

A bill for an act

relating to health occupations; changing provisions for chiropractors, pharmacists, respiratory therapists, physician assistants, psychologists, nutritionists, and social work; licensing dental therapists and oral health practitioners; setting fees; amending Minnesota Statutes 2008, sections 62M.09, subdivision 3a; 62U.09, subdivision 2; 144.1501, subdivision 1; 144E.001, subdivisions 3a, 9c; 147.09; 147A.01; 147A.02; 147A.03; 147A.04; 147A.05; 147A.06; 147A.07; 147A.08; 147A.09; 147A.11; 147A.13; 147A.16; 147A.18; 147A.19; 147A.20; 147A.21; 147A.23; 147A.24; 147A.26; 147A.27; 147C.01; 147C.05; 147C.10; 147C.15; 147C.20; 147C.25; 147C.30; 147C.35; 147C.40; 148.06, subdivision 1; 148.624, subdivision 2; 148.89, subdivision 5; 148D.010, subdivisions 9, 15, by adding subdivisions; 148D.025, subdivisions 2, 3; 148D.061, subdivisions 6, 8; 148D.062, subdivision 2; 148D.063, subdivision 2; 148D.125, subdivisions 1, 3; 148E.010, subdivisions 11, 17, by adding subdivisions; 148E.025, subdivisions 2, 3; 148E.055, subdivision 5; 148E.100, subdivisions 3, 4, 5, 6, 7, by adding a subdivision; 148E.105, subdivisions 1, 3, 5, 7, by adding a subdivision; 148E.106, subdivisions 1, 2, 3, 4, 5, 8, 9, by adding a subdivision; 148E.110, subdivisions 1, 2, by adding subdivisions; 148E.115, subdivision 1, by adding a subdivision; 148E.120; 148E.125, subdivisions 1, 3; 148E.130, subdivisions 2, 5, by adding a subdivision; 148E.165, subdivision 1; 150A.01, by adding subdivisions; 150A.05, subdivision 2, by adding a subdivision; 150A.06, subdivisions 2d, 5, 6, by adding subdivisions; 150A.08, subdivisions 1, 3a, 5; 150A.09, subdivisions 1, 3; 150A.091, subdivisions 2, 3, 5, 8, 10; 150A.10, subdivisions 1, 2, 3, 4; 150A.11, subdivision 4; 150A.12; 150A.21, subdivisions 1, 4; 151.01, subdivision 23; 151.37, subdivision 2; 169.345, subdivision 2; 214.103, subdivision 9; 253B.02, subdivision 7; 253B.05, subdivision 2; 256B.0625, subdivision 28a; 256B.0751, subdivision 1; proposing coding for new law in Minnesota Statutes, chapters 148; 150A; repealing Minnesota Statutes 2008, sections 147A.22; 148.627; 148D.062, subdivision 5; 148D.125, subdivision 2; 148D.180, subdivision 8; 148E.106, subdivision 6; 148E.125, subdivision 2; 150A.061; Minnesota Rules, part 2500.5000.

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

ARTICLE 1

HEALTH-RELATED LICENSING BOARD

Section 1. Minnesota Statutes 2008, section 214.103, subdivision 9, is amended to read:

Subd. 9. **Information to complainant.** A board shall furnish to a person who made a complaint a written description of the board's complaint process, and actions of the board relating to the complaint. ~~The written notice from the board must advise the complainant of the right to appeal the board's decision to the attorney general within 30 days of receipt of the notice.~~

ARTICLE 2

CHIROPRACTORS

Section 1. Minnesota Statutes 2008, section 148.06, subdivision 1, is amended to read:

Subdivision 1. **License required; qualifications.** No person shall practice chiropractic in this state without first being licensed by the state Board of Chiropractic Examiners. The applicant shall have earned at least one-half of all academic credits required for awarding of a baccalaureate degree from the University of Minnesota, or other university, college, or community college of equal standing, in subject matter determined by the board, and taken a four-year resident course of at least eight months each in a school or college of chiropractic or in a chiropractic program that is accredited by the Council on Chiropractic Education, ~~holds a recognition agreement with the Council on Chiropractic Education, or is accredited by an agency approved by the United States Office of Education or their successors as of January 1, 1988, or is approved by a Council on Chiropractic Education member organization of the Council on Chiropractic International.~~ The board may issue licenses to practice chiropractic without compliance with prechiropractic or academic requirements listed above if in the opinion of the board the applicant has the qualifications equivalent to those required of other applicants, the applicant satisfactorily passes written and practical examinations as required by the Board of Chiropractic Examiners, and the applicant is a graduate of a college of chiropractic ~~with a recognition agreement with the Council on Chiropractic Education approved by a Council on Chiropractic Education member organization of the Council on Chiropractic International.~~ The board may recommend a two-year prechiropractic course of instruction to any university, college, or community college which in its judgment would satisfy the academic prerequisite for licensure as established by this section.

An examination for a license shall be in writing and shall include testing in:

(a) The basic sciences including but not limited to anatomy, physiology, bacteriology, pathology, hygiene, and chemistry as related to the human body or mind;

(b) The clinical sciences including but not limited to the science and art of chiropractic, chiropractic physiotherapy, diagnosis, roentgenology, and nutrition; and

(c) Professional ethics and any other subjects that the board may deem advisable.

The board may consider a valid certificate of examination from the National Board of Chiropractic Examiners as evidence of compliance with the examination requirements of this subdivision. The applicant shall be required to give practical demonstration in vertebral palpation, neurology, adjusting and any other subject that the board may deem advisable. A license, countersigned by the members of the board and authenticated by the seal thereof, shall be granted to each applicant who correctly answers 75 percent of the questions propounded in each of the subjects required by this subdivision and meets the standards of practical demonstration established by the board. Each application shall be accompanied by a fee set by the board. The fee shall not be returned but the applicant may, within one year, apply for examination without the payment of an additional fee. The board may grant a license to an applicant who holds a valid license to practice chiropractic issued by the appropriate licensing board of another state, provided the applicant meets the other requirements of this section and satisfactorily passes a practical examination approved by the board. The burden of proof is on the applicant to demonstrate these qualifications or satisfaction of these requirements.

Sec. 2. [148.107] RECORDKEEPING.

All items in this section should be contained in the patient record, including but not limited to, paragraphs (a), (b), (c), (e), (g), and (i).

(a) A description of past conditions and trauma, past treatment received, current treatment being received from other health care providers, and a description of the patient's current condition including onset and description of trauma if trauma occurred.

(b) Examinations performed to determine a preliminary or final diagnosis based on indicated diagnostic tests, with a record of findings of each test performed.

(c) A diagnosis supported by documented subjective and objective findings, or clearly qualified as an opinion.

(d) A treatment plan that describes the procedures and treatment used for the conditions identified, including approximate frequency of care.

(e) Daily notes documenting current subjective complaints as described by the patient, any change in objective findings if noted during that visit, a listing of all

procedures provided during that visit, and all information that is exchanged and will affect that patient's treatment.

(f) A description by the chiropractor or written by the patient each time an incident occurs that results in an aggravation of the patient's condition or a new developing condition.

(g) Results of reexaminations that are performed to evaluate significant changes in a patient's condition, including tests that were positive or deviated from results used to indicate normal findings.

(h) When symbols or abbreviations are used, a key that explains their meanings must accompany each file when requested in writing by the patient or a third party.

(i) Documentation that family history has been evaluated.

Sec. 3. **REPEALER.**

Minnesota Rules, part 2500.5000, is repealed.

ARTICLE 3
PHARMACISTS

Section 1. Minnesota Statutes 2008, section 151.37, subdivision 2, is amended to read:

Subd. 2. **Prescribing and filing.** (a) A licensed practitioner in the course of professional practice only, may prescribe, administer, and dispense a legend drug, and may cause the same to be administered by a nurse, a physician assistant, or medical student or resident under the practitioner's direction and supervision, and may cause a person who is an appropriately certified, registered, or licensed health care professional to prescribe, dispense, and administer the same within the expressed legal scope of the person's practice as defined in Minnesota Statutes. A licensed practitioner may prescribe a legend drug, without reference to a specific patient, by directing a nurse, pursuant to section 148.235, subdivisions 8 and 9, physician assistant, ~~or~~ medical student or resident, or pharmacist according to section 151.01, subdivision 27, to adhere to a particular practice guideline or protocol when treating patients whose condition falls within such guideline or protocol, and when such guideline or protocol specifies the circumstances under which the legend drug is to be prescribed and administered. An individual who verbally, electronically, or otherwise transmits a written, oral, or electronic order, as an agent of a prescriber, shall not be deemed to have prescribed the legend drug. This paragraph applies to a physician assistant only if the physician assistant meets the requirements of section 147A.18.

(b) A licensed practitioner that dispenses for profit a legend drug that is to be administered orally, is ordinarily dispensed by a pharmacist, and is not a vaccine, must

file with the practitioner's licensing board a statement indicating that the practitioner dispenses legend drugs for profit, the general circumstances under which the practitioner dispenses for profit, and the types of legend drugs generally dispensed. It is unlawful to dispense legend drugs for profit after July 31, 1990, unless the statement has been filed with the appropriate licensing board. For purposes of this paragraph, "profit" means (1) any amount received by the practitioner in excess of the acquisition cost of a legend drug for legend drugs that are purchased in prepackaged form, or (2) any amount received by the practitioner in excess of the acquisition cost of a legend drug plus the cost of making the drug available if the legend drug requires compounding, packaging, or other treatment. The statement filed under this paragraph is public data under section 13.03. This paragraph does not apply to a licensed doctor of veterinary medicine or a registered pharmacist. Any person other than a licensed practitioner with the authority to prescribe, dispense, and administer a legend drug under paragraph (a) shall not dispense for profit. To dispense for profit does not include dispensing by a community health clinic when the profit from dispensing is used to meet operating expenses.

(c) A prescription or drug order for the following drugs is not valid, unless it can be established that the prescription or order was based on a documented patient evaluation, including an examination, adequate to establish a diagnosis and identify underlying conditions and contraindications to treatment:

- (1) controlled substance drugs listed in section 152.02, subdivisions 3 to 5;
- (2) drugs defined by the Board of Pharmacy as controlled substances under section 152.02, subdivisions 7, 8, and 12;
- (3) muscle relaxants;
- (4) centrally acting analgesics with opioid activity;
- (5) drugs containing butalbital; or
- (6) phosphodiesterase type 5 inhibitors when used to treat erectile dysfunction.

(d) For the purposes of paragraph (c), the requirement for an examination shall be met if an in-person examination has been completed in any of the following circumstances:

- (1) the prescribing practitioner examines the patient at the time the prescription or drug order is issued;
- (2) the prescribing practitioner has performed a prior examination of the patient;
- (3) another prescribing practitioner practicing within the same group or clinic as the prescribing practitioner has examined the patient;
- (4) a consulting practitioner to whom the prescribing practitioner has referred the patient has examined the patient; or

(5) the referring practitioner has performed an examination in the case of a consultant practitioner issuing a prescription or drug order when providing services by means of telemedicine.

(e) Nothing in paragraph (c) or (d) prohibits a licensed practitioner from prescribing a drug through the use of a guideline or protocol pursuant to paragraph (a).

(f) Nothing in this chapter prohibits a licensed practitioner from issuing a prescription or dispensing a legend drug in accordance with the Expedited Partner Therapy in the Management of Sexually Transmitted Diseases guidance document issued by the United States Centers for Disease Control.

(g) Nothing in paragraph (c) or (d) limits prescription, administration, or dispensing of legend drugs through a public health clinic or other distribution mechanism approved by the commissioner of health or a board of health in order to prevent, mitigate, or treat a pandemic illness, infectious disease outbreak, or intentional or accidental release of a biological, chemical, or radiological agent.

(h) No pharmacist employed by, under contract to, or working for a pharmacy licensed under section 151.19, subdivision 1, may dispense a legend drug based on a prescription that the pharmacist knows, or would reasonably be expected to know, is not valid under paragraph (c).

(i) No pharmacist employed by, under contract to, or working for a pharmacy licensed under section 151.19, subdivision 2, may dispense a legend drug to a resident of this state based on a prescription that the pharmacist knows, or would reasonably be expected to know, is not valid under paragraph (c).

ARTICLE 4

RESPIRATORY THERAPY

Section 1. Minnesota Statutes 2008, section 147C.01, is amended to read:

147C.01 DEFINITIONS.

Subdivision 1. **Applicability.** The definitions in this section apply to this chapter.

Subd. 2. **Advisory council.** "Advisory council" means the Respiratory Care Practitioner Advisory Council established under section 147C.35.

Subd. 3. **Approved education program.** "Approved education program" means a university, college, or other postsecondary education program leading to eligibility for registry or certification in respiratory care, that, at the time the student completes the program, is accredited by a national accrediting organization approved by the board.

Subd. 4. **Board.** "Board" means the Board of Medical Practice or its designee.

7.1 Subd. 5. **Contact hour.** "Contact hour" means an instructional session of 50
7.2 consecutive minutes, excluding coffee breaks, registration, meals without a speaker, and
7.3 social activities.

7.4 Subd. 6. **Credential.** "Credential" means a license, ~~permit, certification, registration,~~
7.5 or other evidence of qualification or authorization to engage in respiratory care practice in
7.6 this state or any other state.

7.7 Subd. 7. **Credentialing examination.** "Credentialing examination" means an
7.8 examination administered by the National Board for Respiratory Care ~~or other national~~
7.9 ~~testing organization approved by the board,~~ its successor organization, or the Canadian
7.10 Society for Respiratory Care for credentialing as a ~~certified respiratory therapy technician,~~
7.11 ~~registered~~ respiratory therapist; or other title indicating an entry or advanced level
7.12 respiratory care practitioner.

7.13 Subd. 7a. **Equipment maintenance.** "Equipment maintenance" includes, but is not
7.14 limited to, downloading and subsequent reporting of stored compliance and physiological
7.15 data, and adjustments to respiratory equipment based on compliance downloads, protocols,
7.16 and provider orders specific to noninvasive CPAP/Bilevel devices.

7.17 Subd. 8. **Health care facility.** "Health care facility" means a hospital as defined in
7.18 section 144.50, subdivision 2, a medical facility as defined in section 144.561, subdivision
7.19 1, paragraph (b), or a nursing home as defined in section 144A.01, subdivision 5, a
7.20 long-term acute care facility, a subacute care facility, an outpatient clinic, a physician's
7.21 office, a rehabilitation facility, or a hospice.

7.22 Subd. 9. **Qualified medical direction.** "Qualified medical direction" means
7.23 direction from a licensed physician who is on the staff or is a consultant of a health care
7.24 facility or home care agency or home medical equipment provider and who has a special
7.25 interest in and knowledge of the diagnosis and treatment of deficiencies, abnormalities,
7.26 and diseases of the cardiopulmonary system.

7.27 Subd. 9a. **Patient instruction.** "Patient instruction" includes, but is not limited to,
7.28 patient education on the care, use, and maintenance of respiratory equipment, and patient
7.29 interface fittings and adjustments.

7.30 Subd. 10. **Respiratory care.** "Respiratory care" means the provision of services
7.31 described under section 147C.05 for the assessment, treatment, education, management,
7.32 evaluation, and care of patients with deficiencies, abnormalities, and diseases of the
7.33 cardiopulmonary system, ~~under the guidance of qualified medical direction~~ supervision of
7.34 a physician and pursuant to a referral, ~~or verbal, written, or telecommunicated order from~~
7.35 ~~a physician who has medical responsibility for the patient,~~ nurse practitioner, or physician

8.1 assistant. ~~It~~ Respiratory care includes, but is not limited to, education pertaining to health
8.2 promotion and, disease prevention and management, patient care, and treatment.

8.3 Sec. 2. Minnesota Statutes 2008, section 147C.05, is amended to read:

8.4 **147C.05 SCOPE OF PRACTICE.**

8.5 (a) The practice of respiratory care by a ~~registered~~ licensed respiratory care
8.6 ~~practitioner~~ therapist includes, but is not limited to, the following services:

8.7 (1) providing and monitoring therapeutic administration of medical gases, aerosols,
8.8 humidification, and pharmacological agents related to respiratory care procedures, but not
8.9 including administration of general anesthesia;

8.10 (2) carrying out therapeutic application and monitoring of mechanical ventilatory
8.11 support;

8.12 (3) providing cardiopulmonary resuscitation and maintenance of natural airways and
8.13 insertion and maintenance of artificial airways;

8.14 (4) assessing and monitoring signs, symptoms, and general behavior relating to, and
8.15 general physical response to, respiratory care treatment or evaluation for treatment and
8.16 diagnostic testing, including determination of whether the signs, symptoms, reactions,
8.17 behavior, or general response exhibit abnormal characteristics;

8.18 (5) obtaining physiological specimens and interpreting physiological data including:

8.19 (i) analyzing arterial and venous blood gases;

8.20 (ii) assessing respiratory secretions;

8.21 (iii) measuring ventilatory volumes, pressures, and flows;

8.22 (iv) testing pulmonary function;

8.23 (v) testing and studying the cardiopulmonary system; and

8.24 (vi) diagnostic and therapeutic testing of breathing patterns related to sleep disorders;

8.25 (6) assisting hemodynamic monitoring and support of the cardiopulmonary system;

8.26 (7) assessing and making suggestions for modifications in the treatment regimen
8.27 based on abnormalities, protocols, or changes in patient response to respiratory care
8.28 treatment;

8.29 (8) providing cardiopulmonary rehabilitation including respiratory-care related
8.30 educational components, postural drainage, chest physiotherapy, breathing exercises,
8.31 aerosolized administration of medications, and equipment use and maintenance;

8.32 (9) instructing patients and their families in techniques for the prevention, alleviation,
8.33 and rehabilitation of deficiencies, abnormalities, and diseases of the cardiopulmonary
8.34 system; and

(10) transcribing and implementing verbal, written, or telecommunicated orders from a physician orders, nurse practitioner, or physician assistant for respiratory care services.

~~(b) Patient service by a practitioner must be limited to:~~
~~(1) services within the training and experience of the practitioner; and~~
~~(2) services within the parameters of the laws, rules, and standards of the facilities in which the respiratory care practitioner practices.~~

~~(c) Respiratory care services provided by a registered respiratory care practitioner, whether delivered in a health care facility or the patient's residence, must not be provided except upon referral from a physician.~~

(b) This section does not prohibit a respiratory therapist from performing advances in the art and techniques of respiratory care learned through formal or specialized training as approved by the Respiratory Care Advisory Council.

~~(d)~~ (c) This section does not prohibit an individual licensed or registered credentialed as a respiratory therapist in another state or country from providing respiratory care in an emergency in this state, providing respiratory care as a member of an organ harvesting team, or from providing respiratory care on board an ambulance as part of an ambulance treatment team.

Sec. 3. Minnesota Statutes 2008, section 147C.10, is amended to read:

147C.10 UNLICENSED PRACTICE PROHIBITED; PROTECTED TITLES AND RESTRICTIONS ON USE.

Subdivision 1. **Protected titles.** ~~No individual may~~ A person who does not hold a license or temporary permit under this chapter as a respiratory therapist or whose license or permit has lapsed, been suspended, or revoked may not use the title "Minnesota registered licensed respiratory care practitioner therapist," "registered licensed respiratory care practitioner therapist," "respiratory care practitioner," "respiratory therapist," "respiratory therapy (or care) technician," "inhalation therapist," or "inhalation therapy technician," or use, in connection with the individual's name, the letters "RCP," "RT" or "LRT" or any other titles, words, letters, abbreviations, or insignia indicating or implying that the individual is eligible for registration licensure by the state as a respiratory care practitioner therapist unless the individual has been registered licensed as a respiratory care practitioner therapist according to this chapter.

Subd. 1a. **Unlicensed practice prohibited.** No person shall practice respiratory care unless the person is licensed as a respiratory therapist under this chapter except as otherwise provided under this chapter.

Subd. 2. **Other health care practitioners.** (a) ~~Nonphysician individuals practicing in a health care occupation or profession are not restricted in the provision of services included in section 147C.05, as long as they do not hold themselves out as respiratory care practitioners by or through the use of the titles provided in subdivision 1 in association with provision of these services.~~ Nothing in this chapter shall prohibit the practice of any profession or occupation licensed or registered by the state by any person duly licensed 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) ~~Physician practitioners are exempt from this chapter.~~

(c) ~~Nothing in this chapter shall be construed to require registration of a respiratory care license for:~~

(1) ~~a respiratory care practitioner student enrolled in a respiratory therapy or polysomnography technology education program accredited by the Commission on Accreditation of Allied Health Education Programs, its successor organization, or another nationally recognized accrediting organization approved by the board; and~~

(2) ~~a respiratory care practitioner employed in the service of the federal government therapist as a member of the United States armed forces while performing duties incident to that employment; duty;~~

(3) an individual employed by a durable medical equipment provider or home medical equipment provider who delivers, sets up, instructs the patient on the use of, or maintains respiratory care equipment, but does not perform assessment, education, or evaluation of the patient;

(4) self-care by a patient or gratuitous care by a friend or relative who does not purport to be a licensed respiratory therapist; or

(5) an individual employed in a sleep lab or center as a polysomnographic technologist under the supervision of a licensed physician.

Subd. 3. **Penalty.** A person who violates ~~subdivision 1~~ this section is guilty of a gross misdemeanor.

Subd. 4. **Identification of ~~registered~~ licensed practitioners.** Respiratory ~~care practitioners registered~~ therapists licensed in Minnesota shall wear name tags that identify them as respiratory ~~care practitioners~~ therapists while in a professional setting. If not written in full, this must be designated as ~~RCP~~ "RT" or "LRT." A student attending ~~a an accredited~~ an accredited respiratory therapy ~~training education~~ program ~~or a tutorial intern program~~ must be identified as a student respiratory ~~care practitioner~~ therapist. This abbreviated designation is Student ~~RCP~~ RT. Unregulated individuals who work in an assisting

11.1 respiratory role under the supervision of respiratory ~~care practitioners~~ therapists must be
11.2 identified as respiratory ~~care~~ therapy assistants or aides.

11.3 Sec. 4. Minnesota Statutes 2008, section 147C.15, is amended to read:

11.4 **147C.15 ~~REGISTRATION~~ LICENSURE REQUIREMENTS.**

11.5 Subdivision 1. **General requirements for ~~registration~~ licensure.** To be eligible
11.6 for ~~registration~~ a license, an applicant, with the exception of those seeking ~~registration~~
11.7 licensure by reciprocity under subdivision 2, must:

11.8 (1) submit a completed application on forms provided by the board along with all
11.9 fees required under section 147C.40 that includes:

11.10 (i) the applicant's name, Social Security number, home address, e-mail address, and
11.11 telephone number, and business address and telephone number;

11.12 (ii) the name and location of the respiratory ~~care~~ therapy education program the
11.13 applicant completed;

11.14 (iii) a list of degrees received from educational institutions;

11.15 (iv) a description of the applicant's professional training beyond the first degree
11.16 received;

11.17 (v) the applicant's work history for the five years preceding the application, including
11.18 the average number of hours worked per week;

11.19 (vi) a list of registrations, certifications, and licenses held in other jurisdictions;

11.20 (vii) a description of any other jurisdiction's refusal to credential the applicant;

11.21 (viii) a description of all professional disciplinary actions initiated against the
11.22 applicant in any jurisdiction; and

11.23 (ix) any history of drug or alcohol abuse, and any misdemeanor or felony conviction;

11.24 (2) submit a certificate of completion from an approved education program;

11.25 (3) achieve a qualifying score on a credentialing examination within five years
11.26 prior to application for registration;

11.27 (4) submit a verified copy of a valid and current credential, issued by the National
11.28 Board for Respiratory Care or other board-approved national organization, as a certified
11.29 respiratory ~~therapy technician~~ therapist, registered respiratory therapist, or other entry or
11.30 advanced level respiratory ~~care practitioner~~ therapist designation;

11.31 (5) submit additional information as requested by the board, including providing
11.32 any additional information necessary to ensure that the applicant is able to practice with
11.33 reasonable skill and safety to the public;

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

(7) sign a waiver authorizing the board to obtain access to the applicant's records in this or any other state in which the applicant has completed an approved education program or engaged in the practice of respiratory ~~care~~ therapy.

Subd. 2. **Registration Licensure by reciprocity.** To be eligible for ~~registration~~ licensure by reciprocity, the applicant must be credentialed by the National Board for Respiratory Care or other board-approved organization and have worked at least eight weeks of the previous five years as a respiratory ~~care practitioner~~ therapist and must:

(1) submit the application materials and fees as required by subdivision 1, clauses (1), (4), (5), (6), and (7);

(2) provide a verified copy from the appropriate government body of a current and unrestricted credential or license for the practice of respiratory ~~care~~ therapy in another jurisdiction that has initial credentialing requirements equivalent to or higher than the requirements in subdivision 1; and

(3) provide letters of verification from the appropriate government body in each jurisdiction in which the applicant holds a credential or license. 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. 3. **Temporary permit.** The board may issue a temporary permit to practice as a respiratory ~~care practitioner~~ therapist to an applicant eligible for ~~registration~~ licensure under this section if the application for ~~registration~~ licensure is complete, all applicable requirements in this section have been met, and a nonrefundable fee set by the board has been paid. The permit remains valid only until the meeting of the board at which a decision is made on the respiratory ~~care practitioner's~~ therapist's application for ~~registration~~ licensure.

~~Subd. 4. **Temporary registration.** The board may issue temporary registration as a respiratory care practitioner for a period of one year to an applicant for registration under this section if the application for registration is complete, all applicable requirements have been met with exception of completion of a credentialing examination, and a nonrefundable fee set by the board has been paid. A respiratory care practitioner with temporary registration may qualify for full registration status upon submission of verified documentation that the respiratory care practitioner has achieved a qualifying score on a credentialing examination within one year after receiving temporary registration status. Temporary registration may not be renewed.~~

~~Subd. 5. **Practice limitations with temporary registration.** A respiratory care practitioner with temporary registration is limited to working under the direct supervision~~

~~of a registered respiratory care practitioner or physician able to provide qualified medical direction. The respiratory care practitioner or physician must be present in the health care facility or readily available by telecommunication at the time the respiratory care services are being provided. A registered respiratory care practitioner may supervise no more than two respiratory care practitioners with temporary registration status.~~

Subd. 6. **Registration License expiration.** ~~Registrations~~ Licenses issued under this chapter expire annually.

Subd. 7. **Renewal.** (a) To be eligible for registration license renewal a ~~registrant~~ licensee must:

(1) annually, or as determined by the board, complete a renewal application on a form provided by the board;

(2) submit the renewal fee;

(3) provide evidence every two years of a total of 24 hours of continuing education approved by the board as described in section 147C.25; and

(4) submit any additional information requested by the board to clarify information presented in the renewal application. The information must be submitted within 30 days after the board's request, or the renewal request is nullified.

(b) Applicants for renewal who have not practiced the equivalent of eight full weeks during the past five years must achieve a passing score on retaking the credentialing examination, ~~or complete no less than eight weeks of advisory council-approved supervised clinical experience having a broad base of treatment modalities and patient care.~~

Subd. 8. **Change of address.** A ~~registrant~~ licensee who changes addresses must inform the board within 30 days, in writing, of the change of address. All notices or other correspondence mailed to or served on a ~~registrant~~ licensee by the board at the ~~registrant's~~ licensee's address on file with the board shall be considered as having been received by the ~~registrant~~ licensee.

Subd. 9. **Registration License renewal notice.** At least 30 days before the ~~registration license~~ renewal date, the board shall send out a renewal notice to the last known address of the ~~registrant~~ licensee on file. The notice must include a renewal application and a notice of fees required for renewal. It must also inform the ~~registrant~~ licensee that ~~registration the license~~ will expire without further action by the board if an application for registration license renewal is not received before the deadline for renewal. The ~~registrant's~~ licensee's failure to receive this notice shall not relieve the ~~registrant~~ licensee of the obligation to meet the deadline and other requirements for ~~registration~~ license renewal. Failure to receive this notice is not grounds for challenging expiration of ~~registered licensure~~ status.

Subd. 10. **Renewal deadline.** The renewal application and fee must be postmarked on or before July 1 of the year of renewal or as determined by the board. If the postmark is illegible, the application shall be considered timely if received by the third working day after the deadline.

~~Subd. 11. **Inactive status and return to active status.** (a) A registration may be placed in inactive status upon application to the board by the registrant and upon payment of an inactive status fee.~~

~~(b) Registrants seeking restoration to active from inactive status must pay the current renewal fees and all unpaid back inactive fees. They must meet the criteria for renewal specified in subdivision 7, including continuing education hours equivalent to one hour for each month of inactive status, prior to submitting an application to regain registered status. If the inactive status extends beyond five years, a qualifying score on a credentialing examination, or completion of an advisory council-approved eight-week supervised clinical training experience is required. If the registrant intends to regain active registration by means of eight weeks of advisory council-approved clinical training experience, the registrant shall be granted temporary registration for a period of no longer than six months.~~

Subd. 12. **Registration Licensure following lapse of registration licensed status for two years or less.** For any individual whose registration status license has lapsed for two years or less, to regain registration status a license, the individual must:

(1) apply for registration license renewal according to subdivision 7;

(2) document compliance with the continuing education requirements of section 147C.25 since the registrant's licensee's initial registration licensure or last renewal; and

(3) submit the fees required under section 147C.40 for the period not registered licensed, including the fee for late renewal.

Subd. 13. **Cancellation due to nonrenewal.** The board shall not renew, reissue, reinstate, or restore a registration license that has lapsed and has not been renewed within two annual registration renewal cycles starting July 1997. A registrant licensee whose registration license is canceled for nonrenewal must obtain a new registration license by applying for registration licensure and fulfilling all requirements then in existence for initial registration licensure as a respiratory care practitioner therapist.

Subd. 14. **Cancellation of registration license in good standing.** (a) A registrant licensee holding an active registration license as a respiratory care practitioner therapist in the state may, upon approval of the board, be granted registration license cancellation if the board is not investigating the person as a result of a complaint or information received or if the board has not begun disciplinary proceedings against the registrant licensee.

15.1 Such action by the board shall be reported as a cancellation of ~~registration~~ a license in
15.2 good standing.

15.3 (b) A ~~registrant~~ licensee who receives board approval for ~~registration~~ license
15.4 cancellation is not entitled to a refund of any ~~registration~~ licensure fees paid for the
15.5 ~~registration~~ license year in which cancellation of the ~~registration~~ license occurred.

15.6 (c) To obtain ~~registration~~ a license after cancellation, a ~~registrant~~ licensee must
15.7 obtain a new ~~registration~~ license by applying for ~~registration~~ licensure and fulfilling the
15.8 requirements then in existence for obtaining initial ~~registration~~ licensure as a respiratory
15.9 ~~care practitioner~~ therapist.

15.10 Sec. 5. Minnesota Statutes 2008, section 147C.20, is amended to read:

15.11 **147C.20 BOARD ACTION ON APPLICATIONS FOR ~~REGISTRATION~~**
15.12 **LICENSE.**

15.13 (a) The board shall act on each application for ~~registration~~ licensure according
15.14 to paragraphs (b) to (d).

15.15 (b) The board shall determine if the applicant meets the requirements for ~~registration~~
15.16 licensure under section 147C.15. The board or advisory council may investigate
15.17 information provided by an applicant to determine whether the information is accurate
15.18 and complete.

15.19 (c) The board shall notify each applicant in writing of action taken on the application,
15.20 the grounds for denying ~~registration~~ licensure if ~~registration~~ licensure is denied, and the
15.21 applicant's right to review under paragraph (d).

15.22 (d) Applicants denied ~~registration~~ licensure may make a written request to the
15.23 board, within 30 days of the board's notice, to appear before the advisory council or its
15.24 designee and for the advisory council to review the board's decision to deny the applicant's
15.25 ~~registration~~ licensure. After reviewing the denial, the advisory council shall make a
15.26 recommendation to the board as to whether the denial shall be affirmed. Each applicant is
15.27 allowed only one request for review per yearly ~~registration~~ licensure period.

15.28 Sec. 6. Minnesota Statutes 2008, section 147C.25, is amended to read:

15.29 **147C.25 CONTINUING EDUCATION REQUIREMENTS.**

15.30 Subdivision 1. **Number of required contact hours.** Two years after the date
15.31 of initial ~~registration~~ licensure, and every two years thereafter, a ~~registrant~~ licensee
15.32 applying for ~~registration~~ license renewal must complete a minimum of 24 contact hours
15.33 of board-approved continuing education in the two years preceding ~~registration~~ license

renewal and attest to completion of continuing education requirements by reporting to the board.

Subd. 2. **Approved programs.** The board shall approve continuing education programs that have been approved for continuing education credit by the American Association of Respiratory Care or the Minnesota Society for Respiratory Care or their successor organizations. The board shall also approve programs substantially related to respiratory ~~care~~ therapy that are sponsored by an accredited university or college, medical school, state or national medical association, national medical specialty society, or that are approved for continuing education credit by the Minnesota Board of Nursing.

Subd. 3. **Approval of continuing education programs.** The board shall also approve continuing education programs that do not meet the requirements of subdivision 2 but that meet the following criteria:

(1) the program content directly relates to the practice of respiratory ~~care~~ therapy;

(2) each member of the program faculty is knowledgeable in the subject matter as demonstrated by a degree from an accredited education program, verifiable experience in the field of respiratory ~~care~~ therapy, special training in the subject matter, or experience teaching in the subject area;

(3) the program lasts at least one contact hour;

(4) there are specific, measurable, written objectives, consistent with the program, describing the expected outcomes for the participants; and

(5) the program sponsor has a mechanism to verify participation and maintains attendance records for three years.

Subd. 4. **Hospital, health care facility, or medical company in-services.** Hospital, health care facility, or medical company in-service programs may qualify for continuing education credits provided they meet the requirements of this section.

Subd. 5. **Accumulation of contact hours.** A ~~registrant~~ licensee may not apply contact hours acquired in one two-year reporting period to a future continuing education reporting period.

Subd. 6. **Verification of continuing education credits.** The board shall periodically select a random sample of ~~registrants~~ licensees and require those ~~registrants~~ licensees to supply the board with evidence of having completed the continuing education to which they attested. Documentation may come directly from the ~~registrant~~ licensee or from state or national organizations that maintain continuing education records.

Subd. 7. **Restriction on continuing education topics.** A ~~registrant~~ licensee may apply no more than a combined total of eight hours of continuing education in the areas

of management, risk management, personal growth, and educational techniques to a two-year reporting period.

Subd. 8. **Credit for credentialing examination.** A ~~registrant~~ licensee may fulfill the continuing education requirements for a two-year reporting period by achieving a qualifying score on one of the credentialing examinations or a specialty credentialing examination of the National Board for Respiratory Care or another board-approved testing organization. A ~~registrant~~ licensee may achieve 12 hours of continuing education credit by completing a National Board for Respiratory Care or other board-approved testing organization's specialty examination.

Sec. 7. Minnesota Statutes 2008, section 147C.30, is amended to read:

147C.30 DISCIPLINE; REPORTING.

For purposes of this chapter, ~~registered licensed~~ respiratory ~~care practitioners~~ therapists and applicants are subject to the provisions of sections 147.091 to 147.162.

Sec. 8. Minnesota Statutes 2008, section 147C.35, is amended to read:

147C.35 RESPIRATORY CARE ~~PRACTITIONER~~ ADVISORY COUNCIL.

Subdivision 1. **Membership.** The board shall appoint a seven-member Respiratory Care ~~Practitioner~~ Advisory Council consisting of two public members as defined in section 214.02, three ~~registered licensed~~ respiratory ~~care practitioners~~ therapists, and two licensed physicians with expertise in respiratory care.

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 board regarding standards for respiratory ~~care practitioners~~ therapists;
- (2) provide for distribution of information regarding respiratory ~~care practitioner~~ therapy standards;
- (3) advise the board on enforcement of sections 147.091 to 147.162;
- (4) review applications and recommend granting or denying ~~registration~~ licensure or ~~registration~~ license renewal;
- (5) advise the board on issues related to receiving and investigating complaints, conducting hearings, and imposing disciplinary action in relation to complaints against respiratory ~~care practitioners~~ therapists;
- (6) advise the board regarding approval of continuing education programs using the criteria in section 147C.25, subdivision 3; and

18.1 (7) perform other duties authorized for advisory councils by chapter 214, as directed
18.2 by the board.

18.3 Sec. 9. Minnesota Statutes 2008, section 147C.40, is amended to read:

18.4 **147C.40 FEES.**

18.5 Subdivision 1. **Fees.** The board shall adopt rules setting:

18.6 (1) ~~registration~~ licensure fees;

18.7 (2) renewal fees;

18.8 (3) late fees;

18.9 (4) inactive status fees; and

18.10 (5) fees for temporary permits; ~~and~~

18.11 ~~(6) fees for temporary registration.~~

18.12 Subd. 2. **Proration of fees.** The board may prorate the initial annual ~~registration~~
18.13 license fee. All ~~registrants~~ licensees are required to pay the full fee upon ~~registration~~
18.14 license renewal.

18.15 Subd. 3. **Penalty fee for late renewals.** An application for ~~registration~~ license
18.16 renewal submitted after the deadline must be accompanied by a late fee in addition to the
18.17 required fees.

18.18 Subd. 4. **Nonrefundable fees.** All of the fees in subdivision 1 are nonrefundable.

18.19 **ARTICLE 5**

18.20 **PHYSICIAN ASSISTANTS**

18.21 Section 1. Minnesota Statutes 2008, section 144.1501, subdivision 1, is amended to
18.22 read:

18.23 Subdivision 1. **Definitions.** (a) For purposes of this section, the following definitions
18.24 apply.

18.25 (b) "Dentist" means an individual who is licensed to practice dentistry.

18.26 (c) "Designated rural area" means:

18.27 (1) an area in Minnesota outside the counties of Anoka, Carver, Dakota, Hennepin,
18.28 Ramsey, Scott, and Washington, excluding the cities of Duluth, Mankato, Moorhead,
18.29 Rochester, and St. Cloud; or

18.30 (2) a municipal corporation, as defined under section 471.634, that is physically
18.31 located, in whole or in part, in an area defined as a designated rural area under clause (1).

18.32 (d) "Emergency circumstances" means those conditions that make it impossible for
18.33 the participant to fulfill the service commitment, including death, total and permanent
18.34 disability, or temporary disability lasting more than two years.

(e) "Medical resident" means an individual participating in a medical residency in family practice, internal medicine, obstetrics and gynecology, pediatrics, or psychiatry.

(f) "Midlevel practitioner" means a nurse practitioner, nurse-midwife, nurse anesthetist, advanced clinical nurse specialist, or physician assistant.

(g) "Nurse" means an individual who has completed training and received all licensing or certification necessary to perform duties as a licensed practical nurse or registered nurse.

(h) "Nurse-midwife" means a registered nurse who has graduated from a program of study designed to prepare registered nurses for advanced practice as nurse-midwives.

(i) "Nurse practitioner" means a registered nurse who has graduated from a program of study designed to prepare registered nurses for advanced practice as nurse practitioners.

(j) "Pharmacist" means an individual with a valid license issued under chapter 151.

(k) "Physician" means an individual who is licensed to practice medicine in the areas of family practice, internal medicine, obstetrics and gynecology, pediatrics, or psychiatry.

(l) "Physician assistant" means a person ~~registered~~ licensed under chapter 147A.

(m) "Qualified educational loan" means a government, commercial, or foundation loan for actual costs paid for tuition, reasonable education expenses, and reasonable living expenses related to the graduate or undergraduate education of a health care professional.

(n) "Underserved urban community" means a Minnesota urban area or population included in the list of designated primary medical care health professional shortage areas (HPSAs), medically underserved areas (MUAs), or medically underserved populations (MUPs) maintained and updated by the United States Department of Health and Human Services.

Sec. 2. Minnesota Statutes 2008, section 144E.001, subdivision 3a, is amended to read:

Subd. 3a. **Ambulance service personnel.** "Ambulance service personnel" means individuals who are authorized by a licensed ambulance service to provide emergency care for the ambulance service and are:

(1) EMTs, EMT-Is, or EMT-Ps;

(2) Minnesota registered nurses who are: (i) EMTs, are currently practicing nursing, and have passed a paramedic practical skills test, as approved by the board and administered by a training program approved by the board; (ii) on the roster of an ambulance service on or before January 1, 2000; or (iii) after petitioning the board, deemed by the board to have training and skills equivalent to an EMT, as determined on a case-by-case basis; or

(3) Minnesota ~~registered~~ licensed physician assistants who are: (i) EMTs, are currently practicing as physician assistants, and have passed a paramedic practical skills test, as approved by the board and administered by a training program approved by the board; (ii) on the roster of an ambulance service on or before January 1, 2000; or (iii) after petitioning the board, deemed by the board to have training and skills equivalent to an EMT, as determined on a case-by-case basis.

Sec. 3. Minnesota Statutes 2008, section 144E.001, subdivision 9c, is amended to read:

Subd. 9c. **Physician assistant.** "Physician assistant" means a person ~~registered~~ licensed to practice as a physician assistant under chapter 147A.

Sec. 4. Minnesota Statutes 2008, section 147.09, is amended to read:

147.09 EXEMPTIONS.

Section 147.081 does not apply to, control, prevent or restrict the practice, service, or activities of:

(1) A person who is a commissioned medical officer of, a member of, or employed by, the armed forces of the United States, the United States Public Health Service, the Veterans Administration, any federal institution or any federal agency while engaged in the performance of official duties within this state, if the person is licensed elsewhere.

(2) A licensed physician from a state or country who is in actual consultation here.

(3) A licensed or registered physician who treats the physician's home state patients or other participating patients while the physicians and those patients are participating together in outdoor recreation in this state as defined by section 86A.03, subdivision 3. A physician shall first register with the board on a form developed by the board for that purpose. The board shall not be required to promulgate the contents of that form by rule. No fee shall be charged for this registration.

(4) A student practicing under the direct supervision of a preceptor while the student is enrolled in and regularly attending a recognized medical school.

(5) A student who is in continuing training and performing the duties of an intern or resident or engaged in postgraduate work considered by the board to be the equivalent of an internship or residency in any hospital or institution approved for training by the board, provided the student has a residency permit issued by the board under section 147.0391.

(6) A person employed in a scientific, sanitary, or teaching capacity by the state university, the Department of Education, a public or private school, college, or other bona fide educational institution, a nonprofit organization, which has tax-exempt status in accordance with the Internal Revenue Code, section 501(c)(3), and is organized and

21.1 operated primarily for the purpose of conducting scientific research directed towards
21.2 discovering the causes of and cures for human diseases, or the state Department of Health,
21.3 whose duties are entirely of a research, public health, or educational character, while
21.4 engaged in such duties; provided that if the research includes the study of humans, such
21.5 research shall be conducted under the supervision of one or more physicians licensed
21.6 under this chapter.

21.7 (7) ~~Physician's~~ Physician assistants ~~registered~~ licensed in this state.

21.8 (8) A doctor of osteopathy duly licensed by the state Board of Osteopathy under
21.9 Minnesota Statutes 1961, sections 148.11 to 148.16, prior to May 1, 1963, who has not
21.10 been granted a license to practice medicine in accordance with this chapter provided that
21.11 the doctor confines activities within the scope of the license.

21.12 (9) Any person licensed by a health-related licensing board, as defined in section
21.13 214.01, subdivision 2, or registered by the commissioner of health pursuant to section
21.14 214.13, including psychological practitioners with respect to the use of hypnosis; provided
21.15 that the person confines activities within the scope of the license.

21.16 (10) A person who practices ritual circumcision pursuant to the requirements or
21.17 tenets of any established religion.

21.18 (11) A Christian Scientist or other person who endeavors to prevent or cure disease
21.19 or suffering exclusively by mental or spiritual means or by prayer.

21.20 (12) A physician licensed to practice medicine in another state who is in this state
21.21 for the sole purpose of providing medical services at a competitive athletic event. The
21.22 physician may practice medicine only on participants in the athletic event. A physician
21.23 shall first register with the board on a form developed by the board for that purpose. The
21.24 board shall not be required to adopt the contents of the form by rule. The physician shall
21.25 provide evidence satisfactory to the board of a current unrestricted license in another state.
21.26 The board shall charge a fee of \$50 for the registration.

21.27 (13) A psychologist licensed under section 148.907 or a social worker licensed
21.28 under chapter 148D who uses or supervises the use of a penile or vaginal plethysmograph
21.29 in assessing and treating individuals suspected of engaging in aberrant sexual behavior
21.30 and sex offenders.

21.31 (14) Any person issued a training course certificate or credentialed by the Emergency
21.32 Medical Services Regulatory Board established in chapter 144E, provided the person
21.33 confines activities within the scope of training at the certified or credentialed level.

21.34 (15) An unlicensed complementary and alternative health care practitioner practicing
21.35 according to chapter 146A.

22.1 Sec. 5. Minnesota Statutes 2008, section 147A.01, is amended to read:

22.2 **147A.01 DEFINITIONS.**

22.3 Subdivision 1. **Scope.** For the purpose of this chapter the terms defined in this
22.4 section have the meanings given them.

22.5 ~~Subd. 2. **Active status.** "Active status" means the status of a person who has met all~~
22.6 ~~the qualifications of a physician assistant, has a physician-physician assistant agreement in~~
22.7 ~~force, and is registered.~~

22.8 Subd. 3. **Administer.** "Administer" means the delivery by a physician assistant
22.9 authorized to prescribe legend drugs, a single dose of a legend drug, including controlled
22.10 substances, to a patient by injection, inhalation, ingestion, or by any other immediate
22.11 means, and the delivery by a physician assistant ordered by a physician a single dose of a
22.12 legend drug by injection, inhalation, ingestion, or by any other immediate means.

22.13 Subd. 4. **Agreement.** "Agreement" means the document described in section
22.14 147A.20.

22.15 Subd. 5. **Alternate supervising physician.** "Alternate supervising physician"
22.16 means a Minnesota licensed physician listed in the physician-physician assistant
22.17 delegation agreement, or supplemental listing, who is responsible for supervising
22.18 the physician assistant when the ~~main~~ primary supervising physician is unavailable.
22.19 The alternate supervising physician shall accept full medical responsibility for the
22.20 performance, practice, and activities of the physician assistant while under the supervision
22.21 of the alternate supervising physician.

22.22 Subd. 6. **Board.** "Board" means the Board of Medical Practice or its designee.

22.23 Subd. 7. **Controlled substances.** "Controlled substances" has the meaning given it
22.24 in section 152.01, subdivision 4.

22.25 ~~Subd. 8. **Delegation form.** "Delegation form" means the form used to indicate the~~
22.26 ~~categories of drugs for which the authority to prescribe, administer, and dispense has been~~
22.27 ~~delegated to the physician assistant and signed by the supervising physician, any alternate~~
22.28 ~~supervising physicians, and the physician assistant. This form is part of the agreement~~
22.29 ~~described in section 147A.20, and shall be maintained by the supervising physician and~~
22.30 ~~physician assistant at the address of record. Copies shall be provided to the board upon~~
22.31 ~~request. "Addendum to the delegation form" means a separate listing of the schedules~~
22.32 ~~and categories of controlled substances, if any, for which the physician assistant has been~~
22.33 ~~delegated the authority to prescribe, administer, and dispense. The addendum shall be~~
22.34 ~~maintained as a separate document as described above.~~

Subd. 9. **Diagnostic order.** "Diagnostic order" means a directive to perform a procedure or test, the purpose of which is to determine the cause and nature of a pathological condition or disease.

Subd. 10. **Drug.** "Drug" has the meaning given it in section 151.01, subdivision 5, including controlled substances as defined in section 152.01, subdivision 4.

Subd. 11. **Drug category.** "Drug category" means one of the categories listed on the physician-physician assistant delegation form agreement.

Subd. 12. **Inactive status.** ~~"Inactive status" means the status of a person who has met all the qualifications of a physician assistant, and is registered, but does not have a physician-physician assistant agreement in force~~ a licensed physician assistant whose license has been placed on inactive status under section 147A.05.

~~Subd. 13. **Internal protocol.** "Internal protocol" means a document written by the supervising physician and the physician assistant which specifies the policies and procedures which will apply to the physician assistant's prescribing, administering, and dispensing of legend drugs and medical devices, including controlled substances as defined in section 152.01, subdivision 4, and lists the specific categories of drugs and medical devices, with any exceptions or conditions, that the physician assistant is authorized to prescribe, administer, and dispense. The supervising physician and physician assistant shall maintain the protocol at the address of record. Copies shall be provided to the board upon request.~~

Subd. 14. **Legend drug.** "Legend drug" has the meaning given it in section 151.01, subdivision 17.

Subd. 14a. **Licensed.** "Licensed" means meeting the qualifications in section 147A.02 and being issued a license by the board.

Subd. 14b. **Licensure.** "Licensure" means the process by which the board determines that an applicant has met the standards and qualifications in this chapter.

~~Subd. 15. **Locum tenens permit.** "Locum tenens permit" means time specific temporary permission for a physician assistant to practice as a physician assistant in a setting other than the practice setting established in the physician-physician assistant agreement.~~

Subd. 16. **Medical device.** "Medical device" means durable medical equipment and assistive or rehabilitative appliances, objects, or products that are required to implement the overall plan of care for the patient and that are restricted by federal law to use upon prescription by a licensed practitioner.

Subd. 16a. **Notice of intent to practice.** "Notice of intent to practice" means a document sent to the board by a licensed physician assistant that documents the

24.1 adoption of a physician-physician assistant delegation agreement and provides the names,
24.2 addresses, and information required by section 147A.20.

24.3 Subd. 17. **Physician.** "Physician" means a person currently licensed in good
24.4 standing as a physician or osteopath under chapter 147.

24.5 Subd. 17a. **Physician-physician assistant delegation agreement.**

24.6 "Physician-physician assistant delegation agreement" means the document prepared and
24.7 signed by the physician and physician assistant affirming the supervisory relationship and
24.8 defining the physician assistant scope of practice. Alternate supervising physicians must
24.9 be identified on the delegation agreement or a supplemental listing with signed attestation
24.10 that each shall accept full medical responsibility for the performance, practice, and
24.11 activities of the physician assistant while under the supervision of the alternate supervising
24.12 physician. The physician-physician assistant delegation agreement outlines the role of
24.13 the physician assistant in the practice, describes the means of supervision, and specifies
24.14 the categories of drugs, controlled substances, and medical devices that the supervising
24.15 physician delegates to the physician assistant to prescribe. The physician-physician
24.16 assistant delegation agreement must comply with the requirements of section 147A.20, be
24.17 kept on file at the address of record, and be made available to the board or its representative
24.18 upon request. A physician-physician assistant delegation agreement may not authorize a
24.19 physician assistant to perform a chiropractic procedure.

24.20 Subd. 18. **Physician assistant or ~~registered~~ licensed physician assistant.**

24.21 "Physician assistant" or "~~registered~~ licensed physician assistant" means a person ~~registered~~
24.22 licensed pursuant to this chapter who ~~is qualified by academic or practical training or~~
24.23 ~~both to provide patient services as specified in this chapter, under the supervision of a~~
24.24 ~~supervising physician meets the qualifications in section 147A.02.~~

24.25 ~~Subd. 19. **Practice setting description.** "Practice setting description" means a~~
24.26 ~~signed record submitted to the board on forms provided by the board, on which:~~

24.27 ~~(1) the supervising physician assumes full medical responsibility for the medical~~
24.28 ~~care rendered by a physician assistant;~~

24.29 ~~(2) is recorded the address and phone number of record of each supervising~~
24.30 ~~physician and alternate, and the physicians' medical license numbers and DEA number;~~

24.31 ~~(3) is recorded the address and phone number of record of the physician assistant~~
24.32 ~~and the physician assistant's registration number and DEA number;~~

24.33 ~~(4) is recorded whether the physician assistant has been delegated prescribing,~~
24.34 ~~administering, and dispensing authority;~~

24.35 ~~(5) is recorded the practice setting, address or addresses and phone number or~~
24.36 ~~numbers of the physician assistant; and~~

~~(6) is recorded a statement of the type, amount, and frequency of supervision.~~

Subd. 20. **Prescribe.** "Prescribe" means to direct, order, or designate by means of a prescription the preparation, use of, or manner of using a drug or medical device.

Subd. 21. **Prescription.** "Prescription" means a signed written order, ~~or~~ an oral order reduced to writing, or an electronic order meeting current and prevailing standards given by a physician assistant authorized to prescribe drugs for patients in the course of the physician assistant's practice, issued for an individual patient and containing the information required in the physician-physician assistant delegation form agreement.

~~Subd. 22. **Registration.** "Registration" is the process by which the board determines that an applicant has been found to meet the standards and qualifications found in this chapter.~~

Subd. 23. **Supervising physician.** "Supervising physician" means a Minnesota licensed physician who accepts full medical responsibility for the performance, practice, and activities of a physician assistant under an agreement as described in section 147A.20. The supervising physician who completes and signs the delegation agreement may be referred to as the primary supervising physician. A supervising physician shall not supervise more than ~~two~~ five full-time equivalent physician assistants simultaneously. With the approval of the board, or in a disaster or emergency situation pursuant to section 147A.23, a supervising physician may supervise more than five full-time equivalent physician assistants simultaneously.

Subd. 24. **Supervision.** "Supervision" means overseeing the activities of, and accepting responsibility for, the medical services rendered by a physician assistant. The constant physical presence of the supervising physician is not required so long as the supervising physician and physician assistant are or can be easily in contact with one another by radio, telephone, or other telecommunication device. The scope and nature of the supervision shall be defined by the individual physician-physician assistant delegation agreement.

Subd. 25. **Temporary registration license.** ~~"Temporary registration" means the status of a person who has satisfied the education requirement specified in this chapter, is enrolled in the next examination required in this chapter, or is awaiting examination results; has a physician-physician assistant agreement in force as required by this chapter, and has submitted a practice setting description to the board. Such provisional registration shall expire 90 days after completion of the next examination sequence, or after one year, whichever is sooner, for those enrolled in the next examination, and upon receipt of the examination results for those awaiting examination results. The registration shall be granted by the board or its designee. "Temporary license" means a license granted to a~~

physician assistant who meets all of the qualifications for licensure but has not yet been approved for licensure at a meeting of the board.

Subd. 26. **Therapeutic order.** "Therapeutic order" means an order given to another for the purpose of treating or curing a patient in the course of a physician assistant's practice. Therapeutic orders may be written or verbal, but do not include the prescribing of legend drugs or medical devices unless prescribing authority has been delegated within the physician-physician assistant delegation agreement.

Subd. 27. **Verbal order.** "Verbal order" means an oral order given to another for the purpose of treating or curing a patient in the course of a physician assistant's practice. Verbal orders do not include the prescribing of legend drugs unless prescribing authority has been delegated within the physician-physician assistant delegation agreement.

Sec. 6. Minnesota Statutes 2008, section 147A.02, is amended to read:

147A.02 QUALIFICATIONS FOR ~~REGISTRATION~~ LICENSURE.

Except as otherwise provided in this chapter, an individual shall be ~~registered~~ licensed by the board before the individual may practice as a physician assistant.

The board may grant ~~registration~~ a license as a physician assistant to an applicant who:

- (1) submits an application on forms approved by the board;
- (2) pays the appropriate fee as determined by the board;
- (3) has current certification from the National Commission on Certification of Physician Assistants, or its successor agency as approved by the board;
- (4) certifies that the applicant is mentally and physically able to engage safely in practice as a physician assistant;
- (5) has no licensure, certification, or registration as a physician assistant under current discipline, revocation, suspension, or probation for cause resulting from the applicant's practice as a physician assistant, unless the board considers the condition and agrees to licensure;
- (6) submits any other information the board deems necessary to evaluate the applicant's qualifications; and
- (7) has been approved by the board.

All persons registered as physician assistants as of June 30, 1995, are eligible for continuing ~~registration~~ license renewal. All persons applying for ~~registration~~ licensure after that date shall be ~~registered~~ licensed according to this chapter.

Sec. 7. Minnesota Statutes 2008, section 147A.03, is amended to read:

147A.03 PROTECTED TITLES AND RESTRICTIONS ON USE.

Subdivision 1. **Protected titles.** No individual may use the titles "Minnesota ~~Registered~~ Licensed Physician Assistant," "~~Registered~~ Licensed Physician Assistant," "Physician Assistant," or "PA" in connection with the individual's name, or any other words, letters, abbreviations, or insignia indicating or implying that the individual is ~~registered with~~ licensed by the state unless they have been ~~registered~~ licensed according to this chapter.

Subd. 2. **Health care practitioners.** Individuals practicing in a health care occupation are not restricted in the provision of services included in this chapter as long as they do not hold themselves out as physician assistants by or through the titles provided in subdivision 1 in association with provision of these services.

~~Subd. 3. **Identification of registered practitioners.** Physician assistants in Minnesota shall wear name tags which identify them as physician assistants.~~

Subd. 4. **Sanctions.** Individuals who hold themselves out as physician assistants by or through any of the titles provided in subdivision 1 without prior ~~registration~~ licensure shall be subject to sanctions or actions against continuing the activity according to section 214.11, or other authority.

Sec. 8. Minnesota Statutes 2008, section 147A.04, is amended to read:

147A.04 TEMPORARY ~~PERMIT~~ LICENSE.

The board may issue a temporary ~~permit~~ license to practice to a physician assistant eligible for ~~registration~~ licensure under this chapter only if the application for ~~registration~~ licensure is complete, all requirements have been met, and a nonrefundable fee set by the board has been paid. The ~~permit~~ temporary license remains valid only until the ~~next~~ next meeting of the board at which a decision is made on the application for ~~registration~~ licensure.

Sec. 9. Minnesota Statutes 2008, section 147A.05, is amended to read:

147A.05 INACTIVE ~~REGISTRATION~~ LICENSE.

Physician assistants who notify the board in writing ~~on forms prescribed by the board~~ may elect to place their ~~registrations~~ license on an inactive status. Physician assistants with an inactive ~~registration~~ license shall be excused from payment of renewal fees and shall not practice as physician assistants. Persons who engage in practice while their ~~registrations are~~ license is lapsed or on inactive status shall be considered to be practicing

28.1 without ~~registration~~ a license, which shall be grounds for discipline under section 147A.13.
28.2 Physician assistants who provide care under the provisions of section 147A.23 shall not
28.3 be considered practicing without a license or subject to disciplinary action. Physician
28.4 assistants ~~requesting restoration from inactive status~~ who notify the board of their intent to
28.5 resume active practice shall be required to pay the current renewal fees and all unpaid back
28.6 fees and shall be required to meet the criteria for renewal specified in section 147A.07.

28.7 Sec. 10. Minnesota Statutes 2008, section 147A.06, is amended to read:

28.8 **147A.06 CANCELLATION OF ~~REGISTRATION~~ LICENSE FOR**
28.9 **NONRENEWAL.**

28.10 The board shall not renew, reissue, reinstate, or restore a ~~registration~~ license that
28.11 has lapsed on or after July 1, 1996, and has not been renewed within two annual renewal
28.12 cycles starting July 1, 1997. A ~~registrant licensee~~ whose ~~registration~~ license is canceled
28.13 for nonrenewal must obtain a new ~~registration~~ license by applying for ~~registration~~
28.14 licensure and fulfilling all requirements then in existence for an initial ~~registration~~ license
28.15 to practice as a physician assistant.

28.16 Sec. 11. Minnesota Statutes 2008, section 147A.07, is amended to read:

28.17 **147A.07 RENEWAL.**

28.18 A person who holds a ~~registration~~ license as a physician assistant shall annually,
28.19 upon notification from the board, renew the ~~registration~~ license by:

- 28.20 (1) submitting the appropriate fee as determined by the board;
28.21 (2) completing the appropriate forms; and
28.22 (3) meeting any other requirements of the board;
28.23 ~~(4) submitting a revised and updated practice setting description showing evidence~~
28.24 ~~of annual review of the physician-physician assistant supervisory agreement.~~

28.25 Sec. 12. Minnesota Statutes 2008, section 147A.08, is amended to read:

28.26 **147A.08 EXEMPTIONS.**

28.27 (a) This chapter does not apply to, control, prevent, or restrict the practice, service,
28.28 or activities of persons listed in section 147.09, clauses (1) to (6) and (8) to (13), persons
28.29 regulated under section 214.01, subdivision 2, or persons defined in section 144.1501,
28.30 subdivision 1, paragraphs (f), (h), and (i).

28.31 (b) Nothing in this chapter shall be construed to require ~~registration~~ licensure of:

(1) a physician assistant student enrolled in a physician assistant ~~or surgeon assistant~~ educational program accredited by the ~~Committee on Allied Health Education and Accreditation~~ Review Commission on Education for the Physician Assistant or by its successor agency approved by the board;

(2) a physician assistant employed in the service of the federal government while performing duties incident to that employment; or

(3) technicians, other assistants, or employees of physicians who perform delegated tasks in the office of a physician but who do not identify themselves as a physician assistant.

Sec. 13. Minnesota Statutes 2008, section 147A.09, is amended to read:

147A.09 SCOPE OF PRACTICE, DELEGATION.

Subdivision 1. **Scope of practice.** (a) Physician assistants shall practice medicine only with physician supervision. Physician assistants may perform those duties and responsibilities as delegated in the physician-physician assistant delegation agreement and delegation forms maintained at the address of record by the supervising physician and physician assistant, including the prescribing, administering, and dispensing of drugs, controlled substances, and medical devices ~~and drugs~~, excluding anesthetics, other than local anesthetics, injected in connection with an operating room procedure, inhaled anesthesia and spinal anesthesia.

Patient service must be limited to:

(1) services within the training and experience of the physician assistant;

(2) services customary to the practice of the supervising physician or alternate supervising physician;

(3) services delegated by the supervising physician or alternate supervising physician under the physician-physician assistant delegation agreement; and

(4) services within the parameters of the laws, rules, and standards of the facilities in which the physician assistant practices.

(b) Nothing in this chapter authorizes physician assistants to perform duties regulated by the boards listed in section 214.01, subdivision 2, other than the Board of Medical Practice, and except as provided in this section.

(c) Physician assistants may not engage in the practice of chiropractic.

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

(1) taking patient histories and developing medical status reports;

- 30.1 (2) performing physical examinations;
- 30.2 (3) interpreting and evaluating patient data;
- 30.3 (4) ordering or performing diagnostic procedures, including ~~radiography~~ the use of
- 30.4 radiographic imaging systems in compliance with Minnesota Rules, chapter 4732;
- 30.5 (5) ordering or performing therapeutic procedures including the use of ionizing
- 30.6 radiation in compliance with Minnesota Rules, chapter 4732;
- 30.7 (6) providing instructions regarding patient care, disease prevention, and health
- 30.8 promotion;
- 30.9 (7) assisting the supervising physician in patient care in the home and in health
- 30.10 care facilities;
- 30.11 (8) creating and maintaining appropriate patient records;
- 30.12 (9) transmitting or executing specific orders at the direction of the supervising
- 30.13 physician;
- 30.14 (10) prescribing, administering, and dispensing ~~legend~~ drugs, controlled substances,
- 30.15 and medical devices if this function has been delegated by the supervising physician
- 30.16 pursuant to and subject to the limitations of section 147A.18 and chapter 151. For
- 30.17 physician assistants who have been delegated the authority to prescribe controlled
- 30.18 substances shall maintain a separate addendum to the delegation form which lists all
- 30.19 schedules and categories such delegation shall be included in the physician-physician
- 30.20 assistant delegation agreement, and all schedules of controlled substances which the
- 30.21 physician assistant has the authority to prescribe. This addendum shall be maintained with
- 30.22 the physician-physician assistant agreement, and the delegation form at the address of
- 30.23 record shall be specified;
- 30.24 (11) for physician assistants not delegated prescribing authority, administering
- 30.25 legend drugs and medical devices following prospective review for each patient by and
- 30.26 upon direction of the supervising physician;
- 30.27 (12) functioning as an emergency medical technician with permission of the
- 30.28 ambulance service and in compliance with section 144E.127, and ambulance service rules
- 30.29 adopted by the commissioner of health;
- 30.30 (13) initiating evaluation and treatment procedures essential to providing an
- 30.31 appropriate response to emergency situations; ~~and~~
- 30.32 (14) certifying a ~~physical disability~~ patient's eligibility for a disability parking
- 30.33 certificate under section 169.345, subdivision 2a 2;
- 30.34 (15) assisting at surgery; and
- 30.35 (16) providing medical authorization for admission for emergency care and
- 30.36 treatment of a patient under section 253B.05, subdivision 2.

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

31.4 Sec. 14. Minnesota Statutes 2008, section 147A.11, is amended to read:

31.5 **147A.11 EXCLUSIONS OF LIMITATIONS ON EMPLOYMENT.**

31.6 Nothing in this chapter shall be construed to limit the employment arrangement of a
31.7 physician assistant ~~registered~~ licensed under this chapter.

31.8 Sec. 15. Minnesota Statutes 2008, section 147A.13, is amended to read:

31.9 **147A.13 GROUNDS FOR DISCIPLINARY ACTION.**

31.10 Subdivision 1. **Grounds listed.** The board may refuse to grant ~~registration~~ licensure
31.11 or may impose disciplinary action as described in this subdivision against any physician
31.12 assistant. The following conduct is prohibited and is grounds for disciplinary action:

31.13 (1) failure to demonstrate the qualifications or satisfy the requirements for
31.14 ~~registration~~ licensure contained in this chapter or rules of the board. The burden of proof
31.15 shall be upon the applicant to demonstrate such qualifications or satisfaction of such
31.16 requirements;

31.17 (2) obtaining ~~registration~~ a license by fraud or cheating, or attempting to subvert
31.18 the examination process. Conduct which subverts or attempts to subvert the examination
31.19 process includes, but is not limited to:

31.20 (i) conduct which violates the security of the examination materials, such as
31.21 removing examination materials from the examination room or having unauthorized
31.22 possession of any portion of a future, current, or previously administered licensing
31.23 examination;

31.24 (ii) conduct which violates the standard of test administration, such as
31.25 communicating with another examinee during administration of the examination, copying
31.26 another examinee's answers, permitting another examinee to copy one's answers, or
31.27 possessing unauthorized materials; and

31.28 (iii) impersonating an examinee or permitting an impersonator to take the
31.29 examination on one's own behalf;

31.30 (3) conviction, during the previous five years, of a felony reasonably related to the
31.31 practice of physician assistant. Conviction as used in this subdivision includes a conviction
31.32 of an offense which if committed in this state would be deemed a felony without regard to
31.33 its designation elsewhere, or a criminal proceeding where a finding or verdict of guilt is
31.34 made or returned but the adjudication of guilt is either withheld or not entered;

32.1 (4) revocation, suspension, restriction, limitation, or other disciplinary action against
32.2 the person's physician assistant credentials in another state or jurisdiction, failure to
32.3 report to the board that charges regarding the person's credentials have been brought in
32.4 another state or jurisdiction, or having been refused ~~registration~~ licensure by any other
32.5 state or jurisdiction;

32.6 (5) advertising which is false or misleading, violates any rule of the board, or claims
32.7 without substantiation the positive cure of any disease or professional superiority to or
32.8 greater skill than that possessed by another physician assistant;

32.9 (6) violating a rule adopted by the board or an order of the board, a state, or federal
32.10 law which relates to the practice of a physician assistant, or in part regulates the practice
32.11 of a physician assistant, including without limitation sections 148A.02, 609.344, and
32.12 609.345, or a state or federal narcotics or controlled substance law;

32.13 (7) engaging in any unethical conduct; conduct likely to deceive, defraud, or harm
32.14 the public, or demonstrating a willful or careless disregard for the health, welfare, or
32.15 safety of a patient; or practice which is professionally incompetent, in that it may create
32.16 unnecessary danger to any patient's life, health, or safety, in any of which cases, proof
32.17 of actual injury need not be established;

32.18 (8) failure to adhere to the provisions of the physician-physician assistant delegation
32.19 agreement;

32.20 (9) engaging in the practice of medicine beyond that allowed by the
32.21 physician-physician assistant delegation agreement, ~~including the delegation form or~~
32.22 ~~the addendum to the delegation form~~, or aiding or abetting an unlicensed person in the
32.23 practice of medicine;

32.24 (10) adjudication as mentally incompetent, mentally ill or developmentally disabled,
32.25 or as a chemically dependent person, a person dangerous to the public, a sexually
32.26 dangerous person, or a person who has a sexual psychopathic personality by a court of
32.27 competent jurisdiction, within or without this state. Such adjudication shall automatically
32.28 suspend a ~~registration~~ license for its duration unless the board orders otherwise;

32.29 (11) engaging in unprofessional conduct. Unprofessional conduct includes any
32.30 departure from or the failure to conform to the minimal standards of acceptable and
32.31 prevailing practice in which proceeding actual injury to a patient need not be established;

32.32 (12) inability to practice with reasonable skill and safety to patients by reason of
32.33 illness, drunkenness, use of drugs, narcotics, chemicals, or any other type of material, or
32.34 as a result of any mental or physical condition, including deterioration through the aging
32.35 process or loss of motor skills;

(13) revealing a privileged communication from or relating to a patient except when otherwise required or permitted by law;

(14) any ~~use of~~ identification of a physician assistant by the title "Physician," "Doctor," or "Dr." in a patient care setting or in a communication directed to the general public;

(15) improper management of medical records, including failure to maintain adequate medical records, to comply with a patient's request made pursuant to sections 144.291 to 144.298, or to furnish a medical record or report required by law;

(16) engaging in abusive or fraudulent billing practices, including violations of the federal Medicare and Medicaid laws or state medical assistance laws;

(17) becoming addicted or habituated to a drug or intoxicant;

(18) prescribing a drug or device for other than medically accepted therapeutic, experimental, or investigative purposes authorized by a state or federal agency or referring a patient to any health care provider as defined in sections 144.291 to 144.298 for services or tests not medically indicated at the time of referral;

(19) engaging in conduct with a patient which is sexual or may reasonably be interpreted by the patient as sexual, or in any verbal behavior which is seductive or sexually demeaning to a patient;

(20) failure to make reports as required by section 147A.14 or to cooperate with an investigation of the board as required by section 147A.15, subdivision 3;

(21) knowingly providing false or misleading information that is directly related to the care of that patient unless done for an accepted therapeutic purpose such as the administration of a placebo;

(22) aiding suicide or aiding attempted suicide in violation of section 609.215 as established by any of the following:

(i) a copy of the record of criminal conviction or plea of guilty for a felony in violation of section 609.215, subdivision 1 or 2;

(ii) a copy of the record of a judgment of contempt of court for violating an injunction issued under section 609.215, subdivision 4;

(iii) a copy of the record of a judgment assessing damages under section 609.215, subdivision 5; or

(iv) a finding by the board that the person violated section 609.215, subdivision 1 or 2. The board shall investigate any complaint of a violation of section 609.215, subdivision 1 or 2; or

(23) failure to maintain annually reviewed and updated physician-physician assistant delegation agreements, ~~internal protocols, or prescribing delegation forms~~ for

each physician-physician assistant practice relationship, or failure to provide copies of such documents upon request by the board.

Subd. 2. **Effective dates, automatic suspension.** A suspension, revocation, condition, limitation, qualification, or restriction of a registration license shall be in effect pending determination of an appeal unless the court, upon petition and for good cause shown, orders otherwise.

A physician assistant registration license is automatically suspended if:

(1) a guardian of a registrant licensee is appointed by order of a court pursuant to sections 524.5-101 to 524.5-502, for reasons other than the minority of the registrant licensee; or

(2) the registrant licensee is committed by order of a court pursuant to chapter 253B. The registration license remains suspended until the registrant licensee is restored to capacity by a court and, upon petition by the registrant licensee, the suspension is terminated by the board after a hearing.

Subd. 3. **Conditions on reissued registration license.** In its discretion, the board may restore and reissue a physician assistant registration license, but may impose as a condition any disciplinary or corrective measure which it might originally have imposed.

Subd. 4. **Temporary suspension of registration license.** In addition to any other remedy provided by law, the board may, without a hearing, temporarily suspend the registration license of a physician assistant if the board finds that the physician assistant has violated a statute or rule which the board is empowered to enforce and continued practice by the physician assistant would create a serious risk of harm to the public. The suspension shall take effect upon written notice to the physician assistant, specifying the statute or rule violated. The suspension shall remain in effect until the board issues a final order in the matter after a hearing. At the time it issues the suspension notice, the board shall schedule a disciplinary hearing to be held pursuant to the Administrative Procedure Act.

The physician assistant shall be provided with at least 20 days' notice of any hearing held pursuant to this subdivision. The hearing shall be scheduled to begin no later than 30 days after the issuance of the suspension order.

Subd. 5. **Evidence.** In disciplinary actions alleging a violation of subdivision 1, clause (3) or (4), a copy of the judgment or proceeding under the seal of the court administrator or of the administrative agency which entered it shall be admissible into evidence without further authentication and shall constitute prima facie evidence of the contents thereof.

Subd. 6. **Mental examination; access to medical data.** (a) If the board has probable cause to believe that a physician assistant comes under subdivision 1, clause

(1), it may direct the physician assistant to submit to a mental or physical examination. For the purpose of this subdivision, every physician assistant ~~registered~~ licensed under this chapter is deemed to have consented to submit to a mental or physical examination when directed in writing by the board and further to have waived all objections to the admissibility of the examining physicians' testimony or examination reports on the ground that the same constitute a privileged communication. Failure of a physician assistant to submit to an examination when directed constitutes an admission of the allegations against the physician assistant, unless the failure was due to circumstance beyond the physician assistant's control, in which case a default and final order may be entered without the taking of testimony or presentation of evidence. A physician assistant affected under this subdivision shall at reasonable intervals be given an opportunity to demonstrate that the physician assistant can resume competent practice with reasonable skill and safety to patients. In any proceeding under this subdivision, neither the record of proceedings nor the orders entered by the board shall be used against a physician assistant in any other proceeding.

(b) In addition to ordering a physical or mental examination, the board may, notwithstanding sections 13.384, 144.651, or any other law limiting access to medical or other health data, obtain medical data and health records relating to a ~~registrant~~ licensee or applicant without the ~~registrant's~~ licensee's or applicant's consent if the board has probable cause to believe that a physician assistant comes under subdivision 1, clause (1).

The medical data may be requested from a provider, as defined in section 144.291, subdivision 2, paragraph (h), an insurance company, or a government agency, including the Department of Human Services. A provider, insurance company, or government agency shall comply with any written request of the board under this subdivision and is not liable in any action for damages for releasing the data requested by the board if the data are released pursuant to a written request under this subdivision, unless the information is false and the provider giving the information knew, or had reason to believe, the information was false. Information obtained under this subdivision is classified as private under chapter 13.

Subd. 7. Tax clearance certificate. (a) In addition to the provisions of subdivision 1, the board may not issue or renew a ~~registration~~ license if the commissioner of revenue notifies the board and the ~~registrant~~ licensee or applicant for ~~registration~~ licensure that the ~~registrant~~ licensee or applicant owes the state delinquent taxes in the amount of \$500 or more. The board may issue or renew the ~~registration~~ license only if:

(1) the commissioner of revenue issues a tax clearance certificate; and

(2) the commissioner of revenue, the ~~registrant~~ licensee, or the applicant forwards a copy of the clearance to the board.

The commissioner of revenue may issue a clearance certificate only if the ~~registrant~~ licensee or applicant does not owe the state any uncontested delinquent taxes.

(b) For purposes of this subdivision, the following terms have the meanings given:

(1) "Taxes" are all taxes payable to the commissioner of revenue, including penalties and interest due on those taxes, and

(2) "Delinquent taxes" do not include a tax liability if:

(i) an administrative or court action that contests the amount or validity of the liability has been filed or served;

(ii) the appeal period to contest the tax liability has not expired; or

(iii) the licensee or applicant has entered into a payment agreement to pay the liability and is current with the payments.

(c) When a ~~registrant~~ licensee or applicant is required to obtain a clearance certificate under this subdivision, a contested case hearing must be held if the ~~registrant~~ licensee or applicant requests a hearing in writing to the commissioner of revenue within 30 days of the date of the notice provided in paragraph (a). The hearing must be held within 45 days of the date the commissioner of revenue refers the case to the Office of Administrative Hearings. Notwithstanding any law to the contrary, the licensee or applicant must be served with 20 days' notice in writing specifying the time and place of the hearing and the allegations against the registrant or applicant. The notice may be served personally or by mail.

(d) The board shall require all ~~registrants~~ licensees or applicants to provide their Social Security number and Minnesota business identification number on all ~~registration~~ license applications. Upon request of the commissioner of revenue, the board must provide to the commissioner of revenue a list of all ~~registrants~~ licensees and applicants, including their names and addresses, Social Security numbers, and business identification numbers. The commissioner of revenue may request a list of the ~~registrants~~ licensees and applicants no more than once each calendar year.

Subd. 8. Limitation. No board proceeding against a licensee shall be instituted unless commenced within seven years from the date of commission of some portion of the offense except for alleged violations of subdivision 1, clause (19), or subdivision 7.

Sec. 16. Minnesota Statutes 2008, section 147A.16, is amended to read:

147A.16 FORMS OF DISCIPLINARY ACTION.

When the board finds that a ~~registered~~ licensed physician assistant has violated a provision of this chapter, it may do one or more of the following:

(1) revoke the ~~registration~~ license;

(2) suspend the ~~registration~~ license;

(3) impose limitations or conditions on the physician assistant's practice, including limiting the scope of practice to designated field specialties; impose retraining or rehabilitation requirements; require practice under additional supervision; or condition 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 physician assistant of any economic advantage gained by reason of the violation charged or to reimburse the board for the cost of the investigation and proceeding;

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

(6) censure or reprimand the ~~registered~~ licensed physician assistant.

Upon judicial review of any board disciplinary action taken under this chapter, the reviewing court shall seal the administrative record, except for the board's final decision, and shall not make the administrative record available to the public.

Sec. 17. Minnesota Statutes 2008, section 147A.18, is amended to read:

147A.18 DELEGATED AUTHORITY TO PRESCRIBE, DISPENSE, AND ADMINISTER DRUGS AND MEDICAL DEVICES.

Subdivision 1. **Delegation.** (a) A supervising physician may delegate to a physician assistant who is ~~registered with~~ licensed by the board, certified by the National Commission on Certification of Physician Assistants or successor agency approved by the board, and who is under the supervising physician's supervision, the authority to prescribe, dispense, and administer legend drugs, ~~medical devices, and~~ controlled substances, and medical devices subject to the requirements in this section. The authority to dispense includes, but is not limited to, the authority to request, receive, and dispense sample drugs. This authority to dispense extends only to those drugs described in the written agreement developed under paragraph (b).

(b) The delegation agreement between the physician assistant and supervising physician ~~and any alternate supervising physicians~~ must include a statement by the supervising physician regarding delegation or nondelegation of the functions of prescribing, dispensing, and administering ~~of~~ legend drugs, controlled substances, and

medical devices to the physician assistant. The statement must include ~~a protocol~~
~~indicating~~ categories of drugs for which the supervising physician delegates prescriptive
and dispensing authority, including controlled substances when applicable. The delegation
must be appropriate to the physician assistant's practice and within the scope of the
physician assistant's training. Physician assistants who have been delegated the authority
to prescribe, dispense, and administer legend drugs, controlled substances, and medical
devices shall provide evidence of current certification by the National Commission
on Certification of Physician Assistants or its successor agency when ~~registering or~~
~~reregistering~~ applying for licensure or license renewal as physician assistants. Physician
assistants who have been delegated the authority to prescribe controlled substances must
~~present evidence of the certification and also~~ hold a valid DEA ~~certificate~~ registration.
Supervising physicians shall retrospectively review the prescribing, dispensing, and
administering ~~of legend and controlled~~ drugs, controlled substances, and medical devices
by physician assistants, when this authority has been delegated to the physician assistant as
part of the physician-physician assistant delegation agreement ~~between the physician and~~
~~the physician assistant. This review must take place as outlined in the internal protocol.~~
The process and schedule for the review must be outlined in the physician-physician
assistant delegation agreement.

(c) The board may establish by rule:

- (1) a system of identifying physician assistants eligible to prescribe, administer, and
dispense legend drugs and medical devices;
- (2) a system of identifying physician assistants eligible to prescribe, administer, and
dispense controlled substances;
- (3) a method of determining the categories of legend ~~and controlled~~ drugs, controlled
substances, and medical devices that each physician assistant is allowed to prescribe,
administer, and dispense; and
- (4) a system of transmitting to pharmacies a listing of physician assistants eligible to
prescribe legend ~~and controlled~~ drugs, controlled substances, and medical devices.

Subd. 2. **Termination and reinstatement of prescribing authority.** ~~(a)~~ The
authority of a physician assistant to prescribe, dispense, and administer legend drugs,
controlled substances, and medical devices shall end immediately when:

- (1) the physician-physician assistant delegation agreement is terminated;
- (2) the authority to prescribe, dispense, and administer is terminated or withdrawn
by the supervising physician; ~~or~~

(3) the physician assistant reverts to assistant's license is placed on inactive status;
~~loses National Commission on Certification of Physician Assistants or successor agency~~
~~certification, or loses or terminates registration status;~~

(4) the physician assistant loses National Commission on Certification of Physician
Assistants or successor agency certification; or

(5) the physician assistant loses or terminates licensure status.

~~(b) The physician assistant must notify the board in writing within ten days of the~~
~~occurrence of any of the circumstances listed in paragraph (a).~~

~~(c) Physician assistants whose authority to prescribe, dispense, and administer~~
~~has been terminated shall reapply for reinstatement of prescribing authority under this~~
~~section and meet any requirements established by the board prior to reinstatement of the~~
~~prescribing, dispensing, and administering authority.~~

Subd. 3. **Other requirements and restrictions.** ~~(a) The supervising physician and~~
~~the physician assistant must complete, sign, and date an internal protocol which lists each~~
~~category of drug or medical device, or controlled substance the physician assistant may~~
~~prescribe, dispense, and administer. The supervising physician and physician assistant~~
~~shall submit the internal protocol to the board upon request. The supervising physician~~
~~may amend the internal protocol as necessary, within the limits of the completed delegation~~
~~form in subdivision 5. The supervising physician and physician assistant must sign and~~
~~date any amendments to the internal protocol. Any amendments resulting in a change to~~
~~an addition or deletion to categories delegated in the delegation form in subdivision 5 must~~
~~be submitted to the board according to this chapter, along with the fee required.~~

~~(b) The supervising physician and physician assistant shall review delegation of~~
~~prescribing, dispensing, and administering authority on an annual basis at the time of~~
~~reregistration. The internal protocol must be signed and dated by the supervising physician~~
~~and physician assistant after review. Any amendments to the internal protocol resulting in~~
~~changes to the delegation form in subdivision 5 must be submitted to the board according~~
~~to this chapter, along with the fee required.~~

~~(c)~~ (a) Each prescription initiated by a physician assistant shall indicate the
following:

(1) the date of issue;

(2) the name and address of the patient;

(3) the name and quantity of the drug prescribed;

(4) directions for use; and

(5) the name and address of the prescribing physician assistant.

~~(d) (b)~~ In prescribing, dispensing, and administering legend drugs, controlled substances, and medical devices, ~~including controlled substances as defined in section 152.01, subdivision 4,~~ a physician assistant must conform with the agreement, chapter 151, and this chapter.

~~Subd. 4. Notification of pharmacies.~~ (a) The board shall annually provide to the Board of Pharmacy and to registered pharmacies within the state a list of those physician assistants who are authorized to prescribe, administer, and dispense legend drugs and medical devices, or controlled substances.

~~(b)~~ The board shall provide to the Board of Pharmacy a list of physician assistants authorized to prescribe legend drugs and medical devices every two months if additional physician assistants are authorized to prescribe or if physician assistants have authorization to prescribe withdrawn.

~~(c)~~ The list must include the name, address, telephone number, and Minnesota registration number of the physician assistant, and the name, address, telephone number, and Minnesota license number of the supervising physician.

~~(d)~~ The board shall provide the form in subdivision 5 to pharmacies upon request.

~~(e)~~ The board shall make available prototype forms of the physician-physician assistant agreement, the internal protocol, the delegation form, and the addendum form.

~~Subd. 5. Delegation form for physician assistant prescribing.~~ The delegation form for physician assistant prescribing must contain a listing by drug category of the legend drugs and controlled substances for which prescribing authority has been delegated to the physician assistant.

Sec. 18. Minnesota Statutes 2008, section 147A.19, is amended to read:

147A.19 IDENTIFICATION REQUIREMENTS.

Physician assistants ~~registered~~ licensed under this chapter shall keep their ~~registration~~ license available for inspection at their primary place of business and shall, when engaged in their professional activities, wear a name tag identifying themselves as a "physician assistant."

Sec. 19. Minnesota Statutes 2008, section 147A.20, is amended to read:

147A.20 ~~PHYSICIAN AND PHYSICIAN~~ PHYSICIAN-PHYSICIAN ASSISTANT AGREEMENT DOCUMENTS.

Subdivision 1. Physician-physician assistant delegation agreement. (a) A physician assistant and supervising physician must sign ~~an~~ a physician-physician assistant

41.1 delegation agreement which specifies scope of practice ~~and amount~~ and manner of
41.2 supervision as required by the board. The agreement must contain:

- 41.3 (1) a description of the practice setting;
- 41.4 (2) ~~a statement of practice type/specialty;~~
- 41.5 ~~(3)~~ a listing of categories of delegated duties;
- 41.6 ~~(4)~~ (3) a description of supervision type, ~~amount, and frequency;~~ and
- 41.7 ~~(5)~~ (4) a description of the process and schedule for review of prescribing,
41.8 dispensing, and administering legend and controlled drugs and medical devices by the
41.9 physician assistant authorized to prescribe.

41.10 (b) The agreement must be maintained by the supervising physician and physician
41.11 assistant and made available to the board upon request. If there is a delegation of
41.12 prescribing, administering, and dispensing of legend drugs, controlled substances, and
41.13 medical devices, the agreement shall include ~~an internal protocol and delegation form~~ a
41.14 description of the prescriptive authority delegated to the physician assistant. Physician
41.15 assistants shall have a separate agreement for each place of employment. Agreements
41.16 must be reviewed and updated on an annual basis. The supervising physician and
41.17 physician assistant must maintain the physician-physician assistant delegation agreement;
41.18 ~~delegation form, and internal protocol~~ at the address of record. ~~Copies shall be provided to~~
41.19 ~~the board upon request.~~

41.20 (c) Physician assistants must provide written notification to the board within 30
41.21 days of the following:

- 41.22 (1) name change;
- 41.23 (2) address of record change; and
- 41.24 (3) telephone number of record change; and
- 41.25 ~~(4) addition or deletion of alternate supervising physician provided that the~~
41.26 ~~information submitted includes, for an additional alternate physician, an affidavit of~~
41.27 ~~consent to act as an alternate supervising physician signed by the alternate supervising~~
41.28 ~~physician.~~

41.29 ~~(d) Modifications requiring submission prior to the effective date are changes to the~~
41.30 ~~practice setting description which include:~~

- 41.31 ~~(1) supervising physician change, excluding alternate supervising physicians; or~~
- 41.32 ~~(2) delegation of prescribing, administering, or dispensing of legend drugs,~~
41.33 ~~controlled substances, or medical devices.~~

41.34 ~~(e) The agreement must be completed and the practice setting description submitted~~
41.35 ~~to the board before providing medical care as a physician assistant.~~

(d) Any alternate supervising physicians must be identified in the physician-physician assistant delegation agreement, or a supplemental listing, and must sign the agreement attesting that they shall provide the physician assistant with supervision in compliance with this chapter, the delegation agreement, and board rules.

Subd. 2. **Notification of intent to practice.** A licensed physician assistant shall submit a notification of intent to practice to the board prior to beginning practice. The notification shall include the name, business address, and telephone number of the supervising physician and the physician assistant. Individuals who practice without submitting a notification of intent to practice shall be subject to disciplinary action under section 147A.13 for practicing without a license, unless the care is provided in response to a disaster or emergency situation according to section 147A.23.

Sec. 20. Minnesota Statutes 2008, section 147A.21, is amended to read:

147A.21 RULEMAKING AUTHORITY.

The board shall adopt rules:

- (1) setting ~~registration~~ license fees;
- (2) setting renewal fees;
- (3) ~~setting fees for locum tenens permits;~~
- ~~(4)~~ setting fees for temporary ~~registration~~ licenses; and
- ~~(5)~~ (4) establishing renewal dates.

Sec. 21. Minnesota Statutes 2008, section 147A.23, is amended to read:

147A.23 RESPONDING TO DISASTER SITUATIONS.

(a) ~~A registered physician assistant or a~~ physician assistant duly licensed or credentialed in a United States jurisdiction or by a federal employer who is responding to a need for medical care created by an emergency according to section 604A.01, or a state or local disaster may render such care as the physician assistant is ~~able~~ trained to provide, under the physician assistant's license, ~~registration~~, or credential, without the need of a ~~physician and physician~~ physician-physician assistant delegation agreement or a notice of intent to practice as required under section 147A.20. ~~Physician supervision, as required under section 147A.09, must be provided under the direction of a physician licensed under chapter 147 who is involved with the disaster response. The physician assistant must establish a temporary supervisory agreement with the physician providing supervision before rendering care.~~ A physician assistant may provide emergency care without physician supervision or under the supervision that is available.

(b) The physician who provides supervision to a physician assistant while the physician assistant is rendering care ~~in a disaster~~ in accordance with this section may do so without meeting the requirements of section 147A.20.

(c) The supervising physician who otherwise provides supervision to a physician assistant under a ~~physician and physician~~ physician-physician assistant delegation agreement described in section 147A.20 shall not be held medically responsible for the care rendered by a physician assistant pursuant to paragraph (a). Services provided by a physician assistant under paragraph (a) shall be considered outside the scope of the relationship between the supervising physician and the physician assistant.

Sec. 22. Minnesota Statutes 2008, section 147A.24, is amended to read:

147A.24 CONTINUING EDUCATION REQUIREMENTS.

Subdivision 1. **Amount of education required.** Applicants for registration license renewal ~~or reregistration~~ must either ~~attest to and document~~ meet standards for continuing education through current certification by the National Commission on Certification of Physician Assistants, or its successor agency as approved by the board, or provide evidence of successful completion of at least 50 contact hours of continuing education within the two years immediately preceding registration license renewal, ~~reregistration, or attest to and document taking the national certifying examination required by this chapter within the past two years.~~

Subd. 2. **Type of education required.** ~~Approved~~ Continuing education is approved if it is equivalent to category 1 credit hours as defined by the American Osteopathic Association Bureau of Professional Education, the Royal College of Physicians and Surgeons of Canada, the American Academy of Physician Assistants, or by organizations that have reciprocal arrangements with the physician recognition award program of the American Medical Association.

Sec. 23. Minnesota Statutes 2008, section 147A.26, is amended to read:

147A.26 PROCEDURES.

The board shall establish, in writing, internal operating procedures for receiving and investigating complaints, accepting and processing applications, granting ~~registrations~~ licenses, and imposing enforcement actions. The written internal operating procedures may include procedures for sharing complaint information with government agencies in this and other states. Procedures for sharing complaint information must be consistent with the requirements for handling government data under chapter 13.

Sec. 24. Minnesota Statutes 2008, section 147A.27, is amended to read:

147A.27 PHYSICIAN ASSISTANT ADVISORY COUNCIL.

Subdivision 1. **Membership.** (a) The Physician Assistant Advisory Council is created and is composed of seven persons appointed by the board. The seven persons must include:

(1) two public members, as defined in section 214.02;

(2) three physician assistants ~~registered~~ licensed under this chapter who meet the criteria for a new applicant under section 147A.02; and

(3) two licensed physicians with experience supervising physician assistants.

(b) No member shall serve more than ~~a total of two~~ consecutive terms. If a member is appointed for a partial term and serves more than half of that term it shall be considered a full term. ~~Members serving on the council as of July 1, 2000, shall be allowed to complete their current terms.~~

Subd. 2. **Organization.** The council shall be organized and administered under section 15.059.

Subd. 3. **Duties.** The council shall advise the board regarding:

(1) physician assistant ~~registration~~ licensure standards;

(2) enforcement of grounds for discipline;

(3) distribution of information regarding physician assistant ~~registration~~ licensure standards;

(4) applications and recommendations of applicants for ~~registration~~ licensure or ~~registration~~ license renewal; ~~and~~

(5) complaints and recommendations to the board regarding disciplinary matters and proceedings concerning applicants and ~~registrants~~ licensees according to sections 214.10; 214.103; and 214.13, subdivisions 6 and 7; and

(6) issues related to physician assistant practice and regulation.

The council shall perform other duties authorized for the council by chapter 214 as directed by the board.

Sec. 25. Minnesota Statutes 2008, section 169.345, subdivision 2, is amended to read:

Subd. 2. **Definitions.** (a) For the purpose of section 168.021 and this section, the following terms have the meanings given them in this subdivision.

(b) "Health professional" means a licensed physician, ~~registered~~ licensed physician assistant, advanced practice registered nurse, or licensed chiropractor.

(c) "Long-term certificate" means a certificate issued for a period greater than 12 months but not greater than 71 months.

(d) "Organization certificate" means a certificate issued to an entity other than a natural person for a period of three years.

(e) "Permit" refers to a permit that is issued for a period of 30 days, in lieu of the certificate referred to in subdivision 3, while the application is being processed.

(f) "Physically disabled person" means a person who:

(1) because of disability cannot walk without significant risk of falling;

(2) because of disability cannot walk 200 feet without stopping to rest;

(3) because of disability cannot walk without the aid of another person, a walker, a cane, crutches, braces, a prosthetic device, or a wheelchair;

(4) is restricted by a respiratory disease to such an extent that the person's forced (respiratory) expiratory volume for one second, when measured by spirometry, is less than one liter;

(5) has an arterial oxygen tension (PAO₂) of less than 60 mm/Hg on room air at rest;

(6) uses portable oxygen;

(7) has a cardiac condition to the extent that the person's functional limitations are classified in severity as class III or class IV according to standards set by the American Heart Association;

(8) has lost an arm or a leg and does not have or cannot use an artificial limb; or

(9) has a disability that would be aggravated by walking 200 feet under normal environmental conditions to an extent that would be life threatening.

(g) "Short-term certificate" means a certificate issued for a period greater than six months but not greater than 12 months.

(h) "Six-year certificate" means a certificate issued for a period of six years.

(i) "Temporary certificate" means a certificate issued for a period not greater than six months.

Sec. 26. Minnesota Statutes 2008, section 253B.02, subdivision 7, is amended to read:

Subd. 7. **Examiner.** "Examiner" means a person who is knowledgeable, trained, and practicing in the diagnosis and assessment or in the treatment of the alleged impairment, and who is:

(1) a licensed physician;

(2) a licensed psychologist who has a doctoral degree in psychology or who became a licensed consulting psychologist before July 2, 1975; or

(3) an advanced practice registered nurse certified in mental health or a licensed physician assistant, except that only a physician or psychologist meeting these requirements may be appointed by the court as described by sections 253B.07, subdivision

3; 253B.092, subdivision 8, paragraph (b); 253B.17, subdivision 3; 253B.18, subdivision 2; and 253B.19, subdivisions 1 and 2, and only a physician or psychologist may conduct an assessment as described by Minnesota Rules of Criminal Procedure, rule 20.

Sec. 27. Minnesota Statutes 2008, 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 developmentally disabled 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 shall only be made by the following individuals who are knowledgeable, trained, and practicing in the diagnosis and treatment of mental illness or developmental disability; the medical officer, or the officer's designee on duty at the facility, including a licensed physician, a ~~registered~~ licensed physician assistant, or an advanced practice registered nurse who after preliminary examination has determined that the person has symptoms of mental illness or developmental disability 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

47.1 of chemical dependency and appears to be in danger of harming self or others if not
47.2 immediately detained or is intoxicated in public.

47.3 Sec. 28. Minnesota Statutes 2008, section 256B.0625, subdivision 28a, is amended to
47.4 read:

47.5 Subd. 28a. **Registered Licensed physician assistant services.** Medical assistance
47.6 covers services performed by a ~~registered~~ licensed physician assistant if the service is
47.7 otherwise covered under this chapter as a physician service and if the service is within the
47.8 scope of practice of a ~~registered~~ licensed physician assistant as defined in section 147A.09.

47.9 Sec. 29. Minnesota Statutes 2008, section 256B.0751, subdivision 1, is amended to
47.10 read:

47.11 Subdivision 1. **Definitions.** (a) For purposes of sections 256B.0751 to 256B.0753,
47.12 the following definitions apply.

47.13 (b) "Commissioner" means the commissioner of human services.

47.14 (c) "Commissioners" means the commissioner of humans services and the
47.15 commissioner of health, acting jointly.

47.16 (d) "Health plan company" has the meaning provided in section 62Q.01, subdivision
47.17 4.

47.18 (e) "Personal clinician" means a physician licensed under chapter 147, a physician
47.19 assistant ~~registered~~ licensed and practicing under chapter 147A, or an advanced practice
47.20 nurse licensed and registered to practice under chapter 148.

47.21 (f) "State health care program" means the medical assistance, MinnesotaCare, and
47.22 general assistance medical care programs.

47.23 Sec. 30. **REPEALER.**

47.24 Minnesota Statutes 2008, section 147A.22, is repealed.

47.25 Sec. 31. **EFFECTIVE DATE.**

47.26 Sections 1 to 30 are effective July 1, 2009.

47.27 **ARTICLE 6**

47.28 **PSYCHOLOGISTS**

47.29 Section 1. Minnesota Statutes 2008, section 62M.09, subdivision 3a, is amended to
47.30 read:

Subd. 3a. **Mental health and substance abuse reviews.** (a) A peer of the treating mental health or substance abuse provider or a physician must review requests for outpatient services in which the utilization review organization has concluded that a determination not to certify a mental health or substance abuse service for clinical reasons is appropriate, provided that any final determination not to certify treatment is made by a psychiatrist certified by the American Board of Psychiatry and Neurology and appropriately licensed in this state or by a doctoral-level psychologist licensed in this state if the treating provider is a psychologist.

(b) Notwithstanding the notification requirements of section 62M.05, a utilization review organization that has made an initial decision to certify in accordance with the requirements of section 62M.05 may elect to provide notification of a determination to continue coverage through facsimile or mail.

(c) This subdivision does not apply to determinations made in connection with policies issued by a health plan company that is assessed less than three percent of the total amount assessed by the Minnesota Comprehensive Health Association.

Sec. 2. Minnesota Statutes 2008, section 62U.09, subdivision 2, is amended to read:

Subd. 2. **Members.** (a) The Health Care Reform Review Council shall consist of ~~14~~ 16 members who are appointed as follows:

(1) two members appointed by the Minnesota Medical Association, at least one of whom must represent rural physicians;

(2) one member appointed by the Minnesota Nurses Association;

(3) two members appointed by the Minnesota Hospital Association, at least one of whom must be a rural hospital administrator;

(4) one member appointed by the Minnesota Academy of Physician Assistants;

(5) one member appointed by the Minnesota Business Partnership;

(6) one member appointed by the Minnesota Chamber of Commerce;

(7) one member appointed by the SEIU Minnesota State Council;

(8) one member appointed by the AFL-CIO;

(9) one member appointed by the Minnesota Council of Health Plans;

(10) one member appointed by the Smart Buy Alliance;

(11) one member appointed by the Minnesota Medical Group Management Association; ~~and~~

(12) one consumer member appointed by AARP Minnesota;

(13) one member appointed by the Minnesota Psychological Association; and

(14) one member appointed by the Minnesota Chiropractic Association.

(b) If a member is no longer able or eligible to participate, a new member shall be appointed by the entity that appointed the outgoing member.

Sec. 3. Minnesota Statutes 2008, section 148.89, subdivision 5, is amended to read:

Subd. 5. Practice of psychology. "Practice of psychology" means the observation, description, evaluation, interpretation, or modification of human behavior by the application of psychological principles, methods, or procedures for any reason, including to prevent, eliminate, or manage symptomatic, maladaptive, or undesired behavior and to enhance interpersonal relationships, work, 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 and teaching of psychology;

(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; hypnosis; and diagnosis and treatment of:

(i) mental and emotional disorder or disability;

(ii) 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, including the psychological impact of medications;

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

(vi) child, family, or relationship issues;

(5) psychoeducational services and treatment; and

(6) consultation and supervision.

Sec. 4. DEADLINE FOR APPOINTMENT.

The Minnesota Psychological Association must appoint its member to the Health Care Reform Review Council under section 2 no later than October 1, 2009.

ARTICLE 7

NUTRITIONISTS

Section 1. Minnesota Statutes 2008, section 148.624, subdivision 2, is amended to read:

Subd. 2. **Nutrition.** The board shall issue a license as a nutritionist to a person who files a completed application, pays all required fees, and certifies and furnishes evidence satisfactory to the board that the applicant:

(1) meets the following qualifications:

(i) has received a master's or doctoral degree from an accredited or approved college or university with a major in human nutrition, public health nutrition, clinical nutrition, nutrition education, community nutrition, or food and nutrition; and

(ii) has completed a documented supervised preprofessional practice experience component in dietetic practice of not less than 900 hours under the supervision of a registered dietitian, a state licensed nutrition professional, or an individual with a doctoral degree conferred by a United States regionally accredited college or university with a major course of study in human nutrition, nutrition education, food and nutrition, dietetics, or food systems management. Supervised practice experience must be completed in the United States or its territories. Supervisors who obtain their doctoral degree outside the United States and its territories must have their degrees validated as equivalent to the doctoral degree conferred by a United States regionally accredited college or university; or

(2) has ~~qualified as a diplomate of the American Board of Nutrition, Springfield, Virginia~~ received certification as a Certified Nutrition Specialist by the Certification Board for Nutrition Specialists.

Sec. 2. **REPEALER.**

Minnesota Statutes 2008, section 148.627, is repealed.

ARTICLE 8

SOCIAL WORK - AMENDMENTS TO CURRENT LICENSING STATUTE

Section 1. Minnesota Statutes 2008, section 148D.010, is amended by adding a subdivision to read:

Subd. 6a. **Clinical supervision.** "Clinical supervision" means supervision, as defined in subdivision 16, of a social worker engaged in clinical practice, as defined in subdivision 6.

51.1 Sec. 2. Minnesota Statutes 2008, section 148D.010, is amended by adding a
51.2 subdivision to read:

51.3 Subd. 6b. **Graduate degree.** "Graduate degree" means a master's degree in social
51.4 work from a program accredited by the Council on Social Work Education, the Canadian
51.5 Association of Schools of Social Work, or a similar accreditation body designated by the
51.6 board, or a doctorate in social work from an accredited university.

51.7 Sec. 3. Minnesota Statutes 2008, section 148D.010, subdivision 9, is amended to read:

51.8 Subd. 9. **Practice of social work.** (a) "Practice of social work" means working
51.9 to maintain, restore, or improve behavioral, cognitive, emotional, mental, or social
51.10 functioning of clients, in a manner that applies accepted professional social work
51.11 knowledge, skills, and values, including the person-in-environment perspective, by
51.12 providing in person or through telephone, video conferencing, or electronic means one or
51.13 more of the social work services described in paragraph (b), clauses (1) to (3). Social work
51.14 services may address conditions that impair or limit behavioral, cognitive, emotional,
51.15 mental, or social functioning. Such conditions include, but are not limited to, the
51.16 following: abuse and neglect of children or vulnerable adults, addictions, developmental
51.17 disorders, disabilities, discrimination, illness, injuries, poverty, and trauma. Practice
51.18 of social work also means providing social work services in a position for which the
51.19 educational basis is the individual's degree in social work described in subdivision 13.

51.20 (b) Social work services include:

51.21 (1) providing assessment and intervention through direct contact with clients,
51.22 developing a plan based on information from an assessment, and providing services which
51.23 include, but are not limited to, assessment, case management, client-centered advocacy,
51.24 client education, consultation, counseling, crisis intervention, and referral;

51.25 (2) providing for the direct or indirect benefit of clients through administrative,
51.26 educational, policy, or research services including, but not limited to:

51.27 (i) advocating for policies, programs, or services to improve the well-being of clients;

51.28 (ii) conducting research related to social work services;

51.29 (iii) developing and administering programs which provide social work services;

51.30 (iv) engaging in community organization to address social problems through
51.31 planned collective action;

51.32 (v) supervising individuals who provide social work services to clients;

51.33 (vi) supervising social workers in order to comply with the supervised practice
51.34 requirements specified in sections 148D.100 to 148D.125; and

51.35 (vii) teaching professional social work knowledge, skills, and values to students; and

52.1 (3) engaging in clinical practice.

52.2 Sec. 4. Minnesota Statutes 2008, section 148D.010, subdivision 15, is amended to read:

52.3 Subd. 15. **Supervisee.** "Supervisee" means an individual provided evaluation and
52.4 supervision or direction by ~~a social worker~~ an individual who meets the requirements of
52.5 section 148D.120.

52.6 Sec. 5. Minnesota Statutes 2008, section 148D.010, is amended by adding a
52.7 subdivision to read:

52.8 Subd. 17. **Supervisor.** "Supervisor" means an individual who provides evaluation
52.9 and direction through supervision as specified in subdivision 16, in order to comply with
52.10 sections 148D.100 to 148D.125.

52.11 Sec. 6. Minnesota Statutes 2008, section 148D.025, subdivision 2, is amended to read:

52.12 Subd. 2. **Qualifications of board members.** (a) All social worker members must
52.13 have engaged in the practice of social work in Minnesota for at least one year during
52.14 the ten years preceding their appointments.

52.15 (b) Five social worker members must be licensed social workers according to
52.16 section 148D.055, subdivision 2. The other five members must ~~be~~ include a licensed
52.17 graduate social worker, a licensed independent social worker, ~~or a~~ and at least two licensed
52.18 independent clinical social ~~worker~~ workers.

52.19 (c) Eight social worker members must be engaged at the time of their appointment in
52.20 the practice of social work in Minnesota in the following settings:

52.21 (1) one member must be engaged in the practice of social work in a county agency;

52.22 (2) one member must be engaged in the practice of social work in a state agency;

52.23 (3) one member must be engaged in the practice of social work in an elementary,
52.24 middle, or secondary school;

52.25 (4) one member must be employed in a hospital or nursing home licensed under
52.26 chapter 144 or 144A;

52.27 (5) ~~two members~~ one member must be engaged in the practice of social work in a
52.28 private agency;

52.29 (6) ~~one member~~ two members must be engaged in the practice of social work in a
52.30 clinical social work setting; and

52.31 (7) one member must be an educator engaged in regular teaching duties at a
52.32 program of social work accredited by the Council on Social Work Education or a similar
52.33 accreditation body designated by the board.

53.1 (d) At the time of their appointments, at least six members must reside outside of the
53.2 ~~seven-county~~ 11-county metropolitan area.

53.3 (e) At the time of their appointments, at least five members must be persons with
53.4 expertise in communities of color.

53.5 Sec. 7. Minnesota Statutes 2008, section 148D.025, subdivision 3, is amended to read:

53.6 Subd. 3. **Officers.** The board must ~~annually~~ biennially elect from its membership a
53.7 chair, vice-chair, and secretary-treasurer.

53.8 Sec. 8. Minnesota Statutes 2008, section 148D.061, subdivision 6, is amended to read:

53.9 Subd. 6. **Evaluation by supervisor.** (a) After being issued a provisional license
53.10 under subdivision 1, the ~~licensee~~ licensee's supervisor must submit an evaluation ~~by the~~
53.11 ~~licensee's supervisor~~ every six months during the first 2,000 hours of social work practice.
53.12 The evaluation must meet the requirements in section 148D.063. The supervisor must
53.13 meet the eligibility requirements specified in section 148D.062.

53.14 (b) After completion of 2,000 hours of supervised social work practice, the licensee's
53.15 supervisor must submit a final evaluation and attest to the applicant's ability to engage in
53.16 the practice of social work ~~safely and~~ competently and ethically.

53.17 Sec. 9. Minnesota Statutes 2008, section 148D.061, subdivision 8, is amended to read:

53.18 Subd. 8. **Disciplinary or other action.** The board may take action according to
53.19 sections 148D.260 to 148D.270 if:

53.20 (1) the licensee's supervisor does not submit an evaluation as required by section
53.21 ~~148D.062~~ 148D.063;

53.22 (2) an evaluation submitted according to section ~~148D.062~~ 148D.063 indicates that
53.23 the licensee cannot practice social work competently and ~~safely~~ ethically; or

53.24 (3) the licensee does not comply with the requirements of subdivisions 1 to 7.

53.25 Sec. 10. Minnesota Statutes 2008, section 148D.062, subdivision 2, is amended to read:

53.26 Subd. 2. **Practice requirements.** The supervision required by subdivision 1 must
53.27 be obtained during the first 2,000 hours of social work practice after the effective date of
53.28 the provisional license. At least three hours of supervision must be obtained during every
53.29 160 hours of practice under a provisional license until a permanent license is issued.

53.30 Sec. 11. Minnesota Statutes 2008, section 148D.063, subdivision 2, is amended to read:

Subd. 2. **Evaluation.** (a) When a ~~supervisee~~ licensee's supervisor submits an evaluation to the board according to section 148D.061, subdivision 6, the supervisee and supervisor must provide the following information on a form provided by the board:

(1) the name of the supervisee, the name of the agency in which the supervisee is being supervised, and the supervisee's position title;

(2) the name and qualifications of the supervisor;

(3) the number of hours and dates of each type of supervision completed;

(4) the supervisee's position description;

(5) a declaration that the supervisee has not engaged in conduct in violation of the standards of practice in sections 148D.195 to 148D.240;

(6) a declaration that the supervisee has practiced competently and ethically according to professional social work knowledge, skills, and values; and

(7) on a form provided by the board, an evaluation of the licensee's practice in the following areas:

(i) development of professional social work knowledge, skills, and values;

(ii) practice methods;

(iii) authorized scope of practice;

(iv) ensuring continuing competence;

(v) ethical standards of practice; and

(vi) clinical practice, if applicable.

(b) ~~The information provided on the evaluation form must demonstrate~~ supervisor must attest to the satisfaction of the board that the supervisee has met or has made progress on meeting the applicable supervised practice requirements.

Sec. 12. Minnesota Statutes 2008, section 148D.125, subdivision 1, is amended to read:

Subdivision 1. **Supervision plan.** (a) A social worker must submit, on a form provided by the board, a supervision plan for meeting the supervision requirements specified in sections 148D.100 to 148D.120.

(b) The supervision plan must be submitted no later than ~~90~~ 60 days after the licensee begins a social work practice position after becoming licensed.

(c) For failure to submit the supervision plan within ~~90~~ 60 days after beginning a social work practice position, a licensee must pay the supervision plan late fee specified in section 148D.180 when the licensee applies for license renewal.

(d) A license renewal application submitted pursuant to section 148D.070, subdivision 3, must not be approved unless the board has received a supervision plan.

(e) The supervision plan must include the following:

(1) the name of the supervisee, the name of the agency in which the supervisee is being supervised, and the supervisee's position title;

(2) the name and qualifications of the person providing the supervision;

(3) the number of hours of one-on-one in-person supervision and the number and type of additional hours of supervision to be completed by the supervisee;

(4) the supervisee's position description;

(5) a brief description of the supervision the supervisee will receive in the following content areas:

(i) clinical practice, if applicable;

(ii) development of professional social work knowledge, skills, and values;

(iii) practice methods;

(iv) authorized scope of practice;

(v) ensuring continuing competence; and

(vi) ethical standards of practice; and

(6) if applicable, a detailed description of the supervisee's clinical social work practice, addressing:

(i) the client population, the range of presenting issues, and the diagnoses;

(ii) the clinical modalities that were utilized; and

(iii) the process utilized for determining clinical diagnoses, including the diagnostic instruments used and the role of the supervisee in the diagnostic process. ~~An applicant for licensure as a licensed professional clinical counselor must present evidence of completion of a degree equivalent to that required in section 148B.5301, subdivision 1, clause (3).~~

(f) The board must receive a revised supervision plan within ~~90~~ 60 days of any of the following changes:

(1) the supervisee has a new supervisor;

(2) the supervisee begins a new social work position;

(3) the scope or content of the supervisee's social work practice changes substantially;

(4) the number of practice or supervision hours changes substantially; or

(5) the type of supervision changes as supervision is described in section 148D.100, subdivision 3, or 148D.105, subdivision 3, or as required in section 148D.115, subdivision 4.

(g) For failure to submit a revised supervision plan as required in paragraph (f), a supervisee must pay the supervision plan late fee specified in section 148D.180, when the supervisee applies for license renewal.

(h) The board must approve the supervisor and the supervision plan.

Sec. 13. Minnesota Statutes 2008, section 148D.125, subdivision 3, is amended to read:

Subd. 3. **Verification of supervised practice.** (a) ~~In addition to receiving the attestation required pursuant to subdivision 2,~~ The board must receive verification of supervised practice ~~if~~ when:

(1) ~~the board audits the supervision of a supervisee~~ licensee submits the license renewal application form pursuant to section 148D.070, subdivision 3; or

(2) an applicant applies for a license as a licensed independent social worker or as a licensed independent clinical social worker.

(b) When verification of supervised practice is required pursuant to paragraph (a), the board must receive from the supervisor the following information on a form provided by the board:

(1) the name of the supervisee, the name of the agency in which the supervisee is being supervised, and the supervisee's position title;

(2) the name and qualifications of the supervisor;

(3) the number of hours and dates of each type of supervision completed;

(4) the supervisee's position description;

(5) a declaration that the supervisee has not engaged in conduct in violation of the standards of practice specified in sections 148D.195 to 148D.240;

(6) a declaration that the supervisee has practiced ethically and competently in accordance with professional social work knowledge, skills, and values;

(7) a list of the content areas in which the supervisee has received supervision, including the following:

(i) clinical practice, if applicable;

(ii) development of professional social work knowledge, skills, and values;

(iii) practice methods;

(iv) authorized scope of practice;

(v) ensuring continuing competence; and

(vi) ethical standards of practice; and

(8) if applicable, a detailed description of the supervisee's clinical social work practice, addressing:

(i) the client population, the range of presenting issues, and the diagnoses;

(ii) the clinical modalities that were utilized; and

(iii) the process utilized for determining clinical diagnoses, including the diagnostic instruments used and the role of the supervisee in the diagnostic process.

(c) The information provided on the verification form must demonstrate to the board's satisfaction that the supervisee has met the applicable supervised practice requirements.

Sec. 14. **REPEALER.**

Minnesota Statutes 2008, sections 148D.062, subdivision 5; 148D.125, subdivision 2; and 148D.180, subdivision 8, are repealed.

Sec. 15. **EFFECTIVE DATE.**

This article is effective the day following final enactment.

ARTICLE 9

SOCIAL WORK - LICENSING STATUTE EFFECTIVE 2011

Section 1. Minnesota Statutes 2008, section 148E.010, is amended by adding a subdivision to read:

Subd. 5a. **Client system.** "Client system" means the client and those in the client's environment who are potentially influential in contributing to a resolution of the client's issues.

Sec. 2. Minnesota Statutes 2008, section 148E.010, is amended by adding a subdivision to read:

Subd. 7a. **Direct clinical client contact.** "Direct clinical client contact" means in-person or electronic media interaction with a client, including client systems and service providers, related to the client's mental and emotional functioning, differential diagnosis, and treatment, in subdivision 6.

Sec. 3. Minnesota Statutes 2008, section 148E.010, subdivision 11, is amended to read:

Subd. 11. **Practice of social work.** (a) "Practice of social work" means working to maintain, restore, or improve behavioral, cognitive, emotional, mental, or social functioning of clients, in a manner that applies accepted professional social work knowledge, skills, and values, including the person-in-environment perspective, by providing in person or through telephone, video conferencing, or electronic means one or more of the social work services described in paragraph (b), clauses (1) to (3). Social work services may address conditions that impair or limit behavioral, cognitive, emotional, mental, or social functioning. Such conditions include, but are not limited to, the following: abuse and neglect of children or vulnerable adults, addictions, developmental disorders, disabilities, discrimination, illness, injuries, poverty, and trauma. Practice of social work also means providing social work services in a position for which the educational basis is the individual's degree in social work described in subdivision 13.

(b) Social work services include:

(1) providing assessment and intervention through direct contact with clients, developing a plan based on information from an assessment, and providing services which include, but are not limited to, assessment, case management, client-centered advocacy, client education, consultation, counseling, crisis intervention, and referral;

(2) providing for the direct or indirect benefit of clients through administrative, educational, policy, or research services including, but not limited to:

(i) advocating for policies, programs, or services to improve the well-being of clients;

(ii) conducting research related to social work services;

(iii) developing and administering programs which provide social work services;

(iv) engaging in community organization to address social problems through planned collective action;

(v) supervising individuals who provide social work services to clients;

(vi) supervising social workers in order to comply with the supervised practice requirements specified in sections 148E.100 to 148E.125; and

(vii) teaching professional social work knowledge, skills, and values to students; and

(3) engaging in clinical practice.

Sec. 4. Minnesota Statutes 2008, section 148E.010, subdivision 17, is amended to read:

Subd. 17. **Supervisee.** "Supervisee" means an individual provided evaluation and supervision or direction by ~~a social worker~~ an individual who meets the requirements under section 148E.120.

Sec. 5. Minnesota Statutes 2008, section 148E.010, is amended by adding a subdivision to read:

Subd. 19. **Supervisor.** "Supervisor" means an individual who provides evaluation and direction through supervision as described in subdivision 18 in order to comply with sections 148E.100 to 148E.125.

Sec. 6. Minnesota Statutes 2008, section 148E.025, subdivision 2, is amended to read:

Subd. 2. **Qualifications of board members.** (a) All social worker members must have engaged in the practice of social work in Minnesota for at least one year during the ten years preceding their appointments.

(b) Five social worker members must be licensed social workers under section 148E.055, subdivision 2. The other five members must ~~be~~ include a licensed graduate social worker, a licensed independent social worker, ~~or a~~ and at least two licensed independent clinical social ~~worker~~ workers.

(c) Eight social worker members must be engaged at the time of their appointment in the practice of social work in Minnesota in the following settings:

(1) one member must be engaged in the practice of social work in a county agency;

(2) one member must be engaged in the practice of social work in a state agency;

(3) one member must be engaged in the practice of social work in an elementary, middle, or secondary school;

(4) one member must be employed in a hospital or nursing home licensed under chapter 144 or 144A;

(5) ~~two members~~ one member must be engaged in the practice of social work in a private agency;

(6) ~~one member~~ two members must be engaged in the practice of social work in a clinical social work setting; and

(7) one member must be an educator engaged in regular teaching duties at a program of social work accredited by the Council on Social Work Education or a similar accreditation body designated by the board.

(d) At the time of their appointments, at least six members must reside outside of the ~~seven-county~~ 11-county metropolitan area.

(e) At the time of their appointments, at least five members must be persons with expertise in communities of color.

Sec. 7. Minnesota Statutes 2008, section 148E.025, subdivision 3, is amended to read:

Subd. 3. **Officers.** The board must ~~annually~~ biennially elect from its membership a chair, vice-chair, and secretary-treasurer.

Sec. 8. Minnesota Statutes 2008, section 148E.055, subdivision 5, is amended to read:

Subd. 5. **Licensure by examination; licensed independent clinical social worker.**

(a) To be licensed as a licensed independent clinical social worker, an applicant for licensure by examination must provide evidence satisfactory to the board that the applicant:

(1) has received a graduate degree in social work from a program accredited by the Council on Social Work Education, the Canadian Association of Schools of Social Work, or a similar accreditation body designated by the board, or a doctorate in social work from an accredited university;

(2) has completed 360 clock hours (one semester credit hour = 15 clock hours) in the following clinical knowledge areas:

(i) 108 clock hours (30 percent) in differential diagnosis and biopsychosocial assessment, including normative development and psychopathology across the life span;

(ii) 36 clock hours (ten percent) in assessment-based clinical treatment planning with measurable goals;

(iii) 108 clock hours (30 percent) in clinical intervention methods informed by research and current standards of practice;

(iv) 18 clock hours (five percent) in evaluation methodologies;

(v) 72 clock hours (20 percent) in social work values and ethics, including cultural context, diversity, and social policy; and

(vi) 18 clock hours (five percent) in culturally specific clinical assessment and intervention;

(3) has practiced clinical social work as defined in section 148E.010, including both diagnosis and treatment, and has met the supervised practice requirements specified in sections 148E.100 to 148E.125;

(4) has passed the clinical or equivalent examination administered by the Association of Social Work Boards or a similar examination body designated by the board. Unless an applicant applies for licensure by endorsement according to subdivision 7, an examination is not valid if it was taken and passed eight or more years prior to submitting a completed, signed application form provided by the board;

(5) has submitted a completed, signed application form provided by the board, including the applicable application fee specified in section 148E.180. For applications submitted electronically, a "signed application" means providing an attestation as specified by the board;

(6) has submitted the criminal background check fee and a form provided by the board authorizing a criminal background check according to subdivision 8;

(7) has paid the license fee specified in section 148E.180; and

(8) has not engaged in conduct that was or would be in violation of the standards of practice specified in sections 148E.195 to 148E.240. If the applicant has engaged in conduct that was or would be in violation of the standards of practice, the board may take action according to sections 148E.255 to 148E.270.

(b) The requirement in paragraph (a), clause (2), may be satisfied through: (1) a graduate degree program accredited by the Council on Social Work Education, the Canadian Association of Schools of Social Work, or a similar accreditation body designated by the board; or a doctorate in social work from an accredited university; (2) postgraduate graduate coursework from an accredited institution of higher learning; or (3) up to 90 continuing education hours, not to exceed 20 hours of independent study as specified in section 148E.130, subdivision 5. The continuing education must have a course description available for public review and must include a posttest. Compliance

61.1 with this requirement must be documented on a form provided by the board. The board
61.2 may conduct audits of the information submitted in order to determine compliance with
61.3 the requirements of this section.

61.4 (c) An application which is not completed and signed, or which is not accompanied
61.5 by the correct fee, must be returned to the applicant, along with any fee submitted, and is
61.6 void.

61.7 (d) By submitting an application for licensure, an applicant authorizes the board to
61.8 investigate any information provided or requested in the application. The board may
61.9 request that the applicant provide additional information, verification, or documentation.

61.10 (e) Within one year of the time the board receives an application for licensure, the
61.11 applicant must meet all the requirements specified in paragraph (a) and must provide all of
61.12 the information requested by the board according to paragraph (d). If within one year the
61.13 applicant does not meet all the requirements, or does not provide all of the information
61.14 requested, the applicant is considered ineligible and the application for licensure must
61.15 be closed.

61.16 (f) Except as provided in paragraph (g), an applicant may not take more than three
61.17 times the clinical or equivalent examination administered by the Association of Social
61.18 Work Boards or a similar examination body designated by the board. An applicant must
61.19 receive a passing score on the clinical or equivalent examination administered by the
61.20 Association of Social Work Boards or a similar examination body designated by the board
61.21 no later than 18 months after the first time the applicant failed the examination.

61.22 (g) Notwithstanding paragraph (f), the board may allow an applicant to take, for a
61.23 fourth or subsequent time, the clinical or equivalent examination administered by the
61.24 Association of Social Work Boards or a similar examination body designated by the
61.25 board if the applicant:

61.26 (1) meets all requirements specified in paragraphs (a) to (e) other than passing the
61.27 clinical or equivalent examination administered by the Association of Social Work Boards
61.28 or a similar examination body designated by the board;

61.29 (2) provides to the board a description of the efforts the applicant has made to
61.30 improve the applicant's score and demonstrates to the board's satisfaction that the efforts
61.31 are likely to improve the score; and

61.32 (3) provides to the board letters of recommendation from two licensed social
61.33 workers attesting to the applicant's ability to practice social work competently and
61.34 ethically according to professional social work knowledge, skills, and values.

61.35 (h) An individual must not practice social work until the individual passes the
61.36 examination and receives a social work license under this section or section 148E.060. If

62.1 the board has reason to believe that an applicant may be practicing social work without a
62.2 license, and the applicant has failed the clinical or equivalent examination administered
62.3 by the Association of Social Work Boards or a similar examination body designated by
62.4 the board, the board may notify the applicant's employer that the applicant is not licensed
62.5 as a social worker.

62.6 Sec. 9. Minnesota Statutes 2008, section 148E.100, is amended by adding a subdivision
62.7 to read:

62.8 **Subd. 2a. Supervised practice obtained prior to August 1, 2011.** (a)
62.9 Notwithstanding the requirements in subdivisions 1 and 2, the board shall approve hours
62.10 of supervised practice completed prior to August 1, 2011, which comply with sections
62.11 148D.100 to 148D.125. These hours must apply to supervised practice requirements in
62.12 effect as specified in this section.

62.13 (b) Any additional hours of supervised practice obtained effective August 1, 2011,
62.14 must comply with the increased requirements specified in this section.

62.15 Sec. 10. Minnesota Statutes 2008, section 148E.100, subdivision 3, is amended to read:

62.16 **Subd. 3. Types of supervision.** Of the 100 hours of supervision required under
62.17 subdivision 1:

62.18 (1) 50 hours must be provided through one-on-one supervision, including: (i)
62.19 a minimum of 25 hours of in-person supervision, and (ii) no more than 25 hours of
62.20 supervision via eye-to-eye electronic media, while maintaining visual contact; and

62.21 (2) 50 hours must be provided through: (i) one-on-one supervision, or (ii) group
62.22 supervision. The supervision may be in person, by telephone, or via eye-to-eye electronic
62.23 media, while maintaining visual contact. The supervision must not be provided by e-mail.

62.24 Group supervision is limited to six ~~members not counting the supervisor or supervisors~~
62.25 supervisees.

62.26 Sec. 11. Minnesota Statutes 2008, section 148E.100, subdivision 4, is amended to read:

62.27 **Subd. 4. Supervisor requirements.** The supervision required by subdivision 1 must
62.28 be provided by a supervisor who meets the requirements specified in section 148E.120.
62.29 The supervision must be provided by a:

62.30 (1) ~~is a~~ licensed social worker who has completed the supervised practice
62.31 requirements;

62.32 (2) ~~is a~~ licensed graduate social worker, licensed independent social worker, or
62.33 licensed independent clinical social worker; or

63.1 (3) supervisor who meets the requirements specified in section 148E.120,
63.2 subdivision 2.

63.3 Sec. 12. Minnesota Statutes 2008, section 148E.100, subdivision 5, is amended to read:

63.4 Subd. 5. **Supervisee requirements.** The supervisee must:

63.5 (1) to the satisfaction of the supervisor, practice competently and ethically according
63.6 to professional social work knowledge, skills, and values;

63.7 (2) receive supervision in the following content areas:

63.8 (i) development of professional values and responsibilities;

63.9 (ii) practice skills;

63.10 (iii) authorized scope of practice;

63.11 (iv) ensuring continuing competence; and

63.12 (v) ethical standards of practice;

63.13 (3) submit a supervision plan according to section 148E.125, subdivision 1; and

63.14 (4) ~~if the board audits the supervisee's supervised practice,~~ submit verification of
63.15 supervised practice according to section 148E.125, subdivision 3, when a licensed social
63.16 worker applies for the renewal of a license.

63.17 Sec. 13. Minnesota Statutes 2008, section 148E.100, subdivision 6, is amended to read:

63.18 Subd. 6. **After completion of supervision requirements.** A licensed social worker
63.19 who fulfills the supervision requirements specified in ~~subdivisions 1 to 5~~ this section is not
63.20 required to be supervised after completion of the supervision requirements.

63.21 Sec. 14. Minnesota Statutes 2008, section 148E.100, subdivision 7, is amended to read:

63.22 Subd. 7. ~~Attestation~~ **Verification of supervised practice.** The social worker and
63.23 the social worker's supervisor must ~~attest~~ submit verification that the supervisee has met
63.24 or has made progress on meeting the applicable supervision requirements according to
63.25 section 148E.125, subdivision ~~2~~ 3.

63.26 Sec. 15. Minnesota Statutes 2008, section 148E.105, subdivision 1, is amended to read:

63.27 Subdivision 1. **Supervision required after licensure.** After receiving a license
63.28 from the board as a licensed graduate social worker, a licensed graduate social worker
63.29 not engaged in clinical practice must obtain at least 100 hours of supervision according to
63.30 the requirements of this section.

Sec. 16. Minnesota Statutes 2008, section 148E.105, is amended by adding a subdivision to read:

Subd. 2a. Supervised practice obtained prior to August 1, 2011. (a) Notwithstanding the requirements in subdivisions 1 and 2, the board shall approve hours of supervised practice completed prior to August 1, 2011, which comply with sections 148D.100 to 148D.125. These hours shall apply to supervised practice requirements in effect as specified in this section.

(b) Any additional hours of supervised practice obtained effective August 1, 2011, must comply with the increased requirements specified in this section.

Sec. 17. Minnesota Statutes 2008, section 148E.105, subdivision 3, is amended to read:

Subd. 3. Types of supervision. Of the 100 hours of supervision required under subdivision 1:

(1) 50 hours must be provided through one-on-one supervision, including: (i) a minimum of 25 hours of in-person supervision, and (ii) no more than 25 hours of supervision via eye-to-eye electronic media, while maintaining visual contact; and

(2) 50 hours must be provided through: (i) one-on-one supervision, or (ii) group supervision. The supervision may be in person, by telephone, or via eye-to-eye electronic media, while maintaining visual contact. The supervision must not be provided by e-mail. Group supervision is limited to six supervisees.

Sec. 18. Minnesota Statutes 2008, section 148E.105, subdivision 5, is amended to read:

Subd. 5. Supervisee requirements. The supervisee must:

(1) to the satisfaction of the supervisor, practice competently and ethically according to professional social work knowledge, skills, and values;

(2) receive supervision in the following content areas:

(i) development of professional values and responsibilities;

(ii) practice skills;

(iii) authorized scope of practice;

(iv) ensuring continuing competence; and

(v) ethical standards of practice;

(3) submit a supervision plan according to section 148E.125, subdivision 1; and

(4) verify supervised practice according to section 148E.125, subdivision 3, ~~if~~ when:

~~(i) the board audits the supervisee's supervised practice~~ (i) a licensed graduate social worker applies for the renewal of a license; or

65.1 (ii) a licensed graduate social worker applies for a licensed independent social
65.2 worker license.

65.3 Sec. 19. Minnesota Statutes 2008, section 148E.105, subdivision 7, is amended to read:

65.4 Subd. 7. **Attestation Verification of supervised practice.** A social worker and the
65.5 social worker's supervisor must ~~attest~~ submit verification that the supervisee has met
65.6 or has made progress on meeting the applicable supervision requirements according to
65.7 section 148E.125, subdivision ~~2~~ 3.

65.8 Sec. 20. Minnesota Statutes 2008, section 148E.106, subdivision 1, is amended to read:

65.9 Subdivision 1. **Supervision required after licensure.** After receiving a license
65.10 from the board as a licensed graduate social worker, a licensed graduate social worker
65.11 engaged in clinical practice must obtain at least 200 hours of supervision according to
65.12 the requirements of this section:

65.13 (1) a minimum of four hours and a maximum of eight hours of supervision must be
65.14 obtained during every 160 hours of practice until the licensed graduate social worker is
65.15 issued a licensed independent clinical social worker license;

65.16 (2) a minimum of 200 hours of supervision must be completed, in addition to all
65.17 other requirements according to sections 148E.115 to 148E.125, to be eligible to apply for
65.18 the licensed independent clinical social worker license; and

65.19 (3) the supervisee and supervisor are required to adjust the rate of supervision
65.20 obtained, based on the ratio of four hours of supervision during every 160 hours of
65.21 practice, to ensure compliance with the requirements in subdivision 2.

65.22 Sec. 21. Minnesota Statutes 2008, section 148E.106, subdivision 2, is amended to read:

65.23 Subd. 2. **Practice requirements.** The supervision required by subdivision 1 must
65.24 be obtained ~~during the first 4,000 hours of postgraduate social work practice authorized by~~
65.25 ~~law. At least:~~

65.26 (1) in no less than 4,000 hours and no more than 8,000 hours of postgraduate,
65.27 clinical social work practice authorized by law, including at least 1,800 hours of direct
65.28 clinical client contact; and

65.29 (2) a minimum of four hours and a maximum of eight hours of supervision must be
65.30 obtained during every 160 hours of practice.

65.31 Sec. 22. Minnesota Statutes 2008, section 148E.106, is amended by adding a
65.32 subdivision to read:

Subd. 2a. **Supervised practice obtained prior to August 1, 2011.** (a)

Notwithstanding the requirements in subdivisions 1 and 2, the board shall approve hours of supervised practice completed prior to August 1, 2011, which comply with sections 148D.100 to 148D.125. These hours shall apply to supervised practice requirements in effect as specified in this section.

(b) Any additional hours of supervised practice obtained effective August 1, 2011, must comply with the increased requirements specified in this section.

(c) Notwithstanding the requirements in subdivision 2, clause (1), direct clinical client contact hours are not: (1) required prior to August 1, 2011, and (2) required of a licensed graduate social worker engaged in clinical practice with a licensed graduate social worker license issue date prior to August 1, 2011.

Sec. 23. Minnesota Statutes 2008, section 148E.106, subdivision 3, is amended to read:

Subd. 3. **Types of supervision.** Of the 200 hours of supervision required under subdivision 1:

(1) 100 hours must be provided through one-on-one supervision, including: (i) a minimum of 50 hours of in-person supervision, and (ii) no more than 50 hours of supervision via eye-to-eye electronic media, while maintaining visual contact; and

(2) 100 hours must be provided through: (i) one-on-one supervision, or (ii) group supervision. The supervision may be in person, by telephone, or via eye-to-eye electronic media, while maintaining visual contact. The supervision must not be provided by e-mail. Group supervision is limited to six supervisees.

Sec. 24. Minnesota Statutes 2008, section 148E.106, subdivision 4, is amended to read:

Subd. 4. **Supervisor requirements.** The supervision required by subdivision 1 must be provided by a supervisor who meets the requirements specified in section 148E.120.

The supervision must be provided by a:

(1) ~~by a~~ licensed independent clinical social worker; or

(2) ~~by a~~ supervisor who meets the requirements specified in section 148E.120, subdivision 2.

Sec. 25. Minnesota Statutes 2008, section 148E.106, subdivision 5, is amended to read:

Subd. 5. **Supervisee requirements.** The supervisee must:

(1) to the satisfaction of the supervisor, practice competently and ethically according to professional social work knowledge, skills, and values;

(2) receive supervision in the following content areas:

- 67.1 (i) development of professional values and responsibilities;
- 67.2 (ii) practice skills;
- 67.3 (iii) authorized scope of practice;
- 67.4 (iv) ensuring continuing competence; and
- 67.5 (v) ethical standards of practice;
- 67.6 (3) submit a supervision plan according to section 148E.125, subdivision 1; and
- 67.7 (4) verify supervised practice according to section 148E.125, subdivision 3, ~~if~~ when:
- 67.8 (i) ~~the board audits the supervisee's supervised practice~~ a licensed graduate social
- 67.9 worker applies for the renewal of a license; or
- 67.10 (ii) a licensed graduate social worker applies for a licensed independent clinical
- 67.11 social worker license.

67.12 Sec. 26. Minnesota Statutes 2008, section 148E.106, subdivision 8, is amended to read:

67.13 Subd. 8. **Eligibility to apply for licensure as a licensed independent clinical**

67.14 **social worker.** Upon completion of not less than 4,000 hours and not more than 8,000

67.15 hours of clinical social work practice, including at least 1,800 hours of direct clinical

67.16 client contact and 200 hours of supervision according to the requirements of this section,

67.17 a licensed graduate social worker is eligible to apply for a licensed independent clinical

67.18 social worker license under section 148E.115, subdivision 1.

67.19 Sec. 27. Minnesota Statutes 2008, section 148E.106, subdivision 9, is amended to read:

67.20 Subd. 9. ~~Attestation~~ **Verification of supervised practice.** A social worker and the

67.21 social worker's supervisor must ~~attest~~ submit verification that the supervisee has met

67.22 or has made progress on meeting the applicable supervision requirements according to

67.23 section 148E.125, subdivision ~~2~~ 3.

67.24 Sec. 28. Minnesota Statutes 2008, section 148E.110, subdivision 1, is amended to read:

67.25 Subdivision 1. **Supervision required before licensure.** Before becoming licensed

67.26 as a licensed independent social worker, a person must have obtained at least 100 hours

67.27 of supervision during 4,000 hours of postgraduate social work practice required by law

67.28 according to the requirements of section 148E.105, ~~subdivisions 3, 4, and 5.~~ At least four

67.29 hours of supervision must be obtained during every 160 hours of practice.

67.30 Sec. 29. Minnesota Statutes 2008, section 148E.110, is amended by adding a

67.31 subdivision to read:

Subd. 1a. **Supervised practice obtained prior to August 1, 2011.** (a)

Notwithstanding subdivision 1, the board shall approve supervised practice hours completed prior to August 1, 2011, which comply with sections 148D.100 to 148D.125. These hours must apply to supervised practice requirements in effect as specified in this section.

(b) Any additional hours of supervised practice obtained on or after August 1, 2011, must comply with the increased requirements in this section.

Sec. 30. Minnesota Statutes 2008, section 148E.110, subdivision 2, is amended to read:

Subd. 2. **Licensed independent social workers; clinical social work after licensure.** After licensure, a licensed independent social worker must not engage in clinical social work practice except under supervision by a licensed independent clinical social worker who meets the requirements in section 148E.120, subdivision 1, or an alternate supervisor designated according to section 148E.120, subdivision 2.

Sec. 31. Minnesota Statutes 2008, section 148E.110, is amended by adding a subdivision to read:

Subd. 5. Supervision; licensed independent social worker engaged in clinical social work practice. (a) After receiving a license from the board as a licensed independent social worker, a licensed independent social worker engaged in clinical social work practice must obtain at least 200 hours of supervision according to the requirements of this section.

(b) A minimum of four hours and a maximum of eight hours of supervision must be obtained during every 160 hours of practice until the licensed independent social worker is issued a licensed independent clinical social worker license.

(c) A minimum of 200 hours of supervision must be completed, in addition to all other requirements according to sections 148E.115 to 148E.125, to be eligible to apply for the licensed independent clinical social worker license.

(d) The supervisee and supervisor are required to adjust the rate of supervision obtained based on the ratio of four hours of supervision during every 160 hours of practice to ensure compliance with the requirements in subdivision 1a.

Sec. 32. Minnesota Statutes 2008, section 148E.110, is amended by adding a subdivision to read:

Subd. 6. **Practice requirements after licensure as licensed independent social worker; clinical social work practice.** (a) The supervision required by subdivision 5 must be obtained:

(1) in no less than 4,000 hours and no more than 8,000 hours of postgraduate clinical social work practice authorized by law, including at least 1,800 hours of direct clinical client contact; and

(2) a minimum of four hours and a maximum of eight hours of supervision must be obtained during every 160 hours of practice.

(b) Notwithstanding paragraph (a), clause (1), direct clinical client contact hours are not: (1) required prior to August 1, 2011, and (2) required of a licensed independent social worker engaged in clinical practice with a licensed independent social worker license issue date prior to August 1, 2011.

Sec. 33. Minnesota Statutes 2008, section 148E.110, is amended by adding a subdivision to read:

Subd. 7. **Supervision; clinical social work practice after licensure as licensed independent social worker.** Of the 200 hours of supervision required under subdivision 5:

(1) 100 hours must be provided through one-on-one supervision, including:

(i) a minimum of 50 hours of in-person supervision; and

(ii) no more than 50 hours of supervision via eye-to-eye electronic media, while maintaining visual contact; and

(2) 100 hours must be provided through:

(i) one-on-one supervision; or

(ii) group supervision.

The supervision may be by telephone, in person, or via eye-to-eye electronic media while maintaining visual contact. The supervision must not be provided by e-mail. Group supervision is limited to six supervisees.

Sec. 34. Minnesota Statutes 2008, section 148E.110, is amended by adding a subdivision to read:

Subd. 8. **Supervision; clinical social work practice after licensure.** The supervision required by subdivision 5 must be provided by a supervisor who meets the requirements specified in section 148E.120. The supervision must be provided by a:

(1) licensed independent clinical social worker; or

(2) supervisor who meets the requirements specified in section 148E.120, subdivision 2.

Sec. 35. Minnesota Statutes 2008, section 148E.110, is amended by adding a subdivision to read:

Subd. 9. Supervisee requirements; clinical social work practice after licensure.

The supervisee must:

(1) to the satisfaction of the supervisor, practice competently and ethically according to professional social work knowledge, skills, and values;

(2) receive supervision in the following content areas:

(i) development of professional values and responsibilities;

(ii) practice skills;

(iii) authorized scope of practice;

(iv) ensuring continuing competence; and

(v) ethical standards of practice;

(3) submit a supervision plan according to section 148E.125, subdivision 1; and

(4) verify supervised practice according to section 148E.125, subdivision 3, when:

(i) a licensed independent social worker applies for the renewal of a license; or

(ii) a licensed independent social worker applies for a licensed independent clinical social worker license.

Sec. 36. Minnesota Statutes 2008, section 148E.110, is amended by adding a subdivision to read:

Subd. 10. Limit on practice of clinical social work. (a) Except as provided in paragraph (b), a licensed independent social worker must not engage in clinical social work practice under supervision for more than 8,000 hours. In order to practice clinical social work for more than 8,000 hours, a licensed independent social worker must obtain a licensed independent clinical social worker license.

(b) Notwithstanding the requirements of paragraph (a), the board may grant a licensed independent social worker permission to engage in clinical social work practice for more than 8,000 hours if the licensed independent social worker petitions the board and demonstrates to the board's satisfaction that for reasons of personal hardship the licensed independent social worker should be granted an extension to continue practicing clinical social work under supervision for up to an additional 2,000 hours.

Sec. 37. Minnesota Statutes 2008, section 148E.110, is amended by adding a subdivision to read:

Subd. 11. Eligibility for licensure; licensed independent clinical social worker.

Upon completion of not less than 4,000 hours and not more than 8,000 hours of clinical

71.1 social work practice, including at least 1,800 hours of direct clinical client contact and 200
71.2 hours of supervision according to the requirements of this section, a licensed independent
71.3 social worker is eligible to apply for a licensed independent clinical social worker license
71.4 under section 148E.115, subdivision 1.

71.5 Sec. 38. Minnesota Statutes 2008, section 148E.110, is amended by adding a
71.6 subdivision to read:

71.7 Subd. 12. **Verification of supervised practice.** A social worker and the social
71.8 worker's supervisor must submit verification that the supervisee has met or has made
71.9 progress on meeting the applicable supervision requirements according to section
71.10 148E.125, subdivision 3.

71.11 Sec. 39. Minnesota Statutes 2008, section 148E.115, subdivision 1, is amended to read:

71.12 Subdivision 1. **Supervision ~~required~~ before licensure; licensed independent**
71.13 **clinical social worker.** Before becoming licensed as a licensed independent clinical social
71.14 worker, a person must have obtained at least 200 hours of supervision ~~during~~ at the rate
71.15 of a minimum of four and a maximum of eight hours of supervision for every 160 hours
71.16 of practice, in not less than 4,000 hours and not more than 8,000 hours of postgraduate
71.17 clinical practice required by law, including at least 1,800 hours of direct clinical client
71.18 contact, according to the requirements of section 148E.106.

71.19 Sec. 40. Minnesota Statutes 2008, section 148E.115, is amended by adding a
71.20 subdivision to read:

71.21 Subd. 1a. **Supervised practice obtained prior to August 1, 2011.** (a)
71.22 Notwithstanding subdivisions 1 and 2, applicants and licensees who have completed hours
71.23 of supervised practice prior to August 1, 2011, which comply with sections 148D.100 to
71.24 148D.125, may have that supervised practice applied to the licensing requirement.

71.25 (b) Any additional hours of supervised practice obtained on or after August 1, 2011,
71.26 must comply with the increased requirements in this section.

71.27 (c) Notwithstanding subdivision 1, in order to qualify for the licensed independent
71.28 clinical social work license, direct clinical client contact hours are not:

71.29 (1) required prior to August 1, 2011; and

71.30 (2) required of either a licensed graduate social worker or a licensed independent
71.31 social worker engaged in clinical practice with a license issued prior to August 1, 2011.

Sec. 41. Minnesota Statutes 2008, section 148E.120, is amended to read:

148E.120 REQUIREMENTS OF SUPERVISORS.

Subdivision 1. **Supervisors licensed as social workers.** (a) Except as provided in paragraph ~~(b)~~ (d), to be eligible to provide supervision under this section, a social worker must:

~~(1) have at least 2,000 hours of experience in authorized social work practice. If the person is providing clinical supervision, the 2,000 hours must include 1,000 hours of experience in clinical practice;~~

~~(2)~~ have completed 30 hours of training in supervision through coursework from an accredited college or university, or through continuing education in compliance with sections 148E.130 to 148E.170;

~~(3)~~ (2) be competent in the activities being supervised; and

~~(4)~~ (3) attest, on a form provided by the board, that the social worker has met the applicable requirements specified in this section and sections 148E.100 to 148E.115. The board may audit the information provided to determine compliance with the requirements of this section.

(b) A licensed independent clinical social worker providing clinical licensing supervision to a licensed graduate social worker or a licensed independent social worker must have at least 2,000 hours of experience in authorized social work practice, including 1,000 hours of experience in clinical practice after obtaining a licensed independent clinical social work license.

(c) A licensed social worker, licensed graduate social worker, licensed independent social worker, or licensed independent clinical social worker providing nonclinical licensing supervision must have completed the supervised practice requirements specified in section 148E.100, 148E.105, 148E.106, 148E.110, or 148E.115, as applicable.

~~(b)~~ (d) If the board determines that supervision is not obtainable from an individual meeting the requirements specified in paragraph (a), the board may approve an alternate supervisor according to subdivision 2.

Subd. 2. **Alternate supervisors.** (a) The board may approve an alternate supervisor if:

(1) the board determines that supervision is not obtainable according to paragraph (b);

(2) the licensee requests in the supervision plan submitted according to section 148E.125, subdivision 1, that an alternate supervisor conduct the supervision;

(3) the licensee describes the proposed supervision and the name and qualifications of the proposed alternate supervisor; and

73.1 (4) the requirements of paragraph (d) are met.

73.2 (b) The board may determine that supervision is not obtainable if:

73.3 (1) the licensee provides documentation as an attachment to the supervision plan
73.4 submitted according to section 148E.125, subdivision 1, that the licensee has conducted a
73.5 thorough search for a supervisor meeting the applicable licensure requirements specified
73.6 in sections 148E.100 to 148E.115;

73.7 (2) the licensee demonstrates to the board's satisfaction that the search was
73.8 unsuccessful; and

73.9 (3) the licensee describes the extent of the search and the names and locations of
73.10 the persons and organizations contacted.

73.11 (c) The requirements specified in paragraph (b) do not apply to obtaining licensing
73.12 supervision for ~~clinical social work~~ practice if the board determines that there are five or
73.13 fewer ~~licensed independent clinical social workers~~ supervisors meeting the applicable
73.14 licensure requirements in sections 148E.100 to 148E.115 in the county where the licensee
73.15 practices social work.

73.16 (d) An alternate supervisor must:

73.17 (1) be an unlicensed social worker who is employed in, and provides the supervision
73.18 in, a setting exempt from licensure by section 148E.065, and who has qualifications
73.19 equivalent to the applicable requirements specified in sections 148E.100 to 148E.115;

73.20 (2) be a social worker engaged in authorized practice in Iowa, Manitoba, North
73.21 Dakota, Ontario, South Dakota, or Wisconsin, and has the qualifications equivalent to the
73.22 applicable requirements specified in sections 148E.100 to 148E.115; or

73.23 (3) be a licensed marriage and family therapist or a mental health professional
73.24 as established by section 245.462, subdivision 18, or 245.4871, subdivision 27, or an
73.25 equivalent mental health professional, as determined by the board, who is licensed or
73.26 credentialed by a state, territorial, provincial, or foreign licensing agency.

73.27 (e) In order to qualify to provide clinical supervision of a licensed graduate social
73.28 worker or licensed independent social worker engaged in clinical practice, the alternate
73.29 supervisor must be a mental health professional as established by section 245.462,
73.30 subdivision 18, or 245.4871, subdivision 27, or an equivalent mental health professional,
73.31 as determined by the board, who is licensed or credentialed by a state, territorial,
73.32 provincial, or foreign licensing agency.

73.33 Sec. 42. Minnesota Statutes 2008, section 148E.125, subdivision 1, is amended to read:

Subdivision 1. **Supervision plan.** (a) A social worker must submit, on a form provided by the board, a supervision plan for meeting the supervision requirements specified in sections 148E.100 to 148E.120.

(b) The supervision plan must be submitted no later than ~~90~~ 60 days after the licensee begins a social work practice position after becoming licensed.

(c) For failure to submit the supervision plan within ~~90~~ 60 days after beginning a social work practice position, a licensee must pay the supervision plan late fee specified in section 148E.180 when the licensee applies for license renewal.

(d) A license renewal application submitted according to paragraph (a) must not be approved unless the board has received a supervision plan.

(e) The supervision plan must include the following:

(1) the name of the supervisee, the name of the agency in which the supervisee is being supervised, and the supervisee's position title;

(2) the name and qualifications of the person providing the supervision;

(3) the number of hours of one-on-one in-person supervision and the number and type of additional hours of supervision to be completed by the supervisee;

(4) the supervisee's position description;

(5) a brief description of the supervision the supervisee will receive in the following content areas:

(i) clinical practice, if applicable;

(ii) development of professional social work knowledge, skills, and values;

(iii) practice methods;

(iv) authorized scope of practice;

(v) ensuring continuing competence; and

(vi) ethical standards of practice; and

(6) if applicable, a detailed description of the supervisee's clinical social work practice, addressing:

(i) the client population, the range of presenting issues, and the diagnoses;

(ii) the clinical modalities that were utilized; and

(iii) the process utilized for determining clinical diagnoses, including the diagnostic instruments used and the role of the supervisee in the diagnostic process.

(f) The board must receive a revised supervision plan within ~~90~~ 60 days of any of the following changes:

(1) the supervisee has a new supervisor;

(2) the supervisee begins a new social work position;

(3) the scope or content of the supervisee's social work practice changes substantially;

- 75.1 (4) the number of practice or supervision hours changes substantially; or
- 75.2 (5) the type of supervision changes as supervision is described in section 148E.100,
- 75.3 subdivision 3, or 148E.105, subdivision 3, or as required in section 148E.115.
- 75.4 (g) For failure to submit a revised supervision plan as required in paragraph (f), a
- 75.5 supervisee must pay the supervision plan late fee specified in section 148E.180, when
- 75.6 the supervisee applies for license renewal.
- 75.7 (h) The board must approve the supervisor and the supervision plan.
- 75.8 Sec. 43. Minnesota Statutes 2008, section 148E.125, subdivision 3, is amended to read:
- 75.9 Subd. 3. **Verification of supervised practice.** (a) ~~In addition to receiving the~~
- 75.10 ~~attestation required under subdivision 2,~~ The board must receive verification of supervised
- 75.11 practice ~~if~~ when:
- 75.12 (1) ~~the board audits the supervision of a supervisee~~ licensee submits the license
- 75.13 renewal application form; or
- 75.14 (2) an applicant applies for a license as a licensed independent social worker or as a
- 75.15 licensed independent clinical social worker.
- 75.16 (b) When verification of supervised practice is required according to paragraph (a),
- 75.17 the board must receive from the supervisor the following information on a form provided
- 75.18 by the board:
- 75.19 (1) the name of the supervisee, the name of the agency in which the supervisee is
- 75.20 being supervised, and the supervisee's position title;
- 75.21 (2) the name and qualifications of the supervisor;
- 75.22 (3) the number of hours and dates of each type of supervision completed;
- 75.23 (4) the supervisee's position description;
- 75.24 (5) a declaration that the supervisee has not engaged in conduct in violation of the
- 75.25 standards of practice specified in sections 148E.195 to 148E.240;
- 75.26 (6) a declaration that the supervisee has practiced ethically and competently
- 75.27 according to professional social work knowledge, skills, and values;
- 75.28 (7) a list of the content areas in which the supervisee has received supervision,
- 75.29 including the following:
- 75.30 (i) clinical practice, if applicable;
- 75.31 (ii) development of professional social work knowledge, skills, and values;
- 75.32 (iii) practice methods;
- 75.33 (iv) authorized scope of practice;
- 75.34 (v) ensuring continuing competence; and
- 75.35 (vi) ethical standards of practice; and

(8) if applicable, a detailed description of the supervisee's clinical social work practice, addressing:

- (i) the client population, the range of presenting issues, and the diagnoses;
- (ii) the clinical modalities that were utilized; and
- (iii) the process utilized for determining clinical diagnoses, including the diagnostic instruments used and the role of the supervisee in the diagnostic process.

(c) The information provided on the verification form must demonstrate to the board's satisfaction that the supervisee has met the applicable supervised practice requirements.

Sec. 44. Minnesota Statutes 2008, section 148E.130, is amended by adding a subdivision to read:

Subd. 1a. Increased clock hours required effective August 1, 2011. (a) The clock hours specified in subdivisions 1 and 4 to 6 apply to all new licenses issued effective August 1, 2011, under section 148E.055.

(b) Any licensee issued a license prior to August 1, 2011, under section 148D.055 must comply with the increased clock hours in subdivisions 1 and 4 to 6, and must document the clock hours at the first two-year renewal term after August 1, 2011.

Sec. 45. Minnesota Statutes 2008, section 148E.130, subdivision 2, is amended to read:

Subd. 2. Ethics requirement. At least two of the clock hours required under subdivision 1 must be in social work ethics, including at least one of the following:

- (1) the history and evolution of values and ethics in social work;
- (2) ethics theories;
- (3) professional standards of social work practice, as specified in the ethical codes of the National Association of Social Workers, the Association of Canadian Social Workers, the Clinical Social Work Federation, and the Council on Social Work Education;
- (4) the legal requirements and other considerations for each jurisdiction that registers, certifies, or licenses social workers; or
- (5) the ethical decision-making process.

Sec. 46. Minnesota Statutes 2008, section 148E.130, subdivision 5, is amended to read:

Subd. 5. Independent study. Independent study must not consist of more than ~~ten~~ 15 clock hours of continuing education per renewal term. Independent study must be for publication, public presentation, or professional development. Independent study includes, but is not limited to, electronic study. For purposes of subdivision ~~6~~ 4, independent study includes consultation ~~with an experienced supervisor regarding the practice of supervision~~

77.1 or training regarding supervision with a licensed professional who has demonstrated
77.2 supervisory skills.

77.3 Sec. 47. Minnesota Statutes 2008, section 148E.165, subdivision 1, is amended to read:

77.4 Subdivision 1. **Records retention; licensees.** For one year following the expiration
77.5 date of a license, the licensee must maintain documentation of clock hours earned during
77.6 the previous renewal term. The documentation must include the following:

77.7 (1) for educational workshops or seminars offered by an organization or at a
77.8 conference, a copy of the certificate of attendance issued by the presenter or sponsor
77.9 giving the following information:

77.10 (i) the name of the sponsor or presenter of the program;

77.11 (ii) the title of the workshop or seminar;

77.12 (iii) the dates the licensee participated in the program; and

77.13 (iv) the number of clock hours completed;

77.14 (2) for academic coursework offered by an institution of higher learning, a copy of a
77.15 transcript giving the following information:

77.16 (i) the name of the institution offering the course;

77.17 (ii) the title of the course;

77.18 (iii) the dates the licensee participated in the course; and

77.19 (iv) the number of credits completed;

77.20 (3) for staff training offered by public or private employers, a copy of the certificate
77.21 of attendance issued by the employer giving the following information:

77.22 (i) the name of the employer;

77.23 (ii) the title of the staff training;

77.24 (iii) the dates the licensee participated in the program; and

77.25 (iv) the number of clock hours completed; and

77.26 (4) for independent study, including electronic study, or consultation or training
77.27 regarding supervision, a written summary of the study activity conducted, including the
77.28 following information:

77.29 (i) the topics ~~studied~~ covered;

77.30 (ii) a description of the applicability of the study activity to the licensee's authorized
77.31 scope of practice;

77.32 (iii) the titles and authors of books and articles consulted or the name of the
77.33 organization offering the study activity, or the name and title of the licensed professional
77.34 consulted regarding supervision;

77.35 (iv) the dates the licensee conducted the study activity; and

78.1 (v) the number of clock hours the licensee conducted the ~~study~~ activity.

78.2 Sec. 48. **REPEALER.**

78.3 Minnesota Statutes 2008, sections 148E.106, subdivision 6; and 148E.125,
78.4 subdivision 2, are repealed August 1, 2011.

78.5 Sec. 49. **EFFECTIVE DATE.**

78.6 Sections 1 to 47 are effective August 1, 2011.

78.7 **ARTICLE 10**
78.8 **DENTAL THERAPIST**

78.9 Section 1. Minnesota Statutes 2008, section 150A.01, is amended by adding a
78.10 subdivision to read:

78.11 Subd. 6b. **Dental therapist.** "Dental therapist" means a person licensed under this
78.12 chapter to perform the services authorized under section 150A.105 or any other services
78.13 authorized under this chapter.

78.14 Sec. 2. Minnesota Statutes 2008, section 150A.01, is amended by adding a subdivision
78.15 to read:

78.16 Subd. 6c. **Advanced dental therapist.** "Advanced dental therapist" means a person
78.17 licensed as a dental therapist under this chapter and who has been certified by the board to
78.18 practice as an advanced dental therapist under section 150A.106.

78.19 Sec. 3. Minnesota Statutes 2008, section 150A.05, is amended by adding a subdivision
78.20 to read:

78.21 Subd. 1b. **Practice of dental therapy.** A person shall be deemed to be practicing as
78.22 a dental therapist within the meaning of this chapter who:

78.23 (1) works under the supervision of a Minnesota-licensed dentist under a collaborative
78.24 management agreement as specified under section 150A.105;

78.25 (2) practices in settings that serve low-income, uninsured, and underserved patients
78.26 or are located in dental health professional shortage areas; and

78.27 (3) provides oral health care services, including preventive, primary diagnostic,
78.28 educational, palliative, therapeutic, and restorative services as authorized under sections
78.29 150A.105 and 150A.106 and within the context of a collaborative management agreement.

78.30 Sec. 4. Minnesota Statutes 2008, section 150A.05, subdivision 2, is amended to read:

Subd. 2. Exemptions and exceptions of certain practices and operations.

Sections 150A.01 to 150A.12 do not apply to:

(1) the practice of dentistry or dental hygiene in any branch of the armed services of the United States, the United States Public Health Service, or the United States Veterans Administration;

(2) the practice of dentistry, dental hygiene, or dental assisting by undergraduate dental students, dental therapy students, dental hygiene students, and dental assisting students of the University of Minnesota, schools of dental hygiene, schools with a dental therapy education program, or schools of dental assisting approved by the board, when acting under the direction and supervision of a licensed dentist, a licensed dental therapist, or a licensed dental hygienist acting as an instructor;

(3) the practice of dentistry by licensed dentists of other states or countries while appearing as clinicians under the auspices of a duly approved dental school or college, or a reputable dental society, or a reputable dental study club composed of dentists;

(4) the actions of persons while they are taking examinations for licensure or registration administered or approved by the board pursuant to sections 150A.03, subdivision 1, and 150A.06, subdivisions 1, 2, and 2a;

(5) the practice of dentistry by dentists and dental hygienists licensed by other states during their functioning as examiners responsible for conducting licensure or registration examinations administered by regional and national testing agencies with whom the board is authorized to affiliate and participate under section 150A.03, subdivision 1, and the practice of dentistry by the regional and national testing agencies during their administering examinations pursuant to section 150A.03, subdivision 1;

(6) the use of X-rays or other diagnostic imaging modalities for making radiographs or other similar records in a hospital under the supervision of a physician or dentist or by a person who is credentialed to use diagnostic imaging modalities or X-ray machines for dental treatment, roentgenograms, or dental diagnostic purposes by a credentialing agency other than the Board of Dentistry; or

(7) the service, other than service performed directly upon the person of a patient, of constructing, altering, repairing, or duplicating any denture, partial denture, crown, bridge, splint, orthodontic, prosthetic, or other dental appliance, when performed according to a written work order from a licensed dentist or a licensed advanced dental therapist in accordance with section 150A.10, subdivision 3.

Sec. 5. Minnesota Statutes 2008, section 150A.06, is amended by adding a subdivision to read:

80.1 Subd. 1d. **Dental therapists.** A person of good moral character who has graduated
80.2 with a baccalaureate degree or a master's degree from a dental therapy education program
80.3 that has been approved by the board or accredited by the American Dental Association
80.4 Commission on Dental Accreditation or another board-approved national accreditation
80.5 organization may apply for licensure.

80.6 The applicant must submit an application and fee as prescribed by the board and a
80.7 diploma or certificate from a dental therapy education program. Prior to being licensed,
80.8 the applicant must pass a comprehensive, competency-based clinical examination that is
80.9 approved by the board and administered independently of an institution providing dental
80.10 therapy education. The applicant must also pass an examination testing the applicant's
80.11 knowledge of the Minnesota laws and rules relating to the practice of dentistry. An
80.12 applicant who has failed the clinical examination twice is ineligible to retake the clinical
80.13 examination until further education and training are obtained as specified by the board. A
80.14 separate, nonrefundable fee may be charged for each time a person applies. An applicant
80.15 who passes the examination in compliance with subdivision 2b, abides by professional
80.16 ethical conduct requirements, and meets all the other requirements of the board shall
80.17 be licensed as a dental therapist.

80.18 Sec. 6. Minnesota Statutes 2008, section 150A.06, is amended by adding a subdivision
80.19 to read:

80.20 Subd. 1f. **Resident dental providers.** A person who is a graduate of an
80.21 undergraduate program and is an enrolled graduate student of an advanced dental
80.22 education program shall obtain from the board a license to practice as a resident dental
80.23 hygienist or dental therapist. The license must be designated "resident dental provider
80.24 license" and authorizes the licensee to practice only under the supervision of a licensed
80.25 dentist or licensed dental therapist. A resident dental provider license must be renewed
80.26 annually by the board. An applicant for a resident dental provider license shall pay a
80.27 nonrefundable fee set by the board for issuing and renewing the license. The requirements
80.28 of sections 150A.01 to 150A.21 apply to resident dental providers except as specified in
80.29 rules adopted by the board. A resident dental provider license does not qualify a person
80.30 for licensure under subdivision 1d or 2.

80.31 Sec. 7. Minnesota Statutes 2008, section 150A.06, subdivision 2d, is amended to read:

80.32 **Subd. 2d. Continuing education and professional development waiver.** (a) The
80.33 board shall grant a waiver to the continuing education requirements under this chapter for
80.34 a licensed dentist, a licensed dental therapist, licensed dental hygienist, or registered dental

assistant who documents to the satisfaction of the board that the dentist, a dental therapist, dental hygienist, or registered dental assistant has retired from active practice in the state and limits the provision of dental care services to those offered without compensation in a public health, community, or tribal clinic or a nonprofit organization that provides services to the indigent or to recipients of medical assistance, general assistance medical care, or MinnesotaCare programs.

(b) The board may require written documentation from the volunteer and retired dentist, a dental therapist, dental hygienist, or registered dental assistant prior to granting this waiver.

(c) The board shall require the volunteer and retired dentist, dental therapist, dental hygienist, or registered dental assistant to meet the following requirements:

(1) a licensee or registrant seeking a waiver under this subdivision must complete and document at least five hours of approved courses in infection control, medical emergencies, and medical management for the continuing education cycle; and

(2) provide documentation of certification in advanced or basic cardiac life support recognized by the American Heart Association, the American Red Cross, or an equivalent entity.

Sec. 8. Minnesota Statutes 2008, section 150A.06, subdivision 5, is amended to read:

Subd. 5. **Fraud in securing licenses or registrations.** Every person implicated in employing fraud or deception in applying for or securing a license or registration to practice dentistry, dental hygiene, ~~or~~ dental therapy, or dental assisting, or in annually renewing a license or registration under sections 150A.01 to 150A.12 is guilty of a gross misdemeanor.

Sec. 9. Minnesota Statutes 2008, section 150A.06, subdivision 6, is amended to read:

Subd. 6. **Display of name and certificates.** The initial license and subsequent renewal, or current registration certificate, of every dentist, a dental therapist, dental hygienist, or dental assistant shall be conspicuously displayed in every office in which that person practices, in plain sight of patients. Near or on the entrance door to every office where dentistry is practiced, the name of each dentist practicing there, as inscribed on the current license certificate, shall be displayed in plain sight.

Sec. 10. Minnesota Statutes 2008, section 150A.08, subdivision 1, is amended to read:

Subdivision 1. **Grounds.** The board may refuse or by order suspend or revoke, limit or modify by imposing conditions it deems necessary, ~~any~~ the license to practice dentistry

82.1 ~~or dental hygiene~~ of a dentist, dental therapist, or dental hygienist, or the registration of
82.2 any dental assistant upon any of the following grounds:

82.3 (1) fraud or deception in connection with the practice of dentistry or the securing of
82.4 a license or registration certificate;

82.5 (2) conviction, including a finding or verdict of guilt, an admission of guilt, or a no
82.6 contest plea, in any court of a felony or gross misdemeanor reasonably related to the
82.7 practice of dentistry as evidenced by a certified copy of the conviction;

82.8 (3) conviction, including a finding or verdict of guilt, an admission of guilt, or a
82.9 no contest plea, in any court of an offense involving moral turpitude as evidenced by a
82.10 certified copy of the conviction;

82.11 (4) habitual overindulgence in the use of intoxicating liquors;

82.12 (5) improper or unauthorized prescription, dispensing, administering, or personal
82.13 or other use of any legend drug as defined in chapter 151, of any chemical as defined in
82.14 chapter 151, or of any controlled substance as defined in chapter 152;

82.15 (6) conduct unbecoming a person licensed to practice dentistry, dental therapy, or
82.16 dental hygiene or registered as a dental assistant, or conduct contrary to the best interest of
82.17 the public, as such conduct is defined by the rules of the board;

82.18 (7) gross immorality;

82.19 (8) any physical, mental, emotional, or other disability which adversely affects a
82.20 dentist's, dental therapist's, dental hygienist's, or registered dental assistant's ability to
82.21 perform the service for which the person is licensed or registered;

82.22 (9) revocation or suspension of a license, registration, or equivalent authority to
82.23 practice, or other disciplinary action or denial of a license or registration application taken
82.24 by a licensing, registering, or credentialing authority of another state, territory, or country
82.25 as evidenced by a certified copy of the licensing authority's order, if the disciplinary action
82.26 or application denial was based on facts that would provide a basis for disciplinary action
82.27 under this chapter and if the action was taken only after affording the credentialed person
82.28 or applicant notice and opportunity to refute the allegations or pursuant to stipulation
82.29 or other agreement;

82.30 (10) failure to maintain adequate safety and sanitary conditions for a dental office in
82.31 accordance with the standards established by the rules of the board;

82.32 (11) employing, assisting, or enabling in any manner an unlicensed person to
82.33 practice dentistry;

82.34 (12) failure or refusal to attend, testify, and produce records as directed by the board
82.35 under subdivision 7;

(13) violation of, or failure to comply with, any other provisions of sections 150A.01 to 150A.12, the rules of the Board of Dentistry, or any disciplinary order issued by the board, sections 144.291 to 144.298 or 595.02, subdivision 1, paragraph (d), or for any other just cause related to the practice of dentistry. Suspension, revocation, modification or limitation of any license shall not be based upon any judgment as to therapeutic or monetary value of any individual drug prescribed or any individual treatment rendered, but only upon a repeated pattern of conduct;

(14) knowingly providing false or misleading information that is directly related to the care of that patient unless done for an accepted therapeutic purpose such as the administration of a placebo; or

(15) aiding suicide or aiding attempted suicide in violation of section 609.215 as established by any of the following:

(i) a copy of the record of criminal conviction or plea of guilty for a felony in violation of section 609.215, subdivision 1 or 2;

(ii) a copy of the record of a judgment of contempt of court for violating an injunction issued under section 609.215, subdivision 4;

(iii) a copy of the record of a judgment assessing damages under section 609.215, subdivision 5; or

(iv) a finding by the board that the person violated section 609.215, subdivision 1 or 2. The board shall investigate any complaint of a violation of section 609.215, subdivision 1 or 2.

Sec. 11. Minnesota Statutes 2008, section 150A.08, subdivision 3a, is amended 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:

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

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

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

84.6 Sec. 12. Minnesota Statutes 2008, section 150A.08, subdivision 5, is amended to read:

84.7 Subd. 5. **Medical examinations.** If the board has probable cause to believe that a
84.8 dentist, dental therapist, dental hygienist, registered dental assistant, or applicant engages
84.9 in acts described in subdivision 1, clause (4) or (5), or has a condition described in
84.10 subdivision 1, clause (8), it shall direct the dentist, dental therapist, dental hygienist,
84.11 assistant, or applicant to submit to a mental or physical examination or a chemical
84.12 dependency assessment. For the purpose of this subdivision, every dentist, dental
84.13 therapist, hygienist, or assistant licensed or registered under this chapter or person
84.14 submitting an application for a license or registration is deemed to have given consent
84.15 to submit to a mental or physical examination when directed in writing by the board and
84.16 to have waived all objections in any proceeding under this section to the admissibility
84.17 of the examining physician's testimony or examination reports on the ground that they
84.18 constitute a privileged communication. Failure to submit to an examination without just
84.19 cause may result in an application being denied or a default and final order being entered
84.20 without the taking of testimony or presentation of evidence, other than evidence which
84.21 may be submitted by affidavit, that the licensee, registrant, or applicant did not submit to
84.22 the examination. A dentist, dental therapist, dental hygienist, registered dental assistant,
84.23 or applicant affected under this section shall at reasonable intervals be afforded an
84.24 opportunity to demonstrate ability to start or resume the competent practice of dentistry or
84.25 perform the duties of a dental therapist, dental hygienist, or registered dental assistant with
84.26 reasonable skill and safety to patients. In any proceeding under this subdivision, neither
84.27 the record of proceedings nor the orders entered by the board is admissible, is subject to
84.28 subpoena, or may be used against the dentist, dental therapist, dental hygienist, registered
84.29 dental assistant, or applicant in any proceeding not commenced by the board. Information
84.30 obtained under this subdivision shall be classified as private pursuant to the Minnesota
84.31 Government Data Practices Act.

84.32 Sec. 13. Minnesota Statutes 2008, section 150A.09, subdivision 1, is amended to read:

84.33 Subdivision 1. **Registration information and procedure.** On or before the license
84.34 or registration certificate expiration date every licensed dentist, dental therapist, dental

85.1 hygienist, and registered dental assistant shall transmit to the executive secretary of the
85.2 board, pertinent information required by the board, together with the fee established by
85.3 the board. At least 30 days before a license or registration certificate expiration date,
85.4 the board shall send a written notice stating the amount and due date of the fee and the
85.5 information to be provided to every licensed dentist, dental therapist, dental hygienist,
85.6 and registered dental assistant.

85.7 Sec. 14. Minnesota Statutes 2008, section 150A.09, subdivision 3, is amended to read:

85.8 Subd. 3. **Current address, change of address.** Every dentist, dental therapist,
85.9 dental hygienist, and registered dental assistant shall maintain with the board a correct
85.10 and current mailing address. For dentists engaged in the practice of dentistry, the address
85.11 shall be that of the location of the primary dental practice. Within 30 days after changing
85.12 addresses, every dentist, dental therapist, dental hygienist, and registered dental assistant
85.13 shall provide the board written notice of the new address either personally or by first
85.14 class mail.

85.15 Sec. 15. Minnesota Statutes 2008, section 150A.091, subdivision 2, is amended to read:

85.16 Subd. 2. **Application fees.** Each applicant for licensure or registration shall submit
85.17 with a license or registration application a nonrefundable fee in the following amounts in
85.18 order to administratively process an application:

- 85.19 (1) dentist, \$140;
85.20 (2) limited faculty dentist, \$140;
85.21 (3) resident dentist, \$55;
85.22 (4) dental therapist, \$100;
85.23 (5) dental hygienist, \$55;
85.24 ~~(5)~~ (6) registered dental assistant, \$35; and
85.25 ~~(6)~~ (7) dental assistant with a limited registration, \$15.

85.26 Sec. 16. Minnesota Statutes 2008, section 150A.091, subdivision 3, is amended to read:

85.27 Subd. 3. **Initial license or registration fees.** Along with the application fee, each of
85.28 the following licensees or registrants shall submit a separate prorated initial license or
85.29 registration fee. The prorated initial fee shall be established by the board based on the
85.30 number of months of the licensee's or registrant's initial term as described in Minnesota
85.31 Rules, part 3100.1700, subpart 1a, not to exceed the following monthly fee amounts:

- 85.32 (1) dentist, \$14 times the number of months of the initial term;
85.33 (2) dental therapist, \$10 times the number of months of initial term;

86.1 (3) dental hygienist, \$5 times the number of months of the initial term;
86.2 ~~(3)~~ (4) registered dental assistant, \$3 times the number of months of initial term; and
86.3 ~~(4)~~ (5) dental assistant with a limited registration, \$1 times the number of months
86.4 of the initial term.

86.5 Sec. 17. Minnesota Statutes 2008, section 150A.091, subdivision 5, is amended to read:

86.6 Subd. 5. **Biennial license or registration fees.** Each of the following licensees or
86.7 registrants shall submit with a biennial license or registration renewal application a fee as
86.8 established by the board, not to exceed the following amounts:

- 86.9 (1) dentist, \$336;
86.10 (2) dental therapist, \$180;
86.11 (3) dental hygienist, \$118;
86.12 ~~(3)~~ (4) registered dental assistant, \$80; and
86.13 ~~(4)~~ (5) dental assistant with a limited registration, \$24.

86.14 Sec. 18. Minnesota Statutes 2008, section 150A.091, subdivision 8, is amended to read:

86.15 Subd. 8. **Duplicate license or registration fee.** Each licensee or registrant shall
86.16 submit, with a request for issuance of a duplicate of the original license or registration, or
86.17 of an annual or biennial renewal of it, a fee in the following amounts:

- 86.18 (1) original dentist, dental therapist, or dental hygiene license, \$35; and
86.19 (2) initial and renewal registration certificates and license renewal certificates, \$10.

86.20 Sec. 19. Minnesota Statutes 2008, section 150A.091, subdivision 10, is amended to
86.21 read:

86.22 Subd. 10. **Reinstatement fee.** No dentist, dental therapist, dental hygienist, or
86.23 registered dental assistant whose license or registration has been suspended or revoked
86.24 may have the license or registration reinstated or a new license or registration issued until
86.25 a fee has been submitted to the board in the following amounts:

- 86.26 (1) dentist, \$140;
86.27 (2) dental therapist, \$85;
86.28 (3) dental hygienist, \$55; and
86.29 ~~(3)~~ (4) registered dental assistant, \$35.

86.30 Sec. 20. Minnesota Statutes 2008, section 150A.10, subdivision 1, is amended to read:

86.31 Subdivision 1. **Dental hygienists.** Any licensed dentist, licensed dental therapist,
86.32 public institution, or school authority may obtain services from a licensed dental hygienist.

87.1 ~~Such~~ The licensed dental hygienist may provide those services defined in section 150A.05,
87.2 subdivision 1a. ~~Such~~ The services provided shall not include the establishment of a final
87.3 diagnosis or treatment plan for a dental patient. ~~Such~~ All services shall be provided
87.4 under supervision of a licensed dentist. Any licensed dentist who shall permit any dental
87.5 service by a dental hygienist other than those authorized by the Board of Dentistry, shall
87.6 be deemed to be violating the provisions of sections 150A.01 to 150A.12, and any ~~such~~
87.7 unauthorized dental service by a dental hygienist shall constitute a violation of sections
87.8 150A.01 to 150A.12.

87.9 Sec. 21. Minnesota Statutes 2008, section 150A.10, subdivision 2, is amended to read:

87.10 Subd. 2. **Dental assistants.** Every licensed dentist and dental therapist who uses
87.11 the services of any unlicensed person for the purpose of assistance in the practice of
87.12 dentistry or dental therapy shall be responsible for the acts of such unlicensed person
87.13 while engaged in such assistance. ~~Such~~ The dentist or dental therapist shall permit ~~such~~
87.14 the unlicensed assistant to perform only those acts which are authorized to be delegated to
87.15 unlicensed assistants by the Board of Dentistry. ~~Such~~ The acts shall be performed under
87.16 supervision of a licensed dentist or dental therapist. A licensed dental therapist shall not
87.17 supervise more than four registered dental assistants at any one practice setting. The
87.18 board may permit differing levels of dental assistance based upon recognized educational
87.19 standards, approved by the board, for the training of dental assistants. The board may also
87.20 define by rule the scope of practice of registered and nonregistered dental assistants. The
87.21 board by rule may require continuing education for differing levels of dental assistants,
87.22 as a condition to their registration or authority to perform their authorized duties. Any
87.23 licensed dentist or dental therapist who ~~shall permit such~~ permits an unlicensed assistant
87.24 to perform any dental service other than that authorized by the board shall be deemed to
87.25 be enabling an unlicensed person to practice dentistry, and commission of such an act by
87.26 ~~such an~~ unlicensed assistant shall constitute a violation of sections 150A.01 to 150A.12.

87.27 Sec. 22. Minnesota Statutes 2008, section 150A.10, subdivision 3, is amended to read:

87.28 Subd. 3. **Dental technicians.** Every licensed dentist and dental therapist who uses
87.29 the services of any unlicensed person, other than under the dentist's or dental therapist's
87.30 supervision and within ~~such dentist's own office~~ the same practice setting, for the purpose
87.31 of constructing, altering, repairing or duplicating any denture, partial denture, crown,
87.32 bridge, splint, orthodontic, prosthetic or other dental appliance, shall be required to furnish
87.33 such unlicensed person with a written work order in such form as shall be prescribed by
87.34 the rules of the board, ~~said~~. The work order shall be made in duplicate form, a duplicate

88.1 copy to be retained in a permanent file ~~in of the dentist's office~~ dentist or dental therapist at
88.2 the practice setting for a period of two years, and the original to be retained in a permanent
88.3 file for a period of two years by ~~such the~~ unlicensed person in that person's place of
88.4 business. ~~Such~~ The permanent file of work orders to be kept by such the dentist, dental
88.5 therapist, or by such the unlicensed person shall be open to inspection at any reasonable
88.6 time by the board or its duly constituted agent.

88.7 Sec. 23. Minnesota Statutes 2008, section 150A.10, subdivision 4, is amended to read:

88.8 Subd. 4. **Restorative procedures.** (a) Notwithstanding subdivisions 1, 1a, and 2,
88.9 a licensed dental hygienist or a registered dental assistant may perform the following
88.10 restorative procedures:

- 88.11 (1) place, contour, and adjust amalgam restorations;
 - 88.12 (2) place, contour, and adjust glass ionomer;
 - 88.13 (3) adapt and cement stainless steel crowns; and
 - 88.14 (4) place, contour, and adjust class I and class V supragingival composite restorations
- 88.15 where the margins are entirely within the enamel.

88.16 (b) The restorative procedures described in paragraph (a) may be performed only if:

88.17 (1) the licensed dental hygienist or the registered dental assistant has completed a
88.18 board-approved course on the specific procedures;

88.19 (2) the board-approved course includes a component that sufficiently prepares the
88.20 dental hygienist or registered dental assistant to adjust the occlusion on the newly placed
88.21 restoration;

88.22 (3) a licensed dentist or licensed advanced dental therapist has authorized the
88.23 procedure to be performed; and

88.24 (4) a licensed dentist or licensed advanced dental therapist is available in the clinic
88.25 while the procedure is being performed.

88.26 (c) The dental faculty who teaches the educators of the board-approved courses
88.27 specified in paragraph (b) must have prior experience teaching these procedures in an
88.28 accredited dental education program.

88.29 Sec. 24. **[150A.105] DENTAL THERAPIST.**

88.30 Subdivision 1. **General.** A dental therapist licensed under this chapter shall practice
88.31 under the supervision of a Minnesota-licensed dentist and under the requirements of
88.32 this chapter.

89.1 Subd. 2. **Limited practice settings.** A dental therapist licensed under this chapter
89.2 is limited to primarily practicing in settings that serve low-income, uninsured, and
89.3 underserved patients or in a dental health professional shortage area.

89.4 Subd. 3. **Collaborative management agreement.** (a) Prior to performing any of
89.5 the services authorized under this chapter, a dental therapist must enter into a written
89.6 collaborative management agreement with a Minnesota-licensed dentist. A collaborating
89.7 dentist is limited to entering into a collaborative agreement with no more than five
89.8 advanced dental therapists at any one time. The agreement must include:

89.9 (1) practice settings where services may be provided and the populations to be
89.10 served;

89.11 (2) any limitations on the services that may be provided by the dental therapist,
89.12 including the level of supervision required by the collaborating dentist;

89.13 (3) age and procedure specific practice protocols, including case selection criteria,
89.14 assessment guidelines, and imaging frequency;

89.15 (4) a procedure for creating and maintaining dental records for the patients that
89.16 are treated by the dental therapist;

89.17 (5) a plan to manage medical emergencies in each practice setting where the dental
89.18 therapist provides care;

89.19 (6) a quality assurance plan for monitoring care provided by the dental therapist,
89.20 including patient care review, referral follow-up, and a quality assurance chart review;

89.21 (7) protocols for administering and dispensing medications authorized under
89.22 subdivision 5, and section 150A.106, including the specific conditions and circumstance
89.23 under which these medications are to be dispensed and administered;

89.24 (8) criteria relating to the provision of care to patients with specific medical
89.25 conditions or complex medication histories, including requirements for consultation prior
89.26 to the initiation of care;

89.27 (9) supervision criteria of dental assistants; and

89.28 (10) a plan for the provision of clinical resources and referrals in situations which
89.29 are beyond the capabilities of the dental therapist.

89.30 (b) A collaborating dentist must be licensed and practicing in Minnesota. The
89.31 collaborating dentist shall accept responsibility for all services authorized and performed
89.32 by the dental therapist pursuant to the management agreement. Any licensed dentist who
89.33 permits a dental therapist to perform a dental service other than those authorized under
89.34 this section or by the board, or any dental therapist who performs an unauthorized service,
89.35 violates sections 150A.01 to 150A.12.

90.1 (c) Collaborative management agreements must be signed and maintained by the
90.2 collaborating dentist and the dental therapist. Agreements must be reviewed, updated, and
90.3 submitted to the board on an annual basis.

90.4 Subd. 4. **Scope of practice.** (a) A licensed dental therapist may perform dental
90.5 services as authorized under this section within the parameters of the collaborative
90.6 management agreement.

90.7 (b) The services authorized to be performed by a licensed dental therapist include
90.8 preventive, evaluative, and educational oral health services, as specified in paragraphs (c)
90.9 and (d), and within the parameters of the collaborative management agreement.

90.10 (c) A licensed dental therapist may perform the following preventive, evaluative,
90.11 and assessment services under general supervision, unless restricted or prohibited in
90.12 the collaborative management agreement:

90.13 (1) oral health instruction and disease prevention education, including nutritional
90.14 counseling and dietary analysis;

90.15 (2) preliminary charting of the oral cavity;

90.16 (3) making radiographs;

90.17 (4) mechanical polishing;

90.18 (5) application of topical preventive or prophylactic agents, including fluoride
90.19 varnishes and pit and fissure sealants;

90.20 (6) pulp vitality testing;

90.21 (7) application of desensitizing medication or resin;

90.22 (8) fabrication of athletic mouthguards;

90.23 (9) placement of temporary restorations;

90.24 (10) fabrication of soft occlusal guards;

90.25 (11) tissue conditioning and soft reline;

90.26 (12) atraumatic restorative therapy;

90.27 (13) dressing changes;

90.28 (14) tooth reimplantation;

90.29 (15) administration of local anesthetic; and

90.30 (16) administration of nitrous oxide.

90.31 (d) A licensed dental therapist may perform the following services under indirect
90.32 supervision:

90.33 (1) emergency palliative treatment of dental pain;

90.34 (2) the placement and removal of space maintainers;

90.35 (3) restorative services:

90.36 (i) cavity preparation;

- 91.1 (ii) restoration of primary and permanent teeth;
91.2 (iii) placement of temporary crowns;
91.3 (iv) preparation and placement of preformed crowns; and
91.4 (v) pulpotomies on primary teeth;
91.5 (4) indirect and direct pulp capping on primary and permanent teeth;
91.6 (5) stabilization of reimplanted teeth;
91.7 (6) extractions of primary teeth;
91.8 (7) suture removal;
91.9 (8) brush biopsies;
91.10 (9) repair of defective prosthetic devices;
91.11 (10) recementing of permanent crowns; and
91.12 (11) emergency palliative treatment of dental pain.
91.13 (e) For purposes of this section and section 150A.106, "general supervision" and
91.14 "indirect supervision" have the meanings given in Minnesota Rules, part 3100.0100,
91.15 subpart 21.
91.16 Subd. 5. **Dispensing authority.** (a) A licensed dental therapist may dispense and
91.17 administer the following drugs within the parameters of the collaborative management
91.18 agreement and within the scope of practice of the dental therapist: analgesics,
91.19 anti-inflammatories, and antibiotics.
91.20 (b) The authority to dispense and administer shall extend only to the categories
91.21 of drugs identified in this subdivision, and may be further limited by the collaborative
91.22 management agreement.
91.23 (c) The authority to dispense includes the authority to dispense sample drugs within
91.24 the categories identified in this subdivision if dispensing is permitted by the collaborative
91.25 management agreement.
91.26 (d) A licensed dental therapist is prohibited from dispensing or administering a
91.27 narcotic drug as defined in section 152.01, subdivision 10.
91.28 Subd. 6. **Application of other laws.** A licensed dental therapist authorized to
91.29 practice under this chapter is not in violation of section 150A.05 as it relates to the
91.30 unauthorized practice of dentistry if the practice is authorized under this chapter and is
91.31 within the parameters of the collaborative management agreement.
91.32 Subd. 7. **Use of dental assistants.** (a) A licensed dental therapist may supervise
91.33 dental assistants to the extent permitted in the collaborative management agreement and
91.34 according to section 150A.10, subdivision 2.

92.1 (b) Notwithstanding paragraph (a), a licensed dental therapist is limited to
92.2 supervising no more than four registered dental assistants or nonregistered dental
92.3 assistants at any one practice setting.

92.4 Subd. 8. **Definitions.** (a) For the purposes of this section, the following definitions
92.5 apply.

92.6 (b) "Practice settings that serve the low-income and underserved" mean:

92.7 (1) critical access dental provider settings as designated by the commissioner of
92.8 human services under section 256B.76, subdivision 4;

92.9 (2) dental hygiene collaborative practice settings identified in section 150A.10,
92.10 subdivision 1a, paragraph (e), and including medical facilities, assisted living facilities,
92.11 federally qualified health centers, and organizations eligible to receive a community clinic
92.12 grant under section 145.9268, subdivision 1;

92.13 (3) military and veterans administration hospitals, clinics, and care settings;

92.14 (4) a patient's residence or home when the patient is home-bound or receiving or
92.15 eligible to receive home care services or home and community-based waived services,
92.16 regardless of the patient's income;

92.17 (5) oral health educational institutions; or

92.18 (6) any other clinic or practice setting, including mobile dental units, in which at least
92.19 50 percent of the total patient base of the clinic or practice setting consists of patients who:

92.20 (i) are enrolled in a Minnesota health care program;

92.21 (ii) have a medical disability or chronic condition that creates a significant barrier
92.22 to receiving dental care;

92.23 (iii) do not have dental health coverage, either through a public health care program
92.24 or private insurance, and have an annual gross family income equal to or less than 200
92.25 percent of the federal poverty guidelines; or

92.26 (iv) do not have dental health coverage either through a state public health care
92.27 program or private insurance, and whose family gross income is equal to or less than 275
92.28 percent of the federal poverty guidelines.

92.29 (c) "Dental health professional shortage area" means an area that meets the criteria
92.30 established by the secretary of the United States Department of Health and Human
92.31 Services and is designated as such under United States Code, title 42, section 254e.

92.32 **Sec. 25. [150A.106] ADVANCED PRACTICE DENTAL THERAPIST.**

92.33 Subdivision 1. **General.** A dental therapist licensed under this chapter who meets
92.34 the following requirements shall be certified by the board to practice as an advanced
92.35 dental therapist:

93.1 (1) has been engaged in the active practice as a licensed dental therapist for not
93.2 less than one year;

93.3 (2) has graduated from a master's degree dental therapy program;

93.4 (3) has completed a minimum of 2,000 hours of advanced dental therapy clinical
93.5 practice;

93.6 (4) has passed a board-approved certification examination; and

93.7 (5) has submitted an application for certification as prescribed by the board.

93.8 Subd. 2. **Scope of practice.** (a) An advanced dental therapist certified by the board
93.9 under this section may perform the following services and procedures pursuant to the
93.10 written collaborative management agreement:

93.11 (1) the assessment of dental disease and the formulation of an individualized
93.12 treatment plan authorized by the collaborating dentist;

93.13 (2) the services and procedures described under section 150A.105, subdivision 4,
93.14 paragraphs (c) and (d); and

93.15 (3) nonsurgical extractions of permanent teeth as limited in subdivision 3, paragraph
93.16 (b).

93.17 (b) The services and procedures described under this subdivision may be performed
93.18 under general supervision.

93.19 Subd. 3. **Practice limitation.** (a) An advanced practice dental therapist shall not
93.20 perform any service or procedure described in subdivision 2 except as authorized by
93.21 the collaborating dentist.

93.22 (b) An advanced dental therapist may perform nonsurgical extractions of peridontally
93.23 diseased permanent teeth with tooth mobility of +3 to +4 under general supervision if
93.24 authorized in advance by the collaborating dentist. The advanced dental therapist shall not
93.25 extract a tooth for any patient if the tooth is unerupted, impacted, fractured, or needs to
93.26 be sectioned for removal.

93.27 (c) The collaborating dentist is responsible for directly providing or arranging for
93.28 another dentist or specialist to provide any necessary advanced services needed by the
93.29 patient.

93.30 (d) An advanced dental therapist in accordance with the collaborative management
93.31 agreement must refer patients to another qualified dental or health care professional to
93.32 receive any needed services that exceed the scope of practice of the advanced dental
93.33 therapist.

93.34 (e) In addition to the collaborative management agreement requirements described in
93.35 section 150A.105, a collaborative management agreement entered into with an advanced
93.36 dental therapist must include specific written protocols to govern situations in which

the advanced dental therapist encounters a patient who requires treatment that exceeds the authorized scope of practice of the advanced dental therapist. The collaborating dentist must ensure that a dentist is available to the advanced dental therapist for timely consultation during treatment if needed and must either provide or arrange with another dentist or specialist to provide the necessary treatment to any patient who requires more treatment than the advanced dental therapist is authorized to provide.

Subd. 4. **Prescribing authority.** (a) An advanced dental therapist may provide, dispense, and administer the following drugs within the parameters of the collaborative management agreement, within the scope of practice of the advanced dental therapist practitioner, and with the authorization of the collaborating dentist: analgesics, anti-inflammatories, and antibiotics.

(b) The authority to provide, dispense, and administer shall extend only to the categories of drugs identified in this subdivision, and may be further limited by the collaborative management agreement.

(c) The authority to dispense includes the authority to dispense sample drugs within the categories identified in this subdivision if dispensing is permitted by the collaborative management agreement.

(d) Notwithstanding paragraph (a), an advanced dental therapist is prohibited from providing, dispensing, or administering a narcotic drug as defined in section 152.01, subdivision 10.

Sec. 26. Minnesota Statutes 2008, section 150A.11, subdivision 4, is amended to read:

Subd. 4. **Dividing fees.** It shall be unlawful for any dentist to divide fees with or promise to pay a part of the dentist's fee to, or to pay a commission to, any dentist or other person who calls the dentist in consultation or who sends patients to the dentist for treatment, or operation, but nothing herein shall prevent licensed dentists from forming a bona fide partnership for the practice of dentistry, nor to the actual employment by a licensed dentist of, a licensed dental therapist, a licensed dental hygienist or another licensed dentist.

Sec. 27. Minnesota Statutes 2008, section 150A.12, is amended to read:

150A.12 VIOLATION AND DEFENSES.

Every person who violates any of the provisions of sections 150A.01 to 150A.12 for which no specific penalty is provided herein, shall be guilty of a gross misdemeanor; and, upon conviction, punished by a fine of not more than \$3,000 or by imprisonment in the county jail for not more than one year or by both such fine and imprisonment. In

95.1 the prosecution of any person for violation of sections 150A.01 to 150A.12, it shall not
95.2 be necessary to allege or prove lack of a valid license to practice dentistry ~~or~~ dental
95.3 hygiene, or dental therapy but ~~such matter~~ shall be a matter of defense to be established by
95.4 the defendant.

95.5 Sec. 28. Minnesota Statutes 2008, section 150A.21, subdivision 1, is amended to read:

95.6 Subdivision 1. **Patient's name and Social Security number.** Every complete
95.7 upper and lower denture and removable dental prosthesis fabricated by a dentist licensed
95.8 under section 150A.06, or fabricated pursuant to the dentist's or dental therapist's work
95.9 order, shall be marked with the name and Social Security number of the patient for whom
95.10 the prosthesis is intended. The markings shall be done during fabrication and shall be
95.11 permanent, legible and cosmetically acceptable. The exact location of the markings and
95.12 the methods used to apply or implant them shall be determined by the dentist or dental
95.13 laboratory fabricating the prosthesis. If in the professional judgment of the dentist or dental
95.14 laboratory, this identification is not practicable, identification shall be provided as follows:

95.15 (a) The Social Security number of the patient may be omitted if the name of the
95.16 patient is shown;

95.17 (b) The initials of the patient may be shown alone, if use of the name of the patient is
95.18 impracticable;

95.19 (c) The identification marks may be omitted in their entirety if none of the forms of
95.20 identification specified in clauses (a) and (b) are practicable or clinically safe.

95.21 Sec. 29. Minnesota Statutes 2008, section 150A.21, subdivision 4, is amended to read:

95.22 Subd. 4. **Failure to comply.** Failure of any dentist or dental therapist to comply
95.23 with this section shall be deemed to be a violation for which the dentist or dental therapist
95.24 may be subject to proceedings pursuant to section 150A.08, provided the dentist is charged
95.25 with the violation within two years of initial insertion of the dental prosthetic device.

95.26 Sec. 30. Minnesota Statutes 2008, section 151.01, subdivision 23, is amended to read:

95.27 Subd. 23. **Practitioner.** "Practitioner" means a licensed doctor of medicine, licensed
95.28 doctor of osteopathy duly licensed to practice medicine, licensed doctor of dentistry,
95.29 licensed doctor of optometry, licensed podiatrist, or licensed veterinarian. For purposes
95.30 of sections 151.15, subdivision 4, 151.37, subdivision 2, paragraphs (b), (e), and (f),
95.31 and 151.461, "practitioner" also means a physician assistant authorized to prescribe,
95.32 dispense, and administer under chapter 147A, ~~or~~ an advanced practice nurse authorized
95.33 to prescribe, dispense, and administer under section 148.235. For purposes of sections

96.1 151.15, subdivision 4; 151.37, subdivision 2, paragraph (b); and 151.461, "practitioner"
96.2 also means a dental therapist authorized to dispense and administer under chapter 150A.

96.3 Sec. 31. Minnesota Statutes 2008, section 151.37, subdivision 2, is amended to read:

96.4 Subd. 2. **Prescribing and filing.** (a) A licensed practitioner in the course of
96.5 professional practice only, may prescribe, administer, and dispense a legend drug, and
96.6 may cause the same to be administered by a nurse, a physician assistant, a dental therapist,
96.7 or medical student or resident under the practitioner's direction and supervision, and
96.8 may cause a person who is an appropriately certified, registered, or licensed health care
96.9 professional to prescribe, dispense, and administer the same within the expressed legal
96.10 scope of the person's practice as defined in Minnesota Statutes. A licensed practitioner
96.11 may prescribe a legend drug, without reference to a specific patient, by directing a nurse,
96.12 pursuant to section 148.235, subdivisions 8 and 9, a dental therapist under chapter 150A,
96.13 a physician assistant, or a medical student or resident to adhere to a particular practice
96.14 guideline or protocol when treating patients whose condition falls within such guideline
96.15 or protocol, and when such guideline or protocol specifies the circumstances under
96.16 which the legend drug is to be prescribed and administered. An individual who verbally,
96.17 electronically, or otherwise transmits a written, oral, or electronic order, as an agent of
96.18 a prescriber, shall not be deemed to have prescribed the legend drug. This paragraph
96.19 applies to a physician assistant only if the physician assistant meets the requirements
96.20 of section 147A.18.

96.21 (b) A licensed practitioner that dispenses for profit a legend drug that is to be
96.22 administered orally, is ordinarily dispensed by a pharmacist, and is not a vaccine, must
96.23 file with the practitioner's licensing board a statement indicating that the practitioner
96.24 dispenses legend drugs for profit, the general circumstances under which the practitioner
96.25 dispenses for profit, and the types of legend drugs generally dispensed. It is unlawful to
96.26 dispense legend drugs for profit after July 31, 1990, unless the statement has been filed
96.27 with the appropriate licensing board. For purposes of this paragraph, "profit" means (1)
96.28 any amount received by the practitioner in excess of the acquisition cost of a legend drug
96.29 for legend drugs that are purchased in prepackaged form, or (2) any amount received
96.30 by the practitioner in excess of the acquisition cost of a legend drug plus the cost of
96.31 making the drug available if the legend drug requires compounding, packaging, or other
96.32 treatment. The statement filed under this paragraph is public data under section 13.03.
96.33 This paragraph does not apply to a licensed doctor of veterinary medicine or a registered
96.34 pharmacist. Any person other than a licensed practitioner with the authority to prescribe,
96.35 dispense, and administer a legend drug under paragraph (a) shall not dispense for profit.

97.1 To dispense for profit does not include dispensing by a community health clinic when the
97.2 profit from dispensing is used to meet operating expenses.

97.3 (c) A prescription or drug order for the following drugs is not valid, unless it can be
97.4 established that the prescription or order was based on a documented patient evaluation,
97.5 including an examination, adequate to establish a diagnosis and identify underlying
97.6 conditions and contraindications to treatment:

97.7 (1) controlled substance drugs listed in section 152.02, subdivisions 3 to 5;

97.8 (2) drugs defined by the Board of Pharmacy as controlled substances under section
97.9 152.02, subdivisions 7, 8, and 12;

97.10 (3) muscle relaxants;

97.11 (4) centrally acting analgesics with opioid activity;

97.12 (5) drugs containing butalbital; or

97.13 (6) phosphodiesterase type 5 inhibitors when used to treat erectile dysfunction.

97.14 (d) For the purposes of paragraph (c), the requirement for an examination shall be
97.15 met if an in-person examination has been completed in any of the following circumstances:

97.16 (1) the prescribing practitioner examines the patient at the time the prescription
97.17 or drug order is issued;

97.18 (2) the prescribing practitioner has performed a prior examination of the patient;

97.19 (3) another prescribing practitioner practicing within the same group or clinic as the
97.20 prescribing practitioner has examined the patient;

97.21 (4) a consulting practitioner to whom the prescribing practitioner has referred the
97.22 patient has examined the patient; or

97.23 (5) the referring practitioner has performed an examination in the case of a
97.24 consultant practitioner issuing a prescription or drug order when providing services by
97.25 means of telemedicine.

97.26 (e) Nothing in paragraph (c) or (d) prohibits a licensed practitioner from prescribing
97.27 a drug through the use of a guideline or protocol pursuant to paragraph (a).

97.28 (f) Nothing in this chapter prohibits a licensed practitioner from issuing a
97.29 prescription or dispensing a legend drug in accordance with the Expedited Partner Therapy
97.30 in the Management of Sexually Transmitted Diseases guidance document issued by the
97.31 United States Centers for Disease Control.

97.32 (g) Nothing in paragraph (c) or (d) limits prescription, administration, or dispensing
97.33 of legend drugs through a public health clinic or other distribution mechanism approved
97.34 by the commissioner of health or a board of health in order to prevent, mitigate, or treat
97.35 a pandemic illness, infectious disease outbreak, or intentional or accidental release of a
97.36 biological, chemical, or radiological agent.

(h) No pharmacist employed by, under contract to, or working for a pharmacy licensed under section 151.19, subdivision 1, may dispense a legend drug based on a prescription that the pharmacist knows, or would reasonably be expected to know, is not valid under paragraph (c).

(i) No pharmacist employed by, under contract to, or working for a pharmacy licensed under section 151.19, subdivision 2, may dispense a legend drug to a resident of this state based on a prescription that the pharmacist knows, or would reasonably be expected to know, is not valid under paragraph (c).

Sec. 32. **IMPACT OF DENTAL THERAPISTS.**

(a) The Board of Dentistry shall evaluate the impact of the use of dental therapists on the delivery of and access to dental services. The board shall report to the chairs and ranking minority members of the legislative committees with jurisdiction over health care by January 15, 2014:

(1) the number of dental therapists annually licensed by the board beginning in 2011;

(2) the settings where licensed dental therapists are practicing and the populations being served;

(3) the number of complaints filed against dental therapists and the basis for each complaint; and

(4) the number of disciplinary actions taken against dental therapists.

(b) The board, in consultation with the Department of Human Services, shall also include the number and type of dental services that were performed by dental therapists and reimbursed by the state under the Minnesota state health care programs for the 2013 fiscal year.

(c) The Board of Dentistry, in consultation with the Department of Health, shall develop an evaluation process that focuses on assessing the impact of dental therapists in terms of patient safety, cost effectiveness, and access to dental services. The process shall focus on the following outcome measures:

(1) number of new patients served;

(2) reduction in waiting times for needed services;

(3) decreased travel time for patients;

(4) impact on emergency room usage for dental care; and

(5) costs to the public health care system.

(d) The evaluation process shall be used by the board in the report required in paragraph (a) and shall expire January 1, 2014.

- 99.1 Sec. 33. REPEALER.
- 99.2 Minnesota Statutes 2008, section 150A.061, is repealed.

APPENDIX
Article locations in H0535-2

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