

A bill for an act
relating to health occupations; requiring licensure for clinical perfusionist;
establishing fees; requiring rulemaking; providing penalties; proposing coding
for new law in Minnesota Statutes, chapter 147A.

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

Section 1. **[147A.50] TITLE.**
Sections 147A.50 to 147A.78 shall be referred to as the "Minnesota Clinical
Perfusionist Licensure Act."

Sec. 2. **[147A.51] DEFINITIONS.**
Subdivision 1. **Scope.** As used in sections 147A.50 to 147A.78, the definitions
in this section have the meanings given.
Subd. 2. **Board.** "Board" means the Board of Medical Practice.
Subd. 3. **Extracorporeal circulation.** "Extracorporeal circulation" means the
diversion of a patient's blood through a heart-lung machine or a similar device that
assumes the functions of the patient's heart, lungs, kidney, liver, or other organs.
Subd. 4. **Licensed clinical perfusionist.** "Licensed clinical perfusionist" means
an individual licensed by the board to practice perfusion.
Subd. 5. **Perfusion protocols.** "Perfusion protocols" means perfusion-related
policies and protocols developed or approved by a licensed health care facility or a
physician through collaboration with administrators, licensed clinical perfusionists, and
other health care professionals.
Subd. 6. **Practice of perfusion.** "Practice of perfusion" means the functions
necessary for the support, treatment, measurement, or supplementation of the

cardiovascular, circulatory, or respiratory systems or other organs, or a combination of activities that ensures the safe management of physiologic functions of the body by monitoring and analyzing the parameters of the body systems under an order and supervision of a licensed physician. The practice of perfusion includes the following:

(1) the use of extracorporeal circulation, long-term cardiopulmonary support techniques including extracorporeal carbon dioxide removal and extracorporeal membrane oxygenation and associated therapeutic and diagnostic technologies;

(2) counterpulsation, ventricular assistance, autotransfusion, blood conservation techniques, myocardial and organ preservation, extracorporeal life support, and isolated limb perfusion;

(3) the use of techniques involving blood management, advanced life support, and other related functions;

(4) the administration of:

(i) pharmacological and therapeutic agents; and

(ii) blood products or anesthetic agents through the extracorporeal circuit or through an intravenous line as ordered by a physician;

(5) the performance and use of:

(i) anticoagulation monitoring and analysis;

(ii) physiologic monitoring and analysis;

(iii) blood gas and chemistry monitoring and analysis;

(iv) hematologic monitoring and analysis;

(v) hypothermia and hyperthermia;

(vi) hemoconcentration and hemodilution; and

(vii) hemodialysis;

(6) the observation of signs and symptoms related to perfusion services; and

(7) the determination of whether the signs and symptoms exhibit abnormal characteristics and the implementation of appropriate reporting of clinical perfusion protocols or changes in or the initiation of emergency procedures.

Subd. 7. **Provisional licensed clinical perfusionist.** "Provisional licensed clinical perfusionist" means an individual provisionally licensed under sections 147A.50 to 147A.78.

Sec. 3. [147A.52] APPLICATION; ELIGIBILITY.

Subdivision 1. **Grandfathering provision.** Notwithstanding the provisions in sections 147A.50 to 147A.78, prior to January 1, 2010, a person is eligible to make an application to the board and receive a license if the person is actively engaged in the

practice of perfusion consistent with sections 147A.50 to 147A.78. The applicant under this subdivision must meet one of the following requirements:

(1) on August 1, 2009, the person was operating cardiopulmonary bypass systems during cardiac surgical cases in a licensed health care facility as the person's primary function and was operating the systems for eight years; or

(2) the person has at least six years of experience within the last eight years operating cardiopulmonary bypass systems during cardiac surgical cases in a licensed health care facility as the person's primary function.

Subd. 2. **Examination.** Beginning January 1, 2010, the board shall license by examination all clinical perfusionists who meet the requirements in sections 147A.50 to 147A.78, except those persons granted a license under subdivision 1.

Subd. 3. **Application procedure.** An applicant for a license to practice as a licensed clinical perfusionist shall submit a sworn application accompanied by the required fees. The board shall adopt rules that prescribe the form of the application and establish the dates by which applications and fees must be received.

Subd. 4. **Requirement to take licensing examination.** To qualify for the licensing examination, an applicant must have successfully completed a perfusion education program approved by the board. In approving a perfusion education program necessary for qualification for the licensing examination, the board shall approve only those programs that have education standards established by the Accreditation Committee for Perfusion Education and approved by the Commission on Accreditation of Allied Health Education Programs or its successor.

Sec. 4. [147A.54] FEES.

Subdivision 1. **Annual licensure fee.** The initial licensure fee shall be \$.and the annual licensure renewal fee shall be \$.

Subd. 2. **Penalty fee for late renewals.** The penalty fee for late submission for renewal applications is \$.

Subd. 3. **Deposit.** Fees collected by the board under this section must be deposited in the state government special revenue fund.

Sec. 5. [147A.56] COMPETENCY EXAMINATION; NOTIFICATION OF RESULTS.

Subdivision 1. **Examination.** To qualify for a license, an applicant must pass a competency examination given by the American Board of Cardiovascular Perfusion or its successor organization.

Subd. 2. **Notice of exam results.** No later than 45 days after the date on which the licensing examination is administered, the board shall notify each examinee of the results of the examination.

Subd. 3. **Rulemaking.** The board shall adopt rules to establish:

(1) a limit on the number of times an applicant who fails the examination may retake the examination; and

(2) requirements for reexamination and the amount of any reexamination fee.

Sec. 6. [147A.57] LICENSE HOLDER DUTIES.

A person licensed under sections 147A.50 to 147A.78 must provide a true and correct copy of the person's license to the health care facility at which the person provides perfusion services. The license holder must inform the board of any change in address for the license holder. A license issued by the board is the property of the board and must be surrendered upon demand by the board.

Sec. 7. [147A.58] RULEMAKING.

(a) The board shall adopt rules that provide for license expiration on various dates and continuing education requirements. A license holder may renew an unexpired license by submitting proof of satisfactory compliance with continuing education requirements required by the board. The license holder must pay the required renewal fee to the board prior to the expiration of the license.

(b) The board shall adopt rules necessary to carry out the provisions of 147A.50 to 147A.78.

Sec. 8. [147A.60] LICENSE RENEWAL AFTER EXPIRATION.

(a) If a person's license has been expired for not more than two years, the person may renew the license by submitting proof, as determined by the board, of compliance with the continuing education requirements prescribed by the board and any penalty fee required.

(b) If a person's license has been expired for two years or more, the person may not renew the license. The person may obtain a new license by submitting to reexamination and complying with the current requirements and procedures for obtaining a license.

(c) The board may renew without reexamination an expired license of a person who was licensed in this state, moved to another state, and is currently appropriately licensed or certified and has been practicing in another state for two years immediately preceding the person's application to renew a license. The person must pay the licensing fee as required.

Sec. 9. **[147A.62] PROVISIONAL LICENSE.**

Subdivision 1. Notice of license expiration. The board shall notify each license holder in writing of the license expiration date one month before the expiration date. The notice shall be mailed to the license holder's last known address according to the records of the board.

Subd. 2. Provisional license. (a) The board may issue a provisional license to a person who:

(1) has successfully completed an approved perfusion education program, submitted an application, paid the application fee, and submitted satisfactory evidence of completion of the education requirements under section 147A.52; or

(2) has held a certificate as a certified clinical perfusionist issued by the American Board of Cardiovascular Perfusion, or its successor, if the person's certificate lapsed for reasons other than disciplinary action by the American Board of Cardiovascular Perfusion. The board shall adopt rules to ensure that the person is seeking to obtain a current certification by the American Board of Cardiovascular Perfusion as a means of obtaining a license as a clinical perfusionist according to section 147A.64.

(b) A provisional licensed clinical perfusionist must be under the supervision and direction of a licensed clinical perfusionist at all times during which the provisional licensed clinical perfusionist is practicing within the scope of activities specified in section 147A.50, subdivision 6. The board may adopt rules governing what activities do not require the physical presence of the supervising licensed clinical perfusionist.

(c) A provisional license is valid for one year from the date it is issued and may be renewed, subject to rules adopted by the board, and by the same procedures established for the renewal of licenses under sections 147A.50 to 147A.78, if the application for renewal is signed by a supervising licensed clinical perfusionist.

(d) If a provisional licensed clinical perfusionist who obtains a provisional license under paragraph (a) fails any portion of the licensure examination, the person must surrender the provisional license to the board.

Sec. 10. **[147A.64] WAIVER OF EXAMINATION AND EDUCATION REQUIREMENTS.**

Upon receipt of an application and application fee, the board may waive the examination and educational requirements for an applicant who at the time of application:

(1) is appropriately licensed or certified by another state, territory, or possession of the United States, if the requirements of the state, territory, or possession of the United

States for licensure or certification are substantially equivalent to the requirements of sections 147A.50 to 147A.78; or

(2) holds a current certificate as a certified clinical perfusionist initially issued by the American Board of Cardiovascular Perfusion or its successor prior to the effective date of sections 147A.50 to 147A.78.

Sec. 11. [147A.66] PROHIBITED ACTS.

(a) A person may not engage or offer to engage in the practice of perfusion, as defined in section 147A.50, subdivision 6, for compensation or use the title or imply the person has the title of licensed clinical perfusionist or provisional licensed clinical perfusionist, or use the letters "LCP" or "PLCP," and may not use any facsimile of these titles in any manner to indicate or imply that the person is a licensed or provisional licensed clinical perfusionist, unless the person is licensed according to sections 147A.50 to 147A.78.

(b) A person may not use the title or represent or imply that the person has the title of certified clinical perfusionist or use the letters "CCP," and may not use any facsimile of the title in any manner to indicate or imply that the person is a certified clinical perfusionist, unless the person holds a certificate as a certified clinical perfusionist issued by the American Board of Cardiovascular Perfusion.

(c) A person who violates this section is guilty of a misdemeanor.

Sec. 12. [147A.68] EXCEPTIONS.

Sections 147A.50 to 147A.78 do not apply to:

(1) a person licensed, registered, or certified in this state as a health care professional if the person practices within the scope of the person's license, registration, or certification and does not represent that the person is licensed under sections 147A.50 to 147A.78, and does not use any title, name, or designation permitted under sections 147A.50 to 147A.78;

(2) a student enrolled in an accredited perfusion education program, if perfusion services performed by the student are an integral part of the student's course of study and are performed under the direct supervision of a licensed clinical perfusionist who is immediately available in the assigned patient care area; and

(3) the practice of any legally qualified perfusionist employed by the United States government while in the discharge of the person's official duties.

Sec. 13. [147A.70] BOARD DUTIES.

The board shall:

(1) adopt rules prescribing a code of ethics for licensees;

(2) establish the qualifications and fitness of applicants for licenses, renewal of licenses, and reciprocal licenses;

(3) revoke, suspend, or deny a license, or reprimand a license holder for a violation of sections 147A.50 to 147A.78;

(4) provide for the expenditure of funds necessary for the proper administration of sections 147A.50 to 147A.78;

(5) establish continuing education requirements for licensed clinical perfusionists and provisional licensed clinical perfusionists using standards that are as stringent as those of the American Board of Cardiovascular Perfusion or its successor agency;

(6) employ personnel necessary for the operation of sections 147A.50 to 147A.78; and

(7) request the attorney general to institute a suit to prosecute any violation of sections 147A.50 to 147A.78 that the board deems necessary or to pursue any other action, proceeding, or remedy authorized by law.

Sec. 14. **[147A.72] REPORTING OBLIGATIONS.**

Subdivision 1. **Permission to report.** A person who has knowledge of any conduct constituting grounds for discipline under this chapter may report the violation to the board.

Subd. 2. **Institutions.** A hospital, clinic, prepaid medical plan, or other health care institution or organization located in this state shall report to the board any action taken by the institution or organization, any of its administrators, or its medical or other committees to revoke, suspend, restrict, or condition a licensed clinical perfusionist or provisional licensed clinical perfusionist's privilege to practice or treat patients in the institution or as part of the organization, any denial of privileges, or any other disciplinary action. The institution or organization shall also report the resignation of any licensed clinical perfusionist or provisional licensed clinical perfusionist prior to the conclusion of any disciplinary proceeding, or prior to the commencement of formal charges but after the licensed clinical perfusionist or provisional licensed clinical perfusionist had knowledge that formal charges were contemplated or in preparation. Each report made under this subdivision must state the nature of the action taken, state in detail the reasons for the action, and identify the specific patient medical records upon which the action was based. No report shall be required of a licensed clinical perfusionist or provisional licensed clinical perfusionist voluntarily limiting the practice of the licensed clinical perfusionist or provisional licensed clinical perfusionist at a hospital provided that the licensed clinical perfusionist or provisional licensed clinical perfusionist notifies all hospitals at which the

licensed clinical perfusionist or provisional licensed clinical perfusionist has privileges of the voluntary limitation and the reasons for it.

Subd. 3. Perfusionist organizations. A state or local perfusionist organization shall report to the board any termination, revocation, or suspension of membership or any other disciplinary action taken against a perfusionist. If the society has received a complaint which might be grounds for discipline under sections 147A.50 to 147A.78 against a member perfusionist on which it has not taken any disciplinary action, the society shall report the complaint and the reason why it has not taken action on it or shall direct the complainant to the Board of Medical Practice. This subdivision does not apply to a perfusionist organization when it performs peer review functions as an agent of an outside entity, organization, or system.

Subd. 4. Licensed professionals. Licensed health professionals and persons holding residency permits under section 147.0391 shall report to the board personal knowledge of any conduct which the person reasonably believes constitutes grounds for disciplinary action under this chapter by a licensed clinical perfusionist or provisional licensed clinical perfusionist, including any conduct indicating that the person may be incompetent, or may have engaged in unprofessional conduct or may be medically or physically unable to engage safely in practice as a licensed clinical perfusionist or provisional licensed clinical perfusionist. No report shall be required if the information was obtained in the course of a physician-patient relationship if the patient is a licensed clinical perfusionist or provisional licensed clinical perfusionist, and the treating physician successfully counsels the person to limit or withdraw from practice to the extent required by the impairment.

Subd. 5. Insurers. Four times each year as prescribed by the board, each insurer authorized to sell insurance described in section 60A.06, subdivision 1, clause (13), and providing professional liability insurance to licensed clinical perfusionists or provisional licensed clinical perfusionists, and any medical clinic, hospital, political subdivision, or other entity that self-insures and provides professional liability coverage to licensed clinical perfusionists or provisional licensed clinical perfusionists shall submit to the board a report concerning the perfusionist or provisional licensed clinical perfusionist against whom professional malpractice settlements or awards have been made to the plaintiff.

Any medical clinic, hospital, political subdivision, or other entity that provides liability coverage on behalf of a licensed clinical perfusionist or provisional licensed clinical perfusionist shall submit to the board a report concerning settlements or awards paid on behalf of a licensed clinical perfusionist or provisional licensed clinical perfusionist, and any settlements or awards paid by a clinic, hospital, political subdivision, or other entity on its own behalf because of care rendered by a licensed clinical perfusionist

or provisional licensed clinical perfusionist. The report shall be made to the board within 30 days of any settlement. The report must contain at least the following information:

(1) the total number of medical malpractice settlements or awards made to the plaintiff;

(2) the date the medical malpractice settlements or awards to the plaintiff were made;

(3) the allegations contained in the claim or complaint leading to the settlements or awards made to the plaintiff;

(4) the dollar amount of each medical malpractice settlement or award;

(5) the regular address of the practice of the licensed clinical perfusionist or provisional licensed clinical perfusionist against whom an award was made or with whom a settlement was made; and

(6) the name of the licensed clinical perfusionist or provisional licensed clinical perfusionist against whom an award was made or with whom a settlement was made.

The insurance company shall, in addition to the information in this subdivision, report to the board any information it possesses that tends to substantiate a charge that a licensed clinical perfusionist or provisional licensed clinical perfusionist may have engaged in conduct violating sections 147A.50 to 147A.78 or a rule of the board.

Subd. 6. Courts. The court administrator of district court or any other court of competent jurisdiction shall report to the board any judgment or other determination of the court which: (1) adjudges or includes a finding that a licensed clinical perfusionist or provisional licensed clinical perfusionist is mentally ill, mentally incompetent, guilty of a felony, guilty of a violation of federal or state narcotics laws or controlled substances laws, or guilty of an abuse or fraud under Medicare or Medicaid; (2) appoints a guardian of the licensed clinical perfusionist or provisional licensed clinical perfusionist according to sections 524.5-101 to 524.5-502; or (3) commits a licensed clinical perfusionist or provisional licensed clinical perfusionist according to chapter 253B.

Subd. 7. Self-reporting. A licensed clinical perfusionist or provisional licensed clinical perfusionist shall report to the board any personal action that is a violation of this chapter.

Subd. 8. Deadlines; forms. Reports required by subdivisions 2 to 7 must be submitted no later than 30 days after the occurrence of the reportable event or transaction. The board may provide forms for the submission of reports required by this section, may require that reports be submitted on the forms provided, and may adopt rules necessary to ensure prompt and accurate reporting.

Subd. 9. Subpoenas. The board may issue subpoenas for the production of any reports required by subdivisions 2 to 7 or any related documents.

Sec. 15. **[147A.74] GROUNDS FOR DISCIPLINARY ACTION.**

Subdivision 1. Grounds listed. The board may refuse to grant a license or may impose disciplinary action as described in this subdivision against any licensed clinical perfusionist or provisional licensed clinical perfusionist. The following conduct is prohibited and is grounds for disciplinary action:

(1) failure to demonstrate the qualifications or satisfy the requirements for a license contained in sections 147A.50 to 147A.78 or rules of the board. The burden of proof shall be upon the applicant to demonstrate such qualifications or satisfaction of such requirements;

(2) obtaining registration by fraud or cheating, or attempting to subvert the examination process. Conduct that subverts or attempts to subvert the examination process includes, but is not limited to:

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

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

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

(3) conviction, during the previous five years, of a felony reasonably related to the practice of licensed clinical perfusionist or provisional licensed clinical perfusionist.

Conviction, as used in this subdivision, includes a conviction of an offense that if committed in this state would be a felony without regard to its designation elsewhere, or a criminal proceeding where a finding or verdict of guilt is made or returned but the adjudication of guilt is either withheld or not entered;

(4) revocation, suspension, restriction, limitation, or other disciplinary action against the person's licensed clinical perfusionist or provisional licensed clinical perfusionist credentials in another state or jurisdiction, failure to report to the board that charges regarding the person's credentials have been brought in another state or jurisdiction, or having been refused registration by any other state or jurisdiction;

(5) advertising that is false or misleading, violates any rule of the board, or claims without substantiation the positive cure of any disease or professional superiority to or greater skill than that possessed by another licensed clinical perfusionist or provisional licensed clinical perfusionist;

11.1 (6) violating a rule adopted by the board or an order of the board, a state law, or a
11.2 federal law that relates to the practice of a licensed clinical perfusionist or provisional
11.3 licensed clinical perfusionist, or in part regulates the practice of a licensed clinical
11.4 perfusionist or provisional licensed clinical perfusionist, including without limitation
11.5 sections 148A.02, 609.344, and 609.345, or a state or federal narcotics or controlled
11.6 substance law;

11.7 (7) engaging in any unethical conduct; conduct likely to deceive, defraud, or harm
11.8 the public, or demonstrating a willful or careless disregard for the health, welfare, or
11.9 safety of a patient; or practice which is professionally incompetent, and may create
11.10 unnecessary danger to a patient's life, health, or safety, and proof of actual injury need
11.11 not be established;

11.12 (8) failure to adhere to the provisions of the licensed clinical perfusionist or
11.13 provisional licensed clinical perfusionist agreement;

11.14 (9) engaging in the scope of practice beyond that allowed by the licensed clinical
11.15 perfusionist or provisional licensed clinical perfusionist agreement, including the
11.16 delegation form or the addendum to the delegation form, or aiding or abetting an
11.17 unlicensed person in the practice of perfusion;

11.18 (10) adjudication as mentally incompetent, mentally ill or developmentally disabled,
11.19 or as a chemically dependent person, a person dangerous to the public, a sexually
11.20 dangerous person, or a person who has a sexual psychopathic personality by a state court
11.21 of competent jurisdiction, or another state court. The adjudication shall automatically
11.22 suspend a registration for its duration unless the board orders otherwise;

11.23 (11) engaging in unprofessional conduct, including any departure from or the
11.24 failure to conform to the minimal standards of acceptable and prevailing practice,
11.25 notwithstanding actual injury to a patient;

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

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

11.32 (14) improper management of medical records, including failure to maintain
11.33 adequate medical records, to comply with a patient's request made according to sections
11.34 144.291 to 144.298, or to furnish a medical record or report required by law;

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

- 12.1 (16) becoming addicted or habituated to a drug or intoxicant;
- 12.2 (17) prescribing a drug or device for other than medically accepted therapeutic,
- 12.3 experimental, or investigative purposes authorized by a state or federal agency or referring
- 12.4 a patient to any health care provider as defined in sections 144.291 to 144.298 for services
- 12.5 or tests not medically indicated at the time of referral;
- 12.6 (18) engaging in conduct with a patient that is sexual or may reasonably be
- 12.7 interpreted by the patient as sexual, or in any verbal behavior that is seductive or sexually
- 12.8 demeaning to a patient;
- 12.9 (19) failure to make reports as required or to cooperate with an investigation of the
- 12.10 board as required by sections 147A.50 to 147A.78;
- 12.11 (20) knowingly providing false or misleading information that is directly related
- 12.12 to the care of a patient unless done for an accepted therapeutic purpose such as the
- 12.13 administration of a placebo;
- 12.14 (21) aiding suicide or aiding attempted suicide in violation of section 609.215 as
- 12.15 established by any of the following:
- 12.16 (i) a copy of the record of criminal conviction or plea of guilty for a felony in
- 12.17 violation of section 609.215, subdivision 1 or 2;
- 12.18 (ii) a copy of the record of a judgment of contempt of court for violating an
- 12.19 injunction issued under section 609.215, subdivision 4;
- 12.20 (iii) a copy of the record of a judgment assessing damages under section 609.215,
- 12.21 subdivision 5; or
- 12.22 (iv) a finding by the board that the person violated section 609.215, subdivision 1 or
- 12.23 2. The board shall investigate any complaint of a violation of section 609.215, subdivision
- 12.24 1 or 2; or
- 12.25 (22) failure to maintain annually reviewed and updated licensed clinical perfusionist
- 12.26 or provisional licensed clinical perfusionist agreements, internal protocols, or failure to
- 12.27 provide copies of the documents upon request by the board.
- 12.28 Subd. 2. **Effective dates; automatic suspension.** A suspension, revocation,
- 12.29 condition, limitation, qualification, or restriction of a license shall be in effect pending
- 12.30 determination of an appeal unless the court, upon petition and for good cause shown,
- 12.31 orders otherwise.
- 12.32 A licensed clinical perfusionist or provisional licensed clinical perfusionist license is
- 12.33 automatically suspended if:
- 12.34 (1) a guardian of a licensee is appointed by order of a court according to sections
- 12.35 524.5-101 to 524.5-502 for reasons other than the minority of the licensee; or

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

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

Subd. 4. **Temporary suspension of license.** In addition to any other remedy provided by law, the board may, without a hearing, temporarily suspend the license of a licensed clinical perfusionist or provisional licensed clinical perfusionist if the board finds that the licensed clinical perfusionist or provisional licensed clinical perfusionist has violated a statute or rule that the board is empowered to enforce and continued practice by the licensed clinical perfusionist or provisional licensed clinical perfusionist would create a serious risk of harm to the public. The suspension shall take effect upon written notice to the licensed clinical perfusionist or provisional licensed clinical perfusionist, 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 according to the Administrative Procedure Act.

The licensed clinical perfusionist or provisional licensed clinical perfusionist shall be provided with at least 20 days' notice of any hearing held according 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 that entered it shall be admissible into evidence without further authentication and shall constitute prima facie evidence of its contents.

Subd. 6. **Mental examination; access to medical data.** (a) If the board has probable cause to believe that a licensed clinical perfusionist or provisional licensed clinical perfusionist is subject to subdivision 1, clause (1), it may direct the licensed clinical perfusionist or provisional licensed clinical perfusionist to submit to a mental or physical examination. For purposes of this subdivision, every licensed clinical perfusionist or provisional licensed clinical perfusionist licensed under sections 147A.50 to 147A.78 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 physician's testimony or examination reports on the grounds that the testimony or report constitutes a privileged communication. Failure of a licensed clinical perfusionist or provisional licensed clinical perfusionist to submit to an examination when directed constitutes an admission of the allegations against the licensed clinical perfusionist or provisional licensed clinical perfusionist, unless the failure was due to circumstances beyond the licensed clinical perfusionist's or provisional licensed clinical perfusionist's control, in which case a default and final order may be entered without the taking of testimony or presentation of evidence. A licensed clinical perfusionist or provisional licensed clinical perfusionist affected under this subdivision shall at reasonable intervals be given an opportunity to demonstrate that the licensed clinical perfusionist or provisional licensed clinical perfusionist 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 licensed clinical perfusionist or provisional licensed clinical perfusionist in any other proceeding.

(b) In addition to ordering a physical or mental examination, the board may, notwithstanding section 13.384 or 144.651 or any other law limiting access to medical or other health data, obtain medical data and health records relating to a licensee or applicant without the licensee's or applicant's consent if the board has probable cause to believe that a licensed clinical perfusionist or provisional licensed clinical perfusionist is subject to 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 according 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 license if the commissioner of revenue notifies the board and the licensee or applicant for licensure that the licensee or applicant owes the state delinquent taxes in the amount of \$500 or more. The board may issue or renew the license only if:

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

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

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

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

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

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

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

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

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

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

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

15.28 **Sec. 16. [147A.76] REGISTRY OF LICENSED PERFUSIONISTS.**

15.29 For purposes of sections 147A.50 to 147A.78, the board may request necessary
15.30 assistance from state educational institutions or other state agencies in order to prepare a
15.31 registry of licensed clinical perfusionists and provisional licensed clinical perfusionists
15.32 and make this information available to the public.

15.33 **Sec. 17. [147A.78] LICENSED CLINICAL PERFUSIONIST ADVISORY**
15.34 **COUNCIL.**

Subdivision 1. **Council members.** (a) The board shall establish a licensed clinical perfusionist advisory council to guide, advise, and make recommendations to the board. The council shall advise the board in carrying out the provisions of sections 147A.50 to 147A.78.

(b) The council shall consist of five perfusionist members and two public members who shall be appointed by the governor. The members of the council shall be appointed for terms of six years, except of those first appointed, one shall have a term of one year, one shall have a term of two years, one shall have a term of three years, one shall have a term of four years, one shall have a term of five years, and two shall have a term of six years. The five perfusionist members must be licensed clinical perfusionists or provisional licensed clinical perfusionists according to sections 147A.50 to 147A.78 and maintain licensure during the term of the appointment to the council. All council members must be residents of this state.

(c) A member of the council may be removed if the member:
(1) does not maintain the licensure required under this section;
(2) violates any provision of sections 147A.50 to 147A.78;
(3) cannot discharge the member's duties for a substantial part of the term for which the member is appointed because of illness or disability; or
(4) is absent from more than half of the regularly scheduled council meetings that the member is eligible to attend during a calendar year, unless the absence is excused by a majority vote of the council.

Subd. 2. **Council meetings; quorum.** No later than 30 days after the governor appoints the initial members of the council and annually thereafter, the council shall meet and elect one of its members as a chair and one of its members as a vice chair. The council shall meet at least quarterly or at any other time if called by the chair or a majority of the council. A majority of the council constitutes a quorum.