



## Minnesota Public Health Association

# MPHA 2009 Legislative Summary

### *Overview*

This document provides a brief summary of key public health bills introduced during the 2009 Minnesota legislative session. Following a brief summary of the legislative session, the document includes two main sections: the first focuses on topic areas identified as high priority issues for MPHA in 2009, while the second section highlights additional public health legislation that may be of interest to MPHA members.

### *Session summary*

Minnesota began the 2009 legislative session with a projected \$6.5 billion budget deficit. Although this deficit was reduced by \$4.6 billion with federal stimulus dollars, the State still was faced with the need to cut costs and/or raise new revenue to balance the budget. In the final weeks of the session, a legislative proposal to raise new revenue through income taxes on higher income earners, an increased alcohol excise tax, and closing of tax loopholes was passed by the Legislature, but vetoed by the Governor. Instead of calling a special session, the Governor chose to use line item vetoes and his “unallotment” authority to balance the budget.

The \$2.6 billion unallotment proposal includes significant cuts to Human Services, including reductions in county grants, the elimination of emergency general assistance, and ending General Assistance Medical Care (GAMC) in March 2010. Local program aid to counties was also cut through the unallotment process. The full implications of these cuts on county programs and services will become clearer as counties make their final funding decisions this fall.

### *MPHA high-priority policy issues*

#### **Statewide Health Improvement Program (SHIP) preservation**

Bill status: FUNDING MAINTAINED. With the State’s budget shortfall this year, there was concern the \$47 million investment in the Statewide Health Improvement Program (SHIP) would be cut. SHIP uses a competitive grant process to award communities with funding to implement policy, systems, and environmental change initiatives in four settings: schools, work sites, health care, and the community. These initiatives focus on obesity- and tobacco-related interventions. Funding for the 2-year pilot phase of the program was preserved, but a permanent funding source is still needed. (The Commissioner of Health will make a funding recommendation in 2010.)

### **Minnesota Healthy Communities Act (HF1424/SF1294)**

Bill status: DID NOT PASS. This year, MPHA worked with ISAIAH, a faith-based organization, and the Service Employees International Union (SEIU) to sponsor a bill to create a sustainable funding source for public health improvement and community engagement initiatives using annual tobacco payments. This fund would be used to ensure ongoing funding for the Statewide Health Improvement Program (SHIP) and set aside a portion of funding for communities to use Health Impact Assessments (HIAs) as a policy-making tool. The legislation was introduced in both the House and Senate. Legislative briefings were held with both the House and Senate, but no committee actions were taken.

### **Childhood obesity prevention (HF439/SF61/HF673)**

Bill status: DID NOT PASS. This legislation proposes statewide physical education (PE) requirements for K-12 classes, creates a ½ credit PE graduation requirement for students in high school, and directs school districts with web sites to post their wellness policies. The legislation included a “waive out” option for PE classes. The bill passed the House Education Policy and Oversight Committee but was not included in the Omnibus Education Budget Bill. MPHA continued to be an active member of the Minnesotans for Healthy Kids coalition, who supported this legislation.

## ***Other current MPHA issues***

### **Children’s products containing Bisphenol-A (HF326/SF247)**

Bill status: PASSED. Minnesota became the first state to ban the sale of children’s products containing Bisphenol-A (BPA), including baby bottles and “sippy cups”. BPA leaches out of plastic products, and studies have found low-dose exposure to BAP is linked to heart disease, cancer, neurological impairments, and reproductive problems. The new law applies to manufacturers and wholesalers by January 1, 2010 and to retailers by January 1, 2011. MPHA is an active member of the Healthy Legacy coalition, which sponsored this bill.

### **Toxic Free Kids bill (HF2123, Conference Committee Report – formerly HF250/SF225)**

Bill status: PASSED. The Toxic Free Kids Act, as passed, requires the Department of Health to generate a list of chemicals of high concern, based on their inherent properties and toxicity and then to generate a list of priority chemicals contained in children’s products that have been found in the human body or in the environment. It also requires MDH and PCA to report back in December 2010 on recommendations to address the issue of problem chemicals in children’s products. This bill was sponsored by Healthy Legacy.

### **Chronic disease prevention (HF293/SF366)**

The Minnesota Colorectal Cancer Prevention Act is a pilot project to provide funding to Hennepin County Medical Center and MeritCare Bemidji – both serving at-risk, low-income populations – to screen 100 to 200 eligible patients. The bill, which includes \$150,000 in funding for the project was included in the Omnibus Health Care and Human Services Finance bill (HF1362) and passed. MPHA continues to be an active member of the Minnesota Cancer Alliance coalition, who sponsored this bill.

### **Freedom to Breathe**

A number of amendments were introduced during the session to weaken the current Freedom to Breathe Act by allowing smoking shelters or smoking rooms. None of the amendments were passed.

### **Comprehensive Sex Education (HF609/SF965)**

This bill would establish a comprehensive sex education curriculum in grades 7 through 12, called Responsible Family Life and Sexuality Education. The bill includes: 1) age-appropriate, medically accurate education with an abstinence-first approach while also providing information about contraception and disease prevention; 2) include parents in the development of curriculum standards at the district level; and 3) allows parents to exempt their children from participating in all or part of the curriculum. The bill was heard in House and Senate committees, but was not aggressively advanced during the session. MPHA is a member of the Coalition for Responsible Sex Ed.

### ***Additional public health policy topics***

*NOTE: MPHA did not take a position on the bills included in this section. However, they are bills that may be of interest to MPHA members.*

#### **Medical Marijuana (SF97)**

Bill status: DID NOT PASS. A bill allowing individuals with terminal illnesses to use medical marijuana passed both the House and Senate, but was vetoed by the Governor.

#### **Oral Health Practitioner (SF1106/HF1226)**

Bill status: PASSED. The Omnibus Higher Education Bill includes language creating two new mid-level dental providers to work in collaboration with dentists: dental therapists and advanced dental therapists. Training programs will be established, and the mid-level practitioners would be required to provide services in medically-underserved areas of the state. A report to the Legislature examining how these two new positions have impacted the delivery of and access to dental services is due in 2014.

#### **Primary Seat Belt Law (SF42/HF108)**

Bill status: PASSED. Effective June 9, 2009, all vehicle passengers are required to wear seat belts and law enforcement can pull over vehicles in violation. Before this point, drivers could be ticketed for failing to wear a seat belt, but only after the car was pulled over for a different offense.

### ***For more information***

For additional information about these bills and other public health legislation, please see the following resources:

A summary of new laws passed during the 2009 legislative session can be found at the link below:  
<http://www.house.mn/hinfo/NewLaws/NewLawsmain.asp>

The May 29, 2009 edition of House Session Weekly provides an overview of the session:  
<http://www.house.leg.state.mn.us/sessionweekly>

The Minnesota Local Public Health Association (LPHA) has also summarized the status of other key bills in their Legislative Summary: <http://www.lpha-mn.org/2009%20Legislative%20Session%20summary.pdf>

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*We want to thank our committee members and coalition partners who monitored legislation throughout the session, kept us informed of key votes, and provided information used in this legislative summary. Special appreciation is extended to the Minnesota Local Public Health Association (LPHA) for allowing us to incorporate information gathered by their staff and reported in their summary of the 2009 legislative session.*