

24.1 **ARTICLE 3**

24.2 **HEALTH LICENSING BOARDS**

24.3 Section 1. Minnesota Statutes 2024, section 144.99, subdivision 1, is amended to read:

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

24.5 115.71 to 115.77; 144.12, subdivision 1, paragraphs (1), (2), (5), (6), (10), (12), (13), (14),

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

24.7 144.411 to 144.417; 144.495; 144.71 to 144.74; 144.9501 to 144.9512; 144.97 to 144.98;

24.8 144.992; 147.037, subdivision 1b, paragraph (d); 326.70 to 326.785; 327.10 to 327.131;

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

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

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

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

24.13 **EFFECTIVE DATE.** This section is effective January 1, 2026.

24.14 Sec. 2. Minnesota Statutes 2024, section 147.01, subdivision 7, is amended to read:

24.15 Subd. 7. **Physician application and license fees.** (a) The board may charge the following

24.16 nonrefundable application and license fees processed pursuant to sections 147.02, 147.03,

24.17 147.037, 147.0375, and 147.38:

24.18 (1) physician application fee, \$200;

24.19 (2) physician annual registration renewal fee, \$192;

24.20 (3) physician endorsement to other states, \$40;

24.21 (4) physician emeritus license, \$50;

24.22 (5) physician late fee, \$60;

24.23 (6) nonrenewable 24-month limited license, \$392;

24.24 (7) initial physician license for limited license holder, \$192;

24.25 ~~(6)~~ (8) duplicate license fee, \$20;

101.12 **ARTICLE 3**

101.13 **HEALTH LICENSING BOARDS**

101.14 Section 1. Minnesota Statutes 2024, section 144.99, subdivision 1, is amended to read:

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

101.16 115.71 to 115.77; 144.12, subdivision 1, paragraphs (1), (2), (5), (6), (10), (12), (13), (14),

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

101.18 144.411 to 144.417; 144.495; 144.71 to 144.74; 144.9501 to 144.9512; 144.97 to 144.98;

101.19 144.992; 147.037, subdivision 1b, paragraph (d); 326.70 to 326.785; 327.10 to 327.131;

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

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

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

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

101.24 **EFFECTIVE DATE.** This section is effective January 1, 2026.

101.25 Sec. 2. Minnesota Statutes 2024, section 144A.43, subdivision 15, is amended to read:

101.26 Subd. 15. **Occupational therapist.** "Occupational therapist" ~~means a person who is~~

101.27 ~~licensed under sections 148.6401 to 148.6449 has the meaning given in section 148.6402,~~

101.28 subdivision 14.

102.1 Sec. 3. Minnesota Statutes 2024, section 144G.08, subdivision 45, is amended to read:

102.2 Subd. 45. **Occupational therapist.** "Occupational therapist" ~~means a person who is~~

102.3 ~~licensed under sections 148.6401 to 148.6449 has the meaning given in section 148.6402,~~

102.4 subdivision 14.

102.5 Sec. 4. Minnesota Statutes 2024, section 147.01, subdivision 7, is amended to read:

102.6 Subd. 7. **Physician application and license fees.** (a) The board may charge the following

102.7 nonrefundable application and license fees processed pursuant to sections 147.02, 147.03,

102.8 147.037, 147.0375, and 147.38:

102.9 (1) physician application fee, \$200;

102.10 (2) physician annual registration renewal fee, \$192;

102.11 (3) physician endorsement to other states, \$40;

102.12 (4) physician emeritus license, \$50;

102.13 (5) physician late fee, \$60;

102.14 (6) nonrenewable 24-month limited license, \$392;

102.15 (7) initial physician license for limited license holder, \$192;

102.16 ~~(6)~~ (8) duplicate license fee, \$20;

24.26 ~~(7)~~ (9) certification letter fee, \$25;

24.27 ~~(8)~~ (10) education or training program approval fee, \$100;

24.28 ~~(9)~~ (11) report creation and generation fee, \$60 per hour;

24.29 ~~(10)~~ (12) examination administration fee (half day), \$50;

25.1 ~~(11)~~ (13) examination administration fee (full day), \$80;

25.2 ~~(12)~~ (14) fees developed by the Interstate Commission for determining physician

25.3 qualification to register and participate in the interstate medical licensure compact, as

25.4 established in rules authorized in and pursuant to section 147.38, not to exceed \$1,000; and

25.5 ~~(13)~~ (15) verification fee, \$25.

25.6 (b) The board may prorate the initial annual license fee. All licensees are required to

25.7 pay the full fee upon license renewal. The revenue generated from the fee must be deposited

25.8 in an account in the state government special revenue fund.

25.9 Sec. 3. Minnesota Statutes 2024, section 147.037, is amended by adding a subdivision to

25.10 read:

25.11 Subd. 1b. **Limited license.** (a) A limited license under this subdivision is valid for one

25.12 24-month period and is not renewable or eligible for reapplication. The board may issue a

25.13 limited license, valid for 24 months, to any person who satisfies the requirements of

25.14 subdivision 1, paragraphs (a) to (c) and (e) to (g), and who:

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

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

25.17 previous 12 years outside of the United States;

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

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

25.20 work together to provide patient care;

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

25.22 defined in section 144.1501; and

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

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

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

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

25.27 The board may accept alternative forms of proof that demonstrate good medical standing

25.28 where there are extenuating circumstances that prevent an applicant from providing letters.

25.29 (b) For purposes of this subdivision, a person has satisfied the requirements of subdivision

25.30 1, paragraph (e), if the person has passed steps or levels one and two of the USMLE or the

102.17 ~~(7)~~ (9) certification letter fee, \$25;

102.18 ~~(8)~~ (10) education or training program approval fee, \$100;

102.19 ~~(9)~~ (11) report creation and generation fee, \$60 per hour;

102.20 ~~(10)~~ (12) examination administration fee (half day), \$50;

102.21 ~~(11)~~ (13) examination administration fee (full day), \$80;

102.22 ~~(12)~~ (14) fees developed by the Interstate Commission for determining physician

102.23 qualification to register and participate in the interstate medical licensure compact, as

102.24 established in rules authorized in and pursuant to section 147.38, not to exceed \$1,000; and

102.25 ~~(13)~~ (15) verification fee, \$25.

102.26 (b) The board may prorate the initial annual license fee. All licensees are required to

102.27 pay the full fee upon license renewal. The revenue generated from the fee must be deposited

102.28 in an account in the state government special revenue fund.

103.1 Sec. 5. Minnesota Statutes 2024, section 147.037, is amended by adding a subdivision to

103.2 read:

103.3 Subd. 1b. **Limited license.** (a) A limited license under this section is valid for one

103.4 24-month period and is not renewable or eligible for reapplication. The board may issue a

103.5 limited license, valid for 24 months, to any person who satisfies the requirements of

103.6 subdivision 1, paragraphs (a) to (c) and (e) to (g), and who:

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

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

103.9 previous 12 years outside of the United States;

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

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

103.12 work together to provide patient care;

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

103.14 defined in section 144.1501; and

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

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

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

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

103.19 The board may accept alternative forms of proof that demonstrate good medical standing

103.20 where there are extenuating circumstances that prevent an applicant from providing letters.

103.21 (b) For purposes of this subdivision, a person has satisfied the requirements of subdivision

103.22 1, paragraph (e), if the person has passed steps or levels one and two of the USMLE or the

25.31 COMLEX-USA with passing scores as recommended by the USMLE program or National  
25.32 Board of Osteopathic Medical Examiners within three attempts.

26.1 (c) A person issued a limited license under this subdivision must not be required to  
26.2 present evidence satisfactory to the board of the completion of one year of graduate clinical  
26.3 medical training in a program accredited by a national accrediting organization approved  
26.4 by the board.

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

26.12 (e) The board may issue a full and unrestricted license to practice medicine to a person  
26.13 who holds a limited license issued pursuant to paragraph (a) and who has:

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

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

26.17 (3) submitted a letter of recommendation in support of a full and unrestricted license  
26.18 containing all attestations required under paragraph (i) from any physician who participated  
26.19 in the collaborative agreement;

26.20 (4) passed steps or levels one, two, and three of the USMLE or COMLEX-USA with  
26.21 passing scores as recommended by the USMLE program or National Board of Osteopathic  
26.22 Medical Examiners within three attempts; and

26.23 (5) completed 20 hours of continuing medical education.

26.24 (f) A limited license holder must submit to the board, every six months or upon request,  
26.25 a statement certifying whether the person is still employed as a physician in this state and  
26.26 whether the person has been subjected to professional discipline as a result of the person's  
26.27 practice. The board may suspend or revoke a limited license if a majority of the board  
26.28 determines that the limited license holder is no longer employed as a physician in this state  
26.29 by an employer. The limited license holder must be granted an opportunity to be heard prior  
26.30 to the board's determination. Upon request by the limited license holder, the limited license  
26.31 holder may have 90 days to regain employment. A limited license holder may change  
26.32 employers during the duration of the limited license if the limited license holder has another  
26.33 offer of employment. In the event that a change of employment occurs, the limited license  
27.1 holder must still work the number of hours required under paragraph (e), clause (2), to be  
27.2 eligible for a full and unrestricted license to practice medicine.

103.23 COMLEX-USA with passing scores as recommended by the USMLE program or National  
103.24 Board of Osteopathic Medical Examiners within three attempts.

103.25 (c) A person issued a limited license under this subdivision must not be required to  
103.26 present evidence satisfactory to the board of the completion of one year of graduate clinical  
103.27 medical training in a program accredited by a national accrediting organization approved  
103.28 by the board.

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

104.3 (e) The board may issue a full and unrestricted license to practice medicine to a person  
104.4 who holds a limited license issued pursuant to paragraph (a) and who has:

104.5 (1) held the limited license for two years and is in good standing to practice medicine  
104.6 in Minnesota;

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

104.8 (3) submitted a letter of recommendation in support of a full and unrestricted license  
104.9 containing all attestations required under paragraph (i) from any physician who participated  
104.10 in the collaborative agreement;

104.11 (4) passed steps or levels one, two, and three of the USMLE or COMLEX-USA with  
104.12 passing scores as recommended by the USMLE program or National Board of Osteopathic  
104.13 Medical Examiners within three attempts; and

104.14 (5) completed 20 hours of continuing medical education.

104.15 (f) A limited license holder must submit to the board, every six months or upon request,  
104.16 a statement certifying whether the person is still employed as a physician in Minnesota and  
104.17 whether the person has been subjected to professional discipline as a result of the person's  
104.18 practice. The board may suspend or revoke a limited license if a majority of the board  
104.19 determines that the licensee is no longer employed as a physician in Minnesota by an  
104.20 employer. The licensee must be granted an opportunity to be heard prior to the board's  
104.21 determination. Upon request by the limited license holder, the limited license holder may  
104.22 have 90 days to regain employment. A licensee may change employers during the duration  
104.23 of the limited license if the licensee has another offer of employment. In the event that a  
104.24 change of employment occurs, the licensee must still work the number of hours required  
104.25 under paragraph (e), clause (2), to be eligible for a full and unrestricted license to practice  
104.26 medicine.

27.3 (g) In addition to any other remedy provided by law, the board may, without a hearing,  
 27.4 temporarily suspend the license of a limited license holder if the board finds that the limited  
 27.5 license holder has violated a statute or rule that the board is empowered to enforce and  
 27.6 continued practice by the limited license holder would create a serious risk of harm to the  
 27.7 public. The suspension takes effect upon written notice to the limited license holder,  
 27.8 specifying the statute or rule violated. The suspension remains in effect until the board  
 27.9 issues a final order in the matter after a hearing. At the time it issues the suspension notice,  
 27.10 the board shall schedule a disciplinary hearing to be held pursuant to the Administrative  
 27.11 Procedure Act. The limited license holder shall be provided with at least 20 days' notice of  
 27.12 any hearing held pursuant to this subdivision. The hearing shall be scheduled to begin no  
 27.13 later than 30 days after the issuance of the suspension order.

27.14 (h) For purposes of this subdivision, "collaborative agreement" means a mutually agreed  
 27.15 upon plan for the overall working relationship and collaborative arrangement between a  
 27.16 holder of a limited license and one or more physicians licensed under this chapter that  
 27.17 designates the scope of services that can be provided to manage the care of patients. The  
 27.18 limited license holder and one of the collaborating physicians must have experience in  
 27.19 providing care to patients with the same or similar medical conditions. Under the  
 27.20 collaborative agreement, the limited license holder must shadow the collaborating physician  
 27.21 for four weeks, after which time the limited license holder must staff all patient encounters  
 27.22 with the collaborating physician for an additional four weeks. After eight weeks, the  
 27.23 collaborating physician has discretion to allow the limited license holder to see patients  
 27.24 independently and may, at the discretion of the collaborating physician, require the limited  
 27.25 license holder to present patients. However, the limited license holder must be supervised  
 27.26 by the collaborating physician for a minimum of two hours per week. A limited license  
 27.27 holder may practice medicine without a collaborating physician physically present, but the  
 27.28 limited license holder and collaborating physicians must be able to easily contact each other  
 27.29 by radio, telephone, or other telecommunication device while the limited license holder  
 27.30 practices medicine. The limited license holder must have one-on-one practice reviews with  
 27.31 each collaborating physician, provided in person or through eye-to-eye electronic media  
 27.32 while maintaining visual contact, for at least two hours per week.

27.33 (i) At least one collaborating physician must submit a letter to the board, after the limited  
 27.34 license holder has practiced under the license for 12 months, attesting to the following:

28.1 (1) the limited license holder has a basic understanding of federal and state laws regarding  
 28.2 the provision of health care, including but not limited to:

28.3 (i) medical licensing obligations and standards; and

28.4 (ii) the Health Insurance Portability and Accountability Act, Public Law 104-191;

28.5 (2) the limited license holder has a basic understanding of documentation standards;

104.27 (g) In addition to any other remedy provided by law, the board may, without a hearing,  
 104.28 temporarily suspend the license of a limited license holder if the board finds that the limited  
 104.29 license holder has violated a statute or rule that the board is empowered to enforce and  
 104.30 continued practice by the limited license holder would create a serious risk of harm to the  
 104.31 public. The suspension shall take effect upon written notice to the limited license holder  
 104.32 specifying the statute or rule violated. The suspension shall remain in effect until the board  
 104.33 issues a final order in the matter after a hearing. At the time it issues the suspension notice,  
 105.1 the board shall schedule a disciplinary hearing to be held pursuant to the Administrative  
 105.2 Procedure Act. The limited license holder shall be provided with at least 20 days' notice of  
 105.3 any hearing held pursuant to this subdivision. The hearing shall be scheduled to begin no  
 105.4 later than 30 days after the issuance of the suspension order.

105.5 (h) For purposes of this subdivision, "collaborative agreement" means a mutually agreed  
 105.6 upon plan for the overall working relationship and collaborative arrangement between a  
 105.7 holder of a limited license and one or more physicians licensed under this chapter that  
 105.8 designates the scope of services that can be provided to manage the care of patients. The  
 105.9 limited license holder and one of the collaborating physicians must have experience in  
 105.10 providing care to patients with the same or similar medical conditions. Under the  
 105.11 collaborative agreement, the limited license holder must shadow the collaborating physician  
 105.12 for four weeks, after which time the limited license holder must staff all patient encounters  
 105.13 with the collaborating physician for an additional four weeks. After that time, the  
 105.14 collaborating physician has discretion to allow the limited license holder to see patients  
 105.15 independently and will require the limited license holder to present patients at their discretion.  
 105.16 However, the limited license holder must be supervised by the collaborating physician for  
 105.17 a minimum of two hours per week. A limited license holder may practice medicine without  
 105.18 a collaborating physician physically present, but the limited license holder and collaborating  
 105.19 physicians must be able to easily contact each other by radio, telephone, or other  
 105.20 telecommunication device while the limited license holder practices medicine. The limited  
 105.21 license holder must have one-on-one practice reviews with each collaborating physician,  
 105.22 provided in person or through eye-to-eye electronic media while maintaining visual contact,  
 105.23 for at least two hours per week.

105.24 (i) At least one collaborating physician must submit a letter to the board, after the limited  
 105.25 license holder has practiced under the license for 12 months, attesting that:

105.26 (1) the limited license holder has a basic understanding of federal and state laws regarding  
 105.27 the provision of health care, including but not limited to:

105.28 (i) medical licensing obligations and standards; and

105.29 (ii) the Health Insurance Portability and Accountability Act, Public Law 104-191;

105.30 (2) the limited license holder has a basic understanding of documentation standards;

28.6 (3) the limited license holder has a thorough understanding of which medications are  
28.7 available and unavailable in the United States;

28.8 (4) the limited license holder has a thorough understanding of American medical standards  
28.9 of care;

28.10 (5) the limited license holder has demonstrated mastery of each of the following:

28.11 (i) gathering a history and performing a physical exam;

28.12 (ii) developing and prioritizing a differential diagnosis following a clinical encounter  
28.13 and selecting a working diagnosis;

28.14 (iii) recommending and interpreting common diagnostic and screening tests;

28.15 (iv) entering and discussing orders and prescriptions;

28.16 (v) providing an oral presentation of a clinical encounter;

28.17 (vi) giving a patient handover to transition care responsibly;

28.18 (vii) recognizing a patient requiring urgent care and initiating an evaluation; and

28.19 (viii) obtaining informed consent for tests, procedures, and treatments; and

28.20 (6) the limited license holder is providing appropriate medical care.

28.21 (j) The board must not grant a license under this section unless the applicant possesses  
28.22 federal immigration status that allows the applicant to practice as a physician in the United  
28.23 States.

28.24 **EFFECTIVE DATE.** This section is effective January 1, 2026.

105.31 (3) the limited license holder has a thorough understanding of which medications are  
105.32 available and unavailable in the United States;

106.1 (4) the limited license holder has a thorough understanding of American medical standards  
106.2 of care;

106.3 (5) the limited license holder has demonstrated mastery of each of the following:

106.4 (i) gathering a history and performing a physical exam;

106.5 (ii) developing and prioritizing a differential diagnosis following a clinical encounter  
106.6 and selecting a working diagnosis;

106.7 (iii) recommending and interpreting common diagnostic and screening tests;

106.8 (iv) entering and discussing orders and prescriptions;

106.9 (v) providing an oral presentation of a clinical encounter;

106.10 (vi) giving a patient handover to transition care responsibly;

106.11 (vii) recognizing a patient requiring urgent care and initiating an evaluation; and

106.12 (viii) obtaining informed consent for tests, procedures, and treatments; and

106.13 (6) the limited license holder is providing appropriate medical care.

106.14 (j) The board must not grant a license under this section unless the applicant possesses  
106.15 federal immigration status that allows the applicant to practice as a physician in the United  
106.16 States.

106.17 **EFFECTIVE DATE.** This section is effective January 1, 2026.

SENATE ARTICLE 3, SECTION 6, HAS BEEN MOVED TO MATCH H2464-2,  
ARTICLE 1, SECTION 9.

107.23 Sec. 7. Minnesota Statutes 2024, section 147D.03, subdivision 1, is amended to read:

107.24 Subdivision 1. **General.** Within the meaning of sections 147D.01 to 147D.27, a person  
107.25 who shall publicly profess to be a traditional midwife and who, for a fee, shall assist or  
107.26 attend to a woman in pregnancy, childbirth outside a hospital, and postpartum, shall be  
107.27 regarded as practicing traditional midwifery. A certified midwife licensed by the Board of  
107.28 Nursing under chapter 148G is not subject to the provisions of this chapter.

107.29 Sec. 8. Minnesota Statutes 2024, section 148.108, subdivision 1, is amended to read:

107.30 Subdivision 1. **Fees.** In addition to the fees established in Minnesota Rules, chapter  
107.31 2500, The board is authorized to charge the fees in this section.

107.32 **EFFECTIVE DATE.** This section is effective July 1, 2025.

- 108.1 Sec. 9. Minnesota Statutes 2024, section 148.108, is amended by adding a subdivision to  
108.2 read:
- 108.3 Subd. 5. **Chiropractic license fees.** Fees for chiropractic licensure are the following  
108.4 amounts but may be adjusted lower by board action:
- 108.5 (1) initial application for licensure fee, \$600;  
108.6 (2) annual renewal of an active license fee, \$250;  
108.7 (3) annual renewal of an inactive license fee, 75 percent of the current active license  
108.8 renewal fee under clause (2);  
108.9 (4) late renewal penalty fee, \$150 per month late; and  
108.10 (5) application for reinstatement of a voluntarily retired or inactive license fee, \$100.
- 108.11 **EFFECTIVE DATE.** This section is effective July 1, 2025.
- 108.12 Sec. 10. Minnesota Statutes 2024, section 148.108, is amended by adding a subdivision  
108.13 to read:
- 108.14 Subd. 6. **Acupuncture registration fees.** Fees for acupuncture registration are the  
108.15 following amounts but may be adjusted lower by board action:
- 108.16 (1) initial application acupuncture registration fee, \$400;  
108.17 (2) annual renewal of active acupuncture registration fee, \$200;  
108.18 (3) annual renewal of inactive acupuncture registration fee, 75 percent of the current  
108.19 active acupuncture registration renewal fee under clause (2); and  
108.20 (4) reinstatement of nonrenewed acupuncture registration fee, \$400.
- 108.21 **EFFECTIVE DATE.** This section is effective July 1, 2025.
- 108.22 Sec. 11. Minnesota Statutes 2024, section 148.108, is amended by adding a subdivision  
108.23 to read:
- 108.24 Subd. 7. **Independent examiner registration fees.** Fees for independent examiner  
108.25 registration are the following amounts but may be adjusted lower by board action:
- 108.26 (1) initial application independent examiner registration fee, \$400;  
108.27 (2) annual renewal of independent examiner registration fee, \$200; and  
108.28 (3) reinstatement of nonrenewed independent examiner registration fee, \$400.
- 109.1 **EFFECTIVE DATE.** This section is effective July 1, 2025.

109.2       Sec. 12. Minnesota Statutes 2024, section 148.108, is amended by adding a subdivision  
109.3 to read:

109.4           Subd. 8. **Animal chiropractic registration fees.** Fees for animal chiropractic registration  
109.5 are the following amounts but may be adjusted lower by board action:

109.6               (1) initial application animal chiropractic registration fee, \$400;  
109.7               (2) annual renewal of active animal chiropractic registration fee, \$200;  
109.8               (3) annual renewal of inactive animal chiropractic registration fee, 75 percent of the  
109.9 current active animal chiropractic renewal fee under clause (2); and

109.10           (4) reinstatement of nonrenewed animal chiropractic registration fee, \$400.

109.11           **EFFECTIVE DATE.** This section is effective July 1, 2025.

109.12       Sec. 13. Minnesota Statutes 2024, section 148.108, is amended by adding a subdivision  
109.13 to read:

109.14           Subd. 9. **Graduate preceptorship registration fee.** The application fee for graduate  
109.15 preceptorship registration is \$500, but may be adjusted lower by board action.

109.16           **EFFECTIVE DATE.** This section is effective July 1, 2025.

109.17       Sec. 14. Minnesota Statutes 2024, section 148.108, is amended by adding a subdivision  
109.18 to read:

109.19           Subd. 10. **Professional firm registration fees.** In addition to fees authorized under  
109.20 chapter 319B, the late renewal penalty fee for professional firm registration is \$5 per month  
109.21 late.

109.22           **EFFECTIVE DATE.** This section is effective July 1, 2025.

109.23       Sec. 15. Minnesota Statutes 2024, section 148.108, is amended by adding a subdivision  
109.24 to read:

109.25           Subd. 11. **Miscellaneous fees.** Fees under this subdivision are the following amounts  
109.26 but may be adjusted lower by board action:

109.27               (1) annual continuing education sponsorship fee, \$1,000;  
109.28               (2) individual continuing education seminar sponsorship fee, \$400;  
110.1               (3) mailing list request fee, \$500;  
110.2               (4) license verification fee, \$50;  
110.3               (5) duplicate certificate fee, \$50; and  
110.4               (6) document copies fee, \$0.25 per side of document page.

110.5 **EFFECTIVE DATE.** This section is effective July 1, 2025.

110.6 Sec. 16. Minnesota Statutes 2024, section 148.191, subdivision 2, is amended to read:

110.7 Subd. 2. **Powers.** (a) The board is authorized to adopt and, from time to time, revise  
110.8 rules not inconsistent with the law, as may be necessary to enable it to carry into effect the  
110.9 provisions of sections 148.171 to 148.285 and chapter 148G. The board shall prescribe by  
110.10 rule curricula and standards for schools and courses preparing persons for licensure under  
110.11 sections 148.171 to 148.285 and 148G.12. It shall conduct or provide for surveys of such  
110.12 schools and courses at such times as it may deem necessary. It shall approve such schools  
110.13 and courses as meet the requirements of sections 148.171 to 148.285 or section 148G.12,  
110.14 and board rules. It shall examine, license, and renew the license of duly qualified applicants.  
110.15 It shall hold examinations at least once in each year at such time and place as it may  
110.16 determine. It shall by rule adopt, evaluate, and periodically revise, as necessary, requirements  
110.17 for licensure and for registration and renewal of registration as defined in section 148.231  
110.18 and chapter 148G. It shall maintain a record of all persons licensed by the board to practice  
110.19 advanced practice, professional, or practical nursing, or certified as a midwife. It shall cause  
110.20 the prosecution of all persons violating sections 148.171 to 148.285 or chapter 148G, and  
110.21 have power to incur such necessary expense therefor. It shall register public health nurses  
110.22 who meet educational and other requirements established by the board by rule, including  
110.23 payment of a fee. It shall have power to issue subpoenas, and to compel the attendance of  
110.24 witnesses and the production of all necessary documents and other evidentiary material.  
110.25 Any board member may administer oaths to witnesses, or take their affirmation. It shall  
110.26 keep a record of all its proceedings.

110.27 (b) The board shall have access to hospital, nursing home, and other medical records of  
110.28 a patient cared for by a nurse or certified midwife under review. If the board does not have  
110.29 a written consent from a patient permitting access to the patient's records, the nurse, certified  
110.30 midwife, or facility shall delete any data in the record that identifies the patient before  
110.31 providing it to the board. The board shall have access to such other records as reasonably  
110.32 requested by the board to assist the board in its investigation. Nothing herein may be  
110.33 construed to allow access to any records protected by section 145.64. The board shall  
111.1 maintain any records obtained pursuant to this paragraph as investigative data under chapter  
111.2 13.

111.3 (c) The board may accept and expend grants or gifts of money or in-kind services from  
111.4 a person, a public or private entity, or any other source for purposes consistent with the  
111.5 board's role and within the scope of its statutory authority.

111.6 (d) The board may accept registration fees for meetings and conferences conducted for  
111.7 the purposes of board activities that are within the scope of its authority.

111.8 Sec. 17. Minnesota Statutes 2024, section 148.241, is amended to read:

111.9 **148.241 EXPENSES.**

111.10 Subdivision 1. **Appropriation.** The expenses of administering sections 148.171 to  
111.11 148.285 and chapter 148G shall be paid from the appropriation made to the Minnesota  
111.12 Board of Nursing.

111.13 Subd. 2. **Expenditure.** All amounts appropriated to the board shall be held subject to  
111.14 the order of the board to be used only for the purpose of meeting necessary expenses incurred  
111.15 in the performance of the purposes of sections 148.171 to 148.285 and chapter 148G, and  
111.16 the duties imposed thereby as well as the promotion of nursing or certified midwifery  
111.17 education and standards of nursing or certified midwifery care in this state.

111.18 Sec. 18. Minnesota Statutes 2024, section 148.512, subdivision 17a, is amended to read:

111.19 Subd. 17a. **Speech-language pathology assistant.** "Speech-language pathology assistant"  
111.20 means a person who meets the qualifications under section 148.5181 and provides  
111.21 speech-language pathology services under the supervision of a licensed speech-language  
111.22 pathologist under sections 122A.183 and 122A.184 or in accordance with section 148.5192.

111.23 Sec. 19. Minnesota Statutes 2024, section 148.5192, subdivision 3, is amended to read:

111.24 Subd. 3. **Supervision requirements.** (a) A supervising speech-language pathologist  
111.25 shall authorize and accept full responsibility for the performance, practice, and activity of  
111.26 a speech-language pathology assistant. The amount and type of supervision required must  
111.27 be based on the skills and experience of the speech-language pathology assistant. A minimum  
111.28 of one hour every 30 days of consultative supervision time must be documented for each  
111.29 speech-language pathology assistant.

111.30 (b) A supervising speech-language pathologist must:

111.31 (1) be licensed under sections 122A.183, 122A.184, or 148.511 to 148.5198;

112.1 (2) hold a certificate of clinical competence from the American Speech-Language-Hearing  
112.2 Association or its equivalent as approved by the commissioner; and

112.3 (3) have completed at least ten hours of continuing education in supervision.

112.4 (c) Once every 60 days, the supervising speech-language pathologist must treat or cotreat  
112.5 with the speech-language pathology assistant each client on the speech-language pathology  
112.6 assistant's caseload.

112.7 (d) For purposes of this section, "direct supervision" means observation and guidance  
112.8 by the supervising speech-language pathologist during the performance of a delegated duty  
112.9 that occurs either on-site and in-view or through the use of real-time, two-way interactive  
112.10 audio and visual communication. The supervision requirements described in this section  
112.11 are minimum requirements. Additional supervision requirements may be imposed at the  
112.12 discretion of the supervising speech-language pathologist.

112.13 (e) A supervising speech-language pathologist must be available to communicate with  
112.14 a speech-language pathology assistant at any time the assistant is in direct contact with a  
112.15 client.

112.16 (f) A supervising speech-language pathologist must document activities performed by  
112.17 the assistant that are directly supervised by the supervising speech-language pathologist.  
112.18 At a minimum, the documentation must include:

112.19 (1) information regarding the quality of the speech-language pathology assistant's  
112.20 performance of the delegated duties; and

112.21 (2) verification that any delegated clinical activity was limited to duties authorized to  
112.22 be performed by the speech-language pathology assistant under this section.

112.23 (g) A supervising speech-language pathologist must review and cosign all informal  
112.24 treatment notes signed or initialed by the speech-language pathology assistant.

112.25 (h) A full-time, speech-language pathologist may supervise no more than two full-time,  
112.26 speech-language pathology assistants or the equivalent of two full-time assistants.

112.27 Sec. 20. Minnesota Statutes 2024, section 148.5194, subdivision 3b, is amended to read:

112.28 Subd. 3b. **Speech-language pathology assistant licensure fees.** The fee for initial  
112.29 licensure as a speech-language pathology assistant is \$493 must not exceed \$220. The fee  
112.30 for licensure renewal for a speech-language pathology assistant is \$493 must not exceed  
112.31 \$220.

SENATE ARTICLE 3, SECTION 21, HAS BEEN MOVED TO MATCH H2464-2,  
ARTICLE 1, SECTIONS 10 AND 11.

114.1 Sec. 22. Minnesota Statutes 2024, section 148.6401, is amended to read:

114.2 **148.6401 SCOPE.**

114.3 Sections 148.6401 to ~~148.6449~~ 148.645 apply to persons who are applicants for licensure,  
114.4 who are licensed, who use protected titles, or who represent that they are licensed as  
114.5 ~~occupational therapists or occupational therapy assistants~~ practitioners.

114.6 Sec. 23. Minnesota Statutes 2024, section 148.6402, subdivision 1, is amended to read:

114.7 Subdivision 1. **Scope.** For the purpose of sections 148.6401 to ~~148.6449~~ 148.645, the  
114.8 following terms have the meanings given them.

114.9 Sec. 24. Minnesota Statutes 2024, section 148.6402, is amended by adding a subdivision  
114.10 to read:

114.11 Subd. 2a. **Accreditation Council for Occupational Therapy Education or**  
114.12 **ACOTE.** "Accreditation Council for Occupational Therapy Education" or "ACOTE" means  
114.13 the entity that accredits occupational therapy education programs in the United States and

114.14 its territories and establishes, approves, and administers educational standards ensuring  
114.15 consistency across all occupational therapy education.

114.16 Sec. 25. Minnesota Statutes 2024, section 148.6402, is amended by adding a subdivision  
114.17 to read:

114.18 Subd. 5a. **Continuing competence.** "Continuing competence" means the process in  
114.19 which an occupational therapy practitioner develops and maintains the knowledge, critical  
114.20 reasoning, interpersonal skills, performance skills, and ethical practice necessary to perform  
114.21 their occupational therapy responsibilities.

114.22 Sec. 26. Minnesota Statutes 2024, section 148.6402, subdivision 7, is amended to read:

114.23 Subd. 7. **Credentialing Certification examination for occupational**  
114.24 **therapist.** "Credentialing Certification examination for occupational therapist" means the  
114.25 examination sponsored by the National Board for Certification in Occupational Therapy  
114.26 for credentialing certification as an a registered occupational therapist, registered.

114.27 Sec. 27. Minnesota Statutes 2024, section 148.6402, subdivision 8, is amended to read:

114.28 Subd. 8. **Credentialing Certification examination for occupational therapy**  
114.29 **assistant.** "Credentialing Certification examination for occupational therapy assistant"  
115.1 means the examination sponsored by the National Board for Certification in Occupational  
115.2 Therapy for credentialing certification as a certified occupational therapy assistant.

115.3 Sec. 28. Minnesota Statutes 2024, section 148.6402, is amended by adding a subdivision  
115.4 to read:

115.5 Subd. 12a. **Face-to-face supervision.** "Face-to-face supervision" means supervision  
115.6 occurring between a supervisor and a supervisee within each other's sight or presence.  
115.7 Face-to-face supervision includes real-time audio and video communication where the  
115.8 supervisor and supervisee can see each other and clearly visualize the services being provided.

115.9 Sec. 29. Minnesota Statutes 2024, section 148.6402, subdivision 13, is amended to read:

115.10 Subd. 13. **Licensed health care professional.** "Licensed health care professional" means  
115.11 a person licensed in good standing in Minnesota to practice medicine, osteopathic medicine,  
115.12 chiropractic, podiatry, advanced practice registered nursing, or dentistry, or is a person  
115.13 registered as a licensed physician assistant in Minnesota.

115.14 Sec. 30. Minnesota Statutes 2024, section 148.6402, is amended by adding a subdivision  
115.15 to read:

115.16 Subd. 13a. **National Board for Certification in Occupational Therapy or**  
115.17 **NBCOT.** "National Board for Certification in Occupational Therapy" or "NBCOT" means  
115.18 the entity that administers the certification examination and provides initial and renewal  
115.19 board certification for occupational therapy practitioners providing services in the United

115.20 States, or any successor entity performing the certification examination and initial and  
115.21 renewal board certification.

115.22 Sec. 31. Minnesota Statutes 2024, section 148.6402, subdivision 14, is amended to read:

115.23 Subd. 14. **Occupational therapist.** "Occupational therapist" means an individual ~~who~~  
115.24 ~~meets the qualifications in sections 148.6401 to 148.6449 and is licensed by the board~~  
115.25 licensed to practice occupational therapy under sections 148.6401 to 148.645 who is  
115.26 responsible for and directs the evaluation process, discharge planning process, development  
115.27 of intervention plans, and provision of occupational therapy services.

115.28 Sec. 32. Minnesota Statutes 2024, section 148.6402, subdivision 16, is amended to read:

115.29 Subd. 16. **Occupational therapy assistant.** "Occupational therapy assistant" means an  
115.30 individual ~~who meets the qualifications for an occupational therapy assistant in sections~~  
116.1 ~~148.6401 to 148.6449 and is licensed by the board~~ licensed to assist in the practice of  
116.2 occupational therapy under sections 148.6401 to 148.645 who works under the appropriate  
116.3 supervision of and in partnership with an occupational therapist, unless exempted under  
116.4 section 148.6432.

116.5 Sec. 33. Minnesota Statutes 2024, section 148.6402, subdivision 16a, is amended to read:

116.6 Subd. 16a. **Occupational therapy practitioner.** "Occupational therapy practitioner"  
116.7 means any individual licensed as either an occupational therapist or occupational therapy  
116.8 assistant under sections 148.6401 to ~~148.6449~~ 148.645.

116.9 Sec. 34. Minnesota Statutes 2024, section 148.6402, subdivision 19, is amended to read:

116.10 Subd. 19. **License or licensed.** "License" or "licensed" means the act or status of a  
116.11 natural person who meets the requirements of sections 148.6401 to ~~148.6449~~ 148.645.

116.12 Sec. 35. Minnesota Statutes 2024, section 148.6402, subdivision 20, is amended to read:

116.13 Subd. 20. **Licensee.** "Licensee" means a person who meets the requirements of sections  
116.14 148.6401 to ~~148.6449~~ 148.645.

116.15 Sec. 36. Minnesota Statutes 2024, section 148.6402, subdivision 23, is amended to read:

116.16 Subd. 23. **Service competency.** (a) "Service competency" of an occupational therapy  
116.17 assistant in performing evaluation tasks means the ability of an occupational therapy assistant  
116.18 to obtain the same information as the supervising occupational therapist when evaluating  
116.19 a client's function.

116.20 (b) "Service competency" of an occupational therapy assistant in performing treatment  
116.21 procedures means the ability of an occupational therapy assistant to perform treatment  
116.22 procedures in a manner such that the outcome, documentation, and follow-up are equivalent  
116.23 to that which would have been achieved had the supervising occupational therapist performed  
116.24 the treatment procedure.

116.25 (c) "Service competency" of an occupational therapist means the ability of an occupational  
116.26 therapist to consistently perform an assessment task or intervention procedure with the level  
116.27 of skill recognized as satisfactory within the ~~appropriate acceptable prevailing practice~~  
116.28 national practice standards of occupational therapy.

117.1 Sec. 37. Minnesota Statutes 2024, section 148.6402, subdivision 25, is amended to read:

117.2 Subd. 25. **Temporary licensure.** "Temporary licensure" means a method of licensure  
117.3 described in section 148.6418, by which an individual who (1) has completed an approved  
117.4 or accredited education program but has not met the examination requirement; or (2)  
117.5 possesses a credential from another jurisdiction or the National Board for Certification in  
117.6 Occupational Therapy but who has not submitted the documentation required by section  
117.7 148.6420, subdivisions 3 and 4; may qualify for Minnesota licensure for a limited time  
117.8 period.

117.9 Sec. 38. Minnesota Statutes 2024, section 148.6403, is amended to read:

117.10 **148.6403 LICENSURE; PROTECTED TITLES AND RESTRICTIONS ON USE;**  
117.11 **EXEMPT PERSONS; SANCTIONS.**

117.12 Subdivision 1. **Unlicensed practice prohibited.** A person must not engage in the practice  
117.13 of occupational therapy unless the person is licensed as an occupational therapy practitioner  
117.14 in accordance with sections 148.6401 to ~~148.6449~~ 148.645.

117.15 Subd. 2. **Protected titles and restrictions on use.** Use of the phrase "occupational  
117.16 therapy," ~~or~~ "occupational therapist," or "occupational therapy assistant," or the initials  
117.17 "OT" or "OTA" alone or in combination with any other words or initials to form an  
117.18 occupational title, or to indicate or imply that the person is licensed by the state as an  
117.19 occupational therapist or occupational therapy assistant, is prohibited unless that person is  
117.20 licensed under sections 148.6401 to ~~148.6449~~ 148.645.

117.21 Subd. 3. **Use of "Minnesota licensed."** Use of the term "Minnesota licensed" in  
117.22 conjunction with titles protected under this section by any person is prohibited unless that  
117.23 person is licensed under sections 148.6401 to ~~148.6449~~ 148.645.

117.24 Subd. 4. **Persons licensed or certified in other states.** A person who is licensed in  
117.25 Minnesota and licensed or certified in another state jurisdiction may use the designation  
117.26 "licensed" or "certified" with a protected title only if the state jurisdiction of licensure or  
117.27 certification is clearly indicated.

117.28 Subd. 5. **Exempt persons.** This section does not apply to:

117.29 (1) a person employed as an occupational therapy practitioner by the government of the  
117.30 United States or any agency of it. However, use of the protected titles under those  
117.31 circumstances is allowed only in connection with performance of official duties for the  
117.32 federal government;

118.1 (2) a student participating in supervised fieldwork or supervised coursework that is  
118.2 necessary to meet the requirements of section 148.6408, subdivision 1, or 148.6410,  
118.3 subdivision 1, if the person is designated by a title which clearly indicates the person's status  
118.4 as a student trainee. Any use of the protected titles under these circumstances is allowed  
118.5 only while the person is performing the duties of the supervised fieldwork or supervised  
118.6 coursework; ~~or~~

118.7 ~~(3) a person visiting and then leaving the state and performing occupational therapy~~  
118.8 ~~services while in the state, if the services are performed no more than 30 days in a calendar~~  
118.9 ~~year as part of a professional activity that is limited in scope and duration and is in association~~  
118.10 ~~with an occupational therapist licensed under sections 148.6401 to 148.6449; and~~

118.11 ~~(i) the~~ (3) a person who is credentialed under the law of another state which that has  
118.12 credentialing requirements at least as stringent as the requirements of sections 148.6401 to  
118.13 ~~148.6449~~ 148.645; or

118.14 ~~(ii) the~~ (4) a person who meets the requirements for certification as an occupational  
118.15 therapist registered (OTR) or a certified occupational therapy assistant (COTA), established  
118.16 by the National Board for Certification in Occupational Therapy; or

118.17 (5) an occupational therapy practitioner who possesses an active compact privilege under  
118.18 section 148.645.

118.19 Subd. 6. **Sanctions.** A person who practices occupational therapy or holds out as an  
118.20 occupational therapy practitioner by or through the use of any title described in subdivision  
118.21 2 without prior licensure according to sections 148.6401 to ~~148.6449~~ 148.645 is subject to  
118.22 sanctions or action against continuing the activity according to section 148.6448, chapter  
118.23 214, or other statutory authority.

118.24 Subd. 7. **Exemption.** Nothing in sections 148.6401 to ~~148.6449~~ 148.645 shall prohibit  
118.25 the practice of any profession or occupation licensed or registered by the state by any person  
118.26 duly licensed or registered to practice the profession or occupation or to perform any act  
118.27 that falls within the scope of practice of the profession or occupation.

118.28 Sec. 39. Minnesota Statutes 2024, section 148.6404, is amended to read:

118.29 **148.6404 SCOPE OF PRACTICE.**

118.30 (a) The practice of occupational therapy means the therapeutic use of everyday ~~activities~~  
118.31 ~~life occupations with individuals or, groups, or populations for the purpose of enhancing~~  
118.32 ~~or enabling participation in those occupations. It is the promotion of~~ The practice of  
118.33 occupational therapy promotes health and well-being through the use of occupational therapy  
119.1 services that includes screening, evaluation, intervention, and consultation to develop,  
119.2 recover, and maintain a client's:

119.3 (1) sensory integrative, neuromuscular, motor, emotional, motivational, cognitive, or  
119.4 psychosocial components of performance;

- 119.5 (2) daily living skills;
- 119.6 (3) feeding and swallowing skills;
- 119.7 (4) play and leisure skills;
- 119.8 (5) educational participation skills;
- 119.9 (6) functional performance and work participation skills;
- 119.10 (7) community mobility; and
- 119.11 (8) health and wellness.
- 119.12 (b) Occupational therapy services include but are not limited to:
- 119.13 (1) designing, fabricating, or applying rehabilitative technology, such as selected orthotic
- 119.14 and prosthetic devices, and providing training in the functional use of these devices;
- 119.15 (2) designing, fabricating, or adapting assistive technology and providing training in the
- 119.16 functional use of assistive devices;
- 119.17 (3) adapting environments using assistive technology such as environmental controls,
- 119.18 wheelchair modifications, and positioning; and
- 119.19 (4) ~~employing~~ applying physical agent, manual, and mechanical modalities in preparation
- 119.20 for or as an adjunct to purposeful activity to meet established functional occupational therapy
- 119.21 goals; and
- 119.22 (5) educating and training individuals, including families, caregivers, groups, and
- 119.23 populations.
- 119.24 (c) Occupational therapy services must be based on nationally established standards of
- 119.25 practice.
- 119.26 Sec. 40. Minnesota Statutes 2024, section 148.6405, is amended to read:
- 119.27 **148.6405 LICENSURE APPLICATION REQUIREMENTS: PROCEDURES AND**
- 119.28 **QUALIFICATIONS.**
- 119.29 (a) An applicant for licensure must comply with the application requirements in section
- 119.30 148.6420. To qualify for licensure, an applicant must satisfy one of the requirements in
- 120.1 paragraphs (b) to (f) sections 148.6408 to 148.6415, or section 148.645 and not be subject
- 120.2 to denial of licensure under section 148.6448.
- 120.3 (b) A person who applies for licensure as an occupational therapist and who has not
- 120.4 been credentialed by the National Board for Certification in Occupational Therapy or another
- 120.5 jurisdiction must meet the requirements in section 148.6408.

- 120.6 ~~(e) A person who applies for licensure as an occupational therapy assistant and who has~~  
120.7 ~~not been credentialed by the National Board for Certification in Occupational Therapy or~~  
120.8 ~~another jurisdiction must meet the requirements in section 148.6410.~~
- 120.9 ~~(d) A person who is certified by the National Board for Certification in Occupational~~  
120.10 ~~Therapy may apply for licensure by equivalency and must meet the requirements in section~~  
120.11 ~~148.6412.~~
- 120.12 ~~(e) A person who is credentialed in another jurisdiction and who was previously certified~~  
120.13 ~~by the National Board for Certification in Occupational Therapy may apply for licensure~~  
120.14 ~~by reciprocity and must meet the requirements in section 148.6415.~~
- 120.15 ~~(f) (b) A person who applies for temporary licensure must meet the requirements in~~  
120.16 ~~section 148.6418.~~
- 120.17 ~~(c) A person who applies for licensure under section 148.6408 or 148.6410 more than~~  
120.18 ~~two years after the person's initial NBCOT certification was issued and who has not practiced~~  
120.19 ~~in any jurisdiction must submit:~~
- 120.20 ~~(1) a completed and signed application for licensure on forms provided by the board~~  
120.21 ~~that meet the requirements of section 148.6420, subdivision 1, paragraph (a), clauses (1)~~  
120.22 ~~and (2); and~~
- 120.23 ~~(2) proof of a minimum of 24 continuing education contact hours by an occupational~~  
120.24 ~~therapist applicant, or a minimum of 18 hours by an occupational therapy assistant applicant,~~  
120.25 ~~completed within the two years proceeding the application and meeting the requirements~~  
120.26 ~~of section 148.6443.~~
- 120.27 ~~(g) (d) A person who applies for licensure under paragraph (b), (e), or (f) more than two~~  
120.28 ~~and less than four years after meeting the examination requirements in section 148.6408,~~  
120.29 ~~subdivision 2, or 148.6410, subdivision 2, section 148.6408 or 148.6410 after the person's~~  
120.30 ~~initial NBCOT certification has expired must submit the following:~~
- 120.31 ~~(1) a completed and signed application for licensure on forms provided by the board~~  
120.32 ~~that meet the requirements of section 148.6420, subdivision 1, paragraph (a), clauses (1)~~  
120.33 ~~and (2); and~~
- 121.1 ~~(2) the license application fee required under section 148.6445; evidence of:~~
- 121.2 ~~(i) completion of an occupational therapy refresher program that contains both theoretical~~  
121.3 ~~and clinical components completed within the last year; or~~
- 121.4 ~~(ii) current NBCOT certification.~~
- 121.5 ~~(3) if applying for occupational therapist licensure, proof of having met a minimum of~~  
121.6 ~~24 contact hours of continuing education in the two years preceding licensure application;~~

- 121.7 ~~or if applying for occupational therapy assistant licensure, proof of having met a minimum~~  
 121.8 ~~of 18 contact hours of continuing education in the two years preceding licensure application;~~
- 121.9 (4) ~~verified documentation of successful completion of 160 hours of supervised practice~~  
 121.10 ~~approved by the board under a limited license specified in section 148.6425, subdivision 3,~~  
 121.11 ~~paragraph (c); and~~
- 121.12 (5) ~~additional information as requested by the board to clarify information in the~~  
 121.13 ~~application, including information to determine whether the individual has engaged in~~  
 121.14 ~~conduct warranting disciplinary action under section 148.6448. The information must be~~  
 121.15 ~~submitted within 30 calendar days from the date of the board's request.~~
- 121.16 (h) ~~A person who applies for licensure under paragraph (b), (c), or (f) four years or more~~  
 121.17 ~~after meeting the examination requirements in section 148.6408, subdivision 2, or 148.6410,~~  
 121.18 ~~subdivision 2, must:~~
- 121.19 (1) ~~meet all the requirements in paragraph (g) except clauses (3) and (4);~~
- 121.20 (2) ~~submit documentation of having retaken and achieved a qualifying score on the~~  
 121.21 ~~credentialing examination for occupational therapists or occupational therapy assistants, or~~  
 121.22 ~~of having completed an occupational therapy refresher program that contains both a~~  
 121.23 ~~theoretical and clinical component approved by the board; and~~
- 121.24 (3) ~~submit verified documentation of successful completion of 480 hours of supervised~~  
 121.25 ~~practice approved by the board under a limited license specified in section 148.6425,~~  
 121.26 ~~subdivision 3, paragraph (c). The 480 hours of supervised practice must be completed in~~  
 121.27 ~~six months and may be completed at the applicant's place of work. Only refresher courses~~  
 121.28 ~~completed within one year prior to the date of application qualify for approval.~~
- 121.29 Sec. 41. ~~Minnesota Statutes 2024, section 148.6408, is amended by adding a subdivision~~  
 121.30 ~~to read:~~
- 121.31 Subd. 1a. **Qualifications.** ~~To be licensed as an occupational therapist, an applicant must:~~
- 121.32 (1) ~~satisfy the education and examination requirements of subdivisions 1b and 2; or~~
- 122.1 (2) ~~satisfy the requirements for licensure by equivalency under section 148.6412 or~~  
 122.2 ~~licensure by reciprocity under section 148.6415 as applicable based on the current status of~~  
 122.3 ~~the applicant's NBCOT certification.~~
- 122.4 Sec. 42. ~~Minnesota Statutes 2024, section 148.6408, subdivision 2, is amended to read:~~
- 122.5 Subd. 2. **Qualifying examination score required.** (a) ~~An applicant must achieve a~~  
 122.6 ~~qualifying score on the credentialing certification examination for occupational therapist.~~
- 122.7 (b) ~~The board shall determine the qualifying score for the credentialing certification~~  
 122.8 ~~examination for occupational therapist. In determining the qualifying score, the board shall~~  
 122.9 ~~consider the cut score as recommended by the National Board for Certification in~~  
 122.10 ~~Occupational Therapy, or other national credentialing certification organization approved~~

- 122.11 by the board, using the modified Angoff method for determining cut score or another method  
122.12 for determining cut score that is recognized as appropriate and acceptable by industry  
122.13 standards.
- 122.14 (c) The applicant is responsible for Applicants for licensure must:
- 122.15 (1) making make arrangements to take the credentialing certification examination for  
122.16 an occupational therapist;
- 122.17 (2) bearing bear all expenses associated with taking the examination; and
- 122.18 (3) having the examination scores sent directly to the board from the testing service that  
122.19 administers the examination submit an application and other materials as required by the  
122.20 board under section 148.6420.
- 122.21 Sec. 43. Minnesota Statutes 2024, section 148.6410, is amended by adding a subdivision  
122.22 to read:
- 122.23 Subd. 1a. **Qualifications.** To be licensed as an occupational therapist assistant, an  
122.24 applicant must:
- 122.25 (1) satisfy the education and examination requirements of subdivisions 1b and 2; or
- 122.26 (2) satisfy the requirements for licensure by equivalency under section 148.6412 or  
122.27 licensure by reciprocity under section 148.6415 as applicable based on the current status of  
122.28 the applicant's NBCOT certification.
- 123.1 Sec. 44. Minnesota Statutes 2024, section 148.6410, subdivision 2, is amended to read:
- 123.2 Subd. 2. **Qualifying examination score required.** (a) An applicant for licensure must  
123.3 achieve a qualifying score on the credentialing certification examination for occupational  
123.4 therapy assistants.
- 123.5 (b) The board shall determine the qualifying score for the credentialing certification  
123.6 examination for occupational therapy assistants. In determining the qualifying score, the  
123.7 board shall consider the cut score as recommended by the National Board for Certification  
123.8 in Occupational Therapy, or other national credentialing certification organization approved  
123.9 by the board, using the modified Angoff method for determining cut score or another method  
123.10 for determining cut score that is recognized as appropriate and acceptable by industry  
123.11 standards.
- 123.12 (c) The applicant is responsible for Applicants for licensure must:
- 123.13 (1) making make all arrangements to take the credentialing certification examination  
123.14 for occupational therapy assistants;
- 123.15 (2) bearing bear all expense associated with taking the examination; and

- 123.16 (3) ~~having the examination scores sent directly to the board from the testing service that~~  
 123.17 ~~administers the examination~~ submit an application and other materials as required by the  
 123.18 board under section 148.6420.
- 123.19 Sec. 45. Minnesota Statutes 2024, section 148.6412, subdivision 2, is amended to read:
- 123.20 Subd. 2. **Persons currently certified by National Board for Certification in**  
 123.21 **Occupational Therapy NBCOT.** The board may license any person ~~certified by the National~~  
 123.22 ~~Board for Certification in Occupational Therapy~~ who holds current NBCOT certification  
 123.23 as an occupational therapist if the board determines the requirements for certification are  
 123.24 equivalent to or exceed the requirements for licensure as an occupational therapist under  
 123.25 section 148.6408 therapy practitioner. The board may license any person certified by the  
 123.26 National Board for Certification in Occupational Therapy as an occupational therapy assistant  
 123.27 if the board determines the requirements for certification are equivalent to or exceed the  
 123.28 requirements for licensure as an occupational therapy assistant under section 148.6410.  
 123.29 Nothing in this section limits the board's authority to deny licensure based upon the grounds  
 123.30 for discipline in sections 148.6401 to ~~148.6449~~ 148.645.
- 123.31 Sec. 46. Minnesota Statutes 2024, section 148.6412, subdivision 3, is amended to read:
- 123.32 Subd. 3. **Application procedures.** Applicants for licensure by equivalency must provide:
- 124.1 ~~(1)~~ the application materials as required by section 148.6420, ~~subdivisions~~ subdivision  
 124.2 1, 3, and 4; and.
- 124.3 ~~(2) the fees required by section 148.6445.~~
- 124.4 Sec. 47. Minnesota Statutes 2024, section 148.6415, is amended to read:
- 124.5 **148.6415 LICENSURE BY RECIPROCITY.**
- 124.6 ~~A person who is not certified by the National Board for Certification in Occupational~~  
 124.7 ~~Therapy~~ The board may license any person who does not hold current NBCOT certification  
 124.8 but who holds a compact privilege or a current credential as an occupational therapist therapy  
 124.9 practitioner in the District of Columbia or a state or territory of the United States whose  
 124.10 standards for credentialing are determined by the board to be equivalent to or exceed the  
 124.11 requirements for licensure under section 148.6408 may be eligible for licensure by reciprocity  
 124.12 as an occupational therapist. A person who is not certified by the National Board for  
 124.13 Certification in Occupational Therapy but who holds a current credential as an occupational  
 124.14 therapy assistant in the District of Columbia or a state or territory of the United States whose  
 124.15 standards for credentialing are determined by the board to be equivalent to or exceed the  
 124.16 requirements for licensure under section 148.6410 may be eligible for licensure by reciprocity  
 124.17 as an occupational therapy assistant, or 148.6410 as an occupational therapy practitioner.  
 124.18 Nothing in this section limits the board's authority to deny licensure based upon the grounds  
 124.19 for discipline in sections 148.6401 to ~~148.6449~~ 148.645. An applicant must provide:

- 124.20 (1) the application materials as required by section 148.6420, ~~subdivisions~~ subdivision  
124.21 ~~1, 3, and 4; and~~
- 124.22 (2) the fees required by section 148.6445;
- 124.23 (3) a copy of a current and unrestricted credential for the practice of occupational therapy  
124.24 ~~as either an occupational therapist or occupational therapy assistant;~~
- 124.25 (4) a letter from the jurisdiction that issued the credential describing the applicant's  
124.26 ~~qualifications that entitled the applicant to receive the credential; and~~
- 124.27 ~~(5)~~ (2) other information necessary to determine whether the credentialing standards of  
124.28 the jurisdiction that issued the credential are equivalent to or exceed the requirements for  
124.29 licensure under sections 148.6401 to ~~148.6449~~ 148.645.
- 125.1 Sec. 48. Minnesota Statutes 2024, section 148.6418, is amended to read:
- 125.2 **148.6418 TEMPORARY LICENSURE.**
- 125.3 Subdivision 1. **Application.** The board shall issue temporary licensure as an occupational  
125.4 ~~therapist or occupational therapy assistant~~ practitioner to applicants who are not the subject  
125.5 of a disciplinary action or past disciplinary action, nor disqualified on the basis of items  
125.6 listed in section 148.6448, subdivision 1.
- 125.7 Subd. 2. **Procedures.** To be eligible for temporary licensure, an applicant must submit  
125.8 a completed application for temporary licensure on forms provided by the board, the fees  
125.9 required by section 148.6445, and one of the following:
- 125.10 (1) evidence of successful completion of the requirements in section 148.6408,  
125.11 subdivision 1, or 148.6410, subdivision 1;
- 125.12 (2) a copy of a current and unrestricted credential for the practice of occupational therapy  
125.13 ~~as either an occupational therapist or occupational therapy assistant~~ practitioner in another  
125.14 jurisdiction; or
- 125.15 (3) a copy of a current and unrestricted ~~certificate~~ certification from the National Board  
125.16 for Certification in Occupational Therapy stating that the applicant is certified as an  
125.17 ~~occupational therapist or occupational therapy assistant~~ practitioner.
- 125.18 Subd. 3. **Additional documentation.** Persons who are ~~credentialed~~ certified by the  
125.19 National Board for Certification in Occupational Therapy or ~~credentialed by another~~  
125.20 jurisdiction must provide ~~an affidavit~~ a statement with the application for temporary licensure  
125.21 stating that they are not the subject of a pending investigation or disciplinary action and  
125.22 have not been the subject of a disciplinary action in the past.
- 125.23 Subd. 4. **Supervision required.** An applicant who has graduated from an accredited  
125.24 occupational therapy program, as required by section 148.6408, subdivision 1, or 148.6410,  
125.25 subdivision 1, and who has not passed the examination required by section 148.6408,  
125.26 subdivision 2, or 148.6410, subdivision 2, must practice under the supervision of a licensed

125.27 occupational therapist. The supervising therapist must, at a minimum, supervise the person  
 125.28 working under temporary licensure in the performance of the initial evaluation, determination  
 125.29 of the appropriate intervention plan, and periodic review and modification of the intervention  
 125.30 plan. The supervising therapist must observe the person working under temporary licensure  
 125.31 in order to ensure service competency in carrying out evaluation, intervention planning,  
 125.32 and intervention implementation. The frequency of face-to-face collaboration between the  
 125.33 person working under temporary licensure and the supervising therapist must be based on  
 126.1 the condition of each patient or client, the complexity of intervention and evaluation  
 126.2 procedures, and the proficiencies of the person practicing under temporary licensure.  
 126.3 Following demonstrated service competency of the applicant, supervision must occur no  
 126.4 less than every ten intervention days or every 30 calendar days, whichever occurs first. The  
 126.5 occupational therapist or occupational therapy assistant practitioner working under temporary  
 126.6 licensure must provide verification of supervision on the application form provided by the  
 126.7 board. Supervising occupational therapists must have a minimum of six months of fully  
 126.8 licensed practice to supervise a temporary licensee. The occupational therapy practitioner  
 126.9 working under temporary licensure must notify the board before changing supervision.

126.10 Subd. 5. **Qualifying examination requirement; expiration and renewability.** (a) A  
 126.11 person issued a temporary license pursuant to subdivision 2, clause (1), must demonstrate  
 126.12 to the board within the temporary licensure period successful completion of the qualifying  
 126.13 examination requirement under section 148.6408, subdivision 2, or section 148.6410,  
 126.14 subdivision 2. A temporary license holder who fails the qualifying examination for a second  
 126.15 time shall have their temporary license revoked effective upon notification to the temporary  
 126.16 license holder of the examination score. It is the temporary license holder's obligation to  
 126.17 submit to the board their qualifying examination scores and to refrain from practice if their  
 126.18 temporary license is revoked. Failure to do so subjects the temporary license holder to  
 126.19 disciplinary action pursuant to section 148.6448, subdivision 1, clause ~~(5)~~ (6). The board  
 126.20 must not issue a temporary license to a person with two or more certification examination  
 126.21 failures.

126.22 (b) A temporary license expires six months from the date of issuance or on the date the  
 126.23 board grants or denies licensure, whichever occurs first.

126.24 (c) A temporary license is not renewable.

126.25 Sec. 49. Minnesota Statutes 2024, section 148.6420, subdivision 1, is amended to read:

126.26 Subdivision 1. **Applications for initial licensure.** (a) An applicant for initial licensure  
 126.27 must:

126.28 (1) submit a completed application for licensure on forms provided by the board and  
 126.29 must supply the all information and documentation requested on the application, including:

126.30 (i) the applicant's name, business address and business telephone number, business  
 126.31 setting, primary email address, and daytime home or mobile telephone number;

- 126.32 ~~(ii) the name and location of the occupational therapy program the applicant completed;~~
- 127.1 ~~(iii)~~ (ii) a description of the applicant's education and training, including the name and
- 127.2 location of the occupational therapy program the applicant completed and a list of degrees
- 127.3 received from all other educational institutions attended;
- 127.4 ~~(iv)~~ (iii) the applicant's work history for the six years preceding the application;
- 127.5 ~~(v)~~ (iv) a list of all credentials currently and previously held in Minnesota and other
- 127.6 jurisdictions;
- 127.7 ~~(vi)~~ (v) a description of any jurisdiction's refusal to credential the applicant;
- 127.8 ~~(vii)~~ (vi) a description of all professional disciplinary actions initiated against the applicant
- 127.9 in any jurisdiction;
- 127.10 ~~(viii)~~ (vii) information on any physical or mental condition or substance use disorder
- 127.11 that impairs the person's ability to engage in the practice of occupational therapy with
- 127.12 reasonable judgment or safety;
- 127.13 ~~(ix)~~ (viii) a description of any misdemeanor or felony conviction that relates to honesty
- 127.14 or to the practice of occupational therapy charges or convictions; and
- 127.15 ~~(x)~~ (ix) a description of any state or federal court order, including a conciliation court
- 127.16 judgment or a disciplinary order, related to the individual's occupational therapy practice;
- 127.17 (2) submit with the application all fees required by section 148.6445;
- 127.18 (3) sign a statement that the information in the application is true and correct to the best
- 127.19 of the applicant's knowledge and belief;
- 127.20 (4) sign a waiver authorizing the board to obtain access to the applicant's records in this
- 127.21 or any other state in which the applicant holds or previously held a credential for the practice
- 127.22 of an occupation, has completed an accredited occupational therapy education program, or
- 127.23 engaged in the practice of occupational therapy;
- 127.24 (x) any legal information required under chapter 214;
- 127.25 (xi) either documentation to demonstrate the completion of the required education and
- 127.26 examination requirements under section 148.6408, subdivisions 1b and 2, or 148.6410,
- 127.27 subdivisions 1b and 2; for applicants for licensure by equivalency under section 148.6412,
- 127.28 documentation of current NBCOT certification; for applicants for licensure by reciprocity
- 127.29 under section 148.6415, documentation submitted directly by the appropriate commission
- 127.30 or government body verifying the license or credential; or verification from the Compact
- 127.31 Commission of the applicant's practice status in Compact Commission states;
- 127.32 (xii) all application fees required by section 148.6445;

128.1 (xiii) evidence of completing a criminal background check according to section 214.075;  
128.2 and  
128.3 (xiv) a signed statement affirming that the information in the application is true and  
128.4 correct to the best of the applicant's knowledge and belief;  
128.5 ~~(5)~~ (2) submit additional information as requested by the board; and  
128.6 ~~(6)~~ (3) submit ~~the~~ any additional information required for licensure by equivalency,  
128.7 licensure by reciprocity, licensure by compact privilege, and temporary licensure as specified  
128.8 in sections 148.6408 to 148.6418; and 148.645. An applicant applying under section 148.6418  
128.9 is exempt from providing documentation related to a criminal background check under  
128.10 clause (1), item (xiii). An applicant applying under section 148.6418, subdivision 4, is  
128.11 exempt from providing documentation related to previously held licenses or credentials  
128.12 under clause (1), item (iv).  
128.13 (b) The board must not verify the status of an applicant under paragraph (a), clause (1),  
128.14 item (xi), by using another jurisdiction's publicly available website unless the other  
128.15 jurisdiction fails to provide the requested documentation after the applicant provides  
128.16 documentation of making the request.  
128.17 Sec. 50. Minnesota Statutes 2024, section 148.6423, subdivision 1, is amended to read:  
128.18 Subdivision 1. **Renewal requirements.** To be eligible for licensure renewal, a licensee  
128.19 must:  
128.20 (1) submit a completed and signed application for licensure renewal; on forms provided  
128.21 by the board, including:  
128.22 (i) updated personal information, including the renewal applicant's name, business  
128.23 address and business telephone number, primary email address, and home or mobile telephone  
128.24 number;  
128.25 (ii) information regarding any change to the renewal applicant's responses to section  
128.26 148.6420, subdivision 1, paragraph (a), clause (1), items (v) to (ix);  
128.27 (iii) a signed statement affirming that the information in the renewal application is true  
128.28 and correct to the best of the applicant's knowledge and belief; and  
128.29 (iv) any legal information required under chapter 214;  
128.30 (2) submit the renewal fee required under section 148.6445;  
129.1 (3) if audited, submit proof of having met the continuing education requirement of section  
129.2 148.6443; and  
129.3 (4) submit additional information as requested by the board to clarify information  
129.4 presented in the renewal application. The information must be submitted within 30 calendar  
129.5 days of the board's request.

129.6 Sec. 51. Minnesota Statutes 2024, section 148.6423, is amended by adding a subdivision  
129.7 to read:

129.8 Subd. 1a. **License period.** Following the initial license period, a license period begins  
129.9 on the first day of the month after the licensee's birth month and must be renewed biennially.

129.10 Sec. 52. Minnesota Statutes 2024, section 148.6423, subdivision 2, is amended to read:

129.11 Subd. 2. **Renewal deadline.** (a) Except as provided in paragraph (c), licenses must be  
129.12 renewed every two years on or before the first day of the month after the licensee's birth  
129.13 month. Licensees must comply with the following procedures in paragraphs (b) to (e).

129.14 (b) Each license must state an expiration date. An application for licensure renewal must  
129.15 be received by the board at least 30 calendar days on or before the expiration date.

129.16 (c) If the board changes the renewal schedule and the expiration date is less than two  
129.17 years, the fee and the continuing education contact hours to be reported at the next renewal  
129.18 must be prorated.

129.19 (d) An application for licensure renewal not received within the time required under  
129.20 paragraph (b), but received on or before the expiration date, must be accompanied by a late  
129.21 fee in addition to the renewal fee specified by section 148.6445.

129.22 (e) Licensure renewals received after the expiration date must comply with the  
129.23 requirements of section 148.6425.

129.24 Sec. 53. Minnesota Statutes 2024, section 148.6425, subdivision 2, is amended to read:

129.25 Subd. 2. **Licensure renewal within one year after licensure expiration date.** A licensee  
129.26 whose application for licensure renewal is received after the licensure expiration date but  
129.27 within one year of the expiration date must submit the following:

129.28 (1) a completed and signed renewal application for licensure following lapse in licensed  
129.29 status; on forms provided by the board, including:

130.1 (i) updated personal information, including the renewal applicant's name, business  
130.2 address and business telephone number, primary email address, and home or mobile telephone  
130.3 number;

130.4 (ii) information regarding any change to the renewal applicant's responses to section  
130.5 148.6420, subdivision 1, paragraph (a), clause (1), items (v) to (ix);

130.6 (iii) a signed statement affirming that the information in the renewal application is true  
130.7 and correct to the best of the applicant's knowledge and belief;

130.8 (iv) information regarding any change to the renewal applicant's responses to section  
130.9 148.6420, subdivision 1, paragraph (a), clause (1), item (xi);

130.10 (v) NBCOT verification of certification documentation; and

- 130.11 (vi) any legal information required under chapter 214;
- 130.12 (2) the renewal fee and the late fee required under section 148.6445;
- 130.13 (3) proof of having met the continuing education requirements in section 148.6443;
- 130.14 subdivision 1; and
- 130.15 (4) an employment verification form; and
- 130.16 ~~(4)~~ (5) additional information as requested by the board to clarify information in the
- 130.17 application, including information to determine whether the licensee has engaged in conduct
- 130.18 warranting disciplinary action as set forth in section 148.6448. The information must be
- 130.19 submitted within 30 calendar days from the date of the board's request.
- 130.20 Sec. 54. Minnesota Statutes 2024, section 148.6425, is amended by adding a subdivision
- 130.21 to read:
- 130.22 Subd. 4. **Licensure renewal within two years after license expiration date.** A licensee
- 130.23 whose application for license renewal is received more than one year but less than two years
- 130.24 after the expiration date must submit the following:
- 130.25 (1) a completed and signed renewal application for licensure following lapse in licensed
- 130.26 status on forms provided by the board, including all information listed in subdivision 2,
- 130.27 clause (1);
- 130.28 (2) the renewal fee and the late fee required under section 148.6445;
- 130.29 (3) proof of having met the continuing education requirements in section 148.6443;
- 130.30 (4) an employment verification form;
- 131.1 (5) evidence of completion of a criminal background check as required under section
- 131.2 214.075 and the associated fee; and
- 131.3 (6) additional information as requested by the board to clarify information in the
- 131.4 application, including information to determine whether the licensee has engaged in conduct
- 131.5 warranting disciplinary action as set forth in section 148.6448. The information must be
- 131.6 submitted within 30 calendar days from the date of the board's request.
- 131.7 Sec. 55. Minnesota Statutes 2024, section 148.6425, is amended by adding a subdivision
- 131.8 to read:
- 131.9 Subd. 5. **Expiration due to nonrenewal after two years.** The board shall not renew,
- 131.10 reissue, reinstate, or restore a license that is not subject to a pending review, investigation,
- 131.11 or disciplinary action and has not been renewed within one biennial renewal cycle of the
- 131.12 license expiration. An individual whose license has expired under this subdivision for
- 131.13 nonrenewal must obtain a new license by applying for licensure and fulfilling all requirements
- 131.14 then in existence for an initial license to practice occupational therapy in Minnesota.

131.15 Sec. 56. Minnesota Statutes 2024, section 148.6428, is amended to read:

131.16 **148.6428 CHANGE OF CONTACT INFORMATION OR EMPLOYMENT.**

131.17 A licensee who changes a name, primary email address, address, employment, business  
131.18 address, or business telephone number must inform the board of the change of name, primary  
131.19 email address, address, employment, business address, or business telephone number within  
131.20 30 calendar days from the effective date of the change. A change in name must be  
131.21 accompanied by a copy of a marriage certificate, government-issued identification card,  
131.22 Social Security card, or court order. All notices or other correspondence served on a licensee  
131.23 by the board at the licensee's contact information on file with the board must be considered  
131.24 as having been received by the licensee.

131.25 Sec. 57. **[148.6431] JURISPRUDENCE EXAMINATION.**

131.26 The board may require occupational therapy practitioners to take an open-book  
131.27 jurisprudence examination on state laws and rules regarding the practice of occupational  
131.28 therapy and occupational therapy assisting.

131.29 Sec. 58. Minnesota Statutes 2024, section 148.6432, subdivision 1, is amended to read:

131.30 Subdivision 1. **Applicability.** If the professional standards identified in ~~section 148.6430~~  
131.31 ~~subdivision 1a~~ permit an occupational therapist to delegate an evaluation, reevaluation, or  
132.1 treatment procedure, the occupational therapist must provide supervision consistent with  
132.2 this section.

132.3 Sec. 59. Minnesota Statutes 2024, section 148.6432, is amended by adding a subdivision  
132.4 to read:

132.5 Subd. 1a. **Delegation of duties.** (a) The occupational therapist may delegate to an  
132.6 occupational therapy assistant those portions of the client's evaluation, reevaluation, and  
132.7 intervention that, according to prevailing national practice standards, can be performed by  
132.8 an occupational therapy assistant.

132.9 (b) The occupational therapist is responsible for all duties delegated to the occupational  
132.10 therapy assistant.

132.11 (c) The occupational therapist may not delegate portions of an evaluation or reevaluation  
132.12 of a person whose condition is changing rapidly.

132.13 Sec. 60. Minnesota Statutes 2024, section 148.6432, subdivision 2, is amended to read:

132.14 Subd. 2. **Evaluations.** The occupational therapist shall determine the frequency of  
132.15 evaluations and reevaluations for each client. The occupational therapy assistant shall inform  
132.16 the occupational therapist of the need for more frequent reevaluation if indicated by the  
132.17 client's condition or response to treatment. Before delegating a portion of a client's evaluation  
132.18 pursuant to ~~section 148.6430~~ subdivision 1a, the occupational therapist shall ensure the  
132.19 service competency of the occupational therapy assistant in performing the evaluation

132.20 procedure and shall provide supervision consistent with the condition of the patient or client  
132.21 and the complexity of the evaluation procedure.

132.22 Sec. 61. Minnesota Statutes 2024, section 148.6432, subdivision 3, is amended to read:

132.23 Subd. 3. **Intervention.** (a) The occupational therapist must determine the frequency and  
132.24 manner of supervision of an occupational therapy assistant performing intervention  
132.25 procedures delegated pursuant to ~~section 148.6430~~ subdivision 1a based on the condition  
132.26 of the patient or client, the complexity of the intervention procedure, and the service  
132.27 competency of the occupational therapy assistant.

132.28 (b) Face-to-face collaboration between the occupational therapist and the occupational  
132.29 therapy assistant must occur for all clients every ten intervention days or every 30 days,  
132.30 whichever comes first, during which time the occupational therapist is responsible for:

133.1 (1) planning and documenting an initial intervention plan and discharge from  
133.2 interventions;

133.3 (2) reviewing intervention goals, therapy programs, and client progress;

133.4 (3) supervising changes in the intervention plan;

133.5 (4) conducting or observing intervention procedures for selected clients and documenting  
133.6 appropriateness of intervention procedures. Clients must be selected based on the  
133.7 occupational therapy services provided to the client and the role of the occupational therapist  
133.8 and the occupational therapy assistant in those services; and

133.9 (5) ensuring the service competency of the occupational therapy assistant in performing  
133.10 delegated intervention procedures.

133.11 (c) Face-to-face collaboration must occur more frequently if necessary to meet the  
133.12 requirements of paragraph (a) or (b).

133.13 (d) The occupational therapist must document compliance with this subdivision in the  
133.14 client's file or chart.

133.15 Sec. 62. Minnesota Statutes 2024, section 148.6432, subdivision 4, is amended to read:

133.16 Subd. 4. **Exception.** (a) The supervision requirements of this section do not apply to an  
133.17 occupational therapy assistant who:

133.18 (1) works in an activities program; and

133.19 (2) does not perform occupational therapy services.

133.20 (b) The occupational therapy assistant must meet all other applicable requirements of  
133.21 sections 148.6401 to ~~148.6449~~ 148.645.

133.22 Sec. 63. Minnesota Statutes 2024, section 148.6435, is amended to read:

133.23 **148.6435 COORDINATION OF SERVICES.**

133.24 An occupational therapist must:

133.25 (1) collect information necessary to ensure that the provision of occupational therapy  
133.26 services are consistent with the client's physical and mental health status. The information  
133.27 required to make this determination may include, but is not limited to, contacting the client's  
133.28 licensed health care professional for health history, current health status, current medications,  
133.29 and precautions;

134.1 ~~(2) modify or terminate occupational therapy intervention of a client that is not beneficial~~  
134.2 ~~to the client, not tolerated by the client, or refused by the client, and if intervention was~~  
134.3 ~~terminated for a medical reason, notify the client's licensed health care professional by~~  
134.4 ~~correspondence postmarked or delivered to the licensed health care professional within one~~  
134.5 ~~week of the termination of intervention;~~

134.6 ~~(3)~~ (2) refer a client to an appropriate health care, social service, or education practitioner  
134.7 if the client's condition requires services not within the occupational therapist's service  
134.8 competency or not within the practice of occupational therapy generally, or if the client's  
134.9 acuity warrants alternative care; and

134.10 ~~(4)~~ (3) participate and cooperate in the coordination of occupational therapy services  
134.11 with other related services, as a member of the professional community serving the client.

134.12 Sec. 64. Minnesota Statutes 2024, section 148.6438, is amended to read:

134.13 **148.6438 RECIPIENT NOTIFICATION.**

134.14 Subdivision 1. **Required notification.** ~~(a) In the absence of a physician, advanced~~  
134.15 ~~practice registered nurse, or physician assistant licensed health care provider referral or~~  
134.16 ~~prior authorization, and before providing occupational therapy services for remuneration~~  
134.17 ~~or expectation of payment from the client, an occupational therapist must provide the~~  
134.18 ~~following written notification in all capital letters of 12-point or larger boldface type, to the~~  
134.19 ~~client, parent, or guardian in a format meeting national accessibility standards and the needs~~  
134.20 ~~of the client, parent, or guardian:~~

134.21 "Your health care provider, insurer, or plan may require a ~~physician, advanced practice~~  
134.22 ~~registered nurse, or physician assistant licensed health care provider referral or prior~~  
134.23 ~~authorization and you may be obligated for partial or full payment for occupational therapy~~  
134.24 ~~services rendered."~~

134.25 (b) Information other than this notification may be included as long as the notification  
134.26 remains conspicuous on the face of the document. ~~A nonwritten disclosure format may be~~  
134.27 ~~used to satisfy the recipient notification requirement when necessary to accommodate the~~  
134.28 ~~physical condition of a client or client's guardian.~~

134.29 Subd. 2. **Evidence of recipient notification.** The occupational therapist is responsible  
134.30 for providing evidence of compliance with the recipient notification requirement of this  
134.31 section with documentation of the client, parent, or guardian agreement.

135.1 Sec. 65. Minnesota Statutes 2024, section 148.6443, subdivision 3, is amended to read:

135.2 Subd. 3. **Activities qualifying for continuing education contact hours.** (a) The activities  
135.3 in this subdivision qualify for continuing education contact hours if they meet all other  
135.4 requirements of this section.

135.5 (b) A minimum of one-half of the required contact hours must be directly related to  
135.6 occupational therapy practice. The remaining contact hours may be related to occupational  
135.7 therapy practice, the delivery of occupational therapy services, or to the practitioner's current  
135.8 professional role.

135.9 (c) A licensee may obtain an unlimited number of contact hours in any two-year  
135.10 continuing education period through participation in the following:

135.11 (1) attendance at educational programs of annual conferences, lectures, panel discussions,  
135.12 workshops, in-service training, seminars, and symposiums;

135.13 (2) successful completion of college or university courses. The licensee must obtain a  
135.14 grade of at least a "C" or a pass in a pass/fail course in order to receive credit. One college  
135.15 credit equals six continuing education contact hours; or

135.16 (3) successful completion of home study courses that require the participant to  
135.17 demonstrate the participant's knowledge following completion of the course provide  
135.18 documentation that the course was completed and that meet the requirements in subdivision  
135.19 2.

135.20 (d) A licensee may obtain a maximum of one-half of the required contact hours in any  
135.21 two-year continuing education period for:

135.22 (1) teaching continuing education or occupational therapy related courses that meet the  
135.23 requirements of this section. A licensee is entitled to earn a maximum of two contact hours  
135.24 as preparation time for each contact hour of presentation time. Contact hours may be claimed  
135.25 only once for teaching the same course in any two-year continuing education period. A  
135.26 course schedule or brochure must be maintained for audit;

135.27 (2) supervising occupational therapist or occupational therapy assistant students. A  
135.28 licensee may earn one contact hour for every eight hours of student supervision. Licensees  
135.29 must ensure they receive documentation regarding each student supervised and the dates  
135.30 and hours each student was supervised. Contact hours obtained by student supervision must  
135.31 be obtained by supervising students from an occupational therapy education program  
135.32 accredited by the Accreditation Council for Occupational Therapy Education; and

- 136.1 ~~(2) teaching or participating in courses related to leisure activities, recreational activities,~~  
136.2 ~~or hobbies if the practitioner uses these interventions within the practitioner's current practice~~  
136.3 ~~or employment; and~~
- 136.4 ~~(4)~~ (3) engaging in research activities or outcome studies that are related to the practice  
136.5 of occupational therapy and associated with grants, postgraduate studies, or publications in  
136.6 professional journals or books.
- 136.7 (e) A licensee may obtain a maximum of two contact hours in any two-year continuing  
136.8 education period for continuing education activities in the following areas:
- 136.9 (1) personal skill topics: career burnout, communication skills, human relations, and  
136.10 similar topics;
- 136.11 (2) ~~training that is obtained in conjunction with a licensee's employment, occurs during~~  
136.12 ~~a licensee's normal workday, and does not include subject matter specific to the fundamentals~~  
136.13 ~~of occupational therapy~~ basic life support and CPR training; and
- 136.14 (3) participation for a minimum of one year on a professional committee or board.
- 136.15 Sec. 66. Minnesota Statutes 2024, section 148.6443, subdivision 4, is amended to read:
- 136.16 Subd. 4. **Activities not qualifying for continuing education contact hours.** Credit  
136.17 must not be granted for the following activities: hospital patient rounds; entertainment or  
136.18 recreational activities; volunteering; noneducational association meetings; and employment  
136.19 orientation sessions and meetings, including but not limited to training required at the  
136.20 beginning of employment, annually, or routinely that is related to the employer's organization  
136.21 requirements.
- 136.22 Sec. 67. Minnesota Statutes 2024, section 148.6443, subdivision 5, is amended to read:
- 136.23 Subd. 5. **Reporting continuing education contact hours.** Each licensee must use the  
136.24 continuing education reporting form to verify meeting the continuing education requirements  
136.25 of this section. The licensee must maintain documentation, including but not limited to a  
136.26 signed certificate, transcript, or similar evidence of participation in an activity. The  
136.27 documentation must include a:
- 136.28 (1) the title of the continuing education activity;
- 136.29 (2) a brief description of the continuing education activity prepared by the presenter or  
136.30 sponsor;
- 136.31 (3) the name of the sponsor, presenter, or author;
- 137.1 (4) the location and attendance dates;
- 137.2 (5) the number of contact hours; and
- 137.3 (6) the licensee's name.

- 137.4 Sec. 68. Minnesota Statutes 2024, section 148.6443, subdivision 6, is amended to read:
- 137.5 Subd. 6. **Auditing continuing education reports.** (a) The board may audit a percentage
- 137.6 of the continuing education reports based on random selection. A licensee shall maintain
- 137.7 all documentation required by this section for two years after the last day of the biennial
- 137.8 licensure period in which the contact hours were earned.
- 137.9 (b) All renewal applications that are received after the expiration date may be subject
- 137.10 to a continuing education report audit.
- 137.11 (c) Any licensee against whom a complaint is filed may be subject to a continuing
- 137.12 education report audit.
- 137.13 (d) The licensee shall make the following information available to the board for auditing
- 137.14 purposes:
- 137.15 (1) a copy of the completed continuing education reporting form for the continuing
- 137.16 education reporting period that is the subject of the audit including all supporting
- 137.17 documentation required by subdivision 5;
- 137.18 (2) documentation of university, college, or vocational school courses by a transcript
- 137.19 and a course syllabus, listing in a course bulletin, or equivalent documentation that includes
- 137.20 the course title, instructor's name, course dates, number of contact hours, and course content,
- 137.21 objectives, or goals; and
- 137.22 (3) verification of attendance ~~by~~ that meets the requirements of subdivision 5 by
- 137.23 submitting:
- 137.24 (i) ~~a signature of~~ certificate of attendance, or if a certificate is not available, other
- 137.25 ~~documentation from the presenter or a designee at the continuing education activity on the~~
- 137.26 ~~continuing education report form or a certificate of attendance with the course name, course~~
- 137.27 ~~date, and licensee's name~~ submitted directly to the board confirming the requirements; or
- 137.28 (ii) ~~a summary or outline of the educational content of an audio or video educational~~
- 137.29 ~~activity to verify the licensee's participation in the activity if a designee is not available to~~
- 137.30 ~~sign the continuing education report form; or~~
- 138.1 ~~(iii) (ii) verification of self-study programs by a certificate of completion or other~~
- 138.2 ~~documentation indicating that the individual has demonstrated knowledge and has~~
- 138.3 ~~successfully completed the program.~~
- 138.4 Sec. 69. Minnesota Statutes 2024, section 148.6443, subdivision 7, is amended to read:
- 138.5 Subd. 7. **Waiver Deferral of continuing education requirements.** The board may
- 138.6 ~~waive or~~ defer all or part of the continuing education requirements of this section if the
- 138.7 licensee submits a written request and provides satisfactory evidence to the board of illness,
- 138.8 injury, financial hardship, family hardship, or other similar extenuating circumstances that
- 138.9 preclude completion of the requirements during the licensure period. The request for a

138.10 ~~waiver deferral~~ must be in writing, state the circumstances that constitute hardship, state  
138.11 the period of time the licensee wishes to have the continuing education requirement ~~waived~~  
138.12 ~~deferred~~, and state the alternative measures that will be taken if a ~~waiver deferral~~ is granted.  
138.13 The board must set forth, in writing, the reasons for granting or denying the ~~waiver deferral~~.  
138.14 ~~Waivers Deferrals~~ granted by the board must specify, in writing, the time limitation and  
138.15 required alternative measures to be taken by the licensee. A request for ~~waiver deferral~~ must  
138.16 be denied if the board finds that the circumstances stated by the licensee do not support a  
138.17 claim of hardship, the requested time period for ~~waiver deferral~~ is unreasonable, the  
138.18 alternative measures proposed by the licensee are not equivalent to the continuing education  
138.19 activity being ~~waived~~ deferred, or the request for ~~waiver deferral~~ is not submitted to the  
138.20 board within 60 calendar days of the expiration date.

138.21 Sec. 70. Minnesota Statutes 2024, section 148.6443, subdivision 8, is amended to read:

138.22 Subd. 8. **Penalties for noncompliance.** The board shall refuse to renew or grant, or  
138.23 shall suspend, condition, limit, or otherwise qualify the license of any person who the board  
138.24 determines has failed to comply with the continuing education requirements of this section.  
138.25 A licensee may request reconsideration of the board's determination of noncompliance or  
138.26 the penalty imposed under this section by making a written request to the board within 30  
138.27 calendar days of the date of notification to the applicant. Individuals requesting  
138.28 reconsideration may submit information that the licensee wants considered in the  
138.29 reconsideration.

138.30 Sec. 71. Minnesota Statutes 2024, section 148.6445, is amended by adding a subdivision  
138.31 to read:

138.32 Subd. 5a. **Compact privilege fee.** The fee for interstate licensure compact privilege to  
138.33 practice is \$150.

139.1 Sec. 72. Minnesota Statutes 2024, section 148.6445, is amended by adding a subdivision  
139.2 to read:

139.3 Subd. 7a. **Active mailing list.** The fee for the standard active licensee mailing list  
139.4 delivered electronically is \$500.

139.5 Sec. 73. Minnesota Statutes 2024, section 148.6448, subdivision 1, is amended to read:

139.6 Subdivision 1. **Grounds for denial of licensure or discipline.** The board may deny an  
139.7 application for licensure, may approve licensure with conditions, or may discipline a licensee  
139.8 using any disciplinary actions listed in subdivision 3 on proof that the individual has:

139.9 (1) intentionally submitted false or misleading information to the board;

139.10 (2) obtained a license by means of fraud, misrepresentation, or concealment of material  
139.11 facts;

139.12 (3) failed, within 30 days, to provide information in response to a written request by the  
139.13 board;

- 139.14 ~~(3)~~ (4) performed services of an occupational therapist or occupational therapy assistant  
 139.15 practitioner in an incompetent manner or in a manner that falls below the community standard  
 139.16 of care or national practice standards of care;
- 139.17 ~~(4)~~ (5) failed to satisfactorily perform occupational therapy services during a period of  
 139.18 temporary licensure;
- 139.19 ~~(5)~~ (6) violated sections 148.6401 to ~~148.6449~~ 148.645;
- 139.20 ~~(6)~~ (7) failed to perform services with reasonable judgment, skill, or safety due to the  
 139.21 use of alcohol or drugs, or other physical or mental impairment;
- 139.22 ~~(7)~~ (8) been convicted of violating any state or federal law, rule, or regulation which  
 139.23 directly that reasonably relates to the practice of occupational therapy;
- 139.24 (9) failed to report other licensees that have violated sections 148.6401 to 148.645;
- 139.25 ~~(8)~~ (10) aided or abetted another person in violating any provision of sections 148.6401  
 139.26 to ~~148.6449~~ 148.645;
- 139.27 ~~(9)~~ (11) been disciplined for conduct in the practice of an occupation by the state of  
 139.28 Minnesota, another jurisdiction, or a national professional association, if any of the grounds  
 139.29 for discipline are the same or substantially equivalent to those in sections 148.6401 to  
 139.30 ~~148.6449~~ 148.645;
- 140.1 ~~(10)~~ (12) not cooperated with the board in an investigation conducted according to  
 140.2 subdivision 2;
- 140.3 ~~(11)~~ (13) advertised in a manner that is false or misleading;
- 140.4 ~~(12)~~ (14) engaged in dishonest, unethical, or unprofessional conduct in connection with  
 140.5 the practice of occupational therapy that is likely to deceive, defraud, or harm the public;
- 140.6 (15) improperly managed client records, including but not limited to failure to maintain  
 140.7 client records in a manner that meets community standards of care or nationally accepted  
 140.8 practice standards;
- 140.9 ~~(13)~~ (16) demonstrated a willful or careless disregard for the health, welfare, or safety  
 140.10 of a client;
- 140.11 (17) inappropriately supervised or delegated or assigned tasks to an occupational therapy  
 140.12 assistant, occupational therapy student, rehabilitation aide, or other licensed professional;
- 140.13 ~~(14)~~ (18) performed medical diagnosis or provided intervention, other than occupational  
 140.14 therapy, without being licensed to do so under the laws of this state;
- 140.15 ~~(15)~~ (19) paid or promised to pay a commission or part of a fee to any person who  
 140.16 contacts the occupational therapist therapy practitioner for consultation or sends patients to  
 140.17 the occupational therapist therapy practitioner for intervention;

140.18 ~~(16)~~ (20) engaged in an incentive payment arrangement, other than that prohibited by  
140.19 clause ~~(15)~~ (19), that promotes occupational therapy overutilization, whereby the referring  
140.20 person or person who controls the availability of occupational therapy services to a client  
140.21 profits unreasonably as a result of client intervention;

140.22 ~~(17)~~ (21) engaged in abusive or fraudulent billing practices, including violations of  
140.23 federal Medicare and Medicaid laws, Food and Drug Administration regulations, or state  
140.24 medical assistance laws;

140.25 ~~(18)~~ (22) obtained money, property, or services from a consumer through the use of  
140.26 undue influence, high pressure sales tactics, harassment, duress, deception, or fraud;

140.27 ~~(19)~~ (23) performed services for a client who had no possibility of benefiting from the  
140.28 services;

140.29 ~~(20)~~ (24) failed to refer a client for medical evaluation when appropriate or when a client  
140.30 indicated symptoms associated with diseases that could be medically or surgically treated;

141.1 ~~(21)~~ (25) engaged in conduct with a client that is sexual or may reasonably be interpreted  
141.2 by the client as sexual, or in any verbal behavior that is seductive or sexually demeaning to  
141.3 a patient;

141.4 ~~(22)~~ (26) violated a federal or state court order, including a conciliation court judgment,  
141.5 or a disciplinary order issued by the board, related to the person's occupational therapy  
141.6 practice; or

141.7 ~~(23)~~ (27) any other just cause related to the practice of occupational therapy.

141.8 Sec. 74. Minnesota Statutes 2024, section 148.6448, subdivision 2, is amended to read:

141.9 Subd. 2. **Investigation of complaints.** The board may initiate an investigation upon  
141.10 receiving a complaint or other oral or written communication that alleges or implies that a  
141.11 person has violated sections 148.6401 to ~~148.6449~~ 148.645. In the receipt, investigation,  
141.12 and hearing of a complaint that alleges or implies a person has violated sections 148.6401  
141.13 to ~~148.6449~~ 148.645, the board must follow the procedures in sections 214.10 and 214.103.

141.14 Sec. 75. Minnesota Statutes 2024, section 148.6448, subdivision 4, is amended to read:

141.15 Subd. 4. **Effect of specific disciplinary action on use of title.** Upon notice from the  
141.16 board denying licensure renewal or upon notice that disciplinary actions have been imposed  
141.17 and the person is no longer entitled to practice occupational therapy and use the occupational  
141.18 therapy and licensed titles, the person shall cease to practice occupational therapy, to use  
141.19 titles protected by sections 148.6401 to ~~148.6449~~ 148.645, and to represent to the public  
141.20 that the person is licensed by the board.

141.21 Sec. 76. Minnesota Statutes 2024, section 148.6448, subdivision 6, is amended to read:

141.22 Subd. 6. **Authority to contract.** The board shall contract with the health professionals  
141.23 services program as authorized by sections 214.31 to 214.37 to provide these services to

141.24 practitioners under this chapter. The health professionals services program does not affect  
141.25 the board's authority to discipline violations of sections 148.6401 to ~~148.6449~~ 148.645.

141.26 Sec. 77. Minnesota Statutes 2024, section 148.6449, subdivision 1, is amended to read:

141.27 Subdivision 1. **Creation.** The Board of Occupational Therapy Practice consists of 11  
141.28 members appointed by the governor. The members are:

141.29 (1) five occupational therapists licensed under sections 148.6401 to ~~148.6449~~ 148.645;  
142.1 (2) three occupational therapy assistants licensed under sections 148.6401 to ~~148.6449~~  
142.2 148.645; and

142.3 (3) three public members, including two members who have received occupational  
142.4 therapy services or have a family member who has received occupational therapy services,  
142.5 and one member who is a health care professional or health care provider licensed in  
142.6 Minnesota.

142.7 Sec. 78. Minnesota Statutes 2024, section 148.6449, subdivision 2, is amended to read:

142.8 Subd. 2. **Qualifications of board members.** (a) The occupational therapy practitioners  
142.9 appointed to the board must represent a variety of practice areas and settings.

142.10 (b) At least ~~two occupational therapy practitioners~~ three members of the board must be  
142.11 employed or reside outside the seven-county metropolitan area.

142.12 (c) Board members must not serve for more than two full consecutive terms.

142.13 (d) Interstate licensure compact privilege holders are not eligible to serve on the board.

142.14 Sec. 79. Minnesota Statutes 2024, section 148.6449, subdivision 7, is amended to read:

142.15 Subd. 7. **Duties of the Board of Occupational Therapy Practice.** (a) The board shall:

142.16 (1) adopt and enforce rules and laws necessary for licensing occupational therapy  
142.17 practitioners;

142.18 (2) adopt and enforce rules for regulating the professional conduct of the practice of  
142.19 occupational therapy;

142.20 (3) issue licenses to qualified individuals in accordance with sections 148.6401 to  
142.21 ~~148.6449~~ 148.645;

142.22 (4) assess and collect fees for the issuance and renewal of licenses;

142.23 (5) educate the public about the requirements for licensing occupational therapy  
142.24 practitioners, educate occupational therapy practitioners about the rules of conduct, and  
142.25 enable the public to file complaints against applicants and licensees who may have violated  
142.26 sections 148.6401 to ~~148.6449~~ 148.645; and

- 142.27 (6) investigate individuals engaging in practices that violate sections 148.6401 to  
142.28 ~~148.6449~~ 148.645 and take necessary disciplinary, corrective, or other action according to  
142.29 section 148.6448.
- 143.1 (b) The board may adopt rules necessary to define standards or carry out the provisions  
143.2 of sections 148.6401 to ~~148.6449~~ 148.645. Rules shall be adopted according to chapter 14.
- 143.3 Sec. 80. Minnesota Statutes 2024, section 148B.53, subdivision 3, is amended to read:
- 143.4 Subd. 3. **Fee Fees.** Nonrefundable fees are as follows:
- 143.5 (1) initial license application fee for licensed professional counseling (LPC) - \$150;
- 143.6 (2) initial license fee for LPC - \$250;
- 143.7 (3) annual active license renewal fee for LPC - \$250 or equivalent;
- 143.8 (4) annual inactive license renewal fee for LPC - \$125;
- 143.9 (5) initial license application fee for licensed professional clinical counseling (LPCC) -  
143.10 \$150;
- 143.11 (6) initial license fee for LPCC - \$250;
- 143.12 (7) annual active license renewal fee for LPCC - \$250 or equivalent;
- 143.13 (8) annual inactive license renewal fee for LPCC - \$125;
- 143.14 (9) license renewal late fee - \$100 per month or portion thereof;
- 143.15 (10) copy of board order or stipulation - \$10;
- 143.16 (11) certificate of good standing or license verification - \$25;
- 143.17 (12) duplicate certificate fee - \$25;
- 143.18 (13) professional firm renewal fee - \$25;
- 143.19 (14) sponsor application for approval of a continuing education course - \$60;
- 143.20 (15) initial registration fee - \$50;
- 143.21 (16) annual registration renewal fee - \$25;
- 143.22 (17) approved supervisor application processing fee - \$30; ~~and~~
- 143.23 (18) temporary license for members of the military - \$250; ~~and~~
- 143.24 (19) interstate compact privilege to practice fee - not to exceed \$100.
- 143.25 **EFFECTIVE DATE.** This section is effective the day following final enactment.

- 144.1 Sec. 81. Minnesota Statutes 2024, section 148E.180, subdivision 1, is amended to read:
- 144.2 Subdivision 1. **Application fees.** (a) Nonrefundable application fees for licensure may
- 144.3 not exceed the following amounts but may be adjusted lower by board action:
- 144.4 (1) for a licensed social worker, \$75;
- 144.5 (2) for a licensed graduate social worker, \$75;
- 144.6 (3) for a licensed independent social worker, \$75;
- 144.7 (4) for a licensed independent clinical social worker, \$75;
- 144.8 (5) for a temporary license, \$50; and
- 144.9 (6) for a license by endorsement, \$115; and
- 144.10 (7) for a compact multistate license, \$75.
- 144.11 (b) The fee for criminal background checks is the fee charged by the Bureau of Criminal
- 144.12 Apprehension. The criminal background check fee must be included with the application
- 144.13 fee as required according to section 148E.055.
- 144.14 **EFFECTIVE DATE.** This section is effective the day following final enactment.
- 144.15 Sec. 82. Minnesota Statutes 2024, section 148E.180, is amended by adding a subdivision
- 144.16 to read:
- 144.17 Subd. 2a. **Compact multistate license fees.** Nonrefundable compact multistate license
- 144.18 fees must not exceed the following amounts but may be adjusted lower by board action:
- 144.19 (1) for a licensed social worker, \$115;
- 144.20 (2) for a licensed graduate social worker, \$210;
- 144.21 (3) for a licensed independent social worker, \$305; and
- 144.22 (4) for a licensed independent clinical social worker, \$335.
- 144.23 **EFFECTIVE DATE.** This section is effective the day following final enactment.
- 144.24 Sec. 83. Minnesota Statutes 2024, section 148E.180, is amended by adding a subdivision
- 144.25 to read:
- 144.26 Subd. 3a. **Compact multistate renewal fees.** Nonrefundable renewal fees for compact
- 144.27 multistate licensure must not exceed the following amounts but may be adjusted lower by
- 144.28 board action:
- 145.1 (1) for a licensed social worker, \$115;
- 145.2 (2) for a licensed graduate social worker, \$210;

- 145.3 (3) for a licensed independent social worker, \$305; and
- 145.4 (4) for a licensed independent clinical social worker, \$335.
- 145.5 **EFFECTIVE DATE.** This section is effective the day following final enactment.
- 145.6 Sec. 84. Minnesota Statutes 2024, section 148E.180, subdivision 5, is amended to read:
- 145.7 Subd. 5. **Late fees.** Late fees are the following nonrefundable amounts:
- 145.8 (1) renewal late fee, one-fourth of the applicable renewal fee specified in ~~subdivision~~
- 145.9 ~~subdivisions 3 and 3a;~~
- 145.10 (2) supervision plan late fee, \$40; and
- 145.11 (3) license late fee, \$100 plus the prorated share of the applicable license ~~fee~~ fees specified
- 145.12 ~~in subdivision~~ subdivisions 2 and 2a for the number of months during which the individual
- 145.13 practiced social work without a license.
- 145.14 **EFFECTIVE DATE.** This section is effective the day following final enactment.
- 145.15 Sec. 85. Minnesota Statutes 2024, section 148E.180, subdivision 7, is amended to read:
- 145.16 Subd. 7. **Reactivation fees.** Reactivation fees are the following nonrefundable amounts:
- 145.17 (1) reactivation from a temporary leave or emeritus status, the prorated share of the
- 145.18 renewal fee specified in subdivision 3; and
- 145.19 (2) reactivation of an expired license, 1-1/2 times the applicable renewal fees specified
- 145.20 ~~in subdivision~~ subdivisions 3 and 3a.
- 145.21 **EFFECTIVE DATE.** This section is effective the day following final enactment.
- 145.22 Sec. 86. **[148G.01] TITLE.**
- 145.23 This chapter shall be referred to as the Minnesota Certified Midwife Practice Act.
- 145.24 Sec. 87. **[148G.02] SCOPE.**
- 145.25 This chapter applies to all applicants and licensees, all persons who use the title certified
- 145.26 midwife, and all persons in or out of this state who provide certified midwifery services to
- 145.27 patients who reside in this state, unless there are specific applicable exemptions provided
- 145.28 by law.
- 146.1 Sec. 88. **[148G.03] DEFINITIONS.**
- 146.2 Subdivision 1. **Scope.** For purposes of this chapter, the definitions in this section have
- 146.3 the meanings given.
- 146.4 Subd. 2. **Board.** "Board" means the Minnesota Board of Nursing.

146.5 Subd. 3. **Certification.** "Certification" means the formal recognition by the American  
146.6 Midwifery Certification Board of the knowledge, skills, and experience demonstrated by  
146.7 the achievement of standards identified by the American College of Nurse Midwives or any  
146.8 successor organization.

146.9 Subd. 4. **Certified midwife.** "Certified midwife" means an individual who holds a current  
146.10 and valid national certification as a certified midwife from the American Midwifery  
146.11 Certification Board or any successor organization and who is licensed by the board under  
146.12 this chapter.

146.13 Subd. 5. **Certified midwifery practice.** "Certified midwifery practice" means:

146.14 (1) managing, diagnosing, and treating women's primary health care beginning in  
146.15 adolescence, including pregnancy, childbirth, the postpartum period, care of the newborn,  
146.16 family planning, partner care management relating to sexual health, and gynecological care  
146.17 of women;

146.18 (2) ordering, performing, supervising, and interpreting diagnostic studies within the  
146.19 scope of certified midwifery practice, excluding:

146.20 (i) interpreting and performing specialized ultrasound examinations; and

146.21 (ii) interpreting computed tomography scans, magnetic resonance imaging scans, positron  
146.22 emission tomography scans, nuclear scans, and mammography;

146.23 (3) prescribing pharmacologic and nonpharmacologic therapies appropriate to midwifery  
146.24 practice;

146.25 (4) consulting with, collaborating with, or referring to other health care providers as  
146.26 warranted by the needs of the patient; and

146.27 (5) performing the role of educator in the theory and practice of midwifery.

146.28 Subd. 6. **Collaborating.** "Collaborating" means the process in which two or more health  
146.29 care professionals work together to meet the health care needs of a patient, as warranted by  
146.30 the needs of the patient.

147.1 Subd. 7. **Consulting.** "Consulting" means the process in which a certified midwife who  
147.2 maintains primary management responsibility for a patient's care seeks advice or opinion  
147.3 of a physician, an advanced practice registered nurse, or another member of the health care  
147.4 team.

147.5 Subd. 8. **Encumbered.** "Encumbered" means:

147.6 (1) a license or other credential that is revoked, is suspended, or contains limitations on  
147.7 the full and unrestricted practice of certified midwifery when the revocation, suspension,  
147.8 or limitation is imposed by a state licensing board or other state regulatory entity; or

147.9 (2) a license or other credential that is voluntarily surrendered.

147.10 Subd. 9. **Licensure period.** "Licensure period" means the interval of time during which  
147.11 the certified midwife is authorized to engage in certified midwifery. The initial licensure  
147.12 period is from six to 29 full calendar months starting on the day of licensure and ending on  
147.13 the last day of the certified midwife's month of birth in an even-numbered year if the year  
147.14 of birth is an even-numbered year, or in an odd-numbered year if the year of birth is an  
147.15 odd-numbered year. Subsequent licensure renewal periods are 24 months. For licensure  
147.16 renewal, the period starts on the first day of the month following expiration of the previous  
147.17 licensure period. The period ends the last day of the certified midwife's month of birth in  
147.18 an even- or odd-numbered year according to the certified midwife's year of birth.

147.19 Subd. 10. **Licensed practitioner.** "Licensed practitioner" means a physician licensed  
147.20 under chapter 147, an advanced practice registered nurse licensed under sections 148.171  
147.21 to 148.235, or a certified midwife licensed under this chapter.

147.22 Subd. 11. **Midwifery education program.** "Midwifery education program" means a  
147.23 program of theory and practice offered by a university or college that leads to the preparation  
147.24 and eligibility for certification in midwifery and is accredited by the Accreditation  
147.25 Commission for Midwifery Education or any successor organization recognized by the  
147.26 United States Department of Education or the Council for Higher Education Accreditation.

147.27 Subd. 12. **Patient.** "Patient" means a recipient of care provided by a certified midwife  
147.28 within the scope of certified midwifery practice, including an individual, family, group, or  
147.29 community.

147.30 Subd. 13. **Prescribing.** "Prescribing" means the act of generating a prescription for the  
147.31 preparation of, use of, or manner of using a drug or therapeutic device under section 148G.09.  
147.32 Prescribing does not include recommending the use of a drug or therapeutic device that is  
148.1 not required by the federal Food and Drug Administration to meet the labeling requirements  
148.2 for prescription drugs and devices.

148.3 Subd. 14. **Prescription.** "Prescription" means a written direction or an oral direction  
148.4 reduced to writing provided to or for a patient for the preparation or use of a drug or  
148.5 therapeutic device. The requirements of section 151.01, subdivisions 16, 16a, and 16b, apply  
148.6 to prescriptions for drugs.

148.7 Subd. 15. **Referral.** "Referral" means the process in which a certified midwife directs  
148.8 a patient to a physician or another health care professional for management of a particular  
148.9 problem or aspect of the patient's care.

148.10 Subd. 16. **Supervision.** "Supervision" means monitoring and establishing the initial  
148.11 direction of, setting expectations for, directing activities in, evaluating, and changing a  
148.12 course of action in certified midwifery care.

148.13 Sec. 89. **[148G.04] CERTIFIED MIDWIFE LICENSING.**

148.14 Subdivision 1. **Licensure.** (a) No person shall practice as a certified midwife or serve  
148.15 as the faculty of record for clinical instruction in a midwifery distance learning program  
148.16 unless the person is licensed by the board under this chapter.

148.17 (b) An applicant for a license to practice as a certified midwife must apply to the board  
148.18 in a format prescribed by the board and pay a fee in an amount determined under section  
148.19 148G.11.

148.20 (c) To be eligible for licensure, an applicant must:

148.21 (1) not hold an encumbered license or other credential as a certified midwife or equivalent  
148.22 professional designation in any state or territory;

148.23 (2) hold a current and valid certification as a certified midwife from the American  
148.24 Midwifery Certification Board or any successor organization acceptable to the board and  
148.25 provide primary source verification of certification to the board in a format prescribed by  
148.26 the board;

148.27 (3) have completed a graduate-level midwifery education program that includes clinical  
148.28 experience, is accredited by the Accreditation Commission for Midwifery Education or any  
148.29 successor organization recognized by the United States Department of Education or the  
148.30 Council for Higher Education Accreditation, and leads to a graduate degree. The applicant  
148.31 must submit primary source verification of program completion to the board in a format  
148.32 prescribed by the board. The primary source verification must verify the applicant completed  
149.1 three separate graduate-level courses in physiology and pathophysiology; advanced health  
149.2 assessment; and advanced pharmacology, including pharmacodynamics, pharmacokinetics,  
149.3 and pharmacotherapeutics of all broad categories of agents;

149.4 (4) report any criminal conviction, nolo contendere plea, Alford plea, or other plea  
149.5 arrangement in lieu of conviction; and

149.6 (5) not have committed any acts or omissions that are grounds for disciplinary action in  
149.7 another jurisdiction or, if these acts were committed and would be grounds for disciplinary  
149.8 action as set forth in section 148G.13, the board has found after an investigation that sufficient  
149.9 remediation was made.

149.10 Subd. 2. **Clinical practice component.** If more than five years have elapsed since the  
149.11 applicant has practiced in the certified midwife role, the applicant must complete a  
149.12 reorientation plan as a certified midwife. The plan must include supervision during the  
149.13 clinical component by a licensed practitioner with experience in providing care to patients  
149.14 with the same or similar health care needs. The applicant must submit the plan and the name  
149.15 of the practitioner to the board. The plan must include a minimum of 500 hours of supervised  
149.16 certified midwifery practice. The certified midwife must submit verification of completion  
149.17 of the clinical reorientation to the board when the reorientation is complete.

149.18 Sec. 90. **[148G.05] LICENSURE RENEWAL; RELICENSURE.**

149.19 Subdivision 1. **Renewal; current applicants.** (a) A certified midwife must apply for  
149.20 renewal of the certified midwife's license before the certified midwife's licensure period  
149.21 ends. To be considered timely, the board must receive the certified midwife's application  
149.22 on or before the last day of the certified midwife's licensure period. A certified midwife's  
149.23 license lapses if the certified midwife's application is untimely.

149.24 (b) An applicant for license renewal must provide the board evidence of current  
149.25 certification or recertification as a certified midwife by the American Midwifery Certification  
149.26 Board or any successor organization.

149.27 (c) An applicant for license renewal must submit to the board the fee under section  
149.28 148G.11, subdivision 2.

149.29 Subd. 2. **Clinical practice component.** If more than five years have elapsed since the  
149.30 applicant has practiced as a certified midwife, the applicant must complete a reorientation  
149.31 plan as a certified midwife. The plan must include supervision during the clinical component  
149.32 by a licensed practitioner with experience in providing care to patients with the same or  
149.33 similar health care needs. The licensee must submit the plan and the name of the practitioner  
150.1 to the board. The plan must include a minimum of 500 hours of supervised certified  
150.2 midwifery practice. The certified midwife must submit verification of completion of the  
150.3 clinical reorientation to the board when the reorientation is complete.

150.4 Subd. 3. **Relicensure; lapsed applicants.** A person whose license has lapsed who desires  
150.5 to resume practice as a certified midwife must apply for relicensure, submit to the board  
150.6 satisfactory evidence of compliance with the procedures and requirements established by  
150.7 the board, and pay the board the relicensure fee under section 148G.11, subdivision 4, for  
150.8 the current licensure period. A penalty fee under section 148G.11, subdivision 4, is required  
150.9 from a person who practiced certified midwifery without current licensure. The board must  
150.10 relicensure a person who meets the requirements of this subdivision.

150.11 Sec. 91. **[148G.06] FAILURE OR REFUSAL TO PROVIDE INFORMATION.**

150.12 Subdivision 1. **Notification requirement.** An individual licensed as a certified midwife  
150.13 must notify the board when the individual renews their certification. If a licensee fails to  
150.14 provide notification, the licensee is prohibited from practicing as a certified midwife.

150.15 Subd. 2. **Denial of license.** Refusal of an applicant to supply information necessary to  
150.16 determine the applicant's qualifications, failure to demonstrate qualifications, or failure to  
150.17 satisfy the requirements for a license contained in this chapter or rules of the board may  
150.18 result in denial of a license. The burden of proof is upon the applicant to demonstrate the  
150.19 qualifications and satisfaction of the requirements.

150.20 Sec. 92. **[148G.07] NAME CHANGE AND CHANGE OF ADDRESS.**

150.21 A certified midwife must maintain a current name and address with the board and must  
150.22 notify the board in writing within 30 days of any change in name or address. All notices or

150.23 other correspondence mailed to or served upon a certified midwife by the board at the  
150.24 licensee's address on file with the board are considered received by the licensee.

150.25 Sec. 93. **[148G.08] IDENTIFICATION OF CERTIFIED MIDWIVES.**

150.26 Only those persons who hold a current license to practice certified midwifery in  
150.27 Minnesota may use the title of certified midwife. A certified midwife licensed by the board  
150.28 must use the designation of "CM" for professional identification and in documentation of  
150.29 services provided.

151.1 Sec. 94. **[148G.09] PRESCRIBING DRUGS AND THERAPEUTIC DEVICES.**

151.2 Subdivision 1. **Diagnosing, prescribing, and ordering.** Certified midwives, within the  
151.3 scope of certified midwifery practice, are authorized to:

151.4 (1) diagnose, prescribe, and institute therapy or referrals of patients to health care agencies  
151.5 and providers;

151.6 (2) prescribe, procure, sign for, record, administer, and dispense over-the-counter, legend,  
151.7 and controlled substances, including sample drugs; and

151.8 (3) plan and initiate a therapeutic regimen that includes ordering and prescribing durable  
151.9 medical devices and equipment, nutrition, diagnostic services, and supportive services,  
151.10 including but not limited to home health care, physical therapy, and occupational therapy.

151.11 Subd. 2. **Drug Enforcement Administration requirements.** (a) Certified midwives  
151.12 must:

151.13 (1) comply with federal Drug Enforcement Administration (DEA) requirements related  
151.14 to controlled substances; and

151.15 (2) file the certified midwife's DEA registrations and numbers, if any, with the board.

151.16 (b) The board must maintain current records of all certified midwives with a DEA  
151.17 registration and number.

151.18 Sec. 95. **[148G.10] FEES.**

151.19 The fees specified in section 148G.11 are nonrefundable and must be deposited in the  
151.20 state government special revenue fund.

151.21 Sec. 96. **[148G.11] FEE AMOUNTS.**

151.22 Subdivision 1. **Licensure.** The fee for licensure is \$105.

151.23 Subd. 2. **Renewal.** The fee for licensure renewal is \$85.

151.24 Subd. 3. **Practicing without current certification.** The penalty fee for a person who  
151.25 practices certified midwifery without a current certification or recertification, or who practices  
151.26 certified midwifery without current certification or recertification on file with the board, is  
151.27 \$200 for the first month or part of a month and an additional \$100 for each subsequent

151.28 month or parts of months of practice. The penalty fee must be calculated from the first day  
151.29 the certified midwife practiced without a current certification to the last day of practice  
151.30 without a current certification, or from the first day the certified midwife practiced without  
152.1 a current certification or recertification on file with the board until the day the current  
152.2 certification or recertification is filed with the board.

152.3 Subd. 4. **Relicensure.** The fee for relicensure is \$105. The fee for practicing without  
152.4 current licensure is two times the amount of the current renewal fee for any part of the first  
152.5 calendar month, plus the current renewal fee for any part of each subsequent month up to  
152.6 24 months.

152.7 Subd. 5. **Dishonored check fee.** The service fee for a dishonored check is as provided  
152.8 in section 604.113.

152.9 Sec. 97. **[148G.12] APPROVED MIDWIFERY EDUCATION PROGRAM.**

152.10 Subdivision 1. **Initial approval.** A university or college desiring to conduct a certified  
152.11 midwifery education program must submit evidence to the board that the university or  
152.12 college is prepared to:

152.13 (1) provide a program of theory and practice in certified midwifery leading to eligibility  
152.14 for certification in midwifery;

152.15 (2) achieve preaccreditation and eventual full accreditation by the American Commission  
152.16 for Midwifery Education or any successor organization recognized by the United States  
152.17 Department of Education or the Council for Higher Education Accreditation. Instruction  
152.18 and required experience may be obtained in one or more institutions or agencies outside  
152.19 the applying university or college if the program retains accountability for all clinical and  
152.20 nonclinical teaching; and

152.21 (3) meet other standards established by law and by the board.

152.22 Subd. 2. **Continuing approval.** The board must, through the board's representative,  
152.23 annually survey all midwifery education programs in Minnesota for current accreditation  
152.24 status by the American Commission for Midwifery Education or any successor organization  
152.25 recognized by the United States Department of Education or the Council for Higher Education  
152.26 Accreditation. If the results of the survey show that a certified midwifery education program  
152.27 meets all standards for continuing accreditation, the board must continue approval of the  
152.28 certified midwifery education program.

152.29 Subd. 3. **Loss of approval.** If the board determines that an accredited certified midwifery  
152.30 education program is not maintaining the standards required by the American Commission  
152.31 on Midwifery Education or any successor organization, the board must obtain the defect in  
152.32 writing from the accrediting body. If a program fails to correct the defect to the satisfaction  
152.33 of the accrediting body and the accrediting body revokes the program's accreditation, the

- 153.1 board must remove the program from the list of approved certified midwifery education  
153.2 programs.
- 153.3 Subd. 4. **Reinstatement of approval.** The board must reinstate approval of a certified  
153.4 midwifery education program upon submission of satisfactory evidence that the certified  
153.5 midwifery education program of theory and practice meets the standards required by the  
153.6 accrediting body.
- 153.7 Sec. 98. **[148G.13] GROUNDS FOR DISCIPLINARY ACTION.**
- 153.8 Subdivision 1. **Grounds listed.** The board may deny, revoke, suspend, limit, or condition  
153.9 the license of any person to practice certified midwifery under this chapter or otherwise  
153.10 discipline a licensee or applicant as described in section 148G.14. The following are grounds  
153.11 for disciplinary action:
- 153.12 (1) failure to demonstrate the qualifications or satisfy the requirements for a license  
153.13 contained in this chapter or rules of the board. In the case of an applicant for licensure, the  
153.14 burden of proof is upon the applicant to demonstrate the qualifications or satisfaction of the  
153.15 requirements;
- 153.16 (2) employing fraud or deceit in procuring or attempting to procure a license to practice  
153.17 certified midwifery;
- 153.18 (3) conviction of a felony or gross misdemeanor reasonably related to the practice of  
153.19 certified midwifery. Conviction, as used in this subdivision, includes a conviction of an  
153.20 offense that if committed in this state would be considered a felony or gross misdemeanor  
153.21 without regard to its designation elsewhere, or a criminal proceeding where a finding or  
153.22 verdict of guilt is made or returned, but the adjudication of guilt is either withheld or not  
153.23 entered;
- 153.24 (4) revocation, suspension, limitation, conditioning, or other disciplinary action against  
153.25 the person's certified midwife credential in another state, territory, or country; failure to  
153.26 report to the board that charges regarding the person's certified midwifery license,  
153.27 certification, or other credential are pending in another state, territory, or country; or failure  
153.28 to report to the board having been refused a license or other credential by another state,  
153.29 territory, or country;
- 153.30 (5) failure or inability to practice as a certified midwife with reasonable skill and safety,  
153.31 or departure from or failure to conform to standards of acceptable and prevailing certified  
153.32 midwifery practice, including failure of a certified midwife to adequately supervise or  
153.33 monitor the performance of acts by any person working at the certified midwife's direction;
- 154.1 (6) engaging in unprofessional conduct, including but not limited to a departure from  
154.2 or failure to conform to statutes relating to certified midwifery practice or to the minimal  
154.3 standards of acceptable and prevailing certified midwifery practice, or engaging in any

- 154.4 certified midwifery practice that may create unnecessary danger to a patient's life, health,  
154.5 or safety. Actual injury to a patient need not be established under this clause;
- 154.6 (7) supervision or accepting the supervision of a midwifery function or a prescribed  
154.7 health care function when the acceptance could reasonably be expected to result in unsafe  
154.8 or ineffective patient care;
- 154.9 (8) actual or potential inability to practice certified midwifery with reasonable skill and  
154.10 safety to patients by reason of illness; by the reason of use of alcohol, drugs, chemicals, or  
154.11 any other material; or as a result of any mental or physical condition;
- 154.12 (9) adjudication as mentally incompetent, mentally ill, a chemically dependent person,  
154.13 or a person dangerous to the public by a court of competent jurisdiction, within or outside  
154.14 of Minnesota;
- 154.15 (10) engaging in any unethical conduct, including but not limited to conduct likely to  
154.16 deceive, defraud, or harm the public, or demonstrating a willful or careless disregard for  
154.17 the health, welfare, or safety of a patient. Actual injury need not be established under this  
154.18 clause;
- 154.19 (11) engaging in conduct with a patient that is sexual or may reasonably be interpreted  
154.20 by the patient as sexual, in any verbal behavior that is seductive or sexually demeaning to  
154.21 a patient, or in sexual exploitation of a patient or former patient;
- 154.22 (12) obtaining money, property, or services from a patient, other than reasonable fees  
154.23 for services provided to the patient, through the use of undue influence, harassment, duress,  
154.24 deception, or fraud;
- 154.25 (13) revealing a privileged communication from or relating to a patient except when  
154.26 otherwise required or permitted by law;
- 154.27 (14) engaging in abusive or fraudulent billing practices, including violations of federal  
154.28 Medicare and Medicaid laws or state medical assistance laws;
- 154.29 (15) improper management of patient records, including failure to maintain adequate  
154.30 patient records, to comply with a patient's request made pursuant to sections 144.291 to  
154.31 144.298, or to furnish a patient record or report required by law;
- 154.32 (16) knowingly aiding, assisting, advising, or allowing an unlicensed person to engage  
154.33 in the unlawful practice of certified midwifery;
- 155.1 (17) violating a rule adopted by the board, an order of the board, a state or federal law  
155.2 relating to the practice of certified midwifery, or a state or federal narcotics or controlled  
155.3 substance law;
- 155.4 (18) knowingly providing false or misleading information to a patient that is directly  
155.5 related to the care of that patient unless done for an accepted therapeutic purpose such as  
155.6 the administration of a placebo;

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

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

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

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

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

155.18 (20) practicing outside the scope of certified midwifery practice as defined under section  
155.19 148G.03, subdivision 5;

155.20 (21) making a false statement or knowingly providing false information to the board,  
155.21 failing to make reports as required by section 148G.15, or failing to cooperate with an  
155.22 investigation of the board as required by section 148G.17;

155.23 (22) engaging in false, fraudulent, deceptive, or misleading advertising;

155.24 (23) failure to inform the board of the person's certification or recertification status as  
155.25 a certified midwife;

155.26 (24) engaging in certified midwifery practice without a license and current certification  
155.27 or recertification by the American Midwifery Certification Board or any successor  
155.28 organization; or

155.29 (25) failure to maintain appropriate professional boundaries with a patient. A certified  
155.30 midwife must not engage in practices that create an unacceptable risk of patient harm or of  
155.31 the impairment of a certified midwife's objectivity or professional judgment. A certified  
155.32 midwife must not act or fail to act in a way that, as judged by a reasonable and prudent  
156.1 certified midwife, inappropriately encourages the patient to relate to the certified midwife  
156.2 outside of the boundaries of the professional relationship or in a way that interferes with  
156.3 the patient's ability to benefit from certified midwife services. A certified midwife must not  
156.4 use the professional relationship with a patient, student, supervisee, or intern to further the  
156.5 certified midwife's personal, emotional, financial, sexual, religious, political, or business  
156.6 benefit or interests.

156.7 Subd. 2. **Conviction of a felony-level criminal sexual offense.** (a) Except as provided  
156.8 in paragraph (e), the board must not grant or renew a license to practice certified midwifery  
156.9 to any person who has been convicted on or after August 1, 2014, of any of the provisions  
156.10 of section 609.342, subdivision 1 or 1a; 609.343, subdivision 1 or 1a; 609.344, subdivision

156.11 1 or 1a, paragraphs (c) to (g); or 609.345, subdivision 1 or 1a, paragraphs (c) to (g); or a  
 156.12 similar statute in another jurisdiction.

156.13 (b) A license to practice certified midwifery is automatically revoked if the licensee is  
 156.14 convicted of an offense listed in paragraph (a).

156.15 (c) A license to practice certified midwifery that has been denied or revoked under this  
 156.16 subdivision is not subject to chapter 364.

156.17 (d) For purposes of this subdivision, "conviction" means a plea of guilty, a verdict of  
 156.18 guilty by a jury, or a finding of guilty by the court, unless the court stays imposition or  
 156.19 execution of the sentence and final disposition of the case is accomplished at a nonfelony  
 156.20 level.

156.21 (e) The board may establish criteria whereby an individual convicted of an offense listed  
 156.22 in paragraph (a) may become licensed if the criteria:

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

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

156.25 (3) require that a minimum of ten years has elapsed since the applicant's sentence was  
 156.26 discharged.

156.27 (f) The board must not consider an application under paragraph (e) if the board determines  
 156.28 that the victim involved in the offense was a patient or a client of the applicant at the time  
 156.29 of the offense.

156.30 Subd. 3. **Evidence.** In disciplinary actions alleging a violation of subdivision 1, clause  
 156.31 (3) or (4), or 2, a copy of the judgment or proceeding under the seal of the court administrator  
 156.32 or of the administrative agency that entered the same is admissible into evidence without  
 156.33 further authentication and constitutes prima facie evidence of the violation concerned.

157.1 Subd. 4. **Examination; access to medical data.** (a) If the board has probable cause to  
 157.2 believe that grounds for disciplinary action exist under subdivision 1, clause (8) or (9), it  
 157.3 may direct the applicant or certified midwife to submit to a mental or physical examination  
 157.4 or chemical dependency evaluation. For the purpose of this subdivision, when a certified  
 157.5 midwife licensed under this chapter is directed in writing by the board to submit to a mental  
 157.6 or physical examination or chemical dependency evaluation, that person is considered to  
 157.7 have consented and to have waived all objections to admissibility on the grounds of privilege.  
 157.8 Failure of the applicant or certified midwife to submit to an examination when directed  
 157.9 constitutes an admission of the allegations against the applicant or certified midwife, unless  
 157.10 the failure was due to circumstances beyond the person's control, and the board may enter  
 157.11 a default and final order without taking testimony or allowing evidence to be presented. A  
 157.12 certified midwife affected under this paragraph must, at reasonable intervals, be given an  
 157.13 opportunity to demonstrate that the competent practice of certified midwifery can be resumed  
 157.14 with reasonable skill and safety to patients. Neither the record of proceedings nor the orders

157.15 entered by the board in a proceeding under this paragraph may be used against a certified  
157.16 midwife in any other proceeding.

157.17 (b) Notwithstanding sections 13.384, 144.651, and 595.02, or any other law limiting  
157.18 access to medical or other health data, the board may obtain medical data and health records  
157.19 relating to a certified midwife or applicant for a license without that person's consent if the  
157.20 board has probable cause to believe that grounds for disciplinary action exist under  
157.21 subdivision 1, clause (8) or (9). The medical data may be requested from a provider, as  
157.22 defined in section 144.291, subdivision 2; an insurance company; or a government agency,  
157.23 including the Department of Human Services or Direct Care and Treatment. A provider,  
157.24 insurance company, or government agency must comply with any written request of the  
157.25 board under this subdivision and is not liable in any action for damages for releasing the  
157.26 data requested by the board if the data are released pursuant to a written request under this  
157.27 subdivision, unless the information is false and the provider giving the information knew  
157.28 or had reason to believe the information was false. Information obtained under this  
157.29 subdivision is classified as private data on individuals as defined in section 13.02.

157.30 Sec. 99. **[148G.14] FORMS OF DISCIPLINARY ACTION; AUTOMATIC**  
157.31 **SUSPENSION; TEMPORARY SUSPENSION; REISSUANCE.**

157.32 Subdivision 1. **Forms of disciplinary action.** If the board finds that grounds for  
157.33 disciplinary action exist under section 148G.13, it may take one or more of the following  
157.34 actions:

158.1 (1) deny the license application or application for license renewal;

158.2 (2) revoke the license;

158.3 (3) suspend the license;

158.4 (4) impose limitations on the certified midwife's practice of certified midwifery, including  
158.5 but not limited to limitation of scope of practice or the requirement of practice under  
158.6 supervision;

158.7 (5) impose conditions on the retention of the license, including but not limited to the  
158.8 imposition of retraining or rehabilitation requirements or the conditioning of continued  
158.9 practice on demonstration of knowledge or skills by appropriate examination, monitoring,  
158.10 or other review;

158.11 (6) impose a civil penalty not exceeding \$10,000 for each separate violation. The amount  
158.12 of the civil penalty must be fixed so as to deprive the certified midwife of any economic  
158.13 advantage gained by reason of the violation charged; to reimburse the board for the cost of  
158.14 counsel, investigation, and proceeding; and to discourage repeated violations;

158.15 (7) order the certified midwife to provide unremunerated service;

158.16 (8) censure or reprimand the certified midwife; or

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

158.18 Subd. 2. **Automatic suspension of license.** (a) Unless the board orders otherwise, a  
158.19 license to practice certified midwifery is automatically suspended if:

158.20 (1) a guardian of a certified midwife is appointed by order of a court under sections  
158.21 524.5-101 to 524.5-502;

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

158.23 (3) the certified midwife is determined to be mentally incompetent, mentally ill,  
158.24 chemically dependent, or a person dangerous to the public by a court of competent  
158.25 jurisdiction within or outside of Minnesota.

158.26 (b) The license remains suspended until the certified midwife is restored to capacity by  
158.27 a court and, upon petition by the certified midwife, the suspension is terminated by the  
158.28 board after a hearing or upon agreement between the board and the certified midwife.

158.29 Subd. 3. **Temporary suspension of license.** In addition to any other remedy provided  
158.30 by law, the board may, through its designated board member under section 214.10,  
158.31 subdivision 2, temporarily suspend the license of a certified midwife without a hearing if  
159.1 the board finds that there is probable cause to believe the certified midwife has violated a  
159.2 statute or rule the board is empowered to enforce and continued practice by the certified  
159.3 midwife would create a serious risk of harm to others. The suspension takes effect upon  
159.4 written notice to the certified midwife, served by first-class mail, specifying the statute or  
159.5 rule violated. The suspension must remain in effect until the board issues a temporary stay  
159.6 of suspension or a final order in the matter after a hearing or upon agreement between the  
159.7 board and the certified midwife. At the time it issues the suspension notice, the board must  
159.8 schedule a disciplinary hearing to be held under the Administrative Procedure Act. The  
159.9 board must provide the certified midwife at least 20 days' notice of any hearing held under  
159.10 this subdivision. The board must schedule the hearing to begin no later than 30 days after  
159.11 the issuance of the suspension order.

159.12 Subd. 4. **Reissuance.** The board may reinstate and reissue a license to practice certified  
159.13 midwifery, but as a condition may impose any disciplinary or corrective measure that it  
159.14 might originally have imposed. Any person whose license has been revoked, suspended, or  
159.15 limited may have the license reinstated and a new license issued when, at the discretion of  
159.16 the board, the action is warranted, provided that the board must require the person to pay  
159.17 the costs of the proceedings resulting in the revocation, suspension, or limitation of the  
159.18 license; the relicensure fee; and the fee for the current licensure period. The cost of  
159.19 proceedings includes but is not limited to the cost paid by the board to the Office of  
159.20 Administrative Hearings and the Office of the Attorney General for legal and investigative  
159.21 services; the costs of a court reporter and witnesses, reproduction of records, board staff  
159.22 time, travel, and expenses; and the costs of board members' per diem reimbursements, travel  
159.23 costs, and expenses.

159.24 Sec. 100. **[148G.15] REPORTING OBLIGATIONS.**

159.25 Subdivision 1. **Permission to report.** A person who has knowledge of any conduct  
159.26 constituting grounds for discipline under section 148G.13 may report the alleged violation  
159.27 to the board.

159.28 Subd. 2. **Institutions.** The chief nursing executive or chief administrative officer of any  
159.29 hospital, clinic, prepaid medical plan, or other health care institution or organization located  
159.30 in Minnesota must report to the board any action taken by the institution or organization or  
159.31 any of its administrators or committees to revoke, suspend, limit, or condition a certified  
159.32 midwife's privilege to practice in the institution or as part of the organization, any denial of  
159.33 privileges, any dismissal from employment, or any other disciplinary action. The institution  
159.34 or organization must also report the resignation of any certified midwife before the conclusion  
160.1 of any disciplinary proceeding or before commencement of formal charges, but after the  
160.2 certified midwife had knowledge that formal charges were contemplated or in preparation.  
160.3 The reporting described by this subdivision is required only if the action pertains to grounds  
160.4 for disciplinary action under section 148G.13.

160.5 Subd. 3. **Licensed professionals.** A person licensed by a health-related licensing board  
160.6 as defined in section 214.01, subdivision 2, must report to the board personal knowledge  
160.7 of any conduct the person reasonably believes constitutes grounds for disciplinary action  
160.8 under section 148G.13 by any certified midwife, including conduct indicating that the  
160.9 certified midwife may be incompetent, may have engaged in unprofessional or unethical  
160.10 conduct, or may be mentally or physically unable to engage safely in the practice of certified  
160.11 midwifery.

160.12 Subd. 4. **Insurers.** (a) By the first day of February, May, August, and November each  
160.13 year, each insurer authorized to sell insurance described in section 60A.06, subdivision 1,  
160.14 clause (13), and providing professional liability insurance to certified midwives must submit  
160.15 to the board a report concerning any certified midwife against whom a malpractice award  
160.16 has been made or who has been a party to a settlement. The report must contain at least the  
160.17 following information:

160.18 (1) the total number of settlements or awards;

160.19 (2) the date a settlement or award was made;

160.20 (3) the allegations contained in the claim or complaint leading to the settlement or award;

160.21 (4) the dollar amount of each malpractice settlement or award and whether that amount  
160.22 was paid as a result of a settlement or of an award; and

160.23 (5) the name and address of the practice of the certified midwife against whom an award  
160.24 was made or with whom a settlement was made.

160.25 (b) An insurer must also report to the board any information it possesses that tends to  
160.26 substantiate a charge that a certified midwife may have engaged in conduct in violation of  
160.27 this chapter.

160.28 Subd. 5. **Courts.** The court administrator of district court or another court of competent  
160.29 jurisdiction must report to the board any judgment or other determination of the court that  
160.30 adjudges or includes a finding that a certified midwife is a person who is mentally ill,  
160.31 mentally incompetent, chemically dependent, dangerous to the public, guilty of a felony or  
160.32 gross misdemeanor, guilty of a violation of federal or state narcotics laws or controlled  
160.33 substances act, guilty of operating a motor vehicle while under the influence of alcohol or  
161.1 a controlled substance, or guilty of an abuse or fraud under Medicare or Medicaid; or if the  
161.2 court appoints a guardian of the certified midwife under sections 524.5-101 to 524.5-502  
161.3 or commits a certified midwife under chapter 253B.

161.4 Subd. 6. **Deadlines; forms.** Reports required by subdivisions 2, 3, and 5 must be  
161.5 submitted no later than 30 days after the occurrence of the reportable event or transaction.  
161.6 The board may provide forms for the submission of reports required under this section, may  
161.7 require that the reports be submitted on the forms provided, and may adopt rules necessary  
161.8 to ensure prompt and accurate reporting. The board must review all reports, including those  
161.9 submitted after the deadline.

161.10 Subd. 7. **Failure to report.** Any person, institution, insurer, or organization that fails to  
161.11 report as required under subdivisions 2 to 6 is subject to civil penalties for failing to report  
161.12 as required by law.

161.13 Sec. 101. **[148G.16] IMMUNITY.**

161.14 Subdivision 1. **Reporting.** Any person, health care facility, business, or organization is  
161.15 immune from civil liability and criminal prosecution for submitting in good faith a report  
161.16 to the board under section 148G.15 or for otherwise reporting in good faith to the board  
161.17 violations or alleged violations of this chapter. All such reports are investigative data as  
161.18 defined in chapter 13.

161.19 Subd. 2. **Investigation.** (a) Members of the board, persons employed by the board or  
161.20 engaged in the investigation of violations and in the preparation and management of charges  
161.21 of violations of this chapter on behalf of the board, or persons participating in the  
161.22 investigation or testifying regarding charges of violations are immune from civil liability  
161.23 and criminal prosecution for any actions, transactions, or publications in the execution of,  
161.24 or relating to, their duties under this chapter.

161.25 (b) Members of the board and persons employed by the board or engaged in maintaining  
161.26 records and making reports regarding adverse health care events are immune from civil  
161.27 liability and criminal prosecution for any actions, transactions, or publications in the  
161.28 execution of, or relating to, their duties under this chapter.

161.29 Sec. 102. **[148G.17] CERTIFIED MIDWIFE COOPERATION.**

161.30 A certified midwife who is the subject of an investigation by or on behalf of the board  
161.31 must cooperate fully with the investigation. Cooperation includes responding fully and  
161.32 promptly to any question raised by or on behalf of the board relating to the subject of the  
162.1 investigation and providing copies of patient or other records in the certified midwife's  
162.2 possession, as reasonably requested by the board, to assist the board in its investigation and  
162.3 to appear at conferences and hearings scheduled by the board. The board must pay for copies  
162.4 requested. If the board does not have written consent from a patient permitting access to  
162.5 the patient's records, the certified midwife must delete any data in the record that identify  
162.6 the patient before providing it to the board. The board must maintain any records obtained  
162.7 pursuant to this section as investigative data under chapter 13. The certified midwife must  
162.8 not be excused from giving testimony or producing any documents, books, records, or  
162.9 correspondence on the grounds of self-incrimination, but the testimony or evidence must  
162.10 not be used against the certified midwife in any criminal case.

162.11 Sec. 103. **[148G.18] DISCIPLINARY RECORD ON JUDICIAL REVIEW.**

162.12 Upon judicial review of any board disciplinary action taken under this chapter, the  
162.13 reviewing court must seal the administrative record, except for the board's final decision,  
162.14 and must not make the administrative record available to the public.

162.15 Sec. 104. **[148G.19] EXEMPTIONS.**

162.16 The provisions of this chapter do not prohibit:

162.17 (1) the furnishing of certified midwifery assistance in an emergency;

162.18 (2) the practice of certified midwifery by any legally qualified certified midwife of  
162.19 another state who is employed by the United States government or any bureau, division, or  
162.20 agency thereof while in the discharge of official duties;

162.21 (3) the practice of any profession or occupation licensed by Minnesota, other than  
162.22 certified midwifery, by any person licensed to practice the profession or occupation, or the  
162.23 performance by a person of any acts properly coming within the scope of the profession,  
162.24 occupation, or license;

162.25 (4) the practice of traditional midwifery as specified under section 147D.03;

162.26 (5) certified midwifery practice by a student practicing under the supervision of an  
162.27 instructor while the student is enrolled in an approved certified midwifery education program;  
162.28 or

162.29 (6) certified midwifery practice by a certified midwife licensed in another state, territory,  
162.30 or jurisdiction who is in Minnesota temporarily;

162.31 (i) providing continuing or in-service education;

163.1 (ii) serving as a guest lecturer;

- 163.2 (iii) presenting at a conference; or
- 163.3 (iv) teaching didactic content via distance education to a student located in Minnesota
- 163.4 who is enrolled in a formal, structured course of study, such as a course leading to a higher
- 163.5 degree in midwifery.
- 163.6 Sec. 105. **[148G.20] VIOLATIONS; PENALTY.**
- 163.7 Subdivision 1. **Violations described.** It is unlawful for any person, corporation, firm,
- 163.8 or association to:
- 163.9 (1) sell or fraudulently obtain or furnish any certified midwifery diploma, license, or
- 163.10 record, or aid or abet therein;
- 163.11 (2) practice certified midwifery under cover of any diploma, permit, license, certified
- 163.12 midwife credential, or record illegally or fraudulently obtained or signed or issued unlawfully
- 163.13 or under fraudulent representation;
- 163.14 (3) practice certified midwifery unless the person is licensed to do so under this chapter;
- 163.15 (4) use the professional title certified midwife or licensed certified midwife unless
- 163.16 licensed to practice certified midwifery under this chapter;
- 163.17 (5) use any abbreviation or other designation tending to imply licensure as a certified
- 163.18 midwife unless licensed to practice certified midwifery under this chapter;
- 163.19 (6) practice certified midwifery in a manner prohibited by the board in any limitation
- 163.20 of a license issued under this chapter;
- 163.21 (7) practice certified midwifery during the time a license issued under this chapter is
- 163.22 suspended or revoked;
- 163.23 (8) knowingly employ persons in the practice of certified midwifery who have not been
- 163.24 issued a current license to practice as a certified midwife in this state; or
- 163.25 (9) conduct a certified midwifery program for the education of persons to become certified
- 163.26 midwives unless the program has been approved by the board.
- 163.27 Subd. 2. **Penalty.** Any person, corporation, firm, or association violating any provision
- 163.28 of subdivision 1 is guilty of a gross misdemeanor and must be punished according to law.
- 163.29 Subd. 3. **Penalty; certified midwives.** In addition to subdivision 2, a person who practices
- 163.30 certified midwifery without a current license and certification or recertification, or without
- 164.1 current certification or recertification on file with the board, is subject to the applicable
- 164.2 penalties in section 148G.11.
- 164.3 Sec. 106. **[148G.21] UNAUTHORIZED PRACTICE OF MIDWIFERY.**
- 164.4 The practice of certified midwifery by any person who is not licensed to practice certified
- 164.5 midwifery under this chapter, whose license has been suspended or revoked, or whose

164.6 national certification credential has expired is inimical to the public health and welfare and  
164.7 constitutes a public nuisance. Upon a complaint being made by the board or any prosecuting  
164.8 officer and upon a proper showing of the facts, the district court of the county where the  
164.9 practice occurred may enjoin such acts and practice. The injunction proceeding is in addition  
164.10 to, and not in lieu of, all other penalties and remedies provided by law.

164.11 Sec. 107. Minnesota Statutes 2024, section 150A.105, is amended by adding a subdivision  
164.12 to read:

164.13 Subd. 3a. **Collaborative management agreement under armed forces.** (a) While  
164.14 practicing under the auspices of the Minnesota National Guard or any branch of the armed  
164.15 forces, including the Navy, Marines, Army, Coast Guard, or Space Force, the collaborating  
164.16 dentist may be determined by the command structure of the armed service for which the  
164.17 dental therapist is a member assigned or contracted.

164.18 (b) A collaborating dentist for a dental therapist when in civilian practice will not be  
164.19 responsible for supervising the dental services performed by the dental therapist while the  
164.20 dental therapist is practicing under the auspices of the armed forces.

164.21 Sec. 108. Minnesota Statutes 2024, section 151.01, subdivision 15, is amended to read:

164.22 Subd. 15. **Pharmacist intern or intern.** "Pharmacist intern" or "intern" means:

164.23 (1) a natural person who has completed college or school of pharmacy orientation or is  
164.24 otherwise enrolled in a doctor of pharmacy program accredited by the Accreditation Council  
164.25 for Pharmacy Education (ACPE) and is satisfactorily progressing toward the degree in  
164.26 pharmacy required for licensure; or;

164.27 (2) a graduate of the University of Minnesota College of Pharmacy, or other pharmacy  
164.28 college approved by the board, a doctor of pharmacy program accredited by ACPE who is  
164.29 registered by the Board of Pharmacy for the purpose of obtaining practical experience as a  
164.30 requirement for licensure as a pharmacist; or;

164.31 (3) a qualified applicant awaiting examination for licensure;

165.1 (4) a participant in a residency or fellowship program who is not licensed to practice  
165.2 pharmacy in Minnesota but is;

165.3 (i) licensed to practice pharmacy in another state; or

165.4 (ii) a graduate of a doctor of pharmacy program accredited by ACPE and not registered  
165.5 by the board under clause (2); or

165.6 (5) a foreign pharmacy graduate who:

165.7 (i) has passed the Foreign Pharmacy Graduate Equivalency Examination;

165.8 (ii) is certified by the Foreign Pharmacy Graduate Equivalency Commission; and

165.9 (iii) is seeking internship experience in accordance with Minnesota Rules, part 6800.1250.

165.10 Sec. 109. Minnesota Statutes 2024, section 151.01, subdivision 23, is amended to read:

165.11 Subd. 23. **Practitioner.** "Practitioner" means a licensed doctor of medicine, licensed  
165.12 doctor of osteopathic medicine duly licensed to practice medicine, licensed doctor of  
165.13 dentistry, licensed doctor of optometry, licensed podiatrist, licensed veterinarian, licensed  
165.14 advanced practice registered nurse, licensed certified midwife, or licensed physician assistant.  
165.15 For purposes of sections 151.15, subdivision 4; 151.211, subdivision 3; 151.252, subdivision  
165.16 3; 151.37, subdivision 2, paragraph (b); and 151.461, "practitioner" also means a dental  
165.17 therapist authorized to dispense and administer under chapter 150A. For purposes of sections  
165.18 151.252, subdivision 3, and 151.461, "practitioner" also means a pharmacist authorized to  
165.19 prescribe self-administered hormonal contraceptives, nicotine replacement medications, or  
165.20 opiate antagonists under section 151.37, subdivision 14, 15, or 16, or authorized to prescribe  
165.21 drugs to prevent the acquisition of human immunodeficiency virus (HIV) under section  
165.22 151.37, subdivision 17.

165.23 Sec. 110. Minnesota Statutes 2024, section 151.065, subdivision 1, is amended to read:

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

165.26 (1) pharmacist licensed by examination, \$225;

165.27 (2) pharmacist licensed by reciprocity, \$300;

165.28 (3) pharmacy intern, ~~\$75~~ \$25;

165.29 (4) pharmacy technician, \$60;

165.30 (5) pharmacy, \$450;

166.1 (6) drug wholesaler, legend drugs only, \$5,500;

166.2 (7) drug wholesaler, legend and nonlegend drugs, \$5,500;

166.3 (8) drug wholesaler, nonlegend drugs, veterinary legend drugs, or both, \$5,500;

166.4 (9) drug wholesaler, medical gases, \$5,500 for the first facility and \$500 for each  
166.5 additional facility;

166.6 (10) third-party logistics provider, \$300;

166.7 (11) drug manufacturer, nonopiate legend drugs only, \$5,500;

166.8 (12) drug manufacturer, nonopiate legend and nonlegend drugs, \$5,500;

166.9 (13) drug manufacturer, nonlegend or veterinary legend drugs, \$5,500;

166.10 (14) drug manufacturer, medical gases, \$5,500 for the first facility and \$500 for each  
166.11 additional facility;

- 166.12 (15) drug manufacturer, also licensed as a pharmacy in Minnesota, \$5,500;
- 166.13 (16) drug manufacturer of opiate-containing controlled substances listed in section
- 166.14 152.02, subdivisions 3 to 5, \$55,500;
- 166.15 (17) medical gas dispenser, \$400;
- 166.16 (18) controlled substance researcher, \$150; and
- 166.17 (19) pharmacy professional corporation, \$150.
- 166.18 Sec. 111. Minnesota Statutes 2024, section 151.065, subdivision 3, is amended to read:
- 166.19 Subd. 3. **Annual renewal fees.** Annual licensure and registration renewal fees are as
- 166.20 follows:
- 166.21 (1) pharmacist, \$225;
- 166.22 (2) pharmacy technician, \$60;
- 166.23 (3) beginning January 1, 2026, pharmacy intern, \$25;
- 166.24 ~~(3)~~ (4) pharmacy, \$450;
- 166.25 ~~(4)~~ (5) drug wholesaler, legend drugs only, \$5,500;
- 166.26 ~~(5)~~ (6) drug wholesaler, legend and nonlegend drugs, \$5,500;
- 166.27 ~~(6)~~ (7) drug wholesaler, nonlegend drugs, veterinary legend drugs, or both, \$5,500;
- 167.1 ~~(7)~~ (8) drug wholesaler, medical gases, \$5,500 for the first facility and \$500 for each
- 167.2 additional facility;
- 167.3 ~~(8)~~ (9) third-party logistics provider, \$300;
- 167.4 ~~(9)~~ (10) drug manufacturer, nonopiate legend drugs only, \$5,500;
- 167.5 ~~(10)~~ (11) drug manufacturer, nonopiate legend and nonlegend drugs, \$5,500;
- 167.6 ~~(11)~~ (12) drug manufacturer, nonlegend, veterinary legend drugs, or both, \$5,500;
- 167.7 ~~(12)~~ (13) drug manufacturer, medical gases, \$5,500 for the first facility and \$500 for
- 167.8 each additional facility;
- 167.9 ~~(13)~~ (14) drug manufacturer, also licensed as a pharmacy in Minnesota, \$5,500;
- 167.10 ~~(14)~~ (15) drug manufacturer of opiate-containing controlled substances listed in section
- 167.11 152.02, subdivisions 3 to 5, \$55,500;
- 167.12 ~~(15)~~ (16) medical gas dispenser, \$400;
- 167.13 ~~(16)~~ (17) controlled substance researcher, \$150; and
- 167.14 ~~(17)~~ (18) pharmacy professional corporation, \$150.

167.15 Sec. 112. Minnesota Statutes 2024, section 151.065, subdivision 6, is amended to read:

167.16 Subd. 6. **Reinstatement fees.** (a) A pharmacist who has allowed the pharmacist's license  
167.17 to lapse may reinstate the license with board approval and upon payment of any fees and  
167.18 late fees in arrears, up to a maximum of \$1,000.

167.19 (b) A pharmacy technician who has allowed the technician's registration to lapse may  
167.20 reinstate the registration with board approval and upon payment of any fees and late fees  
167.21 in arrears, up to a maximum of \$250.

167.22 (c) A pharmacy intern who has allowed the intern's registration to lapse may reinstate  
167.23 the registration with board approval and upon payment of any fees and late fees in arrears,  
167.24 up to a maximum of \$100.

167.25 ~~(d)~~ (d) An owner of a pharmacy, a drug wholesaler, a drug manufacturer, third-party  
167.26 logistics provider, or a medical gas dispenser who has allowed the license of the establishment  
167.27 to lapse may reinstate the license with board approval and upon payment of any fees and  
167.28 late fees in arrears.

168.1 ~~(e)~~ (e) A controlled substance researcher who has allowed the researcher's registration  
168.2 to lapse may reinstate the registration with board approval and upon payment of any fees  
168.3 and late fees in arrears.

168.4 ~~(f)~~ (f) A pharmacist owner of a professional corporation who has allowed the corporation's  
168.5 registration to lapse may reinstate the registration with board approval and upon payment  
168.6 of any fees and late fees in arrears.

168.7 Sec. 113. Minnesota Statutes 2024, section 151.101, is amended to read:

168.8 **151.101 INTERNSHIP.**

168.9 Subdivision 1. **Registration requirements.** (a) Upon payment of the fee specified in  
168.10 section 151.065, the board may register as an intern any natural persons who have satisfied  
168.11 the board that they are of good moral character, not physically or mentally unfit, and who  
168.12 have successfully completed the educational requirements for intern registration prescribed  
168.13 by the board. ~~The board shall prescribe standards and requirements for interns,~~  
168.14 ~~pharmacist preceptors, and internship training but may not require more than one year of~~  
168.15 ~~such training.~~

168.16 (b) The board in its discretion may accept internship experience obtained in another  
168.17 state provided the internship requirements in such other state are in the opinion of the board  
168.18 equivalent to those herein provided.

168.19 Subd. 2. **Renewal requirements.** (a) Beginning January 1, 2026, an intern registration  
168.20 expires on September 30 each year or when the intern receives a pharmacist license,  
168.21 whichever is earlier.

- 168.22 (b) To renew an intern registration, the intern must file an application for renewal and  
168.23 submit the fee established under section 151.065 on or before September 1 each year.
- 168.24 (c) If the board does not receive the intern's registration renewal application on or before  
168.25 September 1 each year, the intern is subject to a late filing fee equal to 50 percent of the  
168.26 renewal fee under section 151.065 in addition to the renewal fee.
- 168.27 (d) An individual who received an intern registration under the criteria in section 151.01,  
168.28 subdivision 15, clause (1), and paid \$75 for the individual's application fee between May  
168.29 1, 2024, and June 30, 2025, is not subject to the \$25 renewal fee for the first two renewal  
168.30 cycles following the \$75 fee payment.
- 169.1 (e) If an individual is no longer enrolled in a doctor of pharmacy program accredited by  
169.2 the Accreditation Council for Pharmacy Education, the board must terminate that individual's  
169.3 intern registration effective the last date the individual was enrolled in a qualifying program.
- 169.4 (f) The board must not renew an intern registration unless the individual:
- 169.5 (1) has maintained current notices of employment for internship training with the board;
- 169.6 (2) submitted a progress report affidavit of the intern credit hours completed by June 15  
169.7 each year;
- 169.8 (3) meets all other eligibility criteria for a pharmacist intern; and
- 169.9 (4) demonstrates to the board's satisfaction the individual is in good faith and with  
169.10 reasonable diligence pursuing a degree in pharmacy or is completing a pharmacy residency  
169.11 or fellowship.
- 169.12 (g) An intern whose registration has lapsed may renew the intern registration within one  
169.13 year of expiration, subject to the fees in paragraph (c). An intern whose registration has  
169.14 lapsed for more than one year must meet the registration requirements for an initial intern  
169.15 applicant in effect at the time the individual applies for reinstatement and pay any fees and  
169.16 late fees in arrears in accordance with section 151.065.
- 169.17 (h) If the board receives a late renewal, reinstatement, or initial intern application from  
169.18 an eligible individual within 90 days before September 30, the board may extend the  
169.19 registration expiration date for that applicant to September 30 of the subsequent calendar  
169.20 year and prorate the application fee accordingly.
- 169.21 Subd. 3. **Internship credit hour requirements.** (a) To apply for licensure as a pharmacist  
169.22 under section 151.10, an individual must complete at least 1,600 intern credit hours under  
169.23 the direction and supervision of a preceptor.
- 169.24 (b) Of the 1,600 credit hours required under this subdivision, an intern may earn:

28.25       Sec. 4. Minnesota Statutes 2024, section 151.555, subdivision 6, is amended to read:

28.26           Subd. 6. **Standards and procedures for accepting donations of drugs and supplies**

28.27 **and purchasing drugs from licensed wholesalers.** (a) Notwithstanding any other law or

28.28 rule, a donor may donate drugs or medical supplies to the central repository or a local

28.29 repository if the drug or supply meets the requirements of this section as determined by a

29.1 pharmacist or practitioner who is employed by or under contract with the central repository

29.2 or a local repository.

29.3           (b) A drug is eligible for donation under the medication repository program if the

29.4 following requirements are met:

29.5           (1) the drug's expiration date is at least six months after the date the drug was donated.

29.6 If a donated drug bears an expiration date that is less than six months from the donation

29.7 date, the drug may be accepted and distributed if the drug is in high demand and can be

29.8 dispensed for use by a patient before the drug's expiration date;

29.9           (2) the drug is in its original, sealed, unopened, tamper-evident packaging that includes

29.10 the expiration date. Single-unit-dose drugs may be accepted if the single-unit-dose packaging

29.11 is unopened;

29.12           (3) the drug or the packaging does not have any physical signs of tampering, misbranding,

29.13 deterioration, compromised integrity, or adulteration;

29.14           (4) the drug does not require storage temperatures other than normal room temperature

29.15 as specified by the manufacturer or United States Pharmacopoeia, unless the drug is being

29.16 donated directly by its manufacturer, a wholesale drug distributor, or a pharmacy located

29.17 in Minnesota; and

29.18           (5) the drug is not a controlled substance.

29.19           (c) A medical supply is eligible for donation under the medication repository program

29.20 if the following requirements are met:

29.21           (1) the supply has no physical signs of tampering, misbranding, or alteration and there

29.22 is no reason to believe it has been adulterated, tampered with, or misbranded;

29.23           (2) the supply is in its original, unopened, sealed packaging; and

169.25           (1) a maximum of 80 credit hours in the individual's first professional academic year

169.26 for a structured experience directed by the college of pharmacy that the individual attends

169.27 and is overseen by college faculty, registered preceptors, or supervising licensed pharmacists;

169.28           (2) a maximum of 400 credit hours of concurrent time internship; and

169.29           (3) a maximum of 54 credit hours per week that may be earned from more than one site.

THE FOLLOWING SECTIONS WERE MOVED IN FROM SENATE ARTICLE 1, SECTIONS 59 AND 60.

46.10       Sec. 59. Minnesota Statutes 2024, section 151.555, subdivision 6, is amended to read:

46.11           Subd. 6. **Standards and procedures for accepting donations of drugs and supplies**

46.12 **and purchasing drugs from licensed wholesalers.** (a) Notwithstanding any other law or

46.13 rule, a donor may donate drugs or medical supplies to the central repository or a local

46.14 repository if the drug or supply meets the requirements of this section as determined by a

46.15 pharmacist or practitioner who is employed by or under contract with the central repository

46.16 or a local repository.

46.17           (b) A drug is eligible for donation under the medication repository program if the

46.18 following requirements are met:

46.19           (1) the drug's expiration date is at least six months after the date the drug was donated.

46.20 If a donated drug bears an expiration date that is less than six months from the donation

46.21 date, the drug may be accepted and distributed if the drug is in high demand and can be

46.22 dispensed for use by a patient before the drug's expiration date;

46.23           (2) the drug is in its original, sealed, unopened, tamper-evident packaging that includes

46.24 the expiration date. Single-unit-dose drugs may be accepted if the single-unit-dose packaging

46.25 is unopened;

46.26           (3) the drug or the packaging does not have any physical signs of tampering, misbranding,

46.27 deterioration, compromised integrity, or adulteration;

46.28           (4) the drug does not require storage temperatures other than normal room temperature

46.29 as specified by the manufacturer or United States Pharmacopoeia, unless the drug is being

46.30 donated directly by its manufacturer, a wholesale drug distributor, or a pharmacy located

46.31 in Minnesota; and

46.32           (5) the drug is not a controlled substance.

47.1           (c) A medical supply is eligible for donation under the medication repository program

47.2 if the following requirements are met:

47.3           (1) the supply has no physical signs of tampering, misbranding, or alteration and there

47.4 is no reason to believe it has been adulterated, tampered with, or misbranded;

47.5           (2) the supply is in its original, unopened, sealed packaging; and

29.24 (3) if the supply bears an expiration date, the date is at least six months later than the  
29.25 date the supply was donated. If the donated supply bears an expiration date that is less than  
29.26 six months from the date the supply was donated, the supply may be accepted and distributed  
29.27 if the supply is in high demand and can be dispensed for use by a patient before the supply's  
29.28 expiration date.

29.29 (d) The board shall develop the medication repository donor form and make it available  
29.30 on the board's website. Prior to the first donation from a new donor, a central repository or  
29.31 local repository shall verify and record the following information on the donor form:

29.32 (1) the donor's name, address, phone number, and license number, if applicable;

30.1 (2) that the donor will only make donations in accordance with the program;

30.2 (3) to the best of the donor's knowledge, only drugs or supplies that have been properly  
30.3 stored under appropriate temperature and humidity conditions will be donated; and

30.4 (4) to the best of the donor's knowledge, only drugs or supplies that have never been  
30.5 opened, used, tampered with, adulterated, or misbranded will be donated.

30.6 (e) Notwithstanding any other law or rule, a central repository or a local repository may  
30.7 receive donated drugs from donors. Donated drugs and supplies may be shipped or delivered  
30.8 to the premises of the central repository or a local repository, and shall be inspected by a  
30.9 pharmacist or an authorized practitioner who is employed by or under contract with the  
30.10 repository and who has been designated by the repository prior to dispensing. A drop box  
30.11 must not be used to deliver or accept donations.

30.12 (f) The central repository and local repository shall maintain a written or electronic  
30.13 inventory of all drugs and supplies donated to the repository upon acceptance of each drug  
30.14 or supply. For each drug, the inventory must include the drug's name, strength, quantity,  
30.15 manufacturer, expiration date, and the date the drug was donated. For each medical supply,  
30.16 the inventory must include a description of the supply, its manufacturer, the date the supply  
30.17 was donated, and, if applicable, the supply's brand name and expiration date. The board  
30.18 may waive the requirement under this paragraph if an entity is under common ownership  
30.19 or control with a central repository or local repository and either the entity or the repository  
30.20 maintains an inventory containing all the information required under this paragraph.

30.21 (g) The central repository may purchase a drug from a wholesaler licensed by the board  
30.22 to fill prescriptions for eligible patients when the repository does not have a sufficient supply  
30.23 of donated drugs to fill the prescription. The central repository may use any purchased drugs  
30.24 remaining after filling the prescriptions for which the drugs were initially purchased to fill  
30.25 other prescriptions. Whenever possible, the repository must use donated drugs to fill  
30.26 prescriptions.

47.6 (3) if the supply bears an expiration date, the date is at least six months later than the  
47.7 date the supply was donated. If the donated supply bears an expiration date that is less than  
47.8 six months from the date the supply was donated, the supply may be accepted and distributed  
47.9 if the supply is in high demand and can be dispensed for use by a patient before the supply's  
47.10 expiration date.

47.11 (d) The board shall develop the medication repository donor form and make it available  
47.12 on the board's website. Prior to the first donation from a new donor, a central repository or  
47.13 local repository shall verify and record the following information on the donor form:

47.14 (1) the donor's name, address, phone number, and license number, if applicable;

47.15 (2) that the donor will only make donations in accordance with the program;

47.16 (3) to the best of the donor's knowledge, only drugs or supplies that have been properly  
47.17 stored under appropriate temperature and humidity conditions will be donated; and

47.18 (4) to the best of the donor's knowledge, only drugs or supplies that have never been  
47.19 opened, used, tampered with, adulterated, or misbranded will be donated.

47.20 (e) Notwithstanding any other law or rule, a central repository or a local repository may  
47.21 receive donated drugs from donors. Donated drugs and supplies may be shipped or delivered  
47.22 to the premises of the central repository or a local repository, and shall be inspected by a  
47.23 pharmacist or an authorized practitioner who is employed by or under contract with the  
47.24 repository and who has been designated by the repository prior to dispensing. A drop box  
47.25 must not be used to deliver or accept donations.

47.26 (f) The central repository and local repository shall maintain a written or electronic  
47.27 inventory of all drugs and supplies donated to the repository upon acceptance of each drug  
47.28 or supply. For each drug, the inventory must include the drug's name, strength, quantity,  
47.29 manufacturer, expiration date, and the date the drug was donated. For each medical supply,  
47.30 the inventory must include a description of the supply, its manufacturer, the date the supply  
47.31 was donated, and, if applicable, the supply's brand name and expiration date. The board  
47.32 may waive the requirement under this paragraph if an entity is under common ownership  
48.1 or control with a central repository or local repository and either the entity or the repository  
48.2 maintains an inventory containing all the information required under this paragraph.

48.3 (g) The central repository may purchase a drug from a wholesaler licensed by the Board  
48.4 of Pharmacy to fill prescriptions for eligible patients when the repository does not have a  
48.5 sufficient supply of donated drugs to fill the prescription. The central repository may use  
48.6 any purchased drugs remaining after filling the prescriptions for which the drugs were  
48.7 initially purchased to fill other prescriptions. Whenever possible, the repository must use  
48.8 donated drugs to fill prescriptions.

30.27      Sec. 5. Minnesota Statutes 2024, section 151.555, subdivision 10, is amended to read:

30.28              Subd. 10. **Distribution of donated drugs and supplies.** (a) The central repository and

30.29 local repositories may distribute drugs and supplies donated under the medication repository

30.30 program to other participating repositories for use pursuant to this program.

30.31              (b) A local repository that elects not to dispense donated drugs or supplies that are

30.32 suitable for donation and dispensing must transfer ~~at~~ those donated drugs and supplies to

30.33 the central repository. A copy of the donor form that was completed by the original donor

31.1 under subdivision 6 must be provided to the central repository at the time of transfer. A

31.2 local repository must dispose of drugs and supplies in its possession that are not suitable

31.3 for donation or dispensing pursuant to subdivision 7.

48.9              Sec. 60. Minnesota Statutes 2024, section 151.555, subdivision 10, is amended to read:

48.10              Subd. 10. **Distribution of donated drugs and supplies.** (a) The central repository and

48.11 local repositories may distribute drugs and supplies donated under the medication repository

48.12 program to other participating repositories for use pursuant to this program.

48.13              (b) A local repository that elects not to dispense donated drugs or supplies that are

48.14 suitable for donation and dispensing must transfer ~~at~~ those donated drugs and supplies to

48.15 the central repository. A copy of the donor form that was completed by the original donor

48.16 under subdivision 6 must be provided to the central repository at the time of transfer. A

48.17 local repository must dispose of drugs and supplies in its possession that are not suitable

48.18 for donation or dispensing pursuant to subdivision 7.

170.1              Sec. 114. Minnesota Statutes 2024, section 152.12, subdivision 1, is amended to read:

170.2              Subdivision 1. **Prescribing, dispensing, administering controlled substances in**

170.3 **Schedules II through V.** A licensed doctor of medicine, a doctor of osteopathic medicine,

170.4 duly licensed to practice medicine, a doctor of dental surgery, a doctor of dental medicine,

170.5 a licensed doctor of podiatry, a licensed advanced practice registered nurse, a licensed

170.6 certified midwife, a licensed physician assistant, or a licensed doctor of optometry limited

170.7 to Schedules IV and V, and in the course of professional practice only, may prescribe,

170.8 administer, and dispense a controlled substance included in Schedules II through V of section

170.9 152.02, may cause the same to be administered by a nurse, an intern or an assistant under

170.10 the direction and supervision of the doctor, and may cause a person who is an appropriately

170.11 certified and licensed health care professional to prescribe and administer the same within

170.12 the expressed legal scope of the person's practice as defined in Minnesota Statutes.

170.13              Sec. 115. **[153.30] FEES.**

170.14              Subdivision 1. **Nonrefundable fees.** The fees in this section are nonrefundable.

170.15              Subd. 2. **Fee amounts.** The amount of fees must be set by the board so that the total

170.16 fees collected by the board equals as closely as possible the anticipated expenditures during

170.17 the fiscal biennium, as provided in section 16A.1285. Fees must not exceed the following

170.18 amounts but may be adjusted lower by board action:

170.19              (1) application for licensure fee, \$1,000;

170.20              (2) renewal licensure fee, \$1,000;

170.21              (3) late renewal fee, \$250;

170.22              (4) temporary permit fee, \$250;

170.23              (5) duplicate license fee or duplicate renewal certificate fee, \$25;

170.24              (6) reinstatement fee, \$1,250;

- 170.25 (7) examination administration fee for persons who have not applied for a license or  
170.26 permit, \$50;
- 170.27 (8) verification of licensure fee, \$50;
- 170.28 (9) label fee, \$50;
- 170.29 (10) list of licensees fee, \$50; and
- 170.30 (11) copies fee, \$0.50 per page.
- 171.1 Subd. 3. **Current fee information.** Information about fees in effect at any time must  
171.2 be available from the board office.
- 171.3 Subd. 4. **Deposit of fees.** The license fees collected under this section must be deposited  
171.4 in the state government special revenue fund.
- 171.5 **EFFECTIVE DATE.** This section is effective the day following final enactment.
- 171.6 Sec. 116. Minnesota Statutes 2024, section 153B.85, subdivision 1, is amended to read:
- 171.7 Subdivision 1. **Fees.** (a) The application fee for initial licensure shall not exceed \$600.
- 171.8 (b) The biennial renewal fee for a license to practice as an orthotist, prosthetist, prosthetist  
171.9 orthotist, or pedorthist shall not exceed \$600.
- 171.10 (c) The biennial renewal fee for a license to practice as an assistant or a fitter shall not  
171.11 exceed \$300.
- 171.12 (d) The fee for license restoration shall not exceed \$600.
- 171.13 (e) The fee for license verification shall not exceed ~~\$30~~ \$50.
- 171.14 (f) The fee to obtain a list of licensees shall not exceed ~~\$25~~ \$50.
- 171.15 **EFFECTIVE DATE.** This section is effective the day following final enactment.
- 171.16 Sec. 117. Minnesota Statutes 2024, section 153B.85, subdivision 3, is amended to read:
- 171.17 Subd. 3. **Late fee.** The fee for late license renewal is the license renewal fee in effect at  
171.18 the time of renewal plus ~~\$100~~ \$250.
- 171.19 **EFFECTIVE DATE.** This section is effective the day following final enactment.
- 171.20 Sec. 118. Minnesota Statutes 2024, section 156.015, is amended by adding a subdivision  
171.21 to read:
- 171.22 Subd. 1a. **Nonrefundable fees.** All fees are nonrefundable.
- 171.23 **EFFECTIVE DATE.** This section is effective July 1, 2025.

- 171.24 Sec. 119. Minnesota Statutes 2024, section 156.015, is amended by adding a subdivision  
171.25 to read:
- 171.26 Subd. 3. **Fee amounts.** Fees must not exceed the following amounts but may be adjusted  
171.27 lower by board action:
- 171.28 (1) initial application fee, \$75;  
172.1 (2) state examination fee, \$75;  
172.2 (3) duplicate license fee, \$25;  
172.3 (4) continuing education sponsor application fee, \$75;  
172.4 (5) mailing list fee, \$250;  
172.5 (6) initial veterinary license fee, \$300;  
172.6 (7) initial veterinary technician fee, \$100;  
172.7 (8) active veterinary renewal fee, \$300;  
172.8 (9) active veterinary technician renewal fee, \$100;  
172.9 (10) inactive veterinary renewal fee, \$150;  
172.10 (11) inactive veterinary technician renewal fee, \$50;  
172.11 (12) institutional license fee, \$300;  
172.12 (13) active late veterinary renewal fee, \$150;  
172.13 (14) active late veterinary technician renewal fee, \$50;  
172.14 (15) inactive late veterinary renewal fee, \$100;  
172.15 (16) inactive late veterinary technician renewal fee, \$25; and  
172.16 (17) institutional late renewal fee, \$150.
- 172.17 **EFFECTIVE DATE.** This section is effective July 1, 2025.
- 172.18 Sec. 120. Minnesota Statutes 2024, section 156.015, is amended by adding a subdivision  
172.19 to read:
- 172.20 Subd. 4. **License verification.** The board may charge a fee not to exceed \$25 per license  
172.21 verification to a licensee for verification of licensure status provided to other veterinary  
172.22 licensing boards.
- 172.23 **EFFECTIVE DATE.** This section is effective July 1, 2025.

172.24 Sec. 121. Minnesota Statutes 2024, section 156.015, is amended by adding a subdivision  
172.25 to read:

172.26 Subd. 5. **Deposit of fees.** The license fees collected under this section must be deposited  
172.27 in the state government special revenue fund.

173.1 Sec. 122. Minnesota Statutes 2024, section 256B.0625, is amended by adding a subdivision  
173.2 to read:

173.3 Subd. 28c. **Certified midwifery practice services.** Medical assistance covers services  
173.4 performed by a licensed certified midwife if:

173.5 (1) the service provided on an inpatient basis is not included as part of the cost for  
173.6 inpatient services included in the facility payment;

173.7 (2) the service is otherwise covered under this chapter as a physician service; and

173.8 (3) the service is within the scope of practice of the certified midwife's license as defined  
173.9 under chapter 148G.

173.10 Sec. 123. **REVISOR INSTRUCTION.**

173.11 (a) The revisor of statutes shall renumber Minnesota Statutes, section 148.6408,  
173.12 subdivision 1, as Minnesota Statutes, section 148.6408, subdivision 1b.

173.13 (b) The revisor of statutes shall renumber Minnesota Statutes, section 148.6410,  
173.14 subdivision 1, as Minnesota Statutes, section 148.6410, subdivision 1b.

173.15 Sec. 124. **REPEALER.**

173.16 (a) Minnesota Statutes 2024, sections 148.108, subdivisions 2, 3, and 4; 148.6402,  
173.17 subdivision 22a; 148.6420, subdivisions 2, 3, and 4; 148.6423, subdivisions 4, 5, 7, 8, and  
173.18 9; 148.6425, subdivision 3; 148.6430; 148.6445, subdivisions 5, 6, and 8; and 156.015,  
173.19 subdivision 1, are repealed.

173.20 (b) Minnesota Rules, parts 2500.1150; 2500.2030; 6800.5100, subpart 5; 6800.5400,  
173.21 subparts 5 and 6; 9100.0400, subparts 1 and 3; 9100.0500; and 9100.0600, are repealed.

173.22 (c) Minnesota Rules, part 6900.0250, subparts 1 and 2, are repealed.

173.23 **EFFECTIVE DATE.** Paragraphs (a) and (b) are effective July 1, 2025. Paragraph (c)  
173.24 is effective the day following final enactment.