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State of Minnesota
HOUSE OF REPRESENTATIVES

EIGHTY-EIGHTH SESSION

H. F. No. **1898**

02/25/2014 Authored by Liebling

The bill was read for the first time and referred to the Committee on Health and Human Services Policy

1.1 A bill for an act
1.2 relating to health; making changes to the health professionals services program;
1.3 requiring a disciplinary investigation for noncompliance and temporary license
1.4 suspension; classifying data; amending Minnesota Statutes 2012, sections
1.5 214.28; 214.29; 214.31; 214.32, subdivision 1, by adding a subdivision; 214.35;
1.6 repealing Minnesota Statutes 2012, sections 214.36; 214.37.

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

1.8 Section 1. Minnesota Statutes 2012, section 214.28, is amended to read:

1.9 **214.28 DIVERSION PROGRAM.**

1.10 A health-related licensing board ~~may~~ shall establish performance criteria and
1.11 contract for a diversion program for regulated professionals who are unable to practice
1.12 with reasonable skill and safety by reason of illness, use of alcohol, drugs, chemicals, or
1.13 any other materials, or as a result of any mental, physical, or psychological condition.

1.14 Sec. 2. Minnesota Statutes 2012, section 214.29, is amended to read:

1.15 **214.29 PROGRAM REQUIRED.**

1.16 Each health-related licensing board, including the Emergency Medical Services
1.17 Regulatory Board under chapter 144E, ~~shall either conduct a health professionals service~~
1.18 ~~program under sections 214.31 to 214.37 or~~ shall contract with the health professionals
1.19 services program established under sections 214.31 to 214.35 for a the diversion program
1.20 required under section 214.28.

1.21 Sec. 3. Minnesota Statutes 2012, section 214.31, is amended to read:

1.22 **214.31 AUTHORITY.**

Two or more of the health-related licensing boards listed in section 214.01, subdivision 2, may jointly The health professionals services program is authorized to contract with the health-related licensing boards to conduct a health professionals services program to protect the public from persons regulated by the boards who are unable to practice with reasonable skill and safety by reason of illness, use of alcohol, drugs, chemicals, or any other materials, or as a result of any mental, physical, or psychological condition. The program does not affect a board's authority to discipline violations of a board's practice act. For purposes of sections 214.31 to 214.37, the emergency medical services regulatory board shall be included in the definition of a health-related licensing board under chapter 144E.

Sec. 4. Minnesota Statutes 2012, section 214.32, subdivision 1, is amended to read:

Subdivision 1. **Management.** (a) A Health Professionals Services Program Advisory Committee is established, consisting of one person appointed by each participating board, with each participating board having one vote. The committee shall designate one board to provide administrative management of the program, set the program budget and the pro-rata share of program expenses to be borne by each participating board, provide guidance on the general operation of the program, including hiring of program personnel, and ensure that the program's direction is in accord with its authority. If the participating boards change which board is designated to provide administrative management of the program, any appropriation remaining for the program shall transfer to the newly designated board on the effective date of the change. The participating boards must inform the appropriate legislative committees and the commissioner of management and budget of any change in the administrative management of the program, and the amount of any appropriation transferred under this provision. to provide advice to the health professionals services program on profession specific monitoring and care plans to ensure the regulated person does not endanger public safety while receiving services from the program. The advisory committee shall consist of:

(1) the executive director of each health-related licensing board, or the director's designee;

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

(3) one member appointed by the Minnesota Dental Association;

(4) one member appointed by the Minnesota Chiropractic Association;

(5) one member appointed by the Minnesota Licensed Practical Nurse Association;

(6) one member appointed by the Minnesota Medical Association;

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

(8) one member appointed by the Minnesota Podiatric Medicine Association; and
(9) one member appointed by each of the professional associations of other professions regulated by a participating board not specified in clauses (2) to (8).

(b) Members of the advisory committee designated in paragraph (a), clauses (2) to (9), shall be appointed for two years and may be reappointed.

~~(b) The designated board, upon recommendation of the Health Professional Services Program Committee, shall hire the program manager and employees and pay expenses of the program from funds appropriated for that purpose. The designated board may apply for grants to pay program expenses and may enter into contracts on behalf of the program to carry out the purposes of the program. The participating boards shall enter into written agreements with the designated board.~~

~~(c) An advisory committee is established to advise the program committee consisting of:~~

~~(1) one member appointed by each of the following: the Minnesota Academy of Physician Assistants, the Minnesota Dental Association, the Minnesota Chiropractic Association, the Minnesota Licensed Practical Nurse Association, the Minnesota Medical Association, the Minnesota Nurses Association, and the Minnesota Podiatric Medicine Association;~~

~~(2) one member appointed by each of the professional associations of the other professions regulated by a participating board not specified in clause (1); and~~

~~(3) two public members, as defined by section 214.02.~~

~~Members of the advisory committee shall be appointed for two years and members may be reappointed.~~

Sec. 5. Minnesota Statutes 2012, section 214.32, is amended by adding a subdivision to read:

Subd. 6. Duties of health-related licensing board. Upon receiving notice of discharge due to noncompliance, the appropriate licensing board shall temporarily suspend the regulated person's professional license until completion of a disciplinary investigation which must be completed by the licensing board within 60 days of receipt of notice of discharge from the health professionals services program.

Sec. 6. Minnesota Statutes 2012, section 214.35, is amended to read:

214.35 CLASSIFICATION OF DATA.

(a) All data collected and maintained and any agreements with regulated persons entered into as part of the program is classified as active investigative data under section

13.41 while the individual is in the program, except for monitoring data which is classified as private. When a regulated person successfully completes the program, the data and participation agreement become inactive investigative data which shall be classified as private data under section 13.02, subdivision 12, or nonpublic data under section 13.02, subdivision 9, in the case of data not on individuals. Data and agreements shall not be forwarded to the board unless the program reports a participant to a board as described in section 214.33, subdivision 3.

(b) Data related to discharge from the program for noncompliance and subsequent temporary license suspension shall be classified as private data under section 13.02, subdivision 12, in cases where a licensing board has not pursued disciplinary action within 60 days of receiving notice of discharge from the health professionals services program.

Sec. 7. **COMMISSIONER OF ADMINISTRATION.**

The commissioner of administration shall conduct an intake survey of the health professionals services program to study the management and organization of the program and reorganize the program, if necessary, to ensure its effective and efficient operation.

Sec. 8. **REVISOR'S INSTRUCTION.**

The revisor shall remove cross-references to the sections repealed in section 9 wherever they appear in Minnesota Statutes and Minnesota Rules and make changes necessary to correct the punctuation, grammar, or structure of the remaining text and preserve its meaning.

Sec. 9. **REPEALER.**

Minnesota Statutes 2012, sections 214.36; and 214.37, are repealed.

Sec. 10. **EFFECTIVE DATE.**

Sections 1 to 9 are effective July 1, 2014.

APPENDIX
Repealed Minnesota Statutes: 14-4149

214.36 BOARD PARTICIPATION.

Participating boards may, by mutual agreement, implement the program upon enactment. Thereafter, health-related licensing boards desiring to enter into or discontinue an agreement to participate in the health professionals services program shall provide a written resolution indicating the board's intent to the designated board by January 1 preceding the start of a biennium.

214.37 RULEMAKING.

By July 1, 1996, the participating boards shall adopt joint rules relating to the provisions of sections 214.31 to 214.36 in consultation with the advisory committee and other appropriate individuals. The required rule writing does not prevent the implementation of sections 214.31 to 214.37 and Laws 1994, chapter 556, section 9, upon enactment.