ARTICLE 10
BOARD OF MEDICAL PRACTICE

Section 1. Minnesota Statutes 2023 Supplement, section 144.99, subdivision 1, is amended to read:

Subdivision 1. Remedies available. The provisions of chapters 103I and 157 and sections 115.71 to 115.77, 144.12, subdivision 1, paragraphs (1), (2), (5), (6), (10), (12), (13), (14), and (15); 144.1201 to 144.1204; 144.121; 144.1215; 144.1222; 144.35; 144.381 to 144.385; 144.411 to 144.417; 144.495; 144.71 to 144.74; 144.9501 to 144.9512; 144.97 to 144.98; 144.992; 147.037; subdivision 1b, paragraph (c); 326.70 to 326.785; 327.10 to 327.131; and 327.16 to 327.28 and all rules, orders, stipulation agreements, settlements, compliance agreements, licenses, registrations, certificates, and permits adopted or issued by the department or under any other law now in force or later enacted for the preservation of public health may, in addition to provisions in other statutes, be enforced under this section.

EFFECTIVE DATE. This section is effective January 1, 2025.

Sec. 2. Minnesota Statutes 2022, section 147.037, is amended by adding a subdivision to read:

Subd. 1b. Limited license. (a) The board must issue a limited license to any person who satisfies the requirements of subdivision 1, paragraphs (a) to (c) and (e) to (g), and who:

(1) pursuant to a license or other authorization to practice, has practiced medicine, as defined in section 147.081, subdivision 3, clauses (2) to (4), for at least 60 months in the previous ten years outside of the United States;

(2) submits sufficient evidence of an offer to practice within the context of a collaborative agreement within a hospital or clinical setting where the limited license holder and physicians work together to provide patient care;

(3) provides services in a designated rural area or underserved urban community as defined in section 144.1501; and

(4) submits two letters of recommendation in support of a limited license, which must include one letter from a physician with whom the applicant previously worked and one letter from an administrator of the hospital or clinical setting in which the applicant previously worked. The letters of recommendation must attest to the applicant's good medical standing;

(b) A person issued a limited license under this subdivision must not be required to 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;

(c) An employer of a limited license holder must pay the limited license holder at least an amount equivalent to a medical resident in a comparable field. The employer must carry.
medical malpractice insurance covering a limited license holder for the duration of the employment. The commissioner of health may issue a correction order under section 144.99, subdivision 3, requiring an employer to comply with this paragraph. An employer must not retaliate against or discipline an employee for raising a complaint or pursuing enforcement relating to this paragraph.

(d) The board must issue a full and unrestricted license to practice medicine to a person who holds a limited license issued pursuant to paragraph (a) and who has

(1) held the limited license for two years and is in good standing to practice medicine in this state;

(2) practiced for a minimum of 1,692 hours per year for each of the previous two years; and

(3) submitted a letter of recommendation in support of a full and unrestricted license from any physician who participated in the collaborative agreement.

(e) A limited license holder must submit to the board, every six months or upon request, a statement certifying whether the person is still employed as a physician in this state and whether the person has been subjected to professional discipline as a result of the person's practice. The board may suspend or revoke a limited license if a majority of the board determines that the licensee is no longer employed as a physician in this state by an employer. The licensee must be granted an opportunity to be heard prior to the board's determination. A licensee may change employers during the duration of the limited license if the licensee has another offer of employment. In the event that a change of employment occurs, the licensee must still work the number of hours required under paragraph (d), clause (2), to be eligible for a full and unrestricted license to practice medicine.

(f) For purposes of this subdivision, "collaborative agreement" means a mutually agreed upon plan for the overall working relationship and collaborative arrangement between a holder of a limited license and one or more physicians licensed under this chapter that designates the scope of services that can be provided to manage the care of patients. The limited license holder and one of the collaborating physicians must have experience in providing care to patients with the same or similar medical conditions. A limited license holder may practice medicine without a collaborating physician physically present, but the limited license holder and collaborating physicians must be able to easily contact each other by radio, telephone, or other telecommunication device while the limited license holder practices medicine. The limited license holder must have one-on-one practice reviews with each collaborating physician, provided in person or through eye-to-eye electronic media while maintaining visual contact, for at least two hours per month.

(g) The board must not grant a license under this section unless the applicant possesses federal immigration status that allows the applicant to practice as a physician in the United States.
EFFECTIVE DATE. This section is effective January 1, 2025.

Sec. 3. Minnesota Statutes 2022, section 147B.01, is amended by adding a subdivision to read:

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

Sec. 4. Minnesota Statutes 2022, section 147B.01, subdivision 3, is amended to read:

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

Sec. 5. Minnesota Statutes 2022, section 147B.01, subdivision 4, is amended to read:

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

Sec. 6. Minnesota Statutes 2022, section 147B.01, subdivision 9, is amended to read:

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

Sec. 7. Minnesota Statutes 2022, section 147B.01, subdivision 14, is amended to read:

Subd. 14. Herbal therapies or herbal medicine. "Herbal therapies" are or "herbal medicine" means the use of herbs and patent herbal remedies as supplements as part of the treatment plan of the patient.
Sec. 8. Minnesota Statutes 2022, section 147B.03, subdivision 2, is amended to read:

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

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

Sec. 9. Minnesota Statutes 2022, section 147B.03, subdivision 3, is amended to read:

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

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

Sec. 10. Minnesota Statutes 2022, section 147B.05, subdivision 1, is amended to read:

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

Sec. 11. Minnesota Statutes 2022, section 147B.06, subdivision 1, is amended to read:

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

(b) The practitioner shall obtain informed consent from the patient after advising the patient of the following information which must be supplied to the patient in writing before or at the time of the initial visit:
(1) the practitioner's qualifications including:
  (i) education;
  (ii) license information; and
  (iii) outline of the scope of practice of acupuncturists in Minnesota; and

(2) side effects which may include the following:
  (i) some pain in the treatment area;
  (ii) minor bruising;
  (iii) infection;
  (iv) needle sickness; or
  (v) broken needles.

(c) The practitioner shall obtain acknowledgment by the patient in writing that the patient has been advised to consult with the patient's primary care physician about the acupuncture treatment if the patient circumstances warrant or the patient chooses to do so.

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

Sec. 12. Minnesota Statutes 2022, section 147B.06, subdivision 4, is amended to read:

Subd. 4. Scope of practice. The scope of practice of acupuncture and herbal medicine includes, but is not limited to, the following:

(1) using Oriental medical theory to assess and diagnose a patient evaluation, management, and treatment services using methods and techniques described in section 147B.01, subdivisions 2a, 3, and 14;

(2) using Oriental medical theory to develop a plan to treat a patient. The treatment techniques that may be chosen include: diagnostic examination, testing, and procedures including physical examination, basic diagnostic imaging, and basic laboratory or other diagnostic tests for the purposes of guiding treatment within the scope of practice of acupuncture, herbal medicine, and herbal therapies, as described in section 147B.01, subdivisions 2a, 3, and 14, provided that when results fall outside of the education, training, and expertise of the licensed acupuncturists, or suggest serious or emergent conditions, the acupuncturist will facilitate referrals to other appropriate health care providers;

(i) insertion of sterile acupuncture needles through the skin;

(ii) acupuncture stimulation including, but not limited to, electrical stimulation or the application of heat;
(iv) dermal friction;
(v) acupressure;
(vi) herbal therapies;
(vii) dietary counseling based on traditional Chinese medical principles;
(viii) breathing techniques;
(ix) exercise according to Oriental medical principles; or
(x) Oriental massage.

(3) services included in the practice of acupuncture and herbal medicine, as defined in section 147B.01, subdivision 3;
(4) stimulation of acupuncture points, areas of the body, or substances in the body using acupuncture needles, heat, cold, color, light, infrared and ultraviolet, low-level or cold lasers, sound, vibration, pressure, magnetism, electricity, electromagnetic energy, bleeding, suction, or other devices or means;
(5) use of physical medicine modalities, procedures, and devices such as cupping, dermal friction, acupressure, and massage, as described in section 147B.01, subdivisions 2a, 3, and 4;
(6) use of therapeutic exercises, breathing techniques, meditation, and biofeedback devices and other devices that utilize heat, cold, color, light, infrared and ultraviolet, low-level or cold lasers, sound, vibration, pressure, magnetism, electricity, and electromagnetic energy for therapeutic purposes;
(7) dietary counseling using methods and techniques of acupuncture and herbal medicine and
(8) counseling and education regarding physical, emotional, and spiritual balance in lifestyle using methods and techniques described in section 147B.01, subdivision 3.

Sec. 13. Minnesota Statutes 2022, section 147B.06, subdivision 5, is amended to read:
Subd. 5. Patient records. An acupuncturist shall maintain a patient record for each patient treated, including:
(1) a copy of the informed consent;
(2) evidence of a patient interview concerning the patient's medical history and current physical condition;
(3) evidence of a traditional acupuncture examination and diagnosis;
(4) record of the treatment including points treated; and
(5) evidence of evaluation and instructions given to the patient.
Sec. 14. **REPEALER.**
Minnesota Statutes 2022, section 147B.01, subdivision 18, is repealed.