

Minnesota Statutes, section 144.7065, to the incident reporting system maintained by the Minnesota Hospital Association. The association shall provide a summary report to the commissioner that identifies the types of events by category. The association shall consult with the commissioner regarding the data to be reported to the commissioner, storage of data received by the association but not reported to the commissioner, and eventual retrieval by the commissioner of stored data.

(c) The commissioner shall report to the legislature by January 15 of 2004 and 2005, with a list of the number of reported events by type and recommendations, if any, for reporting system modifications, including additional categories of events that should be reported.

(d) From July 1, 2003, until full implementation of the reporting system, the commissioner of health shall not make a final disposition as defined in Minnesota Statutes, section 626.5572, subdivision 8, for investigations conducted in licensed hospitals under the provisions of Minnesota Statutes, section 626.557. The commissioner's findings in these cases shall identify noncompliance with federal certification or state licensure rules or laws.

(e) Effective July 1, 2004, the reporting system shall be fully implemented, provided (1) the commissioner has secured sufficient funds from nonstate sources to operate the system during fiscal year 2005, and (2) the commissioner has notified facilities by April 1, 2004, of their duty to report.

(f) Effective July 1, 2005, the reporting system shall be operated with state appropriations.

Presented to the governor May 23, 2003

Signed by the governor May 27, 2003, 6:06 p.m.

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#### CHAPTER 100—S.F.No. 39

*An act relating to health; allowing application for designation as an essential community provider; amending Minnesota Statutes 2002, section 62Q.19, subdivision 2.*

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

Section 1. Minnesota Statutes 2002, section 62Q.19, subdivision 2, is amended to read:

Subd. 2. **APPLICATION.** (a) Any provider may apply to the commissioner for designation as an essential community provider by submitting an application form developed by the commissioner. Except as provided in ~~paragraph~~ paragraphs (d) and (e), applications must be accepted within two years after the effective date of the rules adopted by the commissioner to implement this section.

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

(b) Each application submitted must be accompanied by an application fee in an amount determined by the commissioner. The fee shall be no more than what is needed to cover the administrative costs of processing the application.

(c) The name, address, contact person, and the date by which the commissioner's decision is expected to be made shall be classified as public data under section 13.41. All other information contained in the application form shall be classified as private data under section 13.41 until the application has been approved, approved as modified, or denied by the commissioner. Once the decision has been made, all information shall be classified as public data unless the applicant designates and the commissioner determines that the information contains trade secret information.

(d) The commissioner shall accept an application for designation as an essential community provider until June 30, 2001, from:

(1) one applicant that is a nonprofit community health care facility, certified as a medical assistance provider effective April 1, 1998, that provides culturally competent health care to an underserved Southeast Asian immigrant and refugee population residing in the immediate neighborhood of the facility;

(2) one applicant that is a nonprofit home health care provider, certified as a Medicare and a medical assistance provider that provides culturally competent home health care services to a low-income culturally diverse population;

(3) up to five applicants that are nonprofit community mental health centers certified as medical assistance providers that provide mental health services to children with serious emotional disturbance and their families or to adults with serious and persistent mental illness; and

(4) one applicant that is a nonprofit provider certified as a medical assistance provider that provides mental health, child development, and family services to children with physical and mental health disorders and their families.

(e) The commissioner shall accept an application for designation as an essential community provider until June 30, 2003, from one applicant that is a nonprofit community clinic located in Hennepin county that provides health care to an underserved American Indian population and that is collaborating with other neighboring organizations on a community diabetes project and an immunization project.

**Sec. 2. EFFECTIVE DATE.**

Section 1 is effective the day following final enactment.

Presented to the governor May 23, 2003

Signed by the governor May 27, 2003, 1:58 p.m.

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**CHAPTER 101—H.F.No. 151**

*An act relating to human services; exempting children eligible for adoption assistance from*

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