The commissioner of commerce shall identify and evaluate various criteria that could be used by a utility in evaluating and selecting bids submitted in a competitive bidding process established under Minnesota Statutes, section 216B.2422, subdivision 5.

To assist in the evaluation, the commissioner shall convene a series of forums at which input from citizens and stakeholders can be solicited. The commissioner shall present this evaluation in a report to the house and senate policy and finance committees with jurisdiction over energy regulatory issues and agencies by January 15, 2003.

Sec. 10. EXCESS DULUTH ENERGY LOAN FUNDS; USE IN OTHER ENERGY CONSERVATION PROGRAMS.

Notwithstanding Laws 1981, chapter 223, as amended by Laws 1984, chapter 581, or any other law to the contrary, the city of Duluth may use excess funds in accounts in its home energy loan program authorized by those laws for other energy conservation programs, including, but not limited to, a commercial enterprise energy loan program or a city climate protection program to reduce city energy consumption, provided that:

(1) all bonds issued under the home energy loan program have been retired;

(2) no more energy loan bonds are issued; and

(3) any sums used for other energy saving programs are in excess of market demands for home energy loans.

EFFECTIVE DATE. This section is effective the day after the approval by the governing body of the city of Duluth is filed according to Minnesota Statutes, section 645.021, subdivision 3.

Sec. 11. INSTRUCTION TO REVISOR.

The revisor of statutes shall remove codification of Laws 2001, chapter 212, article 8, section 14. Laws 2001, chapter 212, article 8, section 14, shall remain part of Laws 2001 as uncodified law.

Sec. 12. EFFECTIVE DATE.

Sections 1, 3 to 9, and 11 are effective the day following final enactment.

Presented to the governor May 20, 2002

Signed by the governor May 22, 2002, 1:29 p.m.

CHAPTER 399-H.F.No. 3350

An act relating to health; establishing emeritus registration for mortuary science practitioner; establishing a donated dental services program; establishing a volunteer health care

provider program; clarifying the effective date of certain family community support services; appropriating money; proposing coding for new law in Minnesota Statutes, chapters 149A; 150A; 214.

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

Section 1. [149A.45] EMERITUS REGISTRATION FOR MORTUARY SCIENCE PRACTITIONERS.

Subdivision 1. APPLICATION. Any mortuary science practitioner licensed to practice mortuary science in Minnesota under this chapter may apply to the commissioner for mortuary science practitioner emeritus registration if the person declares that he or she is retired in all jurisdictions from the active practice of mortuary science and if the person is not subject to any disciplinary action by the commissioner and not subject to an order by the commissioner imposing a suspended, conditional, or restricted license to practice mortuary science. For purposes of this section, a person is retired if the person has completely ceased the active practice of mortuary science in all jurisdictions, for any reason. The mortuary science practitioner may apply to the commissioner using the practitioner's licensure form or by petitioning the commissioner.

Subd. 2. STATUS OF REGISTRANT. An emeritus registration is not a license to engage in the practice of mortuary science. A person registered under this section shall not engage in the practice of mortuary science.

<u>Subd.</u> <u>3.</u> CONTINUING EDUCATION REQUIREMENTS. The continuing education requirements that apply to mortuary science practitioners shall not apply to a person registered under this section.

Subd. 4, DOCUMENTATION OF STATUS. A person granted emeritus registration shall, upon payment of a \$50 fee, be issued a certificate by the commissioner certifying that the person has received emeritus registration and has completed his or her active professional career licensed in good standing with the commissioner. The \$50 fee shall be a onetime fee.

Subd. 5. RENEWAL CYCLE OR FEE. A person registered under this section shall not be subject to a registration renewal cycle or any renewal fees.

Sec. 2. [150A.22] DONATED DENTAL SERVICES.

(a) The board of dentistry shall contract with the Minnesota dental association, or another appropriate and qualified organization to develop and operate a donated dental services program to provide dental care to public program recipients and the uninsured through dentists who volunteer their services without compensation. As part of the contract, the board shall include specific performance and outcome measures that the contracting organization must meet. The donated dental services program shall:

(1) establish a network of volunteer dentists, including dental specialties, to donate dental services to eligible individuals;

 $\underbrace{(2)}_{\text{dentists;}} \underbrace{\text{establish}}_{\text{and}} \underline{a} \underbrace{\text{system to refer eligible individuals to the appropriate volunteer}}_{\text{dentists;}} \underbrace{\text{dentists;}}_{\text{and}} \underbrace{\text{dentists;}}_{\text{and}} \underbrace{\text{dentister eligible individuals to the appropriate volunteer}}_{\text{dentists;}}$

(3) develop and implement a public awareness campaign to educate eligible individuals about the availability of the program.

(b) Funding for the program may be used for administrative or technical support. The organization contracting with the board shall provide an annual report that accounts for funding appropriated to the program by the state, documents the number of individuals served by the program and the number of dentists participating as program providers, and provides data on meeting the specific performance and outcome measures identified by the board.

Sec. 3. [214.40] VOLUNTEER HEALTH CARE PROVIDER PROGRAM.

<u>Subdivision 1.</u> **DEFINITIONS.** (a) The definitions in this subdivision apply to this section.

(b) "Administrative services unit" means the administrative services unit for the health-related licensing boards.

(c) "Charitable organization" means a charitable organization within the meaning of section 501(c)(3) of the Internal Revenue Code that has as a purpose the sponsorship or support of programs designed to improve the quality, awareness, and availability of health care services and that serves as a funding mechanism for providing those services.

(d) "Health care facility or organization" means a health care facility licensed under chapter 144 or 144A, or a charitable organization.

(e) "Health care provider" means a physician licensed under chapter 147, physician assistant registered and practicing under chapter 147A, nurse licensed and registered to practice under chapter 148, or dentist or dental hygienist licensed under chapter 150A.

(f) "Health care services" means health promotion, health monitoring, health education, diagnosis, treatment, minor surgical procedures, the administration of local anesthesia for the stitching of wounds, and primary dental services, including preventive, diagnostic, restorative, and emergency treatment. Health care services do not include the administration of general anesthesia or surgical procedures other than minor surgical procedures.

(g) "Medical professional liability insurance" means medical malpractice insurance as defined in section 62F.03.

Subd. 2. ESTABLISHMENT. The administrative services unit shall establish a volunteer health care provider program to facilitate the provision of health care services provided by volunteer health care providers through eligible health care facilities and organizations.

Subd. 3. PARTICIPATION OF HEALTH CARE FACILITIES. To participate in the program established in subdivision 2, a health care facility or organization must register with the administrative services unit on forms provided by the administrative services unit and must meet the following requirements:

(1) be licensed to the extent required by law or regulation;

(2) provide evidence that the provision of health care services to the uninsured and underinsured is the primary purpose of the facility or organization;

(3) certify that it maintains adequate general liability and professional liability insurance for program staff other than the volunteer health care provider or is properly and adequately self-insured;

(4) agree to report annually to the administrative services unit the number of volunteers, number of volunteer hours provided, number of patients seen by volunteer providers, and types of services provided; and

(5) agree to pay to the administrative services unit an annual participation fee of \$50. All fees collected are deposited into the state government special revenue fund and are appropriated to the administrative services unit for purposes of administering the program.

Subd. 4. HEALTH CARE PROVIDER REGISTRATION. (a) To participate in the program established in subdivision 2, a health care provider shall register with the administrative services unit. Registration may be approved if the provider has submitted a certified statement on forms provided by the administrative services unit attesting that the health care provider agrees to:

 $\underbrace{(1) \text{ receive no direct monetary compensation of any kind for services provided in the program;}}_{\text{the program;}} \underbrace{(1) \text{ receive no direct monetary compensation of any kind for services provided in the program}}_{\text{the program;}}$

(2) submit a sworn statement attesting that the license to practice is free of restrictions. The statement must describe:

(i) any disciplinary action taken against the health care provider by a professional licensing authority or health care facility, including any voluntary surrender of license or other agreement involving the health care provider's license to practice or any restrictions on practice, suspension of privileges, or other sanctions; and

(ii) any malpractice suits filed against the health care provider and the outcome of any suits filed;

(3) submit any additional materials requested by the administrative services unit;

(4) identify the eligible program through which the health care services will be provided and the health care facilities at which the services will be provided; and

(5) if coverage is purchased for the provider under subdivision 7, comply with any risk management and loss prevention policies imposed by the insurer.

(b) Registration expires two years from the date the registration was approved. A health care provider may apply for renewal by filing with the administrative services unit a renewal application at least 60 days prior to the expiration of the registration.

Subd. 5. REVOCATION OF ELIGIBILITY AND REGISTRATION. The administrative services unit may suspend, revoke, or condition the eligibility of a health care provider for cause, including, but not limited to, the failure to comply with

the agreement with the administrative services unit and the imposition of disciplinary action by the licensing board that regulates the health care provider.

Subd. 6. BOARD NOTICE OF DISCIPLINARY ACTION. The applicable health-related licensing board shall immediately notify the administrative services unit of the initiation of a contested case against a registered health care provider or the imposition of disciplinary action, including copies of any contested case decision or settlement agreement with the health care provider.

Subd. 7. MEDICAL PROFESSIONAL LIABILITY INSURANCE. (a) The administrative services unit must purchase medical professional liability insurance, if available, for a health care provider who is registered in accordance with subdivision 4 and who is not otherwise covered by a medical professional liability insurance policy or self-insured plan either personally or through another facility or employer.

(b) Coverage purchased under this subdivision must be limited to the provision of health care services performed by the provider for which the provider does not receive direct monetary compensation.

Sec. 4. EFFECTIVE DATE; S.F. NO. 3099.

S.F. No. 3099, article 2, section 15, if enacted, is effective the day following final enactment of this section.

Sec. 5. APPROPRIATION.

(a) \$75,000 is appropriated in fiscal year 2003 from the health care access fund to the board of dentistry to implement the donated dental services program under Minnesota Statutes, section 150A.22. This appropriation shall become part of the base-level funding for the 2004-2005 biennium. Base-level funding in fiscal year 2006 shall be zero.

(b) \$50,000 is appropriated from the state government special revenue fund to the administrative services unit to pay for medical professional liability insurance coverage in accordance with Minnesota Statutes, section 214.40, subdivision 7. This appropriation is available until expended. If this appropriation is expended, the administrative services unit must apportion between the board of medical practice, the board of dentistry, and the board of nursing an amount to be raised through fees by the respective board. The amount apportioned to each board shall be the total amount of the appropriation expended on coverage purchased for the providers regulated by the respective board. The respective board may adjust the fees in which the board is empowered to assess to compensate for the amount apportioned to the board by the administrative services unit.

Presented to the governor May 20, 2002

Signed by the governor May 22, 2002, 1:30 p.m.

CHAPTER 400-S.F.No. 2891

An act relating to legislative enactments; correcting miscellaneous oversights, inconsistencies, ambiguities, unintended results, and technical errors; amending Minnesota Statutes 2000,