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State of Minnesota  
HOUSE OF REPRESENTATIVES

EIGHTY-EIGHTH SESSION

H. F. No. 2803

03/06/2014 Authored by Liebling and Norton

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

1.1 A bill for an act  
1.2 relating to health; changing provisions for certain licensed health professions;  
1.3 amending Minnesota Statutes 2012, sections 147.081, subdivision 3; 148.171,  
1.4 subdivisions 3, 5, 6, 10, 11, 13, 16, 21, by adding subdivisions; 148.211, by  
1.5 adding subdivisions; 148.235, subdivisions 2, 2a, 4, 4a, 4b, 6; 148.261, by adding  
1.6 subdivisions; Minnesota Statutes 2013 Supplement, section 147.012.

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

1.8 Section 1. Minnesota Statutes 2013 Supplement, section 147.012, is amended to read:

1.9 **147.012 OVERSIGHT OF ALLIED HEALTH PROFESSIONS.**

1.10 (a) The board has responsibility for the oversight of the following allied health  
1.11 professions: physician assistants under chapter 147A; acupuncture practitioners under  
1.12 chapter 147B; respiratory care practitioners under chapter 147C; traditional midwives  
1.13 under chapter 147D; registered naturopathic doctors under chapter 147E; ~~and~~ athletic  
1.14 trainers under sections 148.7801 to 148.7815; and advanced practice nurses under section  
1.15 148.211, subdivisions 1a and 1b.

1.16 (b) The board shall appoint physicians who work with advanced practice registered  
1.17 nurses to the joint subcommittee established under section 148.261, subdivision 6, to  
1.18 investigate complaints against advanced practice registered nurses licensed under chapter  
1.19 148. The joint subcommittee shall make recommendations for any discipline to the  
1.20 Board of Nursing.

1.21 Sec. 2. Minnesota Statutes 2012, section 147.081, subdivision 3, is amended to read:

1.22 Subd. 3. **Practice of medicine defined.** (a) For purposes of this chapter, a person  
1.23 not exempted under section 147.09 is "practicing medicine" or engaged in the "practice of  
1.24 medicine" if the person does any of the following:

2.1 (1) advertises, holds out to the public, or represents in any manner that the person is  
2.2 authorized to practice medicine in this state;

2.3 (2) offers or undertakes to prescribe, give, or administer any drug or medicine for  
2.4 the use of another;

2.5 (3) offers or undertakes to prevent or to diagnose, correct, or treat in any manner or  
2.6 by any means, methods, devices, or instrumentalities, any disease, illness, pain, wound,  
2.7 fracture, infirmity, deformity or defect of any person;

2.8 (4) offers or undertakes to perform any surgical operation including any invasive  
2.9 or noninvasive procedures involving the use of a laser or laser assisted device, upon  
2.10 any person;

2.11 (5) offers to undertake to use hypnosis for the treatment or relief of any wound,  
2.12 fracture, or bodily injury, infirmity, or disease; ~~or~~

2.13 (6) uses in the conduct of any occupation or profession pertaining to the diagnosis  
2.14 of human disease or conditions, the designation "doctor of medicine," "medical doctor,"  
2.15 "doctor of osteopathy," "osteopath," "osteopathic physician," "physician," "surgeon,"  
2.16 "M.D.," "D.O.," or any combination of these designations; or

2.17 (7) performs the following interventions in the course of diagnosing or treating pain  
2.18 which is chronic, persistent and intractable, or occurs outside of a surgical, obstetrical,  
2.19 or postoperative course of care:

2.20 (i) ablation of targeted nerves;

2.21 (ii) percutaneous precision needle placement within or adjacent to the spinal column  
2.22 with injection of contrast materials or drugs such as local anesthetics, steroids, and  
2.23 analgesics using fluoroscopy, computed tomography, ultrasound, or other image-guidance  
2.24 modalities; or

2.25 (iii) laser or endoscopic discectomy, the surgical placement of intrathecal infusion  
2.26 pumps, or spinal cord stimulators.

2.27 (b) Nothing in this section shall be construed to prohibit or restrict the performance  
2.28 of surgical or obstetrical anesthesia services or postoperative pain control by a certified  
2.29 registered nurse anesthetist performed perioperatively in a hospital as defined in section  
2.30 144.50 or outpatient surgical centers as defined in section 144.55.

2.31 Sec. 3. Minnesota Statutes 2012, section 148.171, subdivision 3, is amended to read:

2.32 Subd. 3. **Advanced practice registered nurse.** "Advanced practice registered  
2.33 nurse," abbreviated APRN, means an individual licensed as ~~a~~ an advanced practice  
2.34 registered nurse by the board and certified by a national nurse certification organization

3.1 acceptable to the board to practice as a clinical nurse specialist, nurse anesthetist,  
3.2 nurse-midwife, or nurse practitioner.

3.3 Sec. 4. Minnesota Statutes 2012, section 148.171, is amended by adding a subdivision  
3.4 to read:

3.5 Subd. 4a. **Board of Medical Practice.** "Board of Medical Practice" means the  
3.6 Board of Medical Practice that is established in chapter 147.

3.7 Sec. 5. Minnesota Statutes 2012, section 148.171, is amended by adding a subdivision  
3.8 to read:

3.9 Subd. 4b. **Joint subcommittee.** "Joint subcommittee" means the subcommittee  
3.10 composed of an equal number of advanced practice registered nurses appointed by  
3.11 the Board of Nursing and physicians who work with advanced practice registered  
3.12 nurses appointed by the Board of Medical Practice with the responsibility to review  
3.13 investigations and recommend disciplinary action to the Board of Nursing for advanced  
3.14 practice registered nurses.

3.15 Sec. 6. Minnesota Statutes 2012, section 148.171, subdivision 5, is amended to read:

3.16 Subd. 5. **Clinical nurse specialist practice.** "Clinical nurse specialist practice"  
3.17 means the provision of patient care in a particular specialty or subspecialty of advanced  
3.18 practice registered nursing ~~within the context of collaborative management~~, and includes:

3.19 (1) diagnosing illness and disease;

3.20 (2) providing ~~nonpharmacologic~~ limited pharmacologic treatment, ~~including in~~  
3.21 accordance with section 148.235;

3.22 (3) providing psychotherapy;

3.23 ~~(3)~~ (4) promoting wellness; and

3.24 ~~(4)~~ (5) preventing illness and disease; and

3.25 (6) collaborating with, consulting with, and referring to physicians and other health  
3.26 care providers when needed for optimal patient care.

3.27 The certified clinical nurse specialist is certified for advanced practice registered  
3.28 nursing in a specific field of clinical nurse specialist practice.

3.29 Sec. 7. Minnesota Statutes 2012, section 148.171, subdivision 6, is amended to read:

3.30 Subd. 6. ~~Collaborative management~~ **Collaboration.** "Collaborative management"  
3.31 is a mutually agreed-upon plan between an advanced practice registered nurse and  
3.32 one or more physicians or surgeons licensed under chapter 147 that designates the

4.1 ~~scope of collaboration necessary to manage the care of patients. The advanced practice~~  
 4.2 ~~registered nurse and the one or more physicians must have experience in providing care to~~  
 4.3 ~~patients with the same or similar medical problems, except that certified registered nurse~~  
 4.4 ~~anesthetists may continue to provide anesthesia in collaboration with physicians, including~~  
 4.5 ~~surgeons, podiatrists licensed under chapter 153, and dentists licensed under chapter~~  
 4.6 ~~150A. Certified registered nurse anesthetists must provide anesthesia services at the same~~  
 4.7 ~~hospital, clinic, or health care setting as the physician, surgeon, podiatrist, or dentist.~~

4.8 "Collaboration" means a mutually agreed upon process in which health professionals  
 4.9 jointly contribute to the health care provided to a patient with each collaborator performing  
 4.10 actions that the professional is licensed, certified, or otherwise authorized to perform.  
 4.11 Collaboration includes the systematic formal planning and evaluation in a patient's care,  
 4.12 including but not limited to the care that is best for the patient, emergency backup plans,  
 4.13 and referral arrangements to other health care professionals.

4.14 Sec. 8. Minnesota Statutes 2012, section 148.171, is amended by adding a subdivision  
 4.15 to read:

4.16 Subd. 7c. **Integrated clinical setting.** "Integrated clinical setting" means a place  
 4.17 of practice where an advanced practice registered nurse works with physicians and other  
 4.18 practitioners in the same location.

4.19 Sec. 9. Minnesota Statutes 2012, section 148.171, subdivision 10, is amended to read:

4.20 Subd. 10. **Nurse-midwife practice.** "Nurse-midwife practice" means the  
 4.21 management of women's primary health care, focusing on pregnancy, childbirth, the  
 4.22 postpartum period, care of the newborn partner care management relating to sexual health,  
 4.23 and the family planning and gynecological needs of women and includes diagnosing  
 4.24 and, providing nonpharmacologic limited pharmacologic treatment within a system that  
 4.25 provides for consultation, collaborative management, and referral as indicated by the  
 4.26 health status of patients in accordance with section 148.235 and collaborating with,  
 4.27 consulting with, and referring to physicians and other health care providers when needed  
 4.28 for optimal patient care.

4.29 Sec. 10. Minnesota Statutes 2012, section 148.171, subdivision 11, is amended to read:

4.30 Subd. 11. **Nurse practitioner practice.** "Nurse practitioner practice" means, within  
 4.31 the context of collaborative management the provision of patient care in a particular  
 4.32 specialty or subspecialty of advanced practice registered nursing and includes: (1)  
 4.33 diagnosing, directly managing, and preventing acute and chronic illness and disease; and

5.1 (2) promoting wellness, including health assessment and screening activities; (3) health  
 5.2 promotion, disease prevention, health education, and patient counseling; (4) providing  
 5.3 limited pharmacologic and nonpharmacologic treatment in accordance with section  
 5.4 148.235; and (5) collaborating with, consulting with, and referring to physicians and  
 5.5 other health care providers when needed for optimal patient care. The certified nurse  
 5.6 practitioner is certified for advanced registered nurse practice in a specific field of nurse  
 5.7 practitioner practice.

5.8 Sec. 11. Minnesota Statutes 2012, section 148.171, subdivision 13, is amended to read:

5.9 Subd. 13. **Practice of advanced practice registered nursing.** The "practice of  
 5.10 advanced practice registered nursing" means the performance of clinical nurse specialist  
 5.11 practice, nurse-midwife practice, nurse practitioner practice, or registered nurse anesthetist  
 5.12 practice as defined in subdivisions 5, 10, 11, and 21. The practice includes functioning as  
 5.13 a direct care provider, case manager, consultant, educator, and researcher. The practice of  
 5.14 advanced practice registered nursing also includes accepting referrals from, consulting  
 5.15 with, cooperating with, or referring to all other types of health care providers, including  
 5.16 but not limited to physicians, chiropractors, podiatrists, and dentists, provided that the  
 5.17 advanced practice registered nurse and the other provider are practicing within their  
 5.18 scopes of practice as defined in state law. The advanced practice registered nurse must  
 5.19 practice within a health care system setting that provides for consultation, ~~collaborative~~  
 5.20 management collaboration, and referral as indicated by the health status of the patient.

5.21 An advanced practice registered nurse who is practicing in a setting that is not a  
 5.22 hospital licensed under chapter 144 or a clinic where there are one or more physicians  
 5.23 practicing on site must make available to patients:

5.24 (1) the designation of a physician, physician clinic, or other health care group  
 5.25 practice with whom the advanced practice registered nurse has a preestablished  
 5.26 relationship for consultation, collaboration, and referral;

5.27 (2) the designation of a physician, physician clinic, or other health care group  
 5.28 practice with whom the advanced practice registered nurse has a preestablished  
 5.29 arrangement to accept the transfer of care if the advanced practice registered nurse is  
 5.30 without admitting privileges or has to transfer care to another provider;

5.31 (3) the designation of hospitals or other inpatient facilities where patients requiring  
 5.32 admission will be referred; and

5.33 (4) the plan for transfer of or access to health records.

5.34 Sec. 12. Minnesota Statutes 2012, section 148.171, subdivision 16, is amended to read:

6.1 Subd. 16. **Prescribing.** "Prescribing" means the act of generating a prescription for  
6.2 the preparation of, use of, or manner of using a drug or therapeutic device in accordance  
6.3 with the provisions of section 148.235. Prescribing does not include recommending the  
6.4 use of a drug or therapeutic device which is not required by the federal Food and Drug  
6.5 Administration to meet the labeling requirements for prescription drugs and devices.  
6.6 Prescribing also does not include recommending or administering a drug or therapeutic  
6.7 device perioperatively for surgical or obstetrical anesthesia or for postoperative pain  
6.8 control by a certified registered nurse anesthetist.

6.9 Sec. 13. Minnesota Statutes 2012, section 148.171, subdivision 21, is amended to read:

6.10 Subd. 21. **Registered nurse anesthetist practice.** "Registered nurse anesthetist  
6.11 practice" means the provision of anesthesia care and related services ~~within the context of~~  
6.12 ~~collaborative management~~, including selecting, obtaining, and administering drugs and  
6.13 therapeutic devices to facilitate diagnostic, therapeutic, and surgical procedures upon  
6.14 request, assignment, or referral by a patient's physician, dentist, or podiatrist. A registered  
6.15 nurse anesthetist shall be prohibited from performing any procedures constituting the  
6.16 practice of interventional or invasive pain management as defined in section 147.081,  
6.17 subdivision 3, clause (7).

6.18 Sec. 14. Minnesota Statutes 2012, section 148.211, is amended by adding a subdivision  
6.19 to read:

6.20 Subd. 1a. **Initial advanced practice registered nurse licensure.** (a) An applicant  
6.21 for a license to practice as an advanced practice registered nurse (APRN) shall apply to  
6.22 the board for a license in a format prescribed by the board and pay a fee in an amount  
6.23 determined by statute. In no case may fees be refunded. In addition, an APRN must also  
6.24 register with the Board of Medical Practice.

6.25 (b) To be eligible for licensure:

6.26 (1) the applicant must hold a current Minnesota professional nursing license or  
6.27 demonstrate eligibility for licensure as a registered nurse in this jurisdiction;

6.28 (2) the applicant shall not hold an encumbered license as a registered nurse in any  
6.29 state or territory;

6.30 (3) the applicant must have completed a graduate-level APRN program accredited  
6.31 by a nursing or nursing-related accrediting body that is recognized by the United States  
6.32 Secretary of Education or the Council for Higher Education Accreditation as acceptable  
6.33 to the board. The education must be in one of the four APRN roles and at least one  
6.34 population focus;

7.1 (4) the applicant must be currently certified by a national certifying body recognized  
7.2 by the board in the APRN role appropriate to educational preparation;

7.3 (5) the applicant must report any criminal conviction, nolo contendere plea, Alford  
7.4 plea, or other plea arrangement in lieu of conviction; and

7.5 (6) the applicant must have committed no acts or omissions which are grounds  
7.6 for disciplinary action in another jurisdiction or, if such acts have been committed and  
7.7 would be grounds for disciplinary action under section 148.261, the board has found after  
7.8 investigation that sufficient restitution has been made.

7.9 (c) After December 31, 2015, all new graduates applying for advanced practice  
7.10 registered nurse licensure must meet the licensure requirements in this chapter.

7.11 Sec. 15. Minnesota Statutes 2012, section 148.211, is amended by adding a subdivision  
7.12 to read:

7.13 Subd. 1b. **Advanced practice registered nurse grandfather provision.** Any  
7.14 advanced practice registered nurse with authority to practice as an advanced practice  
7.15 registered nurse in this state that is valid on December 31, 2015, shall be eligible to apply  
7.16 for licensure with the board and apply for registration with the Board of Medical Practice  
7.17 as an advanced practice registered nurse under the provisions of this chapter with current  
7.18 privileges and shall be eligible for license renewal under the conditions and standards  
7.19 prescribed in this chapter.

7.20 Sec. 16. Minnesota Statutes 2012, section 148.235, subdivision 2, is amended to read:

7.21 Subd. 2. **Certified nurse practitioners.** (a) A certified nurse practitioner who has  
7.22 a written agreement with a physician based on standards established by the Minnesota  
7.23 Nurses Association and the Minnesota Medical Association that defines the delegated  
7.24 responsibilities related to the prescription of drugs and therapeutic devices, successfully  
7.25 completed no less than 30 hours of formal study from a college, university, or university  
7.26 health care institution which included instruction in health assessment, medication  
7.27 classifications, indications, dosages, contraindications, and side effects; supervised  
7.28 practice; and competence evaluation including evidence of the application of knowledge  
7.29 pertaining to prescribing for and therapeutic management of the clinical type of patients  
7.30 in the certified nurse practitioner's practice application, and who has practiced in an  
7.31 integrated clinical setting for at least three years, may prescribe and administer drugs and  
7.32 therapeutic devices, excluding schedule II controlled substances, within the scope of the  
7.33 written agreement and within practice as a certified nurse practitioner.

8.1 (b) A certified nurse practitioner who has practiced fewer than three years in an  
 8.2 integrated clinical setting or a certified nurse practitioner who wants to prescribe and  
 8.3 administer schedule II controlled substances must have a written agreement with a  
 8.4 physician based on standards established by the Minnesota Nurses Association and the  
 8.5 Minnesota Medical Association that defines the delegated responsibilities related to the  
 8.6 prescription of drugs and therapeutic devices. The agreement must include processes  
 8.7 for appropriate review of prescribing practices by the physician to assist with quality  
 8.8 improvement and to ensure patient safety. The written agreement required under this  
 8.9 subdivision shall be based on standards established by the Minnesota Nurses Association  
 8.10 and the Minnesota Medical Association as of January 1, 1996, unless both associations  
 8.11 agree to revisions. Written prescribing agreements shall be mutually reviewed between all  
 8.12 parties to the agreement on at least an annual basis.

8.13 Sec. 17. Minnesota Statutes 2012, section 148.235, subdivision 2a, is amended to read:

8.14 Subd. 2a. **Certified registered nurse anesthetists.** A certified registered nurse  
 8.15 anesthetist who has a written agreement with a physician based on standards established  
 8.16 by the Minnesota Nurses Association and the Minnesota Medical Association that defines  
 8.17 the delegated responsibilities related to the prescription of drugs and therapeutic devices,  
 8.18 may prescribe and administer drugs and therapeutic devices within the scope of the  
 8.19 written agreement and within practice as a certified registered nurse anesthetist. Nothing  
 8.20 in this section shall permit the performance of procedures constituting the practice of  
 8.21 interventional or invasive pain management as defined in section 147.081, subdivision  
 8.22 3, clause (7).

8.23 Sec. 18. Minnesota Statutes 2012, section 148.235, subdivision 4, is amended to read:

8.24 Subd. 4. **Certified clinical nurse specialists in psychiatric and mental health**  
 8.25 **nursing.** (a) A certified clinical nurse specialist who (†) has successfully completed no  
 8.26 less than 30 hours of formal study in the prescribing of psychotropic medications and  
 8.27 medications to treat their side effects which included instruction in health assessment,  
 8.28 psychotropic classifications, psychopharmacology, indications, dosages, contraindications,  
 8.29 side effects, and evidence of application; ~~and (2) has~~ and who has practiced in an  
 8.30 integrated clinical setting for at least three years may prescribe and administer drugs  
 8.31 used to treat psychiatric and behavioral disorders and the side effects of those drugs,  
 8.32 excluding schedule II controlled substances, within the scope of practice as a certified  
 8.33 clinical nurse specialist in psychiatric and mental health nursing. A certified clinical  
 8.34 nurse specialist who has practiced fewer than three years in an integrated clinical setting

9.1 or a certified clinical nurse specialist who wants to prescribe and administer schedule II  
 9.2 controlled substances must have a written agreement with a psychiatrist or other physician  
 9.3 based on standards established by the Minnesota Nurses Association and the Minnesota  
 9.4 Psychiatric Association that specifies and defines the delegated responsibilities related to  
 9.5 the prescription of drugs in relationship to the diagnosis, may prescribe and administer  
 9.6 drugs used to treat psychiatric and behavioral disorders and the side effects of those drugs  
 9.7 within the scope of the written agreement and within practice as a certified clinical  
 9.8 nurse specialist in psychiatric and mental health nursing. The agreement must include  
 9.9 processes for appropriate review of prescribing practices by the physician to assist with  
 9.10 quality improvement and ensure patient safety. The written agreement required under this  
 9.11 subdivision shall be based on standards established by the Minnesota Nurses Association  
 9.12 and the Minnesota Psychiatric Association as of January 1, 1996, unless both associations  
 9.13 agree to revisions. Written prescribing agreements shall be mutually reviewed between all  
 9.14 parties to the agreement on at least an annual basis.

9.15 (b) Nothing in this subdivision removes or limits the legal professional liability of  
 9.16 the treating psychiatrist, certified clinical nurse specialist, mental health clinic or hospital  
 9.17 for the prescription and administration of drugs by a certified clinical nurse specialist in  
 9.18 accordance with this subdivision.

9.19 Sec. 19. Minnesota Statutes 2012, section 148.235, subdivision 4a, is amended to read:

9.20 Subd. 4a. **Other certified clinical nurse specialists.** A certified clinical nurse  
 9.21 specialist who: ~~(1) has successfully completed no less than 30 hours of formal study from~~  
 9.22 ~~a college, university, or university health care institution, which included the following:~~  
 9.23 ~~instruction in health assessment, medication classifications, indications, dosages,~~  
 9.24 ~~contraindications, and side effects; supervised practice; and competence evaluation,~~  
 9.25 ~~including evidence of the application of knowledge pertaining to prescribing for and~~  
 9.26 ~~therapeutic management of the clinical type of patients in the certified clinical nurse~~  
 9.27 ~~specialist's practice; and (2) has, and who has practiced in an integrated clinical setting for~~  
 9.28 ~~at least three years, may prescribe and administer drugs and therapeutic devices, excluding~~  
 9.29 ~~schedule II controlled substances, within the scope of practice as a certified clinical nurse~~  
 9.30 ~~specialist. A certified clinical nurse specialist who practiced fewer than three years in an~~  
 9.31 ~~integrated clinical setting or a certified clinical nurse specialist who wants to prescribe~~  
 9.32 ~~and administer schedule II controlled substances must have a written agreement with a~~  
 9.33 ~~physician based on standards established by the Minnesota Nurses Association and the~~  
 9.34 ~~Minnesota Medical Association that defines the delegated responsibilities related to the~~  
 9.35 ~~prescription of drugs and therapeutic devices, may prescribe and administer drugs and~~

10.1 therapeutic devices within the scope of the written agreement and within practice as a  
10.2 certified clinical nurse specialist. The agreement must include processes for appropriate  
10.3 review of prescribing practices by the physician to assist with quality improvement and to  
10.4 ensure patient safety. Written prescribing agreements shall be mutually reviewed between  
10.5 all parties to the agreement on at least an annual basis.

10.6 Sec. 20. Minnesota Statutes 2012, section 148.235, subdivision 4b, is amended to read:

10.7 Subd. 4b. **Dispensing authority.** An advanced practice registered nurse who is  
10.8 authorized under this section to prescribe drugs is authorized to dispense drugs subject to  
10.9 the same requirements established for the prescribing of drugs. ~~This authority to dispense~~  
10.10 ~~extends only to those drugs described in the written agreement entered into under this~~  
10.11 ~~section.~~ The authority to dispense includes, but is not limited to, the authority to receive  
10.12 and dispense sample drugs.

10.13 Sec. 21. Minnesota Statutes 2012, section 148.235, subdivision 6, is amended to read:

10.14 Subd. 6. **Standards for written agreements; review and filing.** Written  
10.15 agreements required under this section shall be maintained at the primary practice site of  
10.16 the advanced practice registered nurse and of the collaborating physician. The written  
10.17 agreement does not need to be filed with the Board of Nursing or the Board of Medical  
10.18 Practice but must be reviewed on an annual basis by the parties to the agreement.

10.19 Sec. 22. Minnesota Statutes 2012, section 148.261, is amended by adding a subdivision  
10.20 to read:

10.21 Subd. 6. **Actions against an APRN.** The joint subcommittee comprised of an equal  
10.22 number of advanced practice nurses appointed by the Board of Nursing and physicians  
10.23 who work with advanced practice registered nurses appointed by the Board of Medical  
10.24 Practice shall review complaints against an advanced practice registered nurse that are  
10.25 in violation of chapter 147 or 148 and recommend disciplinary action as described in  
10.26 sections 148.261 or 148.262 to the Board of Nursing.

10.27 Sec. 23. Minnesota Statutes 2012, section 148.261, is amended by adding a subdivision  
10.28 to read:

10.29 Subd. 7. **Standard of care.** An advanced practice registered nurse licensed under  
10.30 this chapter who is diagnosing, treating, or prescribing under chapter 148 shall be held  
10.31 to the same standard of care as that of a physician licensed under chapter 147 by the  
10.32 state of Minnesota.