Presented to the governor April 12, 2002

Signed by the governor April 16, 2002, 11:58 a.m.

CHAPTER 341-S.F.No. 2957

An act relating to professions; requiring reporting of practice act violations to the board of dentistry; providing complainant immunity; amending Minnesota Statutes 2000, section 13.383, subdivision 13; proposing coding for new law in Minnesota Statutes, chapter 150A.

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

Section 1. Minnesota Statutes 2000, section 13.383, subdivision 13, is amended to read:

Subd. 13. DENTISTS, DENTAL HYGIENISTS, AND DENTAL ASSIS-TANTS. (a) REQUIRED EXAMINATIONS; MEDICAL RECORDS. Data obtained by the board of dentistry when requiring a mental or physical examination of a dentist, dental hygienist, or dental assistant or when accessing the medical records of a dentist, dental hygienist, or dental assistant are classified under sections 150A.08, subdivisions 5 and 6, and 150A.081.

(b) **PATIENT RECORDS.** Patient records of a patient cared for by a dentist, dental hygienist, or dental assistant who is under review by the board of dentistry are classified under section 150A.081.

(c) INVESTIGATIVE DATA. Reports submitted to the board of dentistry containing information about violations are classified under section 150A.14.

Sec. 2. [150A.13] REPORTING OBLIGATIONS.

Subdivision 1. PERMISSION TO REPORT. A person who has knowledge of a registrant or a licensee unable to practice with reasonable skill and safety by reason of illness, use of alcohol, drugs, chemicals, or any other materials, or as a result of any mental, physical, or psychological condition may report the registrant or licensee to the board.

Subd. 2. INSTITUTIONS. A hospital, clinic, or other health care institution or organization located in this state shall report to the board any action taken by the agency, institution, or organization or any of its administrators or dental or other committees to revoke, suspend, restrict, or condition a registrant's or licensee's privilege to practice or treat patients or clients in the institution, or as part of the organization, any denial of privileges, or any other disciplinary action against a registrant or licensee described under subdivision 1. The institution or organization shall also report the resignation of any registrants or licensees prior to the conclusion of any disciplinary action proceeding against a registrant or licensee described under subdivision 1.

New language is indicated by underline, deletions by strikcout.

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Subd. 3. DENTAL SOCIETIES. A state or local dental society or professional dental association shall report to the board any termination, revocation, or suspension of membership or any other disciplinary action taken against a registrant or licensee. If the society or association has received a complaint against a registrant or licensee described under subdivision 1, on which it has not taken any disciplinary action, the society or association shall report the complaint and the reason why it has not taken action on it or shall direct the complainant to the board. This subdivision does not apply to a society or association, or system.

Subd. 4. LICENSED PROFESSIONALS. (a) A licensed or registered health professional shall report to the board personal knowledge of any conduct by any person who the licensed or registered health professional reasonably believes is a registrant or licensee described under subdivision 1.

the board knowledge of any actions which institutions must report under subdivision 2.

Subd. 5. INSURERS AND OTHER ENTITIES MAKING LIABILITY PAYMENTS. (a) Four times each year as prescribed by the board, each insurer authorized to sell insurance described in section 60A.06, subdivision 1, clause (13), and providing professional liability insurance to registrants or licensees, shall submit to the board a report concerning the registrants and licensees against whom malpractice settlements or awards have been made to the plaintiff. The report must contain at least the following information:

(1) the total number of malpractice settlements or awards made;

(2) the date the malpractice settlements or awards were made;

(3) the allegations contained in the claim or complaint leading to the settlements or awards made;

(4) the dollar amount of each malpractice settlement or award;

(5) the regular address of the practice of the registrant or licensee against whom an award was made or with whom a settlement was made; and

(6) the name of the registrant or licensee against whom an award was made or with whom a settlement was made.

(b) A dental clinic, hospital, political subdivision, or other entity which makes professional liability insurance payments on behalf of registrants or licensees shall submit to the board a report concerning malpractice settlements or awards paid on behalf of registrants or licensees, and any settlements or awards paid by a clinic, hospital, political subdivision, or other entity on its own behalf because of care rendered by registrants or licensees. This requirement excludes forgiveness of bills. The report shall be made to the board within 30 days of payment of all or part of any settlement or award.

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Subd. 6. COURTS. The court administrator of district court or any other court of competent jurisdiction shall report to the board any judgment or other determination of the court that adjudges or includes a finding that a registrant or licensee is mentally ill, mentally incompetent, guilty of a felony, guilty of a violation of federal or state narcotics laws or controlled substances act, or guilty of an abuse or fraud under Medicare or Medicaid; or that appoints a guardian of the registrant or licensee pursuant to sections 525.54 to 525.61, or commits a registrant or licensee pursuant to chapter 253B.

Subd. 7. SELF-REPORTING. A registrant or licensee shall report to the board any personal action that would require that a report be filed by any person, health care facility, business, or organization pursuant to subdivisions 2 to 6.

Subd. 8. DEADLINES; FORMS. Reports required by subdivisions 2 to 7 must be submitted not later than 30 days after the occurrence of the reportable event or transaction. The board may provide forms for the submission of reports required by this section, may require that reports be submitted on the forms provided, and may adopt rules necessary to assure prompt and accurate reporting.

Subd. 9. SUBPOENAS. The board may issue subpoenas for the production of any reports required by subdivisions 2 to 7 or any related documents.

Sec. 3. [150A.14] IMMUNITY.

Subdivision 1. REPORTING IMMUNITY. A person, health care facility, business, or organization is immune from civil liability or criminal prosecution for submitting a report in good faith to the board under section 150A.13, or for cooperating with an investigation of a report or with staff of the board. Reports are confidential data on individuals under section 13.02, subdivision 3, and are privileged communications.

Subd. 2. PROGRAM IMMUNITY. Members of the board, persons employed by the board, and board consultants are immune from civil liability and criminal prosecution for any actions, transactions, or publications in the execution of, or relating to, their duties under section 150A.13.

Presented to the governor April 15, 2002

Signed by the governor April 17, 2002, 9:37 a.m.

CHAPTER 342-S.F.No. 2988

An act relating to financial institutions; regulating detached facilities, certain charges and fees, and mortgage prepayment penalties; amending Minnesota Statutes 2000, sections 47.20, subdivision 5; 47.204, subdivision 1; 47.21; 47.54, subdivisions 1, 2; 47.59, subdivision 1; 58.04, subdivision 4; 334.01, subdivision 2; proposing coding for new law in Minnesota Statutes, chapters 58; 334; repealing Minnesota Statutes 2000, sections 52.17, subdivision 1; 334.021; Laws 2002, chapter 330, sections 30, 34, if enacted.

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