

CHAPTER 115--H.F.No. 3825

An act relating to health occupations; modifying licensing and scope of practice for acupuncture and herbal medicine practice, athletic training, mortuary science, social work, dentistry practice, marriage and family therapy, pharmacy practice, physical therapists, and advanced practice registered nurses; establishing registration for massage therapists and Asian bodywork therapists; establishing licensure for music therapists; modifying certain unlicensed practice provisions; establishing advisory councils; imposing civil penalties; requiring reports; imposing fees; appropriating money; amending Minnesota Statutes 2024, sections 144.0572, subdivision 1; 146A.01, subdivision 4; 146A.06, subdivision 3; 146A.09, by adding a subdivision; 147.081, subdivision 1; 147B.01, subdivisions 3, 4, 5, 9, 12, 14, 16, 16a, by adding subdivisions; 147B.02, subdivisions 4, 12; 147B.03, subdivisions 1, 2, 3, 4; 147B.05, subdivisions 1, 3; 147B.06, subdivisions 1, 5, by adding a subdivision; 148.211, subdivision 1c, by adding a subdivision; 148.61, subdivision 5; 148.65, subdivisions 5, 6; 148.706, subdivisions 1, 2, 3; 148.7802, subdivision 6, by adding a subdivision; 148.7806; 148.7807; 148.7814; 148.941, subdivision 6; 148B.35; 148E.065, subdivision 4a; 148E.195, subdivision 2a; 148E.280; 149A.02, subdivision 26; 149A.20, subdivisions 6, 7; 149A.30, subdivision 1; 150A.01, subdivision 6a; 150A.05, subdivisions 1, 2; 150A.06, subdivisions 1, 1a, 1b, 1c, 2, 2a, 2c, 2d, 3, 8, 9, 11; 150A.08, subdivision 1; 150A.081, subdivision 1; 150A.091, subdivisions 2, 4, 5, 7, 8, 9a, 10, 20, by adding a subdivision; 150A.10, subdivisions 1, 1a, 4; 150A.105, subdivision 8; 150A.106, subdivision 3; 150A.11, subdivision 1; 151.01, subdivision 27; 151.071, subdivision 2; 151.37, by adding a subdivision; 152.11, subdivision 2; 152.12, by adding a subdivision; Minnesota Statutes 2025 Supplement, sections 147B.02, subdivisions 7, 9; 147B.06, subdivision 4; 150A.06, subdivision 12; 151.01, subdivision 23; proposing coding for new law in Minnesota Statutes, chapter 148; proposing coding for new law as Minnesota Statutes, chapter 148H; repealing Minnesota Statutes 2024, sections 147B.01, subdivision 18; 148.7802, subdivisions 4, 5; 150A.06, subdivision 6.

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

ARTICLE 1**ACUPUNCTURE AND HERBAL MEDICINE PRACTICE**

Section 1. Minnesota Statutes 2024, section 146A.01, subdivision 4, is amended to read:

Subd. 4. **Complementary and alternative health care practices.** (a) "Complementary and alternative health care practices" means the broad domain of complementary and alternative healing methods and treatments, including but not limited to: (1) acupressure; (2) anthroposophy; (3) aroma therapy; (4) ayurveda; (5) cranial sacral therapy; (6) culturally traditional healing practices; (7) detoxification practices and therapies; (8) energetic healing; (9) polarity therapy; (10) folk practices; (11) healing practices utilizing food, food supplements, nutrients, and the physical forces of heat, cold, water, touch, and light; (12) Gerson therapy and colostrum therapy; (13) healing touch; (14) herbology or herbalism; (15) homeopathy; (16) nondiagnostic iridology; (17) body work, massage, and massage therapy; (18) meditation; (19) mind-body healing practices; (20) naturopathy; (21) noninvasive instrumentalities; and (22) traditional ~~Oriental~~ practices, such as Qi Gong energy healing.

(b) Complementary and alternative health care practices do not include surgery, x-ray radiation, administering or dispensing legend drugs and controlled substances, practices that invade the human body by puncture of the skin, setting fractures, the use of medical devices as defined in section 147A.01, any practice included in the practice of dentistry as defined in section 150A.05, subdivision 1, or the manipulation or adjustment of articulations of joints or the spine as described in section 146.23 or 148.01.

(c) Complementary and alternative health care practices do not include practices that are permitted under section 147.09, clause (11), or 148.271, clause (5).

(d) This chapter does not apply to, control, prevent, or restrict the practice, service, or activity of lawfully marketing or distributing food products, including dietary supplements as defined in the federal Dietary Supplement Health and Education Act, educating customers about such products, or explaining the uses of such products. Under Minnesota law, an unlicensed complementary and alternative health care practitioner may not provide a medical diagnosis or recommend discontinuance of medically prescribed treatments.

Sec. 2. Minnesota Statutes 2024, section 147B.01, is amended by adding a subdivision to read:

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

Sec. 3. Minnesota Statutes 2024, section 147B.01, subdivision 3, is amended to read:

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

Sec. 4. Minnesota Statutes 2024, section 147B.01, subdivision 4, is amended to read:

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

Sec. 5. Minnesota Statutes 2024, section 147B.01, subdivision 5, is amended to read:

Subd. 5. **Acupuncture points.** "Acupuncture points" means specific anatomically described locations as defined by the recognized acupuncture reference texts. These texts are listed in the study guide to the examination for the ~~NCCAOM~~ NCBAHM certification exam.

Sec. 6. Minnesota Statutes 2024, section 147B.01, subdivision 9, is amended to read:

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

Sec. 7. Minnesota Statutes 2024, section 147B.01, subdivision 12, is amended to read:

Subd. 12. **Diplomate in acupuncture.** "Diplomate in acupuncture" means a person who is certified by the ~~NCCAOM~~ NCBAHM as having met the standards of competence established by the ~~NCCAOM~~ NCBAHM, who subscribes to the ~~NCCAOM~~ NCBAHM code of ethics, and who has a current and active ~~NCCAOM~~ NCBAHM certificate. Current and active ~~NCCAOM~~ NCBAHM certification indicates successful completion of continued professional development and previous satisfaction of ~~NCCAOM~~ NCBAHM requirements.

Sec. 8. Minnesota Statutes 2024, section 147B.01, subdivision 14, is amended to read:

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

Sec. 9. Minnesota Statutes 2024, section 147B.01, is amended by adding a subdivision to read:

Subd. 14a. **Low-level or cold laser.** "Low-level or cold laser" means a laser classified as a Class IIIa laser used for stimulation of acupuncture points or channels.

Sec. 10. Minnesota Statutes 2024, section 147B.01, is amended by adding a subdivision to read:

Subd. 14b. **Low-level or cold laser acupuncture.** "Low-level or cold laser acupuncture" means acupuncture performed by using a low-level or cold laser to stimulate acupuncture points or channels.

Sec. 11. Minnesota Statutes 2024, section 147B.01, subdivision 16, is amended to read:

Subd. 16. **~~NCCAOM~~ NCBAHM.** "~~NCCAOM~~ NCBAHM" means the National Certification ~~Commission~~ Board for Acupuncture and Herbal Medicine for ~~Acupuncture and Oriental Medicine~~ Board for Acupuncture and Herbal Medicine, a not-for-profit corporation organized under section ~~501(c)(4)~~ 501(c)(6) of the Internal Revenue Code.

Sec. 12. Minnesota Statutes 2024, section 147B.01, subdivision 16a, is amended to read:

Subd. 16a. **~~NCCAOM~~ NCBAHM certification.** "~~NCCAOM~~ NCBAHM certification" means a certification granted by the ~~NCCAOM~~ NCBAHM to a person who has met the standards of competence established for either ~~NCCAOM~~ NCBAHM certification in acupuncture or ~~NCCAOM~~ NCBAHM certification in ~~Oriental~~ herbal medicine.

Sec. 13. Minnesota Statutes 2024, section 147B.02, subdivision 4, is amended to read:

Subd. 4. **Exceptions.** (a) The following persons may practice acupuncture within the scope of their practice without an acupuncture license:

(1) a physician licensed under chapter 147;

(2) an osteopathic physician licensed under chapter 147;

(3) a chiropractor licensed under chapter 148;

(4) a person who is studying in a formal course of study so long as the person's acupuncture and herbal medicine practice is supervised by a licensed acupuncturist or a person who is exempt under clause (5);

(5) a visiting acupuncturist practicing acupuncture within an instructional setting for the sole purpose of teaching at a school registered with the Minnesota Office of Higher Education, who may practice without a license for a period of one year, with two one-year extensions permitted; and

(6) a visiting acupuncturist who is in the state for the sole purpose of providing a tutorial or workshop not to exceed 30 days in one calendar year.

(b) This chapter does not prohibit a person who does not have an acupuncturist license from practicing specific noninvasive techniques, such as acupressure, that are within the scope of practice as set forth in section 147B.06, subdivision 4.

Sec. 14. Minnesota Statutes 2025 Supplement, section 147B.02, subdivision 7, is amended to read:

Subd. 7. **Licensure requirements.** (a) An applicant for licensure must:

(1) submit a completed application for licensure on forms provided by the board, which must include the applicant's name and address of record, which shall be public;

(2) unless licensed under subdivision 6, submit evidence satisfactory to the board of current ~~NCCAOM~~ NCBAHM certification;

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

(4) submit with the application all fees required; and

(5) sign a waiver authorizing the board to obtain access to the applicant's records in this state or any state in which the applicant has engaged in the practice of acupuncture.

(b) The board may ask the applicant to provide any additional information necessary to ensure that the applicant is able to practice with reasonable skill and safety to the public.

(c) The board may investigate information provided by an applicant to determine whether the information is accurate and complete. The board shall notify an applicant of action taken on the application and the reasons for denying licensure if licensure is denied.

Sec. 15. Minnesota Statutes 2025 Supplement, section 147B.02, subdivision 9, is amended to read:

Subd. 9. **Renewal.** (a) To renew a license an applicant must:

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

(2) submit the renewal fee;

(3) provide documentation of current and active ~~NCCAOM~~ NCBAHM certification; or

(4) if licensed under subdivision 6, meet the same ~~NCCAOM~~ NCBAHM professional development activity requirements as those licensed under subdivision 7.

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

(c) An applicant must maintain a correct mailing address with the board for receiving board communications, notices, and license renewal documents. Placing the license renewal application in first-class United States mail, addressed to the applicant at the applicant's last known address with postage prepaid, constitutes valid service. Failure to receive the renewal documents does not relieve an applicant of the obligation to comply with this section.

(d) The name of an applicant who does not return a complete license renewal application, annual license fee, or late application fee, as applicable, within the time period required by this section shall be removed from the list of individuals authorized to practice during the current renewal period. If the applicant's license is reinstated, the applicant's name shall be placed on the list of individuals authorized to practice.

Sec. 16. Minnesota Statutes 2024, section 147B.02, subdivision 12, is amended to read:

Subd. 12. **Inactive status.** (a) A license may be placed in inactive status upon application to the board and upon payment of an inactive status fee. The board may not renew or restore a license that has lapsed and has not been renewed within two annual license renewal cycles.

(b) An inactive license may be reactivated by the license holder upon application to the board. A licensee whose license is canceled for nonrenewal must obtain a new license by applying for licensure and fulfilling all the requirements then in existence for the initial license to practice acupuncture in the state of Minnesota. The application must include:

(1) evidence of current and active ~~NCCAOM~~ NCBAHM certification;

(2) evidence of the certificate holder's payment of an inactive status fee;

(3) an annual fee; and

(4) all back fees since previous renewal.

(c) A person licensed under subdivision 5 who has allowed the license to reach inactive status must become ~~NCCAOM~~ NCBAHM certified.

Sec. 17. Minnesota Statutes 2024, section 147B.03, subdivision 1, is amended to read:

Subdivision 1. **~~NCCAOM~~ NCBAHM requirements.** Unless a person is licensed under section 147B.02, subdivision 6, each licensee is required to meet the ~~NCCAOM~~ NCBAHM professional development activity requirements to maintain ~~NCCAOM~~ NCBAHM certification. These requirements may be met through a board approved continuing education program.

Sec. 18. Minnesota Statutes 2024, section 147B.03, subdivision 2, is amended to read:

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

- (1) it directly relates to the practice of acupuncture;
- (2) each member of the faculty shows expertise in the subject matter by holding a degree or certificate from an educational institution, has verifiable experience in ~~traditional Oriental~~ acupuncture and herbal medicine, or has special training in the subject area;
- (3) the program lasts at least one contact hour;
- (4) there are specific written objectives describing the goals of the program for the participants; and
- (5) the program sponsor maintains attendance records for four years.

Sec. 19. Minnesota Statutes 2024, section 147B.03, subdivision 3, is amended to read:

Subd. 3. **Continuing education topics.** (a) Continuing education program topics may include, but are not limited to, ~~Oriental medical acupuncture and herbal medicine~~ theory and techniques including ~~Oriental~~ massage; ~~Oriental~~ nutrition; ~~Oriental~~ herbology and diet therapy; ~~Oriental~~ exercise; ~~western sciences such as~~ anatomy, physiology, biochemistry, microbiology, psychology, ~~nutrition~~, and history of medicine; and medical terminology or coding.

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

Sec. 20. Minnesota Statutes 2024, section 147B.03, subdivision 4, is amended to read:

Subd. 4. **Verification.** The board shall periodically select a random sample of acupuncturists and require the acupuncturist to show evidence of having completed the ~~NCCAOM~~ NCBAHM professional development activities requirements. Either the acupuncturist, the state, or the national organization that maintains continuing education records may provide the board documentation of the continuing education program.

Sec. 21. Minnesota Statutes 2024, section 147B.05, subdivision 1, is amended to read:

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

Sec. 22. Minnesota Statutes 2024, section 147B.05, subdivision 3, is amended to read:

Subd. 3. **Duties.** The advisory council shall:

- (1) advise the board on issuance, denial, renewal, suspension, revocation, conditioning, or restricting of licenses to practice acupuncture;

- (2) advise the board on issues related to receiving, investigating, conducting hearings, and imposing disciplinary action in relation to complaints against acupuncture practitioners;
- (3) maintain a register of acupuncture practitioners licensed under section 147B.02;
- (4) maintain a record of all advisory council actions;
- (5) prescribe registration application forms, license forms, protocol forms, and other necessary forms;
- (6) review the patient visit records submitted by applicants during the transition period;
- (7) advise the board regarding standards for acupuncturists;
- (8) distribute information regarding acupuncture and herbal medicine practice standards;
- (9) review complaints;
- (10) advise the board regarding continuing education programs;
- (11) review the investigation of reports of complaints and recommend to the board whether disciplinary action should be taken; and
- (12) perform other duties authorized by advisory councils under chapter 214, as directed by the board.

Sec. 23. Minnesota Statutes 2024, section 147B.06, subdivision 1, is amended to read:

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

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

- (1) the practitioner's qualifications including:
 - (i) education;
 - (ii) license information; and
 - (iii) outline of the scope of practice of acupuncturists in Minnesota; and
- (2) side effects which may include the following:
 - (i) some pain in the treatment area;
 - (ii) minor bruising;
 - (iii) infection;
 - (iv) needle sickness; or
 - (v) broken needles.

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

Sec. 24. Minnesota Statutes 2025 Supplement, section 147B.06, subdivision 4, is amended to read:

Subd. 4. **Scope of practice.** (a) 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; and~~ 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. When results fall outside of the education, training, and expertise of a licensed acupuncturist, or suggest serious or emergent conditions, the acupuncturist must 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.~~

(3) services included in acupuncture and herbal medicine practice;

(4) stimulation of acupuncture points, areas of the body, or substances in the body using acupuncture needles, heat, color, light, infrared and ultraviolet, low-level or cold lasers, sound, vibration, pressure, magnetism, electricity, electromagnetic energy, suction, or other devices in accordance with the training of an acupuncture practitioner;

(5) use of physical medicine modalities, procedures, and devices, including but not limited to cupping, dermal friction, acupressure, and massage, as described in section 147B.01, subdivisions 2a, 3, and 14;

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

(7) general dietary guidance that is provided for wellness and supportive purposes and that is consistent with the education and training of an acupuncture practitioner.

(b) Low-level or cold laser acupuncture must only be performed in accordance with all relevant acupuncture accreditation standards and federal laws, including Food and Drug Administration rules and regulations.

(c) Low-level or cold laser acupuncture performed on a patient's head must be outside the orbital rim.

Sec. 25. Minnesota Statutes 2024, section 147B.06, subdivision 5, is amended to read:

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

- (1) a copy of the informed consent;
- (2) evidence of a patient interview concerning the patient's medical history and current physical condition;
- (3) evidence of a ~~traditional acupuncture~~ examination and diagnosis;
- (4) record of the treatment including points treated; and
- (5) evidence of evaluation and instructions given to the patient.

Sec. 26. Minnesota Statutes 2024, section 147B.06, is amended by adding a subdivision to read:

Subd. 8. **Licensed health care professionals.** Nothing in section 147B.01, subdivision 2a, shall be construed to expand or restrict the existing scope of practice of other licensed health care professionals.

Sec. 27. **REPEALER.**

Minnesota Statutes 2024, section 147B.01, subdivision 18, is repealed.

ARTICLE 2

ATHLETIC TRAINER PRACTICE

Section 1. Minnesota Statutes 2024, section 148.7802, subdivision 6, is amended to read:

Subd. 6. **Athletic trainer.** "Athletic trainer" means a person who engages in athletic training under section 148.7806 and is licensed under section 148.7808. Athletic trainers practice in health care settings and serve patient populations as identified by the Board of Certification for the Athletic Trainer or its recognized successor and by approved education programs.

Sec. 2. Minnesota Statutes 2024, section 148.7802, is amended by adding a subdivision to read:

Subd. 6a. **Athletic training.** "Athletic training" means the following actions performed for the purpose of treating emergent, acute, and chronic injuries and nonorthopedic conditions and performed within the

professional training and experience provided by an approved education program and included in an athletic trainer credentialing examination:

- (1) risk reduction, wellness, and health literacy;
- (2) assessment, evaluation, and diagnosis;
- (3) critical incident management;
- (4) therapeutic intervention; and
- (5) health care administration and professional responsibility.

Sec. 3. Minnesota Statutes 2024, section 148.7806, is amended to read:

148.7806 ATHLETIC TRAINING.

~~Athletic training by a licensed athletic trainer under section 148.7808 includes the activities described in paragraphs (a) to (e):~~

~~(a) An athletic trainer shall perform athletic training under the supervision of, on the prescription of, and in collaboration with, a primary physician:~~

- ~~(1) who is licensed in Minnesota to practice medicine, as defined in section 147.081; and~~
- ~~(2) whose license is in good standing.~~
- ~~(1) prevent, recognize, and evaluate athletic injuries;~~
- ~~(2) give emergency care and first aid;~~
- ~~(3) manage and treat athletic injuries; and~~
- ~~(4) rehabilitate and physically recondition athletic injuries.~~

~~The (b) An athletic trainer may use modalities such as cold, heat, light, sound, electricity, exercise, and mechanical devices must use therapeutic interventions within the training and experience of the athletic trainer according to section 148.7802, subdivision 6a for the treatment and rehabilitation of athletic injuries to athletes in the primary employment site patients.~~

~~(b) (c) The primary physician shall establish evaluation and treatment protocols to be used by the athletic trainer. The primary physician shall record the protocols on a form prescribed by the board. The protocol form must be updated yearly at the athletic trainer's license renewal time and kept on file by the athletic trainer.~~

~~(e) (d) At the primary employment site, except in a corporate setting, an athletic trainer may evaluate and treat an athlete for an athletic injury a patient who was not previously diagnosed for not more than 30 days, or a period of time as designated by the primary physician on the protocol form, from the date of the initial evaluation and treatment. Preventative care after resolution of the injury is Prevention, wellness, education, exercise, and reconditioning are not considered treatment. This paragraph does not apply to a person who is referred for treatment by a person licensed in this state to practice medicine as defined in section 147.081; to practice chiropractic as defined in section 148.01; to practice physical therapy as defined in section 148.65, except as provided in paragraph (f); to practice podiatry as defined in section 153.01; or to practice dentistry as defined in section 150A.05, and whose license is in good standing.~~

~~(d)~~ (e) An athletic trainer ~~may~~:

(1) may organize and administer an athletic training program, including, but not limited to, educating and counseling ~~athletes~~ patients;

(2) must monitor the signs, symptoms, general behavior, and general physical response of ~~an athlete~~ a patient to treatment and rehabilitation, including, but not limited to, whether the signs, symptoms, reactions, behavior, or general response show abnormal characteristics that require a change in the plan of care or a referral; and

(3) must make suggestions to the primary physician or other treating provider for a modification in the treatment and rehabilitation of ~~an injured athlete~~ a patient based on the indicators in clause (2).

~~(e)~~ (f) In a clinical, corporate, and physical therapy setting, when the service provided is, or is represented as being, physical therapy, an athletic trainer may work only under the direct supervision of a physical therapist as defined in section 148.65.

Sec. 4. Minnesota Statutes 2024, section 148.7807, is amended to read:

148.7807 LIMITATIONS ON PRACTICE.

(a) An athletic trainer must not practice or claim to practice medicine as defined in section 147.081; acupuncture as defined in section 147B.01; chiropractic as defined in section 148.01; physical therapy as defined in section 148.65, except as provided under section 148.7806, paragraph (f); podiatry as defined in section 153.01; occupational therapy as defined in section 148.6404; or any other licensed or registered health care profession, unless the athletic trainer also holds the appropriate license or registration to practice that profession.

(b) If an athletic trainer determines that a patient's medical condition is ~~beyond~~ outside the scope of practice of that athletic trainer, the athletic trainer must refer the patient to a person licensed in this state to practice medicine as defined in section 147.081; to practice chiropractic as defined in section 148.01; to practice physical therapy as defined in section 148.65, except as provided under section 148.7806, paragraph (f); to practice podiatry as defined in section 153.01; or to practice dentistry as defined in section 150A.05, and whose license is in good standing and in accordance with established evaluation and treatment protocols. An athletic trainer shall modify or terminate treatment of a patient that is not beneficial to the patient, or that is not tolerated by the patient.

Sec. 5. Minnesota Statutes 2024, section 148.7814, is amended to read:

148.7814 APPLICABILITY.

Sections 148.7801 to 148.7815 do not apply to ~~persons who are certified as an athletic trainers~~ an athletic trainer who is in Minnesota temporarily with an individual or group that is participating in a specific athletic event or series of athletic events if the athletic trainer is licensed, certified, or registered by another state or county, or is certified as an athletic trainer by the Board of Certification or the board's recognized successor ~~and come into Minnesota for a specific athletic event or series of athletic events with an individual or group.~~

Sec. 6. REPEALER.

Minnesota Statutes 2024, section 148.7802, subdivisions 4 and 5, are repealed.

ARTICLE 3**MASSAGE THERAPY AND ASIAN BODYWORK THERAPY REGISTRATION**

Section 1. Minnesota Statutes 2024, 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, a speech-language pathologist, or a speech-language pathology assistant;~~ an applicant for initial massage therapist or Asian bodywork therapist registration; 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, registrant, 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.

Sec. 2. Minnesota Statutes 2024, section 146A.06, subdivision 3, is amended to read:

Subd. 3. **Exchanging information.** (a) The office shall establish internal operating procedures for:

(1) exchanging information with state boards; agencies, including the Office of Ombudsman for Mental Health and Developmental Disabilities; health-related and law enforcement facilities; departments responsible for licensing health-related occupations, facilities, and programs; and law enforcement personnel in this and other states; and

(2) coordinating investigations involving matters within the jurisdiction of more than one regulatory agency.

(b) The procedures for exchanging information must provide for the forwarding to the entities described in paragraph (a), clause (1), of information and evidence, including the results of investigations, that are relevant to matters within the regulatory jurisdiction of the organizations in paragraph (a). The data have the same classification in the hands of the agency receiving the data as they have in the hands of the agency providing the data.

(c) The office shall establish procedures for exchanging information with other states regarding disciplinary action against unlicensed complementary and alternative health care practitioners.

(d) The office shall forward to another governmental agency any complaints received by the office that do not relate to the office's jurisdiction but that relate to matters within the jurisdiction of the other governmental agency. The agency to which a complaint is forwarded shall advise the office of the disposition of the complaint. A complaint or other information received by another governmental agency relating to a statute or rule that the office is empowered to enforce must be forwarded to the office to be processed in accordance with this section.

(e) The office shall furnish to a person who made a complaint a description of the actions of the office relating to the complaint.

(f) Effective July 1, 2028, upon request by the commissioner, the office must share all complaint, investigatory, and disciplinary data regarding a named individual who has practiced or is practicing massage therapy or Asian bodywork therapy as an unlicensed complementary and alternative health care practitioner.

Sec. 3. Minnesota Statutes 2024, section 146A.09, is amended by adding a subdivision to read:

Subd. 8. **Registered massage therapists and Asian bodywork therapists.** Effective July 1, 2028, a person whose registration as a massage therapist or Asian bodywork therapist under sections 148.636 to 148.6377 has been suspended or revoked by the commissioner of health must not practice as an unlicensed complementary and alternative health care practitioner under this chapter during a period of suspension or revocation.

Sec. 4. **[148.636] CITATION.**

Sections 148.636 to 148.6377 may be cited as the "Minnesota Massage Therapy and Asian Bodywork Therapy Act."

Sec. 5. **[148.6361] DEFINITIONS.**

Subdivision 1. **Applicability.** For purposes of sections 148.636 to 148.6377, the terms defined in this section have the meanings given unless the context clearly indicates otherwise.

Subd. 2. **Advisory council.** "Advisory council" means the Massage Therapy Advisory Council established under section 148.6376.

Subd. 3. **Applicant.** "Applicant" means an individual who has submitted an application to the commissioner according to sections 148.636 to 148.6377.

Subd. 4. **Asian bodywork therapy.** (a) "Asian bodywork therapy" means therapy based upon Chinese medical principles with the intent of promoting, maintaining, and restoring health and well-being by affecting the body.

(b) Asian bodywork therapy may use any of the following techniques:

(1) pressing;

(2) soothing;

(3) kneading;

(4) vibration;

(5) friction;

(6) passive stretching within the client's physiological range of motion;

(7) active assistive and resistive movement;

(8) stretching; and

(9) tapping, movement, exercising, or manipulation of the soft tissues.

(c) Methods of assessment and evaluation for Asian bodywork therapy must include a health history and intake interview; observation; listening; questioning; palpation; and with the client's permission or if the client is a minor, the permission of the client's legal guardian or parent, consultation with the client's other health care providers.

Subd. 5. **Client.** "Client" means a recipient of massage therapy services or Asian bodywork therapy services.

Subd. 6. **Commissioner.** "Commissioner" means the commissioner of health.

Subd. 7. **Contact hours.** "Contact hours" means the number of hours during which a student is engaged in learning activities provided by a training program approved by the advisory council. Contact hours include synchronous or asynchronous distance learning and in-person learning.

Subd. 8. **Credentialing examination.** "Credentialing examination" means an examination approved by the commissioner that meets recognized psychometric principles and standards and is administered by a national testing organization.

Subd. 9. **Massage therapy.** (a) "Massage therapy" means the manual manipulation of the soft tissues of the body to promote, maintain, and restore health and well-being.

(b) Massage therapy may use any of the following techniques:

(1) stroking;

(2) gliding;

(3) lifting;

(4) kneading;

(5) jostling;

(6) vibration;

(7) percussion;

(8) compression;

(9) friction;

(10) holding;

(11) passive stretching within the client's physiological range of motion;

(12) movement or manipulation of the soft tissues;

(13) active assistive and resistive movement; and

(14) stretching.

(c) Methods of assessment for massage therapy must include a health history and intake interview; observation of posture and movement; palpation; range of motion assessment; and with the client's permission or if the client is a minor, the permission of the client's legal guardian or parent, consultation with the client's other health care providers.

Subd. 10. **Municipality.** "Municipality" means a county, town, or home rule charter or statutory city.

Subd. 11. **Registered Asian bodywork therapist.** "Registered Asian bodywork therapist" means an individual who meets the qualifications in sections 148.636 to 148.6377 to use the protected titles for Asian bodywork therapists under section 148.6364 and is registered with the commissioner.

Subd. 12. **Registered massage therapist.** "Registered massage therapist" means an individual who meets the qualifications in sections 148.636 to 148.6377 to use the protected titles for massage therapists under section 148.6364 and is registered with the commissioner.

Subd. 13. **Registrant.** "Registrant" means an individual registered with the commissioner under sections 148.636 to 148.6377.

Sec. 6. [148.6362] DUTIES OF THE COMMISSIONER.

The commissioner shall:

(1) issue registrations to qualified applicants according to sections 148.636 to 148.6377;

(2) adopt rules, including standards of practice and a professional code of ethics, necessary to implement sections 148.636 to 148.6377;

(3) assign duties to the advisory council that are necessary to implement sections 148.636 to 148.6377;

(4) approve a credentialing examination;

(5) enforce sections 148.636 to 148.6377 and investigate violations of sections 148.636 to 148.6377 by a registrant or applicant;

(6) impose disciplinary action as described in section 148.6370;

(7) maintain a record of names and addresses of registrants; and

(8) distribute information regarding massage therapy and Asian bodywork therapy standards, including applications and forms necessary to carry out sections 148.636 to 148.6377.

Sec. 7. [148.6363] LIMITATIONS ON PRACTICE.

Subdivision 1. **Limitations.** The practice of massage therapy and Asian bodywork therapy does not include:

(1) performing examinations for the purpose of diagnosis;

(2) providing treatments that are outside the scope of massage therapy or Asian bodywork therapy practice;

(3) attempts to adjust, manipulate, or mobilize any articulation of the body or spine by the use of high-velocity, low-amplitude thrusting force;

(4) attempts to stimulate various points of the body by needle insertion or interruption of the cutaneous integrity by needle insertion to secure therapeutic relief of symptoms;

(5) prescriptive exercise;

(6) manual or mechanical traction when applied to the spine or extremities for the purposes of joint mobilization or manipulation;

(7) injection therapy;

(8) laser therapy;

(9) microwave diathermy;

(10) electrical stimulation;

(11) ultrasound;

(12) iontophoresis; or

(13) phonophoresis.

Subd. 2. **Referrals to other health care providers.** If a registered massage therapist or Asian bodywork therapist finds a client's medical condition is beyond the scope of practice established by sections 148.636 to 148.6377 for a registered massage therapist or Asian bodywork therapist, the therapist must refer the client to a licensed health care provider. Nothing in this subdivision prohibits the registered massage therapist or Asian bodywork therapist from continuing to comanage a client's care.

Sec. 8. [148.6364] PROTECTED TITLES AND RESTRICTIONS ON USE.

Effective January 1, 2028, no person shall use any of the terms or titles "registered massage therapist," "RMT," "registered Asian bodywork therapist," "RABT," or any other term or title that may lead the public to believe the person is a registered massage therapist or registered Asian bodywork therapist, unless the person is registered under sections 148.636 to 148.6377.

Sec. 9. [148.6365] EXEMPTIONS; OTHER HEALTH CARE PROVIDERS.

Subdivision 1. **Other professions.** Nothing in sections 148.636 to 148.6377 shall be construed to prohibit, restrict, or regulate the practice of any profession or occupation licensed or registered in the state by an individual licensed or registered to practice the profession or occupation or to perform any act that falls within the scope of practice of the profession or occupation.

Subd. 2. **Complementary and alternative health care practitioner.** Nothing in sections 148.636 to 148.6377 shall be construed to prohibit, restrict, or regulate the practice of any individual who is engaged in providing complementary and alternative health care practices as defined in section 146A.01, subdivision 4, provided that the practitioner does not use a protected title under section 148.6364 or advertise or imply that the practitioner is registered under sections 148.636 to 148.6377.

Sec. 10. [148.6366] REQUIREMENTS FOR REGISTRATION.

Subdivision 1. **General registration requirements.** (a) To be eligible for registration as a massage therapist or Asian bodywork therapist according to sections 148.636 to 148.6377, an applicant must submit to the commissioner:

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

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

- (ii) a list of credentials held by the applicant in this state or in any other jurisdiction;
 - (iii) a description of any jurisdiction's refusal to license or credential the applicant;
 - (iv) a description of all professional disciplinary actions initiated against the applicant in this state or any other jurisdiction;
 - (v) any misdemeanor, gross misdemeanor, or felony convictions; and
 - (vi) any other additional information requested by the commissioner;
 - (2) proof, as required by the commissioner, that the applicant has satisfactorily completed a postsecondary massage therapy program or Asian bodywork therapy program through a school or program that:
 - (i) is licensed by or registered with the Office of Higher Education or has conditional approval for a registered school and provisional license from the Office of Higher Education; and
 - (ii) meets the education and training requirements described under subdivision 2 or 3;
 - (3) proof of successful passage of a credentialing examination approved by the commissioner;
 - (4) proof, as required by the commissioner, of current professional liability insurance coverage or school liability insurance coverage, as applicable, with at least \$2,000,000 of coverage per occurrence and \$6,000,000 annual aggregate; and
 - (5) any applicable fees specified in section 148.6377.
 - (b) The applicant must submit to a criminal background check conducted in accordance with section 144.0572 and pay any fees associated with conducting the criminal background check.
 - (c) The applicant must sign the application certifying that the information in the application is true and correct to the best of the applicant's knowledge and authorizing the commissioner to obtain access to the applicant's records in this state or any other jurisdiction in which the applicant has engaged in the practice of massage therapy or Asian bodywork therapy.
- Subd. 2. **Education and training requirements for massage therapy registration.** (a) An applicant for registration as a massage therapist under subdivision 1 whose application is received by the commissioner before July 1, 2031, must submit to the commissioner proof of satisfactorily completing a postsecondary program that meets the requirements in subdivision 1, paragraph (a), clause (2), item (i), and includes education and training in:
- (1) anatomy;
 - (2) physiology;
 - (3) pathology;
 - (4) massage therapy;
 - (5) massage therapy history, theory, and research;
 - (6) professional ethics;
 - (7) therapeutic interpersonal communications and standards of practice;
 - (8) business and legal practices related to massage therapy; and

(9) supervised practice demonstrating safe use of equipment and supplies.

(b) An applicant for registration as a massage therapist under subdivision 1 whose application is received by the commissioner on or after July 1, 2031, must submit to the commissioner proof of satisfactorily completing a postsecondary massage therapy program that meets the requirements in subdivision 1, paragraph (a), clause (2), item (i), and either:

(1) has programmatic accreditation for massage therapy training programs from an agency recognized by the United States Department of Education; or

(2) includes at least 625 contact hours of education and training composed of 500 contact hours of instruction in the areas listed in paragraph (a) and 125 contact hours of student clinical practice.

(c) A program may require more than 625 total contact hours of education and training, and may require more than 125 hours of supervised clinical practice, if at least 500 contact hours are devoted to instruction in the subjects listed in paragraph (a).

(d) A student shall not begin a supervised clinical practice of massage therapy without student or professional liability insurance coverage of up to \$2,000,000 per occurrence and \$6,000,000 annual aggregate. The school or program may offer to the student, the student or professional liability insurance coverage required under this paragraph.

Subd. 3. **Education and training requirements for Asian bodywork therapy registration.** (a) An applicant for registration as an Asian bodywork therapist under subdivision 1 whose application is received by the commissioner before July 1, 2031, must submit to the commissioner proof of satisfactorily completing a postsecondary program that meets the requirements in subdivision 1, paragraph (a), clause (2), item (i), and includes education and training in:

(1) anatomy;

(2) physiology;

(3) pathology;

(4) Asian bodywork therapy;

(5) traditional Chinese medicine theory;

(6) Asian bodywork history, theory, and research;

(7) professional ethics;

(8) therapeutic interpersonal communications and standards of practice;

(9) business and legal practices related to Asian bodywork therapy; and

(10) supervised practice demonstrating safe use of equipment and supplies.

(b) An applicant for registration as an Asian bodywork therapist under subdivision 1 whose application is received by the commissioner on or after July 1, 2031, must submit to the commissioner proof of satisfactorily completing a postsecondary program that meets the requirements in subdivision 1, paragraph (a), clause (2), item (i), and either:

(1) has programmatic accreditation for Asian bodywork therapy training programs from an agency recognized by the United States Department of Education; or

(2) includes at least 625 contact hours of education and training composed of 500 contact hours of instruction in the areas listed in paragraph (a) and 125 contact hours of student clinical practice.

(c) An Asian bodywork therapy school or program may require more than 625 total contact hours of education and training, and may require more than 125 hours of supervised clinical practice, if at least 500 contact hours are devoted to instruction in the subjects listed in paragraph (a).

(d) A student shall not begin a supervised clinical practice of Asian bodywork therapy without providing proof to the Asian bodywork therapy school or program of professional liability insurance coverage of up to \$2,000,000 per occurrence and \$6,000,000 annual aggregate. The school or program may offer to the student the professional liability insurance coverage required under this paragraph.

Subd. 4. **Registration by endorsement.** (a) To be eligible for registration by endorsement, an applicant must:

(1) meet the requirements for registration in subdivision 1, with the exception of subdivision 1, paragraph (a), clauses (2) and (3);

(2) provide proof as required by the commissioner that the massage therapy training program or Asian bodywork therapy training program at the time of the applicant's enrollment met the postsecondary education requirements in the jurisdiction in which the program was provided; and

(3) provide proof as required by the commissioner, with advice from the advisory council, of a current and unrestricted equivalent credential in another jurisdiction that has qualification requirements at least equivalent to the requirements of sections 148.636 to 148.6377.

(b) Registrations by endorsement expire on the same schedule and must be renewed by the procedures described under section 148.6367, subdivision 2.

Subd. 5. **Registration by prior experience.** (a) To be eligible for registration by prior experience, an applicant must:

(1) meet the requirements for registration in subdivision 1, with the exception of subdivision 1, paragraph (a), clauses (2) and (3); and

(2) provide proof of experience in the practice of massage therapy or Asian bodywork therapy for at least two of the previous five years immediately preceding the registration application date.

(b) Registrations issued under this subdivision expire on the same schedule and must be renewed by the procedures described under section 148.6367, subdivision 2, unless the registration is canceled due to nonrenewal under section 148.6367, subdivision 8, in which case the individual must apply for a new registration under the initial registration requirements in subdivision 1.

(c) The application for registration by prior experience under this subdivision must be received by the commissioner before July 1, 2031.

Subd. 6. **Temporary registration.** (a) The commissioner may issue a temporary registration as a massage therapist or Asian bodywork therapist to an applicant eligible for registration under this section if the application for registration is complete, all applicable requirements have been met, and applicable fees have been paid. The temporary registration remains valid until the commissioner takes action on the applicant's application, or 90 days from the temporary registration's issuance, whichever is sooner.

(b) A temporary registration holder is considered a registrant for purposes of sections 148.6369 to 148.6374.

Sec. 11. **[148.6367] REGISTRATION RENEWAL.**

Subdivision 1. **Expiration of registration.** Registrations issued according to sections 148.636 to 148.6377 expire two years from the date of issuance.

Subd. 2. **Renewal.** To be eligible for registration renewal, an applicant must every two years, or as determined by the commissioner, submit to the commissioner:

(1) a completed renewal application on a form provided by the commissioner;

(2) any applicable fees specified in section 148.6377;

(3) proof of current professional liability coverage with at least \$2,000,000 of coverage per occurrence and \$6,000,000 annual aggregate; and

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

Subd. 3. **Change of address.** A registrant or applicant who changes addresses must inform the commissioner in writing within 30 days of the change of address. Notices or other correspondence mailed to or served on a registrant or applicant at the registrant's or applicant's current address on file are considered received by the registrant or applicant.

Subd. 4. **Registration renewal notice.** (a) At least 60 days before the registration's expiration date, the commissioner shall send out a renewal notice to the registrant. The notice must include:

(1) a renewal application;

(2) a notice of fees required for renewal; and

(3) information stating that the registration will expire without further action by the commissioner if a renewal application is not received before the deadline for renewal.

(b) The registrant's failure to receive the renewal notice does not relieve the registrant of the obligation to meet the deadline and other requirements for registration renewal. Failure to receive the notice is not grounds for challenging expiration of the registration.

Subd. 5. **Renewal deadline.** The renewal application and fee must be received by the commissioner or must be postmarked before the registration's expiration date. If the postmark is illegible, the application is timely if received by the third working day after the deadline.

Subd. 6. **Inactive status and return to active status.** (a) A registration may be placed in inactive status upon application to the commissioner by the registrant and upon payment of an inactive status fee as specified in section 148.6377. Failure to pay the annual inactive status fee shall result in a lapse of registration.

(b) A registrant seeking registration restoration to active status from inactive status must:

(1) apply to the commissioner for registration renewal according to subdivision 2;

(2) submit the applicable reactivation fee as specified in section 148.6377; and

(3) if the registration has been in inactive status for more than five years, submit evidence of having received a passing score on a credentialing examination.

Subd. 7. **Registration following lapse for two years or less.** To regain active registration status for a registration that has lapsed for two years or less, the applicant must:

(1) apply to the commissioner for registration renewal according to subdivision 2; and

(2) submit all applicable renewal fees for the period not registered, including the fee for late renewal.

Subd. 8. **Cancellation due to nonrenewal.** The commissioner shall not renew, reissue, reinstate, or restore a registration that has lapsed and has not been renewed within two years. An individual whose registration is canceled for nonrenewal must obtain a new registration by applying for registration and fulfilling all requirements under section 148.6366, subdivision 1, for initial registration as a massage therapist or Asian bodywork therapist.

Sec. 12. [148.6368] COMMISSIONER ACTION ON APPLICATIONS.

Subdivision 1. **General.** (a) The commissioner must act on each application for registration or renewal according to this section.

(b) The commissioner shall determine if the applicant meets the requirements for registration or renewal under section 148.6366 or 148.6367. The commissioner may investigate information provided by an applicant to determine whether the information is accurate and complete and may request additional information or documentation.

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

(d) An applicant denied registration may make a written request to the commissioner within 30 days of the commissioner's notice to appear before the advisory council and for the advisory council to review the commissioner's decision to deny registration. After reviewing the denial, the advisory council shall make a recommendation to the commissioner as to whether the denial must be affirmed. Each applicant is allowed only one request for review per registration period.

Subd. 2. **Registration prohibited.** (a) Except as provided in paragraph (b), the commissioner shall deny an application for registration if an applicant:

(1) has been convicted in this state of any of the following crimes or of equivalent crimes in another state:

(i) labor or sex trafficking under section 609.281, 609.282, 609.283, or 609.322;

(ii) criminal sexual conduct under sections 609.342 to 609.3451 or 609.3453; or

(iii) a violent crime as defined under section 611A.08, subdivision 6;

(2) is a registered sex offender under section 243.166;

(3) has been subject to disciplinary action under section 146A.09, if the commissioner determines that such denial is necessary to protect the public; or

(4) is charged with or under investigation for a complaint in this state or any other jurisdiction that would constitute a violation of statutes or rules established for massage therapy or Asian bodywork therapy registration in this state and the charge or complaint has not been resolved in favor of the applicant.

(b) The commissioner may establish criteria whereby an individual convicted of an offense listed in paragraph (a) may become registered if the criteria:

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

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

(3) require that a minimum of one year has elapsed since the applicant was released from incarceration or supervisory jurisdiction related to the offense.

(c) The commissioner shall not consider an application under paragraph (b) if the commissioner determines that the victim involved in the offense was a client of the applicant at the time of the offense.

Sec. 13. **[148.6369] GROUNDS FOR DISCIPLINARY ACTION.**

Subdivision 1. **Grounds listed.** (a) The commissioner may deny, revoke, suspend, limit, or condition the registration of a registrant or may otherwise discipline a registrant. The fact that massage therapy or Asian bodywork therapy may be considered a less customary approach to health care must not by itself constitute the basis for disciplinary action.

(b) The following are grounds for disciplinary action regardless of whether injury to a client is established:

(1) failing to demonstrate the qualifications or to satisfy the requirements for registration under sections 148.636 to 148.6377 or rules of the commissioner. In the case of an applicant, the burden of proof is on the applicant to demonstrate the qualifications or satisfy the requirements;

(2) advertising in a false, fraudulent, deceptive, or misleading manner, including but not limited to:

(i) advertising or holding oneself out as a "registered massage therapist," "RMT," "registered Asian bodywork therapist," "RABT," or any abbreviation or derivation thereof to indicate such a title, when such registration is not valid or current for any reason;

(ii) advertising or holding oneself out as a "registered massage therapist," "registered Asian bodywork therapist," or any abbreviation or derivation thereof to indicate such a title, except if the individual holds a registration in another state or jurisdiction and does not provide services in Minnesota;

(iii) advertising a service, the provision of which would constitute a violation of sections 148.636 to 148.6377 or rules established by the commissioner; and

(iv) using fraud, deceit, or misrepresentation when communicating with the general public, health care providers, or other business professionals;

(3) falsifying information in a massage therapy or Asian bodywork therapy registration or renewal application; attempting to obtain registration, renewal, or reinstatement by fraud, deception, or misrepresentation; or aiding and abetting any of these acts;

(4) engaging in conduct with a client that is sexual or may reasonably be interpreted by the client as sexual, or engaging in any verbal behavior that is seductive or sexually demeaning to a client, or engaging in sexual exploitation of a client, without regard to who initiates such behaviors;

(5) committing an act of gross malpractice, negligence, or incompetency, or failing to practice massage therapy or Asian bodywork therapy with the level of care, skill, and treatment that is recognized by a registrant as being acceptable under similar conditions and circumstances;

(6) having an actual or potential inability to practice massage therapy or Asian bodywork therapy with reasonable skill and safety to clients by reason of illness, as a result of any mental or physical condition, or use of alcohol, drugs, chemicals, or any other material. Being adjudicated as mentally incompetent, mentally ill, a chemically dependent person, or a person dangerous to the public by a court of competent jurisdiction, inside or outside of this state, may be considered evidence of an inability to practice massage therapy or Asian bodywork therapy;

(7) being the subject of disciplinary action as a massage therapist or Asian bodywork therapist in another state or jurisdiction if the commissioner or advisory council determines that the cause of the disciplinary action would be a violation under this state's statutes or rules of the commissioner had the violation occurred in this state;

(8) failing to notify the commissioner of revocation or suspension of a credential, or any other disciplinary action taken by this or any other state, territory, or country, including any restrictions on the right to practice; or the surrender or voluntary termination of a credential during a commissioner investigation of a complaint, as part of a disciplinary order, or while under a disciplinary order;

(9) conviction of a crime, including a finding or verdict of guilt, an admission of guilt, or a no-contest plea, in any court in Minnesota or any other jurisdiction in the United States, reasonably related to engaging in massage therapy practices or Asian bodywork therapy practices. Conviction, as used in this clause, includes a conviction for an offense that, if committed in this state, would be deemed a felony, gross misdemeanor, or misdemeanor regardless of its designation elsewhere, or a criminal proceeding where a finding or verdict of guilty is made or returned but the adjudication of guilt is either withheld or not entered;

(10) if a registrant is on probation, failing to abide by terms of probation;

(11) practicing or offering to practice beyond the scope of the practice of massage therapy or Asian bodywork therapy;

(12) managing client records and information improperly, including but not limited to failing to maintain adequate client records, comply with a client's request made according to sections 144.291 to 144.298, or furnish a client record or report required by law;

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

(14) providing massage therapy services or Asian bodywork therapy services that are linked to the financial gain of a referral source;

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

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

(17) failing to consult with a client's health care provider who prescribed a course of massage therapy treatment or Asian bodywork therapy treatment if the treatment needs to be altered from the original written

order to conform with standards in the massage therapy or Asian bodywork therapy field or the registrant's level of training or experience;

(18) failing to cooperate with an investigation of the commissioner or the commissioner's representatives, including failing to: respond fully and promptly to any question raised by or on behalf of the commissioner relating to the subject of the investigation; execute all releases requested by the commissioner; provide copies of client records as reasonably requested by the commissioner to assist in the commissioner's investigation; and appear at conferences or hearings scheduled by the commissioner or the commissioner's staff;

(19) interfering with an investigation or disciplinary proceeding, including by willful misrepresentation of facts or by the use of threats or harassment to prevent a person from providing evidence in a disciplinary proceeding or any legal action;

(20) violating a statute, rule, order, or agreement for corrective action that the commissioner issued or is otherwise authorized or empowered to enforce;

(21) aiding or abetting a person in violating sections 148.636 to 148.6377;

(22) failing to report to the commissioner other massage therapists and Asian bodywork therapists who commit violations of sections 148.636 to 148.6377; and

(23) failing to notify the commissioner in writing of the entry of a final judgment by a court of competent jurisdiction against the registrant for malpractice of massage therapy or Asian bodywork therapy, or any settlement by the registrant in response to charges or allegations of malpractice of massage therapy or Asian bodywork therapy. The notice must be provided to the commissioner within 60 days after the entry of a judgment or date of settlement, and must contain the name of the court, case number, and the names of all parties to the action.

Subd. 2. **Evidence.** In disciplinary actions alleging a violation of subdivision 1, a copy of the judgment or proceeding under the seal of the court administrator or of the administrative agency must be admissible into evidence without further authentication and must constitute prima facie evidence of the violation.

Subd. 3. **Examination; access to medical data.** (a) The commissioner may take the following actions if the commissioner has probable cause to believe that grounds for disciplinary action exist under subdivision 1, paragraph (b), clause (6).

(b) The commissioner may direct the applicant or registrant to submit to a mental or physical examination or substance use disorder evaluation. For the purpose of this subdivision, when an applicant or registrant is directed in writing by the commissioner to submit to a mental or physical examination or substance use disorder evaluation, that applicant or registrant is considered to have consented and to have waived all objections to admissibility on the grounds of privilege. Failure of the applicant or registrant to submit to an examination when directed constitutes an admission of the allegations against the applicant or registrant, unless the failure was due to circumstances beyond the applicant's or registrant's control, and the commissioner may enter a default and final order without taking testimony or allowing evidence to be presented. A registrant affected under this paragraph shall, at reasonable intervals, be given an opportunity to demonstrate that the registrant can resume the competent practice of massage therapy or Asian bodywork therapy with reasonable skill and safety to clients. Neither the record of proceedings nor the orders entered by the commissioner in a proceeding under this paragraph may be used against a registrant in any other proceeding.

(c) The commissioner may, notwithstanding section 13.384, 144.651, or 595.02, or any other law limiting access to medical or other health data, obtain medical data and health records relating to an applicant or

registrant without the applicant's or registrant's consent. The medical data may be requested from a provider, as defined in section 144.291, subdivision 2, paragraph (i); an insurance company; or a government agency, including the Department of Human Services and Direct Care and Treatment. A provider, insurance company, or government agency shall comply with any written request of the commissioner under this subdivision and is not liable in any action for damages for releasing the data requested by the commissioner if the data are released pursuant to a written request under this subdivision unless the information is false and the provider giving the information knew, or had reason to believe, the information was false. Information obtained under this subdivision is classified as private data on individuals as defined in section 13.02.

Sec. 14. **[148.6370] DISCIPLINARY ACTIONS.**

Subdivision 1. **Forms of disciplinary action.** When the commissioner finds that grounds for disciplinary action exist under section 148.6369, subdivision 1, the commissioner may take one or more of the following actions:

(1) deny the registration;

(2) revoke the registration;

(3) suspend the registration;

(4) impose limitations on the practice of massage therapy or Asian bodywork therapy, including but not limited to limitation of scope of practice or a requirement to practice under supervision;

(5) impose conditions on the retention of a registration, including but not limited to imposing retraining or rehabilitation requirements or conditioning continued practice on a demonstration of knowledge or skills by appropriate examination, monitoring, or other review;

(6) impose a civil penalty not exceeding \$10,000 for each separate violation, the amount of the civil penalty (i) to be fixed as to deprive the massage therapist or Asian bodywork therapist of any economic advantage gained by reason of the violation charged, (ii) to reimburse the commissioner for the cost of counsel, investigation, and proceeding, and (iii) to discourage repeated violations;

(7) order the registrant to provide unremunerated service;

(8) censure or reprimand the registrant; or

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

Subd. 2. **Automatic suspension.** (a) Unless the commissioner orders otherwise, a registration is automatically suspended if:

(1) a guardian for the registrant is appointed by order of a court under sections 524.5-101 to 524.5-502;

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

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

(b) A registration suspended under this subdivision remains suspended until the registrant is restored to capacity by a court and, upon petition by the registrant, the suspension is terminated by the commissioner after a hearing or upon agreement between the commissioner and the registrant.

Subd. 3. Temporary suspension. In addition to any other remedy provided by law, the commissioner, acting through a person to whom the commissioner has delegated this authority and without a hearing, may temporarily suspend the registration of a massage therapist or Asian bodywork therapist if the commissioner's delegate finds that the registrant has violated a statute or rule that the commissioner is empowered to enforce and that continued practice would create a serious risk of harm to others. The suspension is in effect upon service of a written order on the registrant specifying the statute or rule violated. The order remains in effect until the commissioner issues a final order in the matter after a hearing or upon agreement between the commissioner and the registrant. Service of the order is effective if the order is served on the registrant or counsel of record personally or by first class mail. Within ten days of service of the order, the commissioner shall hold a hearing on the sole issue of whether there is a reasonable basis to continue, modify, or lift the suspension. Evidence presented by the commissioner or registrant shall be in affidavit form only. The registrant or the counsel of record may appear for oral argument. Within five working days after the hearing, the commissioner shall issue the commissioner's order and, if the suspension is continued, schedule a contested case hearing within 45 days after issuance of the order. The administrative law judge shall issue a report within 30 days after closing of the contested case hearing record. The commissioner shall issue a final order within 30 days after receipt of that report.

Subd. 4. Hearings. If the commissioner proposes to take action against the applicant or registrant as described in subdivision 1, the commissioner must first notify the applicant or registrant against whom the action is proposed to be taken and provide the applicant or registrant with an opportunity to request a hearing under the contested case provisions of chapter 14. If the applicant or registrant does not request a hearing by notifying the commissioner within 30 days after service of the notice of the proposed action, the commissioner may proceed with the action without a hearing.

Subd. 5. Reissuance. The commissioner may reinstate and reissue a registration, but as a condition may impose any disciplinary or corrective measure that the commissioner might originally have imposed. Any person whose registration has been revoked, suspended, or limited may have the registration reinstated when, in the discretion of the commissioner, the action is warranted, provided that the person shall be required by the commissioner to pay the costs of the proceedings resulting in the revocation, suspension, or limitation of the registration and reinstatement of the registration and to pay the fee for the current registration period. The cost of proceedings shall include but not be limited to the cost paid by the commissioner to the Court of Administrative Hearings and the Office of the Attorney General for legal and investigative services, the costs of a court reporter and witnesses, reproduction of records, and Department of Health staff time, travel, and expenses.

Sec. 15. [148.6371] REPORTING OBLIGATIONS.

Subdivision 1. Permission to report. A person who has knowledge of any conduct constituting grounds for disciplinary action relating to massage therapy or Asian bodywork therapy under sections 148.636 to 148.6377 may report the violation to the commissioner.

Subd. 2. Institutions. A state agency, political subdivision, agency of a local unit of government, private agency, hospital, clinic, prepaid medical plan, or other health care institution or organization located in this state shall report to the commissioner any action taken by the agency, institution, or organization or any of its administrators or medical or other committees to revoke, suspend, restrict, or condition a registrant's privilege to practice or treat clients in the institution or, as part of the organization, any denial of privileges or any other disciplinary action for conduct that might constitute grounds for disciplinary action under sections 148.636 to 148.6377. The institution, organization, or governmental entity shall also report the resignation of a registrant prior to the conclusion of any disciplinary action proceeding for conduct that

might constitute grounds for disciplinary action under sections 148.636 to 148.6377 or prior to the commencement of formal charges but after the registrant had knowledge that formal charges were contemplated or were being prepared.

Subd. 3. **Professional societies.** A state or local professional society for massage therapists or Asian bodywork therapists shall report to the commissioner any termination, revocation, or suspension of membership or any other disciplinary action taken against a registrant. If the society has received a complaint that might be grounds for disciplinary action under sections 148.636 to 148.6377 against a member for whom the society has not taken any disciplinary action, the society shall report the complaint and the reason the society has not taken action on the complaint to the commissioner, or shall direct the complainant to the commissioner.

Subd. 4. **Licensed health professionals.** (a) For purposes of this subdivision, "client" means an individual receiving health services from a licensed health professional.

(b) A licensed health professional shall report to the commissioner personal knowledge of any conduct by a registrant that the licensed health professional reasonably believes constitutes grounds for disciplinary action under sections 148.636 to 148.6377, including conduct indicating that the individual may be incompetent or may be mentally or physically unable to engage safely in the provision of services. If the information was obtained in the course of a client relationship, the client is a registrant, and the treating individual successfully counsels the client to limit or withdraw from practice to the extent required by the impairment, the commissioner may deem this limitation of or withdrawal from practice to be sufficient disciplinary action.

Subd. 5. **Insurers.** (a) Four times each year as prescribed by the commissioner, each insurer authorized to sell insurance described in section 60A.06, subdivision 1, clause (13), that provided professional liability insurance to massage therapists or Asian bodywork therapists, or the Joint Underwriting Association under chapter 62I shall submit to the commissioner a report concerning the registrants against whom malpractice settlements or awards have been made. The report must contain at least the following information:

- (1) the total number of malpractice settlements or awards made;
- (2) the dates the malpractice settlements or awards were made;
- (3) the allegations contained in the claims or complaints leading to the settlements or awards made;
- (4) the dollar amount of each malpractice settlement or award;
- (5) the regular address of the practice of each registrant against whom an award was made or with whom a settlement was made; and
- (6) the name of each registrant against whom an award was made or with whom a settlement was made.

(b) In addition to the information specified in paragraph (a), the insurer shall submit to the commissioner any information, records, and files, including client charts and records, the insurer possesses that tend to substantiate a charge that a registrant may have engaged in conduct that violates sections 148.636 to 148.6377.

Subd. 6. **Courts.** The court administrator of district court or any other 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 registrant is mentally ill, mentally incompetent, guilty of a felony, guilty of a violation of federal or state narcotics laws or controlled substances act, or guilty of abuse or fraud under Medicare or

Medicaid; that appoints a guardian of a registrant under sections 524.5-101 to 524.5-502; or that commits a registrant under chapter 253B.

Subd. 7. **Self-reporting.** A registrant shall report to the commissioner:

(1) any personal action that would require a report to be filed under subdivisions 2 to 5 by any person, health care facility, business, or organization;

(2) the revocation, suspension, restriction, limitation, or other disciplinary action against the registrant's license, certificate, registration, or right of practice in another state or jurisdiction for offenses that would subject the registrant to disciplinary action in this state; and

(3) the filing of charges regarding their license, certificate, registration, or right of practice in another state or jurisdiction.

Subd. 8. **Deadlines; forms.** Reports required in subdivisions 2 to 4, 6, and 7 must be submitted no later than 30 days after the reporter learns of the occurrence of the reportable event or transaction. The commissioner may provide forms for the submission of reports required in this section, may require reports to be submitted on the forms provided, and may adopt rules necessary to ensure prompt and accurate reporting.

Sec. 16. **[148.6372] IMMUNITY.**

Subdivision 1. **Reporting.** Any health care facility, business, organization, or person, other than the registrant who committed the violation, is immune from civil liability or criminal prosecution for, in good faith, submitting a report to the commissioner, for otherwise reporting to the commissioner violations or alleged violations of sections 148.636 to 148.6377, or for cooperating with an investigation of a report, except as provided in this subdivision. Any person who knowingly or recklessly makes a false report is liable in a civil suit for any damages suffered by the person or persons so reported and for any punitive damages set by the court or jury. An action requires clear and convincing evidence that the defendant made the statement with knowledge of falsity or with reckless disregard for its truth or falsity. The report or statement or any statement made in cooperation with an investigation or as part of a disciplinary proceeding is privileged except in an action brought under this subdivision.

Subd. 2. **Investigation.** The commissioner and employees of the Department of Health and other persons engaged in the investigation of violations and in the preparation, presentation, and management of and testimony pertaining to charges of violations of sections 148.636 to 148.6377 are immune from civil liability and criminal prosecution for any actions, transactions, or publications in the execution of, or relating to, their duties under sections 148.636 to 148.6377.

Sec. 17. **[148.6373] COOPERATION.**

(a) A registrant who is the subject of an investigation by or on behalf of the commissioner shall cooperate fully with the investigation. Cooperation includes:

(1) responding fully and promptly to any question raised by or on behalf of the commissioner relating to the subject of the investigation;

(2) providing copies of client or other records in the registrant's possession, as reasonably requested by the commissioner, to assist the commissioner in the investigation; and

(3) appearing at conferences and hearings scheduled by the commissioner.

(b) The commissioner shall pay for copies requested. If the commissioner does not have a written consent from a client permitting access to the client's records, the registrant shall delete any data in the record that identify the client before providing data to the commissioner. The commissioner shall maintain any records obtained pursuant to this section as investigative data under chapter 13. The registrant shall not be excused from giving testimony or producing any documents, books, records, or correspondence on the grounds of self-incrimination, but the testimony or evidence may not be used against the registrant in any criminal case.

Sec. 18. [148.6374] DISCIPLINARY RECORD ON JUDICIAL REVIEW.

Upon judicial review of any disciplinary action taken by the commissioner under sections 148.636 to 148.6377, the reviewing court shall seal the administrative record, except for the commissioner's final decision, and shall not make the administrative record available to the public.

Sec. 19. [148.6375] EFFECT ON MUNICIPAL ORDINANCES.

Subdivision 1. **License authority.** Effective July 1, 2028, sections 148.636 to 148.6377 preempt the licensure and regulation of massage therapists or Asian bodywork therapists by a municipality, including, without limitation, conducting a criminal background investigation and examination of a massage therapist or Asian bodywork therapist, or applicant for a municipality's credential to practice massage therapy or Asian bodywork therapy.

Subd. 2. **Municipal regulation.** Sections 148.636 to 148.6377 do not limit a municipality from:

(1) requiring a massage therapy or Asian bodywork therapy establishment to obtain a business license or permit to conduct business in the municipality; or

(2) conducting a criminal background investigation on any owners of a massage therapy or Asian bodywork therapy establishment who are not registered massage therapists or registered Asian bodywork therapists.

Sec. 20. [148.6376] MASSAGE THERAPY ADVISORY COUNCIL.

Subdivision 1. **Creation; membership.** (a) The Massage Therapy Advisory Council is created and is composed of five members appointed by the commissioner. All members must have resided in this state for at least three years immediately preceding appointment. The advisory council consists of:

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

(2) three members who are registered under sections 148.636 to 148.6377, two of whom must be registered massage therapists.

(b) No more than one member of the advisory council may be an owner or administrator of a massage therapy education provider.

Subd. 2. **Administration.** The advisory council is established and administered under section 15.059.

Subd. 3. **Chair.** The advisory council shall elect a chair from among its members.

Subd. 4. **Duties.** The advisory council shall:

(1) advise the commissioner on establishing standards of practice and a code of ethics for registered massage therapists and Asian bodywork therapists;

(2) advise the commissioner on distributing information regarding massage therapy and Asian bodywork therapy practice standards;

(3) establish educational requirements, approve massage therapy and Asian bodywork therapy schools or programs, and conduct or provide for surveys of schools, programs, and courses; and

(4) perform other duties authorized for advisory councils under chapter 214, as directed by the commissioner.

Subd. 5. **Expiration.** Notwithstanding section 15.059, the advisory council does not expire.

Sec. 21. [148.6377] FEES.

Subdivision 1. **Fees.** Fees are as follows:

(1) initial registration with application fee must not exceed \$640.50;

(2) biennial registration renewal fee must not exceed \$640.50;

(3) late fee, \$50;

(4) annual inactive status, \$50;

(5) inactive to active status reactivation, \$50;

(6) temporary registration, \$50; and

(7) returned check, \$35.

Subd. 2. **Late renewal fee.** An application for registration renewal submitted after the deadline must be accompanied by a late fee in addition to the required fees.

Subd. 3. **Nonrefundable fees.** All of the fees in this section are nonrefundable.

Subd. 4. **Deposit.** Fees collected by the commissioner under this section must be deposited into the state government special revenue fund.

Sec. 22. INITIAL MASSAGE THERAPY ADVISORY COUNCIL.

Subdivision 1. **Initial member appointments.** The commissioner of health shall make the initial appointments to the Massage Therapy Advisory Council authorized under Minnesota Statutes, section 148.6376, by January 1, 2027. The initial therapist members appointed to the advisory council need not be registered under Minnesota Statutes, sections 148.636 to 148.6377, prior to initial appointment, but must be a practicing massage therapist or Asian bodywork therapist with at least five years of experience in the practice of massage therapy or Asian bodywork therapy. A massage therapist or Asian bodywork therapist initially appointed to the advisory council must become registered under Minnesota Statutes, sections 148.636 to 148.6377, by January 1, 2028. If the massage therapist or Asian bodywork therapist member does not become registered by January 1, 2028, the member must be removed from the advisory council by the commissioner and a new member who is registered under Minnesota Statutes, sections 148.636 to 148.6377, must be appointed by the commissioner.

Subd. 2. **First advisory council meeting; initial chair.** The commissioner of health shall designate one member from the initial appointments to call the first meeting of the advisory council. The first meeting

must be convened by May 15, 2027. The advisory council shall elect a chair from its members at the first advisory council meeting.

ARTICLE 4

MORTUARY SCIENCE

Section 1. Minnesota Statutes 2024, section 149A.02, subdivision 26, is amended to read:

Subd. 26. **Intern.** "Intern" means an individual ~~that~~ who: (1)(i) has met the educational and testing requirements for a license to practice mortuary science in Minnesota; (ii) has completed a mortuary science program accredited by the American Board of Funeral Service Education; or (iii) is enrolled in a mortuary science program accredited by the American Board of Funeral Service Education; (2) has registered with the commissioner of health; and (3) is engaged in the practice of mortuary science under the direction and supervision of a currently licensed Minnesota mortuary science practitioner.

Sec. 2. Minnesota Statutes 2024, section 149A.20, subdivision 6, is amended to read:

Subd. 6. **Internship.** (a) ~~A person who attains a passing score on both examinations in subdivision 5 must complete a registered internship under the direct supervision of an individual currently licensed to practice mortuary science in Minnesota. Interns must file with the commissioner.~~ A person may begin the registered internship while the person is enrolled in a mortuary science program accredited by the American Board of Funeral Service Education, upon completion of the accredited mortuary science program, or after attaining a passing score on both examinations in subdivision 5.

(b) An applicant for an internship must file with the commissioner:

(1) the appropriate fee; and

(2) a registration form indicating the name and home address of the ~~intern~~, applicant; the date the internship begins; and; the name, license number, and business address of the primary supervising mortuary science licensee; and the name, license number, and business address of the alternate supervising mortuary science licensee, if applicable; and

(3) if the applicant is currently enrolled in a mortuary science program accredited by the American Board of Funeral Service Education, a letter from the program specifying the name and address of the program; verifying the applicant's enrollment, number of credit hours completed, and anticipated graduation date; and specifying whether the applicant has completed coursework in embalming and restorative arts.

~~(b)~~ (c) Any changes in information provided in the registration must be immediately reported to the commissioner. The internship shall be a minimum of 2,080 hours to be completed within a three-year period; however, during enrollment in a mortuary science program accredited by the American Board of Funeral Service Education, after graduation, or both during enrollment and after graduation. The commissioner may waive up to 520 hours of the internship time requirement upon satisfactory completion of a clinical or practicum in mortuary science administered through the program of mortuary science of the University of Minnesota or a substantially similar mortuary science program approved by the commissioner accredited by the American Board of Funeral Service Education. Registrations must be renewed on an annual basis if they exceed one calendar year. During the internship period, the intern must be under the direct supervision of a person holding a current license to practice mortuary science in Minnesota. An intern may be registered under only one registered primary supervising licensee and one registered alternate supervising licensee at any given time and may be directed and supervised only by the registered primary supervising licensee or

registered alternate supervising licensee. The registered primary supervising licensee shall have only one intern registered at any given time. The commissioner shall issue to each registered intern a registration permit that must be displayed with the other establishment and practice licenses. While under the direct supervision of the registered primary supervising or alternate supervising licensee, the intern must complete 25 case reports in each of the following areas: embalming, funeral arrangements, and services. An intern who has not completed coursework in embalming and restorative arts must be in the physical presence of the primary or alternate supervising licensee in order to perform surgical procedures and embalming. Case reports, on forms provided by the commissioner, shall be completed by the intern and filed with the commissioner prior to the completion of the internship. Information contained in these reports that identifies the subject or the family of the subject embalmed or the subject or the family of the subject of the funeral shall be classified as licensing data under section 13.41, subdivision 2.

Sec. 3. Minnesota Statutes 2024, section 149A.20, subdivision 7, is amended to read:

Subd. 7. **Application procedure and documentation.** After completing the registered internship, the applicant for an initial license to practice mortuary science must submit to the commissioner a complete application and the appropriate fee. A complete application includes:

- (1) a completed application form, as provided by the commissioner;
- (2) proof of age;
- (3) an official transcript from each post high school educational institution attended, including colleges of funeral service education;
- (4) certification of a passing score on the National Board Examination from the commissioner of the Conference of Funeral Service Examining Boards of the United States, Inc.;
- (5) a copy of the notification of a passing score on the state licensing examination; and
- (6) a signed, dated, and notarized affidavit from the registered primary supervising licensee who supervised the Minnesota internship stating the date the internship began and ended and that both the applicant and the registered primary supervising licensee fulfilled the requirements under subdivision 6.

Upon receipt of the completed application and appropriate fee, the commissioner shall review and verify all information. Upon completion of the verification process and resolution of any deficiencies in the application information, the commissioner shall make a determination, based on all the information available, to grant or deny licensure. If the commissioner's determination is to grant licensure, the applicant shall be notified and the license shall issue and remain valid for a period prescribed on the license, but not to exceed one calendar year from the date of issuance of the license. If the commissioner's determination is to deny licensure, the commissioner must notify the applicant, in writing, of the denial and provide the specific reason for the denial.

Sec. 4. Minnesota Statutes 2024, section 149A.30, subdivision 1, is amended to read:

Subdivision 1. **Licensees of other states.** (a) The commissioner may issue a reciprocal license to practice mortuary science to a person who holds a current license or other credential from another jurisdiction if the ~~commissioner determines that the requirements for that license or other credential are substantially similar to the requirements under this chapter.~~ The individual seeking reciprocal licensing must person:

- (1) ~~attain~~ attains:

(i) a passing score on the Minnesota state licensing examination; and

(ii) a passing score on the National Board Examination administered by the International Conference of Funeral Service Examining Boards of the United States, Inc., or another examination determined by the commissioner to adequately and accurately assess the knowledge and skills required to practice mortuary science;

(2) ~~submit~~ submits to the commissioner the documentation described in section 149A.20, subdivision 7, clauses (1) and (5), and certification of a passing score on an examination described in clause (1), item (ii); and

(3) ~~pay~~ pays the appropriate licensing fee;

(4) submits to the commissioner:

(i) documentation that the person meets one of the educational requirements in section 149A.20, subdivision 4; or

(ii) documentation that the person has been licensed or credentialed in another jurisdiction and a signed, dated affidavit from the person declaring that the person has engaged in at least three years of practice in that jurisdiction performing the duties of a licensed mortician;

(5) submits to the commissioner a signed, dated affidavit from the person declaring that the person is not subject to any pending investigations by the mortuary science licensing or credentialing authority in any other jurisdiction and is not currently practicing as a licensed mortician in any other jurisdiction under a restricted license or credential;

(6) submits to the commissioner a signed, dated affidavit from the person declaring that the person has performed at least 25 services, completed at least 25 funeral arrangements, and performed at least 25 embalming cases; and

(7) submits to the commissioner documentation that the person has completed the continuing education hours required under section 149A.40, subdivision 11, within the two-year period prior to applying for licensure under this subdivision.

(b) When, in the determination of the commissioner, all of the requirements of this subdivision have been met, the commissioner shall, based on all the information available, grant or deny licensure. If the commissioner grants licensure, the applicant shall be notified and the license shall issue and remain valid for a period prescribed on the license, but not to exceed one calendar year from the date of issuance of the license. If the commissioner denies licensure, the commissioner must notify the applicant, in writing, of the denial and provide the specific reason for denial.

ARTICLE 5

MUSIC THERAPY LICENSURE

Section 1. Minnesota Statutes 2024, 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, music therapist, 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, music therapist, 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 January 1, 2028.

Sec. 2. **[148H.01] SCOPE.**

Sections 148H.01 to 148H.16 apply to individuals who are applicants for licensure, who are licensed, who use protected titles, or who represent that they are licensed as music therapists.

Sec. 3. **[148H.02] DEFINITIONS.**

Subdivision 1. **Scope.** The following terms have the meanings given them and apply to this chapter.

Subd. 2. **Advisory council.** "Advisory council" means the Music Therapy Advisory Council established in section 148H.03.

Subd. 3. **Board-certified music therapist.** "Board-certified music therapist" means an individual who holds a current board certification from the Certification Board for Music Therapists.

Subd. 4. **Commissioner.** "Commissioner" means the commissioner of health or a designee.

Subd. 5. **License or licensed.** "License" or "licensed" means the act or status of a person who meets the requirements of general licensure under section 148H.06, temporary licensure under section 148H.08, or licensure by reciprocity under section 148H.09.

Subd. 6. **Licensed professional music therapist or LPMT.** "Licensed professional music therapist" or "LPMT" means an individual licensed to practice music therapy pursuant to this chapter.

Subd. 7. **Music-based interventions.** (a) "Music-based interventions" means the use of music within a therapeutic relationship to accomplish individualized goals for persons of all ages and abilities.

(b) Music-based interventions include but are not limited to music improvisation, receptive music listening, song writing, lyric discussion, music and imagery, singing, music performance, learning through music, music combined with other arts, music-assisted relaxation, music-based patient education, electronic music intervention, and movement to music.

Subd. 8. **Practice of music therapy.** (a) "Practice of music therapy" means the use of music-based interventions.

(b) The practice of music therapy includes but is not limited to developing individualized music therapy treatment plans specific to the needs and strengths of the client or clients treated individually or in groups in a manner appropriate for the specific client and setting.

(c) The practice of music therapy does not include the screening, diagnosis, or assessment of any physical, mental, or communication disorder.

Subd. 9. **Temporary licensure.** "Temporary licensure" means the method of licensure described in section 148H.08, by which an individual who has completed an approved or accredited education program, but has not met the examination requirements, may practice music therapy on a temporary basis.

Sec. 4. [148H.03] MUSIC THERAPY ADVISORY COUNCIL.

Subdivision 1. **Establishment.** The Music Therapy Advisory Council is hereby established to:

- (1) advise the commissioner regarding music therapy licensure standards;
- (2) advise the commissioner regarding enforcement of this chapter;
- (3) review investigation summaries of competency violations and make recommendations to the commissioner as to whether the allegations of incompetency are substantiated;
- (4) provide for the distribution of information regarding music therapist licensure standards;
- (5) review applications and make recommendations to the commissioner on granting or denying licensure or licensure renewal;
- (6) review reports of investigations relating to individuals and make recommendations to the commissioner as to whether licensure should be denied or disciplinary action should be taken against the individual; and
- (7) perform other duties, as directed by the commissioner.

Subd. 2. **Membership.** The commissioner shall appoint six members to the Music Therapy Advisory Council consisting of the following:

(1) three professional music therapists licensed under this chapter who must be employed in a different practice area or employment setting and must include:

(i) at least one licensed professional music therapist member who is currently engaged and for five years immediately preceding their appointment has been engaged in the practice of music therapy in Minnesota; and

(ii) at least one licensed professional music therapist member employed outside the seven-county metropolitan area; and

(2) three public members as defined in section 214.02 who must include:

(i) two public members who are either personally receiving music therapy services or are family members of or caregivers to a person receiving music therapy services; and

(ii) at least one public member who is a professional from a related profession, including but not limited to the professions of speech-language pathology, registered hospice nursing, special education services, and psychology.

Subd. 3. **Administration.** (a) The advisory council is organized and administered under section 15.059.

(b) Upon request of the advisory council, the commissioner must provide meeting space and administrative services for the council.

(c) The members of the advisory council must elect a chair from members of the advisory council at the initial meeting.

Subd. 4. **Term limits.** Advisory council members must not serve for more than two full consecutive terms.

Subd. 5. **Recommendations for appointment.** The Music Therapy Association of Minnesota and other interested persons and organizations may recommend to the commissioner members qualified for appointment to fill a vacancy or anticipated vacancy to the council. Recommendations under this subdivision must be communicated to the commissioner no later than 60 days after a position on the board becomes vacant. The commissioner may appoint members to the board from the list of persons recommended or from among other qualified candidates.

Subd. 6. **Initial Music Therapy Advisory Council.** (a) The first music therapist members appointed to the Music Therapy Advisory Council need not be licensed under this chapter but must meet the qualifications for licensure under section 148H.06. The commissioner shall make the initial appointments to the Music Therapy Advisory Council by August 1, 2027.

(b) The commissioner shall convene the first meeting of the Music Therapy Advisory Council by September 1, 2027.

Subd. 7. **Expiration.** Notwithstanding section 15.059, the advisory council does not expire.

Sec. 5. **[148H.04] UNAUTHORIZED PRACTICE; PROTECTED TITLES; EXEMPT PERSONS.**

Subdivision 1. **Unlicensed practice prohibited.** Effective January 1, 2028, an individual must be licensed as a music therapist under this chapter to practice music therapy.

Subd. 2. **Protected titles and restrictions on use.** (a) Use of the term "licensed music therapist," "music therapist," "licensed professional music therapist," "LPMT," or similar titles or terms to indicate or imply that the person is licensed by the state as a music therapist is prohibited unless that person is licensed under this chapter.

(b) Use of the term "board-certified music therapist" or similar titles or terms to indicate or imply that the person is certified by the Certification Board for Music Therapists is prohibited unless the person is licensed under this chapter and holds a valid certification from the Certification Board for Music Therapists.

Subd. 3. **Exempt persons.** This chapter does not apply to:

(1) any person who is licensed, registered, or certified under the laws of this state in another profession or occupation who is performing services including the use of music incidental to the practice of that profession or occupation in which the person is licensed, registered, or certified if the person does not represent themselves to the public as a music therapist. This exception includes but is not limited to licensed physicians, psychologists, registered nurses, advance practice registered nurses, professional counselors, social workers, occupational therapists, alcohol and drug counselors, speech-language pathologists, audiologists, or personnel supervised by a licensed professional;

(2) a person employed as a music therapist by the government of the United States or any federal agency. A person who is exempt under this clause may use the protected titles identified in subdivision 2, but only in connection with performing official duties for the federal government;

(3) the practice of music therapy as an integral part of a program of study for students enrolled in an accredited music therapy program;

(4) a person who practices music therapy under the supervision of a licensed professional music therapist, if the person is not represented to the public as a music therapist; or

(5) a person who is trained and certified by a nationally accredited certifying organization as a music healing professional and who practices within the scope of the specific training and certification of the specific music healing profession, if the person is not represented to the public as a music therapist.

Sec. 6. [148H.05] LICENSURE QUALIFICATIONS.

(a) An applicant for licensure must comply with the relevant application requirements for general licensure under section 148H.06, temporary licensure under section 148H.08, or licensure by reciprocity under section 148H.09.

(b) To qualify for licensure, an applicant must not be subject to denial of licensure under section 148H.15 and must satisfy one of the following:

(1) meet the general licensure requirements in section 148H.06;

(2) meet the temporary licensure requirements in section 148H.08; or

(3) meet the licensure by reciprocity requirements in section 148H.09.

Sec. 7. [148H.06] GENERAL LICENSURE REQUIREMENTS.

(a) An applicant for licensure must:

(1) be 18 years of age or older;

(2) have completed all academic and fieldwork to obtain a bachelor's degree or higher in music therapy, or its equivalent, from a music therapy program at a college or university approved or accredited by the American Music Therapy Association; and

(3) have passed the examination for board certification offered by the Certification Board for Music Therapists or any successor organization or have been transitioned into board certification.

(b) The applicant is responsible for making all arrangements and incurring all expenses for taking the board certification examination under paragraph (a), clause (3). The applicant must send their examination scores under paragraph (a), clause (3), directly to the commissioner.

Sec. 8. [148H.07] GENERAL APPLICATION PROCEDURES.

Subdivision 1. **Application for general licensure.** (a) An applicant for general licensure must submit:

(1) a completed application in writing on a form prescribed by the commissioner;

(2) documentation of current board certification by the Certification Board of Music Therapists;

(3) a signed statement attesting that the information in the application is true and correct to the best of the applicant's knowledge and belief;

(4) a waiver authorizing the commissioner to obtain access to the applicant's professional records in this or any other state in which the applicant has practiced music therapy;

(5) all relevant fees required under section 148H.16;

(6) a fingerprint-based background check as required under section 144.0572; and

(7) any other information requested by the commissioner.

(b) An applicant must complete a new criminal history background check if more than one year has elapsed since the applicant last applied for a license.

Subd. 2. **Application form requirements.** The application form for licensure must include, at a minimum, the applicant's:

(1) name;

(2) board certification number;

(3) business address and telephone number, or home address and telephone number if the applicant practices music therapy out of the applicant's home; and

(4) education, training, and experience, including previous work history for the five years immediately preceding the date of application.

Subd. 3. **Action on application for licensure.** (a) The commissioner shall act on all applications for licensure. The commissioner shall approve, approve with conditions, or deny an application. The commissioner shall address an application according to paragraphs (b) to (e).

(b) The commissioner shall determine if the applicant meets the requirements for licensure. The commissioner or the advisory council may investigate information provided by the applicant to determine whether the information is accurate and complete.

(c) The commissioner shall not issue a license to an applicant who refuses to consent to a background study within 90 days after the submission of an application or who fails to submit fingerprints to the Department of Human Services. The applicant forfeits any fees paid to the Department of Health if the applicant refuses to consent to a background study.

(d) The commissioner shall notify the applicant by electronic notification as required under sections 15.991 to 15.992 of the action taken on the application and, if licensure is denied or approved with conditions, the grounds for the commissioner's determination.

(e) An applicant denied licensure or granted licensure with conditions may make a written request to the commissioner, within 30 days of the date of the commissioner's determination, for reconsideration of the commissioner's determination. An applicant requesting reconsideration may submit information that the applicant wants considered in the reconsideration. After reconsideration of the commissioner's determination, the commissioner shall determine whether the original determination is affirmed or modified. An applicant is allowed no more than one request for reconsideration of the commissioner's determination to deny licensure or approve licensure with conditions in any two-year period.

Subd. 4. **Reconsideration.** (a) If a provisional licensee whose music therapy license has been denied or extended with conditions disagrees with the conclusions of the commissioner, the provisional licensee may request a reconsideration by the commissioner. The reconsideration request process must be conducted internally by the commissioner and chapter 14 does not apply.

(b) The provisional licensee requesting the reconsideration must make the request in writing and must list and describe the reasons why the provisional licensee disagrees with the decision to deny the music therapy license or the decision to extend the provisional license with conditions.

(c) The reconsideration request and supporting documentation must be received by the commissioner within 15 calendar days after the date the provisional licensee receives the denial or provisional license with conditions.

Sec. 9. **[148H.08] TEMPORARY LICENSURE.**

Subdivision 1. **Eligibility for temporary licensure.** The commissioner shall issue a temporary license to practice music therapy to applicants who submit all required information and fees required by subdivision 2 and who are not the subject of a current or past disciplinary action or disqualified based on actions listed under section 148H.15.

Subd. 2. **Application for temporary licensure.** (a) An applicant for temporary licensure must submit:

(1) a completed application for temporary licensure on forms provided by the commissioner;

(2) any applicable fees under section 148H.16; and

(3) evidence of one of the following:

(i) completion of all academic and fieldwork requirements of a college or university program for music therapists that is approved or accredited by the American Music Therapy Association and either (1) the initiation of sitting for the board certification exam for the first time, or (2) sitting to retake the board certification exam after receiving a failing score;

(ii) a copy of a current and unrestricted credential to practice music therapy in another jurisdiction; or

(iii) a copy of a current and unrestricted certificate from the Certification Board for Music Therapists stating that the applicant is certified as a music therapist.

(b) An applicant for temporary licensure under paragraph (a), clause (3), item (ii) or (iii), must provide an affidavit with the application for temporary licensure stating that the applicant is not the subject of a pending investigation or disciplinary action and has not been the subject of a past disciplinary action.

Subd. 3. **Qualifying examination requirements; expiration and renewability.** (a) An individual issued a temporary license must demonstrate to the commissioner successful completion of the qualifying examination requirements under section 148H.06 within the temporary licensure period. It is the temporary license holder's obligation to submit to the commissioner the temporary license holder's qualifying examination score. A temporary license holder who fails to submit a qualifying examination score within the temporary licensure period is subject to disciplinary action pursuant to section 148H.15.

(b) A temporary license issued under this section expires 12 months from the date of issuance or on the date the commissioner grants or denies licensure, whichever occurs first.

(c) A temporary license is not renewable.

Sec. 10. [148H.09] LICENSURE BY RECIPROCITY.

The commissioner shall issue a license to an applicant for a music therapy license if an applicant has submitted:

(1) an application in a form and manner prescribed by the commissioner, accompanied by applicable fees under section 148H.16;

(2) evidence satisfactory to the commissioner that the applicant is licensed and in good standing as a music therapist in another jurisdiction where the qualifications required are equivalent to or higher than those required in this chapter at the date of application;

(3) letters of verification from each other jurisdiction in which the applicant has practiced music therapy in the last five years including the following information:

(i) the applicant's name;

(ii) the applicant's date of birth;

(iii) the applicant's credential number in that jurisdiction;

(iv) the date and terms of issuance of the credential in that jurisdiction; and

(v) a statement regarding disciplinary actions, if any, taken against the applicant; and

(4) a fingerprint-based background check as required under section 144.0572.

Sec. 11. [148H.10] CONTINUING EDUCATION REQUIREMENTS.

(a) Upon obtaining initial board certification, licensees and applicants must engage in continuing education.

(b) The five-year cycle for completing continuing education requirements begins a year after a licensee or applicant passes the examination for board certification offered by the Certification Board for Music Therapists or any successor organization.

(c) An applicant must include proof of completion of Continuing Music Therapy Education (CMTE) requirements with their certification from the Certification Board for Music Therapists or any successor organization each time they renew their license to practice music therapy.

Sec. 12. [148H.11] RENEWAL OF LICENSE; LICENSE LAPSE.

Subdivision 1. **Renewal requirements.** To be eligible for license renewal, a licensee must submit:

(1) a completed and signed application for license renewal on a form provided by the commissioner;

(2) the renewal fee required under section 148H.16;

(3) proof that the licensee has met and maintained the continuing education requirements under section 148H.10 and board certification as a board-certified music therapist; and

(4) additional information as requested by the commissioner to clarify information presented in the renewal application. The applicant for license renewal must submit any additional information requested by the commissioner within 30 calendar days of the request.

Subd. 2. **Renewal deadline.** (a) Licenses must be renewed every two years. The effective date of a renewed license is the day following the expiration date of the expired license.

(b) Each license must state an expiration date.

(c) A completed application for license renewal must be received by the commissioner at least 30 days before the license expiration date.

(d) A completed application for license renewal not received within the time required under paragraph (c), but received on or before the expiration date, must be accompanied by a late fee in addition to the renewal fee in section 148H.16.

Subd. 3. **Licensure renewal notice.** At least 60 calendar days before the expiration date in subdivision 2, the commissioner must send a renewal notice to the licensee's email address on file with the commissioner. The notice must include information on how to apply for licensure renewal and notice of fees required for renewal. The licensee's failure to receive the notice does not relieve the licensee of the obligation to meet the renewal deadline and other requirements for licensure renewal.

Subd. 4. **Failure to renew.** (a) If a licensee fails to renew a license, the license lapses. The license may be restored within four years of the expiration date upon completion of the requirements in subdivision 1 and payment of the late fee in section 148H.16.

(b) A person who requests reinstatement of a lapsed license more than four years after the license expiration date is required to reapply for licensure as a new applicant and must comply with the requirements for new licensees at the time of application.

Sec. 13. **[148H.12] CHANGE OF NAME, ADDRESS, OR EMPLOYMENT.**

A licensee who changes their name, address, employment, business address, or business telephone number must inform the commissioner of the change in writing within 30 days of the change. A change in name must be accompanied by a copy of a marriage certificate or court order. All notices or other correspondence mailed to or served on the licensee by the commissioner at the licensee's address on file with the commissioner is considered received by the licensee.

Sec. 14. **[148H.13] PRACTICE OF MUSIC THERAPY.**

Subdivision 1. **Referrals.** A licensed music therapist may accept referrals for music therapy services from medical, developmental, mental health, or education professionals; family members; clients; caregivers; or others involved and authorized to provide services to the client.

Subd. 2. **Assessment.** A licensed music therapist must conduct a music therapy assessment of a client to determine if treatment is indicated. If treatment is indicated, the licensee must collect systematic, comprehensive, and accurate information to determine the appropriateness and type of music therapy services to provide the client.

Subd. 3. **Knowledge and skill.** A licensed music therapist must use appropriate knowledge and skills when providing music therapy services, including the use of research, reasoning, and problem-solving skills to determine appropriate actions in the context of each specific clinical setting.

Subd. 4. **Treatment plan.** A licensed music therapist must develop an individualized music therapy treatment plan for the client based on the results of the music therapy assessment under paragraph (c). The music therapy treatment plan must include individualized goals and objectives that focus on the assessed

needs and strengths of the client and must specify music therapy approaches and interventions to be used to address the goals and objectives. The individualized music therapy treatment plan must be consistent with any other developmental, rehabilitative, habilitative, medical, mental health, preventive, wellness care, or educational services being provided to the client.

Subd. 5. **Evaluation; client progress.** A licensed music therapist shall evaluate on an ongoing basis the client's response to music therapy and to the music therapy treatment plan, document the client's progress, and make modifications to the plan, as appropriate. A licensed music therapist shall determine when music therapy services are no longer needed in collaboration with the client, the client's health care provider or providers, family members of the client, and other appropriate individuals upon whom the client relies for support.

Subd. 6. **Communication with client and others.** A licensed music therapist shall collaborate with and educate the client and the client's family, caregiver, and any other appropriate individual regarding the needs of the client being addressed in music therapy and the manner in which the music therapy treatment addresses those needs. A licensed music therapist shall minimize any barriers to ensure that the client receives music therapy services in the least restrictive environment.

Sec. 15. [148H.14] REVIEW OF CLIENT DOCUMENTATION; COLLABORATION WITH OTHER TREATING PROFESSIONALS.

Subdivision 1. **Review of diagnosis, treatment, and educational plans.** Before a licensed professional music therapist provides music therapy services to a client for an identified clinical or developmental need, the music therapist shall review the client's diagnosis, treatment needs, and treatment plan with any care or support team involved in the client's care. Before a licensed professional music therapist provides music therapy services to a client for an identified educational need in a special education setting, the music therapist shall review the student's diagnosis, treatment needs, and any treatment plan with the individualized family care team or individualized education program team.

Subd. 2. **Collaboration with treatment team.** During the provision of music therapy services to a client, the licensed professional music therapist shall collaborate as applicable with the client's treatment team, including the client's physician, psychologist, licensed clinical social worker, or other mental health professional.

Subd. 3. **Collaboration with and services provided by an audiologist or speech-language pathologist.** (a) During the provision of music therapy services to a client with a communication disorder, the licensed professional music therapist shall collaborate and discuss the music therapy treatment plan with the client's audiologist or speech-language pathologist before a licensed professional music therapist is permitted to work with the client and address communication skills.

(b) When providing educational or health care services, a licensed professional music therapist must not replace the services provided by an audiologist or a speech-language pathologist. Unless authorized to practice speech-language pathology, licensed professional music therapists must not evaluate, examine, instruct, or counsel on speech, language, communication, or swallowing disorders and conditions.

(c) An individual licensed as a licensed professional music therapist must not represent to the public that the individual is authorized to treat a communication disorder. This does not prohibit an individual licensed as a professional music therapist from representing to the public that the individual may work with clients who have a communication disorder and address communication skills.

Sec. 16. [148H.15] GROUNDS FOR DENIAL OF LICENSURE AND DISCIPLINE; DISCIPLINARY ACTION.

Subdivision 1. **Grounds for denial of license or discipline.** The commissioner may revoke, suspend, deny, approve with conditions, or refuse to issue or renew a license, or may discipline a licensee using any of the disciplinary actions listed in subdivision 3, on evidence that the individual has:

- (1) intentionally submitted false or misleading information to the commissioner;
- (2) failed, within 30 days, to provide information in response to a written request by the board;
- (3) performed services of a licensed professional music therapist in an incompetent or negligent manner or in a manner that falls below the community standard of care;
- (4) violated sections 148H.01 to 148H.16;
- (5) aided or abetted another person in violating any provision of sections 148H.01 to 148H.16;
- (6) failed to perform services with reasonable judgment, skill, or safety due to the use of alcohol or drugs, or other physical or mental impairment;
- (7) been convicted of violating any state or federal law, rule, or regulation which directly relates to the practice of music therapy;
- (8) been disciplined for conduct in the practice of an occupation by the state of Minnesota, another jurisdiction, or a national professional association, if any of the grounds for discipline are the same or substantially equivalent to those in sections 148H.01 to 148H.16;
- (9) not cooperated with the board in an investigation conducted according to subdivision 2;
- (10) advertised in a manner that is false or misleading;
- (11) engaged in dishonest, unethical, or unprofessional conduct in connection with the practice of music therapy that is likely to deceive, defraud, or harm the public;
- (12) demonstrated a willful or careless disregard for the health, welfare, or safety of a client;
- (13) provided intervention, other than music therapy, without being licensed to do so under the laws of this state;
- (14) paid or promised to pay a commission or part of a fee to any person who contacts the licensed professional music therapist for consultation or sends patients to the music therapist for intervention;
- (15) engaged in an incentive payment arrangement, other than that prohibited by clause (14), that promotes music therapy overutilization, whereby the referring person or person who controls the availability of music therapy services to a client profits unreasonably as a result of client intervention;
- (16) engaged in abusive or fraudulent billing practices, including violations of federal Medicare and Medicaid laws, Food and Drug Administration regulations, or state medical assistance laws;
- (17) obtained money, property, or services from a consumer using undue influence, high-pressure sales tactics, harassment, duress, deception, or fraud;
- (18) performed services for a client who had no possibility of benefiting from the services;

(19) failed to refer a client for medical evaluation when appropriate or when a client indicated symptoms associated with diseases that could be medically or surgically treated;

(20) engaged in conduct with a client that is sexual or may reasonably be interpreted by a client as sexual, or in any verbal behavior that is sexual or sexually demeaning to a patient;

(21) violated a federal or state court order, including a conciliation court judgment, or a disciplinary order issued by the board, related to the person's music therapy practice; or

(22) any other just cause related to the practice of music therapy.

Subd. 2. **Investigation of complaints.** The commissioner may initiate an investigation upon receiving a complaint or other oral or written communication that alleges or implies that a person has violated any part of this chapter.

Subd. 3. **Disciplinary actions.** If the commissioner finds that a licensed professional music therapist has engaged in any action listed in subdivision 1, the commissioner may take one or more of the following actions:

(1) refuse to grant or renew a license;

(2) approve licensure with conditions;

(3) revoke licensure;

(4) suspend licensure;

(5) any reasonable lesser action, including but not limited to reprimand or restriction on licensure;

(6) any action authorized by statute; or

(7) impose a civil penalty not to exceed \$10,000 for each separate violation, the amount of the civil penalty to be fixed so as to deprive the licensed professional music therapist of any economic advantage gained by reason of the violation charged, to discourage similar violations, or to reimburse the Department of Health for the cost of the investigation and proceeding, including but not limited to fees paid for services provided by the Office of Administrative Hearings, legal and investigative services provided by the Office of the Attorney General, court reporters, witnesses, reproduction of records, advisory council members' per diem compensation, advisory council or Department of Health staff time, and travel costs and expenses incurred by advisory council staff and members and Department of Health staff.

Subd. 4. **Effect of specific disciplinary action on use of title.** Upon notice from the commissioner denying licensure renewal or upon notice that the commissioner imposed disciplinary action and the person is no longer entitled to practice music therapy and use the music therapy and licensed titles, the person shall cease to practice music therapy, to use titles protected by section 148H.04, and to represent to the public that the person is licensed by the commissioner.

Subd. 5. **Reinstatement requirements after disciplinary action.** A person who has had licensure suspended may request and provide justification for reinstatement following the period of suspension specified by the commissioner. The requirements of section 148H.11 for renewing licensure and any other conditions imposed with the suspension must be met before licensure may be reinstated.

Sec. 17. **[148H.16] FEES.**

Subdivision 1. **Licensing fees.** (a) Licensing fees shall not exceed the following amounts:

(1) initial licensure fee, \$296;

(2) temporary licensure fee, \$75;

(3) licensure renewal fee, \$296;

(4) licensure renewal late fee, \$115;

(5) license verification, \$25; and

(6) duplicate license fee, \$20.

(b) Fees are nonrefundable.

(c) Fees received under this chapter shall be deposited in the state government special revenue fund.

Subd. 2. **Penalty fees.** (a) The penalty fee for practicing music therapy or using protected titles without a current license after the credential has expired and before it is renewed is \$100 for any part of the first month, plus \$100 for any part of any subsequent month up to 12 months.

(b) The penalty fee for applicants who engage in the unauthorized practice of music therapy or use protected titles before being issued a license is \$200 for any part of the first month, plus \$200 for any part of any subsequent month up to six months. This paragraph does not apply to applicants not qualifying for a license who engage in the unauthorized practice of music therapy.

(c) For conduct described in paragraph (a) or (b) exceeding six months, payment of a penalty fee does not preclude any disciplinary action reasonably justified by the individual case.

ARTICLE 6

SOCIAL WORK PRACTICE

Section 1. Minnesota Statutes 2024, section 148E.065, subdivision 4a, is amended to read:

Subd. 4a. **City, county, and state social workers.** (a) Beginning July 1, 2016, the licensure of city, county, and state agency social workers is voluntary, except an individual who is newly employed by a city or state agency after July 1, 2016, must be licensed if the individual who provides social work services, as those services are defined in section 148E.010, subdivision 11, paragraph (b), is presented to the public by any title incorporating the words "social work" or "social worker."

(b) Beginning July 1, 2026, a county agency social worker who does not hold a baccalaureate degree or graduate degree in social work or who is not licensed under this chapter must not be presented to the public by any title incorporating the words "social work" or "social worker," unless the individual was employed by the county agency prior to July 1, 2027. This paragraph is not grounds for the modification or removal of any right or benefit accrued under a collective bargaining agreement ratified before July 1, 2026.

Sec. 2. Minnesota Statutes 2024, section 148E.195, subdivision 2a, is amended to read:

Subd. 2a. **Representations.** Effective July 1, 2016:

(a) No applicant or other individual may be represented to the public by any title incorporating the words "social work" or "social worker" unless the individual is employed by a county and meets the requirements under section 148E.065, subdivision 4a, or holds a license according to this chapter.

(b) In all professional use of a social worker's name, the social worker must use the license designation "LSW" or "licensed social worker" for a licensed social worker, "LGSW" or "licensed graduate social worker" for a licensed graduate social worker, "LISW" or "licensed independent social worker" for a licensed independent social worker, or "LICSW" or "licensed independent clinical social worker" for a licensed independent clinical social worker.

(c) Public statements or advertisements must not be untruthful, misleading, false, fraudulent, deceptive, or potentially exploitative of clients, former clients, interns, students, supervisees, or the public.

(d) A social worker must not:

- (1) use licensure status as a claim, promise, or guarantee of successful service;
- (2) obtain a license by cheating or employing fraud or deception;
- (3) make false statements or misrepresentations to the board or in materials submitted to the board; or
- (4) engage in conduct that has the potential to deceive or defraud a social work client, intern, student, supervisee, or the public.

Sec. 3. Minnesota Statutes 2024, section 148E.280, is amended to read:

148E.280 USE OF TITLES.

No individual may be presented to the public by any title incorporating the words "social work" or "social worker" or in the titles in section 148E.195, unless that individual is employed by a county and meets the requirements under section 148E.065, subdivision 4a, or holds a license under this chapter.

ARTICLE 7

DENTISTRY PRACTICE

Section 1. Minnesota Statutes 2024, section 150A.01, subdivision 6a, is amended to read:

Subd. 6a. **Faculty dentist.** "Faculty dentist" means a person who is licensed to practice dentistry as a faculty member of a ~~school of dentistry~~ dental education program, pursuant to section 150A.06, subdivision 1a.

Sec. 2. Minnesota Statutes 2024, section 150A.05, subdivision 1, is amended to read:

Subdivision 1. **Practice of dentistry.** A person shall be deemed to be practicing dentistry within the meaning of sections 150A.01 to 150A.12:

- (1) who uses a dental degree, or designation, or card, device, directory, sign, or other media whereby the person represents an ability to diagnose, treat, prescribe, or operate for any disease, pain, deformity, deficiency, injury, or physical condition of the human tooth, teeth, alveolar process, gums or jaw, or adjacent or associated structures;
- (2) who is a manager, proprietor, operator or conductor of a place where dental operations are performed;

(3) who performs dental operations of any kind gratuitously, or for a fee, gift, compensation or reward, paid or to be paid, to any person or agency;

(4) who uses a roentgen or x-ray machine for dental treatment, roentgenograms or for dental diagnostic purposes;

(5) who extracts a human tooth or teeth, or corrects or attempts to correct malpositions of the human teeth or jaws;

(6) who offers and undertakes, by any means or method, to diagnose, treat or remove stains or accretions from human teeth or jaws;

(7) who takes impressions of the human tooth, teeth, or jaws or performs any phase of any operation incident to the replacement of a part of a tooth, a tooth, teeth or associated tissues by means of a filling, a crown, a bridge, a denture or other appliance;

(8) who furnishes, supplies, constructs, reproduces, repairs, or offers to furnish, supply, construct, reproduce or repair prosthetic dentures or plates, bridges or other substitutes for natural teeth, to the user or prospective user thereof; or

(9) who performs any clinical operation included in the curricula of recognized dental ~~schools and colleges~~ education programs.

Sec. 3. Minnesota Statutes 2024, section 150A.05, subdivision 2, is amended to read:

Subd. 2. **Exemptions and exceptions of certain practices and operations.** Sections 150A.01 to 150A.12 do not apply to:

(1) the practice of dentistry or dental hygiene in any branch of the armed services of the United States, the United States Public Health Service, or the United States Veterans Administration;

(2) the practice of dentistry, dental hygiene, or dental assisting by undergraduate dental students, dental therapy students, dental hygiene students, and dental assisting students of the University of Minnesota; ~~schools of dentistry or dental or allied dental education programs~~ that are accredited by the Commission on Dental Accreditation (CODA), schools of dental hygiene, schools with a dental therapy education program, or schools of dental assisting approved by the board, when acting under the indirect supervision of a Minnesota licensed dentist and under the instruction of a licensed dentist, licensed dental therapist, licensed dental hygienist, or licensed dental assistant;

(3) the practice of dentistry by licensed dentists of other states or countries while appearing as clinicians under the auspices of a duly approved dental ~~school or college~~ education program, or a reputable dental society, or a reputable dental study club composed of dentists;

(4) the actions of persons while they are taking examinations for licensure administered or approved by the board pursuant to sections 150A.03, subdivision 1, and 150A.06, subdivisions 1, 2, and 2a;

(5) the practice of dentistry by dentists and dental hygienists licensed by other states during their functioning as examiners responsible for conducting licensure examinations administered by regional and national testing agencies with whom the board is authorized to affiliate and participate under section 150A.03, subdivision 1, and the practice of dentistry by the regional and national testing agencies during their administering examinations pursuant to section 150A.03, subdivision 1;

(6) the use of x-rays or other diagnostic imaging modalities for making radiographs or other similar records in a hospital under the supervision of a physician or dentist or by a person who is credentialed to use diagnostic imaging modalities or x-ray machines for dental treatment, roentgenograms, or dental diagnostic purposes by a credentialing agency other than the Board of Dentistry; or

(7) the service, other than service performed directly upon the person of a patient, of constructing, altering, repairing, or duplicating any denture, partial denture, crown, bridge, splint, orthodontic, prosthetic, or other dental appliance, when performed according to a written work order from a licensed dentist or a licensed advanced dental therapist in accordance with section 150A.10, subdivision 3.

Sec. 4. Minnesota Statutes 2024, section 150A.06, subdivision 1, is amended to read:

Subdivision 1. **Dentists.** A person of good moral character who has graduated from a dental education program accredited by the Commission on Dental Accreditation, having submitted an application and fee as prescribed by the board, may be examined by the board or by an agency pursuant to section 150A.03, subdivision 1, in a manner to test the applicant's fitness to practice dentistry. A graduate of a dental ~~college~~ education program in another country must not be disqualified from examination solely because of the applicant's foreign training if the board determines that the training is equivalent to or higher than that provided by a dental ~~college~~ education program accredited by the Commission on Dental Accreditation. In the case of examinations conducted pursuant to section 150A.03, subdivision 1, applicants shall take the examination prior to applying to the board for licensure. The examination shall include an examination of the applicant's knowledge of the laws of Minnesota relating to dentistry and the rules of the board. An applicant is ineligible to retake the clinical examination required by the board after failing it twice until further education and training are obtained as specified by the board by rule. A separate, nonrefundable fee may be charged for each time a person applies. An applicant who passes the examination in compliance with subdivision 2b, abides by professional ethical conduct requirements, and meets all other requirements of the board shall be licensed to practice dentistry and granted a general dentist license by the board.

Sec. 5. Minnesota Statutes 2024, section 150A.06, subdivision 1a, is amended to read:

Subd. 1a. **Faculty dentists.** (a) Faculty members of a ~~school of dentistry~~ dental education program must be licensed in order to practice dentistry as defined in section 150A.05. The board may issue to members of the faculty of a ~~school of dentistry~~ dental education program a license designated as either a "limited faculty license" or a "full faculty license" entitling the holder to practice dentistry within the terms described in paragraph (b) or (c). The dean of a ~~school of dentistry~~ dental education program and program directors of a Minnesota dental hygiene or dental assisting ~~school~~ education program accredited by the Commission on Dental Accreditation shall certify to the board those members of the ~~school's~~ education program faculty who practice dentistry but are not licensed to practice dentistry in Minnesota. A faculty member who practices dentistry as defined in section 150A.05, before beginning duties in a ~~school of dentistry or a dental hygiene or dental assisting school~~ dental or allied dental education program, shall apply to the board for a limited or full faculty license. Pursuant to Minnesota Rules, chapter 3100, and at the discretion of the board, a limited faculty license must be renewed annually and a full faculty license must be renewed biennially. The faculty applicant shall pay a nonrefundable fee set by the board for issuing and renewing the faculty license. The faculty license is valid during the time the holder remains a member of the faculty of a ~~school of dentistry or a dental hygiene or dental assisting school~~ dental or allied dental education program and subjects the holder to this chapter.

(b) The board may issue to dentist members of the faculty ~~of teaching in a Minnesota school of dentistry, dental hygiene, or dental assisting~~ dental or allied dental education program accredited by the Commission

on Dental Accreditation, a license designated as a limited faculty license entitling the holder to practice dentistry within the ~~school~~ education program and its affiliated teaching facilities, but only for the purposes of teaching or conducting research. The practice of dentistry at a ~~school~~ an education program facility for purposes other than teaching or research is not allowed unless the dentist was a faculty member on August 1, 1993.

(c) The board may issue to dentist members of the faculty ~~of teaching in a Minnesota school of dentistry, dental hygiene, or dental assisting~~ dental or allied dental education program accredited by the Commission on Dental Accreditation a license designated as a full faculty license entitling the holder to practice dentistry within the ~~school~~ education program and its affiliated teaching facilities and elsewhere if the holder of the license is employed 50 percent time or more by the ~~school~~ education program in the practice of teaching or research, and upon successful review by the board of the applicant's qualifications as described in subdivisions 1, 1c, and 4 and board rule. The board, at its discretion, may waive specific licensing prerequisites.

Sec. 6. Minnesota Statutes 2024, section 150A.06, subdivision 1b, is amended to read:

Subd. 1b. **Resident dentists.** A person who is a graduate of a dental ~~school~~ education program and is an enrolled graduate student or student of an accredited advanced dental education program and who is not licensed to practice dentistry in the state shall obtain from the board a license to practice dentistry as a resident dentist. The license must be designated "resident dentist license" and authorizes the licensee to practice dentistry only under the supervision of a licensed dentist. A University of Minnesota School of Dentistry dental resident holding a resident dentist license is eligible for enrollment in medical assistance, as provided under section 256B.0625, subdivision 9b. A resident dentist license must be renewed annually pursuant to the board's rules. An applicant for a resident dentist license shall pay a nonrefundable fee set by the board for issuing and renewing the license. The requirements of sections 150A.01 to 150A.21 apply to resident dentists except as specified in rules adopted by the board. A resident dentist license does not qualify a person for licensure under subdivision 1.

Sec. 7. Minnesota Statutes 2024, section 150A.06, subdivision 1c, is amended to read:

Subd. 1c. **Specialty dentists.** (a) The board may grant one or more specialty licenses in the specialty areas of dentistry that are recognized by the National Commission on Recognition of Dental Accreditation Specialties and Certifying Board (National Commission).

(b) An applicant for a specialty license shall:

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

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

(3) have been in active practice or a postdoctoral specialty education program or United States government service at least 2,000 hours in the 36 months prior to applying for a 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)~~ (4) pass all components of the National Board Dental Examinations;

~~(8)~~ (5) pass the Minnesota Board of Dentistry jurisprudence examination;

~~(9)~~ (6) abide by professional ethical conduct requirements; and

~~(10)~~ (7) 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 National Commission on Dental Accreditation.

(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.

Sec. 8. Minnesota Statutes 2024, section 150A.06, subdivision 2, is amended to read:

Subd. 2. **Dental hygienists.** A person of good moral character, who has graduated from a dental hygiene education program accredited by the Commission on Dental Accreditation and established in an institution accredited by an agency recognized by the United States Department of Education to offer college-level programs, may apply for licensure. The dental hygiene education program must provide a minimum of two academic years of dental hygiene education. The applicant must submit an application and fee as prescribed by the board and a diploma or certificate of dental hygiene. Prior to being licensed, the applicant must pass the National Board of Dental Hygiene examination and a board approved examination designed to determine the applicant's clinical competency. In the case of examinations conducted pursuant to section 150A.03, subdivision 1, applicants shall take the examination before applying to the board for licensure. The applicant must also pass an examination testing the applicant's knowledge of the laws of Minnesota relating to the practice of dentistry and of the rules of the board. An applicant is ineligible to retake the clinical examination required by the board after failing it twice until further education and training are obtained as specified by board rule. A separate, nonrefundable fee may be charged for each time a person applies. An applicant who passes the examination in compliance with subdivision 2b, abides by professional ethical conduct requirements, and meets all the other requirements of the board shall be licensed as a dental hygienist.

Sec. 9. Minnesota Statutes 2024, section 150A.06, subdivision 2a, is amended to read:

Subd. 2a. **Licensed dental assistant.** A person of good moral character, who has graduated from a dental assisting education program accredited by the Commission on Dental Accreditation, may apply for licensure. The applicant must submit an application and fee as prescribed by the board and the diploma or certificate of dental assisting. In the case of examinations conducted pursuant to section 150A.03, subdivision 1, applicants shall take the examination before applying to the board for licensure. The examination shall include an examination of the applicant's knowledge of the laws of Minnesota relating to dentistry and the rules of the board. ~~An applicant is ineligible to retake the licensure examination required by the board after failing it twice until further education and training are obtained as specified by board rule.~~ A separate, nonrefundable fee may be charged for each time a person applies. An applicant who passes the examination in compliance with subdivision 2b, abides by professional ethical conduct requirements, and meets all the other requirements of the board shall be licensed as a dental assistant.

Sec. 10. Minnesota Statutes 2024, section 150A.06, subdivision 2c, is amended to read:

Subd. 2c. **Guest license.** (a) The board shall grant a guest license to practice as a dentist, dental therapist, dental hygienist, or licensed dental assistant if the following conditions are met:

(1) the dentist, dental therapist, dental hygienist, or dental assistant is currently licensed in good standing in another United States jurisdiction;

(2) the dentist, dental therapist, dental hygienist, or dental assistant is currently engaged in the practice of that person's respective profession in another United States jurisdiction;

(3) the dentist, dental therapist, dental hygienist, or dental assistant will limit that person's practice to a public health setting in Minnesota that (i) is approved by the board; (ii) was established by a nonprofit organization that is tax exempt under chapter 501(c)(3) of the Internal Revenue Code of 1986; and (iii) provides dental care to patients who have difficulty accessing dental care;

(4) the dentist, dental therapist, dental hygienist, or dental assistant agrees to treat indigent patients who meet the eligibility criteria established by the clinic; and

(5) the dentist, dental therapist, dental hygienist, or dental assistant has applied to the board for a guest license and has paid a nonrefundable license fee to the board.

(b) A guest license must be renewed annually with the board and an annual renewal fee must be paid to the board. Guest licenses expire on December 31 of each year.

(c) A dentist, dental therapist, dental hygienist, or dental assistant practicing under a guest license under this subdivision shall have the same obligations as a dentist, dental therapist, dental hygienist, or dental assistant who is licensed in Minnesota and shall be subject to the laws and rules of Minnesota and the regulatory authority of the board. If the board suspends or revokes the guest license of, or otherwise disciplines, a dentist, dental therapist, dental hygienist, or dental assistant practicing under this subdivision, the board shall promptly report such disciplinary action to the dentist's, dental therapist's, dental hygienist's, or dental assistant's regulatory board in the jurisdictions in which they are licensed.

(d) The board may grant a guest license to a dentist, dental therapist, dental hygienist, or dental assistant licensed in another United States jurisdiction to provide dental care to patients on a voluntary basis without compensation for a limited period of time. The board shall not assess a fee for the guest license for volunteer services issued under this paragraph.

(e) The board shall issue a guest license for volunteer services if:

(1) the board determines that the applicant's services will provide dental care to patients who have difficulty accessing dental care;

(2) the care will be provided without compensation; and

(3) the applicant provides adequate proof of the status of all licenses to practice in other jurisdictions. The board may require such proof on an application form developed by the board.

(f) The guest license for volunteer services shall limit the licensee to providing dental care services for a period of time not to exceed ten days in a calendar year. Guest licenses expire on December 31 of each year.

(g) The holder of a guest license for volunteer services shall be subject to state laws and rules regarding dentistry and the regulatory authority of the board. The board may revoke the license of a dentist, dental therapist, dental hygienist, or dental assistant practicing under this subdivision or take other regulatory action against the dentist, dental therapist, dental hygienist, or dental assistant. If an action is taken, the board shall report the action to the regulatory board of those jurisdictions where an active license is held by the dentist, dental therapist, dental hygienist, or dental assistant.

Sec. 11. Minnesota Statutes 2024, section 150A.06, subdivision 2d, is amended to read:

Subd. 2d. **Continuing education and professional development waiver.** (a) The board shall grant a waiver to the continuing education requirements under this chapter for a licensed dentist, licensed dental therapist, licensed dental hygienist, or licensed dental assistant who documents to the satisfaction of the board that the dentist, dental therapist, dental hygienist, or licensed dental assistant has retired from active practice in the state and limits the provision of dental care services to those offered without compensation in a public health, community, or tribal clinic or a nonprofit organization that provides services to ~~the indigent or to recipients of medical assistance or MinnesotaCare programs~~ patients who do not have dental health coverage, either through a state public health care program or private insurance, and whose annual family gross income is equal to or less than 200 percent of the federal poverty guidelines.

(b) The board may require written documentation from the volunteer and retired dentist, dental therapist, dental hygienist, or licensed dental assistant prior to granting this waiver.

(c) The board shall require the volunteer and retired dentist, dental therapist, dental hygienist, or licensed dental assistant to meet the following requirements:

(1) a licensee seeking a waiver under this subdivision must complete and document at least five hours of approved courses in infection control, medical emergencies, and medical management for the continuing education cycle; and

(2) provide documentation of current CPR certification ~~from completion of the American Heart Association healthcare provider course or the American Red Cross professional rescuer course.~~

Sec. 12. Minnesota Statutes 2024, section 150A.06, subdivision 3, is amended to read:

Subd. 3. **Waiver of examination.** (a) All or any part of the examination for dentists, dental therapists, dental hygienists, or dental assistants, except that pertaining to the law of Minnesota relating to dentistry and the rules of the board, may, at the discretion of the board, be waived for an applicant who presents a

certificate of having passed all components of the National Board Dental Examinations or evidence of having maintained an adequate scholastic standing as determined by the board.

(b) The board shall waive the clinical examination required for licensure for any dentist applicant who is a graduate of a dental ~~school~~ education program accredited by the Commission on Dental Accreditation, who has passed all components of the National Board Dental Examinations, and who has satisfactorily completed a postdoctoral general dentistry residency program (GPR) or an advanced education in general dentistry (AEGD) program after January 1, 2004. The postdoctoral program must be accredited by the Commission on Dental Accreditation, be of at least one year's duration, and include an outcome assessment evaluation assessing the resident's competence to practice dentistry. The board may require the applicant to submit any information deemed necessary by the board to determine whether the waiver is applicable.

Sec. 13. Minnesota Statutes 2024, section 150A.06, subdivision 8, is amended to read:

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

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

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

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

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

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

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

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

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

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

Sec. 14. Minnesota Statutes 2024, section 150A.06, subdivision 9, is amended to read:

Subd. 9. **Graduates of nonaccredited dental education programs.** A graduate of a nonaccredited dental education program who successfully completes the clinical licensure examination, and meets all other applicant requirements of the board shall be licensed to practice dentistry and granted a limited general dentist license by the board. The board shall place limitations on the licensee's authority to practice by requiring the licensee to practice under the general supervision of a Minnesota-licensed dentist approved by the board. A person licensed under this subdivision must practice for three consecutive years in Minnesota pursuant to a written agreement, approved by the board, between the licensee and a Minnesota-licensed dentist who may limit the types of services authorized. At the conclusion of the three-year period, the board shall grant an unlimited license without further restrictions if all supervising dentists who had entered into written agreements with the licensee during any part of the three-year period recommend unlimited licensure, and if no corrective action or disciplinary action has been taken by the board against the licensee.

Sec. 15. Minnesota Statutes 2024, section 150A.06, subdivision 11, is amended to read:

Subd. 11. **Emeritus active licensure.** (a) A person licensed to practice dentistry, dental therapy, dental hygiene, or dental assisting may apply for an emeritus active license if the person is retired from active practice, is in compliance with board requirements, and is not the subject of current disciplinary action resulting in suspension, revocation, disqualification, condition, or restriction of the license to practice dentistry, dental therapy, dental hygiene, or dental assisting.

(b) An emeritus active licensee may engage only in the following types of practice:

- (1) pro bono or volunteer dental practice;
- (2) paid practice not to exceed 500 hours per calendar year for the exclusive purpose of providing licensing supervision to meet the board's requirements; or
- (3) paid consulting services not to exceed 500 hours per calendar year.

(c) An emeritus active licensee shall not hold out as a full licensee and may only hold out as authorized to practice as described in this subdivision. The board may take disciplinary or corrective action against an emeritus active licensee based on violations of applicable law or board requirements.

(d) A person may apply for an emeritus active license by completing an application form specified by the board and must pay the application fee pursuant to section 150A.091, subdivision 20.

(e) If an emeritus active license is not renewed every two years, the license expires 30 days after notification from the board that the licensee failed to timely renew the license. The renewal date is the same as the licensee's renewal date when the licensee was in active practice. In order to renew an emeritus active license, the licensee must:

- (1) complete an application form as specified by the board;
- (2) pay the required renewal fee pursuant to section 150A.091, subdivision 20; and
- ~~(3) report at least 25 continuing education hours completed since the last renewal, which must include:~~
 - ~~(i) at least one hour in two different required CORE areas;~~
 - ~~(ii) at least one hour of mandatory infection control;~~

~~(iii) for dentists and dental therapists, at least 15 hours of fundamental credits for dentists and dental therapists, and for dental hygienists and dental assistants, at least seven hours of fundamental credits; and~~

~~(iv) for dentists and dental therapists, no more than ten elective credits, and for dental hygienists and dental assistants, no more than six elective credits.~~

(3) comply with the professional development requirements in Minnesota Rules, part 3100.1350, subpart 4.

Sec. 16. Minnesota Statutes 2025 Supplement, section 150A.06, subdivision 12, is amended to read:

Subd. 12. **Licensure by credentials; dental therapist.** (a) Any dental therapist may, upon application and payment of a fee established by the board, apply for licensure based on an evaluation of the applicant's education, experience, and performance record. The applicant may be interviewed by the board to determine if the applicant:

(1) graduated with a baccalaureate or master's degree from a dental therapy education program accredited by the Commission on Dental Accreditation;

(2) provided evidence of successfully completing the board's jurisprudence examination;

(3) actively practiced at least 2,000 hours within 36 months of the application date or passed a board-approved reentry program within 36 months of the application date;

(4) either:

(i) is currently licensed in another state or Canadian province and not subject to any pending or final disciplinary action; or

(ii) was previously licensed in another state or Canadian province in good standing and not subject to any final or pending disciplinary action at the time of surrender;

(5) passed a board-approved English proficiency test if English is not the applicant's primary language required at the board's discretion; and

(6) met all curriculum equivalency requirements regarding dental therapy scope of practice in Minnesota.

(b) The 2,000 practice hours required by paragraph (a), clause (3), may count toward the 2,000 practice hours required for consideration for advanced dental therapy certification, provided that all other requirements of section 150A.106, subdivision 1, are met.

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

(d) The board must license an applicant who fulfills the conditions of this subdivision and demonstrates the minimum knowledge in dental subjects required for licensure under subdivision 1d to practice the applicant's profession.

(e) The board must deny the application if the applicant does not demonstrate the minimum knowledge in dental subjects required for licensure under subdivision 1d. If licensure is denied, the board may notify the applicant of any specific remedy the applicant could take to qualify for licensure. A denial does not prohibit the applicant from applying for licensure under subdivision 1d.

(f) A candidate may appeal a denied application to the board according to subdivision 4a.

Sec. 17. Minnesota Statutes 2024, section 150A.08, subdivision 1, is amended to read:

Subdivision 1. **Grounds.** The board may refuse or by order suspend or revoke, limit or modify by imposing conditions it deems necessary, the license of a dentist, dental therapist, dental hygienist, or dental assistant upon any of the following grounds:

(1) fraud or deception in connection with the practice of dentistry or the securing of a license certificate;

(2) conviction, including a finding or verdict of guilt, an admission of guilt, or a no contest plea, in any court of a felony-level criminal sexual conduct offense pursuant to sections 609.342 to 609.345 or similar statutes in another jurisdiction, as evidenced by public court records. A license that has been denied or revoked pursuant to this clause is not subject to chapter 364;

~~(2)~~ (3) conviction, including a finding or verdict of guilt, an admission of guilt, or a no contest plea, in any court of a felony or gross misdemeanor reasonably related to the practice of dentistry as evidenced by a certified copy of the conviction public court records;

~~(3)~~ (4) conviction, including a finding or verdict of guilt, an admission of guilt, or a no contest plea, in any court of an offense involving moral turpitude as evidenced by a certified copy of the conviction public court records;

~~(4) habitual overindulgence in the use of intoxicating liquors;~~

(5) improper or unauthorized prescription, dispensing, administering, or personal or other use of any legend drug as defined in chapter 151, of any chemical as defined in chapter 151, or of any controlled substance as defined in chapter 152;

(6) conduct unbecoming a person licensed to practice dentistry, dental therapy, dental hygiene, or dental assisting, or conduct contrary to the best interest of the public, as ~~such conduct is defined by the rules of the board~~ in Minnesota Rules, part 3100.6200;

(7) gross immorality;

(8) any physical, mental, emotional, or other disability which adversely affects a dentist's, dental therapist's, dental hygienist's, or dental assistant's ability to perform the service for which the person is licensed;

(9) revocation or suspension of a license or equivalent authority to practice, or other disciplinary action or denial of a license application taken by a licensing or credentialing authority of another state, territory, or country as evidenced by a certified copy of the licensing authority's order, if the disciplinary action or application denial was based on facts that would provide a basis for disciplinary action under this chapter and if the action was taken only after affording the credentialed person or applicant notice and opportunity to refute the allegations or pursuant to stipulation or other agreement;

(10) failure to maintain adequate safety and sanitary conditions for a dental office in accordance with the standards established by the rules of the board;

(11) employing, assisting, or enabling in any manner an unlicensed person to practice dentistry;

(12) failure or refusal to attend, testify, and produce records as directed by the board under subdivision 7;

(13) violation of, or failure to comply with, any other provisions of sections 150A.01 to 150A.12, the rules of the Board of Dentistry, or any disciplinary order issued by the board, sections 144.291 to 144.298 or 595.02, subdivision 1, paragraph (d), or for any other just cause related to the practice of dentistry. Suspension, revocation, modification or limitation of any license shall not be based upon any judgment as to therapeutic or monetary value of any individual drug prescribed or any individual treatment rendered, but only upon a repeated pattern of conduct;

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

(15) aiding suicide ~~or, aiding attempted suicide in violation of, being subject to injunctive relief, or being assessed civil damages according to~~ section 609.215 as established by any of the following:

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

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

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

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

Sec. 18. Minnesota Statutes 2024, section 150A.081, subdivision 1, is amended to read:

Subdivision 1. **Access to data on licensee.** When the board has probable cause to believe that a licensee's condition meets a ground listed in section 150A.08, subdivision 1, clause ~~(4)~~ or (8), it may, notwithstanding sections 13.384, 144.651, or any other law limiting access to medical data, obtain medical or health records on the licensee without the licensee's consent. The medical data may be requested from a provider, as defined in section 144.291, subdivision 2, paragraph (h), an insurance company, or a government agency. A provider, insurance company, or government agency shall comply with a written request of the board under this subdivision and is not liable in any action for damages for releasing the data requested by the board if the data are released under the written request, unless the information is false and the entity providing the information knew, or had reason to believe, the information was false.

Sec. 19. Minnesota Statutes 2024, section 150A.091, subdivision 2, is amended to read:

Subd. 2. **Application and initial license or registration fees.** Each applicant shall submit with a license, advanced dental therapist certificate, or ~~permit~~ registration application a nonrefundable fee in the following amounts in order to administratively process an application:

(1) dentist, \$308;

(2) full faculty dentist, \$308;

(3) limited faculty dentist, \$140;

(4) resident dentist or dental provider, \$55;

(5) advanced dental therapist, \$100;

(6) dental therapist, \$220;

- (7) dental hygienist, \$115;
- (8) licensed dental assistant, \$115;
- (9) dental assistant with limited radiology registration as described in Minnesota Rules, part 3100.1320, \$27; and
- (10) guest license, \$50.

Sec. 20. Minnesota Statutes 2024, section 150A.091, subdivision 4, is amended to read:

Subd. 4. **Annual license renewal fees.** Each ~~limited faculty or resident dentist~~ applicant shall submit with an annual license renewal application a fee established by the board not to exceed the following amounts:

- (1) limited faculty dentist, \$168; ~~and~~
- (2) resident dentist or dental provider, \$85; and
- (3) guest license, \$50.

Sec. 21. Minnesota Statutes 2024, section 150A.091, subdivision 5, is amended to read:

Subd. 5. **Biennial license or registration renewal fees.** Each of the following applicants shall submit with a biennial license or ~~permit~~ registration renewal application a fee as established by the board, not to exceed the following amounts:

- (1) dentist or full faculty dentist, \$475;
- (2) dental therapist, \$300;
- (3) dental hygienist, \$200;
- (4) licensed dental assistant, \$150; and
- (5) dental assistant with a limited radiology registration as described in Minnesota Rules, part 3100.1320, \$24.

Sec. 22. Minnesota Statutes 2024, section 150A.091, subdivision 7, is amended to read:

Subd. 7. **Biennial license or ~~permit~~ registration late fee.** Applications for renewal of any license or ~~permit~~ registration received after the time specified in Minnesota Rules, part 3100.1700, must be assessed a late fee equal to 25 percent of the biennial renewal fee.

Sec. 23. Minnesota Statutes 2024, section 150A.091, subdivision 8, is amended to read:

Subd. 8. **Duplicate ~~license or~~ renewal certificate or registration fee.** Each applicant shall submit, with a request for issuance of a duplicate of the original license, or of an annual or biennial renewal certificate for a license or ~~permit~~ registration, a fee in the following amounts:

- ~~(1) original dentist, full faculty dentist, dental therapist, dental hygiene, or dental assistant license, \$35; and~~
- ~~(2)~~ (1) annual or biennial renewal certificates, \$10; and

(2) biennial renewal registration, \$10.

Sec. 24. Minnesota Statutes 2024, section 150A.091, subdivision 9a, is amended to read:

Subd. 9a. **Credential review; nonaccredited dental institution education program.** Applicants who have graduated from a nonaccredited dental ~~college~~ education program desiring licensure as a dentist pursuant to section 150A.06, subdivision 1, shall submit an application for credential review and an application fee not to exceed the amount of \$200.

Sec. 25. Minnesota Statutes 2024, section 150A.091, subdivision 10, is amended to read:

Subd. 10. **Reinstatement fee.** No dentist, dental therapist, dental hygienist, or dental assistant whose license has been suspended or revoked may have the license reinstated or a new license issued until a fee has been submitted to the board in the following amounts:

- (1) dentist, \$140;
- (2) dental therapist, \$85;
- (3) dental hygienist, \$55; ~~and~~
- (4) dental assistant, \$35-; and
- (5) dental assistant with a limited radiology registration, \$24.

Sec. 26. Minnesota Statutes 2024, section 150A.091, subdivision 20, is amended to read:

Subd. 20. **Emeritus active license.** An individual applying for emeritus active licensure under section 150A.06, subdivision 11, must pay a fee upon application and upon renewal every two years. The fees for emeritus active license application and biennial renewal are as follows: dentist, \$212; dental therapist, \$100; dental hygienist, \$75; and dental assistant, \$55.

Sec. 27. Minnesota Statutes 2024, section 150A.091, is amended by adding a subdivision to read:

Subd. 20a. **Emeritus active license late fee.** The board must assess a late fee equal to 25 percent of the biennial renewal fee on applications for renewal of an emeritus active license received after the time specified in Minnesota Rules, part 3100.1350, subpart 3.

Sec. 28. Minnesota Statutes 2024, section 150A.10, subdivision 1, is amended to read:

Subdivision 1. **Dental hygienists.** Any licensed dentist, licensed dental therapist, public institution, or ~~school~~ education program authority may obtain services from a licensed dental hygienist. The licensed dental hygienist may provide those services defined in section 150A.05, subdivision 1a. The services provided shall not include the establishment of a final diagnosis or treatment plan for a dental patient. All services shall be provided under supervision of a licensed dentist. Any licensed dentist who shall permit any dental service by a dental hygienist other than those authorized by the Board of Dentistry, shall be deemed to be violating the provisions of sections 150A.01 to 150A.12, and any unauthorized dental service by a dental hygienist shall constitute a violation of sections 150A.01 to 150A.12.

Sec. 29. Minnesota Statutes 2024, section 150A.10, subdivision 1a, is amended to read:

Subd. 1a. **Collaborative practice authorization for dental hygienists in community settings.** (a) Notwithstanding subdivision 1, a dental hygienist licensed under this chapter may be employed or retained by a health care facility, program, nonprofit organization, or licensed dentist to perform the dental hygiene services listed in Minnesota Rules, part 3100.8700, subpart 1, without the patient first being examined by a licensed dentist if the dental hygienist:

(1) has entered into a collaborative agreement with a licensed dentist that designates authorization for the services provided by the dental hygienist; and

(2) has documented completion of a course on medical emergencies within each continuing education cycle.

(b) A collaborating dentist must be licensed under this chapter and may enter into a collaborative agreement with no more than ~~four~~ eight dental hygienists unless otherwise authorized by the board. The board shall develop parameters and a process for obtaining authorization to collaborate with more than ~~four~~ eight dental hygienists. The collaborative agreement must include:

(1) consideration for medically compromised patients and medical conditions for which a dental evaluation and treatment plan must occur prior to the provision of dental hygiene services;

(2) age- and procedure-specific standard collaborative practice protocols, including recommended intervals for the performance of dental hygiene services and a period of time in which an examination by a dentist should occur;

(3) copies of consent to treatment form provided to the patient by the dental hygienist;

(4) specific protocols for the placement of pit and fissure sealants and requirements for follow-up care to ensure efficacy; and

(5) the procedure for creating and maintaining dental records for patients who are treated by the dental hygienist under Minnesota Rules, part 3100.9600, including specifying where records will be located.

(c) The collaborative agreement must be:

(1) signed and maintained by the dentist; the dental hygienist; and the facility, program, or organization;

(2) reviewed annually by the collaborating dentist and the dental hygienist; and

(3) made available to the board upon request.

(d) Before performing any services authorized under this subdivision, a dental hygienist must provide the patient with a consent to treatment form which must include a statement advising the patient that the dental hygiene services provided are not a substitute for a dental examination by a licensed dentist. When the patient requires a referral for additional dental services, the dental hygienist shall complete a referral form and provide a copy to the patient, the facility, if applicable, the dentist to whom the patient is being referred, and the collaborating dentist, if specified in the collaborative agreement. A copy of the referral form shall be maintained in the patient's health care record. The patient does not become a new patient of record of the dentist to whom the patient was referred until the dentist accepts the patient for follow-up services after referral from the dental hygienist.

(e) For the purposes of this subdivision, a "health care facility, program, or nonprofit organization" includes a hospital; nursing home; home health agency; group home serving the elderly, disabled, or juveniles; state-operated facility licensed by the commissioner of human services or the commissioner of corrections; a state-agency-administered public health program or event; and federal, state, or local public health facility, community clinic, tribal clinic, ~~school~~ education program authority, Head Start program, or nonprofit organization that serves individuals who are uninsured or who are Minnesota health care public program recipients.

(f) For purposes of this subdivision, a "collaborative agreement" means a written agreement with a licensed dentist who authorizes and accepts responsibility for the services performed by the dental hygienist.

(g) A collaborative practice dental hygienist must be reimbursed for all services performed through a health care facility, program, nonprofit organization, or licensed dentist.

Sec. 30. Minnesota Statutes 2024, section 150A.10, subdivision 4, is amended to read:

Subd. 4. **Restorative procedures.** (a) Notwithstanding subdivisions 1, 1a, and 2, a licensed dental hygienist or licensed dental assistant may perform the following restorative procedures:

- (1) place, contour, and adjust amalgam restorations;
- (2) place, contour, and adjust glass ionomer;
- (3) adapt and cement stainless steel crowns; and
- (4) place, contour, and adjust ~~class I, II, and V supragingival composite restorations on primary and permanent dentition.~~

(b) The restorative procedures described in paragraph (a) may be performed only if:

(1) the licensed dental hygienist or licensed dental assistant has completed a board-approved course on the specific procedures;

(2) the board-approved course includes a component that sufficiently prepares the licensed dental hygienist or licensed dental assistant to adjust the occlusion on the newly placed restoration;

(3) a licensed dentist or licensed advanced dental therapist has authorized the procedure to be performed; and

(4) a licensed dentist or licensed advanced dental therapist is available in the clinic while the procedure is being performed.

(c) The dental faculty who teaches the educators of the board-approved courses specified in paragraph (b) must have prior experience teaching these procedures in an accredited dental education program.

Sec. 31. Minnesota Statutes 2024, section 150A.105, subdivision 8, is amended to read:

Subd. 8. **Definitions.** (a) For the purposes of this section, the following definitions apply.

(b) "Practice settings that serve the low-income and underserved" mean:

(1) critical access dental provider settings as designated by the commissioner of human services under section 256B.76, subdivision 4;

(2) dental hygiene collaborative practice settings identified in section 150A.10, subdivision 1a, paragraph (e), and including medical facilities, assisted living facilities, federally qualified health centers, and organizations eligible to receive a community clinic grant under section 145.9268, subdivision 1;

(3) military and veterans administration hospitals, clinics, and care settings;

(4) a patient's residence or home when the patient is home-bound or receiving or eligible to receive home care services or home and community-based waived services, regardless of the patient's income;

(5) oral health educational institutions; or

(6) any other clinic or practice setting, including mobile dental units, in which at least 50 percent of the total patient base of the dental therapist or advanced dental therapist consists of patients who:

(i) are enrolled in a Minnesota health care program;

(ii) have a medical disability or chronic condition that creates a significant barrier to receiving dental care; or

~~(iii) do not have dental health coverage, either through a public health care program or private insurance, and have an annual gross family income equal to or less than 200 percent of the federal poverty guidelines; or~~

~~(iv)~~ (iii) do not have dental health coverage, either through a state public health care program or private insurance, and whose family annual gross income is equal to or less than 200 percent of the federal poverty guidelines.

(c) "Dental health professional shortage area" means an area that meets the criteria established by the secretary of the United States Department of Health and Human Services and is designated as such under United States Code, title 42, section 254e.

Sec. 32. Minnesota Statutes 2024, section 150A.106, subdivision 3, is amended to read:

Subd. 3. **Practice limitation.** (a) An advanced practice dental therapist shall not perform any service or procedure described in subdivision 2 except as authorized by the collaborating dentist.

(b) An advanced dental therapist may perform nonsurgical extractions of periodontally diseased permanent teeth with tooth mobility of +3 to +4 under general supervision if authorized in advance by the collaborating dentist. The advanced dental therapist shall not extract a tooth for any patient if the tooth is unerupted, impacted, fractured, or needs to be sectioned for removal.

~~(c) The collaborating dentist is responsible for directly providing or arranging for another dentist or specialist to provide any necessary advanced services needed by the patient.~~

~~(d)~~ (c) An advanced dental therapist in accordance with the collaborative management agreement must refer patients to another qualified dental or health care professional to receive any needed services that exceed the scope of practice of the advanced dental therapist.

~~(e)~~ (d) In addition to the collaborative management agreement requirements described in section 150A.105, a collaborative management agreement entered into with an advanced dental therapist must include specific written protocols to govern situations in which the advanced dental therapist encounters a patient who requires treatment that exceeds the authorized scope of practice of the advanced dental therapist. The collaborating dentist must ensure that a dentist is available to the advanced dental therapist for timely

consultation during treatment if needed and must either provide or arrange with another dentist or specialist to provide the necessary treatment to any patient who requires more treatment than the advanced dental therapist is authorized to provide.

Sec. 33. Minnesota Statutes 2024, section 150A.11, subdivision 1, is amended to read:

Subdivision 1. **Unlawful practice.** It is unlawful for any person to: enable an unlicensed person to practice dentistry; to practice or attempt to practice dentistry without a license; to practice dentistry under the name of a corporation or company; or to practice under any name that may tend to deceive the public or imply professional superiority to or greater skill than that possessed by another dentist. If a dentist practices under the dentist's own name, any public display or cards shall include the initials of the dentist's dental degree, such as D.D.S. or D.M.D., following the name. If a dentist practices under another name, the name shall include some designation which makes clear that the person is practicing dentistry or a specialty of dentistry; and that the names of all of the participating dentists practicing under the name be clearly identified on letterheads and building or office signs that display a name other than the dentist's own name. Any communication between dentist and patient shall clearly indicate the name of the dentist treating the patient. The board may promulgate rules regarding the name under which a dentist may practice. No corporation shall practice dentistry or engage in it, or hold itself out as being entitled to practice dentistry, or furnish dental services or dentists, or advertise under or assume the title of dentists or dental surgeons or equivalent title. No corporation shall furnish dental advice, or advertise or hold itself out with any other person or alone, that it has or owns a dental office or can furnish dental service, dentists, or dental surgeons, or solicit, through itself, or its agents, officers, employees, directors or trustees, dental patronage for any dentist or dental surgeon. This section:

(1) Does not apply to any licensee while acting as an instructor in or under the University of Minnesota, the Mayo Foundation, or any other ~~school~~ education program in the state recognized by the state Board of Dentistry;

(2) Does not prohibit dentists from incorporating their practice of dentistry for business purposes under the special provisions of a corporate practice act for dentistry;

(3) Shall not be construed to change or amend the right of licensed dentists to provide dental care under any form of organization that is lawful under the laws of this state, or to contract to sell their services in any manner that is lawful under the laws of this state.

Sec. 34. **REPEALER.**

Minnesota Statutes 2024, section 150A.06, subdivision 6, is repealed.

ARTICLE 8

MARRIAGE AND FAMILY THERAPY PRACTICE

Section 1. Minnesota Statutes 2024, section 148B.35, is amended to read:

148B.35 RECIPROCITY WITH OTHER STATES.

The board shall issue a marriage and family therapist's license to an individual who holds a current license as a marriage and family therapist from another jurisdiction if the board determines that the standards for licensure in the other jurisdiction are at least equivalent to or exceed the requirements of sections 148B.29 to 148B.392 and the rules of the board. individual:

(1) completes an application for licensure by reciprocity on a form provided by the board and submits the applicable fees under section 148B.392;

(2) holds a current, valid, and unrestricted license from another jurisdiction to practice as a marriage and family therapist;

(3) is licensed in good standing in each jurisdiction in which the individual currently holds a license to practice as a marriage and family therapist and is not the subject of disciplinary action or a pending investigation by any jurisdiction's licensing authority for marriage and family therapists;

(4) has not been convicted of a crime that would disqualify the individual from licensure, as determined by the board; and

(5) has passed a Minnesota jurisprudence examination approved by the board.

ARTICLE 9

PHARMACY PRACTICE

Section 1. Minnesota Statutes 2025 Supplement, section 151.01, subdivision 23, is amended to read:

Subd. 23. **Practitioner.** "Practitioner" means a licensed doctor of medicine, licensed doctor of osteopathic medicine duly licensed to practice medicine, licensed doctor of dentistry, licensed doctor of optometry, licensed podiatrist, licensed veterinarian, licensed advanced practice registered nurse, licensed certified midwife, or licensed physician assistant. For purposes of sections 151.15, subdivision 4; 151.211, subdivision 3; 151.252, subdivision 3; 151.37, subdivision 2, paragraph (b); and 151.461, "practitioner" also means a dental therapist authorized to dispense and administer under chapter 150A. For purposes of sections 151.252, subdivision 3, and 151.461, "practitioner" also means a pharmacist authorized to prescribe ~~self-administered hormonal contraceptives, nicotine replacement medications, or opiate antagonists under section 151.37, subdivision 14, 15, or 16, or authorized to prescribe drugs to prevent the acquisition of human immunodeficiency virus (HIV) under drug therapy according to subdivision 27 or section 151.37; subdivision 17.~~

Sec. 2. Minnesota Statutes 2024, section 151.01, subdivision 27, is amended to read:

Subd. 27. **Practice of pharmacy.** "Practice of pharmacy" means:

(1) interpretation and evaluation of prescription drug orders;

(2) compounding, labeling, and dispensing drugs and devices (except labeling by a manufacturer or packager of nonprescription drugs or commercially packaged legend drugs and devices);

(3) participation in clinical interpretations and monitoring of drug therapy for assurance of safe and effective use of drugs, including ordering and performing laboratory tests that are waived under the federal Clinical Laboratory Improvement Act of 1988, United States Code, title 42, section 263a et seq. A pharmacist may collect specimens, interpret results, notify the patient of results, and refer the patient to other health care providers for follow-up care and may initiate, modify, or discontinue drug therapy only pursuant to a protocol or collaborative practice agreement. A pharmacist may delegate the authority to administer tests under this clause to a pharmacy technician or pharmacy intern. A pharmacy technician or pharmacy intern may perform tests authorized under this clause if the technician or intern is working under the direct supervision of a pharmacist;

(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~~ practitioner and the ~~prescriber~~ practitioner 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) initiating, ordering, and administering influenza and COVID-19 or SARS-CoV-2 vaccines authorized or approved by the United States Food and Drug Administration to all eligible individuals three years of age and older and all other United States Food and Drug Administration-approved vaccines to patients six years of age and older according to the federal Advisory Committee on Immunization Practices recommendations. A pharmacist may delegate the authority to administer vaccines under this clause to a pharmacy technician or pharmacy intern who has completed training in vaccine administration if:

(i) the pharmacist and the pharmacy technician or pharmacy intern have successfully completed a program approved by the Accreditation Council for Pharmacy Education (ACPE) specifically for the administration of immunizations or a program approved by the board;

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

(iii) the pharmacist reports the administration of the immunization to the Minnesota Immunization Information Connection;

(iv) if the patient is 18 years of age or younger, the pharmacist, pharmacy technician, or pharmacy intern informs the patient and any adult caregiver accompanying the patient of the importance of a well-child visit with a pediatrician or other licensed primary care provider; and

(v) in the case of a pharmacy technician administering vaccinations while being supervised by a licensed pharmacist:

(A) the supervision is in-person and must not be done through telehealth as defined under section 62A.673, subdivision 2;

(B) the pharmacist is readily and immediately available to the immunizing pharmacy technician;

(C) the pharmacy technician has a current certificate in basic cardiopulmonary resuscitation;

(D) the pharmacy technician has completed a minimum of two hours of ACPE-approved, immunization-related continuing pharmacy education as part of the pharmacy technician's two-year continuing education schedule; and

(E) the pharmacy technician has completed one of two training programs listed under Minnesota Rules, part 6800.3850, subpart 1h, item B;

(7) participation in the initiation, management, modification, and discontinuation of drug therapy according to a written protocol or collaborative practice agreement between: (i) one or more pharmacists and one or more dentists, optometrists, physicians, physician assistants, podiatrists, or veterinarians; or (ii) one or more pharmacists and one or more physician assistants authorized to prescribe, dispense, and administer under chapter 147A, or advanced practice registered nurses authorized to prescribe, dispense, and administer under section 148.235. Any changes in drug therapy 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;

(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;

(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 human immunodeficiency virus (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; ~~and~~

(16) initiating, prescribing, dispensing, and administering drugs for the treatment of opioid use disorder pursuant to section 151.37, subdivision 18.

Sec. 3. Minnesota Statutes 2024, section 151.071, subdivision 2, is amended to read:

Subd. 2. **Grounds for disciplinary action.** The following conduct is prohibited and is grounds for disciplinary action:

(1) failure to demonstrate the qualifications or satisfy the requirements for a license or registration contained in this chapter or the rules of the board. The burden of proof is on the applicant to demonstrate such qualifications or satisfaction of such requirements;

(2) obtaining a license by fraud or by misleading the board in any way during the application process or obtaining a license by cheating, or attempting to subvert the licensing examination process. Conduct that subverts or attempts to subvert the licensing examination process includes, but is not limited to: (i) conduct that violates the security of the examination materials, such as removing examination materials from the examination room or having unauthorized possession of any portion of a future, current, or previously administered licensing examination; (ii) conduct that violates the standard of test administration, such as communicating with another examinee during administration of the examination, copying another examinee's answers, permitting another examinee to copy one's answers, or possessing unauthorized materials; or (iii) impersonating an examinee or permitting an impersonator to take the examination on one's own behalf;

(3) for a pharmacist, pharmacy technician, pharmacist intern, applicant for a pharmacist or pharmacy license, or applicant for a pharmacy technician or pharmacist intern registration, conviction of a felony reasonably related to the practice of pharmacy. Conviction as used in this subdivision includes a conviction of an offense that if committed in this state would be deemed a felony without regard to its designation elsewhere, or a criminal proceeding where a finding or verdict of guilt is made or returned but the adjudication of guilt is either withheld or not entered thereon. The board may delay the issuance of a new license or registration if the applicant has been charged with a felony until the matter has been adjudicated;

(4) for a facility, other than a pharmacy, licensed or registered by the board, if an owner or applicant is convicted of a felony reasonably related to the operation of the facility. The board may delay the issuance of a new license or registration if the owner or applicant has been charged with a felony until the matter has been adjudicated;

(5) for a controlled substance researcher, conviction of a felony reasonably related to controlled substances or to the practice of the researcher's profession. The board may delay the issuance of a registration if the applicant has been charged with a felony until the matter has been adjudicated;

(6) disciplinary action taken by another state or by one of this state's health licensing agencies:

(i) revocation, suspension, restriction, limitation, or other disciplinary action against a license or registration in another state or jurisdiction, failure to report to the board that charges or allegations regarding the person's license or registration have been brought in another state or jurisdiction, or having been refused a license or registration by any other state or jurisdiction. The board may delay the issuance of a new license or registration if an investigation or disciplinary action is pending in another state or jurisdiction until the investigation or action has been dismissed or otherwise resolved; and

(ii) revocation, suspension, restriction, limitation, or other disciplinary action against a license or registration issued by another of this state's health licensing agencies, failure to report to the board that charges regarding the person's license or registration have been brought by another of this state's health licensing agencies, or having been refused a license or registration by another of this state's health licensing agencies. The board may delay the issuance of a new license or registration if a disciplinary action is pending before another of this state's health licensing agencies until the action has been dismissed or otherwise resolved;

(7) for a pharmacist, pharmacy, pharmacy technician, or pharmacist intern, violation of any order of the board, of any of the provisions of this chapter or any rules of the board or violation of any federal, state, or local law or rule reasonably pertaining to the practice of pharmacy;

(8) for a facility, other than a pharmacy, licensed by the board, violations of any order of the board, of any of the provisions of this chapter or the rules of the board or violation of any federal, state, or local law relating to the operation of the facility;

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

(10) aiding or abetting an unlicensed person in the practice of pharmacy, except that it is not a violation of this clause for a pharmacist to supervise a properly registered pharmacy technician or pharmacist intern if that person is performing duties allowed by this chapter or the rules of the board;

(11) for an individual licensed or registered by the board, adjudication as mentally ill or developmentally disabled, or as a chemically dependent person, a person dangerous to the public, a sexually dangerous person, or a person who has a sexual psychopathic personality, by a court of competent jurisdiction, within or without this state. Such adjudication shall automatically suspend a license for the duration thereof unless the board orders otherwise;

(12) for a pharmacist or pharmacy intern, engaging in unprofessional conduct as specified in the board's rules. In the case of a pharmacy technician, engaging in conduct specified in board rules that would be unprofessional if it were engaged in by a pharmacist or pharmacist intern or performing duties specifically reserved for pharmacists under this chapter or the rules of the board;

(13) for a pharmacy, operation of the pharmacy without a pharmacist present and on duty except as allowed by a variance approved by the board;

(14) for a pharmacist, the inability to practice pharmacy with reasonable skill and safety to patients by reason of illness, use of alcohol, drugs, narcotics, chemicals, or any other type of material or as a result of any mental or physical condition, including deterioration through the aging process or loss of motor skills. In the case of registered pharmacy technicians, pharmacist interns, or controlled substance researchers, the inability to carry out duties allowed under this chapter or the rules of the board with reasonable skill and safety to patients by reason of illness, use of alcohol, drugs, narcotics, chemicals, or any other type of material or as a result of any mental or physical condition, including deterioration through the aging process or loss of motor skills;

(15) for a pharmacist, pharmacy, pharmacist intern, pharmacy technician, medical gas dispenser, or controlled substance researcher, revealing a privileged communication from or relating to a patient except when otherwise required or permitted by law;

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

(17) fee splitting, including without limitation:

(i) paying, offering to pay, receiving, or agreeing to receive, a commission, rebate, kickback, or other form of remuneration, directly or indirectly, for the referral of patients;

(ii) referring a patient to any health care provider as defined in sections 144.291 to 144.298 in which the licensee or registrant has a financial or economic interest as defined in section 144.6521, subdivision 3,

unless the licensee or registrant has disclosed the licensee's or registrant's financial or economic interest in accordance with section 144.6521; and

(iii) any arrangement through which a pharmacy, in which the prescribing practitioner does not have a significant ownership interest, fills a prescription drug order and the prescribing practitioner is involved in any manner, directly or indirectly, in setting the price for the filled prescription that is charged to the patient, the patient's insurer or pharmacy benefit manager, or other person paying for the prescription or, in the case of veterinary patients, the price for the filled prescription that is charged to the client or other person paying for the prescription, except that a veterinarian and a pharmacy may enter into such an arrangement provided that the client or other person paying for the prescription is notified, in writing and with each prescription dispensed, about the arrangement, unless such arrangement involves pharmacy services provided for livestock, poultry, and agricultural production systems, in which case client notification would not be required;

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

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

(20) failure to make reports as required by section 151.072 or to cooperate with an investigation of the board as required by section 151.074;

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

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

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

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

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

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

(23) for a pharmacist, practice of pharmacy under a lapsed or nonrenewed license. For a pharmacist intern, pharmacy technician, or controlled substance researcher, performing duties permitted to such individuals by this chapter or the rules of the board under a lapsed or nonrenewed registration. For a facility required to be licensed under this chapter, operation of the facility under a lapsed or nonrenewed license or registration;

(24) for a pharmacist, pharmacist intern, or pharmacy technician, termination or discharge from the health professionals services program for reasons other than the satisfactory completion of the program; ~~and~~

(25) for a manufacturer, a violation of section 62J.842 or 62J.845; and

(26) for a pharmacist or pharmacist intern, engaging in conduct that departs from or fails to conform with accepted standards for health care that would be provided in a similar setting by a reasonable and prudent pharmacist or pharmacist intern.

Sec. 4. Minnesota Statutes 2024, section 151.37, is amended by adding a subdivision to read:

Subd. 18. Treatment of opioid use disorder. (a) A pharmacist is authorized to prescribe, administer, and dispense legend drugs and controlled substances in Schedules III through V of section 152.02 to treat opioid use disorder if:

(1) the pharmacist has determined, based on medically acceptable standards, that treatment is indicated and necessary; and

(2) the pharmacist documents in the patient's health record the assessment, treatment, response, and monitoring activities performed according to an individual treatment plan.

(b) In order to prescribe a drug described in paragraph (a), the pharmacist must first:

(1) successfully complete a training program specifically developed for practitioners for the treatment of substance use disorders, in accordance with United States Code, title 21, section 823(m); and

(2) obtain the appropriate federal Drug Enforcement Administration registration number required for the schedule in which that drug is included, if the drug to be prescribed is a controlled substance.

(c) Before dispensing a drug described in paragraph (a) that is prescribed by the pharmacist, the pharmacist must provide counseling to the patient on the proper use of the drug, the need for follow-up, and any additional information listed in Minnesota Rules, part 6800.0910, subpart 2, that must be provided during patient counseling.

(d) A pharmacist is prohibited from delegating the prescribing authority 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.

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

(f) Nothing in this subdivision prohibits a pharmacist from dispensing or administering drugs for the treatment of opioid use disorder in accordance with a valid prescription issued by another practitioner.

(g) Nothing in this subdivision prohibits a pharmacist from charging for a service authorized under this subdivision.

Sec. 5. Minnesota Statutes 2024, section 152.11, subdivision 2, is amended to read:

Subd. 2. Prescription requirements for Schedule III or IV controlled substances. (a) Except as provided in paragraph (b), no person may dispense a controlled substance included in Schedule III or IV of section 152.02 without a prescription issued, as permitted under subdivision 1, by a doctor of medicine, a doctor of osteopathic medicine licensed to practice medicine, a doctor of dental surgery, a doctor of dental medicine, a doctor of podiatry, a doctor of optometry limited to Schedule IV, a pharmacist limited to Schedule III or IV and in accordance with section 151.37, or a doctor of veterinary medicine, lawfully licensed to prescribe in this state or from a practitioner licensed to prescribe controlled substances by the state in which the prescription is issued, and having a current federal drug enforcement administration registration number. Such prescription may not be dispensed or refilled except with the documented consent of the prescriber,

and in no event more than six months after the date on which such prescription was issued and no such prescription may be refilled more than five times.

(b) This subdivision does not apply to cannabis plants, cannabis flower, cannabis products, or hemp-derived consumer products sold or transferred in compliance with chapter 342.

Sec. 6. Minnesota Statutes 2024, section 152.12, is amended by adding a subdivision to read:

Subd. 2a. **Pharmacist.** A licensed pharmacist, in good faith and in the course of professional practice only, may prescribe, administer, and dispense a controlled substance that is included in Schedules III through V of section 152.02 and that the pharmacist is authorized to prescribe, administer, and dispense under section 151.37, subdivision 18, and may cause the same to be administered by a pharmacist intern under the direction and supervision of the pharmacist.

ARTICLE 10

PHYSICAL THERAPY PRACTICE

Section 1. Minnesota Statutes 2024, section 148.65, subdivision 5, is amended to read:

Subd. 5. **Student physical therapist.** "Student physical therapist" means a person in a professional educational program, approved by the board under section 148.705, who is satisfying supervised clinical education requirements by performing physical therapy under the ~~on-site~~ direct supervision of a licensed physical therapist. ~~"On-site supervision" means the physical therapist is easily available for instruction to the student physical therapist. The physical therapist shall have direct contact with the patient during at least every second treatment session by the student physical therapist.~~ "Direct supervision" means that the physical therapist is physically present and immediately available for supervision. Telecommunications, except within the facility, does not meet the requirement of ~~on-site~~ direct supervision.

Sec. 2. Minnesota Statutes 2024, section 148.65, subdivision 6, is amended to read:

Subd. 6. **Student physical therapist assistant.** "Student physical therapist assistant" means a person in a physical therapist assistant educational program accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE) or a recognized comparable national accrediting agency approved by the board. The student physical therapist assistant, under the direct supervision of the physical therapist, or the direct supervision of the physical therapist and physical therapist assistant team, performs physical therapy interventions and assists with coordination, communication, documentation, and patient-client-related instruction. "Direct supervision" means the physical therapist or physical therapist assistant when supervising a student physical therapist assistant as part of a physical therapist and physical therapist assistant team is physically present and immediately available to provide instruction to the student physical therapist assistant. Telecommunications does not meet the requirement of direct supervision.

Sec. 3. Minnesota Statutes 2024, section 148.706, subdivision 1, is amended to read:

Subdivision 1. **Supervision.** (a) Every physical therapist who uses the services of a physical therapist assistant or physical therapy aide for the purpose of assisting in the practice of physical therapy is responsible for functions performed by the assistant or aide while engaged in such assistance. The physical therapist shall ~~delegate~~ direct duties to the physical therapist assistant and assign tasks to the physical therapy aide in accordance with subdivision 2. Physical therapists who instruct student physical therapists and student physical therapist assistants are responsible for the functions performed by the students and shall supervise

~~the students as provided under section 148.65, subdivisions 5 and 6. A licensed physical therapist may supervise no more than two physical therapist assistants at any time.~~

(b) A licensed physical therapist may supervise no more than two physical therapist assistants at any time. A physical therapist supervising physical therapist assistants is not required to be on site, but must be easily available by telecommunications.

(c) Physical therapists who instruct student physical therapists and student physical therapist assistants are responsible for the functions performed by the students and shall supervise the students as provided under section 148.65, subdivisions 5 and 6. A physical therapist supervising a student physical therapist must have direct contact with the patient during at least every second treatment session by the student physical therapist. A physical therapist or physical therapist assistant as part of a physical therapist and physical therapist assistant team who is supervising a student physical therapist assistant must have direct contact with the patient during at least every second treatment session by the student physical therapist assistant.

Sec. 4. Minnesota Statutes 2024, section 148.706, subdivision 2, is amended to read:

Subd. 2. **Delegation** **Direction of duties.** The physical therapist ~~may delegate~~ is authorized to direct patient treatment procedures only to a physical therapist assistant who has sufficient didactic and clinical preparation. The physical therapist may not ~~delegate~~ direct the following activities to ~~the~~ a physical therapist assistant or to other supportive personnel: initial patient examination and evaluation, treatment planning, initial treatment, change of treatment, development and modification of the plan of care, and initial or final documentation.

Sec. 5. Minnesota Statutes 2024, section 148.706, subdivision 3, is amended to read:

Subd. 3. **Observation of and collaboration with physical therapist assistants.** When a physical therapist directs components of a patient's treatment ~~are delegated~~ to a physical therapist assistant, a physical therapist must provide on-site observation of the treatment and documentation of its appropriateness at least every six treatment sessions. The physical therapist is not required to be on site, but must be easily available by telecommunications. do the following at least every six treatment sessions that the physical therapist assistant provides services:

(1) observe a portion of the patient treatment session with the physical therapist assistant, either in person or remotely via telehealth; and

(2) document a collaborative discussion with the physical therapist assistant and the continued appropriateness of the plan of care.

ARTICLE 11

ADVANCED PRACTICE REGISTERED NURSE PRACTICE

Section 1. Minnesota Statutes 2024, section 148.211, subdivision 1c, is amended to read:

Subd. 1c. **Postgraduate practice.** A nurse practitioner or clinical nurse specialist who qualifies for licensure as an advanced practice registered nurse must practice for at least 2,080 hours, within the context of a collaborative agreement, ~~within a hospital or integrated clinical setting where advanced practice registered nurses and physicians work together to provide patient care.~~ The nurse practitioner or clinical nurse specialist shall submit written evidence to the board with the application, or upon completion of the required

collaborative practice experience. For purposes of this subdivision, a collaborative agreement is a mutually agreed upon plan for the overall working relationship between a nurse practitioner or clinical nurse specialist, and one or more ~~physicians licensed under chapter 147 or in another state or United States territory, or one or more advanced practice registered nurses licensed under this section that designates the scope of collaboration necessary to manage the care of patients. The nurse practitioner or clinical nurse specialist, and one of the collaborating physicians or advanced practice registered nurses, must have experience in providing care to patients with the same or similar medical problems~~ of the following:

(1) physicians licensed under chapter 147 or in another state or United States territory who have experience in providing care to patients with the same or similar medical problems; or

(2) advanced practice registered nurses licensed under this section who have at least three years of practice as an advanced practice registered nurse and who have experience providing care to patients with the same or similar medical problems.

Sec. 2. Minnesota Statutes 2024, section 148.211, is amended by adding a subdivision to read:

Subd. 1d. **Postgraduate practice in certain specialties.** Notwithstanding subdivision 1c, a nurse practitioner or clinical nurse specialist who provides services other than primary care services or mental health services in their first 2,080 hours of practice must complete their collaborative practice agreement in a setting where advanced practice registered nurses and physicians work together to provide patient care.

ARTICLE 12

HEALTH-RELATED PROFESSIONS; PRACTICING WITHOUT A LICENSE

Section 1. Minnesota Statutes 2024, section 147.081, subdivision 1, is amended to read:

Subdivision 1. **Unlawful practice of medicine.** It is unlawful for any person who is not a natural person to practice medicine as defined in subdivision 3. It is unlawful for any natural person to practice medicine as defined in subdivision 3 in this state unless:

- (1) the person holds a valid license issued according to this chapter; or
- (2) the person is registered to provide interstate telehealth services according to section 147.032.

Sec. 2. Minnesota Statutes 2024, section 148.61, subdivision 5, is amended to read:

Subd. 5. **Gross misdemeanor.** It is unlawful for any person who is not a natural person to practice optometry in this state. Every natural person not licensed by the board pursuant to section 148.57 who practices optometry in this state shall be guilty of a gross misdemeanor.

Sec. 3. Minnesota Statutes 2024, section 148.941, subdivision 6, is amended to read:

Subd. 6. **Violation.** It is unlawful for any person who is not a natural person to engage in the practice of psychology or misrepresent themselves as a psychologist or psychological practitioner. Natural persons who engage in the unlicensed practice of psychology or who misrepresent themselves as psychologists or psychological practitioners are guilty of a gross misdemeanor.

ARTICLE 13
APPROPRIATIONS

Section 1. APPROPRIATION; MASSAGE THERAPIST AND ASIAN BODYWORK THERAPIST REGISTRATION.

\$147,000 in fiscal year 2027 is appropriated from the state government special revenue fund to the commissioner of health to administer regulatory requirements for massage therapists and Asian bodywork therapists under Minnesota Statutes, sections 148.636 to 148.6377. The base for this appropriation is \$1,758,000 in fiscal year 2028 and \$1,815,000 in fiscal year 2029.

Sec. 2. APPROPRIATION; MUSIC THERAPIST LICENSURE.

\$87,000 in fiscal year 2027 is appropriated from the state government special revenue fund to the commissioner of health to administer licensing requirements for music therapists under Minnesota Statutes, sections 148H.01 to 148H.16. The base for this appropriation is \$55,000 in fiscal year 2028 and \$55,000 in fiscal year 2029.

Presented to the governor May 20, 2026

Signed by the governor May 27, 2026, 12:21 p.m.