

**Bill Comparison Summary of  
Senate File 4410 (second unofficial engrossment) / Senate File 4410  
(third engrossment)**

**House Article 5: Health-Related Licensing Boards  
Senate Article 14: Health-Related Licensing Boards & Scope of Practice**

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**Comparison Summary of S.F. 4410 – House (S.F. 4410, second unofficial engrossment) / Senate (4410, third engrossment)**

Section	HOUSE Article 5: Health-Related Licensing Boards		SENATE Article 14: Health-Related Licensing Boards & Scope of Practice
		Senate only	<b>Section 1 (144.051, subd. 6)</b> permits the commissioner of health to release data on audiologist and speech pathologist licensees to the appropriate state, federal, or local agency for investigative or enforcement efforts or to further a public health protective process.
		Senate only	<b>Section 2 (144E.01, subd. 1)</b> makes modifications to the membership of the Emergency Medical Services Regulatory Board (EMSRB).
		Senate only	<b>Section 3 (144E.01, subd.4)</b> modifies the term limits of the EMSRB members.
		Senate only	<b>Section 4 (144E.35)</b> increases the maximum amount that can be reimbursed to voluntary ambulance attendants for successful completion of an education course and a continuing education course.
		Senate only	<b>Section 5 (147.01, subd. 7)</b> strikes an obsolete physician fee.
		Senate only	<b>Section 6 (147.03, subd. 1)</b> modifies this section to permit an applicant for licensure for endorsement who is also a foreign medical school graduate to have the ability to apply for a temporary permit.
		Senate only	<b>Section 7 (147.03, subd.2)</b> authorizes an applicant for licensure by endorsement to request the board to issue a temporary permit while the application is being processed. The board may issue a nonrenewable temporary permit upon receipt of the

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			application, a nonrefundable application fee, and if the applicant is currently licensed in good standing in another state and is not the subject of a pending investigation or disciplinary action in another state. If a permit is issued, it is valid for 90 days or until a decision has been made on the applicant’s license application, whichever occurs first. The board may revoke the permit if the physician is the subject of an investigation or disciplinary action or is disqualified for licensure for any other reason.
		Senate only	<b>Section 8 (147.037)</b> removes references in this section regarding temporary permits.
		Senate only	<b>Section 9 (147A.025)</b> authorizes an applicant for a physician assistant license to request the board to issue a temporary permit while the application is being processed. The board may issue a nonrenewable temporary permit upon receipt of the application, a nonrefundable application fee and if the applicant is currently licensed in good standing in another state and is not the subject of a pending investigation or disciplinary action in another state. If a permit is issued, it is valid for 90 days or until a decision has been made on the applicant’s license application, whichever occurs first. The board may revoke the permit if the physician assistant is the subject of an investigation or disciplinary action or is disqualified for licensure for any other reason.
		Senate only	<b>Section 10 (147A.28)</b> strikes obsolete physician assistant fees.

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		Senate only	<b>Section 11 (147C.15, subd. 3)</b> authorizes an applicant for a respiratory therapist license to request the board to issue a temporary permit while the application is being processed. The board may issue a nonrenewable temporary permit upon receipt of the application, a nonrefundable application fee and if the applicant is currently licensed in good standing in another state and is not the subject of a pending investigation or disciplinary action in another state. If a permit is issued, it is valid for 90 days or until a decision has been made on the applicant’s license application, whichever occurs first. The board may revoke the permit if the respiratory therapist is the subject of an investigation or disciplinary action or is disqualified for licensure for any other reason.
		Senate only	<b>Section 12 (147C.40, subd. 5)</b> strikes an obsolete respiratory therapist fee.
		Senate only	<b>Section 13 (148.212, subd. 1)</b> modifies the length of time a temporary permit that is issued by the Board of Nursing to practice professional or practical nursing is valid from 60 days to 90 days.
		Senate only	<b>Section 14 (148.2855)</b> creates the nurse licensure compact for registered professional and licensed practical nurses.
		Senate only	<b>Section 15 (148.2856)</b> clarifies the applicability of the nurse licensure compact to existing state laws, including that the compact does not supersede state labor laws; that any action taken by the Board of Nursing against an individual’s multistate privileges must be adjudicated following procedures under

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			chapter 14; that the board may take all forms of disciplinary and corrective action provided under state law against an individual's multistate privilege; and any complaints against any individual practicing professional or practical nursing in Minnesota under the compact must be addressed according to state law.
		Senate only	<b>Section 16 (148.5185)</b> creates an audiology and speech language pathology interstate compact.
		Senate only	<b>Section 17 (148.5186)</b> clarifies the applicability of the audiology and speech language pathology interstate compact to existing states laws, including that rules developed by the compact commission are not subject to chapter 14; permits the commissioner of health to require an audiologist or speech language pathologist licensed in Minnesota as the home state to submit to a criminal background study; and permits the commissioner to provide data to the commission.
1	<b>Supervision requirement; postgraduate experience.</b> Amends § 148B.33 by adding subd. 1a. Requires the Board of Marriage and Family Therapy to allow applicants to satisfy supervised postgraduate experience requirements entirely with supervision provided via real-time, two-way interactive audio and visual communication. Provides an immediate effective date.	House only	

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2	<p><b>Supervision.</b> Amends § 148B.5301, subd. 2. Requires the Board of Behavioral Health and Therapy to allow licensed professional clinical counselor applicants to satisfy supervised professional practice requirements entirely with supervision received via real-time, two-way interactive audio and visual communication. Provides an immediate effective date.</p>	House only	
		Senate only	<p><b>Section 18 (148B.75)</b> creates the licensed professional counselor interstate compact.</p>
3	<p><b>Types of supervision.</b> Amends § 148E.100, subd. 3. Modifies social worker supervision requirements; requires the Board of Social Work to allow licensed social workers to satisfy supervision requirements entirely with supervision received via eye-to-eye electronic media, while maintaining visual contact. Provides an immediate effective date.</p>	House only	
4	<p><b>Types of supervision.</b> Amends § 148E.105, subd. 3. Modifies graduate social worker supervision requirements; requires the Board of Social Work to allow licensed graduate social workers who do not engage in clinical practice to satisfy supervision requirements entirely with supervision received via eye-to-eye electronic media, while maintaining visual contact. Provides an immediate effective date.</p>	House only	

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5	<p><b>Types of supervision.</b></p> <p>Amends § 148E.106, subd. 3. Modifies graduate social worker supervision requirements; requires the Board of Social Work to allow licensed graduate social workers engaged in clinical practice to satisfy supervision requirements entirely with supervision received via eye-to-eye electronic media, while maintaining visual contact. Provides an immediate effective date.</p>	House only	
6	<p><b>Supervision; clinical social work practice after licensure as licensed independent social worker.</b></p> <p>Amends § 148E.110, subd. 7. Modifies licensed independent social worker supervision requirements; requires the Board of Social Work to allow licensed independent social workers engaged in clinical practice to satisfy supervision requirements entirely with supervision received via eye-to-eye electronic media, while maintaining visual contact. Provides an immediate effective date.</p>	House only	
		Senate only	<p><b>Section 19 (148F.11, subd.2a)</b> creates a licensure exemption for the practice of alcohol and drug counseling by former students for 90 days from the graduation date from an accredited school or program or after the last date the former student received credit for an alcohol and drug counseling course from an accredited school or program. Requires the former student to be supervised by an alcohol and drug counselor, an alcohol and drug counselor supervisor, or a treatment director.</p>

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7	<p><b>Specialty dentists.</b> Amends § 150A.06, subd. 1c. Removes the following requirements for specialty dentist licensure:</p> <ul style="list-style-type: none"> <li>▪ two character references for each specialty area;</li> <li>▪ licensed physician statement attesting to the applicant’s physical and mental condition;</li> <li>▪ a statement from an ophthalmologist or optometrist attesting to the applicant’s visual acuity; and</li> <li>▪ a notarized photograph.</li> </ul>	House only (see S.F. 3256, in finance)	
8	<p><b>Guest license.</b> Amends § 150A.06, subd. 2c. Strikes language limiting fees for guest licensure; makes technical changes.</p>	House only (see S.F. 3256, in finance)	
9	<p><b>Display of name and certificates.</b> Amends § 150A.06, subd. 6. Makes clarifying change to require all licensees and registrants to display renewal certificates.</p>	House only (see S.F. 3256, in finance)	
10	<p><b>Licensure by credentials for dental therapy.</b> Amends § 150A.06 by adding subd. 12. Adds subdivision allowing dental therapists to apply for licensure based on an evaluation of the applicant's education, experience, and performance record. Allows the board to interview an applicant to determine specified qualifications; allows the board the discretion to waive specific licensure requirements. Specifies when a board must license an applicant or deny an application</p>	House only (see S.F. 3256, in finance)	



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	for licensure; allows a licensure candidate under this subdivision to appeal a denied application.		
11	<b>Licenses or registration certificates.</b> Amends § 150A.09. Makes clarifying changes.	House only (see S.F. 3256, in finance)	
12	<b>Application and initial license or registration fees.</b> Amends § 150A.091, subd. 2. Modifies fees by combining existing fees; adds guest license fee; makes clarifying change.	House only (see S.F. 3256, in finance)	
13	<b>Biennial license or registration renewal fees.</b> Amends § 150A.091, subd. 5. Makes clarifying change.	House only (see S.F. 3256, in finance)	
14	<b>Duplicate license or certificate fee.</b> Amends § 150A.091, subd. 8. Removes fee for wallet-sized license and renewal certificates.	House only (see S.F. 3256, in finance)	
15	<b>Licensure by credentials.</b> Amends § 150A.091, subd. 9. Modifies fees for licensure by credentials; adds dental therapist licensure by credential fee.	House only (see S.F. 3256, in finance)	
16	<b>Failure to practice with a current license.</b> Amends § 150A.091 by adding subd. 21. Establishes penalty fees and administrative actions for when a licensee practices without a current license and pursues reinstatement.	House only (see S.F. 3256, in finance)	

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17	<p><b>Delegating regulated procedures to an individual with a terminated license.</b></p> <p>Amends § 150A.091 by adding subd. 22. Establishes penalty fees and administrative actions for when a dentist or dental therapist delegates regulated procedures to another dental professional whose license has been terminated.</p>	House only (see S.F. 3256, in finance)	
		Senate only	<p><b>Section 20 (150A.10, subd. 1a)</b> permits a collaborative practice dental hygienist to be employed by a licensed dentist. Requires the commissioner of human services to annually report to the Board of Dentistry on the services provided by collaborative practice dental hygienists to medical assistance and MinnesotaCare enrollees during the previous calendar year.</p>
		Senate only	<p><b>Section 21 (150A.105, subd. 8)</b> makes a conforming change.</p>
18	<p><b>Practice of pharmacy.</b></p> <p>Amends § 151.01, subd. 27. Modifies the definition of “practice of pharmacy” by allowing pharmacists to provide intramuscular and subcutaneous administration of any drug under a prescription drug order, rather than only drugs used for the treatment of alcohol or opioid dependence.</p> <p>Adds clause (13), allowing pharmacists to participate in the placement of drug monitoring devices under a prescription, protocol, or collaborative practice agreement.</p>	<p>Different.</p> <p>House modifies clause (4) by expanding a pharmacist’s authority to provide intramuscular and subcutaneous administration of any drug under a prescription drug order rather than only drugs used for the treatment of alcohol and opioid dependence. House also adds clause (13) authorizing a pharmacist to participate in the placement of drug monitoring devices according to a prescription, protocol, or collaborative practice agreement.</p> <p>Senate modifies clause (3) by expanding a pharmacist’s authority to order and perform certain laboratory tests by permitting a pharmacist to collect specimens, interpret results,</p>	<p><b>Section 22 (151.01, subd. 27)</b> in clause (3), authorizes a pharmacist to order certain laboratory tests as part of monitoring drug therapies. It also authorizes a pharmacist to collect specimens, interpret results, notify the patient of results, and refer patients to other health care providers for follow up care and to initiate, modify, or discontinue drug therapy pursuant to a protocol or collaborative practice agreement. Authorizes a pharmacy technician or pharmacist intern to perform these tests if the technician or intern is working under the direct supervision of a pharmacist.</p> <p>In clause (6), modifies the authorization of pharmacists to participate in the administration of vaccines by modifying the protocol requirements and requiring the pharmacist to inform a</p>

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		<p>notify the patient of results, and refer patients to other providers for follow up care, and to initiate, modify, and discontinue drug therapy pursuant to a protocol or collaborative practice agreement. This clause also authorizes pharmacy technicians and pharmacist interns to perform these laboratory tests if under the direct supervision of a pharmacist. Senate also modifies clause (6) by removing the statutory requirements for the required protocol to administer influenza and COVID-19 vaccines, except the protocol must still include a procedure for handling adverse reactions and the pharmacist is required to inform the patient of any contraindications and precautions to the vaccine before administering. The pharmacist is also required to inform a patient who is under the age of 18 the importance of a well child visit.</p>	<p>patient of the contraindications and precautions to the vaccine before administering the vaccine; and, if the patient is under the age of 18, inform the patient and any adult care giver accompanying the patient, of the importance of a well child visit with a pediatrician or other licensed primary care provider when administering the vaccine.</p>
		Senate only	<p><b>Section 23 (151.065, subd. 1)</b> reduces the initial application licensure fees for medical gas wholesalers and manufacturers from \$5,260 for the first facility and \$260 for each additional facility to \$260.</p>
		Senate only	<p><b>Section 24 (151.065, subd. 3)</b> reduces the renewal fees for medical gas wholesalers and manufacturers from \$5,260 for the first facility and \$260 for each additional facility to \$260.</p>
		Senate only	<p><b>Section 25 (151.065, subd. 7)</b> makes a conforming change.</p>
		Senate only	<p><b>Section 26 (151.103)</b>, paragraph (a) authorizes a pharmacy technician or a pharmacist intern to administer vaccines if the technician or intern: (1) is under the direct supervision of a pharmacist while administering the vaccine; (2) has successfully</p>

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			<p>completed a training program; (3) has a current certificate in basic CPR; and (4) if a pharmacy technician is administering the vaccine, the technician has completed: (i) one of the training programs listed in Minnesota Rules; and (ii) a minimum of two hours of APCE-approved, immunization-related continuing pharmacy education as part of the technician’s continuing education schedule.</p> <p>Paragraph (b) specifies that direct supervision must be in-person and not through telehealth.</p>
19	<p><b>License requirements.</b> Amends § 153.16, subd. 1. Modifies podiatry licensing requirements to allow podiatrists who graduated from podiatric medical school before 1990 (previously 1986) to be licensed without successful completion of a residency program. Provides an immediate effective date.</p>	House only	
20	<p><b>Temporary requirements governing ambulance service operations and the provision of emergency medical services.</b></p> <p><b>Subd. 1. Application.</b> Allows an ambulance service to operate, and emergency medical technicians, advanced emergency medical technicians, and paramedics to provide, services according to this section, notwithstanding chapter 144E.</p> <p><b>Subd. 2. Definitions.</b> Defines the following terms for purposes of this section:</p> <ul style="list-style-type: none"> <li>▪ “Advanced emergency medical technician”</li> </ul>	Identical except House includes interfacility transfers in the staffing requirements in subd. 3.	<p><b>Section 28 (Temporary requirements governing ambulance service operations and the provision of emergency medical services)</b> temporarily modifies the staffing and operation requirements for emergency medical services between final enactment of this section and January 1, 2024.</p> <p><b>Subdivision 1</b> specifies that the provisions of this section temporarily supersede conflicting provisions in Minnesota Statutes, Chapter 144E governing the staffing and operation of emergency medical services.</p> <p><b>Subdivision 2</b> imports from Chapter 144E definitions of terms used in this section.</p>

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	<ul style="list-style-type: none"> <li>▪ “Advanced life support”</li> <li>▪ “Ambulance”</li> <li>▪ “Ambulance service personnel”</li> <li>▪ “Basic life support”</li> <li>▪ “Board”</li> <li>▪ “Emergency medical technician”</li> <li>▪ “Paramedic”</li> <li>▪ “Primary service area”</li> </ul> <p><b>Subd. 3. Staffing.</b> Paragraph (a) allows an ambulance providing basic life support to be staffed with one EMT and a driver, for emergency ambulance calls and interfacility transfers in the ambulance service’s primary service area.</p> <p>Paragraph (b) allows an ambulance providing advanced life support to be staffed with a driver and one paramedic, registered nurse who meets certain requirements, or physician assistant who meets certain requirements, for emergency ambulance calls and interfacility transfers in the ambulance service’s primary service area.</p> <p>Paragraph (c) requires the ambulance service director and medical director to approve ambulance staffing under this subdivision.</p> <p>Paragraph (d) requires an ambulance service staffing an ambulance under this subdivision to immediately notify the Emergency Medical Services Regulatory Board (EMSRB); specifies notice requirements.</p>		<p><b>Subdivision 3, paragraph (a)</b> temporarily reduces the required minimal staffing of basic life support from two EMTs to one driver trained in CPR and one EMT.</p> <p><b>Paragraph (b)</b> temporarily reduces the required minimal staffing of advanced life support from two ambulance services personnel to one driver trained in CPR and either one paramedic, or one RN or PA who qualifies as ambulance service personnel.</p> <p><b>Paragraph (c)</b> requires both the ambulance service director and the medical director of the service to approve staffing according to this section.</p> <p><b>Paragraph (d)</b> requires each ambulance service to notify the Emergency Medical Services Regulatory Board in writing of its adoption of a staffing arrangement permitted under this subdivision and the planned duration of implementing the staffing arrangement.</p> <p><b>Paragraph (e)</b> permits the EMSRB to prevent a driver from staffing an emergency medical service on the same basis as the EMSRB is currently permitted to deny, suspend or revoke the registration of emergency services personnel.</p> <p><b>Subdivision 4</b> permits ambulance service personnel to use under limited conditions medication and medical supplies up to six months following their expiration date. Use of expired medications and medical supplies</p>

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	<p>Paragraph (e) allows the EMSRB to temporarily suspend, prohibit an ambulance driver under this subdivision from driving, or put conditions on the driver’s ability to drive, for specified acts committed.</p> <p><b>Subd. 4. Use of expired emergency medications and medical supplies.</b> Allows ambulance service personnel to use an emergency medication or medical supply for up to six months after the product’s expiration date when the ambulance service experiences a shortage, under specified conditions; requires consultation with the Board of Pharmacy and record keeping, with written records submitted to the EMSRB.</p> <p><b>Subd. 5. Provision of emergency medical services after certification expires.</b> Allows an ambulance service director to authorize an emergency medical technician, advanced emergency medical technician, or paramedic to provide emergency medical services for up to three months after the certification of the emergency medical technician, advanced emergency medical technician, or paramedic expires; requires the ambulance service to notify the EMSRB when such authorization occurs.</p> <p><b>Subd. 6. Reports.</b> Requires the EMSRB to provide quarterly reports to the legislature on actions taken under this section; specifies dates for reports and information that must be included.</p> <p><b>Subd. 7. Expiration.</b> Provides a January 1, 2024, expiration for the section.</p>		<p>is permitted only after consultation with the Board of Pharmacy regarding the use of particular expired medications and medical supplies.</p> <p><b>Subdivision 5</b> permits a medical director, with the approval of the ambulance service director, to allow emergency services personnel with lapsed certifications to continue to provide services for 3 months beyond the expiration date of the individual’s certification.</p> <p><b>Subdivision 6</b> requires the EMSRB to provide the legislature with 7 quarterly reports that include information by emergency medical service on staffing changes, use of expired medications and medical supplies, and the provision of services after the expiration of an individual’s certification.</p> <p><b>Subdivision 7</b> specifies that this section expires January 1, 2024, after which time the requirements of Minnesota Statutes, Chapter 144E will again govern the staffing the operations of emergency medical services.</p>

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	Provides an immediate effective date.		
		Senate only	<b>Section 29 [EXPEDIATED REREGISTRATION FOR LAPSED NURSING LICENSES]</b> permits a nurse whose license has lapsed and who desires to work at a nursing home or assisted living facility to submit an application to the Board of Nursing for reregistration.
21	<b>Repealer.</b> Repeals § 150A.091, subdivisions 3 (initial license or permit fees), 15 (verification of licensure fee), and 17 (advanced dental therapy examination fee).	Different. House repeals section 150A.09, subs. 3, 15, and 17; Senate repeals 147.02, subd. 2a.	<b>Section 30</b> repeals Minnesota Statutes, section 147.02, subdivision 2a (obsolete temporary permit).