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State of Minnesota

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**312**

**HOUSE OF REPRESENTATIVES**

**EIGHTY-SIXTH  
SESSION**

**HOUSE FILE No. 535**

February 5, 2009

Authored by Thao, Greiling and Otremba

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

March 30, 2009

Committee Recommendation and Adoption of Report:

To Pass as Amended

Read Second Time

May 13, 2009

Calendar For The Day

Amended

Read Third Time as Amended

Passed by the House as Amended and transmitted to the Senate to include Floor Amendments

A bill for an act

relating to health occupations; changing provisions for chiropractors, pharmacists, respiratory therapists, physician assistants, psychologists, nutritionists, and social work; licensing dental therapists and oral health practitioners; setting fees; amending Minnesota Statutes 2008, sections 62M.09, subdivision 3a; 62U.09, subdivision 2; 144.1501, subdivision 1; 144E.001, subdivisions 3a, 9c; 147.09; 147A.01; 147A.02; 147A.03; 147A.04; 147A.05; 147A.06; 147A.07; 147A.08; 147A.09; 147A.11; 147A.13; 147A.16; 147A.18; 147A.19; 147A.20; 147A.21; 147A.23; 147A.24; 147A.26; 147A.27; 147C.01; 147C.05; 147C.10; 147C.15; 147C.20; 147C.25; 147C.30; 147C.35; 147C.40; 148.06, subdivision 1; 148.624, subdivision 2; 148.89, subdivision 5; 148D.010, subdivisions 9, 15, by adding subdivisions; 148D.025, subdivisions 2, 3; 148D.061, subdivisions 6, 8; 148D.062, subdivision 2; 148D.063, subdivision 2; 148D.125, subdivisions 1, 3; 148E.010, subdivisions 11, 17, by adding subdivisions; 148E.025, subdivisions 2, 3; 148E.055, subdivision 5; 148E.100, subdivisions 3, 4, 5, 6, 7, by adding a subdivision; 148E.105, subdivisions 1, 3, 5, 7, by adding a subdivision; 148E.106, subdivisions 1, 2, 3, 4, 5, 8, 9, by adding a subdivision; 148E.110, subdivisions 1, 2, by adding subdivisions; 148E.115, subdivision 1, by adding a subdivision; 148E.120; 148E.125, subdivisions 1, 3; 148E.130, subdivisions 2, 5, by adding a subdivision; 148E.165, subdivision 1; 150A.01, by adding subdivisions; 150A.05, subdivision 2, by adding a subdivision; 150A.06, subdivisions 2d, 5, 6, by adding subdivisions; 150A.08, subdivisions 1, 3a, 5; 150A.09, subdivisions 1, 3; 150A.091, subdivisions 2, 3, 5, 8, 10; 150A.10, subdivisions 1, 2, 3, 4; 150A.11, subdivision 4; 150A.12; 150A.21, subdivisions 1, 4; 151.01, subdivision 23; 151.37, subdivision 2; 169.345, subdivision 2; 214.103, subdivision 9; 253B.02, subdivision 7; 253B.05, subdivision 2; 256B.0625, subdivision 28a; 256B.0751, subdivision 1; proposing coding for new law in Minnesota Statutes, chapters 148; 150A; repealing Minnesota Statutes 2008, sections 147A.22; 148.627; 148D.062, subdivision 5; 148D.125, subdivision 2; 148D.180, subdivision 8; 148E.106, subdivision 6; 148E.125, subdivision 2; 150A.061; Minnesota Rules, part 2500.5000.

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

2.1 **ARTICLE 1**

2.2 **HEALTH-RELATED LICENSING BOARD**

2.3 Section 1. Minnesota Statutes 2008, section 214.103, subdivision 9, is amended to read:

2.4 Subd. 9. **Information to complainant.** A board shall furnish to a person who  
2.5 made a complaint a written description of the board's complaint process, and actions of  
2.6 the board relating to the complaint. ~~The written notice from the board must advise the~~  
2.7 ~~complainant of the right to appeal the board's decision to the attorney general within~~  
2.8 ~~30 days of receipt of the notice.~~

2.9 **ARTICLE 2**

2.10 **CHIROPRACTORS**

2.11 Section 1. Minnesota Statutes 2008, section 148.06, subdivision 1, is amended to read:

2.12 Subdivision 1. **License required; qualifications.** No person shall practice  
2.13 chiropractic in this state without first being licensed by the state Board of Chiropractic  
2.14 Examiners. The applicant shall have earned at least one-half of all academic credits  
2.15 required for awarding of a baccalaureate degree from the University of Minnesota, or  
2.16 other university, college, or community college of equal standing, in subject matter  
2.17 determined by the board, and taken a four-year resident course of at least eight months  
2.18 each in a school or college of chiropractic or in a chiropractic program that is accredited  
2.19 by the Council on Chiropractic Education, ~~holds a recognition agreement with the~~  
2.20 ~~Council on Chiropractic Education, or is accredited by an agency approved by the United~~  
2.21 ~~States Office of Education or their successors as of January 1, 1988, or is approved by a~~  
2.22 Council on Chiropractic Education member organization of the Council on Chiropractic  
2.23 International. The board may issue licenses to practice chiropractic without compliance  
2.24 with prechiropractic or academic requirements listed above if in the opinion of the board  
2.25 the applicant has the qualifications equivalent to those required of other applicants, the  
2.26 applicant satisfactorily passes written and practical examinations as required by the Board  
2.27 of Chiropractic Examiners, and the applicant is a graduate of a college of chiropractic  
2.28 ~~with a recognition agreement with the Council on Chiropractic Education approved by a~~  
2.29 Council on Chiropractic Education member organization of the Council on Chiropractic  
2.30 International. The board may recommend a two-year prechiropractic course of instruction  
2.31 to any university, college, or community college which in its judgment would satisfy the  
2.32 academic prerequisite for licensure as established by this section.

2.33 An examination for a license shall be in writing and shall include testing in:

3.1 (a) The basic sciences including but not limited to anatomy, physiology, bacteriology,  
3.2 pathology, hygiene, and chemistry as related to the human body or mind;

3.3 (b) The clinical sciences including but not limited to the science and art of  
3.4 chiropractic, chiropractic physiotherapy, diagnosis, roentgenology, and nutrition; and

3.5 (c) Professional ethics and any other subjects that the board may deem advisable.

3.6 The board may consider a valid certificate of examination from the National Board  
3.7 of Chiropractic Examiners as evidence of compliance with the examination requirements  
3.8 of this subdivision. The applicant shall be required to give practical demonstration in  
3.9 vertebral palpation, neurology, adjusting and any other subject that the board may deem  
3.10 advisable. A license, countersigned by the members of the board and authenticated by the  
3.11 seal thereof, shall be granted to each applicant who correctly answers 75 percent of the  
3.12 questions propounded in each of the subjects required by this subdivision and meets the  
3.13 standards of practical demonstration established by the board. Each application shall be  
3.14 accompanied by a fee set by the board. The fee shall not be returned but the applicant  
3.15 may, within one year, apply for examination without the payment of an additional fee. The  
3.16 board may grant a license to an applicant who holds a valid license to practice chiropractic  
3.17 issued by the appropriate licensing board of another state, provided the applicant meets  
3.18 the other requirements of this section and satisfactorily passes a practical examination  
3.19 approved by the board. The burden of proof is on the applicant to demonstrate these  
3.20 qualifications or satisfaction of these requirements.

3.21 **Sec. 2. [148.107] RECORDKEEPING.**

3.22 All items in this section should be contained in the patient record, including but not  
3.23 limited to, paragraphs (a), (b), (c), (e), (g), and (i).

3.24 (a) A description of past conditions and trauma, past treatment received, current  
3.25 treatment being received from other health care providers, and a description of the patient's  
3.26 current condition including onset and description of trauma if trauma occurred.

3.27 (b) Examinations performed to determine a preliminary or final diagnosis based on  
3.28 indicated diagnostic tests, with a record of findings of each test performed.

3.29 (c) A diagnosis supported by documented subjective and objective findings, or  
3.30 clearly qualified as an opinion.

3.31 (d) A treatment plan that describes the procedures and treatment used for the  
3.32 conditions identified, including approximate frequency of care.

3.33 (e) Daily notes documenting current subjective complaints as described by the  
3.34 patient, any change in objective findings if noted during that visit, a listing of all

4.1 procedures provided during that visit, and all information that is exchanged and will affect  
4.2 that patient's treatment.

4.3 (f) A description by the chiropractor or written by the patient each time an incident  
4.4 occurs that results in an aggravation of the patient's condition or a new developing  
4.5 condition.

4.6 (g) Results of reexaminations that are performed to evaluate significant changes in  
4.7 a patient's condition, including tests that were positive or deviated from results used to  
4.8 indicate normal findings.

4.9 (h) When symbols or abbreviations are used, a key that explains their meanings must  
4.10 accompany each file when requested in writing by the patient or a third party.

4.11 (i) Documentation that family history has been evaluated.

4.12 **Sec. 3. REPEALER.**

4.13 Minnesota Rules, part 2500.5000, is repealed.

4.14 **ARTICLE 3**  
4.15 **PHARMACISTS**

4.16 Section 1. Minnesota Statutes 2008, section 151.37, subdivision 2, is amended to read:

4.17 Subd. 2. **Prescribing and filing.** (a) A licensed practitioner in the course of  
4.18 professional practice only, may prescribe, administer, and dispense a legend drug, and may  
4.19 cause the same to be administered by a nurse, a physician assistant, or medical student or  
4.20 resident under the practitioner's direction and supervision, and may cause a person who  
4.21 is an appropriately certified, registered, or licensed health care professional to prescribe,  
4.22 dispense, and administer the same within the expressed legal scope of the person's practice  
4.23 as defined in Minnesota Statutes. A licensed practitioner may prescribe a legend drug,  
4.24 without reference to a specific patient, by directing a nurse, pursuant to section 148.235,  
4.25 subdivisions 8 and 9, physician assistant, ~~or~~ medical student or resident, or pharmacist  
4.26 according to section 151.01, subdivision 27, to adhere to a particular practice guideline or  
4.27 protocol when treating patients whose condition falls within such guideline or protocol,  
4.28 and when such guideline or protocol specifies the circumstances under which the legend  
4.29 drug is to be prescribed and administered. An individual who verbally, electronically, or  
4.30 otherwise transmits a written, oral, or electronic order, as an agent of a prescriber, shall  
4.31 not be deemed to have prescribed the legend drug. This paragraph applies to a physician  
4.32 assistant only if the physician assistant meets the requirements of section 147A.18.

4.33 (b) A licensed practitioner that dispenses for profit a legend drug that is to be  
4.34 administered orally, is ordinarily dispensed by a pharmacist, and is not a vaccine, must



5.1 file with the practitioner's licensing board a statement indicating that the practitioner  
5.2 dispenses legend drugs for profit, the general circumstances under which the practitioner  
5.3 dispenses for profit, and the types of legend drugs generally dispensed. It is unlawful to  
5.4 dispense legend drugs for profit after July 31, 1990, unless the statement has been filed  
5.5 with the appropriate licensing board. For purposes of this paragraph, "profit" means (1)  
5.6 any amount received by the practitioner in excess of the acquisition cost of a legend drug  
5.7 for legend drugs that are purchased in prepackaged form, or (2) any amount received  
5.8 by the practitioner in excess of the acquisition cost of a legend drug plus the cost of  
5.9 making the drug available if the legend drug requires compounding, packaging, or other  
5.10 treatment. The statement filed under this paragraph is public data under section 13.03.  
5.11 This paragraph does not apply to a licensed doctor of veterinary medicine or a registered  
5.12 pharmacist. Any person other than a licensed practitioner with the authority to prescribe,  
5.13 dispense, and administer a legend drug under paragraph (a) shall not dispense for profit.  
5.14 To dispense for profit does not include dispensing by a community health clinic when the  
5.15 profit from dispensing is used to meet operating expenses.

5.16 (c) A prescription or drug order for the following drugs is not valid, unless it can be  
5.17 established that the prescription or order was based on a documented patient evaluation,  
5.18 including an examination, adequate to establish a diagnosis and identify underlying  
5.19 conditions and contraindications to treatment:

5.20 (1) controlled substance drugs listed in section 152.02, subdivisions 3 to 5;

5.21 (2) drugs defined by the Board of Pharmacy as controlled substances under section  
5.22 152.02, subdivisions 7, 8, and 12;

5.23 (3) muscle relaxants;

5.24 (4) centrally acting analgesics with opioid activity;

5.25 (5) drugs containing butalbital; or

5.26 (6) phosphodiesterase type 5 inhibitors when used to treat erectile dysfunction.

5.27 (d) For the purposes of paragraph (c), the requirement for an examination shall be  
5.28 met if an in-person examination has been completed in any of the following circumstances:

5.29 (1) the prescribing practitioner examines the patient at the time the prescription  
5.30 or drug order is issued;

5.31 (2) the prescribing practitioner has performed a prior examination of the patient;

5.32 (3) another prescribing practitioner practicing within the same group or clinic as the  
5.33 prescribing practitioner has examined the patient;

5.34 (4) a consulting practitioner to whom the prescribing practitioner has referred the  
5.35 patient has examined the patient; or

6.1 (5) the referring practitioner has performed an examination in the case of a  
6.2 consultant practitioner issuing a prescription or drug order when providing services by  
6.3 means of telemedicine.

6.4 (e) Nothing in paragraph (c) or (d) prohibits a licensed practitioner from prescribing  
6.5 a drug through the use of a guideline or protocol pursuant to paragraph (a).

6.6 (f) Nothing in this chapter prohibits a licensed practitioner from issuing a  
6.7 prescription or dispensing a legend drug in accordance with the Expedited Partner Therapy  
6.8 in the Management of Sexually Transmitted Diseases guidance document issued by the  
6.9 United States Centers for Disease Control.

6.10 (g) Nothing in paragraph (c) or (d) limits prescription, administration, or dispensing  
6.11 of legend drugs through a public health clinic or other distribution mechanism approved  
6.12 by the commissioner of health or a board of health in order to prevent, mitigate, or treat  
6.13 a pandemic illness, infectious disease outbreak, or intentional or accidental release of a  
6.14 biological, chemical, or radiological agent.

6.15 (h) No pharmacist employed by, under contract to, or working for a pharmacy  
6.16 licensed under section 151.19, subdivision 1, may dispense a legend drug based on a  
6.17 prescription that the pharmacist knows, or would reasonably be expected to know, is not  
6.18 valid under paragraph (c).

6.19 (i) No pharmacist employed by, under contract to, or working for a pharmacy  
6.20 licensed under section 151.19, subdivision 2, may dispense a legend drug to a resident  
6.21 of this state based on a prescription that the pharmacist knows, or would reasonably be  
6.22 expected to know, is not valid under paragraph (c).

## 6.23 ARTICLE 4

### 6.24 RESPIRATORY THERAPY

6.25 Section 1. Minnesota Statutes 2008, section 147C.01, is amended to read:

#### 6.26 147C.01 DEFINITIONS.

6.27 Subdivision 1. **Applicability.** The definitions in this section apply to this chapter.

6.28 Subd. 2. **Advisory council.** "Advisory council" means the Respiratory Care  
6.29 ~~Practitioner~~ Advisory Council established under section 147C.35.

6.30 Subd. 3. **Approved education program.** "Approved education program" means a  
6.31 university, college, or other postsecondary education program leading to eligibility for  
6.32 registry or certification in respiratory care, that, at the time the student completes the  
6.33 program, is accredited by a national accrediting organization approved by the board.

6.34 Subd. 4. **Board.** "Board" means the Board of Medical Practice or its designee.

7.1 Subd. 5. **Contact hour.** "Contact hour" means an instructional session of 50  
7.2 consecutive minutes, excluding coffee breaks, registration, meals without a speaker, and  
7.3 social activities.

7.4 Subd. 6. **Credential.** "Credential" means a license, ~~permit, certification, registration,~~  
7.5 or other evidence of qualification or authorization to engage in respiratory care practice in  
7.6 this state or any other state.

7.7 Subd. 7. **Credentialing examination.** "Credentialing examination" means an  
7.8 examination administered by the National Board for Respiratory Care ~~or other national~~  
7.9 ~~testing organization approved by the board,~~ its successor organization, or the Canadian  
7.10 Society for Respiratory Care for credentialing as a ~~certified respiratory therapy technician,~~  
7.11 ~~registered~~ respiratory therapist; or other title indicating an entry or advanced level  
7.12 respiratory care practitioner.

7.13 Subd. 7a. **Equipment maintenance.** "Equipment maintenance" includes, but is not  
7.14 limited to, downloading and subsequent reporting of stored compliance and physiological  
7.15 data, and adjustments to respiratory equipment based on compliance downloads, protocols,  
7.16 and provider orders specific to noninvasive CPAP/Bilevel devices.

7.17 Subd. 8. **Health care facility.** "Health care facility" means a hospital as defined in  
7.18 section 144.50, subdivision 2, a medical facility as defined in section 144.561, subdivision  
7.19 1, paragraph (b), or a nursing home as defined in section 144A.01, subdivision 5, a  
7.20 long-term acute care facility, a subacute care facility, an outpatient clinic, a physician's  
7.21 office, a rehabilitation facility, or a hospice.

7.22 Subd. 9. **Qualified medical direction.** "Qualified medical direction" means  
7.23 direction from a licensed physician who is on the staff or is a consultant of a health care  
7.24 facility or home care agency or home medical equipment provider and who has a special  
7.25 interest in and knowledge of the diagnosis and treatment of deficiencies, abnormalities,  
7.26 and diseases of the cardiopulmonary system.

7.27 Subd. 9a. **Patient instruction.** "Patient instruction" includes, but is not limited to,  
7.28 patient education on the care, use, and maintenance of respiratory equipment, and patient  
7.29 interface fittings and adjustments.

7.30 Subd. 10. **Respiratory care.** "Respiratory care" means the provision of services  
7.31 described under section 147C.05 for the assessment, treatment, education, management,  
7.32 evaluation, and care of patients with deficiencies, abnormalities, and diseases of the  
7.33 cardiopulmonary system, ~~under the guidance of qualified medical direction~~ supervision of  
7.34 a physician and pursuant to a referral, or verbal, written, or telecommunicated order from  
7.35 a physician ~~who has medical responsibility for the patient,~~ nurse practitioner, or physician

8.1 assistant. ~~It~~ Respiratory care includes, but is not limited to, education pertaining to health  
8.2 promotion ~~and,~~ disease prevention and management, patient care, and treatment.

8.3 Sec. 2. Minnesota Statutes 2008, section 147C.05, is amended to read:

8.4 **147C.05 SCOPE OF PRACTICE.**

8.5 (a) The practice of respiratory care by a ~~registered~~ licensed respiratory ~~care~~  
8.6 ~~practitioner~~ therapist includes, but is not limited to, the following services:

8.7 (1) providing and monitoring therapeutic administration of medical gases, aerosols,  
8.8 humidification, and pharmacological agents related to respiratory care procedures, but not  
8.9 including administration of general anesthesia;

8.10 (2) carrying out therapeutic application and monitoring of mechanical ventilatory  
8.11 support;

8.12 (3) providing cardiopulmonary resuscitation and maintenance of natural airways and  
8.13 insertion and maintenance of artificial airways;

8.14 (4) assessing and monitoring signs, symptoms, and general behavior relating to, and  
8.15 general physical response to, respiratory care treatment or evaluation for treatment and  
8.16 diagnostic testing, including determination of whether the signs, symptoms, reactions,  
8.17 behavior, or general response exhibit abnormal characteristics;

8.18 (5) obtaining physiological specimens and interpreting physiological data including:

8.19 (i) analyzing arterial and venous blood gases;

8.20 (ii) assessing respiratory secretions;

8.21 (iii) measuring ventilatory volumes, pressures, and flows;

8.22 (iv) testing pulmonary function;

8.23 (v) testing and studying the cardiopulmonary system; and

8.24 (vi) diagnostic and therapeutic testing of breathing patterns related to sleep disorders;

8.25 (6) assisting hemodynamic monitoring and support of the cardiopulmonary system;

8.26 (7) assessing and making suggestions for modifications in the treatment regimen  
8.27 based on abnormalities, protocols, or changes in patient response to respiratory care  
8.28 treatment;

8.29 (8) providing cardiopulmonary rehabilitation including respiratory-care related  
8.30 educational components, postural drainage, chest physiotherapy, breathing exercises,  
8.31 aerosolized administration of medications, and equipment use and maintenance;

8.32 (9) instructing patients and their families in techniques for the prevention, alleviation,  
8.33 and rehabilitation of deficiencies, abnormalities, and diseases of the cardiopulmonary  
8.34 system; and

9.1 (10) transcribing and implementing verbal, written, or telecommunicated orders from  
 9.2 a physician ~~orders, nurse practitioner, or physician assistant~~ for respiratory care services.

9.3 ~~(b) Patient service by a practitioner must be limited to:~~

9.4 ~~(1) services within the training and experience of the practitioner; and~~

9.5 ~~(2) services within the parameters of the laws, rules, and standards of the facilities in~~  
 9.6 ~~which the respiratory care practitioner practices.~~

9.7 ~~(c) Respiratory care services provided by a registered respiratory care practitioner,~~  
 9.8 ~~whether delivered in a health care facility or the patient's residence, must not be provided~~  
 9.9 ~~except upon referral from a physician.~~

9.10 (b) This section does not prohibit a respiratory therapist from performing advances  
 9.11 in the art and techniques of respiratory care learned through formal or specialized training  
 9.12 as approved by the Respiratory Care Advisory Council.

9.13 ~~(d)~~ (c) This section does not prohibit an individual licensed or ~~registered~~ credentialed  
 9.14 as a respiratory therapist in another state or country from providing respiratory care in an  
 9.15 emergency in this state, providing respiratory care as a member of an organ harvesting  
 9.16 team, or from providing respiratory care on board an ambulance as part of an ambulance  
 9.17 treatment team.

9.18 Sec. 3. Minnesota Statutes 2008, section 147C.10, is amended to read:

9.19 **147C.10 UNLICENSED PRACTICE PROHIBITED; PROTECTED TITLES**  
 9.20 **AND RESTRICTIONS ON USE.**

9.21 Subdivision 1. **Protected titles.** ~~No individual may~~ A person who does not hold  
 9.22 a license or temporary permit under this chapter as a respiratory therapist or whose  
 9.23 license or permit has lapsed, been suspended, or revoked may not use the title "Minnesota  
 9.24 ~~registered licensed respiratory care practitioner therapist,~~ " registered licensed respiratory  
 9.25 ~~care practitioner therapist,~~ " respiratory care practitioner, " respiratory therapist,  
 9.26 ~~"respiratory therapy (or care) technician,~~ " inhalation therapist, " or inhalation therapy  
 9.27 technician," or use, in connection with the individual's name, the letters ~~"RCP,"~~ "RT" or  
 9.28 ~~"LRT"~~ or any other titles, words, letters, abbreviations, or insignia indicating or implying  
 9.29 that the individual is eligible for ~~registration licensure~~ by the state as a respiratory ~~care~~  
 9.30 ~~practitioner therapist~~ unless the individual has been registered licensed as a respiratory  
 9.31 ~~care practitioner therapist~~ according to this chapter.

9.32 Subd. 1a. **Unlicensed practice prohibited.** No person shall practice respiratory  
 9.33 care unless the person is licensed as a respiratory therapist under this chapter except  
 9.34 as otherwise provided under this chapter.

10.1 Subd. 2. **Other health care practitioners.** (a) ~~Nonphysician individuals practicing~~  
 10.2 ~~in a health care occupation or profession are not restricted in the provision of services~~  
 10.3 ~~included in section 147C.05, as long as they do not hold themselves out as respiratory care~~  
 10.4 ~~practitioners by or through the use of the titles provided in subdivision 1 in association~~  
 10.5 ~~with provision of these services. Nothing in this chapter shall prohibit the practice of any~~  
 10.6 profession or occupation licensed or registered by the state by any person duly licensed or  
 10.7 registered to practice the profession or occupation or to perform any act that falls within  
 10.8 the scope of practice of the profession or occupation.

10.9 (b) ~~Physician practitioners are exempt from this chapter.~~

10.10 (c) ~~Nothing in this chapter shall be construed to require registration of a respiratory~~  
 10.11 care license for:

10.12 (1) ~~a respiratory care practitioner~~ student enrolled in a respiratory therapy or  
 10.13 polysomnography technology education program accredited by the Commission on  
 10.14 Accreditation of Allied Health Education Programs, its successor organization, or another  
 10.15 nationally recognized accrediting organization ~~approved by the board; and~~

10.16 (2) a respiratory ~~care practitioner~~ employed in the service of the federal government  
 10.17 therapist as a member of the United States armed forces while performing duties incident  
 10.18 to that ~~employment.~~ duty;

10.19 (3) an individual employed by a durable medical equipment provider or home  
 10.20 medical equipment provider who delivers, sets up, instructs the patient on the use of, or  
 10.21 maintains respiratory care equipment, but does not perform assessment, education, or  
 10.22 evaluation of the patient;

10.23 (4) self-care by a patient or gratuitous care by a friend or relative who does not  
 10.24 purport to be a licensed respiratory therapist; or

10.25 (5) an individual employed in a sleep lab or center as a polysomnographic  
 10.26 technologist under the supervision of a licensed physician.

10.27 Subd. 3. **Penalty.** A person who violates ~~subdivision 1~~ this section is guilty of a  
 10.28 gross misdemeanor.

10.29 Subd. 4. **Identification of ~~registered~~ licensed practitioners.** Respiratory ~~care~~  
 10.30 ~~practitioners~~ registered therapists licensed in Minnesota shall wear name tags that identify  
 10.31 them as respiratory ~~care practitioners~~ therapists while in a professional setting. If not  
 10.32 written in full, this must be designated as ~~RCP.~~ "RT" or "LRT." A student attending ~~a an~~  
 10.33 accredited respiratory therapy ~~training~~ education program ~~or a tutorial intern program~~  
 10.34 must be identified as a student respiratory ~~care practitioner~~ therapist. This abbreviated  
 10.35 designation is Student ~~RCP~~ RT. Unregulated individuals who work in an assisting

11.1 respiratory role under the supervision of respiratory ~~care practitioners~~ therapists must be  
11.2 identified as respiratory ~~care~~ therapy assistants or aides.

11.3 Sec. 4. Minnesota Statutes 2008, section 147C.15, is amended to read:

11.4 **147C.15 ~~REGISTRATION~~ LICENSURE REQUIREMENTS.**

11.5 Subdivision 1. **General requirements for ~~registration~~ licensure.** To be eligible  
11.6 for ~~registration~~ a license, an applicant, with the exception of those seeking ~~registration~~  
11.7 licensure by reciprocity under subdivision 2, must:

11.8 (1) submit a completed application on forms provided by the board along with all  
11.9 fees required under section 147C.40 that includes:

11.10 (i) the applicant's name, Social Security number, home address, e-mail address, and  
11.11 telephone number, and business address and telephone number;

11.12 (ii) the name and location of the respiratory ~~care~~ therapy education program the  
11.13 applicant completed;

11.14 (iii) a list of degrees received from educational institutions;

11.15 (iv) a description of the applicant's professional training beyond the first degree  
11.16 received;

11.17 (v) the applicant's work history for the five years preceding the application, including  
11.18 the average number of hours worked per week;

11.19 (vi) a list of registrations, certifications, and licenses held in other jurisdictions;

11.20 (vii) a description of any other jurisdiction's refusal to credential the applicant;

11.21 (viii) a description of all professional disciplinary actions initiated against the  
11.22 applicant in any jurisdiction; and

11.23 (ix) any history of drug or alcohol abuse, and any misdemeanor or felony conviction;

11.24 (2) submit a certificate of completion from an approved education program;

11.25 (3) achieve a qualifying score on a credentialing examination within five years  
11.26 prior to application for registration;

11.27 (4) submit a verified copy of a valid and current credential, issued by the National  
11.28 Board for Respiratory Care or other board-approved national organization, as a certified  
11.29 respiratory ~~therapy technician~~ therapist, registered respiratory therapist, or other entry or  
11.30 advanced level respiratory ~~care practitioner~~ therapist designation;

11.31 (5) submit additional information as requested by the board, including providing  
11.32 any additional information necessary to ensure that the applicant is able to practice with  
11.33 reasonable skill and safety to the public;

11.34 (6) sign a statement that the information in the application is true and correct to the  
11.35 best of the applicant's knowledge and belief; and

12.1 (7) sign a waiver authorizing the board to obtain access to the applicant's records  
 12.2 in this or any other state in which the applicant has completed an approved education  
 12.3 program or engaged in the practice of respiratory ~~care~~ therapy.

12.4 Subd. 2. **Registration Licensure by reciprocity.** To be eligible for ~~registration~~  
 12.5 licensure by reciprocity, the applicant must be credentialed by the National Board for  
 12.6 Respiratory Care or other board-approved organization and have worked at least eight  
 12.7 weeks of the previous five years as a respiratory ~~care practitioner~~ therapist and must:

12.8 (1) submit the application materials and fees as required by subdivision 1, clauses  
 12.9 (1), (4), (5), (6), and (7);

12.10 (2) provide a verified copy from the appropriate government body of a current and  
 12.11 unrestricted credential or license for the practice of respiratory ~~care~~ therapy in another  
 12.12 jurisdiction that has initial credentialing requirements equivalent to or higher than the  
 12.13 requirements in subdivision 1; and

12.14 (3) provide letters of verification from the appropriate government body in each  
 12.15 jurisdiction in which the applicant holds a credential or license. Each letter must state the  
 12.16 applicant's name, date of birth, credential number, date of issuance, a statement regarding  
 12.17 disciplinary actions, if any, taken against the applicant, and the terms under which the  
 12.18 credential was issued.

12.19 Subd. 3. **Temporary permit.** The board may issue a temporary permit to practice  
 12.20 as a respiratory ~~care practitioner~~ therapist to an applicant eligible for ~~registration~~  
 12.21 licensure under this section if the application for ~~registration~~ licensure is complete, all  
 12.22 applicable requirements in this section have been met, and a nonrefundable fee set by  
 12.23 the board has been paid. The permit remains valid only until the meeting of the board  
 12.24 at which a decision is made on the respiratory ~~care practitioner's~~ therapist's application  
 12.25 for ~~registration~~ licensure.

12.26 ~~Subd. 4. **Temporary registration.** The board may issue temporary registration as a~~  
 12.27 ~~respiratory care practitioner for a period of one year to an applicant for registration under~~  
 12.28 ~~this section if the application for registration is complete, all applicable requirements~~  
 12.29 ~~have been met with exception of completion of a credentialing examination, and a~~  
 12.30 ~~nonrefundable fee set by the board has been paid. A respiratory care practitioner with~~  
 12.31 ~~temporary registration may qualify for full registration status upon submission of verified~~  
 12.32 ~~documentation that the respiratory care practitioner has achieved a qualifying score on a~~  
 12.33 ~~credentialing examination within one year after receiving temporary registration status.~~  
 12.34 ~~Temporary registration may not be renewed.~~

12.35 ~~Subd. 5. **Practice limitations with temporary registration.** A respiratory care~~  
 12.36 ~~practitioner with temporary registration is limited to working under the direct supervision~~



13.1 ~~of a registered respiratory care practitioner or physician able to provide qualified medical~~  
13.2 ~~direction. The respiratory care practitioner or physician must be present in the health care~~  
13.3 ~~facility or readily available by telecommunication at the time the respiratory care services~~  
13.4 ~~are being provided. A registered respiratory care practitioner may supervise no more than~~  
13.5 ~~two respiratory care practitioners with temporary registration status.~~

13.6 Subd. 6. **Registration License expiration.** ~~Registrations~~ Licenses issued under this  
13.7 chapter expire annually.

13.8 Subd. 7. **Renewal.** (a) To be eligible for ~~registration~~ license renewal a ~~registrant~~  
13.9 licensee must:

13.10 (1) annually, or as determined by the board, complete a renewal application on a  
13.11 form provided by the board;

13.12 (2) submit the renewal fee;

13.13 (3) provide evidence every two years of a total of 24 hours of continuing education  
13.14 approved by the board as described in section 147C.25; and

13.15 (4) submit any additional information requested by the board to clarify information  
13.16 presented in the renewal application. The information must be submitted within 30 days  
13.17 after the board's request, or the renewal request is nullified.

13.18 (b) Applicants for renewal who have not practiced the equivalent of eight full weeks  
13.19 during the past five years must achieve a passing score on retaking the credentialing  
13.20 examination, ~~or complete no less than eight weeks of advisory council-approved~~  
13.21 ~~supervised clinical experience having a broad base of treatment modalities and patient care.~~

13.22 Subd. 8. **Change of address.** A ~~registrant~~ licensee who changes addresses must  
13.23 inform the board within 30 days, in writing, of the change of address. All notices or  
13.24 other correspondence mailed to or served on a ~~registrant~~ licensee by the board at the  
13.25 ~~registrant's~~ licensee's address on file with the board shall be considered as having been  
13.26 received by the ~~registrant~~ licensee.

13.27 Subd. 9. **Registration License renewal notice.** At least 30 days before the  
13.28 ~~registration~~ license renewal date, the board shall send out a renewal notice to the last  
13.29 known address of the ~~registrant~~ licensee on file. The notice must include a renewal  
13.30 application and a notice of fees required for renewal. It must also inform the ~~registrant~~  
13.31 licensee that ~~registration~~ the license will expire without further action by the board if an  
13.32 application for ~~registration~~ license renewal is not received before the deadline for renewal.  
13.33 The ~~registrant's~~ licensee's failure to receive this notice shall not relieve the ~~registrant~~  
13.34 licensee of the obligation to meet the deadline and other requirements for ~~registration~~  
13.35 license renewal. Failure to receive this notice is not grounds for challenging expiration of  
13.36 ~~registered~~ licensure status.

14.1 Subd. 10. **Renewal deadline.** The renewal application and fee must be postmarked  
14.2 on or before July 1 of the year of renewal or as determined by the board. If the postmark is  
14.3 illegible, the application shall be considered timely if received by the third working day  
14.4 after the deadline.

14.5 ~~Subd. 11. **Inactive status and return to active status.** (a) A registration may be~~  
14.6 ~~placed in inactive status upon application to the board by the registrant and upon payment~~  
14.7 ~~of an inactive status fee.~~

14.8 ~~(b) Registrants seeking restoration to active from inactive status must pay the current~~  
14.9 ~~renewal fees and all unpaid back inactive fees. They must meet the criteria for renewal~~  
14.10 ~~specified in subdivision 7, including continuing education hours equivalent to one hour for~~  
14.11 ~~each month of inactive status, prior to submitting an application to regain registered status.~~  
14.12 ~~If the inactive status extends beyond five years, a qualifying score on a credentialing~~  
14.13 ~~examination, or completion of an advisory council-approved eight-week supervised~~  
14.14 ~~clinical training experience is required. If the registrant intends to regain active registration~~  
14.15 ~~by means of eight weeks of advisory council-approved clinical training experience, the~~  
14.16 ~~registrant shall be granted temporary registration for a period of no longer than six months.~~

14.17 Subd. 12. **Registration Licensure following lapse of registration licensed status**  
14.18 **for two years or less.** For any individual whose registration status license has lapsed for  
14.19 two years or less, to regain registration status a license, the individual must:

14.20 (1) apply for registration license renewal according to subdivision 7;

14.21 (2) document compliance with the continuing education requirements of section  
14.22 147C.25 since the registrant's licensee's initial registration licensure or last renewal; and

14.23 (3) submit the fees required under section 147C.40 for the period not registered  
14.24 licensed, including the fee for late renewal.

14.25 Subd. 13. **Cancellation due to nonrenewal.** The board shall not renew, reissue,  
14.26 reinstate, or restore a registration license that has lapsed and has not been renewed within  
14.27 two annual registration renewal cycles starting July 1997. A registrant licensee whose  
14.28 registration license is canceled for nonrenewal must obtain a new registration license by  
14.29 applying for registration licensure and fulfilling all requirements then in existence for  
14.30 initial registration licensure as a respiratory care practitioner therapist.

14.31 Subd. 14. **Cancellation of registration license in good standing.** (a) A registrant  
14.32 licensee holding an active registration license as a respiratory care practitioner therapist in  
14.33 the state may, upon approval of the board, be granted registration license cancellation if  
14.34 the board is not investigating the person as a result of a complaint or information received  
14.35 or if the board has not begun disciplinary proceedings against the registrant licensee.

15.1 Such action by the board shall be reported as a cancellation of ~~registration~~ a license in  
 15.2 good standing.

15.3 (b) A ~~registrant licensee~~ who receives board approval for ~~registration~~ license  
 15.4 cancellation is not entitled to a refund of any ~~registration licensure~~ fees paid for the  
 15.5 ~~registration license~~ year in which cancellation of the ~~registration license~~ occurred.

15.6 (c) To obtain ~~registration~~ a license after cancellation, a ~~registrant licensee~~ must  
 15.7 obtain a new ~~registration license~~ by applying for ~~registration licensure~~ and fulfilling the  
 15.8 requirements then in existence for obtaining initial ~~registration licensure~~ as a respiratory  
 15.9 ~~care practitioner~~ therapist.

15.10 Sec. 5. Minnesota Statutes 2008, section 147C.20, is amended to read:

15.11 **147C.20 BOARD ACTION ON APPLICATIONS FOR ~~REGISTRATION~~**  
 15.12 **LICENSURE.**

15.13 (a) The board shall act on each application for ~~registration licensure~~ according  
 15.14 to paragraphs (b) to (d).

15.15 (b) The board shall determine if the applicant meets the requirements for ~~registration~~  
 15.16 licensure under section 147C.15. The board or advisory council may investigate  
 15.17 information provided by an applicant to determine whether the information is accurate  
 15.18 and complete.

15.19 (c) The board shall notify each applicant in writing of action taken on the application,  
 15.20 the grounds for denying ~~registration licensure~~ if ~~registration licensure~~ is denied, and the  
 15.21 applicant's right to review under paragraph (d).

15.22 (d) Applicants denied ~~registration licensure~~ may make a written request to the  
 15.23 board, within 30 days of the board's notice, to appear before the advisory council or its  
 15.24 designee and for the advisory council to review the board's decision to deny the applicant's  
 15.25 ~~registration licensure~~. After reviewing the denial, the advisory council shall make a  
 15.26 recommendation to the board as to whether the denial shall be affirmed. Each applicant is  
 15.27 allowed only one request for review per yearly ~~registration licensure~~ period.

15.28 Sec. 6. Minnesota Statutes 2008, section 147C.25, is amended to read:

15.29 **147C.25 CONTINUING EDUCATION REQUIREMENTS.**

15.30 Subdivision 1. **Number of required contact hours.** Two years after the date  
 15.31 of initial ~~registration licensure~~, and every two years thereafter, a ~~registrant licensee~~  
 15.32 applying for ~~registration license~~ renewal must complete a minimum of 24 contact hours  
 15.33 of board-approved continuing education in the two years preceding ~~registration license~~

16.1 renewal and attest to completion of continuing education requirements by reporting to  
16.2 the board.

16.3       Subd. 2. **Approved programs.** The board shall approve continuing education  
16.4 programs that have been approved for continuing education credit by the American  
16.5 Association of Respiratory Care or the Minnesota Society for Respiratory Care or their  
16.6 successor organizations. The board shall also approve programs substantially related to  
16.7 respiratory ~~care~~ therapy that are sponsored by an accredited university or college, medical  
16.8 school, state or national medical association, national medical specialty society, or that are  
16.9 approved for continuing education credit by the Minnesota Board of Nursing.

16.10       Subd. 3. **Approval of continuing education programs.** The board shall also  
16.11 approve continuing education programs that do not meet the requirements of subdivision 2  
16.12 but that meet the following criteria:

16.13       (1) the program content directly relates to the practice of respiratory ~~care~~ therapy;

16.14       (2) each member of the program faculty is knowledgeable in the subject matter as  
16.15 demonstrated by a degree from an accredited education program, verifiable experience in  
16.16 the field of respiratory ~~care~~ therapy, special training in the subject matter, or experience  
16.17 teaching in the subject area;

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

16.19       (4) there are specific, measurable, written objectives, consistent with the program,  
16.20 describing the expected outcomes for the participants; and

16.21       (5) the program sponsor has a mechanism to verify participation and maintains  
16.22 attendance records for three years.

16.23       Subd. 4. **Hospital, health care facility, or medical company in-services.** Hospital,  
16.24 health care facility, or medical company in-service programs may qualify for continuing  
16.25 education credits provided they meet the requirements of this section.

16.26       Subd. 5. **Accumulation of contact hours.** A ~~registrant~~ licensee may not apply  
16.27 contact hours acquired in one two-year reporting period to a future continuing education  
16.28 reporting period.

16.29       Subd. 6. **Verification of continuing education credits.** The board shall periodically  
16.30 select a random sample of ~~registrants~~ licensees and require those ~~registrants~~ licensees to  
16.31 supply the board with evidence of having completed the continuing education to which  
16.32 they attested. Documentation may come directly from the ~~registrant~~ licensee or from state  
16.33 or national organizations that maintain continuing education records.

16.34       Subd. 7. **Restriction on continuing education topics.** A ~~registrant~~ licensee may  
16.35 apply no more than a combined total of eight hours of continuing education in the areas

17.1 of management, risk management, personal growth, and educational techniques to a  
17.2 two-year reporting period.

17.3 Subd. 8. **Credit for credentialing examination.** A ~~registrant~~ licensee may fulfill  
17.4 the continuing education requirements for a two-year reporting period by achieving a  
17.5 qualifying score on one of the credentialing examinations or a specialty credentialing  
17.6 examination of the National Board for Respiratory Care or another board-approved testing  
17.7 organization. A ~~registrant~~ licensee may achieve 12 hours of continuing education credit  
17.8 by completing a National Board for Respiratory Care or other board-approved testing  
17.9 organization's specialty examination.

17.10 Sec. 7. Minnesota Statutes 2008, section 147C.30, is amended to read:

17.11 **147C.30 DISCIPLINE; REPORTING.**

17.12 For purposes of this chapter, ~~registered licensed~~ respiratory ~~care practitioners~~  
17.13 therapists and applicants are subject to the provisions of sections 147.091 to 147.162.

17.14 Sec. 8. Minnesota Statutes 2008, section 147C.35, is amended to read:

17.15 **147C.35 RESPIRATORY CARE ~~PRACTITIONER~~ ADVISORY COUNCIL.**

17.16 Subdivision 1. **Membership.** The board shall appoint a seven-member Respiratory  
17.17 Care ~~Practitioner~~ Advisory Council consisting of two public members as defined in section  
17.18 214.02, three ~~registered licensed~~ respiratory ~~care practitioners~~ therapists, and two licensed  
17.19 physicians with expertise in respiratory care.

17.20 Subd. 2. **Organization.** The advisory council shall be organized and administered  
17.21 under section 15.059.

17.22 Subd. 3. **Duties.** The advisory council shall:

17.23 (1) advise the board regarding standards for respiratory ~~care practitioners~~ therapists;

17.24 (2) provide for distribution of information regarding respiratory ~~care practitioner~~  
17.25 therapy standards;

17.26 (3) advise the board on enforcement of sections 147.091 to 147.162;

17.27 (4) review applications and recommend granting or denying ~~registration licensure~~  
17.28 or ~~registration license~~ renewal;

17.29 (5) advise the board on issues related to receiving and investigating complaints,  
17.30 conducting hearings, and imposing disciplinary action in relation to complaints against  
17.31 respiratory ~~care practitioners~~ therapists;

17.32 (6) advise the board regarding approval of continuing education programs using the  
17.33 criteria in section 147C.25, subdivision 3; and

18.1 (7) perform other duties authorized for advisory councils by chapter 214, as directed  
18.2 by the board.

18.3 Sec. 9. Minnesota Statutes 2008, section 147C.40, is amended to read:

18.4 **147C.40 FEES.**

18.5 Subdivision 1. **Fees.** The board shall adopt rules setting:

- 18.6 (1) ~~registration~~ licensure fees;
- 18.7 (2) renewal fees;
- 18.8 (3) late fees;
- 18.9 (4) inactive status fees; and
- 18.10 (5) fees for temporary permits; ~~and~~
- 18.11 ~~(6) fees for temporary registration.~~

18.12 Subd. 2. **Proration of fees.** The board may prorate the initial annual ~~registration~~  
18.13 license fee. All ~~registrants~~ licensees are required to pay the full fee upon ~~registration~~  
18.14 license renewal.

18.15 Subd. 3. **Penalty fee for late renewals.** An application for ~~registration~~ license  
18.16 renewal submitted after the deadline must be accompanied by a late fee in addition to the  
18.17 required fees.

18.18 Subd. 4. **Nonrefundable fees.** All of the fees in subdivision 1 are nonrefundable.

18.19 **ARTICLE 5**

18.20 **PHYSICIAN ASSISTANTS**

18.21 Section 1. Minnesota Statutes 2008, section 144.1501, subdivision 1, is amended to  
18.22 read:

18.23 Subdivision 1. **Definitions.** (a) For purposes of this section, the following definitions  
18.24 apply.

18.25 (b) "Dentist" means an individual who is licensed to practice dentistry.

18.26 (c) "Designated rural area" means:

18.27 (1) an area in Minnesota outside the counties of Anoka, Carver, Dakota, Hennepin,  
18.28 Ramsey, Scott, and Washington, excluding the cities of Duluth, Mankato, Moorhead,  
18.29 Rochester, and St. Cloud; or

18.30 (2) a municipal corporation, as defined under section 471.634, that is physically  
18.31 located, in whole or in part, in an area defined as a designated rural area under clause (1).

18.32 (d) "Emergency circumstances" means those conditions that make it impossible for  
18.33 the participant to fulfill the service commitment, including death, total and permanent  
18.34 disability, or temporary disability lasting more than two years.

19.1 (e) "Medical resident" means an individual participating in a medical residency in  
19.2 family practice, internal medicine, obstetrics and gynecology, pediatrics, or psychiatry.

19.3 (f) "Midlevel practitioner" means a nurse practitioner, nurse-midwife, nurse  
19.4 anesthetist, advanced clinical nurse specialist, or physician assistant.

19.5 (g) "Nurse" means an individual who has completed training and received all  
19.6 licensing or certification necessary to perform duties as a licensed practical nurse or  
19.7 registered nurse.

19.8 (h) "Nurse-midwife" means a registered nurse who has graduated from a program of  
19.9 study designed to prepare registered nurses for advanced practice as nurse-midwives.

19.10 (i) "Nurse practitioner" means a registered nurse who has graduated from a program  
19.11 of study designed to prepare registered nurses for advanced practice as nurse practitioners.

19.12 (j) "Pharmacist" means an individual with a valid license issued under chapter 151.

19.13 (k) "Physician" means an individual who is licensed to practice medicine in the areas  
19.14 of family practice, internal medicine, obstetrics and gynecology, pediatrics, or psychiatry.

19.15 (l) "Physician assistant" means a person ~~registered~~ licensed under chapter 147A.

19.16 (m) "Qualified educational loan" means a government, commercial, or foundation  
19.17 loan for actual costs paid for tuition, reasonable education expenses, and reasonable living  
19.18 expenses related to the graduate or undergraduate education of a health care professional.

19.19 (n) "Underserved urban community" means a Minnesota urban area or population  
19.20 included in the list of designated primary medical care health professional shortage areas  
19.21 (HPSAs), medically underserved areas (MUAs), or medically underserved populations  
19.22 (MUPs) maintained and updated by the United States Department of Health and Human  
19.23 Services.

19.24 Sec. 2. Minnesota Statutes 2008, section 144E.001, subdivision 3a, is amended to read:

19.25 Subd. 3a. **Ambulance service personnel.** "Ambulance service personnel" means  
19.26 individuals who are authorized by a licensed ambulance service to provide emergency  
19.27 care for the ambulance service and are:

19.28 (1) EMTs, EMT-Is, or EMT-Ps;

19.29 (2) Minnesota registered nurses who are: (i) EMTs, are currently practicing  
19.30 nursing, and have passed a paramedic practical skills test, as approved by the board  
19.31 and administered by a training program approved by the board; (ii) on the roster of an  
19.32 ambulance service on or before January 1, 2000; or (iii) after petitioning the board,  
19.33 deemed by the board to have training and skills equivalent to an EMT, as determined on  
19.34 a case-by-case basis; or

20.1 (3) Minnesota ~~registered~~ licensed physician assistants who are: (i) EMTs, are  
20.2 currently practicing as physician assistants, and have passed a paramedic practical skills  
20.3 test, as approved by the board and administered by a training program approved by the  
20.4 board; (ii) on the roster of an ambulance service on or before January 1, 2000; or (iii) after  
20.5 petitioning the board, deemed by the board to have training and skills equivalent to an  
20.6 EMT, as determined on a case-by-case basis.

20.7 Sec. 3. Minnesota Statutes 2008, section 144E.001, subdivision 9c, is amended to read:

20.8 Subd. 9c. **Physician assistant.** "Physician assistant" means a person ~~registered~~  
20.9 licensed to practice as a physician assistant under chapter 147A.

20.10 Sec. 4. Minnesota Statutes 2008, section 147.09, is amended to read:

20.11 **147.09 EXEMPTIONS.**

20.12 Section 147.081 does not apply to, control, prevent or restrict the practice, service,  
20.13 or activities of:

20.14 (1) A person who is a commissioned medical officer of, a member of, or employed  
20.15 by, the armed forces of the United States, the United States Public Health Service, the  
20.16 Veterans Administration, any federal institution or any federal agency while engaged in  
20.17 the performance of official duties within this state, if the person is licensed elsewhere.

20.18 (2) A licensed physician from a state or country who is in actual consultation here.

20.19 (3) A licensed or registered physician who treats the physician's home state patients  
20.20 or other participating patients while the physicians and those patients are participating  
20.21 together in outdoor recreation in this state as defined by section 86A.03, subdivision 3.  
20.22 A physician shall first register with the board on a form developed by the board for that  
20.23 purpose. The board shall not be required to promulgate the contents of that form by rule.  
20.24 No fee shall be charged for this registration.

20.25 (4) A student practicing under the direct supervision of a preceptor while the student  
20.26 is enrolled in and regularly attending a recognized medical school.

20.27 (5) A student who is in continuing training and performing the duties of an intern or  
20.28 resident or engaged in postgraduate work considered by the board to be the equivalent of  
20.29 an internship or residency in any hospital or institution approved for training by the board,  
20.30 provided the student has a residency permit issued by the board under section 147.0391.

20.31 (6) A person employed in a scientific, sanitary, or teaching capacity by the state  
20.32 university, the Department of Education, a public or private school, college, or other  
20.33 bona fide educational institution, a nonprofit organization, which has tax-exempt status  
20.34 in accordance with the Internal Revenue Code, section 501(c)(3), and is organized and



21.1 operated primarily for the purpose of conducting scientific research directed towards  
21.2 discovering the causes of and cures for human diseases, or the state Department of Health,  
21.3 whose duties are entirely of a research, public health, or educational character, while  
21.4 engaged in such duties; provided that if the research includes the study of humans, such  
21.5 research shall be conducted under the supervision of one or more physicians licensed  
21.6 under this chapter.

21.7 (7) ~~Physician's~~ Physician assistants ~~registered~~ licensed in this state.

21.8 (8) A doctor of osteopathy duly licensed by the state Board of Osteopathy under  
21.9 Minnesota Statutes 1961, sections 148.11 to 148.16, prior to May 1, 1963, who has not  
21.10 been granted a license to practice medicine in accordance with this chapter provided that  
21.11 the doctor confines activities within the scope of the license.

21.12 (9) Any person licensed by a health-related licensing board, as defined in section  
21.13 214.01, subdivision 2, or registered by the commissioner of health pursuant to section  
21.14 214.13, including psychological practitioners with respect to the use of hypnosis; provided  
21.15 that the person confines activities within the scope of the license.

21.16 (10) A person who practices ritual circumcision pursuant to the requirements or  
21.17 tenets of any established religion.

21.18 (11) A Christian Scientist or other person who endeavors to prevent or cure disease  
21.19 or suffering exclusively by mental or spiritual means or by prayer.

21.20 (12) A physician licensed to practice medicine in another state who is in this state  
21.21 for the sole purpose of providing medical services at a competitive athletic event. The  
21.22 physician may practice medicine only on participants in the athletic event. A physician  
21.23 shall first register with the board on a form developed by the board for that purpose. The  
21.24 board shall not be required to adopt the contents of the form by rule. The physician shall  
21.25 provide evidence satisfactory to the board of a current unrestricted license in another state.  
21.26 The board shall charge a fee of \$50 for the registration.

21.27 (13) A psychologist licensed under section 148.907 or a social worker licensed  
21.28 under chapter 148D who uses or supervises the use of a penile or vaginal plethysmograph  
21.29 in assessing and treating individuals suspected of engaging in aberrant sexual behavior  
21.30 and sex offenders.

21.31 (14) Any person issued a training course certificate or credentialed by the Emergency  
21.32 Medical Services Regulatory Board established in chapter 144E, provided the person  
21.33 confines activities within the scope of training at the certified or credentialed level.

21.34 (15) An unlicensed complementary and alternative health care practitioner practicing  
21.35 according to chapter 146A.

22.1 Sec. 5. Minnesota Statutes 2008, section 147A.01, is amended to read:

22.2 **147A.01 DEFINITIONS.**

22.3 Subdivision 1. **Scope.** For the purpose of this chapter the terms defined in this  
22.4 section have the meanings given them.

22.5 ~~Subd. 2. **Active status.** "Active status" means the status of a person who has met all~~  
22.6 ~~the qualifications of a physician assistant, has a physician-physician assistant agreement in~~  
22.7 ~~force, and is registered.~~

22.8 Subd. 3. **Administer.** "Administer" means the delivery by a physician assistant  
22.9 authorized to prescribe legend drugs, a single dose of a legend drug, including controlled  
22.10 substances, to a patient by injection, inhalation, ingestion, or by any other immediate  
22.11 means, and the delivery by a physician assistant ordered by a physician a single dose of a  
22.12 legend drug by injection, inhalation, ingestion, or by any other immediate means.

22.13 Subd. 4. **Agreement.** "Agreement" means the document described in section  
22.14 147A.20.

22.15 Subd. 5. **Alternate supervising physician.** "Alternate supervising physician"  
22.16 means a Minnesota licensed physician listed in the physician-physician assistant  
22.17 delegation agreement, or supplemental listing, who is responsible for supervising  
22.18 the physician assistant when the main primary supervising physician is unavailable.  
22.19 The alternate supervising physician shall accept full medical responsibility for the  
22.20 performance, practice, and activities of the physician assistant while under the supervision  
22.21 of the alternate supervising physician.

22.22 Subd. 6. **Board.** "Board" means the Board of Medical Practice or its designee.

22.23 Subd. 7. **Controlled substances.** "Controlled substances" has the meaning given it  
22.24 in section 152.01, subdivision 4.

22.25 ~~Subd. 8. **Delegation form.** "Delegation form" means the form used to indicate the~~  
22.26 ~~categories of drugs for which the authority to prescribe, administer, and dispense has been~~  
22.27 ~~delegated to the physician assistant and signed by the supervising physician, any alternate~~  
22.28 ~~supervising physicians, and the physician assistant. This form is part of the agreement~~  
22.29 ~~described in section 147A.20, and shall be maintained by the supervising physician and~~  
22.30 ~~physician assistant at the address of record. Copies shall be provided to the board upon~~  
22.31 ~~request. "Addendum to the delegation form" means a separate listing of the schedules~~  
22.32 ~~and categories of controlled substances, if any, for which the physician assistant has been~~  
22.33 ~~delegated the authority to prescribe, administer, and dispense. The addendum shall be~~  
22.34 ~~maintained as a separate document as described above.~~

23.1 Subd. 9. **Diagnostic order.** "Diagnostic order" means a directive to perform  
23.2 a procedure or test, the purpose of which is to determine the cause and nature of a  
23.3 pathological condition or disease.

23.4 Subd. 10. **Drug.** "Drug" has the meaning given it in section 151.01, subdivision 5,  
23.5 including controlled substances as defined in section 152.01, subdivision 4.

23.6 Subd. 11. **Drug category.** "Drug category" means one of the categories listed on the  
23.7 physician-physician assistant delegation form agreement.

23.8 Subd. 12. **Inactive status.** "Inactive status" means ~~the status of a person who has~~  
23.9 ~~met all the qualifications of a physician assistant, and is registered, but does not have a~~  
23.10 ~~physician-physician assistant agreement in force~~ a licensed physician assistant whose  
23.11 license has been placed on inactive status under section 147A.05.

23.12 ~~Subd. 13. **Internal protocol.** "Internal protocol" means a document written by~~  
23.13 ~~the supervising physician and the physician assistant which specifies the policies and~~  
23.14 ~~procedures which will apply to the physician assistant's prescribing, administering,~~  
23.15 ~~and dispensing of legend drugs and medical devices, including controlled substances~~  
23.16 ~~as defined in section 152.01, subdivision 4, and lists the specific categories of drugs~~  
23.17 ~~and medical devices, with any exceptions or conditions, that the physician assistant~~  
23.18 ~~is authorized to prescribe, administer, and dispense. The supervising physician and~~  
23.19 ~~physician assistant shall maintain the protocol at the address of record. Copies shall be~~  
23.20 ~~provided to the board upon request.~~

23.21 Subd. 14. **Legend drug.** "Legend drug" has the meaning given it in section 151.01,  
23.22 subdivision 17.

23.23 Subd. 14a. **Licensed.** "Licensed" means meeting the qualifications in section  
23.24 147A.02 and being issued a license by the board.

23.25 Subd. 14b. **Licensure.** "Licensure" means the process by which the board  
23.26 determines that an applicant has met the standards and qualifications in this chapter.

23.27 ~~Subd. 15. **Locum tenens permit.** "Locum tenens permit" means time specific~~  
23.28 ~~temporary permission for a physician assistant to practice as a physician assistant in~~  
23.29 ~~a setting other than the practice setting established in the physician-physician assistant~~  
23.30 ~~agreement.~~

23.31 Subd. 16. **Medical device.** "Medical device" means durable medical equipment and  
23.32 assistive or rehabilitative appliances, objects, or products that are required to implement  
23.33 the overall plan of care for the patient and that are restricted by federal law to use upon  
23.34 prescription by a licensed practitioner.

23.35 Subd. 16a. **Notice of intent to practice.** "Notice of intent to practice" means  
23.36 a document sent to the board by a licensed physician assistant that documents the

24.1 adoption of a physician-physician assistant delegation agreement and provides the names,  
 24.2 addresses, and information required by section 147A.20.

24.3 Subd. 17. **Physician.** "Physician" means a person currently licensed in good  
 24.4 standing as a physician or osteopath under chapter 147.

24.5 Subd. 17a. **Physician-physician assistant delegation agreement.**

24.6 "Physician-physician assistant delegation agreement" means the document prepared and  
 24.7 signed by the physician and physician assistant affirming the supervisory relationship and  
 24.8 defining the physician assistant scope of practice. Alternate supervising physicians must  
 24.9 be identified on the delegation agreement or a supplemental listing with signed attestation  
 24.10 that each shall accept full medical responsibility for the performance, practice, and  
 24.11 activities of the physician assistant while under the supervision of the alternate supervising  
 24.12 physician. The physician-physician assistant delegation agreement outlines the role of  
 24.13 the physician assistant in the practice, describes the means of supervision, and specifies  
 24.14 the categories of drugs, controlled substances, and medical devices that the supervising  
 24.15 physician delegates to the physician assistant to prescribe. The physician-physician  
 24.16 assistant delegation agreement must comply with the requirements of section 147A.20, be  
 24.17 kept on file at the address of record, and be made available to the board or its representative  
 24.18 upon request. A physician-physician assistant delegation agreement may not authorize a  
 24.19 physician assistant to perform a chiropractic procedure.

24.20 Subd. 18. **Physician assistant or ~~registered~~ licensed physician assistant.**

24.21 "Physician assistant" or "~~registered~~ licensed physician assistant" means a person ~~registered~~  
 24.22 licensed pursuant to this chapter who is qualified by academic or practical training or  
 24.23 both to provide patient services as specified in this chapter, under the supervision of a  
 24.24 supervising physician meets the qualifications in section 147A.02.

24.25 ~~Subd. 19. **Practice setting description.** "Practice setting description" means a~~  
 24.26 ~~signed record submitted to the board on forms provided by the board, on which:~~

24.27 ~~(1) the supervising physician assumes full medical responsibility for the medical~~  
 24.28 ~~care rendered by a physician assistant;~~

24.29 ~~(2) is recorded the address and phone number of record of each supervising~~  
 24.30 ~~physician and alternate, and the physicians' medical license numbers and DEA number;~~

24.31 ~~(3) is recorded the address and phone number of record of the physician assistant~~  
 24.32 ~~and the physician assistant's registration number and DEA number;~~

24.33 ~~(4) is recorded whether the physician assistant has been delegated prescribing,~~  
 24.34 ~~administering, and dispensing authority;~~

24.35 ~~(5) is recorded the practice setting, address or addresses and phone number or~~  
 24.36 ~~numbers of the physician assistant; and~~

25.1 ~~(6) is recorded a statement of the type, amount, and frequency of supervision.~~

25.2 Subd. 20. **Prescribe.** "Prescribe" means to direct, order, or designate by means of a  
25.3 prescription the preparation, use of, or manner of using a drug or medical device.

25.4 Subd. 21. **Prescription.** "Prescription" means a signed written order, ~~or~~ an oral  
25.5 order reduced to writing, or an electronic order meeting current and prevailing standards  
25.6 given by a physician assistant authorized to prescribe drugs for patients in the course  
25.7 of the physician assistant's practice, issued for an individual patient and containing the  
25.8 information required in the physician-physician assistant delegation form agreement.

25.9 ~~Subd. 22. **Registration.** "Registration" is the process by which the board determines~~  
25.10 ~~that an applicant has been found to meet the standards and qualifications found in this~~  
25.11 ~~chapter.~~

25.12 Subd. 23. **Supervising physician.** "Supervising physician" means a Minnesota  
25.13 licensed physician who accepts full medical responsibility for the performance, practice,  
25.14 and activities of a physician assistant under an agreement as described in section 147A.20.  
25.15 The supervising physician who completes and signs the delegation agreement may be  
25.16 referred to as the primary supervising physician. A supervising physician shall not  
25.17 supervise more than ~~two~~ five full-time equivalent physician assistants simultaneously.  
25.18 With the approval of the board, or in a disaster or emergency situation pursuant to section  
25.19 147A.23, a supervising physician may supervise more than five full-time equivalent  
25.20 physician assistants simultaneously.

25.21 Subd. 24. **Supervision.** "Supervision" means overseeing the activities of, and  
25.22 accepting responsibility for, the medical services rendered by a physician assistant. The  
25.23 constant physical presence of the supervising physician is not required so long as the  
25.24 supervising physician and physician assistant are or can be easily in contact with one  
25.25 another by radio, telephone, or other telecommunication device. The scope and nature of  
25.26 the supervision shall be defined by the individual physician-physician assistant delegation  
25.27 agreement.

25.28 Subd. 25. **Temporary registration license.** ~~"Temporary registration" means the~~  
25.29 ~~status of a person who has satisfied the education requirement specified in this chapter;~~  
25.30 ~~is enrolled in the next examination required in this chapter; or is awaiting examination~~  
25.31 ~~results; has a physician-physician assistant agreement in force as required by this chapter;~~  
25.32 ~~and has submitted a practice setting description to the board. Such provisional registration~~  
25.33 ~~shall expire 90 days after completion of the next examination sequence, or after one year;~~  
25.34 ~~whichever is sooner, for those enrolled in the next examination; and upon receipt of the~~  
25.35 ~~examination results for those awaiting examination results. The registration shall be~~  
25.36 ~~granted by the board or its designee.~~ "Temporary license" means a license granted to a

26.1 physician assistant who meets all of the qualifications for licensure but has not yet been  
26.2 approved for licensure at a meeting of the board.

26.3 Subd. 26. **Therapeutic order.** "Therapeutic order" means an order given to another  
26.4 for the purpose of treating or curing a patient in the course of a physician assistant's  
26.5 practice. Therapeutic orders may be written or verbal, but do not include the prescribing  
26.6 of legend drugs or medical devices unless prescribing authority has been delegated within  
26.7 the physician-physician assistant delegation agreement.

26.8 Subd. 27. **Verbal order.** "Verbal order" means an oral order given to another for  
26.9 the purpose of treating or curing a patient in the course of a physician assistant's practice.  
26.10 Verbal orders do not include the prescribing of legend drugs unless prescribing authority  
26.11 has been delegated within the physician-physician assistant delegation agreement.

26.12 Sec. 6. Minnesota Statutes 2008, section 147A.02, is amended to read:

26.13 **147A.02 QUALIFICATIONS FOR ~~REGISTRATION~~ LICENSURE.**

26.14 Except as otherwise provided in this chapter, an individual shall be ~~registered~~  
26.15 licensed by the board before the individual may practice as a physician assistant.

26.16 The board may grant ~~registration~~ a license as a physician assistant to an applicant  
26.17 who:

26.18 (1) submits an application on forms approved by the board;

26.19 (2) pays the appropriate fee as determined by the board;

26.20 (3) has current certification from the National Commission on Certification of  
26.21 Physician Assistants, or its successor agency as approved by the board;

26.22 (4) certifies that the applicant is mentally and physically able to engage safely in  
26.23 practice as a physician assistant;

26.24 (5) has no licensure, certification, or registration as a physician assistant under  
26.25 current discipline, revocation, suspension, or probation for cause resulting from the  
26.26 applicant's practice as a physician assistant, unless the board considers the condition  
26.27 and agrees to licensure;

26.28 (6) submits any other information the board deems necessary to evaluate the  
26.29 applicant's qualifications; and

26.30 (7) has been approved by the board.

26.31 All persons registered as physician assistants as of June 30, 1995, are eligible for  
26.32 continuing ~~registration~~ license renewal. All persons applying for ~~registration~~ licensure  
26.33 after that date shall be ~~registered~~ licensed according to this chapter.

27.1 Sec. 7. Minnesota Statutes 2008, section 147A.03, is amended to read:

27.2 **147A.03 PROTECTED TITLES AND RESTRICTIONS ON USE.**

27.3 Subdivision 1. **Protected titles.** No individual may use the titles "Minnesota  
27.4 ~~Registered Licensed~~ Physician Assistant," "~~Registered Licensed~~ Physician Assistant,"  
27.5 "Physician Assistant," or "PA" in connection with the individual's name, or any other  
27.6 words, letters, abbreviations, or insignia indicating or implying that the individual is  
27.7 ~~registered with~~ licensed by the state unless they have been ~~registered~~ licensed according  
27.8 to this chapter.

27.9 Subd. 2. **Health care practitioners.** Individuals practicing in a health care  
27.10 occupation are not restricted in the provision of services included in this chapter as long as  
27.11 they do not hold themselves out as physician assistants by or through the titles provided in  
27.12 subdivision 1 in association with provision of these services.

27.13 ~~Subd. 3. **Identification of registered practitioners.** Physician assistants in~~  
27.14 ~~Minnesota shall wear name tags which identify them as physician assistants.~~

27.15 Subd. 4. **Sanctions.** Individuals who hold themselves out as physician assistants by  
27.16 or through any of the titles provided in subdivision 1 without prior ~~registration~~ licensure  
27.17 shall be subject to sanctions or actions against continuing the activity according to section  
27.18 214.11, or other authority.

27.19 Sec. 8. Minnesota Statutes 2008, section 147A.04, is amended to read:

27.20 **147A.04 TEMPORARY ~~PERMIT~~ LICENSE.**

27.21 The board may issue a temporary ~~permit~~ license to practice to a physician assistant  
27.22 eligible for ~~registration~~ licensure under this chapter only if the application for ~~registration~~  
27.23 licensure is complete, all requirements have been met, and a nonrefundable fee set by  
27.24 the board has been paid. The ~~permit~~ temporary license remains valid only until the  
27.25 next meeting of the board at which a decision is made on the application for ~~registration~~  
27.26 licensure.

27.27 Sec. 9. Minnesota Statutes 2008, section 147A.05, is amended to read:

27.28 **147A.05 INACTIVE ~~REGISTRATION~~ LICENSE.**

27.29 Physician assistants who notify the board in writing ~~on forms prescribed by the board~~  
27.30 may elect to place their ~~registrations~~ license on an inactive status. Physician assistants  
27.31 with an inactive ~~registration~~ license shall be excused from payment of renewal fees and  
27.32 shall not practice as physician assistants. Persons who engage in practice while their  
27.33 ~~registrations are~~ license is lapsed or on inactive status shall be considered to be practicing

28.1 without ~~registration~~ a license, which shall be grounds for discipline under section 147A.13.  
 28.2 Physician assistants who provide care under the provisions of section 147A.23 shall not  
 28.3 be considered practicing without a license or subject to disciplinary action. Physician  
 28.4 assistants ~~requesting restoration from inactive status~~ who notify the board of their intent to  
 28.5 resume active practice shall be required to pay the current renewal fees and all unpaid back  
 28.6 fees and shall be required to meet the criteria for renewal specified in section 147A.07.

28.7 Sec. 10. Minnesota Statutes 2008, section 147A.06, is amended to read:

28.8 **147A.06 CANCELLATION OF ~~REGISTRATION~~ LICENSE FOR**  
 28.9 **NONRENEWAL.**

28.10 The board shall not renew, reissue, reinstate, or restore a ~~registration~~ license that  
 28.11 has lapsed on or after July 1, 1996, and has not been renewed within two annual renewal  
 28.12 cycles starting July 1, 1997. A ~~registrant~~ licensee whose ~~registration~~ license is canceled  
 28.13 for nonrenewal must obtain a new ~~registration~~ license by applying for ~~registration~~  
 28.14 licensure and fulfilling all requirements then in existence for an initial ~~registration~~ license  
 28.15 to practice as a physician assistant.

28.16 Sec. 11. Minnesota Statutes 2008, section 147A.07, is amended to read:

28.17 **147A.07 RENEWAL.**

28.18 A person who holds a ~~registration~~ license as a physician assistant shall annually,  
 28.19 upon notification from the board, renew the ~~registration~~ license by:

- 28.20 (1) submitting the appropriate fee as determined by the board;  
 28.21 (2) completing the appropriate forms; and  
 28.22 (3) meeting any other requirements of the board;

28.23 ~~(4) submitting a revised and updated practice setting description showing evidence~~  
 28.24 ~~of annual review of the physician-physician assistant supervisory agreement.~~

28.25 Sec. 12. Minnesota Statutes 2008, section 147A.08, is amended to read:

28.26 **147A.08 EXEMPTIONS.**

28.27 (a) This chapter does not apply to, control, prevent, or restrict the practice, service,  
 28.28 or activities of persons listed in section 147.09, clauses (1) to (6) and (8) to (13), persons  
 28.29 regulated under section 214.01, subdivision 2, or persons defined in section 144.1501,  
 28.30 subdivision 1, paragraphs (f), (h), and (i).

28.31 (b) Nothing in this chapter shall be construed to require ~~registration~~ licensure of:



29.1 (1) a physician assistant student enrolled in a physician assistant ~~or surgeon assistant~~  
 29.2 educational program accredited by the ~~Committee on Allied Health Education and~~  
 29.3 ~~Accreditation~~ Review Commission on Education for the Physician Assistant or by its  
 29.4 successor agency approved by the board;

29.5 (2) a physician assistant employed in the service of the federal government while  
 29.6 performing duties incident to that employment; or

29.7 (3) technicians, other assistants, or employees of physicians who perform delegated  
 29.8 tasks in the office of a physician but who do not identify themselves as a physician  
 29.9 assistant.

29.10 Sec. 13. Minnesota Statutes 2008, section 147A.09, is amended to read:

29.11 **147A.09 SCOPE OF PRACTICE, DELEGATION.**

29.12 Subdivision 1. **Scope of practice.** (a) Physician assistants shall practice medicine  
 29.13 only with physician supervision. Physician assistants may perform those duties and  
 29.14 responsibilities as delegated in the physician-physician assistant delegation agreement  
 29.15 and delegation forms maintained at the address of record by the supervising physician  
 29.16 and physician assistant, including the prescribing, administering, and dispensing of drugs,  
 29.17 controlled substances, and medical devices ~~and drugs~~, excluding anesthetics, other than  
 29.18 local anesthetics, injected in connection with an operating room procedure, inhaled  
 29.19 anesthesia and spinal anesthesia.

29.20 Patient service must be limited to:

29.21 (1) services within the training and experience of the physician assistant;

29.22 (2) services customary to the practice of the supervising physician or alternate  
 29.23 supervising physician;

29.24 (3) services delegated by the supervising physician or alternate supervising physician  
 29.25 under the physician-physician assistant delegation agreement; and

29.26 (4) services within the parameters of the laws, rules, and standards of the facilities  
 29.27 in which the physician assistant practices.

29.28 (b) Nothing in this chapter authorizes physician assistants to perform duties  
 29.29 regulated by the boards listed in section 214.01, subdivision 2, other than the Board of  
 29.30 Medical Practice, and except as provided in this section.

29.31 (c) Physician assistants may not engage in the practice of chiropractic.

29.32 Subd. 2. **Delegation.** Patient services may include, but are not limited to, the  
 29.33 following, as delegated by the supervising physician and authorized in the delegation  
 29.34 agreement:

29.35 (1) taking patient histories and developing medical status reports;

- 30.1 (2) performing physical examinations;
- 30.2 (3) interpreting and evaluating patient data;
- 30.3 (4) ordering or performing diagnostic procedures, including ~~radiography~~ the use of
- 30.4 radiographic imaging systems in compliance with Minnesota Rules, chapter 4732;
- 30.5 (5) ordering or performing therapeutic procedures including the use of ionizing
- 30.6 radiation in compliance with Minnesota Rules, chapter 4732;
- 30.7 (6) providing instructions regarding patient care, disease prevention, and health
- 30.8 promotion;
- 30.9 (7) assisting the supervising physician in patient care in the home and in health
- 30.10 care facilities;
- 30.11 (8) creating and maintaining appropriate patient records;
- 30.12 (9) transmitting or executing specific orders at the direction of the supervising
- 30.13 physician;
- 30.14 (10) prescribing, administering, and dispensing ~~legend~~ drugs, controlled substances,
- 30.15 and medical devices if this function has been delegated by the supervising physician
- 30.16 pursuant to and subject to the limitations of section 147A.18 and chapter 151. For
- 30.17 physician assistants who have been delegated the authority to prescribe controlled
- 30.18 substances shall maintain a separate addendum to the delegation form which lists all
- 30.19 schedules and categories such delegation shall be included in the physician-physician
- 30.20 assistant delegation agreement, and all schedules of controlled substances which the
- 30.21 physician assistant has the authority to prescribe. This addendum shall be maintained with
- 30.22 the physician-physician assistant agreement, and the delegation form at the address of
- 30.23 record shall be specified;
- 30.24 (11) for physician assistants not delegated prescribing authority, administering
- 30.25 legend drugs and medical devices following prospective review for each patient by and
- 30.26 upon direction of the supervising physician;
- 30.27 (12) functioning as an emergency medical technician with permission of the
- 30.28 ambulance service and in compliance with section 144E.127, and ambulance service rules
- 30.29 adopted by the commissioner of health;
- 30.30 (13) initiating evaluation and treatment procedures essential to providing an
- 30.31 appropriate response to emergency situations; ~~and~~
- 30.32 (14) certifying a ~~physical disability~~ patient's eligibility for a disability parking
- 30.33 certificate under section 169.345, subdivision 2a 2;
- 30.34 (15) assisting at surgery; and
- 30.35 (16) providing medical authorization for admission for emergency care and
- 30.36 treatment of a patient under section 253B.05, subdivision 2.

31.1 Orders of physician assistants shall be considered the orders of their supervising  
31.2 physicians in all practice-related activities, including, but not limited to, the ordering of  
31.3 diagnostic, therapeutic, and other medical services.

31.4 Sec. 14. Minnesota Statutes 2008, section 147A.11, is amended to read:

31.5 **147A.11 EXCLUSIONS OF LIMITATIONS ON EMPLOYMENT.**

31.6 Nothing in this chapter shall be construed to limit the employment arrangement of a  
31.7 physician assistant ~~registered~~ licensed under this chapter.

31.8 Sec. 15. Minnesota Statutes 2008, section 147A.13, is amended to read:

31.9 **147A.13 GROUNDS FOR DISCIPLINARY ACTION.**

31.10 Subdivision 1. **Grounds listed.** The board may refuse to grant ~~registration~~ licensure  
31.11 or may impose disciplinary action as described in this subdivision against any physician  
31.12 assistant. The following conduct is prohibited and is grounds for disciplinary action:

31.13 (1) failure to demonstrate the qualifications or satisfy the requirements for  
31.14 ~~registration~~ licensure contained in this chapter or rules of the board. The burden of proof  
31.15 shall be upon the applicant to demonstrate such qualifications or satisfaction of such  
31.16 requirements;

31.17 (2) obtaining ~~registration~~ a license by fraud or cheating, or attempting to subvert  
31.18 the examination process. Conduct which subverts or attempts to subvert the examination  
31.19 process includes, but is not limited to:

31.20 (i) conduct which violates the security of the examination materials, such as  
31.21 removing examination materials from the examination room or having unauthorized  
31.22 possession of any portion of a future, current, or previously administered licensing  
31.23 examination;

31.24 (ii) conduct which violates the standard of test administration, such as  
31.25 communicating with another examinee during administration of the examination, copying  
31.26 another examinee's answers, permitting another examinee to copy one's answers, or  
31.27 possessing unauthorized materials; and

31.28 (iii) impersonating an examinee or permitting an impersonator to take the  
31.29 examination on one's own behalf;

31.30 (3) conviction, during the previous five years, of a felony reasonably related to the  
31.31 practice of physician assistant. Conviction as used in this subdivision includes a conviction  
31.32 of an offense which if committed in this state would be deemed a felony without regard to  
31.33 its designation elsewhere, or a criminal proceeding where a finding or verdict of guilt is  
31.34 made or returned but the adjudication of guilt is either withheld or not entered;

32.1 (4) revocation, suspension, restriction, limitation, or other disciplinary action against  
32.2 the person's physician assistant credentials in another state or jurisdiction, failure to  
32.3 report to the board that charges regarding the person's credentials have been brought in  
32.4 another state or jurisdiction, or having been refused ~~registration~~ licensure by any other  
32.5 state or jurisdiction;

32.6 (5) advertising which is false or misleading, violates any rule of the board, or claims  
32.7 without substantiation the positive cure of any disease or professional superiority to or  
32.8 greater skill than that possessed by another physician assistant;

32.9 (6) violating a rule adopted by the board or an order of the board, a state, or federal  
32.10 law which relates to the practice of a physician assistant, or in part regulates the practice  
32.11 of a physician assistant, including without limitation sections 148A.02, 609.344, and  
32.12 609.345, or a state or federal narcotics or controlled substance law;

32.13 (7) engaging in any unethical conduct; conduct likely to deceive, defraud, or harm  
32.14 the public, or demonstrating a willful or careless disregard for the health, welfare, or  
32.15 safety of a patient; or practice which is professionally incompetent, in that it may create  
32.16 unnecessary danger to any patient's life, health, or safety, in any of which cases, proof  
32.17 of actual injury need not be established;

32.18 (8) failure to adhere to the provisions of the physician-physician assistant delegation  
32.19 agreement;

32.20 (9) engaging in the practice of medicine beyond that allowed by the  
32.21 physician-physician assistant delegation agreement, ~~including the delegation form or~~  
32.22 ~~the addendum to the delegation form~~; or aiding or abetting an unlicensed person in the  
32.23 practice of medicine;

32.24 (10) adjudication as mentally incompetent, mentally ill or developmentally disabled,  
32.25 or as a chemically dependent person, a person dangerous to the public, a sexually  
32.26 dangerous person, or a person who has a sexual psychopathic personality by a court of  
32.27 competent jurisdiction, within or without this state. Such adjudication shall automatically  
32.28 suspend a ~~registration~~ license for its duration unless the board orders otherwise;

32.29 (11) engaging in unprofessional conduct. Unprofessional conduct includes any  
32.30 departure from or the failure to conform to the minimal standards of acceptable and  
32.31 prevailing practice in which proceeding actual injury to a patient need not be established;

32.32 (12) inability to practice with reasonable skill and safety to patients by reason of  
32.33 illness, drunkenness, use of drugs, narcotics, chemicals, or any other type of material, or  
32.34 as a result of any mental or physical condition, including deterioration through the aging  
32.35 process or loss of motor skills;

33.1 (13) revealing a privileged communication from or relating to a patient except when  
33.2 otherwise required or permitted by law;

33.3 (14) any ~~use of~~ identification of a physician assistant by the title "Physician,"  
33.4 "Doctor," or "Dr." in a patient care setting or in a communication directed to the general  
33.5 public;

33.6 (15) improper management of medical records, including failure to maintain  
33.7 adequate medical records, to comply with a patient's request made pursuant to sections  
33.8 144.291 to 144.298, or to furnish a medical record or report required by law;

33.9 (16) engaging in abusive or fraudulent billing practices, including violations of the  
33.10 federal Medicare and Medicaid laws or state medical assistance laws;

33.11 (17) becoming addicted or habituated to a drug or intoxicant;

33.12 (18) prescribing a drug or device for other than medically accepted therapeutic,  
33.13 experimental, or investigative purposes authorized by a state or federal agency or referring  
33.14 a patient to any health care provider as defined in sections 144.291 to 144.298 for services  
33.15 or tests not medically indicated at the time of referral;

33.16 (19) engaging in conduct with a patient which is sexual or may reasonably be  
33.17 interpreted by the patient as sexual, or in any verbal behavior which is seductive or  
33.18 sexually demeaning to a patient;

33.19 (20) failure to make reports as required by section 147A.14 or to cooperate with an  
33.20 investigation of the board as required by section 147A.15, subdivision 3;

33.21 (21) knowingly providing false or misleading information that is directly related  
33.22 to the care of that patient unless done for an accepted therapeutic purpose such as the  
33.23 administration of a placebo;

33.24 (22) aiding suicide or aiding attempted suicide in violation of section 609.215 as  
33.25 established by any of the following:

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

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

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

33.32 (iv) a finding by the board that the person violated section 609.215, subdivision 1 or  
33.33 2. The board shall investigate any complaint of a violation of section 609.215, subdivision  
33.34 1 or 2; or

33.35 (23) failure to maintain annually reviewed and updated physician-physician  
33.36 assistant delegation agreements, ~~internal protocols, or prescribing delegation forms~~ for

34.1 each physician-physician assistant practice relationship, or failure to provide copies of  
34.2 such documents upon request by the board.

34.3 Subd. 2. **Effective dates, automatic suspension.** A suspension, revocation,  
34.4 condition, limitation, qualification, or restriction of a registration license shall be in effect  
34.5 pending determination of an appeal unless the court, upon petition and for good cause  
34.6 shown, orders otherwise.

34.7 A physician assistant registration license is automatically suspended if:

34.8 (1) a guardian of a registrant licensee is appointed by order of a court pursuant to  
34.9 sections 524.5-101 to 524.5-502, for reasons other than the minority of the registrant  
34.10 licensee; or

34.11 (2) the registrant licensee is committed by order of a court pursuant to chapter  
34.12 253B. The registration license remains suspended until the registrant licensee is restored  
34.13 to capacity by a court and, upon petition by the registrant licensee, the suspension is  
34.14 terminated by the board after a hearing.

34.15 Subd. 3. **Conditions on reissued registration license.** In its discretion, the board  
34.16 may restore and reissue a physician assistant registration license, but may impose as a  
34.17 condition any disciplinary or corrective measure which it might originally have imposed.

34.18 Subd. 4. **Temporary suspension of registration license.** In addition to any other  
34.19 remedy provided by law, the board may, without a hearing, temporarily suspend the  
34.20 registration license of a physician assistant if the board finds that the physician assistant has  
34.21 violated a statute or rule which the board is empowered to enforce and continued practice  
34.22 by the physician assistant would create a serious risk of harm to the public. The suspension  
34.23 shall take effect upon written notice to the physician assistant, specifying the statute or  
34.24 rule violated. The suspension shall remain in effect until the board issues a final order  
34.25 in the matter after a hearing. At the time it issues the suspension notice, the board shall  
34.26 schedule a disciplinary hearing to be held pursuant to the Administrative Procedure Act.

34.27 The physician assistant shall be provided with at least 20 days' notice of any hearing  
34.28 held pursuant to this subdivision. The hearing shall be scheduled to begin no later than 30  
34.29 days after the issuance of the suspension order.

34.30 Subd. 5. **Evidence.** In disciplinary actions alleging a violation of subdivision  
34.31 1, clause (3) or (4), a copy of the judgment or proceeding under the seal of the court  
34.32 administrator or of the administrative agency which entered it shall be admissible into  
34.33 evidence without further authentication and shall constitute prima facie evidence of the  
34.34 contents thereof.

34.35 Subd. 6. **Mental examination; access to medical data.** (a) If the board has  
34.36 probable cause to believe that a physician assistant comes under subdivision 1, clause

35.1 (1), it may direct the physician assistant to submit to a mental or physical examination.  
35.2 For the purpose of this subdivision, every physician assistant ~~registered~~ licensed under  
35.3 this chapter is deemed to have consented to submit to a mental or physical examination  
35.4 when directed in writing by the board and further to have waived all objections to the  
35.5 admissibility of the examining physicians' testimony or examination reports on the ground  
35.6 that the same constitute a privileged communication. Failure of a physician assistant to  
35.7 submit to an examination when directed constitutes an admission of the allegations against  
35.8 the physician assistant, unless the failure was due to circumstance beyond the physician  
35.9 assistant's control, in which case a default and final order may be entered without the  
35.10 taking of testimony or presentation of evidence. A physician assistant affected under this  
35.11 subdivision shall at reasonable intervals be given an opportunity to demonstrate that  
35.12 the physician assistant can resume competent practice with reasonable skill and safety  
35.13 to patients. In any proceeding under this subdivision, neither the record of proceedings  
35.14 nor the orders entered by the board shall be used against a physician assistant in any  
35.15 other proceeding.

35.16 (b) In addition to ordering a physical or mental examination, the board may,  
35.17 notwithstanding sections 13.384, 144.651, or any other law limiting access to medical or  
35.18 other health data, obtain medical data and health records relating to a ~~registrant~~ licensee or  
35.19 applicant without the ~~registrant's~~ licensee's or applicant's consent if the board has probable  
35.20 cause to believe that a physician assistant comes under subdivision 1, clause (1).

35.21 The medical data may be requested from a provider, as defined in section 144.291,  
35.22 subdivision 2, paragraph (h), an insurance company, or a government agency, including  
35.23 the Department of Human Services. A provider, insurance company, or government  
35.24 agency shall comply with any written request of the board under this subdivision and is not  
35.25 liable in any action for damages for releasing the data requested by the board if the data  
35.26 are released pursuant to a written request under this subdivision, unless the information  
35.27 is false and the provider giving the information knew, or had reason to believe, the  
35.28 information was false. Information obtained under this subdivision is classified as private  
35.29 under chapter 13.

35.30 Subd. 7. **Tax clearance certificate.** (a) In addition to the provisions of subdivision  
35.31 1, the board may not issue or renew a ~~registration~~ license if the commissioner of revenue  
35.32 notifies the board and the ~~registrant~~ licensee or applicant for ~~registration~~ licensure that the  
35.33 ~~registrant~~ licensee or applicant owes the state delinquent taxes in the amount of \$500 or  
35.34 more. The board may issue or renew the ~~registration~~ license only if:

35.35 (1) the commissioner of revenue issues a tax clearance certificate; and

36.1 (2) the commissioner of revenue, the ~~registrant~~ licensee, or the applicant forwards a  
36.2 copy of the clearance to the board.

36.3 The commissioner of revenue may issue a clearance certificate only if the ~~registrant~~  
36.4 licensee or applicant does not owe the state any uncontested delinquent taxes.

36.5 (b) For purposes of this subdivision, the following terms have the meanings given:

36.6 (1) "Taxes" are all taxes payable to the commissioner of revenue, including penalties  
36.7 and interest due on those taxes, and

36.8 (2) "Delinquent taxes" do not include a tax liability if:

36.9 (i) an administrative or court action that contests the amount or validity of the  
36.10 liability has been filed or served;

36.11 (ii) the appeal period to contest the tax liability has not expired; or

36.12 (iii) the licensee or applicant has entered into a payment agreement to pay the  
36.13 liability and is current with the payments.

36.14 (c) When a ~~registrant~~ licensee or applicant is required to obtain a clearance certificate  
36.15 under this subdivision, a contested case hearing must be held if the ~~registrant~~ licensee or  
36.16 applicant requests a hearing in writing to the commissioner of revenue within 30 days of  
36.17 the date of the notice provided in paragraph (a). The hearing must be held within 45 days  
36.18 of the date the commissioner of revenue refers the case to the Office of Administrative  
36.19 Hearings. Notwithstanding any law to the contrary, the licensee or applicant must be  
36.20 served with 20 days' notice in writing specifying the time and place of the hearing and  
36.21 the allegations against the registrant or applicant. The notice may be served personally or  
36.22 by mail.

36.23 (d) The board shall require all ~~registrants~~ licensees or applicants to provide their  
36.24 Social Security number and Minnesota business identification number on all ~~registration~~  
36.25 license applications. Upon request of the commissioner of revenue, the board must  
36.26 provide to the commissioner of revenue a list of all ~~registrants~~ licensees and applicants,  
36.27 including their names and addresses, Social Security numbers, and business identification  
36.28 numbers. The commissioner of revenue may request a list of the ~~registrants~~ licensees and  
36.29 applicants no more than once each calendar year.

36.30 Subd. 8. **Limitation.** No board proceeding against a licensee shall be instituted  
36.31 unless commenced within seven years from the date of commission of some portion of the  
36.32 offense except for alleged violations of subdivision 1, clause (19), or subdivision 7.

36.33 Sec. 16. Minnesota Statutes 2008, section 147A.16, is amended to read:

36.34 **147A.16 FORMS OF DISCIPLINARY ACTION.**



37.1 When the board finds that a ~~registered~~ licensed physician assistant has violated a  
 37.2 provision of this chapter, it may do one or more of the following:

37.3 (1) revoke the ~~registration~~ license;

37.4 (2) suspend the ~~registration~~ license;

37.5 (3) impose limitations or conditions on the physician assistant's practice, including  
 37.6 limiting the scope of practice to designated field specialties; impose retraining or  
 37.7 rehabilitation requirements; require practice under additional supervision; or condition  
 37.8 continued practice on demonstration of knowledge or skills by appropriate examination  
 37.9 or other review of skill and competence;

37.10 (4) impose a civil penalty not exceeding \$10,000 for each separate violation, the  
 37.11 amount of the civil penalty to be fixed so as to deprive the physician assistant of any  
 37.12 economic advantage gained by reason of the violation charged or to reimburse the board  
 37.13 for the cost of the investigation and proceeding;

37.14 (5) order the physician assistant to provide unremunerated professional service  
 37.15 under supervision at a designated public hospital, clinic, or other health care institution; or

37.16 (6) censure or reprimand the ~~registered~~ licensed physician assistant.

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

37.20 Sec. 17. Minnesota Statutes 2008, section 147A.18, is amended to read:

37.21 **147A.18 DELEGATED AUTHORITY TO PRESCRIBE, DISPENSE, AND**  
 37.22 **ADMINISTER DRUGS AND MEDICAL DEVICES.**

37.23 Subdivision 1. **Delegation.** (a) A supervising physician may delegate to a  
 37.24 physician assistant who is ~~registered with~~ licensed by the board, certified by the National  
 37.25 Commission on Certification of Physician Assistants or successor agency approved by the  
 37.26 board, and who is under the supervising physician's supervision, the authority to prescribe,  
 37.27 dispense, and administer legend drugs, ~~medical devices, and~~ controlled substances, and  
 37.28 medical devices subject to the requirements in this section. The authority to dispense  
 37.29 includes, but is not limited to, the authority to request, receive, and dispense sample drugs.  
 37.30 This authority to dispense extends only to those drugs described in the written agreement  
 37.31 developed under paragraph (b).

37.32 (b) The delegation agreement between the physician assistant and supervising  
 37.33 physician ~~and any alternate supervising physicians~~ must include a statement by the  
 37.34 supervising physician regarding delegation or nondelegation of the functions of  
 37.35 prescribing, dispensing, and administering ~~of~~ legend drugs, controlled substances, and

38.1 medical devices to the physician assistant. The statement must include ~~a protocol~~  
 38.2 ~~indicating~~ categories of drugs for which the supervising physician delegates prescriptive  
 38.3 and dispensing authority, including controlled substances when applicable. The delegation  
 38.4 must be appropriate to the physician assistant's practice and within the scope of the  
 38.5 physician assistant's training. Physician assistants who have been delegated the authority  
 38.6 to prescribe, dispense, and administer legend drugs, controlled substances, and medical  
 38.7 devices shall provide evidence of current certification by the National Commission  
 38.8 on Certification of Physician Assistants or its successor agency when ~~registering or~~  
 38.9 ~~reregistering~~ applying for licensure or license renewal as physician assistants. Physician  
 38.10 assistants who have been delegated the authority to prescribe controlled substances must  
 38.11 ~~present evidence of the certification and~~ also hold a valid DEA ~~certificate~~ registration.  
 38.12 Supervising physicians shall retrospectively review the prescribing, dispensing, and  
 38.13 administering ~~of legend and controlled~~ drugs, controlled substances, and medical devices  
 38.14 by physician assistants, when this authority has been delegated to the physician assistant as  
 38.15 part of the physician-physician assistant delegation agreement ~~between the physician and~~  
 38.16 ~~the physician assistant. This review must take place as outlined in the internal protocol.~~  
 38.17 The process and schedule for the review must be outlined in the physician-physician  
 38.18 assistant delegation agreement.

38.19 (c) The board may establish by rule:

38.20 (1) a system of identifying physician assistants eligible to prescribe, administer, and  
 38.21 dispense legend drugs and medical devices;

38.22 (2) a system of identifying physician assistants eligible to prescribe, administer, and  
 38.23 dispense controlled substances;

38.24 (3) a method of determining the categories of legend ~~and controlled~~ drugs, controlled  
 38.25 substances, and medical devices that each physician assistant is allowed to prescribe,  
 38.26 administer, and dispense; and

38.27 (4) a system of transmitting to pharmacies a listing of physician assistants eligible to  
 38.28 prescribe legend ~~and controlled~~ drugs, controlled substances, and medical devices.

38.29 Subd. 2. **Termination and reinstatement of prescribing authority.** ~~(a)~~ The  
 38.30 authority of a physician assistant to prescribe, dispense, and administer legend drugs,  
 38.31 controlled substances, and medical devices shall end immediately when:

38.32 (1) the physician-physician assistant delegation agreement is terminated;

38.33 (2) the authority to prescribe, dispense, and administer is terminated or withdrawn  
 38.34 by the supervising physician; ~~or~~

39.1 (3) the physician assistant reverts to assistant's license is placed on inactive status;  
 39.2 ~~loses National Commission on Certification of Physician Assistants or successor agency~~  
 39.3 ~~certification, or loses or terminates registration status;~~

39.4 (4) the physician assistant loses National Commission on Certification of Physician  
 39.5 Assistants or successor agency certification; or

39.6 (5) the physician assistant loses or terminates licensure status.

39.7 ~~(b) The physician assistant must notify the board in writing within ten days of the~~  
 39.8 ~~occurrence of any of the circumstances listed in paragraph (a):~~

39.9 ~~(c) Physician assistants whose authority to prescribe, dispense, and administer~~  
 39.10 ~~has been terminated shall reapply for reinstatement of prescribing authority under this~~  
 39.11 ~~section and meet any requirements established by the board prior to reinstatement of the~~  
 39.12 ~~prescribing, dispensing, and administering authority.~~

39.13 Subd. 3. **Other requirements and restrictions.** ~~(a) The supervising physician and~~  
 39.14 ~~the physician assistant must complete, sign, and date an internal protocol which lists each~~  
 39.15 ~~category of drug or medical device, or controlled substance the physician assistant may~~  
 39.16 ~~prescribe, dispense, and administer. The supervising physician and physician assistant~~  
 39.17 ~~shall submit the internal protocol to the board upon request. The supervising physician~~  
 39.18 ~~may amend the internal protocol as necessary, within the limits of the completed delegation~~  
 39.19 ~~form in subdivision 5. The supervising physician and physician assistant must sign and~~  
 39.20 ~~date any amendments to the internal protocol. Any amendments resulting in a change to~~  
 39.21 ~~an addition or deletion to categories delegated in the delegation form in subdivision 5 must~~  
 39.22 ~~be submitted to the board according to this chapter, along with the fee required.~~

39.23 ~~(b) The supervising physician and physician assistant shall review delegation of~~  
 39.24 ~~prescribing, dispensing, and administering authority on an annual basis at the time of~~  
 39.25 ~~reregistration. The internal protocol must be signed and dated by the supervising physician~~  
 39.26 ~~and physician assistant after review. Any amendments to the internal protocol resulting in~~  
 39.27 ~~changes to the delegation form in subdivision 5 must be submitted to the board according~~  
 39.28 ~~to this chapter, along with the fee required.~~

39.29 ~~(c)~~ (a) Each prescription initiated by a physician assistant shall indicate the  
 39.30 following:

39.31 (1) the date of issue;

39.32 (2) the name and address of the patient;

39.33 (3) the name and quantity of the drug prescribed;

39.34 (4) directions for use; and

39.35 (5) the name and address of the prescribing physician assistant.

40.1 ~~(d)~~ (b) In prescribing, dispensing, and administering legend drugs, controlled  
 40.2 substances, and medical devices, ~~including controlled substances as defined in section~~  
 40.3 ~~152.01, subdivision 4~~, a physician assistant must conform with the agreement, chapter  
 40.4 151, and this chapter.

40.5 ~~Subd. 4. Notification of pharmacies.~~ (a) ~~The board shall annually provide to the~~  
 40.6 ~~Board of Pharmacy and to registered pharmacies within the state a list of those physician~~  
 40.7 ~~assistants who are authorized to prescribe, administer, and dispense legend drugs and~~  
 40.8 ~~medical devices, or controlled substances.~~

40.9 (b) ~~The board shall provide to the Board of Pharmacy a list of physician assistants~~  
 40.10 ~~authorized to prescribe legend drugs and medical devices every two months if additional~~  
 40.11 ~~physician assistants are authorized to prescribe or if physician assistants have authorization~~  
 40.12 ~~to prescribe withdrawn.~~

40.13 (c) ~~The list must include the name, address, telephone number, and Minnesota~~  
 40.14 ~~registration number of the physician assistant, and the name, address, telephone number,~~  
 40.15 ~~and Minnesota license number of the supervising physician.~~

40.16 (d) ~~The board shall provide the form in subdivision 5 to pharmacies upon request.~~

40.17 (e) ~~The board shall make available prototype forms of the physician-physician~~  
 40.18 ~~assistant agreement, the internal protocol, the delegation form, and the addendum form.~~

40.19 ~~Subd. 5. Delegation form for physician assistant prescribing.~~ The delegation  
 40.20 ~~form for physician assistant prescribing must contain a listing by drug category of the~~  
 40.21 ~~legend drugs and controlled substances for which prescribing authority has been delegated~~  
 40.22 ~~to the physician assistant.~~

40.23 Sec. 18. Minnesota Statutes 2008, section 147A.19, is amended to read:

40.24 **147A.19 IDENTIFICATION REQUIREMENTS.**

40.25 Physician assistants ~~registered~~ licensed under this chapter shall keep their  
 40.26 ~~registration~~ license available for inspection at their primary place of business and shall,  
 40.27 when engaged in their professional activities, wear a name tag identifying themselves as  
 40.28 a "physician assistant."

40.29 Sec. 19. Minnesota Statutes 2008, section 147A.20, is amended to read:

40.30 **147A.20 PHYSICIAN AND PHYSICIAN PHYSICIAN-PHYSICIAN**  
 40.31 **ASSISTANT AGREEMENT DOCUMENTS.**

40.32 Subdivision 1. Physician-physician assistant delegation agreement. (a) A  
 40.33 physician assistant and supervising physician must sign ~~an~~ a physician-physician assistant

41.1 delegation agreement which specifies scope of practice ~~and amount~~ and manner of  
41.2 supervision as required by the board. The agreement must contain:

- 41.3 (1) a description of the practice setting;
- 41.4 (2) ~~a statement of practice type/specialty;~~
- 41.5 ~~(3)~~ a listing of categories of delegated duties;
- 41.6 ~~(4)~~ (3) a description of supervision type, ~~amount, and frequency;~~ and
- 41.7 ~~(5)~~ (4) a description of the process and schedule for review of prescribing,  
41.8 dispensing, and administering legend and controlled drugs and medical devices by the  
41.9 physician assistant authorized to prescribe.

41.10 (b) The agreement must be maintained by the supervising physician and physician  
41.11 assistant and made available to the board upon request. If there is a delegation of  
41.12 prescribing, administering, and dispensing of legend drugs, controlled substances, and  
41.13 medical devices, the agreement shall include ~~an internal protocol and delegation form~~ a  
41.14 description of the prescriptive authority delegated to the physician assistant. Physician  
41.15 assistants shall have a separate agreement for each place of employment. Agreements  
41.16 must be reviewed and updated on an annual basis. The supervising physician and  
41.17 physician assistant must maintain the physician-physician assistant delegation agreement;  
41.18 ~~delegation form, and internal protocol~~ at the address of record. ~~Copies shall be provided to~~  
41.19 ~~the board upon request.~~

41.20 (c) Physician assistants must provide written notification to the board within 30  
41.21 days of the following:

- 41.22 (1) name change;
- 41.23 (2) address of record change; and
- 41.24 (3) telephone number of record change; and;
- 41.25 ~~(4) addition or deletion of alternate supervising physician provided that the~~  
41.26 ~~information submitted includes, for an additional alternate physician, an affidavit of~~  
41.27 ~~consent to act as an alternate supervising physician signed by the alternate supervising~~  
41.28 ~~physician.~~

41.29 ~~(d) Modifications requiring submission prior to the effective date are changes to the~~  
41.30 ~~practice setting description which include:~~

- 41.31 ~~(1) supervising physician change, excluding alternate supervising physicians; or~~
- 41.32 ~~(2) delegation of prescribing, administering, or dispensing of legend drugs,~~  
41.33 ~~controlled substances, or medical devices.~~

41.34 ~~(e) The agreement must be completed and the practice setting description submitted~~  
41.35 ~~to the board before providing medical care as a physician assistant.~~

42.1 (d) Any alternate supervising physicians must be identified in the physician-physician  
 42.2 assistant delegation agreement, or a supplemental listing, and must sign the agreement  
 42.3 attesting that they shall provide the physician assistant with supervision in compliance  
 42.4 with this chapter, the delegation agreement, and board rules.

42.5 Subd. 2. **Notification of intent to practice.** A licensed physician assistant shall  
 42.6 submit a notification of intent to practice to the board prior to beginning practice. The  
 42.7 notification shall include the name, business address, and telephone number of the  
 42.8 supervising physician and the physician assistant. Individuals who practice without  
 42.9 submitting a notification of intent to practice shall be subject to disciplinary action under  
 42.10 section 147A.13 for practicing without a license, unless the care is provided in response to  
 42.11 a disaster or emergency situation according to section 147A.23.

42.12 Sec. 20. Minnesota Statutes 2008, section 147A.21, is amended to read:

42.13 **147A.21 RULEMAKING AUTHORITY.**

42.14 The board shall adopt rules:

- 42.15 (1) setting ~~registration~~ license fees;
- 42.16 (2) setting renewal fees;
- 42.17 (3) ~~setting fees for locum tenens permits;~~
- 42.18 ~~(4)~~ setting fees for temporary registration licenses; and
- 42.19 ~~(5)~~ (4) establishing renewal dates.

42.20 Sec. 21. Minnesota Statutes 2008, section 147A.23, is amended to read:

42.21 **147A.23 RESPONDING TO DISASTER SITUATIONS.**

42.22 (a) A ~~registered physician assistant or a~~ physician assistant duly licensed or  
 42.23 credentialed in a United States jurisdiction or by a federal employer who is responding  
 42.24 to a need for medical care created by an emergency according to section 604A.01, or a  
 42.25 state or local disaster may render such care as the physician assistant is ~~able~~ trained to  
 42.26 provide, under the physician assistant's license, ~~registration,~~ or credential, without the  
 42.27 need of a ~~physician and physician~~ physician-physician assistant delegation agreement or  
 42.28 a notice of intent to practice as required under section 147A.20. ~~Physician supervision,~~  
 42.29 ~~as required under section 147A.09, must be provided under the direction of a physician~~  
 42.30 ~~licensed under chapter 147 who is involved with the disaster response. The physician~~  
 42.31 ~~assistant must establish a temporary supervisory agreement with the physician providing~~  
 42.32 ~~supervision before rendering care. A physician assistant may provide emergency care~~  
 42.33 without physician supervision or under the supervision that is available.

43.1 (b) The physician who provides supervision to a physician assistant while the  
 43.2 physician assistant is rendering care ~~in a disaster~~ in accordance with this section may do  
 43.3 so without meeting the requirements of section 147A.20.

43.4 (c) The supervising physician who otherwise provides supervision to a physician  
 43.5 assistant under a ~~physician and physician~~ physician-physician assistant delegation  
 43.6 agreement described in section 147A.20 shall not be held medically responsible for the  
 43.7 care rendered by a physician assistant pursuant to paragraph (a). Services provided by  
 43.8 a physician assistant under paragraph (a) shall be considered outside the scope of the  
 43.9 relationship between the supervising physician and the physician assistant.

43.10 Sec. 22. Minnesota Statutes 2008, section 147A.24, is amended to read:

43.11 **147A.24 CONTINUING EDUCATION REQUIREMENTS.**

43.12 Subdivision 1. **Amount of education required.** Applicants for ~~registration license~~  
 43.13 renewal ~~or reregistration~~ must either ~~attest to and document~~ meet standards for continuing  
 43.14 education through current certification by the National Commission on Certification  
 43.15 of Physician Assistants, or its successor agency as approved by the board, or provide  
 43.16 evidence of successful completion of at least 50 contact hours of continuing education  
 43.17 within the two years immediately preceding ~~registration license renewal, reregistration,~~  
 43.18 ~~or attest to and document taking the national certifying examination required by this~~  
 43.19 ~~chapter within the past two years.~~

43.20 Subd. 2. **Type of education required.** ~~Approved~~ Continuing education is approved  
 43.21 if it is equivalent to category 1 credit hours as defined by the American Osteopathic  
 43.22 Association Bureau of Professional Education, the Royal College of Physicians and  
 43.23 Surgeons of Canada, the American Academy of Physician Assistants, or by organizations  
 43.24 that have reciprocal arrangements with the physician recognition award program of the  
 43.25 American Medical Association.

43.26 Sec. 23. Minnesota Statutes 2008, section 147A.26, is amended to read:

43.27 **147A.26 PROCEDURES.**

43.28 The board shall establish, in writing, internal operating procedures for receiving and  
 43.29 investigating complaints, accepting and processing applications, granting ~~registrations~~  
 43.30 licenses, and imposing enforcement actions. The written internal operating procedures  
 43.31 may include procedures for sharing complaint information with government agencies in  
 43.32 this and other states. Procedures for sharing complaint information must be consistent  
 43.33 with the requirements for handling government data under chapter 13.

44.1 Sec. 24. Minnesota Statutes 2008, section 147A.27, is amended to read:

44.2 **147A.27 PHYSICIAN ASSISTANT ADVISORY COUNCIL.**

44.3 Subdivision 1. **Membership.** (a) The Physician Assistant Advisory Council is  
44.4 created and is composed of seven persons appointed by the board. The seven persons  
44.5 must include:

44.6 (1) two public members, as defined in section 214.02;

44.7 (2) three physician assistants ~~registered~~ licensed under this chapter who meet the  
44.8 criteria for a new applicant under section 147A.02; and

44.9 (3) two licensed physicians with experience supervising physician assistants.

44.10 (b) No member shall serve more than ~~a total of~~ two consecutive terms. If a member  
44.11 is appointed for a partial term and serves more than half of that term it shall be considered  
44.12 a full term. ~~Members serving on the council as of July 1, 2000, shall be allowed to~~  
44.13 ~~complete their current terms.~~

44.14 Subd. 2. **Organization.** The council shall be organized and administered under  
44.15 section 15.059.

44.16 Subd. 3. **Duties.** The council shall advise the board regarding:

44.17 (1) physician assistant ~~registration~~ licensure standards;

44.18 (2) enforcement of grounds for discipline;

44.19 (3) distribution of information regarding physician assistant ~~registration~~ licensure  
44.20 standards;

44.21 (4) applications and recommendations of applicants for ~~registration~~ licensure or  
44.22 ~~registration~~ license renewal; ~~and~~

44.23 (5) complaints and recommendations to the board regarding disciplinary matters and  
44.24 proceedings concerning applicants and ~~registrants~~ licensees according to sections 214.10;  
44.25 214.103; and 214.13, subdivisions 6 and 7; and

44.26 (6) issues related to physician assistant practice and regulation.

44.27 The council shall perform other duties authorized for the council by chapter 214  
44.28 as directed by the board.

44.29 Sec. 25. Minnesota Statutes 2008, section 169.345, subdivision 2, is amended to read:

44.30 Subd. 2. **Definitions.** (a) For the purpose of section 168.021 and this section, the  
44.31 following terms have the meanings given them in this subdivision.

44.32 (b) "Health professional" means a licensed physician, ~~registered~~ licensed physician  
44.33 assistant, advanced practice registered nurse, or licensed chiropractor.

44.34 (c) "Long-term certificate" means a certificate issued for a period greater than 12  
44.35 months but not greater than 71 months.



45.1 (d) "Organization certificate" means a certificate issued to an entity other than a  
45.2 natural person for a period of three years.

45.3 (e) "Permit" refers to a permit that is issued for a period of 30 days, in lieu of the  
45.4 certificate referred to in subdivision 3, while the application is being processed.

45.5 (f) "Physically disabled person" means a person who:

45.6 (1) because of disability cannot walk without significant risk of falling;

45.7 (2) because of disability cannot walk 200 feet without stopping to rest;

45.8 (3) because of disability cannot walk without the aid of another person, a walker, a  
45.9 cane, crutches, braces, a prosthetic device, or a wheelchair;

45.10 (4) is restricted by a respiratory disease to such an extent that the person's forced  
45.11 (respiratory) expiratory volume for one second, when measured by spirometry, is less  
45.12 than one liter;

45.13 (5) has an arterial oxygen tension (PAO<sub>2</sub>) of less than 60 mm/Hg on room air at rest;

45.14 (6) uses portable oxygen;

45.15 (7) has a cardiac condition to the extent that the person's functional limitations are  
45.16 classified in severity as class III or class IV according to standards set by the American  
45.17 Heart Association;

45.18 (8) has lost an arm or a leg and does not have or cannot use an artificial limb; or

45.19 (9) has a disability that would be aggravated by walking 200 feet under normal  
45.20 environmental conditions to an extent that would be life threatening.

45.21 (g) "Short-term certificate" means a certificate issued for a period greater than six  
45.22 months but not greater than 12 months.

45.23 (h) "Six-year certificate" means a certificate issued for a period of six years.

45.24 (i) "Temporary certificate" means a certificate issued for a period not greater than  
45.25 six months.

45.26 Sec. 26. Minnesota Statutes 2008, section 253B.02, subdivision 7, is amended to read:

45.27 Subd. 7. **Examiner.** "Examiner" means a person who is knowledgeable, trained, and  
45.28 practicing in the diagnosis and assessment or in the treatment of the alleged impairment,  
45.29 and who is:

45.30 (1) a licensed physician;

45.31 (2) a licensed psychologist who has a doctoral degree in psychology or who became  
45.32 a licensed consulting psychologist before July 2, 1975; or

45.33 (3) an advanced practice registered nurse certified in mental health or a licensed

45.34 physician assistant, except that only a physician or psychologist meeting these

45.35 requirements may be appointed by the court as described by sections 253B.07, subdivision

46.1 3; 253B.092, subdivision 8, paragraph (b); 253B.17, subdivision 3; 253B.18, subdivision  
46.2 2; and 253B.19, subdivisions 1 and 2, and only a physician or psychologist may conduct  
46.3 an assessment as described by Minnesota Rules of Criminal Procedure, rule 20.

46.4 Sec. 27. Minnesota Statutes 2008, section 253B.05, subdivision 2, is amended to read:

46.5 Subd. 2. **Peace or health officer authority.** (a) A peace or health officer may take a  
46.6 person into custody and transport the person to a licensed physician or treatment facility if  
46.7 the officer has reason to believe, either through direct observation of the person's behavior,  
46.8 or upon reliable information of the person's recent behavior and knowledge of the person's  
46.9 past behavior or psychiatric treatment, that the person is mentally ill or developmentally  
46.10 disabled and in danger of injuring self or others if not immediately detained. A peace or  
46.11 health officer or a person working under such officer's supervision, may take a person  
46.12 who is believed to be chemically dependent or is intoxicated in public into custody and  
46.13 transport the person to a treatment facility. If the person is intoxicated in public or is  
46.14 believed to be chemically dependent and is not in danger of causing self-harm or harm to  
46.15 any person or property, the peace or health officer may transport the person home. The  
46.16 peace or health officer shall make written application for admission of the person to the  
46.17 treatment facility. The application shall contain the peace or health officer's statement  
46.18 specifying the reasons for and circumstances under which the person was taken into  
46.19 custody. If danger to specific individuals is a basis for the emergency hold, the statement  
46.20 must include identifying information on those individuals, to the extent practicable. A  
46.21 copy of the statement shall be made available to the person taken into custody.

46.22 (b) As far as is practicable, a peace officer who provides transportation for a person  
46.23 placed in a facility under this subdivision may not be in uniform and may not use a vehicle  
46.24 visibly marked as a law enforcement vehicle.

46.25 (c) A person may be admitted to a treatment facility for emergency care and  
46.26 treatment under this subdivision with the consent of the head of the facility under the  
46.27 following circumstances: (1) a written statement shall only be made by the following  
46.28 individuals who are knowledgeable, trained, and practicing in the diagnosis and treatment  
46.29 of mental illness or developmental disability; the medical officer, or the officer's designee  
46.30 on duty at the facility, including a licensed physician, a ~~registered~~ licensed physician  
46.31 assistant, or an advanced practice registered nurse who after preliminary examination has  
46.32 determined that the person has symptoms of mental illness or developmental disability  
46.33 and appears to be in danger of harming self or others if not immediately detained; or (2) a  
46.34 written statement is made by the institution program director or the director's designee  
46.35 on duty at the facility after preliminary examination that the person has symptoms

47.1 of chemical dependency and appears to be in danger of harming self or others if not  
47.2 immediately detained or is intoxicated in public.

47.3 Sec. 28. Minnesota Statutes 2008, section 256B.0625, subdivision 28a, is amended to  
47.4 read:

47.5 Subd. 28a. ~~Registered~~ Licensed **physician assistant services.** Medical assistance  
47.6 covers services performed by a ~~registered~~ licensed physician assistant if the service is  
47.7 otherwise covered under this chapter as a physician service and if the service is within the  
47.8 scope of practice of a ~~registered~~ licensed physician assistant as defined in section 147A.09.

47.9 Sec. 29. Minnesota Statutes 2008, section 256B.0751, subdivision 1, is amended to  
47.10 read:

47.11 Subdivision 1. **Definitions.** (a) For purposes of sections 256B.0751 to 256B.0753,  
47.12 the following definitions apply.

47.13 (b) "Commissioner" means the commissioner of human services.

47.14 (c) "Commissioners" means the commissioner of humans services and the  
47.15 commissioner of health, acting jointly.

47.16 (d) "Health plan company" has the meaning provided in section 62Q.01, subdivision  
47.17 4.

47.18 (e) "Personal clinician" means a physician licensed under chapter 147, a physician  
47.19 assistant ~~registered~~ licensed and practicing under chapter 147A, or an advanced practice  
47.20 nurse licensed and registered to practice under chapter 148.

47.21 (f) "State health care program" means the medical assistance, MinnesotaCare, and  
47.22 general assistance medical care programs.

47.23 Sec. 30. **REPEALER.**

47.24 Minnesota Statutes 2008, section 147A.22, is repealed.

47.25 Sec. 31. **EFFECTIVE DATE.**

47.26 Sections 1 to 30 are effective July 1, 2009.

47.27 **ARTICLE 6**  
47.28 **PSYCHOLOGISTS**

47.29 Section 1. Minnesota Statutes 2008, section 62M.09, subdivision 3a, is amended to  
47.30 read:

48.1 Subd. 3a. **Mental health and substance abuse reviews.** (a) A peer of the treating  
 48.2 mental health or substance abuse provider or a physician must review requests for  
 48.3 outpatient services in which the utilization review organization has concluded that a  
 48.4 determination not to certify a mental health or substance abuse service for clinical reasons  
 48.5 is appropriate, provided that any final determination not to certify treatment is made  
 48.6 by a psychiatrist certified by the American Board of Psychiatry and Neurology and  
 48.7 appropriately licensed in this state or by a doctoral-level psychologist licensed in this state  
 48.8 if the treating provider is a psychologist.

48.9 (b) Notwithstanding the notification requirements of section 62M.05, a utilization  
 48.10 review organization that has made an initial decision to certify in accordance with the  
 48.11 requirements of section 62M.05 may elect to provide notification of a determination to  
 48.12 continue coverage through facsimile or mail.

48.13 (c) This subdivision does not apply to determinations made in connection with  
 48.14 policies issued by a health plan company that is assessed less than three percent of the  
 48.15 total amount assessed by the Minnesota Comprehensive Health Association.

48.16 Sec. 2. Minnesota Statutes 2008, section 62U.09, subdivision 2, is amended to read:

48.17 Subd. 2. **Members.** (a) The Health Care Reform Review Council shall consist of ~~14~~  
 48.18 16 members who are appointed as follows:

48.19 (1) two members appointed by the Minnesota Medical Association, at least one  
 48.20 of whom must represent rural physicians;

48.21 (2) one member appointed by the Minnesota Nurses Association;

48.22 (3) two members appointed by the Minnesota Hospital Association, at least one of  
 48.23 whom must be a rural hospital administrator;

48.24 (4) one member appointed by the Minnesota Academy of Physician Assistants;

48.25 (5) one member appointed by the Minnesota Business Partnership;

48.26 (6) one member appointed by the Minnesota Chamber of Commerce;

48.27 (7) one member appointed by the SEIU Minnesota State Council;

48.28 (8) one member appointed by the AFL-CIO;

48.29 (9) one member appointed by the Minnesota Council of Health Plans;

48.30 (10) one member appointed by the Smart Buy Alliance;

48.31 (11) one member appointed by the Minnesota Medical Group Management

48.32 Association; ~~and~~

48.33 (12) one consumer member appointed by AARP Minnesota;

48.34 (13) one member appointed by the Minnesota Psychological Association; and

48.35 (14) one member appointed by the Minnesota Chiropractic Association.

49.1 (b) If a member is no longer able or eligible to participate, a new member shall be  
49.2 appointed by the entity that appointed the outgoing member.

49.3 Sec. 3. Minnesota Statutes 2008, section 148.89, subdivision 5, is amended to read:

49.4 Subd. 5. **Practice of psychology.** "Practice of psychology" means the observation,  
49.5 description, evaluation, interpretation, or modification of human behavior by the  
49.6 application of psychological principles, methods, or procedures for any reason, including  
49.7 to prevent, eliminate, or manage symptomatic, maladaptive, or undesired behavior and to  
49.8 enhance interpersonal relationships, work, life and developmental adjustment, personal  
49.9 and organizational effectiveness, behavioral health, and mental health. The practice of  
49.10 psychology includes, but is not limited to, the following services, regardless of whether  
49.11 the provider receives payment for the services:

49.12 (1) psychological research and teaching of psychology;

49.13 (2) assessment, including psychological testing and other means of evaluating  
49.14 personal characteristics such as intelligence, personality, abilities, interests, aptitudes, and  
49.15 neuropsychological functioning;

49.16 (3) a psychological report, whether written or oral, including testimony of a provider  
49.17 as an expert witness, concerning the characteristics of an individual or entity;

49.18 (4) psychotherapy, including but not limited to, categories such as behavioral,  
49.19 cognitive, emotive, systems, psychophysiological, or insight-oriented therapies;  
49.20 counseling; hypnosis; and diagnosis and treatment of:

49.21 (i) mental and emotional disorder or disability;

49.22 (ii) alcohol and substance dependence or abuse;

49.23 (iii) disorders of habit or conduct;

49.24 (iv) the psychological aspects of physical illness or condition, accident, injury, or  
49.25 disability, including the psychological impact of medications;

49.26 (v) life adjustment issues, including work-related and bereavement issues; and

49.27 (vi) child, family, or relationship issues;

49.28 (5) psychoeducational services and treatment; and

49.29 (6) consultation and supervision.

49.30 Sec. 4. **DEADLINE FOR APPOINTMENT.**

49.31 The Minnesota Psychological Association must appoint its member to the Health  
49.32 Care Reform Review Council under section 2 no later than October 1, 2009.

50.1  
50.2

**ARTICLE 7**  
**NUTRITIONISTS**

50.3 Section 1. Minnesota Statutes 2008, section 148.624, subdivision 2, is amended to read:

50.4 Subd. 2. **Nutrition.** The board shall issue a license as a nutritionist to a person who  
50.5 files a completed application, pays all required fees, and certifies and furnishes evidence  
50.6 satisfactory to the board that the applicant:

50.7 (1) meets the following qualifications:

50.8 (i) has received a master's or doctoral degree from an accredited or approved college  
50.9 or university with a major in human nutrition, public health nutrition, clinical nutrition,  
50.10 nutrition education, community nutrition, or food and nutrition; and

50.11 (ii) has completed a documented supervised preprofessional practice experience  
50.12 component in dietetic practice of not less than 900 hours under the supervision of a  
50.13 registered dietitian, a state licensed nutrition professional, or an individual with a doctoral  
50.14 degree conferred by a United States regionally accredited college or university with a  
50.15 major course of study in human nutrition, nutrition education, food and nutrition, dietetics,  
50.16 or food systems management. Supervised practice experience must be completed in the  
50.17 United States or its territories. Supervisors who obtain their doctoral degree outside the  
50.18 United States and its territories must have their degrees validated as equivalent to the  
50.19 doctoral degree conferred by a United States regionally accredited college or university; or

50.20 (2) has ~~qualified as a diplomate of the American Board of Nutrition, Springfield,~~  
50.21 ~~Virginia~~ received certification as a Certified Nutrition Specialist by the Certification Board  
50.22 for Nutrition Specialists.

50.23 Sec. 2. **REPEALER.**

50.24 Minnesota Statutes 2008, section 148.627, is repealed.

50.25  
50.26

**ARTICLE 8**  
**SOCIAL WORK - AMENDMENTS TO CURRENT LICENSING STATUTE**

50.27 Section 1. Minnesota Statutes 2008, section 148D.010, is amended by adding a  
50.28 subdivision to read:

50.29 Subd. 6a. **Clinical supervision.** "Clinical supervision" means supervision, as  
50.30 defined in subdivision 16, of a social worker engaged in clinical practice, as defined in  
50.31 subdivision 6.

51.1 Sec. 2. Minnesota Statutes 2008, section 148D.010, is amended by adding a  
51.2 subdivision to read:

51.3 Subd. 6b. **Graduate degree.** "Graduate degree" means a master's degree in social  
51.4 work from a program accredited by the Council on Social Work Education, the Canadian  
51.5 Association of Schools of Social Work, or a similar accreditation body designated by the  
51.6 board, or a doctorate in social work from an accredited university.

51.7 Sec. 3. Minnesota Statutes 2008, section 148D.010, subdivision 9, is amended to read:

51.8 **Subd. 9. Practice of social work.** (a) "Practice of social work" means working  
51.9 to maintain, restore, or improve behavioral, cognitive, emotional, mental, or social  
51.10 functioning of clients, in a manner that applies accepted professional social work  
51.11 knowledge, skills, and values, including the person-in-environment perspective, by  
51.12 providing in person or through telephone, video conferencing, or electronic means one or  
51.13 more of the social work services described in paragraph (b), clauses (1) to (3). Social work  
51.14 services may address conditions that impair or limit behavioral, cognitive, emotional,  
51.15 mental, or social functioning. Such conditions include, but are not limited to, the  
51.16 following: abuse and neglect of children or vulnerable adults, addictions, developmental  
51.17 disorders, disabilities, discrimination, illness, injuries, poverty, and trauma. Practice  
51.18 of social work also means providing social work services in a position for which the  
51.19 educational basis is the individual's degree in social work described in subdivision 13.

51.20 (b) Social work services include:

51.21 (1) providing assessment and intervention through direct contact with clients,  
51.22 developing a plan based on information from an assessment, and providing services which  
51.23 include, but are not limited to, assessment, case management, client-centered advocacy,  
51.24 client education, consultation, counseling, crisis intervention, and referral;

51.25 (2) providing for the direct or indirect benefit of clients through administrative,  
51.26 educational, policy, or research services including, but not limited to:

51.27 (i) advocating for policies, programs, or services to improve the well-being of clients;

51.28 (ii) conducting research related to social work services;

51.29 (iii) developing and administering programs which provide social work services;

51.30 (iv) engaging in community organization to address social problems through  
51.31 planned collective action;

51.32 (v) supervising individuals who provide social work services to clients;

51.33 (vi) supervising social workers in order to comply with the supervised practice  
51.34 requirements specified in sections 148D.100 to 148D.125; and

51.35 (vii) teaching professional social work knowledge, skills, and values to students; and

52.1 (3) engaging in clinical practice.

52.2 Sec. 4. Minnesota Statutes 2008, section 148D.010, subdivision 15, is amended to read:

52.3 Subd. 15. **Supervisee.** "Supervisee" means an individual provided evaluation and  
 52.4 supervision or direction by ~~a social worker~~ an individual who meets the requirements of  
 52.5 section 148D.120.

52.6 Sec. 5. Minnesota Statutes 2008, section 148D.010, is amended by adding a  
 52.7 subdivision to read:

52.8 Subd. 17. **Supervisor.** "Supervisor" means an individual who provides evaluation  
 52.9 and direction through supervision as specified in subdivision 16, in order to comply with  
 52.10 sections 148D.100 to 148D.125.

52.11 Sec. 6. Minnesota Statutes 2008, section 148D.025, subdivision 2, is amended to read:

52.12 Subd. 2. **Qualifications of board members.** (a) All social worker members must  
 52.13 have engaged in the practice of social work in Minnesota for at least one year during  
 52.14 the ten years preceding their appointments.

52.15 (b) Five social worker members must be licensed social workers according to  
 52.16 section 148D.055, subdivision 2. The other five members must ~~be~~ include a licensed  
 52.17 graduate social worker, a licensed independent social worker, ~~or a~~ and at least two licensed  
 52.18 independent clinical social ~~worker~~ workers.

52.19 (c) Eight social worker members must be engaged at the time of their appointment in  
 52.20 the practice of social work in Minnesota in the following settings:

52.21 (1) one member must be engaged in the practice of social work in a county agency;

52.22 (2) one member must be engaged in the practice of social work in a state agency;

52.23 (3) one member must be engaged in the practice of social work in an elementary,  
 52.24 middle, or secondary school;

52.25 (4) one member must be employed in a hospital or nursing home licensed under  
 52.26 chapter 144 or 144A;

52.27 (5) ~~two members~~ one member must be engaged in the practice of social work in a  
 52.28 private agency;

52.29 (6) ~~one member~~ two members must be engaged in the practice of social work in a  
 52.30 clinical social work setting; and

52.31 (7) one member must be an educator engaged in regular teaching duties at a  
 52.32 program of social work accredited by the Council on Social Work Education or a similar  
 52.33 accreditation body designated by the board.



53.1 (d) At the time of their appointments, at least six members must reside outside of the  
53.2 ~~seven-county~~ 11-county metropolitan area.

53.3 (e) At the time of their appointments, at least five members must be persons with  
53.4 expertise in communities of color.

53.5 Sec. 7. Minnesota Statutes 2008, section 148D.025, subdivision 3, is amended to read:

53.6 Subd. 3. **Officers.** The board must ~~annually~~ biennially elect from its membership a  
53.7 chair, vice-chair, and secretary-treasurer.

53.8 Sec. 8. Minnesota Statutes 2008, section 148D.061, subdivision 6, is amended to read:

53.9 Subd. 6. **Evaluation by supervisor.** (a) After being issued a provisional license  
53.10 under subdivision 1, the ~~licensee~~ licensee's supervisor must submit an evaluation ~~by the~~  
53.11 ~~licensee's supervisor~~ every six months during the first 2,000 hours of social work practice.  
53.12 The evaluation must meet the requirements in section 148D.063. The supervisor must  
53.13 meet the eligibility requirements specified in section 148D.062.

53.14 (b) After completion of 2,000 hours of supervised social work practice, the licensee's  
53.15 supervisor must submit a final evaluation and attest to the applicant's ability to engage in  
53.16 the practice of social work ~~safely and~~ competently and ethically.

53.17 Sec. 9. Minnesota Statutes 2008, section 148D.061, subdivision 8, is amended to read:

53.18 Subd. 8. **Disciplinary or other action.** The board may take action according to  
53.19 sections 148D.260 to 148D.270 if:

53.20 (1) the licensee's supervisor does not submit an evaluation as required by section  
53.21 ~~148D.062~~ 148D.063;

53.22 (2) an evaluation submitted according to section ~~148D.062~~ 148D.063 indicates that  
53.23 the licensee cannot practice social work competently and ~~safely~~ ethically; or

53.24 (3) the licensee does not comply with the requirements of subdivisions 1 to 7.

53.25 Sec. 10. Minnesota Statutes 2008, section 148D.062, subdivision 2, is amended to read:

53.26 Subd. 2. **Practice requirements.** The supervision required by subdivision 1 must  
53.27 be obtained during the first 2,000 hours of social work practice after the effective date of  
53.28 the provisional license. At least three hours of supervision must be obtained during every  
53.29 160 hours of practice under a provisional license until a permanent license is issued.

53.30 Sec. 11. Minnesota Statutes 2008, section 148D.063, subdivision 2, is amended to read:

54.1 Subd. 2. **Evaluation.** (a) When a ~~supervisee~~ licensee's supervisor submits an  
54.2 evaluation to the board according to section 148D.061, subdivision 6, the supervisee and  
54.3 supervisor must provide the following information on a form provided by the board:

54.4 (1) the name of the supervisee, the name of the agency in which the supervisee is  
54.5 being supervised, and the supervisee's position title;

54.6 (2) the name and qualifications of the supervisor;

54.7 (3) the number of hours and dates of each type of supervision completed;

54.8 (4) the supervisee's position description;

54.9 (5) a declaration that the supervisee has not engaged in conduct in violation of the  
54.10 standards of practice in sections 148D.195 to 148D.240;

54.11 (6) a declaration that the supervisee has practiced competently and ethically  
54.12 according to professional social work knowledge, skills, and values; and

54.13 (7) on a form provided by the board, an evaluation of the licensee's practice in  
54.14 the following areas:

54.15 (i) development of professional social work knowledge, skills, and values;

54.16 (ii) practice methods;

54.17 (iii) authorized scope of practice;

54.18 (iv) ensuring continuing competence;

54.19 (v) ethical standards of practice; and

54.20 (vi) clinical practice, if applicable.

54.21 (b) ~~The information provided on the evaluation form must demonstrate~~ supervisor  
54.22 must attest to the satisfaction of the board that the supervisee has met or has made progress  
54.23 on meeting the applicable supervised practice requirements.

54.24 Sec. 12. Minnesota Statutes 2008, section 148D.125, subdivision 1, is amended to read:

54.25 Subdivision 1. **Supervision plan.** (a) A social worker must submit, on a form  
54.26 provided by the board, a supervision plan for meeting the supervision requirements  
54.27 specified in sections 148D.100 to 148D.120.

54.28 (b) The supervision plan must be submitted no later than ~~90~~ 60 days after the  
54.29 licensee begins a social work practice position after becoming licensed.

54.30 (c) For failure to submit the supervision plan within ~~90~~ 60 days after beginning a  
54.31 social work practice position, a licensee must pay the supervision plan late fee specified in  
54.32 section 148D.180 when the licensee applies for license renewal.

54.33 (d) A license renewal application submitted pursuant to section 148D.070,  
54.34 subdivision 3, must not be approved unless the board has received a supervision plan.

54.35 (e) The supervision plan must include the following:

- 55.1 (1) the name of the supervisee, the name of the agency in which the supervisee is  
 55.2 being supervised, and the supervisee's position title;
- 55.3 (2) the name and qualifications of the person providing the supervision;
- 55.4 (3) the number of hours of one-on-one in-person supervision and the number and  
 55.5 type of additional hours of supervision to be completed by the supervisee;
- 55.6 (4) the supervisee's position description;
- 55.7 (5) a brief description of the supervision the supervisee will receive in the following  
 55.8 content areas:
- 55.9 (i) clinical practice, if applicable;
- 55.10 (ii) development of professional social work knowledge, skills, and values;
- 55.11 (iii) practice methods;
- 55.12 (iv) authorized scope of practice;
- 55.13 (v) ensuring continuing competence; and
- 55.14 (vi) ethical standards of practice; and
- 55.15 (6) if applicable, a detailed description of the supervisee's clinical social work  
 55.16 practice, addressing:
- 55.17 (i) the client population, the range of presenting issues, and the diagnoses;
- 55.18 (ii) the clinical modalities that were utilized; and
- 55.19 (iii) the process utilized for determining clinical diagnoses, including the diagnostic  
 55.20 instruments used and the role of the supervisee in the diagnostic process. ~~An applicant for~~  
 55.21 ~~licensure as a licensed professional clinical counselor must present evidence of completion~~  
 55.22 ~~of a degree equivalent to that required in section 148B.5301, subdivision 1, clause (3).~~
- 55.23 (f) The board must receive a revised supervision plan within ~~90~~ 60 days of any  
 55.24 of the following changes:
- 55.25 (1) the supervisee has a new supervisor;
- 55.26 (2) the supervisee begins a new social work position;
- 55.27 (3) the scope or content of the supervisee's social work practice changes substantially;
- 55.28 (4) the number of practice or supervision hours changes substantially; or
- 55.29 (5) the type of supervision changes as supervision is described in section 148D.100,  
 55.30 subdivision 3, or 148D.105, subdivision 3, or as required in section 148D.115, subdivision  
 55.31 4.
- 55.32 (g) For failure to submit a revised supervision plan as required in paragraph (f), a  
 55.33 supervisee must pay the supervision plan late fee specified in section 148D.180, when  
 55.34 the supervisee applies for license renewal.
- 55.35 (h) The board must approve the supervisor and the supervision plan.

56.1 Sec. 13. Minnesota Statutes 2008, section 148D.125, subdivision 3, is amended to read:

56.2 Subd. 3. **Verification of supervised practice.** (a) ~~In addition to receiving the~~  
56.3 ~~attestation required pursuant to subdivision 2;~~ The board must receive verification of  
56.4 supervised practice ~~if~~ when:

56.5 (1) ~~the board audits the supervision of a supervisee~~ licensee submits the license  
56.6 renewal application form pursuant to section 148D.070, subdivision 3; or

56.7 (2) an applicant applies for a license as a licensed independent social worker or as a  
56.8 licensed independent clinical social worker.

56.9 (b) When verification of supervised practice is required pursuant to paragraph (a),  
56.10 the board must receive from the supervisor the following information on a form provided  
56.11 by the board:

56.12 (1) the name of the supervisee, the name of the agency in which the supervisee is  
56.13 being supervised, and the supervisee's position title;

56.14 (2) the name and qualifications of the supervisor;

56.15 (3) the number of hours and dates of each type of supervision completed;

56.16 (4) the supervisee's position description;

56.17 (5) a declaration that the supervisee has not engaged in conduct in violation of the  
56.18 standards of practice specified in sections 148D.195 to 148D.240;

56.19 (6) a declaration that the supervisee has practiced ethically and competently in  
56.20 accordance with professional social work knowledge, skills, and values;

56.21 (7) a list of the content areas in which the supervisee has received supervision,  
56.22 including the following:

56.23 (i) clinical practice, if applicable;

56.24 (ii) development of professional social work knowledge, skills, and values;

56.25 (iii) practice methods;

56.26 (iv) authorized scope of practice;

56.27 (v) ensuring continuing competence; and

56.28 (vi) ethical standards of practice; and

56.29 (8) if applicable, a detailed description of the supervisee's clinical social work  
56.30 practice, addressing:

56.31 (i) the client population, the range of presenting issues, and the diagnoses;

56.32 (ii) the clinical modalities that were utilized; and

56.33 (iii) the process utilized for determining clinical diagnoses, including the diagnostic  
56.34 instruments used and the role of the supervisee in the diagnostic process.

56.35 (c) The information provided on the verification form must demonstrate to the board's  
56.36 satisfaction that the supervisee has met the applicable supervised practice requirements.

57.1 Sec. 14. **REPEALER.**

57.2 Minnesota Statutes 2008, sections 148D.062, subdivision 5; 148D.125, subdivision  
57.3 2; and 148D.180, subdivision 8, are repealed.

57.4 Sec. 15. **EFFECTIVE DATE.**

57.5 This article is effective the day following final enactment.

57.6 **ARTICLE 9**57.7 **SOCIAL WORK - LICENSING STATUTE EFFECTIVE 2011**

57.8 Section 1. Minnesota Statutes 2008, section 148E.010, is amended by adding a  
57.9 subdivision to read:

57.10 Subd. 5a. **Client system.** "Client system" means the client and those in the client's  
57.11 environment who are potentially influential in contributing to a resolution of the client's  
57.12 issues.

57.13 Sec. 2. Minnesota Statutes 2008, section 148E.010, is amended by adding a subdivision  
57.14 to read:

57.15 Subd. 7a. **Direct clinical client contact.** "Direct clinical client contact" means  
57.16 in-person or electronic media interaction with a client, including client systems and  
57.17 service providers, related to the client's mental and emotional functioning, differential  
57.18 diagnosis, and treatment, in subdivision 6.

57.19 Sec. 3. Minnesota Statutes 2008, section 148E.010, subdivision 11, is amended to read:

57.20 Subd. 11. **Practice of social work.** (a) "Practice of social work" means working  
57.21 to maintain, restore, or improve behavioral, cognitive, emotional, mental, or social  
57.22 functioning of clients, in a manner that applies accepted professional social work  
57.23 knowledge, skills, and values, including the person-in-environment perspective, by  
57.24 providing in person or through telephone, video conferencing, or electronic means one or  
57.25 more of the social work services described in paragraph (b), clauses (1) to (3). Social work  
57.26 services may address conditions that impair or limit behavioral, cognitive, emotional,  
57.27 mental, or social functioning. Such conditions include, but are not limited to, the  
57.28 following: abuse and neglect of children or vulnerable adults, addictions, developmental  
57.29 disorders, disabilities, discrimination, illness, injuries, poverty, and trauma. Practice  
57.30 of social work also means providing social work services in a position for which the  
57.31 educational basis is the individual's degree in social work described in subdivision 13.

57.32 (b) Social work services include:

58.1 (1) providing assessment and intervention through direct contact with clients,  
 58.2 developing a plan based on information from an assessment, and providing services which  
 58.3 include, but are not limited to, assessment, case management, client-centered advocacy,  
 58.4 client education, consultation, counseling, crisis intervention, and referral;

58.5 (2) providing for the direct or indirect benefit of clients through administrative,  
 58.6 educational, policy, or research services including, but not limited to:

58.7 (i) advocating for policies, programs, or services to improve the well-being of clients;

58.8 (ii) conducting research related to social work services;

58.9 (iii) developing and administering programs which provide social work services;

58.10 (iv) engaging in community organization to address social problems through  
 58.11 planned collective action;

58.12 (v) supervising individuals who provide social work services to clients;

58.13 (vi) supervising social workers in order to comply with the supervised practice  
 58.14 requirements specified in sections 148E.100 to 148E.125; and

58.15 (vii) teaching professional social work knowledge, skills, and values to students; and

58.16 (3) engaging in clinical practice.

58.17 Sec. 4. Minnesota Statutes 2008, section 148E.010, subdivision 17, is amended to read:

58.18 Subd. 17. **Supervisee.** "Supervisee" means an individual provided evaluation and  
 58.19 supervision or direction by ~~a social worker~~ an individual who meets the requirements  
 58.20 under section 148E.120.

58.21 Sec. 5. Minnesota Statutes 2008, section 148E.010, is amended by adding a subdivision  
 58.22 to read:

58.23 Subd. 19. **Supervisor.** "Supervisor" means an individual who provides evaluation  
 58.24 and direction through supervision as described in subdivision 18 in order to comply with  
 58.25 sections 148E.100 to 148E.125.

58.26 Sec. 6. Minnesota Statutes 2008, section 148E.025, subdivision 2, is amended to read:

58.27 Subd. 2. **Qualifications of board members.** (a) All social worker members must  
 58.28 have engaged in the practice of social work in Minnesota for at least one year during  
 58.29 the ten years preceding their appointments.

58.30 (b) Five social worker members must be licensed social workers under section  
 58.31 148E.055, subdivision 2. The other five members must ~~be~~ include a licensed graduate  
 58.32 social worker, a licensed independent social worker, ~~or a~~ and at least two licensed  
 58.33 independent clinical social ~~worker~~ workers.

59.1 (c) Eight social worker members must be engaged at the time of their appointment in  
59.2 the practice of social work in Minnesota in the following settings:

59.3 (1) one member must be engaged in the practice of social work in a county agency;

59.4 (2) one member must be engaged in the practice of social work in a state agency;

59.5 (3) one member must be engaged in the practice of social work in an elementary,  
59.6 middle, or secondary school;

59.7 (4) one member must be employed in a hospital or nursing home licensed under  
59.8 chapter 144 or 144A;

59.9 (5) ~~two members~~ one member must be engaged in the practice of social work in a  
59.10 private agency;

59.11 (6) ~~one member~~ two members must be engaged in the practice of social work in a  
59.12 clinical social work setting; and

59.13 (7) one member must be an educator engaged in regular teaching duties at a  
59.14 program of social work accredited by the Council on Social Work Education or a similar  
59.15 accreditation body designated by the board.

59.16 (d) At the time of their appointments, at least six members must reside outside of the  
59.17 ~~seven-county~~ 11-county metropolitan area.

59.18 (e) At the time of their appointments, at least five members must be persons with  
59.19 expertise in communities of color.

59.20 Sec. 7. Minnesota Statutes 2008, section 148E.025, subdivision 3, is amended to read:

59.21 Subd. 3. **Officers.** The board must ~~annually~~ biennially elect from its membership a  
59.22 chair, vice-chair, and secretary-treasurer.

59.23 Sec. 8. Minnesota Statutes 2008, section 148E.055, subdivision 5, is amended to read:

59.24 Subd. 5. **Licensure by examination; licensed independent clinical social worker.**

59.25 (a) To be licensed as a licensed independent clinical social worker, an applicant for  
59.26 licensure by examination must provide evidence satisfactory to the board that the applicant:

59.27 (1) has received a graduate degree in social work from a program accredited by  
59.28 the Council on Social Work Education, the Canadian Association of Schools of Social  
59.29 Work, or a similar accreditation body designated by the board, or a doctorate in social  
59.30 work from an accredited university;

59.31 (2) has completed 360 clock hours (one semester credit hour = 15 clock hours) in  
59.32 the following clinical knowledge areas:

59.33 (i) 108 clock hours (30 percent) in differential diagnosis and biopsychosocial  
59.34 assessment, including normative development and psychopathology across the life span;

60.1 (ii) 36 clock hours (ten percent) in assessment-based clinical treatment planning with  
60.2 measurable goals;

60.3 (iii) 108 clock hours (30 percent) in clinical intervention methods informed by  
60.4 research and current standards of practice;

60.5 (iv) 18 clock hours (five percent) in evaluation methodologies;

60.6 (v) 72 clock hours (20 percent) in social work values and ethics, including cultural  
60.7 context, diversity, and social policy; and

60.8 (vi) 18 clock hours (five percent) in culturally specific clinical assessment and  
60.9 intervention;

60.10 (3) has practiced clinical social work as defined in section 148E.010, including both  
60.11 diagnosis and treatment, and has met the supervised practice requirements specified in  
60.12 sections 148E.100 to 148E.125;

60.13 (4) has passed the clinical or equivalent examination administered by the Association  
60.14 of Social Work Boards or a similar examination body designated by the board. Unless an  
60.15 applicant applies for licensure by endorsement according to subdivision 7, an examination  
60.16 is not valid if it was taken and passed eight or more years prior to submitting a completed,  
60.17 signed application form provided by the board;

60.18 (5) has submitted a completed, signed application form provided by the board,  
60.19 including the applicable application fee specified in section 148E.180. For applications  
60.20 submitted electronically, a "signed application" means providing an attestation as specified  
60.21 by the board;

60.22 (6) has submitted the criminal background check fee and a form provided by the  
60.23 board authorizing a criminal background check according to subdivision 8;

60.24 (7) has paid the license fee specified in section 148E.180; and

60.25 (8) has not engaged in conduct that was or would be in violation of the standards  
60.26 of practice specified in sections 148E.195 to 148E.240. If the applicant has engaged in  
60.27 conduct that was or would be in violation of the standards of practice, the board may take  
60.28 action according to sections 148E.255 to 148E.270.

60.29 (b) The requirement in paragraph (a), clause (2), may be satisfied through: (1)  
60.30 a graduate degree program accredited by the Council on Social Work Education, the  
60.31 Canadian Association of Schools of Social Work, or a similar accreditation body  
60.32 designated by the board; or a doctorate in social work from an accredited university; (2)  
60.33 ~~postgraduate~~ graduate coursework from an accredited institution of higher learning; or  
60.34 (3) up to 90 continuing education hours, not to exceed 20 hours of independent study  
60.35 as specified in section 148E.130, subdivision 5. The continuing education must have a  
60.36 course description available for public review and must include a posttest. Compliance



61.1 with this requirement must be documented on a form provided by the board. The board  
61.2 may conduct audits of the information submitted in order to determine compliance with  
61.3 the requirements of this section.

61.4 (c) An application which is not completed and signed, or which is not accompanied  
61.5 by the correct fee, must be returned to the applicant, along with any fee submitted, and is  
61.6 void.

61.7 (d) By submitting an application for licensure, an applicant authorizes the board to  
61.8 investigate any information provided or requested in the application. The board may  
61.9 request that the applicant provide additional information, verification, or documentation.

61.10 (e) Within one year of the time the board receives an application for licensure, the  
61.11 applicant must meet all the requirements specified in paragraph (a) and must provide all of  
61.12 the information requested by the board according to paragraph (d). If within one year the  
61.13 applicant does not meet all the requirements, or does not provide all of the information  
61.14 requested, the applicant is considered ineligible and the application for licensure must  
61.15 be closed.

61.16 (f) Except as provided in paragraph (g), an applicant may not take more than three  
61.17 times the clinical or equivalent examination administered by the Association of Social  
61.18 Work Boards or a similar examination body designated by the board. An applicant must  
61.19 receive a passing score on the clinical or equivalent examination administered by the  
61.20 Association of Social Work Boards or a similar examination body designated by the board  
61.21 no later than 18 months after the first time the applicant failed the examination.

61.22 (g) Notwithstanding paragraph (f), the board may allow an applicant to take, for a  
61.23 fourth or subsequent time, the clinical or equivalent examination administered by the  
61.24 Association of Social Work Boards or a similar examination body designated by the  
61.25 board if the applicant:

61.26 (1) meets all requirements specified in paragraphs (a) to (e) other than passing the  
61.27 clinical or equivalent examination administered by the Association of Social Work Boards  
61.28 or a similar examination body designated by the board;

61.29 (2) provides to the board a description of the efforts the applicant has made to  
61.30 improve the applicant's score and demonstrates to the board's satisfaction that the efforts  
61.31 are likely to improve the score; and

61.32 (3) provides to the board letters of recommendation from two licensed social  
61.33 workers attesting to the applicant's ability to practice social work competently and  
61.34 ethically according to professional social work knowledge, skills, and values.

61.35 (h) An individual must not practice social work until the individual passes the  
61.36 examination and receives a social work license under this section or section 148E.060. If

62.1 the board has reason to believe that an applicant may be practicing social work without a  
 62.2 license, and the applicant has failed the clinical or equivalent examination administered  
 62.3 by the Association of Social Work Boards or a similar examination body designated by  
 62.4 the board, the board may notify the applicant's employer that the applicant is not licensed  
 62.5 as a social worker.

62.6 Sec. 9. Minnesota Statutes 2008, section 148E.100, is amended by adding a subdivision  
 62.7 to read:

62.8 Subd. 2a. Supervised practice obtained prior to August 1, 2011. (a)  
 62.9 Notwithstanding the requirements in subdivisions 1 and 2, the board shall approve hours  
 62.10 of supervised practice completed prior to August 1, 2011, which comply with sections  
 62.11 148D.100 to 148D.125. These hours must apply to supervised practice requirements in  
 62.12 effect as specified in this section.

62.13 (b) Any additional hours of supervised practice obtained effective August 1, 2011,  
 62.14 must comply with the increased requirements specified in this section.

62.15 Sec. 10. Minnesota Statutes 2008, section 148E.100, subdivision 3, is amended to read:

62.16 Subd. 3. **Types of supervision.** Of the 100 hours of supervision required under  
 62.17 subdivision 1:

62.18 (1) 50 hours must be provided through one-on-one supervision, including: (i)  
 62.19 a minimum of 25 hours of in-person supervision, and (ii) no more than 25 hours of  
 62.20 supervision via eye-to-eye electronic media, while maintaining visual contact; and

62.21 (2) 50 hours must be provided through: (i) one-on-one supervision, or (ii) group  
 62.22 supervision. The supervision may be in person, by telephone, or via eye-to-eye electronic  
 62.23 media, while maintaining visual contact. The supervision must not be provided by e-mail.  
 62.24 Group supervision is limited to six ~~members not counting the supervisor or supervisors~~  
 62.25 supervisees.

62.26 Sec. 11. Minnesota Statutes 2008, section 148E.100, subdivision 4, is amended to read:

62.27 Subd. 4. **Supervisor requirements.** The supervision required by subdivision 1 must  
 62.28 be provided by a supervisor who meets the requirements specified in section 148E.120.  
 62.29 The supervision must be provided by a:

62.30 (1) ~~is a~~ licensed social worker who has completed the supervised practice  
 62.31 requirements;

62.32 (2) ~~is a~~ licensed graduate social worker, licensed independent social worker, or  
 62.33 licensed independent clinical social worker; or

63.1 (3) supervisor who meets the requirements specified in section 148E.120,  
63.2 subdivision 2.

63.3 Sec. 12. Minnesota Statutes 2008, section 148E.100, subdivision 5, is amended to read:

63.4 Subd. 5. **Supervisee requirements.** The supervisee must:

63.5 (1) to the satisfaction of the supervisor, practice competently and ethically according  
63.6 to professional social work knowledge, skills, and values;

63.7 (2) receive supervision in the following content areas:

63.8 (i) development of professional values and responsibilities;

63.9 (ii) practice skills;

63.10 (iii) authorized scope of practice;

63.11 (iv) ensuring continuing competence; and

63.12 (v) ethical standards of practice;

63.13 (3) submit a supervision plan according to section 148E.125, subdivision 1; and

63.14 (4) ~~if the board audits the supervisee's supervised practice,~~ submit verification of  
63.15 supervised practice according to section 148E.125, subdivision 3, when a licensed social  
63.16 worker applies for the renewal of a license.

63.17 Sec. 13. Minnesota Statutes 2008, section 148E.100, subdivision 6, is amended to read:

63.18 Subd. 6. **After completion of supervision requirements.** A licensed social worker  
63.19 who fulfills the supervision requirements specified in ~~subdivisions 1 to 5~~ this section is not  
63.20 required to be supervised after completion of the supervision requirements.

63.21 Sec. 14. Minnesota Statutes 2008, section 148E.100, subdivision 7, is amended to read:

63.22 Subd. 7. **~~Attestation~~ Verification of supervised practice.** The social worker and  
63.23 the social worker's supervisor must ~~attest~~ submit verification that the supervisee has met  
63.24 or has made progress on meeting the applicable supervision requirements according to  
63.25 section 148E.125, subdivision ~~2~~ 3.

63.26 Sec. 15. Minnesota Statutes 2008, section 148E.105, subdivision 1, is amended to read:

63.27 Subdivision 1. **Supervision required after licensure.** After receiving a license  
63.28 from the board as a licensed graduate social worker, a licensed graduate social worker  
63.29 not engaged in clinical practice must obtain at least 100 hours of supervision according to  
63.30 the requirements of this section.

64.1 Sec. 16. Minnesota Statutes 2008, section 148E.105, is amended by adding a  
64.2 subdivision to read:

64.3 Subd. 2a. **Supervised practice obtained prior to August 1, 2011.** (a)  
64.4 Notwithstanding the requirements in subdivisions 1 and 2, the board shall approve hours  
64.5 of supervised practice completed prior to August 1, 2011, which comply with sections  
64.6 148D.100 to 148D.125. These hours shall apply to supervised practice requirements in  
64.7 effect as specified in this section.

64.8 (b) Any additional hours of supervised practice obtained effective August 1, 2011,  
64.9 must comply with the increased requirements specified in this section.

64.10 Sec. 17. Minnesota Statutes 2008, section 148E.105, subdivision 3, is amended to read:

64.11 Subd. 3. **Types of supervision.** Of the 100 hours of supervision required under  
64.12 subdivision 1:

64.13 (1) 50 hours must be provided through one-on-one supervision, including: (i)  
64.14 a minimum of 25 hours of in-person supervision, and (ii) no more than 25 hours of  
64.15 supervision via eye-to-eye electronic media, while maintaining visual contact; and

64.16 (2) 50 hours must be provided through: (i) one-on-one supervision, or (ii) group  
64.17 supervision. The supervision may be in person, by telephone, or via eye-to-eye electronic  
64.18 media, while maintaining visual contact. The supervision must not be provided by e-mail.  
64.19 Group supervision is limited to six supervisees.

64.20 Sec. 18. Minnesota Statutes 2008, section 148E.105, subdivision 5, is amended to read:

64.21 Subd. 5. **Supervisee requirements.** The supervisee must:

64.22 (1) to the satisfaction of the supervisor, practice competently and ethically according  
64.23 to professional social work knowledge, skills, and values;

64.24 (2) receive supervision in the following content areas:

64.25 (i) development of professional values and responsibilities;

64.26 (ii) practice skills;

64.27 (iii) authorized scope of practice;

64.28 (iv) ensuring continuing competence; and

64.29 (v) ethical standards of practice;

64.30 (3) submit a supervision plan according to section 148E.125, subdivision 1; and

64.31 (4) verify supervised practice according to section 148E.125, subdivision 3, if when:

64.32 (i) ~~the board audits the supervisee's supervised practice~~ a licensed graduate social  
64.33 worker applies for the renewal of a license; or

65.1 (ii) a licensed graduate social worker applies for a licensed independent social  
65.2 worker license.

65.3 Sec. 19. Minnesota Statutes 2008, section 148E.105, subdivision 7, is amended to read:

65.4 Subd. 7. ~~Attestation~~ **Verification of supervised practice.** A social worker and the  
65.5 social worker's supervisor must ~~attest~~ submit verification that the supervisee has met  
65.6 or has made progress on meeting the applicable supervision requirements according to  
65.7 section 148E.125, subdivision ~~2~~ 3.

65.8 Sec. 20. Minnesota Statutes 2008, section 148E.106, subdivision 1, is amended to read:

65.9 Subdivision 1. **Supervision required after licensure.** After receiving a license  
65.10 from the board as a licensed graduate social worker, a licensed graduate social worker  
65.11 engaged in clinical practice must obtain at least 200 hours of supervision according to  
65.12 the requirements of this section:

65.13 (1) a minimum of four hours and a maximum of eight hours of supervision must be  
65.14 obtained during every 160 hours of practice until the licensed graduate social worker is  
65.15 issued a licensed independent clinical social worker license;

65.16 (2) a minimum of 200 hours of supervision must be completed, in addition to all  
65.17 other requirements according to sections 148E.115 to 148E.125, to be eligible to apply for  
65.18 the licensed independent clinical social worker license; and

65.19 (3) the supervisee and supervisor are required to adjust the rate of supervision  
65.20 obtained, based on the ratio of four hours of supervision during every 160 hours of  
65.21 practice, to ensure compliance with the requirements in subdivision 2.

65.22 Sec. 21. Minnesota Statutes 2008, section 148E.106, subdivision 2, is amended to read:

65.23 Subd. 2. **Practice requirements.** The supervision required by subdivision 1 must  
65.24 be obtained ~~during the first 4,000 hours of postgraduate social work practice authorized by~~  
65.25 ~~law. At least:~~

65.26 (1) in no less than 4,000 hours and no more than 8,000 hours of postgraduate,  
65.27 clinical social work practice authorized by law, including at least 1,800 hours of direct  
65.28 clinical client contact; and

65.29 (2) a minimum of four hours and a maximum of eight hours of supervision must be  
65.30 obtained during every 160 hours of practice.

65.31 Sec. 22. Minnesota Statutes 2008, section 148E.106, is amended by adding a  
65.32 subdivision to read:

66.1            **Subd. 2a. Supervised practice obtained prior to August 1, 2011.** (a)  
66.2            Notwithstanding the requirements in subdivisions 1 and 2, the board shall approve hours  
66.3            of supervised practice completed prior to August 1, 2011, which comply with sections  
66.4            148D.100 to 148D.125. These hours shall apply to supervised practice requirements in  
66.5            effect as specified in this section.

66.6            (b) Any additional hours of supervised practice obtained effective August 1, 2011,  
66.7            must comply with the increased requirements specified in this section.

66.8            (c) Notwithstanding the requirements in subdivision 2, clause (1), direct clinical  
66.9            client contact hours are not: (1) required prior to August 1, 2011, and (2) required of a  
66.10           licensed graduate social worker engaged in clinical practice with a licensed graduate  
66.11           social worker license issue date prior to August 1, 2011.

66.12           Sec. 23. Minnesota Statutes 2008, section 148E.106, subdivision 3, is amended to read:

66.13               **Subd. 3. Types of supervision.** Of the 200 hours of supervision required under  
66.14           subdivision 1:

66.15               (1) 100 hours must be provided through one-on-one supervision, including: (i)  
66.16           a minimum of 50 hours of in-person supervision, and (ii) no more than 50 hours of  
66.17           supervision via eye-to-eye electronic media, while maintaining visual contact; and

66.18               (2) 100 hours must be provided through: (i) one-on-one supervision, or (ii) group  
66.19           supervision. The supervision may be in person, by telephone, or via eye-to-eye electronic  
66.20           media, while maintaining visual contact. The supervision must not be provided by e-mail.  
66.21           Group supervision is limited to six supervisees.

66.22           Sec. 24. Minnesota Statutes 2008, section 148E.106, subdivision 4, is amended to read:

66.23               **Subd. 4. Supervisor requirements.** The supervision required by subdivision 1 must  
66.24           be provided by a supervisor who meets the requirements specified in section 148E.120.

66.25           The supervision must be provided by a:

66.26               (1) ~~by a~~ licensed independent clinical social worker; or

66.27               (2) ~~by a~~ supervisor who meets the requirements specified in section 148E.120,  
66.28           subdivision 2.

66.29           Sec. 25. Minnesota Statutes 2008, section 148E.106, subdivision 5, is amended to read:

66.30               **Subd. 5. Supervisee requirements.** The supervisee must:

66.31               (1) to the satisfaction of the supervisor, practice competently and ethically according  
66.32           to professional social work knowledge, skills, and values;

66.33               (2) receive supervision in the following content areas:

- 67.1 (i) development of professional values and responsibilities;
- 67.2 (ii) practice skills;
- 67.3 (iii) authorized scope of practice;
- 67.4 (iv) ensuring continuing competence; and
- 67.5 (v) ethical standards of practice;
- 67.6 (3) submit a supervision plan according to section 148E.125, subdivision 1; and
- 67.7 (4) verify supervised practice according to section 148E.125, subdivision 3, ~~if~~ when:
- 67.8 (i) ~~the board audits the supervisee's supervised practice~~ a licensed graduate social
- 67.9 worker applies for the renewal of a license; or
- 67.10 (ii) a licensed graduate social worker applies for a licensed independent clinical
- 67.11 social worker license.

67.12 Sec. 26. Minnesota Statutes 2008, section 148E.106, subdivision 8, is amended to read:

67.13 Subd. 8. **Eligibility to apply for licensure as a licensed independent clinical**

67.14 **social worker.** Upon completion of not less than 4,000 hours and not more than 8,000

67.15 hours of clinical social work practice, including at least 1,800 hours of direct clinical

67.16 client contact and 200 hours of supervision according to the requirements of this section,

67.17 a licensed graduate social worker is eligible to apply for a licensed independent clinical

67.18 social worker license under section 148E.115, subdivision 1.

67.19 Sec. 27. Minnesota Statutes 2008, section 148E.106, subdivision 9, is amended to read:

67.20 Subd. 9. ~~Attestation~~ **Verification of supervised practice.** A social worker and the

67.21 social worker's supervisor must ~~attest~~ submit verification that the supervisee has met

67.22 or has made progress on meeting the applicable supervision requirements according to

67.23 section 148E.125, subdivision ~~2~~ 3.

67.24 Sec. 28. Minnesota Statutes 2008, section 148E.110, subdivision 1, is amended to read:

67.25 Subdivision 1. **Supervision required before licensure.** Before becoming licensed

67.26 as a licensed independent social worker, a person must have obtained at least 100 hours

67.27 of supervision during 4,000 hours of postgraduate social work practice required by law

67.28 according to the requirements of section 148E.105, ~~subdivisions 3, 4, and 5.~~ At least four

67.29 hours of supervision must be obtained during every 160 hours of practice.

67.30 Sec. 29. Minnesota Statutes 2008, section 148E.110, is amended by adding a

67.31 subdivision to read:

68.1 Subd. 1a. Supervised practice obtained prior to August 1, 2011. (a)  
68.2 Notwithstanding subdivision 1, the board shall approve supervised practice hours  
68.3 completed prior to August 1, 2011, which comply with sections 148D.100 to 148D.125.  
68.4 These hours must apply to supervised practice requirements in effect as specified in this  
68.5 section.

68.6 (b) Any additional hours of supervised practice obtained on or after August 1, 2011,  
68.7 must comply with the increased requirements in this section.

68.8 Sec. 30. Minnesota Statutes 2008, section 148E.110, subdivision 2, is amended to read:

68.9 **Subd. 2. Licensed independent social workers; clinical social work after**  
68.10 **licensure.** After licensure, a licensed independent social worker must not engage in  
68.11 clinical social work practice except under supervision by a licensed independent clinical  
68.12 social worker who meets the requirements in section 148E.120, subdivision 1, or an  
68.13 alternate supervisor designated according to section 148E.120, subdivision 2.

68.14 Sec. 31. Minnesota Statutes 2008, section 148E.110, is amended by adding a  
68.15 subdivision to read:

68.16 **Subd. 5. Supervision; licensed independent social worker engaged in clinical**  
68.17 **social work practice.** (a) After receiving a license from the board as a licensed  
68.18 independent social worker, a licensed independent social worker engaged in clinical social  
68.19 work practice must obtain at least 200 hours of supervision according to the requirements  
68.20 of this section.

68.21 (b) A minimum of four hours and a maximum of eight hours of supervision must be  
68.22 obtained during every 160 hours of practice until the licensed independent social worker is  
68.23 issued a licensed independent clinical social worker license.

68.24 (c) A minimum of 200 hours of supervision must be completed, in addition to all  
68.25 other requirements according to sections 148E.115 to 148E.125, to be eligible to apply  
68.26 for the licensed independent clinical social worker license.

68.27 (d) The supervisee and supervisor are required to adjust the rate of supervision  
68.28 obtained based on the ratio of four hours of supervision during every 160 hours of practice  
68.29 to ensure compliance with the requirements in subdivision 1a.

68.30 Sec. 32. Minnesota Statutes 2008, section 148E.110, is amended by adding a  
68.31 subdivision to read:



69.1 Subd. 6. Practice requirements after licensure as licensed independent social  
 69.2 worker; clinical social work practice. (a) The supervision required by subdivision 5  
 69.3 must be obtained:

69.4 (1) in no less than 4,000 hours and no more than 8,000 hours of postgraduate clinical  
 69.5 social work practice authorized by law, including at least 1,800 hours of direct clinical  
 69.6 client contact; and

69.7 (2) a minimum of four hours and a maximum of eight hours of supervision must be  
 69.8 obtained during every 160 hours of practice.

69.9 (b) Notwithstanding paragraph (a), clause (1), direct clinical client contact hours  
 69.10 are not: (1) required prior to August 1, 2011, and (2) required of a licensed independent  
 69.11 social worker engaged in clinical practice with a licensed independent social worker  
 69.12 license issue date prior to August 1, 2011.

69.13 Sec. 33. Minnesota Statutes 2008, section 148E.110, is amended by adding a  
 69.14 subdivision to read:

69.15 Subd. 7. Supervision; clinical social work practice after licensure as licensed  
 69.16 independent social worker. Of the 200 hours of supervision required under subdivision 5:

69.17 (1) 100 hours must be provided through one-on-one supervision, including:

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

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

69.21 (2) 100 hours must be provided through:

69.22 (i) one-on-one supervision; or

69.23 (ii) group supervision.

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

69.27 Sec. 34. Minnesota Statutes 2008, section 148E.110, is amended by adding a  
 69.28 subdivision to read:

69.29 Subd. 8. Supervision; clinical social work practice after licensure. The  
 69.30 supervision required by subdivision 5 must be provided by a supervisor who meets the  
 69.31 requirements specified in section 148E.120. The supervision must be provided by a:

69.32 (1) licensed independent clinical social worker; or

69.33 (2) supervisor who meets the requirements specified in section 148E.120,  
 69.34 subdivision 2.

70.1 Sec. 35. Minnesota Statutes 2008, section 148E.110, is amended by adding a  
70.2 subdivision to read:

70.3 Subd. 9. **Supervisee requirements; clinical social work practice after licensure.**

70.4 The supervisee must:

70.5 (1) to the satisfaction of the supervisor, practice competently and ethically according  
70.6 to professional social work knowledge, skills, and values;

70.7 (2) receive supervision in the following content areas:

70.8 (i) development of professional values and responsibilities;

70.9 (ii) practice skills;

70.10 (iii) authorized scope of practice;

70.11 (iv) ensuring continuing competence; and

70.12 (v) ethical standards of practice;

70.13 (3) submit a supervision plan according to section 148E.125, subdivision 1; and

70.14 (4) verify supervised practice according to section 148E.125, subdivision 3, when:

70.15 (i) a licensed independent social worker applies for the renewal of a license; or

70.16 (ii) a licensed independent social worker applies for a licensed independent clinical

70.17 social worker license.

70.18 Sec. 36. Minnesota Statutes 2008, section 148E.110, is amended by adding a  
70.19 subdivision to read:

70.20 Subd. 10. **Limit on practice of clinical social work.** (a) Except as provided in  
70.21 paragraph (b), a licensed independent social worker must not engage in clinical social  
70.22 work practice under supervision for more than 8,000 hours. In order to practice clinical  
70.23 social work for more than 8,000 hours, a licensed independent social worker must obtain a  
70.24 licensed independent clinical social worker license.

70.25 (b) Notwithstanding the requirements of paragraph (a), the board may grant a  
70.26 licensed independent social worker permission to engage in clinical social work practice  
70.27 for more than 8,000 hours if the licensed independent social worker petitions the board  
70.28 and demonstrates to the board's satisfaction that for reasons of personal hardship the  
70.29 licensed independent social worker should be granted an extension to continue practicing  
70.30 clinical social work under supervision for up to an additional 2,000 hours.

70.31 Sec. 37. Minnesota Statutes 2008, section 148E.110, is amended by adding a  
70.32 subdivision to read:

70.33 Subd. 11. **Eligibility for licensure; licensed independent clinical social worker.**

70.34 Upon completion of not less than 4,000 hours and not more than 8,000 hours of clinical

71.1 social work practice, including at least 1,800 hours of direct clinical client contact and 200  
71.2 hours of supervision according to the requirements of this section, a licensed independent  
71.3 social worker is eligible to apply for a licensed independent clinical social worker license  
71.4 under section 148E.115, subdivision 1.

71.5 Sec. 38. Minnesota Statutes 2008, section 148E.110, is amended by adding a  
71.6 subdivision to read:

71.7 Subd. 12. **Verification of supervised practice.** A social worker and the social  
71.8 worker's supervisor must submit verification that the supervisee has met or has made  
71.9 progress on meeting the applicable supervision requirements according to section  
71.10 148E.125, subdivision 3.

71.11 Sec. 39. Minnesota Statutes 2008, section 148E.115, subdivision 1, is amended to read:

71.12 Subdivision 1. **Supervision required before licensure; licensed independent**  
71.13 **clinical social worker.** Before becoming licensed as a licensed independent clinical social  
71.14 worker, a person must have obtained at least 200 hours of supervision ~~during~~ at the rate  
71.15 of a minimum of four and a maximum of eight hours of supervision for every 160 hours  
71.16 of practice, in not less than 4,000 hours and not more than 8,000 hours of postgraduate  
71.17 clinical practice required by law, including at least 1,800 hours of direct clinical client  
71.18 contact, according to the requirements of section 148E.106.

71.19 Sec. 40. Minnesota Statutes 2008, section 148E.115, is amended by adding a  
71.20 subdivision to read:

71.21 Subd. 1a. **Supervised practice obtained prior to August 1, 2011.** (a)  
71.22 Notwithstanding subdivisions 1 and 2, applicants and licensees who have completed hours  
71.23 of supervised practice prior to August 1, 2011, which comply with sections 148D.100 to  
71.24 148D.125, may have that supervised practice applied to the licensing requirement.

71.25 (b) Any additional hours of supervised practice obtained on or after August 1, 2011,  
71.26 must comply with the increased requirements in this section.

71.27 (c) Notwithstanding subdivision 1, in order to qualify for the licensed independent  
71.28 clinical social work license, direct clinical client contact hours are not:

71.29 (1) required prior to August 1, 2011; and

71.30 (2) required of either a licensed graduate social worker or a licensed independent  
71.31 social worker engaged in clinical practice with a license issued prior to August 1, 2011.

72.1 Sec. 41. Minnesota Statutes 2008, section 148E.120, is amended to read:

72.2 **148E.120 REQUIREMENTS OF SUPERVISORS.**

72.3 Subdivision 1. **Supervisors licensed as social workers.** (a) Except as provided  
72.4 in paragraph ~~(b)~~ (d), to be eligible to provide supervision under this section, a social  
72.5 worker must:

72.6 (1) ~~have at least 2,000 hours of experience in authorized social work practice. If~~  
72.7 ~~the person is providing clinical supervision, the 2,000 hours must include 1,000 hours of~~  
72.8 ~~experience in clinical practice;~~

72.9 ~~(2)~~ have completed 30 hours of training in supervision through coursework from  
72.10 an accredited college or university, or through continuing education in compliance with  
72.11 sections 148E.130 to 148E.170;

72.12 ~~(3)~~ (2) be competent in the activities being supervised; and

72.13 ~~(4)~~ (3) attest, on a form provided by the board, that the social worker has met the  
72.14 applicable requirements specified in this section and sections 148E.100 to 148E.115. The  
72.15 board may audit the information provided to determine compliance with the requirements  
72.16 of this section.

72.17 (b) A licensed independent clinical social worker providing clinical licensing  
72.18 supervision to a licensed graduate social worker or a licensed independent social worker  
72.19 must have at least 2,000 hours of experience in authorized social work practice, including  
72.20 1,000 hours of experience in clinical practice after obtaining a licensed independent  
72.21 clinical social work license.

72.22 (c) A licensed social worker, licensed graduate social worker, licensed independent  
72.23 social worker, or licensed independent clinical social worker providing nonclinical  
72.24 licensing supervision must have completed the supervised practice requirements specified  
72.25 in section 148E.100, 148E.105, 148E.106, 148E.110, or 148E.115, as applicable.

72.26 ~~(b)~~ (d) If the board determines that supervision is not obtainable from an individual  
72.27 meeting the requirements specified in paragraph (a), the board may approve an alternate  
72.28 supervisor according to subdivision 2.

72.29 Subd. 2. **Alternate supervisors.** (a) The board may approve an alternate supervisor  
72.30 if:

72.31 (1) the board determines that supervision is not obtainable according to paragraph  
72.32 (b);

72.33 (2) the licensee requests in the supervision plan submitted according to section  
72.34 148E.125, subdivision 1, that an alternate supervisor conduct the supervision;

72.35 (3) the licensee describes the proposed supervision and the name and qualifications  
72.36 of the proposed alternate supervisor; and

- 73.1 (4) the requirements of paragraph (d) are met.
- 73.2 (b) The board may determine that supervision is not obtainable if:
- 73.3 (1) the licensee provides documentation as an attachment to the supervision plan
- 73.4 submitted according to section 148E.125, subdivision 1, that the licensee has conducted a
- 73.5 thorough search for a supervisor meeting the applicable licensure requirements specified
- 73.6 in sections 148E.100 to 148E.115;
- 73.7 (2) the licensee demonstrates to the board's satisfaction that the search was
- 73.8 unsuccessful; and
- 73.9 (3) the licensee describes the extent of the search and the names and locations of
- 73.10 the persons and organizations contacted.
- 73.11 (c) The requirements specified in paragraph (b) do not apply to obtaining licensing
- 73.12 supervision for ~~clinical social work~~ practice if the board determines that there are five or
- 73.13 fewer ~~licensed independent clinical social workers~~ supervisors meeting the applicable
- 73.14 licensure requirements in sections 148E.100 to 148E.115 in the county where the licensee
- 73.15 practices social work.
- 73.16 (d) An alternate supervisor must:
- 73.17 (1) be an unlicensed social worker who is employed in, and provides the supervision
- 73.18 in, a setting exempt from licensure by section 148E.065, and who has qualifications
- 73.19 equivalent to the applicable requirements specified in sections 148E.100 to 148E.115;
- 73.20 (2) be a social worker engaged in authorized practice in Iowa, Manitoba, North
- 73.21 Dakota, Ontario, South Dakota, or Wisconsin, and has the qualifications equivalent to the
- 73.22 applicable requirements specified in sections 148E.100 to 148E.115; or
- 73.23 (3) be a licensed marriage and family therapist or a mental health professional
- 73.24 as established by section 245.462, subdivision 18, or 245.4871, subdivision 27, or an
- 73.25 equivalent mental health professional, as determined by the board, who is licensed or
- 73.26 credentialed by a state, territorial, provincial, or foreign licensing agency.
- 73.27 (e) In order to qualify to provide clinical supervision of a licensed graduate social
- 73.28 worker or licensed independent social worker engaged in clinical practice, the alternate
- 73.29 supervisor must be a mental health professional as established by section 245.462,
- 73.30 subdivision 18, or 245.4871, subdivision 27, or an equivalent mental health professional,
- 73.31 as determined by the board, who is licensed or credentialed by a state, territorial,
- 73.32 provincial, or foreign licensing agency.
- 73.33 Sec. 42. Minnesota Statutes 2008, section 148E.125, subdivision 1, is amended to read:

74.1           Subdivision 1. **Supervision plan.** (a) A social worker must submit, on a form  
74.2 provided by the board, a supervision plan for meeting the supervision requirements  
74.3 specified in sections 148E.100 to 148E.120.

74.4           (b) The supervision plan must be submitted no later than ~~90~~ 60 days after the  
74.5 licensee begins a social work practice position after becoming licensed.

74.6           (c) For failure to submit the supervision plan within ~~90~~ 60 days after beginning a  
74.7 social work practice position, a licensee must pay the supervision plan late fee specified in  
74.8 section 148E.180 when the licensee applies for license renewal.

74.9           (d) A license renewal application submitted according to paragraph (a) must not be  
74.10 approved unless the board has received a supervision plan.

74.11           (e) The supervision plan must include the following:

74.12           (1) the name of the supervisee, the name of the agency in which the supervisee is  
74.13 being supervised, and the supervisee's position title;

74.14           (2) the name and qualifications of the person providing the supervision;

74.15           (3) the number of hours of one-on-one in-person supervision and the number and  
74.16 type of additional hours of supervision to be completed by the supervisee;

74.17           (4) the supervisee's position description;

74.18           (5) a brief description of the supervision the supervisee will receive in the following  
74.19 content areas:

74.20           (i) clinical practice, if applicable;

74.21           (ii) development of professional social work knowledge, skills, and values;

74.22           (iii) practice methods;

74.23           (iv) authorized scope of practice;

74.24           (v) ensuring continuing competence; and

74.25           (vi) ethical standards of practice; and

74.26           (6) if applicable, a detailed description of the supervisee's clinical social work  
74.27 practice, addressing:

74.28           (i) the client population, the range of presenting issues, and the diagnoses;

74.29           (ii) the clinical modalities that were utilized; and

74.30           (iii) the process utilized for determining clinical diagnoses, including the diagnostic  
74.31 instruments used and the role of the supervisee in the diagnostic process.

74.32           (f) The board must receive a revised supervision plan within ~~90~~ 60 days of any  
74.33 of the following changes:

74.34           (1) the supervisee has a new supervisor;

74.35           (2) the supervisee begins a new social work position;

74.36           (3) the scope or content of the supervisee's social work practice changes substantially;

- 75.1 (4) the number of practice or supervision hours changes substantially; or
- 75.2 (5) the type of supervision changes as supervision is described in section 148E.100,
- 75.3 subdivision 3, or 148E.105, subdivision 3, or as required in section 148E.115.
- 75.4 (g) For failure to submit a revised supervision plan as required in paragraph (f), a
- 75.5 supervisee must pay the supervision plan late fee specified in section 148E.180, when
- 75.6 the supervisee applies for license renewal.
- 75.7 (h) The board must approve the supervisor and the supervision plan.

75.8 Sec. 43. Minnesota Statutes 2008, section 148E.125, subdivision 3, is amended to read:

75.9 Subd. 3. **Verification of supervised practice.** (a) ~~In addition to receiving the~~

75.10 ~~attestation required under subdivision 2;~~ The board must receive verification of supervised

75.11 practice if when:

75.12 (1) ~~the board audits the supervision of a supervisee~~ licensee submits the license

75.13 renewal application form; or

75.14 (2) an applicant applies for a license as a licensed independent social worker or as a

75.15 licensed independent clinical social worker.

75.16 (b) When verification of supervised practice is required according to paragraph (a),

75.17 the board must receive from the supervisor the following information on a form provided

75.18 by the board:

75.19 (1) the name of the supervisee, the name of the agency in which the supervisee is

75.20 being supervised, and the supervisee's position title;

75.21 (2) the name and qualifications of the supervisor;

75.22 (3) the number of hours and dates of each type of supervision completed;

75.23 (4) the supervisee's position description;

75.24 (5) a declaration that the supervisee has not engaged in conduct in violation of the

75.25 standards of practice specified in sections 148E.195 to 148E.240;

75.26 (6) a declaration that the supervisee has practiced ethically and competently

75.27 according to professional social work knowledge, skills, and values;

75.28 (7) a list of the content areas in which the supervisee has received supervision,

75.29 including the following:

75.30 (i) clinical practice, if applicable;

75.31 (ii) development of professional social work knowledge, skills, and values;

75.32 (iii) practice methods;

75.33 (iv) authorized scope of practice;

75.34 (v) ensuring continuing competence; and

75.35 (vi) ethical standards of practice; and

76.1 (8) if applicable, a detailed description of the supervisee's clinical social work  
76.2 practice, addressing:

76.3 (i) the client population, the range of presenting issues, and the diagnoses;

76.4 (ii) the clinical modalities that were utilized; and

76.5 (iii) the process utilized for determining clinical diagnoses, including the diagnostic  
76.6 instruments used and the role of the supervisee in the diagnostic process.

76.7 (c) The information provided on the verification form must demonstrate to the board's  
76.8 satisfaction that the supervisee has met the applicable supervised practice requirements.

76.9 Sec. 44. Minnesota Statutes 2008, section 148E.130, is amended by adding a  
76.10 subdivision to read:

76.11 Subd. 1a. **Increased clock hours required effective August 1, 2011.** (a) The clock  
76.12 hours specified in subdivisions 1 and 4 to 6 apply to all new licenses issued effective  
76.13 August 1, 2011, under section 148E.055.

76.14 (b) Any licensee issued a license prior to August 1, 2011, under section 148D.055  
76.15 must comply with the increased clock hours in subdivisions 1 and 4 to 6, and must  
76.16 document the clock hours at the first two-year renewal term after August 1, 2011.

76.17 Sec. 45. Minnesota Statutes 2008, section 148E.130, subdivision 2, is amended to read:

76.18 Subd. 2. **Ethics requirement.** At least two of the clock hours required under  
76.19 subdivision 1 must be in social work ethics, including at least one of the following:

76.20 (1) the history and evolution of values and ethics in social work;

76.21 (2) ethics theories;

76.22 (3) professional standards of social work practice, as specified in the ethical codes of  
76.23 the National Association of Social Workers, the Association of Canadian Social Workers,  
76.24 the Clinical Social Work Federation, and the Council on Social Work Education;

76.25 (4) the legal requirements and other considerations for each jurisdiction that  
76.26 registers, certifies, or licenses social workers; or

76.27 (5) the ethical decision-making process.

76.28 Sec. 46. Minnesota Statutes 2008, section 148E.130, subdivision 5, is amended to read:

76.29 Subd. 5. **Independent study.** Independent study must not consist of more than ~~ten~~  
76.30 15 clock hours of continuing education per renewal term. Independent study must be for  
76.31 publication, public presentation, or professional development. Independent study includes,  
76.32 but is not limited to, electronic study. For purposes of subdivision ~~6~~ 4, independent study  
76.33 includes consultation ~~with an experienced supervisor regarding the practice of supervision~~



77.1 or training regarding supervision with a licensed professional who has demonstrated  
77.2 supervisory skills.

77.3 Sec. 47. Minnesota Statutes 2008, section 148E.165, subdivision 1, is amended to read:

77.4 Subdivision 1. **Records retention; licensees.** For one year following the expiration  
77.5 date of a license, the licensee must maintain documentation of clock hours earned during  
77.6 the previous renewal term. The documentation must include the following:

77.7 (1) for educational workshops or seminars offered by an organization or at a  
77.8 conference, a copy of the certificate of attendance issued by the presenter or sponsor  
77.9 giving the following information:

77.10 (i) the name of the sponsor or presenter of the program;

77.11 (ii) the title of the workshop or seminar;

77.12 (iii) the dates the licensee participated in the program; and

77.13 (iv) the number of clock hours completed;

77.14 (2) for academic coursework offered by an institution of higher learning, a copy of a  
77.15 transcript giving the following information:

77.16 (i) the name of the institution offering the course;

77.17 (ii) the title of the course;

77.18 (iii) the dates the licensee participated in the course; and

77.19 (iv) the number of credits completed;

77.20 (3) for staff training offered by public or private employers, a copy of the certificate  
77.21 of attendance issued by the employer giving the following information:

77.22 (i) the name of the employer;

77.23 (ii) the title of the staff training;

77.24 (iii) the dates the licensee participated in the program; and

77.25 (iv) the number of clock hours completed; and

77.26 (4) for independent study, including electronic study, or consultation or training  
77.27 regarding supervision, a written summary of the study activity conducted, including the  
77.28 following information:

77.29 (i) the topics ~~studied~~ covered;

77.30 (ii) a description of the applicability of the study activity to the licensee's authorized  
77.31 scope of practice;

77.32 (iii) the titles and authors of books and articles consulted or the name of the  
77.33 organization offering the study activity, or the name and title of the licensed professional  
77.34 consulted regarding supervision;

77.35 (iv) the dates the licensee conducted the study activity; and

78.1 (v) the number of clock hours the licensee conducted the study activity.

78.2 Sec. 48. **REPEALER.**

78.3 Minnesota Statutes 2008, sections 148E.106, subdivision 6; and 148E.125,  
78.4 subdivision 2, are repealed August 1, 2011.

78.5 Sec. 49. **EFFECTIVE DATE.**

78.6 Sections 1 to 47 are effective August 1, 2011.

## 78.7 **ARTICLE 10**

### 78.8 **DENTAL THERAPIST**

78.9 Section 1. Minnesota Statutes 2008, section 150A.01, is amended by adding a  
78.10 subdivision to read:

78.11 Subd. 6b. **Dental therapist.** "Dental therapist" means a person licensed under this  
78.12 chapter to perform the services authorized under section 150A.105 or any other services  
78.13 authorized under this chapter.

78.14 Sec. 2. Minnesota Statutes 2008, section 150A.01, is amended by adding a subdivision  
78.15 to read:

78.16 Subd. 6c. **Advanced dental therapist.** "Advanced dental therapist" means a person  
78.17 licensed as a dental therapist under this chapter and who has been certified by the board to  
78.18 practice as an advanced dental therapist under section 150A.106.

78.19 Sec. 3. Minnesota Statutes 2008, section 150A.05, is amended by adding a subdivision  
78.20 to read:

78.21 Subd. 1b. **Practice of dental therapy.** A person shall be deemed to be practicing as  
78.22 a dental therapist within the meaning of this chapter who:

78.23 (1) works under the supervision of a Minnesota-licensed dentist under a collaborative  
78.24 management agreement as specified under section 150A.105;

78.25 (2) practices in settings that serve low-income, uninsured, and underserved patients  
78.26 or are located in dental health professional shortage areas; and

78.27 (3) provides oral health care services, including preventive, primary diagnostic,  
78.28 educational, palliative, therapeutic, and restorative services as authorized under sections  
78.29 150A.105 and 150A.106 and within the context of a collaborative management agreement.

78.30 Sec. 4. Minnesota Statutes 2008, section 150A.05, subdivision 2, is amended to read:

79.1 Subd. 2. **Exemptions and exceptions of certain practices and operations.**

79.2 Sections 150A.01 to 150A.12 do not apply to:

79.3 (1) the practice of dentistry or dental hygiene in any branch of the armed services of  
79.4 the United States, the United States Public Health Service, or the United States Veterans  
79.5 Administration;

79.6 (2) the practice of dentistry, dental hygiene, or dental assisting by undergraduate  
79.7 dental students, dental therapy students, dental hygiene students, and dental assisting  
79.8 students of the University of Minnesota, schools of dental hygiene, schools with a dental  
79.9 therapy education program, or schools of dental assisting approved by the board, when  
79.10 acting under the direction and supervision of a licensed dentist, a licensed dental therapist,  
79.11 or a licensed dental hygienist acting as an instructor;

79.12 (3) the practice of dentistry by licensed dentists of other states or countries while  
79.13 appearing as clinicians under the auspices of a duly approved dental school or college, or a  
79.14 reputable dental society, or a reputable dental study club composed of dentists;

79.15 (4) the actions of persons while they are taking examinations for licensure or  
79.16 registration administered or approved by the board pursuant to sections 150A.03,  
79.17 subdivision 1, and 150A.06, subdivisions 1, 2, and 2a;

79.18 (5) the practice of dentistry by dentists and dental hygienists licensed by other states  
79.19 during their functioning as examiners responsible for conducting licensure or registration  
79.20 examinations administered by regional and national testing agencies with whom the  
79.21 board is authorized to affiliate and participate under section 150A.03, subdivision 1,  
79.22 and the practice of dentistry by the regional and national testing agencies during their  
79.23 administering examinations pursuant to section 150A.03, subdivision 1;

79.24 (6) the use of X-rays or other diagnostic imaging modalities for making radiographs  
79.25 or other similar records in a hospital under the supervision of a physician or dentist or  
79.26 by a person who is credentialed to use diagnostic imaging modalities or X-ray machines  
79.27 for dental treatment, roentgenograms, or dental diagnostic purposes by a credentialing  
79.28 agency other than the Board of Dentistry; or

79.29 (7) the service, other than service performed directly upon the person of a patient, of  
79.30 constructing, altering, repairing, or duplicating any denture, partial denture, crown, bridge,  
79.31 splint, orthodontic, prosthetic, or other dental appliance, when performed according to a  
79.32 written work order from a licensed dentist or a licensed advanced dental therapist in  
79.33 accordance with section 150A.10, subdivision 3.

79.34 Sec. 5. Minnesota Statutes 2008, section 150A.06, is amended by adding a subdivision  
79.35 to read:

80.1 Subd. 1d. **Dental therapists.** A person of good moral character who has graduated  
80.2 with a baccalaureate degree or a master's degree from a dental therapy education program  
80.3 that has been approved by the board or accredited by the American Dental Association  
80.4 Commission on Dental Accreditation or another board-approved national accreditation  
80.5 organization may apply for licensure.

80.6 The applicant must submit an application and fee as prescribed by the board and a  
80.7 diploma or certificate from a dental therapy education program. Prior to being licensed,  
80.8 the applicant must pass a comprehensive, competency-based clinical examination that is  
80.9 approved by the board and administered independently of an institution providing dental  
80.10 therapy education. The applicant must also pass an examination testing the applicant's  
80.11 knowledge of the Minnesota laws and rules relating to the practice of dentistry. An  
80.12 applicant who has failed the clinical examination twice is ineligible to retake the clinical  
80.13 examination until further education and training are obtained as specified by the board. A  
80.14 separate, nonrefundable fee may be charged for each time a person applies. An applicant  
80.15 who passes the examination in compliance with subdivision 2b, abides by professional  
80.16 ethical conduct requirements, and meets all the other requirements of the board shall  
80.17 be licensed as a dental therapist.

80.18 Sec. 6. Minnesota Statutes 2008, section 150A.06, is amended by adding a subdivision  
80.19 to read:

80.20 Subd. 1f. **Resident dental providers.** A person who is a graduate of an  
80.21 undergraduate program and is an enrolled graduate student of an advanced dental  
80.22 education program shall obtain from the board a license to practice as a resident dental  
80.23 hygienist or dental therapist. The license must be designated "resident dental provider  
80.24 license" and authorizes the licensee to practice only under the supervision of a licensed  
80.25 dentist or licensed dental therapist. A resident dental provider license must be renewed  
80.26 annually by the board. An applicant for a resident dental provider license shall pay a  
80.27 nonrefundable fee set by the board for issuing and renewing the license. The requirements  
80.28 of sections 150A.01 to 150A.21 apply to resident dental providers except as specified in  
80.29 rules adopted by the board. A resident dental provider license does not qualify a person  
80.30 for licensure under subdivision 1d or 2.

80.31 Sec. 7. Minnesota Statutes 2008, section 150A.06, subdivision 2d, is amended to read:

80.32 Subd. 2d. **Continuing education and professional development waiver.** (a) The  
80.33 board shall grant a waiver to the continuing education requirements under this chapter for  
80.34 a licensed dentist, a licensed dental therapist, licensed dental hygienist, or registered dental

81.1 assistant who documents to the satisfaction of the board that the dentist, a dental therapist,  
81.2 dental hygienist, or registered dental assistant has retired from active practice in the state  
81.3 and limits the provision of dental care services to those offered without compensation  
81.4 in a public health, community, or tribal clinic or a nonprofit organization that provides  
81.5 services to the indigent or to recipients of medical assistance, general assistance medical  
81.6 care, or MinnesotaCare programs.

81.7 (b) The board may require written documentation from the volunteer and retired  
81.8 dentist, a dental therapist, dental hygienist, or registered dental assistant prior to granting  
81.9 this waiver.

81.10 (c) The board shall require the volunteer and retired dentist, dental therapist, dental  
81.11 hygienist, or registered dental assistant to meet the following requirements:

81.12 (1) a licensee or registrant seeking a waiver under this subdivision must complete  
81.13 and document at least five hours of approved courses in infection control, medical  
81.14 emergencies, and medical management for the continuing education cycle; and

81.15 (2) provide documentation of certification in advanced or basic cardiac life support  
81.16 recognized by the American Heart Association, the American Red Cross, or an equivalent  
81.17 entity.

81.18 Sec. 8. Minnesota Statutes 2008, section 150A.06, subdivision 5, is amended to read:

81.19 Subd. 5. **Fraud in securing licenses or registrations.** Every person implicated  
81.20 in employing fraud or deception in applying for or securing a license or registration to  
81.21 practice dentistry, dental hygiene, ~~or~~ dental therapy, or dental assisting, or in annually  
81.22 renewing a license or registration under sections 150A.01 to 150A.12 is guilty of a gross  
81.23 misdemeanor.

81.24 Sec. 9. Minnesota Statutes 2008, section 150A.06, subdivision 6, is amended to read:

81.25 Subd. 6. **Display of name and certificates.** The initial license and subsequent  
81.26 renewal, or current registration certificate, of every dentist, a dental therapist, dental  
81.27 hygienist, or dental assistant shall be conspicuously displayed in every office in which that  
81.28 person practices, in plain sight of patients. Near or on the entrance door to every office  
81.29 where dentistry is practiced, the name of each dentist practicing there, as inscribed on the  
81.30 current license certificate, shall be displayed in plain sight.

81.31 Sec. 10. Minnesota Statutes 2008, section 150A.08, subdivision 1, is amended to read:

81.32 Subdivision 1. **Grounds.** The board may refuse or by order suspend or revoke, limit  
81.33 or modify by imposing conditions it deems necessary, ~~any~~ the license to practice dentistry

- 82.1 ~~or dental hygiene~~ of a dentist, dental therapist, or dental hygienist, or the registration of  
82.2 any dental assistant upon any of the following grounds:
- 82.3 (1) fraud or deception in connection with the practice of dentistry or the securing of  
82.4 a license or registration certificate;
- 82.5 (2) conviction, including a finding or verdict of guilt, an admission of guilt, or a no  
82.6 contest plea, in any court of a felony or gross misdemeanor reasonably related to the  
82.7 practice of dentistry as evidenced by a certified copy of the conviction;
- 82.8 (3) conviction, including a finding or verdict of guilt, an admission of guilt, or a  
82.9 no contest plea, in any court of an offense involving moral turpitude as evidenced by a  
82.10 certified copy of the conviction;
- 82.11 (4) habitual overindulgence in the use of intoxicating liquors;
- 82.12 (5) improper or unauthorized prescription, dispensing, administering, or personal  
82.13 or other use of any legend drug as defined in chapter 151, of any chemical as defined in  
82.14 chapter 151, or of any controlled substance as defined in chapter 152;
- 82.15 (6) conduct unbecoming a person licensed to practice dentistry, dental therapy, or  
82.16 dental hygiene or registered as a dental assistant, or conduct contrary to the best interest of  
82.17 the public, as such conduct is defined by the rules of the board;
- 82.18 (7) gross immorality;
- 82.19 (8) any physical, mental, emotional, or other disability which adversely affects a  
82.20 dentist's, dental therapist's, dental hygienist's, or registered dental assistant's ability to  
82.21 perform the service for which the person is licensed or registered;
- 82.22 (9) revocation or suspension of a license, registration, or equivalent authority to  
82.23 practice, or other disciplinary action or denial of a license or registration application taken  
82.24 by a licensing, registering, or credentialing authority of another state, territory, or country  
82.25 as evidenced by a certified copy of the licensing authority's order, if the disciplinary action  
82.26 or application denial was based on facts that would provide a basis for disciplinary action  
82.27 under this chapter and if the action was taken only after affording the credentialed person  
82.28 or applicant notice and opportunity to refute the allegations or pursuant to stipulation  
82.29 or other agreement;
- 82.30 (10) failure to maintain adequate safety and sanitary conditions for a dental office in  
82.31 accordance with the standards established by the rules of the board;
- 82.32 (11) employing, assisting, or enabling in any manner an unlicensed person to  
82.33 practice dentistry;
- 82.34 (12) failure or refusal to attend, testify, and produce records as directed by the board  
82.35 under subdivision 7;

83.1 (13) violation of, or failure to comply with, any other provisions of sections 150A.01  
83.2 to 150A.12, the rules of the Board of Dentistry, or any disciplinary order issued by the  
83.3 board, sections 144.291 to 144.298 or 595.02, subdivision 1, paragraph (d), or for any  
83.4 other just cause related to the practice of dentistry. Suspension, revocation, modification  
83.5 or limitation of any license shall not be based upon any judgment as to therapeutic or  
83.6 monetary value of any individual drug prescribed or any individual treatment rendered,  
83.7 but only upon a repeated pattern of conduct;

83.8 (14) knowingly providing false or misleading information that is directly related  
83.9 to the care of that patient unless done for an accepted therapeutic purpose such as the  
83.10 administration of a placebo; or

83.11 (15) aiding suicide or aiding attempted suicide in violation of section 609.215 as  
83.12 established by any of the following:

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

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

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

83.19 (iv) a finding by the board that the person violated section 609.215, subdivision  
83.20 1 or 2. The board shall investigate any complaint of a violation of section 609.215,  
83.21 subdivision 1 or 2.

83.22 Sec. 11. Minnesota Statutes 2008, section 150A.08, subdivision 3a, is amended to read:

83.23 Subd. 3a. **Costs; additional penalties.** (a) The board may impose a civil penalty  
83.24 not exceeding \$10,000 for each separate violation, the amount of the civil penalty to  
83.25 be fixed so as to deprive a licensee or registrant of any economic advantage gained by  
83.26 reason of the violation, to discourage similar violations by the licensee or registrant or any  
83.27 other licensee or registrant, or to reimburse the board for the cost of the investigation and  
83.28 proceeding, including, but not limited to, fees paid for services provided by the Office of  
83.29 Administrative Hearings, legal and investigative services provided by the Office of the  
83.30 Attorney General, court reporters, witnesses, reproduction of records, board members'  
83.31 per diem compensation, board staff time, and travel costs and expenses incurred by board  
83.32 staff and board members.

83.33 (b) In addition to costs and penalties imposed under paragraph (a), the board may  
83.34 also:

- 84.1 (1) order the dentist, dental therapist, dental hygienist, or dental assistant to provide  
84.2 unremunerated service;
- 84.3 (2) censure or reprimand the dentist, dental therapist, dental hygienist, or dental  
84.4 assistant; or
- 84.5 (3) any other action as allowed by law and justified by the facts of the case.

84.6 Sec. 12. Minnesota Statutes 2008, section 150A.08, subdivision 5, is amended to read:

84.7 Subd. 5. **Medical examinations.** If the board has probable cause to believe that a  
84.8 dentist, dental therapist, dental hygienist, registered dental assistant, or applicant engages  
84.9 in acts described in subdivision 1, clause (4) or (5), or has a condition described in  
84.10 subdivision 1, clause (8), it shall direct the dentist, dental therapist, dental hygienist,  
84.11 assistant, or applicant to submit to a mental or physical examination or a chemical  
84.12 dependency assessment. For the purpose of this subdivision, every dentist, dental  
84.13 therapist, hygienist, or assistant licensed or registered under this chapter or person  
84.14 submitting an application for a license or registration is deemed to have given consent  
84.15 to submit to a mental or physical examination when directed in writing by the board and  
84.16 to have waived all objections in any proceeding under this section to the admissibility  
84.17 of the examining physician's testimony or examination reports on the ground that they  
84.18 constitute a privileged communication. Failure to submit to an examination without just  
84.19 cause may result in an application being denied or a default and final order being entered  
84.20 without the taking of testimony or presentation of evidence, other than evidence which  
84.21 may be submitted by affidavit, that the licensee, registrant, or applicant did not submit to  
84.22 the examination. A dentist, dental therapist, dental hygienist, registered dental assistant,  
84.23 or applicant affected under this section shall at reasonable intervals be afforded an  
84.24 opportunity to demonstrate ability to start or resume the competent practice of dentistry or  
84.25 perform the duties of a dental therapist, dental hygienist, or registered dental assistant with  
84.26 reasonable skill and safety to patients. In any proceeding under this subdivision, neither  
84.27 the record of proceedings nor the orders entered by the board is admissible, is subject to  
84.28 subpoena, or may be used against the dentist, dental therapist, dental hygienist, registered  
84.29 dental assistant, or applicant in any proceeding not commenced by the board. Information  
84.30 obtained under this subdivision shall be classified as private pursuant to the Minnesota  
84.31 Government Data Practices Act.

84.32 Sec. 13. Minnesota Statutes 2008, section 150A.09, subdivision 1, is amended to read:

84.33 Subdivision 1. **Registration information and procedure.** On or before the license  
84.34 or registration certificate expiration date every licensed dentist, dental therapist, dental



85.1 hygienist, and registered dental assistant shall transmit to the executive secretary of the  
85.2 board, pertinent information required by the board, together with the fee established by  
85.3 the board. At least 30 days before a license or registration certificate expiration date,  
85.4 the board shall send a written notice stating the amount and due date of the fee and the  
85.5 information to be provided to every licensed dentist, dental therapist, dental hygienist,  
85.6 and registered dental assistant.

85.7 Sec. 14. Minnesota Statutes 2008, section 150A.09, subdivision 3, is amended to read:

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

85.15 Sec. 15. Minnesota Statutes 2008, section 150A.091, subdivision 2, is amended to read:

85.16 Subd. 2. **Application fees.** Each applicant for licensure or registration shall submit  
85.17 with a license or registration application a nonrefundable fee in the following amounts in  
85.18 order to administratively process an application:

- 85.19 (1) dentist, \$140;  
85.20 (2) limited faculty dentist, \$140;  
85.21 (3) resident dentist, \$55;  
85.22 (4) dental therapist, \$100;  
85.23 (5) dental hygienist, \$55;  
85.24 ~~(5)~~ (6) registered dental assistant, \$35; and  
85.25 ~~(6)~~ (7) dental assistant with a limited registration, \$15.

85.26 Sec. 16. Minnesota Statutes 2008, section 150A.091, subdivision 3, is amended to read:

85.27 Subd. 3. **Initial license or registration fees.** Along with the application fee, each of  
85.28 the following licensees or registrants shall submit a separate prorated initial license or  
85.29 registration fee. The prorated initial fee shall be established by the board based on the  
85.30 number of months of the licensee's or registrant's initial term as described in Minnesota  
85.31 Rules, part 3100.1700, subpart 1a, not to exceed the following monthly fee amounts:

- 85.32 (1) dentist, \$14 times the number of months of the initial term;  
85.33 (2) dental therapist, \$10 times the number of months of initial term;

86.1 (3) dental hygienist, \$5 times the number of months of the initial term;  
 86.2 ~~(3)~~ (4) registered dental assistant, \$3 times the number of months of initial term; and  
 86.3 ~~(4)~~ (5) dental assistant with a limited registration, \$1 times the number of months  
 86.4 of the initial term.

86.5 Sec. 17. Minnesota Statutes 2008, section 150A.091, subdivision 5, is amended to read:

86.6 Subd. 5. **Biennial license or registration fees.** Each of the following licensees or  
 86.7 registrants shall submit with a biennial license or registration renewal application a fee as  
 86.8 established by the board, not to exceed the following amounts:

- 86.9 (1) dentist, \$336;
- 86.10 (2) dental therapist, \$180;
- 86.11 (3) dental hygienist, \$118;
- 86.12 ~~(3)~~ (4) registered dental assistant, \$80; and
- 86.13 ~~(4)~~ (5) dental assistant with a limited registration, \$24.

86.14 Sec. 18. Minnesota Statutes 2008, section 150A.091, subdivision 8, is amended to read:

86.15 Subd. 8. **Duplicate license or registration fee.** Each licensee or registrant shall  
 86.16 submit, with a request for issuance of a duplicate of the original license or registration, or  
 86.17 of an annual or biennial renewal of it, a fee in the following amounts:

- 86.18 (1) original dentist, dental therapist, or dental hygiene license, \$35; and
- 86.19 (2) initial and renewal registration certificates and license renewal certificates, \$10.

86.20 Sec. 19. Minnesota Statutes 2008, section 150A.091, subdivision 10, is amended to  
 86.21 read:

86.22 Subd. 10. **Reinstatement fee.** No dentist, dental therapist, dental hygienist, or  
 86.23 registered dental assistant whose license or registration has been suspended or revoked  
 86.24 may have the license or registration reinstated or a new license or registration issued until  
 86.25 a fee has been submitted to the board in the following amounts:

- 86.26 (1) dentist, \$140;
- 86.27 (2) dental therapist, \$85;
- 86.28 (3) dental hygienist, \$55; and
- 86.29 ~~(3)~~ (4) registered dental assistant, \$35.

86.30 Sec. 20. Minnesota Statutes 2008, section 150A.10, subdivision 1, is amended to read:

86.31 Subdivision 1. **Dental hygienists.** Any licensed dentist, licensed dental therapist,  
 86.32 public institution, or school authority may obtain services from a licensed dental hygienist.

87.1 ~~Such~~ The licensed dental hygienist may provide those services defined in section 150A.05,  
 87.2 subdivision 1a. ~~Such~~ The services provided shall not include the establishment of a final  
 87.3 diagnosis or treatment plan for a dental patient. ~~Such~~ All services shall be provided  
 87.4 under supervision of a licensed dentist. Any licensed dentist who shall permit any dental  
 87.5 service by a dental hygienist other than those authorized by the Board of Dentistry, shall  
 87.6 be deemed to be violating the provisions of sections 150A.01 to 150A.12, and any ~~such~~  
 87.7 unauthorized dental service by a dental hygienist shall constitute a violation of sections  
 87.8 150A.01 to 150A.12.

87.9 Sec. 21. Minnesota Statutes 2008, section 150A.10, subdivision 2, is amended to read:

87.10 Subd. 2. **Dental assistants.** Every licensed dentist and dental therapist who uses  
 87.11 the services of any unlicensed person for the purpose of assistance in the practice of  
 87.12 dentistry or dental therapy shall be responsible for the acts of such unlicensed person  
 87.13 while engaged in such assistance. ~~Such~~ The dentist or dental therapist shall permit ~~such~~  
 87.14 the unlicensed assistant to perform only those acts which are authorized to be delegated to  
 87.15 unlicensed assistants by the Board of Dentistry. ~~Such~~ The acts shall be performed under  
 87.16 supervision of a licensed dentist or dental therapist. A licensed dental therapist shall not  
 87.17 supervise more than four registered dental assistants at any one practice setting. The  
 87.18 board may permit differing levels of dental assistance based upon recognized educational  
 87.19 standards, approved by the board, for the training of dental assistants. The board may also  
 87.20 define by rule the scope of practice of registered and nonregistered dental assistants. The  
 87.21 board by rule may require continuing education for differing levels of dental assistants,  
 87.22 as a condition to their registration or authority to perform their authorized duties. Any  
 87.23 licensed dentist or dental therapist who ~~shall permit such~~ permits an unlicensed assistant  
 87.24 to perform any dental service other than that authorized by the board shall be deemed to  
 87.25 be enabling an unlicensed person to practice dentistry, and commission of such an act by  
 87.26 ~~such an~~ unlicensed assistant shall constitute a violation of sections 150A.01 to 150A.12.

87.27 Sec. 22. Minnesota Statutes 2008, section 150A.10, subdivision 3, is amended to read:

87.28 Subd. 3. **Dental technicians.** Every licensed dentist and dental therapist who uses  
 87.29 the services of any unlicensed person, other than under the dentist's or dental therapist's  
 87.30 supervision and within ~~such dentist's own office~~ the same practice setting, for the purpose  
 87.31 of constructing, altering, repairing or duplicating any denture, partial denture, crown,  
 87.32 bridge, splint, orthodontic, prosthetic or other dental appliance, shall be required to furnish  
 87.33 such unlicensed person with a written work order in such form as shall be prescribed by  
 87.34 the rules of the board; ~~said~~. The work order shall be made in duplicate form, a duplicate

88.1 copy to be retained in a permanent file ~~in of the dentist's office~~ dentist or dental therapist at  
88.2 the practice setting for a period of two years, and the original to be retained in a permanent  
88.3 file for a period of two years by ~~such the~~ unlicensed person in that person's place of  
88.4 business. ~~Such~~ The permanent file of work orders to be kept by such the dentist, dental  
88.5 therapist, or by such the unlicensed person shall be open to inspection at any reasonable  
88.6 time by the board or its duly constituted agent.

88.7 Sec. 23. Minnesota Statutes 2008, section 150A.10, subdivision 4, is amended to read:

88.8 Subd. 4. **Restorative procedures.** (a) Notwithstanding subdivisions 1, 1a, and 2,  
88.9 a licensed dental hygienist or a registered dental assistant may perform the following  
88.10 restorative procedures:

- 88.11 (1) place, contour, and adjust amalgam restorations;  
88.12 (2) place, contour, and adjust glass ionomer;  
88.13 (3) adapt and cement stainless steel crowns; and  
88.14 (4) place, contour, and adjust class I and class V supragingival composite restorations  
88.15 where the margins are entirely within the enamel.

88.16 (b) The restorative procedures described in paragraph (a) may be performed only if:

88.17 (1) the licensed dental hygienist or the registered dental assistant has completed a  
88.18 board-approved course on the specific procedures;

88.19 (2) the board-approved course includes a component that sufficiently prepares the  
88.20 dental hygienist or registered dental assistant to adjust the occlusion on the newly placed  
88.21 restoration;

88.22 (3) a licensed dentist or licensed advanced dental therapist has authorized the  
88.23 procedure to be performed; and

88.24 (4) a licensed dentist or licensed advanced dental therapist is available in the clinic  
88.25 while the procedure is being performed.

88.26 (c) The dental faculty who teaches the educators of the board-approved courses  
88.27 specified in paragraph (b) must have prior experience teaching these procedures in an  
88.28 accredited dental education program.

88.29 Sec. 24. **[150A.105] DENTAL THERAPIST.**

88.30 Subdivision 1. General. A dental therapist licensed under this chapter shall practice  
88.31 under the supervision of a Minnesota-licensed dentist and under the requirements of  
88.32 this chapter.

89.1            Subd. 2. **Limited practice settings.** A dental therapist licensed under this chapter  
89.2 is limited to primarily practicing in settings that serve low-income, uninsured, and  
89.3 underserved patients or in a dental health professional shortage area.

89.4            Subd. 3. **Collaborative management agreement.** (a) Prior to performing any of  
89.5 the services authorized under this chapter, a dental therapist must enter into a written  
89.6 collaborative management agreement with a Minnesota-licensed dentist. A collaborating  
89.7 dentist is limited to entering into a collaborative agreement with no more than five  
89.8 advanced dental therapists at any one time. The agreement must include:

89.9            (1) practice settings where services may be provided and the populations to be  
89.10 served;

89.11            (2) any limitations on the services that may be provided by the dental therapist,  
89.12 including the level of supervision required by the collaborating dentist;

89.13            (3) age and procedure specific practice protocols, including case selection criteria,  
89.14 assessment guidelines, and imaging frequency;

89.15            (4) a procedure for creating and maintaining dental records for the patients that  
89.16 are treated by the dental therapist;

89.17            (5) a plan to manage medical emergencies in each practice setting where the dental  
89.18 therapist provides care;

89.19            (6) a quality assurance plan for monitoring care provided by the dental therapist,  
89.20 including patient care review, referral follow-up, and a quality assurance chart review;

89.21            (7) protocols for administering and dispensing medications authorized under  
89.22 subdivision 5, and section 150A.106, including the specific conditions and circumstance  
89.23 under which these medications are to be dispensed and administered;

89.24            (8) criteria relating to the provision of care to patients with specific medical  
89.25 conditions or complex medication histories, including requirements for consultation prior  
89.26 to the initiation of care;

89.27            (9) supervision criteria of dental assistants; and

89.28            (10) a plan for the provision of clinical resources and referrals in situations which  
89.29 are beyond the capabilities of the dental therapist.

89.30            (b) A collaborating dentist must be licensed and practicing in Minnesota. The  
89.31 collaborating dentist shall accept responsibility for all services authorized and performed  
89.32 by the dental therapist pursuant to the management agreement. Any licensed dentist who  
89.33 permits a dental therapist to perform a dental service other than those authorized under  
89.34 this section or by the board, or any dental therapist who performs an unauthorized service,  
89.35 violates sections 150A.01 to 150A.12.

90.1 (c) Collaborative management agreements must be signed and maintained by the  
90.2 collaborating dentist and the dental therapist. Agreements must be reviewed, updated, and  
90.3 submitted to the board on an annual basis.

90.4 Subd. 4. **Scope of practice.** (a) A licensed dental therapist may perform dental  
90.5 services as authorized under this section within the parameters of the collaborative  
90.6 management agreement.

90.7 (b) The services authorized to be performed by a licensed dental therapist include  
90.8 preventive, evaluative, and educational oral health services, as specified in paragraphs (c)  
90.9 and (d), and within the parameters of the collaborative management agreement.

90.10 (c) A licensed dental therapist may perform the following preventive, evaluative,  
90.11 and assessment services under general supervision, unless restricted or prohibited in  
90.12 the collaborative management agreement:

90.13 (1) oral health instruction and disease prevention education, including nutritional  
90.14 counseling and dietary analysis;

90.15 (2) preliminary charting of the oral cavity;

90.16 (3) making radiographs;

90.17 (4) mechanical polishing;

90.18 (5) application of topical preventive or prophylactic agents, including fluoride  
90.19 varnishes and pit and fissure sealants;

90.20 (6) pulp vitality testing;

90.21 (7) application of desensitizing medication or resin;

90.22 (8) fabrication of athletic mouthguards;

90.23 (9) placement of temporary restorations;

90.24 (10) fabrication of soft occlusal guards;

90.25 (11) tissue conditioning and soft reline;

90.26 (12) atraumatic restorative therapy;

90.27 (13) dressing changes;

90.28 (14) tooth reimplantation;

90.29 (15) administration of local anesthetic; and

90.30 (16) administration of nitrous oxide.

90.31 (d) A licensed dental therapist may perform the following services under indirect  
90.32 supervision:

90.33 (1) emergency palliative treatment of dental pain;

90.34 (2) the placement and removal of space maintainers;

90.35 (3) restorative services:

90.36 (i) cavity preparation;

- 91.1 (ii) restoration of primary and permanent teeth;  
91.2 (iii) placement of temporary crowns;  
91.3 (iv) preparation and placement of preformed crowns; and  
91.4 (v) pulpotomies on primary teeth;  
91.5 (4) indirect and direct pulp capping on primary and permanent teeth;  
91.6 (5) stabilization of reimplanted teeth;  
91.7 (6) extractions of primary teeth;  
91.8 (7) suture removal;  
91.9 (8) brush biopsies;  
91.10 (9) repair of defective prosthetic devices;  
91.11 (10) recementing of permanent crowns; and  
91.12 (11) emergency palliative treatment of dental pain.

91.13 (e) For purposes of this section and section 150A.106, "general supervision" and  
91.14 "indirect supervision" have the meanings given in Minnesota Rules, part 3100.0100,  
91.15 subpart 21.

91.16 Subd. 5. **Dispensing authority.** (a) A licensed dental therapist may dispense and  
91.17 administer the following drugs within the parameters of the collaborative management  
91.18 agreement and within the scope of practice of the dental therapist: analgesics,  
91.19 anti-inflammatories, and antibiotics.

91.20 (b) The authority to dispense and administer shall extend only to the categories  
91.21 of drugs identified in this subdivision, and may be further limited by the collaborative  
91.22 management agreement.

91.23 (c) The authority to dispense includes the authority to dispense sample drugs within  
91.24 the categories identified in this subdivision if dispensing is permitted by the collaborative  
91.25 management agreement.

91.26 (d) A licensed dental therapist is prohibited from dispensing or administering a  
91.27 narcotic drug as defined in section 152.01, subdivision 10.

91.28 Subd. 6. **Application of other laws.** A licensed dental therapist authorized to  
91.29 practice under this chapter is not in violation of section 150A.05 as it relates to the  
91.30 unauthorized practice of dentistry if the practice is authorized under this chapter and is  
91.31 within the parameters of the collaborative management agreement.

91.32 Subd. 7. **Use of dental assistants.** (a) A licensed dental therapist may supervise  
91.33 dental assistants to the extent permitted in the collaborative management agreement and  
91.34 according to section 150A.10, subdivision 2.

92.1 (b) Notwithstanding paragraph (a), a licensed dental therapist is limited to  
 92.2 supervising no more than four registered dental assistants or nonregistered dental  
 92.3 assistants at any one practice setting.

92.4 Subd. 8. **Definitions.** (a) For the purposes of this section, the following definitions  
 92.5 apply.

92.6 (b) "Practice settings that serve the low-income and underserved" mean:

92.7 (1) critical access dental provider settings as designated by the commissioner of  
 92.8 human services under section 256B.76, subdivision 4;

92.9 (2) dental hygiene collaborative practice settings identified in section 150A.10,  
 92.10 subdivision 1a, paragraph (e), and including medical facilities, assisted living facilities,  
 92.11 federally qualified health centers, and organizations eligible to receive a community clinic  
 92.12 grant under section 145.9268, subdivision 1;

92.13 (3) military and veterans administration hospitals, clinics, and care settings;

92.14 (4) a patient's residence or home when the patient is home-bound or receiving or  
 92.15 eligible to receive home care services or home and community-based waived services,  
 92.16 regardless of the patient's income;

92.17 (5) oral health educational institutions; or

92.18 (6) any other clinic or practice setting, including mobile dental units, in which at least  
 92.19 50 percent of the total patient base of the clinic or practice setting consists of patients who:

92.20 (i) are enrolled in a Minnesota health care program;

92.21 (ii) have a medical disability or chronic condition that creates a significant barrier  
 92.22 to receiving dental care;

92.23 (iii) do not have dental health coverage, either through a public health care program  
 92.24 or private insurance, and have an annual gross family income equal to or less than 200  
 92.25 percent of the federal poverty guidelines; or

92.26 (iv) do not have dental health coverage either through a state public health care  
 92.27 program or private insurance, and whose family gross income is equal to or less than 275  
 92.28 percent of the federal poverty guidelines.

92.29 (c) "Dental health professional shortage area" means an area that meets the criteria  
 92.30 established by the secretary of the United States Department of Health and Human  
 92.31 Services and is designated as such under United States Code, title 42, section 254e.

92.32 **Sec. 25. [150A.106] ADVANCED PRACTICE DENTAL THERAPIST.**

92.33 Subdivision 1. **General.** A dental therapist licensed under this chapter who meets  
 92.34 the following requirements shall be certified by the board to practice as an advanced  
 92.35 dental therapist:



93.1 (1) has been engaged in the active practice as a licensed dental therapist for not  
93.2 less than one year;

93.3 (2) has graduated from a master's degree dental therapy program;

93.4 (3) has completed a minimum of 2,000 hours of advanced dental therapy clinical  
93.5 practice;

93.6 (4) has passed a board-approved certification examination; and

93.7 (5) has submitted an application for certification as prescribed by the board.

93.8 Subd. 2. **Scope of practice.** (a) An advanced dental therapist certified by the board  
93.9 under this section may perform the following services and procedures pursuant to the  
93.10 written collaborative management agreement:

93.11 (1) the assessment of dental disease and the formulation of an individualized  
93.12 treatment plan authorized by the collaborating dentist;

93.13 (2) the services and procedures described under section 150A.105, subdivision 4,  
93.14 paragraphs (c) and (d); and

93.15 (3) nonsurgical extractions of permanent teeth as limited in subdivision 3, paragraph  
93.16 (b).

93.17 (b) The services and procedures described under this subdivision may be performed  
93.18 under general supervision.

93.19 Subd. 3. **Practice limitation.** (a) An advanced practice dental therapist shall not  
93.20 perform any service or procedure described in subdivision 2 except as authorized by  
93.21 the collaborating dentist.

93.22 (b) An advanced dental therapist may perform nonsurgical extractions of peridontally  
93.23 diseased permanent teeth with tooth mobility of +3 to +4 under general supervision if  
93.24 authorized in advance by the collaborating dentist. The advanced dental therapist shall not  
93.25 extract a tooth for any patient if the tooth is unerupted, impacted, fractured, or needs to  
93.26 be sectioned for removal.

93.27 (c) The collaborating dentist is responsible for directly providing or arranging for  
93.28 another dentist or specialist to provide any necessary advanced services needed by the  
93.29 patient.

93.30 (d) An advanced dental therapist in accordance with the collaborative management  
93.31 agreement must refer patients to another qualified dental or health care professional to  
93.32 receive any needed services that exceed the scope of practice of the advanced dental  
93.33 therapist.

93.34 (e) In addition to the collaborative management agreement requirements described in  
93.35 section 150A.105, a collaborative management agreement entered into with an advanced  
93.36 dental therapist must include specific written protocols to govern situations in which

94.1 the advanced dental therapist encounters a patient who requires treatment that exceeds  
94.2 the authorized scope of practice of the advanced dental therapist. The collaborating  
94.3 dentist must ensure that a dentist is available to the advanced dental therapist for timely  
94.4 consultation during treatment if needed and must either provide or arrange with another  
94.5 dentist or specialist to provide the necessary treatment to any patient who requires more  
94.6 treatment than the advanced dental therapist is authorized to provide.

94.7 Subd. 4. **Prescribing authority.** (a) An advanced dental therapist may provide,  
94.8 dispense, and administer the following drugs within the parameters of the collaborative  
94.9 management agreement, within the scope of practice of the advanced dental therapist  
94.10 practitioner, and with the authorization of the collaborating dentist: analgesics,  
94.11 anti-inflammatories, and antibiotics.

94.12 (b) The authority to provide, dispense, and administer shall extend only to the  
94.13 categories of drugs identified in this subdivision, and may be further limited by the  
94.14 collaborative management agreement.

94.15 (c) The authority to dispense includes the authority to dispense sample drugs within  
94.16 the categories identified in this subdivision if dispensing is permitted by the collaborative  
94.17 management agreement.

94.18 (d) Notwithstanding paragraph (a), an advanced dental therapist is prohibited from  
94.19 providing, dispensing, or administering a narcotic drug as defined in section 152.01,  
94.20 subdivision 10.

94.21 Sec. 26. Minnesota Statutes 2008, section 150A.11, subdivision 4, is amended to read:

94.22 Subd. 4. **Dividing fees.** It shall be unlawful for any dentist to divide fees with or  
94.23 promise to pay a part of the dentist's fee to, or to pay a commission to, any dentist or  
94.24 other person who calls the dentist in consultation or who sends patients to the dentist for  
94.25 treatment, or operation, but nothing herein shall prevent licensed dentists from forming  
94.26 a bona fide partnership for the practice of dentistry, nor to the actual employment by a  
94.27 licensed dentist of, a licensed dental therapist, a licensed dental hygienist or another  
94.28 licensed dentist.

94.29 Sec. 27. Minnesota Statutes 2008, section 150A.12, is amended to read:

94.30 **150A.12 VIOLATION AND DEFENSES.**

94.31 Every person who violates any of the provisions of sections 150A.01 to 150A.12  
94.32 for which no specific penalty is provided herein, shall be guilty of a gross misdemeanor;  
94.33 and, upon conviction, punished by a fine of not more than \$3,000 or by imprisonment in  
94.34 the county jail for not more than one year or by both such fine and imprisonment. In

95.1 the prosecution of any person for violation of sections 150A.01 to 150A.12, it shall not  
95.2 be necessary to allege or prove lack of a valid license to practice dentistry ~~or~~ dental  
95.3 hygiene, or dental therapy but ~~such matter~~ shall be a matter of defense to be established by  
95.4 the defendant.

95.5 Sec. 28. Minnesota Statutes 2008, section 150A.21, subdivision 1, is amended to read:

95.6 Subdivision 1. **Patient's name and Social Security number.** Every complete  
95.7 upper and lower denture and removable dental prosthesis fabricated by a dentist licensed  
95.8 under section 150A.06, or fabricated pursuant to the dentist's or dental therapist's work  
95.9 order, shall be marked with the name and Social Security number of the patient for whom  
95.10 the prosthesis is intended. The markings shall be done during fabrication and shall be  
95.11 permanent, legible and cosmetically acceptable. The exact location of the markings and  
95.12 the methods used to apply or implant them shall be determined by the dentist or dental  
95.13 laboratory fabricating the prosthesis. If in the professional judgment of the dentist or dental  
95.14 laboratory, this identification is not practicable, identification shall be provided as follows:

95.15 (a) The Social Security number of the patient may be omitted if the name of the  
95.16 patient is shown;

95.17 (b) The initials of the patient may be shown alone, if use of the name of the patient is  
95.18 impracticable;

95.19 (c) The identification marks may be omitted in their entirety if none of the forms of  
95.20 identification specified in clauses (a) and (b) are practicable or clinically safe.

95.21 Sec. 29. Minnesota Statutes 2008, section 150A.21, subdivision 4, is amended to read:

95.22 Subd. 4. **Failure to comply.** Failure of any dentist or dental therapist to comply  
95.23 with this section shall be deemed to be a violation for which the dentist or dental therapist  
95.24 may be subject to proceedings pursuant to section 150A.08, provided the dentist is charged  
95.25 with the violation within two years of initial insertion of the dental prosthetic device.

95.26 Sec. 30. Minnesota Statutes 2008, section 151.01, subdivision 23, is amended to read:

95.27 Subd. 23. **Practitioner.** "Practitioner" means a licensed doctor of medicine, licensed  
95.28 doctor of osteopathy duly licensed to practice medicine, licensed doctor of dentistry,  
95.29 licensed doctor of optometry, licensed podiatrist, or licensed veterinarian. For purposes  
95.30 of sections 151.15, subdivision 4, 151.37, subdivision 2, paragraphs (b), (e), and (f),  
95.31 and 151.461, "practitioner" also means a physician assistant authorized to prescribe,  
95.32 dispense, and administer under chapter 147A, ~~or~~ an advanced practice nurse authorized  
95.33 to prescribe, dispense, and administer under section 148.235. For purposes of sections

96.1 151.15, subdivision 4; 151.37, subdivision 2, paragraph (b); and 151.461, "practitioner"  
96.2 also means a dental therapist authorized to dispense and administer under chapter 150A.

96.3 Sec. 31. Minnesota Statutes 2008, section 151.37, subdivision 2, is amended to read:

96.4 Subd. 2. **Prescribing and filing.** (a) A licensed practitioner in the course of  
96.5 professional practice only, may prescribe, administer, and dispense a legend drug, and  
96.6 may cause the same to be administered by a nurse, a physician assistant, a dental therapist,  
96.7 or medical student or resident under the practitioner's direction and supervision, and  
96.8 may cause a person who is an appropriately certified, registered, or licensed health care  
96.9 professional to prescribe, dispense, and administer the same within the expressed legal  
96.10 scope of the person's practice as defined in Minnesota Statutes. A licensed practitioner  
96.11 may prescribe a legend drug, without reference to a specific patient, by directing a nurse,  
96.12 pursuant to section 148.235, subdivisions 8 and 9, a dental therapist under chapter 150A,  
96.13 a physician assistant, or a medical student or resident to adhere to a particular practice  
96.14 guideline or protocol when treating patients whose condition falls within such guideline  
96.15 or protocol, and when such guideline or protocol specifies the circumstances under  
96.16 which the legend drug is to be prescribed and administered. An individual who verbally,  
96.17 electronically, or otherwise transmits a written, oral, or electronic order, as an agent of  
96.18 a prescriber, shall not be deemed to have prescribed the legend drug. This paragraph  
96.19 applies to a physician assistant only if the physician assistant meets the requirements  
96.20 of section 147A.18.

96.21 (b) A licensed practitioner that dispenses for profit a legend drug that is to be  
96.22 administered orally, is ordinarily dispensed by a pharmacist, and is not a vaccine, must  
96.23 file with the practitioner's licensing board a statement indicating that the practitioner  
96.24 dispenses legend drugs for profit, the general circumstances under which the practitioner  
96.25 dispenses for profit, and the types of legend drugs generally dispensed. It is unlawful to  
96.26 dispense legend drugs for profit after July 31, 1990, unless the statement has been filed  
96.27 with the appropriate licensing board. For purposes of this paragraph, "profit" means (1)  
96.28 any amount received by the practitioner in excess of the acquisition cost of a legend drug  
96.29 for legend drugs that are purchased in prepackaged form, or (2) any amount received  
96.30 by the practitioner in excess of the acquisition cost of a legend drug plus the cost of  
96.31 making the drug available if the legend drug requires compounding, packaging, or other  
96.32 treatment. The statement filed under this paragraph is public data under section 13.03.  
96.33 This paragraph does not apply to a licensed doctor of veterinary medicine or a registered  
96.34 pharmacist. Any person other than a licensed practitioner with the authority to prescribe,  
96.35 dispense, and administer a legend drug under paragraph (a) shall not dispense for profit.

97.1 To dispense for profit does not include dispensing by a community health clinic when the  
97.2 profit from dispensing is used to meet operating expenses.

97.3 (c) A prescription or drug order for the following drugs is not valid, unless it can be  
97.4 established that the prescription or order was based on a documented patient evaluation,  
97.5 including an examination, adequate to establish a diagnosis and identify underlying  
97.6 conditions and contraindications to treatment:

97.7 (1) controlled substance drugs listed in section 152.02, subdivisions 3 to 5;

97.8 (2) drugs defined by the Board of Pharmacy as controlled substances under section  
97.9 152.02, subdivisions 7, 8, and 12;

97.10 (3) muscle relaxants;

97.11 (4) centrally acting analgesics with opioid activity;

97.12 (5) drugs containing butalbital; or

97.13 (6) phosphodiesterase type 5 inhibitors when used to treat erectile dysfunction.

97.14 (d) For the purposes of paragraph (c), the requirement for an examination shall be  
97.15 met if an in-person examination has been completed in any of the following circumstances:

97.16 (1) the prescribing practitioner examines the patient at the time the prescription  
97.17 or drug order is issued;

97.18 (2) the prescribing practitioner has performed a prior examination of the patient;

97.19 (3) another prescribing practitioner practicing within the same group or clinic as the  
97.20 prescribing practitioner has examined the patient;

97.21 (4) a consulting practitioner to whom the prescribing practitioner has referred the  
97.22 patient has examined the patient; or

97.23 (5) the referring practitioner has performed an examination in the case of a  
97.24 consultant practitioner issuing a prescription or drug order when providing services by  
97.25 means of telemedicine.

97.26 (e) Nothing in paragraph (c) or (d) prohibits a licensed practitioner from prescribing  
97.27 a drug through the use of a guideline or protocol pursuant to paragraph (a).

97.28 (f) Nothing in this chapter prohibits a licensed practitioner from issuing a  
97.29 prescription or dispensing a legend drug in accordance with the Expedited Partner Therapy  
97.30 in the Management of Sexually Transmitted Diseases guidance document issued by the  
97.31 United States Centers for Disease Control.

97.32 (g) Nothing in paragraph (c) or (d) limits prescription, administration, or dispensing  
97.33 of legend drugs through a public health clinic or other distribution mechanism approved  
97.34 by the commissioner of health or a board of health in order to prevent, mitigate, or treat  
97.35 a pandemic illness, infectious disease outbreak, or intentional or accidental release of a  
97.36 biological, chemical, or radiological agent.

98.1 (h) No pharmacist employed by, under contract to, or working for a pharmacy  
98.2 licensed under section 151.19, subdivision 1, may dispense a legend drug based on a  
98.3 prescription that the pharmacist knows, or would reasonably be expected to know, is not  
98.4 valid under paragraph (c).

98.5 (i) No pharmacist employed by, under contract to, or working for a pharmacy  
98.6 licensed under section 151.19, subdivision 2, may dispense a legend drug to a resident  
98.7 of this state based on a prescription that the pharmacist knows, or would reasonably be  
98.8 expected to know, is not valid under paragraph (c).

98.9 Sec. 32. **IMPACT OF DENTAL THERAPISTS.**

98.10 (a) The Board of Dentistry shall evaluate the impact of the use of dental therapists  
98.11 on the delivery of and access to dental services. The board shall report to the chairs and  
98.12 ranking minority members of the legislative committees with jurisdiction over health  
98.13 care by January 15, 2014:

98.14 (1) the number of dental therapists annually licensed by the board beginning in 2011;

98.15 (2) the settings where licensed dental therapists are practicing and the populations  
98.16 being served;

98.17 (3) the number of complaints filed against dental therapists and the basis for each  
98.18 complaint; and

98.19 (4) the number of disciplinary actions taken against dental therapists.

98.20 (b) The board, in consultation with the Department of Human Services, shall also  
98.21 include the number and type of dental services that were performed by dental therapists  
98.22 and reimbursed by the state under the Minnesota state health care programs for the 2013  
98.23 fiscal year.

98.24 (c) The Board of Dentistry, in consultation with the Department of Health, shall  
98.25 develop an evaluation process that focuses on assessing the impact of dental therapists in  
98.26 terms of patient safety, cost effectiveness, and access to dental services. The process shall  
98.27 focus on the following outcome measures:

98.28 (1) number of new patients served;

98.29 (2) reduction in waiting times for needed services;

98.30 (3) decreased travel time for patients;

98.31 (4) impact on emergency room usage for dental care; and

98.32 (5) costs to the public health care system.

98.33 (d) The evaluation process shall be used by the board in the report required in  
98.34 paragraph (a) and shall expire January 1, 2014.

99.1 Sec. 33. **REPEALER.**

99.2 Minnesota Statutes 2008, section 150A.061, is repealed.

APPENDIX  
Article locations in h0535-2

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ARTICLE 4	RESPIRATORY THERAPY .....	Page.Ln 6.23
ARTICLE 5	PHYSICIAN ASSISTANTS .....	Page.Ln 18.19
ARTICLE 6	PSYCHOLOGISTS .....	Page.Ln 47.27
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	SOCIAL WORK - AMENDMENTS TO CURRENT LICENSING	
ARTICLE 8	STATUTE .....	Page.Ln 50.25
ARTICLE 9	SOCIAL WORK - LICENSING STATUTE EFFECTIVE 2011 .....	Page.Ln 57.6
ARTICLE 10	DENTAL THERAPIST .....	Page.Ln 78.7



**147A.22 LOCUM TENENS PERMIT.**

The board may grant a locum tenens permit to any applicant who is registered in the state. The applications for locum tenens permits shall be reviewed at the next scheduled board meeting. The application shall include a practice setting description. The maximum duration of a locum tenens permit is one year. The permit may be renewed annually on a date set by the board.

**148.627 TRANSITION PERIOD.**

Subdivision 1. **Dietitians.** For one year after the effective date of rules adopted by the board under section 148.623, the board shall issue a license as a dietitian to an applicant who is a qualified dietitian as defined by the Division of Health Resources of the Department of Health and has practiced nutrition or dietetics in good standing for the equivalent of one year full time during the last five years.

Subd. 2. **Nutritionists.** For one year after the effective date of rules adopted by the board under section 148.623, the board shall issue a license as a nutritionist to an applicant who has received a qualifying master's or doctoral degree and has practiced nutrition or dietetics in good standing for the equivalent of one year during the last five years.

Subd. 3. **Clinical nutritionists.** For one year after the effective date of rules adopted by the board under section 148.623, the board shall issue a license as a nutritionist to an applicant who is a certified clinical nutritionist, certified by the International and American Association of Clinical Nutritionists who meets the standards for certification and recertification established by the Clinical Nutrition Certification Board and works in cooperation with a medical doctor.

Subd. 4. **Nutrition specialists.** For one year after the effective date of rules adopted by the board under section 148.623, the board shall issue a license as a nutritionist to an applicant who is a certified nutrition specialist, certified by the Board for Nutrition Specialists.

Subd. 5. **Notice.** Within 30 days of the effective date of the rules adopted by the board under section 148.623, the board shall:

- (1) notify dietitians and nutritionists of the existence of the rules by issuing notifications in dietitian and nutritionist trade publications;
- (2) notify all Minnesota educational institutions which grant degrees in majors which prepare individuals for dietetics or nutrition practice of the existence of the rules; and
- (3) provide copies of the rules upon request to interested individuals.

**148D.062 PROVISIONAL LICENSE; SUPERVISED PRACTICE.**

Subd. 5. **Expiration.** This section expires August 1, 2011.

**148D.125 DOCUMENTATION OF SUPERVISION.**

Subd. 2. **Attestation.** (a) When a supervisee submits renewal application materials to the board, the supervisee and supervisor must submit an attestation providing the following information on a form provided by the board:

- (1) the name of the supervisee, the name of the agency in which the supervisee is being supervised, and the supervisee's position title;
- (2) the name and qualifications of the supervisor;
- (3) the number of hours and dates of each type of supervision completed;
- (4) the supervisee's position description;
- (5) a declaration that the supervisee has not engaged in conduct in violation of the standards of practice specified in sections 148D.195 to 148D.240;
- (6) a declaration that the supervisee has practiced competently and ethically in accordance with professional social work knowledge, skills, and values; and
- (7) a list of the content areas in which the supervisee has received supervision, including the following:
  - (i) clinical practice, if applicable;
  - (ii) development of professional social work knowledge, skills, and values;
  - (iii) practice methods;
  - (iv) authorized scope of practice;
  - (v) ensuring continuing competence; and
  - (vi) ethical standards of practice.

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(b) The information provided on the attestation form must demonstrate to the board's satisfaction that the supervisee has met or has made progress on meeting the applicable supervised practice requirements.

**148D.180 FEE AMOUNTS.**

Subd. 8. **Temporary fee reduction.** For fiscal years 2006, 2007, 2008, and 2009, the following fee changes are effective:

- (1) in subdivision 1, the application fee for a licensed independent social worker is reduced to \$45;
- (2) in subdivision 1, the application fee for a licensed independent clinical social worker is reduced to \$45;
- (3) in subdivision 1, the application fee for a licensure by endorsement is reduced to \$85;
- (4) in subdivision 2, the license fee for a licensed social worker is reduced to \$90;
- (5) in subdivision 2, the license fee for a licensed graduate social worker is reduced to \$160;
- (6) in subdivision 2, the license fee for a licensed independent social worker is reduced to \$240;
- (7) in subdivision 2, the license fee for a licensed independent clinical social worker is reduced to \$265;
- (8) in subdivision 3, the renewal fee for a licensed social worker is reduced to \$90;
- (9) in subdivision 3, the renewal fee for a licensed graduate social worker is reduced to \$160;
- (10) in subdivision 3, the renewal fee for a licensed independent social worker is reduced to \$240;
- (11) in subdivision 3, the renewal fee for a licensed independent clinical social worker is reduced to \$265; and
- (12) in subdivision 5, the renewal late fee is reduced to one-third of the renewal fee specified in subdivision 3.

This subdivision expires on June 30, 2009.

**148E.106 LICENSED GRADUATE SOCIAL WORKERS WHO PRACTICE CLINICAL SOCIAL WORK; SUPERVISED PRACTICE.**

Subd. 6. **Supervision required.** A licensed graduate social worker must not engage in clinical social work practice except under supervision by a licensed independent clinical social worker or an alternate supervisor designated according to section 148E.120, subdivision 2.

**148E.125 DOCUMENTATION OF SUPERVISION.**

Subd. 2. **Attestation.** (a) When a supervisee submits renewal application materials to the board, the supervisee and supervisor must submit an attestation providing the following information on a form provided by the board:

- (1) the name of the supervisee, the name of the agency in which the supervisee is being supervised, and the supervisee's position title;
- (2) the name and qualifications of the supervisor;
- (3) the number of hours and dates of each type of supervision completed;
- (4) the supervisee's position description;
- (5) a declaration that the supervisee has not engaged in conduct in violation of the standards of practice specified in sections 148E.195 to 148E.240;
- (6) a declaration that the supervisee has practiced competently and ethically according to professional social work knowledge, skills, and values; and
- (7) a list of the content areas in which the supervisee has received supervision, including the following:
  - (i) clinical practice, if applicable;
  - (ii) development of professional social work knowledge, skills, and values;
  - (iii) practice methods;
  - (iv) authorized scope of practice;
  - (v) ensuring continuing competence; and
  - (vi) ethical standards of practice.

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(b) The information provided on the attestation form must demonstrate to the board's satisfaction that the supervisee has met or has made progress on meeting the applicable supervised practice requirements.

**150A.061 ORAL HEALTH PRACTITIONER.**

Subdivision 1. **Oral health practitioner requirements.** The board shall authorize a person to practice as an oral health practitioner if that person is qualified under this section, works under the supervision of a Minnesota-licensed dentist pursuant to a written collaborative management agreement, is licensed by the board, and practices in compliance with this section and rules adopted by the board. No oral health practitioner shall be authorized to practice prior to January 1, 2011. To be qualified to practice under this section, the person must:

(1) be a graduate of an oral health practitioner education program that is accredited by a national accreditation organization to the extent required under subdivision 2 and approved by the board;

(2) pass a comprehensive, competency-based clinical examination that is approved by the board and administered independently of an institution providing oral health practitioner education; and

(3) satisfy the requirements established in this section and by the board.

Subd. 2. **Education program approval.** If a national accreditation program for midlevel practitioners is established by the Commission on Dental Accreditation or another national accreditation organization, the board shall require that an oral health practitioner be a graduate of an accredited education program.

Subd. 3. **Requirement to practice in underserved areas.** As a condition of being granted authority to practice as an oral health practitioner under this section, the practitioner must agree to practice in settings serving low-income, uninsured, and underserved patients or in a dental health professional shortage area as determined by the commissioner of health.

Subd. 4. **Application of other laws.** An oral health practitioner authorized to practice under this section is not in violation of section 150A.05 relating to the unauthorized practice of dentistry and chapter 151 relating to authority to prescribe, dispense, or administer drugs.

Subd. 5. **Rulemaking.** The Board of Dentistry may adopt rules to implement this section.