support.

1 Subd. 3. [INFORMATION TO BE PROVIDED TO LEGISLATURE AND
2 PUBLIC.] (a) On or before January 1 of each year, the
3 commissioner of human services shall transmit to the legislature
4 a report identifying all employers identified according to
5 subdivision 2 who employ 25 or more public health program
6 beneficiaries. In determining whether the 25-employee threshold
7 is met, the commissioner shall include all public health program
8 beneficiaries employed by the employer and its subsidiaries at
9 all locations within the state. The report shall include each
10 employer's name and, as appropriate, the names of its
11 subsidiaries that employ public health program beneficiaries,
12 locations, the total number of its employees and dependents who
13 are enrolled in each state-funded health care program, and the
14 total cost to the state of providing public health care benefits
15 for the employees and enrolled dependents of each named
16 employer. The report shall not include the name of any
17 individual public health program beneficiary and is subject to
18 privacy standards according to the Health Insurance Portability
19 and Accountability Act of 1996, Public Law 104-191.

20 (b) The commissioner of human services shall make the
21 report available to the public on the Department of Human
22 Services Web site.

23 (c) A member of the public may request and receive a copy
24 of the report published under this subdivision.

1 Senator moves to amend S.F. No. 828 as follows:

2 Delete everything after the enacting clause and insert:

3 "Section 1. [62J.85] [EMPLOYER DISCLOSURE FOR PUBLIC
4 ASSISTANCE HEALTH CARE PROGRAMS.]

5 Subdivision 1. [INFORMATION REQUIRED UNDER PUBLIC
6 ASSISTANCE HEALTH CARE PROGRAMS.] Any applicant applying for
7 health care benefits under medical assistance, general
8 assistance medical care, or MinnesotaCare must identify the
9 employer or employers of the applicant. In the event the
10 applicant is not employed, the applicant shall identify the
11 employer or employers of any adult who is responsible for
12 providing all or some of the applicant's health care support.

13 Subd. 2. [REPORT.] (a) On or before January 1 of each
14 year, beginning January 1, 2006, for the previous fiscal year,
15 the commissioner shall submit to the legislature a report
16 identifying all employers who employ 25 or more public
17 assistance health care program recipients as identified under
18 subdivision 2. In determining whether the 25-employee threshold
19 is met, the commissioner shall include all public assistance
20 health care program recipients employed by the employer and its
21 subsidiaries at all locations within the state. The report
22 shall include the following information: (1) the name and
23 address of the employer and, as appropriate, the names and
24 addresses of its subsidiaries that employ public assistance
25 health care program recipients;

26 (2) the number of recipients who are employees of the
27 employer;

28 (3) the number of recipients who are spouses or dependents
29 of employees of the employer;

30 (4) the cost to the state of providing health care benefits
31 for these employers' employees and enrolled dependents.

32 (b) The report shall not include the name of any individual
33 public assistance health care program recipient and shall comply
34 with privacy standards according to the Health Insurance
35 Portability and Accountability Act of 1996, Public Law 104-191.

36 (c) The commissioner shall make the report available to the

1 public on the Department of Human Services Web site, and shall
2 provide a copy of the report to any member of the public upon
3 request."

1 Senator moves to amend the delete-everything
2 amendment (SCS0828A-1) to S.F. No. 828 as follows:

3 Page 1, line 9, after the period, insert "The applicant
4 shall also submit a colored photograph of the president of the
5 company employing the applicant."

6 Page 1, line 12, before the period, insert ", and submit a
7 color photograph of the president of the company that employs
8 the responsible adult"

9 Page 2, after line 3, insert:

10 "Subd. 3. [ONLINE DIRECTORY.] The Department of Human
11 Services and the Bureau of Criminal Apprehension must maintain
12 an online directory of the photographs submitted by the
13 applicants under subdivision 1."

Sen. Courcy

**Employers Who Have 50 or More Employees
Using Public Health Assistance**

A Report by the Executive Office of Health and Human Services
Division of Health Care Finance and Policy
February 1, 2005

There are a number of reasons why someone working for an employer who offers health insurance is not insured through that employer. Many employees report cost as the primary factor in declining offered coverage. Other reasons include: not being eligible for insurance due to part-time status, being newly employed and not yet eligible for insurance, health insurance offered by employer not viewed as a good value by the employee, the availability of insurance through a spouse, and the availability of coverage through safety-net care programs.

It's easy to see why employees mention cost as a factor. Although premiums for individuals remain well subsidized by most employers (the average subsidy was 73% in 2003) resulting in a reasonable price and good value for most working people at approximately \$87/month, family plans have become very expensive (the average employee premium was \$245/month in 2003) particularly for low-income families. In addition, once the premium is paid, other cost sharing, including deductibles and copayments, may make the insurance offered through the employer unattractive.

Eligibility for employer-sponsored health insurance does not preclude eligibility for public programs. When a low-income person eligible for public health assistance through MassHealth or the UCP is offered health insurance by their employer, s/he often must choose between that coverage and the public program. However, MassHealth, through its premium assistance programs, strives to enroll people in their employer-sponsored plans and wraps coverage around such plans for those who are eligible. These premium assistance programs encourage take-up of employer-sponsored health insurance and represent a partnership between private insurance and public coverage. Approximately 30,000 people are enrolled in a premium assistance program through MassHealth.

III. METHODS

This section describes the methods used by the DHCFP, working with staff from the Office of Medicaid, in approaching this analysis. Agency staff considered the available databases and what analyses were feasible given time and resource constraints. Some of the requested information was not available in either database and some information was available in one but not the other. The reader should carefully review both this section and the Limitations section (below) in order to fully understand the data presented in this report.

Time Period

The information in this report uses the following time periods for data analysis: PFY03 (Uncompensated Care Pool Fiscal Year 2003 which covers the period from October 1, 2002 through September 30, 2003) for UCP claims, and Massachusetts Fiscal Year 2004 (July 1, 2003 through June 30, 2004) for MassHealth claims.

Many UCP users reported being employed and reported their employer as babysitter, homemaker, student, etc. These “employers” were considered invalid for purposes of this analysis and were not included.

The MassHealth database contained more accurate employer addresses than the UCP database. Thus, employers that were in both the UCP and MassHealth databases were assigned the addresses from the MassHealth database. Given numerous spellings for the same street address, the city/town where the employer is located was chosen over the exact address. In instances in which different MassHealth members reported different addresses for the same employer name, employers were considered to have “multiple locations.”

The Office of Medicaid maintains a database for its premium assistance programs that tracks information about health insurance at many Massachusetts employers. This extensive file includes information regarding whether an employer offers health insurance and the employers’ and employees’ contributions towards the premiums. This file contained much of the information needed for most of the employers who employ 50 or more public health beneficiaries.

The DHCFP called a sample group of employers from the premium assistance database to verify the information in the database. However, due to time constraints, staff did not verify much of the information. In addition, DHCFP staff called the employers that were not included in the database to determine if those employers offered health insurance to their employees and if so, the employers’ percent contribution to their employees’ premiums. DHCFP staff were unable to reach all employers in the given timeframe, and thus, some information on offer status and percent of contribution is missing from the attached list of employers.

Costs of Care

Approximately 77% of UCP users did not identify a valid employer, and therefore the costs associated with those users were not apportioned to an employer. For those UCP users who reported working for more than one employer, the costs of UCP care was apportioned equally among the valid employers that were reported by the UCP user. For example, if an UCP claim noted three employers, each employer would be assigned 33% of that UCP claim costs. If an UCP claim indicated that the patient worked for two “employers,” one of which was not valid, the valid employer would be assigned all of the costs for that claim.

The costs associated with dependents of employees who were MassHealth members were identified separately in the MassHealth database and thus are reported separately per the legislation. Unfortunately, we were unable to distinguish the costs of employees from their dependents using the UCP database, thus employee and dependent costs are combined for UCP users.

specified in the Methods section. According to our analysis, most firms on this list offer health insurance to their employees and contribute an average of 70% towards the premium.

The attached list of employers contains the following information per employer: employer name, employer location, number of MassHealth members employed, costs of care provided to MassHealth members employed, number of UCP users employed, costs of care provided to UCP users employed and their dependents, number of dependents of employees enrolled in MassHealth, costs of care provided to MassHealth member dependents, total public health beneficiary count per employer, total cost of care, and percent contribution from employer towards insurance premium.

The total cost of care for these employees and their dependents was \$52,595,881.

There are a number of problems with this analysis. Already mentioned are the data limitations including extensive missing data, inconsistent provider reporting, and the difficulties inherent in merging multiple discrete data files. Some of these issues can and will be resolved once the virtual gateway eligibility system is fully operational.

Perhaps a larger, more fundamental problem with this analysis is that these data, even if complete, do not take into consideration the complex decision-making involved at the employer and employee level. Since we do not have information on whether these particular employees are eligible for the health insurance offered by their employer, it is difficult to ascribe blame or to develop actionable steps. For instance, if an employer offers a generous package but the package has high copayments or deductibles or limits services, the eligible employee may make a rational decision to enroll in the MassHealth program, if eligible. A low-income, MassHealth-eligible employee may even prefer to go without health insurance and seek care through the UCP. If employees are not eligible for their employer-sponsored health insurance, it could be due to the waiting periods, part-time work status, or other factors, which may be beyond the control of the employee.

Many health care coverage decisions are complex and multifaceted. For low-income people, a major factor is almost always cost. Health insurance is expensive and becoming more so. Although the policies and programs currently in place in Massachusetts provide a very important safety net for many low-income people, it should also be recognized that such programs provide incentives, for both employers and employees, to shift health care costs to the public sector.

EmployerName	Employer Location	MH Mmbrs. + UCP Users	MassHealth Members	MHCosts	UCP Costs	MH Dep.	MH Dep Costs	Total Public Health Ben.	Employer % Contribution		
DUNKIN DONUTS	Multiple Locations	1923	982	\$1,093,727	941	\$707,974	1531	\$3,144,520	3454	\$3,146,221	75%
STOP & SHOP	Multiple Locations	1352	788	\$1,103,535	564	\$689,003	1288	\$1,281,747	2640	\$3,074,284	100%
WAL-MART	Multiple Locations	1258	823	\$1,054,847	435	\$356,540	1656	\$1,493,156	2914	\$2,904,543	52%
MCDONALDS	Multiple Locations	1125	600	\$676,551	525	\$457,351	999	\$881,036	2124	\$2,014,938	70%
UNICCO SERVICE CORP	Multiple Locations	743	339	\$303,020	404	\$474,986	613	\$590,808	1356	\$1,368,814	78%
CITY OF BOSTON	Boston, MA	716	264	\$306,940	452	\$368,660	394	\$344,973	1110	\$1,020,573	90%
CVS PHARMACY	Multiple Locations	591	405	\$516,825	186	\$185,336	663	\$701,641	1254	\$1,403,802	70%
BURGER KING	Multiple Locations	574	287	\$350,562	287	\$243,779	411	\$363,464	985	\$957,805	76%
SHAWS SUPERMARKET	Multiple Locations	571	324	\$417,537	247	\$269,373	528	\$704,378	1099	\$1,391,288	63%
BOSTON MEDICAL CENTER	Boston, MA	566	45	\$25,567	521	\$370,426	100	\$91,691	666	\$487,683	81%
FILENES	Multiple Locations	510	301	\$348,133	209	\$260,712	414	\$364,532	924	\$973,377	53%
WENDYS	Multiple Locations	497	271	\$244,148	226	\$122,843	417	\$351,913	914	\$718,905	75%
DEMOULAS MARKET BASKET	Tewksbury, MA	460	343	\$470,818	117	\$74,100	537	\$505,081	997	\$1,049,999	85%
FRIENDLYS	Multiple Locations	455	298	\$312,698	157	\$130,813	531	\$323,906	986	\$767,418	50%
HOME DEPOT	Multiple Locations	444	229	\$291,689	215	\$152,710	468	\$385,812	912	\$830,211	50%
YMCA	Multiple Locations	371	266	\$331,558	105	\$138,537	420	\$333,569	791	\$803,664	70% - 75%
WALGREENS	Multiple Locations	323	216	\$253,249	107	\$120,741	355	\$258,717	678	\$632,707	75%
TARGET	Multiple Locations	313	233	\$258,526	80	\$72,436	443	\$411,522	756	\$742,484	68%
PAPA GINOS	Multiple Locations	304	160	\$174,685	144	\$115,123	298	\$242,132	602	\$531,939	71%
MARRIOTT HOTEL	Multiple Locations	288	129	\$94,246	159	\$206,711	318	\$339,300	606	\$640,257	68%
SEARS	Multiple Locations	270	138	\$242,921	132	\$141,937	231	\$228,697	501	\$613,555	80%
ARAMARK	Multiple Locations	269	177	\$163,438	92	\$84,218	342	\$177,855	611	\$425,511	72%
MASS GENERAL HOSPITAL	Boston, MA	269	99	\$113,127	170	\$220,604	230	\$167,876	499	\$501,607	90%
COMMONWEALTH OF MA	Multiple Locations	232	102	\$189,268	130	\$179,384	188	\$208,033	420	\$576,685	85%
99 RESTAURANT	Multiple Locations	227	155	\$149,105	72	\$71,445	244	\$158,808	471	\$379,357	67%
A.J. WRIGHT	Multiple Locations	225	140	\$164,630	85	\$56,344	296	\$218,673	521	\$439,646	80%
CUMBERLAND FARMS	Multiple Locations	222	144	\$212,423	78	\$45,228	256	\$208,080	478	\$465,732	78%
JANITRONICS	Waltham, MA	219	171	\$130,528	48	\$51,974	337	\$211,545	556	\$394,048	78%
KMART	Multiple Locations	218	119	\$82,688	99	\$115,563	228	\$127,885	446	\$326,137	66%
BRIGHAM AND WOMANS HOSPITAL	Boston, MA	217	94	\$94,274	123	\$159,036	225	\$181,583	442	\$434,893	90%
AU BON PAIN	Multiple Locations	215	105	\$94,323	110	\$94,016	166	\$175,484	381	\$363,822	UCE
HOLIDAY INN	Multiple Locations	211	116	\$116,815	95	\$155,923	259	\$279,344	470	\$552,082	UCE
UMASS	Multiple Locations	211	115	\$86,686	96	\$118,866	248	\$232,013	459	\$437,565	85%
FIRST STUDENT	Multiple Locations	208	176	\$184,444	32	\$25,143	416	\$348,416	624	\$558,003	80%
BICKFORDS	Multiple Locations	206	97	\$139,492	109	\$97,551	150	\$106,577	356	\$343,621	65%
MARSHALLS	Multiple Locations	205	151	\$172,594	54	\$56,851	280	\$259,439	485	\$488,884	71%
T.J. MAXX	Multiple Locations	203	139	\$119,319	64	\$44,938	312	\$211,324	515	\$375,581	80%
MBTA	Multiple Locations	194	54	\$85,098	140	\$91,138	125	\$141,478	319	\$317,714	85%
MACY'S	Multiple Locations	187	107	\$110,325	80	\$50,395	188	\$169,608	375	\$330,328	50%
ADECCO	Multiple Locations	183	130	\$82,664	53	\$49,835	247	\$186,968	430	\$319,466	0%
SODEXHO	Multiple Locations	181	118	\$78,336	63	\$112,042	228	\$214,449	409	\$404,827	50%
BETH ISRAEL DEACONESS HOSPITAL	Boston, MA	180	67	\$113,038	113	\$163,181	145	\$96,842	325	\$373,062	80%
US POSTAL SERVICE	Multiple Locations	174	49	\$48,413	125	\$107,001	118	\$89,157	292	\$244,571	89%
BROOKS PHARMACY	Multiple Locations	172	123	\$125,120	49	\$43,246	184	\$168,027	356	\$336,393	75%
BIG Y	Multiple Locations	171	139	\$180,547	32	\$23,782	215	\$205,806	386	\$410,134	62%
BERTUCCIS	Multiple Locations	168	93	\$80,268	75	\$73,432	180	\$157,668	348	\$311,368	68%
EXXONMOBIL	Multiple Locations	168	74	\$86,303	94	\$146,331	194	\$225,050	362	\$457,684	UCE
FLEET BANK	Multiple Locations	163	95	\$57,204	68	\$104,196	205	\$135,205	368	\$296,605	79%
AMERICAN CLEANING COMPANY	Cambridge, MA	161	100	\$64,925	61	\$51,005	178	\$159,913	339	\$275,843	78%
SALVATION ARMY	Multiple Locations	160	101	\$167,694	59	\$81,628	172	\$136,697	332	\$386,019	91%
KENTUCKY FRIED CHICKEN	Multiple Locations	158	90	\$109,932	68	\$37,307	138	\$105,249	296	\$252,488	50%*
LAIDLAW	Multiple Locations	157	107	\$108,695	50	\$54,064	227	\$180,325	384	\$343,084	25%
DOMINOS PIZZA	Multiple Locations	153	73	\$102,757	80	\$51,619	159	\$145,306	312	\$299,682	91%
LABOR READY	Unknown	151	37	\$110,472	114	\$93,274	48	\$30,015	199	\$233,761	66%
UNITED PARCEL SERVICE	Multiple Locations	150	61	\$66,628	89	\$91,750	145	\$108,997	295	\$267,375	100%

ONE SOURCE	Unknown	147	103	\$103,672	44	\$75,585	173	\$177,953	320	\$357,210	81%
PRICE CHOPPER	Multiple Locations	146	116	\$149,825	30	\$26,068	174	\$120,123	320	\$296,016	76%
BJ'S WHOLESALE CLUB	Multiple Locations	145	105	\$108,400	40	\$31,210	237	\$273,434	382	\$413,045	84%
D'ANGELOS	Multiple Locations	144	54	\$86,819	90	\$55,284	103	\$107,487	247	\$249,591	71%
BOSTON CAB	Boston, MA	141	50	\$22,581	91	\$111,260	123	\$131,809	264	\$265,650	UCE
SHERATON HOTEL	Multiple Locations	139	63	\$67,164	76	\$42,849	152	\$171,665	291	\$281,679	91%
BAYSTATE MEDICAL CENTER	Springfield, MA	135	135	\$116,198	0	\$0	285	\$176,787	420	\$292,985	76%
SUNBRIDGE CARE	Multiple Locations	134	42	\$29,674	92	\$96,208	105	\$93,639	239	\$219,521	42%
VINFEN CORP	Cambridge, MA	134	62	\$44,004	72	\$101,647	152	\$132,936	286	\$278,588	76%
HARVARD UNIVERSITY	Cambridge, MA	129	53	\$36,286	76	\$97,590	112	\$66,338	241	\$200,214	84%
SUBWAY	Multiple Locations	126	89	\$86,564	37	\$39,842	143	\$127,999	269	\$254,406	UCE
THE GAP	Multiple Locations	125	84	\$90,060	41	\$33,697	117	\$67,967	242	\$191,724	81%
BOSTON UNIVERSITY	Boston, MA	123	32	\$53,828	91	\$58,318	75	\$111,711	198	\$223,857	75%
CHILIS	Multiple Locations	119	68	\$70,201	51	\$19,674	102	\$129,508	221	\$219,383	55%
APPLEBEES	Multiple Locations	118	54	\$20,825	64	\$26,904	73	\$42,275	191	\$90,005	77%
KELLY SERVICES	Multiple Locations	118	85	\$46,192	33	\$44,510	140	\$120,142	258	\$210,843	0%
CITIZENS BANK	Multiple Locations	117	62	\$59,408	55	\$34,882	113	\$83,587	230	\$177,877	81%
CENTRAL PARKING	Boston, MA	115	54	\$73,454	61	\$111,888	91	\$134,655	206	\$319,996	80%
SEVEN ELEVEN	Multiple Locations	115	68	\$61,099	47	\$71,199	131	\$156,350	246	\$288,649	ED
HONEY DEW DONUTS	Multiple Locations	114	66	\$121,756	48	\$33,635	107	\$152,987	221	\$308,377	UCE
BOSTON GLOBE	Boston, MA	113	26	\$7,326	87	\$72,613	55	\$59,865	168	\$139,804	UCE
TOYS R US	Multiple Locations	113	82	\$114,176	31	\$24,266	145	\$104,425	258	\$242,867	ED
PIZZERIA UNO	Multiple Locations	112	36	\$16,082	76	\$51,491	47	\$55,417	159	\$122,989	64%
ALLIED SECURITY	Boston, MA	111	58	\$43,664	53	\$62,829	134	\$133,034	245	\$239,527	58%
FAMILY DOLLAR	Multiple Locations	111	80	\$97,721	31	\$11,226	127	\$90,128	238	\$199,075	72%
CHADWICKS OF BOSTON	Multiple Locations	108	68	\$93,724	40	\$29,906	182	\$129,335	290	\$252,964	87%
TACO BELL	Multiple Locations	107	65	\$68,525	42	\$24,364	113	\$64,152	220	\$157,041	80%
SUNOCO	Multiple Locations	106	49	\$40,762	57	\$93,608	89	\$162,501	195	\$296,871	50%
NORTHEASTERN UNIVERSITY	Boston, MA	103	36	\$15,589	67	\$66,874	60	\$76,315	163	\$158,778	70%
BUILDING 19	Multiple Locations	100	63	\$73,661	37	\$20,822	111	\$98,815	211	\$193,298	60%
ST ELIZABETH'S HOSPITAL	Boston, MA	99	39	\$42,989	60	\$46,184	68	\$28,369	167	\$117,542	70%
PINKERTON SECURITY	Westford, MA	98	5	\$265	93	\$88,101	8	\$1,363	106	\$89,729	75%
GENESIS HEALTHCARE	Multiple Locations	96	96	\$79,531	0	\$0	205	\$144,949	301	\$224,481	74%
OCEAN STATE JOB LOT	Multiple Locations	95	58	\$63,944	37	\$31,437	84	\$46,306	179	\$141,686	0%
WESTIN HOTEL	Boston, MA	95	27	\$17,690	68	\$84,834	69	\$24,976	164	\$127,500	90%
FEDEX	Multiple Locations	93	35	\$35,192	58	\$43,593	82	\$43,194	175	\$121,979	84%
UMASS MEMORIAL HEALTH CARE	Worcester, MA	93	53	\$75,197	40	\$48,229	90	\$50,310	183	\$173,736	88%
CHRISTMAS TREE SHOP	South Yarmouth, MA	91	50	\$83,957	41	\$25,490	87	\$106,786	178	\$216,233	82%
STAPLES	Multiple Locations	90	53	\$58,768	37	\$24,547	123	\$126,661	213	\$209,976	62%
CHILDRENS HOSPITAL	Boston, MA	88	43	\$39,332	45	\$23,150	112	\$59,652	200	\$122,134	90%
BEST BUY	Multiple Locations	87	52	\$48,295	35	\$44,017	79	\$38,074	166	\$130,386	66%
LOGAN AIRPORT	Chelsea, MA	85	12	\$13,218	73	\$70,490	18	\$22,818	103	\$106,526	UCE
PAYLESS SHOES	Multiple Locations	84	53	\$22,221	31	\$21,217	113	\$67,681	197	\$111,119	61%
HILTON HOTEL	Multiple Locations	83	57	\$33,421	26	\$20,793	136	\$77,799	219	\$132,014	77%
JC PENNY	Multiple Locations	83	83	\$85,377	0	\$0	143	\$66,824	226	\$152,201	50%
STORE 24	Multiple Locations	83	30	\$25,923	53	\$77,764	45	\$35,333	128	\$139,020	70%
GENTIVA HEALTH SERVICES	Multiple Locations	82	82	\$120,640	0	\$0	98	\$64,390	180	\$185,030	67%
NEW ENGLAND MEDICAL CENTER	Boston, MA	82	18	\$19,780	64	\$69,922	35	\$16,490	117	\$106,192	80%
KINDRED NURSING CENTERS	Multiple Locations	80	80	\$90,965	0	\$0	186	\$131,048	266	\$222,013	79%
STANDARD PARKING	Multiple Locations	79	32	\$6,810	47	\$78,324	78	\$65,626	157	\$170,760	63%
CITY OF WORCESTER	Worcester, MA	76	76	\$35,085	0	\$0	173	\$108,328	249	\$143,413	87%
JIFFY LUBE	Multiple Locations	76	23	\$30,334	53	\$33,709	45	\$34,284	121	\$98,326	79%
BOSTON MARKET	Multiple Locations	74	33	\$30,791	41	\$21,545	58	\$44,652	132	\$96,988	72%
CENTER FOR LIVING AND WORKING	Worcester, MA	72	72	\$51,239	0	\$0	150	\$115,422	222	\$166,661	UCE
CLEANING SERVICE CO	Stoneham, MA	72	72	\$55,649	0	\$0	122	\$113,155	194	\$168,803	UCE
QUAKER FABRIC MFG	Fall River, MA	72	29	\$17,197	43	\$20,826	63	\$36,510	135	\$103,533	51%
CARNEY HOSPITAL	Worcester, MA	69	25	\$45,279		\$44,053	55	\$54,262	124	\$104,414	81%

