

# House Research Act Summary

**CHAPTER:** 159

**SESSION:** 2009 Regular Session

**TOPIC:** Health care policy

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## Overview

This act contains various provisions related to health care policy, including provisions related to safe patient handling, standard reference compendia, adverse health events, long-term care, and licensure of physician assistants and dental assistants.

### Section

- 1**      **Gender rating prohibited.** Amends § 62A.65, subd. 4. Prohibits a health carrier from refusing to initially offer, sell, or issue an individual health plan solely on the basis that the individual had a previous cesarean delivery.
- 2**      **Mental health and substance abuse reviews.** Amends § 62M.09, subd. 3a. Authorizes a licensed doctoral-level psychologist to make a utilization review final determination not to certify mental health or substance abuse treatment if that service has been provided by a psychologist. Current law authorizes only licensed psychiatrists to make this determination.
- 3**      **Definitions.** Amends § 62Q.525, subd. 2. Defines “standard reference compendia” as any authoritative compendia identified by Medicare for use in determination of a medically accepted indication of drugs and biological use off label.
- 4**      **Health plan company.** Amends § 62U.01, subd. 8. Includes county-based purchasing arrangements in the definition of “health plan company” for purposes of chapter 62U.
- 5**      **Members.** Amends § 62U.09, subd. 2. Adds one member appointed by the Minnesota Psychological Association and one member appointed by the Minnesota Chiropractic

Association to the Health Care Reform Review Council.

- 6 Definitions.** Amends § 144.1501, subd. 1. Makes a technical change to reflect the change in status for physician assistants from registered to licensed.
- 7 Root cause analysis; corrective action plan.** Amends § 144.7065, subd. 8. Requires facilities, in conducting the root cause analysis of an adverse health care event, to review the impact of staffing levels on the event.
- 8 Relation to other law; data classification.** Amends § 144.7065, subd. 10. States that a provider licensing board is not required to investigate the event when a licensed provider reports an adverse health care event.
- 9 Ambulance service personnel.** Amends § 144E.001, subd. 3a. Strikes “registered” and inserts “licensed” in reference to physician assistants.
- 10 Physician assistant.** Amends § 144E.001, subd. 9c. Strikes “registered” and inserts “licensed.”
- 11 Suicide prevention plan.** Amends § 145.56, subd. 1. Modifies the current state suicide prevention plan by including that the plan should focus on awareness and prevention. (Current statutes specify prevention alone.) Adds Minnesota State Colleges and Universities and the University of Minnesota to the list of entities with which the commissioner of health must collaborate in implementing the plan.
- 12 Community-based programs.** Amends § 145.56, subd. 2. Current statute permits grants to community-based programs for suicide prevention and education for school staff, parents, and students in grades kindergarten through 12. Adds that grants may be provided for programs that provide prevention and education for students attending Minnesota colleges or universities.
- 13 Exemptions.** Amends § 147.09. Strikes “registered” and inserts “licensed.”
- 14 Definitions.** Amends § 147A.01.
- Subd. 1. Scope.** No change.
  - Subd. 2. Active status.** Definition stricken.
  - Subd. 3. Administrator.** No change.
  - Subd. 4. Agreement.** No change.
  - Subd. 5. Alternate supervising physician.** Clarifies that this physician is listed in the physician-physician assistant delegation agreement or in the supplemental listing.
  - Subd. 6. Board.** No change.
  - Subd. 7. Controlled substance.** No change.
  - Subd. 8. Delegation form.** Definition stricken.
  - Subd. 9. Diagnostic order.** No change.

**Subd. 10. Drug.** No change.

**Subd. 11. Drug category.** Changes the term “delegation form” to “physician-physician assistant delegation agreement.”

**Subd. 12. Inactive.** Clarifies that “inactive” means a licensed physician assistant whose license is on inactive status.

**Subd. 13. Internal protocol.** Definition stricken.

**Subd. 14. Legend drug.** No change.

**Subd. 14a. Licensed.** Adds definition.

**Subd. 14b. Licensure.** Adds definition.

**Subd. 15. Locum tenens permit.** Definition stricken.

**Subd. 16. Medical device.** No change.

**Subd. 16a. Notice of intent to practice.** Defines this as a document that the physician assistant sends to the board that documents the adoption of a physician-physician assistant delegation agreement and provides the information required by section 147A.20.

**Subd. 17. Physician.** No change.

**Subd. 17a. Physician-physician assistant delegation agreement.** Provides that this is the document signed by the physician and the physician assistant that defines the physician assistant’s scope of practice. Requires this document to comply with the requirements of section 147A.20.

**Subd. 18. Physician assistant or licensed physician assistant.** Strikes “registered” and inserts “licensed.” Provides clarifying language.

**Subd. 19. Practice setting description.** Definition stricken.

**Subd. 20. Prescribe.** No change.

**Subd. 21. Prescription.** Adds an electronic order as an approved authorization to prescribe drugs. Changes the term “delegation form” to “physician-physician assistant delegation agreement.”

**Subd. 22. Registration.** Definition stricken.

**Subd. 23. Supervising physician.** Increases the number of physician assistants that can be supervised simultaneously by a supervising physician from no more than two to no more than five full-time equivalent physician assistants. Permits, as authorized by the board or in an emergency, the supervising physician to supervise more than five full-time equivalent physician assistants simultaneously.

**Subd. 24. Supervision.** No change.

**Subd. 25. Temporary license.** Strikes obsolete language. Provides that a

temporary license may be granted to a license-qualified physician assistant whose license has not yet been approved by the board.

**Subd. 26. Therapeutic order.** Provides clarifying language.

**Subd. 27. Verbal order.** Provides clarifying language.

**15 Qualifications for licensure.** Amends § 147A.02. Strikes “registered” and inserts “licensed.” Strikes “registration” and inserts “licensure.”

**16 Protected titles and restrictions on use.** Amends § 147A.03.

**Subd. 1. Protected titles.** Strikes “registered” and inserts “licensed.”

**Subd. 2. Health care practitioners.** No change.

**Subd. 3. Identification of registered practitioners.** Strikes this subdivision.

**Subd. 4. Sanctions.** Strikes “registration” and inserts “licensure.”

**17 Temporary license.** Amends § 147A.04. Strikes references to registration and temporary permits and inserts the terminology related to licensure.

**18 Inactive license.** Amends § 147A.05. Strikes “registration” and inserts “license.” Adds that a physician assistant with an inactive license shall not be subject to disciplinary action if the individual provides care during a disaster as defined in section 147A.23.

**19 Cancellation of license for nonrenewal.** Amends § 147A.06. Strikes references to registration and registrant and inserts terminology related to licensure.

**20 Renewal.** Amends § 147A.07. Strikes “registration” and inserts “license.” Strikes the requirement that the physician assistant provide proof of the annual review of the physician-physician assistant agreement at the time of license renewal.

**21 Exemptions.** Amends § 147A.08. Strikes the reference to the Committee on Allied Health Education and Accreditation and substitutes the Accreditation Review Commission on Education for the Physician Assistant.

**22 Scope of practice; delegation.** Amends § 147A.09.

**Subd. 1. Scope of practice.** Specifies that physician assistants can perform only those duties specified in the physician-physician assistant delegation agreement. Adds that a physician assistant may prescribe, administer, and dispense controlled substances if this is included in the delegation agreement. Adds references to the alternate supervising physician.

**Subd. 2. Delegation.** Lists the patient services that may be delegated to the physician assistant by the delegation agreement.

- Updates the word “radiography” to “radiographic imaging systems.”
- Adds use of ionizing radiation as a therapeutic procedure that the physician assistant can order or perform.
- Clarifies that the physician-physician assistant delegation agreement must specifically delegate the authority to prescribe, administer, and dispense

controlled substances, and that the agreement must list all schedules of controlled substances the physician assistant has authority to prescribe.

- Adds that a physician assistant can certify a patient's eligibility for disability parking.
- Adds that a physician assistant can assist at surgery.
- Adds authority for a physician assistant to authorize admission for emergency care and treatment under section 253B.05.

**23 Exclusions of limitations on employment.** Amends § 147A.11. Strikes “registered” and inserts “licensed.”

**24 Grounds for disciplinary action.** Amends §147A.13. Strikes references to registration and registrant and inserts terminology related to licensure. Makes technical changes. Clarifies that identification of a physician assistant as “physician,” “doctor,” or “Dr.” in a patient care setting or in a communication directed to the general public is prohibited conduct and may result in disciplinary action.

**25 Forms of disciplinary action.** Amends §147A.16. Strikes “registration” and inserts “licensed.”

**26 Delegated authority to prescribe, dispense, and administer drugs and medical devices.**

**Subd. 1. Delegation.** Strikes references to registration and inserts terminology related to licensure. Strikes obsolete language. Clarifies that the physician-physician assistant delegation agreement must include a statement by the supervising physician regarding the delegation of prescribing, dispensing, and administering controlled substances.

**Subd. 2. Termination and reinstatement of prescribing authority.** Paragraph (a) makes technical changes.

Strikes paragraph (b), the requirement for the physician assistant to notify the board if prescribing authority is terminated under paragraph (a).

Strikes paragraph (c), the procedure for reinstatement of prescribing authority.

**Subd. 3. Other requirements and restrictions.**

- Strikes obsolete language.
- Strikes the paragraph that requires the physician and physician assistant to review the delegation agreement annually.

**Subd. 4. Notification of pharmacies.** This subdivision is stricken. It required notification to the Board of Pharmacy of the names of all physician assistants authorized to prescribe, administer, and dispense legend drugs and medical devices, or controlled substances.

**Subd. 5. Delegation form for physician assistant prescribing.** This subdivision is stricken. Language is obsolete.

**27 Identification requirements.** Amends § 147A.19.

Strikes references to registration and inserts terminology related to licensure.

- 28 Physician-physician assistant agreement documents.** Amends § 147A.20.
- Subd. 1. Physician-physician assistant delegation agreement.** Paragraph (a) names the agreement that must be signed by the physician and physician assistant the “physician-physician assistant delegation agreement.” Strikes the requirement that the agreement must contain a statement of the physician’s practice type and specialty. Paragraph (b) adds that the agreement must contain a description of the prescriptive authority delegated to the physician assistant. Paragraph (c) strikes obsolete language. Paragraph (d) strikes obsolete language and inserts new language that requires an alternate supervising physician to be identified in the agreement and to sign the agreement. Paragraph (e) strikes obsolete language.
- Subd. 2. Notification of intent to practice.** Requires that a physician assistant submit a notification of intent to practice to the board before beginning practice. Lists the information that must be submitted: name, business address, and telephone number of the supervising physician and physician assistant. Failure to submit this information could result in disciplinary action. An exception for providing care in a disaster situation is included.
- 29 Rulemaking authority.** Amends § 147A.21. Strikes the reference to locum tenens permits. Strikes references to registration and inserts terminology related to licensure.
- 30 Responding to disaster situations.** Amends § 147A.23. Paragraph (a) strikes references to registration. Adds a reference to section 604A.01, the Good Samaritan Law. Permits a licensed and trained physician assistant to provide emergency care without physician supervision and without need for a signed physician-physician assistant delegation agreement.
- Paragraph (b) makes a technical change.
- Paragraph (c) makes a technical change.
- 31 Continuing education requirements.** Amends § 147A.24. Requires 50 hours of continuing education credit within the two years preceding license renewal or meeting continuing education standards through current certification by the National Commission on Certification of Physician Assistants.
- 32 Procedures.** Amends § 147A.26. Strikes a reference to registration and inserts terminology related to licenses.
- 33 Physician assistant advisory council.** Amends § 147A.27.
- Subd. 1. Membership.** Specifies that the physician assistant members must be licensed and meet the criteria for new applicants in section 147A.02. Prohibits members from serving more than two consecutive terms.
- Subd. 2. Organization.** No changes.
- Subd. 3. Duties.** Strikes a reference to registration and inserts terminology related to licensure. Adds the provision that the council shall advise the board on

issues related to physician assistant practice and regulation.

- 34 License required; qualifications.** Amends §148.06, subd. 1. Adds that the four year resident course may be one that is approved by a Council on Chiropractic Education member organization of the Council on Chiropractic International. Existing language, stricken in this bill, allows the resident course to be one that holds a recognition agreement with the Council on Chiropractic Education.
- 35 Recordkeeping.** Creates § 148.107. Lists the items that should be maintained in a chiropractic patient’s medical record.
- 36 Nutrition.** Amends § 148.624, subd. 2. Current law instructs the board to issue a nutritionist license (1) to a person who has received a master’s or doctoral degree and has completed a specified number of supervised practice hours, or (2) to a person who has qualified as a diplomate of the American Board of Nutrition, Springfield, Virginia.
- This section strikes clause (2) and adds that a person who has received certification as a Certified Nutrition Specialist by the Certification Board for Nutrition Specialists can be licensed as a nutritionist.
- 37 Practice of psychology.** Amends § 148.89, subd. 5. Modifies the definition of “practice of psychology” to include the psychological impact of medications on physical illness, accident, injury, or disability.
- 38 Certified doula.** Amends § 148.995, subd. 2. Modifies the definition of “certified doula” to include persons certified by the International Center for Traditional Childbearing.
- 39 Doula services.** Amends § 148.995, subd. 4. Modifies the definition of “doula services.” Clarifies that “doula services” means continuous emotional and physical support during labor and birth and intermittent support during prenatal and postpartum periods.
- 40 Licensed dental assistant.** Amends § 150A.01, subd. 8. Strikes “registered” and inserts “licensed.”
- 41 Generally.** Amends § 150A.02, subd. 1. Strikes “registered” and inserts “licensed” in relation to dental assistants.
- 42 Exemptions and exceptions of certain practices and operations.** Amends § 150A.05, subd. 2. Exempts from the licensure requirements undergraduate students who are acting under the indirect supervision of a Minnesota licensed dentist and under the instruction of a licensed dentist, licensed dental hygienist, or a licensed dental assistant.
- 43 Licensed dental assistant.** Amends § 150A.06, subd. 2a. Strikes “registration” and inserts “licensure.”
- 44 Examination.** Amends § 150A.06, subd. 2b. Deletes references to registration.
- 45 Guest license.** Amends § 150A.06, subd. 2c. Deletes references to registration.
- 46 Continuing education and professional development waiver.** Amends §150A.06, subd. 2d. Strikes “registered” and inserts “licensed.”
- 47 Appeal of denial of application.** Amends § 150A.06, subd. 4a. Deletes references to

registration.

- 48 Fraud in securing licenses.** Amends § 150A.06, subd. 5. Deletes references to registration.
- 49 Additional remedies for licensure.** Amends § 150A.06, subd. 7. Deletes references to registration.
- 50 Licensure by credentials.** Amends § 150A.06, subd. 8. Strikes “registration” and inserts “licensure.”
- 51 Grounds.** Amends § 150A.08, subd. 1. Deletes references to registration.
- 52 Reinstatement.** Amends § 150A.08, subd. 3. Deletes references to registration.
- 53 Costs; additional penalties.** Amends § 150A.08, subd. 3a. Deletes references to registration.
- 54 Medical examinations.** Amends § 150A.08, subd. 5. Deletes references to registration.
- 55 Medical records.** Amends § 150A.08, subd. 6. Deletes references to registration.
- 56 Suspension of license.** Amends § 150A.08, subd. 8. Deletes references to registration.
- 57 Access to medical data.** Amends § 150A.081. Deletes references to registration.
- 58 Registration information and procedures.** Amends § 150A.09, subd. 1. Deletes references to registration.
- 59 Current address, change of address.** Amends § 150A.09, subd. 3. Deletes references to registration.
- 60 Application fees.** Amends § 150A.091, subd. 2. Assesses a \$55 application fee for licensed dental assistants, and a \$15 fee for a dental assistant permit.
- 61 Initial license or permit fees.** Amends § 150A.091, subd. 3. Updates terminology to reflect licensure of dental assistants rather than registration.
- 62 Biennial license or permit fees.** Amends § 150A.091, subd. 5. Updates terminology to reflect licensure of dental assistants rather than registration.
- 63 Biennial license or permit late fee.** Amends § 150A.091, subd. 7. Reflects licensure status of dental assistants.
- 64 Duplicate license or certificate fee.** Amends § 150A.091, subd. 8. Reflects the licensure status of dental assistants.
- 65 Licensure by credentials.** Amends § 150A.091, subd. 9. Updates terminology to reflect licensure of dental assistants rather than registration.
- 66 Credential review; nonaccredited dental institution.** Amends § 150A.091, by adding subd. 9a. Adds that applicants for dental licensure who have graduated from a nonaccredited dental college, must submit an application for credential review and an application fee.

- 67 **Limited general license.** Amends § 150A.091, by adding subd. 9b. Lists the fees for a license as a limited general dentist.
- 68 **Reinstatement fee.** Amends § 150A.091, subd. 10. Strikes references to registration.
- 69 **Certificate application fee for anesthesia/sedation.** Amends § 150A.091, subd. 11. Lists the application fees.
- 70 **Certificate for anesthesia/sedation late fee.** Amends § 150A.091, by adding subd. 11a. Requires a late fee equal to 50 percent of the biennial renewal fee for an anesthesia or sedation certification.
- 71 **Recertification fee for anesthesia/sedation.** Amends § 150A.091, by adding subd. 11b. Requires a dentist whose certificate for anesthesia or sedation has been terminated to submit a fee in order to be recertified.
- 72 **Duplicate certificate fee for anesthesia/sedation.** Amends § 150A.091, subd. 12. Makes minor changes to the duplicate certificate fee section to include a contracted sedation provider certificate.
- 73 **Affidavit of licensure.** Amends § 150A.091, subd. 14. Strikes “registrant.”
- 74 **Verification of licensure.** Amends § 150A.091, subd. 15. Strikes “registration.”
- 75 **Limited authorization for dental hygienists.** Amends § 150A.10, subd. 1a. Makes minor changes to the reference to CPR certification for licensed dental hygienists who are practicing under a collaborative agreement.
- 76 **Dental assistants.** Amends § 150A.10, subd. 2. Strikes references to “registered” and inserts “licensed.”
- 77 **Restorative procedures.** Amends § 150A.10, subd. 4. Strikes “registered” and inserts “licensed.”
- 78 **Violation and defenses.** Amends § 150A.12. Makes changes to reflect the licensure of dental assistants.
- 79 **Reporting obligations.** Amends § 150A.13. Makes changes to reflect the licensure of dental assistants.
- 80 **Definitions.** Amends § 169.345, subd. 2. Changes the terminology for physician assistants from “registered” to “licensed” and makes other conforming language changes.
- 81 **Citation; Safe Patient Handling Act.** Amends § 182.6551. Changes a cross-reference.
- 82 **Clinical settings that move patients.** Amends § 182.6552, by adding subd. 5. Defines “clinical settings that move patients.”
- 83 **Safe patient handling in clinical settings.** Creates § 182.6554.

**Subd. 1. Safe patient handling plan required.** (a) Requires that every clinical setting that moves patients in the state develop a written safe patient handling plan by July 1, 2010. Specifies that plans must seek to achieve, by January 1, 2012, the goal of safe patient handling by minimizing manual lifting of patients and utilizing patient

handling equipment.

(b) Specifies considerations that the safe patient handling plans must address.

(c) Permits health care organizations with more than one covered clinic to establish a plan for each clinic or one plan for all of them.

**Subd. 2. Facilities with existing programs.** Deems certain clinical settings that move patients as in compliance with this section.

**Subd. 3. Training materials.** Requires the commissioner of labor and industry to make training materials on implementation of this section available to clinical settings that move patients.

**Subd. 4. Enforcement.** Specifies that this section is enforced by the commissioner of labor and industry under Minnesota Statutes, § 182.661. Provides that initial violations of this section shall not be assessed a penalty, and that subsequent violations of this section are subject to penalties provided in Minnesota Statutes, § 182.666.

- 84**     **Definitions.** Amends § 252.27, subd. 1a. Adds fetal alcohol syndrome to the definition of “related conditions” related to services for children with developmental disabilities.
- 85**     **Recommendations.** Amends § 252.282, subd. 3. Removes obsolete language.
- 86**     **Responsibilities of commissioner.** Amends § 252.282, subd. 5. Removes obsolete language.
- 87**     **Examiner.** Amends § 253B.02, subd.7. Adds licensed physician assistants to the list of professionals who can be examiners under the civil commitment statutes. Prohibits physician assistants from being appointed an examiner by the court or from conducting a Rule 20 assessment under the Minnesota Rules of Criminal Procedure.
- 88**     **Peace or health officer authority.** Amends § 253B.05, subd. 2. Makes a technical change, striking “registered” and inserting “licensed.”
- 89**     **Licensed physician assistant services.** Amends § 256B.0625, subd. 28a. Makes technical changes, striking “registered” and inserting “licensed.”
- 90**     **Self-directed supports option plan requirements.** Amends § 256B.0657, subd. 5. Modifies the self-directed supports option to comply with federal regulations.
- 91**     **Definitions.** Amends § 256B.0751, subd. 1. Makes a technical change, striking “registered” and inserting “licensed.”
- 92**     **Eligibility for funding for services for nonmedical assistance recipients.** Amends § 256B.0913, subd. 4. Modifies the criteria used to determine eligibility for the alternative care program.
- 93**     **Services; service definitions; service standards.** Amends § 256B.0913, subd. 5a. Requires the lead agency to ensure that the benefit department recovery system in MMIS has the necessary information on any other health insurance or third-party insurance policy to which the client may have access.

- 94 Client fees.** Amends § 256B.0913, subd. 12. Removes obsolete language.
- 95 Spousal impoverishment policies.** Amends § 256B.0915, subd. 2. Clarifies that EW recipients with income at or below the special income standard, and who have a community spouse, are entitled to retain a maintenance needs allowance equivalent to the income allowed for institutionalized persons.
- 96 Property rate adjustments and construction projects.** Amends § 256B.431, subd. 10. Specifies the effective date of rate adjustments for nursing facilities that have completed a construction project not approved through the competitive moratorium exception process. If the request is made within 60 days of completion, the effective date is the first of the month following the completion date. If the request is made more than 60 days after completion, the adjustment is effective the first of the month following the request.
- 97 Setting payment; monitoring use of therapy services.** Amends § 256B.433, subd. 1. Requires payment for ancillary materials and services provided to nursing facility residents to be made either to the vendor of ancillary services or to the nursing facility (outside of the facility's operating cost per diem). Strikes language allowing payment as part of the facility's operating cost per diem. Provides that "ancillary services" include MA covered transportation services.
- 98 Administrative costs.** Amends § 256B.441, subd. 5. Includes in the definition of nursing home "administrative costs" all training, except as specified in § 256B.441, subd. 11.
- 99 Direct care costs.** Amends § 256b.441, subd. 11. Modifies the definition of "direct care costs," by eliminating "staff education" and including: (1) employees conducting training in resident care topics; and (2) cost of materials used for resident care training, and resident care training courses outside of the facility attended by direct care staff.
- 100 Contract provisions.** Amends § 256B.5011, subd. 2. Removes language requiring each intermediate care facility to establish and use a quality improvement plan.
- 101 ICF/MR rate increases October 1, 2005, and October 1, 2006.** Amends § 256B.5012, subd. 6. Removes an obsolete reference.
- 102 ICF/MR rate increases effective October 1, 2007, and October 1, 2008.** Amends § 256B.5012, subd. 7. Removes an obsolete reference.
- 103 Variable rate adjustments.** Amends § 256B.5013, subd. 1. Changes the reporting requirement from quarterly to annually on the use of variable rate funds and the status of the individual on whose behalf the funds were approved.
- 104 Commissioner's responsibilities.** Amends § 256B.5013, subd. 6. Modifies the commissioner's responsibilities related to variable rate adjustments.
- 105 Reporting provider payment rates.** Amends § 256B.69, subd. 9b. The amendment to paragraph (a) requires the commissioner to also consult with health care providers, when developing guidelines for the reporting of provider reimbursement information. Also makes a conforming change.
- A new paragraph (b) requires each managed care and county-based purchasing plan to annually provide to the commissioner:

- (1) the amount of payment made to the plan under this section that is paid to health care providers;
- (2) aggregate provider payment data, by inpatient and outpatient payments, with outpatient payments categorized by payments to primary care and non-primary care providers;
- (3) the process by which increases or decreases in payments to the plan are passed on to providers, categorized by payments to primary care and non-primary care providers; and
- (4) information on the methodology used to establish provider reimbursement rates paid by the plan.

States that the data provided must allow the commissioner to conduct required analyses.

A new paragraph (d) requires the commissioner to analyze the data to assist the legislature in providing oversight and accountability. Requires the analysis to include specified payment information. Requires the commissioner to array aggregate provider rates by health plan, by primary care and non-primary care categories. Requires the commissioner to report this information annually to the legislature, beginning December 15, 2010. Requires the commissioner to make this information available on the agency's web site.

- 106**     **911 Services to be provided.** Amends § 403.03. Amends the emergency communications statutes to permit the 911 system to make referrals to mental health crisis teams.
- 107**     **Data management.** Amends § 626.557, subd. 12b. Simplifies data retention periods in the statewide data base and conforms to federal law.
- 108**     **Study of allowing long-term care insurance to be purchased by local government employees.** Requires a study of the impact of allowing local government employees to purchase long-term care insurance. Specifies the composition of the group to conduct the study, and requires a report to the legislature no later than February 15, 2010.
- 109**     **Health Department workgroup.** Instructs the commissioner of health to consult with stakeholders to define staffing levels and develop questions to be included in the root cause analysis tool.
- 110**     **Alzheimer's disease working group.**
  - Subd. 1. Establishment; members.** Instructs the Board on Aging to convene an Alzheimer's disease working group. Provides a nonexhaustive list of entities and individuals who should be considered for membership on the working group.
  - Subd. 2. Duties; recommendations.** Requires the working group to examine the array of needs of individuals diagnosed with Alzheimer's disease, available services, and the capacity of the state and providers to meet these needs. Requires the group to make recommendations on specified issues.
  - Subd. 3. Meetings.** Requires public meetings, and to the extent practicable, technological means should be used to meet the greatest number of people.
  - Subd. 4. Report.** Requires the board to issue a report of the findings and recommendations of the work group.

**Subd. 5. Private funding.** Permits the board to use funding provided by private foundations and other private funding sources to complete the duties of the working group.

**Subd. 6. Expiration.** Provides that the work group expires when its report has been submitted.

- 111**      **Deadline for appointment.** Requires the Minnesota Psychological Association and the Minnesota Chiropractic Association to appoint their members to the Health Reform Review Council by October 1, 2009, as required by §62U.09, subd. 2, para. (a), clauses (13) and (14).
- 112**      **Repealer.** Repeals §§147A.22 (related to physician assistants); 148.627 (related to dietitians and nutritionists); 150A.09, subd. 6 (continuing education; dental); and 256B.5013, subdivisions 2, 3, and 5 (payment rate adjustments).