

(2) a statement about an incapacity involving a spinal subluxation condition that is signed by a licensed chiropractor whose professional training and experience qualifies him or her to diagnose and certify the condition.

Sec. 3. REVISOR'S INSTRUCTION.

The revisor of statutes shall change the words "medical certification" or "medically certified" wherever they appear in Minnesota Statutes, chapter 256D to "professional certification" or "professionally certified" in Minnesota Statutes 1990.

Presented to the governor April 28, 1990

Signed by the governor May 4, 1990, 11:17 p.m.

CHAPTER 612—H.F.No. 2817

An act relating to legislative enactments; providing for the correction of miscellaneous oversights, inconsistencies, ambiguities, unintended results, and technical errors of a noncontroversial nature; amending Minnesota Statutes 1988, sections 252.27, as amended; 290.01, subdivision 6; 343.21, subdivision 10, as amended; and 469.005, subdivision 1, as amended; Minnesota Statutes 1989 Supplement, sections 62A.316, as amended; 144A.071, subdivision 3, as amended; 308A.621; and 410.32; H.F. No. 2419, article 1, sections 23 and 57; H.F. No. 2478, article 3, section 46, subdivision 1; S.F. No. 2621, article 2, section 56; and article 6, section 1, subdivision 1; repealing Minnesota Statutes 1988, section 297A.25, subdivision 45, as amended; Laws 1990, chapter 494, section 1, subdivision 7; H.F. No. 2478, article 9, sections 6, 7, and 12.

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

Section 1. Minnesota Statutes 1988, section 290.01, subdivision 6, is amended to read:

Subd. 6. **TAXPAYER.** The term "taxpayer" means any person or corporation subject to a tax imposed by this chapter. For purposes of H.F. No. 2666, article 3, section 28, if enacted, the term "taxpayer" means an individual eligible to vote in Minnesota under section 201.014.

Sec. 2. Minnesota Statutes 1988, section 343.21, subdivision 10, as added by Laws 1990, chapter 387, section 1, is amended to read:

Subd. 10. **RESTRICTIONS.** If a person is convicted of violating this section, the court may require that a pet or companion ~~animal~~ animals, as defined in section 346.36, subdivision 6, that ~~is~~ have not been seized by a peace officer or agent and are in the custody of the person must be turned over to a peace officer or other appropriate officer or agent if the court determines that the

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person is unable or unfit to provide adequately for ~~the an~~ animal. If the evidence indicates lack of proper and reasonable care of ~~the an~~ animal, the burden is on the person to affirmatively demonstrate by clear and convincing evidence that the person is able and fit to have custody of and provide adequately for ~~the an~~ animal. The court may limit the person's further possession or custody of ~~the animal and other~~ pet or companion animals, and may impose other conditions the court considers appropriate, including, but not limited to:

- (1) imposing a probation period during which the person may not have ownership, custody, or control of a pet or companion animal;
- (2) requiring periodic visits of the person by an animal control officer or agent appointed pursuant to section 343.01, subdivision 1;
- (3) requiring performance by the person of community service in a humane facility; and
- (4) requiring the person to receive behavioral counseling.

Sec. 3. CORR 2 OMITTED EFFECTIVE DATE; MOBERG TRAIL.

Laws 1990, chapter 357, is effective the day following final enactment of this section.

Sec. 4. CORR 5 REGULATED LOANS; NONADJUSTMENT OF DOLLAR AMOUNTS.

Notwithstanding section 56.131, subdivision 4, or other law to the contrary, the dollar amounts specified in section 56.131, subdivision 1, paragraph (a), clause (1), shall not be adjusted on July 1, 1990.

Sec. 5. CORR 6 Minnesota Statutes 1989 Supplement, section 62A.316, as amended by Laws 1990, chapter 403, section 5, is amended to read:

62A.316 BASIC MEDICARE SUPPLEMENT PLAN; COVERAGE.

(a) The basic Medicare supplement plan must have a level of coverage that will provide:

- (1) coverage for all of the Medicare part A inpatient hospital coinsurance amounts, and 100 percent of all Medicare part A eligible expenses for hospitalization not covered by Medicare for the calendar year, after satisfying the Medicare part A deductible;
- (2) coverage for the daily copayment amount of Medicare part A eligible expenses for the calendar year incurred for skilled nursing facility care;
- (3) coverage for the 20 percent copayment amount of Medicare eligible expenses excluding outpatient prescription drugs under Medicare part B regardless of hospital confinement for Medicare part B after the Medicare deductible amount;

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(4) coverage for the reasonable cost of the first three pints of blood, or equivalent quantities of packed red blood cells as defined under federal regulations under Medicare parts A and B, unless replaced in accordance with federal regulations; and

(5) 100 percent of the cost of immunizations.

(b) Only the following optional benefit riders may be added to this plan:

(1) coverage for all of the Medicare part A inpatient hospital deductible amount;

(2) a minimum of 80 percent of usual and customary eligible medical expenses and supplies not covered by Medicare part B ~~eligible expenses~~. This does not include outpatient prescription drugs;

(3) coverage for all of the Medicare part B annual deductible; and

(4) coverage for at least 50 percent, or the equivalent of 50 percent, of usual and customary prescription drug expenses.

Nothing in this section prohibits the plan from requiring that services be received from providers designated as preferred providers or participating providers in order to receive coverage under optional benefit riders.

Sec. 6. **CORR 9** Minnesota Statutes 1989 Supplement, section 144A.071, subdivision 3, as amended by Laws 1990, chapter 472, section 1, is amended to read:

Subd. 3. **EXCEPTIONS.** The commissioner of health, in coordination with the commissioner of human services, may approve the addition of a new certified bed or the addition of a new licensed nursing home bed, under the following conditions:

(a) to replace a bed decertified after May 23, 1983, or to address an extreme hardship situation, in a particular county that, together with all contiguous Minnesota counties, has fewer nursing home beds per 1,000 elderly than the number that is ten percent higher than the national average of nursing home beds per 1,000 elderly individuals. For the purposes of this section, the national average of nursing home beds shall be the most recent figure that can be supplied by the federal health care financing administration and the number of elderly in the county or the nation shall be determined by the most recent federal census or the most recent estimate of the state demographer as of July 1, of each year of persons age 65 and older, whichever is the most recent at the time of the request for replacement. In allowing replacement of a decertified bed, the commissioners shall ensure that the number of added or recertified beds does not exceed the total number of decertified beds in the state in that level of care. An extreme hardship situation can only be found after the county documents the existence of unmet medical needs that cannot be addressed by any other alternatives;

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(b) to certify a new bed in a facility that commenced construction before May 23, 1983. For the purposes of this section, "commenced construction" means that all of the following conditions were met: the final working drawings and specifications were approved by the commissioner of health; the construction contracts were let; a timely construction schedule was developed, stipulating dates for beginning, achieving various stages, and completing construction; and all zoning and building permits were secured;

(c) to certify beds in a new nursing home that is needed in order to meet the special dietary needs of its residents, if: the nursing home proves to the commissioner's satisfaction that the needs of its residents cannot otherwise be met; elements of the special diet are not available through most food distributors; and proper preparation of the special diet requires incurring various operating expenses, including extra food preparation or serving items, not incurred to a similar extent by most nursing homes;

(d) to license a new nursing home bed in a facility that meets one of the exceptions contained in clauses (a) to (c);

(e) to license nursing home beds in a facility that has submitted either a completed licensure application or a written request for licensure to the commissioner before March 1, 1985, and has either commenced any required construction as defined in clause (b) before May 1, 1985, or has, before May 1, 1985, received from the commissioner approval of plans for phased-in construction and written authorization to begin construction on a phased-in basis. For the purpose of this clause, "construction" means any erection, building, alteration, reconstruction, modernization, or improvement necessary to comply with the nursing home licensure rules;

(f) to certify or license new beds in a new facility that is to be operated by the commissioner of veterans' affairs or when the costs of constructing and operating the new beds are to be reimbursed by the commissioner of veterans' affairs or the United States Veterans Administration;

(g) to license or certify beds in a new facility constructed to replace a facility that was destroyed after June 30, 1987, by fire, lightning, or other hazard provided:

(1) destruction was not caused by the intentional act of or at the direction of a controlling person of the facility;

(2) at the time the facility was destroyed the controlling persons of the facility maintained insurance coverage for the type of hazard that occurred in an amount that a reasonable person would conclude was adequate;

(3) the net proceeds from an insurance settlement for the damages caused by the hazard are applied to the cost of the new facility;

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(4) the new facility is constructed on the same site as the destroyed facility or on another site subject to the restrictions in section 144A.073, subdivision 5; and

(5) the number of licensed and certified beds in the new facility does not exceed the number of licensed and certified beds in the destroyed facility;

(h) to license or certify beds that are moved from one location to another within a nursing home facility, provided the total costs of remodeling performed in conjunction with the relocation of beds does not exceed ten percent of the appraised value of the facility or \$200,000, whichever is less, or to license or certify beds in a facility for which the total costs of remodeling or renovation exceed ten percent of the appraised value of the facility or \$200,000, whichever is less, if the facility makes a written commitment to the commissioner of human services that it will not seek to receive an increase in its property-related payment rate by reason of the remodeling or renovation;

(i) to license or certify beds in a facility that has been involuntarily delicensed or decertified for participation in the medical assistance program, provided that an application for relicensure or recertification is submitted to the commissioner within 120 days after delicensure or decertification;

(j) to license or certify beds in a project recommended for approval by the interagency board for quality assurance under section 144A.073;

(k) to license nursing home beds in a hospital facility that are relocated from a different hospital facility under common ownership or affiliation, provided: (1) the nursing home beds are not certified for participation in the medical assistance program; and (2) the relocation of nursing home beds under this clause should not exceed a radius of six miles;

(l) to license or certify beds that are moved from one location to another within an existing identifiable complex of hospital buildings, from a hospital-attached nursing home to the hospital building, or from a separate nursing home to a building formerly used as a hospital, provided the original nursing home building will no longer be operated as a nursing home and the building to which the beds are moved will no longer be operated as a hospital. As a condition of receiving a license or certification under this clause, the facility must make a written commitment to the commissioner of human services that it will not seek to receive an increase in its property-related payment rate as a result of the relocation. At the time of the licensure and certification of the nursing home beds, the commissioner of health shall delicense the same number of acute care beds within the existing complex of hospital buildings or building. Relocation of nursing home beds under this clause is subject to the limitations in section 144A.073, subdivision 5;

(m) to license or certify beds that are moved from an existing state nursing home to a different state facility, provided there is no net increase in the number of state nursing home beds;

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(n) to license new nursing home beds in a continuing care retirement community affiliated with a national referral center engaged in substantial programs of patient care, medical research, and medical education meeting state and national needs that receives more than 40 percent of its residents from outside the state for the purpose of meeting contractual obligations to residents of the retirement community, provided the facility makes a written commitment to the commissioner of human services that it will not seek medical assistance certification for the new beds;

(o) to certify or license new beds in a new facility on the Red Lake Indian reservation for which payments will be made under the Indian Health Care Improvement Act, Public Law Number 94-437, at the rates specified in United States Code, title 42, section 1396d(b);

(p) to certify and license as nursing home beds boarding care beds in a certified boarding care facility if the beds meet the standards for nursing home licensure and if the cost of any remodeling of the facility does not exceed ten percent of the appraised value of the facility or \$200,000, whichever is less. If boarding care beds are licensed as nursing home beds, the number of boarding care beds in the facility must not increase in the future. The provisions contained in section 144A.073 regarding the upgrading of the facilities do not apply to facilities that satisfy these requirements;

(q) to license and certify up to 40 beds transferred from an existing facility owned and operated by the Amherst H. Wilder Foundation in the city of Saint Paul to a new unit at the same location as the existing facility that will serve persons with Alzheimer's disease and other related disorders. The transfer of beds may occur gradually or in stages, provided the total number of beds transferred does not exceed 40. At the time of licensure and certification of a bed or beds in the new unit, the commissioner of health shall delicense and decertify the same number of beds in the existing facility. As a condition of receiving a license or certification under this clause, the facility must make a written commitment to the commissioner of human services that it will not seek to receive an increase in its property-related payment rate as a result of the transfers allowed under this clause;

(r) to license and certify nursing home beds to replace currently licensed and certified boarding care beds which may be located either in a remodeled or renovated boarding care or nursing home facility or in a remodeled, renovated, newly constructed, or replacement nursing home facility within the identifiable complex of health care facilities in which the currently licensed boarding care beds are presently located, provided that the number of boarding care beds in the facility or complex are decreased by the number to be licensed as nursing home beds and further provided that, if the total costs of new construction, replacement, remodeling, or renovation exceed ten percent of the appraised value of the facility or \$200,000, whichever is less, the facility makes a written commitment to the commissioner of human services that it will not seek to

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receive an increase in its property-related payment rate by reason of the new construction, replacement, remodeling, or renovation. The provisions contained in section 144A.073 regarding the upgrading of facilities do not apply to facilities that satisfy these requirements; or

(s) to license or certify beds that are moved from a nursing home to a separate facility under common ownership or control that was formerly licensed as a hospital and is currently licensed as a nursing facility and that is located within eight miles of the original facility, provided the original nursing home building will no longer be operated as a nursing home. As a condition of receiving a license or certification under this clause, the facility must make a written commitment to the commissioner of human services that it will not seek to receive an increase in its property-related payment rate as a result of the relocation.

Sec. 7. **CORR 10** Minnesota Statutes 1989 Supplement, section 308A.621, is amended to read:

308A.621 CERTIFICATION OF MAILED MEETING NOTICE.

(a) After mailing special or regular members' meeting notices, the secretary shall execute a certificate containing:

(1) a correct copy of the mailed or published notice;

(2) the date of mailing or publishing the notice; and

(3) a statement that the special or regular members' meeting notices were mailed or published as prescribed by ~~this~~ section 308A.611, subdivision 5, or 308A.615, subdivision 2.

(b) The certificate shall be made a part of the record of the meeting.

Sec. 8. **CORR 12** Minnesota Statutes 1988, section 469.005, subdivision 1, as amended by Laws 1990, chapter 532, section 5, is amended to read:

Subdivision 1. **COUNTY AND MULTICOUNTY AUTHORITIES.** The area of operation of a county authority shall include all of the county for which it is created, and in case of a multicounty authority, it shall include all of the political subdivisions for which the multicounty authority is created; provided, that a county authority or a multicounty authority shall not undertake any project within the boundaries of any city which has not empowered the authority to function therein as provided in section 469.004 unless a resolution has been adopted by the governing body of the city, and by any authority which has been established in the city, declaring that there is a need for the county or multicounty authority to exercise its powers in the city. ~~After a resolution is adopted, individual project approval is not required for a section 8 program.~~ A resolution is not required for the operation of a section 8 program.

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Sec. 9. CORR 14 REPEALER.

Laws 1990, chapter 494, section 1, subdivision 7, is repealed.

Sec. 10. CORR 15 CORRECTION. H.F. No. 2419, article 1, section 23, if enacted in 1990, is amended to read:

Sec. 23. OFFICE OF WASTE MANAGEMENT

(a) General Reduction	(200,000)	(414,000)
(b) This reduction is from the SCORE grants to counties identified in Laws 1989, First Special Session chapter 1, article 24, section 2.		(1,234,000)
(c) This appropriation is for the capital assistance program. The agency's authorized complement is increased by seven positions for administration of the capital assistance program.		285,000

(d) Notwithstanding any other law to the contrary, any outstanding obligations that may be held in St. Louis county for grants and loans issued to the county for construction or operation of the Babbitt waste tire facility under Minnesota Statutes 1986, section 116M.07; Minnesota Statutes, section 115A.54, subdivision 2a; or 298.22; or, Minnesota Rules, parts 8300.3881 to 8300.3090, shall be suspended until June 30, 1993.

Sec. 11. CORR 16 Senate File 2621, article 2, section 56, if enacted in 1990, is amended to read:

Sec. 56. Minnesota Statutes 1988, section 252.27, as amended by Laws 1989, chapter 282, article 2, section 92, is amended to read:

252.27 PARENTAL CONTRIBUTION FOR THE COST OF CHILDREN'S SERVICES.

Subdivision 1. COUNTY RESPONSIBILITY. Whenever any child who has mental retardation or a related condition, or a physical or emotional handicap is in 24-hour care outside the home including respite care, in a facility licensed by the commissioner of human services, the cost of services shall be paid by the county of financial responsibility determined pursuant to chapter 256G. If the child's parents or guardians do not reside in this state, the cost shall be paid by the responsible governmental agency in the state from which the

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child came, by the parents or guardians of the child if they are financially able, or, if no other payment source is available, by the commissioner of human services.

Subd. 1a. **DEFINITIONS.** A person has a "related condition" if that person has a severe, chronic disability that is (a) attributable to cerebral palsy, epilepsy, autism, Prader-Willi syndrome, or any other condition, other than mental illness, found to be closely related to mental retardation because the condition results in impairment of general intellectual functioning or adaptive behavior similar to that of persons with mental retardation or requires treatment or services similar to those required for persons with mental retardation; (b) is likely to continue indefinitely; and (c) results in substantial functional limitations in three or more of the following areas of major life activity: self-care, understanding and use of language, learning, mobility, self-direction, or capacity for independent living. For the purposes of this section, a child has an "emotional handicap" if the child has a psychiatric or other emotional disorder which substantially impairs the child's mental health and requires 24-hour treatment or supervision.

Subd. 2. **PARENTAL RESPONSIBILITY.** Responsibility of the parents for the cost of services shall be based upon ability to pay. The state agency shall adopt rules to determine responsibility of the parents for the cost of services when:

(a) Insurance or other health care benefits pay some but not all of the cost of services; and

(b) No insurance or other health care benefits are available.

Subd. 2a. **CONTRIBUTION AMOUNT.** (a) The natural or adoptive parents of a minor child, including a child determined eligible for medical assistance without consideration of parental income, must contribute monthly to the cost of services, unless the child is married or has been married, parental rights have been terminated, or the child's adoption is subsidized according to section 259.40 or through title IV-E of the Social Security Act.

(b) The parental contribution equals the following percentage of that portion of the income of the natural or adoptive parents that exceeds 200 percent of the federal poverty guidelines for the applicable household size:

Adjusted Gross Income	Percentage contribution exceeding 200 percent of poverty
<u>Under \$40,000</u>	0
<u>\$40,000 to Under</u> \$49,999	10
\$50,000 to \$59,999	12
\$60,000 to \$74,999	14
\$75,000 or more	15

If the child lives with the parent, the parental contribution is reduced by \$200. If the child resides in an institution specified in section 256B.35, the parent is responsible for the personal needs allowance specified under that section in addition to the parental contribution determined under this section. The parental contribution is reduced by any amount required to be paid directly to the child pursuant to a court order, but only if actually paid.

(c) The household size to be used in determining the amount of contribution under paragraph (b) includes natural and adoptive parents and their dependents under age 21, including the child receiving services. Adjustments in the contribution amount due to annual changes in the federal poverty guidelines shall be implemented on the first day of July following publication of the changes.

(d) For purposes of paragraph (b), "income" means the adjusted gross income of the natural or adoptive parents determined according to the previous year's federal tax form.

(e) The contribution shall be explained in writing to the parents at the time eligibility for services is being determined. The contribution shall be made on a monthly basis effective with the first month in which the child receives services. Annually upon redetermination or at termination of eligibility, if the contribution exceeded the cost of services provided, the local agency or the state shall reimburse that excess amount to the parents, either by direct reimbursement if the parent is no longer required to pay a contribution, or by a reduction in or waiver of parental fees until the excess amount is exhausted.

(f) The monthly contribution amount must be reviewed at least every 12 months; when there is a change in household size; and when there is a loss or gain in income from one month to another in excess of ten percent. The local agency shall mail a written notice 30 days in advance of the effective date of a change in the contribution amount. A decrease in the contribution amount is effective in the month that the parent verifies a reduction in income or change in household size.

(g) Parents of a minor child who do not live with each other shall each pay the contribution required under paragraph (a), except that a court-ordered child support payment actually paid on behalf of the child receiving services shall be deducted from the contribution of the parent making the payment.

(h) The contribution under paragraph (b) shall be increased by an additional five percent if the local agency determines that insurance coverage is available but not obtained for the child. For purposes of this section, "available" means the insurance is a benefit of employment for a family member at an annual cost of no more than five percent of the family's annual income. For purposes of this section, insurance means health and accident insurance coverage, enrollment in a nonprofit health service plan, health maintenance organization, self-insured plan, or preferred provider organization.

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Parents who have more than one child receiving services shall not be required to pay more than the amount for the child with the highest expenditures. There shall be no resource contribution from the parents. The parent shall not be required to pay a contribution in excess of the cost of the services provided to the child, not counting payments made to school districts for education-related services. Notice of an increase in fee payment must be given at least 30 days before the increased fee is due.

Subd. 2b. **CHILD'S RESPONSIBILITY.** Responsibility of the child for the cost of care shall be up to the maximum amount of the total income and resources attributed to the child except for the clothing and personal needs allowance as provided in section 256B.35, subdivision 1. Reimbursement by the parents and child shall be made to the county making any payments for services. The county board may require payment of the full cost of caring for children whose parents or guardians do not reside in this state.

To the extent that a child described in subdivision 1 is eligible for benefits under chapter 62A, 62C, 62D, 62E, or 64B, the county is not liable for the cost of services.

Subd. 2c. **APPEALS.** A parent may appeal the determination of an obligation to make a contribution under this section, according to section 256.045.

Subd. 3. **CIVIL ACTIONS.** If the parent fails to make appropriate reimbursement as required in subdivision 2a and 2b, the attorney general, at the request of the commissioner, may institute or direct the appropriate county attorney to institute civil action to recover the required reimbursement.

Subd. 4. **ORDER OF PAYMENT.** If the parental contribution is for reimbursement for the cost of services to both the local agency and the medical assistance program, the local agency shall be reimbursed for its expenses first and the remainder must be deposited in the medical assistance account.

Sec. 12. CORR 17

Subdivision 1. REPEALER. H.F. No. 2478, article 9, section 6, if enacted in 1990, is repealed. The section amended by H.F. No. 2478, article 9, section 6, remains in effect.

Subd. 2. REPEALER. H.F. No. 2478, article 9, section 7, if enacted in 1990, is repealed. The section amended by H.F. No. 2478, article 9, section 7, remains in effect.

Subd. 3. REPEALER. H.F. No. 2478, article 9, section 12, if enacted in 1990, is repealed. The law amended by H.F. No. 2478, article 9, section 12, remains in effect.

Subd. 4. EFFECTIVE DATE. Subdivisions 1 to 3 are effective July 1, 1990.

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Sec. 13. **CORR 18**

Subdivision 1. REPEALER. Minnesota Statutes 1988, section 297A.25, subdivision 45, as added in H.F. No. 2478, article 6, section 5, if enacted, is repealed.

Subd. 2. EFFECTIVE DATE. This section is effective the day following final enactment for transactions occurring on or after December 31, 1989.

Sec. 14. **CORR 19 CORRECTION.** H.F. No. 2419, article 1, section 57, if enacted in 1990, is amended to read:

Sec. 57. Minnesota Statutes 1988, section 116P.11, is amended to read:

116P.11 AVAILABILITY OF FUNDS FOR DISBURSEMENT.

(a) The amount biennially available from the trust fund for the budget plan developed by the commission consists of the interest earnings generated from the trust fund.

(b) For funding projects through fiscal year 1997, the following additional amounts are available from the trust fund for the budget plans developed by the commission:

(1) for the 1991-1993 biennium, up to 25 percent of the revenue deposited in the trust fund in fiscal years 1990 and 1991;

(2) for the 1993-1995 biennium, up to 20 percent of the revenue deposited in the trust fund in fiscal year ~~1991~~ 1992 and up to 15 percent of the revenue deposited in the fund in fiscal year ~~1992~~ 1993; and

(3) for the 1995-1997 biennium, up to ten percent of the revenue deposited in the fund in fiscal year ~~1993~~ 1994 and up to five percent of the revenue deposited in the fund in fiscal year ~~1994~~ 1995.

(c) Any appropriated funds not encumbered in the biennium in which they are appropriated cancel and must be credited to the principal of the trust fund.

Sec. 15. **CORR 20 Subdivision 1. AUTHORIZATION.** Minnesota Statutes 1989 Supplement, section 410.32, is amended to read:

410.32 CITIES AUTHORIZED TO ISSUE CAPITAL NOTES FOR CERTAIN EQUIPMENT ACQUISITIONS.

Notwithstanding any contrary provision of other law or charter, a home rule charter city may, by resolution and without public referendum, issue capital notes subject to the city debt limit to purchase public safety equipment, ambulance and other medical equipment, road construction and maintenance equipment, and other capital equipment having an expected useful life at least as long as the term of the notes. The notes shall be payable in not more than five years

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and be issued on terms and in the manner the city determines. The total principal amount of the capital notes issued in a fiscal year shall not exceed 0.03 percent of the market value of taxable property in the city for that year. A tax levy shall be made for the payment of the principal and interest on the notes, in accordance with section 475.61, as in the case of bonds. Notes issued under this section shall require an affirmative vote of two-thirds of the governing body of the city. ~~Unless prohibited by its charter~~ Notwithstanding a contrary provision of other law or charter, a home rule charter city may also issue capital notes subject to its debt limit in the manner and subject to the limitations applicable to statutory cities pursuant to section 412.301.

Subd. 2. EFFECTIVE DATE. Subdivision 1 is effective the day following final enactment.

Sec. 16. CORR 21 Subdivision 1. MANUFACTURED HOME PARKS. H.F. No. 2478, article 3, section 46, subdivision 1, if enacted in 1990, is amended to read:

Subdivision 1. LIMITED VALUATION INCREASE. (a) ~~Notwithstanding Minnesota Statutes, section 273.11, or any other law to the contrary, the estimated market value of a manufactured home park, as defined in section 327.14, subdivision 3, and assessed under section 273.13, subdivision 25, for taxes levied in 1990, may not exceed 133-1/3 percent of its estimated market value for taxes levied in 1989 as limited by Laws 1989, First Special Session chapter 1, article 3, section 32, subdivision 1. The excess market value must be entered equally in the next two succeeding assessment years. The increase in the estimated market value of a manufactured home park, as defined in section 327.14, subdivision 3, and assessed under section 273.13, subdivision 25, for taxes levied in 1990, 1991, and 1992 shall be computed as follows: one-third of the difference between its market value for taxes levied in 1989 as limited by Laws 1989, 1st Special Session chapter 1, article 3, section 32, subdivision 1, and its unlimited market value for taxes levied in 1990 shall be added to its limited market value for the prior year in each of the three years. In addition, for any increase in market value subsequent to taxes levied in 1990, all of that increase shall be added to the prior year's limited market value after the adjustment in the prior sentence.~~

(b) This subdivision does not apply to increases in value attributable to improvements made to the real estate since the January 2, 1989, assessment. It does not apply to property becoming subject to taxation since the January 2, 1989, assessment. The limitation in this subdivision applies to any increase in valuation imposed by the local boards of review under section 274.01, the county boards of equalization under section 274.13, and the state board of equalization and the commissioner of revenue under sections 270.11, 270.12, and 270.16.

Subd. 2. EFFECTIVE DATE. Subdivision 1 is effective at the same time H.F. No. 2478, article 3, section 46, is effective.

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Sec. 17. **CORR 23 Subdivision 1. CORRECTION.** S.F. No. 2621, article 6, section 1, subdivision 1, if enacted in 1990, is amended to read:

Subdivision 1. **DETERMINATION AND COLLECTION OF SPECIAL ASSESSMENT.** (a) In addition to all other contributions, assessments and payment obligations under chapter 268, each employer, except an employer making payments in lieu of contributions under section 268.06, subdivision 25, 26, 27, or 28, is liable for a special assessment levied at the rate of one-tenth of one percent per year on all wages for purposes of the contribution payable under section 268.06, subdivision 2, as defined in section 268.04, subdivision 25. Such assessment shall become due and be paid by each employer to the department of jobs and training on the same schedule and in the same manner as other contributions required by section 268.06.

(b) The special assessment levied under this section shall not affect the computation of any other contributions, assessments, or payment obligations due under this chapter.

Subd. 2. EFFECTIVE DATE. Subdivision 1 is effective at the same time S.F. No. 2621, article 6, section 1, is effective.

Sec. 18. **INCORRECT EFFECTIVE DATE.**

The increases in district court and conciliation court filing fees in 1990 H.F. No. 2419, article 1, sections 72 and 73, and the repeal of Minnesota Statutes, section 480.241, in section 81, are effective July 1, 1990, not the day after final enactment.

Sec. 19. **INCORRECT REFERENCE.**

The appropriation in 1990 H.F. No. 2651, article 1, section 20, subdivision 3, to the commissioner of natural resources must be spent for the reinvest in Minnesota resources program under Minnesota Statutes, section 84.95, subdivision 2, for fish and wildlife land acquisition and development, not under Minnesota Statutes, sections 40.40 to 40.45.

Sec. 20. **INCORRECT REFERENCE.**

The appropriation in 1990 H.F. No. 2651, article 1, section 24, item (c), is for payment by the commissioner of trade and economic development, not the commissioner of energy and economic development.

Sec. 21. **EFFECTIVE DATE.**

Unless provided otherwise, the sections of this act that amend other 1990 enactments take effect on the same dates as the enactments that they amend.

Presented to the governor April 28, 1990

New language is indicated by underline, deletions by ~~strikeout~~.

Signed by the governor May 8, 1990, 9:17 p.m.

New language is indicated by underline, deletions by ~~strikeout~~.