HEALTH-RELATED LICENSING BOARDS

Subd. 6. Release of private or confidential data. For providers regulated pursuant to sections 144A.43 to 144A.482, 148.5185, and chapter 144G, the department may release private or confidential data, except Social Security numbers, to the appropriate state, federal, or local agency and law enforcement office to enhance investigative or enforcement efforts or further a public health protective process. Types of offices include Adult Protective Services, Office of the Ombudsman for Long-Term Care and Office of the Ombudsman for Mental Health and Developmental Disabilities, the health licensing boards, Department of Human Services, county or city attorney's offices, police, and local or county public health offices.

Sec. 2. Minnesota Statutes 2020, section 144E.01, subdivision 1, is amended to read:

Subdivision 1. Membership. (a) The Emergency Medical Services Regulatory Board consists of the following members, all of whom must work in Minnesota, except for the person listed in clause (14):

(1) an emergency physician certified by the American Board of Emergency Physicians;
(2) a representative of Minnesota hospitals:
(3) a representative of fire chiefs:
(4) a full-time firefighter who serves as an emergency medical responder on or within a nontransporting or nonregistered agency and who is a member of a professional firefighter's union:
(5) a volunteer firefighter who serves as an emergency medical responder on or within a nontransporting or nonregistered agency:
(6) as a volunteer ambulance attendant currently practicing on a licensed ambulance service who is a paramedic:
(7) an ambulance director for a licensed ambulance service:
(8) a representative of sheriffs:
(5) a member of a community health board to represent community health services;

(4) two representatives of regional emergency medical services programs, one of whom must be from the metropolitan regional emergency medical services program;

(6) a registered nurse currently practicing in a hospital emergency department;

(12) a pediatrician, certified by the American Board of Pediatrics, with experience in emergency medical services;

(13) a family practice physician who is currently involved in emergency medical services;

(14) a public member who resides in Minnesota; and

the commissioners of health and public safety or their designees.

(b) The governor shall appoint members under paragraph (a). Appointments under paragraph (a), clauses (1) to (9) and (11) to (13), are subject to the advice and consent of the senate. In making appointments under paragraph (a), clauses (1) to (9) and (11) to (13), the governor shall consider recommendations of the American College of Emergency Physicians, the Minnesota Hospital Association, the Minnesota and State Fire Chief's Association, the Minnesota Ambulance Association, the Minnesota Emergency Medical Services Association, the Minnesota State Sheriff's Association, the Association of Minnesota Counties, the Minnesota Nurses Association, and the Minnesota chapter of the Academy of Pediatrics.

(c) At least seven members appointed under paragraph (a), clauses (1) to (8), must reside outside of the seven-county metropolitan area, as defined in section 473.121.

Sec. 3. Minnesota Statutes 2020, section 144E.01, subdivision 4, is amended to read:

Subd. 4. Compensation; terms.

(a) Membership terms, compensation, and removal of members appointed under subdivision 1, are governed by section 15.0575.

(b) Notwithstanding section 15.0575, subdivision 2, the terms of members shall be three years;

(c) A member of the board may not serve more than two terms.

Sec. 4. Minnesota Statutes 2020, section 144E.35, is amended to read:

144E.35 REIMBURSEMENT TO NONPROFIT AMBULANCE SERVICES FOR VOLUNTEER EDUCATION COSTS.

Subdivision 1. Repayment for volunteer education. A licensed ambulance service shall be reimbursed by the board for the necessary expense of the initial education of a volunteer ambulance attendant upon successful completion by the attendant of an EMT education course, or a continuing education course for EMT care, or both, which has been approved by the board; pursuant to section 144E.285. Reimbursement may include tuition, transportation, food, lodging, hourly payment for the time spent in the education course.
and other necessary expenditures, except that in no instance shall a volunteer ambulance
attendant be reimbursed more than $600–$900 for successful completion of an initial
education course, and $375 for successful completion of a continuing education course.

Subd. 2. Reimbursement provisions. Reimbursement must be paid under provisions
of this section when documentation is provided the board that the individual has served for
one year from the date of the final certification exam as an active member of a Minnesota
licensed ambulance service.

Sec. 5. Minnesota Statutes 2020, section 147.01, subdivision 7, is amended to read:

Subd. 7. Physician application and license fees. (a) The board may charge the following
nonrefundable application and license fees processed pursuant to sections 147.02, 147.03,
147.037, 147.0375, and 147.38:

(1) physician application fee, $200;
(2) physician annual registration renewal fee, $192;
(3) physician endorsement to other states, $40;
(4) physician emeritus license, $50;
(5) physician temporary license, $60;
(6) (5) physician late fee, $60;
(7) (6) duplicate license fee, $20;
(8) (7) certification letter fee, $25;
(9) (8) education or training program approval fee, $100;
(10) (9) report creation and generation fee, $60 per hour;
(11) (10) examination administration fee (half day), $50;
(12) (11) examination administration fee (full day), $80;
(13) fees developed by the Interstate Commission for determining physician
qualification to register and participate in the interstate medical licensure compact, as
established in rules authorized in and pursuant to section 147.38, not to exceed $1,000; and
(14) verification fee, $25;

(b) The board may prorate the initial annual license fee. All licensees are required to
pay the full fee upon license renewal. The revenue generated from the fee must be deposited
in an account in the state government special revenue fund.

EFFECTIVE DATE. This section is effective the day following final enactment.
Subdivision 1. Endorsement; reciprocity. (a) The board may issue a license to practice medicine to any person who satisfies the requirements in paragraphs (b) to (e).

(b) The applicant shall satisfy all the requirements established in section 147.02, subdivision 1, paragraphs (a) to (e), or section 147.037, subdivision 1.

(c) The applicant shall:

(1) have passed an examination prepared and graded by the Federation of State Medical Boards, the National Board of Medical Examiners, or the United States Medical Licensing Examination (USMLE) program in accordance with section 147.02, subdivision 1, paragraph (c), clause (2); the National Board of Osteopathic Medical Examiners; or the Medical Council of Canada; and

(2) have a current license from the equivalent licensing agency in another state or Canada and, if the examination in clause (1) was passed more than ten years ago, either:

(i) pass the Special Purpose Examination of the Federation of State Medical Boards with a score of 75 or better within three attempts; or

(ii) have a current certification by a specialty board of the American Board of Medical Specialties, the American Osteopathic Association, the Royal College of Physicians and Surgeons of Canada, or of the College of Family Physicians of Canada; or

(3) if the applicant fails to meet the requirement established in section 147.02, subdivision 1, paragraph (c), clause (2), because the applicant failed to pass each of steps one, two, and three of the USMLE within the required three attempts, the applicant may be granted a license provided the applicant:

(i) has passed each of steps one, two, and three with passing scores as recommended by the USMLE program within no more than four attempts for any of the three steps;

(ii) is currently licensed in another state; and

(iii) has current certification by a specialty board of the American Board of Medical Specialties, the American Osteopathic Association Bureau of Professional Education, the Royal College of Physicians and Surgeons of Canada, or the College of Family Physicians of Canada;

(d) The applicant must not be under license suspension or revocation by the licensing board of the state or jurisdiction in which the conduct that caused the suspension or revocation occurred.

(e) The applicant must not have engaged in conduct warranting disciplinary action against a licensee, or have been subject to disciplinary action other than as specified in paragraph (d). If an applicant does not satisfy the requirements stated in this paragraph, the board may
issue a license only on the applicant's showing that the public will be protected through
issuance of a license with conditions or limitations the board considers appropriate;
(f) Upon the request of an applicant, the board may conduct the final interview of the
applicant by teleconference.

EFFECTIVE DATE. This section is effective the day following final enactment.

Sec. 7. Minnesota Statutes 2020, section 147.03, subdivision 2, is amended to read:

Subd. 2. Temporary permit. (a) An applicant for licensure under this section may
request the board issue a temporary permit in accordance with this subdivision. Upon receipt
of the application for licensure, a request for a temporary permit, and a nonrefundable
physician application fee specified under section 147.01, subdivision 7, the board may issue
a temporary permit to practice medicine to a physician eligible for licensure under this
section only if the application for licensure is complete, all requirements in subdivision 1
have been met, and a nonrefundable fee set by the board has been paid if the applicant is:
(1) currently licensed in good standing to practice medicine as a physician in another
state, territory, or Canadian province; and
(2) not the subject of a pending investigation or disciplinary action in any state, territory,
or Canadian province;

(b) A temporary permit issued under this subdivision is nonrenewable
and valid only until the meeting of the board at which a decision is made on the physician's
application for licensure or for 90 days, whichever occurs first.
(c) The board may revoke a temporary permit issued under this subdivision if the
physician is the subject of an investigation or disciplinary action or is disqualified for
licensure for any other reason.

(d) Notwithstanding section 13.41, subdivision 2, the board may release information
regarding action taken by the board pursuant to this subdivision.

EFFECTIVE DATE. This section is effective the day following final enactment.

Sec. 8. Minnesota Statutes 2020, section 147.037, is amended to read:

147.037 LICENSING OF FOREIGN MEDICAL SCHOOL GRADUATES;
TEMPORARY PERMIT.

Subdivision 1. Requirements. The board shall issue a license to practice medicine to
any person who satisfies the requirements in paragraphs (a) to (g).
(a) The applicant shall satisfy all the requirements established in section 147.02,
subdivision 1, paragraphs (a), (e), (f), (g), and (b);
(b) The applicant shall present evidence satisfactory to the board that the applicant is a
graduate of a medical or osteopathic school approved by the board as equivalent to accredited
United States or Canadian schools based upon its faculty, curriculum, facilities, accreditation,
or other relevant data. If the applicant is a graduate of a medical or osteopathic program
that is not accredited by the Liaison Committee for Medical Education or the American
Osteopathic Association, the applicant may use the Federation of State Medical Boards’
Federation Credentials Verification Service (FCVS) or its successor. If the applicant uses
this service as allowed under this paragraph, the physician application fee may be less than
$200 but must not exceed the cost of administering this paragraph.

(c) The applicant shall present evidence satisfactory to the board that the applicant has
been awarded a certificate by the Educational Council for Foreign Medical Graduates, and
the applicant has a working ability in the English language sufficient to communicate with
patients and physicians and to engage in the practice of medicine;

(d) The applicant shall present evidence satisfactory to the board of the completion of
one year of graduate, clinical medical training in a program accredited by a national
accrediting organization approved by the board or other graduate training approved in
advance by the board as meeting standards similar to those of a national accrediting
organization. This requirement does not apply:

1. to an applicant who is admitted as a permanent immigrant to the United States or on or
before October 1, 1991, as a person of exceptional ability in the sciences according to Code
of Federal Regulations, title 20, section 656.22(d); or

2. to an applicant holding a valid license to practice medicine in another country and
issued a permanent immigrant visa after October 1, 1991, as a person of extraordinary ability
in the field of science or as an outstanding professor or researcher according to Code of
Federal Regulations, title 8, section 204.5(b) and (1), or a temporary nonimmigrant visa as
a person of extraordinary ability in the field of science according to Code of Federal
Regulations, title 8, section 214.2(o);

provided that a person under clause (1) or (2) is admitted pursuant to rules of the United
States Department of Labor.

(e) The applicant must:

1. have passed an examination prepared and graded by the Federation of State Medical
Boards; the United States Medical Licensing Examination program in accordance with
section 147.02, subdivision 1, paragraph (c), clause (2), or the Medical Council of Canada; and

2. if the examination in clause (1) was passed more than ten years ago, either:

(i) pass the Special Purpose Examination of the Federation of State Medical Boards with
a score of 75 or better within three attempts; or

(ii) have a current certification by a specialty board of the American Board of Medical
Specialties, the American Osteopathic Association, the Royal College of Physicians
and Surgeons of Canada, or the College of Family Physicians of Canada; or
(3) if the applicant fails to meet the requirement established in section 147.02, subdivision 1, paragraph (c), clause (2), because the applicant failed to pass each of steps one, two, and three of the USMLE within the required three attempts, the applicant may be granted a license provided the applicant:

(i) has passed each of steps one, two, and three with passing scores as recommended by the USMLE program within no more than four attempts for any of the three steps;

(ii) is currently licensed in another state; and

(iii) has current certification by a specialty board of the American Board of Medical Specialties; the American Osteopathic Association; the Royal College of Physicians and Surgeons of Canada; or the College of Family Physicians of Canada.

(f) The applicant must not be under license suspension or revocation by the licensing board of the state or jurisdiction in which the conduct that caused the suspension or revocation occurred.

(g) The applicant must not have engaged in conduct warranting disciplinary action against a licensee, or have been subject to disciplinary action other than as specified in paragraph (f). If an applicant does not satisfy the requirements stated in this paragraph, the board may issue a license only on the applicant's showing that the public will be protected through issuance of a license with conditions or limitations the board considers appropriate.

Subd. 1a. Temporary permit. The board may issue a temporary permit to practice medicine to a physician eligible for licensure under this section only if the application for licensure is complete, all requirements in subdivision 1 have been met, and a nonrefundable fee set by the board has been paid. The permit remains valid only until the meeting of the board at which a decision is made on the physician's application for licensure.

Subd. 2. Medical school review. The board may contract with any qualified person or organization for the performance of a review or investigation, including site visits if necessary, of any medical or osteopathic school prior to approving the school under section 147.02, subdivision 1, paragraph (b), or subdivision 1, paragraph (b), of this section. To the extent possible, the board shall require the school being reviewed to pay the costs of the review or investigation.

EFFECTIVE DATE. This section is effective the day following final enactment.

Sec. 9. [147A.025] TEMPORARY PERMIT.

(a) An applicant for licensure under section 147A.02 may request the board issue a temporary permit in accordance with this section. Upon receipt of the application for licensure, a request for a temporary permit, and a nonrefundable physician assistant application fee as specified under section 147A.28, the board may issue a temporary permit to practice as a physician assistant if the applicant is:
(1) currently licensed in good standing to practice as a physician assistant in another state, territory, or Canadian province; and

(2) not subject to a pending investigation or disciplinary action in any state, territory, or Canadian province.

(b) A temporary permit issued under this section is nonrenewable and valid until a decision is made on the physician assistant’s application for licensure or for 90 days, whichever occurs first.

(c) The board may revoke the temporary permit that has been issued under this section if the applicant is the subject of an investigation or disciplinary action or is disqualified for licensure for any other reason.

(d) Notwithstanding section 13.41, subdivision 2, the board may release information regarding any action taken by the board pursuant to this section:

EFFECTIVE DATE. This section is effective the day following final enactment.

Sec. 10. Minnesota Statutes 2020, section 147A.28, is amended to read:

147A.28 PHYSICIAN ASSISTANT APPLICATION AND LICENSE FEES.

(a) The board may charge the following nonrefundable fees:

(1) physician assistant application fee, $120;

(2) physician assistant annual registration renewal fee (prescribing authority), $135;

(3) physician assistant annual registration license renewal fee (no prescribing authority), $115;

(4) physician assistant temporary registration, $115;

(5) physician assistant temporary permit, $60;

(6) physician assistant locum tenens permit, $25;

(7) physician assistant late fee, $50;

(8) duplicate license fee, $20;

(9) certification letter fee, $25;

(10) education or training program approval fee, $100;

(11) report creation and generation fee, $60 per hour; and

(12) verification fee, $25.
The board may prorate the initial annual license fee. All licensees are required to pay the full fee upon license renewal. The revenue generated from the fees must be deposited in an account in the state government special revenue fund.

EFFECTIVE DATE. This section is effective the day following final enactment.

Subd. 3. Temporary permit. (a) An applicant for licensure under this section may request the board issue a temporary permit in accordance with this subdivision. Upon receipt of the application for licensure, a request for a temporary permit, and a nonrefundable respiratory therapist application fee as specified under section 147C.40, subdivision 5, the board may issue a temporary permit to practice as a respiratory therapist to an applicant eligible for licensure under this section if the application for licensure is complete, all applicable requirements in this section have been met, and a nonrefundable fee set by the board has been paid applicant to:

(1) currently licensed to practice as a respiratory therapist in another state, territory, or Canadian province;

(2) not subject to a pending investigation or disciplinary action in any state, territory, or Canadian province.

(b) A temporary permit remains issued under this subdivision is nonrenewable and valid only until the meeting of the board at which a decision is made on the respiratory therapist's application for licensure or for 90 days, whichever occurs first.

(c) The board may revoke a temporary permit that has been issued under this subdivision if the applicant is the subject of an investigation or disciplinary action or is disqualified for licensure for any other reason.

(d) Notwithstanding section 13.41, subdivision 2, the board may release information regarding any action taken by a board pursuant to this section.

EFFECTIVE DATE. This section is effective the day following final enactment.

Subd. 5. Respiratory therapist application and license fees. (a) The board may charge the following nonrefundable fees:

(1) respiratory therapist application fee, $100;

(2) respiratory therapist annual registration renewal fee, $90;

(3) respiratory therapist inactive status fee, $50;

(4) respiratory therapist temporary registration fee, $90;
(a) respiratory therapist temporary permit, $60;
(b) respiratory therapist late fee, $50;
(c) duplicate license fee, $20;
(d) certification letter fee, $25;
(e) education or training program approval fee, $100;
(f) report creation and generation fee, $60 per hour; and
(g) verification fee, $25.

(b) The board may prorate the initial annual license fee. All licensees are required to pay the full fee upon license renewal. The revenue generated from the fees must be deposited in an account in the state government special revenue fund.

EFFECTIVE DATE. This section is effective the day following final enactment.

Sec. 13. Minnesota Statutes 2020, section 148.212, subdivision 1, is amended to read:

Subdivision 1. Issuance. Upon receipt of the applicable licensure or reregistration fee and permit fee, and in accordance with rules of the board, the board may issue a nonrenewable temporary permit to practice professional or practical nursing to an applicant for licensure or reregistration who is not the subject of a pending investigation or disciplinary action, nor disqualified for any other reason, under the following circumstances:

(a) The applicant for licensure by endorsement under section 148.211, subdivision 2, is currently licensed to practice professional or practical nursing in another state, territory, or Canadian province. The permit is valid until the date of board action on the application or for 60-90 days, whichever comes first.

(b) The applicant for licensure by endorsement under section 148.211, subdivision 2, or for reregistration under section 148.231, subdivision 5, is currently registered in a formal, structured refresher course or its equivalent for nurses that includes clinical practice.

EFFECTIVE DATE. This section is effective the day following final enactment.

Sec. 14. [148.2855] NURSE LICENSURE COMPACT.

The Nurse Licensure Compact is enacted into law and entered into with all other jurisdictions legally joining in it, in the form substantially as follows:

ARTICLE I

DEFINITIONS

As used in this compact.
(a) "Adverse action" means any administrative, civil, equitable, or criminal action permitted by a state's law that is imposed by a licensing board or other authority against a nurse, including actions against an individual's license or multistate licensure privilege such as revocation, suspension, probation, monitoring of the licensee, limitation on the licensee's practice, or any other encumbrance on licensure affecting a nurse's authorization to practice, including issuance of a cease and desist action.

(b) "Alternative program" means a nondisciplinary monitoring program approved by a licensing board.

(c) "Coordinated licensure information system" means an integrated process for collecting, storing, and sharing information on nurse licensure and enforcement activities related to nurse licensure laws that is administered by a nonprofit organization composed of and controlled by licensing boards.

(d) "Current significant investigative information" means:

(1) investigative information that a licensing board, after a preliminary inquiry that includes notification and an opportunity for the nurse to respond, if required by state law, has reason to believe is not groundless and, if proved true, would indicate more than a minor infraction; or

(2) investigative information that indicates that the nurse represents an immediate threat to public health and safety, regardless of whether the nurse has been notified and had an opportunity to respond.

(e) "Encumbrance" means a revocation or suspension of, or any limitation on, the full and unrestricted practice of nursing imposed by a licensing board.

(f) "Home state" means the party state that is the nurse's primary state of residence.

(g) "Licensing board" means a party state's regulatory body responsible for issuing nurse licenses.

(h) "Multistate license" means a license to practice as a registered or a licensed practical/vocational nurse (LPN/VN) issued by a home state licensing board that authorizes the licensed nurse to practice in all party states under a multistate licensure privilege.

(i) "Multistate licensure privilege" means a legal authorization associated with a multistate license permitting the practice of nursing as either a registered nurse (RN) or LPN/VN in a remote state.

(j) "Nurse" means an RN or LPN/VN, as those terms are defined by each party state's practice laws.

(k) "Party state" means any state that has adopted this compact.

(l) "Remote state" means a party state other than the home state.
(m) "Single-state license" means a nurse license issued by a party state that authorizes practice only within the issuing state and does not include a multistate licensure privilege to practice in any other party state.

(n) "State" means a state, territory, or possession of the United States and the District of Columbia.

(o) "State practice laws" means a party state's laws, rules, and regulations that govern the practice of nursing, define the scope of nursing practice, and create the methods and grounds for imposing discipline. State practice laws do not include requirements necessary to obtain and retain a license, except for qualifications or requirements of the home state.

ARTICLE 2

GENERAL PROVISIONS AND JURISDICTION

(a) A multistate license to practice registered or licensed practical/vocational nursing issued by a home state to a resident in that state will be recognized by each party state as authorizing a nurse to practice as an RN or LPN/VN under a multistate licensure privilege in each party state.

(b) A state must implement procedures for considering the criminal history records of applicants for initial multistate license or licensure by endorsement. The procedures shall include the submission of fingerprints or other biometric-based information by applicants for the purpose of obtaining an applicant's criminal history record information from the Federal Bureau of Investigation and the agency responsible for retaining that state's criminal records.

(c) Each party state shall require the following for an applicant to obtain or retain a multistate license in the home state:

(1) meets the home state's qualifications for licensure or renewal of licensure, as well as all other applicable state laws;

(2)(i) has graduated or is eligible to graduate from a licensing board-approved RN or LPN/VN prelicensure education program; or

(ii) has graduated from a foreign RN or LPN/VN prelicensure education program that:

(A) has been approved by the authorized accrediting body in the applicable country; and

(B) has been verified by an independent credentials review agency to be comparable to a licensing board-approved prelicensure education program;

(3) has, if a graduate of a foreign prelicensure education program not taught in English or if English is not the individual's native language, successfully passed an English proficiency examination that includes the components of reading, speaking, writing, and listening;
(4) has successfully passed an NCLEX-RN or NCLEX-PN Examination or recognized predecessor, as applicable;
(5) is eligible for or holds an active, unencumbered license;
(6) has submitted, in connection with an application for initial licensure or licensure by endorsement, fingerprints or other biometric data for the purpose of obtaining criminal history record information from the Federal Bureau of Investigation and the agency responsible for retaining that state's criminal records;
(7) has not been convicted or found guilty, or has entered into an agreed disposition, of a felony offense under applicable state or federal criminal law;
(8) has not been convicted or found guilty, or has entered into an agreed disposition, of a misdemeanor offense related to the practice of nursing as determined on a case-by-case basis;
(9) is not currently enrolled in an alternative program;
(10) is subject to self-disclosure requirements regarding current participation in an alternative program; and
(11) has a valid United States Social Security number.

(d) All party states shall be authorized, in accordance with existing state due process law, to take adverse action against a nurse's multistate licensure privilege such as revocation, suspension, probation, or any other action that affects a nurse's authorization to practice under a multistate licensure privilege, including cease and desist actions. If a party state takes such action, it shall promptly notify the administrator of the coordinated licensure information system. The administrator of the coordinated licensure information system shall promptly notify the home state of any such actions by remote states.

(e) A nurse practicing in a party state must comply with the state practice laws of the state in which the client is located at the time service is provided. The practice of nursing is not limited to patient care, but shall include all nursing practice as defined by the state practice laws of the party state in which the client is located. The practice of nursing in a party state under a multistate licensure privilege shall subject a nurse to the jurisdiction of the licensing board, the courts, and the laws of the party state in which the client is located at the time service is provided.

(f) Individuals not residing in a party state shall continue to be able to apply for a party state's single-state license as provided under the laws of each party state. However, the single-state license granted to these individuals will not be recognized as granting the privilege to practice nursing in any other party state. Nothing in this compact shall affect the requirements established by a party state for the issuance of a single-state license.
Any nurse holding a home state multistate license, on the effective date of this compact, may retain and renew the multistate license issued by the nurse's then-current home state, provided that:

1. a nurse, who changes primary state of residence after this compact's effective date, must meet all applicable paragraph (c) requirements to obtain a multistate license from a new home state; or
2. a nurse who fails to satisfy the multistate licensure requirements in paragraph (c) due to a disqualifying event occurring after this compact's effective date shall be ineligible to retain or renew a multistate license, and the nurse's multistate license shall be revoked or deactivated in accordance with applicable rules adopted by the Interstate Commission of Nurse Licensure Compact Administrators ("Commission").

ARTICLE 3
APPLICATIONS FOR LICENSURE IN A PARTY STATE

(a) Upon application for a multistate license, the licensing board in the issuing party state shall ascertain, through the coordinated licensure information system, whether the applicant has ever held or is the holder of a license issued by any other state, whether there are any encumbrances on any license or multistate licensure privilege held by the applicant, whether any adverse action has been taken against any license or multistate licensure privilege held by the applicant, and whether the applicant is currently participating in an alternative program.

(b) A nurse may hold a multistate license issued by the home state in only one party state at a time.

(c) If a nurse changes primary state of residence by moving between two party states, the nurse must apply for licensure in the new home state, and the multistate license issued by the prior home state will be deactivated in accordance with applicable rules adopted by the commission:

1. the nurse may apply for licensure in advance of a change in primary state of residence; and
2. a multistate license shall not be issued by the new home state until the nurse provides satisfactory evidence of a change in primary state of residence to the new home state and satisfies all applicable requirements to obtain a multistate license from the new home state.

(d) If a nurse changes primary state of residence by moving from a party state to a nonparty state, the multistate license issued by the prior home state will convert to a single-state license, valid only in the former home state.

ARTICLE 4
ADDITIONAL AUTHORITIES INVESTED IN PARTY STATE LICENSING BOARDS

(a) In addition to the other powers conferred by state law, a licensing board shall have the authority to:

(1) take adverse action against a nurse's multistate licensure privilege to practice within that party state:

(i) only the home state shall have the power to take adverse action against a nurse's license issued by the home state; and

(ii) for purposes of taking adverse action, the home state licensing board shall give the same priority and effect to reported conduct received from a remote state as it would if the conduct occurred within the home state. In so doing, the home state shall apply its own state laws to determine appropriate action;

(2) issue cease and desist orders or impose an encumbrance on a nurse's authority to practice within that party state;

(3) complete any pending investigations of a nurse who changes primary state of residence during the course of the investigations. The licensing board shall also have the authority to take appropriate action and shall promptly report the conclusions of the investigations to the administrator of the coordinated licensure information system. The administrator of the coordinated licensure information system shall promptly notify the new home state of any such actions;

(4) issue subpoenas for hearings and investigations that require the attendance and testimony of witnesses, as well as the production of evidence. Subpoenas issued by a licensing board in a party state for the attendance and testimony of witnesses or the production of evidence from another party state shall be enforced in the latter state by any court of competent jurisdiction according to the practice and procedure of that court applicable to subpoenas issued in proceedings pending before it. The issuing authority shall pay any witness fees, travel expenses, mileage, and other fees required by the service statutes of the state in which the witnesses or evidence are located;

(5) obtain and submit, for each nurse licensure applicant, fingerprint or other biometric-based information to the Federal Bureau of Investigation for criminal background checks, receive the results of the Federal Bureau of Investigation record search on criminal background checks, and use the results in making licensure decisions;

(6) if otherwise permitted by state law, recover from the affected nurse the costs of investigations and disposition of cases resulting from any adverse action taken against that nurse; and

(7) take adverse action based on the factual findings of the remote state, provided that the licensing board follows its own procedures for taking such adverse action.
(b) If adverse action is taken by the home state against a nurse's multistate license, the nurse's multistate licensure privilege to practice in all other party states shall be deactivated until all encumbrances have been removed from the multistate license. All home state disciplinary orders that impose adverse action against a nurse's multistate license shall include a statement that the nurse's multistate licensure privilege is deactivated in all party states during the pendency of the order.

(c) Nothing in this compact shall override a party state's decision that participation in an alternative program may be used in lieu of adverse action. The home state licensing board shall deactivate the multistate licensure privilege under the multistate license of any nurse for the duration of the nurse's participation in an alternative program.

ARTICLE 5

COORDINATED LICENSURE INFORMATION SYSTEM AND EXCHANGE OF INFORMATION

(a) All party states shall participate in a coordinated licensure information system of RNs and LPNs. The system will include information on the licensure and disciplinary history of each nurse, as submitted by party states, to assist in the coordination of nurse licensure and enforcement efforts.

(b) The commission, in consultation with the administrator of the coordinated licensure information system, shall formulate necessary and proper procedures for the identification, collection, and exchange of information under this compact.

(c) All licensing boards shall promptly report to the coordinated licensure information system any adverse action, any current significant investigative information, denials of applications, including the reasons for the denials, and nurse participation in alternative programs known to the licensing board, regardless of whether the participation is deemed nonpublic or confidential under state law.

(d) Current significant investigative information and participation in nonpublic or confidential alternative programs shall be transmitted through the coordinated licensure information system only to party state licensing boards.

(e) Notwithstanding any other provision of law, all party state licensing boards contributing information to the coordinated licensure information system may designate information that shall not be shared with nonparty states or disclosed to other entities or individuals without the express permission of the contributing state.

(f) Any personally identifiable information obtained from the coordinated licensure information system by a party state licensing board shall not be shared with nonparty states or disclosed to other entities except to the extent permitted by the laws of the party state contributing the information.
(g) Any information contributed to the coordinated licensure information system that is subsequently required to be expunged by the laws of the party state contributing that information shall also be expunged from the coordinated licensure information system.

(h) The compact administrator of each party state shall furnish a uniform data set to the compact administrator of each other party state, which shall include, at a minimum:

1. identifying information;
2. licensure data;
3. information related to alternative program participation; and
4. other information that may facilitate the administration of this compact, as determined by commission rules.

(i) The compact administrator of a party state shall provide all investigative documents and information requested by another party state.

ARTICLE 6

ESTABLISHMENT OF THE INTERSTATE COMMISSION OF NURSE LICENSURE COMPACT ADMINISTRATORS

(a) The party states hereby create and establish a joint public entity known as the Interstate Commission of Nurse Licensure Compact Administrators:

1. the commission is an instrumentality of the party states;
2. venue is proper, and judicial proceedings by or against the commission shall be brought solely and exclusively in a court of competent jurisdiction where the principal office of the commission is located. The commission may waive venue and jurisdictional defenses to the extent it adopts or consents to participate in alternative dispute resolution proceedings; and
3. nothing in this compact shall be construed to be a waiver of sovereign immunity;
4. Membership, voting, and meetings:
   1. each party state shall have and be limited to one administrator. The head of the state licensing board or designee shall be the administrator of this compact for each party state.
   2. Any administrator may be removed or suspended from office as provided by the laws of the state from which the administrator is appointed. Any vacancy occurring in the commission shall be filled in accordance with the laws of the party state in which the vacancy exists;
   3. each administrator shall be entitled to one vote with regard to the promulgation of rules and creation of bylaws and shall otherwise have an opportunity to participate in the business and affairs of the commission. An administrator shall vote in person or by such
other means as provided in the bylaws. The bylaws may provide for an administrator's
participation in meetings by telephone or other means of communication;

(3) the commission shall meet at least once during each calendar year. Additional
meetings shall be held as set forth in the bylaws or rules of the commission;

(d) all meetings shall be open to the public; and public notice of meetings shall be given
in the same manner as required under the rulemaking provisions in article 7;

(5) the commission may convene in a closed, nonpublic meeting if the commission must
discuss:

(i) noncompliance of a party state with its obligations under this compact;

(ii) the employment, compensation, discipline, or other personnel matters, practices, or
procedures related to specific employees or other matters related to the commission's internal
personnel practices and procedures;

(iii) current, threatened, or reasonably anticipated litigation;

(iv) negotiation of contracts for the purchase or sale of goods, services, or real estate;

(v) accusing any person of a crime or formally censuring any person;

(vi) disclosure of trade secrets or commercial or financial information that is privileged
or confidential;

(vii) disclosure of information of a personal nature where disclosure would constitute a
clearly unwarranted invasion of personal privacy;

(viii) disclosure of investigatory records compiled for law enforcement purposes;

(ix) disclosure of information related to any reports prepared by or on behalf of the
commission for the purpose of investigation of compliance with this compact; or

(x) matters specifically exempted from disclosure by federal or state statute; and

(6) if a meeting or portion of a meeting is closed pursuant to this provision, the
commission's legal counsel or designee shall certify that the meeting may be closed and
shall reference each relevant exempting provision. The commission shall keep minutes that
fully and clearly describe all matters discussed in a meeting and shall provide a full and
accurate summary of actions taken and the reasons therefore; including a description of the
views expressed. All documents considered in connection with an action shall be identified
in the minutes. All minutes and documents of a closed meeting shall remain under seal;
subject to release by a majority vote of the commission or order of a court of competent
jurisdiction.
(c) The commission shall, by a majority vote of the administrators, prescribe bylaws or rules to govern its conduct as may be necessary or appropriate to carry out the purposes and exercise the powers of this compact, including but not limited to:

(1) establishing the fiscal year of the commission;

(2) providing reasonable standards and procedures:

(i) for the establishment and meetings of other committees; and

(ii) governing any general or specific delegation of any authority or function of the commission;

(3) providing reasonable procedures for calling and conducting meetings of the commission, ensuring reasonable advance notice of all meetings and providing an opportunity for attendance of the meetings by interested parties, with enumerated exceptions designed to protect the public's interest, the privacy of individuals, and proprietary information, including trade secrets. The commission may meet in closed session only after a majority of the administrators vote to close a meeting in whole or in part. As soon as practicable, the commission must make public a copy of the vote to close the meeting revealing the vote of each administrator, with no proxy votes allowed;

(4) establishing the titles, duties, and authority and reasonable procedures for the election of the officers of the commission;

(5) providing reasonable standards and procedures for the establishment of the personnel policies and programs of the commission. Notwithstanding any civil service or other similar laws of any party state, the bylaws shall exclusively govern the personnel policies and programs of the commission; and

(6) providing a mechanism for winding up the operations of the commission and the equitable disposition of any surplus funds that may exist after the termination of this compact after the payment or reserving of all of its debts and obligations;

(d) The commission shall publish its bylaws, rules, and any amendments in a convenient form on the website of the commission;

(e) The commission shall maintain its financial records in accordance with the bylaws;

(f) The commission shall meet and take actions consistent with the provisions of this compact and the bylaws;

(g) The commission shall have the following powers:

(1) to promulgate uniform rules to facilitate and coordinate implementation and administration of this compact. The rules shall have the force and effect of law and shall be binding in all party states.
(2) to bring and prosecute legal proceedings or actions in the name of the commission,
provided that the standing of any licensing board to sue or be sued under applicable law
shall not be affected;
(3) to purchase and maintain insurance and bonds;
(4) to borrow, accept, or contract for services of personnel, including but not limited to
employees of a party state or nonprofit organizations;
(5) to cooperate with other organizations that administer state compacts related to the
regulation of nursing, including but not limited to sharing administrative or staff expenses;
office space, or other resources;
(6) to hire employees, elect or appoint officers, fix compensation, define duties, grant
such individuals appropriate authority to carry out the purposes of this compact, and establish
the commission's personnel policies and programs relating to conflicts of interest,
qualifications of personnel, and other related personnel matters;
(7) to accept any and all appropriate donations, grants, and gifts of money, equipment,
supplies, materials, and services, and to receive, utilize, and dispose of the same; provided
that at all times the commission shall avoid any appearance of impropriety or conflict of
interest;
(8) to lease, purchase, accept appropriate gifts or donations of, or otherwise to own,
hold, improve, or use any property, whether real, personal, or mixed; provided that at all
times the commission shall avoid any appearance of impropriety;
(9) to sell, convey, mortgage, pledge, lease, exchange, abandon, or otherwise dispose
of any property, whether real, personal, or mixed;
(10) to establish a budget and make expenditures;
(11) to borrow money;
(12) to appoint committees, including advisory committees comprised of administrators,
state nursing regulators, state legislators or their representatives, and consumer
representatives, and other such interested persons;
(13) to provide and receive information from, and to cooperate with, law enforcement
agencies;
(14) to adopt and use an official seal; and
(15) to perform other functions as may be necessary or appropriate to achieve the purposes
of this compact consistent with the state regulation of nurse licensure and practice;
(h) Financing of the commission:
(1) the commission shall pay or provide for the payment of the reasonable expenses of its establishment, organization, and ongoing activities;

(2) the commission may also levy on and collect an annual assessment from each party state to cover the cost of its operations, activities, and staff in its annual budget as approved each year. The aggregate annual assessment amount, if any, shall be allocated based on a formula to be determined by the commission, which shall promulgate a rule that is binding upon all party states;

(3) the commission shall not incur obligations of any kind prior to securing the funds adequate to meet the same; nor shall the commission pledge the credit of any of the party states, except by and with the authority of the party state; and

(4) the commission shall keep accurate accounts of all receipts and disbursements. The receipts and disbursements of the commission shall be subject to the audit and accounting procedures established under its bylaws. However, all receipts and disbursements of funds handled by the commission shall be audited yearly by a certified or licensed public accountant, and the report of the audit shall be included in and become part of the annual report of the commission;

(i) Qualified immunity, defense, and indemnification:

(1) the administrators, officers, executive director, employees, and representatives of the commission shall be immune from suit and liability, either personally or in their official capacity, for any claim for damage to or loss of property or personal injury or other civil liability caused by or arising out of any actual or alleged act, error, or omission that occurred, or that the person against whom the claim is made had a reasonable basis for believing occurred, within the scope of commission employment, duties, or responsibilities; provided that nothing in this paragraph shall be construed to protect any such person from suit or liability for any damage, loss, injury, or liability caused by the intentional, willful, or wanton misconduct of that person;

(2) the commission shall defend any administrator, officer, executive director, employee, or representative of the commission in any civil action seeking to impose liability arising out of any actual or alleged act, error, or omission that occurred within the scope of commission employment, duties, or responsibilities; or that the person against whom the claim is made had a reasonable basis for believing occurred within the scope of commission employment, duties, or responsibilities; provided that nothing herein shall be construed to prohibit that person from retaining the person's counsel; and provided further that the actual or alleged act, error, or omission did not result from that person's intentional, willful, or wanton misconduct; and

(3) the commission shall indemnify and hold harmless any administrator, officer, executive director, employee, or representative of the commission for the amount of any settlement or judgment obtained against that person arising out of any actual or alleged act, error, or omission that occurred within the scope of commission employment, duties, or
responsibilities, or that the person had a reasonable basis for believing occurred within the
scope of commission employment, duties, or responsibilities, provided that the actual or
alleged act, error, or omission did not result from the intentional, willful, or wanton
misconduct of that person.

ARTICLE 7

RULEMAKING

(a) The commission shall exercise its rulemaking powers pursuant to this article and the
rules adopted thereunder. Rules and amendments shall become binding as of the date
specified in each rule or amendment and shall have the same force and effect as provisions
of this compact.

(b) Rules or amendments to the rules shall be adopted at a regular or special meeting of
the commission.

(c) Prior to promulgation and adoption of a final rule or rules by the commission, and
at least 60 days in advance of the meeting at which the rule will be considered and voted
on, the commission shall file a notice of proposed rulemaking:

(1) on the website of the commission; and

(2) on the website of each licensing board or the publication in which the state would
otherwise publish proposed rules:

(d) The notice of proposed rulemaking shall include:

(1) the proposed time, date, and location of the meeting in which the rule will be
considered and voted on;

(2) the text of the proposed rule or amendment; and the reason for the proposed rule;

(3) a request for comments on the proposed rule from any interested person; and

(4) the manner in which interested persons may submit notice to the commission of their
intention to attend the public hearing and any written comments:

(e) Prior to adoption of a proposed rule, the commission shall allow persons to submit
written data, facts, opinions, and arguments that shall be made available to the public

(f) The commission shall grant an opportunity for a public hearing before it adopts a
rule or amendment.

(g) The commission shall publish the place, time, and date of the scheduled public
hearing:
(1) hearings shall be conducted in a manner providing each person who wishes to
comment a fair and reasonable opportunity to comment orally or in writing. All hearings
will be recorded and a copy will be made available upon request; and
(2) nothing in this section shall be construed as requiring a separate hearing on each
rule. Rules may be grouped for the convenience of the commission at hearings required by
this section.

(h) If no person appears at the public hearing, the commission may proceed with
promulgation of the proposed rule.

(i) Following the scheduled hearing date or by the close of business on the scheduled
hearing date if the hearing was not held, the commission shall consider all written and oral
comments received.

(j) The commission shall, by majority vote of all administrators, take final action on the
proposed rule and shall determine the effective date of the rule, if any, based on the
rulemaking record and the full text of the rule.

(k) Upon determination that an emergency exists, the commission may consider and
adopt an emergency rule without prior notice or opportunity for comment or hearing;
provided that the usual rulemaking procedures provided in this compact and in this section
shall be retroactively applied to the rule as soon as reasonably possible; in no event later
than 90 days after the effective date of the rule. For the purposes of this provision, an
emergency rule is one that must be adopted immediately in order to:

(1) meet an imminent threat to public health, safety, or welfare;
(2) prevent a loss of commission or party state funds; or
(3) meet a deadline for the promulgation of an administrative rule that is required by
federal law or rule.

(l) The commission may direct revisions to a previously adopted rule or amendment for
purposes of correcting typographical errors, errors in format, errors in consistency, or
grammatical errors. Public notice of any revisions shall be posted on the website of the
commission. The revision shall be subject to challenge by any person for a period of 30
days after posting. The revision may be challenged only on grounds that the revision results
in a material change to a rule. A challenge shall be made in writing and delivered to the
commission before the end of the notice period. If no challenge is made, the revision will
take effect without further action. If the revision is challenged, the revision shall not take
effect without the approval of the commission.

ARTICLE 8
OVERSIGHT, DISPUTE RESOLUTION, AND ENFORCEMENT
(a) Oversight:

1. each party state shall enforce this compact and take all actions necessary and appropriate to effectuate this compact's purposes and intent; and

2. the commission shall be entitled to receive service of process in any proceeding that may affect the powers, responsibilities, or actions of the commission and shall have standing to intervene in such a proceeding for all purposes. Failure to provide service of process in the proceeding to the commission shall render a judgment or order void as to the commission, this compact, or promulgated rules.

(b) Default, technical assistance, and termination:

1. if the commission determines that a party state has defaulted in the performance of its obligations or responsibilities under this compact or the promulgated rules, the commission shall:
   (i) provide written notice to the defaulting state and other party states of the nature of the default, the proposed means of curing the default, or any other action to be taken by the commission; and
   (ii) provide remedial training and specific technical assistance regarding the default;

2. if a state in default fails to cure the default, the defaulting state's membership in this compact may be terminated upon an affirmative vote of a majority of the administrators, and all rights, privileges, and benefits conferred by this compact may be terminated on the effective date of termination. A cure of the default does not relieve the offending state of obligations or liabilities incurred during the period of default;

3. termination of membership in this compact shall be imposed only after all other means of securing compliance have been exhausted. Notice of intent to suspend or terminate shall be given by the commission to the governor of the defaulting state and to the executive officer of the defaulting state's licensing board and each of the party states;

4. a state whose membership in this compact has been terminated is responsible for all assessments, obligations, and liabilities incurred through the effective date of termination, including obligations that extend beyond the effective date of termination;

5. the commission shall not bear any costs related to a state that is found to be in default or whose membership in this compact has been terminated, unless agreed upon in writing between the commission and the defaulting state; and

6. the defaulting state may appeal the action of the commission by petitioning the U.S. District Court for the District of Columbia or the federal district in which the commission has its principal offices. The prevailing party shall be awarded all costs of the litigation, including reasonable attorney fees.
(c) Dispute resolution:

(1) upon request by a party state, the commission shall attempt to resolve disputes related
to the compact that arise among party states and between party and nonparty states;

(2) the commission shall promulgate a rule providing for both mediation and binding
dispute resolution for disputes, as appropriate; and

(3) in the event the commission cannot resolve disputes among party states arising under
this compact:

(i) the party states may submit the issues in dispute to an arbitration panel, that will be
comprised of individuals appointed by the compact administrator in each of the affected
party states and an individual mutually agreed upon by the compact administrators of all
the party states involved in the dispute; and

(ii) the decision of a majority of the arbitrators shall be final and binding;

(d) Enforcement:

(1) the commission, in the reasonable exercise of its discretion, shall enforce the
provisions and rules of this compact;

(2) by majority vote, the commission may initiate legal action in the U.S. District Court
for the District of Columbia or the federal district in which the commission has its principal
offices against a party state that is in default to enforce compliance with this compact and
its promulgated rules and bylaws. The relief sought may include both injunctive relief and
damages. In the event judicial enforcement is necessary, the prevailing party shall be awarded
all costs of the litigation, including reasonable attorney fees; and

(3) the remedies herein shall not be the exclusive remedies of the commission. The
commission may pursue any other remedies available under federal or state law.

ARTICLE 9

EFFECTIVE DATE, WITHDRAWAL, AND AMENDMENT

(a) This compact shall become effective and binding on July 1, 2022. All party states to
this compact that also were parties to the prior Nurse Licensure Compact that was superseded
by this compact shall be deemed to have withdrawn from the prior compact within six
months after the effective date of this compact.

(b) Each party state to this compact shall continue to recognize a nurse's multistate
licensure privilege to practice in that party state issued under the prior compact until the
party state has withdrawn from the prior compact.
(e) Any party state may withdraw from this compact by legislative enactment. A party state's withdrawal shall not take effect until six months after enactment of the repealing statute.

(d) A party state's withdrawal or termination shall not affect the continuing requirement of the withdrawing or terminated state's licensing board to report adverse actions and significant investigations occurring prior to the effective date of the withdrawal or termination.

(e) Nothing in this compact shall be construed to invalidate or prevent any nurse licensure agreement or other cooperative arrangement between a party state and a nonparty state that is made in accordance with the other provisions of this compact.

(f) This compact may be amended by the party states. No amendment to this compact shall become effective and binding upon the party states unless and until it is enacted into the laws of all party states.

(g) Representatives of nonparty states to this compact shall be invited to participate in the activities of the commission on a nonvoting basis prior to the adoption of this compact by all states.

ARTICLE 10

CONSTRUCTION AND SEVERABILITY

This compact shall be liberally construed so as to effectuate the purposes thereof. This compact shall be severable, and if any phrase, clause, sentence, or provision of this compact is declared to be contrary to the constitution of any party state or of the United States, or if the applicability thereof to any government, agency, person, or circumstance is held invalid, the validity of the remainder of this compact and the applicability thereof to any government, agency, person, or circumstance shall not be affected thereby. If this compact is held to be contrary to the constitution of any party state, this compact shall remain in full force and effect for the remaining party states and in full force and effect for the party state affected as to all severable matters.

Sec. 15 [148.2856] APPLICATION OF NURSE LICENSURE COMPACT TO EXISTING LAWS.

(a) Section 148.2855 does not supersede existing state labor laws.

(b) If the board takes action against an individual's multistate privilege, the action must be adjudicated following the procedures in sections 14.50 to 14.62 and must be subject to the judicial review provided for in sections 14.63 to 14.69.

(c) The board may take action against an individual's multistate privilege based on any other statute authorizing or requiring the board to take corrective or disciplinary action.
(d) The board may take all forms of disciplinary action provided in section 148.262, subdivision 1, and corrective action provided in section 214.103, subdivision 6, against an individual's multistate privilege.

(e) The cooperation requirements of section 148.265 apply to individuals who practice professional or practical nursing in Minnesota under section 148.2855.

(f) Complaints against individuals who practice professional or practical nursing in Minnesota under section 148.2855 must be addressed according to sections 214.10 and 214.103.

Sec. 16. [148.5185] AUDIOLOGY AND SPEECH-LANGUAGE PATHOLOGY INTERSTATE COMPACT.

Section 1. Definitions

As used in this Compact, and except as otherwise provided, the following definitions shall apply:

A. "Active duty military" means full-time duty status in the active uniformed service of the United States, including members of the National Guard and Reserve on active duty orders pursuant to 10 U.S.C. sections 1209 and 1211.

B. "Adverse action" means any administrative, civil, equitable, or criminal action permitted by a state's laws which is imposed by a licensing board or other authority against an audiologist or speech-language pathologist, including actions against an individual's license or privilege to practice such as revocation, suspension, probation, monitoring of the licensee, or restriction on the licensee's practice.

C. "Alternative program" means a non-disciplinary monitoring process approved by an audiologist or speech-language pathology licensing board to address impaired practitioners.

D. "Audiologist" means an individual who is licensed by a state to practice audiology.

E. "Audiology" means the care and services provided by a licensed audiologist as set forth in the member state's statutes and rules.

F. "Audiology and Speech-Language Pathology Compact Commission" or "Commission" means the national administrative body whose membership consists of all states that have enacted the Compact.

G. "Audiology and speech-language pathology licensing board," "audiology licensing board," "speech-language pathology licensing board," or "licensing board" means the agency of a state that is responsible for the licensing and regulation of audiologists or speech-language pathologists or both.

H. "Compact privilege" means the authorization granted by a remote state to allow a licensee from another member state to practice as an audiologist or speech-language pathologist in the remote state under its laws and rules. The practice of audiology or
speech-language pathology occurs in the member state where the patient, client, or student is located at the time of the patient, client, or student encounter.

I. "Current significant investigative information" means investigative information that a licensing board, after an inquiry or investigation that includes notification and an opportunity for the audiologist or speech-language pathologist to respond, if required by state law, has reason to believe is not groundless and, if proved true, would indicate more than a minor infraction.

J. "Data system" means a repository of information about licensees, including, but not limited to, continuing education, examination, licensure, investigation, compact privilege, and adverse action.

K. "Encumbered license" means a license in which an adverse action restricts the practice of audiology or speech-language pathology by the licensee and said adverse action has been reported to the National Practitioners Data Bank (NPDB).

L. "Executive Committee" means a group of directors elected or appointed to act on behalf of, and within the powers granted to them by, the Commission.

M. "Home state" means the member state that is the licensee's primary state of residence.

N. "Impaired practitioner" means individuals whose professional practice is adversely affected by substance abuse, addiction, or other health-related conditions.

O. "Licensee" means an individual who currently holds an authorization from the state licensing board to practice as an audiologist or speech-language pathologist.

P. "Member state" means a state that has enacted the Compact.

Q. "Privilege to practice" means a legal authorization permitting the practice of audiology or speech-language pathology in a remote state.

R. "Remote state" means a member state other than the home state where a licensee is exercising or seeking to exercise the compact privilege.

S. "Rule" means a regulation, principle, or directive promulgated by the Commission that has the force of law.

T. "Single-state license" means an audiology or speech-language pathology license issued by a member state that authorizes practice only within the issuing state and does not include a privilege to practice in any other member state.

U. "Speech-language pathologist" means an individual who is licensed by a state to practice speech-language pathology.

V. "Speech-language pathology" means the care and services provided by a licensed speech-language pathologist as set forth in the member state's statutes and rules.
W. "State" means any state, commonwealth, district, or territory of the United States of America that regulates the practice of audiology and speech-language pathology.

X. "State practice laws" means a member state's laws, rules, and regulations that govern the practice of audiology or speech-language pathology, define the scope of audiology or speech-language pathology practice, and create the methods and grounds for imposing discipline.

Y. "Telehealth" means the application of telecommunication technology to deliver audiology or speech-language pathology services at a distance for assessment, intervention, or consultation.

Section 2: State Participation in the Compact

A. A license issued to an audiologist or speech-language pathologist by a home state to a resident in that state shall be recognized by each member state as authorizing an audiologist or speech-language pathologist to practice audiology or speech-language pathology, under a privilege to practice, in each member state.

B. A state must implement or utilize procedures for considering the criminal history records of applicants for initial privilege to practice. These procedures shall include the submission of fingerprints or other biometric-based information by applicants for the purpose of obtaining an applicant's criminal history record information from the Federal Bureau of Investigation and the agency responsible for retaining that state's criminal records.

1. A member state must fully implement a criminal background check requirement, within a time frame established by rule, by receiving the results of the Federal Bureau of Investigation record search on criminal background checks and use the results in making licensure decisions.

2. Communication between a member state and the Commission and among member states regarding the verification of eligibility for licensure through the Compact shall not include any information received from the Federal Bureau of Investigation relating to a federal criminal records check performed by a member state under Public Law 92-544.

C. Upon application for a privilege to practice, the licensing board in the issuing remote state shall ascertain, through the data system, whether the applicant has ever held, or is the holder of, a license issued by any other state, whether there are any encumbrances on any license or privilege to practice held by the applicant, and whether any adverse action has been taken against any license or privilege to practice held by the applicant.

D. Each member state shall require an applicant to obtain or retain a license in the home state and meet the home state's qualifications for licensure or renewal of licensure, as well as all other applicable state laws.

E. For an audiologist:
1. Must meet one of the following educational requirements:

a. On or before December 31, 2007, has graduated with a master's degree or doctoral degree in audiology, or equivalent degree regardless of degree name, from a program that is accredited by an accrediting agency recognized by the Council for Higher Education Accreditation, or its successor, or by the United States Department of Education and operated by a college or university accrediting organization recognized by the board; or

b. On or after January 1, 2008, has graduated with a doctoral degree in audiology, or equivalent degree regardless of degree name, from a program that is accredited by an accrediting agency recognized by the Council for Higher Education Accreditation, or its successor, or by the United States Department of Education and operated by a college or university accrediting organization recognized by the board; or

c. Has graduated from an audiology program that is housed in an institution of higher education outside of the United States (a) for which the program and institution have been approved by the authorized accrediting body in the applicable country and (b) the degree program has been verified by an independent credentials review agency to be comparable to a state licensing board-approved program;

2. Has completed a supervised clinical practicum experience from an accredited educational institution or its cooperating programs as required by the board;

3. Has successfully passed a national examination approved by the Commission;

4. Holds an active, unencumbered license;

5. Has not been convicted or found guilty, and has not entered into an agreed disposition, of a felony related to the practice of audiology, under applicable state or federal criminal law; and

6. Has a valid United States Social Security or National Practitioner Identification number.

F. For a speech-language pathologist:

1. Must meet one of the following educational requirements:

a. Has graduated with a master's degree from a speech-language pathology program that is accredited by an organization recognized by the United States Department of Education and operated by a college or university accredited by a regional or national accrediting organization recognized by the board; or

b. Has graduated from a speech-language pathology program that is housed in an institution of higher education outside of the United States (a) for which the program and institution have been approved by the authorized accrediting body in the applicable country and (b) the program has been verified by an independent credentials review agency to be comparable to a state licensing board-approved program;
and (b) the degree program has been verified by an independent credentials review agency
to be comparable to a state licensing board-approved program;

2. Has completed a supervised clinical practicum experience from an educational
institution or its cooperating programs as required by the Commission;

3. Has completed a supervised postgraduate professional experience as required by the
Commission;

4. Has successfully passed a national examination approved by the Commission;

5. Holds an active, unencumbered license;

6. Has not been convicted or found guilty, and has not entered into an agreed disposition,
of a felony related to the practice of speech-language pathology, under applicable state or
federal criminal law; and

7. Has a valid United States Social Security or National Practitioner Identification
number.

The privilege to practice is derived from the home state license.

H. An audiologist or speech-language pathologist practicing in a member state must
comply with the state practice laws of the state in which the client is located at the time
service is provided. The practice of audiology and speech-language pathology shall include
all audiology and speech-language pathology practice as defined by the state practice laws
of the member state in which the client is located. The practice of audiology and
speech-language pathology in a member state under a privilege to practice shall subject an
audiologist or speech-language pathologist to the jurisdiction of the licensing board, the
courts and the laws of the member state in which the client is located at the time service is
provided.

I. Individuals not residing in a member state shall continue to be able to apply for a
member state's single-state license as provided under the laws of each member state.
However, the single-state license granted to these individuals shall not be recognized as
granting the privilege to practice audiology or speech-language pathology in any other
member state. Nothing in this Compact shall affect the requirements established by a member
state for the issuance of a single-state license.

J. Member states may charge a fee for granting a compact privilege.

K. Member states must comply with the bylaws and rules and regulations of the
Commission.

Section 3. Compact Privilege

A. To exercise the compact privilege under the terms and provisions of the Compact,
the audiologist or speech-language pathologist shall:
1. Hold an active license in the home state;
2. Have no encumbrance on any state license;
3. Be eligible for a compact privilege in any member state in accordance with Section
   previous two years from date of application;
4. Have not had any adverse action against any license or compact privilege within the
   prior two years from date of application;
5. Notify the Commission that the licensee is seeking the compact privilege within a
   remote state(s);
6. Pay any applicable fees, including any state fee, for the compact privilege; and
7. Report to the Commission adverse action taken by any non-member state within 30
   days from the date the adverse action is taken.

B. For the purposes of the compact privilege, an audiologist or speech-language
   pathologist shall only hold one home state license at a time.

C. Except as provided in Section 5, if an audiologist or speech-language pathologist
   changes primary state of residence by moving between two member states, the audiologist
   or speech-language pathologist must apply for licensure in the new home state, and the
   license issued by the prior home state shall be deactivated in accordance with applicable
   rules adopted by the Commission.

D. The audiologist or speech-language pathologist may apply for licensure in advance
   of a change in primary state of residence;

E. A license shall not be issued by the new home state until the audiologist or
   speech-language pathologist provides satisfactory evidence of a change in primary state of
   residence to the new home state and satisfies all applicable requirements to obtain a license
   from the new home state;

F. If an audiologist or speech-language pathologist changes primary state of residence
   by moving from a member state to a non-member state, the license issued by the prior home
   state shall convert to a single-state license, valid only in the former home state;

G. The compact privilege is valid until the expiration date of the home state license. The
   licensee must comply with the requirements of Section 3A to maintain the compact privilege
   in the remote state;

H. A licensee providing audiology or speech-language pathology services in a remote
   state under the compact privilege shall function within the laws and regulations of the remote
   state;

I. A licensee providing audiology or speech-language pathology services in a remote
   state is subject to that state's regulatory authority. A remote state may, in accordance with
due process and that state's laws, remove a licensee's compact privilege in the remote state for a specific period of time, impose fines, or take any other necessary actions to protect the health and safety of its citizens.

1. If a home state license is encumbered, the licensee shall lose the compact privilege in any remote state until the following occur:

   1. The home state license is no longer encumbered; and
   2. Two years have elapsed from the date of the adverse action.

K. Once an encumbered license in the home state is restored to good standing, the licensee must meet the requirements of Section 3A to obtain a compact privilege in any remote state.

L. Once the requirements of Section 3J have been met, the licensee must meet the requirements in Section 3A to obtain a compact privilege in a remote state.

Section 4: Compact Privilege to Practice Telehealth

Member states shall recognize the right of an audiologist or speech-language pathologist, licensed by a home state in accordance with Section 2 and under rules promulgated by the Commission, to practice audiology or speech-language pathology in a member state via telehealth under a privilege to practice as provided in the Compact and rules promulgated by the Commission.

Section 5: Active Duty Military Personnel or Their Spouses

Active duty military personnel, or their spouse, shall designate a home state where the individual has a current license in good standing. The individual may retain the home state designation during the period the service member is on active duty. Subsequent to designating a home state, the individual shall only change their home state through application for licensure in the new state.

Section 6: Adverse Actions

A. In addition to the other powers conferred by state law, a remote state shall have the authority, in accordance with existing state due process law, to:

   1. Take adverse action against an audiologist's or speech-language pathologist's privilege to practice within that member state;
   2. Issue subpoenas for both hearings and investigations that require the attendance and testimony of witnesses as well as the production of evidence. Subpoenas issued by a licensing board in a member state for the attendance and testimony of witnesses or the production of evidence from another member state shall be enforced in the latter state by any court of competent jurisdiction, according to the practice and procedure of that court applicable to subpoenas issued in proceedings pending before it. The issuing authority shall pay any...
witness fees, travel expenses, mileage and other fees required by the service statutes of the
state in which the witnesses or evidence are located.

B. Only the home state shall have the power to take adverse action against an audiologist's
or speech-language pathologist's license issued by the home state.

C. For purposes of taking adverse action, the home state shall give the same priority and
effect to reported conduct received from a member state as it would if the conduct had
occurred within the home state. In so doing, the home state shall apply its own state laws
to determine appropriate action.

D. The home state shall complete any pending investigations of an audiologist or
speech-language pathologist who changes primary state of residence during the course of
the investigations. The home state shall also have the authority to take appropriate action(s)
and shall promptly report the conclusions of the investigations to the administrator of the
data system. The administrator of the data system shall promptly notify the new home state
of any adverse actions.

E. If otherwise permitted by state law, the member state may recover from the affected
audiologist or speech-language pathologist the costs of investigations and disposition of
cases resulting from any adverse action taken against that audiologist or speech-language
pathologist.

F. The member state may take adverse action based on the factual findings of the remote
state, provided that the home state follows its own procedures for taking the adverse action.

G. Joint Investigations

1. In addition to the authority granted to a member state by its respective audiology or
speech-language pathology practice act or other applicable state law, any member state may
participate with other member states in joint investigations of licensees.

2. Member states shall share any investigative, litigation, or compliance materials in
furtherance of any joint or individual investigation initiated under the Compact.

H. If adverse action is taken by the home state against an audiologist's or speech-language
pathologist's license, the audiologist's or speech-language pathologist's privilege to practice
in all other member states shall be deactivated until all encumbrances have been removed
from the state license. All home state disciplinary orders that impose adverse action against
an audiologist's or speech-language pathologist's license shall include a statement that the
audiologist's or speech-language pathologist's privilege to practice is deactivated in all
member states during the pendency of the order.

I. If a member state takes adverse action, it shall promptly notify the administrator of
the data system. The administrator of the data system shall promptly notify the home state
of any adverse actions by remote states.
Section 7. Establishment of the Audiology and Speech-Language Pathology Compact Commission

A. The Compact member states hereby create and establish a joint public agency known as the Audiology and Speech-Language Pathology Compact Commission:

1. The Commission is an instrumentality of the Compact states.

2. Venue is proper and judicial proceedings by or against the Commission shall be brought solely and exclusively in a court of competent jurisdiction where the principal office of the Commission is located. The Commission may waive venue and jurisdictional defenses to the extent it adopts or consents to participate in alternative dispute resolution proceedings.

3. Nothing in this Compact shall be construed to be a waiver of sovereign immunity.

B. Membership, Voting, and Meetings

1. Each member state shall have two delegates selected by that member state's licensing board. The delegates shall be current members of the licensing board. One shall be an audiologist and one shall be a speech-language pathologist.

2. An additional five delegates, who are either a public member or board administrator from a state licensing board, shall be chosen by the Executive Committee from a pool of nominees provided by the Commission at Large.

3. Any delegate may be removed or suspended from office as provided by the law of the state from which the delegate is appointed.

4. The member state board shall fill any vacancy occurring on the Commission, within 90 days.

5. Each delegate shall be entitled to one vote with regard to the promulgation of rules and creation of bylaws and shall otherwise have an opportunity to participate in the business and affairs of the Commission.

6. A delegate shall vote in person or by other means as provided in the bylaws. The bylaws may provide for delegated participation in meetings by telephone or other means of communication.

7. The Commission shall meet at least once during each calendar year. Additional meetings shall be held as set forth in the bylaws.

C. The Commission shall have the following powers and duties:

1. Establish the fiscal year of the Commission;
2. Establish bylaws;
3. Establish a Code of Ethics;
4. Maintain its financial records in accordance with the bylaws;
5. Meet and take actions as are consistent with the provisions of this Compact and the bylaws;
6. Promulgate uniform rules to facilitate and coordinate implementation and administration of this Compact. The rules shall have the force and effect of law and shall be binding in all member states;
7. Bring and prosecute legal proceedings or actions in the name of the Commission, provided that the standing of any state audiology or speech-language pathology licensing board to sue or be sued under applicable law shall not be affected;
8. Purchase and maintain insurance and bonds;
9. Borrow, accept, or contract for services of personnel, including, but not limited to, employees of a member state;
10. Hire employees, elect or appoint officers, fix compensation, define duties; grant individuals appropriate authority to carry out the purposes of the Compact, and establish the Commission's personnel policies and programs relating to conflicts of interest, qualifications of personnel, and other related personnel matters;
11. Accept any and all appropriate donations and grants of money, equipment, supplies, materials and services, and to receive, utilize and dispose of the same; provided that at all times the Commission shall avoid any appearance of impropriety and/or conflict of interest;
12. Lease, purchase, accept appropriate gifts or donations of, or otherwise own, hold, improve or use, any property, real, personal, or mixed; provided that at all times the Commission shall avoid any appearance of impropriety;
13. Sell, convey, mortgage, pledge, lease, exchange, abandon, or otherwise dispose of any property real, personal, or mixed;
14. Establish a budget and make expenditures;
15. Borrow money;
16. Appoint committees, including standing committees composed of members, and other interested persons as may be designated in this Compact and the bylaws;
17. Provide and receive information from, and cooperate with, law enforcement agencies;
18. Establish and elect an Executive Committee; and

PAGE 36A5

REVISOR FULL-TEXT SIDE-BY-SIDE
19. Perform other functions as may be necessary or appropriate to achieve the purposes of this Compact consistent with the state regulation of audiology and speech-language pathology licensure and practice.

D. The Executive Committee

The Executive Committee shall have the power to act on behalf of the Commission according to the terms of this Compact.

1. The Executive Committee shall be composed of ten members:

a. Seven voting members who are elected by the Commission from the current membership of the Commission;

b. Two ex-officios, consisting of one nonvoting member from a recognized national audiology professional association and one nonvoting member from a recognized national speech-language pathology association; and

c. One ex-officio, nonvoting member from the recognized membership organization of the audiology and speech-language pathology licensing boards.

E. The ex-officio members shall be selected by their respective organizations.

1. The Commission may remove any member of the Executive Committee as provided in bylaws.

2. The Executive Committee shall meet at least annually.

3. The Executive Committee shall have the following duties and responsibilities:

a. Recommend to the entire Commission changes to the rules or bylaws, changes to this Compact legislation, fees paid by Compact member states such as annual dues, and any Commission fee charged to licensees for the compact privilege;

b. Ensure Compact administration services are appropriately provided, contractual or otherwise;

c. Prepare and recommend the budget;

d. Maintain financial records on behalf of the Commission;

e. Monitor Compact compliance of member states and provide compliance reports to the Commission;

f. Establish additional committees as necessary; and

g. Other duties as provided in rules or bylaws.

4. Meetings of the Commission
All meetings shall be open to the public, and public notice of meetings shall be given in the same manner as required under the rulemaking provisions in Section 9.

5. The Commission or the Executive Committee or other committees of the Commission may convene in a closed, non-public meeting if the Commission or Executive Committee or other committees of the Commission must discuss:

a. Non-compliance of a member state with its obligations under the Compact;

b. The employment, compensation, discipline, or other matters, practices, or procedures related to specific employees or other matters related to the Commission's internal personnel practices and procedures;

c. Current, threatened, or reasonably anticipated litigation;

d. Negotiation of contracts for the purchase, lease, or sale of goods, services, or real estate;

e. Accusing any person of a crime or formally censuring any person;

f. Disclosure of trade secrets or commercial or financial information that is privileged or confidential;

g. Disclosure of information of a personal nature where disclosure would constitute a clearly unwarranted invasion of personal privacy;

h. Disclosure of investigative records compiled for law enforcement purposes;

i. Disclosure of information related to any investigative reports prepared by or on behalf of or for use of the Commission or other committee charged with responsibility of investigation or determination of compliance issues pursuant to the Compact; or

j. Matters specifically exempted from disclosure by federal or member state statute.

6. If a meeting, or portion of a meeting, is closed pursuant to this provision, the Commission's legal counsel or designee shall certify that the meeting may be closed and shall reference each relevant exempting provision.

7. The Commission shall keep minutes that fully and clearly describe all matters discussed in a meeting and shall provide a full and accurate summary of actions taken, and the reasons therefore, including a description of the views expressed. All documents considered in connection with an action shall be identified in minutes. All minutes and documents of a closed meeting shall remain under seal, subject to release by a majority vote of the Commission or order of a court of competent jurisdiction.

8. Financing of the Commission

g. The Commission shall pay, or provide for the payment of, the reasonable expenses of its establishment, organization, and ongoing activities.
b. The Commission may accept any and all appropriate revenue sources, donations, and
grants of money, equipment, supplies, materials, and services.

c. The Commission may levy on and collect an annual assessment from each member
state or impose fees on other parties to cover the cost of the operations and activities of the
Commission and its staff, which must be in a total amount sufficient to cover its annual
budget as approved each year for which revenue is not provided by other sources. The
aggregate annual assessment amount shall be allocated based upon a formula to be determined
by the Commission, which shall promulgate a rule binding upon all member states.

9. The Commission shall not incur obligations of any kind prior to securing the funds
adequate to meet the same; nor shall the Commission pledge the credit of any of the member
states, except by and with the authority of the member state.

10. The Commission shall keep accurate accounts of all receipts and disbursements. The
receipts and disbursements of the Commission shall be subject to the audit and accounting
procedures established under its bylaws. However, all receipts and disbursements of funds
handled by the Commission shall be audited yearly by a certified or licensed public
accountant, and the report of the audit shall be included in and become part of the annual
report of the Commission.

F. Qualified Immunity, Defense, and Indemnification

1. The members, officers, executive director, employees and representatives of the
Commission shall be immune from suit and liability, either personally or in their official
capacity, for any claim for damage to or loss of property or personal injury or other civil
liability caused by or arising out of any actual or alleged act, error, or omission that occurred,
or that the person against whom the claim is made had a reasonable basis for believing
occurred within the scope of Commission employment, duties, or responsibilities; provided
that nothing in this paragraph shall be construed to protect any person from suit or liability
for any damage, loss, injury, or liability caused by the intentional or willful or wanton
misconduct of that person.

2. The Commission shall defend any member, officer, executive director, employee, or
representative of the Commission in any civil action seeking to impose liability arising out
of any actual or alleged act, error, or omission that occurred within the scope of Commission
employment, duties, or responsibilities, or that the person against whom the claim is made
had a reasonable basis for believing occurred within the scope of Commission employment,
duties, or responsibilities; provided that nothing herein shall be construed to prohibit that
person from retaining his or her own counsel; and provided further, that the actual or alleged
act, error, or omission did not result from that person's intentional or willful or wanton
misconduct.

3. The Commission shall indemnify and hold harmless any member, officer, executive
director, employee, or representative of the Commission for the amount of any settlement
or judgment obtained against that person arising out of any actual or alleged act, error or
omission that occurred within the scope of Commission employment, duties, or responsibilities, or that person had a reasonable basis for believing occurred within the scope of Commission employment, duties, or responsibilities, provided that the actual or alleged act, error, or omission did not result from the intentional or willful or wanton misconduct of that person.

Section 8: Data System

A. The Commission shall provide for the development, maintenance, and utilization of a coordinated database and reporting system containing licensure, adverse action, and investigative information on all licensed individuals in member states.

B. Notwithstanding any other provision of state law to the contrary, a member state shall submit a uniform data set to the data system on all individuals to whom this Compact is applicable as required by the rules of the Commission, including:

1. Identifying information;
2. Licensure data;
3. Adverse actions against a license or compact privilege;
4. Non-confidential information related to alternative program participation;
5. Any denial of application for licensure, and the reason(s) for denial; and
6. Other information that may facilitate the administration of this Compact, as determined by the rules of the Commission.

C. Investigative information pertaining to a licensee in any member state shall only be available to other member states.

D. The Commission shall promptly notify all member states of any adverse action taken against a licensee or an individual applying for a license. Adverse action information pertaining to a licensee in any member state shall be available to any other member state.

E. Member states contributing information to the data system may designate information that may not be shared with the public without the express permission of the contributing state.

F. Any information submitted to the data system that is subsequently required to be expunged by the laws of the member state contributing the information shall be removed from the data system.

Section 9: Rulemaking

A. The Commission shall exercise its rulemaking powers pursuant to the criteria set forth in this Section and the rules adopted thereunder. Rules and amendments shall become binding as of the date specified in each rule or amendment.

House Language UES4410-2

May 05, 2022 02:07 PM

Senate Language S4410-3

PAGE R-40A5
REVISOR FULL-TEXT SIDE-BY-SIDE
B. If a majority of the legislatures of the member states rejects a rule, by enactment of a statute or resolution in the same manner used to adopt the Compact within four years of the date of adoption of the rule, the rule shall have no further force and effect in any member state.

C. Rules or amendments to the rules shall be adopted at a regular or special meeting of the Commission.

D. Prior to promulgation and adoption of a final rule or rules by the Commission, and at least 30 days in advance of the meeting at which the rule shall be considered and voted upon, the Commission shall file a Notice of Proposed Rulemaking:

1. On the website of the Commission or other publicly accessible platform; and
2. On the website of each member state audiology or speech-language pathology licensing board or other publicly accessible platform or the publication in which each state would otherwise publish proposed rules.

E. The Notice of Proposed Rulemaking shall include:

1. The proposed time, date, and location of the meeting in which the rule shall be considered and voted upon;
2. The text of the proposed rule or amendment and the reason for the proposed rule;
3. A request for comments on the proposed rule from any interested person; and
4. The manner in which interested persons may submit notice to the Commission of their intention to attend the public hearing and any written comments.

F. Prior to the adoption of a proposed rule, the Commission shall allow persons to submit written data, facts, opinions, and arguments, which shall be made available to the public.

G. The Commission shall grant an opportunity for a public hearing before it adopts a rule or amendment if a hearing is requested by:

1. At least 25 persons;
2. A state or federal governmental subdivision or agency; or
3. An association having at least 25 members.

H. If a hearing is held on the proposed rule or amendment, the Commission shall publish the place, time, and date of the scheduled public hearing. If the hearing is held via electronic means, the Commission shall publish the mechanism for access to the electronic hearing.

I. All persons wishing to be heard at the hearing shall notify the executive director of the Commission or other designated member in writing of their desire to appear and testify at the hearing not less than five business days before the scheduled date of the hearing.
2. Hearings shall be conducted in a manner providing each person who wishes to comment a fair and reasonable opportunity to comment orally or in writing.

3. All hearings shall be recorded. A copy of the recording shall be made available on request.

4. Nothing in this section shall be construed as requiring a separate hearing on each rule. Rules may be grouped for the convenience of the Commission at hearings required by this section.

5. Following the scheduled hearing date, or by the close of business on the scheduled hearing date if the hearing was not held, the Commission shall consider all written and oral comments received.

6. If no written notice of intent to attend the public hearing by interested parties is received, the Commission may proceed with promulgation of the proposed rule without a public hearing.

7. The Commission shall, by majority vote of all members, take final action on the proposed rule and shall determine the effective date of the rule, if any, based on the rulemaking record and the full text of the rule.

8. Upon determination that an emergency exists, the Commission may consider and adopt an emergency rule without prior notice, opportunity for comment, or hearing, provided that the usual rulemaking procedures provided in the Compact and in this section shall be retroactively applied to the rule as soon as reasonably possible, in no event later than 90 days after the effective date of the rule. For the purposes of this provision, an emergency rule is one that must be adopted immediately in order to:

   1. Meet an imminent threat to public health, safety, or welfare;

   2. Prevent a loss of Commission or member state funds; or

   3. Meet a deadline for the promulgation of an administrative rule that is established by federal law or rule.

9. The Commission or an authorized committee of the Commission may direct revisions to a previously adopted rule or amendment for purposes of correcting typographical errors, errors in format, errors in consistency, or grammatical errors. Public notice of any revisions shall be posted on the website of the Commission. The revision shall be subject to challenge by any person for a period of 30 days after posting. The revision may be challenged only on grounds that the revision results in a material change to a rule. A challenge shall be made in writing and delivered to the chair of the Commission prior to the end of the notice period.

10. If no challenge is made, the revision shall take effect without further action. If the revision is challenged, the revision may not take effect without the approval of the Commission.

Section 10. Oversight, Dispute Resolution, and Enforcement
A. Dispute Resolution

1. Upon request by a member state, the Commission shall attempt to resolve disputes related to the Compact that arise among member states and between member and non-member states.

2. The Commission shall promulgate a rule providing for both mediation and binding dispute resolution for disputes as appropriate.

B. Enforcement

1. The Commission, in the reasonable exercise of its discretion, shall enforce the provisions and rules of this Compact:

2. By majority vote, the Commission may initiate legal action in the United States District Court for the District of Columbia or the federal district where the Commission has its principal offices against a member state in default to enforce compliance with the provisions of the Compact and its promulgated rules and bylaws. The relief sought may include both injunctive relief and damages. In the event judicial enforcement is necessary, the prevailing member shall be awarded all costs of litigation, including reasonable attorney's fees.

3. The remedies herein shall not be the exclusive remedies of the Commission. The Commission may pursue any other remedies available under federal or state law.

Section 11. Date of Implementation of the Interstate Commission for Audiology and Speech-Language Pathology Practice and Associated Rules, Withdrawal, and Amendment

A. The Compact shall come into effect on the date on which the Compact statute is enacted into law in the tenth member state. The provisions, which become effective at that time, shall be limited to the powers granted to the Commission relating to assembly and the promulgation of rules. Thereafter, the Commission shall meet and exercise rulemaking powers necessary to the implementation and administration of the Compact.

B. Any state that joins the Compact subsequent to the Commission's initial adoption of the rules shall be subject to the rules as they exist on the date on which the Compact becomes law in that state. Any rule that has been previously adopted by the Commission shall have the full force and effect of law on the day the Compact becomes law in that state.

C. Any member state may withdraw from this Compact by enacting a statute repealing the same:

1. A member state's withdrawal shall not take effect until six months after enactment of the repealing statute.

2. Withdrawal shall not affect the continuing requirement of the withdrawing state's audiology or speech-language pathology licensing board to comply with the investigative and adverse action reporting requirements of this act prior to the effective date of withdrawal.

May 05, 2022 02:07 PM
Health-Related Practice and Licensing Boards
House Language UES4410-2
Senate Language S4410-3

PAGE R43A5
REVISOR FULL-TEXT SIDE-BY-SIDE
D. Nothing contained in this Compact shall be construed to invalidate or prevent any audiology or speech-language pathology licensure agreement or other cooperative arrangement between a member state and a non-member state that does not conflict with the provisions of this Compact.

E. This Compact may be amended by the member states. No amendment to this Compact shall become effective and binding upon any member state until it is enacted into the laws of all member states.

Section 12: Construction and Severability

This Compact shall be liberally construed so as to effectuate the purposes thereof. The provisions of this Compact shall be severable and if any phrase, clause, sentence, or provision of this Compact is declared to be contrary to the constitution of any member state or of the United States or the applicability thereof to any government, agency, person, or circumstance is held invalid, the validity of the remainder of this Compact and the applicability thereof to any government, agency, person, or circumstance shall not be affected thereby. If this Compact shall be held contrary to the constitution of any member state, the Compact shall remain in full force and effect as to the remaining member states and in full force and effect as to the member state affected as to all severable matters.

Section 13: Binding Effect of Compact and Other Laws

A. Nothing herein prevents the enforcement of any other law of a member state that is not inconsistent with the Compact.

B. All laws in a member state in conflict with the Compact are superseded to the extent of the conflict.

C. All lawful actions of the Commission, including all rules and bylaws promulgated by the Commission, are binding upon the member states.

D. All agreements between the Commission and the member states are binding in accordance with their terms.

E. In the event any provision of the Compact exceeds the constitutional limits imposed on the legislature of any member state, the provision shall be ineffective to the extent of the conflict with the constitutional provision in question in that member state.

EFFECTIVE DATE. This section is effective on the date on which the compact statute is enacted into law in the tenth member state in accordance with section 11 of this Compact.
Sec. 17. [148.5186] APPLICATION OF AUDIOLOGY AND SPEECH-LANGUAGE PATHOLOGY INTERSTATE COMPACT TO EXISTING LAWS.

Subdivision 1. Rulemaking. Rules developed by the Audiology and Speech-Language Pathology Compact Commission under section 148.5185 are not subject to sections 14.05 to 14.389.

Subd. 2. Background studies. The commissioner of health is authorized to require an audiologist or speech-language pathologist licensed in Minnesota as the home state to submit to a criminal history background check under section 144.0572.

Subd. 3. Provision of data. All provisions of section 148.5185 authorizing or requiring the commissioner to provide data to the Audiology and Speech-Language Pathology Compact Commission are authorized by section 144.051, subdivision 6.

Sec. 2. Minnesota Statutes 2021 Supplement, section 148B.5301, subdivision 2, is amended to read:

Subd. 2. Supervision. (a) To qualify as a LPCC, an applicant must have completed 4,000 hours of post-master's degree supervised professional practice in the delivery of clinical services in the diagnosis and treatment of mental illnesses and disorders in both children and adults. The supervised practice shall be conducted according to the requirements in paragraphs (b) to (e).

(b) The supervision must have been received under a contract that defines clinical practice and supervision from a mental health professional who is qualified according to section 245I.04, subdivision 2, or by a board-approved supervisor, who has at least two years of postlicensure experience in the delivery of clinical services in the diagnosis and treatment of mental illnesses and disorders. All supervisors must meet the supervisor requirements in Minnesota Rules, part 2150.5010.

(e) The supervision must be obtained at the rate of two hours of supervision per 40 hours of professional practice. The supervision must be evenly distributed over the course of the supervised professional practice. At least 75 percent of the required supervision hours must be received in person or through real-time, two-way interactive audio and visual communication; and the board must allow an applicant to satisfy this supervision requirement with all required hours of supervision received through real-time, two-way interactive audio communication.
271.3 and visual communication. The remaining 25 percent of the required hours may be received
271.4 by telephone or by audio or audiovisual electronic device. At least 50 percent of the required
271.5 hours of supervision must be received on an individual basis. The remaining 50 percent
271.6 may be received in a group setting.
271.7 (d) The supervised practice must include at least 1,800 hours of clinical client contact.
271.8 (e) The supervised practice must be clinical practice. Supervision includes the observation
271.9 by the supervisor of the successful application of professional counseling knowledge, skills,
271.10 and values in the differential diagnosis and treatment of psychosocial function, disability,
271.11 or impairment, including addictions and emotional, mental, and behavioral disorders.
271.12 EFFECTIVE DATE. This section is effective the day following final enactment and
271.13 applies to supervision requirements in effect on or after that date.

386.7 Sec. 18. [148B.75] LICENSED PROFESSIONAL COUNSELOR INTERSTATE
386.8 COMPACT.
386.9 The licensed professional counselor interstate compact is enacted into law and entered
386.10 into with all other jurisdictions legally joining in it, in the form substantially specified in
386.11 this section.
386.12 ARTICLE I
386.13 DEFINITIONS
386.14 (a) As used in this compact, and except as otherwise provided, the following definitions
386.15 shall apply:
386.16 (b) "Active duty military" means full-time duty status in the active uniformed service
386.17 of the United States, including members of the national guard and reserve on active duty
386.18 orders pursuant to United States Code, title 10, chapters 1209 and 1211.
386.19 (c) "Adverse action" means any administrative, civil, equitable, or criminal action
386.20 permitted by a state's laws which is imposed by a licensing board or other authority against
386.21 a licensed professional counselor, including actions against an individual's license or privilege
386.22 to practice such as revocation, suspension, probation, monitoring of the licensee, limitation
386.23 on the licensee's practice, or any other encumbrance on licensure affecting a licensed
386.24 professional counselor's authorization to practice, including issuance of a cease and desist
386.25 action.
386.26 (d) "Alternative program" means a non-disciplinary monitoring or practice remediation
386.27 process approved by a professional counseling licensing board to address impaired
386.28 practitioners.
(e) "Continuing competence" and "continuing education" means a requirement, as a condition of license renewal, to provide evidence of participation in, and completion of, educational and professional activities relevant to practice or area of work.

(f) "Counseling compact commission" or "commission" means the national administrative body whose membership consists of all states that have enacted the compact.

(g) "Current significant investigative information" means:

(1) investigative information that a licensing board, after a preliminary inquiry that includes notification and an opportunity for the licensed professional counselor to respond, if required by state law, has reason to believe is not groundless and, if proved true, would indicate more than a minor infraction; or

(2) investigative information that indicates that the licensed professional counselor represents an immediate threat to public health and safety regardless of whether the licensed professional counselor has been notified and had an opportunity to respond.

(h) "Data system" means a repository of information about licensees, including but not limited to continuing education, examination, licensure, investigative, privilege to practice, and adverse action information.

(i) "Encumbered license" means a license in which an adverse action restricts the practice of licensed professional counseling by the licensee and said adverse action has been reported to the National Practitioners Data Bank (NPDB).

(j) "Encumbrance" means a revocation or suspension of, or any limitation on, the full and unrestricted practice of licensed professional counseling by a licensing board.

(k) "Executive committee" means a group of directors elected or appointed to act on behalf of, and within the powers granted to them by, the commission.

(l) "Home state" means the member state that is the licensee's primary state of residence.

(m) "Impaired practitioner" means an individual who has a condition that may impair their ability to practice as a licensed professional counselor without some type of intervention and may include but is not limited to alcohol and drug dependence, mental health impairment, and neurological or physical impairment.

(n) "Investigative information" means information, records, and documents received or generated by a professional counseling licensing board pursuant to an investigation.

(o) "Jurisprudence requirement," if required by a member state, means the assessment of an individual's knowledge of the laws and rules governing the practice of professional counseling in a state.
"Licensed professional counselor" means a counselor licensed by a member state, regardless of the title used by that state, to independently assess, diagnose, and treat behavioral health conditions.

"Licensee" means an individual who currently holds an authorization from the state to practice as a licensed professional counselor.

"Licensing board" means the agency of a state, or equivalent, that is responsible for the licensing and regulation of licensed professional counselors.

"Member state" means a state that has enacted the compact.

"Privilege to practice" means a legal authorization, which is equivalent to a license, permitting the practice of professional counseling in a remote state.

"Professional counseling" means the assessment, diagnosis, and treatment of behavioral health conditions by a licensed professional counselor.

"Remote state" means a member state other than the home state, where a licensee is exercising or seeking to exercise the privilege to practice.

"Rule" means a regulation promulgated by the commission that has the force of law.

"Single state license" means a licensed professional counselor license issued by a member state that authorizes practice only within the issuing state and does not include a privilege to practice in any other member state.

"State" means any state, commonwealth, district, or territory of the United States that regulates the practice of professional counseling.

"Telehealth" means the application of telecommunication technology to deliver professional counseling services remotely to assess, diagnose, and treat behavioral health conditions.

"Unencumbered license" means a license that authorizes a licensed professional counselor to engage in the full and unrestricted practice of professional counseling.

ARTICLE II

STATE PARTICIPATION IN THE COMPACT

(a) To participate in the compact, a state must currently:

(1) license and regulate licensed professional counselors;

(2) require licensees to pass a nationally recognized exam approved by the commission;

(3) require licensees to have a 60 semester-hour or 90 quarter-hour master's degree in counseling or 60 semester-hours or 90 quarter-hours of graduate coursework including the following topic areas:
(i) professional counseling orientation and ethical practice;
(ii) social and cultural diversity;
(iii) human growth and development;
(iv) career development;
(v) counseling and helping relationships;
(vi) group counseling and group work;
(vii) diagnosis and treatment; assessment and testing;
(viii) research and program evaluation; and
(ix) other areas as determined by the commission;
(4) require licensees to complete a supervised postgraduate professional experience as defined by the commission; and
(5) have a mechanism in place for receiving and investigating complaints about licensees.

(b) A member state shall:
(1) participate fully in the commission's data system, including using the commission's unique identifier as defined in rules;
(2) notify the commission, in compliance with the terms of the compact and rules, of any adverse action or the availability of investigative information regarding a licensee;
(3) implement or utilize procedures for considering the criminal history records of applicants for an initial privilege to practice. These procedures shall include the submission of fingerprints or other biometric-based information by applicants for the purpose of obtaining an applicant's criminal history record information from the Federal Bureau of Investigation and the agency responsible for retaining that state's criminal records;
(i) a member state must fully implement a criminal background check requirement, within a time frame established by rule, by receiving the results of the Federal Bureau of Investigation record search and shall use the results in making licensure decisions; and
(ii) communication between a member state, the commission, and among member states regarding the verification of eligibility for licensure through the compact shall not include any information received from the Federal Bureau of Investigation relating to a federal criminal records check performed by a member state under Public Law 92-544;
(4) comply with the rules of the commission;
(5) require an applicant to obtain or retain a license in the home state and meet the home state's qualifications for licensure or renewal of licensure, as well as all other applicable state laws;

(6) grant the privilege to practice to a licensee holding a valid unencumbered license in another member state in accordance with the terms of the compact and rules; and

(7) provide for the attendance of the state's commissioner to the counseling compact commission meetings;

(c) Member states may charge a fee for granting the privilege to practice;

(d) Individuals not residing in a member state shall continue to be able to apply for a member state's single state license as provided under the laws of each member state. However, the single state license granted to these individuals shall not be recognized as granting a privilege to practice professional counseling in any other member state;

(e) Nothing in this compact shall affect the requirements established by a member state for the issuance of a single state license;

(f) A license issued to a licensed professional counselor by a home state to a resident in that state shall be recognized by each member state as authorizing a licensed professional counselor to practice professional counseling, under a privilege to practice, in each member state.

ARTICLE III

PRIVILEGE TO PRACTICE

(a) To exercise the privilege to practice under the terms and provisions of the compact, the licensee shall:

(1) hold a license in the home state;

(2) have a valid United States Social Security number or national practitioner identifier;

(3) be eligible for a privilege to practice in any member state in accordance with this article, paragraphs (d), (g), and (h);

(4) have not had any encumbrance or restriction against any license or privilege to practice within the previous two years;

(5) notify the commission that the licensee is seeking the privilege to practice within a remote state(s);

(6) pay any applicable fees, including any state fee, for the privilege to practice;

(7) meet any continuing competence or education requirements established by the home state;
391.6 (8) meet any jurisprudence requirements established by the remote state in which the
licensee is seeking a privilege to practice; and
391.7 (9) report to the commission any adverse action, encumbrance, or restriction on license
391.8 taken by any nonmember state within 30 days from the date the action is taken;
391.9 (b) The privilege to practice is valid until the expiration date of the home state license;
391.10 The licensee must comply with the requirements of this article, paragraph (a), to maintain
391.11 the privilege to practice in the remote state.
391.12 (c) A licensee providing professional counseling in a remote state under the privilege
391.13 to practice shall adhere to the laws and regulations of the remote state;
391.14 (d) A licensee providing professional counseling services in a remote state is subject to
391.15 that state's regulatory authority. A remote state may, in accordance with due process and
391.16 that state's laws, remove a licensee's privilege to practice in the remote state for a specific
391.17 period of time, impose fines, or take any other necessary actions to protect the health and
391.18 safety of its citizens. The licensee may be ineligible for a privilege to practice in any member
391.19 state until the specific time for removal has passed and all fines are paid.
391.20 (e) If a home state license is encumbered, the licensee shall lose the privilege to practice
391.21 in any remote state until the following occur:
391.22 (1) the home state license is no longer encumbered; and
391.23 (2) have not had any encumbrance or restriction against any license or privilege to
391.24 practice within the previous two years;
391.25 (f) Once an encumbered license in the home state is restored to good standing, the
391.26 licensee must meet the requirements of this article, paragraph (a), to obtain a privilege to
391.27 practice in any remote state;
391.28 (g) If a licensee's privilege to practice in any remote state is removed, the individual
391.29 may lose the privilege to practice in all other remote states until the following occur:
391.30 (1) the specific period of time for which the privilege to practice was removed has ended;
391.31 (2) all fines have been paid; and
391.32 (3) have not had any encumbrance or restriction against any license or privilege to
391.33 practice within the previous two years;
391.34 (h) Once the requirements of this article, paragraph (g), have been met, the licensee must
391.35 meet the requirements in this article, paragraph (g), to obtain a privilege to practice in a
391.36 remote state.
392.1

ARTICLE IV
(a) A licensed professional counselor may hold a home state license, which allows for a privilege to practice in other member states, in only one member state at a time.

(b) If a licensed professional counselor changes primary state of residence by moving between two member states:

1. the licensed professional counselor shall file an application for obtaining a new home state license based on a privilege to practice, pay all applicable fees, and notify the current and new home state in accordance with applicable rules adopted by the commission;

2. upon receipt of an application for obtaining a new home state license by virtue of a privilege to practice, the new home state shall verify that the licensed professional counselor meets the pertinent criteria outlined in article III via the data system, without need for primary source verification, except for:

   i. a Federal Bureau of Investigation fingerprint-based criminal background check if not previously performed or updated pursuant to applicable rules adopted by the commission in accordance with Public Law 92-544;

   ii. other criminal background checks as required by the new home state; and

   iii. completion of any requisite jurisprudence requirements of the new home state;

3. the former home state shall convert the former home state license into a privilege to practice once the new home state has activated the new home state license in accordance with applicable rules adopted by the commission;

4. notwithstanding any other provision of this compact, if the licensed professional counselor cannot meet the criteria in article V, the new home state may apply its requirements for issuing a new single state license; and

5. the licensed professional counselor shall pay all applicable fees to the new home state in order to be issued a new home state license.

(e) Nothing in this compact shall affect the requirements established by a member state for the issuance of a single state license.
ARTICLE V

ACTIVE DUTY MILITARY PERSONNEL OR THEIR SPOUSES

Active duty military personnel, or their spouse, shall designate a home state where the individual has a current license in good standing. The individual may retain the home state designation during the period the service member is on active duty. Subsequent to designating a home state, the individual shall only change their home state through application for licensure in the new state or through the process outlined in article IV.

ARTICLE VI

COMPACT PRIVILEGE TO PRACTICE TELEHEALTH

(a) Member states shall recognize the right of a licensed professional counselor, licensed by a home state in accordance with article II and under rules promulgated by the commission, to practice professional counseling in any member state via telehealth under a privilege to practice as provided in the compact and rules promulgated by the commission.

(b) A licensee providing professional counseling services in a remote state under the privilege to practice shall adhere to the laws and regulations of the remote state.

ARTICLE VII

ADVERSE ACTIONS

(a) In addition to the other powers conferred by state law, a remote state shall have the authority, in accordance with existing state due process law, to:

1. take adverse action against a licensed professional counselor's privilege to practice within that member state; and

2. issue subpoenas for both hearings and investigations that require the attendance and testimony of witnesses as well as the production of evidence. Subpoenas issued by a licensing board in a member state for the attendance and testimony of witnesses or the production of evidence from another member state shall be enforced in the latter state by any court of competent jurisdiction according to the practice and procedure of that court applicable to subpoenas issued in proceedings pending before it. The issuing authority shall pay any witness fees, travel expenses, mileage, and other fees required by the service statutes of the state in which the witnesses or evidence are located.

(b) Only the home state shall have the power to take adverse action against a licensed professional counselor's license issued by the home state.

(c) For purposes of taking adverse action, the home state shall give the same priority and effect to reported conduct received from a member state as it would if the conduct had occurred within the home state. In so doing, the home state shall apply its own state laws to determine appropriate action.
(d) The home state shall complete any pending investigations of a licensed professional counselor who changes primary state of residence during the course of the investigations. The home state shall also have the authority to take appropriate action and shall promptly report the conclusions of the investigations to the administrator of the data system. The administrator of the coordinated licensure information system shall promptly notify the new home state of any adverse actions.

(e) A member state, if otherwise permitted by state law, may recover from the affected licensed professional counselor the costs of investigations and dispositions of cases resulting from any adverse action taken against that licensed professional counselor.

(f) A member state may take adverse action based on the factual findings of the remote state, provided that the member state follows its own procedures for taking the adverse action.

(g) Joint investigations:

(1) in addition to the authority granted to a member state by its respective professional counseling practice act or other applicable state law, any member state may participate with other member states in joint investigations of licensees; and

(2) member states shall share any investigative, litigation, or compliance materials in furtherance of any joint or individual investigation initiated under the compact.

(h) If adverse action is taken by the home state against the license of a licensed professional counselor, the licensed professional counselor’s privilege to practice in all other member states shall be deactivated until all encumbrances have been removed from the state license. All home state disciplinary orders that impose adverse action against the license of a licensed professional counselor shall include a statement that the licensed professional counselor’s privilege to practice is deactivated in all member states during the pendency of the order.

(i) If a member state takes adverse action, it shall promptly notify the administrator of the data system. The administrator of the data system shall promptly notify the home state of any adverse actions by remote states.

(j) Nothing in this compact shall override a member state’s decision that participation in an alternative program may be used in lieu of adverse action.

ARTICLE VIII

ESTABLISHMENT OF COUNSELING COMPACT COMMISSION

(a) The compact member states hereby create and establish a joint public agency known as the counseling compact commission:

(1) the commission is an instrumentality of the compact states:
(2) venue is proper and judicial proceedings by or against the commission shall be brought solely and exclusively in a court of competent jurisdiction where the principal office of the commission is located. The commission may waive venue and jurisdictional defenses to the extent it adopts or consents to participate in alternative dispute resolution proceedings; and

(3) nothing in this compact shall be construed to be a waiver of sovereign immunity.

(b) Membership, voting, and meetings:

(1) each member state shall have and be limited to one delegate selected by that member state's licensing board;

(2) the delegate shall be either:

(i) a current member of the licensing board at the time of appointment who is a licensed professional counselor or public member; or

(ii) an administrator of the licensing board;

(3) any delegate may be removed or suspended from office as provided by the law of the state from which the delegate is appointed;

(4) the member state licensing board shall fill any vacancy occurring on the commission within 60 days;

(5) each delegate shall be entitled to one vote with regard to the promulgation of rules and creation of bylaws and shall otherwise have an opportunity to participate in the business and affairs of the commission;

(6) a delegate shall vote in person or by such other means as provided in the bylaws. The bylaws may provide for delegates' participation in meetings by telephone or other means of communication;

(7) the commission shall meet at least once during each calendar year. Additional meetings shall be held as set forth in the bylaws; and

(8) the commission shall by rule establish a term of office for delegates and may by rule establish term limits.

(c) The commission shall have the following powers and duties:

(1) establish the fiscal year of the commission;

(2) establish bylaws;

(3) maintain its financial records in accordance with the bylaws;

(4) meet and take such actions as are consistent with the provisions of this compact and the bylaws.
(5) promulgate rules which shall be binding to the extent and in the manner provided for in the compact;

(6) bring and prosecute legal proceedings or actions in the name of the commission, provided that the standing of any state licensing board to sue or be sued under applicable law shall not be affected;

(7) purchase and maintain insurance and bonds;

(8) borrow, accept, or contract for services of personnel, including but not limited to employees of a member state;

(9) hire employees, elect or appoint officers, fix compensation, define duties, grant such individuals appropriate authority to carry out the purposes of the compact, and establish the commission's personnel policies and programs relating to conflicts of interest, qualifications of personnel, and other related personnel matters;

(10) accept any and all appropriate donations and grants of money, equipment, supplies, materials, and services and to receive, utilize, and dispose of the same; provided that at all times the commission shall avoid any appearance of impropriety and conflict of interest;

(11) lease, purchase, accept appropriate gifts or donations of, or otherwise to own, hold, improve, or use any property, real, personal, or mixed; provided that at all times the commission shall avoid any appearance of impropriety;

(12) sell convey, mortgage, pledge, lease, exchange, abandon, or otherwise dispose of any property real, personal, or mixed;

(13) establish a budget and make expenditures;

(14) borrow money;

(15) appoint committees, including standing committees composed of members, state regulators, state legislators or their representatives, and consumer representatives, and such other interested persons as may be designated in this compact and the bylaws;

(16) provide and receive information from, and cooperate with, law enforcement agencies;

(17) establish and elect an executive committee; and

(18) perform such other functions as may be necessary or appropriate to achieve the purposes of this compact consistent with the state regulation of professional counseling licensure and practice;

(d) The executive committee:

(1) The executive committee shall have the power to act on behalf of the commission according to the terms of this compact;
The executive committee shall be composed of up to eleven members:

(i) seven voting members who are elected by the commission from the current membership of the commission;

(ii) up to four ex-officio, nonvoting members from four recognized national professional counselor organizations; and

(iii) the ex-officio members will be selected by their respective organizations;

The commission may remove any member of the executive committee as provided in bylaws;

The executive committee shall meet at least annually; and

The executive committee shall have the following duties and responsibilities:

(i) recommend to the entire commission changes to the rules or bylaws, changes to this compact legislation, fees paid by compact member states such as annual dues, and any commission compact fee charged to licensees for the privilege to practice;

(ii) ensure compact administration services are appropriately provided, contractual or otherwise;

(iii) prepare and recommend the budget;

(iv) maintain financial records on behalf of the commission;

(v) monitor compact compliance of member states and provide compliance reports to the commission;

(vi) establish additional committees as necessary; and

(vii) other duties as provided in rules or bylaws;

Meetings of the commission:

(1) all meetings shall be open to the public; and public notice of meetings shall be given in the same manner as required under the rulemaking provisions in article X;

(2) the commission or the executive committee or other committees of the commission may convene in a closed, non-public meeting if the commission or executive committee or other committees of the commission must discuss:

(i) non-compliance of a member state with its obligations under the compact;

(ii) the employment, compensation, discipline, or other matters, practices, or procedures related to specific employees or other matters related to the commission’s internal personnel practices and procedures;
(iii) current, threatened, or reasonably anticipated litigation;
(iv) negotiation of contracts for the purchase, lease, or sale of goods, services, or real
estate;
(v) accusing any person of a crime or formally censuring any person;
(vi) disclosure of trade secrets or commercial or financial information that is privileged
or confidential;
(vii) disclosure of information of a personal nature where disclosure would constitute a
clearly unwarranted invasion of personal privacy;
(viii) disclosure of investigative records compiled for law enforcement purposes;
(ix) disclosure of information related to any investigative reports prepared by or on
behalf of or for use of the commission or other committee charged with responsibility of
investigation or determination of compliance issues pursuant to the compact; or
(x) matters specifically exempted from disclosure by federal or member state statute;
(iii) if a meeting, or portion of a meeting, is closed pursuant to this provision, the
commission's legal counsel or designee shall certify that the meeting may be closed and
shall reference each relevant exempting provision; and
(d) the commission shall keep minutes that fully and clearly describe all matters discussed
in a meeting and shall provide a full and accurate summary of actions taken and the reasons
therefore, including a description of the views expressed. All documents considered in
connection with an action shall be identified in such minutes. All minutes and documents
of a closed meeting shall remain under seal, subject to release by a majority vote of the
commission or order of a court of competent jurisdiction;
(f) Financing of the commission:
(i) the commission shall pay, or provide for the payment of, the reasonable expenses of
its establishment, organization, and ongoing activities;
(ii) the commission may accept any and all appropriate revenue sources, donations, and
grants of money, equipment, supplies, materials, and services;
(iii) the commission may levy on and collect an annual assessment from each member
state or impose fees on other parties to cover the cost of the operations and activities of the
commission and its staff, which must be in a total amount sufficient to cover its annual
budget as approved each year for which revenue is not provided by other sources. The
aggregate annual assessment amount shall be allocated based upon a formula to be determined
by the commission, which shall promulgate a rule binding upon all member states;
(iv) the commission shall not incur obligations of any kind prior to securing the funds adequate to meet the same; nor shall the commission pledge the credit of any of the member states, except by and with the authority of the member state; and

(v) the commission shall keep accurate accounts of all receipts and disbursements. The receipts and disbursements of the commission shall be subject to the audit and accounting procedures established under its bylaws. However, all receipts and disbursements of funds handled by the commission shall be audited yearly by a certified or licensed public accountant, and the report of the audit shall be included in and become part of the annual report of the commission;

(p) Qualified immunity, defense, and indemnification:

(1) the members, officers, executive director, employees, and representatives of the commission shall be immune from suit and liability, either personally or in their official capacity, for any claim for damage to or loss of property or personal injury or other civil liability caused by or arising out of any actual or alleged act, error, or omission that occurred, or that the person against whom the claim is made had a reasonable basis for believing occurred within the scope of commission employment, duties or responsibilities; provided that nothing in this paragraph shall be construed to protect any such person from suit or liability for any damage, loss, injury, or liability caused by the intentional or willful or wanton misconduct of that person;

(2) the commission shall defend any member, officer, executive director, employee or representative of the commission in any civil action seeking to impose liability arising out of any actual or alleged act, error, or omission that occurred within the scope of commission employment, duties, or responsibilities, or that the person against whom the claim is made had a reasonable basis for believing occurred within the scope of commission employment, duties, or responsibilities; provided that nothing herein shall be construed to prohibit that person from retaining his or her own counsel; and provided further, that the actual or alleged act, error, or omission did not result from that person's intentional or willful or wanton misconduct; and

(3) the commission shall indemnify and hold harmless any member, officer, executive director, employee, or representative of the commission for the amount of any settlement or judgment obtained against that person arising out of any actual or alleged act, error, or omission that occurred within the scope of commission employment, duties, or responsibilities, or that such person had a reasonable basis for believing occurred within the scope of commission employment, duties, or responsibilities, provided that the actual or alleged act, error, or omission did not result from the intentional or willful or wanton misconduct of that person.

ARTICLE IX

DATA SYSTEM
(a) The commission shall provide for the development, maintenance, operation, and utilization of a coordinated database and reporting system containing licensure, adverse action, and investigative information on all licensed individuals in member states.

(b) Notwithstanding any other provision of state law to the contrary, a member state shall submit a uniform data set to the data system on all individuals to whom this compact is applicable as required by the rules of the commission, including:

1. Identifying information;
2. Licensure data;
3. Adverse actions against a license or privilege to practice;
4. Nonconfidential information related to alternative program participation;
5. Any denial of application for licensure and the reason for such denial;
6. Current significant investigative information; and
7. Other information that may facilitate the administration of this compact, as determined by the rules of the commission.

(c) Investigative information pertaining to a licensee in any member state will only be available to other member states.

(d) The commission shall promptly notify all member states of any adverse action taken against a licensee or an individual applying for a license. Adverse action information pertaining to a licensee in any member state will be available to any other member state.

(e) Member states contributing information to the data system may designate information that may not be shared with the public without the express permission of the contributing state.

(f) Any information submitted to the data system that is subsequently required to be expunged by the laws of the member state contributing the information shall be removed from the data system.

ARTICLE X
RULEMAKING

(a) The commission shall promulgate reasonable rules in order to effectively and efficiently achieve the purpose of the compact. Notwithstanding the foregoing, in the event the commission exercises its rulemaking authority in a manner that is beyond the scope of the purposes of the compact, or the powers granted hereunder, then such an action by the commission shall be invalid and have no force or effect.
(b) The commission shall exercise its rulemaking powers pursuant to the criteria set forth in this article and the rules adopted thereunder. Rules and amendments shall become binding as of the date specified in each rule or amendment.

(c) If a majority of the legislatures of the member states rejects a rule, by enactment of a statute or resolution in the same manner used to adopt the compact within four years of the date of adoption of the rule, then such rule shall have no further force and effect in any member state.

(d) Rules or amendments to the rules shall be adopted at a regular or special meeting of the commission.

(e) Prior to promulgation and adoption of a final rule or rules by the commission, and at least thirty days in advance of the meeting at which the rule will be considered and voted upon, the commission shall file a notice of proposed rulemaking:

(1) on the website of the commission or other publicly accessible platform; and

(2) on the website of each member state professional counseling licensing board or other publicly accessible platform or the publication in which each state would otherwise publish proposed rules.

(f) The notice of proposed rulemaking shall include:

(1) the proposed time, date, and location of the meeting in which the rule will be considered and voted upon;

(2) the text of the proposed rule or amendment and the reason for the proposed rule;

(3) a request for comments on the proposed rule from any interested person; and

(4) the manner in which interested persons may submit notice to the commission of their intention to attend the public hearing and any written comments.

(g) Prior to adoption of a proposed rule, the commission shall allow persons to submit written data, facts, opinions, and arguments, which shall be made available to the public.

(h) The commission shall grant an opportunity for a public hearing before it adopts a rule or amendment if a hearing is requested by:

(1) at least 25 persons;

(2) a state or federal governmental subdivision or agency; or

(3) an association having at least 25 members.

(i) If a hearing is held on the proposed rule or amendment, the commission shall publish the place, time, and date of the scheduled public hearing. If the hearing is held via electronic means, the commission shall publish the mechanism for access to the electronic hearing.
(1) all persons wishing to be heard at the hearing shall notify the executive director of
the commission or other designated member in writing of their desire to appear and testify
at the hearing not less than five business days before the scheduled date of the hearing;
(2) hearings shall be conducted in a manner providing each person who wishes to
comment a fair and reasonable opportunity to comment orally or in writing;
(3) all hearings will be recorded. A copy of the recording will be made available on
request; and
(4) nothing in this article shall be construed as requiring a separate hearing on each rule;
Rules may be grouped for the convenience of the commission at hearings required by this
article;
(j) Following the scheduled hearing date, or by the close of business on the scheduled
hearing date if the hearing was not held, the commission shall consider all written and oral
comments received;
(k) If no written notice of intent to attend the public hearing by interested parties is
received, the commission may proceed with promulgation of the proposed rule without a
public hearing;
(l) The commission shall, by majority vote of all members, take final action on the
proposed rule and shall determine the effective date of the rule, if any, based on the
rulemaking record and the full text of the rule;
(m) Upon determination that an emergency exists, the commission may consider and
adopt an emergency rule without prior notice, opportunity for comment, or hearing, provided
that the usual rulemaking procedures provided in the compact and in this article shall be
retroactively applied to the rule as soon as reasonably possible, in no event later than 90
days after the effective date of the rule. For the purposes of this provision, an emergency
rule is one that must be adopted immediately in order to:
(1) meet an imminent threat to public health, safety, or welfare;
(2) prevent a loss of commission or member state funds;
(3) meet a deadline for the promulgation of an administrative rule that is established by
federal law or rule; or
(4) protect public health and safety;
(n) The commission or an authorized committee of the commission may direct revisions
to a previously adopted rule or amendment for purposes of correcting typographical errors,
errors in format, errors in consistency, or grammatical errors. Public notice of any revisions
shall be posted on the website of the commission. The revision shall be subject to challenge
by any person for a period of thirty days after posting. The revision may be challenged only
on grounds that the revision results in a material change to a rule. A challenge shall be made

PAGE R62A5             REVISOR FULL-TEXT SIDE-BY-SIDE
in writing and delivered to the chair of the commission prior to the end of the notice period. If no challenge is made, the revision will take effect without further action. If the revision is challenged, the revision may not take effect without the approval of the commission.

ARTICLE XI

OVERSIGHT, DISPUTE RESOLUTION, AND ENFORCEMENT

(a) Oversight:

(1) the executive, legislative, and judicial branches of state government in each member state shall enforce this compact and take all actions necessary and appropriate to effectuate the compact's purposes and intent. The provisions of this compact and the rules promulgated hereunder shall have standing as statutory law;

(2) all courts shall take judicial notice of the compact and the rules in any judicial or administrative proceeding in a member state pertaining to the subject matter of this compact which may affect the powers, responsibilities, or actions of the commission; and

(3) the commission shall be entitled to receive service of process in any such proceeding and shall have standing to intervene in such a proceeding for all purposes. Failure to provide service of process to the commission shall render a judgment or order void as to the commission, this compact, or promulgated rules.

(b) Default, technical assistance, and termination:

(1) if the commission determines that a member state has defaulted in the performance of its obligations or responsibilities under this compact or the promulgated rules, the commission shall:

(i) provide written notice to the defaulting state and other member states of the nature of the default, the proposed means of curing the default, or any other action to be taken by the commission; and

(ii) provide remedial training and specific technical assistance regarding the default;

(2) If a state in default fails to cure the default, the defaulting state may be terminated from the compact upon an affirmative vote of a majority of the member states, and all rights, privileges, and benefits conferred by this compact may be terminated on the effective date of termination. A cure of the default does not relieve the offending state of obligations or liabilities incurred during the period of default;

(d) Termination of membership in the compact shall be imposed only after all other means of securing compliance have been exhausted. Notice of intent to suspend or terminate shall be given by the commission to the governor, the majority and minority leaders of the defaulting state's legislature, and each of the member states.
(e) A state that has been terminated is responsible for all assessments, obligations, and liabilities incurred through the effective date of termination, including obligations that extend beyond the effective date of termination.

(f) The commission shall not bear any costs related to a state that is found to be in default or that has been terminated from the compact, unless agreed upon in writing between the commission and the defaulting state.

(g) The defaulting state may appeal the action of the commission by petitioning the United States District Court for the District of Columbia or the federal district where the commission has its principal offices. The prevailing member shall be awarded all costs of such litigation, including reasonable attorney's fees.

(h) Dispute resolution:

(1) Upon request by a member state, the commission shall attempt to resolve disputes related to the compact that arise among member states and between member and nonmember states; and

(2) the commission shall promulgate a rule providing for both mediation and binding dispute resolution for such disputes as appropriate.

(i) Enforcement:

(1) The commission, in the reasonable exercise of its discretion, shall enforce the provisions and rules of this compact;

(2) by majority vote, the commission may initiate legal action in the United States District Court for the District of Columbia or the federal district where the commission has its principal offices against a member state in default to enforce compliance with the provisions of the compact and its promulgated rules and bylaws. The relief sought may include both injunctive relief and damages. In the event judicial enforcement is necessary, the prevailing member shall be awarded all costs of such litigation, including reasonable attorney's fees; and

(3) the remedies herein shall not be the exclusive remedies of the commission. The commission may pursue any other remedies available under federal or state law.

ARTICLE XII

DATE OF IMPLEMENTATION OF THE COUNSELING COMPACT COMMISSION
AND ASSOCIATED RULES, WITHDRAWAL, AND AMENDMENT

The compact shall come into effect on the date on which the compact statute is enacted into law in the tenth member state. The provisions, which become effective at that time, shall be limited to the powers granted to the commission relating to assembly and the
promulgation of rules. Thereafter, the commission shall meet and exercise rulemaking powers necessary to the implementation and administration of the compact.

(b) Any state that joins the compact subsequent to the commission's initial adoption of the rules shall be subject to the rules as they exist on the date on which the compact becomes law in that state. Any rule that has been previously adopted by the commission shall have the full force and effect of law on the day the compact becomes law in that state.

(c) Any member state may withdraw from this compact by enacting a statute repealing the same:

(1) a member state's withdrawal shall not take effect until six months after enactment of the repealing statute; and

(2) withdrawal shall not affect the continuing requirement of the withdrawing state's professional counseling licensing board to comply with the investigative and adverse action reporting requirements of this act prior to the effective date of withdrawal.

(d) Nothing contained in this compact shall be construed to invalidate or prevent any professional counseling licensure agreement or other cooperative arrangement between a member state and a nonmember state that does not conflict with the provisions of this compact.

(e) This compact may be amended by the member states. No amendment to this compact shall become effective and binding upon any member state until it is enacted into the laws of all member states.

ARTICLE XIII

CONSTRUCTION AND SEVERABILITY

This compact shall be liberally construed so as to effectuate the purposes thereof. The provisions of this compact shall be severable and if any phrase, clause, sentence, or provision of this compact is declared to be contrary to the constitution of any member state or of the United States or the applicability thereof to any government, agency, person, or circumstance is held invalid, the validity of the remainder of this compact and the applicability thereof to any government, agency, person, or circumstance shall not be affected thereby. If this compact shall be held contrary to the constitution of any member state, the compact shall remain in full force and effect as to the remaining member states and in full force and effect as to the member state affected as to all severable matters.

ARTICLE XIV

BINDING EFFECT OF COMPACT AND OTHER LAWS
(a) A licensee providing professional counseling services in a remote state under the
privilege to practice shall adhere to the laws and regulations, including scope of practice,
of the remote state.
(b) Nothing herein prevents the enforcement of any other law of a member state that is
not inconsistent with the compact.
(c) Any laws in a member state in conflict with the compact are superseded to the extent
of the conflict.
(d) Any lawful actions of the commission, including all rules and bylaws properly
promulgated by the commission, are binding upon the member states.
(e) All permissible agreements between the commission and the member states are
binding in accordance with their terms.
(f) In the event any provision of the compact exceeds the constitutional limits imposed
on the legislature of any member state, the provision shall be ineffective to the extent of the
conflict with the constitutional provision in question in that member state.

Sec. 3. Minnesota Statutes 2020, section 148E.100, subdivision 3, is amended to read:
Subd. 3. Types of supervision. Of the 100 hours of supervision required under
subdivision 1:
(1) 50 hours must be provided through one-on-one supervision, including: (i) a minimum
of 25 hours of in-person supervision, and (ii) no more than 25 hours of supervision. The
supervision must be provided either in person or via eye-to-eye electronic media, while
maintaining visual contact. The board must allow a licensed social worker to satisfy the
supervision requirement of this clause with all required hours of supervision provided via
eye-to-eye electronic media, while maintaining visual contact; and
(2) 50 hours must be provided through: (i) one-on-one supervision; or (ii) group
supervision. The supervision may be in person, by telephone, or via eye-to-eye electronic
media, while maintaining visual contact. The supervision must not be provided by e-mail.
Group supervision is limited to six supervisees.

EFFECTIVE DATE. This section is effective the day following final enactment and
applies to supervision requirements in effect on or after that date.

Sec. 4. Minnesota Statutes 2020, section 148E.105, subdivision 3, is amended to read:
Subd. 3. Types of supervision. Of the 100 hours of supervision required under
subdivision 1:
(1) 50 hours must be provided through one-on-one supervision, including: (i) a
minimum of 25 hours of in-person supervision, and (ii) no more than 25 hours of supervision.
The supervision must be provided either in person or via eye-to-eye electronic media, while
maintaining visual contact. The board must allow a licensed graduate social worker to satisfy
the supervision requirement of this clause with all required hours of supervision provided
via eye-to-eye electronic media, while maintaining visual contact; and

(2) 50 hours must be provided through: (i) one-on-one supervision; or (ii) group
supervision. The supervision may be in person, by telephone, or via eye-to-eye electronic
media, while maintaining visual contact. The supervision must not be provided by e-mail.

Group supervision is limited to six supervisees.

EFFECTIVE DATE. This section is effective the day following final enactment and
applies to supervision requirements in effect on or after that date.

Sec. 5. Minnesota Statutes 2020, section 148E.106, subdivision 3, is amended to read:

Subd. 3. Types of supervision. Of the 200 hours of supervision required under

subdivision 1:

(1) 100 hours must be provided through one-on-one supervision, including: (i) a minimum
of 50 hours of in-person supervision, and (ii) no more than 50 hours of supervision. The
supervision must be provided either in person or via eye-to-eye electronic media, while
maintaining visual contact. The board must allow a licensed graduate social worker to satisfy
the supervision requirement of this clause with all required hours of supervision provided
via eye-to-eye electronic media, while maintaining visual contact; and

(2) 100 hours must be provided through: (i) one-on-one supervision, or (ii) group
supervision. The supervision may be in person, by telephone, or via eye-to-eye electronic
media, while maintaining visual contact. The supervision must not be provided by e-mail.

Group supervision is limited to six supervisees.

EFFECTIVE DATE. This section is effective the day following final enactment and
applies to supervision requirements in effect on or after that date.

Sec. 6. Minnesota Statutes 2020, section 148E.110, subdivision 7, is amended to read:

Subd. 7. Supervision; clinical social work practice after licensure as licensed
independent social worker. Of the 200 hours of supervision required under subdivision

5:

(1) 100 hours must be provided through one-on-one supervision, including: The
supervision must be provided either in person or via eye-to-eye electronic media, while
maintaining visual contact. The board must allow a licensed independent social worker to
satisfy the supervision requirement of this clause with all required hours of supervision
provided via eye-to-eye electronic media, while maintaining visual contact; and

(i) a minimum of 50 hours of in-person supervision; and

(ii) no more than 50 hours of supervision via eye-to-eye electronic media, while
maintaining visual contact; and

(2) 100 hours must be provided through:
(i) one-on-one supervision; or

(ii) group supervision.

The supervision may be in person, by telephone, or via eye-to-eye electronic media, while maintaining visual contact. The supervision must not be provided by e-mail. Group supervision is limited to six supervisees.

**EFFECTIVE DATE.** This section is effective the day following final enactment and applies to supervision requirements in effect on or after that date.

---

Sec. 19. Minnesota Statutes 2020, section 148F.11, is amended by adding a subdivision to read:

Subd. 2a. Former students. (a) A former student may practice alcohol and drug counseling without a license for 90 days after the former student's degree conferral date or after the last date the former student received credit for an alcohol and drug counseling course from an accredited school or educational program. The former student's practice under this subdivision must be supervised by an alcohol and drug counselor as defined under section 245G.11, subdivision 5, an alcohol and drug counselor supervisor as defined under section 245G.11, subdivision 4, or a treatment director as defined under section 245G.11, subdivision 3.

(b) The former student's right to practice under this subdivision expires after 90 days from the former student's degree conferral date or date of last course credit for an alcohol and drug counseling course, whichever occurs last.

**EFFECTIVE DATE.** This section is effective the day following final enactment.

---

Sec. 7. Minnesota Statutes 2020, 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 Commission on Dental Accreditation.

(b) An applicant for a specialty license shall:

(1) have successfully completed a postdoctoral specialty 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) pass all components of the National Board Dental Examinations;

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

(9) abide by professional ethical conduct requirements; and

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

(c) The application must include:

(1) a completed application furnished by the board;

(2) at least two character references from two different dentists for each specialty area, one of whom must be a dentist practicing in the same specialty area, and the other from the director of each specialty program attended;

(3) a licensed physician's statement attesting to the applicant's physical and mental condition;

(4) a statement from a licensed ophthalmologist or optometrist attesting to the applicant's visual acuity;

(5) a nonrefundable fee; and

(6) a notarized, unmounted passport-type photograph, three inches by three inches, taken not more than six months before the date of application copy of the applicant's government issued photo identification card.

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

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 2020, 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 hygienist, or licensed dental assistant if the following conditions are met:

1. The dentist, dental hygienist, or dental assistant is currently licensed in good standing in another United States jurisdiction;
2. The dentist, 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 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 hygienist, or dental assistant agrees to treat indigent patients who meet the eligibility criteria established by the clinic; and
5. The dentist, dental hygienist, or dental assistant has applied to the board for a guest license and has paid a nonrefundable license fee to the board not to exceed $75.

(b) A guest license must be renewed annually with the board and an annual renewal fee not to exceed $75 must be paid to the board. Guest licenses expire on December 31 of each year.

(c) A dentist, dental hygienist, or dental assistant practicing under a guest license under this subdivision shall have the same obligations as a dentist, 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 hygienist, or dental assistant practicing under this subdivision, the board shall promptly report such disciplinary action to the dentist'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 hygienist, or dental assistant licensed in another United States jurisdiction to provide dental care to patients on a voluntary basis.
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 hygienist, or dental assistant practicing under this subdivision
or take other regulatory action against the dentist, 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 hygienist, or dental assistant.

Sec. 9. Minnesota Statutes 2020, section 150A.06, subdivision 6, is amended to read:

Subd. 6. Display of name and certificates. (a) The renewal certificate of
every dentist,
dental therapist, dental hygienist, or dental assistant
must be
conspicuously displayed in plain sight of patients in every office in which that person
practices. Duplicate renewal certificates may be obtained from the board.

(b) Near or on the entrance door to every office where dentistry is practiced, the name
of each dentist practicing there, as inscribed on the current license certificate, must be
displayed in plain sight.

(c) The board must allow the display of a mini-license for guest license holders
performing volunteer dental services. There is no fee for the mini-license for guest volunteers.

Sec. 10. Minnesota Statutes 2020, section 150A.06, is amended by adding a subdivision
to read:

Subd. 12. Licensure by credentials for dental therapy. (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 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 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. 11. Minnesota Statutes 2020, section 150A.09, is amended to read:

150A.09 REGISTRATION OF LICENSES AND OR REGISTRATION CERTIFICATES.

Subdivision 1. Registration information and procedure. On or before the license certificate expiration date every licensed dentist, dental therapist, dental hygienist, and dental assistant licensee or registrant shall transmit to the executive secretary of the board:
Submit the renewal required by the board, together with the applicable fee established by the board under section 150A.091. At least 30 days before a license certificate expiration date, the board shall send a written notice stating the amount and due date of the fee and the information to be provided to every licensed dentist, dental therapist, dental hygienist, and dental assistant.

Subd. 3. Current address, change of address. Every dentist, dental therapist, dental hygienist, and dental assistant licensee or registrant shall maintain with the board a correct and current mailing address and electronic mail address. For dentists engaged in the practice of dentistry, the postal address shall be that of the location of the primary dental practice. Within 30 days after changing postal or electronic mail addresses, every dentist, dental therapist, dental hygienist, and dental assistant licensee or registrant shall provide the board written notice of the new address either personally or by first class mail.

Subd. 4. Duplicate certificates. Duplicate licenses or duplicate certificates of license renewal may be issued by the board upon satisfactory proof of the need for the duplicates and upon payment of the fee established by the board.

Subd. 5. Late fee. A late fee established by the board shall be paid if the information and fee required by subdivision 1 is not received by the executive secretary of the board on or before the registration or license renewal date.

Sec. 12. Minnesota Statutes 2020, 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 application a nonrefundable fee in the following amounts in order to administratively process an application:

1. (1) dentist, $140
2. (2) full faculty dentist, $308
3. (3) limited faculty dentist, $140
4. (4) resident dentist or dental provider, $55
5. (5) advanced dental therapist, $100
6. (6) dental therapist, $100
7. (7) dental hygienist, $55
8. (8) licensed dental assistant, $55
9. (9) dental assistant with a permit registration as described in Minnesota Rules, part 3100.8500, subpart 3, $15
10. (10) guest license, $50.
Sec. 13. Minnesota Statutes 2020, section 150A.091, subdivision 5, is amended to read: Biennial license or permit registration renewal fees. Each of the following applicants shall submit with a biennial license or permit 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 permit registration as described in Minnesota Rules, part 3100.8500, subpart 3, $24.

Sec. 14. Minnesota Statutes 2020, section 150A.091, subdivision 8, is amended to read:

Duplicate license or certificate 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, a fee in the following amounts:

1. original dentist, full faculty dentist, dental therapist, dental hygiene, or dental assistant license, $35; and
2. annual or biennial renewal certificates, $10; and
3. wallet-sized license and renewal certificate, $15.

Sec. 15. Minnesota Statutes 2020, section 150A.091, subdivision 9, is amended to read:

Licensure by credentials. Each applicant for licensure as a dentist, dental hygienist, or dental assistant by credentials pursuant to section 150A.06, subdivisions 4 and 8, and Minnesota Rules, part 3100.1400, shall submit with the license application a fee in the following amounts:

1. dentist, $725; $893;
2. dental hygienist, $175; and
3. dental assistant, $35; $71; and
4. dental therapist, $340.
Sec. 16. Minnesota Statutes 2020, section 150A.091, is amended by adding a subdivision to read:

Subd. 21. Failure to practice with a current license. (a) If a licensee practices without a current license and pursues reinstatement, the board may take the following administrative actions based on the length of time practicing without a current license:

1. for under one month, the board may not assess a penalty fee;
2. for one month to six months, the board may assess a penalty of $250;
3. for over six months, the board may assess a penalty of $500; and
4. for over 12 months, the board may assess a penalty of $1,000.

(b) In addition to the penalty fee, the board shall initiate the complaint process against the licensee for failure to practice with a current license for over 12 months.

Sec. 17. Minnesota Statutes 2020, section 150A.091, is amended by adding a subdivision to read:

Subd. 22. Delegating regulated procedures to an individual with a terminated license. (a) If a dentist or dental therapist delegates regulated procedures to another dental professional who had their license terminated, the board may take the following administrative actions against the delegating dentist or dental therapist based on the length of time they delegated regulated procedures:

1. for under one month, the board may not assess a penalty fee;
2. for one month to six months, the board may assess a penalty of $100;
3. for over six months, the board may assess a penalty of $250; and
4. for over 12 months, the board may assess a penalty of $500.

(b) In addition to the penalty fee, the board shall initiate the complaint process against a dentist or dental therapist who delegated regulated procedures to a dental professional with a terminated license for over 12 months.

Sec. 20. Minnesota Statutes 2020, 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 pursuant to this chapter may be employed or retained by a health care facility, program, or 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. is trained in performing these services;
2. meets all other requirements of Minnesota Rules, part 3100.8700, subpart 1, including the requirements of section 150A.783; and
3. the services are provided in a health care facility, program, or nonprofit organization.
(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 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 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 of the sealants after application; 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.

The collaborative agreement must be signed and maintained by the dentist, the dental hygienist, and the facility, program, or organization; must be reviewed annually by the collaborating dentist and dental hygienist and must be made available to the board upon request.

(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 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.

(h) The commissioner of human services shall report annually, beginning February 15, 2023, and each February 15 thereafter, to the Board of Dentistry on the services provided by collaborative practice dental hygienists to medical assistance and MinnesotaCare enrollees during the previous calendar year. The information reported must include, at a minimum, the geographic location and type of setting at which care was delivered, the number of medical assistance and MinnesotaCare patients served, and the characteristics of the patient population.

Sec. 21. Minnesota Statutes 2020, section 150A.105, subdivision 8, is amended to read:

Subd. 8. Definitions. 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 (d) (e); and including medical facilities; assisted living facilities;

(3) federally qualified health centers; and organizations eligible to receive a community clinic grant under section 145.9208, subdivision 1;

(4) 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 services, regardless of the patient's income;
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;
(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) do not have dental health coverage, either through a state public health care program
or private insurance, and whose family 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. 22. Minnesota Statutes 2020, 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 the performance of laboratory tests that are
waived under the federal Clinical Laboratory Improvement Act of 1988, United States Code,
title 42, section 263a et seq.
if a pharmacist may collect specimens, interpret results, notify the patient of results, and refer patients 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.
(4) participation in drug and therapeutic device selection; drug administration for first
dosage and medical emergencies; intramuscular and subcutaneous administration.
for the treatment of alcohol or opioid dependence under a prescription drug order; drug
treatment regimen reviews; and drug or drug-related research;

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

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

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

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

(i) the protocol includes, at a minimum:

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

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

(C) contraindications and precautions to the vaccine;

(D) the procedure for handling an adverse reaction;

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

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

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

(ii) the pharmacist has successfully completed a program approved by the Accreditation
Council for Pharmacy Education specifically for the administration of immunizations or a
program approved by the board;
(iii) 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; (iv) the pharmacist reports the administration of the immunization to the Minnesota Immunization Information Connection; and

(v) informs the patient of any contraindications and precautions to the vaccine before administering a vaccine pursuant to a valid, patient-specific order issued by a physician licensed under chapter 147, a physician assistant authorized to prescribe drugs under chapter 147A, or an advanced practice registered nurse authorized to prescribe drugs under section 148.235, provided that the order is consistent with the United States Food and Drug Administration approved labeling of the vaccine;

(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, 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 opioid antagonists, as defined in section 604A.04, subdivision 1, pursuant to: (i) a written protocol as allowed under clause (7); or

(12) 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

(13) participation in the initiation, management, modification, and discontinuation of therapy with opioid antagonists, as defined in section 604A.04, subdivision 1, pursuant to: (i) a written protocol as allowed under clause (7); or

(14) 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

(15) participation in the initiation, management, modification, and discontinuation of therapy with opioid antagonists, as defined in section 604A.04, subdivision 1, pursuant to: (i) a written protocol as allowed under clause (7); or

(16) 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

(17) participation in the initiation, management, modification, and discontinuation of therapy with opioid antagonists, as defined in section 604A.04, subdivision 1, pursuant to: (i) a written protocol as allowed under clause (7); or

(18) 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

(19) participation in the initiation, management, modification, and discontinuation of therapy with opioid antagonists, as defined in section 604A.04, subdivision 1, pursuant to: (i) a written protocol as allowed under clause (7); or

(20) 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

(21) participation in the initiation, management, modification, and discontinuation of therapy with opioid antagonists, as defined in section 604A.04, subdivision 1, pursuant to: (i) a written protocol as allowed under clause (7); or

(22) 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

(23) participation in the initiation, management, modification, and discontinuation of therapy with opioid antagonists, as defined in section 604A.04, subdivision 1, pursuant to: (i) a written protocol as allowed under clause (7); or

If the patient is 18 years of age or younger, 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;
(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; and

(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.

Sec. 23. Minnesota Statutes 2020, section 151.065, subdivision 1, is amended to read:

Subdivision 1. Application fees. Application fees for licensure and registration are as follows:

(1) pharmacist licensed by examination, $175;
(2) pharmacist licensed by reciprocity, $275;
(3) pharmacy intern, $50;
(4) pharmacy technician, $50;
(5) pharmacy, $260;
(6) drug wholesaler, legend drugs only, $5,260;
(7) drug wholesaler, legend and nonlegend drugs, $5,260;
(8) drug wholesaler, nonlegend drugs, veterinary legend drugs, or both, $5,260;
(9) drug wholesaler, medical gases, $5,260 for the first facility and $260 for each additional facility;
(10) third-party logistics provider, $260;
(11) drug manufacturer, nonopiate legend drugs only, $5,260;
(12) drug manufacturer, nonopiate legend and nonlegend drugs, $5,260;
(13) drug manufacturer, nonlegend or veterinary legend drugs, $5,260;
(14) drug manufacturer, medical gases, $5,260 for the first facility and $260 for each additional facility;
(15) drug manufacturer, also licensed as a pharmacy in Minnesota, $5,260;
(16) drug manufacturer of opiate-containing controlled substances listed in section 152.02; subdivisions 3 to 5, $55,260;
Sec. 24. Minnesota Statutes 2020, section 151.065, subdivision 3, is amended to read:

Subd. 3. Annual renewal fees. Annual licensure and registration renewal fees are as follows:

1. Pharmacist, $175;
2. Pharmacy technician, $50;
3. Pharmacy, $260;
4. Drug wholesaler, legend drugs only, $5,260;
5. Drug wholesaler, legend and nonlegend drugs, $5,260;
6. Drug wholesaler, nonlegend drugs, veterinary legend drugs, or both, $5,260;
7. Drug wholesaler, medical gases, $5,260 for the first facility and $260 for each additional facility;
8. Third-party logistics provider, $260;
9. Drug manufacturer, nonopiate legend drugs only, $5,260;
10. Drug manufacturer, nonopiate legend and nonlegend drugs, $5,260;
11. Drug manufacturer, nonlegend, veterinary legend drugs, or both, $5,260;
12. Drug manufacturer, medical gases, $5,260 for the first facility and $260 for each additional facility;
13. Drug manufacturer, also licensed as a pharmacy in Minnesota, $5,260;
14. Drug manufacturer of opiate-containing controlled substances listed in section 152.02, subdivisions 3 to 5, $55,260;
15. Medical gas dispenser, $260;
16. Controlled substance researcher, $75; and
17. Pharmacy professional corporation, $100.

Sec. 25. Minnesota Statutes 2020, section 151.065, subdivision 7, is amended to read:

Subd. 7. Deposit of fees. (a) The license fees collected under this section, with the exception of the fees identified in paragraphs (b) and (c), shall be deposited in the state government special revenue fund;
Sec. 25. [151.103] DELEGATION OF VACCINE ADMINISTRATION.

(a) A pharmacy technician or pharmacist intern may administer vaccines under section 151.01, subdivision 27, clause (6), if the technician or intern:

(1) is under the direct supervision of a pharmacist while administering the vaccine;
(2) has 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;
(3) has a current certificate in basic cardiopulmonary resuscitation; and
(4) if delegated to a pharmacy technician, the technician has completed:

(i) one of the training programs listed under Minnesota Rules, part 6800.3850, subpart 1h, item B; and
(ii) 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.

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

NOTE: SEC. 27. MINNESOTA STATUTES 2020, SECTION 152.125, AMENDMENT MOVED TO ARTICLE 6 TO MATCH UES4410-2, ARTICLE 6, SECTION 56.
accreditation by a recognized national accrediting organization approved by the board, and
other relevant factors:

(c) The applicant must have received a passing score on each part of the national board
examinations, parts one and two, prepared and graded by the National Board of Podiatric
Medical Examiners. The passing score for each part of the national board examinations,
parts one and two, is as defined by the National Board of Podiatric Medical Examiners.

(d) Applicants graduating after 1986 from a podiatric medical school shall present
evidence of successful completion of a residency program approved by a national accrediting
podiatric medicine organization.

(e) The applicant shall appear in person before the board or its designated representative
to show that the applicant satisfies the requirements of this section, including knowledge
of laws, rules, and ethics pertaining to the practice of podiatric medicine. The board may
establish as internal operating procedures the procedures or requirements for the applicant's
personal presentation. Upon completion of all other application requirements, a doctor of
podiatric medicine applying for a temporary military license has six months in which to
comply with this subdivision;

(f) The applicant shall pay a fee established by the board by rule. The fee shall not be
refunded.

(g) The applicant must not have engaged in conduct warranting disciplinary action
against a licensee. If the applicant does not satisfy the requirements of this paragraph, the
board may refuse to issue a license unless it determines that the public will be protected
through issuance of a license with conditions and limitations the board considers appropriate;

(h) Upon payment of a fee as the board may require, an applicant who fails to pass an
examination and is refused a license is entitled to reexamination within one year of the
board's refusal to issue the license. No more than two reexaminations are allowed without
a new application for a license.

EFFECTIVE DATE. This section is effective the day following final enactment.

Sec. 20. TEMPORARY REQUIREMENTS GOVERNING AMBULANCE SERVICE
OPERATIONS AND THE PROVISION OF EMERGENCY MEDICAL SERVICES.

Subdivision 1. Application. Notwithstanding any law to the contrary in Minnesota
Statutes, chapter 144E, an ambulance service may operate according to this section, and
emergency medical technicians, advanced emergency medical technicians, and paramedics
may provide emergency medical services according to this section.

Subd. 2. Definitions. (a) The terms defined in this subdivision apply to this section.

(b) "Advanced emergency medical technician" has the meaning given in Minnesota
Statutes, section 144E.001, subdivision 5d.
"Advanced life support" has the meaning given in Minnesota Statutes, section 144E.001, subdivision 1k.

"Ambulance" has the meaning given in Minnesota Statutes, section 144E.001, subdivision 2.

"Ambulance service personnel" has the meaning given in Minnesota Statutes, section 144E.001, subdivision 3a.

"Basic life support" has the meaning given in Minnesota Statutes, section 144E.001, subdivision 3a.

"Board" means the Emergency Medical Services Regulatory Board.

"Emergency medical technician" has the meaning given in Minnesota Statutes, section 144E.001, subdivision 3a.

"Paramedic" has the meaning given in Minnesota Statutes, section 144E.001, subdivision 3a.

"Primary service area" means the area designated by the board according to Minnesota Statutes, section 144E.06, to be served by an ambulance service.

Subd. 3. Staffing. (a) For emergency ambulance calls in an ambulance service's primary service area, an ambulance service must staff an ambulance service personnel, at least:

(1) one emergency medical technician, who must be in the patient compartment when a patient is being transported; and

(2) one individual to drive the ambulance. The driver must hold a valid driver's license from any state, must have attended an emergency vehicle driving course approved by the ambulance service, and must have completed a course on cardiopulmonary resuscitation approved by the ambulance service.

(b) For emergency ambulance calls in an ambulance service's primary service area, an ambulance service must staff an ambulance that provides advanced life support with at least:

(1) one paramedic; one registered nurse who meets the requirements in Minnesota Statutes, section 144E.001, subdivision 3a, clause (2); or one physician assistant who meets the requirements in Minnesota Statutes, section 144E.001, subdivision 3a, clause (3), and who must be in the patient compartment when a patient is being transported; and

(2) one individual to drive the ambulance. The driver must hold a valid driver's license from any state, must have attended an emergency vehicle driving course approved by the ambulance service, and must have completed a course on cardiopulmonary resuscitation approved by the ambulance service.

(c) "Advanced life support" has the meaning given in Minnesota Statutes, section 144E.001, subdivision 1k.

(d) "Ambulance" has the meaning given in Minnesota Statutes, section 144E.001, subdivision 2.

(e) "Ambulance service personnel" has the meaning given in Minnesota Statutes, section 144E.001, subdivision 3a.

(f) "Basic life support" has the meaning given in Minnesota Statutes, section 144E.001, subdivision 3a.

(g) "Board" means the Emergency Medical Services Regulatory Board.

(h) "Emergency medical technician" has the meaning given in Minnesota Statutes, section 144E.001, subdivision 3a.

(i) "Paramedic" has the meaning given in Minnesota Statutes, section 144E.001, subdivision 3a.

(j) "Primary service area" means the area designated by the board according to Minnesota Statutes, section 144E.06, to be served by an ambulance service.

Subd. 3. Staffing. (a) For emergency ambulance calls in an ambulance service's primary service area, an ambulance service must staff an ambulance that provides basic life support with at least:

(1) one emergency medical technician, who must be in the patient compartment when a patient is being transported; and

(2) one individual to drive the ambulance. The driver must hold a valid driver's license from any state, must have attended an emergency vehicle driving course approved by the ambulance service, and must have completed a course on cardiopulmonary resuscitation approved by the ambulance service.
The ambulance service director and medical director must approve the staffing of an ambulance according to this subdivision.

An ambulance service staffing an ambulance according to this subdivision must immediately notify the board in writing and in a manner prescribed by the board. The notice must specify how the ambulance service is staffing its basic life support or advanced life support ambulances and the time period the ambulance service plans to staff the ambulances according to this subdivision. If an ambulance service continues to staff an ambulance according to this subdivision after the date provided to the board in its initial notice, the ambulance service must provide a new notice to the board in a manner that complies with this paragraph.

If an individual serving as a driver under this subdivision commits an act listed in Minnesota Statutes, section 144E.27, subdivision 5, paragraph (a), the board may temporarily suspend or prohibit the individual from driving an ambulance or place conditions on the individual's ability to drive an ambulance using the procedures and authority in Minnesota Statutes, section 144E.27, subdivisions 5 and 6.

Subd. 4. Use of expired emergency medications and medical supplies. (a) If an ambulance service experiences a shortage of an emergency medication or medical supply, ambulance service personnel may use an emergency medication or medical supply for up to six months after the emergency medication's or medical supply's specified expiration date, provided:

(1) the ambulance service director and medical director approve the use of the expired emergency medication or medical supply;

(2) ambulance service personnel use an expired emergency medication or medical supply only after depleting the ambulance service's supply of that emergency medication or medical supply that is unexpired;

(3) the ambulance service has stored and maintained the expired emergency medication or medical supply according to the manufacturer's instructions;

(4) if possible, ambulance service personnel obtain consent from the patient to use the expired emergency medication or medical supply prior to its use; and

(5) when the ambulance service obtains a supply of that emergency medication or medical supply that is unexpired, ambulance service personnel cease use of the expired emergency medication or medical supply and instead use the unexpired emergency medication or medical supply.

Before approving the use of an expired emergency medication, an ambulance service director and medical director must consult with the Board of Pharmacy regarding the safety and efficacy of using the expired emergency medication.

An ambulance service must keep a record of all expired emergency medications and all expired medical supplies used and must submit that record in writing to the board in a...
time and manner specified by the board. The record must list the specific expired emergency
medications and medical supplies used and the time period during which ambulance service
personnel used the expired emergency medication or medical supply.

Subd. 5. *Provision of emergency medical services after certification expires.* (a) At
the request of an emergency medical technician, advanced emergency medical technician,
or paramedic, and with the approval of the ambulance service director, an ambulance service
medical director may authorize the emergency medical technician, advanced emergency
medical technician, or paramedic to provide emergency medical services for the ambulance
service for up to three months after the certification of the emergency medical technician,
advanced emergency medical technician, or paramedic expires.

(b) An ambulance service must immediately notify the board each time its medical
director issues an authorization under paragraph (a). The notice must be provided in writing
and in a manner prescribed by the board and must include the time period
each emergency medical technician, advanced emergency medical technician, or paramedic
will provide emergency medical services according to an authorization under this subdivision;
information on why the emergency medical technician, advanced emergency medical
technician, or paramedic needs the authorization; and an attestation from the medical director
that the authorization is necessary to help the ambulance service adequately staff its
ambulances.

Subd. 6. *Reports.* The board must provide quarterly reports to the chairs and ranking
minority members of the legislative committees with jurisdiction over the board regarding
actions taken by ambulance services according to subdivisions 3, 4, and 5. The board must
submit reports by June 30, September 30, and December 31 of 2022; and by March 31, June
30, September 30, and December 31 of 2023. Each report must include the following
information:

(1) for each ambulance service staffing basic life support or advanced life support
ambulance, the number of ambulances staffed according to subdivision 3, and the time period
the ambulance service has staffed and plans to staff the ambulances according to subdivision

(2) for each ambulance service that authorized the use of an expired emergency
medication or medical supply according to subdivision 4, the expired emergency medications
and medical supplies authorized for use and the time period the ambulance service used
each expired emergency medication or medical supply; and

(3) for each ambulance service that authorized the provision of emergency medical
services according to subdivision 5, the number of emergency medical technicians, advanced
emergency medical technicians, and paramedics providing emergency medical services
under an expired certification and the time period each emergency medical technician,
advanced emergency medical technician, or paramedic provided and will provide emergency medical services under an expired certification.

Subd. 7. Expiration. This section expires January 1, 2024.

EFFECTIVE DATE. This section is effective the day following final enactment.

Sec. 29.

EXPEDITED REREGISTRATION FOR LAPSED NURSING LICENSES.

(a) Notwithstanding Minnesota Statutes, section 148.231, a nurse who desires to resume the practice of professional or practical nursing at a licensed nursing facility or licensed assisted living facility but whose license to practice nursing has lapsed effective on or after January 1, 2019, may submit an application to the Board of Nursing for reregistration. The application must be submitted and received by the board between March 31, 2022, and March 31, 2023, and must be accompanied with the reregistration fee specified in Minnesota Statutes, section 148.243, subdivision 5. The applicant must include with the application the name and location of the facility where the nurse is or will be employed.

(b) The board shall issue a current registration if upon a licensure history review, the board determines that at the time the nurse's license lapsed:

(1) the nurse's license was in good standing; and

(2) the nurse was not the subject of any pending investigations or disciplinary actions or was not disqualified to practice in any way.

The board shall waive any other requirements for reregistration including any continuing education requirements.

(c) The registration issued under this section shall remain valid until the nurse's next registration period. If the nurse desires to continue to practice after that date, the nurse must meet the reregistration requirements under Minnesota Statutes, section 148.231, including any penalty fees required.

EFFECTIVE DATE. This section is effective the day following final enactment.

Sec. 30.

REPEALER.

Minnesota Statutes 2020, section 150A.091, subdivisions 3, 15, and 17, are repealed.

Sec. 31. REPEALER.

Minnesota Statutes 2020, section 147.02, subdivision 2a, is repealed.

EFFECTIVE DATE. This section is effective the day following final enactment.