

STATE OF MINNESOTA

EIGHTY-THIRD SESSION — 2003

 THIRTY-FIRST DAY

SAINT PAUL, MINNESOTA, TUESDAY, APRIL 1, 2003

The House of Representatives convened at 4:30 p.m. and was called to order by Steve Sviggum, Speaker of the House.

Prayer was offered by Representative Mary Murphy, District 6B, Hermantown, Minnesota.

The members of the House gave the pledge of allegiance to the flag of the United States of America.

The roll was called and the following members were present:

| | | | | | |
|--------------|------------|-------------|------------|------------|--------------|
| Abeler | Demmer | Hilty | Lesch | Ozment | Strachan |
| Abrams | Dempsey | Holberg | Lieder | Paulsen | Swenson |
| Adolphson | Dill | Hoppe | Lindgren | Paymar | Sykora |
| Anderson, B. | Dorman | Hornstein | Lindner | Pelowski | Thao |
| Anderson, I. | Dorn | Howes | Lipman | Penas | Thissen |
| Anderson, J. | Eastlund | Jacobson | Magnus | Peterson | Tingelstad |
| Atkins | Eken | Jaros | Mahoney | Powell | Urdahl |
| Beard | Ellison | Johnson, J. | Mariani | Pugh | Vandever |
| Bernardy | Entenza | Johnson, S. | Marquart | Rhodes | Wagenius |
| Biernat | Erhardt | Juhnke | McNamara | Rukavina | Walker |
| Blaine | Erickson | Kahn | Meslow | Ruth | Walz |
| Borrell | Finstad | Kelliher | Mullery | Samuelson | Wardlow |
| Boudreau | Fuller | Kielkucki | Murphy | Seagren | Wasiluk |
| Bradley | Gerlach | Klinzing | Nelson, C. | Seifert | Westerberg |
| Brod | Goodwin | Knoblach | Nelson, M. | Sertich | Westrom |
| Buesgens | Greiling | Koenen | Nelson, P. | Severson | Wilkin |
| Carlson | Gunther | Kohls | Nornes | Sieben | Zellers |
| Clark | Haas | Krinkie | Olsen, S. | Simpson | Spk. Sviggum |
| Cornish | Hackbarth | Kuisle | Olson, M. | Slawik | |
| Cox | Harder | Lanning | Opatz | Smith | |
| Davids | Hausman | Larson | Osterman | Soderstrom | |
| Davnie | Heidgerken | Latz | Otremba | Solberg | |
| DeLaForest | Hilstrom | Lenczewski | Otto | Stang | |

A quorum was present.

Huntley was excused.

The Chief Clerk proceeded to read the Journal of the preceding day. Nelson, M., moved that further reading of the Journal be suspended and that the Journal be approved as corrected by the Chief Clerk. The motion prevailed.

REPORTS OF CHIEF CLERK

S. F. No. 230 and H. F. No. 264, which had been referred to the Chief Clerk for comparison, were examined and found to be identical with certain exceptions.

SUSPENSION OF RULES

Biernat moved that the rules be so far suspended that S. F. No. 230 be substituted for H. F. No. 264 and that the House File be indefinitely postponed. The motion prevailed.

S. F. No. 422 and H. F. No. 554, which had been referred to the Chief Clerk for comparison, were examined and found to be identical.

Buesgens moved that S. F. No. 422 be substituted for H. F. No. 554 and that the House File be indefinitely postponed. The motion prevailed.

S. F. No. 693 and H. F. No. 689, which had been referred to the Chief Clerk for comparison, were examined and found to be identical with certain exceptions.

SUSPENSION OF RULES

Buesgens moved that the rules be so far suspended that S. F. No. 693 be substituted for H. F. No. 689 and that the House File be indefinitely postponed. The motion prevailed.

S. F. No. 926 and H. F. No. 731, which had been referred to the Chief Clerk for comparison, were examined and found to be identical.

Kohls moved that S. F. No. 926 be substituted for H. F. No. 731 and that the House File be indefinitely postponed. The motion prevailed.

REPORTS OF STANDING COMMITTEES

Boudreau from the Committee on Health and Human Services Policy to which was referred:

H. F. No. 29, A bill for an act relating to health; repealing MinnesotaCare provider taxes; requiring pass-through of savings to purchasers; providing for increases in cigarette and tobacco taxes; amending Minnesota Statutes 2002, sections 13.4963, subdivision 2; 62J.041, subdivision 1; 62Q.095, subdivision 6; 214.16, subdivisions 2, 3; 270B.14, subdivision 1; 297F.05, subdivisions 1, 3, 4; 297F.08, subdivision 7; 297F.09, subdivision 2; 297F.10; proposing coding for new law in Minnesota Statutes, chapter 62Q; repealing Minnesota Statutes 2002, sections 13.4967, subdivision 3; 144.1484, subdivision 2; 295.50; 295.51; 295.52; 295.53; 295.54; 295.55; 295.56; 295.57; 295.58; 295.581; 295.582; 295.59.

Reported the same back with the following amendments:

Page 8, lines 15 to 20, delete the new language and insert "except that the revenue produced by 50 mills of the tax on cigarettes weighing not more than three pounds a thousand and 100 mills of the tax on cigarettes weighing more than three pounds a thousand must be credited to the health care access fund"

Page 8, lines 25 to 28, delete the new language and insert "except that the revenue produced by 73 percent of the wholesale price of taxable tobacco products must be credited to the health care access fund"

Page 10, line 6, delete everything after "effective" and insert "for gross revenues received after June 30, 2003."

Page 10, delete line 7

With the recommendation that when so amended the bill pass and be re-referred to the Committee on Health and Human Services Finance.

The report was adopted.

Boudreau from the Committee on Health and Human Services Policy to which was referred:

H. F. No. 279, A bill for an act relating to health; expanding authority of physician assistants; directing the commissioner of health to amend certain rules; amending Minnesota Statutes 2002, sections 147A.09, subdivision 2; 169.345, subdivision 2a; 253B.02, subdivision 7.

Reported the same back with the following amendments:

Delete everything after the enacting clause and insert:

"Section 1. Minnesota Statutes 2002, section 147A.09, subdivision 2, is amended to read:

Subd. 2. [DELEGATION.] Patient services may include, but are not limited to, the following, as delegated by the supervising physician and authorized in the agreement:

- (1) taking patient histories and developing medical status reports;
- (2) performing physical examinations;
- (3) interpreting and evaluating patient data;
- (4) ordering or performing diagnostic procedures;
- (5) ordering or performing therapeutic procedures;
- (6) providing instructions regarding patient care, disease prevention, and health promotion;
- (7) assisting the supervising physician in patient care in the home and in health care facilities;
- (8) creating and maintaining appropriate patient records;
- (9) transmitting or executing specific orders at the direction of the supervising physician;

(10) prescribing, administering, and dispensing legend drugs and medical devices if this function has been delegated by the supervising physician pursuant to and subject to the limitations of section 147.34 and chapter 151. Physician assistants who have been delegated the authority to prescribe controlled substances shall maintain a separate addendum to the delegation form which lists all schedules and categories of controlled substances which the physician assistant has the authority to prescribe. This addendum shall be maintained with the physician-physician assistant agreement, and the delegation form at the address of record;

(11) for physician assistants not delegated prescribing authority, administering legend drugs and medical devices following prospective review for each patient by and upon direction of the supervising physician;

(12) functioning as an emergency medical technician with permission of the ambulance service and in compliance with section 144E.127, and ambulance service rules adopted by the commissioner of health; ~~and~~

(13) initiating evaluation and treatment procedures essential to providing an appropriate response to emergency situations; and

(14) certifying a physical disability under section 169.345, subdivision 2a.

Orders of physician assistants shall be considered the orders of their supervising physicians in all practice-related activities, including, but not limited to, the ordering of diagnostic, therapeutic, and other medical services.

Sec. 2. Minnesota Statutes 2002, section 169.345, subdivision 2a, is amended to read:

Subd. 2a. [PHYSICIAN'S, PHYSICIAN ASSISTANT'S, ADVANCED PRACTICE REGISTERED NURSE'S, OR CHIROPRACTOR'S STATEMENT.] (a) The commissioner shall develop a form for the physician assistant's, advanced practice registered nurse's, or chiropractor's statement. The statement must be signed by a licensed physician, registered physician assistant, advanced practice registered nurse, or licensed chiropractor who certifies that the applicant is a physically disabled person as defined in subdivision 2. The commissioner may request additional information from the physician, physician assistant, advanced practice registered nurse, or chiropractor if needed to verify the applicant's eligibility. The statement that the applicant is a physically disabled person must specify whether the disability is permanent or temporary, and if temporary, the opinion of the physician, physician assistant, advanced practice registered nurse, or chiropractor as to the duration of the disability. A physician, physician assistant, advanced practice registered nurse, or chiropractor who fraudulently certifies to the commissioner that a person is a physically disabled person as defined in subdivision 2, and that the person is entitled to the license plates authorized by section 168.021 or to the certificate authorized by this section, is guilty of a misdemeanor and is subject to a fine of \$500.

(b) The commissioner may waive the requirement of providing a statement of a licensed physician, registered physician assistant, advanced practice registered nurse, or licensed chiropractor, if the applicant has previously filed with the commissioner a statement of a licensed physician, registered physician assistant, advanced practice registered nurse, or licensed chiropractor certifying that the applicant has a permanent physical disability.

Sec. 3. Minnesota Statutes 2002, section 253B.05, subdivision 2, is amended to read:

Subd. 2. [PEACE OR HEALTH OFFICER AUTHORITY.] (a) A peace or health officer may take a person into custody and transport the person to a licensed physician or treatment facility if the officer has reason to believe, either through direct observation of the person's behavior, or upon reliable information of the person's recent behavior and knowledge of the person's past behavior or psychiatric treatment, that the person is mentally ill or mentally retarded and in danger of injuring self or others if not immediately detained. A peace or health officer or a person working under such officer's supervision, may take a person who is believed to be chemically dependent or is intoxicated in public into custody and transport the person to a treatment facility. If the person is intoxicated in

public or is believed to be chemically dependent and is not in danger of causing self-harm or harm to any person or property, the peace or health officer may transport the person home. The peace or health officer shall make written application for admission of the person to the treatment facility. The application shall contain the peace or health officer's statement specifying the reasons for and circumstances under which the person was taken into custody. If danger to specific individuals is a basis for the emergency hold, the statement must include identifying information on those individuals, to the extent practicable. A copy of the statement shall be made available to the person taken into custody.

(b) As far as is practicable, a peace officer who provides transportation for a person placed in a facility under this subdivision may not be in uniform and may not use a vehicle visibly marked as a law enforcement vehicle.

(c) A person may be admitted to a treatment facility for emergency care and treatment under this subdivision with the consent of the head of the facility under the following circumstances: (1) a written statement is made by the medical officer ~~on duty at the facility, or the officer's designee on duty at the facility, if the designee is a licensed physician, a registered physician assistant, or an advanced practice registered nurse who is knowledgeable, trained, and practicing in the diagnosis and treatment of mental illness or mental retardation,~~ that after preliminary examination the person has symptoms of mental illness or mental retardation and appears to be in danger of harming self or others if not immediately detained; or (2) a written statement is made by the institution program director or the director's designee on duty at the facility after preliminary examination that the person has symptoms of chemical dependency and appears to be in danger of harming self or others if not immediately detained or is intoxicated in public."

Delete the title and insert:

"A bill for an act relating to health; modifying provisions for certifying a physical disability; modifying provisions for admitting a person for emergency care of mental illness or mental retardation; amending Minnesota Statutes 2002, sections 147A.09, subdivision 2; 169.345, subdivision 2a; 253B.05, subdivision 2."

With the recommendation that when so amended the bill pass.

The report was adopted.

Boudreau from the Committee on Health and Human Services Policy to which was referred:

H. F. No. 346, A bill for an act relating to health; modifying provisions relating to the practice of speech-language pathology or audiology; amending Minnesota Statutes 2002, sections 148.511; 148.512, subdivisions 2, 4, 6, 7, 8, 12, 13, 14, 15, 16, 17, 18, 20; 148.513; 148.514; 148.515, subdivisions 2, 4; 148.516; 148.5161; 148.517; 148.518; 148.519; 148.5191; 148.5193, subdivisions 1, 4, 6, 6a, 7, 8; 148.5194, subdivisions 1, 2, 3, 3a; 148.5195, subdivisions 2, 3, 4, 5, 6; 148.5196; 153A.14, subdivisions 2a, 2i; 153A.17; 153A.20, subdivision 1; repealing Minnesota Statutes 2002, sections 148.512, subdivision 11; 148.515, subdivisions 3, 5.

Reported the same back with the following amendments:

Delete everything after the enacting clause and insert:

"Section 1. Minnesota Statutes 2002, section 148.511, is amended to read:

148.511 [~~SPEECH LANGUAGE PATHOLOGISTS AND AUDIOLOGISTS SCOPE.~~]

Sections 148.511 to 148.5196 apply ~~only~~ to persons who are applicants for ~~registration licensure~~, who are ~~registered~~, who use protected titles, ~~or~~ who represent that they are ~~registered licensed~~, or who engage in the practice of speech-language pathology or audiology. Sections 148.511 to 148.5196 do not apply to school personnel licensed by the board of teaching, ~~provided that school personnel practicing within the scope of their licensed occupation preface titles protected under section 148.513 with the words "school" or "educational," and practicing within the scope of their school license under Minnesota Rules, part 8710.6000.~~

Sec. 2. Minnesota Statutes 2002, section 148.512, subdivision 2, is amended to read:

Subd. 2. [ACCREDITED EDUCATIONAL INSTITUTION.] "Accredited educational institution" means a university; or college; or other post secondary educational institution that offers speech-language pathology or audiology ~~training graduate degrees~~ and that is accredited by the ~~American Speech Language Hearing Association or the National Council for Accreditation of Teacher Education~~ Council on Academic Accreditation in Audiology and Speech Language Pathology, a body recognized by the United States Department of Education, or an equivalent as determined by the commissioner.

Sec. 3. Minnesota Statutes 2002, section 148.512, subdivision 4, is amended to read:

Subd. 4. [APPLICANT.] "Applicant" means a person who applies to the commissioner for ~~registration licensure~~ or registration licensure renewal.

Sec. 4. Minnesota Statutes 2002, section 148.512, subdivision 6, is amended to read:

Subd. 6. [AUDIOLOGIST.] "Audiologist" means a natural person who engages in the practice of audiology, meets the qualifications required by sections 148.511 to 148.5196, and ~~registers as an audiologist with~~ is licensed by the commissioner. Audiologist also means a natural person using any descriptive word with the title audiologist.

Sec. 5. Minnesota Statutes 2002, section 148.512, subdivision 7, is amended to read:

Subd. 7. [COMMISSIONER.] "Commissioner" means the commissioner of ~~the department of~~ health or a designee.

Sec. 6. Minnesota Statutes 2002, section 148.512, subdivision 8, is amended to read:

Subd. 8. [CONTACT HOUR.] "Contact hour" means an instructional session of ~~50~~ 60 consecutive minutes, excluding coffee breaks, registration, meals without a speaker, and social activities.

Sec. 7. Minnesota Statutes 2002, section 148.512, subdivision 12, is amended to read:

Subd. 12. [PRACTICE OF AUDIOLOGY.] The "practice of audiology" means:

(1) ~~screening~~, identification, assessment, and interpretation, diagnosis, rehabilitation, and prevention of hearing disorders;

(2) conservation of the auditory system function; development and implementation of hearing conservation programs;

(3) measurement, assessment, and interpretation of auditory and vestibular function;

(4) selecting, fitting, and dispensing of assistive listening devices, alerting and amplification devices, and systems for personal and public use, including hearing aids and devices, and providing training in their use;

(5) aural habilitation and rehabilitation and related counseling for hearing impaired individuals and their families;

(6) screening of speech, language, voice, or fluency for the purposes of audiologic evaluation or identification of possible communication disorders; or

(7) teaching of, consultation or research about, or supervision of the functions in clauses (1) to (6).

The practice of audiology does not include the practice of medicine and surgery, or osteopathic medicine and surgery, or medical diagnosis or medical treatment.

Sec. 8. Minnesota Statutes 2002, section 148.512, subdivision 13, is amended to read:

Subd. 13. [PRACTICE OF SPEECH-LANGUAGE PATHOLOGY.] The "practice of speech-language pathology" means:

(1) ~~screening~~, identification, assessment and interpretation, diagnosis, habilitation, rehabilitation, treatment and prevention of disorders of speech, articulation, fluency, voice, and language;

(2) ~~screening~~, identification, assessment, and interpretation, diagnosis, habilitation, and rehabilitation of disorders of oral-pharyngeal function and related disorders;

(3) ~~screening~~, identification, assessment, and interpretation, diagnosis, habilitation, and rehabilitation of communication disorders associated with cognition;

(4) assessing, selecting, and developing augmentative and alternative communication systems and providing training in their use;

(5) aural habilitation and rehabilitation and related counseling for hearing impaired individuals and their families;

(6) enhancing speech-language proficiency and communication effectiveness;

(7) audiometric screening for the purposes of speech-language evaluation or for the identification of possible hearing disorders; or

(8) teaching of, consultation or research about, or supervision of the functions in clauses (1) to (7).

The practice of speech-language pathology does not include the practice of medicine and surgery, or osteopathic medicine and surgery, or medical diagnosis or medical treatment.

Sec. 9. Minnesota Statutes 2002, section 148.512, subdivision 14, is amended to read:

Subd. 14. [~~REGISTER LICENSE OR REGISTERED LICENSED.~~] "~~Register~~" "~~License~~" or "~~registered~~" "~~licensed~~" means the act or status of a ~~natural~~ person who meets the requirements of sections 148.511 to 148.5196 ~~and who is authorized by the commissioner to use the titles in section 148.513.~~

Sec. 10. Minnesota Statutes 2002, section 148.512, subdivision 15, is amended to read:

Subd. 15. [~~REGISTRANT LICENSEE.~~] "~~Registrant~~" "Licensee" means ~~a person~~ an individual who meets the requirements of sections 148.511 to 148.5196 ~~and is authorized by the commissioner to use the titles in section 148.513.~~

Sec. 11. Minnesota Statutes 2002, section 148.512, subdivision 16, is amended to read:

Subd. 16. [~~REGISTRATION LICENSURE.~~] "~~Registration~~" "Licensure" is the system of regulation defined in section 214.001, subdivision 3, paragraph (c), and is the process specified in sections 148.511 to 148.5196.

Sec. 12. Minnesota Statutes 2002, section 148.512, subdivision 17, is amended to read:

Subd. 17. [~~SPEECH-LANGUAGE PATHOLOGIST.~~] "Speech-language pathologist" means a person who practices speech-language pathology, meets the qualifications under sections 148.511 to 148.5196, and ~~registers with~~ is licensed by the commissioner. Speech-language pathologist also means a natural person using, as an occupational title, a term identified in section 148.513.

Sec. 13. Minnesota Statutes 2002, section 148.512, subdivision 18, is amended to read:

Subd. 18. [~~SUPERVISEE.~~] "Supervisee" means ~~an individual~~ a person who, under the direction or evaluation of a supervisor, is:

- (1) engaging in the supervised practice of speech-language pathology or audiology;
- (2) performing a function of supervised clinical training as a student of speech-language pathology or audiology; or
- (3) performing a function of supervised postgraduate or doctoral clinical experience in speech-language pathology or audiology.

Sec. 14. Minnesota Statutes 2002, section 148.512, subdivision 20, is amended to read:

Subd. 20. [~~SUPERVISOR.~~] "Supervisor" means a person who has the authority to direct or evaluate a supervisee and who is:

- (1) ~~is a registered~~ licensed speech-language pathologist or audiologist; or
- (2) when the commissioner determines that supervision by a ~~registered~~ licensed speech-language pathologist or audiologist as required in clause (1) is unobtainable, and in other situations considered appropriate by the commissioner, is a person practicing speech-language pathology or audiology who holds a current certificate of clinical competence from the American Speech-Language-Hearing Association or board certification in audiology by the American Board of Audiology.

Sec. 15. Minnesota Statutes 2002, section 148.513, is amended to read:

148.513 [~~LICENSURE; PROTECTED TITLES AND RESTRICTIONS ON USE; EXEMPTIONS.~~]

~~(a) A person shall not use a title relating to speech-language pathology or audiology, except as provided in paragraphs (b) and (c).~~

Subdivision 1. [UNLICENSED PRACTICE PROHIBITED.] A person must not engage in the practice of speech-language pathology or audiology unless the person is licensed as a speech-language pathologist or an audiologist under sections 148.511 to 148.5196.

~~(b)~~ Subd. 2. [PROTECTED TITLES AND RESTRICTIONS ON USE.] Use of the following terms or initials which represent the following terms, alone or in combination with any word or words, by any person to form an occupational title is prohibited unless that person is ~~registered~~ licensed under sections 148.511 to 148.5196:

- (1) speech-language;
- (2) speech-language pathologist, S, SP, or SLP;
- (3) speech pathologist;
- (4) language pathologist;
- (5) audiologist, A, or AUD;
- (6) speech therapist; ~~or~~
- (7) speech clinician;
- ~~(8) speech correctionist;~~
- ~~(9) speech clinician;~~
- ~~(10) language therapist;~~
- ~~(11) voice therapist;~~
- ~~(12) voice pathologist;~~
- ~~(13) logopedist;~~
- ~~(14) communicologist;~~
- ~~(15) aphasiologist;~~
- ~~(16) phoniatrist;~~
- ~~(17) audiometrist;~~
- ~~(18) audioprosthologist;~~
- ~~(19) hearing therapist;~~
- ~~(20) hearing clinician; or~~
- ~~(21) hearing aid audiologist.~~

(e) Use of the term "Minnesota ~~registered~~ licensed" in conjunction with the titles protected under this section by any person is prohibited unless that person is ~~registered~~ licensed under sections 148.511 to 148.5196.

Subd. 3. [EXEMPTION.] (a) Nothing in sections 148.511 to 148.5196 prohibits the practice of any profession or occupation licensed, certified, or registered by the state by any person duly licensed, certified, or registered to practice the profession or occupation or to perform any act that falls within the scope of practice of the profession or occupation.

(b) Subdivision 1 does not apply to a student participating in supervised field work or supervised course work that is necessary to meet the requirements of section 148.515, subdivision 2 or 3, if the person is designated by a title which clearly indicates the person's status as a student trainee.

(c) Subdivisions 1 and 2 do not apply to a person visiting and then leaving the state and using titles restricted under this section while in the state, if the titles are used no more than 30 days in a calendar year as part of a professional activity that is limited in scope and duration and is in association with an audiologist or speech-language pathologist licensed under sections 148.511 to 148.5196.

Sec. 16. Minnesota Statutes 2002, section 148.514, is amended to read:

148.514 [GENERAL ~~REGISTRATION~~ LICENSURE REQUIREMENTS; PROCEDURES AND QUALIFICATIONS.]

Subdivision 1. [GENERAL ~~REGISTRATION~~ LICENSURE PROCEDURES.] An applicant for ~~registration~~ licensure must:

- (1) submit an application as required under section 148.519, subdivision 1; and
- (2) submit all fees required under section 148.5194.

Subd. 2. [GENERAL ~~REGISTRATION~~ LICENSURE QUALIFICATIONS.] An applicant for ~~registration~~ licensure must possess the qualifications required in one of the following clauses:

(1) a person who applies for ~~registration~~ licensure and does not meet the requirements in clause (2) or (3), must meet the requirements in section 148.515;

(2) a person who applies for ~~registration~~ licensure and who has a current certificate of clinical competence issued by the American Speech-Language-Hearing Association, or board certification by the American Board of Audiology, must meet the requirements of section 148.516; or

(3) a person who applies for ~~registration~~ licensure by reciprocity must meet the requirements under section 148.517.

Sec. 17. Minnesota Statutes 2002, section 148.515, subdivision 2, is amended to read:

Subd. 2. [MASTER'S OR DOCTORAL DEGREE REQUIRED.] (a) An applicant must possess a master's or doctoral degree that meets the requirements of ~~paragraphs~~ paragraph (b) to (h). If completing a doctoral program in which a master's degree has not been conferred, an applicant must submit a transcript showing completion of course work equivalent to, or exceeding, a master's degree that meets the requirement of paragraph (b).

(b) All of the applicant's graduate coursework and clinical practicum required in the professional area for which registration licensure is sought must have been initiated and completed at an institution whose program was accredited by the educational standards board of the American Speech Language Hearing Association Council on Academic Accreditation in Audiology and Speech-Language Pathology, a body recognized by the United States Department of Education, or an equivalent as determined by the commissioner, in the area for which registration licensure is sought.

~~(c) The master's degree training must include a minimum of 112.5 quarter credits or 75 semester credits or their equivalent of academic coursework that includes basic science coursework and professional coursework.~~

~~(d) Applicants for registration in either speech language pathology or audiology must complete 40.5 quarter credits of the 112.5 quarter credits or 27 of the 75 semester credits or their equivalent in basic science coursework, distributed as follows:~~

~~(1) nine quarter credits or six semester credits or their equivalent must be in biological or physical sciences and mathematics;~~

~~(2) nine quarter credits or six semester credits or their equivalent must be in behavioral or social sciences, including normal aspects of human behavior and communication; and~~

~~(3) 22.5 quarter credits or 15 semester credits or their equivalent must be in basic human communication processes and must include coursework in each of the following three areas of speech, language, and hearing:~~

~~(i) the anatomic and physiologic bases;~~

~~(ii) the physical and psychophysical bases; and~~

~~(iii) the linguistic and psycholinguistic aspects.~~

~~(e) All applicants for registration must complete 54 quarter credits of the 112.5 quarter credits or 36 semester credits of the 75 semester credits or their equivalent in professional coursework. The coursework must include the nature, prevention, evaluation, and treatment of speech, language, and hearing disorders. The coursework must encompass courses in speech, language, and hearing that concern disorders primarily affecting children as well as disorders primarily affecting adults. A minimum of 45 of the 54 quarter credits or 30 of the 36 semester credits or their equivalent must be courses for which graduate credit was received. A minimum of 31.5 of the 45 quarter credits or 21 of the 30 semester credits must be in the professional area for which registration is sought.~~

~~(f) Applicants seeking registration as speech language pathologists must complete the following professional coursework:~~

~~(1) 45 quarter credits of the 54 quarter credits of the professional coursework or 30 semester credits of the 36 semester credits of the professional coursework or their equivalent must be in courses pertaining to speech language pathology and nine quarter credits of the 54 quarter credits or six semester credits of the 36 semester credits or their equivalent in courses in the area of audiology; and~~

~~(2) the 45 quarter credits or 30 semester credits or their equivalent pertaining to speech language pathology must include at least nine quarter credits or six semester credits or their equivalent in speech disorders and nine quarter credits or six semester credits or their equivalent in language disorders. The nine quarter credits or six semester credits or their equivalent in the area of audiology must include at least 4.5 quarter credits or three semester credits or their equivalent in hearing disorders and hearing evaluation and 4.5 quarter credits or three semester credits or their equivalent in habilitative and rehabilitative procedures.~~

(g) Applicants seeking registration as an audiologist must complete professional coursework as follows:

(1) ~~45 quarter credits of the 54 quarter credits or 30 semester credits of the 36 semester credits or their equivalent of coursework must be in audiology. At least nine quarter credits of the 45 quarter credits or six semester credits of the 30 semester credits in audiology must be in hearing disorders and hearing evaluation and at least nine quarter credits or six semester credits or their equivalent must be in habilitative or rehabilitative procedures with individuals who have hearing impairment; and~~

~~(2) nine quarter credits of the 54 quarter credits or six semester credits of the 36 semester credits or their equivalent in the area of speech language pathology. At least 4.5 quarter credits of the nine quarter credits or three semester credits of the six semester credits must be in speech disorders and at least 4.5 quarter credits of the nine quarter credits or three semester credits of the six semester credits must be in language disorders. This coursework in speech language pathology must concern the nature, prevention, evaluation, and treatment of speech and language disorders not associated with hearing impairment.~~

~~(h) Of the professional coursework required in paragraphs (f) and (g), no more than nine quarter credits or six semester credits or their equivalent associated with clinical training may be counted toward the minimum of 54 quarter credits or 36 semester credits or their equivalent of professional coursework. However, those hours may not be used to satisfy the minimum of nine quarter credits or six semester credit hours in hearing disorders or evaluation, nine quarter credits or six semester credits in habilitative or rehabilitative procedures, or nine quarter credits or six semester credits in speech language pathology.~~

Sec. 18. Minnesota Statutes 2002, section 148.515, subdivision 4, is amended to read:

Subd. 4. [~~SUPERVISED POSTGRADUATE GRADUATE OR DOCTORAL CLINICAL EXPERIENCE REQUIRED.~~] (a) ~~An applicant must complete no less than nine months or its equivalent of full-time supervised postgraduate clinical experience according to paragraphs (b) to (h) the graduate or doctoral clinical experience required by the American Speech-Language-Hearing Association, the American Board of Audiology, or an equivalent, as determined by the commissioner, and must achieve a qualifying examination score on the National Examination in Speech-Language Pathology or Audiology.~~

~~(b) Supervision in the postgraduate clinical experience includes both on-site observation and other monitoring activities. On-site observation must involve the supervisor, the supervisee, and the client receiving speech language pathology or audiology services. On-site observation must include direct observation by the supervisor of treatment given by the supervisee. Other monitoring activities may be executed by correspondence and include, but are not limited to, conferences with the supervisee, evaluation of written reports, and evaluations by professional colleagues. Other monitoring activities do not include the client receiving speech language pathology or audiology services but must involve direct or indirect evaluative contact by the supervisor of the supervisee.~~

~~(c) The applicant must, as part of the postgraduate clinical experience, be supervised by an individual who meets the definition of section 148.512, subdivision 20, and:~~

~~(1) when registration as a speech language pathologist is sought, is a registered speech language pathologist or hold a current certificate of clinical competence in speech language pathology from the American Speech-Language-Hearing Association; and~~

~~(2) when registration as an audiologist is sought, is a registered audiologist or hold a current certificate of clinical competence in audiology from the American Speech Language Hearing Association.~~

~~(d) The applicant may not begin the postgraduate clinical experience until the applicant has completed the academic coursework and clinical training in subdivisions 2 and 3.~~

~~(e) To be considered full time, at least 30 hours per week must be spent over a nine month period in clinical work. Equivalent time periods may include part time professional employment as follows:~~

- ~~(1) 12 months of at least 25 hours per week;~~
- ~~(2) 15 months of at least 20 hours per week; or~~
- ~~(3) 18 months of at least 15 hours per week.~~

~~(f) The applicant's postgraduate clinical experience must include direct clinical experience with patients, consultations, report writing, record keeping, or other duties relevant to clinical work. A minimum of 80 percent of the clinical experience must be in direct contact with persons who have communication handicaps. If the applicant uses part-time employment to fulfill the postgraduate clinical experience requirement, all of the minimum required hours of the part-time work week requirement must be spent in direct professional experience.~~

~~(g) The applicant must complete the postgraduate clinical experience within a maximum of 36 consecutive months and must be supervised in no less than 36 activities, including 18 one-hour on-site observations. A maximum of six hours can be accrued in one day. A minimum of six one-hour on-site observations must be accrued during each one-third of the experience.~~

~~(h) The applicant must complete 18 other monitored activities and complete at least one monitored activity each month of the postgraduate clinical experience. Alternatives to on-site observation and monitoring activities include activities supervised by correspondence, evaluation of written reports, and evaluations by professional colleagues.~~

Sec. 19. Minnesota Statutes 2002, section 148.516, is amended to read:

148.516 [~~REGISTRATION LICENSURE~~ BY EQUIVALENCY.]

An applicant who applies for ~~registration licensure~~ by equivalency must show evidence of possessing a current certificate of clinical competence issued by the American Speech-Language-Hearing Association or board certification by the American Board of Audiology and must meet the requirements of section 148.514.

Sec. 20. Minnesota Statutes 2002, section 148.5161, is amended to read:

148.5161 [~~TEMPORARY REGISTRATION CLINICAL FELLOWSHIP LICENSURE OR DOCTORAL EXTERNSHIP LICENSURE.~~]

Subdivision 1. [APPLICATION.] The commissioner shall issue ~~temporary registration clinical fellowship licensure or doctoral externship licensure~~ as a speech-language pathologist or audiologist to an applicant who has applied for ~~registration licensure~~ under section 148.515, who is not the subject of a disciplinary action or past disciplinary action, and who has not violated a provision of section 148.5195, subdivision 3.

Subd. 2. [PROCEDURES.] To be eligible for ~~temporary registration clinical fellowship licensure or doctoral externship licensure~~, an applicant must submit an application form provided by the commissioner, the fees required by section 148.5194, and evidence of successful completion of the requirements in section 148.515, ~~subdivisions subdivision 2 and 3.~~

Subd. 3. [SUPERVISION REQUIRED.] (a) A ~~temporary registrant clinical fellowship licensee or doctoral externship licensee~~ must practice under the supervision of an individual who meets the requirements of section 148.512, subdivision 20. Supervision must conform to the requirements in paragraphs (b) to (g).

(b) Supervision must include both on-site observation and other monitoring activities. On-site observation must involve the supervisor, the ~~supervisee~~ clinical fellowship licensee or doctoral externship licensee, and the client receiving speech-language pathology or audiology services and must include direct observation by the supervisor of treatment given by the ~~supervisee~~ clinical fellowship licensee or doctoral externship licensee. Other monitoring activities must involve direct or indirect evaluative contact by the supervisor of the ~~supervisee~~ clinical fellowship licensee or doctoral externship licensee, may be executed by correspondence, and may include, but are not limited to, conferences with the ~~supervisee~~ clinical fellowship licensee or doctoral externship licensee, evaluation of written reports, and evaluations by professional colleagues. Other monitoring activities do not include the client receiving speech-language pathology or audiology services.

(c) The ~~temporary registrant~~ clinical fellowship licensee or doctoral externship licensee must be supervised by an individual who meets the definition of section 148.512, subdivision 20, and:

(1) when the ~~temporary registrant~~ clinical fellowship licensee or doctoral externship licensee is a speech-language pathologist, is a ~~registered licensed~~ speech-language pathologist, or holds a current certificate of clinical competence in speech-language pathology from the American Speech-Language-Hearing Association; ~~and or~~

(2) when the ~~temporary registrant~~ clinical fellowship licensee or doctoral externship licensee is an audiologist, is a ~~registered licensed~~ audiologist, or holds a current certificate of clinical competence in audiology from the American Speech-Language-Hearing Association or board certification in audiology by the American Board of Audiology.

(d) ~~Temporary registration~~ clinical fellowship licensure or doctoral externship licensure shall not be granted until the applicant has completed the academic coursework and clinical training in section 148.515, ~~subdivisions~~ subdivision 2 and 3.

(e) ~~The temporary registrant must be supervised in no less than 36 activities, including 18 one-hour on-site observations. A maximum of six hours may be accrued in one day. A minimum of six one-hour on-site observations must be accrued during each one-third of the experience.~~

(f) ~~The temporary registrant must complete 18 other monitored activities and complete at least one monitored activity each month.~~

(g) The ~~temporary registrant~~ clinical fellowship licensee or doctoral externship licensee must provide verification of supervision on the application form provided by the commissioner.

Subd. 4. [DOCTORAL EXTERNSHIP LICENSURE.] Doctoral candidates in audiology completing their final externship as part of their training program are eligible to receive a provisional license in audiology and are not required to complete the postgraduate clinical fellowship year.

Subd. 5. [EXPIRATION OF ~~TEMPORARY REGISTRATION~~ CLINICAL FELLOWSHIP OR DOCTORAL EXTERNSHIP LICENSURE.] A ~~temporary registration~~ clinical fellowship license or doctoral externship license issued to a person pursuant to subdivision 2 expires 18 months after issuance or on the date the commissioner grants or denies ~~registration licensure~~, whichever occurs first. Upon application, a ~~temporary registration~~ clinical fellowship license or doctoral externship license shall be renewed once to persons who have not met the supervised postgraduate clinical experience requirement under section 148.515, subdivision 4, within the initial ~~temporary registration~~ clinical fellowship license or doctoral externship license period and meet the requirements of subdivision 1.

Subd. ~~5~~ 6. [TITLE USED.] A ~~temporary registrant licensee with a clinical fellowship or doctoral externship~~ shall be identified by one of the protected titles and a designation indicating clinical fellowship status.

Sec. 21. Minnesota Statutes 2002, section 148.517, is amended to read:

148.517 ~~[REGISTRATION LICENSURE BY RECIPROCITY.]~~

Subdivision 1. [APPLICABILITY.] An applicant who applies for ~~registration licensure~~ as a speech-language pathologist or audiologist by reciprocity must meet the requirements of subdivisions 2 and 3.

Subd. 2. [CURRENT CREDENTIALS REQUIRED.] An applicant applying for ~~registration licensure~~ by reciprocity must provide evidence to the commissioner that the applicant holds a current and unrestricted credential for the practice of speech-language pathology or audiology in another jurisdiction that has requirements equivalent to or higher than those in effect for determining whether an applicant in this state is qualified to be ~~registered licensed~~ as a speech-language pathologist or audiologist. An applicant who provides sufficient evidence need not meet the requirements of section 148.515, provided that the applicant otherwise meets all other requirements of section 148.514.

Subd. 3. [VERIFICATION OF CREDENTIALS REQUIRED.] An applicant for ~~registration licensure~~ by reciprocity under subdivision 2, must have maintained the appropriate ~~government body and unrestricted credentials~~ in each jurisdiction ~~in which the applicant holds a credential submit letters during the last five years as demonstrated by submitting letters~~ of verification to the commissioner. Each letter must state the applicant's name, date of birth, credential number, date of issuance, a statement regarding disciplinary actions, if any, taken against the applicant, and the terms under which the credential was issued.

Subd. 4. [TEMPORARY ~~REGISTRATION LICENSURE~~.] (a) The commissioner shall issue temporary ~~registration licensure~~ as a speech-language pathologist, an audiologist, or both, to an applicant who has applied for ~~registration licensure~~ under ~~this section~~ sections 148.515, 148.516, 148.517, or 148.518, subdivisions 1 and 2 and who:

(1) submits a signed and dated affidavit stating that the applicant is not the subject of a disciplinary action or past disciplinary action in this or another jurisdiction and is not disqualified on the basis of section 148.5195, subdivision 3; and

(2) either:

(i) provides a copy of a current credential as a speech-language pathologist, an audiologist, or both, held in the District of Columbia or a state or territory of the United States; or

(ii) provides a copy of a current certificate of clinical competence issued by the American Speech-Language-Hearing Association or ~~its equivalent~~ board certification in audiology by the American Board of Audiology.

(b) A temporary ~~registration license~~ issued to a person under this subdivision expires 90 days after it is issued or on the date the commissioner grants or denies ~~registration licensure~~, whichever occurs first.

(c) Upon application, a temporary ~~registration license~~ shall be renewed once to a person who is able to demonstrate good cause for failure to meet the requirements for ~~registration licensure~~ within the initial temporary ~~registration licensure~~ period and who is not the subject of a disciplinary action or disqualified on the basis of section 148.5195, subdivision 3.

Sec. 22. Minnesota Statutes 2002, section 148.518, is amended to read:

148.518 [~~REGISTRATION LICENSURE FOLLOWING LAPSE OF REGISTERED LICENSURE STATUS.~~]

~~Subdivision 1. [LAPSE OF THREE YEARS OR LESS.]~~ For an applicant whose registered licensure status has lapsed ~~for three years or less~~, the applicant must:

(1) apply for ~~registration~~ license renewal according to section 148.5191 and document compliance with the continuing education requirements of section 148.5193 since the applicant's ~~registration~~ license lapsed; ~~or~~

(2) fulfill the requirements of section 148.517~~;~~

~~Subd. 2. [LAPSE OF MORE THAN THREE YEARS.]~~ For an applicant whose ~~registered status has lapsed for more than three years~~, the applicant must:

~~(1) apply for registration renewal according to section 148.5191 and obtain a qualifying score on the examination described in section 148.515, subdivision 5, within one year of the application date for registration renewal;~~

~~(2) apply for renewal according to section 148.5191, provide evidence to the commissioner that the applicant holds a current and unrestricted credential for the practice of speech language pathology from the Minnesota board of teaching or for the practice of speech language pathology or audiology in another jurisdiction and provide evidence that the applicant's credential from the Minnesota board of teaching or another jurisdiction has been held in good standing during the period of lapse;~~

(3) apply for renewal according to section 148.5191 and submit documentation of having completed a combination of speech-language pathology or audiology courses or ~~a speech language pathology or audiology refresher program~~ directly related continuation education hours that contains both a theoretical and clinical component preapproved or approved by the commissioner. Only courses completed within one year preceding the date of the application or one year after the date of the application will qualify for approval; or

(4) apply for renewal according to section 148.5191 and submit proof of successful completion and verified documentation of 160 hours of supervised practice approved by the commissioner. To participate in a supervised practice, the applicant shall first apply and obtain temporary registration according to section 148.5161.

Sec. 23. Minnesota Statutes 2002, section 148.519, is amended to read:

148.519 [~~REGISTRATION LICENSURE PROCEDURES.~~]

Subdivision 1. [~~APPLICATIONS FOR REGISTRATION LICENSURE.~~] (a) An applicant for registration licensure must:

(1) submit a completed application for registration licensure on forms provided by the commissioner. The application must include the applicant's name, certification number under chapter 153A, if applicable, business address and telephone number, or home address and telephone number if the applicant practices speech-language pathology or audiology out of the home, and a description of the applicant's education, training, and experience, including previous work history for the five years immediately preceding the date of application. The commissioner may ask the applicant to provide additional information necessary to clarify information submitted in the application; and

(2) applicants must submit documentation of the certificate of clinical competence issued by the American Speech-Language-Hearing Association, board certification by the American Board of Audiology, or satisfy the following requirements:

~~(2)~~ (i) submit a transcript showing the completion of a master's or doctoral degree or its equivalent meeting the requirements of section 148.515, subdivision 2;

~~(3)~~ (ii) submit documentation of the required hours of supervised clinical training ~~meeting the requirements of section 148.515, subdivision 3;~~

~~(4)~~ (iii) submit documentation of the postgraduate clinical or doctoral clinical experience meeting the requirements of section 148.515, subdivision 4; and

~~(5)~~ (iv) submit documentation of receiving a qualifying score on an examination meeting the requirements of section 148.515, subdivision 5;

(b) In addition, an applicant must:

~~(6)~~ (1) sign a statement that the information in the application is true and correct to the best of the applicant's knowledge and belief;

~~(7)~~ (2) submit with the application all fees required by section 148.5194; and

~~(8)~~ (3) sign a waiver authorizing the commissioner to obtain access to the applicant's records in this or any other state in which the applicant has engaged in the practice of speech-language pathology or audiology.

Subd. 2. [ACTION ON APPLICATIONS FOR ~~REGISTRATION LICENSURE~~.] (a) The commissioner shall act on an application for ~~registration licensure~~ according to paragraphs (b) to (d).

(b) The commissioner shall determine if the applicant meets the requirements for ~~registration licensure~~. The commissioner or advisory council may investigate information provided by an applicant to determine whether the information is accurate and complete.

(c) The commissioner shall notify an applicant, via certified mail, of action taken on the application and of the grounds for denying ~~registration licensure~~ if ~~registration licensure~~ is denied.

(d) An applicant denied ~~registration licensure~~ may make a written request to the commissioner, within 30 days of the date of notification to the applicant, ~~to appear before the advisory council and for the advisory council to review the commissioner's decision to deny the applicant's registration. After reviewing the denial, the advisory council shall make a recommendation to the commissioner as to whether the denial should be affirmed. An applicant is allowed no more than one request for a review of denial of registration in any one registration renewal period for reconsideration of the denial. Individuals requesting reconsideration may submit information that the applicant wants considered in the reconsideration. After reconsideration of the commissioner's determination to deny licensure, the commissioner shall determine whether the original determination should be affirmed or modified. An applicant may make only one request in any one biennial license period for reconsideration of the commissioner's determination to deny licensure.~~

Subd. 3. [CHANGE OF ADDRESS.] A licensee who changes addresses must inform the commissioner, in writing, of the change of address within 30 days. All notices or other correspondence mailed to or served on a licensee by the commissioner at the licensee's address on file with the commissioner shall be considered as having been received by the licensee.

Sec. 24. Minnesota Statutes 2002, section 148.5191, is amended to read:

148.5191 [~~REGISTRATION LICENSURE RENEWAL.~~]

Subdivision 1. [~~RENEWAL REQUIREMENTS.~~] To renew ~~registration licensure~~, an applicant must:

(1) biennially complete a renewal application on a form provided by the commissioner and submit the biennial renewal fee;

(2) meet the continuing education requirements of section 148.5193 and submit evidence of attending continuing education courses, as required in section 148.5193, subdivision 6; and

(3) submit additional information if requested by the commissioner to clarify information presented in the renewal application. The information must be submitted within 30 days after the commissioner's request.

Subd. 2. [~~LATE FEE.~~] An application submitted after the renewal deadline date must be accompanied by a late fee as provided in section 148.5194, subdivision 4.

Subd. 3. [~~REGISTRATION LICENSURE RENEWAL NOTICE.~~] ~~Registration Licensure~~ renewal is on a biennial basis. At least 60 days before the ~~registration licensure~~ expiration date, the commissioner shall send out a renewal notice to the ~~registrant's licensee's~~ last known address. The notice shall include a renewal application and notice of fees required for renewal. If the ~~registrant licensee~~ does not receive the renewal notice, the ~~registrant licensee~~ is still required to meet the deadline for renewal to qualify for continuous ~~registered licensure~~ status.

Subd. 4. [~~RENEWAL DEADLINE.~~] Each ~~registration-certificate license~~, including a temporary ~~registration certificate license~~ provided under section 148.5161, must state an expiration date. An application for ~~registration licensure~~ renewal must be received by the department of health or postmarked at least 30 days before the expiration date. If the postmark is illegible, the application shall be considered timely if received at least 21 days before the expiration date.

When the commissioner establishes the renewal schedule for an applicant, ~~registrant licensee~~, or temporary ~~registrant licensee~~, if the period before the expiration date is less than two years, the fee shall be prorated.

Sec. 25. Minnesota Statutes 2002, section 148.5193, subdivision 1, is amended to read:

Subdivision 1. [~~NUMBER OF CONTACT HOURS REQUIRED.~~] (a) An applicant for ~~registration licensure~~ renewal must meet the requirements for continuing education ~~according to stipulated by the American Speech-Language-Hearing Association or the American Board of Audiology, or satisfy the requirements described in~~ paragraphs (b) to (e).

(b) An applicant for ~~registration licensure~~ renewal as either a speech-language pathologist or an audiologist must provide evidence to the commissioner of a minimum of 30 contact hours of continuing education offered by a continuing education sponsor within the two years immediately preceding ~~registration licensure~~ renewal. A minimum of 20 contact hours of continuing education must be directly related to the ~~registrant's licensee's~~ area of ~~registration licensure~~. Ten contact hours of continuing education may be in areas generally related to the ~~registrant's licensee's~~ area of ~~registration licensure~~.

(c) An applicant for ~~registration licensure~~ renewal as both a speech-language pathologist and an audiologist must attest to and document completion of a minimum of 36 contact hours of continuing education offered by a continuing education sponsor within the two years immediately preceding ~~registration licensure~~ renewal. A minimum of 15 contact hours must be received in the area of speech-language pathology and a minimum of 15 contact hours must be received in the area of audiology. Six contact hours of continuing education may be in areas generally related to the ~~registrant's licensee's~~ areas of ~~registration licensure~~.

(d) If the ~~registrant~~ licensee is licensed by the board of teaching:

(1) activities that are approved in the categories of Minnesota Rules, part 8700.1000, subpart 3, items A and B, and that relate to speech-language pathology, shall be considered:

(i) offered by a sponsor of continuing education; and

(ii) directly related to speech-language pathology;

(2) activities that are approved in the categories of Minnesota Rules, part 8700.1000, subpart 3, shall be considered:

(i) offered by a sponsor of continuing education; and

(ii) generally related to speech-language pathology; and

(3) one clock hour as defined in Minnesota Rules, part 8700.1000, subpart 1, is equivalent to ~~1.2~~ 1.0 contact hours of continuing education.

(e) Contact hours cannot be accumulated in advance and transferred to a future continuing education period.

Sec. 26. Minnesota Statutes 2002, section 148.5193, subdivision 4, is amended to read:

Subd. 4. [EARNING CONTINUING EDUCATION CONTACT HOURS THROUGH CONTACT HOUR EQUIVALENTS.] (a) A ~~registrant~~ licensee who teaches continuing education courses or presents or publishes for educational purposes may obtain contact hour equivalents according to paragraphs (b) to (d).

(b) The sponsor of the course must meet the requirements of subdivision 2.

(c) A ~~registrant~~ licensee may not obtain more than six contact hours in any two-year continuing education period by teaching continuing education courses.

(d) A ~~registrant~~ licensee may obtain two contact hours for each hour spent teaching a course. Contact hours may be claimed only once for teaching the same course in any two-year continuing education period.

Sec. 27. Minnesota Statutes 2002, section 148.5193, subdivision 6, is amended to read:

Subd. 6. [RECORDS OF ATTENDANCE.] (a) A ~~registrant~~ licensee must maintain for four years records of attending the continuing education contact hours required for ~~registration~~ licensure renewal.

(b) An applicant for ~~registration~~ licensure renewal must submit documentation demonstrating compliance with continuing education requirements of the American Speech-Language-Hearing Association on the American Board of Audiology or an equivalent, or the following information on a form provided by the commissioner: the sponsoring organization, the dates of the course, the course name, the number of contact hours completed, and the name and signature of the ~~registrant~~ licensee. The form must be submitted with the renewal application under section 148.5191, subdivision 1.

Sec. 28. Minnesota Statutes 2002, section 148.5193, subdivision 6a, is amended to read:

Subd. 6a. [VERIFICATION OF ATTENDANCE.] An applicant for ~~registration~~ licensure renewal must submit verification of attendance as follows:

(1) a certificate of attendance from the sponsor with the continuing education course name, course date, and ~~registrant's licensee's~~ name. If a certificate is not available, the commissioner may accept other evidence of attendance such as a confirmation or statement of registration for regional or national annual conferences or conventions of professional associations, a copy of the continuing education courses indicating those attended, and an affidavit of attendance;

(2) a copy of a record of attendance from the sponsor of the continuing education course;

(3) a signature of the presenter or a designee at the continuing education activity on the continuing education report form;

(4) a summary or outline of the educational content of an audio or video educational activity if a designee is not available to sign the continuing education report form;

(5) for self-study programs, a certificate of completion or other documentation indicating that the individual has demonstrated knowledge and has successfully completed the program; ~~and~~ or

(6) for attendance at a university, college, or vocational course, an official transcript.

Sec. 29. Minnesota Statutes 2002, section 148.5193, subdivision 7, is amended to read:

Subd. 7. [VERIFICATION OF CONTINUING EDUCATION REPORTS.] The commissioner may request a ~~registrant licensee~~ or continuing education sponsor to verify the continuing education to which the ~~registrant licensee~~ attested. Documentation may come directly from the ~~registrant licensee~~, the continuing education sponsor, or from a national accrediting or certifying organization which maintains the records.

Sec. 30. Minnesota Statutes 2002, section 148.5193, subdivision 8, is amended to read:

Subd. 8. [WAIVER OF CONTINUING EDUCATION REQUIREMENTS.] The commissioner may grant a waiver of the requirements of this section in cases where the requirements would impose an undue burden on the ~~registrant licensee~~. A ~~registrant licensee~~ must request in writing a waiver of the requirements of this section. The request for a waiver must cite this section, the reasons for requesting the waiver, the period of time the ~~registrant licensee~~ wishes to have the continuing education requirement waived, and the alternative measures that will be taken if a waiver is granted. The commissioner shall set forth, in writing, the reasons for granting or denying the waiver. Waivers granted by the commissioner shall specify in writing the time limitation and required alternative measures to be taken by the ~~registrant licensee~~.

Sec. 31. Minnesota Statutes 2002, section 148.5194, subdivision 1, is amended to read:

Subdivision 1. [FEE PRORATION.] The commissioner shall prorate the ~~registration licensure~~ fee for clinical fellowship, doctoral externship, temporary, and first time registrants licensees according to the number of months that have elapsed between the date ~~registration~~ the license is issued and the date ~~registration~~ the license must be renewed under section 148.5191, subdivision 4.

Sec. 32. Minnesota Statutes 2002, section 148.5194, subdivision 2, is amended to read:

Subd. 2. [~~BIENNIAL REGISTRATION LICENSURE FEE.~~] The fee for initial ~~registration licensure~~ and biennial ~~registration licensure~~, temporary ~~registration licensure~~, or renewal is \$200.

Sec. 33. Minnesota Statutes 2002, section 148.5194, subdivision 3, is amended to read:

Subd. 3. [~~BIENNIAL REGISTRATION LICENSURE FEE FOR DUAL REGISTRATION LICENSURE AS A SPEECH-LANGUAGE PATHOLOGIST AND AUDIOLOGIST.~~] The fee for initial ~~registration licensure~~ and biennial ~~registration licensure~~, clinical fellowship, doctoral externship, temporary ~~registration license~~, or renewal is \$200.

Sec. 34. Minnesota Statutes 2002, section 148.5194, subdivision 3a, is amended to read:

Subd. 3a. [~~SURCHARGE FEE.~~] Notwithstanding section 16A.1285, subdivision 2, for a period of four years following July 1, 1999, an applicant for ~~registration licensure~~ or ~~registration licensure~~ renewal must pay a surcharge fee of \$25 in addition to any other fees due upon ~~registration licensure~~ or ~~registration licensure~~ renewal. This subdivision expires June 30, 2003.

Sec. 35. Minnesota Statutes 2002, section 148.5195, subdivision 2, is amended to read:

Subd. 2. [~~RIGHTS OF APPLICANTS AND REGISTRANTS LICENSEES.~~] The rights of an applicant denied ~~registration licensure~~ are stated in section 148.519, subdivision 2, paragraph (d). A ~~registrant licensee~~ shall not be subjected to disciplinary action under this section without first having an opportunity for a contested case hearing under chapter 14.

Sec. 36. Minnesota Statutes 2002, section 148.5195, subdivision 3, is amended to read:

Subd. 3. [~~GROUND FOR DISCIPLINARY ACTION BY COMMISSIONER.~~] The commissioner may take any of the disciplinary actions listed in subdivision 4 on proof that the individual has:

- (1) intentionally submitted false or misleading information to the commissioner or the advisory council;
- (2) failed, within 30 days, to provide information in response to a written request, via certified mail, by the commissioner or advisory council;
- (3) performed services of a speech-language pathologist or audiologist in an incompetent or negligent manner;
- (4) violated sections 148.511 to 148.5196;
- (5) failed to perform services with reasonable judgment, skill, or safety due to the use of alcohol or drugs, or other physical or mental impairment;
- (6) violated any state or federal law, rule, or regulation, and the violation is a felony or misdemeanor, an essential element of which is dishonesty, or which relates directly or indirectly to the practice of speech-language pathology or audiology. Conviction for violating any state or federal law which relates to speech-language pathology or audiology is necessarily considered to constitute a violation, except as provided in chapter 364;
- (7) aided or abetted another person in violating any provision of sections 148.511 to 148.5196;

(8) been or is being disciplined by another jurisdiction, if any of the grounds for the discipline is the same or substantially equivalent to those under sections 148.511 to 148.5196;

(9) not cooperated with the commissioner or advisory council in an investigation conducted according to subdivision 1;

(10) advertised in a manner that is false or misleading;

(11) engaged in conduct likely to deceive, defraud, or harm the public; or demonstrated a willful or careless disregard for the health, welfare, or safety of a client;

(12) failed to disclose to the consumer any fee splitting or any promise to pay a portion of a fee to any other professional other than a fee for services rendered by the other professional to the client;

(13) engaged in abusive or fraudulent billing practices, including violations of federal Medicare and Medicaid laws, Food and Drug Administration regulations, or state medical assistance laws;

(14) obtained money, property, or services from a consumer through the use of undue influence, high pressure sales tactics, harassment, duress, deception, or fraud;

(15) performed services for a client who had no possibility of benefiting from the services;

(16) failed to refer a client for medical evaluation or to other health care professionals when appropriate or when a client indicated symptoms associated with diseases that could be medically or surgically treated;

(17) if the individual is a dispenser of hearing instruments as defined by section 153A.13, subdivision 5, had the certification required by chapter 153A, denied, suspended, or revoked according to chapter 153A; or

(18) used the term doctor of audiology, doctor of speech-language pathology, AuD, or SLPD without having obtained the degree from an institution accredited by the North Central Association of Colleges and Secondary Schools ~~or the American Speech Language Hearing Association, the Council on Academic Accreditation in Audiology and Speech-Language Pathology, the United States Department of Education, or an equivalent.~~

Sec. 37. Minnesota Statutes 2002, section 148.5195, subdivision 4, is amended to read:

Subd. 4. [DISCIPLINARY ACTIONS.] If the commissioner finds that an individual should be disciplined according to subdivision 3, the commissioner may take any one or more of the following actions:

(1) refuse to grant or renew ~~registration~~ licensure;

(2) suspend ~~registration~~ licensure for a period not exceeding one year;

(3) revoke ~~registration~~ licensure; or

(4) take any reasonable lesser action against an individual upon proof that the individual has violated sections 148.511 to 148.5196; or

(5) impose, for each violation, a civil penalty not exceeding \$7,500 that deprives the licensee of any economic advantage gained by the violation and that reimburses the department of health for costs of the investigation and proceedings resulting in disciplinary action, including the amount paid for services of the administrative hearings,

the amount paid for services of the office of the attorney general, attorney fees, court reporters, witnesses, reproduction of records, advisory council members' per diem compensation, department staff time, and expense incurred by advisory council members and department staff.

Sec. 38. Minnesota Statutes 2002, section 148.5195, subdivision 5, is amended to read:

Subd. 5. [CONSEQUENCES OF DISCIPLINARY ACTIONS.] Upon the suspension or revocation of ~~registration licensure~~, the speech-language pathologist or audiologist shall cease to practice speech-language pathology or audiology, to use titles protected under sections 148.511 to 148.5196, and ~~shall cease~~ to represent to the public that the speech-language pathologist or audiologist is ~~registered~~ licensed by the commissioner.

Sec. 39. Minnesota Statutes 2002, section 148.5195, subdivision 6, is amended to read:

Subd. 6. [REINSTATEMENT REQUIREMENTS AFTER DISCIPLINARY ACTION.] A speech-language pathologist or audiologist who has had ~~registration licensure~~ suspended may petition on forms provided by the commissioner for reinstatement following the period of suspension specified by the commissioner. The requirements of section 148.5191 for renewing ~~registration licensure~~ must be met before ~~registration licensure~~ may be reinstated.

Sec. 40. Minnesota Statutes 2002, section 148.5196, is amended to read:

148.5196 [SPEECH-LANGUAGE PATHOLOGIST AND AUDIOLOGIST ADVISORY COUNCIL.]

Subdivision 1. [MEMBERSHIP.] The commissioner shall appoint ~~seven~~ eight persons to a speech-language pathologist and audiologist advisory council. The ~~seven~~ eight persons must include:

(1) two public members, as defined in section 214.02. The public members shall be either persons receiving services of a speech-language pathologist or audiologist, or family members of or caregivers to such persons;

(2) two speech-language pathologists ~~registered~~ licensed under sections 148.511 to 148.5196, one of whom is currently and has been, for the five years immediately preceding the appointment, engaged in the practice of speech-language pathology in Minnesota and each of whom is employed in a different employment setting including, but not limited to, private practice, hospitals, rehabilitation settings, educational settings, and government agencies;

(3) one speech-language pathologist ~~registered~~ licensed under sections 148.511 to 148.5196, who is currently and has been, for the five years immediately preceding the appointment, employed by a Minnesota public school district or a Minnesota public school district consortium that is authorized by Minnesota Statutes and who is licensed in ~~communication disorders~~ speech-language pathology by the Minnesota board of teaching; ~~and~~

(4) two audiologists ~~registered~~ licensed under sections 148.511 to 148.5196, one of whom is currently and has been, for the five years immediately preceding the appointment, engaged in the practice of audiology in Minnesota and each of whom is employed in a different employment setting including, but not limited to, private practice, hospitals, rehabilitation settings, educational settings, industry, and government agencies; and

(5) one physician licensed under chapter 147 and certified by the American Board of Otolaryngology as a head and neck specialist.

Subd. 2. [ORGANIZATION.] The advisory council shall be organized and administered under section 15.059.

Subd. 3. [DUTIES.] The advisory council shall:

- (1) advise the commissioner regarding speech-language pathologist and audiologist ~~registration~~ licensure standards;
- (2) advise the commissioner on enforcement of sections 148.511 to 148.5196;
- (3) provide for distribution of information regarding speech-language pathologist and audiologist ~~registration~~ licensure standards;
- (4) review applications and make recommendations to the commissioner on granting or denying ~~registration~~ licensure or ~~registration~~ licensure renewal;
- (5) review reports of investigations relating to individuals and make recommendations to the commissioner as to whether ~~registration~~ licensure should be denied or disciplinary action taken against the individual;
- (6) advise the commissioner regarding approval of continuing education activities provided by sponsors using the criteria in section 148.5193, subdivision 2; and
- (7) perform other duties authorized for advisory councils under chapter 214, or as directed by the commissioner.

Sec. 41. Minnesota Statutes 2002, section 153A.14, subdivision 2a, is amended to read:

Subd. 2a. [EXEMPTION FROM WRITTEN EXAMINATION REQUIREMENT.] Persons completing the audiology registration requirements of section 148.515 after January 1, 1996, are exempt from the written examination requirements of subdivision 2h, paragraph (a), clause (1). Minnesota ~~registration or American Speech-Language-Hearing Association certification~~ licensure, a current certification of clinical competence issued by the American Speech-Language-Hearing Association, board certification in audiology by the American Board of Audiology, or an equivalent, as an audiologist is not required but may be submitted as evidence qualifying for exemption from the written examination if the requirements are completed after January 1, 1996. Persons qualifying for written examination exemption must fulfill the other credentialing requirements under subdivisions 1 and 2 before a certificate may be issued by the commissioner.

Sec. 42. Minnesota Statutes 2002, section 153A.14, subdivision 2i, is amended to read:

Subd. 2i. [CONTINUING EDUCATION REQUIREMENT.] On forms provided by the commissioner, each certified dispenser must submit with the application for renewal of certification evidence of completion of ten course hours of continuing education earned within the 12-month period of July 1 to June 30 immediately preceding renewal. Continuing education courses must be directly related to hearing instrument dispensing and approved by the International Hearing Society or qualify for continuing education approved for Minnesota ~~registered~~ licensed audiologists. Evidence of completion of the ten course hours of continuing education must be submitted with renewal applications by October 1 of each year. This requirement does not apply to dispensers certified for less than one year. The first report of evidence of completion of the continuing education credits shall be due October 1, 1997.

Sec. 43. Minnesota Statutes 2002, section 153A.17, is amended to read:

153A.17 [EXPENSES; FEES.]

The expenses for administering the certification requirements including the complaint handling system for hearing aid dispensers in sections 153A.14 and 153A.15 and the consumer information center under section 153A.18 must be paid from initial application and examination fees, renewal fees, penalties, and fines. All fees are

nonrefundable. The certificate application fee is \$165 for audiologists ~~registered~~ licensed under section 148.511 and \$490 for all others, the examination fee is \$200 for the written portion and \$200 for the practical portion each time one or the other is taken, and the trainee application fee is \$100. Notwithstanding the policy set forth in section 16A.1285, subdivision 2, a surcharge of \$165 for audiologists ~~registered~~ licensed under section 148.511 and \$330 for all others shall be paid at the time of application or renewal until June 30, 2003, to recover the commissioner's accumulated direct expenditures for administering the requirements of this chapter. The penalty fee for late submission of a renewal application is \$200. All fees, penalties, and fines received must be deposited in the state government special revenue fund. The commissioner may prorate the certification fee for new applicants based on the number of quarters remaining in the annual certification period.

Sec. 44. Minnesota Statutes 2002, section 153A.20, subdivision 1, is amended to read:

Subdivision 1. [MEMBERSHIP.] The commissioner shall appoint nine persons to a hearing instrument dispenser advisory council.

(a) The nine persons must include:

(1) three public members, as defined in section 214.02. At least one of the public members shall be a hearing instrument user and one of the public members shall be either a hearing instrument user or an advocate of one; and

(2) three hearing instrument dispensers certified under sections 153A.14 to 153A.20, each of whom is currently, and has been for the five years immediately preceding their appointment, engaged in hearing instrument dispensing in Minnesota and who represent the occupation of hearing instrument dispensing and who are not audiologists; and

(3) three audiologists who are certified hearing instrument dispensers or are ~~registered~~ licensed as audiologists under chapter 148.

(b) The factors the commissioner may consider when appointing advisory council members include, but are not limited to, professional affiliation, geographical location, and type of practice.

(c) No two members of the advisory council shall be employees of, or have binding contracts requiring sales exclusively for, the same hearing instrument manufacturer or the same employer.

Sec. 45. [REVISOR INSTRUCTION.]

The revisor shall renumber Minnesota Statutes, section 148.517, subdivision 4, as Minnesota Statutes, section 148.5175.

Sec. 46. [REPEALER.]

Minnesota Statutes 2002, sections 148.512, subdivision 11; and 148.515, subdivisions 3 and 5, are repealed."

Delete the title and insert:

"A bill for an act relating to health; modifying provisions relating to the practice of speech-language pathology or audiology; amending Minnesota Statutes 2002, sections 148.511; 148.512, subdivisions 2, 4, 6, 7, 8, 12, 13, 14, 15, 16, 17, 18, 20; 148.513; 148.514; 148.515, subdivisions 2, 4; 148.516; 148.5161; 148.517; 148.518; 148.519; 148.5191; 148.5193, subdivisions 1, 4, 6, 6a, 7, 8; 148.5194, subdivisions 1, 2, 3, 3a; 148.5195, subdivisions 2, 3, 4, 5, 6; 148.5196; 153A.14, subdivisions 2a, 2i; 153A.17; 153A.20, subdivision 1; repealing Minnesota Statutes 2002, sections 148.512, subdivision 11; 148.515, subdivisions 3, 5."

With the recommendation that when so amended the bill pass.

The report was adopted.

Bradley from the Committee on Health and Human Services Finance to which was referred:

H. F. No. 403, A bill for an act relating to the county of Itasca; authorizing issuance of bonds for construction of a nursing home facility.

Reported the same back with the recommendation that the bill be re-referred to the Committee on Local Government and Metropolitan Affairs without further recommendation.

The report was adopted.

Boudreau from the Committee on Health and Human Services Policy to which was referred:

H. F. No. 410, A bill for an act relating to human services; requiring specialized Alzheimer's disease training; providing for certain grants; requiring the development of nursing assistant training models; expanding Alzheimer's disease training for family caregivers; appropriating money; amending Minnesota Statutes 2002, sections 144A.04, by adding a subdivision; 144A.38, by adding a subdivision; 144A.45, by adding a subdivision; 144A.61, by adding a subdivision; 256B.0928; proposing coding for new law in Minnesota Statutes, chapter 144D.

Reported the same back with the following amendments:

Delete everything after the enacting clause and insert:

"Section 1. [144.6503] [NURSING FACILITIES THAT SERVE PERSONS WITH ALZHEIMER'S DISEASE OR RELATED DISORDERS.]

(a) If a nursing facility markets or otherwise promotes services for persons with Alzheimer's disease or related disorders, whether in a segregated or general unit, the facility's direct care staff and their supervisors must be trained in dementia care.

(b) Areas of required training include:

(1) an explanation of Alzheimer's disease and related disorders;

(2) assistance with activities of daily living;

(3) problem solving with challenging behaviors; and

(4) communication skills.

(c) The facility shall provide to consumers in written or electronic form a description of the training program, the categories of employees trained, the frequency of training, and the basic topics covered.

Sec. 2. Minnesota Statutes 2002, section 144A.45, is amended by adding a subdivision to read:

Subd. 5. [HOME CARE PROVIDERS THAT SERVE PERSONS WITH ALZHEIMER'S DISEASE OR RELATED DISORDERS.] (a) If a home care provider licensed under section 144A.46 or 144A.4605 markets or otherwise promotes services for persons with Alzheimer's disease or related disorders, the facility's direct care staff and their supervisors must be trained in dementia care.

(b) Areas of required training include:

(1) an explanation of Alzheimer's disease and related disorders;

(2) assistance with activities of daily living;

(3) problem solving with challenging behaviors; and

(4) communication skills.

(c) The licensee shall provide to consumers in written or electronic form a description of the training program, the categories of employees trained, the frequency of training, and the basic topics covered.

Sec. 3. [144D.065] [ESTABLISHMENTS THAT SERVE PERSONS WITH ALZHEIMER'S DISEASE OR RELATED DISORDERS.]

(a) If a housing with services establishment registered under this chapter markets or otherwise promotes services for persons with Alzheimer's disease or related disorders, whether in a segregated or general unit, the facility's direct care staff and their supervisors must be trained in dementia care.

(b) Areas of required training include:

(1) an explanation of Alzheimer's disease and related disorders;

(2) assistance with activities of daily living;

(3) problem solving with challenging behaviors; and

(4) communication skills.

(c) The establishment shall provide to consumers in written or electronic form a description of the training program, the categories of employees trained, the frequency of training, and the basic topics covered. This information satisfies the disclosure requirements of section 325F.72, subdivision 2, clause (4).

Sec. 4. Minnesota Statutes 2002, section 245A.04, is amended by adding a subdivision to read:

Subd. 12. [ADULT DAY CARE FACILITIES THAT SERVE PERSONS WITH ALZHEIMER'S DISEASE OR RELATED DISORDERS.] (a) If an adult day care facility markets or otherwise promotes services for persons with Alzheimer's disease or related disorders, the facility's direct care staff and their supervisors must be trained in dementia care.

(b) Areas of required training include:

(1) an explanation of Alzheimer's disease and related disorders;

(2) assistance with activities of daily living;

(3) problem solving with challenging behaviors; and

(4) communication skills.

(c) The facility shall provide to consumers in written or electronic form a description of the training program, the categories of employees trained, the frequency of training, and the basic topics covered."

Delete the title and insert:

"A bill for an act relating to human services; requiring specialized Alzheimer's disease training in certain facilities and services; providing for consumer disclosure; amending Minnesota Statutes 2002, sections 144A.45, by adding a subdivision; 245A.04, by adding a subdivision; proposing coding for new law in Minnesota Statutes, chapters 144; 144D."

With the recommendation that when so amended the bill pass.

The report was adopted.

Boudreau from the Committee on Health and Human Services Policy to which was referred:

H. F. No. 436, A bill for an act relating to health; limiting use of family planning grant funds; proposing coding for new law in Minnesota Statutes, chapter 145.

Reported the same back with the recommendation that the bill pass.

The report was adopted.

Rhodes from the Committee on Governmental Operations and Veterans Affairs Policy to which was referred:

H. F. No. 440, A bill for an act relating to elections; requiring distribution of voter registration forms to certain students; amending Minnesota Statutes 2002, section 201.1611, subdivision 1.

Reported the same back with the following amendments:

Page 1, line 11, strike "provide" and insert "make available"

Page 1, line 13, delete "March" and insert "May"

Page 1, line 14, after "students" insert "registered as students of the school district"

Page 1, line 15, after the period, insert "A school district has no obligation to provide voter registration forms to students who participate in a postsecondary education option program or who otherwise reside in the district but do not attend a school operated by the district. A school district fulfills its obligation to a student under this section if it provides a voter registration form to the student one time."

With the recommendation that when so amended the bill pass.

The report was adopted.

Boudreau from the Committee on Health and Human Services Policy to which was referred:

H. F. No. 632, A bill for an act relating to insurance; expanding the availability and quality of long-term care insurance; establishing a legislative task force; amending Minnesota Statutes 2002, sections 43A.318, subdivision 1; 62A.48, by adding a subdivision; 62S.05, by adding a subdivision; proposing coding for new law in Minnesota Statutes, chapters 62A; 62S.

Reported the same back with the following amendments:

Delete everything after the enacting clause and insert:

"Section 1. Minnesota Statutes 2002, section 43A.318, subdivision 1, is amended to read:

Subdivision 1. [DEFINITIONS.] (a) [SCOPE.] For the purposes of this section, the terms defined have the meaning given them.

(b) [ADVISORY COMMITTEE; COMMITTEE.] "Advisory committee" or "committee" means the committee created under subdivision 3.

(c) [COMMITTEE MEMBER; MEMBER.] "Committee member" or "member" means a person serving on the advisory committee created under subdivision 3.

(d) [ELIGIBLE PERSON.] "Eligible person" means:

(1) ~~a person who is eligible for insurance and benefits under section 43A.24;~~

~~(2) a person who at the time of separation from employment was eligible to purchase coverage at personal expense under section 43A.27, subdivision 3, regardless of whether the person elected to purchase this coverage an active, deferred, or retired member or an annuitant of a public pension plan of the state or of a political subdivision of the state;~~

~~(3) (2) a spouse of a person described in clause (1) ~~or (2)~~, regardless of the enrollment status in the program of the person described in clause (1) ~~or (2)~~; or~~

~~(4) (3) a parent or stepparent of a person described in clause (1) or (2), regardless of the enrollment status in the program of the person described in clause (1) or (2).~~

(e) [PROGRAM.] "Program" means the statewide public employees long-term care insurance program created under subdivision 2.

(f) [QUALIFIED VENDOR.] "Qualified vendor" means an entity licensed or authorized to underwrite, provide, or administer group long-term care insurance benefits in this state.

Sec. 2. Minnesota Statutes 2002, section 61A.072, subdivision 6, is amended to read:

Subd. 6. [ACCELERATED BENEFITS.] (a) "Accelerated benefits" covered under this section are benefits payable under the life insurance contract:

(1) to a policyholder or certificate holder, during the lifetime of the insured, ~~in anticipation of death~~ upon the occurrence of a specified life-threatening or catastrophic condition as defined by the policy or rider;

(2) that reduce the death benefit otherwise payable under the life insurance contract; and

(3) that are payable upon the occurrence of a single qualifying event that results in the payment of a benefit amount fixed at the time of acceleration.

(b) "Qualifying event" means one or more of the following:

(1) a medical condition that would result in a drastically limited life span as specified in the contract;

(2) a medical condition that has required or requires extraordinary medical intervention, such as, but not limited to, major organ transplant or continuous artificial life support without which the insured would die; or

(3) a condition that requires continuous confinement in an eligible institution as defined in the contract if the insured is expected to remain there for the rest of the insured's life;

(4) a long-term care illness or physical condition that results in cognitive impairment or the inability to perform the activities of daily life or the substantial and material duties of any occupation; or

(5) other qualifying events that the commissioner approves for a particular filing.

Sec. 3. Minnesota Statutes 2002, section 62A.315, is amended to read:

62A.315 [EXTENDED BASIC MEDICARE SUPPLEMENT PLAN; COVERAGE.]

The extended basic Medicare supplement plan must have a level of coverage so that it will be certified as a qualified plan pursuant to section 62E.07, and will provide:

(1) coverage for all of the Medicare part A inpatient hospital deductible and coinsurance amounts, and 100 percent of all Medicare part A eligible expenses for hospitalization not covered by Medicare;

(2) coverage for the daily copayment amount of Medicare part A eligible expenses for the calendar year incurred for skilled nursing facility care;

(3) coverage for the copayment amount of Medicare eligible expenses under Medicare part B regardless of hospital confinement, and the Medicare part B deductible amount;

(4) 80 percent of the usual and customary hospital and medical expenses and supplies described in section 62E.06, subdivision 1, not to exceed any charge limitation established by the Medicare program or state law, the usual and customary hospital and medical expenses and supplies, described in section 62E.06, subdivision 1, while in a foreign country, and prescription drug expenses, not covered by Medicare;

(5) coverage for the reasonable cost of the first three pints of blood, or equivalent quantities of packed red blood cells as defined under federal regulations under Medicare parts A and B, unless replaced in accordance with federal regulations;

(6) 100 percent of the cost of immunizations and routine screening procedures for cancer, including mammograms and pap smears;

(7) preventive medical care benefit: coverage for the following preventive health services:

(i) an annual clinical preventive medical history and physical examination that may include tests and services from clause (ii) and patient education to address preventive health care measures;

(ii) any one or a combination of the following preventive screening tests or preventive services, the frequency of which is considered medically appropriate:

(A) fecal occult blood test and/or digital rectal examination;

(B) dipstick urinalysis for hematuria, bacteriuria, and proteinuria;

(C) pure tone (air only) hearing screening test administered or ordered by a physician;

(D) serum cholesterol screening every five years;

(E) thyroid function test;

(F) diabetes screening;

(iii) any other tests or preventive measures determined appropriate by the attending physician.

Reimbursement shall be for the actual charges up to 100 percent of the Medicare-approved amount for each service as if Medicare were to cover the service as identified in American Medical Association current procedural terminology (AMA CPT) codes to a maximum of \$120 annually under this benefit. This benefit shall not include payment for any procedure covered by Medicare;

(8) at-home recovery benefit: coverage for services to provide short-term at-home assistance with activities of daily living for those recovering from an illness, injury, or surgery:

(i) for purposes of this benefit, the following definitions shall apply:

(A) "activities of daily living" include, but are not limited to, bathing, dressing, personal hygiene, transferring, eating, ambulating, assistance with drugs that are normally self-administered, and changing bandages or other dressings;

(B) "care provider" means a duly qualified or licensed home health aide/homemaker, personal care aide, or nurse provided through a licensed home health care agency or referred by a licensed referral agency or licensed nurses registry;

(C) "home" means a place used by the insured as a place of residence, provided that the place would qualify as a residence for home health care services covered by Medicare. A hospital or skilled nursing facility shall not be considered the insured's place of residence;

(D) "at-home recovery visit" means the period of a visit required to provide at-home recovery care, without limit on the duration of the visit, except each consecutive four hours in a 24-hour period of services provided by a care provider is one visit;

(ii) coverage requirements and limitations:

(A) at-home recovery services provided must be primarily services that assist in activities of daily living;

(B) the insured's attending physician must certify that the specific type and frequency of at-home recovery services are necessary because of a condition for which a home care plan of treatment was approved by Medicare;

(C) coverage is limited to:

(I) no more than the number and type of at-home recovery visits certified as medically necessary by the insured's attending physician. The total number of at-home recovery visits shall not exceed the number of Medicare-approved home health care visits under a Medicare-approved home care plan of treatment;

(II) the actual charges for each visit up to a maximum reimbursement of ~~\$40~~ \$100 per visit;

(III) ~~\$1,600~~ \$4,000 per calendar year;

(IV) seven visits in any one week;

(V) care furnished on a visiting basis in the insured's home;

(VI) services provided by a care provider as defined in this section;

(VII) at-home recovery visits while the insured is covered under the policy or certificate and not otherwise excluded;

(VIII) at-home recovery visits received during the period the insured is receiving Medicare-approved home care services or no more than eight weeks after the service date of the last Medicare-approved home health care visit;

(iii) coverage is excluded for:

(A) home care visits paid for by Medicare or other government programs; and

(B) care provided by ~~family members~~, unpaid volunteers, or providers who are not care providers.

Sec. 4. Minnesota Statutes 2002, section 62A.48, is amended by adding a subdivision to read:

Subd. 12. [REGULATORY FLEXIBILITY.] The commissioner may upon written request issue an order to modify or suspend a specific provision or provisions of sections 62A.46 to 62A.56 with respect to a specific long-term care insurance policy or certificate upon a written finding that:

(1) the modification or suspension is in the best interest of the insureds;

(2) the purpose to be achieved could not be effectively or efficiently achieved without the modifications or suspension; and

(3)(i) the modification or suspension is necessary to the development of an innovative and reasonable approach for insuring long-term care;

(ii) the policy or certificate is to be issued to residents of a life care or continuing care retirement community or some other residential community for the elderly and the modification or suspension is reasonably related to the special needs or nature of such a community; or

(iii) the modification or suspension is necessary to permit long-term care insurance to be sold as part of, or in conjunction with, another insurance product.

Sec. 5. Minnesota Statutes 2002, section 62A.49, is amended by adding a subdivision to read:

Subd. 3. [PROHIBITED LIMITATIONS.] A long-term care insurance policy or certificate shall not, if it provides benefits for home health care or community care services, limit or exclude benefits by:

(1) requiring that the insured would need care in a skilled nursing facility if home health care services were not provided;

(2) requiring that the insured first or simultaneously receive nursing or therapeutic services in a home, community, or institutional setting before home health care services are covered;

(3) limiting eligible services to services provided by a registered nurse or licensed practical nurse;

(4) requiring that a nurse or therapist provide services covered by the policy that can be provided by a home health aide or other licensed or certified home care worker acting within the scope of licensure or certification;

(5) excluding coverage for personal care services provided by a home health aide;

(6) requiring that the provision of home health care services be at a level of certification or licensure greater than that required by the eligible service;

(7) requiring that the insured have an acute condition before home health care services are covered;

(8) limiting benefits to services provided by Medicare-certified agencies or providers;

(9) excluding coverage for adult day care services; or

(10) excluding coverage based upon location or type of residence in which the home health or community care services would be provided.

Sec. 6. Minnesota Statutes 2002, section 62S.22, subdivision 1, is amended to read:

Subdivision 1. [PROHIBITED LIMITATIONS.] A long-term care insurance policy or certificate shall not, if it provides benefits for home health care or community care services, limit or exclude benefits by:

(1) requiring that the insured would need care in a skilled nursing facility if home health care services were not provided;

(2) requiring that the insured first or simultaneously receive nursing or therapeutic services in a home, community, or institutional setting before home health care services are covered;

(3) limiting eligible services to services provided by a registered nurse or licensed practical nurse;

(4) requiring that a nurse or therapist provide services covered by the policy that can be provided by a home health aide or other licensed or certified home care worker acting within the scope of licensure or certification;

(5) excluding coverage for personal care services provided by a home health aide;

(6) requiring that the provision of home health care services be at a level of certification or licensure greater than that required by the eligible service;

(7) requiring that the insured have an acute condition before home health care services are covered;

(8) limiting benefits to services provided by Medicare-certified agencies or providers; ~~or~~

(9) excluding coverage for adult day care services; or

(10) excluding coverage based upon location or type of residence in which the home health or community care services would be provided.

Sec. 7. [62S.34] [REGULATORY FLEXIBILITY.]

The commissioner may upon written request issue an order to modify or suspend a specific provision or provisions of this chapter with respect to a specific long-term care insurance policy or certificate upon a written finding that:

(1) the modification or suspension is in the best interest of the insureds;

(2) the purpose to be achieved could not be effectively or efficiently achieved without the modifications or suspension; and

(3)(i) the modification or suspension is necessary to the development of an innovative and reasonable approach for insuring long-term care;

(ii) the policy or certificate is to be issued to residents of a life care or continuing care retirement community or some other residential community for the elderly and the modification or suspension is reasonably related to the special needs or nature of such a community; or

(iii) the modification or suspension is necessary to permit long-term care insurance to be sold as part of, or in conjunction with, another insurance product.

Sec. 8. [REPORTS; POTENTIAL SAVINGS TO STATE FROM CERTAIN LONG-TERM CARE INSURANCE PURCHASE INCENTIVES.]

Subdivision 1. [LONG-TERM CARE INSURANCE PARTNERSHIPS.] The commissioner of human services, in consultation with the commissioner of commerce, shall report to the legislature on the feasibility of Minnesota adopting a long-term care insurance partnership program similar to those adopted in other states. In such a program, the state would encourage purchase of private long-term care insurance by permitting the insured to retain assets in excess of those otherwise permitted for medical assistance eligibility, if the insured later exhausts the private long-term care insurance benefits. The report must include the feasibility of obtaining any necessary federal waiver. The report must comply with Minnesota Statutes, sections 3.195 and 3.197.

Subd. 2. [USE OF MEDICAL ASSISTANCE FUNDS TO SUBSIDIZE PURCHASE OF LONG-TERM CARE INSURANCE.] The commissioner of human services shall report to the legislature on the feasibility of using state medical assistance funds to subsidize the purchase of private long-term care insurance by individuals who would be unlikely to purchase it without a subsidy, in order to generate long-term savings of medical assistance expenditures. The report must comply with Minnesota Statutes, sections 3.195 and 3.197.

Subd. 3. [NURSING FACILITY BENEFITS IN MEDICARE SUPPLEMENT COVERAGE.] The commissioner of human services must study and quantify the cost or savings to the state if a nursing facility benefit were added to Medicare-related coverage, as defined in Minnesota Statutes, section 62Q.01, subdivision 6. In constructing and conducting the study, the commissioner must convene and use an advisory group of stakeholders that includes the state's two long-term care trade associations and other interested stakeholders.

Sec. 9. [EFFECTIVE DATE.]

Section 1 is effective beginning with the 2004 plan year. Sections 2 to 7 are effective January 1, 2004, and apply to policies issued on or after that date. Section 8 is effective July 1, 2003."

Delete the title and insert:

"A bill for an act relating to insurance; enhancing public employee eligibility for long-term care insurance; improving insurance coverage of long-term care; providing for studies of ways to reduce long-term care costs to the state; amending Minnesota Statutes 2002, sections 43A.318, subdivision 1; 61A.072, subdivision 6; 62A.315; 62A.48, by adding a subdivision; 62A.49, by adding a subdivision; 62S.22, subdivision 1; proposing coding for new law in Minnesota Statutes, chapter 62S."

With the recommendation that when so amended the bill pass and be re-referred to the Committee on Commerce, Jobs and Economic Development.

The report was adopted.

Boudreau from the Committee on Health and Human Services Policy to which was referred:

H. F. No. 662, A bill for an act relating to health; regulating health plan coverages for handicapped children; amending Minnesota Statutes 2002, sections 62A.14; 62A.301; 62C.14, subdivision 5.

Reported the same back with the recommendation that the bill pass and be re-referred to the Committee on Commerce, Jobs and Economic Development.

The report was adopted.

Boudreau from the Committee on Health and Human Services Policy to which was referred:

H. F. No. 692, A bill for an act relating to health occupations; modifying the scope of practice for pharmacists; amending Minnesota Statutes 2002, section 151.01, subdivision 27.

Reported the same back with the following amendments:

Delete everything after the enacting clause and insert:

"Section 1. Minnesota Statutes 2002, section 151.01, subdivision 27, is amended to read:

Subd. 27. [PRACTICE OF PHARMACY.] "Practice of pharmacy" means:

- (1) interpretation and evaluation of prescription drug orders;
- (2) compounding, labeling, and dispensing drugs and devices (except labeling by a manufacturer or packager of nonprescription drugs or commercially packaged legend drugs and devices);
- (3) participation in clinical interpretations and monitoring of drug therapy for assurance of safe and effective use of drugs;

(4) participation in drug and therapeutic device selection; drug administration for first dosage and medical emergencies; drug regimen reviews; and drug or drug-related research;

(5) participation in administration of influenza and pneumococcal vaccine to individuals over 18 years of age under standing orders from a physician licensed under chapter 147 or by written protocol with a physician provided that:

(i) the pharmacist is trained in a program approved by the American Council of Pharmaceutical Education for the administration of immunizations or graduated from a college of pharmacy in 2001 or thereafter; and

(ii) the pharmacist reports the administration of the immunization to the patient's primary physician or clinic;

(6) participation in the practice of managing drug therapy and modifying drug therapy, according to section 151.21, subdivision 1, on a case-by-case basis according to a written protocol between the specific pharmacist and the individual dentist, optometrist, physician, podiatrist, or veterinarian who is responsible for the patient's care and authorized to independently prescribe drugs. Any significant changes in drug therapy must be reported by the pharmacist to the patient's medical record;

~~(7)~~ (7) participation in the storage of drugs and the maintenance of records;

~~(8)~~ (8) responsibility for participation in patient counseling on therapeutic values, content, hazards, and uses of drugs and devices; and

~~(9)~~ (9) offering or performing those acts, services, operations, or transactions necessary in the conduct, operation, management, and control of a pharmacy."

Delete the title and insert:

"A bill for an act relating to health occupations; modifying the scope of practice for pharmacists; amending Minnesota Statutes 2002, section 151.01, subdivision 27."

With the recommendation that when so amended the bill pass.

The report was adopted.

Rhodes from the Committee on Governmental Operations and Veterans Affairs Policy to which was referred:

H. F. No. 791, A bill for an act relating to elections; changing certain requirements and procedures; amending Minnesota Statutes 2002, sections 5.08; 15.0597, subdivisions 2, 3, 4, 5, 6, 7; 15.0599, subdivision 4; 126C.17, subdivision 9; 201.061, subdivision 3; 201.071, subdivision 3; 201.161; 201.171; 201.221, subdivision 3, by adding a subdivision; 203B.06, subdivision 3; 203B.085; 203B.125; 203B.13, by adding a subdivision; 204B.06, subdivision 1; 204B.07, subdivision 2; 204B.09, subdivisions 1, 3; 204B.14, subdivision 2; 204B.16, subdivision 3; 204B.18, subdivision 1; 204B.19, subdivisions 1, 6; 204B.21, subdivisions 1, 2; 204B.22, by adding a subdivision; 204B.37; 204B.41; 204C.06, by adding a subdivision; 204C.12, subdivision 4; 204C.20, subdivision 2; 204C.24, subdivision 1; 204C.35, subdivision 1; 204C.36, subdivisions 1, 3; 204C.361; 204D.27, subdivision 11; 205.02, subdivision 1; 205.075, by adding a subdivision; 205.16, subdivision 4, by adding a subdivision; 205.185, subdivisions 2, 3; 205A.02; 205A.07, subdivision 3, by adding a subdivision; 206.81; 351.01, subdivision 4; 365.51, subdivision 3; 367.12; 414.041, subdivision 1; proposing coding for new law in Minnesota Statutes, chapter 204D.

Reported the same back with the following amendments:

Page 5, line 3, reinstate "~~mail~~" and before "electronic" insert "or"

Page 5, line 19, reinstate "~~on a form~~" and delete "in an electronic format"

Page 5, line 21, reinstate "~~provide for~~" and delete "require"

Page 15, line 10, delete "201.18" and insert "201.018"

Pages 15 to 17, delete sections 15 and 16

Page 17, line 29, delete "has the authority to" and insert "may"

Page 17, line 31, after "emergency" insert "as described by section 12.31"

Pages 17 and 18, delete section 19 and insert:

"Sec. 17. Minnesota Statutes 2002, section 203B.13, subdivision 1, is amended to read:

Subdivision 1. [ESTABLISHMENT.] The governing body of any county ~~that has established a counting center as provided in section 206.85, subdivision 2,~~ any municipality, or any school district may by ordinance or resolution, authorize an absentee ballot board. The board shall consist of a sufficient number of election judges appointed as provided in sections 204B.19 to 204B.22.

Sec. 18. Minnesota Statutes 2002, section 203B.13, subdivision 2, is amended to read:

Subd. 2. [DUTIES.] The absentee ballot board may do any of the following:

(~~a~~) (1) receive from each precinct in the municipality or school district all ballot envelopes marked "Accepted" by the election judges; provided that the governing body of a municipality or the school board of a school district may authorize the board to examine all return absentee ballot envelopes and receive or reject absentee ballots in the manner provided in section 203B.12;

(2) if the governing body of a municipality or the school board of a school district has authorized the board to examine any return absentee ballot envelopes and accept or reject absentee ballots in the manner provided in section 203B.12, the board may receive from voters residing in each precinct in the municipality or school district any absentee ballots and the board must then forward the accepted absentee ballots to the precinct for counting, tabulating, and reporting;

(~~b~~) (3) open and count the absentee ballots, tabulating the vote in a manner that indicates each vote of the absentee voter and the total absentee vote cast for each candidate or question in each precinct; or

(~~c~~) (4) report the vote totals tabulated for each precinct.

The absentee ballot board may begin the process of examining the return envelopes and marking them "accepted" or "rejected" at any time during the 30 days before the election. If an envelope has been rejected at least five days before the election, the ballots in the envelope must be considered spoiled ballots and the official in charge of the absentee ballot board shall provide the voter with a replacement absentee ballot and return envelope in place of the spoiled ballot. The secretary of state shall provide samples of the replacement ballot and return envelope for use by the county auditor."

Pages 25 and 26, delete section 32

Page 27, after line 14, insert:

"Sec. 33. Minnesota Statutes 2002, section 204C.10, is amended to read:

204C.10 [PERMANENT REGISTRATION; VERIFICATION OF REGISTRATION.]

An individual seeking to vote shall sign a polling place roster which states that the individual is at least 18 years of age, a citizen of the United States, has resided in Minnesota for 20 days immediately preceding the election, ~~certifies~~ maintains residence at the address shown, is not under guardianship of the person, has not been found by a court of law to be legally incompetent to vote or convicted of a felony without having civil rights restored, is registered and has not already voted in the election. The roster must also state: "I understand that giving false information is a felony punishable by not more than five years imprisonment and a fine of not more than \$10,000, or both." A judge may, before the applicant signs the roster, confirm the applicant's name, address, and date of birth. After the applicant signs the roster, the judge shall give the applicant a voter's receipt. The voter shall deliver the voter's receipt to the judge in charge of ballots as proof of the voter's right to vote, and thereupon the judge shall hand to the voter the ballot. The voters' receipts must be maintained during the time for notice of filing an election contest."

Page 27, line 23, delete "such a" and insert "the"

Page 28, line 5, delete the first comma and insert a semicolon

Page 28, lines 9 and 10, delete "under Minnesota Rules, part 8235.0800"

Pages 28 and 29, delete section 37 and insert:

"Sec. 36. Minnesota Statutes 2002, section 204C.33, subdivision 1, is amended to read:

Subdivision 1. [COUNTY CANVASS.] The county canvassing board shall meet at the county auditor's office on or before the seventh day following the state general election. After taking the oath of office, the board shall promptly and publicly canvass the general election returns delivered to the county auditor. Upon completion of the canvass, the board shall promptly prepare and file with the county auditor a report which states:

- (a) The number of individuals voting at the election in the county and in each precinct;
- (b) The number of individuals registering to vote on election day and the number of individuals registered before election day in each precinct;
- (c) The names of the candidates for each office and the number of votes received by each candidate in the county and in each precinct, including write-in candidates for state and federal office who have requested under section 204B.09 that votes for those candidates be tallied;
- (d) The number of votes counted for and against a proposed change of county lines or county seat; and
- (e) The number of votes counted for and against a constitutional amendment or other question in the county and in each precinct.

The result of write-in votes cast on the general election ballots must be compiled by the county auditor before the county canvass, except that write-in votes for a candidate for state or federal office must not be counted unless the candidate has timely filed a request under section 204B.09, subdivision 3. The county auditor shall arrange for each municipality to provide an adequate number of election judges to perform this duty or the county auditor may appoint additional election judges for this purpose. The county auditor may open the envelopes or containers in which the voted ballots have been sealed in order to count and record the write-in votes and must reseal the voted ballots at the conclusion of this process.

Upon completion of the canvass, the county canvassing board shall declare the candidate duly elected who received the highest number of votes for each county and state office voted for only within the county. The county auditor shall transmit one of the certified copies of the county canvassing board report for state and federal offices to the secretary of state by express mail or similar service immediately upon conclusion of the county canvass."

Page 37, line 12, after the period, insert "The secretary of state must not adopt any direct electronic recording voting system inconsistent with section 301(a)(2) of the Help America Vote Act of 2002, Public Law 107-252." and delete "has the authority to" and insert "may authorize the"

Page 37, line 13, delete "require"

Page 37, after line 23, insert:

"Sec. 53. Minnesota Statutes 2002, section 206.90, subdivision 6, is amended to read:

Subd. 6. [BALLOTS.] In precincts using optical scan voting systems, a single ballot card on which all ballot information is included must be printed in black ink on white colored material except that marks not to be read by the automatic tabulating equipment may be printed in another color ink.

On the front of the ballot must be printed the words "Official Ballot" and the date of the election and lines for the initials of at least two election judges.

When optical scan ballots are used, the offices to be elected must appear in the following order: federal offices; state legislative offices; constitutional offices; proposed constitutional amendments; county offices and questions; municipal offices and questions; school district offices and questions; special district offices and questions; and judicial offices.

On optical scan ballots, the names of candidates and the words "yes" and "no" for ballot questions must be printed as close to their corresponding vote targets as possible.

The line on an optical scan ballot for write-in votes must contain the words "write-in, if any."

If a primary ballot contains both a partisan ballot and a nonpartisan ballot, the instructions to voters must include a statement that reads substantially as follows: "THIS BALLOT CARD CONTAINS A PARTISAN BALLOT AND A NONPARTISAN BALLOT. ON THE PARTISAN BALLOT YOU ARE PERMITTED TO VOTE FOR CANDIDATES OF ONE POLITICAL PARTY ONLY." If a primary ballot contains political party columns on both sides of the ballot, the instructions to voters must include a statement that reads substantially as follows: "ADDITIONAL POLITICAL PARTIES ARE PRINTED ON THE OTHER SIDE OF THIS BALLOT. VOTE FOR ONE POLITICAL PARTY ONLY." At the bottom of each political party column on the primary ballot, the ballot must contain a statement that reads substantially as follows: "CONTINUE VOTING ON THE NONPARTISAN BALLOT." The instructions in section 204D.08, subdivision 4, do not apply to optical scan partisan primary ballots."

Page 38, lines 4 and 5, delete the new language

Page 39, after line 1, insert:

"Sec. 58. [EMERGENCY PROCEDURES.]

The secretary of state shall develop alternate methods for handling absentee ballots during periods of declared national or state emergency as described by Minnesota Statutes, section 12.31, and shall report to the legislature on the methods by January 15, 2004."

Renumber the sections in sequence

Amend the title as follows:

Page 1, line 7, delete everything after "3"

Page 1, line 8, delete "subdivision; 203B.06, subdivision 3"

Page 1, line 9, delete "by adding a subdivision" and insert "subdivisions 1, 2"

Page 1, line 14, delete "204B.37;"

Page 1, line 15, after the semicolon, insert "204C.10;"

Page 1, line 16, delete everything after the second semicolon and insert "204C.33, subdivision 1;"

Page 1, line 22, after the second semicolon, insert "206.90, subdivision 6;"

With the recommendation that when so amended the bill pass.

The report was adopted.

Boudreau from the Committee on Health and Human Services Policy to which was referred:

H. F. No. 865, A bill for an act relating to health; authorizing the board of psychology to require an independent examination of a practitioner; classifying such information; amending Minnesota Statutes 2002, sections 13.383, subdivision 8; 148.941, by adding a subdivision.

Reported the same back with the following amendments:

Delete everything after the enacting clause and insert:

"Section 1. Minnesota Statutes 2002, section 13.383, subdivision 8, is amended to read:

Subd. 8. [PSYCHOLOGISTS AND PSYCHOLOGICAL PRACTITIONERS.] Client records of a patient cared for by a psychologist or psychological practitioner who is under review by the board of psychology are classified under section 148.941, subdivision 4. Data obtained by the board of psychology when requiring a mental, physical, or chemical dependency examination or evaluation of a regulated individual or when accessing the medical records of a regulated individual are classified under section 148.941, subdivision 8.

Sec. 2. Minnesota Statutes 2002, section 148.89, subdivision 5, is amended to read:

Subd. 5. [PRACTICE OF PSYCHOLOGY.] "Practice of psychology" means the observation, description, evaluation, interpretation, ~~and~~ or modification of human behavior by the application of psychological principles, methods, ~~and~~ or procedures, to prevent ~~or~~ eliminate, or manage symptomatic, maladaptive, or undesired behavior and to enhance interpersonal relationships, work ~~and~~ life and developmental adjustment, personal and organizational effectiveness, behavioral health, and mental health. The practice of psychology includes, but is not limited to, the following services, regardless of whether the provider receives payment for the services:

(1) ~~psychological research, psychological testing, and teaching of psychology, and the evaluation or assessment of personal characteristics such as intelligence, personality, abilities, interests, aptitudes, and neuropsychological functioning;~~

(2) assessment, including psychological testing and other means of evaluating personal characteristics such as intelligence, personality, abilities, interests, aptitudes, and neuropsychological functioning;

(3) a psychological report, whether written or oral, including testimony of a provider as an expert witness, concerning the characteristics of an individual or entity;

(4) psychotherapy, including but not limited to, categories such as behavioral, cognitive, emotive, systems, psychophysiological, or insight-oriented therapies, counseling, psychoanalysis, psychotherapy, hypnosis, biofeedback, and diagnosis and treatment of:

(i) mental and emotional disorder or disability;

(ii) ~~alcoholism~~ alcohol and substance dependence or abuse;

(iii) disorders of habit or conduct;

(iv) the psychological aspects of physical illness or condition, accident, injury, or disability;

(v) life adjustment issues, including work-related and bereavement issues; and

(vi) child, family, or relationship issues; and

(vii) ~~work-related issues; and~~

(3) (5) ~~psychoeducational evaluation, therapy, remediation, consultation, and supervision services and treatment; and~~

(6) consultation and supervision.

Sec. 3. [148.9105] [EMERITUS REGISTRATION.]

Subdivision 1. [APPLICATION.] Retired providers who are licensed or were formerly licensed to practice psychology in the state according to the Minnesota Psychology Practice Act may apply to the board for psychologist emeritus registration or psychological practitioner emeritus registration if they declare that they are retired from the practice of psychology in Minnesota, have not been the subject of disciplinary action in any jurisdiction, and have no unresolved complaints in any jurisdiction. Retired providers shall complete the necessary forms provided by the board and pay a onetime, nonrefundable fee of \$150 at the time of application.

Subd. 2. [STATUS OF REGISTRANT.] Emeritus registration is not a license to provide psychological services as defined in the Minnesota Psychology Practice Act. The registrant shall not engage in the practice of psychology.

Subd. 3. [CHANGE TO ACTIVE STATUS.] Emeritus registrants who request a change to active licensure status shall meet the requirements for relicensure following termination in the Minnesota Psychology Practice Act. Master's level emeritus registrants who request licensure at the doctoral level shall comply with current licensure requirements.

Subd. 4. [DOCUMENTATION OF STATUS.] A provider granted emeritus registration shall receive a document certifying that emeritus status has been granted by the board and that the registrant has completed the registrant's active career as a psychologist or psychological practitioner licensed in good standing with the board.

Subd. 5. [REPRESENTATION TO THE PUBLIC.] In addition to the descriptions allowed in section 148.96, subdivision 3, paragraph (e), former licensees who have been granted emeritus registration may represent themselves as "psychologist emeritus" or "psychological practitioner emeritus," but shall not represent themselves or allow themselves to be represented to the public as "licensed" or otherwise as current licensees of the board.

Subd. 6. [CONTINUING EDUCATION REQUIREMENTS.] The continuing education requirements of the Minnesota Psychology Practice Act do not apply to emeritus registrants.

Subd. 7. [RENEWAL OR SPECIAL FEES.] An emeritus registrant is not subject to license renewal or special fees.

Sec. 4. Minnesota Statutes 2002, section 148.925, subdivision 1, is amended to read:

Subdivision 1. [SUPERVISION.] For the purpose of meeting the requirements of this section, supervision means documented in-person consultation, which may include interactive, visual electronic communication, between either: (1) a primary supervisor and a licensed psychological practitioner; or (2) a primary or designated supervisor and an applicant for licensure as a licensed psychologist. The supervision shall be adequate to assure the quality and competence of the activities supervised. Supervisory consultation shall include discussions on the nature and content of the practice of the supervisee, including, but not limited to, a review of a representative sample of psychological services in the supervisee's practice.

Sec. 5. Minnesota Statutes 2002, section 148.941, is amended by adding a subdivision to read:

Subd. 8. [MENTAL, PHYSICAL, OR CHEMICAL DEPENDENCY EXAMINATION OR EVALUATION.]
(a) If the board has probable cause to believe that an individual who is regulated by the board has demonstrated an inability to practice psychology with reasonable skill and safety to clients due to any mental or physical illness or condition, the board may direct the individual to submit to an independent mental, physical, or chemical dependency examination or evaluation. For the purpose of this subdivision, an individual regulated by the board is deemed to have consented to submit to the examination or evaluation when directed to do so in writing by the board and to have waived all objections to the admissibility of the examiner's or evaluator's testimony or reports on the grounds that the same constitutes a privileged communication. Failure to submit to an examination or evaluation without just cause, as determined by the board, shall authorize the board to consider the allegations as true for the purposes of further action by the board. Such action may include an application being denied, a license being suspended, or a default and final order being entered without the taking of testimony or presentation of evidence, other than evidence that may be submitted by affidavit that explains why the individual did not submit to the examination or evaluation.

(b) An individual regulated by the board who is affected under this subdivision shall, at reasonable intervals, be given an opportunity to demonstrate that the individual is fit to resume the competent practice of psychology with reasonable skill and safety to the public.

(c) In a proceeding under this subdivision, neither the record of the proceedings nor the orders entered by the board is admissible, is subject to subpoena, or may be used against the individual regulated by the board in any proceeding not commenced by the board."

Delete the title and insert:

"A bill for an act relating to health; modifying provisions relating to the board of psychology; amending Minnesota Statutes 2002, sections 13.383, subdivision 8; 148.89, subdivision 5; 148.925, subdivision 1; 148.941, by adding a subdivision; proposing coding for new law in Minnesota Statutes, chapter 148.

With the recommendation that when so amended the bill pass and be re-referred to the Committee on Civil Law.

The report was adopted.

Bradley from the Committee on Health and Human Services Finance to which was referred:

H. F. No. 924, A bill for an act relating to gambling; appropriating money for compulsive gambling prevention and education.

Reported the same back with the recommendation that the bill be re-referred to the Committee on State Government Finance without further recommendation.

The report was adopted.

Boudreau from the Committee on Health and Human Services Policy to which was referred:

H. F. No. 1016, A bill for an act relating to insurance; regulating Medicare supplement insurance; conforming state law to the minimum federal standards; amending Minnesota Statutes 2002, sections 62A.31, subdivisions 1f, 1u; 62A.315; 62A.316.

Reported the same back with the following amendments:

Page 1, after line 6, insert:

"ARTICLE 1

MEDICARE SUPPLEMENT COVERAGE"

Page 6, line 1, delete "issurer's" and insert "issuer's"

Page 8, after line 9, insert:

"Sec. 3. Minnesota Statutes 2002, section 62A.31, is amended by adding a subdivision to read:

Subd. 7. [MEDICARE PRESCRIPTION DRUG BENEFIT.] If congress enacts legislation creating a prescription drug benefit in the Medicare program, nothing in this section or any other section shall prohibit an issuer of a Medicare supplement policy from offering this prescription drug benefit consistent with the applicable

federal law or regulations. If an issuer offers the federal benefit, such an offer shall be deemed to meet the issuer's mandatory offer obligations under this section and may, at the discretion of the issuer, constitute replacement coverage as defined in subdivision 1i for any existing policy containing a prescription drug benefit."

Page 15, after line 4, insert:

"ARTICLE 2

OTHER HEALTH COVERAGE

Section 1. Minnesota Statutes 2002, section 62A.021, subdivision 1, is amended to read:

Subdivision 1. [LOSS RATIO STANDARDS.] (a) Notwithstanding section 62A.02, subdivision 3, relating to loss ratios, health care policies or certificates shall not be delivered or issued for delivery to an individual or to a small employer as defined in section 62L.02, unless the policies or certificates can be expected, as estimated for the entire period for which rates are computed to provide coverage, to return to Minnesota policyholders and certificate holders in the form of aggregate benefits not including anticipated refunds or credits, provided under the policies or certificates, (1) at least 75 percent of the aggregate amount of premiums earned in the case of policies issued in the small employer market, as defined in section 62L.02, subdivision 27, calculated on an aggregate basis; and (2) at least 65 percent of the aggregate amount of premiums earned in the case of each policy form or certificate form issued in the individual market; calculated on the basis of incurred claims experience or incurred health care expenses where coverage is provided by a health maintenance organization on a service rather than reimbursement basis and earned premiums for the period and according to accepted actuarial principles and practices. Assessments by the reinsurance association created in chapter 62L and all types of taxes, surcharges, or assessments created by Laws 1992, chapter 549, or created on or after April 23, 1992, are included in the calculation of incurred claims experience or incurred health care expenses. The applicable percentage for policies and certificates issued in the small employer market, as defined in section 62L.02, increases by one percentage point on July 1 of each year, beginning on July 1, 1994, until an 82 percent loss ratio is reached on July 1, 2000. The applicable percentage for policy forms and certificate forms issued in the individual market increases by one percentage point on July 1 of each year, beginning on July 1, 1994, until a 72 percent loss ratio is reached on July 1, 2000. A health carrier that enters a market after July 1, 1993, does not start at the beginning of the phase-in schedule and must instead comply with the loss ratio requirements applicable to other health carriers in that market for each time period. Premiums earned and claims incurred in markets other than the small employer and individual markets are not relevant for purposes of this section.

(b) All filings of rates and rating schedules shall demonstrate that actual expected claims in relation to premiums comply with the requirements of this section when combined with actual experience to date. Filings of rate revisions shall also demonstrate that the anticipated loss ratio over the entire future period for which the revised rates are computed to provide coverage can be expected to meet the appropriate loss ratio standards, and aggregate loss ratio from inception of the policy form or certificate form shall equal or exceed the appropriate loss ratio standards.

(c) A health carrier that issues health care policies and certificates to individuals or to small employers, as defined in section 62L.02, in this state shall file annually its rates, rating schedule, and supporting documentation including ratios of incurred losses to earned premiums by policy form or certificate form duration for approval by the commissioner according to the filing requirements and procedures prescribed by the commissioner. The supporting documentation shall also demonstrate in accordance with actuarial standards of practice using reasonable assumptions that the appropriate loss ratio standards can be expected to be met over the entire period for which rates are computed. The demonstration shall exclude active life reserves. If the data submitted does not confirm that the health carrier has satisfied the loss ratio requirements of this section, the commissioner shall notify the health carrier in writing of the deficiency. The health carrier shall have 30 days from the date of the commissioner's notice to file

amended rates that comply with this section. If the health carrier fails to file amended rates within the prescribed time, the commissioner shall order that the health carrier's filed rates for the nonconforming policy form or certificate form be reduced to an amount that would have resulted in a loss ratio that complied with this section had it been in effect for the reporting period of the supplement. The health carrier's failure to file amended rates within the specified time or the issuance of the commissioner's order amending the rates does not preclude the health carrier from filing an amendment of its rates at a later time. The commissioner shall annually make the submitted data available to the public at a cost not to exceed the cost of copying. The data must be compiled in a form useful for consumers who wish to compare premium charges and loss ratios.

(d) Each sale of a policy or certificate that does not comply with the loss ratio requirements of this section is an unfair or deceptive act or practice in the business of insurance and is subject to the penalties in sections 72A.17 to 72A.32.

(e)(1) For purposes of this section, health care policies issued as a result of solicitations of individuals through the mail or mass media advertising, including both print and broadcast advertising, shall be treated as individual policies.

(2) For purposes of this section, (i) "health care policy" or "health care certificate" is a health plan as defined in section 62A.011; and (ii) "health carrier" has the meaning given in section 62A.011 and includes all health carriers delivering or issuing for delivery health care policies or certificates in this state or offering these policies or certificates to residents of this state.

(f) The loss ratio phase-in as described in paragraph (a) does not apply to individual policies and small employer policies issued by a health plan company that is assessed less than three percent of the total annual amount assessed by the Minnesota comprehensive health association. These policies must meet a 68 percent loss ratio for individual policies, a 71 percent loss ratio for small employer policies with fewer than ten employees, and a 75 percent loss ratio for all other small employer policies.

(g) Notwithstanding paragraphs (a) and (f), the loss ratio shall be 60 percent for a ~~policy or certificate of accident and sickness insurance as defined in section 62A.01~~ health plan as defined in section 62A.011, offered by an insurance company licensed under chapter 60A that is assessed less than ten percent of the total annual amount assessed by the Minnesota Comprehensive Health Association. For purposes of the percentage calculation of the association's assessments, an insurance company's assessments include those of its affiliates.

(h) The commissioners of commerce and health shall each annually issue a public report listing, by health plan company, the actual loss ratios experienced in the individual and small employer markets in this state by the health plan companies that the commissioners respectively regulate. The commissioners shall coordinate release of these reports so as to release them as a joint report or as separate reports issued the same day. The report or reports shall be released no later than June 1 for loss ratios experienced for the preceding calendar year. Health plan companies shall provide to the commissioners any information requested by the commissioners for purposes of this paragraph.

Sec. 2. [EFFECTIVE DATE.]

Section 1 is effective the day following final enactment and applies to policies or certificates issued on or after that date."

Renumber the sections in sequence

Amend the title as follows:

Page 1, line 4, after the semicolon, insert "regulating loss ratios on health coverages;" and after "sections" insert "62A.021, subdivision 1;"

Page 1, line 5, after "1u" insert ", by adding a subdivision"

With the recommendation that when so amended the bill pass and be re-referred to the Committee on Commerce, Jobs and Economic Development.

The report was adopted.

Boudreau from the Committee on Health and Human Services Policy to which was referred:

H. F. No. 1044, A bill for an act relating to professions; providing clarification of costs and penalties that may be collected in disciplinary proceedings by the boards of nursing home administrators, optometry, chiropractic examiners, physical therapy, dentistry, podiatric medicine, pharmacy, and veterinary medicine; providing for civil penalties; amending Minnesota Statutes 2002, sections 148.10, subdivision 3; 148.603; 150A.08, subdivision 3, by adding a subdivision; 151.06, by adding a subdivision; 153.22, subdivisions 1, 5; 156.127, subdivisions 1, 3; proposing coding for new law in Minnesota Statutes, chapters 144A; 148.

Reported the same back with the following amendments:

Delete everything after the enacting clause and insert:

"NURSING HOME ADMINISTRATION

Section 1. [144A.2511] [COSTS; PENALTIES.]

If the board of examiners has initiated proceedings under section 144A.24 or 144A.251 or chapter 214, and upon completion of the proceedings has found that a nursing home administrator has violated a provision or provisions of sections 144A.18 to 144A.27, it may impose a civil penalty not exceeding \$10,000 for each separate violation, with all violations related to a single event or incident considered as one violation. The amount of the civil penalty shall be fixed so as to deprive the nursing home administrator of any economic advantage gained by reason of the violation charged or to reimburse the board for the cost of the investigation and proceeding. For purposes of this section, the cost of the investigation and proceeding may include, but is not limited to, fees paid for services provided by the office of administrative hearings, legal and investigative services provided by the office of the attorney general, court reporters, witnesses, and reproduction of records.

CHIROPRACTIC

Sec. 2. Minnesota Statutes 2002, section 148.10, subdivision 3, is amended to read:

Subd. 3. [REPRIMAND; PENALTIES; PROBATION.] In addition to the other powers granted to the board under this chapter, the board may, in connection with any person whom the board, after a hearing, adjudges unqualified or whom the board, after a hearing, finds to have performed one or more of the acts described in subdivision 1:

(1) publicly reprimand or censure the person;

(2) place the person on probation for the period and upon the terms and conditions that the board may prescribe; and

(3) ~~require payment of all costs of proceedings resulting in the disciplinary action; and~~

(4) impose a civil penalty not exceeding \$10,000 for each separate violation, the amount of the civil penalty to be fixed so as to deprive the doctor of chiropractic of any economic advantage gained by reason of the violation charged ~~or~~ to reimburse the board for the cost of the investigation and proceeding, or to discourage similar violations. For purposes of this section, the cost of the investigation and proceeding may include, but is not limited to, fees paid for services provided by the office of administrative hearings, legal and investigative services provided by the office of the attorney general, court reporters, witnesses, reproduction of records, board members' per diem compensation, board staff time, and travel costs and expenses incurred by board staff and board members.

OPTOMETRY

Sec. 3. Minnesota Statutes 2002, section 148.603, is amended to read:

148.603 [FORMS OF DISCIPLINARY ACTIONS.]

When grounds exist under section 148.57, subdivision 3, or other statute or rule which the board is authorized to enforce, the board may take one or more of the following disciplinary actions, provided that disciplinary or corrective action may not be imposed by the board on any regulated person except after a contested case hearing conducted pursuant to chapter 14 or by consent of the parties:

- (1) deny an application for a credential;
- (2) revoke the regulated person's credential;
- (3) suspend the regulated person's credential;
- (4) impose limitations on the regulated person's credential;
- (5) impose conditions on the regulated person's credential;
- (6) censure or reprimand the regulated person;

(7) impose a civil penalty not exceeding \$10,000 for each separate violation, the amount of the civil penalty to be fixed so as to deprive the person of any economic advantage gained by reason of the violation or to discourage ~~repeated~~ similar violations or to reimburse the board for the cost of the investigation and proceeding. For purposes of this section, the cost of the investigation and proceeding may include, but is not limited to, fees paid for services provided by the office of administrative hearings, legal and investigative services provided by the office of the attorney general, court reporters, witnesses, reproduction of records, board members' per diem compensation, board staff time, and travel costs and expenses incurred by board staff and board members; or

(8) when grounds exist under section 148.57, subdivision 3, or a board rule, enter into an agreement with the regulated person for corrective action which may include requiring the regulated person:

- (i) to complete an educational course or activity;
- (ii) to submit to the executive director or designated board member a written protocol or reports designed to prevent future violations of the same kind;

(iii) to meet with a board member or board designee to discuss prevention of future violations of the same kind; or

(iv) ~~to reimburse the board for its legal and investigative costs; or~~

(v) to perform other action justified by the facts.

Listing the measures in clause (8) does not preclude the board from including them in an order for disciplinary action.

DIETETICS AND NUTRITION

Sec. 4. Minnesota Statutes 2002, section 148.631, is amended to read:

148.631 [PENALTY.]

A person who violates sections 148.621 to 148.633 is guilty of a misdemeanor. If a person other than a licensed dietitian or nutritionist engages in an act or practice constituting an offense under sections 148.621 to 148.633, a district court on application of the board may issue an injunction or other appropriate order restraining the act or practice.

If the board finds that a licensed dietitian or nutritionist has violated a provision of sections 148.621 to 148.633 or rules adopted under them, it may impose a civil penalty not exceeding \$10,000 for each separate violation, the amount of the civil penalty to be fixed so as to deprive the dietitian or nutritionist of any economic advantage gained by reason of the violation charged, to discourage similar violations, or to reimburse the board for the cost of the investigation and proceeding, including, but not limited to, fees paid for services provided by the office of administrative hearings, legal and investigational services provided by the office of the attorney general, services of court reporters, witnesses, reproduction of records, board members' per diem compensation, board staff time, and expenses incurred by board members and staff.

PHYSICAL THERAPY

Sec. 5. [148.775] [FORMS OF DISCIPLINARY ACTION.]

If the board finds that a licensed physical therapist has violated a provision or provisions of section 148.75 or 148.76, it may do one or more of the following:

(1) deny the application for the license;

(2) deny the renewal of the license;

(3) revoke the license;

(4) suspend the license;

(5) impose limitations or conditions on the physical therapist's practice of physical therapy, including the limitation of scope of practice to designated field specialties; the imposition of retraining or rehabilitation requirements; the requirement of practice under supervision; or the conditioning of continued practice on demonstration of knowledge or skills by appropriate examination, monitoring, or other review of skill and competence;

(6) impose a civil penalty not exceeding \$10,000 for each separate violation, the amount of the civil penalty to be fixed so as to deprive the physical therapist of any economic advantage gained by reason of the violation charged, to discourage similar violations or to reimburse the board for the cost of the investigation and proceeding, including, but not limited to, fees paid for services provided by the office of administrative hearings, legal and investigative services provided by the office of the attorney general, court reporters, witnesses, reproduction of records, board members' per diem compensation, board staff time, and travel costs and expenses incurred by board staff and board members;

(7) order the physical therapist to provide unremunerated service;

(8) censure or reprimand the licensed physical therapist; or

(9) any other action as allowed by law and justified by the facts of the case.

DENTISTRY

Sec. 6. Minnesota Statutes 2002, section 150A.08, subdivision 3, is amended to read:

Subd. 3. [REINSTATEMENT.] Any licensee or registrant whose license or registration has been suspended or revoked may have the license or registration reinstated or a new license or registration issued, as the case may be, when the board deems the action is warranted. ~~The board may require the licensee or registrant to pay all costs of proceedings resulting in the suspension or revocation of license or registration and reinstatement or new license and the fee for reinstatement established by the board. Any licensee or registrant who has been disciplined by the board in a manner other than by suspension or revocation may be required by the board to pay all costs of proceedings resulting in the disciplinary action.~~

Sec. 7. Minnesota Statutes 2002, section 150A.08, is amended by adding a subdivision to read:

Subd. 3a. [COSTS; ADDITIONAL PENALTIES.] (a) The board may impose a civil penalty not exceeding \$10,000 for each separate violation, the amount of the civil penalty to be fixed so as to deprive a licensee or registrant of any economic advantage gained by reason of the violation, to discourage similar violations by the licensee or registrant or any other licensee or registrant, or to reimburse the board for the cost of the investigation and proceeding, including, but not limited to, fees paid for services provided by the office of administrative hearings, legal and investigative services provided by the office of the attorney general, court reporters, witnesses, reproduction of records, board members' per diem compensation, board staff time, and travel costs and expenses incurred by board staff and board members.

(b) In addition to costs and penalties imposed under paragraph (a), the board may also:

(1) order the dentist, dental hygienist, or dental assistant to provide unremunerated service;

(2) censure or reprimand the dentist, dental hygienist, or dental assistant; or

(3) any other action as allowed by law and justified by the facts of the case.

PHARMACY

Sec. 8. Minnesota Statutes 2002, section 151.06, is amended by adding a subdivision to read:

Subd. 5. [COSTS; PENALTIES.] The board may impose a civil penalty not exceeding \$10,000 for each separate violation, the amount of the civil penalty to be fixed so as to deprive a licensee or registrant of any economic advantage gained by reason of the violation, to discourage similar violations by the licensee or registrant

or any other licensee or registrant, or to reimburse the board for the cost of the investigation and proceeding, including, but not limited to, fees paid for services provided by the office of administrative hearings, legal and investigative services provided by the office of the attorney general, court reporters, witnesses, reproduction of records, board members' per diem compensation, board staff time, and travel costs and expenses incurred by board staff and board members.

PODIATRIC MEDICINE

Sec. 9. Minnesota Statutes 2002, section 153.22, subdivision 1, is amended to read:

Subdivision 1. [FORMS OF DISCIPLINARY ACTION.] When the board finds, after notice and hearing, that a licensed doctor of podiatric medicine has violated a provision or provisions of this chapter, it may do one or more of the following:

(1) revoke the license;

(2) suspend the license;

(3) impose limitations or conditions on the podiatrist's practice of podiatric medicine; the imposition of retraining or rehabilitation requirements; the requirement of practice under supervision; or the conditioning of continued practice on demonstration of knowledge or skills by appropriate examination or other review of skill and competence;

(4) impose a civil penalty not exceeding \$10,000 for each separate violation, the amount of the civil penalty to be fixed so as to deprive the podiatrist of any economic advantage gained by reason of the violation charged, to discourage similar violations, or to reimburse the board for the cost of the investigation and proceeding, including, but not limited to, fees paid for services provided by the office of administrative hearings, legal and investigative services provided by the office of the attorney general, court reporter services, witnesses, reproduction of records, board members' per diem compensation, board staff time, and board and staff expenses;

(5) order the podiatrist to provide unremunerated professional service under supervision at a designated public hospital, nursing home, clinic, or other health care institution; or

(6) censure or reprimand the licensed podiatrist.

Sec. 10. Minnesota Statutes 2002, section 153.22, subdivision 5, is amended to read:

Subd. 5. [REINSTATEMENT; COSTS; CONDITIONS ON REISSUED REINSTATED OR NEW LICENSE.] ~~In its discretion, the board may restore and reissue a license to practice podiatric medicine, but Any licensee whose license has been suspended or revoked may have the license reinstated or a new license issued, as the case may be, when the board finds the action is warranted.~~ As a condition of reinstatement or the new license, the board may impose any disciplinary or corrective measure, other than suspension or revocation, that it might originally have imposed.

VETERINARY MEDICINE

Sec. 11. Minnesota Statutes 2002, section 156.127, subdivision 1, is amended to read:

Subdivision 1. [BOARD ACTION.] When grounds exist under section 156.081, or other statute or rule which the board is authorized to enforce, the board may take one or more of the following disciplinary actions:

(1) deny an application for a license;

- (2) revoke the regulated person's license;
- (3) suspend the regulated person's license;
- (4) impose limitations on the regulated person's license;
- (5) impose conditions on the regulated person's license;
- (6) censure or reprimand, publicly or privately, the regulated person;

(7) impose an administrative penalty not exceeding ~~\$5,000~~ \$10,000 for each separate violation, the amount of the penalty to be fixed so as to deprive the person of any economic advantage gained by reason of the violation ~~or~~ to discourage ~~repeated similar~~ violations, or to reimburse the board for the cost of the investigation and proceeding including, but not limited to, fees paid for services provided by the office of administrative hearings, legal and investigative services provided by the office of the attorney general, court reporter services, witnesses, reproduction of records, board members' per diem compensation, board staff time, and board and staff expenses; or

- (8) take any other action justified by the facts of the case.

Sec. 12. Minnesota Statutes 2002, section 156.127, subdivision 3, is amended to read:

Subd. 3. [DISCIPLINARY ACTION AND REINSTATEMENT FEE.] Upon reinstating a regulated person's license or granting an applicant's license, the board may, at its discretion, impose any disciplinary action, cost, or penalty listed in subdivision 1, as well as any reinstatement fee."

Amend the title as follows:

Page 1, line 6, before "dentistry" insert "dietetics and nutrition practice,"

Page 1, line 9, after the second semicolon, insert "148.631;"

With the recommendation that when so amended the bill pass and be re-referred to the Committee on Civil Law.

The report was adopted.

Boudreau from the Committee on Health and Human Services Policy to which was referred:

H. F. No. 1155, A bill for an act relating to human services; allowing a licensing change in Goodhue county to an existing ICF/MR.

Reported the same back with the recommendation that the bill pass and be re-referred to the Committee on Health and Human Services Finance.

The report was adopted.

Boudreau from the Committee on Health and Human Services Policy to which was referred:

S. F. No. 155, A bill for an act relating to insurance; regulating coverage for communication aids or devices; amending Minnesota Statutes 2002, sections 62E.06, subdivision 1; 62L.05, subdivision 4; proposing coding for new law in Minnesota Statutes, chapter 62Q.

Reported the same back with the following amendments:

Delete everything after the enacting clause and insert:

"Section 1. Minnesota Statutes 2002, section 62A.042, subdivision 2, is amended to read:

Subd. 2. [GROUP POLICIES.] (a) No group accident and sickness insurance policy and no group health maintenance contract which provide for coverage of family members or other dependents of an employee or other member of the covered group shall be renewed to cover members of a group located in this state or delivered or issued for delivery to any person in this state unless the policy or contract includes as insured or covered family members or dependents any newborn infants immediately from the moment of birth and thereafter which insurance or contract shall provide coverage for illness, injury, congenital malformation, or premature birth. For purposes of this paragraph, "newborn infants" includes grandchildren who are financially dependent upon a covered grandparent and who reside with that covered grandparent continuously from birth. No policy or contract covered by this section may require notification to a health carrier as a condition for this dependent coverage. However, if the policy or contract mandates an additional premium for each dependent, the health carrier shall be entitled to all premiums that would have been collected had the health carrier been aware of the additional dependent. The health carrier may reduce the health benefits owed to the insured, certificate holder, member, or subscriber by the amount of past due premiums applicable to the additional dependent.

(b) The coverage under paragraph (a) includes benefits for inpatient or outpatient expenses arising from medical and dental treatment up to age 18, including orthodontic and oral surgery treatment, involved in the management of birth defects known as cleft lip and cleft palate. If orthodontic services are eligible for coverage under a dental insurance plan and another policy or contract, the dental plan shall be primary and the other policy or contract shall be secondary in regard to the coverage required under paragraph (a). Payment for dental or orthodontic treatment not related to the management of the congenital condition of cleft lip and cleft palate shall not be covered under this provision.

(c) The coverage under paragraph (a) includes benefits for hearing aids for individuals 18 years of age or younger for hearing loss due to functional congenital malformation that is not correctable by surgery or other covered procedures.

Sec. 2. Minnesota Statutes 2002, section 62E.06, subdivision 1, is amended to read:

Subdivision 1. [NUMBER THREE PLAN.] A plan of health coverage shall be certified as a number three qualified plan if it otherwise meets the requirements established by chapters 62A, 62C, and 62Q, and the other laws of this state, whether or not the policy is issued in Minnesota, and meets or exceeds the following minimum standards:

(a) The minimum benefits for a covered individual shall, subject to the other provisions of this subdivision, be equal to at least 80 percent of the cost of covered services in excess of an annual deductible which does not exceed \$150 per person. The coverage shall include a limitation of \$3,000 per person on total annual out-of-pocket expenses for services covered under this subdivision. The coverage shall be subject to a maximum lifetime benefit of not less than \$1,000,000.

The \$3,000 limitation on total annual out-of-pocket expenses and the \$1,000,000 maximum lifetime benefit shall not be subject to change or substitution by use of an actuarially equivalent benefit.

(b) Covered expenses shall be the usual and customary charges for the following services and articles when prescribed by a physician:

- (1) hospital services;
- (2) professional services for the diagnosis or treatment of injuries, illnesses, or conditions, other than dental, which are rendered by a physician or at the physician's direction;
- (3) drugs requiring a physician's prescription;
- (4) services of a nursing home for not more than 120 days in a year if the services would qualify as reimbursable services under Medicare;
- (5) services of a home health agency if the services would qualify as reimbursable services under Medicare;
- (6) use of radium or other radioactive materials;
- (7) oxygen;
- (8) anesthetics;
- (9) prostheses other than dental but including scalp hair prostheses worn for hair loss suffered as a result of alopecia areata;
- (10) rental or purchase, as appropriate, of durable medical equipment other than eyeglasses and hearing aids, unless coverage is required under section 62A.042, subdivision 2, paragraph (c);
- (11) diagnostic x-rays and laboratory tests;
- (12) oral surgery for partially or completely unerupted impacted teeth, a tooth root without the extraction of the entire tooth, or the gums and tissues of the mouth when not performed in connection with the extraction or repair of teeth;
- (13) services of a physical therapist;
- (14) transportation provided by licensed ambulance service to the nearest facility qualified to treat the condition; or a reasonable mileage rate for transportation to a kidney dialysis center for treatment; and
- (15) services of an occupational therapist.

(c) Covered expenses for the services and articles specified in this subdivision do not include the following:

- (1) any charge for care for injury or disease either (i) arising out of an injury in the course of employment and subject to a workers' compensation or similar law, (ii) for which benefits are payable without regard to fault under coverage statutorily required to be contained in any motor vehicle, or other liability insurance policy or equivalent self-insurance, or (iii) for which benefits are payable under another policy of accident and health insurance, Medicare, or any other governmental program except as otherwise provided by section 62A.04, subdivision 3, clause (4);

(2) any charge for treatment for cosmetic purposes other than for reconstructive surgery when such service is incidental to or follows surgery resulting from injury, sickness, or other diseases of the involved part or when such service is performed on a covered dependent child because of congenital disease or anomaly which has resulted in a functional defect as determined by the attending physician;

(3) care which is primarily for custodial or domiciliary purposes which would not qualify as eligible services under Medicare;

(4) any charge for confinement in a private room to the extent it is in excess of the institution's charge for its most common semiprivate room, unless a private room is prescribed as medically necessary by a physician, provided, however, that if the institution does not have semiprivate rooms, its most common semiprivate room charge shall be considered to be 90 percent of its lowest private room charge;

(5) that part of any charge for services or articles rendered or prescribed by a physician, dentist, or other health care personnel which exceeds the prevailing charge in the locality where the service is provided; and

(6) any charge for services or articles the provision of which is not within the scope of authorized practice of the institution or individual rendering the services or articles.

(d) The minimum benefits for a qualified plan shall include, in addition to those benefits specified in clauses (a) and (e), benefits for well baby care, effective July 1, 1980, subject to applicable deductibles, coinsurance provisions, and maximum lifetime benefit limitations.

(e) Effective July 1, 1979, the minimum benefits of a qualified plan shall include, in addition to those benefits specified in clause (a), a second opinion from a physician on all surgical procedures expected to cost a total of \$500 or more in physician, laboratory, and hospital fees, provided that the coverage need not include the repetition of any diagnostic tests.

(f) Effective August 1, 1985, the minimum benefits of a qualified plan must include, in addition to the benefits specified in clauses (a), (d), and (e), coverage for special dietary treatment for phenylketonuria when recommended by a physician.

(g) Outpatient mental health coverage is subject to section 62A.152, subdivision 2.

Sec. 3. Minnesota Statutes 2002, section 62L.05, subdivision 4, is amended to read:

Subd. 4. [BENEFITS.] The medical services and supplies listed in this subdivision are the benefits that must be covered by the small employer plans described in subdivisions 2 and 3. Benefits under this subdivision may be provided through the managed care procedures practiced by health carriers:

(1) inpatient and outpatient hospital services, excluding services provided for the diagnosis, care, or treatment of chemical dependency or a mental illness or condition, other than those conditions specified in clauses (10), (11), and (12). The health care services required to be covered under this clause must also be covered if rendered in a nonhospital environment, on the same basis as coverage provided for those same treatments or services if rendered in a hospital, provided, however, that this sentence must not be interpreted as expanding the types or extent of services covered;

(2) physician, chiropractor, and nurse practitioner services for the diagnosis or treatment of illnesses, injuries, or conditions;

(3) diagnostic x-rays and laboratory tests;

- (4) ground transportation provided by a licensed ambulance service to the nearest facility qualified to treat the condition, or as otherwise required by the health carrier;
- (5) services of a home health agency if the services qualify as reimbursable services under Medicare;
- (6) services of a private duty registered nurse if medically necessary, as determined by the health carrier;
- (7) the rental or purchase, as appropriate, of durable medical equipment, other than eyeglasses and hearing aids, unless coverage is required under section 62A.042, subdivision 2, paragraph (c);
- (8) child health supervision services up to age 18, as defined in section 62A.047;
- (9) maternity and prenatal care services, as defined in sections 62A.041 and 62A.047;
- (10) inpatient hospital and outpatient services for the diagnosis and treatment of certain mental illnesses or conditions, as defined by the International Classification of Diseases-Clinical Modification (ICD-9-CM), seventh edition (1990) and as classified as ICD-9 codes 295 to 299;
- (11) ten hours per year of outpatient mental health diagnosis or treatment for illnesses or conditions not described in clause (10);
- (12) 60 hours per year of outpatient treatment of chemical dependency; and
- (13) 50 percent of eligible charges for prescription drugs, up to a separate annual maximum out-of-pocket expense of \$1,000 per individual for prescription drugs, and 100 percent of eligible charges thereafter.

Sec. 4. [EFFECTIVE DATE; APPLICATION.]

Sections 1 to 3 are effective August 1, 2003, and apply to policies and plans issued or renewed to provide coverage to Minnesota residents on or after that date."

Delete the title and insert:

"A bill for an act relating to insurance; regulating coverage for communication aids or devices; amending Minnesota Statutes 2002, sections 62A.042, subdivision 2; 62E.06, subdivision 1; 62L.05, subdivision 4."

With the recommendation that when so amended the bill be re-referred to the Committee on Commerce, Jobs and Economic Development without further recommendation.

The report was adopted.

SECOND READING OF HOUSE BILLS

H. F. Nos. 279, 346, 410, 436, 440, 692 and 791 were read for the second time.

SECOND READING OF SENATE BILLS

S. F. Nos. 230, 422, 693 and 926 were read for the second time.

INTRODUCTION AND FIRST READING OF HOUSE BILLS

The following House Files were introduced:

Boudreau introduced:

H. F. No. 1383, A bill for an act relating to health; restricting the construction of radiation therapy facilities; proposing coding for new law in Minnesota Statutes, chapter 144.

The bill was read for the first time and referred to the Committee on Health and Human Services Policy.

Powell introduced:

H. F. No. 1384, A bill for an act relating to health; modifying definition of cremation; amending Minnesota Statutes 2002, section 149A.02, subdivision 9.

The bill was read for the first time and referred to the Committee on Health and Human Services Policy.

Lenczewski and Seagren introduced:

H. F. No. 1385, A bill for an act relating to property taxation; the metropolitan fiscal disparities program; providing a fiscal disparities adjustment for operating subsidies of light rail transit systems; amending Minnesota Statutes 2002, section 473F.08, by adding a subdivision.

The bill was read for the first time and referred to the Committee on Transportation Finance.

Krinkie, Lanning, Brod and Nelson, P., introduced:

H. F. No. 1386, A bill for an act relating to public employment; providing phased retirement and voluntary unpaid leave options to local public employees.

The bill was read for the first time and referred to the Committee on Governmental Operations and Veterans Affairs Policy.

Kielkucki and Sykora introduced:

H. F. No. 1387, A bill for an act relating to education; giving preference to the nonpublic school site for instruction for children with a disability who attend the nonpublic school; amending Minnesota Statutes 2002, section 126C.19, subdivision 4.

The bill was read for the first time and referred to the Committee on Education Policy.

Otto and Vandever introduced:

H. F. No. 1388, A bill for an act relating to highways; authorizing state bonds for improvements to Washington county state-aid highway 8 and Anoka county state-aid highway 14; appropriating money.

The bill was read for the first time and referred to the Committee on Transportation Finance.

Abeler introduced:

H. F. No. 1389, A bill for an act relating to human services; requiring the commissioner of human services to develop a plan to secure medical assistance for mental health services provided in out-of-home placement settings.

The bill was read for the first time and referred to the Committee on Health and Human Services Policy.

Lindgren introduced:

H. F. No. 1390, A bill for an act relating to the city of Park Rapids; authorizing the city to impose a sales and use tax.

The bill was read for the first time and referred to the Committee on Taxes.

Anderson, I., and Rukavina introduced:

H. F. No. 1391, A bill for an act relating to state government; providing for the governor to appoint the executive secretary of the board of electricity; amending Minnesota Statutes 2002, section 326.241, subdivision 2.

The bill was read for the first time and referred to the Committee on Regulated Industries.

Vandever introduced:

H. F. No. 1392, A bill for an act relating to cities; allowing the charter to prohibit members of the governing body of the city from serving on the charter commission; amending Minnesota Statutes 2002, section 410.05, subdivision 1.

The bill was read for the first time and referred to the Committee on Local Government and Metropolitan Affairs.

Magnus, Harder, Seifert and Peterson introduced:

H. F. No. 1393, A bill for an act relating to taxation; clarifying the corporate status of Lewis and Clark Rural Water System, Inc. for purposes of certain federal tax law.

The bill was read for the first time and referred to the Committee on Taxes.

Fuller; Strachan; Walz; Smith; Lindgren; Meslow; Powell; Simpson; Anderson, J.; Murphy and Cornish introduced:

H. F. No. 1394, A bill for an act relating to public safety; establishing a grant program for cities for teams to contain, clean-up, and preserve evidence at clandestine methamphetamine labs; requiring a local match; appropriating money; proposing coding for new law in Minnesota Statutes, chapter 299A.

The bill was read for the first time and referred to the Committee on Judiciary Policy and Finance.

Hausman introduced:

H. F. No. 1395, A bill for an act relating to transportation; modifying passenger vehicle registration tax depreciation schedule and removing maximum taxes; increasing motor fuel taxes; providing for distribution of certain county state-aid highway funds; authorizing ten-year imposition of one-half cent sales tax for transportation in certain counties if authorized in a regional referendum; authorizing sale of state bonds; appropriating money; amending Minnesota Statutes 2002, sections 162.07, subdivision 1, by adding subdivisions; 168.013, subdivision 1a; 296A.07, subdivision 3; 296A.08, subdivision 2; 297B.09, subdivision 1; proposing coding for new law in Minnesota Statutes, chapter 174; proposing coding for new law as Minnesota Statutes, chapter 473J.

The bill was read for the first time and referred to the Committee on Transportation Finance.

Smith, Davnie and Lesch introduced:

H. F. No. 1396, A bill for an act relating to local government; providing for special assessments for reinspections; amending Minnesota Statutes 2002, section 429.101, subdivision 1.

The bill was read for the first time and referred to the Committee on Local Government and Metropolitan Affairs.

Hilty; Rukavina; Walker; Kahn; Ellison; Jaros; Mariani; Clark; Goodwin; Sertich; Nelson, M., and Mahoney introduced:

H. F. No. 1397, A bill for an act proposing an amendment to the Minnesota Constitution, article 13, by adding a section; defining the term "person."

The bill was read for the first time and referred to the Committee on Civil Law.

Hilty and Boudreau introduced:

H. F. No. 1398, A bill for an act relating to health; modifying immunization requirements; amending Minnesota Statutes 2002, sections 121A.15, subdivisions 3, 3a; 135A.14, subdivision 3; proposing coding for new law in Minnesota Statutes, chapter 245A.

The bill was read for the first time and referred to the Committee on Health and Human Services Policy.

Lenczewski and Opatz introduced:

H. F. No. 1399, A bill for an act relating to ethics in government; economic disclosure; requiring disclosures concerning immediate family members and certain contracts and other arrangements; amending Minnesota Statutes 2002, section 10A.09, subdivision 5.

The bill was read for the first time and referred to the Committee on Governmental Operations and Veterans Affairs Policy.

Lieder and Eken introduced:

H. F. No. 1400, A bill for an act relating to education finance; authorizing a fund transfer for independent school district No. 628, Plummer.

The bill was read for the first time and referred to the Committee on Education Finance.

Cox and Hoppe introduced:

H. F. No. 1401, A bill for an act relating to the environment; modifying regulation of phosphorus and cleaning agents; amending Minnesota Statutes 2002, section 116.23; proposing coding for new law in Minnesota Statutes, chapter 116.

The bill was read for the first time and referred to the Committee on Environment and Natural Resources Finance.

Hornstein introduced:

H. F. No. 1402, A bill for an act relating to retirement; Minneapolis teachers retirement association; authorizing a certain prior Minneapolis teachers retirement fund association member to repay a refund without interest.

The bill was read for the first time and referred to the Committee on Governmental Operations and Veterans Affairs Policy.

Atkins introduced:

H. F. No. 1403, A bill for an act relating to public utilities; prohibiting further construction of power lines in Sunfish Lake, Inver Grove Heights, Mendota Heights, and South St. Paul until environmental impact statements have been completed.

The bill was read for the first time and referred to the Committee on Regulated Industries.

Seagren introduced:

H. F. No. 1404, A bill for an act relating to education finance; removing obsolete language from the definition of general education revenue; amending Minnesota Statutes 2002, section 126C.10, subdivision 1.

The bill was read for the first time and referred to the Committee on Education Finance.

Huntley, Tingelstad, Abeler and Sykora introduced:

H. F. No. 1405, A bill for an act relating to natural resources; requiring an analysis of management options for school trust land in the boundary waters canoe area; temporarily suspending the disposal of school trust land in the boundary waters canoe area.

The bill was read for the first time and referred to the Committee on Environment and Natural Resources Policy.

Howes introduced:

H. F. No. 1406, A bill for an act relating to counties; providing for the appointment of a commissioner to fill a vacancy until the next general election; amending Minnesota Statutes 2002, section 375.101, by adding a subdivision; repealing Minnesota Statutes 2002, section 375.101, subdivisions 1, 2.

The bill was read for the first time and referred to the Committee on Local Government and Metropolitan Affairs.

Hornstein introduced:

H. F. No. 1407, A bill for an act relating to health occupations; modifying the temporary practice requirements for alcohol and drug counselors; amending Minnesota Statutes 2002, section 148C.04, subdivision 6.

The bill was read for the first time and referred to the Committee on Health and Human Services Policy.

Abrams, Lanning, Lenczewski, Kuisle and Pugh introduced:

H. F. No. 1408, A bill for an act relating to taxation; authorizing sale of tax liens; proposing coding for new law as Minnesota Statutes, chapter 280A.

The bill was read for the first time and referred to the Committee on Taxes.

Blaine introduced:

H. F. No. 1409, A bill for an act relating to judiciary; increasing the penalty for certain interference with privacy offenses; providing a penalty for engaging in a pattern of conduct involving interference with privacy; amending Minnesota Statutes 2002, section 609.746, subdivision 1, by adding a subdivision.

The bill was read for the first time and referred to the Committee on Judiciary Policy and Finance.

Kelliher, Cox, Peterson, Hoppe and Otto introduced:

H. F. No. 1410, A bill for an act relating to energy; providing for energy conversion grants to schools.

The bill was read for the first time and referred to the Committee on Regulated Industries.

Walker, Hilty, Greiling, Kahn and Mariani introduced:

H. F. No. 1411, A bill for an act relating to health; providing for a universal health care system that provides affordable access to high quality medical care for all Minnesotans; requiring a focus on preventive care and early intervention; providing comprehensive benefits; reducing costs through prevention, efficiency, and elimination of bureaucracy; directing the commissioner of health to prepare a plan to be implemented by 2010; proposing coding for new law in Minnesota Statutes, chapter 144.

The bill was read for the first time and referred to the Committee on Health and Human Services Policy.

Hornstein introduced:

H. F. No. 1412, A bill for an act relating to retirement; teachers retirement association; authorizing the teachers retirement association to use a salary for pension purposes for a certain teacher which is in excess of actual earnings.

The bill was read for the first time and referred to the Committee on Governmental Operations and Veterans Affairs Policy.

Otto, Vandevveer and Nelson, M., introduced:

H. F. No. 1413, A bill for an act relating to education; removing the mandate for three additional days of student instruction or staff development training; amending Minnesota Statutes 2002, section 120A.41.

The bill was read for the first time and referred to the Committee on Education Policy.

MOTION TO FIX TIME TO CONVENE

Paulsen moved that when the House adjourns today it adjourn until 4:30 p.m., Wednesday, April 2, 2003. The motion prevailed.

CALENDAR FOR THE DAY

Paulsen moved that the Calendar for the Day be continued. The motion prevailed.

MOTIONS AND RESOLUTIONS

Erickson moved that the name of Davids be added as an author on H. F. No. 221. The motion prevailed.

Beard moved that the name of Peterson be added as an author on H. F. No. 282. The motion prevailed.

McNamara moved that the name of Otto be added as an author on H. F. No. 335. The motion prevailed.

Vandevveer moved that his name be stricken as an author on H. F. No. 337. The motion prevailed.

Tingelstad moved that the name of Bernardy be added as an author on H. F. No. 462. The motion prevailed.

Abeler moved that the name of Westrom be added as an author on H. F. No. 496. The motion prevailed.

Thissen moved that his name be stricken as an author on H. F. No. 791. The motion prevailed.

Nelson, C., moved that her name be stricken as an author on H. F. No. 826. The motion prevailed.

Kielkucki moved that the name of Harder be added as an author on H. F. No. 922. The motion prevailed.

Nelson, C., moved that the name of Osterman be added as an author on H. F. No. 936. The motion prevailed.

Klinzing moved that the name of Vandever be added as an author on H. F. No. 982. The motion prevailed.

Rhodes moved that the name of Tingelstad be added as an author on H. F. No. 1009. The motion prevailed.

Buesgens moved that the name of Abeler be added as an author on H. F. No. 1118. The motion prevailed.

Adolphson moved that the name of Abeler be added as an author on H. F. No. 1122. The motion prevailed.

Howes moved that the name of Dill be added as an author on H. F. No. 1130. The motion prevailed.

Seagren moved that the name of Abeler be added as an author on H. F. No. 1145. The motion prevailed.

Hausman moved that the name of Abeler be added as an author on H. F. No. 1165. The motion prevailed.

Hackbarth moved that the name of Abeler be added as an author on H. F. No. 1166. The motion prevailed.

Osterman moved that the name of Abeler be added as an author on H. F. No. 1184. The motion prevailed.

Westerberg moved that the name of Abeler be added as an author on H. F. No. 1192. The motion prevailed.

Ozment moved that the names of Finstad and Blaine be added as authors on H. F. No. 1202. The motion prevailed.

Cox moved that the name of Swenson be added as chief author on H. F. No. 1213. The motion prevailed.

Meslow moved that the name of Abeler be added as an author on H. F. No. 1273. The motion prevailed.

Lindgren moved that the name of Abeler be added as an author on H. F. No. 1274. The motion prevailed.

Lipman moved that the name of Severson be added as an author on H. F. No. 1302. The motion prevailed.

Abeler moved that the name of Marquart be added as an author on H. F. No. 1309. The motion prevailed.

Seifert moved that the name of Severson be added as an author on H. F. No. 1323. The motion prevailed.

Wagenius moved that the names of Hornstein, Cox and Latz be added as authors on H. F. No. 1327. The motion prevailed.

Westrom moved that the name of Urdahl be added as an author on H. F. No. 1333. The motion prevailed.

Thao moved that the name of Johnson, S., be added as an author on H. F. No. 1335. The motion prevailed.

Walz moved that the names of Holberg, Lipman and Rukavina be added as authors on H. F. No. 1360. The motion prevailed.

Beard moved that the name of Latz be added as an author on H. F. No. 1372. The motion prevailed.

Davnie moved that the name of Tingelstad be added as an author on H. F. No. 1382. The motion prevailed.

Peterson moved that H. F. No. 1301 be recalled from the Committee on Education Finance and be re-referred to the Committee on Health and Human Services Finance. The motion prevailed.

Finstad moved that H. F. No. 1361 be recalled from the Committee on Health and Human Services Finance and be re-referred to the Committee on Health and Human Services Policy. The motion prevailed.

Powell moved that S. F. No. 328 be recalled from the Committee on Health and Human Services Policy and be re-referred to the Committee on Civil Law. The motion prevailed.

ADJOURNMENT

Paulsen moved that the House adjourn. The motion prevailed, and the Speaker declared the House stands adjourned until 4:30 p.m., Wednesday, April 2, 2003.

EDWARD A. BURDICK, Chief Clerk, House of Representatives

