

SENATE

STATE OF MINNESOTA

NINETY-THIRD SESSION

S.F. No. 4570

(SENATE AUTHORS: WIKLUND)		
DATE	D-PG	OFFICIAL STATUS
03/04/2024	11912	Introduction and first reading Referred to Health and Human Services
03/11/2024	12105	Comm report: To pass and re-referred to State and Local Government and Veterans
03/14/2024	12206a	Comm report: To pass as amended and re-refer to Health and Human Services
04/08/2024	13438a	Comm report: To pass as amended and re-refer to State and Local Government and Veterans Joint rule 2.03, referred to Rules and Administration
04/18/2024	14233	Comm report: Adopt previous comm report Jt rule 2.03 suspended HF substituted in committee HF4247

1.1

A bill for an act

1.2 relating to health occupations; establishing transfer care specialist registration;

1.3 providing licensure for behavior analysts and assistants; providing licensure for

1.4 veterinary technicians; modifying required education criteria for dental assistants;

1.5 creating guest licensure for marriage and family therapists; authorizing pharmacists

1.6 to prescribe drugs to prevent the acquisition of HIV; revising the scope of practice

1.7 for optometrists; creating a limited licensure to practice medicine for international

1.8 medical graduates; establishing licensure for certified midwives; establishing

1.9 licensure for speech-language pathology assistants; establishing fees; appropriating

1.10 money; amending Minnesota Statutes 2022, sections 144.0572, subdivision 1;

1.11 147.037, by adding a subdivision; 147B.01, subdivisions 3, 4, 9, 14, by adding a

1.12 subdivision; 147B.03, subdivisions 2, 3; 147B.05, subdivision 1; 147B.06,

1.13 subdivisions 1, 4, 5; 147D.03, subdivision 1; 148.241; 148.511; 148.512,

1.14 subdivision 17a; 148.513, subdivisions 1, 2, 3, by adding a subdivision; 148.514,

1.15 subdivision 2; 148.515, subdivision 1; 148.518; 148.519, subdivision 1, by adding

1.16 a subdivision; 148.5191, subdivision 1, by adding a subdivision; 148.5192,

1.17 subdivisions 1, 2, 3; 148.5193, subdivision 1, by adding a subdivision; 148.5194,

1.18 subdivision 8, by adding a subdivision; 148.5195, subdivisions 5, 6; 148.5196,

1.19 subdivision 3; 148.56, subdivision 1; 148D.061, subdivisions 1, 8; 148D.062,

1.20 subdivisions 3, 4; 148D.063, subdivisions 1, 2; 148E.055, by adding subdivisions;

1.21 149A.01, subdivision 3; 149A.02, subdivision 13a, by adding a subdivision;

1.22 149A.03; 149A.09; 149A.11; 149A.60; 149A.61, subdivisions 4, 5; 149A.62;

1.23 149A.63; 149A.65, subdivision 2; 149A.70, subdivisions 3, 4, 5, 7; 149A.90,

1.24 subdivisions 2, 4, 5; 150A.06, subdivisions 1c, 8; 151.01, subdivisions 23, 27;

1.25 151.37, by adding a subdivision; 152.12, subdivision 1; 156.001, by adding

1.26 subdivisions; 156.07; 156.12, subdivisions 2, 4; 256B.0625, by adding a

1.27 subdivision; Minnesota Statutes 2023 Supplement, sections 144.99, subdivision

1.28 1; 148.5195, subdivision 3; 148.5196, subdivision 1; 148B.392, subdivision 2;

1.29 245C.031, subdivision 4; proposing coding for new law in Minnesota Statutes,

1.30 chapters 148; 148B; 149A; 156; proposing coding for new law as Minnesota

1.31 Statutes, chapter 148G; repealing Minnesota Statutes 2022, sections 147A.09,

1.32 subdivision 5; 147B.01, subdivision 18; 148D.061, subdivision 9; 156.12,

1.33 subdivision 6.

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

2.2 **ARTICLE 1**

2.3 **TRANSFER CARE SPECIALISTS**

2.4 Section 1. Minnesota Statutes 2022, section 149A.01, subdivision 3, is amended to read:

2.5 Subd. 3. **Exceptions to licensure.** (a) Except as otherwise provided in this chapter,
2.6 nothing in this chapter shall in any way interfere with the duties of:

2.7 (1) an anatomical bequest program located within an accredited school of medicine or
2.8 an accredited college of mortuary science;

2.9 (2) a person engaged in the performance of duties prescribed by law relating to the
2.10 conditions under which unclaimed dead human bodies are held subject to anatomical study;

2.11 (3) authorized personnel from a licensed ambulance service in the performance of their
2.12 duties;

2.13 (4) licensed medical personnel in the performance of their duties; or

2.14 (5) the coroner or medical examiner in the performance of the duties of their offices.

2.15 (b) This chapter does not apply to or interfere with the recognized customs or rites of
2.16 any culture or recognized religion in the ceremonial washing, dressing, casketing, and public
2.17 transportation of their dead, to the extent that all other provisions of this chapter are complied
2.18 with.

2.19 (c) Noncompensated persons with the right to control the dead human body, under section
2.20 149A.80, subdivision 2, may remove a body from the place of death; transport the body;
2.21 prepare the body for disposition, except embalming; or arrange for final disposition of the
2.22 body, provided that all actions are in compliance with this chapter.

2.23 (d) Persons serving internships pursuant to section 149A.20, subdivision 6, ~~or~~; students
2.24 officially registered for a practicum or clinical through a program of mortuary science
2.25 accredited by the American Board of Funeral Service Education; or transfer care specialists
2.26 registered pursuant to section 149A.47 are not required to be licensed, provided that the
2.27 persons ~~or~~ students, or transfer care specialists are registered with the commissioner and
2.28 act under the direct and exclusive supervision of a person holding a current license to practice
2.29 mortuary science in Minnesota.

2.30 (e) Notwithstanding this subdivision, nothing in this section shall be construed to prohibit
2.31 an institution or entity from establishing, implementing, or enforcing a policy that permits

3.1 only persons licensed by the commissioner to remove or cause to be removed a dead body
3.2 or body part from the institution or entity.

3.3 (f) An unlicensed person may arrange for and direct or supervise a memorial service if
3.4 that person or that person's employer does not have charge of the dead human body. An
3.5 unlicensed person may not take charge of the dead human body, unless that person has the
3.6 right to control the dead human body under section 149A.80, subdivision 2, or is that person's
3.7 noncompensated designee.

3.8 Sec. 2. Minnesota Statutes 2022, section 149A.02, subdivision 13a, is amended to read:

3.9 Subd. 13a. **Direct supervision.** "Direct supervision" means overseeing the performance
3.10 of an individual. For the purpose of a clinical, practicum, or internship, direct supervision
3.11 means that the supervisor is available to observe and correct, as needed, the performance
3.12 of the trainee. For the purpose of a transfer care specialist, direct supervision means that
3.13 the supervisor is available by being physically present or by telephone to advise and correct,
3.14 as needed, the performance of the transfer care specialist. The supervising mortician
3.15 ~~supervisor~~ is accountable for the actions of the clinical student, practicum student, or intern
3.16 throughout the course of the training. The supervising mortician is accountable for any
3.17 violations of law or rule, in the performance of their duties, by the clinical student, practicum
3.18 student, ~~or intern,~~ or transfer care specialist.

3.19 Sec. 3. Minnesota Statutes 2022, section 149A.02, is amended by adding a subdivision to
3.20 read:

3.21 Subd. 37d. **Transfer care specialist.** "Transfer care specialist" means an individual who
3.22 is registered with the commissioner in accordance with section 149A.47 and is authorized
3.23 to perform the removal of a dead human body from the place of death under the direct
3.24 supervision of a licensed mortician.

3.25 Sec. 4. Minnesota Statutes 2022, section 149A.03, is amended to read:

3.26 **149A.03 DUTIES OF COMMISSIONER.**

3.27 The commissioner shall:

3.28 (1) enforce all laws and adopt and enforce rules relating to the:

3.29 (i) removal, preparation, transportation, arrangements for disposition, and final disposition
3.30 of dead human bodies;

4.1 (ii) licensure, registration, and professional conduct of funeral directors, morticians,
4.2 interns, practicum students, ~~and~~ clinical students, and transfer care specialists;

4.3 (iii) licensing and operation of a funeral establishment;

4.4 (iv) licensing and operation of an alkaline hydrolysis facility; and

4.5 (v) licensing and operation of a crematory;

4.6 (2) provide copies of the requirements for licensure, registration, and permits to all
4.7 applicants;

4.8 (3) administer examinations and issue licenses, registrations, and permits to qualified
4.9 persons and other legal entities;

4.10 (4) maintain a record of the name and location of all current licensees ~~and~~, interns, and
4.11 transfer care specialists;

4.12 (5) perform periodic compliance reviews and premise inspections of licensees;

4.13 (6) accept and investigate complaints relating to conduct governed by this chapter;

4.14 (7) maintain a record of all current preneed arrangement trust accounts;

4.15 (8) maintain a schedule of application, examination, permit, registration, and licensure
4.16 fees, initial and renewal, sufficient to cover all necessary operating expenses;

4.17 (9) educate the public about the existence and content of the laws and rules for mortuary
4.18 science licensing and the removal, preparation, transportation, arrangements for disposition,
4.19 and final disposition of dead human bodies to enable consumers to file complaints against
4.20 licensees and others who may have violated those laws or rules;

4.21 (10) evaluate the laws, rules, and procedures regulating the practice of mortuary science
4.22 in order to refine the standards for licensing and to improve the regulatory and enforcement
4.23 methods used; and

4.24 (11) initiate proceedings to address and remedy deficiencies and inconsistencies in the
4.25 laws, rules, or procedures governing the practice of mortuary science and the removal,
4.26 preparation, transportation, arrangements for disposition, and final disposition of dead
4.27 human bodies.

5.1 Sec. 5. Minnesota Statutes 2022, section 149A.09, is amended to read:

5.2 **149A.09 DENIAL; REFUSAL TO REISSUE; REVOCATION; SUSPENSION;**
5.3 **LIMITATION OF LICENSE, REGISTRATION, OR PERMIT.**

5.4 Subdivision 1. **Denial; refusal to renew; revocation; and suspension.** The regulatory
5.5 agency may deny, refuse to renew, revoke, or suspend any license, registration, or permit
5.6 applied for or issued pursuant to this chapter when the person subject to regulation under
5.7 this chapter:

5.8 (1) does not meet or fails to maintain the minimum qualification for holding a license,
5.9 registration, or permit under this chapter;

5.10 (2) submits false or misleading material information to the regulatory agency in
5.11 connection with a license, registration, or permit issued by the regulatory agency or the
5.12 application for a license, registration, or permit;

5.13 (3) violates any law, rule, order, stipulation agreement, settlement, compliance agreement,
5.14 license, registration, or permit that regulates the removal, preparation, transportation,
5.15 arrangements for disposition, or final disposition of dead human bodies in Minnesota or
5.16 any other state in the United States;

5.17 (4) is convicted of a crime, including a finding or verdict of guilt, an admission of guilt,
5.18 or a no contest plea in any court in Minnesota or any other jurisdiction in the United States.
5.19 "Conviction," as used in this subdivision, includes a conviction for an offense which, if
5.20 committed in this state, would be deemed a felony or gross misdemeanor without regard to
5.21 its designation elsewhere, or a criminal proceeding where a finding or verdict of guilty is
5.22 made or returned, but the adjudication of guilt is either withheld or not entered;

5.23 (5) is convicted of a crime, including a finding or verdict of guilt, an admission of guilt,
5.24 or a no contest plea in any court in Minnesota or any other jurisdiction in the United States
5.25 that the regulatory agency determines is reasonably related to the removal, preparation,
5.26 transportation, arrangements for disposition or final disposition of dead human bodies, or
5.27 the practice of mortuary science;

5.28 (6) is adjudicated as mentally incompetent, mentally ill, developmentally disabled, or
5.29 mentally ill and dangerous to the public;

5.30 (7) has a conservator or guardian appointed;

5.31 (8) fails to comply with an order issued by the regulatory agency or fails to pay an
5.32 administrative penalty imposed by the regulatory agency;

(9) owes uncontested delinquent taxes in the amount of \$500 or more to the Minnesota Department of Revenue, or any other governmental agency authorized to collect taxes anywhere in the United States;

(10) is in arrears on any court ordered family or child support obligations; or

(11) engages in any conduct that, in the determination of the regulatory agency, is unprofessional as prescribed in section 149A.70, subdivision 7, or renders the person unfit to practice mortuary science or to operate a funeral establishment or crematory.

Subd. 2. **Hearings related to refusal to renew, suspension, or revocation of license, registration, or permit.** If the regulatory agency proposes to deny renewal, suspend, or revoke a license, registration, or permit issued under this chapter, the regulatory agency must first notify, in writing, the person against whom the action is proposed to be taken and provide an opportunity to request a hearing under the contested case provisions of sections 14.57 to 14.62. If the subject of the proposed action does not request a hearing by notifying the regulatory agency, by mail, within 20 calendar days after the receipt of the notice of proposed action, the regulatory agency may proceed with the action without a hearing and the action will be the final order of the regulatory agency.

Subd. 3. **Review of final order.** A judicial review of the final order issued by the regulatory agency may be requested in the manner prescribed in sections 14.63 to 14.69. Failure to request a hearing pursuant to subdivision 2 shall constitute a waiver of the right to further agency or judicial review of the final order.

Subd. 4. **Limitations or qualifications placed on license, registration, or permit.** The regulatory agency may, where the facts support such action, place reasonable limitations or qualifications on the right to practice mortuary science ~~or~~, to operate a funeral establishment or crematory, or to perform activities or actions permitted under this chapter.

Subd. 5. **Restoring license, registration, or permit.** The regulatory agency may, where there is sufficient reason, restore a license, registration, or permit that has been revoked, reduce a period of suspension, or remove limitations or qualifications.

Sec. 6. Minnesota Statutes 2022, section 149A.11, is amended to read:

149A.11 PUBLICATION OF DISCIPLINARY ACTIONS.

The regulatory agencies shall report all disciplinary measures or actions taken to the commissioner. At least annually, the commissioner shall publish and make available to the public a description of all disciplinary measures or actions taken by the regulatory agencies. The publication shall include, for each disciplinary measure or action taken, the name and

business address of the licensee ~~or~~, intern, or transfer care specialist; the nature of the misconduct; and the measure or action taken by the regulatory agency.

Sec. 7. **[149A.47] TRANSFER CARE SPECIALIST.**

Subdivision 1. General. A transfer care specialist may remove a dead human body from the place of death under the direct supervision of a licensed mortician if the transfer care specialist is registered with the commissioner in accordance with this section. A transfer care specialist is not licensed to engage in the practice of mortuary science and shall not engage in the practice of mortuary science except as provided in this section. A transfer care specialist must be an employee of a licensed funeral establishment.

Subd. 2. Registration. (a) To be eligible for registration as a transfer care specialist, an applicant must submit to the commissioner:

(1) a completed application on a form provided by the commissioner that includes at a minimum:

(i) the applicant's name, home address and telephone number, business name, business address and telephone number, and email address; and

(ii) the name, license number, business name, and business address and telephone number of the supervising licensed mortician;

(2) proof of completion of a training program that meets the requirements specified in subdivision 4; and

(3) the appropriate fee specified in section 149A.65.

(b) All transfer care specialist registrations are valid for one calendar year, beginning on January 1 and ending on December 31 regardless of the date of issuance. Fees shall not be prorated.

Subd. 3. Duties. (a) A transfer care specialist registered under this section is authorized to perform the removal of a dead human body from the place of death in accordance with this chapter to a licensed funeral establishment. A transfer care specialist must comply with the universal precaution requirements in section 149A.91, subdivision 1, when handling a dead human body.

(b) A transfer care specialist must work under the direct supervision of a licensed mortician. The supervising mortician is responsible for the work performed by the transfer care specialist. A licensed mortician may supervise up to four transfer care specialists at any one time.

8.1 Subd. 4. **Training program and continuing education.** (a) Each transfer care specialist
8.2 must complete a training program prior to initial registration. A training program must be
8.3 at least seven hours long and must cover, at a minimum, the following:

8.4 (1) ethical care and transportation procedures for a deceased person;

8.5 (2) health and safety concerns to the public and the individual performing the transfer
8.6 of the deceased person, and the use of universal precautions and other reasonable precautions
8.7 to minimize the risk for transmitting communicable diseases; and

8.8 (3) all relevant state and federal laws and regulations related to the transfer and
8.9 transportation of deceased persons.

8.10 (b) A transfer care specialist must complete three hours of continuing education annually
8.11 on content described in paragraph (a), clauses (1) to (3), and submit evidence of completion
8.12 with the individual's registration renewal.

8.13 Subd. 5. **Renewal.** (a) A registration issued under this section expires on December 31
8.14 of the calendar year in which the registration was issued and must be renewed to remain
8.15 valid.

8.16 (b) To renew a registration, a transfer care specialist must submit to the commissioner
8.17 a completed renewal application as provided by the commissioner and the appropriate fee
8.18 specified in section 149A.65. The renewal application must include proof of completion of
8.19 the continuing education requirements in subdivision 4.

8.20 Sec. 8. Minnesota Statutes 2022, section 149A.60, is amended to read:

8.21 **149A.60 PROHIBITED CONDUCT.**

8.22 The regulatory agency may impose disciplinary measures or take disciplinary action
8.23 against a person whose conduct is subject to regulation under this chapter for failure to
8.24 comply with any provision of this chapter or laws, rules, orders, stipulation agreements,
8.25 settlements, compliance agreements, licenses, registrations, and permits adopted, or issued
8.26 for the regulation of the removal, preparation, transportation, arrangements for disposition
8.27 or final disposition of dead human bodies, or for the regulation of the practice of mortuary
8.28 science.

8.29 Sec. 9. Minnesota Statutes 2022, section 149A.61, subdivision 4, is amended to read:

8.30 Subd. 4. **Licensees and, interns, and transfer care specialists.** A licensee or, intern,
8.31 or transfer care specialist regulated under this chapter may report to the commissioner any

conduct that the licensee ~~or~~ intern, or transfer care specialist has personal knowledge of, and reasonably believes constitutes grounds for, disciplinary action under this chapter.

Sec. 10. Minnesota Statutes 2022, section 149A.61, subdivision 5, is amended to read:

Subd. 5. **Courts.** The court administrator of district court or any court of competent jurisdiction shall report to the commissioner any judgment or other determination of the court that adjudges or includes a finding that a licensee ~~or~~ intern, or transfer care specialist is a person who is mentally ill, mentally incompetent, guilty of a felony or gross misdemeanor, guilty of violations of federal or state narcotics laws or controlled substances acts; appoints a guardian or conservator for the licensee ~~or~~ intern, or transfer care specialist; or commits a licensee ~~or~~ intern, or transfer care specialist.

Sec. 11. Minnesota Statutes 2022, section 149A.62, is amended to read:

149A.62 IMMUNITY; REPORTING.

Any person, private agency, organization, society, association, licensee, ~~or~~ intern, or transfer care specialist who, in good faith, submits information to a regulatory agency under section 149A.61 or otherwise reports violations or alleged violations of this chapter, is immune from civil liability or criminal prosecution. This section does not prohibit disciplinary action taken by the commissioner against any licensee ~~or~~ intern, or transfer care specialist pursuant to a self report of a violation.

Sec. 12. Minnesota Statutes 2022, section 149A.63, is amended to read:

149A.63 PROFESSIONAL COOPERATION.

A licensee, clinical student, practicum student, intern, transfer care specialist, or applicant for licensure under this chapter that is the subject of or part of an inspection or investigation by the commissioner or the commissioner's designee shall cooperate fully with the inspection or investigation. Failure to cooperate constitutes grounds for disciplinary action under this chapter.

Sec. 13. Minnesota Statutes 2022, section 149A.65, subdivision 2, is amended to read:

Subd. 2. **Mortuary science fees.** Fees for mortuary science are:

(1) \$75 for the initial and renewal registration of a mortuary science intern;

(2) \$125 for the mortuary science examination;

(3) \$200 for issuance of initial and renewal mortuary science licenses;

10.1 (4) \$100 late fee charge for a license renewal; ~~and~~

10.2 (5) \$250 for issuing a mortuary science license by endorsement; and

10.3 (6) \$..... for the initial and renewal registration of a transfer care specialist.

10.4 Sec. 14. Minnesota Statutes 2022, section 149A.70, subdivision 3, is amended to read:

10.5 Subd. 3. **Advertising.** No licensee, clinical student, practicum student, ~~or intern,~~ or
10.6 transfer care specialist shall publish or disseminate false, misleading, or deceptive advertising.
10.7 False, misleading, or deceptive advertising includes, but is not limited to:

10.8 (1) identifying, by using the names or pictures of, persons who are not licensed to practice
10.9 mortuary science in a way that leads the public to believe that those persons will provide
10.10 mortuary science services;

10.11 (2) using any name other than the names under which the funeral establishment, alkaline
10.12 hydrolysis facility, or crematory is known to or licensed by the commissioner;

10.13 (3) using a surname not directly, actively, or presently associated with a licensed funeral
10.14 establishment, alkaline hydrolysis facility, or crematory, unless the surname had been
10.15 previously and continuously used by the licensed funeral establishment, alkaline hydrolysis
10.16 facility, or crematory; and

10.17 (4) using a founding or establishing date or total years of service not directly or
10.18 continuously related to a name under which the funeral establishment, alkaline hydrolysis
10.19 facility, or crematory is currently or was previously licensed.

10.20 Any advertising or other printed material that contains the names or pictures of persons
10.21 affiliated with a funeral establishment, alkaline hydrolysis facility, or crematory shall state
10.22 the position held by the persons and shall identify each person who is licensed or unlicensed
10.23 under this chapter.

10.24 Sec. 15. Minnesota Statutes 2022, section 149A.70, subdivision 4, is amended to read:

10.25 Subd. 4. **Solicitation of business.** No licensee shall directly or indirectly pay or cause
10.26 to be paid any sum of money or other valuable consideration for the securing of business
10.27 or for obtaining the authority to dispose of any dead human body.

10.28 For purposes of this subdivision, licensee includes a registered intern, transfer care
10.29 specialist, or any agent, representative, employee, or person acting on behalf of the licensee.

11.1 Sec. 16. Minnesota Statutes 2022, section 149A.70, subdivision 5, is amended to read:

11.2 Subd. 5. **Reimbursement prohibited.** No licensee, clinical student, practicum student,
11.3 ~~or intern, or transfer care specialist~~ shall offer, solicit, or accept a commission, fee, bonus,
11.4 rebate, or other reimbursement in consideration for recommending or causing a dead human
11.5 body to be disposed of by a specific body donation program, funeral establishment, alkaline
11.6 hydrolysis facility, crematory, mausoleum, or cemetery.

11.7 Sec. 17. Minnesota Statutes 2022, section 149A.70, subdivision 7, is amended to read:

11.8 Subd. 7. **Unprofessional conduct.** No licensee ~~or~~₂ ~~intern, or transfer care specialist~~ shall
11.9 engage in or permit others under the licensee's ~~or~~₂ ~~intern's, or transfer care specialist's~~
11.10 supervision or employment to engage in unprofessional conduct. Unprofessional conduct
11.11 includes, but is not limited to:

11.12 (1) harassing, abusing, or intimidating a customer, employee, or any other person
11.13 encountered while within the scope of practice, employment, or business;

11.14 (2) using profane, indecent, or obscene language within the immediate hearing of the
11.15 family or relatives of the deceased;

11.16 (3) failure to treat with dignity and respect the body of the deceased, any member of the
11.17 family or relatives of the deceased, any employee, or any other person encountered while
11.18 within the scope of practice, employment, or business;

11.19 (4) the habitual overindulgence in the use of or dependence on intoxicating liquors,
11.20 prescription drugs, over-the-counter drugs, illegal drugs, or any other mood altering
11.21 substances that substantially impair a person's work-related judgment or performance;

11.22 (5) revealing personally identifiable facts, data, or information about a decedent, customer,
11.23 member of the decedent's family, or employee acquired in the practice or business without
11.24 the prior consent of the individual, except as authorized by law;

11.25 (6) intentionally misleading or deceiving any customer in the sale of any goods or services
11.26 provided by the licensee;

11.27 (7) knowingly making a false statement in the procuring, preparation, or filing of any
11.28 required permit or document; or

11.29 (8) knowingly making a false statement on a record of death.

12.1 Sec. 18. Minnesota Statutes 2022, section 149A.90, subdivision 2, is amended to read:

12.2 Subd. 2. **Removal from place of death.** No person subject to regulation under this
12.3 chapter shall remove or cause to be removed any dead human body from the place of death
12.4 without being licensed or registered by the commissioner. Every dead human body shall be
12.5 removed from the place of death by a licensed mortician or funeral director, except as
12.6 provided in section 149A.01, subdivision 3.

12.7 Sec. 19. Minnesota Statutes 2022, section 149A.90, subdivision 4, is amended to read:

12.8 Subd. 4. **Certificate of removal.** No dead human body shall be removed from the place
12.9 of death by a mortician ~~or~~ funeral director, or transfer care specialist or by a noncompensated
12.10 person with the right to control the dead human body without the completion of a certificate
12.11 of removal and, where possible, presentation of a copy of that certificate to the person or a
12.12 representative of the legal entity with physical or legal custody of the body at the death site.
12.13 The certificate of removal shall be in the format provided by the commissioner that contains,
12.14 at least, the following information:

12.15 (1) the name of the deceased, if known;

12.16 (2) the date and time of removal;

12.17 (3) a brief listing of the type and condition of any personal property removed with the
12.18 body;

12.19 (4) the location to which the body is being taken;

12.20 (5) the name, business address, and license number of the individual making the removal;
12.21 and

12.22 (6) the signatures of the individual making the removal and, where possible, the individual
12.23 or representative of the legal entity with physical or legal custody of the body at the death
12.24 site.

12.25 Sec. 20. Minnesota Statutes 2022, section 149A.90, subdivision 5, is amended to read:

12.26 Subd. 5. **Retention of certificate of removal.** A copy of the certificate of removal shall
12.27 be given, where possible, to the person or representative of the legal entity having physical
12.28 or legal custody of the body at the death site. The original certificate of removal shall be
12.29 retained by the individual making the removal and shall be kept on file, at the funeral
12.30 establishment to which the body was taken, for a period of three calendar years following
12.31 the date of the removal. If the removal was performed by a transfer care specialist not

employed by the funeral establishment to which the body was taken, the transfer care specialist must retain a copy of the certificate of removal at the transfer care specialist's business address as registered with the commissioner for a period of three calendar years following the date of removal. Following this period, and subject to any other laws requiring retention of records, the funeral establishment may then place the records in storage or reduce them to microfilm, microfiche, laser disc, or any other method that can produce an accurate reproduction of the original record, for retention for a period of ten calendar years from the date of the removal of the body. At the end of this period and subject to any other laws requiring retention of records, the funeral establishment may destroy the records by shredding, incineration, or any other manner that protects the privacy of the individuals identified in the records.

ARTICLE 2

BEHAVIOR ANALYST LICENSURE

Section 1. [148.9981] DEFINITIONS.

Subdivision 1. **Scope.** For the purposes of sections 148.9981 to 148.9995, the terms in this section have the meanings given.

Subd. 2. **Accredited school or educational program.** "Accredited school or educational program" means a school, university, college, or other postsecondary education program that, at the time the student completes the program, is accredited by a regional accrediting association whose standards are substantially equivalent to those of the North Central Association of Colleges and Postsecondary Education Institutions or an accrediting association that evaluates schools of behavior analysis, psychology, or education for inclusion of the education, practicum, and core function standards.

Subd. 3. **Advisory council.** "Advisory council" means the Behavior Analyst Advisory Council established in section 148.9994.

Subd. 4. **Board.** "Board" means the Board of Psychology established in section 148.90.

Subd. 5. **Certifying entity.** "Certifying entity" means the Behavior Analyst Certification Board, Inc., or a successor organization or other organization approved by the board in consultation with the advisory council.

Subd. 6. **Client.** "Client" means an individual who is the recipient of behavior analysis services. Client also means "patient" as defined in section 144.291, subdivision 2, paragraph (g).

14.1 Subd. 7. **Licensed assistant behavior analyst.** "Licensed assistant behavior analyst"
14.2 or "assistant behavior analyst" means an individual who holds a valid license issued under
14.3 sections 148.9981 to 148.9995 to assist in the practice of applied behavior analysis.

14.4 Subd. 8. **Licensed behavior analyst.** "Licensed behavior analyst" or "behavior analyst"
14.5 means an individual who holds a valid license issued under sections 148.9981 to 148.9995
14.6 to engage in the practice of applied behavior analysis.

14.7 Subd. 9. **Licensee.** "Licensee" means an individual who holds a valid license issued
14.8 under sections 148.9981 to 148.9995.

14.9 Subd. 10. **Practice of applied behavior analysis.** (a) "Practice of applied behavior
14.10 analysis" means the design, implementation, and evaluation of social, instructional, and
14.11 environmental modifications to produce socially significant improvements in human behavior.
14.12 The practice of applied behavior analysis includes the empirical identification of functional
14.13 relations between behavior and environmental factors, known as functional behavioral
14.14 assessment and analysis. Applied behavior analysis interventions are based on scientific
14.15 research, direct and indirect observation, and measurement of behavior and environment
14.16 and utilize contextual factors, motivating operations, antecedent stimuli, positive
14.17 reinforcement, and other procedures to help individuals develop new behaviors, increase
14.18 or decrease existing behaviors, and emit behaviors under specific social, instructional, and
14.19 environmental conditions.

14.20 (b) The practice of applied behavior analysis does not include the diagnosis of psychiatric
14.21 or mental health disorders, psychological testing, neuropsychology, psychotherapy, cognitive
14.22 therapy, sex therapy, hypnotherapy, psychoanalysis, or psychological counseling.

14.23 **EFFECTIVE DATE.** This section is effective July 1, 2024.

14.24 **Sec. 2. [148.9982] DUTIES OF THE BOARD OF PSYCHOLOGY.**

14.25 Subdivision 1. **General.** The board, in consultation with the advisory council, must:

14.26 (1) adopt and enforce standards for licensure, licensure renewal, and the regulation of
14.27 behavior analysts and assistant behavior analysts;

14.28 (2) issue licenses to qualified individuals under sections 148.9981 to 148.9995;

14.29 (3) carry out disciplinary actions against licensed behavior analysts and assistant behavior
14.30 analysts;

15.1 (4) educate the public about the existence and content of the regulations for behavior
15.2 analyst licensing to enable consumers to file complaints against licensees who may have
15.3 violated laws or rules the board is empowered to enforce; and

15.4 (5) collect license fees for behavior analysts and assistant behavior analysts as specified
15.5 under section 148.9995.

15.6 Subd. 2. **Rulemaking.** (a) The board, in consultation with the advisory council, may
15.7 adopt rules necessary to carry out the provisions of sections 148.9981 to 148.9995.

15.8 (b) The board, in consultation with the advisory council, may adopt rules related to the
15.9 supervision requirements for licensed assistant behavior analysts.

15.10 **EFFECTIVE DATE.** This section is effective July 1, 2024.

15.11 Sec. 3. **[148.9983] REQUIREMENTS FOR LICENSURE.**

15.12 Subdivision 1. **General.** An individual seeking licensure as a behavior analyst or an
15.13 assistant behavior analyst must complete and submit a written application on forms provided
15.14 by the board together with the appropriate fee as specified under section 148.9995.

15.15 Subd. 2. **Requirements for licensure.** (a) An applicant for licensure as a behavior analyst
15.16 must submit evidence satisfactory to the board that the applicant:

15.17 (1) has a current and active national certification as a board-certified behavior analyst
15.18 issued by the certifying entity; or

15.19 (2) has completed the equivalent requirements for certification by the certifying entity,
15.20 including satisfactorily passing a psychometrically valid examination administered by a
15.21 nationally accredited credentialing organization.

15.22 (b) An applicant for licensure as an assistant behavior analyst must submit evidence
15.23 satisfactory to the board that the applicant:

15.24 (1) has a current and active national certification as an assistant behavior analyst issued
15.25 by the certifying entity; or

15.26 (2) has completed the equivalent requirements for certification by the certifying entity,
15.27 including satisfactorily passing a psychometrically valid examination administered by a
15.28 nationally accredited credentialing organization.

15.29 Subd. 3. **Background investigation.** The applicant must complete a background check
15.30 pursuant to section 214.075.

15.31 **EFFECTIVE DATE.** This section is effective July 1, 2024.

Sec. 4. **[148.9984] LICENSE RENEWAL REQUIREMENTS.**

Subdivision 1. Biennial renewal. A license must be renewed every two years.

Subd. 2. License renewal notice. At least 60 calendar days before the renewal deadline date, the board must mail a renewal notice to the licensee's last known address on file with the board. The notice must include instructions for accessing an online application for license renewal, the renewal deadline, and notice of fees required for renewal. The licensee's failure to receive notice does not relieve the licensee of the obligation to meet the renewal deadline and other requirements for license renewal.

Subd. 3. Renewal requirements. (a) To renew a license, a licensee must submit to the board:

(1) a completed and signed application for license renewal;

(2) the license renewal fee as specified under section 148.9995; and

(3) evidence satisfactory to the board that the licensee holds a current and active national certification as a behavior analyst or assistant behavior analyst from the certifying entity or otherwise meets renewal requirements as established by the board, in consultation with the advisory council.

(b) The application for license renewal and fee must be postmarked or received by the board by the end of the day on which the license expires or the following business day if the expiration date falls on a Saturday, Sunday, or holiday. A renewal application that is not completed and signed, or that is not accompanied by the correct fee, is void and must be returned to the licensee.

Subd. 4. Pending renewal. If a licensee's application for license renewal is postmarked or received by the board by the end of the business day on the expiration date of the license or the following business day if the expiration date falls on a Saturday, Sunday, or holiday, the licensee may continue to practice after the expiration date while the application for license renewal is pending with the board.

Subd. 5. Late renewal fee. If the application for license renewal is postmarked or received after the expiration date of the license or the following business day if the expiration date falls on a Saturday, Sunday, or holiday, the licensee must pay a biennial renewal late fee as specified by section 148.9995, in addition to the renewal fee, before the licensee's application for license renewal will be considered by the board.

EFFECTIVE DATE. This section is effective July 1, 2024.

17.1 Sec. 5. **[148.9985] EXPIRED LICENSE.**

17.2 (a) Within 30 days after the renewal date, a licensee who has not renewed their license
17.3 must be notified by letter, sent to the last known address of the licensee in the board's file,
17.4 that the renewal is overdue and that failure to pay the current fee and current biennial renewal
17.5 late fee within 60 days after the renewal date will result in termination of the license.

17.6 (b) The board must terminate the license of a licensee whose license renewal is at least
17.7 60 days overdue and to whom notification has been sent as provided in paragraph (a). Failure
17.8 of a licensee to receive notification is not grounds for later challenge of the termination.
17.9 The former licensee must be notified of the termination by letter within seven days after
17.10 board action, in the same manner as provided in paragraph (a).

17.11 (c) Notwithstanding paragraph (b), the board retains jurisdiction over a former licensee
17.12 for complaints received after termination of a license regarding conduct that occurred during
17.13 licensure.

17.14 **EFFECTIVE DATE.** This section is effective July 1, 2024.

17.15 Sec. 6. **[148.9986] PROHIBITED PRACTICE OR USE OF TITLES; PENALTY.**

17.16 Subdivision 1. **Practice.** Effective January 1, 2025, an individual must not engage in
17.17 the practice of applied behavior analysis unless the individual is licensed under sections
17.18 148.9981 to 148.9995 as a behavior analyst or assistant behavior analyst, or is exempt under
17.19 section 148.9987. A psychologist licensed under sections 148.88 to 148.981 who practices
17.20 behavior analysis is not required to obtain a license as a behavior analyst under sections
17.21 148.9981 to 148.9995.

17.22 Subd. 2. **Use of titles.** (a) An individual must not use a title incorporating the words
17.23 "licensed behavior analyst," "behavior analyst," "licensed assistant behavior analyst," or
17.24 "assistant behavior analyst," or use any other title or description stating or implying that
17.25 they are licensed or otherwise qualified to practice applied behavior analysis, unless that
17.26 person holds a valid license under sections 148.9981 to 148.9995.

17.27 (b) Notwithstanding paragraph (a), a licensed psychologist who practices applied behavior
17.28 analysis within the psychologist's scope of practice may use the title "behavior analyst," but
17.29 must not use the title "licensed behavior analyst" unless the licensed psychologist holds a
17.30 valid license as a behavior analyst issued under sections 148.9981 to 148.9995.

17.31 Subd. 3. **Penalty.** An individual who violates this section is guilty of a misdemeanor.

17.32 **EFFECTIVE DATE.** This section is effective January 1, 2025.

Sec. 7. [148.9987] EXCEPTIONS TO LICENSE REQUIREMENT.

(a) Sections 148.9981 to 148.9995 must not be construed to prohibit or restrict:

(1) the practice of an individual who is licensed to practice psychology in the state or an individual who is providing psychological services under the supervision of a licensed psychologist in accordance with section 148.925;

(2) the practice of any other profession or occupation licensed, certified, or registered by the state by an individual duly licensed, certified, or registered to practice the profession or occupation or to perform any act that falls within the scope of practice of the profession or occupation;

(3) an individual who is employed by a school district from providing behavior analysis services as part of the individual's employment with the school district, so long as the individual does not provide behavior analysis services to any person or entity other than as an employee of the school district or accept remuneration for the provision of behavior analysis services outside of the individual's employment with the school district;

(4) an employee of a program licensed under chapter 245D from providing the services described in section 245D.091, subdivision 1;

(5) teaching behavior analysis or conducting behavior analysis research if the teaching or research does not involve the direct delivery of behavior analysis services;

(6) providing behavior analysis services by an unlicensed supervisee or trainee under the authority and direction of a licensed behavior analyst or licensed assistant behavior analyst and in compliance with the licensure and supervision standards required by law or rule;

(7) a family member or guardian of the recipient of behavior analysis services from performing behavior analysis services under the authority and direction of a licensed behavior analyst or a licensed assistant behavior analyst; or

(8) students or interns enrolled in an accredited school or educational program, or participating in a behavior analysis practicum, from engaging in the practice of applied behavior analysis while supervised by a licensed behavior analyst, licensed assistant behavior analyst, or instructor of an accredited school or educational program. These individuals must be designated as a behavior analyst student or intern.

(b) Notwithstanding paragraph (a), a licensed psychologist may supervise an unlicensed supervisee, trainee, student, or intern who is engaged in the practice of behavior analysis if the supervision is authorized under the Minnesota Psychology Practice Act.

19.1 **EFFECTIVE DATE.** This section is effective July 1, 2024.

19.2 Sec. 8. **[148.9988] NONTRANSFERABILITY OF LICENSES.**

19.3 A behavior analyst license or an assistant behavior analyst license is not transferable.

19.4 **EFFECTIVE DATE.** This section is effective July 1, 2024.

19.5 Sec. 9. **[148.9989] DUTY TO MAINTAIN CURRENT INFORMATION.**

19.6 All licensees and applicants for licensure must notify the board within 30 days of the
19.7 occurrence of:

19.8 (1) a change of name, address, place of employment, or home or business telephone
19.9 number; or

19.10 (2) a change in any other application information.

19.11 **EFFECTIVE DATE.** This section is effective July 1, 2024.

19.12 Sec. 10. **[148.999] DISCIPLINE; REPORTING.**

19.13 For purposes of sections 148.9981 to 148.9995, behavior analysts and assistant behavior
19.14 analysts are subject to the provisions of sections 148.941, 148.952 to 148.965, and 148.98.

19.15 **EFFECTIVE DATE.** This section is effective July 1, 2024.

19.16 Sec. 11. **[148.9991] COMPETENT PROVISION OF SERVICES.**

19.17 Subdivision 1. **Limits on practice.** Behavior analysts must limit practice to the client
19.18 populations and services for which the behavior analysts have competence or for which the
19.19 behavior analysts are developing competence.

19.20 Subd. 2. **Developing competence.** When a behavior analyst is developing competence
19.21 in a service, method, or procedure, or is developing competence to treat a specific client
19.22 population, the behavior analyst must obtain professional education, training, continuing
19.23 education, consultation, supervision or experience, or a combination thereof, necessary to
19.24 demonstrate competence.

19.25 Subd. 3. **Limitations.** A behavior analyst must recognize the limitations to the scope of
19.26 practice of applied behavior analysis. When the needs of a client appear to be outside the
19.27 behavior analyst's scope of practice, the behavior analyst must inform the client that there
19.28 may be other professional, technical, community, and administrative resources available to

the client. A behavior analyst must assist with identifying resources when it is in the best interest of a client to be provided with alternative or complementary services.

Subd. 4. Burden of proof. Whenever a complaint is submitted to the board involving a violation of this section, the burden of proof is on the behavior analyst to demonstrate that the elements of competence have been reasonably met.

EFFECTIVE DATE. This section is effective July 1, 2024.

Sec. 12. **[148.9992] DUTY TO WARN; LIMITATION ON LIABILITY; VIOLENT BEHAVIOR OF PATIENT.**

Subdivision 1. Definitions. (a) For the purposes of this section, the terms in this subdivision have the meanings given.

(b) "Other person" means an immediate family member or someone who personally knows the client and has reason to believe the client is capable of and will carry out a serious, specific threat of harm to a specific, clearly identified or identifiable victim.

(c) "Reasonable efforts" means communicating a serious, specific threat to the potential victim and, if unable to make contact with the potential victim, communicating the serious, specific threat to the law enforcement agency closest to the potential victim or the client.

(d) "Licensee" includes behavior analysis students, interns, and unlicensed supervisees who are participating in a behavior analysis practicum or enrolled in an accredited school or educational program.

Subd. 2. Duty to warn. The duty to predict, warn of, or take reasonable precautions to provide protection from violent behavior arises only when a client or other person has communicated to the licensee a specific, serious threat of physical violence against a specific, clearly identified or identifiable potential victim. If a duty to warn arises, the duty is discharged by the licensee if reasonable efforts are made to communicate the threat.

Subd. 3. Liability standard. If no duty to warn exists under subdivision 2, then no monetary liability and no cause of action may arise against a licensee for failure to predict, warn of, or take reasonable precautions to provide protection from a client's violent behavior.

Subd. 4. Disclosure of confidences. Good faith compliance with the duty to warn must not constitute a breach of confidence and must not result in monetary liability or a cause of action against the licensee.

Subd. 5. Continuity of care. Subdivision 2 must not be construed to authorize a licensee to terminate treatment of a client as a direct result of a client's violent behavior or threat of

21.1 physical violence unless the client is referred to another practitioner or appropriate health
21.2 care facility.

21.3 Subd. 6. **Exception.** This section does not apply to a threat to commit suicide or other
21.4 threats by a client to harm the client, or to a threat by a client who is adjudicated as a person
21.5 who has a mental illness and is dangerous to the public under chapter 253B.

21.6 Subd. 7. **Optional disclosure.** This section must not be construed to prohibit a licensee
21.7 from disclosing confidences to third parties in a good faith effort to warn or take precautions
21.8 against a client's violent behavior or threat to commit suicide for which a duty to warn does
21.9 not arise.

21.10 Subd. 8. **Limitation on liability.** No monetary liability and no cause of action or
21.11 disciplinary action by the board may arise against a licensee for disclosure of confidences
21.12 to third parties, for failure to disclose confidences to third parties, or for erroneous disclosure
21.13 of confidences to third parties in a good faith effort to warn against or take precautions
21.14 against a client's violent behavior or threat of suicide for which a duty to warn does not
21.15 arise.

21.16 **EFFECTIVE DATE.** This section is effective July 1, 2024.

21.17 Sec. 13. **[148.9993] INFORMED CONSENT.**

21.18 Subdivision 1. **Obtaining informed consent for services.** A behavior analyst must
21.19 obtain informed consent from the client or the client's legal guardian before initiating
21.20 services. The informed consent must be in writing, signed by the client, and include, at a
21.21 minimum, the following:

21.22 (1) consent for the behavior analyst to engage in activities that directly affect the client;

21.23 (2) the goals, purposes, and procedures of the proposed services;

21.24 (3) the factors that may impact the duration of the proposed services;

21.25 (4) the applicable fee schedule for the proposed services;

21.26 (5) the significant risks and benefits of the proposed services;

21.27 (6) the behavior analyst's limits under section 148.9991, including, if applicable,
21.28 information that the behavior analyst is developing competence in the proposed service,
21.29 method, or procedure, and alternatives to the proposed service, if any; and

21.30 (7) the behavior analyst's responsibilities if the client terminates the service.

22.1 Subd. 2. **Updating informed consent.** If there is a substantial change in the nature or
22.2 purpose of a service, the behavior analyst must obtain a new informed consent from the
22.3 client.

22.4 Subd. 3. **Emergency or crisis services.** Informed consent is not required when a behavior
22.5 analyst is providing emergency or crisis services. If services continue after the emergency
22.6 or crisis has abated, informed consent must be obtained.

22.7 **EFFECTIVE DATE.** This section is effective July 1, 2024.

22.8 Sec. 14. **[148.9994] BEHAVIOR ANALYST ADVISORY COUNCIL.**

22.9 Subdivision 1. **Membership.** The Behavior Analyst Advisory Council is created and
22.10 composed of seven members appointed by the board. The advisory council consists of:

22.11 (1) one public member as defined in section 214.02;

22.12 (2) three members who are licensed behavior analysts;

22.13 (3) two members who are licensed assistant behavior analysts; and

22.14 (4) one member who is a licensed psychologist and, to the extent practicable, who
22.15 practices applied behavior analysis.

22.16 Subd. 2. **Administration.** The advisory council is established and administered under
22.17 section 15.059, except that the advisory council does not expire.

22.18 Subd. 3. **Duties.** The advisory council must:

22.19 (1) advise the board regarding standards for behavior analysts and assistant behavior
22.20 analysts;

22.21 (2) assist with the distribution of information regarding behavior analyst standards;

22.22 (3) advise the board on enforcement of sections 148.9981 to 148.9995;

22.23 (4) review license applications and license renewal applications and make
22.24 recommendations to the board;

22.25 (5) review complaints and complaint investigation reports and make recommendations
22.26 to the board on whether disciplinary action should be taken and, if applicable, what type;

22.27 (6) advise the board regarding evaluation and treatment protocols; and

22.28 (7) perform other duties authorized for advisory councils under chapter 214 as directed
22.29 by the board to ensure effective oversight of behavior analysts and assistant behavior analysts.

22.30 **EFFECTIVE DATE.** This section is effective July 1, 2024.

23.1 Sec. 15. **[148.9995] FEES.**

23.2 Subdivision 1. **Fees.** All applicants and licensees must pay fees as follows:

23.3 (1) application fee, \$.....;

23.4 (2) license renewal fee, \$.....;

23.5 (3) inactive license renewal fee, \$.....;

23.6 (4) biennial renewal late fee, \$.....;

23.7 (5) inactive license renewal late fee, \$.....; and

23.8 (6) supervisor application processing fee, \$.....

23.9 Subd. 2. **Nonrefundable fees.** All fees in this section are nonrefundable.

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

23.12 **EFFECTIVE DATE.** This section is effective July 1, 2024.

23.13 Sec. 16. **INITIAL APPLIED BEHAVIOR ANALYST ADVISORY COUNCIL.**

23.14 The Board of Psychology must make the first appointments to the Behavior Analyst
23.15 Advisory Council authorized under Minnesota Statutes, section 148.9994, by September 1,
23.16 2024. The initial behavior analysts and assistant behavior analysts appointed to the advisory
23.17 council need not be licensed under Minnesota Statutes, sections 148.9981 to 148.9995, but
23.18 must hold a current and active national certification as a board certified behavior analyst or
23.19 a board certified assistant behavior analyst issued by the Behavior Analyst Certification
23.20 Board. The chair of the Board of Psychology must convene the first meeting of the council
23.21 by September 1, 2024, and must convene subsequent meetings of the council until an
23.22 advisory chair is elected. The council must elect a chair from its members by the third
23.23 meeting of the council.

23.24 **EFFECTIVE DATE.** This section is effective July 1, 2024.

23.25 **ARTICLE 3**

23.26 **BOARD OF VETERINARY MEDICINE**

23.27 Section 1. Minnesota Statutes 2022, section 156.001, is amended by adding a subdivision
23.28 to read:

23.29 Subd. 5a. **Direct supervision.** "Direct supervision" means:

24.1 (1) when a supervising veterinarian or licensed veterinary technician is in the immediate
24.2 area and within audible or visual range of an animal and the unlicensed veterinary employee
24.3 treating the animal;

24.4 (2) the supervising veterinarian has met the requirements of a veterinarian-client-patient
24.5 relationship under section 156.16, subdivision 12; and

24.6 (3) the supervising veterinarian assumes responsibility for the professional care given
24.7 to an animal by a person working under the veterinarian's direction.

24.8 Sec. 2. Minnesota Statutes 2022, section 156.001, is amended by adding a subdivision to
24.9 read:

24.10 Subd. 7a. **Licensed veterinary technician.** "Licensed veterinary technician" means a
24.11 person licensed by the board under section 156.077.

24.12 Sec. 3. Minnesota Statutes 2022, section 156.001, is amended by adding a subdivision to
24.13 read:

24.14 Subd. 10b. **Remote supervision.** "Remote supervision" means:

24.15 (1) a veterinarian is not on the premises but is acquainted with the keeping and care of
24.16 an animal by virtue of an examination of the animal or medically appropriate and timely
24.17 visits to the premises where the animal is kept;

24.18 (2) the veterinarian has given written or oral instructions to a licensed veterinary
24.19 technician for ongoing care of an animal and is available by telephone or other form of
24.20 immediate communication; and

24.21 (3) the employee treating the animal timely enters into the animal's medical record
24.22 documentation of the treatment provided, and the documentation is reviewed by the
24.23 veterinarian.

24.24 Sec. 4. Minnesota Statutes 2022, section 156.001, is amended by adding a subdivision to
24.25 read:

24.26 Subd. 12. **Veterinary technology.** "Veterinary technology" means the science and
24.27 practice of providing professional support to veterinarians, including the direct supervision
24.28 of unlicensed veterinary employees. Veterinary technology does not include veterinary
24.29 diagnosis, prognosis, surgery, or medication prescription.

Sec. 5. Minnesota Statutes 2022, section 156.07, is amended to read:

156.07 LICENSE RENEWAL.

Persons licensed under this chapter shall conspicuously display their license in their principal place of business.

Persons now ~~qualified to practice veterinary medicine~~ licensed in this state, or who shall hereafter be licensed by the Board of Veterinary Medicine ~~to engage in the practice as veterinarians or veterinary technicians~~, shall periodically renew their license in a manner prescribed by the board. The board shall establish license renewal fees and continuing education requirements. The board may establish, by rule, an inactive license category, at a lower fee, for licensees not actively engaged in the practice of veterinary medicine or veterinary technology within the state of Minnesota. The board may assess a charge for delinquent payment of a renewal fee.

Any person who is licensed to practice veterinary medicine or veterinary technology in this state pursuant to this chapter, shall be entitled to receive a license to continue to practice upon making application to the board and complying with the terms of this section and rules of the board.

Sec. 6. **[156.0721] INSTITUTIONAL LICENSURE.**

Subdivision 1. Application and eligibility. (a) Any person who seeks to practice veterinary medicine while employed by the University of Minnesota and who is not eligible for a regular license shall make a written application to the board for an institutional license using forms provided for that purpose or in a format accepted by the board. The board shall issue an institutional license to practice veterinary medicine to an applicant who:

(1) has obtained the degree of doctor of veterinary medicine or its equivalent from a nonaccredited college of veterinary medicine. A graduate from an accredited college and an applicant who has earned ECFVG or PAVE certificates should apply for a regular license to practice veterinary medicine;

(2) has passed the Minnesota Veterinary Jurisprudence Examination;

(3) is a person of good moral character, as attested by five notarized reference letters from adults not related to the applicant, at least two of whom are licensed veterinarians in the jurisdiction where the applicant is currently practicing or familiar with the applicant's clinical abilities as evidenced in clinical rotations;

(4) has paid the license application fee;

26.1 (5) provides proof of employment by the University of Minnesota;

26.2 (6) certifies that the applicant understands and agrees that the institutional license is
26.3 valid only for the practice of veterinary medicine associated with the applicant's employment
26.4 as a faculty member, intern, resident, or locum of the University of Minnesota College of
26.5 Veterinary Medicine or other unit of the University of Minnesota;

26.6 (7) provides proof of graduation from a veterinary college;

26.7 (8) completed a criminal background check as defined in section 214.075; and

26.8 (9) provides other information and proof as the board may require by rules and
26.9 regulations.

26.10 (b) The University of Minnesota may submit the applications of its employees who seek
26.11 an institutional license in a compiled format acceptable to the board, with any license
26.12 application fees in a single form of payment.

26.13 (c) The fee for a license issued under this subdivision is the same as for a regular license
26.14 to practice veterinary medicine in the state. License payment and renewal deadlines, late
26.15 payment fees, and other license requirements are also the same as for a regular license to
26.16 practice veterinary medicine.

26.17 (d) The University of Minnesota may be responsible for timely payment of renewal fees
26.18 and submission of renewal forms.

26.19 Subd. 2. **Scope of practice.** (a) An institutional license holder may practice veterinary
26.20 medicine only as related to the license holder's regular function at the University of
26.21 Minnesota. A person holding only an institutional license in this state must be remunerated
26.22 for the practice of veterinary medicine in the state solely from state, federal, or institutional
26.23 funds and not from the patient-owner beneficiary of the license holder's practice efforts.

26.24 (b) A license issued under this section must be canceled by the board upon receipt of
26.25 information from the University of Minnesota that the holder of the license has left or is
26.26 otherwise no longer employed at the University of Minnesota in this state.

26.27 (c) An institutional license holder must abide by all laws governing the practice of
26.28 veterinary medicine in the state and is subject to the same disciplinary action as any other
26.29 veterinarian licensed in the state.

27.1 Sec. 7. **[156.076] DIRECT SUPERVISION; UNLICENSED VETERINARY**
27.2 **EMPLOYEES.**

27.3 (a) An unlicensed veterinary employee may only administer medication or render
27.4 auxiliary or supporting assistance under the direct supervision of a licensed veterinarian or
27.5 licensed veterinary technician.

27.6 (b) This section does not prohibit:

27.7 (1) the performance of generalized nursing tasks ordered by the veterinarian and
27.8 performed by an unlicensed employee on inpatient animals during the hours when a
27.9 veterinarian is not on the premises; or

27.10 (2) under emergency conditions, an unlicensed employee from rendering lifesaving aid
27.11 and treatment to an animal in the absence of a veterinarian if the animal is in a life-threatening
27.12 condition and requires immediate treatment to sustain life or prevent further injury.

27.13 Sec. 8. **[156.077] LICENSED VETERINARY TECHNICIANS.**

27.14 Subdivision 1. **Licensure; practice.** (a) The board shall issue a license to practice as a
27.15 veterinary technician to an applicant who satisfies the requirements in this section and those
27.16 imposed by the board in rule. A licensed veterinary technician may practice veterinary
27.17 technology. A person may not use the title "veterinary technician" or the abbreviation "LVT"
27.18 unless licensed by the board.

27.19 (b) The board may adopt by rule additional or temporary alternative licensure
27.20 requirements or definitions for veterinary technician titles.

27.21 Subd. 2. **Applicants; qualifications.** Application for a license to practice veterinary
27.22 technology in this state shall be made to the board on a form furnished by the board and
27.23 accompanied by evidence satisfactory to the board that the applicant is at least 18 years of
27.24 age, is of good moral character, and has met the following requirements:

27.25 (1) graduated from a veterinary technology program accredited or approved by the
27.26 American Veterinary Medical Association or Canadian Veterinary Medical Association;

27.27 (2) received a passing score for the Veterinary Technician National Examination;

27.28 (3) received a passing score for the Minnesota Veterinary Technician Jurisprudence
27.29 Examination; and

27.30 (4) completed a criminal background check.

28.1 Subd. 3. **Required with application.** A completed application must contain the following
28.2 information and material:

28.3 (1) the application fee set by the board, which is not refundable if permission to take the
28.4 jurisprudence examination is denied for good cause;

28.5 (2) proof of graduation from a veterinary technology program accredited or approved
28.6 by the American Veterinary Medical Association or Canadian Veterinary Medical
28.7 Association;

28.8 (3) affidavits from at least two licensed veterinarians and three adults who are not related
28.9 to the applicant that establish how long, when, and under what circumstances the references
28.10 have known the applicant and any other facts that may enable the board to determine the
28.11 applicant's qualifications; and

28.12 (4) if the applicant has served in the armed forces, a copy of the applicant's discharge
28.13 papers.

28.14 Subd. 4. **Temporary alternative qualifications.** (a) The board shall consider an
28.15 application for licensure submitted by a person before July 1, 2031, if the person provides
28.16 evidence satisfactory to the board that the person:

28.17 (1) is a certified veterinary technician in good standing with the Minnesota Veterinary
28.18 Medical Association; or

28.19 (2) has at least 4,160 hours actively engaged in the practice of veterinary technology
28.20 within the previous five years.

28.21 (b) Each applicant under this subdivision must also submit to the board affidavits from
28.22 at least two licensed veterinarians and three adults who are not related to the applicant that
28.23 establish how long, when, and under what circumstances the references have known the
28.24 applicant and any other facts that may enable the board to determine the applicant's
28.25 qualifications.

28.26 Sec. 9. **[156.078] NONRESIDENTS; LICENSED VETERINARY TECHNICIANS.**

28.27 A credentialed veterinary technician duly admitted to practice in any state,
28.28 commonwealth, territory, or district of the United States or province of Canada that desires
28.29 permission to practice veterinary technology in this state shall submit an application to the
28.30 board on a form furnished by the board. The board shall review an application for transfer
28.31 if the applicant submits:

(1) a copy of a diploma from an accredited or approved college of veterinary technology or certification from the dean, registrar, or secretary of an accredited or approved college of veterinary technology or a certificate of satisfactory completion of the PAVE program;

(2) if requesting waiver of examination, evidence of meeting licensure requirements in the state of the applicant's original licensure;

(3) affidavits of two licensed practicing doctors of veterinary medicine or veterinary technicians residing in the United States or Canadian licensing jurisdiction in which the applicant is or was most recently practicing, attesting that they are well acquainted with the applicant, that the applicant is a person of good moral character, and that the applicant has been actively engaged in practicing or teaching in such jurisdiction;

(4) a certificate from the agency that regulates the conduct of practice of veterinary technology in the jurisdiction in which the applicant is or was most recently practicing, stating that the applicant is in good standing and is not the subject of disciplinary action or pending disciplinary action;

(5) a certificate from all other jurisdictions in which the applicant holds a currently active license or held a license within the past ten years, stating that the applicant is and was in good standing and has not been subject to disciplinary action;

(6) in lieu of the certificates in clauses (4) and (5), certification from the Veterinary Information Verification Agency that the applicant's licensure is in good standing;

(7) a fee as set by the board in form of check or money order payable to the board, no part of which shall be refunded should the application be denied;

(8) score reports on previously taken national examinations in veterinary technology, certified by the Veterinary Information Verification Agency or evidence of employment as a veterinary technician for at least three years;

(9) proof that the applicant received a passing score for the Minnesota Veterinary Technician Jurisprudence Examination; and

(10) proof of a completed criminal background check.

Sec. 10. Minnesota Statutes 2022, section 156.12, subdivision 2, is amended to read:

Subd. 2. **Authorized activities.** No provision of this chapter shall be construed to prohibit:

(a) a person from rendering necessary gratuitous assistance in the treatment of any animal when the assistance does not amount to prescribing, testing for, or diagnosing, operating, or vaccinating and when the attendance of a licensed veterinarian cannot be procured;

(b) a person who is a regular student in an accredited or approved college of veterinary medicine from performing duties or actions assigned by instructors or preceptors or working under the direct supervision of a licensed veterinarian;

(c) a veterinarian regularly licensed in another jurisdiction from consulting with a licensed veterinarian in this state;

(d) the owner of an animal and the owner's regular employee from caring for and administering to the animal belonging to the owner, except where the ownership of the animal was transferred for purposes of circumventing this chapter;

(e) veterinarians who are in compliance with ~~subdivision 6~~ section 156.0721 and who are employed by the University of Minnesota from performing their duties with the College of Veterinary Medicine, ~~College of Agriculture~~, Veterinary Diagnostic Laboratory, Agricultural Experiment Station, Agricultural Extension Service, Medical School, School of Public Health, School of Nursing; or other unit within the university; or a person from lecturing or giving instructions or demonstrations at the university or in connection with a continuing education course or seminar to veterinarians ~~or pathologists at the University of Minnesota Veterinary Diagnostic Laboratory~~;

(f) any person from selling or applying any pesticide, insecticide or herbicide;

(g) any person from engaging in bona fide scientific research or investigations which reasonably requires experimentation involving animals;

(h) any employee of a licensed veterinarian from performing duties other than diagnosis, prescription or surgical correction under the direction and supervision of the veterinarian, who shall be responsible for the performance of the employee;

(i) a graduate of a foreign college of veterinary medicine from working under the direct personal instruction, control, or supervision of a veterinarian faculty member of the College of Veterinary Medicine, University of Minnesota in order to complete the requirements necessary to obtain an ECFVG or PAVE certificate;

(j) a licensed chiropractor registered under section 148.01, subdivision 1a, from practicing animal chiropractic; or

(k) a person certified by the Emergency Medical Services Regulatory Board under chapter 144E from providing emergency medical care to a police dog wounded in the line of duty.

31.1 Sec. 11. Minnesota Statutes 2022, section 156.12, subdivision 4, is amended to read:

31.2 Subd. 4. **Titles.** It is unlawful for a person who has not received a professional degree
31.3 from an accredited or approved college of veterinary medicine, ~~or~~ ECFVG or PAVE
31.4 certification, or an institutional license under section 156.0721 to use any of the following
31.5 titles or designations: Veterinary, veterinarian, animal doctor, animal surgeon, animal dentist,
31.6 animal chiropractor, animal acupuncturist, or any other title, designation, word, letter,
31.7 abbreviation, sign, card, or device tending to indicate that the person is qualified to practice
31.8 veterinary medicine.

31.9 Sec. 12. **REPEALER.**

31.10 Minnesota Statutes 2022, section 156.12, subdivision 6, is repealed.

31.11 Sec. 13. **EFFECTIVE DATE.**

31.12 (a) Sections 1 to 5 and sections 7 to 9 are effective July 1, 2026.

31.13 (b) Section 6 and sections 10 to 12 are effective July 1, 2025.

31.14 ARTICLE 4

31.15 BOARD OF DENTISTRY

31.16 Section 1. Minnesota Statutes 2022, section 150A.06, subdivision 1c, is amended to read:

31.17 Subd. 1c. **Specialty dentists.** (a) The board may grant one or more specialty licenses in
31.18 the specialty areas of dentistry that are recognized by the Commission on Dental
31.19 Accreditation.

31.20 (b) An applicant for a specialty license shall:

31.21 (1) have successfully completed a postdoctoral specialty program accredited by the
31.22 Commission on Dental Accreditation, or have announced a limitation of practice before
31.23 1967;

31.24 (2) have been certified by a specialty board approved by the Minnesota Board of
31.25 Dentistry, or provide evidence of having passed a clinical examination for licensure required
31.26 for practice in any state or Canadian province, or in the case of oral and maxillofacial
31.27 surgeons only, have a Minnesota medical license in good standing;

31.28 (3) have been in active practice or a postdoctoral specialty education program or United
31.29 States government service at least 2,000 hours in the 36 months prior to applying for a
31.30 specialty license;

(4) if requested by the board, be interviewed by a committee of the board, which may include the assistance of specialists in the evaluation process, and satisfactorily respond to questions designed to determine the applicant's knowledge of dental subjects and ability to practice;

(5) if requested by the board, present complete records on a sample of patients treated by the applicant. The sample must be drawn from patients treated by the applicant during the 36 months preceding the date of application. The number of records shall be established by the board. The records shall be reasonably representative of the treatment typically provided by the applicant for each specialty area;

(6) at board discretion, pass a board-approved English proficiency test if English is not the applicant's primary language;

(7) pass all components of the National Board Dental Examinations;

(8) pass the Minnesota Board of Dentistry jurisprudence examination;

(9) abide by professional ethical conduct requirements; and

(10) meet all other requirements prescribed by the Board of Dentistry.

(c) The application must include:

(1) a completed application furnished by the board;

(2) a nonrefundable fee; and

(3) a copy of the applicant's government-issued photo identification card.

(d) A specialty dentist holding one or more specialty licenses is limited to practicing in the dentist's designated specialty area or areas. The scope of practice must be defined by each national specialty board recognized by the Commission on Dental Accreditation.

~~(e) A specialty dentist holding a general dental license is limited to practicing in the dentist's designated specialty area or areas if the dentist has announced a limitation of practice. The scope of practice must be defined by each national specialty board recognized by the Commission on Dental Accreditation.~~

~~(f)~~ (e) All specialty dentists who have fulfilled the specialty dentist requirements and who intend to limit their practice to a particular specialty area or areas may apply for one or more specialty licenses.

33.1 Sec. 2. Minnesota Statutes 2022, section 150A.06, subdivision 8, is amended to read:

33.2 Subd. 8. **Licensure by credentials; dental assistant.** (a) Any dental assistant may, upon
33.3 application and payment of a fee established by the board, apply for licensure based on an
33.4 evaluation of the applicant's education, experience, and performance record in lieu of
33.5 completing a board-approved dental assisting program for expanded functions as defined
33.6 in rule, and may be interviewed by the board to determine if the applicant:

33.7 (1) has graduated from an accredited dental assisting program accredited by the
33.8 Commission on Dental Accreditation ~~and~~ or is currently certified by the Dental Assisting
33.9 National Board;

33.10 (2) is not subject to any pending or final disciplinary action in another state or Canadian
33.11 province, or if not currently certified or registered, previously had a certification or
33.12 registration in another state or Canadian province in good standing that was not subject to
33.13 any final or pending disciplinary action at the time of surrender;

33.14 (3) is of good moral character and abides by professional ethical conduct requirements;

33.15 (4) at board discretion, has passed a board-approved English proficiency test if English
33.16 is not the applicant's primary language; and

33.17 (5) has met all expanded functions curriculum equivalency requirements of a Minnesota
33.18 board-approved dental assisting program.

33.19 (b) The board, at its discretion, may waive specific licensure requirements in paragraph
33.20 (a).

33.21 (c) An applicant who fulfills the conditions of this subdivision and demonstrates the
33.22 minimum knowledge in dental subjects required for licensure under subdivision 2a must
33.23 be licensed to practice the applicant's profession.

33.24 (d) If the applicant does not demonstrate the minimum knowledge in dental subjects
33.25 required for licensure under subdivision 2a, the application must be denied. If licensure is
33.26 denied, the board may notify the applicant of any specific remedy that the applicant could
33.27 take which, when passed, would qualify the applicant for licensure. A denial does not
33.28 prohibit the applicant from applying for licensure under subdivision 2a.

33.29 (e) A candidate whose application has been denied may appeal the decision to the board
33.30 according to subdivision 4a.

34.1 **ARTICLE 5**

34.2 **PHYSICIAN ASSISTANT PRACTICE**

34.3 Section 1. **REPEALER.**

34.4 Minnesota Statutes 2022, section 147A.09, subdivision 5, is repealed.

34.5 **ARTICLE 6**

34.6 **BOARD OF SOCIAL WORK**

34.7 Section 1. Minnesota Statutes 2022, section 148D.061, subdivision 1, is amended to read:

34.8 Subdivision 1. **Requirements for a provisional license.** An applicant may be issued a
34.9 provisional license if the applicant:

34.10 ~~(1) was born in a foreign country;~~

34.11 ~~(2) communicates in English as a second language;~~

34.12 ~~(3) has taken the applicable examination administered by the Association of Social Work~~
34.13 ~~Boards or similar examination body designated by the board;~~

34.14 ~~(4) (1) has met the requirements of section 148E.055, subdivision 2, paragraph (a),~~
34.15 ~~clauses (1), (3), (4), (5), and (6); or subdivision 3, paragraph (a), clauses (1), (3), (4), (5),~~
34.16 ~~and (6); or subdivision 4, paragraph (a), clauses (1), (2), (4), (5), (6), and (7); or subdivision~~
34.17 ~~5, paragraph (a), clauses (1), (2), (3), (5), (6), (7), and (8); and~~

34.18 ~~(5) (2) complies with the requirements of subdivisions 2 to 7.~~

34.19 **EFFECTIVE DATE.** This section is effective October 1, 2024.

34.20 Sec. 2. Minnesota Statutes 2022, section 148D.061, subdivision 8, is amended to read:

34.21 Subd. 8. **Disciplinary or other action.** A licensee who is issued a provisional license
34.22 is subject to the grounds for disciplinary action under section 148E.190. The board may
34.23 also take action according to sections 148E.260 to 148E.270 if:

34.24 (1) the licensee's supervisor does not submit an evaluation as required by section
34.25 148D.063;

34.26 (2) an evaluation submitted according to section 148D.063 indicates that the licensee
34.27 cannot practice social work competently and ethically; or

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

34.29 **EFFECTIVE DATE.** This section is effective October 1, 2024.

35.1 Sec. 3. Minnesota Statutes 2022, section 148D.062, subdivision 3, is amended to read:

35.2 Subd. 3. **Types of supervision.** (a) ~~Twenty-five hours~~ Half of the supervision hours
35.3 required by subdivision 1 must consist of one-on-one ~~in-person~~ supervision. The supervision
35.4 must be provided either in person or via eye-to-eye electronic media while maintaining
35.5 visual contact.

35.6 (b) ~~Twelve and one-half hours~~ Half of the supervision hours must consist of one or more
35.7 of the following types of supervision:

35.8 (1) ~~in-person~~ one-on-one supervision provided in person or via eye-to-eye electronic
35.9 media while maintaining visual contact; or

35.10 (2) ~~in-person~~ group supervision provided in person, by telephone, or via eye-to-eye
35.11 electronic media while maintaining visual contact.

35.12 (c) ~~To qualify as in-person~~ Group supervision, ~~the group~~ must not exceed ~~seven members~~
35.13 ~~including the supervisor~~ six supervisees.

35.14 (d) Supervision must not be provided by email.

35.15 **EFFECTIVE DATE.** This section is effective October 1, 2024.

35.16 Sec. 4. Minnesota Statutes 2022, section 148D.062, subdivision 4, is amended to read:

35.17 Subd. 4. **Supervisor requirements.** (a) The supervision required by subdivision 1 must
35.18 be provided by a supervisor who meets the requirements in section 148E.120 and has ~~either:~~

35.19 ~~(1) 5,000 hours experience engaged in authorized social work practice; or~~

35.20 ~~(2)~~ completed 30 hours of training in supervision, which may be satisfied by completing
35.21 academic coursework in supervision or continuing education courses in supervision as
35.22 defined in section 148E.010, subdivision 18.

35.23 (b) Supervision must be provided:

35.24 (1) if the supervisee is not engaged in clinical practice and the supervisee has a provisional
35.25 license to practice as a licensed social worker, by:

35.26 (i) a licensed social worker who has completed the supervised practice requirements;

35.27 (ii) a licensed graduate social worker who has completed the supervised practice
35.28 requirements;

35.29 (iii) a licensed independent social worker; or

35.30 (iv) a licensed independent clinical social worker;

(2) if the supervisee is not engaged in clinical practice and the supervisee has a provisional license to practice as a licensed graduate social worker, licensed independent social worker, or licensed independent clinical social worker, by:

(i) a licensed graduate social worker who has completed the supervised practice requirements;

(ii) a licensed independent social worker; or

(iii) a licensed independent clinical social worker;

(3) if the supervisee is engaged in clinical practice and the supervisee has a provisional license to practice as a licensed graduate social worker, licensed independent social worker, or licensed independent clinical social worker, by a licensed independent clinical social worker; or

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

EFFECTIVE DATE. This section is effective October 1, 2024.

Sec. 5. Minnesota Statutes 2022, section 148D.063, subdivision 1, is amended to read:

Subdivision 1. **Supervision plan.** (a) An applicant granted a provisional license must submit, on a form provided by the board, a supervision plan for meeting the supervision requirements in section 148D.062.

(b) The supervision plan must be submitted no later than 30 days after the licensee begins a social work practice position.

~~(c) The board may revoke a licensee's provisional license for failure to submit the supervision plan within 30 days after beginning a social work practice position.~~

~~(d)~~ (c) 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:

- 37.1 (i) clinical practice, if applicable;
- 37.2 (ii) development of professional social work knowledge, skills, and values;
- 37.3 (iii) practice methods;
- 37.4 (iv) authorized scope of practice;
- 37.5 (v) ensuring continuing competence; and
- 37.6 (vi) ethical standards of practice; and
- 37.7 (6) if applicable, a detailed description of the supervisee's clinical social work practice,
- 37.8 addressing:
- 37.9 (i) the client population, the range of presenting issues, and the diagnoses;
- 37.10 (ii) the clinical modalities that were utilized; and
- 37.11 (iii) the process utilized for determining clinical diagnoses, including the diagnostic
- 37.12 instruments used and the role of the supervisee in the diagnostic process.
- 37.13 ~~(e)~~ (d) The board must receive a revised supervision plan within 30 days of any of the
- 37.14 following changes:
- 37.15 (1) the supervisee has a new supervisor;
- 37.16 (2) the supervisee begins a new social work position;
- 37.17 (3) the scope or content of the supervisee's social work practice changes substantially;
- 37.18 (4) the number of practice or supervision hours changes substantially; or
- 37.19 (5) the type of supervision changes as supervision is described in section 148D.062.
- 37.20 ~~(f) The board may revoke a licensee's provisional license for failure to submit a revised~~
- 37.21 ~~supervision plan as required in paragraph (e).~~
- 37.22 ~~(g)~~ (e) The board must approve the supervisor and the supervision plan.
- 37.23 **EFFECTIVE DATE.** This section is effective October 1, 2024.
- 37.24 Sec. 6. Minnesota Statutes 2022, section 148D.063, subdivision 2, is amended to read:
- 37.25 Subd. 2. **Evaluation.** (a) When a licensee's supervisor submits an evaluation to the board
- 37.26 according to section 148D.061, subdivision 6, the supervisee and supervisor must provide
- 37.27 the following information on a form provided by the board:
- 37.28 (1) the name of the supervisee, the name of the agency in which the supervisee is being
- 37.29 supervised, and the supervisee's position title;

- 38.1 (2) the name and qualifications of the supervisor;
- 38.2 (3) the number of hours and dates of each type of supervision completed;
- 38.3 (4) the supervisee's position description;
- 38.4 (5) a declaration that the supervisee has not engaged in conduct in violation of the
- 38.5 standards of practice in sections 148E.195 to 148E.240;
- 38.6 (6) a declaration that the supervisee has practiced competently and ethically according
- 38.7 to professional social work knowledge, skills, and values; and
- 38.8 (7) on a form provided by the board, an evaluation of the licensee's practice in the
- 38.9 following areas:
- 38.10 (i) development of professional social work knowledge, skills, and values;
- 38.11 (ii) practice methods;
- 38.12 (iii) authorized scope of practice;
- 38.13 ~~(iv) ensuring continuing competence;~~
- 38.14 ~~(v)~~ (iv) ethical standards of practice; and
- 38.15 ~~(vi)~~ (v) clinical practice, if applicable.
- 38.16 (b) The supervisor must attest to the satisfaction of the board that the supervisee has met
- 38.17 or has made progress on meeting the applicable supervised practice requirements.

38.18 **EFFECTIVE DATE.** This section is effective October 1, 2024.

38.19 Sec. 7. Minnesota Statutes 2022, section 148E.055, is amended by adding a subdivision

38.20 to read:

38.21 **Subd. 2b. Qualifications for licensure by completion of provisional license**

38.22 **requirements as a licensed social worker (LSW).** To be licensed as a licensed social

38.23 worker, an applicant for licensure by completion of provisional license requirements must

38.24 provide evidence satisfactory to the board that the applicant:

- 38.25 (1) completed all requirements under section 148D.061, subdivisions 1 to 6; and
- 38.26 (2) continues to meet the requirements of subdivision 2, clauses (1) and (3) to (6).

38.27 **EFFECTIVE DATE.** This section is effective October 1, 2024.

39.1 Sec. 8. Minnesota Statutes 2022, section 148E.055, is amended by adding a subdivision
39.2 to read:

39.3 Subd. 3b. **Qualifications for licensure by completion of provisional license**
39.4 **requirements as a licensed graduate social worker (LGSW).** To be licensed as a licensed
39.5 graduate social worker, an applicant for licensure by completion of provisional license
39.6 requirements must provide evidence satisfactory to the board that the applicant:

39.7 (1) completed all requirements under section 148D.061, subdivisions 1 to 6; and

39.8 (2) continues to meet the requirements of subdivision 3, clauses (1) and (3) to (6).

39.9 **EFFECTIVE DATE.** This section is effective October 1, 2024.

39.10 Sec. 9. Minnesota Statutes 2022, section 148E.055, is amended by adding a subdivision
39.11 to read:

39.12 Subd. 4b. **Qualifications for licensure by completion of provisional license**
39.13 **requirements as a licensed independent social worker (LISW).** To be licensed as a
39.14 licensed independent social worker, an applicant for licensure by completion of provisional
39.15 license requirements must provide evidence satisfactory to the board that the applicant:

39.16 (1) completed all requirements under section 148D.061, subdivisions 1 to 6; and

39.17 (2) continues to meet the requirements of subdivision 4, clauses (1), (2), and (4) to (7).

39.18 **EFFECTIVE DATE.** This section is effective October 1, 2024.

39.19 Sec. 10. Minnesota Statutes 2022, section 148E.055, is amended by adding a subdivision
39.20 to read:

39.21 Subd. 5b. **Qualifications for licensure by completion of provisional license**
39.22 **requirements as a licensed independent clinical social worker (LICSW).** To be licensed
39.23 as a licensed independent clinical social worker, an applicant for licensure by completion
39.24 of provisional license requirements must provide evidence satisfactory to the board that the
39.25 applicant:

39.26 (1) completed all requirements under section 148D.061, subdivisions 1 to 6; and

39.27 (2) continues to meet the requirements of subdivision 5, paragraph (a), clauses (1) to (3)
39.28 and (5) to (8).

39.29 **EFFECTIVE DATE.** This section is effective October 1, 2024.

Sec. 11. **REVISOR INSTRUCTION.**

The revisor of statutes shall renumber each section of Minnesota Statutes listed in column A with the number listed in column B. The revisor shall also make necessary cross-reference changes in Minnesota Statutes and Minnesota Rules consistent with the renumbering.

<u>Column A</u>	<u>Column B</u>
<u>148D.061</u>	<u>148E.0551</u>
<u>148D.062</u>	<u>148E.116</u>
<u>148D.063</u>	<u>148E.126</u>

EFFECTIVE DATE. This section is effective October 1, 2024.

Sec. 12. **REPEALER.**

Minnesota Statutes 2022, section 148D.061, subdivision 9, is repealed.

EFFECTIVE DATE. This section is effective October 1, 2024.

ARTICLE 7

BOARD OF MARRIAGE AND FAMILY THERAPY

Section 1. **[148B.331] GUEST LICENSURE.**

Subdivision 1. **Generally.** (a) A nonresident of the state of Minnesota who is not seeking licensure in Minnesota and intends to practice marriage and family therapy in Minnesota must apply to the board for guest licensure. An applicant must apply for guest licensure at least 30 days prior to the expected date of practice in Minnesota and is subject to approval by the board or its designee.

(b) To be eligible for licensure under this section, the applicant must:

(1) have a license, certification, or registration in good standing to practice marriage and family therapy from another jurisdiction;

(2) have a graduate degree in marriage and family therapy from a regionally accredited institution or a degree in a related field from a regionally accredited institution with completed coursework meeting the educational requirements provided in Minnesota Rules, part 5300.0140, subpart 2;

(3) be of good moral character;

(4) have no pending complaints or active disciplinary or corrective actions in any jurisdiction;

41.1 (5) submit the required fee and complete the criminal background check according to
41.2 section 214.075; and

41.3 (6) pay a fee to the board in the amount set forth in section 148B.392.

41.4 (c) A license issued under this section is valid for one year from the date of issuance
41.5 and allows practice by the nonresident for a maximum of five months. The months in which
41.6 the nonresident may practice under the license must be consecutive. A guest license is not
41.7 renewable, but the nonresident may reapply for guest licensure, subject to continued eligibility
41.8 under paragraph (b), following expiration of a guest license.

41.9 Subd. 2. **Other professional activity.** Notwithstanding subdivision 1, a nonresident of
41.10 the state of Minnesota who is not seeking licensure in Minnesota may serve as an expert
41.11 witness, organizational consultant, presenter, or educator without obtaining guest licensure,
41.12 provided the nonresident is appropriately trained, educated, or has been issued a license,
41.13 certificate, or registration by another jurisdiction.

41.14 Subd. 3. **Prohibitions and sanctions.** A person's privilege to practice under this section
41.15 is subject to the prohibitions and sanctions for unprofessional or unethical conduct contained
41.16 in Minnesota laws and rules for marriage and family therapy under this chapter.

41.17 **EFFECTIVE DATE.** This section is effective October 1, 2024.

41.18 Sec. 2. Minnesota Statutes 2023 Supplement, section 148B.392, subdivision 2, is amended
41.19 to read:

41.20 Subd. 2. **Licensure and application fees.** Licensure and application fees established
41.21 by the board shall not exceed the following amounts:

41.22 (1) application fee for national examination is \$150;

41.23 (2) application fee for Licensed Marriage and Family Therapist (LMFT) ~~state examination~~
41.24 license is \$150;

41.25 (3) initial LMFT license fee is prorated, but cannot exceed \$225;

41.26 (4) annual renewal fee for LMFT license is \$225;

41.27 (5) late fee for LMFT license renewal is \$100;

41.28 (6) application fee for LMFT licensure by reciprocity is \$300;

41.29 (7) application fee for ~~initial~~ Licensed Associate Marriage and Family Therapist (LAMFT)
41.30 license is \$100;

41.31 (8) annual renewal fee for LAMFT license is \$100;

- 42.1 (9) late fee for LAMFT license renewal is \$50;
- 42.2 (10) fee for reinstatement of LMFT or LAMFT license is \$150;
- 42.3 (11) fee for LMFT emeritus license status is \$225; ~~and~~
- 42.4 (12) fee for temporary license for members of the military is \$100-; and
- 42.5 (13) fee for LMFT guest license is \$150.
- 42.6 **EFFECTIVE DATE.** This section is effective October 1, 2024.

ARTICLE 8

BOARD OF PHARMACY

- 42.9 Section 1. Minnesota Statutes 2022, section 151.01, subdivision 23, is amended to read:
- 42.10 Subd. 23. **Practitioner.** "Practitioner" means a licensed doctor of medicine, licensed
- 42.11 doctor of osteopathic medicine duly licensed to practice medicine, licensed doctor of
- 42.12 dentistry, licensed doctor of optometry, licensed podiatrist, licensed veterinarian, licensed
- 42.13 advanced practice registered nurse, licensed certified midwife, or licensed physician assistant.
- 42.14 For purposes of sections 151.15, subdivision 4; 151.211, subdivision 3; 151.252, subdivision
- 42.15 3; 151.37, subdivision 2, paragraph (b); and 151.461, "practitioner" also means a dental
- 42.16 therapist authorized to dispense and administer under chapter 150A. For purposes of sections
- 42.17 151.252, subdivision 3, and 151.461, "practitioner" also means a pharmacist authorized to
- 42.18 prescribe self-administered hormonal contraceptives, nicotine replacement medications, or
- 42.19 opiate antagonists under section 151.37, subdivision 14, 15, or 16, or authorized to prescribe
- 42.20 drugs to prevent the acquisition of human immunodeficiency virus (HIV) under section
- 42.21 151.37, subdivision 17.
- 42.22 **EFFECTIVE DATE.** This section is effective January 1, 2025.

- 42.23 Sec. 2. Minnesota Statutes 2022, section 151.01, subdivision 27, is amended to read:
- 42.24 Subd. 27. **Practice of pharmacy.** "Practice of pharmacy" means:
- 42.25 (1) interpretation and evaluation of prescription drug orders;
- 42.26 (2) compounding, labeling, and dispensing drugs and devices (except labeling by a
- 42.27 manufacturer or packager of nonprescription drugs or commercially packaged legend drugs
- 42.28 and devices);
- 42.29 (3) participation in clinical interpretations and monitoring of drug therapy for assurance
- 42.30 of safe and effective use of drugs, including the performance of laboratory tests that are

waived under the federal Clinical Laboratory Improvement Act of 1988, United States Code, title 42, section 263a et seq., provided that a pharmacist may interpret the results of laboratory tests but may modify drug therapy only pursuant to a protocol or collaborative practice agreement;

(4) participation in drug and therapeutic device selection; drug administration for first dosage and medical emergencies; intramuscular and subcutaneous drug administration under a prescription drug order; drug regimen reviews; and drug or drug-related research;

(5) drug administration, through intramuscular and subcutaneous administration used to treat mental illnesses as permitted under the following conditions:

(i) upon the order of a prescriber and the prescriber is notified after administration is complete; or

(ii) pursuant to a protocol or collaborative practice agreement as defined by section 151.01, subdivisions 27b and 27c, and participation in the initiation, management, modification, administration, and discontinuation of drug therapy is according to the protocol or collaborative practice agreement between the pharmacist and a dentist, optometrist, physician, physician assistant, podiatrist, or veterinarian, or an advanced practice registered nurse authorized to prescribe, dispense, and administer under section 148.235. Any changes in drug therapy or medication administration made pursuant to a protocol or collaborative practice agreement must be documented by the pharmacist in the patient's medical record or reported by the pharmacist to a practitioner responsible for the patient's care;

(6) participation in administration of influenza vaccines and vaccines approved by the United States Food and Drug Administration related to COVID-19 or SARS-CoV-2 to all eligible individuals six years of age and older and all other vaccines to patients 13 years of age and older by written protocol with a physician licensed under chapter 147, a physician assistant authorized to prescribe drugs under chapter 147A, or an advanced practice registered nurse authorized to prescribe drugs under section 148.235, provided that:

(i) the protocol includes, at a minimum:

(A) the name, dose, and route of each vaccine that may be given;

(B) the patient population for whom the vaccine may be given;

(C) contraindications and precautions to the vaccine;

(D) the procedure for handling an adverse reaction;

44.1 (E) the name, signature, and address of the physician, physician assistant, or advanced
44.2 practice registered nurse;

44.3 (F) a telephone number at which the physician, physician assistant, or advanced practice
44.4 registered nurse can be contacted; and

44.5 (G) the date and time period for which the protocol is valid;

44.6 (ii) the pharmacist has successfully completed a program approved by the Accreditation
44.7 Council for Pharmacy Education specifically for the administration of immunizations or a
44.8 program approved by the board;

44.9 (iii) the pharmacist utilizes the Minnesota Immunization Information Connection to
44.10 assess the immunization status of individuals prior to the administration of vaccines, except
44.11 when administering influenza vaccines to individuals age nine and older;

44.12 (iv) the pharmacist reports the administration of the immunization to the Minnesota
44.13 Immunization Information Connection; and

44.14 (v) the pharmacist complies with guidelines for vaccines and immunizations established
44.15 by the federal Advisory Committee on Immunization Practices, except that a pharmacist
44.16 does not need to comply with those portions of the guidelines that establish immunization
44.17 schedules when administering a vaccine pursuant to a valid, patient-specific order issued
44.18 by a physician licensed under chapter 147, a physician assistant authorized to prescribe
44.19 drugs under chapter 147A, or an advanced practice registered nurse authorized to prescribe
44.20 drugs under section 148.235, provided that the order is consistent with the United States
44.21 Food and Drug Administration approved labeling of the vaccine;

44.22 (7) participation in the initiation, management, modification, and discontinuation of
44.23 drug therapy according to a written protocol or collaborative practice agreement between:

44.24 (i) one or more pharmacists and one or more dentists, optometrists, physicians, physician
44.25 assistants, podiatrists, or veterinarians; or (ii) one or more pharmacists and one or more
44.26 physician assistants authorized to prescribe, dispense, and administer under chapter 147A,
44.27 or advanced practice registered nurses authorized to prescribe, dispense, and administer
44.28 under section 148.235. Any changes in drug therapy made pursuant to a protocol or
44.29 collaborative practice agreement must be documented by the pharmacist in the patient's
44.30 medical record or reported by the pharmacist to a practitioner responsible for the patient's
44.31 care;

44.32 (8) participation in the storage of drugs and the maintenance of records;

(9) patient counseling on therapeutic values, content, hazards, and uses of drugs and devices;

(10) offering or performing those acts, services, operations, or transactions necessary in the conduct, operation, management, and control of a pharmacy;

(11) participation in the initiation, management, modification, and discontinuation of therapy with opiate antagonists, as defined in section 604A.04, subdivision 1, pursuant to:

(i) a written protocol as allowed under clause (7); or

(ii) a written protocol with a community health board medical consultant or a practitioner designated by the commissioner of health, as allowed under section 151.37, subdivision 13;

(12) prescribing self-administered hormonal contraceptives; nicotine replacement medications; and opiate antagonists for the treatment of an acute opiate overdose pursuant to section 151.37, subdivision 14, 15, or 16; ~~and~~

(13) participation in the placement of drug monitoring devices according to a prescription, protocol, or collaborative practice agreement;

(14) prescribing, dispensing, and administering drugs for preventing the acquisition of HIV if the pharmacist meets the requirements in section 151.37, subdivision 17; and

(15) ordering, conducting, and interpreting laboratory tests necessary for therapies that use drugs for preventing the acquisition of HIV, if the pharmacist meets the requirements in section 151.37, subdivision 17.

EFFECTIVE DATE. This section is effective January 1, 2025.

Sec. 3. Minnesota Statutes 2022, section 151.37, is amended by adding a subdivision to read:

Subd. 17. Drugs for preventing the acquisition of HIV. (a) A pharmacist is authorized to prescribe and administer drugs to prevent the acquisition of human immunodeficiency virus (HIV) in accordance with this subdivision.

(b) By January 1, 2025, the Board of Pharmacy shall develop a standardized protocol for a pharmacist to follow in prescribing the drugs described in paragraph (a). In developing the protocol, the board may consult with community health advocacy groups, the Board of Medical Practice, the Board of Nursing, the commissioner of health, professional pharmacy associations, and professional associations for physicians, physician assistants, and advanced practice registered nurses.

(c) Before a pharmacist is authorized to prescribe a drug described in paragraph (a), the pharmacist must successfully complete a training program specifically developed for prescribing drugs for preventing the acquisition of HIV that is offered by a college of pharmacy, a continuing education provider that is accredited by the Accreditation Council for Pharmacy Education, or a program approved by the board. To maintain authorization to prescribe, the pharmacist shall complete continuing education requirements as specified by the board.

(d) Before prescribing a drug described in paragraph (a), the pharmacist shall follow the appropriate standardized protocol developed under paragraph (b) and, if appropriate, may dispense to a patient a drug described in paragraph (a).

(e) Before dispensing a drug described in paragraph (a) that is prescribed by the pharmacist, the pharmacist must provide counseling to the patient on the use of the drugs and must provide the patient with a fact sheet that includes the indications and contraindications for the use of these drugs, the appropriate method for using these drugs, the need for medical follow-up, and any additional information listed in Minnesota Rules, part 6800.0910, subpart 2, that is required to be provided to a patient during the counseling process.

(f) A pharmacist is prohibited from delegating the prescribing authority provided under this subdivision to any other person. A pharmacist intern registered under section 151.101 may prepare the prescription, but before the prescription is processed or dispensed, a pharmacist authorized to prescribe under this subdivision must review, approve, and sign the prescription.

(g) Nothing in this subdivision prohibits a pharmacist from participating in the initiation, management, modification, and discontinuation of drug therapy according to a protocol as authorized in this section and in section 151.01, subdivision 27.

EFFECTIVE DATE. This section is effective January 1, 2025, except that paragraph (b) is effective the day following final enactment.

ARTICLE 9

BOARD OF OPTOMETRY

Section 1. Minnesota Statutes 2022, section 148.56, subdivision 1, is amended to read:

Subdivision 1. **Optometry defined.** (a) Any person shall be deemed to be practicing optometry within the meaning of sections 148.52 to 148.62 who shall in any way:

- 47.1 (1) advertise as an optometrist;
- 47.2 (2) employ any means, including the use of autorefractors or other automated testing
47.3 devices, for the measurement of the powers of vision or the adaptation of lenses or prisms
47.4 for the aid thereof;
- 47.5 (3) possess testing appliances for the purpose of the measurement of the powers of vision;
- 47.6 (4) diagnose any disease, optical deficiency or deformity, or visual or muscular anomaly
47.7 of the visual system consisting of the human eye and its accessory or subordinate anatomical
47.8 parts;
- 47.9 (5) prescribe lenses, including plano or cosmetic contact lenses, or prisms for the
47.10 correction or the relief of same;
- 47.11 (6) employ or prescribe ocular exercises, orthoptics, or habilitative and rehabilitative
47.12 therapeutic vision care; or
- 47.13 (7) prescribe or administer legend drugs to aid in the diagnosis, cure, mitigation,
47.14 prevention, treatment, or management of disease, deficiency, deformity, or abnormality of
47.15 the human eye and adnexa included in the curricula of accredited schools or colleges of
47.16 optometry, and as limited by Minnesota statute and adopted rules by the Board of Optometry,
47.17 or who holds oneself out as being able to do so.
- 47.18 (b) In the course of treatment, nothing in this section shall allow:
- 47.19 (1) legend drugs to be administered intravenously, intramuscularly, or by injection,
47.20 except for treatment of anaphylaxis;
- 47.21 (2) invasive surgery including, but not limited to, surgery using lasers;
- 47.22 (3) Schedule II and III oral legend drugs ~~and oral steroids~~ to be administered or
47.23 prescribed; or
- 47.24 (4) ~~oral antivirals to be prescribed or administered for more than ten days; or steroids~~
47.25 to be prescribed or administered for more than 14 days without consultation with a physician.
- 47.26 ~~(5) oral carbonic anhydrase inhibitors to be prescribed or administered for more than~~
47.27 ~~seven days.~~

ARTICLE 10

BOARD OF MEDICAL PRACTICE

Section 1. Minnesota Statutes 2023 Supplement, section 144.99, subdivision 1, is amended to read:

Subdivision 1. **Remedies available.** The provisions of chapters 103I and 157 and sections 115.71 to 115.77; 144.12, subdivision 1, paragraphs (1), (2), (5), (6), (10), (12), (13), (14), and (15); 144.1201 to 144.1204; 144.121; 144.1215; 144.1222; 144.35; 144.381 to 144.385; 144.411 to 144.417; 144.495; 144.71 to 144.74; 144.9501 to 144.9512; 144.97 to 144.98; 144.992; 147.037, subdivision 1b, paragraph (c); 326.70 to 326.785; 327.10 to 327.131; and 327.14 to 327.28 and all rules, orders, stipulation agreements, settlements, compliance agreements, licenses, registrations, certificates, and permits adopted or issued by the department or under any other law now in force or later enacted for the preservation of public health may, in addition to provisions in other statutes, be enforced under this section.

EFFECTIVE DATE. This section is effective January 1, 2025.

Sec. 2. Minnesota Statutes 2022, section 147.037, is amended by adding a subdivision to read:

Subd. 1b. **Limited license.** (a) The board must issue a limited license to any person who satisfies the requirements of subdivision 1, paragraphs (a) to (c) and (e) to (g), and who:

(1) pursuant to a license or other authorization to practice, has practiced medicine, as defined in section 147.081, subdivision 3, clauses (2) to (4), for at least 60 months in the previous ten years outside of the United States;

(2) submits sufficient evidence of an offer to practice within the context of a collaborative agreement within a hospital or clinical setting where the limited license holder and physicians work together to provide patient care;

(3) provides services in a designated rural area or underserved urban community as defined in section 144.1501; and

(4) submits two letters of recommendation in support of a limited license, which must include one letter from a physician with whom the applicant previously worked and one letter from an administrator of the hospital or clinical setting in which the applicant previously worked. The letters of recommendation must attest to the applicant's good medical standing.

(b) A person issued a limited license under this subdivision must not be required to present evidence satisfactory to the board of the completion of one year of graduate clinical

49.1 medical training in a program accredited by a national accrediting organization approved
49.2 by the board.

49.3 (c) An employer of a limited license holder must pay the limited license holder at least
49.4 an amount equivalent to a medical resident in a comparable field. The employer must carry
49.5 medical malpractice insurance covering a limited license holder for the duration of the
49.6 employment. The commissioner of health may issue a correction order under section 144.99,
49.7 subdivision 3, requiring an employer to comply with this paragraph. An employer must not
49.8 retaliate against or discipline an employee for raising a complaint or pursuing enforcement
49.9 relating to this paragraph.

49.10 (d) The board must issue a full and unrestricted license to practice medicine to a person
49.11 who holds a limited license issued pursuant to paragraph (a) and who has:

49.12 (1) held the limited license for two years and is in good standing to practice medicine
49.13 in this state;

49.14 (2) practiced for a minimum of 1,692 hours per year for each of the previous two years;
49.15 and

49.16 (3) submitted a letter of recommendation in support of a full and unrestricted license
49.17 from any physician who participated in the collaborative agreement.

49.18 (e) A limited license holder must submit to the board, every six months or upon request,
49.19 a statement certifying whether the person is still employed as a physician in this state and
49.20 whether the person has been subjected to professional discipline as a result of the person's
49.21 practice. The board may suspend or revoke a limited license if a majority of the board
49.22 determines that the licensee is no longer employed as a physician in this state by an employer.
49.23 The licensee must be granted an opportunity to be heard prior to the board's determination.
49.24 A licensee may change employers during the duration of the limited license if the licensee
49.25 has another offer of employment. In the event that a change of employment occurs, the
49.26 licensee must still work the number of hours required under paragraph (d), clause (2), to be
49.27 eligible for a full and unrestricted license to practice medicine.

49.28 (f) For purposes of this subdivision, "collaborative agreement" means a mutually agreed
49.29 upon plan for the overall working relationship and collaborative arrangement between a
49.30 holder of a limited license and one or more physicians licensed under this chapter that
49.31 designates the scope of services that can be provided to manage the care of patients. The
49.32 limited license holder and one of the collaborating physicians must have experience in
49.33 providing care to patients with the same or similar medical conditions. The collaborating
49.34 physician is not required to be physically present, but the limited license holder must have

50.1 one-on-one practice reviews provided in person or through eye-to-eye electronic media
50.2 while maintaining visual contact with each collaborating physician for at least two hours
50.3 per month, and the collaborating physician and limited license holder can easily contact
50.4 each other by radio, telephone, or other telecommunication device.

50.5 (g) The board must not grant a license under this section unless the applicant possesses
50.6 federal immigration status that allows the applicant to practice as a physician in the United
50.7 States.

50.8 **EFFECTIVE DATE.** This section is effective January 1, 2025.

50.9 Sec. 3. Minnesota Statutes 2022, section 147B.01, is amended by adding a subdivision to
50.10 read:

50.11 Subd. 2a. **Acupuncture.** "Acupuncture" means a unique treatment technique that uses
50.12 modern and traditional medical methods of diagnosis and treatment. It includes the insertion
50.13 of filiform or acupuncture needles through the skin and may include the use of other
50.14 biophysical methods of acupuncture point stimulation, including the use of heat, massage,
50.15 or manual therapy techniques or electrical stimulation. Acupuncture includes but is not
50.16 limited to therapies termed "dry needling," "trigger point therapy," "intramuscular therapy,"
50.17 "auricular detox treatment," and similar terms referring to the insertion of needles past the
50.18 skin for pain management, disease or symptom modification, or other related treatments.

50.19 Sec. 4. Minnesota Statutes 2022, section 147B.01, subdivision 3, is amended to read:

50.20 Subd. 3. **Acupuncture and herbal medicine practice.** "Acupuncture and herbal medicine
50.21 practice" means a comprehensive system of primary health care using Oriental medical
50.22 theory and its unique methods of diagnosis and treatment. Its treatment techniques include
50.23 the insertion of acupuncture needles through the skin and the use of other biophysical
50.24 methods of acupuncture point stimulation, including the use of heat, Oriental massage
50.25 techniques, electrical stimulation, herbal supplemental therapies, dietary guidelines, breathing
50.26 techniques, and exercise based on Oriental medical principles that uses traditional and
50.27 modern diagnosis, methodology, and treatment techniques based on acupuncture and herbal
50.28 medicine theory, principles, and methods. Treatment techniques include but are not limited
50.29 to acupuncture, cupping, dermal friction, therapeutic massage, herbal therapies, dietary
50.30 guidelines, mind-body exercises, and other appropriate techniques.

51.1 Sec. 5. Minnesota Statutes 2022, section 147B.01, subdivision 4, is amended to read:

51.2 Subd. 4. **Acupuncture needle.** "Acupuncture needle" means a needle designed
51.3 exclusively for ~~acupuncture~~ the purposes of insertion past the skin to alleviate pain, provide
51.4 symptom relief, or modulate disease processes. It has a solid core, with a tapered point, and
51.5 is 0.12 mm to 0.45 mm in thickness. It is constructed of stainless steel, gold, silver, or other
51.6 board-approved materials as long as the materials can be sterilized according to
51.7 recommendations of the National Centers for Disease Control and Prevention.

51.8 Sec. 6. Minnesota Statutes 2022, section 147B.01, subdivision 9, is amended to read:

51.9 Subd. 9. **Breathing techniques.** "Breathing techniques" means ~~Oriental~~ breathing
51.10 exercises taught to a patient as part of a treatment plan.

51.11 Sec. 7. Minnesota Statutes 2022, section 147B.01, subdivision 14, is amended to read:

51.12 Subd. 14. **Herbal therapies or herbal medicine.** "Herbal therapies" ~~are~~ or "herbal
51.13 medicine" means the use of herbs and patent herbal remedies as supplements as part of the
51.14 treatment plan of the patient.

51.15 Sec. 8. Minnesota Statutes 2022, section 147B.03, subdivision 2, is amended to read:

51.16 Subd. 2. **Board approval.** The board shall approve a continuing education program if
51.17 the program meets the following requirements:

51.18 (1) it directly relates to the practice of acupuncture;

51.19 (2) each member of the faculty shows expertise in the subject matter by holding a degree
51.20 or certificate from an educational institution, has verifiable experience in ~~traditional Oriental~~
51.21 acupuncture and herbal medicine, or has special training in the subject area;

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

51.23 (4) there are specific written objectives describing the goals of the program for the
51.24 participants; and

51.25 (5) the program sponsor maintains attendance records for four years.

51.26 Sec. 9. Minnesota Statutes 2022, section 147B.03, subdivision 3, is amended to read:

51.27 Subd. 3. **Continuing education topics.** (a) Continuing education program topics may
51.28 include; but are not limited to, ~~Oriental medical~~ acupuncture and herbal medicine theory
51.29 and techniques including ~~Oriental~~ massage; ~~Oriental~~ nutrition; ~~Oriental~~ herbology and diet

52.1 therapy; ~~Oriental exercise; western sciences such as~~ anatomy, physiology, biochemistry,
52.2 microbiology, psychology, ~~nutrition,~~ and history of medicine; and medical terminology or
52.3 coding.

52.4 (b) Practice management courses are excluded under this section.

52.5 Sec. 10. Minnesota Statutes 2022, section 147B.05, subdivision 1, is amended to read:

52.6 Subdivision 1. **Creation.** The advisory council to the Board of Medical Practice for
52.7 acupuncture consists of seven members appointed by the board to three-year terms. Four
52.8 members must be ~~licensed~~ acupuncture practitioners licensed in Minnesota, one member
52.9 must be a licensed physician or osteopathic physician who also practices acupuncture, one
52.10 member must be a licensed chiropractor who is NCCAOM certified, and one member must
52.11 be a member of the public who has received acupuncture treatment as a primary therapy
52.12 from a NCCAOM certified acupuncturist.

52.13 Sec. 11. Minnesota Statutes 2022, section 147B.06, subdivision 1, is amended to read:

52.14 Subdivision 1. **Practice standards.** (a) Before treatment of a patient, an acupuncture
52.15 practitioner shall ask whether the patient has been examined by a licensed physician or other
52.16 professional, as defined by section 145.61, subdivision 2, with regard to the patient's illness
52.17 or injury, and shall review the diagnosis as reported.

52.18 (b) The practitioner shall obtain informed consent from the patient, after advising the
52.19 patient of the following information which must be supplied to the patient ~~in writing~~ before
52.20 or at the time of the initial visit:

52.21 (1) the practitioner's qualifications including:

52.22 (i) education;

52.23 (ii) license information; and

52.24 (iii) outline of the scope of practice of acupuncturists in Minnesota; and

52.25 (2) side effects which may include the following:

52.26 (i) some pain in the treatment area;

52.27 (ii) minor bruising;

52.28 (iii) infection;

52.29 (iv) needle sickness; or

52.30 (v) broken needles.

~~(e) The practitioner shall obtain acknowledgment by the patient in writing that the patient has been advised to consult with the patient's primary care physician about the acupuncture treatment if the patient circumstances warrant or the patient chooses to do so.~~

~~(d)~~ (c) The practitioner shall inquire whether the patient has a pacemaker or bleeding disorder.

Sec. 12. Minnesota Statutes 2022, section 147B.06, subdivision 4, is amended to read:

Subd. 4. **Scope of practice.** The scope of practice of acupuncture and herbal medicine includes, but is not limited to, the following:

(1) ~~using Oriental medical theory to assess and diagnose a patient~~ evaluation, management, and treatment services using methods and techniques described in section 147B.01, subdivisions 2a, 3, and 14;

(2) ~~using Oriental medical theory to develop a plan to treat a patient. The treatment techniques that may be chosen include:~~ diagnostic examination, testing, and procedures including physical examination, basic diagnostic imaging, and basic laboratory or other diagnostic tests for the purposes of guiding treatment within the scope of practice of acupuncture, herbal medicine, and herbal therapies, as described in section 147B.01, subdivisions 2a, 3, and 14, provided that when results fall outside of the education, training, and expertise of the licensed acupuncturists, or suggest serious or emergent conditions, the acupuncturist will facilitate referrals to other appropriate health care providers;

~~(i) insertion of sterile acupuncture needles through the skin;~~

~~(ii) acupuncture stimulation including, but not limited to, electrical stimulation or the application of heat;~~

~~(iii) cupping;~~

~~(iv) dermal friction;~~

~~(v) acupressure;~~

~~(vi) herbal therapies;~~

~~(vii) dietary counseling based on traditional Chinese medical principles;~~

~~(viii) breathing techniques;~~

~~(ix) exercise according to Oriental medical principles; or~~

~~(x) Oriental massage.~~

54.1 (3) services included in the practice of acupuncture and herbal medicine, as defined in
54.2 section 147B.01, subdivision 3;

54.3 (4) stimulation of acupuncture points, areas of the body, or substances in the body using
54.4 acupuncture needles, heat, cold, color, light, infrared and ultraviolet, low-level or cold lasers,
54.5 sound, vibration, pressure, magnetism, electricity, electromagnetic energy, bleeding, suction,
54.6 or other devices or means;

54.7 (5) use of physical medicine modalities, procedures, and devices such as cupping, dermal
54.8 friction, acupressure, and massage, as described in section 147B.01, subdivisions 2a, 3, and
54.9 14;

54.10 (6) use of therapeutic exercises, breathing techniques, meditation, and biofeedback
54.11 devices and other devices that utilize heat, cold, color, light, infrared and ultraviolet, low-level
54.12 or cold lasers, sound, vibration, pressure, magnetism, electricity, and electromagnetic energy
54.13 for therapeutic purposes;

54.14 (7) dietary counseling using methods and techniques of acupuncture and herbal medicine;
54.15 and

54.16 (8) counseling and education regarding physical, emotional, and spiritual balance in
54.17 lifestyle using methods and techniques described in section 147B.01, subdivision 3.

54.18 Sec. 13. Minnesota Statutes 2022, section 147B.06, subdivision 5, is amended to read:

54.19 Subd. 5. **Patient records.** An acupuncturist shall maintain a patient record for each
54.20 patient treated, including:

54.21 (1) a copy of the informed consent;

54.22 (2) evidence of a patient interview concerning the patient's medical history and current
54.23 physical condition;

54.24 (3) evidence of ~~a traditional acupuncture~~ examination and diagnosis;

54.25 (4) record of the treatment including points treated; and

54.26 (5) evidence of evaluation and instructions given to the patient.

54.27 Sec. 14. **REPEALER.**

54.28 Minnesota Statutes 2022, section 147B.01, subdivision 18, is repealed.

ARTICLE 11

BOARD OF NURSING

Section 1. Minnesota Statutes 2022, section 147D.03, subdivision 1, is amended to read:

Subdivision 1. **General.** Within the meaning of sections 147D.01 to 147D.27, a person who shall publicly profess to be a traditional midwife and who, for a fee, shall assist or attend to a woman in pregnancy, childbirth outside a hospital, and postpartum, shall be regarded as practicing traditional midwifery. A certified midwife licensed by the Board of Nursing under chapter 148G is not subject to the provisions of this chapter.

Sec. 2. Minnesota Statutes 2022, section 148.241, is amended to read:

148.241 EXPENSES.

Subdivision 1. **Appropriation.** The expenses of administering sections 148.171 to 148.285 and chapter 148G shall be paid from the appropriation made to the Minnesota Board of Nursing.

Subd. 2. **Expenditure.** All amounts appropriated to the board shall be held subject to the order of the board to be used only for the purpose of meeting necessary expenses incurred in the performance of the purposes of sections 148.171 to 148.285 and chapter 148G, and the duties imposed thereby as well as the promotion of nursing or certified midwifery education and standards of nursing or certified midwifery care in this state.

Sec. 3. **[148G.01] TITLE.**

This chapter shall be referred to as the Minnesota Certified Midwife Practice Act.

Sec. 4. **[148G.02] SCOPE.**

This chapter applies to all applicants and licensees, all persons who use the title certified midwife, and all persons in or out of this state who provide certified midwifery services to patients who reside in this state, unless there are specific applicable exemptions provided by law.

Sec. 5. **[148G.03] DEFINITIONS.**

Subdivision 1. **Scope.** For purposes of this chapter, the definitions in this section have the meanings given.

Subd. 2. **Board.** "Board" means the Minnesota Board of Nursing.

56.1 Subd. 3. **Certification.** "Certification" means the formal recognition by the American
56.2 Midwifery Certification Board of the knowledge, skills, and experience demonstrated by
56.3 the achievement of standards identified by the American College of Nurse Midwives or any
56.4 successor organization.

56.5 Subd. 4. **Certified midwife.** "Certified midwife" means an individual who holds a current
56.6 and valid national certification as a certified midwife from the American Midwifery
56.7 Certification Board or any successor organization, and who is licensed by the board under
56.8 this chapter.

56.9 Subd. 5. **Certified midwifery practice.** "Certified midwifery practice" means:

56.10 (1) managing, diagnosing, and treating women's primary health care, including pregnancy,
56.11 childbirth, postpartum period, care of the newborn, family planning, partner care management
56.12 relating to sexual health, and gynecological care of women across the life span;

56.13 (2) ordering, performing, supervising, and interpreting diagnostic studies within the
56.14 scope of certified midwifery practice, excluding interpreting computed tomography scans,
56.15 magnetic resonance imaging scans, positron emission tomography scans, nuclear scans, and
56.16 mammography;

56.17 (3) prescribing pharmacologic and nonpharmacologic therapies appropriate to midwifery
56.18 practice;

56.19 (4) consulting with, collaborating with, or referring to other health care providers as
56.20 warranted by the needs of the patient; and

56.21 (5) performing the role of educator in the theory and practice of midwifery.

56.22 Subd. 6. **Collaborating.** "Collaborating" means the process in which two or more health
56.23 care professionals work together to meet the health care needs of a patient, as warranted by
56.24 the needs of the patient.

56.25 Subd. 7. **Consulting.** "Consulting" means the process in which a certified midwife who
56.26 maintains primary management responsibility for a patient's care seeks advice or opinion
56.27 of a physician, an advanced practice registered nurse, or another member of the health care
56.28 team.

56.29 Subd. 8. **Encumbered.** "Encumbered" means: (1) a license or other credential that is
56.30 revoked, suspended, or contains limitations on the full and unrestricted practice of certified
56.31 midwifery when the revocation, suspension, or limitation is imposed by a state licensing
56.32 board or other state regulatory entity; or (2) a license or other credential that is voluntarily
56.33 surrendered.

57.1 **Subd. 9. Licensure period.** "Licensure period" means the interval of time during which
57.2 the certified midwife is authorized to engage in certified midwifery. The initial licensure
57.3 period is from six to 29 full calendar months starting on the day of licensure and ending on
57.4 the last day of the certified midwife's month of birth in an even-numbered year if the year
57.5 of birth is an even-numbered year, or in an odd-numbered year if the year of birth is in an
57.6 odd-numbered year. Subsequent licensure renewal periods are 24 months. For licensure
57.7 renewal, the period starts on the first day of the month following expiration of the previous
57.8 licensure period. The period ends the last day of the certified midwife's month of birth in
57.9 an even- or odd-numbered year according to the certified midwife's year of birth.

57.10 **Subd. 10. Licensed practitioner.** "Licensed practitioner" means a physician licensed
57.11 under chapter 147, an advanced practice registered nurse licensed under sections 148.171
57.12 to 148.235, or a certified midwife licensed under this chapter.

57.13 **Subd. 11. Midwifery education program.** "Midwifery education program" means a
57.14 university or college that provides a program of theory and practice that leads to the
57.15 preparation and eligibility for certification in midwifery and is accredited by the Accreditation
57.16 Commission for Midwifery Education or any successor organization recognized by the
57.17 United States Department of Education or the Council for Higher Education Accreditation.

57.18 **Subd. 12. Patient.** "Patient" means a recipient of care provided by a certified midwife,
57.19 including an individual, family, group, or community.

57.20 **Subd. 13. Prescribing.** "Prescribing" means the act of generating a prescription for the
57.21 preparation of, use of, or manner of using a drug or therapeutic device under section 148G.09.
57.22 Prescribing does not include recommending the use of a drug or therapeutic device that is
57.23 not required by the federal Food and Drug Administration to meet the labeling requirements
57.24 for prescription drugs and devices.

57.25 **Subd. 14. Prescription.** "Prescription" means a written direction or an oral direction
57.26 reduced to writing provided to or for a patient for the preparation or use of a drug or
57.27 therapeutic device. The requirements of section 151.01, subdivisions 16, 16a, and 16b, apply
57.28 to prescriptions for drugs.

57.29 **Subd. 15. Referral.** "Referral" means the process in which a certified midwife directs
57.30 a patient to a physician or another health care professional for management of a particular
57.31 problem or aspect of the patient's care.

57.32 **Subd. 16. Supervision.** "Supervision" means monitoring and establishing the initial
57.33 direction, setting expectations, directing activities and courses of action, evaluating, and
57.34 changing a course of action in certified midwifery care.

58.1 Sec. 6. **[148G.04] CERTIFIED MIDWIFE LICENSING.**

58.2 Subdivision 1. **Licensure.** (a) No person shall practice as a certified midwife or serve
58.3 as the faculty of record for clinical instruction in a midwifery distance learning program
58.4 unless the certified midwife is licensed by the board under this chapter.

58.5 (b) An applicant for a license to practice as a certified midwife must apply to the board
58.6 in a format prescribed by the board and pay a fee in an amount determined under section
58.7 148G.11.

58.8 (c) To be eligible for licensure, an applicant must:

58.9 (1) not hold an encumbered license or other credential as a certified midwife or equivalent
58.10 professional designation in any state or territory;

58.11 (2) hold a current and valid certification as a certified midwife from the American
58.12 Midwifery Certification Board or any successor organization acceptable to the board and
58.13 provide primary source verification of certification to the board in a format prescribed by
58.14 the board;

58.15 (3) have completed a graduate level midwifery program that includes clinical experience,
58.16 is accredited by the Accreditation Commission for Midwifery Education or any successor
58.17 organization recognized by the United States Department of Education or the Council for
58.18 Higher Education Accreditation, and leads to a graduate degree. The applicant must submit
58.19 primary source verification of program completion to the board in a format prescribed by
58.20 the board. The primary source verification must verify the applicant completed three separate
58.21 graduate-level courses in physiology and pathophysiology; advanced health assessment;
58.22 and advanced pharmacology, including pharmacodynamics, pharmacokinetics, and
58.23 pharmacotherapeutics of all broad categories of agents;

58.24 (4) report any criminal conviction, nolo contendere plea, Alford plea, or other plea
58.25 arrangement in lieu of conviction; and

58.26 (5) not have committed any acts or omissions that are grounds for disciplinary action in
58.27 another jurisdiction or, if these acts were committed and would be grounds for disciplinary
58.28 action as set forth in section 148G.13, the board has found after an investigation that sufficient
58.29 remediation was made.

58.30 Subd. 2. **Clinical practice component.** If more than five years have elapsed since the
58.31 applicant has practiced in the certified midwife role, the applicant must complete a
58.32 reorientation plan as a certified midwife. The plan must include supervision during the
58.33 clinical component by a licensed practitioner with experience in providing care to patients

with the same or similar health care needs. The applicant must submit the plan and the name of the practitioner to the board. The plan must include a minimum of 500 hours of supervised certified midwifery practice. The certified midwife must submit verification of completion of the clinical reorientation to the board when the reorientation is complete.

Sec. 7. **[148G.05] LICENSURE RENEWAL; RELICENSURE.**

Subdivision 1. Renewal; current applicants. (a) A certified midwife must apply for renewal of the certified midwife's license before the certified midwife's licensure period ends. To be considered timely, the board must receive the certified midwife's application on or before the last day of the certified midwife's licensure period. A certified midwife's license lapses if the certified midwife's application is untimely.

(b) An applicant for certified midwifery renewal must provide the board evidence of current certification or recertification as a certified midwife by the American Midwifery Certification Board or any successor organization.

(c) An applicant for certified midwifery renewal must submit to the board the fee under section 148G.11, subdivision 2.

Subd. 2. Clinical practice component. If more than five years have elapsed since the applicant has practiced as a certified midwife, the applicant must complete a reorientation plan as a certified midwife. The plan must include supervision during the clinical component by a licensed practitioner with experience in providing care to patients with the same or similar health care needs. The licensee must submit the plan and the name of the practitioner to the board. The plan must include a minimum of 500 hours of supervised certified midwifery practice. The certified midwife must submit verification of completion of the clinical reorientation to the board when the reorientation is complete.

Subd. 3. Relicensure; lapsed applicants. A person whose license has lapsed desiring to resume practice as a certified midwife must apply for relicensure, submit to the board satisfactory evidence of compliance with the procedures and requirements established by the board, and pay the board the relicensure fee under section 148G.11, subdivision 4, for the current period. A penalty fee under section 148G.11, subdivision 3, is required from a person who practiced certified midwifery without current licensure. The board must relicense a person who meets the requirements of this subdivision.

60.1 Sec. 8. **[148G.06] FAILURE OR REFUSAL TO PROVIDE INFORMATION.**

60.2 Subdivision 1. Notification requirement. An individual licensed as a certified midwife
60.3 must notify the board when the individual renews their certification. If a licensee fails to
60.4 provide notification, the licensee is prohibited from practicing as a certified midwife.

60.5 Subd. 2. Denial of license. Refusal of an applicant to supply information necessary to
60.6 determine the applicant's qualifications, failure to demonstrate qualifications, or failure to
60.7 satisfy the requirements for a license contained in this chapter or rules of the board may
60.8 result in denial of a license. The burden of proof is upon the applicant to demonstrate the
60.9 qualifications and satisfaction of the requirements.

60.10 Sec. 9. **[148G.07] NAME CHANGE AND CHANGE OF ADDRESS.**

60.11 A certified midwife must maintain a current name and address with the board and must
60.12 notify the board in writing within 30 days of any change in name or address. All notices or
60.13 other correspondence mailed to or served upon a certified midwife by the board at the
60.14 licensee's address on file with the board are considered received by the licensee.

60.15 Sec. 10. **[148G.08] IDENTIFICATION OF CERTIFIED MIDWIVES.**

60.16 Only those persons who hold a current license to practice certified midwifery in this
60.17 state may use the title of certified midwife. A certified midwife licensed by the board must
60.18 use the designation of CM for professional identification and in documentation of services
60.19 provided.

60.20 Sec. 11. **[148G.09] PRESCRIBING DRUGS AND THERAPEUTIC DEVICES.**

60.21 Subdivision 1. Diagnosing, prescribing, and ordering. Certified midwives, within the
60.22 scope of certified midwifery practice, are authorized to:

60.23 (1) diagnose, prescribe, and institute therapy or referrals of patients to health care agencies
60.24 and providers;

60.25 (2) prescribe, procure, sign for, record, administer, and dispense over-the-counter, legend,
60.26 and controlled substances, including sample drugs; and

60.27 (3) plan and initiate a therapeutic regimen that includes ordering and prescribing durable
60.28 medical devices and equipment, nutrition, diagnostic services, and supportive services,
60.29 including but not limited to home health care, physical therapy, and occupational therapy.

60.30 Subd. 2. Drug Enforcement Administration requirements. (a) Certified midwives
60.31 must:

61.1 (1) comply with federal Drug Enforcement Administration (DEA) requirements related
61.2 to controlled substances; and

61.3 (2) file the certified midwife's DEA registrations and numbers with the board, if any.

61.4 (b) The board must maintain current records of all certified midwives with DEA
61.5 registration and numbers.

61.6 **Sec. 12. [148G.10] FEES.**

61.7 The fees specified in section 148G.11 are nonrefundable and must be deposited in the
61.8 state government special revenue fund.

61.9 **Sec. 13. [148G.11] FEE AMOUNTS.**

61.10 Subdivision 1. **Licensure.** The fee for licensure is \$105.

61.11 Subd. 2. **Renewal.** The fee for licensure renewal is \$85.

61.12 Subd. 3. **Practicing without current certification.** The penalty fee for a person who
61.13 practices certified midwifery without a current certification or recertification, or who practices
61.14 certified midwifery without current certification or recertification on file with the board, is
61.15 \$200 for the first month or part of a month and an additional \$100 for each subsequent
61.16 month or parts of months of practice. The penalty fee must be calculated from the first day
61.17 the certified midwife practiced without a current certified midwife license and certification
61.18 to the last day of practice without a current license and certification, or from the first day
61.19 the certified midwife practiced without a current license and certification on file with the
61.20 board until the day the current license and certification is filed with the board.

61.21 Subd. 4. **Relicensure.** The fee for relicensure is \$105. The fee for practicing without
61.22 current licensure is two times the amount of the current renewal fee for any part of the first
61.23 calendar month, plus the current renewal fee for any part of each subsequent month up to
61.24 24 months.

61.25 Subd. 5. **Dishonored check fee.** The service fee for a dishonored check is as provided
61.26 in section 604.113.

61.27 **Sec. 14. [148G.12] APPROVED MIDWIFERY EDUCATION PROGRAM.**

61.28 Subdivision 1. **Initial approval.** An institution desiring to conduct a certified midwifery
61.29 program must submit evidence to the board that the institution is prepared to:

62.1 (1) provide a program of theory and practice in certified midwifery leading to eligibility
62.2 for certification in midwifery;

62.3 (2) achieve preaccreditation and eventual full accreditation by the American Commission
62.4 for Midwifery Education or any successor organization recognized by the United States
62.5 Department of Education or the Council for Higher Education Accreditation. Instruction
62.6 and required experience may be obtained in one or more institutions or agencies outside
62.7 the applying institution if the program retains accountability for all clinical and nonclinical
62.8 teaching; and

62.9 (3) meet other standards established by law and by the board.

62.10 Subd. 2. **Continuing approval.** The board must, through the board's representative,
62.11 annually survey all midwifery programs in the state for current accreditation status by the
62.12 American Commission for Midwifery Education or any successor organization recognized
62.13 by the United States Department of Education or the Council for Higher Education
62.14 Accreditation. If the results of the survey show that a certified midwifery program meets
62.15 all standards for continuing accreditation, the board must continue approval of the certified
62.16 midwifery program.

62.17 Subd. 3. **Loss of approval.** If the board determines that an accredited certified midwifery
62.18 program is not maintaining the standards required by the American Commission on
62.19 Midwifery Education or any successor organization, the board must obtain the defect in
62.20 writing from the accrediting body. If a program fails to correct the defect to the satisfaction
62.21 of the accrediting body and the accrediting body revokes the program's accreditation, the
62.22 board must remove the program from the list of approved certified midwifery programs.

62.23 Subd. 4. **Reinstatement of approval.** The board must reinstate approval of a certified
62.24 midwifery program upon submission of satisfactory evidence that the certified midwifery's
62.25 program of theory and practice meets the standards required by the accrediting body.

62.26 Sec. 15. **[148G.13] GROUNDS FOR DISCIPLINARY ACTION.**

62.27 Subdivision 1. **Grounds listed.** The board may deny, revoke, suspend, limit, or condition
62.28 the license of any person to practice certified midwifery under this chapter or otherwise
62.29 discipline a licensee or applicant as described in section 148G.14. The following are grounds
62.30 for disciplinary action:

62.31 (1) failure to demonstrate the qualifications or satisfy the requirements for a license
62.32 contained in this chapter or rules of the board. In the case of a person applying for a license,

63.1 the burden of proof is upon the applicant to demonstrate the qualifications or satisfaction
63.2 of the requirements;

63.3 (2) employing fraud or deceit in procuring or attempting to procure a license to practice
63.4 certified midwifery;

63.5 (3) conviction of a felony or gross misdemeanor reasonably related to the practice of
63.6 certified midwifery. Conviction, as used in this subdivision, includes a conviction of an
63.7 offense that if committed in this state would be considered a felony or gross misdemeanor
63.8 without regard to its designation elsewhere, or a criminal proceeding where a finding or
63.9 verdict of guilt is made or returned, but the adjudication of guilt is either withheld or not
63.10 entered;

63.11 (4) revocation, suspension, limitation, conditioning, or other disciplinary action against
63.12 the person's certified midwife credential in another state, territory, or country; failure to
63.13 report to the board that charges regarding the person's certified midwifery license,
63.14 certification, or other credential are pending in another state, territory, or country; or failure
63.15 to report to the board having been refused a license or other credential by another state,
63.16 territory, or country;

63.17 (5) failure or inability to practice as a certified midwife with reasonable skill and safety,
63.18 or departure from or failure to conform to standards of acceptable and prevailing certified
63.19 midwifery, including failure of a certified midwife to adequately supervise or monitor the
63.20 performance of acts by any person working at the certified midwife's direction;

63.21 (6) engaging in unprofessional conduct, including but not limited to a departure from
63.22 or failure to conform to statutes relating to certified midwifery practice or to the minimal
63.23 standards of acceptable and prevailing certified midwifery practice, or in any certified
63.24 midwifery practice that may create unnecessary danger to a patient's life, health, or safety.
63.25 Actual injury to a patient need not be established under this clause;

63.26 (7) supervision or accepting the supervision of a midwifery function or a prescribed
63.27 health care function when the acceptance could reasonably be expected to result in unsafe
63.28 or ineffective patient care;

63.29 (8) actual or potential inability to practice certified midwifery with reasonable skill and
63.30 safety to patients by reason of illness; use of alcohol, drugs, chemicals, or any other material;
63.31 or as a result of any mental or physical condition;

64.1 (9) adjudication as mentally incompetent, mentally ill, a chemically dependent person,
64.2 or a person dangerous to the public by a court of competent jurisdiction, within or outside
64.3 of this state;

64.4 (10) engaging in any unethical conduct, including but not limited to conduct likely to
64.5 deceive, defraud, or harm the public, or demonstrating a willful or careless disregard for
64.6 the health, welfare, or safety of a patient. Actual injury need not be established under this
64.7 clause;

64.8 (11) engaging in conduct with a patient that is sexual or may reasonably be interpreted
64.9 by the patient as sexual, in any verbal behavior that is seductive or sexually demeaning to
64.10 a patient, or in sexual exploitation of a patient or former patient;

64.11 (12) obtaining money, property, or services from a patient, other than reasonable fees
64.12 for services provided to the patient, through the use of undue influence, harassment, duress,
64.13 deception, or fraud;

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

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

64.18 (15) improper management of patient records, including failure to maintain adequate
64.19 patient records, to comply with a patient's request made pursuant to sections 144.291 to
64.20 144.298, or to furnish a patient record or report required by law;

64.21 (16) knowingly aiding, assisting, advising, or allowing an unlicensed person to engage
64.22 in the unlawful practice of certified midwifery;

64.23 (17) violating a rule adopted by the board, an order of the board, or a state or federal
64.24 law relating to the practice of certified midwifery, or a state or federal narcotics or controlled
64.25 substance law;

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

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

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

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

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

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

65.8 (20) practicing outside the scope of certified midwifery practice as defined under section
65.9 148G.03, subdivision 5;

65.10 (21) making a false statement or knowingly providing false information to the board,
65.11 failing to make reports as required by section 148G.15, or failing to cooperate with an
65.12 investigation of the board as required by section 148G.17;

65.13 (22) engaging in false, fraudulent, deceptive, or misleading advertising;

65.14 (23) failure to inform the board of the person's certification or recertification status as
65.15 a certified midwife;

65.16 (24) engaging in certified midwifery practice without a license and current certification
65.17 or recertification by the American Midwifery Certification Board or any successor
65.18 organization; or

65.19 (25) failure to maintain appropriate professional boundaries with a patient. A certified
65.20 midwife must not engage in practices that create an unacceptable risk of patient harm or of
65.21 the impairment of a certified midwife's objectivity or professional judgment. A certified
65.22 midwife must not act or fail to act in a way that, as judged by a reasonable and prudent
65.23 certified midwife, inappropriately encourages the patient to relate to the certified midwife
65.24 outside of the boundaries of the professional relationship, or in a way that interferes with
65.25 the patient's ability to benefit from certified midwife services. A certified midwife must not
65.26 use the professional relationship with a patient, student, supervisee, or intern to further the
65.27 certified midwife's personal, emotional, financial, sexual, religious, political, or business
65.28 benefit or interests.

65.29 Subd. 2. **Conviction of a felony-level criminal sexual offense.** (a) Except as provided
65.30 in paragraph (e), the board must not grant or renew a license to practice certified midwifery
65.31 to any person who has been convicted on or after August 1, 2014, of any of the provisions
65.32 of section 609.342, subdivision 1 or 1a; 609.343, subdivision 1 or 1a; 609.344, subdivision

66.1 1 or subdivision 1a, paragraphs (c) to (g); or 609.345, subdivision 1 or subdivision 1a,
66.2 paragraphs (c) to (g); or a similar statute in another jurisdiction.

66.3 (b) A license to practice certified midwifery is automatically revoked if the licensee is
66.4 convicted of an offense listed in paragraph (a).

66.5 (c) A license to practice certified midwifery that has been denied or revoked under this
66.6 subdivision is not subject to chapter 364.

66.7 (d) For purposes of this subdivision, "conviction" means a plea of guilty, a verdict of
66.8 guilty by a jury, or a finding of guilty by the court, unless the court stays imposition or
66.9 execution of the sentence and final disposition of the case is accomplished at a nonfelony
66.10 level.

66.11 (e) The board may establish criteria whereby an individual convicted of an offense listed
66.12 in paragraph (a) may become licensed if the criteria:

66.13 (1) utilize a rebuttable presumption that the applicant is not suitable for licensing;

66.14 (2) provide a standard for overcoming the presumption; and

66.15 (3) require that a minimum of ten years has elapsed since the applicant's sentence was
66.16 discharged.

66.17 (f) The board must not consider an application under paragraph (e) if the board determines
66.18 that the victim involved in the offense was a patient or a client of the applicant at the time
66.19 of the offense.

66.20 Subd. 3. **Evidence.** In disciplinary actions alleging a violation of subdivision 1, clause
66.21 (3) or (4), or subdivision 2, a copy of the judgment or proceeding under the seal of the court
66.22 administrator or of the administrative agency that entered the same is admissible into evidence
66.23 without further authentication and constitutes prima facie evidence of the violation concerned.

66.24 Subd. 4. **Examination; access to medical data.** (a) If the board has probable cause to
66.25 believe that grounds for disciplinary action exist under subdivision 1, clause (8) or (9), it
66.26 may direct the applicant or certified midwife to submit to a mental or physical examination
66.27 or chemical dependency evaluation. For the purpose of this subdivision, when a certified
66.28 midwife licensed under this chapter is directed in writing by the board to submit to a mental
66.29 or physical examination or chemical dependency evaluation, that person is considered to
66.30 have consented and to have waived all objections to admissibility on the grounds of privilege.
66.31 Failure of the applicant or certified midwife to submit to an examination when directed
66.32 constitutes an admission of the allegations against the applicant or certified midwife, unless
66.33 the failure was due to circumstances beyond the person's control, and the board may enter

67.1 a default and final order without taking testimony or allowing evidence to be presented. A
67.2 certified midwife affected under this paragraph must, at reasonable intervals, be given an
67.3 opportunity to demonstrate that the competent practice of certified midwifery can be resumed
67.4 with reasonable skill and safety to patients. Neither the record of proceedings nor the orders
67.5 entered by the board in a proceeding under this paragraph may be used against a certified
67.6 midwife in any other proceeding.

67.7 (b) Notwithstanding sections 13.384, 144.651, and 595.02, or any other law limiting
67.8 access to medical or other health data, the board may obtain medical data and health records
67.9 relating to a certified midwife or applicant for a license without that person's consent if the
67.10 board has probable cause to believe that grounds for disciplinary action exist under
67.11 subdivision 1, clause (8) or (9). The medical data may be requested from a provider, as
67.12 defined in section 144.291, subdivision 2, paragraph (h); an insurance company; or a
67.13 government agency, including the Department of Human Services. A provider, insurance
67.14 company, or government agency must comply with any written request of the board under
67.15 this subdivision and is not liable in any action for damages for releasing the data requested
67.16 by the board if the data are released pursuant to a written request under this subdivision,
67.17 unless the information is false and the provider giving the information knew or had reason
67.18 to believe the information was false. Information obtained under this subdivision is classified
67.19 as private data on individuals as defined in section 13.02.

67.20 Sec. 16. **[148G.14] FORMS OF DISCIPLINARY ACTION; AUTOMATIC**
67.21 **SUSPENSION; TEMPORARY SUSPENSION; REISSUANCE.**

67.22 Subdivision 1. **Forms of disciplinary action.** If the board finds that grounds for
67.23 disciplinary action exist under section 148G.13, it may take one or more of the following
67.24 actions:

67.25 (1) deny the license application or licensure renewal;

67.26 (2) revoke the license;

67.27 (3) suspend the license;

67.28 (4) impose limitations on the certified midwife's practice of certified midwifery including
67.29 but not limited to limitation of scope of practice or the requirement of practice under
67.30 supervision;

67.31 (5) impose conditions on the retention of the license, including but not limited to the
67.32 imposition of retraining or rehabilitation requirements or the conditioning of continued

68.1 practice on demonstration of knowledge or skills by appropriate examination, monitoring,
68.2 or other review;

68.3 (6) impose a civil penalty not exceeding \$10,000 for each separate violation. The amount
68.4 of the civil penalty must be fixed so as to deprive the certified midwife of any economic
68.5 advantage gained by reason of the violation charged; to reimburse the board for the cost of
68.6 counsel, investigation, and proceeding; and to discourage repeated violations;

68.7 (7) order the certified midwife to provide unremunerated service;

68.8 (8) censure or reprimand the certified midwife; or

68.9 (9) any other action justified by the facts in the case.

68.10 Subd. 2. **Automatic suspension of license.** (a) Unless the board orders otherwise, a
68.11 license to practice certified midwifery is automatically suspended if:

68.12 (1) a guardian of a certified midwife is appointed by order of a court under sections
68.13 524.5-101 to 524.5-502;

68.14 (2) the certified midwife is committed by order of a court under chapter 253B; or

68.15 (3) the certified midwife is determined to be mentally incompetent, mentally ill,
68.16 chemically dependent, or a person dangerous to the public by a court of competent
68.17 jurisdiction within or outside of this state.

68.18 (b) The license remains suspended until the certified midwife is restored to capacity by
68.19 a court and, upon petition by the certified midwife, the suspension is terminated by the
68.20 board after a hearing or upon agreement between the board and the certified midwife.

68.21 Subd. 3. **Temporary suspension of license.** In addition to any other remedy provided
68.22 by law, the board may, through its designated board member under section 214.10,
68.23 subdivision 2, temporarily suspend the license of a certified midwife without a hearing if
68.24 the board finds that there is probable cause to believe the certified midwife has violated a
68.25 statute or rule the board is empowered to enforce and continued practice by the certified
68.26 midwife would create a serious risk of harm to others. The suspension takes effect upon
68.27 written notice to the certified midwife, served by first-class mail, specifying the statute or
68.28 rule violated. The suspension must remain in effect until the board issues a temporary stay
68.29 of suspension or a final order in the matter after a hearing or upon agreement between the
68.30 board and the certified midwife. At the time it issues the suspension notice, the board must
68.31 schedule a disciplinary hearing to be held under the Administrative Procedure Act. The
68.32 board must provide the certified midwife at least 20 days' notice of any hearing held under

69.1 this subdivision. The board must schedule the hearing to begin no later than 30 days after
69.2 the issuance of the suspension order.

69.3 Subd. 4. **Reissuance.** The board may reinstate and reissue a license certificate to practice
69.4 certified midwifery, but as a condition may impose any disciplinary or corrective measure
69.5 that it might originally have imposed. Any person whose license has been revoked,
69.6 suspended, or limited may have the license reinstated and a new license issued when, at the
69.7 discretion of the board, the action is warranted, provided that the board must require the
69.8 person to pay the costs of the proceedings resulting in the revocation, suspension, or limitation
69.9 of the license; the reinstatement of the license; and the fee for the current licensure period.
69.10 The cost of proceedings includes but is not limited to the cost paid by the board to the Office
69.11 of Administrative Hearings and the Office of the Attorney General for legal and investigative
69.12 services; the costs of a court reporter and witnesses, reproduction of records, board staff
69.13 time, travel, and expenses; and the costs of board members' per diem reimbursements, travel
69.14 costs, and expenses.

69.15 Sec. 17. **[148G.15] REPORTING OBLIGATIONS.**

69.16 Subdivision 1. **Permission to report.** A person who has knowledge of any conduct
69.17 constituting grounds for discipline under section 148G.13 may report the alleged violation
69.18 to the board.

69.19 Subd. 2. **Institutions.** The chief nursing executive or chief administrative officer of any
69.20 hospital, clinic, prepaid medical plan, or other health care institution or organization located
69.21 in this state must report to the board any action taken by the institution or organization or
69.22 any of its administrators or committees to revoke, suspend, limit, or condition a certified
69.23 midwife's privilege to practice in the institution, or as part of the organization, any denial
69.24 of privileges, any dismissal from employment, or any other disciplinary action. The institution
69.25 or organization must also report the resignation of any certified midwife before the conclusion
69.26 of any disciplinary proceeding, or before commencement of formal charges, but after the
69.27 certified midwife had knowledge that formal charges were contemplated or in preparation.
69.28 The reporting described by this subdivision is required only if the action pertains to grounds
69.29 for disciplinary action under section 148G.13.

69.30 Subd. 3. **Licensed professionals.** A person licensed by a health-related licensing board
69.31 as defined in section 214.01, subdivision 2, must report to the board personal knowledge
69.32 of any conduct the person reasonably believes constitutes grounds for disciplinary action
69.33 under section 148G.13 by any certified midwife, including conduct indicating that the
69.34 certified midwife may be incompetent, may have engaged in unprofessional or unethical

70.1 conduct, or may be mentally or physically unable to engage safely in the practice of certified
70.2 midwifery.

70.3 Subd. 4. **Insurers.** (a) By the first day of February, May, August, and November, each
70.4 insurer authorized to sell insurance described in section 60A.06, subdivision 1, clause (13),
70.5 and providing professional liability insurance to certified midwives must submit to the board
70.6 a report concerning any certified midwife against whom a malpractice award has been made
70.7 or who has been a party to a settlement. The report must contain at least the following
70.8 information:

70.9 (1) the total number of settlements or awards;

70.10 (2) the date a settlement or award was made;

70.11 (3) the allegations contained in the claim or complaint leading to the settlement or award;

70.12 (4) the dollar amount of each malpractice settlement or award and whether that amount
70.13 was paid as a result of a settlement or of an award; and

70.14 (5) the name and address of the practice of the certified midwife against whom an award
70.15 was made or with whom a settlement was made.

70.16 (b) An insurer must also report to the board any information it possesses that tends to
70.17 substantiate a charge that a certified midwife may have engaged in conduct in violation of
70.18 this chapter.

70.19 Subd. 5. **Courts.** The court administrator of district court or another court of competent
70.20 jurisdiction must report to the board any judgment or other determination of the court that
70.21 adjudges or includes a finding that a certified midwife is a person who is mentally ill,
70.22 mentally incompetent, chemically dependent, dangerous to the public, guilty of a felony or
70.23 gross misdemeanor, guilty of a violation of federal or state narcotics laws or controlled
70.24 substances act, guilty of operating a motor vehicle while under the influence of alcohol or
70.25 a controlled substance, or guilty of an abuse or fraud under Medicare or Medicaid; or if the
70.26 court appoints a guardian of the certified midwife under sections 524.5-101 to 524.5-502
70.27 or commits a certified midwife under chapter 253B.

70.28 Subd. 6. **Deadlines; forms.** Reports required by subdivisions 2 to 5 must be submitted
70.29 no later than 30 days after the occurrence of the reportable event or transaction. The board
70.30 may provide forms for the submission of reports required by this section, may require that
70.31 the reports be submitted on the forms provided, and may adopt rules necessary to ensure
70.32 prompt and accurate reporting. The board must review all reports, including those submitted
70.33 after the deadline.

71.1 Subd. 7. **Failure to report.** Any person, institution, insurer, or organization that fails to
71.2 report as required under subdivisions 2 to 6 is subject to civil penalties for failing to report
71.3 as required by law.

71.4 Sec. 18. **[148G.16] IMMUNITY.**

71.5 Subdivision 1. **Reporting.** Any person, health care facility, business, or organization is
71.6 immune from civil liability or criminal prosecution for submitting in good faith a report to
71.7 the board under section 148G.15 or for otherwise reporting in good faith to the board
71.8 violations or alleged violations of this chapter. All such reports are investigative data as
71.9 defined in chapter 13.

71.10 Subd. 2. **Investigation.** (a) Members of the board and persons employed by the board
71.11 or engaged in the investigation of violations and in the preparation and management of
71.12 charges of violations of this chapter on behalf of the board, or persons participating in the
71.13 investigation or testifying regarding charges of violations, are immune from civil liability
71.14 and criminal prosecution for any actions, transactions, or publications in the execution of,
71.15 or relating to, their duties under this chapter.

71.16 (b) Members of the board and persons employed by the board or engaged in maintaining
71.17 records and making reports regarding adverse health care events are immune from civil
71.18 liability and criminal prosecution for any actions, transactions, or publications in the
71.19 execution of, or relating to, their duties under this chapter.

71.20 Sec. 19. **[148G.17] CERTIFIED MIDWIFE COOPERATION.**

71.21 A certified midwife who is the subject of an investigation by or on behalf of the board
71.22 must cooperate fully with the investigation. Cooperation includes responding fully and
71.23 promptly to any question raised by or on behalf of the board relating to the subject of the
71.24 investigation and providing copies of patient or other records in the certified midwife's
71.25 possession, as reasonably requested by the board, to assist the board in its investigation and
71.26 to appear at conferences and hearings scheduled by the board. The board must pay for copies
71.27 requested. If the board does not have written consent from a patient permitting access to
71.28 the patient's records, the certified midwife must delete any data in the record that identify
71.29 the patient before providing it to the board. The board must maintain any records obtained
71.30 pursuant to this section as investigative data under chapter 13. The certified midwife must
71.31 not be excused from giving testimony or producing any documents, books, records, or
71.32 correspondence on the grounds of self-incrimination, but the testimony or evidence must
71.33 not be used against the certified midwife in any criminal case.

72.1 Sec. 20. **[148G.18] DISCIPLINARY RECORD ON JUDICIAL REVIEW.**

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

72.5 Sec. 21. **[148G.19] EXEMPTIONS.**

72.6 The provisions of this chapter do not prohibit:

72.7 (1) the furnishing of certified midwifery assistance in an emergency;

72.8 (2) the practice of certified midwifery by any legally qualified certified midwife of
72.9 another state who is employed by the United States government or any bureau, division, or
72.10 agency thereof while in the discharge of official duties;

72.11 (3) the practice of any profession or occupation licensed by the state, other than certified
72.12 midwifery, by any person licensed to practice the profession or occupation, or the
72.13 performance by a person of any acts properly coming within the scope of the profession,
72.14 occupation, or license;

72.15 (4) the practice of traditional midwifery as specified under section 147D.03;

72.16 (5) certified midwifery practice by a student practicing under the supervision of an
72.17 instructor while the student is enrolled in an approved certified midwifery education program;
72.18 or

72.19 (6) certified midwifery practice by a certified midwife licensed in another state, territory,
72.20 or jurisdiction who is in Minnesota temporarily;

72.21 (i) providing continuing or in-service education;

72.22 (ii) serving as a guest lecturer;

72.23 (iii) presenting at a conference; or

72.24 (iv) teaching didactic content via distance education to a student located in Minnesota
72.25 who is enrolled in a formal, structured course of study, such as a course leading to a higher
72.26 degree in midwifery.

72.27 Sec. 22. **[148G.20] VIOLATIONS; PENALTY.**

72.28 Subdivision 1. **Violations described.** It is unlawful for any person, corporation, firm,
72.29 or association to:

73.1 (1) sell or fraudulently obtain or furnish any certified midwifery diploma, license, or
73.2 record, or aid or abet therein;

73.3 (2) practice certified midwifery under cover of any diploma, permit, license certified
73.4 midwife credential, or record illegally or fraudulently obtained or signed or issued unlawfully
73.5 or under fraudulent representation;

73.6 (3) practice certified midwifery unless the person is licensed to do so under this chapter;

73.7 (4) use the professional title certified midwife or licensed certified midwife unless
73.8 licensed to practice certified midwifery under this chapter;

73.9 (5) use any abbreviation or other designation tending to imply licensure as a certified
73.10 midwife unless licensed to practice certified midwifery under this chapter;

73.11 (6) practice certified midwifery in a manner prohibited by the board in any limitation
73.12 of a license issued under this chapter;

73.13 (7) practice certified midwifery during the time a license issued under this section is
73.14 suspended or revoked;

73.15 (8) knowingly employ persons in the practice of certified midwifery who have not been
73.16 issued a current license to practice as a certified midwife in this state; or

73.17 (9) conduct a certified midwifery program for the education of persons to become certified
73.18 midwives unless the program has been approved by the board.

73.19 Subd. 2. **Penalty.** Any person, corporation, or association violating any provision of
73.20 subdivision 1 is guilty of a gross misdemeanor and must be punished according to law.

73.21 Subd. 3. **Penalty; certified midwives.** In addition to subdivision 2, a certified midwife
73.22 who practices certified midwifery without a current license and certification or recertification,
73.23 or without current certification or recertification on file with the board, must pay a penalty
73.24 fee of \$200 for the first month or part of a month and an additional \$100 for each subsequent
73.25 month or parts of months of practice. The amount of the penalty fee must be calculated
73.26 from the first day the certified midwife practiced without a current certified midwife license
73.27 and certification to the last day of practice without a current license and certification, or
73.28 from the first day the certified midwife practiced without a current license and certification
73.29 on file with the board until the day the current license and certification is filed with the
73.30 board.

74.1 Sec. 23. **[148G.21] UNAUTHORIZED PRACTICE OF MIDWIFERY.**

74.2 The practice of certified midwifery by any person who is not licensed to practice certified
74.3 midwifery under this chapter, or whose license has been suspended or revoked, or whose
74.4 national certification credential has expired, is inimical to the public health and welfare and
74.5 constitutes a public nuisance. Upon a complaint being made by the board or any prosecuting
74.6 officer, and upon a proper showing of the facts, the district court of the county where such
74.7 practice occurred may enjoin such acts and practice. The injunction proceeding is in addition
74.8 to, and not in lieu of, all other penalties and remedies provided by law.

74.9 Sec. 24. Minnesota Statutes 2022, section 152.12, subdivision 1, is amended to read:

74.10 Subdivision 1. **Prescribing, dispensing, administering controlled substances in**
74.11 **Schedules II through V.** A licensed doctor of medicine, a doctor of osteopathic medicine,
74.12 duly licensed to practice medicine, a doctor of dental surgery, a doctor of dental medicine,
74.13 a licensed doctor of podiatry, a licensed advanced practice registered nurse, a licensed
74.14 certified midwife, a licensed physician assistant, or a licensed doctor of optometry limited
74.15 to Schedules IV and V, and in the course of professional practice only, may prescribe,
74.16 administer, and dispense a controlled substance included in Schedules II through V of section
74.17 152.02, may cause the same to be administered by a nurse, an intern or an assistant under
74.18 the direction and supervision of the doctor, and may cause a person who is an appropriately
74.19 certified and licensed health care professional to prescribe and administer the same within
74.20 the expressed legal scope of the person's practice as defined in Minnesota Statutes.

74.21 Sec. 25. Minnesota Statutes 2022, section 256B.0625, is amended by adding a subdivision
74.22 to read:

74.23 Subd. 28c. **Certified midwifery practice services.** Medical assistance covers services
74.24 performed by a licensed certified midwife if:

74.25 (1) the service provided on an inpatient basis is not included as part of the cost for
74.26 inpatient services included in the facility payment;

74.27 (2) the service is otherwise covered under this chapter as a physician service; and

74.28 (3) the service is within the scope of practice of the certified midwife's license as defined
74.29 under chapter 148G.

74.30 Sec. 26. **EFFECTIVE DATE.**

74.31 This article is effective July 1, 2025.

ARTICLE 12

SPEECH-LANGUAGE PATHOLOGY ASSISTANT LICENSURE

Section 1. Minnesota Statutes 2022, section 144.0572, subdivision 1, is amended to read:

Subdivision 1. **Criminal history background check requirements.** (a) Beginning January 1, 2018, an applicant for initial licensure, temporary licensure, or relicensure after a lapse in licensure as an audiologist or speech-language pathologist, a speech-language pathology assistant, or an applicant for initial certification as a hearing instrument dispenser, must submit to a criminal history records check of state data completed by the Bureau of Criminal Apprehension (BCA) and a national criminal history records check, including a search of the records of the Federal Bureau of Investigation (FBI).

(b) Beginning January 1, 2020, an applicant for a renewal license or certificate as an audiologist, speech-language pathologist, or hearing instrument dispenser who was licensed or obtained a certificate before January 1, 2018, must submit to a criminal history records check of state data completed by the BCA and a national criminal history records check, including a search of the records of the FBI.

(c) An applicant must submit to a background study under chapter 245C.

(d) The criminal history records check must be structured so that any new crimes that an applicant or licensee or certificate holder commits after the initial background check are flagged in the BCA's or FBI's database and reported back to the commissioner of human services.

EFFECTIVE DATE. This section is effective July 1, 2025.

Sec. 2. Minnesota Statutes 2022, section 148.511, is amended to read:

148.511 SCOPE.

Sections 148.511 to 148.5198 apply to persons who are applicants for licensure, who use protected titles, who represent that they are licensed, or who engage in the practice of speech-language pathology or audiology or practice as a speech-language pathology assistant. Sections 148.511 to 148.5198 do not apply to school personnel licensed by the Professional Educator Licensing and Standards Board and practicing within the scope of their school license under Minnesota Rules, part 8710.6000, or the paraprofessionals who assist these individuals.

76.1 Sec. 3. Minnesota Statutes 2022, section 148.512, subdivision 17a, is amended to read:

76.2 Subd. 17a. **Speech-language pathology assistant.** "Speech-language pathology assistant"
76.3 means a person who meets the qualifications under section 148.5181 and provides
76.4 speech-language pathology services under the supervision of a licensed speech-language
76.5 pathologist in accordance with section 148.5192.

76.6 **EFFECTIVE DATE.** This section is effective July 1, 2025.

76.7 Sec. 4. Minnesota Statutes 2022, section 148.513, subdivision 1, is amended to read:

76.8 Subdivision 1. **Unlicensed practice prohibited.** A person must not engage in the practice
76.9 of speech-language pathology or audiology or practice as a speech-language pathology
76.10 assistant unless the person is licensed as a speech-language pathologist ~~or~~ an audiologist,
76.11 or a speech-language pathology assistant under sections 148.511 to 148.5198 ~~or is practicing~~
76.12 ~~as a speech-language pathology assistant in accordance with section 148.5192.~~ For purposes
76.13 of this subdivision, a speech-language pathology assistant's duties are limited to the duties
76.14 described in accordance with section 148.5192, subdivision 2.

76.15 **EFFECTIVE DATE.** This section is effective July 1, 2025.

76.16 Sec. 5. Minnesota Statutes 2022, section 148.513, subdivision 2, is amended to read:

76.17 Subd. 2. **Protected titles and restrictions on use; speech-language pathologists and**
76.18 **audiologists.** (a) Notwithstanding paragraph ~~(b)~~ (c), the use of the following terms or initials
76.19 which represent the following terms, alone or in combination with any word or words, by
76.20 any person to form an occupational title is prohibited unless that person is licensed as a
76.21 speech-language pathologist or audiologist under sections 148.511 to 148.5198:

76.22 (1) speech-language;

76.23 (2) speech-language pathologist, S, SP, or SLP;

76.24 (3) speech pathologist;

76.25 (4) language pathologist;

76.26 (5) audiologist, A, or AUD;

76.27 (6) speech therapist;

76.28 (7) speech clinician;

76.29 (8) speech correctionist;

76.30 (9) language therapist;

- 77.1 (10) voice therapist;
- 77.2 (11) voice pathologist;
- 77.3 (12) logopedist;
- 77.4 (13) communicologist;
- 77.5 (14) aphasiologist;
- 77.6 (15) phoniatriest;
- 77.7 (16) audiometrist;
- 77.8 (17) audioprosthologist;
- 77.9 (18) hearing therapist;
- 77.10 (19) hearing clinician; or
- 77.11 (20) hearing aid audiologist.

77.12 (b) Use of the term "Minnesota licensed" in conjunction with the titles protected under
77.13 ~~this paragraph (a)~~ by any person is prohibited unless that person is licensed as a
77.14 speech-language pathologist or audiologist under sections 148.511 to 148.5198.

77.15 ~~(b)~~ (c) A speech-language pathology assistant practicing under ~~section 148.5192~~ sections
77.16 148.511 to 148.5198 must not represent, indicate, or imply to the public that the assistant
77.17 is a licensed speech-language pathologist and shall only utilize ~~one of the following titles:~~
77.18 ~~"speech-language pathology assistant," "SLP assistant," or "SLP asst."~~ the titles provided
77.19 in subdivision 2b.

77.20 **EFFECTIVE DATE.** This section is effective July 1, 2025.

77.21 Sec. 6. Minnesota Statutes 2022, section 148.513, is amended by adding a subdivision to
77.22 read:

77.23 Subd. 2b. **Protected titles and restrictions on use; speech-language pathology**
77.24 **assistant.** (a) The use of the following terms or initials which represent the following terms,
77.25 alone or in combination with any word or words, by any person to form an occupational
77.26 title is prohibited unless that person is licensed under section 148.5181:

- 77.27 (1) speech-language pathology assistant;
- 77.28 (2) SLP assistant; or
- 77.29 (3) SLP asst.

78.1 (b) Use of the term "Minnesota licensed" in conjunction with the titles protected under
78.2 this subdivision by any person is prohibited unless that person is licensed under section
78.3 148.5181.

78.4 (c) A speech-language pathology assistant practicing under section 148.5192 must not
78.5 represent, indicate, or imply to the public that the assistant is a licensed speech-language
78.6 pathologist and must only utilize the title provided in paragraph (a).

78.7 **EFFECTIVE DATE.** This section is effective July 1, 2025.

78.8 Sec. 7. Minnesota Statutes 2022, section 148.513, subdivision 3, is amended to read:

78.9 Subd. 3. **Exemption.** (a) Nothing in sections 148.511 to 148.5198 prohibits the practice
78.10 of any profession or occupation licensed, certified, or registered by the state by any person
78.11 duly licensed, certified, or registered to practice the profession or occupation or to perform
78.12 any act that falls within the scope of practice of the profession or occupation.

78.13 (b) Subdivision 1 does not apply to a student participating in supervised field work or
78.14 supervised course work that is necessary to meet the requirements of ~~section~~ sections
78.15 148.515, subdivision 2 or 3, or 148.5181, subdivision 2, if the person is designated by a
78.16 title which clearly indicates the person's status as a student trainee.

78.17 (c) Subdivisions 1 ~~and~~ 2, and 2a do not apply to a person visiting and then leaving the
78.18 state and using titles restricted under this section while in the state, if the titles are used no
78.19 more than 30 days in a calendar year as part of a professional activity that is limited in scope
78.20 and duration and is in association with an audiologist or speech-language pathologist licensed
78.21 under sections 148.511 to 148.5198.

78.22 Sec. 8. Minnesota Statutes 2022, section 148.514, subdivision 2, is amended to read:

78.23 Subd. 2. **General licensure qualifications.** An applicant for licensure must possess the
78.24 qualifications required in one of the following clauses:

78.25 (1) a person who applies for licensure and does not meet the requirements in clause (2)
78.26 or (3), must meet the requirements in section 148.515 or 148.5181, subdivision 2;

78.27 (2) a person who applies for licensure and who has a current certificate of clinical
78.28 competence issued by the American Speech-Language-Hearing Association, or board
78.29 certification by the American Board of Audiology, must meet the requirements of section
78.30 148.516; or

(3) a person who applies for licensure by reciprocity must meet the requirements under section 148.517 or 148.5181, subdivision 3.

EFFECTIVE DATE. This section is effective July 1, 2025.

Sec. 9. Minnesota Statutes 2022, section 148.515, subdivision 1, is amended to read:

Subdivision 1. **Applicability.** Except as provided in section 148.516 or 148.517, an applicant for speech-language pathology or audiology must meet the requirements in this section.

EFFECTIVE DATE. This section is effective July 1, 2025.

Sec. 10. Minnesota Statutes 2022, section 148.518, is amended to read:

148.518 LICENSURE FOLLOWING LAPSE OF LICENSURE STATUS.

Subdivision 1. **Speech-language pathology or audiology lapse.** ~~For~~ An applicant whose licensure status has lapsed, ~~the applicant~~ and who is applying for a speech-language pathology or audiology license must:

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

(2) fulfill the requirements of section 148.517;

(3) apply for renewal according to section 148.5191, provide evidence to the commissioner that the applicant holds a current and unrestricted credential for the practice of speech-language pathology from the Professional Educator Licensing and Standards Board or for the practice of speech-language pathology or audiology in another jurisdiction that has requirements equivalent to or higher than those in effect for Minnesota, and provide evidence of compliance with Professional Educator Licensing and Standards Board or that jurisdiction's continuing education requirements;

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

(5) apply for renewal according to section 148.5191 and provide documentation of obtaining a qualifying score on the examination described in section 148.515, subdivision 4, within one year of the application date for license renewal.

80.1 Subd. 2. **Speech-language pathology assistant licensure lapse.** An applicant applying
80.2 for speech-language pathology assistant licensure and whose licensure status has lapsed
80.3 must:

80.4 (1) apply for licensure renewal according to section 148.5191 and document compliance
80.5 with the continuing education requirements of section 148.5193 since the applicant's license
80.6 lapsed;

80.7 (2) apply for renewal according to section 148.5191, and provide evidence to the
80.8 commissioner that the applicant has an associate's degree from a speech-language pathology
80.9 assistant program that is accredited by the Higher Learning Commission of the North Central
80.10 Association of Colleges;

80.11 (3) apply for renewal according to section 148.5191 and provide evidence to the
80.12 commissioner that the applicant has a bachelor's degree in the discipline of communication
80.13 sciences or disorders and a speech-language pathology assistant certificate program, including
80.14 relevant coursework and supervised field experience according to section 148.5181; or

80.15 (4) apply for licensure renewal according to section 148.5191 and document compliance
80.16 with the continuing education requirements of section 148.5193 since the applicant's license
80.17 lapsed.

80.18 **EFFECTIVE DATE.** This section is effective July 1, 2025.

80.19 Sec. 11. **[148.5181] LICENSURE; SPEECH-LANGUAGE PATHOLOGY**
80.20 **ASSISTANTS.**

80.21 Subdivision 1. **Applicability.** Except as provided in subdivisions 3 and 4, an applicant
80.22 for licensure as a speech-language pathology assistant must meet the requirements of this
80.23 section.

80.24 Subd. 2. **Educational requirements.** (a) To be eligible for speech-language pathology
80.25 assistant licensure, an applicant must submit to the commissioner a transcript from an
80.26 educational institution documenting satisfactory completion of either:

80.27 (1) an associate's degree from a speech-language pathology assistant program that is
80.28 accredited by the Higher Learning Commission of the North Central Association of Colleges
80.29 or its equivalent as approved by the commissioner and that includes at least 100 hours of
80.30 supervised field work experience in speech-language pathology assisting; or

80.31 (2) a bachelor's degree in the discipline of communication sciences or disorders and a
80.32 speech-language pathology assistant certificate program that includes:

81.1 (i) coursework in an introduction to speech-language pathology assisting, adult
81.2 communication disorders and treatment, speech sound disorders and language disorders at
81.3 a speech-language pathology assistant level; and

81.4 (ii) at least 100 hours of supervised field work experience in speech-language pathology
81.5 assisting.

81.6 (b) Within one month following expiration of a license, an applicant for licensure renewal
81.7 as a speech-language pathology assistant must provide, on a form provided by the
81.8 commissioner, evidence to the commissioner of a minimum of 20 contact hours of continuing
81.9 education obtained within the two years immediately preceding licensure expiration. A
81.10 minimum of 13 contact hours of continuing education must be directly related to the licensee's
81.11 area of licensure. Seven contact hours of continuing education may be in areas generally
81.12 related to the licensee's area of licensure. Licensees who are issued licenses for a period of
81.13 less than two years must prorate the number of contact hours required for licensure renewal
81.14 based on the number of months licensed during the biennial licensure period. Licensees
81.15 must receive contact hours for continuing education activities only for the biennial licensure
81.16 period in which the continuing education activity was performed.

81.17 Subd. 3. **Licensure by reciprocity.** The commissioner shall issue a speech-language
81.18 pathology assistant license to a person who holds a current speech-language pathology
81.19 assistant license in another state if the following conditions are met:

81.20 (1) payment of the commissioner's current fee for licensure; and

81.21 (2) the applicant submits evidence of licensure in good standing from another state that
81.22 maintains a system and standard of examinations for speech-language pathology assistants
81.23 which meets or exceeds the current requirements for licensure in Minnesota.

81.24 **EFFECTIVE DATE.** This section is effective July 1, 2025.

81.25 Sec. 12. Minnesota Statutes 2022, section 148.519, subdivision 1, is amended to read:

81.26 Subdivision 1. **Applications for licensure; speech-language pathologists and**
81.27 **audiologists.** (a) An applicant for licensure as a speech-language pathologist or audiologist
81.28 must:

81.29 (1) submit a completed application for licensure on forms provided by the commissioner.
81.30 The application must include the applicant's name, certification number under chapter 153A,
81.31 if applicable, business address and telephone number, or home address and telephone number
81.32 if the applicant practices speech-language pathology or audiology out of the home, and a
81.33 description of the applicant's education, training, and experience, including previous work

82.1 history for the five years immediately preceding the date of application. The commissioner
82.2 may ask the applicant to provide additional information necessary to clarify information
82.3 submitted in the application; and

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

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

82.9 (ii) submit documentation of the required hours of supervised clinical training;

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

82.12 (iv) submit documentation of receiving a qualifying score on an examination meeting
82.13 the requirements of section 148.515, subdivision 6.

82.14 (b) In addition, an applicant must:

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

82.17 (2) submit with the application all fees required by section 148.5194;

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

82.21 (4) consent to a fingerprint-based criminal history background check as required under
82.22 section 144.0572, pay all required fees, and cooperate with all requests for information. An
82.23 applicant must complete a new criminal history background check if more than one year
82.24 has elapsed since the applicant last applied for a license.

82.25 **EFFECTIVE DATE.** This section is effective July 1, 2025.

82.26 Sec. 13. Minnesota Statutes 2022, section 148.519, is amended by adding a subdivision
82.27 to read:

82.28 **Subd. 1a. Applications for licensure; speech-language pathology assistants. An**
82.29 **applicant for licensure as a speech-language pathology assistant must:**

82.30 **(1) submit a completed application on forms provided by the commissioner. The**
82.31 **application must include the applicant's name, business address and telephone number,**

83.1 home address and telephone number, and a description of the applicant's education, training,
83.2 and experience, including previous work history for the five years immediately preceding
83.3 the application date. The commissioner may ask the applicant to provide additional
83.4 information needed to clarify information submitted in the application;

83.5 (2) submit a transcript showing the completion of the requirements set forth in section
83.6 148.5181;

83.7 (3) submit a signed statement that the information in the application is true and correct
83.8 to the best of the applicant's knowledge and belief;

83.9 (4) submit all fees required under section 148.5194;

83.10 (5) submit a signed waiver authorizing the commissioner to obtain access to the applicant's
83.11 records in this or any other state in which the applicant has worked as a speech-language
83.12 pathology assistant; and

83.13 (6) consent to a fingerprint-based criminal history background check as required under
83.14 section 144.0572, pay all required fees, and cooperate with all requests for information. An
83.15 applicant must complete a new criminal history background check if more than one year
83.16 has lapsed since the applicant last applied for a license.

83.17 **EFFECTIVE DATE.** This section is effective July 1, 2025.

83.18 Sec. 14. Minnesota Statutes 2022, section 148.5191, subdivision 1, is amended to read:

83.19 Subdivision 1. **Renewal requirements.** To renew licensure, an applicant for license
83.20 renewal as a speech-language pathologist or audiologist must:

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

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

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

84.1 Sec. 15. Minnesota Statutes 2022, section 148.5191, is amended by adding a subdivision
84.2 to read:

84.3 Subd. 1a. **Renewal requirements; speech-language pathology assistant.** To renew
84.4 licensure, an applicant for license renewal as a speech-language pathology assistant must:

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

84.7 (2) meet the continuing education requirements of section 148.5193, subdivision 1a,
84.8 and submit evidence of attending continuing education courses, as required in section
84.9 148.5193, subdivision 1a; and

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

84.13 **EFFECTIVE DATE.** This section is effective July 1, 2025.

84.14 Sec. 16. Minnesota Statutes 2022, section 148.5192, subdivision 1, is amended to read:

84.15 Subdivision 1. **Delegation requirements.** A licensed speech-language pathologist may
84.16 delegate duties to a licensed speech-language pathology assistant in accordance with this
84.17 section following an initial introduction to a client with the speech-language pathologist
84.18 and speech-language pathology assistant present. Duties may only be delegated to an
84.19 ~~individual who has documented with a transcript from an educational institution satisfactory~~
84.20 ~~completion of either:~~

84.21 ~~(1) an associate degree from a speech-language pathology assistant program that is~~
84.22 ~~accredited by the Higher Learning Commission of the North Central Association of Colleges~~
84.23 ~~or its equivalent as approved by the commissioner; or~~

84.24 ~~(2) a bachelor's degree in the discipline of communication sciences or disorders with~~
84.25 ~~additional transcript credit in the area of instruction in assistant-level service delivery~~
84.26 ~~practices and completion of at least 100 hours of supervised field work experience as a~~
84.27 ~~speech-language pathology assistant student.~~

84.28 **EFFECTIVE DATE.** This section is effective July 1, 2025.

84.29 Sec. 17. Minnesota Statutes 2022, section 148.5192, subdivision 2, is amended to read:

84.30 Subd. 2. **Delegated duties; prohibitions.** (a) A speech-language pathology assistant
84.31 may perform only those duties delegated by a licensed speech-language pathologist and

85.1 must be limited to duties within the training and experience of the speech-language pathology
85.2 assistant.

85.3 (b) Duties may include the following as delegated by the supervising speech-language
85.4 pathologist:

85.5 (1) assist with speech language and hearing screenings;

85.6 (2) implement documented treatment plans or protocols developed by the supervising
85.7 speech-language pathologist;

85.8 (3) document client performance, including writing progress notes;

85.9 (4) assist with assessments of clients;

85.10 (5) assist with preparing materials and scheduling activities as directed;

85.11 (6) perform checks and maintenance of equipment;

85.12 (7) support the supervising speech-language pathologist in research projects, in-service
85.13 training, and public relations programs; and

85.14 (8) collect data for quality improvement.

85.15 (c) A speech-language pathology assistant may not:

85.16 (1) perform standardized or nonstandardized diagnostic tests, perform formal or informal
85.17 evaluations, or interpret test results;

85.18 (2) ~~screen or diagnose clients for feeding or swallowing disorders, including using a~~
85.19 ~~checklist or tabulating results of feeding or swallowing evaluations, or demonstrate~~
85.20 ~~swallowing strategies or precautions to clients or the clients' families~~ demonstrate strategies
85.21 included in the feeding and swallowing plan developed by the speech-language pathologist
85.22 or share such information with students, patients, clients, families, staff, and caregivers;

85.23 (3) participate in parent conferences, case conferences, or ~~any~~ interdisciplinary team
85.24 ~~without the presence of the supervising speech-language pathologist or other licensed~~
85.25 ~~speech-language pathologist as authorized by the supervising speech-language pathologist~~
85.26 meetings without approval from the speech-language pathologist or misrepresent themselves
85.27 as a speech-language pathologist at such a conference or meeting. The speech-language
85.28 pathologist and speech-language pathology assistant are required to meet prior to the parent
85.29 conferences, case conferences, or interdisciplinary team meetings to determine the
85.30 information to be shared;

86.1 (4) provide client or family counseling or consult with the client or the family regarding
86.2 the client status or service;

86.3 (5) write, develop, or modify a client's individualized treatment plan or individualized
86.4 education program;

86.5 (6) select clients for service;

86.6 (7) discharge clients from service;

86.7 (8) disclose ~~clinical or confidential information either orally or in writing to anyone~~
86.8 ~~other than the supervising speech-language pathologist~~ information to other team members
86.9 without permission from the supervising speech-language pathologist; or

86.10 (9) make referrals for additional services.

86.11 (d) A speech-language pathology assistant must ~~not~~ only sign ~~any formal~~ documents,
86.12 including treatment plans, education plans, reimbursement forms, or reports, when cosigned
86.13 by the supervising speech-language pathologist. The speech-language pathology assistant
86.14 must sign or initial all treatment notes written by the assistant, which must then also be
86.15 cosigned by the supervising speech-language pathologist.

86.16 Sec. 18. Minnesota Statutes 2022, section 148.5192, subdivision 3, is amended to read:

86.17 Subd. 3. **Supervision requirements.** (a) A supervising speech-language pathologist
86.18 shall authorize and accept full responsibility for the performance, practice, and activity of
86.19 a speech-language pathology assistant. The amount and type of supervision required must
86.20 be based on the skills and experience of the speech-language pathology assistant. A minimum
86.21 of one hour every 30 days of consultative supervision time must be documented for each
86.22 speech-language pathology assistant.

86.23 (b) A supervising speech-language pathologist must:

86.24 (1) be licensed under sections 148.511 to 148.5198;

86.25 (2) hold a certificate of clinical competence from the American Speech-Language-Hearing
86.26 Association or its equivalent as approved by the commissioner; and

86.27 (3) have completed at least ~~one~~ ten hours of continuing education ~~unit~~ in supervision.

86.28 (c) ~~The supervision of a speech-language pathology assistant shall be maintained on the~~
86.29 ~~following schedule:~~

(1) ~~for the first 90 workdays, within a 40-hour work week, 30 percent of the work performed by the speech-language pathology assistant must be supervised and at least 20 percent of the work performed must be under direct supervision; and~~

(2) ~~for the work period after the initial 90-day period, within a 40-hour work week, 20 percent of the work performed must be supervised and at least ten percent of the work performed must be under direct supervision~~ Once every 60 days, the supervising speech-language pathologist must treat or cotreat with the speech-language pathology assistant each client on the speech-language pathology assistant's caseload.

(d) For purposes of this section, "direct supervision" means ~~on-site, in-view~~ observation and guidance by the supervising speech-language pathologist during the performance of a delegated duty that occurs either on-site and in-view or through the use of real-time, two-way interactive audio and visual communication. The supervision requirements described in this section are minimum requirements. Additional supervision requirements may be imposed at the discretion of the supervising speech-language pathologist.

(e) A supervising speech-language pathologist must be available to communicate with a speech-language pathology assistant at any time the assistant is in direct contact with a client.

(f) A supervising speech-language pathologist must document activities performed by the assistant that are directly supervised by the supervising speech-language pathologist. At a minimum, the documentation must include:

(1) information regarding the quality of the speech-language pathology assistant's performance of the delegated duties; and

(2) verification that any delegated clinical activity was limited to duties authorized to be performed by the speech-language pathology assistant under this section.

(g) A supervising speech-language pathologist must review and cosign all informal treatment notes signed or initialed by the speech-language pathology assistant.

(h) A full-time, speech-language pathologist may supervise no more than ~~one~~ two full-time, speech-language pathology ~~assistant~~ assistants or the equivalent of ~~one~~ two full-time ~~assistant~~ assistants.

EFFECTIVE DATE. This section is effective July 1, 2025.

Sec. 19. Minnesota Statutes 2022, section 148.5193, subdivision 1, is amended to read:

Subdivision 1. **Number of contact hours required; speech-language pathologists and audiologists.** (a) An applicant for licensure renewal as a speech-language pathologist or audiologist must meet the requirements for continuing education stipulated by the American Speech-Language-Hearing Association or the American Board of Audiology, or satisfy the requirements described in paragraphs (b) to (e).

(b) Within one month following expiration of a license, an applicant for licensure renewal as either a speech-language pathologist or an audiologist must provide evidence to the commissioner of a minimum of 30 contact hours of continuing education obtained within the two years immediately preceding licensure expiration. A minimum of 20 contact hours of continuing education must be directly related to the licensee's area of licensure. Ten contact hours of continuing education may be in areas generally related to the licensee's area of licensure. Licensees who are issued licenses for a period of less than two years shall prorate the number of contact hours required for licensure renewal based on the number of months licensed during the biennial licensure period. Licensees shall receive contact hours for continuing education activities only for the biennial licensure period in which the continuing education activity was performed.

(c) An applicant for licensure renewal as both a speech-language pathologist and an audiologist must attest to and document completion of a minimum of 36 contact hours of continuing education offered by a continuing education sponsor within the two years immediately preceding licensure renewal. A minimum of 15 contact hours must be received in the area of speech-language pathology and a minimum of 15 contact hours must be received in the area of audiology. Six contact hours of continuing education may be in areas generally related to the licensee's areas of licensure. Licensees who are issued licenses for a period of less than two years shall prorate the number of contact hours required for licensure renewal based on the number of months licensed during the biennial licensure period. Licensees shall receive contact hours for continuing education activities only for the biennial licensure period in which the continuing education activity was performed.

(d) If the licensee is licensed by the Professional Educator Licensing and Standards Board:

(1) activities that are approved in the categories of Minnesota Rules, part 8710.7200, subpart 3, items A and B, and that relate to speech-language pathology, shall be considered:

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

(ii) directly related to speech-language pathology;

(2) activities that are approved in the categories of Minnesota Rules, part 8710.7200, subpart 3, shall be considered:

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

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

(3) one clock hour as defined in Minnesota Rules, part 8710.7200, subpart 1, is equivalent to 1.0 contact hours of continuing education.

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

EFFECTIVE DATE. This section is effective July 1, 2025.

Sec. 20. Minnesota Statutes 2022, section 148.5193, is amended by adding a subdivision to read:

Subd. 1a. Continuing education; speech-language pathology assistants. An applicant for licensure renewal as a speech-language pathology assistant must meet the requirements for continuing education established by the American Speech-Language-Hearing Association and submit evidence of attending continuing education courses. A licensee must receive contact hours for continuing education activities only for the biennial licensure period in which the continuing education activity was completed. Continuing education contact hours obtained in one licensure period must not be transferred to a future licensure period.

EFFECTIVE DATE. This section is effective July 1, 2025.

Sec. 21. Minnesota Statutes 2022, section 148.5194, is amended by adding a subdivision to read:

Subd. 3b. Speech-language pathology assistant licensure fees. The fee for initial licensure as a speech-language pathology assistant is \$..... The fee for licensure renewal for a speech-language pathology assistant is \$.....

EFFECTIVE DATE. This section is effective July 1, 2025.

Sec. 22. Minnesota Statutes 2022, section 148.5194, subdivision 8, is amended to read:

Subd. 8. Penalty fees. (a) The penalty fee for practicing speech-language pathology or audiology, practicing as a speech-language pathology assistant, or using protected titles without a current license after the credential has expired and before it is renewed is the

90.1 amount of the license renewal fee for any part of the first month, plus the license renewal
90.2 fee for any part of any subsequent month up to 36 months.

90.3 (b) The penalty fee for applicants who engage in the unauthorized practice of
90.4 speech-language pathology or audiology, practice as a speech-language pathology assistant,
90.5 ~~or using use of~~ protected titles before being issued a license is the amount of the license
90.6 application fee for any part of the first month, plus the license application fee for any part
90.7 of any subsequent month up to 36 months. This paragraph does not apply to applicants not
90.8 qualifying for a license who engage in the unauthorized practice of speech language
90.9 pathology or audiology or in the unauthorized practice as a speech-language pathology
90.10 assistant.

90.11 (c) The penalty fee for practicing speech-language pathology or audiology and failing
90.12 to submit a continuing education report by the due date with the correct number or type of
90.13 hours in the correct time period is \$100 plus \$20 for each missing clock hour. The penalty
90.14 fee for a licensed speech-language pathology assistant who fails to submit a continuing
90.15 education report by the due date with the correct number or type of hours in the correct time
90.16 period is \$100 plus \$20 for each missing clock hour. "Missing" means not obtained between
90.17 the effective and expiration dates of the certificate, the one-month period following the
90.18 certificate expiration date, or the 30 days following notice of a penalty fee for failing to
90.19 report all continuing education hours. The licensee must obtain the missing number of
90.20 continuing education hours by the next reporting due date.

90.21 (d) Civil penalties and discipline incurred by licensees prior to August 1, 2005, for
90.22 conduct described in paragraph (a), (b), or (c) shall be recorded as nondisciplinary penalty
90.23 fees. For conduct described in paragraph (a) or (b) occurring after August 1, 2005, and
90.24 exceeding six months, payment of a penalty fee does not preclude any disciplinary action
90.25 reasonably justified by the individual case.

90.26 **EFFECTIVE DATE.** This section is effective July 1, 2025.

90.27 Sec. 23. Minnesota Statutes 2023 Supplement, section 148.5195, subdivision 3, is amended
90.28 to read:

90.29 Subd. 3. **Grounds for disciplinary action by commissioner.** The commissioner may
90.30 take any of the disciplinary actions listed in subdivision 4 on proof that the individual has:

90.31 (1) intentionally submitted false or misleading information to the commissioner or the
90.32 advisory council;

91.1 (2) failed, within 30 days, to provide information in response to a written request by the
91.2 commissioner or advisory council;

91.3 (3) performed services of a speech-language pathologist ~~or~~ audiologist, or
91.4 speech-language pathology assistant in an incompetent or negligent manner;

91.5 (4) violated sections 148.511 to 148.5198;

91.6 (5) failed to perform services with reasonable judgment, skill, or safety due to the use
91.7 of alcohol or drugs, or other physical or mental impairment;

91.8 (6) violated any state or federal law, rule, or regulation, and the violation is a felony or
91.9 misdemeanor, an essential element of which is dishonesty, or which relates directly or
91.10 indirectly to the practice of speech-language pathology or audiology or to the practice of a
91.11 speech-language pathology assistant. Conviction for violating any state or federal law which
91.12 relates to speech-language pathology ~~or~~ audiology, or to the practice of a speech-language
91.13 pathology assistant is necessarily considered to constitute a violation, except as provided
91.14 in chapter 364;

91.15 (7) aided or abetted another person in violating any provision of sections 148.511 to
91.16 148.5198;

91.17 (8) been or is being disciplined by another jurisdiction, if any of the grounds for the
91.18 discipline is the same or substantially equivalent to those under sections 148.511 to 148.5198;

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

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

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

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

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

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

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

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

92.4 (17) had the certification required by chapter 153A denied, suspended, or revoked
92.5 according to chapter 153A;

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

92.11 (19) failed to comply with the requirements of section 148.5192 regarding supervision
92.12 of speech-language pathology assistants; or

92.13 (20) if the individual is an audiologist or certified prescription hearing aid dispenser:

92.14 (i) prescribed to a consumer or potential consumer the use of a prescription hearing aid,
92.15 unless the prescription from a physician, an audiologist, or a certified dispenser is in writing,
92.16 is based on an audiogram that is delivered to the consumer or potential consumer when the
92.17 prescription is made, and bears the following information in all capital letters of 12-point
92.18 or larger boldface type: "THIS PRESCRIPTION MAY BE FILLED BY, AND
92.19 PRESCRIPTION HEARING AIDS MAY BE PURCHASED FROM, THE LICENSED
92.20 AUDIOLOGIST OR CERTIFIED DISPENSER OF YOUR CHOICE";

92.21 (ii) failed to give a copy of the audiogram, upon which the prescription is based, to the
92.22 consumer when the consumer requests a copy;

92.23 (iii) failed to provide the consumer rights brochure required by section 148.5197,
92.24 subdivision 3;

92.25 (iv) failed to comply with restrictions on sales of prescription hearing aids in sections
92.26 148.5197, subdivision 3, and 148.5198;

92.27 (v) failed to return a consumer's prescription hearing aid used as a trade-in or for a
92.28 discount in the price of a new prescription hearing aid when requested by the consumer
92.29 upon cancellation of the purchase agreement;

92.30 (vi) failed to follow Food and Drug Administration or Federal Trade Commission
92.31 regulations relating to dispensing prescription hearing aids;

93.1 (vii) failed to dispense a prescription hearing aid in a competent manner or without
93.2 appropriate training;

93.3 (viii) delegated prescription hearing aid dispensing authority to a person not authorized
93.4 to dispense a prescription hearing aid under this chapter or chapter 153A;

93.5 (ix) failed to comply with the requirements of an employer or supervisor of a prescription
93.6 hearing aid dispenser trainee;

93.7 (x) violated a state or federal court order or judgment, including a conciliation court
93.8 judgment, relating to the activities of the individual's prescription hearing aid dispensing;
93.9 or

93.10 (xi) failed to include on the audiogram the practitioner's printed name, credential type,
93.11 credential number, signature, and date.

93.12 **EFFECTIVE DATE.** This section is effective July 1, 2025.

93.13 Sec. 24. Minnesota Statutes 2022, section 148.5195, subdivision 5, is amended to read:

93.14 Subd. 5. **Consequences of disciplinary actions.** Upon the suspension or revocation of
93.15 licensure, the speech-language pathologist or audiologist, or speech-language pathology
93.16 assistant, shall cease to practice speech-language pathology or audiology, or practice as a
93.17 speech-language pathology assistant, to use titles protected under sections 148.511 to
93.18 148.5198, and to represent to the public that the speech-language pathologist or audiologist,
93.19 or speech-language pathology assistant, is licensed by the commissioner.

93.20 **EFFECTIVE DATE.** This section is effective July 1, 2025.

93.21 Sec. 25. Minnesota Statutes 2022, section 148.5195, subdivision 6, is amended to read:

93.22 Subd. 6. **Reinstatement requirements after disciplinary action.** A speech-language
93.23 pathologist or audiologist, or speech-language pathology assistant, who has had licensure
93.24 suspended may petition on forms provided by the commissioner for reinstatement following
93.25 the period of suspension specified by the commissioner. The requirements of section
93.26 148.5191 for renewing licensure must be met before licensure may be reinstated.

93.27 **EFFECTIVE DATE.** This section is effective July 1, 2025.

94.1 Sec. 26. Minnesota Statutes 2023 Supplement, section 148.5196, subdivision 1, is amended
94.2 to read:

94.3 Subdivision 1. **Membership.** The commissioner shall appoint ~~12~~ 13 persons to a
94.4 Speech-Language Pathologist and Audiologist Advisory Council. The ~~12~~ 13 persons must
94.5 include:

94.6 (1) three public members, as defined in section 214.02. Two of the public members shall
94.7 be either persons receiving services of a speech-language pathologist or audiologist, or
94.8 family members of or caregivers to such persons, and at least one of the public members
94.9 shall be either a hearing aid user or an advocate of one;

94.10 (2) three speech-language pathologists licensed under sections 148.511 to 148.5198,
94.11 one of whom is currently and has been, for the five years immediately preceding the
94.12 appointment, engaged in the practice of speech-language pathology in Minnesota and each
94.13 of whom is employed in a different employment setting including, but not limited to, private
94.14 practice, hospitals, rehabilitation settings, educational settings, and government agencies;

94.15 (3) one speech-language pathologist licensed under sections 148.511 to 148.5198, who
94.16 is currently and has been, for the five years immediately preceding the appointment,
94.17 employed by a Minnesota public school district or a Minnesota public school district
94.18 consortium that is authorized by Minnesota Statutes and who is licensed in speech-language
94.19 pathology by the Professional Educator Licensing and Standards Board;

94.20 (4) three audiologists licensed under sections 148.511 to 148.5198, two of whom are
94.21 currently and have been, for the five years immediately preceding the appointment, engaged
94.22 in the practice of audiology and the dispensing of prescription hearing aids in Minnesota
94.23 and each of whom is employed in a different employment setting including, but not limited
94.24 to, private practice, hospitals, rehabilitation settings, educational settings, industry, and
94.25 government agencies;

94.26 (5) one nonaudiologist prescription hearing aid dispenser recommended by a professional
94.27 association representing prescription hearing aid dispensers; ~~and~~

94.28 (6) one physician licensed under chapter 147 and certified by the American Board of
94.29 Otolaryngology, Head and Neck Surgery; and

94.30 (7) one speech-language pathology assistant licensed under sections 148.511 to 148.5198.

94.31 **EFFECTIVE DATE.** This section is effective July 1, 2025.

95.1 Sec. 27. Minnesota Statutes 2022, section 148.5196, subdivision 3, is amended to read:

95.2 Subd. 3. **Duties.** The advisory council shall:

95.3 (1) advise the commissioner regarding speech-language pathologist and audiologist
95.4 licensure standards;

95.5 (2) advise the commissioner regarding the delegation of duties to, the licensure standards
95.6 for, and the training required for speech-language pathology assistants;

95.7 (3) advise the commissioner on enforcement of sections 148.511 to 148.5198;

95.8 (4) provide for distribution of information regarding speech-language pathologist ~~and,~~
95.9 audiologist, and speech-language pathology assistant licensure standards;

95.10 (5) review applications and make recommendations to the commissioner on granting or
95.11 denying licensure or licensure renewal;

95.12 (6) review reports of investigations relating to individuals and make recommendations
95.13 to the commissioner as to whether licensure should be denied or disciplinary action taken
95.14 against the individual;

95.15 (7) advise the commissioner regarding approval of continuing education activities
95.16 provided by sponsors using the criteria in section 148.5193, subdivision 2; and

95.17 (8) perform other duties authorized for advisory councils under chapter 214, or as directed
95.18 by the commissioner.

95.19 **EFFECTIVE DATE.** This section is effective July 1, 2025.

95.20 Sec. 28. Minnesota Statutes 2023 Supplement, section 245C.031, subdivision 4, is amended
95.21 to read:

95.22 Subd. 4. **Applicants, licensees, and other occupations regulated by the commissioner**
95.23 **of health.** The commissioner shall conduct an alternative background study, including a
95.24 check of state data, and a national criminal history records check of the following individuals.
95.25 For studies under this section, the following persons shall complete a consent form and
95.26 criminal history disclosure form:

95.27 (1) An applicant for initial licensure, temporary licensure, or relicensure after a lapse in
95.28 licensure as an audiologist ~~or,~~ speech-language pathologist, or speech-language pathologist
95.29 assistant, or an applicant for initial certification as a hearing instrument dispenser who must
95.30 submit to a background study under section 144.0572.

96.1 (2) An applicant for a renewal license or certificate as an audiologist, speech-language
96.2 pathologist, or hearing instrument dispenser who was licensed or obtained a certificate
96.3 before January 1, 2018.

96.4 **EFFECTIVE DATE.** This section is effective July 1, 2025.

96.5 **ARTICLE 13**

96.6 **APPROPRIATION**

96.7 Section 1. **APPROPRIATION.**

96.8 \$..... in fiscal year 2025 is appropriated from the state government special revenue fund
96.9 to the Board of Psychology to implement Minnesota Statutes, sections 148.9981 to 148.9995.

96.10 **EFFECTIVE DATE.** This section is effective July 1, 2024.

147A.09 SCOPE OF PRACTICE.

Subd. 5. **Scope of practice limitations; psychiatric care for children with emotional disturbance or adults with serious mental illness.** Notwithstanding subdivision 1, a physician assistant may only provide ongoing psychiatric treatment for children with emotional disturbance, as defined in section 245.4871, subdivision 15, or adults with serious mental illness in collaboration with a physician licensed under chapter 147. For purposes of providing ongoing psychiatric treatment for children with emotional disturbance or adults with serious mental illness, the practice agreement between the physician assistant and one or more physicians licensed under chapter 147 must define the collaboration between the physician assistant and the collaborating physician, including appropriate consultation or referral to psychiatry.

147B.01 DEFINITIONS.

Subd. 18. **Oriental medicine.** "Oriental medicine" means a system of healing arts that perceives the circulation and balance of energy in the body as being fundamental to the well-being of the individual. It implements the theory through specialized methods of analyzing the energy status of the body and treating the body with acupuncture and other related modalities for the purpose of strengthening the body, improving energy balance, maintaining or restoring health, improving physiological function, and reducing pain.

148D.061 PROVISIONAL LICENSES.

Subd. 9. **Revocation of provisional license.** The board may immediately revoke the provisional license of a licensee who violates any requirements of this section. The revocation must be made for cause. A licensee whose provisional license is revoked must immediately return the provisional license to the board.

156.12 PRACTICE OF VETERINARY MEDICINE.

Subd. 6. **Faculty licensure.** (a) Veterinary Medical Center clinicians at the College of Veterinary Medicine, University of Minnesota, who are engaged in the practice of veterinary medicine as defined in subdivision 1 and who treat animals owned by clients of the Veterinary Medical Center must possess the same license required by other veterinary practitioners in the state of Minnesota except for persons covered by paragraphs (b) and (c).

(b) A specialty practitioner in a hard-to-fill faculty position who has been employed at the College of Veterinary Medicine, University of Minnesota, for five years or more prior to 2003 or is specialty board certified by the American Veterinary Medical Association or the European Board of Veterinary Specialization may be granted a specialty faculty Veterinary Medical Center clinician license which will allow the licensee to practice veterinary medicine in the state of Minnesota in the specialty area of the licensee's training and only within the scope of employment at the Veterinary Medical Center.

(c) A specialty practitioner in a hard-to-fill faculty position at the College of Veterinary Medicine, University of Minnesota, who has graduated from a board-approved foreign veterinary school may be granted a temporary faculty Veterinary Medical Center clinician license. The temporary faculty Veterinary Medical Center clinician license expires in two years and allows the licensee to practice veterinary medicine as defined in subdivision 1 and treat animals owned by clients of the Veterinary Medical Center. The temporary faculty Veterinary Medical Center clinician license allows the licensee to practice veterinary medicine in the state of Minnesota in the specialty area of the licensee's training and only within the scope of employment at the Veterinary Medical Center while under the direct supervision of a veterinarian currently licensed and actively practicing veterinary medicine in Minnesota, as defined in section 156.04. The direct supervising veterinarian must not have any current or past conditions, restrictions, or probationary status imposed on the veterinarian's license by the board within the past five years. The holder of a temporary faculty Veterinary Medical Center clinician license who is enrolled in a PhD program may apply for up to two additional consecutive two-year extensions of an expiring temporary faculty Veterinary Medical Center clinician license. Any other holder of a temporary faculty Veterinary Medical Center clinician license may apply for one two-year extension of the expiring temporary faculty Veterinary Medical Center clinician license. Temporary faculty Veterinary Medical Center clinician licenses that are allowed to expire may not be renewed. The board shall grant an extension to a licensee who demonstrates suitable progress toward completing the requirements of their academic program, specialty board certification, or full licensure in Minnesota by a graduate of a foreign veterinary college.

APPENDIX
Repealed Minnesota Statutes: S4570-2

(d) Temporary and specialty faculty Veterinary Medical Center clinician licensees must abide by all the laws governing the practice of veterinary medicine in the state of Minnesota and are subject to the same disciplinary action as any other veterinarian licensed in the state of Minnesota.

(e) The fee for a license issued under this subdivision is the same as for a regular license to practice veterinary medicine in Minnesota. License payment deadlines, late payment fees, and other license requirements are also the same as for regular licenses.