

Sec. 8. EFFECTIVE DATE.

Sections 1 to 5 are effective August 1, 1982 and apply to all crimes committed on or after that date. Section 6 is effective May 1, 1982, and applies to warrants issued on or after that date. Section 7 is effective August 1, 1982.

Approved March 23, 1982

CHAPTER 614 — H.F.No. 1799

An act relating to health; allowing certain nursing homes and hospitals to share an administrator; providing for evaluation of certain changes in certificate of need review; requiring certain price information to be reported and disseminated; requiring monitoring; amending the thresholds of review; providing for additional waivers; requiring reports; amending Minnesota Statutes 1980, Sections 144A.04, Subdivision 5; 145.833, Subdivision 5; 145.835, Subdivisions 3 and 4; Minnesota Statutes 1981 Supplement, Sections 250.05, Subdivision 4; 447.45, Subdivision 1; and 474.03; proposing new law coded in Minnesota Statutes, Chapter 144; repealing Minnesota Statutes 1980, Sections 145.832 to 145.845, as amended; and Minnesota Statutes 1981 Supplement, Sections 62D.22, Subdivision 6; 145.834; and 145.845.

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

Section 1. PURPOSE.

The legislature finds that Minnesota has had certificate of need review since 1971 and that there is a need to evaluate the requirements of this law, the effect of the law on the current health care delivery system, and the effect of repeal of the law on the cost and quality of health care in Minnesota. The legislature further finds that the public may benefit from certain changes in the health care system but that supporting documentation, data, and information are lacking. It is the intent of the legislature that the Minnesota certificate of need act not be repealed prior to full consideration of the effects of such an action on the issue of cost for health care services. Alternative cost containment measures should be in place and documentation available that those measures will benefit the public interest and encourage the benefits of a price-competitive health care system for the citizens of Minnesota. It is the intent of the legislature that voluntary efforts to disseminate certain price information be encouraged and that mandatory efforts be undertaken only if voluntary efforts do not make satisfactory progress.

Sec. 2. [144.705] COLLECTION, ANALYSIS AND DISSEMINATION OF DIAGNOSTIC AND PRICE INFORMATION.

Changes or additions are indicated by underline, deletions by ~~strikeout~~.

Subdivision 1. PRICE REPORTING. The commissioner of health shall encourage hospitals and professionals regulated by the health related licensing boards as defined in section 214.01, subdivision 2, or by the commissioner of health pursuant to section 214.13, to publish prices for procedures and services that are representative of the diagnoses and conditions for which citizens of this state seek treatment.

Subd. 2. HOSPITAL REPORTS. The commissioner of health may periodically establish a list of illnesses, injuries and medical conditions which is representative of the diagnoses for which the citizens of the state are hospitalized. The commissioner shall select illnesses, injuries, and conditions for inclusion in this list in a manner so as to adequately differentiate among patient characteristics which may influence the consumption of resources during treatment, such as the age of patients, patients' need for surgery, the presence of secondary diagnoses and medical complications. The establishment of this list shall not be subject to the provisions of sections 15.0412 to 15.0417. The commissioner may add to or delete from this list. For each of these illnesses, injuries and medical conditions, every hospital with a licensed capacity equal to or greater than 100 beds shall, within 120 days of the close of its fiscal year, report to the commissioner the following information for that fiscal year:

(a) the number of patients discharged;

(b) the shortest and longest lengths of patient stay in the hospital, the mean length of stay, and the respective lengths of stay at the 25th, 50th and 75th percentiles of the total range of lengths of stay;

(c) the lowest and highest prices for hospital services, the mean price, and the respective prices at the 25th, 50th and 75th percentiles of the total range of prices;

(d) a separation of the mean price into mean component prices, where applicable, for routine room and board, special care unit room and board, nursery services, delivery room use, operating room use, anesthesia services, pharmacy services, laboratory services, radiology services, supplies and other services; and

(e) any additional or alternative information relating to prices that is specified in rules promulgated by the commissioner pursuant to this section. At the time it reports the information required to be reported by this subdivision, each hospital may also report any additional information that it believes to be relevant to the purposes of section 144.705.

Subd. 3. HEALTH PROVIDER REPORTS. For each health profession regulated by the health-related licensing boards as defined in section 214.01, subdivision 2, or by the commissioner of health pursuant to section 214.13, the commissioner of health shall periodically establish a list of procedures and services which are representative of the diagnoses and conditions for which citizens of the state seek treatment. The establishment of this list shall not be

subject to the provisions of section 15.0412 to 15.0417. For each of these procedures and services, every regulated health care provider engaged in the private practice of his profession within the state shall post in a public area the established prices or provide a notice of the availability of the established prices of the procedures or services. The commissioner may request to receive a copy of these prices.

Subd. 4. SOURCE OF INFORMATION. The information described in subdivision 2 may be directly compiled and submitted to the commissioner by the hospital, or in the interests of efficiency and at the hospital's option, the information may be submitted through any entity which collects or compiles all or portions of the information for several hospitals or providers. When information is furnished through such an entity, the commissioner shall pay the entity what he determines to be a reasonable fee for the costs of organizing and providing the information in the form called for by this section.

Subd. 5. SAMPLES. The commissioner may, in the interests of efficiency, permit a hospital to submit the information described in subdivision 2 in the form of statistically valid samples of the patients discharged from the hospital during the fiscal year.

Subd. 6. FOSTERING PRICE COMPETITION. The commissioner shall analyze the information provided under this section and shall disseminate the information and analyses so as to foster the development of price competition among hospitals required by subdivision 2 to make reports to the commissioner. Prior to initial dissemination of any hospital-specific information, the commissioner shall give the hospital opportunity for review and comment. In the initial dissemination of hospital-specific information the commissioner shall publish a summary of the hospital's comments, together with notice of a means of contacting a person designated by the hospital to provide further information.

Subd. 7. RULES. The commissioner may promulgate such rules pursuant to chapter 15 as are necessary to implement the provisions of this section.

Sec. 3. Minnesota Statutes 1980, Section 144A.04, Subdivision 5, is amended to read:

Subd. 5. Except as otherwise provided by this subdivision, a nursing home must have a full time licensed nursing home administrator serving the facility. In any nursing home of less than 25 beds, the director of nursing services may also serve as the licensed nursing home administrator. Two nursing homes having a total of 100 beds or less and located within 50 miles of each other may share the services of a licensed administrator if the administrator divides his full time work week between the two facilities in proportion to the number of beds in each facility. Every nursing home shall have a person-in-charge on the premises at all times in the absence of the licensed administrator. The name of the person in charge must be posted in a conspicuous place in the facility. The

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commissioner of health shall by rule promulgate minimum education and experience requirements for persons-in-charge, and may promulgate rules specifying the times of day during which a licensed administrator must be on the nursing home's premises. A nursing home may employ as its administrator the ~~registered~~ administrator of a hospital licensed pursuant to sections 144.50 to 144.56 if the individual is licensed as a nursing home administrator pursuant to section 144A.20 and the nursing home and hospital have a combined total of 150 beds or less, ~~are under the same governing body~~ and are located within ~~one-half~~ one mile of each other. A nursing home which is located in a facility licensed as a hospital pursuant to sections 144.50 to 144.56, may employ as its administrator the ~~registered~~ administrator of the hospital if the individual meets minimum education and long term care experience criteria set by rule of the commissioner of health.

Sec. 4. Minnesota Statutes 1980, Section 145.833, Subdivision 5, is amended to read:

Subd. 5. "Construction or modification" means:

(a) Any erection, building, alteration, reconstruction, modernization, improvement, extension, lease or other acquisition, or any purchase, lease or other acquisition of diagnostic or therapeutic equipment, by or on behalf of a health care facility which:

(1) Requires, or would require if purchased, a total capital expenditure, under generally accepted accounting principles, in excess of \$150,000 and which, ~~under generally accepted accounting principles~~, is not properly chargeable as an expense of operation and maintenance \$600,000; or

(2) Changes the bed capacity of a health care facility in a manner which increases the total number of beds, or distributes beds among various categories, or relocates beds from one physical facility or site to another, by more than ten beds or more than ten percent of the licensed bed capacity, whichever is less, over a two year period;

(b) ~~Any expansion or extension of the scope or type of existing health services rendered by a health care facility if expansions or extensions of the scope or type of existing health services requires a capital expenditure in excess of \$50,000 during any continuous 12 month period for that service;~~

(e) The establishment of a new health care facility or any predevelopment activity by or on behalf of a health care facility which may result in a proposal reviewable according to sections 145.832 to 145.845;

(d)(c) Any establishment of a new institutional health service, excluding home health services, by a health care facility which is to be offered in or through a health care facility and which was not offered on a regular basis in or through that facility within the 12 month period prior to the time when that service is intended to be offered; and

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(d) The purchase, lease or other acquisition of diagnostic or therapeutic equipment by a licensed medical doctor, a group of licensed medical doctors, or a professional corporation of licensed medical doctors organized pursuant to chapter 319A, which requires, or would require if purchased, a capital expenditure in excess of ~~\$150,000~~ \$400,000 for any one item of equipment and is determined by the state commissioner of health to be designed to circumvent the provisions of sections 145.832 to 145.845; and

(e) The purchase, lease or other acquisition of diagnostic or therapeutic equipment by, or on behalf of, a health care facility which requires, or would require if purchased, a total capital expenditure in excess of \$400,000 for any one item of equipment.

Sec. 5. Minnesota Statutes 1980, Section 145.835, Subdivision 3, is amended to read:

Subd. 3. **PHYSICIANS; NOTICE OF ACQUISITION OF EQUIPMENT.** A licensed medical doctor, a group of licensed medical doctors, or a professional corporation of licensed medical doctors organized pursuant to chapter 319A, proposing to purchase, lease or otherwise acquire one or more items of diagnostic or therapeutic equipment which require a capital expenditure in excess of ~~\$150,000~~ \$400,000 shall, prior to purchasing or acquiring the equipment, notify the health systems agency and the commissioner of health of the proposed acquisition or purchase.

The commissioner of health shall within 60 days of receipt of the notice determine whether or not the proposed acquisition or purchase is designed to circumvent the provisions of sections 145.832 to 145.845. A hearing shall be held if requested by the applicant or the health systems agency. The commissioner of health shall notify the applicant and the health systems agency in writing of its determination. If the commissioner of health determines that the proposed acquisition or purchase is not designed to circumvent the provisions of sections 145.832 to 145.845, no certificate of need shall be required of the applicant. If the commissioner of health determines that the proposed acquisition or purchase is designed to circumvent the provisions of sections 145.832 to 145.845, the applicant must obtain a certificate of need.

Sec. 6. Minnesota Statutes 1980, Section 145.835, Subdivision 4, is amended to read:

Subd. 4. **WAIVERS.** A proposed construction or modification may be granted a waiver from the requirements of section 145.834 by the commissioner of health if, based on the recommendation of the health systems agency, the commissioner determines that:

(a) The proposed capital expenditure is less than three percent of the annual operating budget of the facility applying for a waiver, and the expenditure is required solely to meet mandatory federal or state requirements of law; or

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(b) The construction or modification is not related to direct patient care services, such as parking lots, sprinkler systems, heating or air conditioning equipment, fire doors, food service equipment, building maintenance, or other constructions or modifications of a like nature;

(c) The construction or modification is exclusively for ambulatory care services; or

(d) The construction or modification is for an experimental or demonstration project.

The commissioner of health, after consultation with the state planning agency and the health systems agencies, may by rule provide for the granting of waivers under other situations the commissioner of health deems appropriate and not inconsistent with sections 145.832 to 145.845 and 42 U.S.C., Section 300k, et seq.

Proposed criteria for waivers in clauses (c) and (d) of this section shall be published in the state register by June 1, 1982 and the public shall be given an opportunity to review and comment on the proposed criteria prior to implementation. The criteria are not subject to the requirements of sections 15.0412 to 15.0417. The criteria shall be published in the state register and implemented by August 15, 1982.

The request for a waiver shall be submitted by the applicant to the health systems agency at the same time the applicant submits a notice of intent to the health systems agency pursuant to subdivision 1. Within 30 days of the request, the health systems agency shall submit its recommendation on the issue of the waiver to the commissioner of health, but the recommendation shall not be binding on the commissioner of health. The commissioner of health shall notify the applicant and the health systems agency of the decision to grant or deny the waiver within 30 days of receipt of the recommendation from the health systems agency.

Sec. 7. MONITORING THE EFFECTS; TRANSITIONAL PERIOD.

Subdivision 1. DEVELOPMENT OF PERFORMANCE INDICATORS. The commissioner of health shall consult with the commissioner of energy, planning and development and the commissioner of public welfare and other interested persons to define industry economic performance indicators to be used to monitor the effect of the amendments to the certificate of need act on the costs of health care.

Subd. 2. PUBLIC REVIEW AND COMMENT. By August 15, 1982, the commissioner of health shall publish in the state register proposed industry economic performance indicators to be used to monitor the effect of sections 3 to 5 on the health care system. These indicators shall not be subject to the

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requirements of sections 15.0412 to 15.0417 but the public shall be given the opportunity to review and comment on the indicators prior to their implementation. Final industry economic performance indicators shall be published in the state register and implemented by October 15, 1982.

Subd. 3. MONITOR; REPORT. The commissioner shall monitor the economic performance of the industry and shall provide the legislature with a report concerning the preliminary effects, especially the financial impact, on the health care system created by sections 3 to 5.

Subd. 4. FACILITY REPORTS. All health care facilities which commence construction or modification projects not now reviewable pursuant to sections 3 to 5, but which would have been reviewed prior to implementation of this section, shall submit to the commissioner of health at the time of project commencement the following information:

(a) an estimate of capital expenditures associated with the construction or modification; and

(b) an estimate of expenses and revenues projected to be associated with the construction or modification for a period of five years after initial operation of the project involved.

Sec. 8. Minnesota Statutes 1981 Supplement, Section 250.05, Subdivision 4, is amended to read:

Subd. 4. The Gillette hospital board, acting through its board of directors, may contract with the governing body and the owners of the Ramsey county hospital and of any other hospital or institution, for the joint maintenance and operation of the Gillette children's hospital in conjunction with existing or contemplated facilities at the Ramsey county hospital. Contracts may include agreements for the joint employment and utilization of personnel, the joint purchase of supplies and equipment, and joint construction, acquisition, or leasing of space for offices, outpatient facilities, operating rooms, and other medical facilities for use in training in the care and treatment of crippled and handicapped children, the operation of a brace shop, and the conduct of patient education programs. No contract shall however, provide for the expenditure of funds for additional patient bed capacity. ~~The Gillette hospital board shall be subject to the certificate of need act provided in sections 145.832 to 145.845. In any case wherein a certificate of need is required, the Gillette hospital board shall, at the time of application, notify the house committee on appropriations and the senate finance committee, whose opinion shall be advisory only.~~

Sec. 9. Minnesota Statutes 1981 Supplement, Section 447.45, Subdivision 1, is amended to read:

Subdivision 1. Any county, city, or hospital district, except cities of the first class and counties in which are located any cities of the first class, is

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authorized, in addition to and not in substitution for any other power granted to it by law, to issue revenue bonds by resolution or resolutions of its governing body to finance the acquisition and betterment of hospital, nursing home and related medical facilities, or any of them, including but without limitation the payment of interest during construction and for a reasonable period thereafter and the establishment of reserves for bond payment and for working capital, and, in connection with the acquisition of any existing hospital or nursing home facilities, to retire outstanding indebtedness incurred to finance the construction of the existing facilities. ~~The authority granted by this section shall not apply to any facility to which sections 145.832 to 145.845 apply, unless a certificate of need has been issued.~~

Sec. 10. Minnesota Statutes 1981 Supplement, Section 474.03, is amended to read:

474.03 POWERS.

Any municipality or redevelopment agency, in addition to the powers prescribed elsewhere by the laws of this state, shall have the power to:

(1) Acquire, construct, and hold any lands, buildings, easements, water and air rights, improvements to lands and buildings, and capital equipment to be located permanently or used exclusively on a designated site and solid waste disposal and pollution control equipment, and alternative energy equipment and inventory, regardless of where located, which are deemed necessary in connection with a project to be situated within the state, whether wholly or partially within or without the municipality or redevelopment agency, and construct, reconstruct, improve, better, and extend such project;

(2) Issue revenue bonds, in anticipation of the collection of revenues of such project, to finance, in whole or in part, the cost of the acquisition, construction, reconstruction, improvement, betterment, or extension thereof and, in the case of an alternative energy project, in addition to the other powers granted by this chapter, to finance the acquisition and leasing or sale of equipment and products to others;

(3) Issue revenue bonds to pay, purchase or discharge all or any part of the outstanding indebtedness of a contracting party engaged primarily in the operation of one or more nonprofit hospitals or nursing homes, theretofore incurred in the acquisition or betterment of its existing hospital or nursing home facilities, including, to the extent deemed necessary by the governing body of the municipality or redevelopment agency, any unpaid interest on such indebtedness accrued or to accrue to the date on which such indebtedness is finally paid; and any premium the governing body of the municipality or redevelopment agency determines to be necessary to be paid to pay, purchase or defease such outstanding indebtedness; if revenue bonds are issued for this purpose, the refinancing and the existing properties of the contracting party shall be deemed to constitute

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a project under section 474.02, subdivision 1c. Industrial revenue bonds shall only be available under this provision if the commissioner of securities and real estate has been shown that a reduction in debt service charges to patients and third party payors will occur. All reductions in debt service charges pursuant to this program shall be passed on to patients and third party payors. These industrial revenue bonds may not be used for any purpose not consistent with the provisions of ~~sections 145.832 to 145.845 or~~ chapter 256B;

Nothing in this subdivision is intended to prohibit the use of revenue bond proceeds to pay outstanding indebtedness of a contracting party to the extent now permitted by law;

(4) Enter into a revenue agreement with any person, firm, or public or private corporation or federal or state governmental subdivision or agency in such manner that payments required thereby to be made by the contracting party shall be fixed, and revised from time to time as necessary, so as to produce income and revenue sufficient to provide for the prompt payment of principal of and interest on all bonds issued hereunder when due, and the revenue agreement shall also provide that the contracting party shall be required to pay all expenses of the operation and maintenance of the project including, but without limitation, adequate insurance thereon and insurance against all liability for injury to persons or property arising from the operation thereof, and all taxes and special assessments levied upon or with respect to the project and payable during the term of the revenue agreement, during which term a tax shall be imposed and collected pursuant to the provisions of section 272.01, subdivision 2, for the privilege of using and possessing the project, in the same amount and to the same extent as though the contracting party were the owner of all real and personal property comprising the project;

(5) Pledge and assign to the holders of such bonds or a trustee therefor all or any part of the revenues of one or more projects and define and segregate such revenues or provide for the payment thereof to a trustee, whether or not such trustee is in possession of the project under a mortgage or otherwise;

(6) Mortgage or otherwise encumber such projects in favor of the municipality or redevelopment agency, the holders of such bonds, or a trustee therefor, provided that in creating any such mortgages or encumbrances a municipality or redevelopment agency shall not have the power to obligate itself except with respect to the project;

(7) Make all contracts, execute all instruments, and do all things necessary or convenient in the exercise of the powers herein granted, or in the performance of its covenants or duties, or in order to secure the payment of its bonds; including, but without limitation, a contract entered into prior to the construction of the project authorizing the contracting party, subject to such terms and conditions as the municipality or redevelopment agency shall find necessary or desirable and proper, to provide for the construction, acquisition, and installation

of the buildings, improvements, and equipment to be included in the project by any means available to the contracting party and in the manner determined by the contracting party and without advertisement for bids as may be required for the construction or acquisition of other municipal facilities;

(8) Enter into and perform such contracts and agreements with other municipalities, political subdivisions, and state agencies, authorities, and institutions as the respective governing bodies of the same may deem proper and feasible for or concerning the planning, construction, lease, purchase, mortgaging or other acquisition, and the financing of a project, and the maintenance thereof, including an agreement whereby one municipality issues its revenue bonds in behalf of one or more other municipalities pursuant to revenue agreements with the same or different contracting parties, which contracts and agreements may establish a board, commission, or such other body as may be deemed proper for the supervision and general management of the facilities of the project; provided, no municipality or redevelopment agency shall enter into or perform any contract or agreement with any school district under which the municipality or redevelopment agency issues its revenue bonds or otherwise provides for the construction of school facilities and the school leases or otherwise acquires these facilities;

(9) Accept from any authorized agency of the federal government loans or grants for the planning, construction, acquisition, leasing, purchase, or other provision of any project, and enter into agreements with such agency respecting such loans or grants;

(10) Sell and convey all properties acquired in connection with such projects, including without limitation the sale and conveyance thereof subject to such mortgage as herein provided, and the sale and conveyance thereof under an option granted to the lessee of the project, for such price, and at such time as the governing body of the municipality or redevelopment agency may determine, provided, however, that no sale or conveyance of such properties shall ever be made in such manner as to impair the rights or interests of the holder, or holders, of any bonds issued under the authority of this chapter;

(11) Issue revenue bonds to refund, in whole or in part, bonds previously issued by such municipality or redevelopment agency under authority of this chapter;

(12) If so provided in the revenue agreement, terminate the agreement and re-enter or repossess the project upon the default of the contracting party, and operate, lease, or sell the project in such manner as may be authorized or required by the provisions of the revenue agreement or of the resolution or indenture securing the bonds issued for the project; any revenue agreement which includes provision for a conveyance of real estate to the contracting party may be terminated in accordance with the revenue agreement, notwithstanding that such revenue agreement may constitute an equitable mortgage provided that no municipality or redevelopment agency shall have power otherwise to operate

any project referred to in this chapter as a business or in any manner whatsoever, and nothing herein authorizes any municipality or redevelopment agency to expend any funds on any project herein described, other than the revenues of such projects, or the proceeds of revenue bonds and notes issued hereunder, or other funds granted to the municipality or redevelopment agency for the purposes herein contemplated, except as may be otherwise permitted by law and except to enforce any right or remedy under any revenue agreement or related agreement for the benefit of the bondholders or for the protection of any security given in connection with a revenue agreement, provided that the public cost of redevelopment of land paid by a city or its redevelopment agency shall not be deemed part of the cost of any project situated on such land;

(13) Invest or deposit, or authorize a trustee to invest or deposit, any money on hand in funds or accounts established in connection with a project or payment of bonds issued therefor, to the extent they are not presently needed for the purposes for which such funds or accounts were created, in accordance with section 471.56, as amended; and

(14) Waive or require the furnishing of a contractors payment and performance bond of the kind described in section 574.26 and if such bond shall be required, then the provisions of chapter 514 relating to liens for labor and materials, shall not be applicable in respect of any work done or labor or materials supplied for the project, and if such bond be waived then the said provisions of chapter 514 shall apply in respect of work done or labor or materials supplied for the project.

Sec. 11. REGIONAL HEALTH PLANNING REPORT.

The commissioner of energy, planning and development shall address the discontinuance of health systems agencies due to the elimination of federal funds and prepare recommendations to the legislature by January 2, 1983 concerning alternative organizational arrangements and funding sources which could maintain statewide or statewide and regional participation in a state health planning system.

Sec. 12. REPEALER.

Minnesota Statutes 1980, Sections 145.832; 145.833; 145.835, as amended by Laws 1981, Chapter 356, Section 172; 145.836, as amended by Laws 1981, Chapter 356, Section 173; 145.837, as amended by Laws 1981, Chapter 356, Section 174; 145.838, as amended by Laws 1981, First Special Session, Chapter 4, Article I, Section 80; 145.839; 145.84; 145.841; 145.842; 145.843; 145.844; Minnesota Statutes 1981 Supplement, Sections 62D.22, Subdivision 6; 145.834; and 145.845, are repealed.

Sec. 13. EFFECTIVE DATE.

Changes or additions are indicated by underline, deletions by ~~strikeout~~.

Sections 1, 3 to 7 and 11 are effective the day following enactment. Section 2 shall become effective for a specified provider group on March 1, 1983 if the commissioner of health certifies to the health and welfare committees of the house and senate that the voluntary efforts by the provider group to promote price competition and to implement the reporting requirements of section 2 have not made satisfactory progress. This certification shall take the form of a written report delivered to the chairmen of the house and senate committees by January 2, 1983. Notice of the date of the delivery shall be published in the state register. Sections 8 to 10 and 12 are effective March 15, 1984.

Approved March 23, 1982

CHAPTER 615 — H.F.No. 1803

An act relating to juveniles; designating a juvenile justice agency; providing for termination of jurisdiction over juveniles; providing for the apprehension of juvenile absconders and escapees; amending Minnesota Statutes 1980, Sections 242.19; 260.181, Subdivision 4; Minnesota Statutes 1981 Supplement, Sections 4.12, by adding a subdivision; and 242.44.

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

Section 1. Minnesota Statutes 1980, Section 4.12, is amended by adding a subdivision to read:

Subd. 9. JUVENILE JUSTICE. The governor shall designate the department of energy, planning, and development as the sole agency responsible for supervising the preparation and administration of the state plan for juvenile justice required by the Juvenile Justice and Delinquency Prevention Act of 1974, as amended.

The governor shall designate the Juvenile Justice Advisory Committee as the supervisory board for the department of energy, planning and development with respect to preparation and administration of the state plan and award of grants.

The governor shall appoint members to the Juvenile Justice Advisory Committee in accordance with the membership requirements of the Juvenile Justice and Delinquency Prevention Act of 1974, as amended.

Sec. 2. Minnesota Statutes 1980, Section 242.19, is amended to read:

242.19 METHODS OF CONTROL.

Subd. 2. **DISPOSITIONS.** When a child has been committed to the commissioner of corrections by a juvenile court, upon a finding of his delinquency, the commissioner may for the purposes of treatment and rehabilitation:

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