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A bill for an act

1.1	Ti om for an act
1.2	relating to health professionals; modifying complaint and disciplinary
1.3	procedures; requiring criminal history background checks; denying a credential
1.4	to practice to health professionals convicted of certain felony sexual conduct
1.5	offenses; modifying licensure requirements for dentists; modifying licensure
1.6	requirements for professional counselors and professional clinical counselors;
1.7	amending Minnesota Statutes 2010, sections 148.10, subdivision 7; 148.108,
1.8	by adding a subdivision; 148.191, subdivision 2; 148.211, subdivision 1;
1.9	148.212, subdivision 1; 148.231; 148B.17; 148B.33, subdivision 2; 148B.5301,
1.10	subdivisions 1, 3, 4; 148B.54, subdivisions 2, 3; 150A.02; 150A.06, subdivisions
1.11	1c, 1d, 3, 4, 6, by adding a subdivision; 150A.09, subdivision 3; 150A.091,
1.12	subdivisions 2, 3, 4, 5, 8, by adding a subdivision; 150A.105, subdivision 7;
1.13	150A.106, subdivision 1; 150A.14; 151.07; 151.101; 151.102, by adding a
1.14	subdivision; 151.12; 151.13, subdivision 1; 151.19; 151.25; 151.47, subdivision
1.15 1.16	1; 151.48; 152.12, subdivision 3; 214.09, by adding a subdivision; 214.103; 364.09; Laws 2010, chapter 349, sections 1; 2; proposing coding for new law in
1.17	Minnesota Statutes, chapters 148; 151; 214; repealing Minnesota Rules, parts
1.17	6310.3100, subpart 2; 6310.3600; 6310.3700, subpart 1.
1.19	BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:
1.20	ARTICLE 1
1.21	HEALTH-RELATED LICENSING BOARDS
1.22	Section 1. Minnesota Statutes 2010, section 214.09, is amended by adding a
1.23	subdivision to read:
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1.24	Subd. 5. Health-related boards. No current member of a health-related licensing
1.25	board may seek a paid employment position with that board.
1.26	Sec. 2. Minnesota Statutes 2010, section 214.103, is amended to read:
1.27	214.103 HEALTH-RELATED LICENSING BOARDS; COMPLAINT,
1.28	INVESTIGATION, AND HEARING.

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Subdivision 1. **Application.** For purposes of this section, "board" means 2.1 "health-related licensing board" and does not include the non-health-related licensing 2.2 boards. Nothing in this section supersedes section 214.10, subdivisions 2a, 3, 8, and 9, as 2.3 they apply to the health-related licensing boards. 2.4 Subd. 1a. **Notifications and resolution.** (a) No more than 14 calendar days after 2.5 receiving a complaint regarding a licensee, the board shall notify the complainant that 2.6 the board has received the complaint and shall provide the complainant with the written 2.7 description of the board's complaint process. The board shall periodically, but no less 2.8 than every 120 days, notify the complainant of the status of the complaint consistent 2.9 with section 13.41. 2.10 (b) Except as provided in paragraph (d), no more than 60 calendar days after 2.11 receiving a complaint regarding a licensee, the board must notify the licensee that the 2.12 board has received a complaint and inform the licensee: 2.13 (1) the substance of the complaint; 2.14 (2) the sections of the law that have allegedly been violated; 2.15 (3) the sections of the professional rules that have allegedly been violated; and 2.16 (4) whether an investigation is being conducted. 2.17 (c) The board shall periodically, but no less than every 120 days, notify the licensee 2.18 of the status of the complaint consistent with section 13.41. 2.19 (d) Paragraphs (b) and (c) do not apply if the board determines that such notice 2.20 would compromise the board's investigation and that such notice cannot reasonably be 2.21 accomplished within this time. 2.22 (e) No more than one year after receiving a complaint regarding a licensee, the 2.23 board must resolve or dismiss the complaint unless the board determines that resolving or 2.24 dismissing the complaint cannot reasonably be accomplished in this time and is not in 2.25 the public interest. 2.26 (f) Failure to make notifications or to resolve the complaint within the time 2.27 established in this subdivision shall not deprive the board of jurisdiction to complete the 2.28 investigation or to take corrective, disciplinary, or other action against the licensee that is 2.29 authorized by law. Such a failure by the board shall not be the basis for a licensee's request 2.30 for the board to dismiss a complaint, and shall not be considered by an administrative law 2.31 judge, the board, or any reviewing court. 2.32 Subd. 2. Receipt of complaint. The boards shall receive and resolve complaints 2.33 or other communications, whether oral or written, against regulated persons. Before 2.34 resolving an oral complaint, the executive director or a board member designated by the 2.35

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board to review complaints may shall require the complainant to state the complaint in

writing or authorize transcribing the complaint. The executive director or the designated board member shall determine whether the complaint alleges or implies a violation of a statute or rule which the board is empowered to enforce. The executive director or the designated board member may consult with the designee of the attorney general as to a board's jurisdiction over a complaint. If the executive director or the designated board member determines that it is necessary, the executive director may seek additional information to determine whether the complaint is jurisdictional or to clarify the nature of the allegations by obtaining records or other written material, obtaining a handwriting sample from the regulated person, clarifying the alleged facts with the complainant, and requesting a written response from the subject of the complaint.

- Subd. 3. **Referral to other agencies.** The executive director shall forward to another governmental agency any complaints received by the board which do not relate to the board's jurisdiction but which relate to matters within the jurisdiction of another governmental agency. The agency shall advise the executive director of the disposition of the complaint. A complaint or other information received by another governmental agency relating to a statute or rule which a board is empowered to enforce must be forwarded to the executive director of the board to be processed in accordance with this section. Governmental agencies may coordinate and conduct joint investigations of complaints that involve more than one governmental agency.
- Subd. 4. **Role of the attorney general.** The executive director or the designated board member shall forward a complaint and any additional information to the designee of the attorney general when the executive director or the designated board member determines that a complaint is jurisdictional and:
- (1) requires investigation before the executive director or the designated board member may resolve the complaint;
- (2) that attempts at resolution for disciplinary action or the initiation of a contested case hearing is appropriate;
 - (3) that an agreement for corrective action is warranted; or
- 3.29 (4) that the complaint should be dismissed, consistent with subdivision 8.
 - Subd. 5. **Investigation by attorney general.** (a) If the executive director or the designated board member determines that investigation is necessary before resolving the complaint, the executive director shall forward the complaint and any additional information to the designee of the attorney general. The designee of the attorney general shall evaluate the communications forwarded and investigate as appropriate.

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(b) The designee of the attorney general may also investigate any other complaint forwarded under subdivision 3 when the designee of the attorney general determines that investigation is necessary.

(c) In the process of evaluation and investigation, the designee shall consult with or seek the assistance of the executive director or the designated board member. The designee may also consult with or seek the assistance of other qualified persons who are not members of the board who the designee believes will materially aid in the process of evaluation or investigation.

(d) Upon completion of the investigation, the designee shall forward the investigative report to the executive director with recommendations for further consideration or dismissal.

Subd. 6. **Attempts at resolution.** (a) At any time after receipt of a complaint, the executive director or the designated board member may attempt to resolve the complaint with the regulated person. The available means for resolution include a conference or any other written or oral communication with the regulated person. A conference may be held for the purposes of investigation, negotiation, education, or conciliation. Neither the executive director nor any member of a board's staff shall be a voting member in any attempts at resolutions which may result in disciplinary or corrective action. The results of attempts at resolution with the regulated person may include a recommendation to the board for disciplinary action, an agreement between the executive director or the designated board member and the regulated person for corrective action, or the dismissal of a complaint. If attempts at resolution are not in the public interest or are not satisfactory to the executive director or the designated board member, then the executive director or the designated board member may initiate a contested case hearing may be initiated.

- (1) The designee of the attorney general shall represent the board in all attempts at resolution which the executive director or the designated board member anticipate may result in disciplinary action. A stipulation between the executive director or the designated board member and the regulated person shall be presented to the board for the board's consideration. An approved stipulation and resulting order shall become public data.
- (2) The designee of the attorney general shall represent the board upon the request of the executive director or the designated board member in all attempts at resolution which the executive director or the designated board member anticipate may result in corrective action. Any agreement between the executive director or the designated board member and the regulated person for corrective action shall be in writing and shall be reviewed by the designee of the attorney general prior to its execution. The agreement for corrective

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action shall provide for dismissal of the complaint upon successful completion by the regulated person of the corrective action.

(b) Upon receipt of a complaint alleging sexual contact or sexual conduct with a client, the board must forward the complaint to the designee of the attorney general for an investigation. If, after it is investigated, the complaint appears to provide a basis for disciplinary action, the board shall resolve the complaint by disciplinary action or initiate a contested case hearing. Notwithstanding paragraph (a), clause (2), a board may not take corrective action or dismiss a complaint alleging sexual contact or sexual conduct with a client unless, in the opinion of the executive director, the designated board member, and the designee of the attorney general, there is insufficient evidence to justify disciplinary action.

Subd. 7. **Contested case hearing.** If the executive director or the designated board member determines that attempts at resolution of a complaint are not in the public interest or are not satisfactory to the executive director or the designated board member, the executive director or the designated board member, after consultation with the designee of the attorney general, and the concurrence of a second board member, may initiate a contested case hearing under chapter 14. The designated board member or any board member who was consulted during the course of an investigation may participate at the contested case hearing. A designated or consulted board member may not deliberate or vote in any proceeding before the board pertaining to the case.

Subd. 8. **Dismissal** <u>and reopening</u> of a complaint. (a) A complaint may not be dismissed without the concurrence of at least two board members and, upon the request of the complainant, a review by a representative of the attorney general's office. The designee of the attorney general must review before dismissal any complaints which allege any violation of chapter 609, any conduct which would be required to be reported under section 626.556 or 626.557, any sexual contact or sexual conduct with a client, any violation of a federal law, any actual or potential inability to practice the regulated profession or occupation by reason of illness, use of alcohol, drugs, chemicals, or any other materials, or as a result of any mental or physical condition, any violation of state medical assistance laws, or any disciplinary action related to credentialing in another jurisdiction or country which was based on the same or related conduct specified in this subdivision.

(b) The board may reopen a dismissed complaint if the board receives newly discovered information that was not available to the board during the initial investigation of the complaint, or if the board receives a new complaint that indicates a pattern of behavior or conduct.

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Subd. 9. **Information to complainant.** A board shall furnish to a person who made a complaint a written description of the board's complaint process, and actions of the board relating to the complaint.

Subd. 10. **Prohibited participation by board member.** A board member who has actual bias or a current or former direct financial or professional connection with a regulated person may not vote in board actions relating to the regulated person.

Sec. 3. [214.107] HEALTH-RELATED LICENSING BOARDS; LICENSEE GUIDANCE.

A health-related licensing board may offer guidance to current licensees about the application of laws and rules the board is empowered to enforce. This guidance shall not bind any court or other adjudicatory body.

Sec. 4. [214.109] RECORD-KEEPING.

- (a) A board may take administrative action against a regulated person whose records do not meet the standards of professional practice. Records that are fraudulent or could result in patient harm shall be handled through disciplinary or other corrective action and shall not be handled under this subdivision.
- (b) For the first offense, a board shall issue a warning to the regulated person that identifies the specific record-keeping deficiencies. The board may require the regulated person to attend a remedial class.
- (c) For a second offense, a board shall require additional training as determined by the board and impose a \$50 penalty on the regulated person.
- (d) For a third offense, a board shall require additional training as determined by the board and impose a \$100 penalty on the regulated person.
- 6.24 (d) Action under this section shall not be considered disciplinary action.

Sec. 5. **REPORT.**

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The executive directors of the health related licensing boards shall issue a report to the legislature with recommendations for use of nondisciplinary cease and desist letters which can be issued to licensees when the board receives an allegation against a licensee, but the allegation does not rise to the level of a complaint, does not involve patient harm, and does not involve fraud. This report shall be issued no later than December 25, 2011.

7.1 ARTICLE 2

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BOARD OF NURSING

Section 1. Minnesota Statutes 2010, section 148.191, subdivision 2, is amended to read: Subd. 2. **Powers.** (a) The board is authorized to adopt and, from time to time, revise rules not inconsistent with the law, as may be necessary to enable it to carry into effect the provisions of sections 148.171 to 148.285. The board shall prescribe by rule curricula and standards for schools and courses preparing persons for licensure under sections 148.171 to 148.285. It shall conduct or provide for surveys of such schools and courses at such times as it may deem necessary. It shall approve such schools and courses as meet the requirements of sections 148.171 to 148.285 and board rules. It shall examine, license, and renew the license of duly qualified applicants. It shall hold examinations at least once in each year at such time and place as it may determine. It shall by rule adopt, evaluate, and periodically revise, as necessary, requirements for licensure and for registration and renewal of registration as defined in section 148.231. It shall maintain a record of all persons licensed by the board to practice professional or practical nursing and all registered nurses who hold Minnesota licensure and registration and are certified as advanced practice registered nurses. It shall cause the prosecution of all persons violating sections 148.171 to 148.285 and have power to incur such necessary expense therefor. It shall register public health nurses who meet educational and other requirements established by the board by rule, including payment of a fee. Prior to the adoption of rules, the board shall use the same procedures used by the Department of Health to certify public health nurses. It shall have power to issue subpoenas, and to compel the attendance of witnesses and the production of all necessary documents and other evidentiary material. Any board member may administer oaths to witnesses, or take their affirmation. It shall keep a record of all its proceedings.

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

8.1	(c) The board may accept and expend grants or gifts of money or in-kind services
8.2	from a person, a public or private entity, or any other source for purposes consistent with
8.3	the board's role and within the scope of its statutory authority.
8.4	(d) The board may accept registration fees for meetings and conferences conducted
8.5	for the purposes of board activity that are within the scope of its authority.
8.6	Sec. 2. [148.192] REQUIREMENT FOR CRIMINAL HISTORY RECORD
8.7	CHECK.
8.8	Subdivision 1. Applicants. The board shall complete a criminal background check
8.9	on each applicant for licensure prior to the board's issuance of a license. Each applicant
8.10	for licensure must:
8.11	(1) submit a full set of fingerprints to the board or its designee in a form and manner
8.12	specified by the board; and
8.13	(2) provide consent authorizing the board to obtain the applicant's state and national
8.14	criminal history record information for the purpose of determining the applicant's
8.15	suitability and eligibility for licensure.
8.16	Subd. 2. Additional background check required. An applicant shall be required
8.17	to complete a criminal background check if more than one year has elapsed since the
8.18	applicant last submitted a background check to the board.
8.19	Subd. 3. Fees. The applicant shall be responsible for all fees associated with
8.20	preparation of the fingerprints and the criminal background check. The fees for the
8.21	background check are determined by the Minnesota Bureau of Criminal Apprehension
8.22	and the Federal Bureau of Investigation and are not refundable.
8.23	Subd. 4. Refusal to consent. Refusal to consent to a criminal background check or
8.24	to submit fingerprints within 90 days after submission of an application for licensure shall

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Subd. 5. Submission of fingerprints to Minnesota Bureau of Criminal

Apprehension. The board or its designee shall submit all applicant fingerprints to the

Minnesota Bureau of Criminal Apprehension (BCA). The BCA shall perform a check for
state criminal justice information and shall forward the applicant's fingerprints to the

Federal Bureau of Investigation (FBI) to perform a check for national criminal justice
information regarding the applicant. The BCA shall report to the board the results of the
state and national criminal justice information checks.

constitute grounds for the board to deny licensure to the applicant. If the application is

denied under this provision, any fees paid by the applicant shall be forfeited.

Subd. 6. Alternatives to fingerprint-based background check. The board may require an alternative method of criminal history check for an applicant who has submitted

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9.1	at least three sets of fingerprints under this section that the BCA or FBI have been unable
9.2	to read.
9.3	Subd. 7. Temporary permits. An applicant who has submitted fingerprints, consent
9.4	to a background check, and meets all other requirements for issuance of a temporary
9.5	permit may be granted a nonrenewable permit prior to the board's receipt of the criminal
9.6	justice information, but shall not be issued a license until the board receives and completes
9.7	its review of the applicant's criminal justice information.
9.8	Subd. 8. Denial of licensure. The board shall deny licensure to an applicant who
9.9	has been convicted of any of the following crimes or an offense in any other state where
9.10	the elements of the offense are substantially similar:
9.11	(1) murder in the first degree (section 609.185), the second degree (section 609.19),
9.12	or the third degree (section 609.195);
9.13	(2) manslaughter in the first degree (section 609.20);
9.14	(3) kidnapping (section 609.25);
9.15	(4) murder of an unborn child in the first degree (section 609.2661);
9.16	(5) criminal sexual conduct in the first degree (section 609.342), in the second
9.17	degree (section 609.343), in the third degree (section 609.344), in the fourth degree
9.18	(section 609.345), or in the fifth degree (section 609.3451);
9.19	(6) criminal sexual predatory conduct (section 609.3453);
9.20	(7) solicitation of children to engage in sexual conduct; communication of sexually
9.21	explicit materials to children (section 609.352);
9.22	(8) incest (section 609.365);
9.23	(9) felony malicious punishment of a child (section 609.377);
9.24	(10) felony neglect or endangerment of a child (section 609.378);
9.25	(11) arson in the first degree (section 609.561);
9.26	(12) felony stalking (section 609.749, subdivision 3, 4, or 5);
9.27	(13) controlled substance crimes in the first degree (section 152.021) or in the
9.28	second degree (section 152.022);
9.29	(14) violation of predatory offender registration law (section 243.166);
9.30	(15) indecent exposure involving a minor (section 617.23, subdivision 2, clause
9.31	(1), or subdivision 3, clause (1));
9.32	(16) use of minors in sexual performance (section 617.246);
9.33	(17) possession of pornographic work involving minors (section 617.246);
9.34	(18) manslaughter in the second degree (section 609.205);
9.35	(19) assault in the first degree (section 609.221) or in the second degree (section
9.36	609.222);

10.1	(20) assault in the fifth degree (section 609.224, subdivision 2, clause (c), or
10.2	subdivision 4);
10.3	(21) felony domestic assault (section 609.2242, subdivision 4);
10.4	(22) domestic assault by strangulation (section 609.2247);
10.5	(23) great bodily harm caused by distribution of drugs (section 609.228);
10.6	(24) mistreatment of persons confined (section 609.23);
10.7	(25) mistreatment of residents or patients (section 609.231);
10.8	(26) criminal abuse (section 609.2325);
10.9	(27) criminal neglect (section 609.233);
10.10	(28) financial exploitation of a vulnerable adult (section 609.2335);
10.11	(29) failure to report (section 609.234);
10.12	(30) simple robbery (section 609.24);
10.13	(31) aggravated robbery (section 609.245);
10.14	(32) false imprisonment (section 609.255);
10.15	(33) murder of unborn child in the second degree (section 609.2662) or in the third
10.16	<u>degree</u> (section 609.2663);
10.17	(34) solicitation, inducement, and promotion of prostitution (section 609.322);
10.18	(35) patrons; prostitutes; housing individuals engaged in prostitution (minors)
10.19	(section 609.324, subdivision 1):
10.20	(36) presenting false claims to a public officer or body (section 609.465);
10.21	(37) medical assistance fraud (section 609.466);
10.22	(38) felony theft (section 609.52);
10.23	(39) fraud in obtaining credit (section 609.52);
10.24	(40) identity theft (section 609.527);
10.25	(41) arson in the second degree (section 609.562) or in the third degree (section
10.26	<u>609.562);</u>
10.27	(42) burglary (section 609.582);
10.28	(43) insurance fraud (section 609.611);
10.29	(44) aggravated forgery (section 609.625);
10.30	(45) forgery (section 609.63);
10.31	(46) check forgery (section 609.631);
10.32	(47) felony drive-by shooting (section 609.66, subdivision 1e);
10.33	(48) riot (section 609.71);
10.34	(49) terroristic threats (section 609.713);
10.35	(50) disorderly conduct (section 609.72, subdivision 3);
10.36	(51) financial transaction card fraud (section 609.821);

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1.1	(52) shooting at or in a j	public transit vehicle or facility (section	on 609.855, s	subdivision
1.2	<u>5);</u>			
1.3	(53) controlled substance	ce crimes in the third degree (section	152.023), fou	ırth degree
1.4	(section 152.024), or fifth deg	gree (section 152.025); or		
1.5	(54) aiding and abetting	g, attempting or conspiring to commi	t any of the a	<u>ıbove</u>
1.6	offenses.			
1.7	Subd. 9. Conviction. E	For purposes of this section, an application	cant is consid	ered to
1.8	have been convicted of a crin	ne if the applicant:		
1.9	(1) was convicted or oth	nerwise found guilty;		
1.10	(2) was found guilty by	a jury but the adjudication of guilt w	as withheld;	
1.11	(3) was convicted but the	ne imposition or execution of a senter	nce was staye	d; or
1.12	(4) pleaded guilty, or en	tered an Alford plea or plea of nolo	contendere.	
1.13	Subd. 10. Consideration	on of other crimes. Nothing in this s	section shall p	<u>preclude</u>
1.14	the board from considering ar	n applicant's conviction of a crime that	at is not enun	nerated in
1.15	subdivision 8 when determining	ng an applicant's suitability and eligib	oility for nurse	<u>e licensure.</u>
1.16	Subd. 11. Order of de	mial. When an applicant is denied lie	censure based	d on
1.17	conviction of a crime enumer	rated in subdivision 8, the board may	issue a publi	c order
1.18	of denial and is not required t	o provide the applicant a hearing bef	ore the board	l prior to
1.19	denying licensure.			
1.20	Subd. 12. Reconsidera	tion of denial. (a) An applicant who	is denied lic	ensure
1.21	based on a conviction of a cris	me enumerated in subdivision 8, may	request reco	nsideration
1.22	of the board's decision if the a	applicant believes the information the	e board relied	l upon is
1.23	incorrect or that the applicant	has been misidentified.		
1.24	(b) An applicant denied	licensure based on a conviction of a	crime enume	erated in
1.25	subdivision 8, clauses (1) to (1)	17), may not request reconsideration of	of the denial of	of licensure
1.26	except as provided in paragra	ph (a), and may not reapply for licens	sure by the bo	oard.
1.27	(c) An applicant denied	licensure based on a conviction of a	crime enume	erated in
1.28	subdivision 8, clauses (18) to	(54), may request reconsideration of	the board's d	lecision to
1.29	deny licensure. The applicant	requesting reconsideration shall have	e the burden	of showing
1.30	to the satisfaction of the board	d that the applicant has been sufficien	ntly rehabilita	ated and
1.31	does not pose a risk of harm	to the public.		
1.32	(d) An applicant seeking	g reconsideration of a denial of licens	sure under thi	is chapter
1.33	shall present evidence to the b	poard addressing the following factor	s, which the	board may

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consider in determining whether to grant a license to the previously denied applicant:

(1) the number of crimes for which the applicant has been convicted;

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12.1	(2) the nature and seriousness of the crimes and vulnerability of the victims of the
12.2	crimes, including whether the commission of the crimes involved the abuse of trust or the
12.3	exploitation of a unique position or knowledge;
12.4	(3) the relationship between the crimes and the practice of nursing;
12.5	(4) the age of the applicant at the time the crimes were committed;
12.6	(5) the amount of time that has elapsed since the crimes occurred and since the
12.7	completion of the terms of any sentence imposed;
12.8	(6) steps taken by the applicant to address substance abuse or mental or physical
12.9	health issues present at the time of the crimes or subsequent to the crimes;
12.10	(7) evidence of the applicant's work history; and
12.11	(8) evidence demonstrating the applicant does not pose a threat to the health or
12.12	safety of the public.
12.13	(e) The board may impose limitations and conditions on an applicant's license if the
12.14	board grants the applicant a license following reconsideration.
12.15	Subd. 13. Data practices. All state or national criminal history record information
12.16	obtained by the board from the BCA or the FBI is confidential data on individuals,
12.17	under section 13.02, subdivision 3, and restricted to the exclusive use of the board, its
12.18	members, officers, investigative staff, agents, and attorneys for the purpose of evaluating
12.19	an applicant's eligibility or qualification for licensure.
12.20	Subd. 14. Current licensees. The board may request that licensee who is the
12.21	subject of an investigation by the board submit to a criminal background check if there
12.22	is reason to believe the licensee has been charged with or convicted of a crime in this
12.23	or any other jurisdiction.
12.24	EFFECTIVE DATE. This section is effective July 1, 2012, or as soon as the
12.25	necessary interagency infrastructure and related business processes are operational,
12.26	whichever is later.
12.27	Sec. 3. Minnesota Statutes 2010, section 148.211, subdivision 1, is amended to read:
12.28	Subdivision 1. Licensure by examination. (a) An applicant for a license to practice
12.29	as a registered nurse or licensed practical nurse shall apply to the board for a license by
12.30	examination on forms prescribed by the board and pay a fee in an amount determined by
12.31	statute. An applicant applying for reexamination shall pay a fee in an amount determined
12.32	by law. In no case may fees be refunded.
12.33	(b) The applicant must satisfy the following requirements for licensure by
12.34	examination:

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(1) present evidence the applicant has not engaged in conduct warranting disciplinary action under section 148.261;

- (2) present evidence of completion of a nursing education program which was conducted in English and approved by the board, another United States nursing board, or a Canadian province, which prepared the applicant for the type of license for which the application has been submitted; and
- (3) pass a national nurse licensure written examination. "Written examination" includes paper and pencil examinations and examinations administered with a computer and related technology and may include supplemental oral or practical examinations approved by the board.
- (c) An applicant who graduated from an approved nursing education program in Canada and was licensed in Canada or another United States jurisdiction, without passing the national nurse licensure examination, must also submit a verification of licensure from the original Canadian licensure authority and from the United States jurisdiction.
- (d) An applicant who graduated from a nursing program in a country other than the United States or Canada, excluding Quebec, must also satisfy the following requirements:
- (1) present verification of graduation from a nursing education program which prepared the applicant for the type of license for which the application has been submitted and is determined to be equivalent to the education required in the same type of nursing education programs in the United States as evaluated by a credentials evaluation service acceptable to the board. The credentials evaluation service must submit the evaluation and verification directly to the board;
- (2) demonstrate successful completion of coursework to resolve identified nursing education deficiencies; and
- (3) pass examinations acceptable to the board that test written and spoken English, unless the applicant graduated from a nursing education program conducted in English and located in an English-speaking country. The results of the examinations must be submitted directly to the board from the testing service.
 - (e) An applicant failing to pass the examination may apply for reexamination.
- 13.30 (f) When the applicant has met all requirements stated in this subdivision, the board shall issue a license to the applicant. The board may issue a license with conditions and limitations if it considers it necessary to protect the public.
 - Sec. 4. Minnesota Statutes 2010, section 148.212, subdivision 1, is amended to read: Subdivision 1. **Issuance.** Upon receipt of the applicable licensure or reregistration fee and permit fee, and in accordance with rules of the board, the board may issue

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a nonrenewable temporary permit to practice professional or practical nursing to an applicant for licensure or reregistration who is not the subject of a pending investigation or disciplinary action, nor disqualified for any other reason, under the following circumstances:

- (a) The applicant for licensure by examination under section 148.211, subdivision 1, has graduated from an approved nursing program within the 60 days preceding board receipt of an affidavit of graduation or transcript and has been authorized by the board to write the licensure examination for the first time in the United States. The permit holder must practice professional or practical nursing under the direct supervision of a registered nurse. The permit is valid from the date of issue until the date the board takes action on the application or for 60 days whichever occurs first.
- (b) The applicant for licensure by endorsement under section 148.211, subdivision 2, is currently licensed to practice professional or practical nursing in another state, territory, or Canadian province. The permit is valid from submission of a proper request until the date of board action on the application or for 60 days, whichever comes first.
- (e) (b) The applicant for licensure by endorsement under section 148.211, subdivision 2, or for reregistration under section 148.231, subdivision 5, is currently registered in a formal, structured refresher course or its equivalent for nurses that includes clinical practice.
- (d) The applicant for licensure by examination under section 148.211, subdivision 1, who graduated from a nursing program in a country other than the United States or Canada has completed all requirements for licensure except registering for and taking the nurse licensure examination for the first time in the United States. The permit holder must practice professional nursing under the direct supervision of a registered nurse. The permit is valid from the date of issue until the date the board takes action on the application or for 60 days, whichever occurs first.

Sec. 5. Minnesota Statutes 2010, section 148.231, is amended to read:

148.231 REGISTRATION; FAILURE TO REGISTER; REREGISTRATION; VERIFICATION.

Subdivision 1. **Registration.** Every person licensed to practice professional or practical nursing must maintain with the board a current registration for practice as a registered nurse or licensed practical nurse which must be renewed at regular intervals established by the board by rule. No certificate of registration shall be issued by the board to a nurse until the nurse has submitted satisfactory evidence of compliance with the procedures and minimum requirements established by the board.

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The fee for periodic registration for practice as a nurse shall be determined by the board by rule law. A penalty fee shall be added for any application received after the required date as specified by the board by rule. Upon receipt of the application and the required fees, the board shall verify the application and the evidence of completion of continuing education requirements in effect, and thereupon issue to the nurse a certificate of registration for the next renewal period.

- Subd. 4. **Failure to register.** Any person licensed under the provisions of sections 148.171 to 148.285 who fails to register within the required period shall not be entitled to practice nursing in this state as a registered nurse or licensed practical nurse.
- Subd. 5. **Reregistration.** A person whose registration has lapsed desiring to resume practice shall make application for reregistration, submit satisfactory evidence of compliance with the procedures and requirements established by the board, and pay the registration reregistration fee for the current period to the board. A penalty fee shall be required from a person who practiced nursing without current registration. Thereupon, the registration certificate shall be issued to the person who shall immediately be placed on the practicing list as a registered nurse or licensed practical nurse.
- Subd. 6. **Verification.** A person licensed under the provisions of sections 148.171 to 148.285 who requests the board to verify a Minnesota license to another state, territory, or country or to an agency, facility, school, or institution shall pay a fee to the board for each verification.

15.21 Sec. 6. [148.242] FEES.

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The fees specified in section 148.243 are nonrefundable and must be deposited in the state government special revenue fund.

Sec. 7. [148.243] FEE AMOUNTS.

- 15.25 <u>Subdivision 1.</u> <u>Licensure by examination.</u> The fee for licensure by examination is \$105.
- 15.27 Subd. 2. **Reexamination fee.** The reexamination fee is \$60.
- 15.28 Subd. 3. Licensure by endorsement. The fee for licensure by endorsement is \$105.
- 15.29 Subd. 4. Registration renewal. The fee for registration renewal is \$85.
- 15.30 Subd. 5. **Reinstatement.** The fee for reinstatement is \$105.
- 15.31 Subd. 6. Replacement license. The fee for a replacement license is \$20.
- 15.32 Subd. 7. Public health nurse certification. The fee for public health nurse certification is \$30.

16.1	Subd. 8. Drug Enforcement Administration verification for APRNs. The Drug
16.2	Enforcement Administration verification for APRNs is \$50.
16.3	Subd. 9. Licensure verification other than Nursys. The fee for verification of
16.4	licensure status other than through Nursys verification is \$20.
16.5	Subd. 10. Verification of examination scores. The fee for verification of
16.6	examination scores is \$20.
16.7	Subd. 11. Microfilmed licensure application materials. The fee for a copy of
16.8	microfilmed licensure application materials is \$20.
16.9	Subd. 12. Nursing business registration; initial application. The fee for the initial
16.10	application for nursing business registration is \$100.
16.11	Subd. 13. Nursing business registration; annual application. The fee for the
16.12	annual application for nursing business registration is \$25.
16.13	Subd. 14. Practicing without current registration. The fee for practicing without
16.14	current registration is two times the amount of the current registration renewal fee for any
16.15	part of the first calendar month, plus the current registration renewal fee for any part of
16.16	any subsequent month up to 24 months.
16.17	Subd. 15. Practicing without current APRN certification. The fee for practicing
16.18	without current APRN certification is \$200 for the first month or any part thereof, plus
16.19	\$100 for each subsequent month or part thereof.
16.20	Subd. 16 Dishonored check fee. The service fee for a dishonored check is as
16.21	provided in section 604.113.
16.22	Subd. 17. Border state registration fee. The initial application fee for border
16.23	state registration is \$50. Any subsequent notice of employment change to remain or be
16.24	reinstated on the registry is \$50.
16.25	Sec. 8. Minnesota Statutes 2010, section 364.09, is amended to read:
16.26	364.09 EXCEPTIONS.
16.27	(a) This chapter does not apply to the licensing process for peace officers; to law
16.28	enforcement agencies as defined in section 626.84, subdivision 1, paragraph (f); to fire
16.29	protection agencies; to eligibility for a private detective or protective agent license; to the
16.30	licensing and background study process under chapters 245A and 245C; to eligibility
16.31	for school bus driver endorsements; to eligibility for special transportation service
16.32	endorsements; to eligibility for a commercial driver training instructor license, which is
16.33	governed by section 171.35 and rules adopted under that section; to emergency medical

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services personnel, or to the licensing by political subdivisions of taxicab drivers, if the

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17.1	applicant for the license has been discharged from sentence for a conviction within the ten
17.2	years immediately preceding application of a violation of any of the following:
17.3	(1) sections 609.185 to 609.21, 609.221 to 609.223, 609.342 to 609.3451, or 617.23,
17.4	subdivision 2 or 3;
17.5	(2) any provision of chapter 152 that is punishable by a maximum sentence of
17.6	15 years or more; or
17.7	(3) a violation of chapter 169 or 169A involving driving under the influence, leaving
17.8	the scene of an accident, or reckless or careless driving.
17.9	This chapter also shall not apply to eligibility for juvenile corrections employment, where
17.10	the offense involved child physical or sexual abuse or criminal sexual conduct.
17.11	(b) This chapter does not apply to a school district or to eligibility for a license
17.12	issued or renewed by the Board of Teaching or the commissioner of education.
17.13	(c) Nothing in this section precludes the Minnesota Police and Peace Officers
17.14	Training Board or the state fire marshal from recommending policies set forth in this
17.15	chapter to the attorney general for adoption in the attorney general's discretion to apply to
17.16	law enforcement or fire protection agencies.
17.17	(d) This chapter does not apply to a license to practice medicine that has been denied
17.18	or revoked by the Board of Medical Practice pursuant to section 147.091, subdivision 1a.
17.19	(e) This chapter does not apply to any person who has been denied a license to
17.20	practice chiropractic or whose license to practice chiropractic has been revoked by the
17.21	board in accordance with section 148.10, subdivision 7.
17.22	(f) This chapter does not apply to a person who has been denied a license to practice
17.23	nursing by the board or whose license has been revoked by the board pursuant to section
17.24	<u>148.192.</u>
17.25	EFFECTIVE DATE. This section is effective July 1, 2012, or as soon as the
17.26	necessary interagency infrastructure and related business processes are operational,
17.27	whichever is later.
17.28	Sec. 9. APPROPRIATION.
17.29	\$ is appropriated from the fund to the Board of Nursing for implementation
17.30	of section 1.
17.31	Sec. 10. REPEALER.
17.32	Minnesota Rules, parts 6310.3100, subpart 2; 6310.3600; and 6310.3700, subpart

1, are repealed.

Article 2 Sec. 10.

18.1 ARTICLE 3

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BOARD OF DENTISTRY

Section 1. Minnesota Statutes 2010, section 150A.02, is amended to read:

150A.02 BOARD OF DENTISTRY.

Subdivision 1. Generally. There is hereby created a Board of Dentistry whose duty it shall be to carry out the purposes and enforce the provisions of sections 150A.01 to 150A.12. The board shall consist of two public members as defined by section 214.02, and the following dental professionals who are licensed and reside in Minnesota: five qualified resident dentists, one qualified resident licensed dental assistant, and one qualified resident dental hygienist appointed by the governor. One qualified dentist must be involved with the education, employment or utilization of dental therapist or advanced dental therapist. Membership terms, compensation of members, removal of members, the filling of membership vacancies, and fiscal year and reporting requirements shall be as provided in sections 214.07 to 214.09. The provision of staff, administrative services and office space; the review and processing of board complaints; the setting of board fees; and other provisions relating to board operations shall be as provided in chapter 214. Each board member who is a dentist, licensed dental assistant, or dental hygienist shall have been lawfully in active practice in this state for five years immediately preceding appointment; and no board member shall be eligible for appointment to more than two consecutive four-year terms, and members serving on the board at the time of the enactment hereof shall be eligible to reappointment provided they shall not have served more than nine consecutive years at the expiration of the term to which they are to be appointed. At least 90 days prior to the expiration of the terms of dentists, licensed dental assistants, or dental hygienists, the Minnesota Dental Association, Minnesota Dental Assistants Association, or the Minnesota State Dental Hygiene Association shall recommend to the governor for each term expiring not less than two dentists, two licensed dental assistants, or two dental hygienists, respectively, who are qualified to serve on the board, and from the list so recommended the governor may appoint members to the board for the term of four years, the appointments to be made within 30 days after the expiration of the terms. Within 60 days after the occurrence of a dentist, licensed dental assistant, or dental hygienist vacancy, prior to the expiration of the term, in the board, the Minnesota Dental Association, the Minnesota Dental Assistants Association, or the Minnesota State Dental Hygiene Association shall recommend to the governor not less than two dentists, two licensed dental assistants, or two dental hygienists, who are qualified to serve on the board and from the list so recommended the governor, within 30 days after receiving such

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list of dentists, may appoint one member to the board for the unexpired term occasioned by such vacancy. Any appointment to fill a vacancy shall be made within 90 days after the occurrence of such vacancy. The first four-year term of the dental hygienist and of the licensed dental assistant shall commence on the first Monday in January, 1977.

- Sec. 2. Minnesota Statutes 2010, section 150A.06, subdivision 1c, is amended to read:
- Subd. 1c. **Specialty dentists.** (a) The board may grant a specialty license in the specialty areas of dentistry that are recognized by the American Dental Association.
 - (b) An applicant for a specialty license shall:

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- (1) have successfully completed a postdoctoral specialty education program accredited by the Commission on Dental Accreditation of the American Dental Association, or have announced a limitation of practice before 1967;
- (2) have been certified by a specialty examining board approved by the Minnesota Board of Dentistry, or provide evidence of having passed a clinical examination for licensure required for practice in any state or Canadian province, or in the case of oral and maxillofacial surgeons only, have a Minnesota medical license in good standing;
- (3) have been in active practice or a postdoctoral specialty education program or United States government service at least 2,000 hours in the 36 months prior to applying for a specialty license;
- (4) if requested by the board, be interviewed by a committee of the board, which may include the assistance of specialists in the evaluation process, and satisfactorily respond to questions designed to determine the applicant's knowledge of dental subjects and ability to practice;
- (5) if requested by the board, present complete records on a sample of patients treated by the applicant. The sample must be drawn from patients treated by the applicant during the 36 months preceding the date of application. The number of records shall be established by the board. The records shall be reasonably representative of the treatment typically provided by the applicant;
- (6) at board discretion, pass a board-approved English proficiency test if English is not the applicant's primary language;
 - (7) pass all components of the National Dental Board Dental Examinations;
 - (8) pass the Minnesota Board of Dentistry jurisprudence examination;
- 19.32 (9) abide by professional ethical conduct requirements; and
- 19.33 (10) meet all other requirements prescribed by the Board of Dentistry.
- 19.34 (c) The application must include:
- 19.35 (1) a completed application furnished by the board;

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

- (3) a licensed physician's statement attesting to the applicant's physical and mental condition;
- (4) a statement from a licensed ophthalmologist or optometrist attesting to the applicant's visual acuity;
 - (5) a nonrefundable fee; and

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- (6) a notarized, unmounted passport-type photograph, three inches by three inches, taken not more than six months before the date of application.
- (d) A specialty dentist holding a specialty license is limited to practicing in the dentist's designated specialty area. The scope of practice must be defined by each national specialty board recognized by the American Dental Association.
- (e) A specialty dentist holding a general dentist license is limited to practicing in the dentist's designated specialty area if the dentist has announced a limitation of practice.

 The scope of practice must be defined by each national specialty board recognized by the American Dental Association.
- (f) All specialty dentists who have fulfilled the specialty dentist requirements and who intend to limit their practice to a particular specialty area may apply for a specialty license.

Subd. 1d. **Dental therapists.** A person of good moral character who has graduated with a baccalaureate degree or a master's degree from a dental therapy education program that has been approved by the board or accredited by the American Dental Association Commission on Dental Accreditation or another board-approved national accreditation organization may apply for licensure.

Sec. 3. Minnesota Statutes 2010, section 150A.06, subdivision 1d, is amended to read:

The applicant must submit an application and fee as prescribed by the board and a diploma or certificate from a dental therapy education program. Prior to being licensed, the applicant must pass a comprehensive, competency-based clinical examination that is approved by the board and administered independently of an institution providing dental therapy education. The clinical examinations for competencies for dental therapy and advanced dental therapy must be comparable to those administered to dental students for the same competencies. The applicant must also pass an examination testing the applicant's knowledge of the Minnesota laws and rules relating to the practice of dentistry. An applicant who has failed the clinical examination twice is ineligible to retake the

clinical examination until further education and training are obtained as specified by the board. A separate, nonrefundable fee may be charged for each time a person applies. An applicant who passes the examination in compliance with subdivision 2b, abides by professional ethical conduct requirements, and meets all the other requirements of the board shall be licensed as a dental therapist.

Sec. 4. Minnesota Statutes 2010, section 150A.06, subdivision 3, is amended to read:

Subd. 3. **Waiver of examination.** (a) All or any part of the examination for dentists or dental hygienists, except that pertaining to the law of Minnesota relating to dentistry and the rules of the board, may, at the discretion of the board, be waived for an applicant who presents a certificate of qualification from having passed all components of the National Board of Dental Examiners Examinations or evidence of having maintained an adequate scholastic standing as determined by the board, in dental school as to dentists, or dental hygiene school as to dental hygienists.

(b) The board shall waive the clinical examination required for licensure for any dentist applicant who is a graduate of a dental school accredited by the Commission on Dental Accreditation of the American Dental Association, who has successfully completed passed all components of the National Dental Board Examination Dental Examinations, and who has satisfactorily completed a Minnesota-based postdoctoral general dentistry residency program (GPR) or an advanced education in general dentistry (AEGD) program after January 1, 2004. The postdoctoral program must be accredited by the Commission on Dental Accreditation of the American Dental Association, be of at least one year's duration, and include an outcome assessment evaluation assessing the resident's competence to practice dentistry. The board may require the applicant to submit any information deemed necessary by the board to determine whether the waiver is applicable. The board may waive the clinical examination for an applicant who meets the requirements of this paragraph and has satisfactorily completed an accredited postdoctoral general dentistry residency program located outside of Minnesota.

Sec. 5. Minnesota Statutes 2010, section 150A.06, subdivision 4, is amended to read: Subd. 4. **Licensure by credentials.** (a) Any dentist or dental hygienist may, upon application and payment of a fee established by the board, apply for licensure based on the applicant's performance record in lieu of passing an examination approved by the board according to section 150A.03, subdivision 1, and be interviewed by the board to determine if the applicant:

(1) has passed all components of the National Board Dental Examinations;

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22.1	(1) (2) has been in active practice at least 2,000 hours within 36 months of the
22.2	application date, or passed a board-approved reentry program within 36 months of the
22.3	application date;
22.4	(2)(3) currently has a license in another state or Canadian province and is not subject
22.5	to any pending or final disciplinary action, or if not currently licensed, previously had a
22.6	license in another state or Canadian province in good standing that was not subject to any
22.7	final or pending disciplinary action at the time of surrender;
22.8	(3) (4) is of good moral character and abides by professional ethical conduct
22.9	requirements;
22.10	(4) (5) at board discretion, has passed a board-approved English proficiency test if
22.11	English is not the applicant's primary language; and
22.12	(5) (6) meets other credentialing requirements specified in board rule.
22.13	(b) An applicant who fulfills the conditions of this subdivision and demonstrates
22.14	the minimum knowledge in dental subjects required for licensure under subdivision 1 or
22.15	2 must be licensed to practice the applicant's profession.
22.16	(c) If the applicant does not demonstrate the minimum knowledge in dental subjects
22.17	required for licensure under subdivision 1 or 2, the application must be denied. When
22.18	denying a license, the board may notify the applicant of any specific remedy that the
22.19	applicant could take which, when passed, would qualify the applicant for licensure. A
22.20	denial does not prohibit the applicant from applying for licensure under subdivision 1 or 2.
22.21	(d) A candidate whose application has been denied may appeal the decision to the
22.22	board according to subdivision 4a.
22.23	Sec. 6. Minnesota Statutes 2010, section 150A.06, subdivision 6, is amended to read:
22.24	Subd. 6. Display of name and certificates. (a) The initial license and subsequent
22.25	renewal , or current registration certificate , of every dentist, a dental therapist, dental
22.26	hygienist, or dental assistant shall be conspicuously displayed in every office in which that
22.27	person practices, in plain sight of patients. When available from the board, the board shall
22.28	allow the display of a wallet-sized initial license and wallet-sized subsequent renewal
22.29	certificate only at nonprimary practice locations instead of displaying an original-sized
22.30	initial license and subsequent renewal certificate.
22.31	(b) Near or on the entrance door to every office where dentistry is practiced, the
22.32	name of each dentist practicing there, as inscribed on the current license certificate, shall
22.33	be displayed in plain sight.

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23.1	Sec. 7. Minnesota Statutes 2010, section 150A.06, is amended by adding a subdivision
23.2	to read:
23.3	Subd. 10. Criminal history record checks. (a) An applicant for initial licensure
23.4	under this section and an applicant for reinstatement of licensure under Minnesota Rules,
23.5	part 3100.1850, shall submit to a criminal history records check of state data, regardless
23.6	of the data classification, completed by the Minnesota Bureau of Criminal Apprehension
23.7	and a national criminal history records check to include a search of the records of the
23.8	Federal Bureau of Investigation.
23.9	(b) An applicant shall submit a completed, notarized criminal history records check
23.10	consent form and fingerprints to the Minnesota Bureau of Criminal Apprehension and
23.11	comply with the following requirements:
23.12	(1) request and consent to a criminal history records check of state data, regardless
23.13	of the data classification;
23.14	(2) request and consent to a national criminal history records check;
23.15	(3) submit to fingerprinting in a form acceptable to the board either with the
23.16	Minnesota Bureau of Criminal Apprehension or a local law enforcement agency including
23.17	a verification form;
23.18	(4) pay the required fees for fingerprinting and completion of the criminal history
23.19	records checks by the Minnesota Bureau of Criminal Apprehension and the Federal
23.20	Bureau of Investigation; and
23.21	(5) request that the criminal history check results from both the Minnesota Bureau of
23.22	Criminal Apprehension and the Federal Bureau of Investigation be sent directly to the
23.23	board and, if necessary, the applicant shall provide the Minnesota Bureau of Criminal
23.24	Apprehension with a stamped envelope having the board's name and address.
23.25	(c) The board shall maintain the criminal history records check reports in a manner
23.26	that ensures the confidentiality of the results as private data, prevents disclosure pursuant
23.27	to a public records request, and complies with applicable state and federal requirements.
23.28	(d) The board shall not accept the results of a criminal history records check
23.29	submitted by an entity other than the Minnesota Bureau of Criminal Apprehension.
23.30	(e) In reviewing the results of criminal history records checks to determine whether
23.31	the applicant should be granted an initial or reinstated license to practice, the board may
23.32	consider all of the following:
23.33	(1) the nature and seriousness of the crime;
23.34	(2) the extent of the applicant's past criminal activity;
23.35	(3) the age of the applicant when the crime was committed;
23.36	(4) the amount of time that has elapsed since the applicant's last criminal activity;

24.1	(5) the conduct and work activity of the applicant before and after the criminal
24.2	activity;
24.3	(6) whether the applicant has completed the terms of any probation or deferred
24.4	adjudication;
24.5	(7) evidence of the applicant's rehabilitation;
24.6	(8) whether the applicant fully disclosed the arrest or conviction to the board; and
24.7	(9) any other factors the board considers relevant.
24.8	(f) The board shall not grant a license to an applicant for an initial license issued
24.9	under this section or for a reinstated license under Minnesota Rules, part 3100.1850,
24.10	unless the applicant complies with this subdivision.
24.11	(g) If a criminal history records check indicates that an applicant has engaged in
24.12	criminal behavior, the board may take action according to sections 214.10 and 214.103.
24.12	See 9 Minnesote Statutes 2010, section 1504 00 subdivision 2 is smooded to read:
24.13	Sec. 8. Minnesota Statutes 2010, section 150A.09, subdivision 3, is amended to read:
24.14	Subd. 3. Current address, change of address. Every dentist, dental therapist,
24.15	dental hygienist, and dental assistant shall maintain with the board a correct and current
24.16	mailing address and electronic mail address. For dentists engaged in the practice of
24.17	dentistry, the <u>postal</u> address shall be that of the location of the primary dental practice.
24.18	Within 30 days after changing postal or electronic mail addresses, every dentist, dental
24.19	therapist, dental hygienist, and dental assistant shall provide the board written notice of
24.20	the new address either personally or by first class mail.
24.21	Sec. 9. Minnesota Statutes 2010, section 150A.091, subdivision 2, is amended to read:
24.22	Subd. 2. Application fees. Each applicant shall submit with a license, advanced
24.23	dental therapist certificate, or permit application a nonrefundable fee in the following
24.24	amounts in order to administratively process an application:
24.25	(1) dentist, \$140;
24.26	(2) full faculty dentist, \$140;
24.27	(2) (3) limited faculty dentist, \$140;
24.28	(3) (4) resident dentist or dental provider, \$55;
24.29	(5) advanced dental therapist, \$100;
24.30	(4) (6) dental therapist, \$100;
24.31	(5) (7) dental hygienist, \$55;
24.32	(6) (8) licensed dental assistant, \$55; and
24.33	(7) (9) dental assistant with a permit as described in Minnesota Rules, part
24.34	3100.8500, subpart 3, \$15.

Sec. 10. Minnesota Statutes 2010, section 150A.091, subdivision 3, is amended to read: 25.1 Subd. 3. **Initial license or permit fees.** Along with the application fee, each of the 25.2 following applicants shall submit a separate prorated initial license or permit fee. The 25.3 prorated initial fee shall be established by the board based on the number of months of the 25.4 applicant's initial term as described in Minnesota Rules, part 3100.1700, subpart 1a, not to 25.5 exceed the following monthly fee amounts: 25.6 (1) dentist or full faculty dentist, \$14 times the number of months of the initial term; 25.7 (2) dental therapist, \$10 times the number of months of the initial term; 25.8 (3) dental hygienist, \$5 times the number of months of the initial term; 25.9 (4) licensed dental assistant, \$3 times the number of months of the initial term; and 25.10 (5) dental assistant with a permit as described in Minnesota Rules, part 3100.8500, 25.11 subpart 3, \$1 times the number of months of the initial term. 25.12 Sec. 11. Minnesota Statutes 2010, section 150A.091, subdivision 4, is amended to read: 25.13 25.14 Subd. 4. Annual license fees. Each limited faculty or resident dentist shall submit with an annual license renewal application a fee established by the board not to exceed 25.15 the following amounts: 25.16 (1) limited faculty dentist, \$168; and 25.17 (2) resident dentist or dental provider, \$59. 25.18 Sec. 12. Minnesota Statutes 2010, section 150A.091, subdivision 5, is amended to read: 25.19 Subd. 5. **Biennial license or permit fees.** Each of the following applicants shall 25.20 25.21 submit with a biennial license or permit renewal application a fee as established by the board, not to exceed the following amounts: 25.22 (1) dentist or full faculty dentist, \$336; 25.23 25.24 (2) dental therapist, \$180; (3) dental hygienist, \$118; 25.25 (4) licensed dental assistant, \$80; and 25.26 (5) dental assistant with a permit as described in Minnesota Rules, part 3100.8500, 25.27 subpart 3, \$24. 25.28 Sec. 13. Minnesota Statutes 2010, section 150A.091, subdivision 8, is amended to read: 25.29 Subd. 8. Duplicate license or certificate fee. Each applicant shall submit, with 25.30 a request for issuance of a duplicate of the original license, or of an annual or biennial 25.31 renewal certificate for a license or permit, a fee in the following amounts: 25.32

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26.1	(1) original dentist, <u>full faculty dentist</u> , dental therapist, dental hygiene, or dental
26.2	assistant license, \$35; and
26.3	(2) annual or biennial renewal certificates, \$10.
26.4	Sec. 14. Minnesota Statutes 2010, section 150A.091, is amended by adding a
26.5	subdivision to read:
26.6	Subd. 16. Failure of professional development portfolio audit. A licensee shall
26.7	submit a fee as established by the board not to exceed the amount of \$250 after failing
26.8	two consecutive professional development portfolio audits and thereafter for each failed
26.9	professional development portfolio audit under Minnesota Rules, part 3100.5300.
26.10	Sec. 15. Minnesota Statutes 2010, section 150A.105, subdivision 7, is amended to read:
26.10	Subd. 7. Use of dental assistants. (a) A licensed dental therapist may supervise
26.11	dental assistants to the extent permitted in the collaborative management agreement and
26.13	according to section 150A.10, subdivision 2. (b) Notwithstanding paragraph (c) a licensed dental therepist is limited to
26.14	(b) Notwithstanding paragraph (a), a licensed dental therapist is limited to
26.1526.16	supervising no more than four <u>registered licensed</u> dental assistants or nonregistered nonlicensed dental assistants at any one practice setting.
20.10	nomicensed dental assistants at any one practice setting.
26.17	Sec. 16. Minnesota Statutes 2010, section 150A.106, subdivision 1, is amended to read:
26.18	Subdivision 1. General. In order to be certified by the board to practice as an
26.19	advanced dental therapist, a person must:
26.20	(1) complete a dental therapy education program;
26.21	(2) pass an examination to demonstrate competency under the dental therapy scope
26.22	of practice;
26.23	(3) be licensed as a dental therapist;
26.24	(4) complete 2,000 hours of dental therapy clinical practice under direct or indirect
26.25	supervision;
26.26	(5) graduate from a master's advanced dental therapy education program;
26.27	(6) pass a board-approved certification examination to demonstrate competency
26.28	under the advanced scope of practice; and
26.29	(7) submit an application and fee for certification as prescribed by the board.
26.30	Sec. 17. Minnesota Statutes 2010, section 150A.106, subdivision 1, is amended to read:
26.31	Subdivision 1. General. In order to be certified by the board to practice as an
26.32	advanced dental therapist, a person must:
20.32	autanova dentar merupist, a person must.

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27.1	(1) complete a dental thera	apy education program;		
27.2	(2) pass an examination to	demonstrate competency under th	ne dental thera	apy scope
27.3	of practice;			
27.4	(3) be licensed as a dental	therapist;		
27.5	(4) complete 2,000 hours of	of dental therapy clinical practice u	under direct o	r indirect
27.6	supervision;			
27.7	(5) graduate from a master	's advanced dental therapy educati	ion program;	
27.8	(6) pass a board-approved	certification examination, compar	rable to those	<u>></u>
27.9	administered to dental students,	to demonstrate competency under	the advanced	l scope of
27.10	practice; and			
27.11	(7) submit an application f	for certification as prescribed by th	e board.	
27.12	Sec. 18. Minnesota Statutes 2	2010, section 150A.14, is amended	d to read:	
27.13	150A.14 IMMUNITY.			
27.14	Subdivision 1. Reporting	immunity. A person, health care	facility, busin	ness, or
27.15	organization is immune from civ	vil liability or criminal prosecution	for submittin	ng a report
27.16	in good faith to the board under	section 150A.13, or for cooperating	ng with an inv	estigation
27.17	of a report or with staff of the bo	oard relative to violations or allege	d violations o	of section
27.18	150A.08. Reports are confidenti	al data on individuals under sectio	on 13.02, subd	livision 3,
27.19	and are privileged communications.			
27.20	Subd. 2. Program Invest	igation immunity. (a) Members of	of the board, p	persons
27.21	employed by the board, and boa	ard consultants retained by the boar	<u>rd</u> are immun	e from
27.22	civil liability and criminal prosecution for any actions, transactions, or publications in			
27.23	the execution of, or relating to,	their duties under section 150A.13	sections 150	A.02 to
27.24	150A.21, 214.10, and 214.103.			
27.25	(b) For purposes of this se	ction, a member of the board or a o	consultant des	scribed in
27.26	paragraph (a) is considered a sta	te employee under section 3.736, s	subdivision 9	<u>-</u>
27.27		ARTICLE 4		
27.28	BOARD OF BE	HAVIORAL HEALTH AND TH	IERAPY	
27.29	Section 1. Minnesota Statutes	s 2010, section 148B.5301, subdiv	rision 1, is am	nended to

27.30 read:

27.31 Subdivision 1. **General requirements.** (a) To be licensed as a licensed professional

27.32 clinical counselor (LPCC), an applicant must provide satisfactory evidence to the board

27.33 that the applicant:

28.1	(1) is at least 18 years of age;
28.2	(2) is of good moral character;
28.3	(3) has completed a master's or doctoral degree program in counseling or a
28.4	related field, as determined by the board based on the criteria in items (i) to (x), that
28.5	includes a minimum of 48 semester hours or 72 quarter hours and a supervised field
28.6	experience in counseling that is not fewer than 700 hours. The degree must be from
28.7	a counseling program recognized by the Council for Accreditation of Counseling and
28.8	Related Education Programs (CACREP) or from an institution of higher education that is
28.9	accredited by a regional accrediting organization recognized by the Council for Higher
28.10	Education Accreditation (CHEA). Specific academic course content and training must
28.11	include coursework in each of the following subject areas:
28.12	(i) helping relationship, including counseling theory and practice;
28.13	(ii) human growth and development;
28.14	(iii) lifestyle and career development;
28.15	(iv) group dynamics, processes, counseling, and consulting;
28.16	(v) assessment and appraisal;
28.17	(vi) social and cultural foundations, including multicultural issues;
28.18	(vii) principles of etiology, treatment planning, and prevention of mental and
28.19	emotional disorders and dysfunctional behavior;
28.20	(viii) family counseling and therapy;
28.21	(ix) research and evaluation; and
28.22	(x) professional counseling orientation and ethics;
28.23	(4) has demonstrated competence in professional counseling by passing the National
28.24	Clinical Mental Health Counseling Examination (NCMHCE), administered by the
28.25	National Board for Certified Counselors, Inc. (NBCC) and ethical, oral, and situational
28.26	examinations as prescribed by the board. In lieu of the NCMHCE, applicants who have
28.27	taken and passed the National Counselor Examination (NCE) administered by the NBCC,
28.28	or another board-approved examination, need only take and pass the Examination of
28.29	Clinical Counseling Practice (ECCP) administered by the NBCC;
28.30	(5) has earned graduate-level semester credits or quarter-credit equivalents in the
28.31	following clinical content areas as follows:

- (i) six credits in diagnostic assessment for child or adult mental disorders; normative development; and psychopathology, including developmental psychopathology;
 - (ii) three credits in clinical treatment planning, with measurable goals;
- 28.35 (iii) six credits in clinical intervention methods informed by research evidence and community standards of practice;

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29.1	(iv) three credits in evaluation methodologies regarding the effectiveness of
29.2	interventions;
29.3	(v) three credits in professional ethics applied to clinical practice; and
29.4	(vi) three credits in cultural diversity; and
29.5	(6) has demonstrated successful completion of 4,000 hours of supervised,
29.6	post-master's degree professional practice in the delivery of clinical services in the
29.7	diagnosis and treatment of child and adult mental illnesses and disorders, conducted
29.8	according to subdivision 2.
29.9	(b) If coursework in paragraph (a) was not completed as part of the degree program
29.10	required by paragraph (a), clause (3), the coursework must be taken and passed for credit,
29.11	and must be earned from a counseling program or institution that meets the requirements
29.12	of paragraph (a), clause (3).
29.13	Sec. 2. Minnesota Statutes 2010, section 148B.5301, subdivision 3, is amended to read:
29.13	Subd. 3. Conversion from licensed professional counselor to licensed
29.14	professional clinical counselor. (a) Until August 1, 2011 2013, an individual currently
29.13	licensed in the state of Minnesota as a licensed professional counselor may convert to a
29.17	LPCC by providing evidence satisfactory to the board that the applicant has met the
29.17	following requirements:
29.18	(1) is at least 18 years of age;
	(2) is of good moral character;
29.2029.21	(3) has a license that is active and in good standing;
	(4) has no complaints pending, uncompleted disciplinary orders, or corrective
29.22	
29.23	action agreements; (5) has completed a master's or dectoral degree program in counseling or a related
29.24	(5) has completed a master's or doctoral degree program in counseling or a related
29.25	field, as determined by the board, and whose degree was from a counseling program
29.26	recognized by CACREP or from an institution of higher education that is accredited by a
29.27	regional accrediting organization recognized by CHEA;
29.28	(6) has earned 24 graduate-level semester credits or quarter-credit equivalents in
29.29	clinical coursework which includes content in the following clinical areas:
29.30	(i) diagnostic assessment for child and adult mental disorders; normative
29.31	development; and psychopathology, including developmental psychopathology;
29.32	(ii) clinical treatment planning, with measurable goals;
29.33	(iii) clinical intervention methods informed by research evidence and community
29.34	standards of practice;
29.35	(iv) evaluation methodologies regarding the effectiveness of interventions;

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30.1	(v) professional ethics applied to efficient practice; and
30.2	(vi) cultural diversity;
30.3	(7) has demonstrated, to the satisfaction of the board, successful completion of
30.4	4,000 hours of supervised, post-master's degree professional practice in the delivery of
30.5	clinical services in the diagnosis and treatment of child and adult mental illnesses and
30.6	disorders; and
30.7	(8) has paid the LPCC application and licensure fees required in section 148B.53,
30.8	subdivision 3.
30.9	(b) If the coursework in paragraph (a) was not completed as part of the degree
30.10	program required by paragraph (a), clause (5), the coursework must be taken and passed
30.11	for credit, and must be earned from a counseling program or institution that meets the
30.12	requirements in paragraph (a), clause (5).
30.13	(c) This subdivision expires August 1, 2011 <u>2013</u> .
30.14	Sec. 3. Minnesota Statutes 2010, section 148B.5301, subdivision 4, is amended to read:
30.15	Subd. 4. Conversion to licensed professional clinical counselor after August 1,
30.16	2011 2013. An individual licensed in the state of Minnesota as a licensed professional
30.17	counselor may convert to a LPCC by providing evidence satisfactory to the board that the
30.18	applicant has met the requirements of subdivisions 1 and 2, subject to the following:
30.19	(1) the individual's license must be active and in good standing;
30.20	(2) the individual must not have any complaints pending, uncompleted disciplinary
30.21	orders, or corrective action agreements; and
30.22	(3) the individual has paid the LPCC application and licensure fees required in
30.23	section 148B.53, subdivision 3.
30.24	Sec. 4. Minnesota Statutes 2010, section 148B.54, subdivision 2, is amended to read:
30.25	Subd. 2. Continuing education. At the completion of the first four years of
30.26	licensure, a licensee must provide evidence satisfactory to the board of completion of
30.27	12 additional postgraduate semester credit hours or its equivalent in counseling as
30.28	determined by the board, except that no licensee shall be required to show evidence of
30.29	greater than 60 semester hours or its equivalent. In addition to completing the requisite
30.30	graduate coursework, each licensee shall also complete in the first four years of licensure
30.31	a minimum of 40 hours of continuing education activities approved by the board under
30.32	Minnesota Rules, part 2150.2540. Graduate credit hours successfully completed in the
30.33	first four years of licensure may be applied to both the graduate credit requirement and to
30.34	the requirement for 40 hours of continuing education activities. A licensee may receive 15

continuing education hours per semester credit hour or ten continuing education hours per quarter credit hour. Thereafter, at the time of renewal, each licensee shall provide evidence satisfactory to the board that the licensee has completed during each two-year period at least the equivalent of 40 clock hours of professional postdegree continuing education in programs approved by the board and continues to be qualified to practice under sections 148B.50 to 148B.593.

Sec. 5. Minnesota Statutes 2010, section 148B.54, subdivision 3, is amended to read:

Subd. 3. **Relicensure following termination.** An individual whose license was terminated prior to August 1, 2010, and who can demonstrate completion of the graduate credit requirement in subdivision 2, does not need to comply with the continuing education requirement of Minnesota Rules, part 2150.2520, subpart 4, or with the continuing education requirements for relicensure following termination in Minnesota Rules, part 2150.0130, subpart 2. This section does not apply to an individual whose license has been canceled.

31.15 ARTICLE 5

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CRIMINAL SEXUAL CONDUCT OFFENSES

Section 1. Minnesota Statutes 2010, section 148.10, subdivision 7, is amended to read:

Subd. 7. **Conviction of a felony-level criminal sexual conduct offense.** (a) Except as provided in paragraph (e) (f), the board shall not grant or renew a license to practice chiropractic to any person who has been convicted on or after August 1, 2010, of any of the provisions of sections 609.342, subdivision 1, 609.343, subdivision 1, 609.344, subdivision 1, paragraphs (c) to (o), or 609.345, subdivision 1, paragraphs (b) to (o).

- (b) The board shall not grant or renew a license to practice chiropractic to any person who has been convicted in any other state or country on or after August 1, 2011, of an offense where the elements of the offense are substantially similar to any of the offenses listed in paragraph (a).
- (b) (c) A license to practice chiropractic is automatically revoked if the licensee is convicted of an offense listed in paragraph (a) of this section.
- (e) (d) A license to practice chiropractic that has been denied or revoked under this subdivision is not subject to chapter 364.
- (d) (e) For purposes of this subdivision, "conviction" means a plea of guilty, a verdict of guilty by a jury, or a finding of guilty by the court, unless the court stays imposition or execution of the sentence and final disposition of the case is accomplished at a nonfelony level.

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32.1	(e) (f) The board may establish criteria whereby an individual convicted of an offense
32.2	listed in paragraph (a) of this subdivision may become licensed provided that the criteria:
32.3	(1) utilize a rebuttable presumption that the applicant is not suitable for licensing or
32.4	credentialing;
32.5	(2) provide a standard for overcoming the presumption; and
32.6	(3) require that a minimum of ten years has elapsed since the applicant was released
32.7	from any incarceration or supervisory jurisdiction related to the offense.
32.8	The board shall not consider an application under this paragraph if the board
32.9	determines that the victim involved in the offense was a patient or a client of the applicant
32.10	at the time of the offense.
32.11	Sec. 2. [214.107] CONVICTION OF A FELON-LEVEL CRIMINAL SEXUAL
32.12	CONDUCT OFFENSE.
32.13	Subdivision 1. Applicability. This section applies to the health-related licensing
32.14	boards, as defined in section 214.01, subdivision 2, except the Board of Medical
32.15	Practice, the Board of Chiropractic Examiners, and the Board of Veterinary Medicine;
32.16	the Board of Barber Examiners; the Board of Cosmetologist Examiners; and professions
32.17	credentialed by the Minnesota Department of Health: (1) speech-language pathologists
32.18	and audiologists; (2) hearing instrument dispensers; and (3) occupational therapists and
32.19	occupational therapy assistants.
32.20	Subd. 2. Issuing and renewing a credential to practice. (a) Except as provided in
32.21	paragraph (f), a credentialing authority listed in subdivision 1 shall not issue or renew a
32.22	credential to practice to any person who has been convicted on or after August 1, 2011, of
32.23	any of the provisions of sections 609.342, subdivision 1, 609.343, subdivision 1, 609.344,
32.24	subdivision 1, paragraphs (c) to (o), or 609.345, subdivision 1, paragraphs (b) to (o).
32.25	(b) A credentialing authority listed in subdivision 1 shall not issue or renew a
32.26	credential to practice to any person who has been convicted in any other state or country on
32.27	or after August 1, 2010, of an offense where the elements of the offense are substantially
32.28	similar to any of the offenses listed in paragraph (a).
32.29	(c) A credential to practice is automatically revoked if the credentialed person is
32.30	convicted of an offense listed in paragraph (a).
32.31	(d) A credential to practice that has been denied or revoked under this section is
32.32	not subject to chapter 364.
32.33	(e) For purposes of this section, "conviction" means a plea of guilty, a verdict of

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guilty by a jury, or a finding of guilty by the court, unless the court stays imposition or

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execution of the sentence and final disposition of the case is accomplished at a nonfelony level.

- (f) A credentialing authority listed in subdivision 1 may establish criteria whereby an individual convicted of an offense listed in paragraph (a) of this subdivision may become credentialed provided that the criteria:
 - (1) utilize a rebuttable presumption that the applicant is not suitable for credentialing;
- (2) provide a standard for overcoming the presumption; and
- 33.8 (3) require that a minimum of ten years has elapsed since the applicant was released from any incarceration or supervisory jurisdiction related to the offense.

A credentialing authority listed in subdivision 1 shall not consider an application
under this paragraph if the board determines that the victim involved in the offense was a
patient or a client of the applicant at the time of the offense.

33.13 **EFFECTIVE DATE.** This section is effective for credentials issued or renewed on or after August 1, 2011.

Sec. 3. Minnesota Statutes 2010, section 364.09, is amended to read:

364.09 EXCEPTIONS.

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- (a) This chapter does not apply to the licensing process for peace officers; to law enforcement agencies as defined in section 626.84, subdivision 1, paragraph (f); to fire protection agencies; to eligibility for a private detective or protective agent license; to the licensing and background study process under chapters 245A and 245C; to eligibility for school bus driver endorsements; to eligibility for special transportation service endorsements; to eligibility for a commercial driver training instructor license, which is governed by section 171.35 and rules adopted under that section; to emergency medical services personnel, or to the licensing by political subdivisions of taxicab drivers, if the applicant for the license has been discharged from sentence for a conviction within the ten years immediately preceding application of a violation of any of the following:
- (1) sections 609.185 to 609.21, 609.221 to 609.223, 609.342 to 609.3451, or 617.23, subdivision 2 or 3;
- 33.29 (2) any provision of chapter 152 that is punishable by a maximum sentence of 33.30 15 years or more; or
- 33.31 (3) a violation of chapter 169 or 169A involving driving under the influence, leaving the scene of an accident, or reckless or careless driving.
- This chapter also shall not apply to eligibility for juvenile corrections employment, where the offense involved child physical or sexual abuse or criminal sexual conduct.

34.1	(b) This chapter does not apply to a school district or to eligibility for a license
34.2	issued or renewed by the Board of Teaching or the commissioner of education.
34.3	(c) Nothing in this section precludes the Minnesota Police and Peace Officers
34.4	Training Board or the state fire marshal from recommending policies set forth in this
34.5	chapter to the attorney general for adoption in the attorney general's discretion to apply to
34.6	law enforcement or fire protection agencies.
34.7	(d) This chapter does not apply to a license to practice medicine that has been denied
34.8	or revoked by the Board of Medical Practice pursuant to section 147.091, subdivision 1a.
34.9	(e) This chapter does not apply to any person who has been denied a license to
34.10	practice chiropractic or whose license to practice chiropractic has been revoked by the
34.11	board in accordance with section 148.10, subdivision 7.
34.12	(f) This chapter does not apply to any person who has been denied a credential to
34.13	practice or whose credential to practice has been revoked by a credentialing authority in
34.14	accordance with section 214.107.
34.15	EFFECTIVE DATE. This section is effective for credentials issued or renewed on
34.16	or after August 1, 2011.
31.10	of arter ragast 1, 2011.
34.17	Sec. 4. Laws 2010, chapter 349, section 1, the effective date, is amended to read:
34.18	EFFECTIVE DATE. This section is effective for new licenses issued <u>or renewed</u>
34.19	on or after August 1, 2010.
34.20	Sec. 5. Laws 2010, chapter 349, section 2, the effective date, is amended to read:
34.21	EFFECTIVE DATE. This section is effective for new licenses issued <u>or renewed</u>
34.22	on or after August 1, 2010.
34.23	Sec. 6. REVISOR'S INSTRUCTION.
34.24	In each practice act regulated by a credentialing authority listed in section 2 of this
34.25	article, the revisor shall insert the following:
34.26	Section Applicants for a credential to practice and individuals renewing a
34.27	credential to practice are subject to the provisions of the conviction of felony-level
34.28	criminal sexual conduct offenses in section 214.107.

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35.1	ARTICLE	E 6		
35.2	FEES			
35.3	Section 1. HEALTH-RELATED BOARDS			
35.4	Subd Total Appropriation	<u>\$</u> _1	<u> 17,077,000</u> <u>\$</u>	16,976,000
35.5	This appropriation is from the state			
35.6	government special revenue fund. The			
35.7	amounts that may be spent for each purpose			
35.8	are specified in the following subdivisions.			
35.9	Subd Board of Chiropractic Examiners		447,000	447,000
35.10	Subd Board of Dentistry		1,959,000	<u>1,914,000</u>
35.11	Health Professional Services Program.			
35.12	\$834,000 in fiscal year 2012 and \$804,000 in			
35.13	fiscal year 2013 from the state government			
35.14	special revenue fund are for the health			
35.15	professional services program.			
35.16 35.17	Subd Board of Dietetic and Nutrition Practice		105,000	105,000
35.18	Subd Board of Marriage and Family Therapy	<u>y</u>	184,000	159,000
35.19	Rulemaking. Of this appropriation, \$25,000			
35.20	in fiscal year 2012 is for rulemaking. This is			
35.21	a onetime appropriation.			
35.22	Subd Board of Medical Practice		3,682,000	3,682,000
35.23	Subd Board of Nursing		3,545,000	3,545,000
35.24	Subd Board of Nursing Home Administrators	<u>s</u>	2,153,000	2,145,000
35.25	Rulemaking. Of this appropriation, \$44,000			
35.26	in fiscal year 2012 is for rulemaking. This is			
35.27	a onetime appropriation.			
35.28	Electronic Licensing System Adaptors. C	Of this App	propriation, \$76	1,000 in fiscal
35.29	year 2013 from the state government special reve	enue fund i	s to the adminis	strative services
35.30	unit to cover the costs to connect to the E-licensin	ng system.	Minnesota Sta	atutes, section
35.31	16E.22. Base level funding for this activity in fis	cal year 20	014 shall be \$10	00,000. Base
35.32	level funding for this activity in Fiscal year 2015	shall be \$	50,000.	

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36.1	Development & Implementation of a			
36.2	Disciplinary, Regulatory, Licensing a	<u>nd</u>		

36.2	Disciplinary, Regulatory, Licensing and
36.3	Information Management System. Of this
36.4	appropriation, \$800,000 in fiscal year 2012
36.5	and \$300,000 in fiscal year 2013 are for the
36.6	development of a shared system. Base level
36.7	funding for this activity in fiscal year 2014
36.8	shall be \$50,000.
36.9	Administrative Services Unit - Operating
36.10	Costs. Of this appropriation, \$526,000
36.11	in fiscal year 2012 and \$526,000 in
36.12	fiscal year 2013 are for operating costs
36.13	of the administrative services unit. The
36.14	administrative services unit may receive
36.15	and expend reimbursements for services
36.16	performed by other agencies.
36.17	Administrative Services Unit - Retirement
36.18	Costs. Of this appropriation in fiscal year
36.19	2012, \$225,000 is for onetime retirement
36.20	costs in the health-related boards. This
36.21	funding may be transferred to the health
36.22	boards incurring those costs for their
36.23	payment. These funds are available either
36.24	year of the biennium.
36.25	Administrative Services Unit - Volunteer
36.26	Health Care Provider Program. Of this
36.27	appropriation, \$150,000 in fiscal year 2012
36.28	and \$150,000 in fiscal year 2013 are to pay
36.29	for medical professional liability coverage
36.30	required under Minnesota Statutes, section
36.31	<u>214.40.</u>
36.32	Administrative Services Unit - Contested
36.33	Cases and Other Legal Proceedings.
36.34	Of this appropriation, \$200,000 in fiscal
36.35	year 2012 and \$200,000 in fiscal year

37.1	2013 are for costs of contested case		
37.2	hearings and other unanticipated costs of		
37.3	legal proceedings involving health-related		
37.4	boards funded under this section. Upon		
37.5	certification of a health-related board to the		
37.6	administrative services unit that the costs		
37.7	will be incurred and that there is insufficient		
37.8	money available to pay for the costs out of		
37.9	money currently available to that board, the		
37.10	administrative services unit is authorized		
37.11	to transfer money from this appropriation		
37.12	to the board for payment of those costs		
37.13	with the approval of the commissioner of		
37.14	finance. This appropriation does not cancel.		
37.15	Any unencumbered and unspent balances		
37.16	remain available for these expenditures in		
37.17	subsequent fiscal years.		
37.18	Subd Board of Optometry	101,000	101,000
37.19	Subd Board of Pharmacy	1,977,000	1,980,000
37.20	Prescription Electronic Reporting. Of		
37.21	this appropriation, \$356,000 in fiscal year		
37.22	2012 and \$356,000 in fiscal year 2013 from		
37.23	the state government special revenue fund		
37.24	is to the board to operate the prescription		
37.25	electronic reporting system in Minnesota		
37.26	Statutes, section 152.126. Base level funding		
37.27	for this activity in fiscal year 2014 shall be		
37.28	<u>\$356,000.</u>		
37.29	Subd Board of Physical Therapy	<u>389,000</u>	345,000
37.30	Rulemaking. Of this appropriation, \$44,000		
37.31	in fiscal year 2012 is for rulemaking. This is		
37.32	a onetime appropriation.		
37.33	Subd Board of Podiatry	71,000	71,000
37.34	Subd Board of Psychology	806,000	806,000

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38.1	Subd Board of Social Work		1,036,000	1,053,000
38.2	Subd Board of Veterinary Medicine	2	228,000	229,000
38.3 38.4	Subd Board of Behavioral Health Therapy	and _	394,000	394,000
38.5 38.6	Sec. 2. EMERGENCY MEDICAL SI BOARD	ERVICES §	<u>2,742,000</u> <u>\$</u>	2,742,000
38.7	Appropriations by Fund			
38.8	<u>2012</u>	<u>2013</u>		
38.9	<u>General</u> <u>3,206,000</u>	3,239,000		
38.10 38.11	State Government Special Revenue ???	<u>???</u>		
38.12	Longevity Award and Incentive Prog	ram.		
38.13	Of the general fund appropriation, \$1,00	0,000		
38.14	in fiscal year 2012 and \$1,000,000 in fis	<u>scal</u>		
38.15	year 2013 are to the board for the			
38.16	Cooper/Sams volunteer ambulance prog	gram,		
38.17	under Minnesota Statutes, section 144E	.40.		
38.18	Sec. 3. Minnesota Statutes 2010, sec	tion 148.108, is ar	mended by addin	ng a subdivision
38.19	to read:			
38.20	Subd. 4. Animal chiropractic. (a) Animal chiropra	ctic registration	fee is \$125.
38.21	(b) Animal chiropractic registration	on renewal fee is \$	<u>75.</u>	
38.22	(c) Animal chiropractic inactive re	enewal fee is \$25.		
38.23	Sec. 4. Minnesota Statutes 2010, sec	etion 148B.17, is a	mended to read:	
38.24	148B.17 FEES.			
38.25	Subd. 1. Fees; Board of Marriag	ge and Family Th	erapy. Each boa	ard shall by rule
38.26	establish The board's fees, including lat	e fees, for licenses	and renewals and	re established
38.27	so that the total fees collected by the bo	ard will as closely	as possible equ	al anticipated
38.28	expenditures during the fiscal biennium	, as provided in se	ction 16A.1285.	Fees must be
38.29	credited to accounts the board's account	in the state govern	nment special re	venue fund.
38.30	Subd. 2. Licensure and applicat	ion fees. Nonrefur	ndable licensure	and application
38.31	fees charged by the board are as follow	<u>s:</u>		
38.32	(1) application fee for national ex	amination is \$220;	<u>.</u>	

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(2) application fee for Licensed Marriage and Family Therapist (LMFT) state
examination is \$110;
(3) initial LMFT license fee is prorated, but cannot exceed \$125;
(4) annual renewal fee for LMFT license is \$125;
(5) late fee for LMFT license renewal is \$50;
(6) application fee for LMFT licensure by reciprocity is \$340;
(7) fee for initial Licensed Associate Marriage and Family Therapist license is \$75;
(8) annual renewal fee for LAMFT license is \$75;
(9) late fee for LAMFT renewal is \$50;
(10) fee for reinstatement of license is \$150; and
(11) fee for emeritus status is \$125.
Subd. 3. Other fees. Other fees charged by the board are as follows:
(1) sponsor application fee for approval of a continuing education course is \$60;
(2) fee for license verification by mail is \$10;
(3) duplicate license fee is \$25;
(4) duplicate renewal card fee is \$10;
(5) fee for licensee mailing list is \$60;
(6) fee for a rule book is \$10; and
(7) fees as authorized by section 148B.175, subdivision 6, clause (7).
Sec. 5. Minnesota Statutes 2010, section 148B.33, subdivision 2, is amended to read:
Subd. 2. Fee. Each applicant shall pay a nonrefundable application fee set by
the board under section 148B.17.
Sec. 6. [151.065] FEE AMOUNTS.
Subd. 1. Application fees. Application fees for licensure and registration are as
follows:
(1) pharmacist licensed by examination, \$130;
(2) pharmacist licensed by reciprocity, \$225;
(3) pharmacy intern, \$30;
(4) pharmacy technician, \$30;
(5) pharmacy, \$190;
(6) drug wholesaler, legend drugs only, \$200;
(7) drug wholesaler, legend and non-legend drugs, \$200;
(8) drug wholesaler, non-legend drugs, veterinary legend drugs, or both, \$175;
(9) drug wholesaler, medical gases, \$150;

40.1	(10) drug wholesaler, also licensed as a pharmacy in Minnesota, \$125;
40.2	(11) drug manufacturer, legend drugs only, \$200;
40.3	(12) drug manufacturer, legend and non-legend drugs, \$200;
40.4	(13) drug manufacturer, non-legend or veterinary legend drugs, \$175;
40.5	(14) drug manufacturer, medical gases, \$150;
40.6	(15) drug manufacturer, also licensed as a pharmacy in Minnesota, \$125;
40.7	(16) medical gas distributor, \$75;
40.8	(17) controlled substance researcher, \$50; and
40.9	(18) pharmacy professional corporation, \$100.
40.10	Subd. 2. Original license fee. The pharmacist original licensure fee is \$130.
40.11	Subd. 3. Annual renewal fees. Annual licensure and registration renewal fees
40.12	are as follows:
40.13	(1) pharmacist, \$130;
40.14	(2) pharmacy technician, \$30;
40.15	(3) pharmacy, \$190;
40.16	(4) wholesaler, legend drugs only, \$200;
40.17	(5) wholesaler, legend and non-legend drugs, \$200;
40.18	(6) wholesaler, non-legend drugs, veterinary legend drugs, or both, \$175;
40.19	(7) wholesaler, medical gases, \$150;
40.20	(8) wholesaler, also licensed as a pharmacy in Minnesota, \$125;
40.21	(9) manufacturer, legend drugs only, \$200;
40.22	(10) manufacturer, legend and non-legend drugs; \$200;
40.23	(11) manufacturer, non-legend and veterinary legend drugs, or both, \$175;
40.24	(12) manufacturer, medical gases, \$150;
40.25	(13) manufacturer, also licensed as a pharmacy in Minnesota, \$125;
40.26	(14) medical gas distributor; \$75;
40.27	(15) controlled substance researcher, \$50; and
40.28	(16) pharmacy professional corporation, \$45.
40.29	Subd. 4. Miscellaneous fees. Fees for issuance of affidavits and duplicate licenses
40.30	and certificates are as follows:
40.31	(1) intern affidavit, \$15;
40.32	(2) duplicate small license, \$15; and
40.33	(3) duplicate large certificate, \$25.
40.34	Subd. 5. Late fees. All annual renewal fees are subject to a 50 percent late fee if
40.35	the renewal fee and application are not received by the board prior to the date specified
40.36	by the board.

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Subd. 6. Reinstatement fees. (a) Pharmacists who have allowed their license to
lapse may reinstate the license with board approval and upon payment of any fees and late
fees in arrears, up to a maximum of \$1000.

- (b) Pharmacy technicians who have allowed their registration to lapse may reinstate the registration with board approval and upon payment of any fees and late fees in arrears, up to a maximum of \$90.
- (c) An owner of a pharmacy, a drug wholesaler, a drug manufacturer, or a medical gas distributor who has allowed the license of the establishment to lapse may reinstate the license with board approval and upon payment of any fees and late fees in arrears.
- (d) Controlled substance researchers who have allowed their registration to lapse may reinstate the registration with board approval and upon payment of any fees and late fees in arrears.
- (e) The pharmacist owners of a professional corporation who have allowed the corporation's registration to lapse may reinstate the registration with board approval and upon payment of the fees and late fees in arrears.
- Sec. 7. Minnesota Statutes 2010, section 151.07, is amended to read:

151.07 MEETINGS; EXAMINATION FEE.

The board shall meet at times as may be necessary and as it may determine to examine applicants for licensure and to transact its other business, giving reasonable notice of all examinations by mail to known applicants therefor. The secretary shall record the names of all persons licensed by the board, together with the grounds upon which the right of each to licensure was claimed. The fee for examination shall be in such the amount as the board may determine specified in section 151.065, which fee may in the discretion of the board be returned to applicants not taking the examination.

Sec. 8. Minnesota Statutes 2010, section 151.101, is amended to read:

151.101 INTERNSHIP.

<u>Upon payment of the fee specified in section 151.065</u>, the board may <u>license register</u> as an intern any natural persons who have satisfied the board that they are of good moral character, not physically or mentally unfit, and who have successfully completed the educational requirements for intern <u>licensure registration</u> prescribed by the board. The board shall prescribe standards and requirements for interns, pharmacist-preceptors, and internship training but may not require more than one year of such training.

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

- Sec. 9. Minnesota Statutes 2010, section 151.102, is amended by adding a subdivision to read:
- Subd. 3. Registration fee. The board shall not register an individual as a pharmacy technician unless all applicable fees specified in section 151.065 have been paid.
 - Sec. 10. Minnesota Statutes 2010, section 151.12, is amended to read:

151.12 RECIPROCITY; LICENSURE.

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The board may in its discretion grant licensure without examination to any pharmacist licensed by the Board of Pharmacy or a similar board of another state which accords similar recognition to licensees of this state; provided, the requirements for licensure in such other state are in the opinion of the board equivalent to those herein provided. The fee for licensure shall be in such the amount as the board may determine by rule specified in section 151.065.

Sec. 11. Minnesota Statutes 2010, section 151.13, subdivision 1, is amended to read:

Subdivision 1. **Renewal fee.** Every person licensed by the board <u>as a pharmacist</u> shall pay to the board <u>a the annual</u> renewal fee to be fixed by it specified in section

151.065. The board may promulgate by rule a charge to be assessed for the delinquent payment of a fee. the late fee specified in section 151.065 if the renewal fee and application are not received by the board prior to the date specified by the board. It shall be unlawful for any person licensed as a pharmacist who refuses or fails to pay such any applicable renewal or late fee to practice pharmacy in this state. Every certificate and license shall expire at the time therein prescribed.

Sec. 12. Minnesota Statutes 2010, section 151.19, is amended to read:

151.19 REGISTRATION; FEES.

Subdivision 1. **Pharmacy registration.** The board shall require and provide for the annual registration of every pharmacy now or hereafter doing business within this state. Upon the payment of a any applicable fee to be set by the board specified in section 151.065, the board shall issue a registration certificate in such form as it may prescribe to such persons as may be qualified by law to conduct a pharmacy. Such certificate shall be displayed in a conspicuous place in the pharmacy for which it is issued and expire on the

30th day of June following the date of issue. It shall be unlawful for any person to conduct a pharmacy unless such certificate has been issued to the person by the board.

- Subd. 2. **Nonresident pharmacies.** The board shall require and provide for an annual nonresident special pharmacy registration for all pharmacies located outside of this state that regularly dispense medications for Minnesota residents and mail, ship, or deliver prescription medications into this state. Nonresident special pharmacy registration shall be granted by the board upon payment of any applicable fee specified in section 151.065 and the disclosure and certification by a pharmacy:
- (1) that it is licensed in the state in which the dispensing facility is located and from which the drugs are dispensed;
- (2) the location, names, and titles of all principal corporate officers and all pharmacists who are dispensing drugs to residents of this state;
- (3) that it complies with all lawful directions and requests for information from the Board of Pharmacy of all states in which it is licensed or registered, except that it shall respond directly to all communications from the board concerning emergency circumstances arising from the dispensing of drugs to residents of this state;
- (4) that it maintains its records of drugs dispensed to residents of this state so that the records are readily retrievable from the records of other drugs dispensed;
- (5) that it cooperates with the board in providing information to the Board of Pharmacy of the state in which it is licensed concerning matters related to the dispensing of drugs to residents of this state;
- (6) that during its regular hours of operation, but not less than six days per week, for a minimum of 40 hours per week, a toll-free telephone service is provided to facilitate communication between patients in this state and a pharmacist at the pharmacy who has access to the patients' records; the toll-free number must be disclosed on the label affixed to each container of drugs dispensed to residents of this state; and
- (7) that, upon request of a resident of a long-term care facility located within the state of Minnesota, the resident's authorized representative, or a contract pharmacy or licensed health care facility acting on behalf of the resident, the pharmacy will dispense medications prescribed for the resident in unit-dose packaging or, alternatively, comply with the provisions of section 151.415, subdivision 5.
- Subd. 3. **Sale of federally restricted medical gases.** The board shall require and provide for the annual registration of every person or establishment not licensed as a pharmacy or a practitioner engaged in the retail sale or distribution of federally restricted medical gases. Upon the payment of <u>a any applicable</u> fee to be set by the board specified in section 151.065, the board shall issue a registration certificate in such form as it may

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prescribe to those persons or places that may be qualified to sell or distribute federally restricted medical gases. The certificate shall be displayed in a conspicuous place in the business for which it is issued and expire on the date set by the board. It is unlawful for a person to sell or distribute federally restricted medical gases unless a certificate has been issued to that person by the board.

Sec. 13. Minnesota Statutes 2010, section 151.25, is amended to read:

151.25 REGISTRATION OF MANUFACTURERS; FEE; PROHIBITIONS.

The board shall require and provide for the annual registration of every person engaged in manufacturing drugs, medicines, chemicals, or poisons for medicinal purposes, now or hereafter doing business with accounts in this state. Upon a payment of annual applicable fee as set by the board specified in section 151.065, the board shall issue a registration certificate in such form as it may prescribe to such manufacturer. Such registration certificate shall be displayed in a conspicuous place in such manufacturer's or wholesaler's place of business for which it is issued and expire on the date set by the board. It shall be unlawful for any person to manufacture drugs, medicines, chemicals, or poisons for medicinal purposes unless such a certificate has been issued to the person by the board. It shall be unlawful for any person engaged in the manufacture of drugs, medicines, chemicals, or poisons for medicinal purposes, or the person's agent, to sell legend drugs to other than a pharmacy, except as provided in this chapter.

- Sec. 14. Minnesota Statutes 2010, section 151.47, subdivision 1, is amended to read:

 Subdivision 1. **Requirements.** All wholesale drug distributors are subject to the requirements in paragraphs (a) to (f).
 - (a) No person or distribution outlet shall act as a wholesale drug distributor without first obtaining a license from the board and paying the required any applicable fee specified in section 151.065.
 - (b) No license shall be issued or renewed for a wholesale drug distributor to operate unless the applicant agrees to operate in a manner prescribed by federal and state law and according to the rules adopted by the board.
 - (c) The board may require a separate license for each facility directly or indirectly owned or operated by the same business entity within the state, or for a parent entity with divisions, subsidiaries, or affiliate companies within the state, when operations are conducted at more than one location and joint ownership and control exists among all the entities.

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(d) As a condition for receiving and retaining a wholesale drug distributor license issued under sections 151.42 to 151.51, an applicant shall satisfy the board that it has and will continuously maintain:

(1) adequate storage conditions and facilities;

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- (2) minimum liability and other insurance as may be required under any applicable federal or state law;
- (3) a viable security system that includes an after hours central alarm, or comparable entry detection capability; restricted access to the premises; comprehensive employment applicant screening; and safeguards against all forms of employee theft;
- (4) a system of records describing all wholesale drug distributor activities set forth in section 151.44 for at least the most recent two-year period, which shall be reasonably accessible as defined by board regulations in any inspection authorized by the board;
- (5) principals and persons, including officers, directors, primary shareholders, and key management executives, who must at all times demonstrate and maintain their capability of conducting business in conformity with sound financial practices as well as state and federal law;
- (6) complete, updated information, to be provided to the board as a condition for obtaining and retaining a license, about each wholesale drug distributor to be licensed, including all pertinent corporate licensee information, if applicable, or other ownership, principal, key personnel, and facilities information found to be necessary by the board;
- (7) written policies and procedures that assure reasonable wholesale drug distributor preparation for, protection against, and handling of any facility security or operation problems, including, but not limited to, those caused by natural disaster or government emergency, inventory inaccuracies or product shipping and receiving, outdated product or other unauthorized product control, appropriate disposition of returned goods, and product recalls;
- (8) sufficient inspection procedures for all incoming and outgoing product shipments; and
- (9) operations in compliance with all federal requirements applicable to wholesale drug distribution.
- (e) An agent or employee of any licensed wholesale drug distributor need not seek licensure under this section.
- (f) A wholesale drug distributor shall file with the board an annual report, in a form and on the date prescribed by the board, identifying all payments, honoraria, reimbursement or other compensation authorized under section 151.461, clauses (3) to (5), paid to practitioners in Minnesota during the preceding calendar year. The report

shall identify the nature and value of any payments totaling \$100 or more, to a particular practitioner during the year, and shall identify the practitioner. Reports filed under this provision are public data.

Sec. 15. Minnesota Statutes 2010, section 151.48, is amended to read:

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151.48 OUT-OF-STATE WHOLESALE DRUG DISTRIBUTOR LICENSING.

- (a) It is unlawful for an out-of-state wholesale drug distributor to conduct business in the state without first obtaining a license from the board and paying the required any applicable fee specified in section 151.065.
- (b) Application for an out-of-state wholesale drug distributor license under this section shall be made on a form furnished by the board.
- (c) No person acting as principal or agent for any out-of-state wholesale drug distributor may sell or distribute drugs in the state unless the distributor has obtained a license.
- (d) The board may adopt regulations that permit out-of-state wholesale drug distributors to obtain a license on the basis of reciprocity to the extent that an out-of-state wholesale drug distributor:
- (1) possesses a valid license granted by another state under legal standards comparable to those that must be met by a wholesale drug distributor of this state as prerequisites for obtaining a license under the laws of this state; and
- (2) can show that the other state would extend reciprocal treatment under its own laws to a wholesale drug distributor of this state.
- Sec. 16. Minnesota Statutes 2010, section 152.12, subdivision 3, is amended to read:
- Subd. 3. **Research project use of controlled substances.** Any qualified person may use controlled substances in the course of a bona fide research project but cannot administer or dispense such drugs to human beings unless such drugs are prescribed, dispensed and administered by a person lawfully authorized to do so. Every person who engages in research involving the use of such substances shall apply annually for registration by the state Board of Pharmacy and shall pay any applicable fee specified in section 151.065, provided that such registration shall not be required if the person is covered by and has complied with federal laws covering such research projects.