

2005 “SPECIAL” SESSION SUMMARIES

Session Summaries for the “special” 2005 legislative session

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Consumer Law

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Permanent Farm Worker Housing

First Special Session, Chapter 1, Article 1, Section 89

Amends Minn. Stat. § 327.23, subd. 2

Effective August 1, 2005

Exempts two or fewer manufactured homes on a permanent farm operation from regulation as a manufactured home park, provided that the homes: are located within 100 yards of an existing residence; are used exclusively to house either agricultural labor or family of the owner, at least one member of which is working the farm; conform to the Minnesota Manufactured Housing Code; and meet state regulations for health, sanitation, and building safety.

Service Contracts

First Special Session, Chapter 1, Article 5

Adds Minn. Stat. §§ 59B.01 – 11 (Adds new Chapter 59)

Effective January 1, 2006, and apply to service contracts issued on or after that date.

The Legislature passed a comprehensive law dealing with service contracts sold to consumers relating to the repair, replacement or maintenance of property. This chapter does not apply to service contracts sold for \$250 or less. Provides definitions, right to cancel, disclosure requirements, damages and registration requirements.

Disability Law

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A summary of 2005 legislative changes affecting persons with disabilities is available from the Minnesota Disability Law Center at <http://www.mndlc.org> then click on Legislative Update to view.

Health Care Law

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Health Care Programs – Eligibility Changes

The 2005 Legislature made numerous eligibility changes including clarifying and expanding income and asset reporting requirements, increasing MinnesotaCare insurance barriers and allowing health care coverage for conditionally released inmates of a correctional facility.

Medical Assistance for Conditionally Released Prisoners

First Special Session, Chapter 4, Article 8, Section 19

Amends Minn. Stat. § 256B.055 by adding new subd. 14

Effective retroactive to July 1, 2005

Allows Medical Assistance eligibility for inmates of a correctional facility who are conditionally released if the individual does not require the security of a public detention facility and lives in a halfway house or community correction center or is under house arrest.

Reducing Excess Assets for Medical Assistance Eligibility

First Special Session, Chapter 4, Article 8, Section 20

Amends Minn. Stat. § 256B.056 by adding new subd. 3d

Effective retroactive to July 1, 2005

When assets exceed Medical Assistance eligibility limits, they may be reduced in any of the three months before application by (1) designating burial funds up to \$1,500; and (2) paying health care bills incurred in the 3-month retroactive period. Beginning in the month of application, assets may be reduced by (1) paying bills for health services that would otherwise be paid by Medical Assistance; and (2) using any means other than a transfer of assets for less than fair market value.

Medical Assistance Eligibility Determinations

First Special Session Chapter 4, Article 8, Section 24

Amends Minn. Stat. § 256B.056, subd. 7

Effective August 1, 2007 or upon HealthMatch implementation, whichever is later

Medical Assistance eligibility for months prior to application is now determined independently from eligibility for the month of application and future months.

Notice of Claims for Cost of Medical Care

*First Special Session, Chapter 4, Article 8, Section 25
Amends Minn. Stat. § 256B.056 by adding new subd. 9
Effective August 1, 2005*

Medical Assistance applicants and recipients must notify the state or local agency of any possible claims against a person, entity or corporation that may be liable to pay for the cost of medical care.

Public Health Care Program Requirements

*First Special Session, Chapter 4, Article 8, Section 26
Amends Minn. Stat. § 256B.056 by adding new subd. 10
Effective September 1, 2005 or upon federal approval, whichever is later.*

(1) Women who apply for continuation of Medical Assistance after the 60-day postpartum period must now verify income and assets. (2) DHS must now pay for cost-effective coverage for infants less than one year of age who are eligible for automatic newborn coverage. (3) DHS must modify the health care application to require more detailed information about income and assets. (4) Recipients who fail to report and verify increases in income or assets will be disenrolled from public health care programs.

Health Care Coverage for Non-Citizen Pregnant Women

*First Special Session, Chapter 4, Article 8, Section 28
Amends Minn. Stat. § 256B.06, subd. 4
Effective September 1, 2005*

Clarifies that pregnant women who are (i) undocumented immigrants, (ii) nonimmigrants or (iii) immigrants who are not “qualified” according to federal Medicaid law are all eligible for pre & post natal care to the extent federal State Children’s Health Insurance Program (SCHIP) funds are available, if they are not covered by private health insurance.

Social Security Numbers

*First Special Session, Chapter 4, Article 8, Sections 54 & 61
Amends Minn. Stat. §§ 256D.045 & 256L.04 by adding new subd. 1a
Effective August 1, 2007 or upon implementation of HealthMatch, whichever is later*

An individual who refuses to provide a Social Security Number because of a well-established religious objection may be eligible for General Assistance Medical Care or MinnesotaCare. Also clarifies that eligibility can not be denied because a person is awaiting issuance of a Social Security Number.

MinnesotaCare Requirement to Apply for Other Benefits

First Special Session, Chapter 4, Article 8, Section 63

Amends Minn. Stat. § 256L.04 by adding new subd. 2a

Effective August 1, 2007 or upon implementation of HealthMatch, whichever is later

Persons enrolled in or applying for MinnesotaCare must take all necessary steps to obtain other benefits for which they may be eligible within 30 days of notification.

MinnesotaCare Verification Requirements

First Special Session, Chapter 4, Article 8, Section 65

Amends Minn. Stat. § 256L.05, subd. 2

Effective September 1, 2005

Applicants and enrollees are required to 1) verify earned and unearned income; and 2) submit the name and telephone number of their employer for determination of eligibility for employer-subsidized insurance.

Access to Health Care Through Postsecondary Education Institution

First Special Session, Chapter 4, Article 8, Section 70

Amends Minn. Stat. § 256L.07 by adding new subd. 2a

Effective September 1, 2005 or upon federal approval, whichever is later

Individuals under age 21 are not eligible for MinnesotaCare if they have access to health coverage through a postsecondary education institution.

General Assistance Medical Care (GAMC) Reform

As part of the agreement to retain MinnesotaCare coverage for adults without children and remove the \$5,000 MinnesotaCare cap on services and the \$500 dental cap, the 2005 Legislature designed a plan to reform GAMC intended to save money and preserve the safety-net for Minnesota's most needy individuals.

Eligibility for GAMC

GAMC may only be paid for a temporary period of six months unless the person is (a) receiving General Assistance or Group Residential Housing; (b) has applied for and is awaiting a determination of blindness or disability by the State Medical Review Team, Supplemental Security Income or Social Security Disability, or (c) does not meet MinnesotaCare residency requirements.

MinnesotaCare Applications & Renewals

Immediately following GAMC approval, enrollees shall be enrolled in MinnesotaCare. Counties must process MinnesotaCare applications and renewals submitted by GAMC enrollees.

Premiums

County agencies must pay MinnesotaCare premiums for adults without children who were previously enrolled in GAMC for six months. Counties have the option of continuing to pay the premiums after the six-month renewal.

First Special Session, Article 8, Sections 52, 64 & 76

Amends Minn. Stat. §§ 256D.03, subd. 3; 256L.05 by adding new subd. 1b; & 256L.15 by adding new subd. 4.

Effective September 1, 2006

Health Care Program – Benefit Changes

The 2005 Legislature removed the \$5,000 benefit limit on MinnesotaCare for adults without children and the \$500 adult dental cap. Certain restrictions were also added to covered services.

\$5,000 MinnesotaCare Benefit Cap Removed for Adults Without Children

First Special Session, Chapter 4, Article 8, Section 60

Amends Minn. Stat. § 256L.035

Effective January 1, 2006

The \$5,000 annual outpatient services limit was removed for MinnesotaCare adults without children with income between 75% and 175% percent of the federal poverty level. Also, diabetic supplies and services provided by psychologists and licensed independent social workers were added as covered services.

\$500 Dental Cap Removed

First Special Session, Chapter 4, Article 8, Sections 32, 53 & 57

Amends Minn. Stat. §§ 256B.0626, subd. 9; 256D.03, subd. 4 & 256L.03, subd. 1

January 1, 2006

(1) The \$500 dental cap has been removed for (i) adults on Medical Assistance, (ii) General Assistance Medical Care recipients, and (iii) MinnesotaCare parents and adults without children whose income does not exceed 75% of the federal poverty level. (2) MinnesotaCare adults without children with income between 75% and 175% of the federal poverty level are not eligible for dental services.

Services Provided in a Hospital Emergency Room

First Special Session, Chapter 4, Article 8, Sections 29

Amends Minn. Stat. § 256B.0625 by adding new subd. 1a

Effective October 1 2005

Public Health Care Programs do not cover visits or services in a hospital emergency room that are not for emergencies, post-emergency stabilization or urgent care.

Sex Reassignment Surgery

First Special Session, Chapter 4, Article 8, Section 30

Amends Minn. Stat. §§ 256B.0625, subd. 3a; 256D.03, subd. 4 & 256L.03, subd. 1.

Effective August 1, 2005

Sex reassignment surgery is not covered by Medical Assistance, General Assistance Medical Care or MinnesotaCare.

Circumcision for Newborns

First Special Session, Chapter 4, Article 8, Section 31

Amends Minn. Stat. §§ 256B.0625 by adding new subd. 3f and 256L.03, subd. 1.

Effective September 1, 2005

Newborn circumcision is not covered by Medical Assistance or MinnesotaCare unless the procedure is medically necessary or required because of a well-established religious practice.

Drug Coverage Changes

The 2005 Legislature enacted laws conforming to federal requirements which prohibit Medical Assistance prescription drug coverage for people who are eligible for Medicare Part D prescription drug coverage. The new law also repeals the Prescription Drug Program, restricts certain drug coverage and allows DHS to pay pharmacists to provide medication management therapy.

General Assistance Medical Care Drug Coverage

First Special Session, Chapter 4, Article 8, Section 5

Amends Minn. Stat. § 256.01, subd. 2(bb)

Effective August 1, 2005

Drugs covered by General Assistance Medical Care will be limited to those covered by Medical Assistance where manufacturers have executed rebate agreements.

Prescription Drug Assistance

First Special Session, Chapter 4, Article 8, Section 16

Amends Minn. Stat. § 256.975

Effective January 1, 2006

Eliminates the requirement for the Board on Aging to coordinate enrollment of individuals who are referred to programs offered by pharmaceutical manufacturers that provide free or discounted prescription drugs. This change coincides with the implementation of the Medicare Part D prescription drug program.

Medicare Prescription Drug Subsidy

*First Special Session, Chapter 4, Article 8, Section 18
Amends Minn. Stat. § 256B.04 by adding new subd. 4a
Effective retroactive to July 1, 2005*

DHS must perform all duties necessary to administer eligibility determinations for the Medicare Part D prescription drug subsidy and to facilitate the enrollment of eligible Medical Assistance recipients into Medicare prescription drug plans.

Drugs Covered by Medicare Part D

*First Special Session, Chapter 4, Article 8, Section 33
Amends Minn. Stat. § 256B.0625, subd. 13
Effective January 1, 2006*

Provides that, for individuals eligible for Medicare Prescription Drug Coverage, Medical Assistance (MA) will no longer cover drugs, except for the following drugs:

- Benzodiazepines;
- Barbiturates;
- Over-the-counter drugs that are currently covered by MA;
- Certain prescription and over-the-counter drugs used for symptomatic relief of cough and colds, and
- Certain over-the-counter and prescription vitamin and mineral products.

Drug Formulary

*First Special Session, Chapter 4, Article 8, Section 36 & 38
Amends Minn. Stat. § 256B.0625, subd. 13d & 13f
Varying Effective Dates*

- (1) Effective September 1, 2005 Medical Assistance, General Assistance Medical Care and MinnesotaCare do not cover drugs used for the treatment of impotence or erectile dysfunction.
- (2) Effective August 1, 2005, prior authorization shall automatically be granted for 60 days for name brand drugs prescribed for treatment of mental illness within 60 days of when a generically equivalent drug becomes available, provided that the name brand drug was part of the course of treatment at the time the generically equivalent drug became available.

Medication Management Therapy

*First Special Session, Chapter 4, Article 8, Section 39
Amends Minn. Stat. § 256B.0625 by adding new subd. 13h
Effective August 1, 2005*

Medical Assistance, General Assistance Medical Care and MinnesotaCare may cover medication management therapy provided by a pharmacist for persons taking four or more prescriptions to treat or prevent two or more chronic medical conditions or for persons with a drug therapy

problem that results in significant non-drug costs. DHS must evaluate the effects of medication therapy management and submit a report to the Legislature by December 15, 2007.

Prescription Drug Program Repealed

First Special Session, Chapter 4, Article 8, Section 88

Uncodified

Effective January 1, 2006

The Prescription Drug Program is repealed. The Program ends on the date Medicare Part D takes effect.

Copayments and Premiums

The 2005 Legislature reduced the monthly drug copayment limit for certain groups, increased the community living allowance for persons living in Group residential Housing, added copayments to MinnesotaCare and specified requirements for refunding copayments to pregnant women. The Legislature also increased MinnesotaCare premiums, exempted former General Assistance Medical Care enrollees from MinnesotaCare premiums for six months and required DHS to seek federal approval to charge premiums to Medical Assistance enrollees.

Prescription Drug Copayment Limit in MA and GAMC

First Special Session, Chapter 4, Article 8, Sections 41 & 53.

Amends Minn. Stat. §§ 256B.0631, subd. 1(a)(4); 256D.03, subd. 4(d)(3)

Effective January 1, 2006

Provides that the monthly limit for prescription drug copayments is reduced from \$20 to \$12 for Medical Assistance, and General Assistance Medical Care. A community living allowance of \$12 was added for persons living in Group Residential Housing to help with medication copayments. The prescription drug copayment limit for MinnesotaCare did not change and remains at \$20.

MinnesotaCare Copayments

First Special Session, Chapter 4, Article 8, Section 59

Amends Minn. Stat. § 256L.03, subd. 5

Effective January 1, 2006

Adds copayments of \$3 for medical office visits and \$6 for non-emergency visits to a hospital emergency room for adults without children with income no greater than 75% of the federal poverty guidelines (FPG) and parents. These copayments were erroneously left out of the 2003 Health and Human Services bill. Copayments for adults without children with income between 75% and 175% FPG are governed separately by Minn. Stat. § 256L.035 (a)(3).

MinnesotaCare Copayments Paid by Pregnant Women

First Special Session, Chapter 4, Article 8, Section 58

Amends Minn. Stat. § 256L.03, subd. 1b

Effective September 1, 2005

Currently under MinnesotaCare, pregnant women are exempt from copays. This law addresses the issue of copayments for women without children enrolled in MinnesotaCare who become pregnant and pay copays while waiting for their status to be changed to that of a pregnant woman. Now, copayments of \$30 or more, paid by a pregnant woman, must be refunded.

Income Changes for MinnesotaCare Enrollees

First Special Session, Chapter 4, Article 4, Sections 68 & 74

Amends Minn. Stat. §§ 256L.06, subd. 3 & 256L.15, subd. 2

Effective September 1, 2005 or upon federal approval, whichever is later

MinnesotaCare premium payments must be adjusted at the time income increases and decreases are reported. Previously premiums were not adjusted based on income increases until renewal of eligibility.

Insurance Barriers and Premium Exceptions for Former GAMC Enrollees

First Special Session, Chapter 4, Article 8, Sections 72 & 77

Amends Minn. Stat. §§ 256L.07 by adding new subd. 6 & 256L.17

Effective September 1, 2006

Adults without children previously enrolled in General Assistance Medical Care who are required to enroll in MinnesotaCare are exempt from requirements pertaining to insurance barriers and premiums for six months.

MinnesotaCare Premium Increases

First Special Session, Chapter 4, Article 8, Section 74

Amends Minn. Stat. § 256L.15, subd. 2

Effective September 1, 2005 or upon federal approval, whichever is later

Premiums established under the sliding fee scale based on monthly gross income shall be increased by 8 percent.

Requirement to Seek Authority to Charge Premiums for Medical Assistance

First Special Session, Chapter 4, Article 8, Section 87

Uncodified

Effective July 15, 2005

DHS must seek federal approval to charge premiums to Medical Assistance enrollees with income greater than 175% of the federal poverty level. Premiums would be based on the sliding scale used for MinnesotaCare.

Long Term Care Services

The 2005 Legislature made changes to the life estate and joint tenancy lien requirements and to the Alternative Care Program and also clarified the process to determine income deductions for long term care.

Long-Term Care Partnership

First Special Session, Chapter 4, Article 7, Section 5

Amends Minn. Stat. § 256B.0571

Effective Upon Federal Approval

The Departments of Human Services and Commerce must establish a partnership to provide financing for long-term care through a combination of private insurance and Medical Assistance. Individuals participating in the partnership must purchase a long-term care insurance policy that meets specified requirements. Subsequently, individuals with long-term care policies are eligible for asset exemptions that exceed those currently provided by Medical Assistance.

Alternative Care (AC) Program – Changes to Income and Asset Requirements and Covered Services; Repeal of All Lien Provisions Enacted in 2003.

First Special Session, Chapter 4, Article 7, Sections 20 through 23 & 61

Amends Minn. Stat. §§ 256B.0913, subds. 2 through 5 & 514.991 - .995

Varying Effective Dates

(1) Effective August 1, 2005, the applicant's combined income and assets cannot be greater than the cost of 135 days (currently it is 180 days) of nursing facility care. (2) There were changes to the services covered under the AC Program. For more information, see [DHS Bulletin #05-25-06](#). (3) Effective July 1, 2005, all lien provisions for recovery of Alternative Care benefits enacted in 2003 are repealed. This means that all Alternative Care lien documents filed on ownership interests on real estate property located in Minnesota are null and void. Upon an enrollee's death, real property may become part of an estate claim recovery through the County's Recovery Unit.

Repeal of Retroactive Effect MA Life Estate & Joint Tenancy Estate Recovery Liens

*First Special Session, Chapter 4, Article 7, Sections 28, 56 & 61
Amends Minn. Stat. § 256B.15, subd. 1
Effective August 1, 2005*

In 2003, the Legislature enacted a law that allowed the state to retroactively continue life estates and joint tenancies for purposes of Medical Assistance (MA) estate recovery after the death of the life tenant or joint tenant. This law repeals the retroactive effect of the 2003 legislation only: Any life estate or joint tenancy that was in existence prior to August 1, 2003, is now exempt from an MA estate claim. The life estate or joint tenancy will terminate as required under common law and any lien or claim against the deceased life tenant or joint tenant's interests in the real property will also terminate on the death of the life or joint tenant. Any funds collected by a state or county agency with respect to such a life estate or joint tenancy will be refunded without interest.

Availability of Income for Medical Assistance for Institutionalized Persons

*First Special Session, Chapter 4, Article 8, Section 27
Amends Minn. Stat. § 256B.0575
Effective retroactive to July 1, 2005*

For Medical Assistance eligibility, when determining income that is deducted from the institutionalized person's income, reasonable expenses incurred for necessary medical or remedial care are limited to expenses that have not previously been used as a deduction and are incurred during the current period of eligibility.

Federal Funding for the Alternative Care Program

*First Special Session, Chapter 4, Article 8, Section 4
Uncodified
Effective July 15, 2005*

DHS must seek federal matching funds for the Alternative Care Program during negotiations over the repeal of certain intergovernmental transfers and report to the Chairs of the House and Senate Health and Human Services Finance Committees by December 15, 2005.

DHS Requirements

The 2005 Legislature passed certain requirements for DHS including testing HealthMatch in counties, changing fair hearing requirements, exempting DHS from liability for certain legal costs, requiring a dental pilot project and planning for managed care. The Legislature also repealed DHS' authority to grant MinnesotaCare outreach funds.

HealthMatch Test Sites

*First Special Session, Chapter 4, Article 8, Section 6
Amends Minn. Stat. § 256.01 by adding new subd. 2a
Effective retroactive to July 1, 2005*

Authorizes Minnesota counties to test HealthMatch, an automated eligibility system for the Medical Assistance, General Assistance Medical Care and MinnesotaCare programs. Different models will be evaluated for ease of enrolling applicants into health care programs and for administrative efficiencies. DHS will recommend the most efficient model for statewide implementation based on county evaluations.

State Agency Hearings

*First Special Session, Chapter 4, Article 8, Section 8
Amends Minn. Stat. § 256.045, subd. 3
Effective retroactive to July 1, 2005*

(1) Amends the law to provide state agency hearings for applicants aggrieved by an adverse decision on an application or redetermination of eligibility for the Medicare Part D prescription drug subsidy. (2) Eliminates the requirement for health plans to notify the ombudsman when a recipient files a complaint due to a denial, reduction or termination of services. (3) Allows DHS to initiate an administrative fraud disqualification hearing when the state agency is responsible for administration of a health care program for which health benefits were wrongfully obtained.

State Agency Liability Exemption

*First Special Session, Chapter 4, Article 8, Sections 78 & 79
Amends Minn. Stat. §§ 549.02 by adding new subd. 3 & 549.04
Effective August 1, 2005*

Provides that the state agency is not responsible for the costs to a prevailing defendant, where the state agency intervenes as a third party seeking reimbursement for the cost of providing Medical Assistance.

Oral Health Care Pilot Project

*First Special Session, Chapter 4, Article 8, Section 83
Uncodified
Effective July 15, 2005*

DHS must implement a two-year pilot project to provide dental services for state program recipients through a new oral health care delivery system. DHS must contract with a qualified entity to administer the pilot project.

County-Based Purchasing Health Plan

First Special Session, Chapter 4, Article 8, Section 84

Uncodified

Effective July 15, 2005

DHS must not reject a sole-source county-based purchasing health plan proposal if the proposal does not limit an enrollee's provider choice or access to services.

Planning Process for Managed Care

First Special Session, Chapter 4, Article 8, Section 85

Uncodified

Effective July 15, 2005

Requires DHS to develop a planning process for implementing at least one additional managed care arrangement to provide services for Medical Assistance enrollees in the fee-for-service program. The planning process shall include an advisory committee composed of current fee-for-service enrollees, consumer advocates, health plan representatives and providers.

MinnesotaCare Outreach Grants Repealed

First Special Session, Chapter 4, Article 8, Section 88

Repeals Minn. Stat. § 256L.04, subd. 11

Effective August 1, 2005

Repeals DHS' authority to grant outreach funds to community organizations that provide information on obtaining MinnesotaCare coverage.

Miscellaneous Health Care Changes

The 2005 Legislature required hospitals to develop a web-based system for reporting charges for common hospital procedures.

Disclosure of Hospital Charges

First Special Session, Chapter 4, Article 8, Section 2

Amends Minn. Stat. § 62J.84

Effective August 1, 2005

The Minnesota Hospital Association must develop a web-based system, available to the public free of charge, for reporting information about charges for hospital stays for each of the 50 most common inpatient diagnoses and procedures. The website must be established by October 1, 2006 and must be updated annually.

Public Benefits/Child Care/Food Support

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Limit on Child Care Subsidy Payments for Absent Days

First Special Session, Chapter 4, Article 3, Section 2

Amends Minn. Stat. § 119B.13 by adding a subdivision

Effective October 1, 2005

Limits the number of absent days for which a provider may be reimbursed to 25 days per child, or 10 consecutive days, in a fiscal year. Allows for an exception if a child has a documented medical condition that causes more frequent absences.

Treatment of SSI Payments in the Minnesota Family Investment Program (MFIP)

First Special Session, Chapter 4, Article 3, Section 14

Amends Minn. Stat. § 256J.37, Subd. 3b

Effective the first day of the second month after approval by USDA

Limits the reduction in MFIP cash grants to \$125 total when one or more family members are receiving SSI payments.

Overview of Employment and Training Services.

First Special Session, Chapter 4, Article 3, Section 15

Amends § 256J.515

Effective August 1, 2005

Job counselors must now explain to MFIP participants the probationary employment periods new employees may serve after being hired and any assistance with job retention services that may be available.

Reductions in Child Care Assistance Program Parental Co-Pays

First Special Session, Chapter 4, Article 3, Section 19

Effective January 1, 2006 and shall be implemented at or before participant's next eligibility redetermination

Establishes a new parent fee schedule, which reduces co-payments for parents using the child care assistance program. Retains in effect the previous parent fee schedule until the schedule in this section is fully implemented. Specifies that a family's monthly co-pay is the fixed percentage established for the income range multiplied by the highest possible income within that range.

Tax Law

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Education Tax Credit

First Special Session, Chapter 3, Article 3, Section 10

Amends Minn. Stat. § 290.0674, subd. 2

Effective for taxable years beginning after December 31, 2004

Eliminates the family cap on the Minnesota Education Tax Credit. Families with incomes of up to \$33,500 may claim a maximum credit of \$1,000 per child, regardless of the number of children in the family, for qualified educational materials and activities.

Taxpayer Assistance

First Special Session, Chapter 3, Article 11, Section 10

Effective August 1, 2005

Appropriates \$125,000 per year as base Department of Revenue funding for grants to nonprofits that provide free taxpayer assistance, primarily free tax preparation, to low-income and disadvantaged Minnesotans.

Utilities

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911 Service Capability Disclosure

First Special Session, Chapter 1, Article 4, Section 93

Adds Minn. Stat. § 325F.991

Effective July 1, 2005

Requires telecommunications service providers (such as those using the Internet to provide telephone service) to disclose in ads, marketing materials, and contracts if they do not offer 911 capability.

Telephone Assistance Program

First Special Session, Chapter 1, Article 4, Section 58

Adds Minn. Stat. § 237.701, subd. 1

Effective August 1, 2005

Removes the \$25,000 annual cap previously imposed on the Public Utilities Commission (PUC) for administrative expenses related to the operation of the Telephone Assistance Program (TAP). Authorizes the PUC to make “reasonable” expenditures, and to use some of the funds to periodically promote the program and raise awareness of its availability. Allowable activities expressly permitted include print or radio advertisements.