

(i) disposes of all agricultural land held; or

(ii) becomes a permanent resident alien of the United States or a United States citizen.

**EFFECTIVE DATE.** This section is effective the day following final enactment.

**Sec. 32. REPEALER.**

Subdivision 1. ANAPLASMOSIS TESTING REQUIREMENT. Minnesota Statutes 2002, section 35.251, is repealed.

Subd. 2. RELATED RULES. Minnesota Rules, parts 1700.0800; 1700.1000; 1700.1300; 1705.0550; 1705.0560; 1705.0570; 1705.0580; 1705.0590; 1705.0600; 1705.0610; 1705.0630; and 1715.1430, are repealed.

**Sec. 33. REPEALER.**

Minnesota Statutes 2002, sections 31.92, subdivisions 2a and 5; 31.93; 31.95; 32.391, subdivisions 1a, 1b, and 1c, are repealed.

**Sec. 34. EFFECTIVE DATE.**

Section 1 is effective August 1, 2004. Sections 25 and 32 are effective the day following final enactment.

Presented to the governor May 23, 2003

Signed by the governor May 27, 2003, 6:00 p.m.

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**CHAPTER 108—H.F.No. 279**

*An act relating to health; expanding authority of physician assistants and advanced practice registered nurses; amending Minnesota Statutes 2002, sections 147A.09, subdivision 2; 169.345, subdivision 2a; 253B.05, subdivision 2.*

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

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;

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- (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's, 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

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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

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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.

Presented to the governor May 23, 2003

Signed by the governor May 25, 2003, 10:34 p.m.

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### CHAPTER 109—H.F.No. 673

*An act relating to insurance; changing certain loss ratio standards; permitting the comprehensive health association to offer policies with higher annual deductibles; permitting extension of the writing carrier contract; providing a new category of individuals eligible for coverage; clarifying the effective date of coverage and other matters; amending Minnesota Statutes 2002, sections 62A.021, subdivision 1; 62E.08, subdivision 1; 62E.091; 62E.12; 62E.13, subdivision 2, by adding a subdivision; 62E.14; 62E.18.*

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

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

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