

Sec. 19. EFFECTIVE DATE.

Sections 1 to 18 are effective July 1, 2002.

Presented to the governor May 14, 2001

Signed by the governor May 17, 2001, 10:24 a.m.

CHAPTER 118—S.F.No. 2361**VETOED**

CHAPTER 119—S.F.No. 910

An act relating to traffic regulations; redefining "residential roadway"; amending Minnesota Statutes 2000, section 169.01, subdivision 81.

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

Section 1. Minnesota Statutes 2000, section 169.01, subdivision 81, is amended to read:

Subd. 81. **RESIDENTIAL ROADWAY.** Residential roadway means a street or portion of a street that is less than ~~one-quarter~~ one-half mile in length and is functionally classified as a local street by the road authority having jurisdiction.

Presented to the governor May 14, 2001

Signed by the governor May 17, 2001, 10:27 a.m.

CHAPTER 120—S.F.No. 560

An act relating to health; modifying review organization provisions; allowing review organizations to participate in Internet-based information sharing systems; amending Minnesota Statutes 2000, sections 145.61, subdivision 5; and 145.64, subdivision 1, and by adding subdivisions.

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

Section 1. Minnesota Statutes 2000, section 145.61, subdivision 5, is amended to read:

Subd. 5. **REVIEW ORGANIZATION.** "Review organization" means a non-profit organization acting according to clause ~~(k)~~ (l), a committee as defined under

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section 144E.32, subdivision 2, or a committee whose membership is limited to professionals, administrative staff, and consumer directors, except where otherwise provided for by state or federal law, and which is established by one or more of the following: a hospital, a clinic, a nursing home, an ambulance service or first responder service regulated under chapter 144E, one or more state or local associations of professionals, an organization of professionals from a particular area or medical institution, a health maintenance organization as defined in chapter 62D, a community integrated service network as defined in chapter 62N, a nonprofit health service plan corporation as defined in chapter 62C, a preferred provider organization, a professional standards review organization established pursuant to United States Code, title 42, section 1320c-1 et seq., a medical review agent established to meet the requirements of section 256B.04, subdivision 15, or 256D.03, subdivision 7, paragraph (b), the department of human services, a health provider cooperative operating under sections 62R.17 to 62R.26, or a nonprofit corporation organized under chapter 317A that owns, operates, or is established by one or more of the above referenced entities, to gather and review information relating to the care and treatment of patients for the purposes of:

(a) ~~evaluating and improving the quality of health care rendered in the area of medical institution or by the entity or organization that established the review organization;~~

(b) reducing morbidity or mortality;

(c) obtaining and disseminating statistics and information relative to the treatment and prevention of diseases, illness and injuries;

(d) developing and publishing guidelines showing the norms of health care in the area or medical institution or in the entity or organization that established the review organization;

(e) developing and publishing guidelines designed to keep within reasonable bounds the cost of health care;

(f) developing and publishing guidelines designed to improve the safety of care provided to individuals;

(g) reviewing the safety, quality, or cost of health care services provided to enrollees of health maintenance organizations, community integrated service networks, health service plans, preferred provider organizations, and insurance companies;

~~(g)~~ (h) acting as a professional standards review organization pursuant to United States Code, title 42, section 1320c-1 et seq.;

(i) determining whether a professional shall be granted staff privileges in a medical institution, membership in a state or local association of professionals, or participating status in a nonprofit health service plan corporation, health maintenance organization, community integrated service network, preferred provider organization, or insurance company, or whether a professional's staff privileges, membership, or participation status should be limited, suspended or revoked;

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(~~h~~) (j) reviewing, ruling on, or advising on controversies, disputes or questions between:

(1) health insurance carriers, nonprofit health service plan corporations, health maintenance organizations, community integrated service networks, self-insurers and their insureds, subscribers, enrollees, or other covered persons;

(2) professional licensing boards and health providers licensed by them;

(3) professionals and their patients concerning diagnosis, treatment or care, or the charges or fees therefor;

(4) professionals and health insurance carriers, nonprofit health service plan corporations, health maintenance organizations, community integrated service networks, or self-insurers concerning a charge or fee for health care services provided to an insured, subscriber, enrollee, or other covered person;

(5) professionals or their patients and the federal, state, or local government, or agencies thereof;

~~(i)~~ (k) providing underwriting assistance in connection with professional liability insurance coverage applied for or obtained by dentists, or providing assistance to underwriters in evaluating claims against dentists;

~~(j)~~ (l) acting as a medical review agent under section 256B.04, subdivision 15, or 256D.03, subdivision 7, paragraph (b);

~~(k)~~ (m) providing recommendations on the medical necessity of a health service, or the relevant prevailing community standard for a health service;

~~(l)~~ (n) providing quality assurance as required by United States Code, title 42, sections 1396r(b)(1)(b) and 1395i-3(b)(1)(b) of the Social Security Act;

~~(m)~~ (o) providing information to group purchasers of health care services when that information was originally generated within the review organization for a purpose specified by this subdivision; ~~or~~

~~(n)~~ (p) providing information to other, affiliated or nonaffiliated review organizations, when that information was originally generated within the review organization for a purpose specified by this subdivision, and as long as that information will further the purposes of a review organization as specified by this subdivision; ~~or~~

(q) participating in a standardized incident reporting system, including Internet-based applications, to share information for the purpose of identifying and analyzing trends in medical error and iatrogenic injury.

Sec. 2. Minnesota Statutes 2000, section 145.64, subdivision 1, is amended to read:

Subdivision 1. **DATA AND INFORMATION.** All (a) Except as provided in subdivision 4, data and information acquired by a review organization, in the exercise of its duties and functions, or by an individual or other entity acting at the direction of a review organization, shall be held in confidence, shall not be disclosed to anyone

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except to the extent necessary to carry out one or more of the purposes of the review organization, and shall not be subject to subpoena or discovery. No person described in section 145.63 shall disclose what transpired at a meeting of a review organization except to the extent necessary to carry out one or more of the purposes of a review organization. The proceedings and records of a review organization shall not be subject to discovery or introduction into evidence in any civil action against a professional arising out of the matter or matters which are the subject of consideration by the review organization. Information, documents or records otherwise available from original sources shall not be immune from discovery or use in any civil action merely because they were presented during proceedings of a review organization, nor shall any person who testified before a review organization or who is a member of it be prevented from testifying as to matters within the person's knowledge, but a witness cannot be asked about the witness' testimony before a review organization or opinions formed by the witness as a result of its hearings. For purposes of this subdivision, records of a review organization include Internet-based data derived from data shared for the purposes of the standardized incident reporting system described in section 145.61, subdivision 5, clause (q).

(b) Notwithstanding paragraph (a), a review organization may release nonpatient-identified aggregate trend data on medical error and iatrogenic injury without violating this section or being subjected to a penalty under section 145.66 and without compromising the protections provided under sections 145.61 to 145.67 to the reporter of such information; to the review organization, its sponsoring organizations, and members; and to the underlying data and reports.

(c) The confidentiality protection and protection from discovery or introduction into evidence provided in this subdivision shall also apply to the governing body of the review organization and shall not be waived as a result of referral of a matter from the review organization to the governing body or consideration by the governing body of decisions, recommendations, or documentation of the review organization.

(d) The governing body of a hospital, health maintenance organization, or community integrated service network, that is owned or operated by a governmental entity, may close a meeting to discuss decisions, recommendations, deliberations, or documentation of the review organization. A meeting may not be closed except by a majority vote of the governing body in a public meeting. The closed meeting must be tape recorded and the tape must be retained by the governing body for five years.

Sec. 3. Minnesota Statutes 2000, section 145.64, is amended by adding a subdivision to read:

Subd. 4. STANDARDIZED INCIDENT REPORTING SYSTEM DATA. A review organization that is participating in a standardized incident reporting system described in section 145.61, subdivision 5, clause (q), may release data for purposes of the reporting system, provided that the data do not identify an individual and are not released in a manner in which an individual can be identified.

Sec. 4. Minnesota Statutes 2000, section 145.64, is amended by adding a subdivision to read:

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Subd. 5. **COMMISSIONER OF HEALTH.** Nothing in this section shall be construed to prohibit or restrict the right of the commissioner of health to access the original information, documents, or records acquired by a review organization as permitted by law.

Presented to the governor May 14, 2001

Signed by the governor May 17, 2001, 10:30 a.m.

CHAPTER 121—S.F.No. 359

An act relating to health occupations; modifying licensing requirements for the board of chiropractic examiners; modifying grounds for disciplinary action and penalties; allowing specified individuals to practice chiropractic in this state without being licensed in this state; amending Minnesota Statutes 2000, sections 148.06, subdivision 1; 148.10, subdivisions 1 and 3; 148.104; 148.105, subdivision 2; and 148.106, subdivision 10; repealing Minnesota Statutes 2000, section 148.106, subdivisions 1, 2, 3, 4, 5, 6, 7, 8, and 9.

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

Section 1. Minnesota Statutes 2000, section 148.06, subdivision 1, is amended to read:

Subdivision 1. **LICENSE REQUIRED; QUALIFICATIONS.** No person shall practice chiropractic in this state without first being licensed by the state board of chiropractic examiners. The applicant shall have earned at least one-half of all academic credits required for awarding of a baccalaureate degree from the University of Minnesota, or other university, college, or community college of equal standing, in subject matter determined by the board, and taken a four-year resident course of at least eight months each in a school or college of chiropractic or in a chiropractic program that is fully accredited by the council on chiropractic education or fully accredited by an agency approved by the United States Office of Education or their successors as of January 1, 1988. The board may issue licenses to practice chiropractic without compliance with prechiropractic or academic requirements listed above if in the opinion of the board the applicant has the qualifications equivalent to those required of other applicants, the applicant satisfactorily passes written and practical examinations as required by the board of chiropractic examiners, and the applicant is a graduate of a college of chiropractic with a reciprocal recognition agreement with the council on chiropractic education as of January 1, 1988. The board may recommend a two-year prechiropractic course of instruction to any university, college, or community college which in its judgment would satisfy the academic prerequisite for licensure as established by this section.

An examination for a license shall be in writing and shall include testing in:

(a) The basic sciences including but not limited to anatomy, physiology, bacteriology, pathology, hygiene, and chemistry as related to the human body or mind;

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