

1, section 8, for the establishment and operation of a midwest native plant center and any property acquired through that grant shall be transferred by June 1, 1991, to the commissioner of natural resources to be administered consistent with the purposes of the original grant.

Presented to the governor May 31, 1991

Signed by the governor June 4, 1991, 8:49 p.m.

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### CHAPTER 344—S.F.No. 783

*An act relating to health; infectious waste control; clarifying that veterinarians are also covered by the act; clarifying requirements for management and generators' plans; allowing certain medical waste to be mixed with other waste under certain conditions; creating a medical waste task force; appropriating money; amending Minnesota Statutes 1990, sections 116.77; 116.78, subdivisions 4 and 7; 116.79, subdivisions 1, 3, and 4; and 116.80, subdivision 2.*

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

Section 1. Minnesota Statutes 1990, section 116.77, is amended to read:

#### 116.77 COVERAGE.

Sections 116.75 to 116.83 and 609.671, subdivision 10, cover any person, including a veterinarian, who generates, treats, stores, transports, or disposes of infectious or pathological waste ~~except but not including~~ infectious or pathological waste generated by households, farm operations, or agricultural businesses. Except as specifically provided, sections 116.75 to 116.83 do not limit or alter treatment or disposal methods for infectious or pathological waste.

Sec. 2. Minnesota Statutes 1990, section 116.78, subdivision 4, is amended to read:

Subd. 4. **SHARPS.** Sharps, except those generated from a household or from a farm operation or agricultural business:

(1) must be placed in puncture-resistant containers;

(2) may not be compacted or mixed with other waste material whether or not the sharps are decontaminated unless it is part of an infectious waste decontamination process approved by the commissioner of health or the commissioner of the pollution control agency that will prevent exposure during transportation and disposal; and

(3) may not be disposed of at refuse-derived fuel facilities or at other facilities where waste is hand sorted.

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

Sec. 3. Minnesota Statutes 1990, section 116.78, subdivision 7, is amended to read:

Subd. 7. **COMPACTION AND MIXTURE WITH OTHER WASTES.** Infectious waste may not be compacted or mixed with other waste materials prior to incineration or disposal. Compaction is acceptable if it is part of an infectious waste system, approved by the commissioner of health or the commissioner of the pollution control agency, that is designed to prevent exposure during storage, transportation, and disposal.

Sec. 4. Minnesota Statutes 1990, section 116.79, subdivision 1, is amended to read:

Subdivision 1. **PREPARATION OF MANAGEMENT PLANS.** (a) To the extent applicable to the facility, a person in charge of a facility that generates, stores, decontaminates, incinerates, or disposes of infectious or pathological waste must prepare a management plan for the infectious or pathological waste handled by the facility. A person may prepare a common management plan for all generating facilities owned and operated by the person. If a single plan is prepared to cover multiple facilities, the plan must identify common policy and procedures for the facilities and any management procedures that are facility specific. The plan must identify each generating facility covered by the plan. A management plan must list all physicians, dentists, chiropractors, podiatrists, veterinarians, certified nurse practitioners, certified nurse midwives, or physician assistants, employed by, under contract to, or working at the generating facilities, except hospitals or laboratories. A management plan from a hospital must list the number of licensed beds and from a laboratory must list the number of generating employees.

(b) The management plan must describe, to the extent the information is applicable to the facility:

- (1) the type of infectious waste and pathological waste that the person generates or handles;
- (2) the segregation, packaging, labeling, collection, storage, and transportation procedures for the infectious waste or pathological waste that will be followed;
- (3) the decontamination or disposal methods for the infectious or pathological waste that will be used;
- (4) the transporters and disposal facilities that will be used for the infectious waste;
- (5) the steps that will be taken to minimize the exposure of employees to infectious agents throughout the process of disposing of infectious or pathological wastes; and
- (6) the name of the individual responsible for the management of the infectious waste or pathological waste.

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(c) The management plan must be kept at the facility.

(d) To the extent applicable to the facility, management plans must be accompanied by a statement of the quantity of infectious and pathological waste generated, decontaminated, stored, incinerated, or disposed of at the facility during the previous two-year period. Quantities ~~may~~ shall be reported by ~~weight, volume, or number and capacity of containers in gallons or pounds.~~ The commissioner of health shall prepare a summary of the quantities of infectious and pathological waste generated, by facility type.

(e) A management plan must be updated and resubmitted at least once every two years.

Sec. 5. Minnesota Statutes 1990, section 116.79, subdivision 3, is amended to read:

Subd. 3. **GENERATORS' PLANS.** (a) Management plans prepared by facilities that generate infectious or pathological waste must be submitted to the commissioner of health with a fee of \$225 for facilities with 25 or more employees, or a fee of \$40 for facilities with less than 25 employees. The fee must be deposited in the state treasury and credited to the general fund.

(b) A person shall submit for each generating facility the following fee with the generator's management plan:

(1) for a generating facility that is a private practice office with two or fewer physicians, dentists, chiropractors, podiatrists, veterinarians, certified nurse practitioners, certified nurse midwives, or physician assistants, employed by, under contract to, or working at the generating facility, a fee of \$40;

(2) for a generating facility that is a private practice office with three or more physicians, dentists, chiropractors, podiatrists, veterinarians, certified nurse practitioners, certified nurse midwives, or physician assistants, employed by, under contract to, or working at the generating facility, in addition to the fee for two practitioners as prescribed under clause (1), a fee of \$20 for each additional practitioner, up to a maximum total fee of \$225;

(3) for a generating facility that is a health facility or agency other than a hospital or laboratory described in clause (5) or (6), a fee of \$225. Long-term health care facilities, including nursing homes, boarding care facilities, or intermediate care facilities, with less than 25 licensed beds shall have a fee of \$40. A corporate research and development laboratory with fewer than ten generating employees is also included in this category;

(4) for a generating facility that is not a health facility or agency, a fee of \$40. Included in this category are a corporate occupational health clinic; or a college or university campus, including its research laboratories, and student health service, but not including a hospital;

(5) for a generating facility that is a laboratory, including a corporate

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research and development laboratory, with ten to 49 generating employees, or a hospital with 50 to 299 licensed beds, a fee of \$450;

(6) for a generating facility that is a laboratory, including a corporate research and development laboratory, with 50 or more generating employees or a hospital with 300 or more licensed beds, a fee of \$600;

(7) the following persons shall pay a fee of \$225 to cover the generation at all its facilities:

(i) a community health board; or

(ii) Migrant Health Services, Inc.;

(8) for a generator with a generating satellite facility or mobile facility, that is used for an average of less than five hours per week on an annual basis, no additional fee is required;

(9) for a licensed home care agency with no more than two generating employees, a fee of \$40;

(10) for a licensed home care agency with more than two generating employees, a fee of \$20 for each generating employee, up to a maximum fee of \$225; and

(11) the fees are waived for the Bureau of Indian Affairs, federal facilities, and state agencies.

(b) (c) A person who begins the generation of infectious or pathological waste after January 1, 1990, must submit to the commissioner of health a copy of the person's management plan prior to initiating the handling of the infectious or pathological waste.

(e) (d) If a hospital or nursing home that is a generator also incinerates infectious or pathological waste on site, a separate the management plan must ~~be prepared for the incineration activities~~ detail that incineration in the plan.

(d) (e) The commissioner of health must establish a procedure for randomly reviewing the plans.

(e) (f) The commissioner of health may require a management plan of a generator to be modified if the commissioner of health determines that the plan is not consistent with state or federal law or that the plan is not adequate to minimize exposure of persons to the infectious or pathological waste.

Sec. 6. Minnesota Statutes 1990, section 116.79, subdivision 4, is amended to read:

Subd. 4. **PLANS FOR STORAGE, DECONTAMINATION, INCINERATION, AND DISPOSAL FACILITIES.** (a) A person who stores or decontaminates infectious or pathological waste, other than at the facility where the waste

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was generated, or a person who incinerates or disposes of infectious or pathological waste, must submit a copy of the management plan to the commissioner of the pollution control agency with a fee of \$225. ~~A person who incinerates on site at a hospital must submit a fee of \$100.~~ The fee must be deposited in the state treasury and credited to the general fund. A person who incinerates on site must submit an attachment to the generator's management plan detailing the incineration operation.

(b) The commissioner shall review the plans and may require a plan to be modified within 180 days after the plan is submitted if the commissioner determines that the plan is not consistent with state or federal law or that the plan is not adequate to minimize exposure of persons to the waste.

Sec. 7. Minnesota Statutes 1990, section 116.80, subdivision 2, is amended to read:

Subd. 2. **PREPARATION OF MANAGEMENT PLANS.** (a) A commercial transporter in charge of a business that transports infectious waste must prepare a management plan for the infectious waste handled by the commercial transporter.

(b) The management plan must describe, to the extent the information is applicable to the commercial transporter:

- (1) the type of infectious waste that the commercial transporter handles;
- (2) the transportation procedures for the infectious waste that will be followed;
- (3) the disposal facilities that will be used for the infectious waste;
- (4) the steps that will be taken to minimize the exposure of employees to infectious agents throughout the process of transporting and disposing of infectious waste; and

(5) the name of the individual responsible for the transportation and management of the infectious waste.

(c) The management plan must be kept at the commercial transporter's principal place of business.

(d) Management plans must be accompanied by a statement of the quantity of infectious waste transported during the previous two-year period. Quantities may shall be reported by weight, volume, or number and capacity of containers in gallons or pounds.

(e) A management plan must be updated and resubmitted at least once every two years.

(f) The commissioner shall review the plans and may require a plan to be

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modified within 180 days after the plan is submitted if the commissioner determines that the plan is not consistent with state or federal law or that the plan is not adequate to minimize exposure of persons to the waste.

#### Sec. 8. MEDICAL WASTE TASK FORCE.

(a) The commissioner of health shall appoint a medical waste task force to include representatives of the pollution control agency, the department of health, the office of waste management, representatives of local government units, citizens groups, environmental organizations, organized labor, the academic community, medical waste generators, and persons in the business of managing medical waste. Members of the task force shall serve without compensation.

(b) The medical waste task force shall:

(1) estimate the quantity and composition of medical waste currently generated in the state;

(2) assess current infectious waste decontamination capacity in the state;

(3) design a state policy that focuses on alternatives to landfilling and incineration as the primary means of infectious waste disposal according to the order of preference in Minnesota Statutes, section 115A.02, paragraph (b); and

(4) submit, by September 1, 1992, a medical waste management strategy report to the legislative commission on waste management and to the committees on the environment and natural resources and health and human services of the legislature recommending a statewide medical waste management policy.

#### Sec. 9. APPROPRIATION.

The amount appropriated from the general fund to the pollution control agency for hazardous waste control for fiscal years 1992 and 1993 by S.F. No. 1533 is reduced by \$125,000. The complement of the pollution control agency is decreased by one.

Presented to the governor May 31, 1991

Signed by the governor June 4, 1991, 8:32 p.m.

### CHAPTER 345—H.F.No. 1631

*An act relating to the organization and operation of state government; appropriating money for the general legislative, judicial, and administrative expenses of state government; providing for the transfer of certain money in the state treasury; fixing and limiting the amount of fees, penalties, and other costs to be collected in certain cases; creating, abolishing,*

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