

Sec. 2. REPEALER.

Minnesota Statutes 1996, section 480.061, is repealed.

Presented to the governor February 17, 1998

Signed by the governor February 19, 1998, 11:50 a.m.

CHAPTER 256—H.F.No. 2372

An act relating to public contracts; exempting the reconstruction of the Bridges Medical Center in Norman County from competitive bid requirements.

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

Section 1. EXEMPTION.

Because the project for the repair and reconstruction of the damaged Bridges Medical Center in Norman County is emergency construction, that project is exempt from the competitive bid requirements of Minnesota Statutes, section 471.345, or other law or charter.

Sec. 2. EFFECTIVE DATE; NO LOCAL APPROVAL.

Section 1 is effective the day after its final enactment. Under Minnesota Statutes, section 645.023, subdivision 1, paragraph (a), no local approval is required.

Presented to the governor February 23, 1998

Signed by the governor February 25, 1998, 3:02 p.m.

CHAPTER 257—H.F.No. 2550

An act relating to health; providing for rural critical access hospitals; amending Minnesota Statutes 1996, section 144.1483.

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

Section 1. Minnesota Statutes 1996, section 144.1483, is amended to read:

144.1483 RURAL HEALTH INITIATIVES.

The commissioner of health, through the office of rural health, and consulting as necessary with the commissioner of human services, the commissioner of commerce, the higher education services office, and other state agencies, shall:

(1) develop a detailed plan regarding the feasibility of coordinating rural health care services by organizing individual medical providers and smaller hospitals and clinics into referral networks with larger rural hospitals and clinics that provide a broader array of services;

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

(2) develop and implement a program to assist rural communities in establishing community health centers, as required by section 144.1486;

(3) administer the program of financial assistance established under section 144.1484 for rural hospitals in isolated areas of the state that are in danger of closing without financial assistance, and that have exhausted local sources of support;

(4) develop recommendations regarding health education and training programs in rural areas, including but not limited to a physician assistants' training program, continuing education programs for rural health care providers, and rural outreach programs for nurse practitioners within existing training programs;

(5) develop a statewide, coordinated recruitment strategy for health care personnel and maintain a database on health care personnel as required under section 144.1485;

(6) develop and administer technical assistance programs to assist rural communities in: (i) planning and coordinating the delivery of local health care services; and (ii) hiring physicians, nurse practitioners, public health nurses, physician assistants, and other health personnel;

(7) study and recommend changes in the regulation of health care personnel, such as nurse practitioners and physician assistants, related to scope of practice, the amount of on-site physician supervision, and dispensing of medication, to address rural health personnel shortages;

(8) support efforts to ensure continued funding for medical and nursing education programs that will increase the number of health professionals serving in rural areas;

(9) support efforts to secure higher reimbursement for rural health care providers from the Medicare and medical assistance programs;

(10) coordinate the development of a statewide plan for emergency medical services, in cooperation with the emergency medical services advisory council; and

(11) establish a Medicare rural hospital flexibility program pursuant to section 1820 of the federal Social Security Act, United States Code, title 42, section 1395i-4, by developing a state rural health plan and designating, consistent with the rural health plan, rural nonprofit or public hospitals in the state as critical access hospitals. Critical access hospitals shall include facilities that are certified by the state as necessary providers of health care services to residents in the area. Necessary providers of health care services are designated as critical access hospitals on the basis of being more than 20 miles, defined as official mileage as reported by the Minnesota department of transportation, from the next nearest hospital or being the sole hospital in the county; and

(12) carry out other activities necessary to address rural health problems.

Sec. 2. **EFFECTIVE DATE.**

Section 1 is effective the day following final enactment.

Presented to the governor February 23, 1998

Signed by the governor February 25, 1998, 3:05 p.m.

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