

**SENATE  
STATE OF MINNESOTA  
NINETIETH SESSION**

**S.F. No. 3367**

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DATE	D-PG	OFFICIAL STATUS
03/14/2018	6496	Introduction and first reading Referred to Health and Human Services Finance and Policy
03/21/2018	6877	Author added Benson
03/26/2018	6951a	Comm report: To pass as amended
	6981	Second reading
	6989	Author added Housley
05/07/2018		Special Order: Amended Third reading Passed

1.1 A bill for an act

1.2 relating to public safety; requiring employees of hotels and motels to receive

1.3 training on identifying activities associated with sex trafficking; clarifying

1.4 immunization record requirements; requiring the commissioner of health to draft

1.5 legislation establishing a statewide autism registry program; amending Minnesota

1.6 Statutes 2016, sections 121A.15, subdivisions 3, 3a, 12, by adding a subdivision;

1.7 135A.14, subdivision 3; proposing coding for new law in Minnesota Statutes,

1.8 chapter 157; repealing Minnesota Rules, part 4604.0400.

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

1.10 Section 1. Minnesota Statutes 2016, section 121A.15, subdivision 3, is amended to read:

1.11 Subd. 3. **Exemptions from immunizations.** (a) If a person is at least seven years old

1.12 and has not been immunized against pertussis, the person must not be required to be

1.13 immunized against pertussis.

1.14 (b) If a person is at least 18 years old and has not completed a series of immunizations

1.15 against poliomyelitis, the person must not be required to be immunized against poliomyelitis.

1.16 (c) If a statement, signed by a physician, is submitted to the administrator or other person

1.17 having general control and supervision of the school or child care facility stating that an

1.18 immunization is contraindicated for medical reasons or that laboratory confirmation of the

1.19 presence of adequate immunity exists, the immunization specified in the statement need

1.20 not be required.

1.21 (d) If a notarized statement signed by the minor child's parent or guardian or by the

1.22 emancipated person is submitted to the administrator or other person having general control

1.23 and supervision of the school or child care facility stating that the person has not been

1.24 immunized as prescribed in subdivision 1 because of the conscientiously held beliefs of the

2.1 parent or guardian of the minor child or of the emancipated person, the immunizations  
 2.2 specified in the statement shall not be required. ~~This statement must also be forwarded to~~  
 2.3 ~~the commissioner of the Department of health.~~

2.4 (e) If the person is under 15 months, the person is not required to be immunized against  
 2.5 measles, rubella, or mumps.

2.6 (f) If a person is at least five years old and has not been immunized against haemophilus  
 2.7 influenzae type b, the person is not required to be immunized against haemophilus influenzae  
 2.8 type b.

2.9 (g) If a person who is not a Minnesota resident enrolls in a Minnesota school online  
 2.10 learning course or program that delivers instruction to the person only by computer and  
 2.11 does not provide any teacher or instructor contact time or require classroom attendance, the  
 2.12 person is not subject to the immunization, statement, and other requirements of this section.

2.13 Sec. 2. Minnesota Statutes 2016, section 121A.15, subdivision 3a, is amended to read:

2.14 Subd. 3a. **Disclosures required.** (a) This paragraph applies to any written information  
 2.15 about immunization requirements for enrollment in a school or child care facility that:

2.16 (1) is provided to a person to be immunized or enrolling or enrolled in a school or child  
 2.17 care facility, or to the person's parent or guardian if the person is under 18 years of age and  
 2.18 not emancipated; and

2.19 (2) is provided by the Department of Health; the Department of Education; the  
 2.20 Department of Human Services; an immunization provider; or a school or child care facility.

2.21 Such ~~written~~ information must describe the exemptions from immunizations permitted under  
 2.22 subdivision 3, paragraphs (c) and (d). ~~The~~ Any written information on exemptions from  
 2.23 immunizations provided according to this paragraph must be in a font size at least equal to  
 2.24 the font size of the immunization requirements, in the same font style as the immunization  
 2.25 requirements, and on the same page of the written document as the immunization  
 2.26 requirements.

2.27 (b) Before immunizing a person, an immunization provider must provide the person, or  
 2.28 the person's parent or guardian if the person is under 18 years of age and not emancipated,  
 2.29 with the following information in writing:

2.30 (1) a list of the immunizations required for enrollment in a school or child care facility;

2.31 (2) a description of the exemptions from immunizations permitted under subdivision 3,  
 2.32 paragraphs (c) and (d);

3.1 (3) a list of additional immunizations currently recommended by the commissioner of  
 3.2 health; and

3.3 (4) in accordance with federal law, a copy of the vaccine information sheet from the  
 3.4 federal Department of Health and Human Services that lists possible adverse reactions to  
 3.5 the immunization to be provided.

3.6 (c) The commissioner will continue the educational campaign to providers and hospitals  
 3.7 on vaccine safety including, but not limited to, information on the vaccine adverse events  
 3.8 reporting system (VAERS), the federal vaccine information statements (VIS), and medical  
 3.9 precautions and contraindications to immunizations.

3.10 (d) The commissioner will encourage providers to provide the vaccine information  
 3.11 statements at multiple visits and in anticipation of subsequent immunizations.

3.12 (e) The commissioner will encourage providers to use existing screening for immunization  
 3.13 precautions and contraindication materials and make proper use of the vaccine adverse  
 3.14 events reporting system (VAERS).

3.15 (f) In consultation with groups and people identified in subdivision 12, paragraph (a),  
 3.16 clause (1), the commissioner will continue to develop and make available patient education  
 3.17 materials on immunizations including, but not limited to, contraindications and precautions  
 3.18 regarding vaccines.

3.19 ~~(g) The commissioner will encourage health care providers to use thimerosal-free vaccines~~  
 3.20 ~~when available.~~

3.21 Sec. 3. Minnesota Statutes 2016, section 121A.15, is amended by adding a subdivision to  
 3.22 read:

3.23 Subd. 3b. **Immunization documentation record.** (a) The commissioner of health shall  
 3.24 develop an official record form to document a person's immunization history. The form  
 3.25 must request information regarding immunization requirements and exemption procedures,  
 3.26 and must include statements for documenting medical and conscientious exemptions. The  
 3.27 form must be used by child care facilities and elementary and secondary schools when  
 3.28 communicating to parents or guardians regarding immunization requirements and exemption  
 3.29 procedures.

3.30 (b) Notwithstanding paragraph (a), a child care facility or an elementary or secondary  
 3.31 school may create a similar document to use to communicate with parents or guardians if  
 3.32 the document is approved by the commissioner of health.

4.1 (c) Nothing in this subdivision limits a facility or school from sending other information  
 4.2 to parents or guardians that is related to immunizations so long as the information complies  
 4.3 with this section.

4.4 Sec. 4. Minnesota Statutes 2016, section 121A.15, subdivision 12, is amended to read:

4.5 Subd. 12. **Modifications to schedule.** (a) The commissioner of health may adopt  
 4.6 modifications to the immunization requirements of this section. A proposed modification  
 4.7 made under this subdivision must be part of the current immunization recommendations of  
 4.8 each of the following organizations: the United States Public Health Service's Advisory  
 4.9 Committee on Immunization Practices, the American Academy of Family Physicians, and  
 4.10 the American Academy of Pediatrics.

4.11 (b) In proposing a modification to the immunization schedule, the commissioner must:

4.12 (1) consult with ~~(i)~~ the commissioner of education; the commissioner of human services;  
 4.13 the chancellor of the Minnesota State Colleges and Universities; and the president of the  
 4.14 University of Minnesota; ~~and (ii)~~

4.15 (2) consult with the Minnesota Natural Health Coalition, Vaccine Awareness Minnesota;  
 4.16 ~~Biological Education for Autism Treatment (BEAT);~~ Vaccine Safety Council of Minnesota;  
 4.17 Minnesota Childhood Immunization Coalition; the Minnesota Academy of Family Physicians,  
 4.18 the American Academy of Pediatrics-Minnesota Chapter, and the Minnesota Nurses  
 4.19 Association; and

4.20 ~~(2)~~ (3) consider the following criteria: the epidemiology of the disease, the morbidity  
 4.21 and mortality rates for the disease, the safety and efficacy of the vaccine, the cost of a  
 4.22 vaccination program, the cost of enforcing vaccination requirements, and a cost-benefit  
 4.23 analysis of the vaccination.

4.24 ~~(b)~~ (c) Before a proposed modification may be adopted, the commissioner must notify  
 4.25 the chairs of the house of representatives and senate committees with jurisdiction over health  
 4.26 policy issues. If the chairs of the relevant standing committees determine a public hearing  
 4.27 regarding the proposed modifications is in order, the hearing must be scheduled within 60  
 4.28 days of receiving notice from the commissioner. If a hearing is scheduled, the commissioner  
 4.29 may not adopt any proposed modifications until after the hearing is held.

4.30 ~~(e)~~ (d) The commissioner shall comply with the requirements of chapter 14 regarding  
 4.31 the adoption of any proposed modifications to the immunization schedule.

5.1 ~~(d)~~ (e) In addition to the publication requirements of chapter 14, the commissioner of  
 5.2 health must inform all immunization providers of any adopted modifications to the  
 5.3 immunization schedule in a timely manner.

5.4 Sec. 5. Minnesota Statutes 2016, section 135A.14, subdivision 3, is amended to read:

5.5 Subd. 3. **Exemptions from immunization.** (a) An immunization listed in subdivision  
 5.6 2 is not required if the student submits to the administrator a statement signed by a physician  
 5.7 that shows:

5.8 (1) that, for medical reasons, the student did not receive an immunization;

5.9 (2) that the student has experienced the natural disease against which the immunization  
 5.10 protects; or

5.11 (3) that a laboratory has confirmed the presence of adequate immunity.

5.12 (b) If the student submits a notarized statement that the student has not been immunized  
 5.13 as required in subdivision 2 because of the student's conscientiously held beliefs, the  
 5.14 immunizations described in subdivision 2 are not required. ~~The institution shall forward  
 5.15 this statement to the commissioner of health.~~

5.16 Sec. 6. **[157.177] SEX TRAFFICKING PREVENTION TRAINING.**

5.17 Subdivision 1. **Definition.** "Sex trafficking" has the meaning given in section 609.321,  
 5.18 subdivision 7a.

5.19 Subd. 2. **Prevention training required.** (a) Every person, firm, or corporation that  
 5.20 operates a hotel or motel in Minnesota shall ensure that all employees who work on site,  
 5.21 including the owner, operator, and manager, receive the training described in paragraph (c)  
 5.22 by December 1, 2018, or within 90 days from the date the employee begins employment,  
 5.23 and annually thereafter. The operator of the hotel and motel shall annually certify in each  
 5.24 employee's personnel file that the employee has received the required training that is approved  
 5.25 by the commissioner.

5.26 (b) In addition to the training required under paragraph (a), the operator of each hotel  
 5.27 and motel shall conduct an ongoing awareness campaign for employees on the activities  
 5.28 commonly associated with sex trafficking victim identification resources, and effective  
 5.29 responses for hotels and motels.

5.30 (c) The commissioner shall, in consultation with the state hotel and lodging association,  
 5.31 approve an educational training program that focuses on the accurate and prompt

6.1 identification, reporting, and response of suspected sex trafficking. The training program  
6.2 must include at a minimum:

6.3 (1) awareness of sex trafficking;

6.4 (2) recognition of potential victims of sex trafficking;

6.5 (3) activities commonly associated with sex trafficking; and

6.6 (4) effective responses to sex trafficking situations, including reporting to proper law  
6.7 enforcement officials.

6.8 (d) Any cost incurred for the training program shall be the responsibility of the licensee.

6.9 **Sec. 7. AUTISM REGISTRY LEGISLATIVE PROPOSAL.**

6.10 (a) The commissioner of health, in collaboration with the commissioner of human  
6.11 services, and in consultation with stakeholders, shall draft legislation to establish a statewide  
6.12 autism registry program with the purpose of estimating the prevalence, monitoring trends,  
6.13 and identifying risk factors impacting the rate of Autism Spectrum Disorder (ASD) among  
6.14 children under age eight.

6.15 (b) The commissioner shall submit draft legislation required under this section to the  
6.16 chairs and ranking minority members of legislative committees with jurisdiction over health  
6.17 and human services and data practice by February 1, 2019.

6.18 **Sec. 8. REPEALER.**

6.19 Minnesota Rules, part 4604.0400, is repealed.

**4604.0400 IMMUNIZATION DOCUMENTATION RECORD.**

To document a person's immunization history as required under parts 4604.0100 to 4604.1000 and Minnesota Statutes, section 121A.15, all child care facilities and elementary and secondary schools must use the Department of Health's official record form or a similar document approved by the commissioner of health when communicating to parents or guardians regarding immunization requirements and exemption procedures. The record form requests information about immunizations and includes statements for documenting medical or conscientious exemptions. Nothing in this part limits a facility or school from sending other information to parents or guardians that is related to immunizations and is in compliance with law.