Bill Summary Comparison of

Health and Human Services

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| Senate File: 3656-2 | House File 3138-3 |
| Article 25: Health-Related Licensing Boards  | Article 8, Health Licensing Boards |

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| Article 25: Health-Related Licensing Boards |  | Article 8: Health Licensing Boards |
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| **Sections 1 through 29** convert the allied health professionals regulated by the Board of Medical Practice (physician assistants, acupuncture practitioners, respiratory care practitioners, traditional midwives, registered naturopathic doctors and genetic counselors) to a licensure renewal cycle that is based on birth month.  These sections do the following for each occupation:Specifies that a licensee whose license has lapsed before January 1, 2019, and is seeking to regain licensed status after January 1, 2019, shall be treated as a first-time licensee for purposes of establishing a license renewal schedule and shall not be subject to the license cycle conversion provisions.Requires a licensee to maintain a correct mailing address with the board.  Specifies that placing the license renewal application in the mail constitutes valid service and failure to receive renewal documents does not relieve a licensee of the obligation to comply with this section.Specifies that the name of the licensee who does not return a complete renewal application with the applicable fee within the time period required shall be removed from the list of individuals authorized to practice during the current renewal period.Converts the license renewal cycle to an annual cycle where renewal is due on the last day of a licensee’s month of birth beginning for licensees, beginning January 1, 2019, for licensees who are licensed before December 31, 2018.  Specifies the conversion of license renewal cycle for current licenses and for noncurrent licenses.  Specifies that after the conversion renewal cycle, subsequent renewal cycles are annual and begin on the last day of the month of the licensee’s birth.Establishes and adjusts license fees for the conversion license period. | Senate only; HF 3825, second reading |  |
|  | House only; SF 2917, second reading | Section 1. Public data. Amends § 13.83, subd. 2. Adds certification of attendance by an APRN to section specifying which data on a deceased person is public. |
|  | House only; SF 2917, second reading | Section 2. Communication privacy. Amends § 144.651, subd. 21. Modifies the health care bill of rights by adding APRNs to those persons who may document that an activity is medically inadvisable. |
|  | House only | Section 3. Reciprocity with other states and equivalency of health services executive. Adds subd. 2 to § 144A.26. Authorizes the Board of Examiners for Nursing Home Administrators to issue a health services executive license to a person who (1) is validated by the National Association of Long Term Care Administrator Boards as a health services executive; and (2) has met the education and practice requirements to be qualified as a nursing home administrator, assisted living administrator, and home and community-based services provider. |
|  | House only; SF 2917, second reading  | Section 4. Request for discontinuation of life-sustaining treatment. Amends § 144A.4791, subd. 13. Adds APRNs to persons who must receive notice and work to comply with the Health Care Directive Act when a client requests that a home care provider discontinue life-sustaining treatment. |
|  | House only  | Section 5. Nurse licensure compact. Proposes coding for § 148.2855. Establishes and enacts the Nurse Licensure Compact.Article I: DefinitionsDefines the following terms:“Adverse action,” “Alternative program,” “Coordinated licensure information system,” “Current significant investigative information,” “Encumbrance,” “Home state,” “Licensing board,” “Multistate license,” “Multistate licensure privilege,” “Nurse,” “Party state,” “Remote state,” “Single-state license,” “State,” and “State practice laws.”Article II: General Provisions and Jurisdiction(a) Requires that a multistate license to practice nursing issued by a home state be recognized by states that are parties to the nurse licensure compact.(b) Requires a state to implement procedures for considering the criminal history records, including fingerprints or other biometric information, of applicants for initial multistate license or licensure by endorsement.(c) Lists the requirements and criteria that an applicant must be required to meet for a multistate license in the home state.(d) Allows a party state to take disciplinary action against a nurse’s multistate licensure privileges. Requires a state that takes such action to notify the administrator of the coordinated licensure system; requires the administrator to promptly notify the home state of any action taken by remote states.(e) Requires a nurse practicing in a party state to comply with practice laws of the state in which the client is located at the time the services are provided. Specifies that the practice of nursing is not limited to patient care, and that the practice of nursing will subject the nurse to the jurisdiction of the nurse licensure board, courts, and the laws of the state in which the client is located.(f) Specifies that individuals not residing in a party state can continue to apply for single-state licensure as provided under the state’s laws. Specifies that a license granted to these individuals does not automatically permit the individual to practice in any other party state unless that state agrees to allow the individual the right to practice.(g) Authorizes a nurse holding a home state multistate license when the compact is effective to retain and renew the multistate license by the nurse’s then-current home state under specified circumstances.**Article III:** **Applications for Licensure in a Party State**(a) Requires the party state licensing board to determine if the multistate license applicant has ever held a license in another state and whether any other state took any adverse actions against the applicant.(b) Allows a nurse to hold a multistate license issued by the home state in only one party state at a time.(c) Allows a nurse planning to change primary residence to apply for licensure in the new home state before the change; specifies that a new license will not be issued until the nurse provides evidence of the change in residence.(d) Specifies that if a nurse changes primary residence by moving from a party state to a nonparty state, the multistate license issued by the former home state converts to a single- state license valid only in the former home state.Article IV: Additional Authorities Invested in Party State Licensing Boards(a) Authorizes the state licensing board to:(1) take adverse action against a nurse’s multistate licensure privilege to practice;(2) issue cease and desist orders or impose encumbrance on a nurse’s authority to practice;(3) complete pending investigations on a nurse who changes primary residence during an investigation;(4) issue subpoenas for hearings and investigations that require witnesses and evidence;(5) obtain and submit biometric information to the FBI for criminal background checks and use the information to make licensure decisions;(6) recover the costs of investigations and disposition of cases resulting from any adverse action taken, if permitted under state law; and(7) take adverse action based on factual findings of a remote state.(b) Specifies that if adverse action is taken by the home state against a nurse’s multistate license, the nurse’s privilege to practice in all other party states shall be deactivated until encumbrances have been removed from the multistate license.(c) Specifies that the compact does not override a party state’s decision that participation in an alternative program may be used in lieu of adverse action; requires the home state licensing board to deactivate the multistate licensure privilege under the multistate license for the duration of the nurse’s participation in an alternative program.**Article V:** **Coordinated Licensure Information System and Exchange of Information**(a) Requires all party states to participate in a coordinated nurse licensure information system.(b) Requires the commission to formulate necessary and proper procedures for the identification, collection, and exchange of information under this compact.(c) Requires all party state licensing boards to report to the coordinated licensure information system all adverse actions, current investigative information, denials of applications, and the reasons for the denials to the coordinated licensure information system.(d) Specifies that current investigative information and participation in nonpublic or confidential alternative programs must only be transmitted through the coordinated system to party states.(e) Allows party state licensing boards to designate information that may not be shared with nonparty states or disclosed to other entities without permission of the contributing state.(f) Specifies that personally identifiable information obtained by a party state’s licensing board may not be shared with nonparty states or disclosed to other entities, except to the extent permitted under the laws of the contributing state.(g) Requires any information in the system that is later expunged by the laws of the party state contributing the information to be expunged from the coordinated licensure system.(h) Requires the compact administrator of each party state to provide a uniform data set to the compact administrators of the other party states. Specifies the data that must be included. (i) Requires the compact administrator of a party state to provide all investigative documents and information requested by another party state.**Article VI:** **Establishment of the Interstate Commission of Nurse Licensure Compact Administrators**(a) Creates and establishes the Interstate Commission of Nurse Licensure Compact Administrators.(b) Establishes the commission’s membership, voting, and meetings.(c) Authorizes the commission to establish bylaws or rules to govern its conduct, as necessary to carry out the purposes and exercise the powers of the compact.(d) Requires the commission to publish its bylaws and rules in a convenient form on the commission’s Web site.(e) Requires the commission to maintain its financial records in accordance with its bylaws.(f) Requires the commission to meet and take actions consistent with the compact and bylaws.(g) Lists the commission’s powers.(h) Outlines the financing of the commission.(i) Outlines provisions related to qualified immunity, defense, and indemnification.**Article VII:** **Rulemaking**Establishes the rulemaking powers of the interstate commission.**Article VIII:** **Oversight, Dispute Resolution, and Enforcement**Establishes oversight, dispute resolution, and enforcement authority provisions related to the compact and the commission.**Article IX: Effective Date, Withdrawal, and Amendment**(a) Provides that the compact will become effective for each state when enacted by that state.(b) Requires each party state to continue to recognize a nurse’s multistate licensure privilege to practice issued under the prior Nurse Licensure compact until the state has withdrawn from the prior compact. (c) Allows any party state to withdraw from the compact upon repeal. Specifies that withdrawal will not become effective until six months after notice is given to the executive heads of all other party states.(d) Specifies that withdrawal does not affect the validity or applicability of any adverse action taken by a licensing board of a party state prior to the withdrawal.(e) Specifies that the compact does not invalidate or prevent any nurse license agreement or other arrangement between a party state and a nonparty state made according to other provisions of this compact.(f) Allows the compact to be amended by the party states. Specifies that an amendment does not become binding upon the party states until it is enacted into law of all party states.**Article X:** **Construction and Severability**Allows representatives of nonparty states to participate in the activities of the commission on a nonvoting basis. States that the compact will be liberally construed and that the provisions will be severable. Provides that if the compact is held to be contrary to the constitution of any party state, the compact shall remain in full force and effect as to the remaining party states and in full force and effect as to the party state affected for all severable matters. |
|  | House only | Section 6. Application of nurse licensure compact to existing laws. Proposes coding for § 148.2856. Clarifies the applicability of the Nurse Licensure Compact to existing nurse licensure laws. |
|  | House only | Section 7. Miscellaneous provisions. Proposes coding for § 148.2858. Specifies that for purposes of the compact, “head of the nurse licensing board” means the executive director of the Board of Nursing. Authorizes the Board of Nursing to recover costs of investigating allegations against multistate licensees.Makes section effective upon implementation of the coordinated licensure information system defined in Minnesota Statutes, section 148.2855, article V, but no sooner than July 1, 2019. |
|  | House only | Section 8. License renewal; license and registration fees. Amends § 148.59. Increases annual licensure renewal fee for the Board of Optometry and adds fees for jurisprudence state examination, Optometric Education Continuing Education data bank registration, and data requests and labels. |
|  | House only | Section 9. Fee amounts. Amends § 148E.180. Implements Board of Social Work fee increases for applications, licenses, and renewals, and specifies that all Board of Social Work fees are nonrefundable. |
|  | House only  | Section 10. Faculty dentists. Amends § 150A.06. Adds dental therapy lists of programs in schools, relating to faculty dentist requirements. Modifies circumstances under which the Board of Dentistry may issue a full faculty license to faculty members. |
|  | House only | Section 11. Emeritus inactive license. Amends § 150A.06 by adding subd. 10. Establishes an emeritus inactive license for a licensed dental professional who retires from active practice. Specifies that the emeritus inactive licensee may not practice in a dental profession, and that the license is a formal recognition of the completion of the licensee’s career in good standing. |
|  | House only | Section 12. Emeritus active license. Amends § 150A.06 by adding subd. 11. Establishes an emeritus active license for a licensed dental professional who retires, to practice only on a pro bono or volunteer basis, or limited paid consulting or supervision practice. Specifies practice limitations and renewal requirements. |
|  | House only | Section 13. Emeritus inactive license. Amends §150A.091 by adding subd. 19. Adds application fee for emeritus inactive dental license. |
|  | House only | Section 14. Emeritus active license. Amends §150A.091 by adding subd. 20. Adds application fees for emeritus active licenses in dentistry, dental therapy, dental hygiene, and dental assisting. |
|  | House only | Section 15. Receipt of emergency prescription orders. Amends § 151.15 by adding subd. 5. Adds subdivision allowing a pharmacist to accept a prescription drug order when not present in a pharmacy, in specified circumstances. |
|  | House only | Section 16. Processing of emergency prescription orders. Amends § 151.15 by adding subd. 6. Adds subdivision outlining the required processes for accepting and filling a prescription under subdivision 5, in emergency circumstances. |
|  | House only | Section 17. Pharmacy licensure requirements. Amends § 151.19, subd. 1. Specifies that pharmacy licensing requirements do not apply to manufacturers, wholesale drug distributors, and logistics providers who distribute home dialysis supplies and devices, if:* the manufacturer leases or owns the licensed manufacturing or wholesaling facility from which the dialysate or devices will be delivered;
* the dialysis supplies meet certain specifications;
* the supplies are only delivered pursuant to physician's order by a Minnesota licensed pharmacy;
* the entity keeps records for at least 3 years, available to the board upon request; and
* the entity delivers the supplies directly to a patient with end-stage renal disease or the patient’s designee, for dialysis, or to a health care provider or institution, for the same purpose.
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|  | House only | Section 18. Prohibited drug purchases or receipt. Amends § 151.46. Provides exception to prohibition on licensed wholesale drug distributors that are not pharmacies directly dispensing or distributing drugs, for home dialysis supplies under section 3. |
| **Section 30 (214.075, subdivision 1)** specifies that the following individuals must submit to a criminal background check: (1) applicants for initial licensure or licensure by endorsement; (2) applicants seeking reinstatement or relicensure if more than one year has elapsed since the applicant’s license or registration expiration date; or (3) licensees applying for eligibility to participate in an interstate licensure compact.  Specifies that an applicant’s criminal background check results are valid for one year from the date the results were received by the board. | Identical except for effective date.House – day following final enactment.Senate – July 1, 2018 | Section 19. Applications. Amends § 214.075, subd. 1. (a) Requires the health-related licensing boards to conduct a state criminal records check and a national criminal history (FBI) check for:(1) applicants for initial licensure or licensure by endorsement, except for an applicant who has had the same check by the same board;(2) applicants for reinstatement or relicensure, if the license has been expired for more than one year; or(3) licensees applying to participate in an interstate licensure compact.(b) Specifies that the background check results are valid for one year after receipt.Makes this section effective the day following final enactment. |
| **Section 31 (214.075, subdivision 4)** removes the 90-day time period for an applicant to submit fingerprints. | Identical except for effective date.House – day following final enactment.Senate – July 1, 2018 | Section 20. Refusal to consent. Amends § 214.075, subd. 4. Removes 90-day timeframe to submit fingerprints for a health-related licensing board background study. Makes this section effective the day following final enactment. |
| **Section 32 (214.075, subdivision 5)** modifies the reference to the results of the criminal background checks from criminal justice information checks to criminal history records check. | Identical except for effective date.House – day following final enactmentSenate – July 1, 2018 | Section 21. Submission of fingerprints to the Bureau of Criminal Apprehension. Amends § 214.075, subd. 5. Modifies terminology for health-related licensing board national criminal history record checks. Makes this section effective the day following final enactment. |
| **Section 33 (214.075, subdivision 6)** permits the licensing board to require an alternative method of criminal history checks for an applicant or licensee who has submitted at least two sets of fingerprints that are unreadable by the BCA or FBI. (Currently, three sets of unreadable prints must have been sent). | Identical except for effective date.House – day following final enactmentSenate – July 1, 2018 | Section 22. Alternatives to fingerprint-based criminal background checks. Amends § 214.075, subd. 6. Allows a health-related licensing board to require an alternative background check for an applicant or licensee who has submitted at least two unreadable sets of fingerprints. Makes this section effective the day following final enactment. |
| **Section 34 (214.077)** clarifies that in a contested care hearing regarding a temporary license suspension if an administrative law judge’s report and recommendation is for action, the board is required to issue a final order within 60 days of receipt of an administrative law judge’s report and recommendations, and if a final order is not issued within that time the temporary suspension shall be lifted. | Identical except for effective date.House – day following final enactmentSenate – July 1, 2018 | Section 23. Temporary license suspension; imminent risk of serious harm. Amends § 214.077. Modifies time requirements for a health-related licensing board final order on a temporary suspension after a contested case hearing. Makes this section effective the day following final enactment. |
| **Section 35 (214.10, subdivision 8)** specifies that boards shall not exchange criminal history information with other states. | Identical except for effective date.House – day following final enactmentSenate – July 1, 2018 | Section 24. Special requirements for health-related licensing boards. Amends § 214.10, subd. 8. Specifies that the health-related licensing boards will not exchange criminal history record information. Makes this section effective the day following final enactment. |
|  | House only | Section 25. Opioid and controlled substances prescribing. Amends § 214.12 by adding subd. 6. Requires the Boards of Medical Practice, Nursing, Dentistry, Optometry, and Podiatric Medicine to require that licensees with prescribing authority obtain at least two hours of continuing education credit on best practices in prescribing opioids and controlled substances by the expiration date of the section, January 1, 2023. Specifies that licensees shall not be required to complete more than two credit hours before the subdivision expires.Makes the section effective January 1, 2019. |
|  | House only; SF 2917, second reading | Section 26. Definitions. Amends § 245G.22, subd. 2. Allows an APRN who is approved by variance by the State Opioid Treatment Authority and the federal Substance Abuse and Mental Health Services Administration to be a medical director in an opioid treatment program. |
|  | House only; SF 2917, second reading | Section 27. Exemptions and emergency admissions. Amends § 256.975, subd. 7b. Adds APRNs to those persons who may authorize emergency placement and determine the need for emergency admission to a nursing facility prior to screening. |
|  | House only; SF 2917, second reading | Section 28. Income deductions. Amends § 256B.0575, subd. 1. Adds APRNs to those persons who may certify that a person is expected to reside in long-term care for three months or less, for purposes of allocating income to an institutionalized person in an amount equal to the MA standard for a family size of one. |
|  | House only; SF 2917, second reading | Section 29. Homestead exception to transfer prohibition. Amends § 256B.0595, subd. 3. Adds APRNs to those persons who may certify that an institutionalized individual’s live-in son or daughter provided care to that individual that allowed them to stay in the home, for purposes of the homestead exception to the MA asset transfer prohibition.  |
|  | House only; SF 2917, second reading | Section 30. Skilled and intermediate nursing care. Amends § 256B.0625, subd. 2. Adds APRNs to those persons who may certify that a patient has a terminal illness and that moving the patient is not in the patient’s best interests, for purposes of MA coverage of swing bed nursing care. |
|  | House only; SF 2917, second reading | Section 31. Parents, guardian. Amends § 259.24, subd. 2. Adds APRNs to those persons with whom a minor parent may consult when consenting to the adoption of a child. |
|  | House only; SF 2917, second reading | Section 32. Child in need of protection or services. Amends § 260C.007, subd. 6. Adds APRNs to the provision describing medical neglect and the withholding of medically indicated treatment. |
| **Section 36 (364.09)** exempts from chapter 364 that governs the rehabilitation and employment of criminal offenders any license, registration, or permit that has been denied or revoked by a health-related licensing board. | Identical except for effective date.House – day following final enactmentSenate – July 1, 2018 | Section 33. Exceptions. Amends § 364.09. Provides that chapter 364, governing rehabilitation and employment of criminal offenders, does not apply to the licensing or registration process for health licensing boards. Makes this section effective the day following final enactment. |
|  | House only | Section 34. Council of health boards work group. Requires the Council of Health Boards to convene a work group to study and make recommendations on increasing access to clinical experience using telehealth technologies in postsecondary counseling-related educational programs. Specifies that the work group must consist of representatives of the Boards of Psychology, Social Work, Marriage and Family Therapy, and Behavioral Health and Therapy, postsecondary educational institutions, and the relevant professional counseling associations. Requires the work group to submit its recommendations to the legislative committees with jurisdiction over health occupations and higher education. |
| **Section 37** requires the Emergency Medical Services Regulatory Board (EMSRB) to propose guidelines authorizing EMTs, AEMTs, and paramedics to assist a patient in emergency situations with administering certain prescription medications. Requires the board to submit the proposed guidelines to the legislature by January 1, 2019. | Senate specifies that within the board’s appropriation, the board shall propose guidelines authorizing EMTs, AEMTs, and paramedics to assist patients in emergency situations with administering prescription medications and submit the proposed guidelines to the legislature by January 1, 2019. House requires the board to adopt rules authorizing patient-assisted medication administration and establishing standards for communication with patients regarding needs for emergency services.Technical differences in paragraph (a). (Staff recommends Senate)Senate refers to “other rare conditions.” House refers to “another rare but previously diagnosed condition.”Senate refers to “scope of training.” House refers to “skill set.”House includes language specifying that the EMTs, AEMTs, and paramedics assisting patients according to the rules, may do so only under the authority of guidelines approved by the ambulance service medical director or under medical control. Senate includes language that the proposed guidelines include language that the ambulance service must be available to patients in order to define their needs and develop specific care plans, and provide education and other resources. House requires the board to adopt rules with guidelines for ambulance service communication with patients and for the development of emergency medical services care plans.  | Article 1, section 60. Rules authorizing patient-assisted medication administration. Adds subd. 9 to § 144E.16. Directs the EMS Regulatory Board to adopt rules to authorize emergency medical technicians, advanced emergency medical technicians, and paramedics to assist a patient, in emergency situations, with administering a prescription medication that is carried by a patient, intended to treat adrenal insufficiency, or another rare but previously diagnosed condition that requires emergency treatment, intended to treat a specific life-threatening condition, and administered via routes of delivery within the person’s scope of training. Personnel may only assist under the authority of guidelines approved by the ambulance service medical director or under direct medical control.Article 1, section 61. Rules establishing standards for communication with patients regarding need for emergency services. Adds subd. 10 to § 144E.16. Directs the EMS Regulatory Board to adopt rules regarding communication guidelines for ambulance services to use in communicating with patients in the service area about developing emergency medical services care plans. |
| **Section 38, paragraph (a),** repeals section 214.075, subdivision 8, (requiring a plan to develop criminal background checks for current licensures by January 1, 2017).  **Paragraph (b)** repeals obsolete rules associated with license renewal. | Paragraph (a) and House Repealer identical except for effective date.Paragraph (b) Senate only; HF 3825, second reading. | Section 35. Repealer. Repeals § 214.075, subd. 8 (planning for health board criminal background checks). |