

**SENATE  
STATE OF MINNESOTA  
NINETY-FIRST SESSION**

**S.F. No. 682**

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OFFICIAL STATUS  
Introduction and first reading  
Referred to Health and Human Services Finance and Policy

1.1 A bill for an act  
1.2 relating to health occupations; requiring the Council of Health Boards to study  
1.3 and make recommendations on increasing access to clinical experiences through  
1.4 the use of technology.

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

1.6 Section 1. **COUNCIL OF HEALTH BOARDS WORK GROUP.**

1.7 (a) The Council of Health Boards shall convene a work group to study and make  
1.8 recommendations on increasing access to the clinical experience required as part of  
1.9 postsecondary educational programs that relate to counseling by utilizing telehealth  
1.10 technologies including, but not limited to, high-fidelity simulation and teleconferencing to  
1.11 replace a portion of the program's traditional clinical experience requirements. The study  
1.12 must include the parameters in which the proposed technology may be utilized in order to  
1.13 ensure that students are integrating classroom theory in a lifelike clinical setting without  
1.14 compromising clinical competency outcomes.

1.15 (b) The work group must consist of representatives of:

1.16 (1) the Boards of Psychology, Social Work, Marriage and Family Therapy, and Behavioral  
1.17 Health and Therapy;

1.18 (2) postsecondary educational institutions that have accredited educational programs  
1.19 for social work, psychology, alcohol and drug counseling, marriage and family therapy,  
1.20 and professional counseling; and

1.21 (3) the relevant professional counseling associations, including the Minnesota Counseling  
1.22 Association; Minnesota Psychology Association; National Association of Social Workers,

2.1 Minnesota chapter; and the Minnesota Association of Resources for Recovery and Chemical  
2.2 Health.

2.3 (c) By February 1, 2020, the council shall submit recommendations for using telehealth  
2.4 technologies to the chairs and ranking minority members of the legislative committees with  
2.5 jurisdiction over health occupations and higher education, and shall include a plan for  
2.6 implementing the recommendations and any legislative changes necessary for  
2.7 implementation.