

43.23

**ARTICLE 10**

43.24

**BOARD OF MEDICAL PRACTICE**

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

43.26

to read:

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Subdivision 1. **Remedies available.** The provisions of chapters 103I and 157 and sections

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115.71 to 115.77; 144.12, subdivision 1, paragraphs (1), (2), (5), (6), (10), (12), (13), (14),

43.29

and (15); 144.1201 to 144.1204; 144.121; 144.1215; 144.1222; 144.35; 144.381 to 144.385;

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144.411 to 144.417; 144.495; 144.71 to 144.74; 144.9501 to 144.9512; 144.97 to 144.98;

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144.992; 147.037, subdivision 1b, paragraph (c); 326.70 to 326.785; 327.10 to 327.131;

44.1

and 327.14 to 327.28 and all rules, orders, stipulation agreements, settlements, compliance

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agreements, licenses, registrations, certificates, and permits adopted or issued by the

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department or under any other law now in force or later enacted for the preservation of

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public health may, in addition to provisions in other statutes, be enforced under this section.

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

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

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read:

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Subd. 1b. **Limited license.** (a) The board must issue a limited license to any person who

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satisfies the requirements of subdivision 1, paragraphs (a) to (c) and (e) to (g), and who:

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(1) pursuant to a license or other authorization to practice, has practiced medicine, as

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defined in section 147.081, subdivision 3, clauses (2) to (4), for at least 60 months in the

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previous ten years outside of the United States;

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(2) submits sufficient evidence of an offer to practice within the context of a collaborative

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agreement within a hospital or clinical setting where the limited license holder and physicians

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work together to provide patient care;

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(3) provides services in a designated rural area or underserved urban community as

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defined in section 144.1501; and

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(4) submits two letters of recommendation in support of a limited license, which must

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include one letter from a physician with whom the applicant previously worked and one

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letter from an administrator of the hospital or clinical setting in which the applicant previously

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worked. The letters of recommendation must attest to the applicant's good medical standing.

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

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present evidence satisfactory to the board of the completion of one year of graduate clinical

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medical training in a program accredited by a national accrediting organization approved

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by the board.

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(c) An employer of a limited license holder must pay the limited license holder at least

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an amount equivalent to a medical resident in a comparable field. The employer must carry

44.28 medical malpractice insurance covering a limited license holder for the duration of the  
44.29 employment. The commissioner of health may issue a correction order under section 144.99,  
44.30 subdivision 3, requiring an employer to comply with this paragraph. An employer must not  
44.31 retaliate against or discipline an employee for raising a complaint or pursuing enforcement  
44.32 relating to this paragraph.

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

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

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

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

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

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

45.31 (g) The board must not grant a license under this section unless the applicant possesses  
45.32 federal immigration status that allows the applicant to practice as a physician in the United  
45.33 States.

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

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

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

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

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

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

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

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

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

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

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

47.5 Sec. 8. Minnesota Statutes 2022, section 147B.03, subdivision 2, is amended to read:

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

47.8 (1) it directly relates to the practice of acupuncture;

47.9 (2) each member of the faculty shows expertise in the subject matter by holding a degree  
47.10 or certificate from an educational institution, has verifiable experience in ~~traditional Oriental~~  
47.11 ~~acupuncture and herbal medicine~~, or has special training in the subject area;

47.12 (3) the program lasts at least one contact hour;

47.13 (4) there are specific written objectives describing the goals of the program for the  
47.14 participants; and

47.15 (5) the program sponsor maintains attendance records for four years.

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

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

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

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

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

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

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

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

- 48.11 (1) the practitioner's qualifications including:
- 48.12 (i) education;
- 48.13 (ii) license information; and
- 48.14 (iii) outline of the scope of practice of acupuncturists in Minnesota; and
- 48.15 (2) side effects which may include the following:
- 48.16 (i) some pain in the treatment area;
- 48.17 (ii) minor bruising;
- 48.18 (iii) infection;
- 48.19 (iv) needle sickness; or
- 48.20 (v) broken needles.
- 48.21 ~~(e) The practitioner shall obtain acknowledgment by the patient in writing that the patient~~
- 48.22 ~~has been advised to consult with the patient's primary care physician about the acupuncture~~
- 48.23 ~~treatment if the patient circumstances warrant or the patient chooses to do so.~~
- 48.24 ~~(d)~~ (c) The practitioner shall inquire whether the patient has a pacemaker or bleeding
- 48.25 disorder.
- 48.26 Sec. 12. Minnesota Statutes 2022, section 147B.06, subdivision 4, is amended to read:
- 48.27 Subd. 4. **Scope of practice.** The scope of practice of acupuncture and herbal medicine
- 48.28 includes; but is not limited to; the following:
- 49.1 (1) ~~using Oriental medical theory to assess and diagnose a patient~~ evaluation,
- 49.2 management, and treatment services using methods and techniques described in section
- 49.3 147B.01, subdivisions 2a, 3, and 14;
- 49.4 (2) ~~using Oriental medical theory to develop a plan to treat a patient. The treatment~~
- 49.5 ~~techniques that may be chosen include;~~ diagnostic examination, testing, and procedures
- 49.6 including physical examination, basic diagnostic imaging, and basic laboratory or other
- 49.7 diagnostic tests for the purposes of guiding treatment within the scope of practice of
- 49.8 acupuncture, herbal medicine, and herbal therapies, as described in section 147B.01,
- 49.9 subdivisions 2a, 3, and 14, provided that when results fall outside of the education, training,
- 49.10 and expertise of the licensed acupuncturists, or suggest serious or emergent conditions, the
- 49.11 acupuncturist will facilitate referrals to other appropriate health care providers;
- 49.12 (i) ~~insertion of sterile acupuncture needles through the skin;~~
- 49.13 (ii) ~~acupuncture stimulation including, but not limited to, electrical stimulation or the~~
- 49.14 ~~application of heat;~~

- 49.15 ~~(iii) cupping;~~
- 49.16 ~~(iv) dermal friction;~~
- 49.17 ~~(v) acupressure;~~
- 49.18 ~~(vi) herbal therapies;~~
- 49.19 ~~(vii) dietary counseling based on traditional Chinese medical principles;~~
- 49.20 ~~(viii) breathing techniques;~~
- 49.21 ~~(ix) exercise according to Oriental medical principles; or~~
- 49.22 ~~(x) Oriental massage.~~
- 49.23 (3) services included in the practice of acupuncture and herbal medicine, as defined in
- 49.24 section 147B.01, subdivision 3;
- 49.25 (4) stimulation of acupuncture points, areas of the body, or substances in the body using
- 49.26 acupuncture needles, heat, cold, color, light, infrared and ultraviolet, low-level or cold lasers,
- 49.27 sound, vibration, pressure, magnetism, electricity, electromagnetic energy, bleeding, suction,
- 49.28 or other devices or means;
- 49.29 (5) use of physical medicine modalities, procedures, and devices such as cupping, dermal
- 49.30 friction, acupressure, and massage, as described in section 147B.01, subdivisions 2a, 3, and
- 49.31 14;
- 50.1 (6) use of therapeutic exercises, breathing techniques, meditation, and biofeedback
- 50.2 devices and other devices that utilize heat, cold, color, light, infrared and ultraviolet, low-level
- 50.3 or cold lasers, sound, vibration, pressure, magnetism, electricity, and electromagnetic energy
- 50.4 for therapeutic purposes;
- 50.5 (7) dietary counseling using methods and techniques of acupuncture and herbal medicine;
- 50.6 and
- 50.7 (8) counseling and education regarding physical, emotional, and spiritual balance in
- 50.8 lifestyle using methods and techniques described in section 147B.01, subdivision 3.
- 50.9 Sec. 13. Minnesota Statutes 2022, section 147B.06, subdivision 5, is amended to read:
- 50.10 Subd. 5. **Patient records.** An acupuncturist shall maintain a patient record for each
- 50.11 patient treated, including:
- 50.12 (1) a copy of the informed consent;
- 50.13 (2) evidence of a patient interview concerning the patient's medical history and current
- 50.14 physical condition;
- 50.15 (3) evidence of ~~a traditional acupuncture~~ examination and diagnosis;

- 50.16 (4) record of the treatment including points treated; and
- 50.17 (5) evidence of evaluation and instructions given to the patient.
- 50.18 Sec. 14. **REPEALER.**
- 50.19 Minnesota Statutes 2022, section 147B.01, subdivision 18, is repealed.