

1.1 moves to amend H.F. No. 1020 as follows:

1.2 Delete everything after the enacting clause and insert:

1.3 **"ARTICLE 1**

1.4 **HEALTH CARE**

1.5 Section 1. Minnesota Statutes 2010, section 62J.497, subdivision 2, is amended to read:

1.6 Subd. 2. **Requirements for electronic prescribing.** (a) Effective January 1, 2011,
1.7 all providers, group purchasers, prescribers, and dispensers must establish, maintain,
1.8 and use an electronic prescription drug program. This program must comply with the
1.9 applicable standards in this section for transmitting, directly or through an intermediary,
1.10 prescriptions and prescription-related information using electronic media.

1.11 (b) If transactions described in this section are conducted, they must be done
1.12 electronically using the standards described in this section. Nothing in this section
1.13 requires providers, group purchasers, prescribers, or dispensers to electronically conduct
1.14 transactions that are expressly prohibited by other sections or federal law.

1.15 (c) Providers, group purchasers, prescribers, and dispensers must use either HL7
1.16 messages or the NCPDP SCRIPT Standard to transmit prescriptions or prescription-related
1.17 information internally when the sender and the recipient are part of the same legal entity. If
1.18 an entity sends prescriptions outside the entity, it must use the NCPDP SCRIPT Standard
1.19 or other applicable standards required by this section. Any pharmacy within an entity
1.20 must be able to receive electronic prescription transmittals from outside the entity using
1.21 the adopted NCPDP SCRIPT Standard. This exemption does not supersede any Health
1.22 Insurance Portability and Accountability Act (HIPAA) requirement that may require the
1.23 use of a HIPAA transaction standard within an organization.

1.24 (d) Notwithstanding paragraph (a), effective January 1, 2016, providers and
1.25 prescribers who practice at a clinic where two or fewer physicians practice must establish,

2.1 maintain, and use an electronic prescription drug program that complies with the
2.2 applicable standards in this section.

2.3 **EFFECTIVE DATE.** This section is effective retroactively from January 1, 2011.

2.4 Sec. 2. **[151.60] PHARMACY AUDIT INTEGRITY PROGRAM.**

2.5 The pharmacy audit integrity program is established to provide standards for an
2.6 audit of pharmacy records carried out by a managed care company, insurance company,
2.7 Medicare Part B audit contractors, third-party payor, pharmacy benefits manager, health
2.8 program administered by a state agency, or any entity that represents such companies.

2.9 **EFFECTIVE DATE.** This section is effective for claims adjudicated on or after
2.10 January 1, 2011.

2.11 Sec. 3. **[151.61] DEFINITIONS.**

2.12 Subdivision 1. **Scope.** For the purposes of sections 151.60 to 151.66, the following
2.13 terms have the meanings given.

2.14 Subd. 2. **Audit contractor.** "Audit contractor" means a contractor that detects and
2.15 corrects improper payments for an entity.

2.16 Subd. 3. **Entity.** "Entity" means a managed care company, an insurance company, a
2.17 third-party payor, a pharmacy benefits manager, or any other organization that represents
2.18 these companies, groups, or organizations.

2.19 Subd. 4. **Insurance company.** "Insurance company" means any corporation,
2.20 association, benefit society, exchange, partnership, or individual engaged as principal in
2.21 the business of insurance.

2.22 Subd. 5. **Managed care company.** "Managed care company" means the entity or
2.23 organization that handles health care and financing.

2.24 Subd. 6. **Pharmacy benefits manager or PBM.** "Pharmacy benefits manager"
2.25 or "PBM" means a person, business, or other entity that performs pharmacy benefits
2.26 management. The term includes a person or entity acting for a PBM in a contractual or
2.27 employment relationship in the performance of pharmacy benefits management for a
2.28 managed care company, nonprofit hospital or medical service organization, insurance
2.29 company, third-party payor of health program administered by a state agency.

2.30 Subd. 7. **State agency health program.** "State agency health program" means any
2.31 program sponsored or administered by an agency of the state, except for Medicaid.

2.32 Subd. 8. **Third-party payor.** "Third-party payor" means an organization other than
2.33 the patient or health care provider involved in the financing of personal health services.

3.1 **EFFECTIVE DATE.** This section is effective for claims adjudicated on or after
3.2 January 1, 2011.

3.3 **Sec. 4. [151.62] PHARMACY BENEFIT MANAGER CONTRACT.**

3.4 (a) A pharmacy benefit manager (PBM) contract that is altered or amended by that
3.5 entity may be substituted for a current contract but is not effective without the written
3.6 consent of a pharmacy. The pharmacy must receive a copy of the proposed contract
3.7 changes or renewal along with a disclosure by the PBM of all material changes in terms of
3.8 the contract or methods of reimbursement from the previous contract.

3.9 (b) An amendment or change in terms of an existing contract between a PBM and a
3.10 pharmacy must be disclosed to the pharmacy at least 120 days prior to the effective date
3.11 of the proposed change. A PBM may not alter or amend a PBM contract, or impose
3.12 any additional contractual obligation on a pharmacy, unless the PBM complies with the
3.13 requirements in this section.

3.14 **EFFECTIVE DATE.** This section is effective for claims adjudicated on or after
3.15 January 1, 2011.

3.16 **Sec. 5. [151.63] PROCEDURES FOR CONDUCTING AND REPORTING AN**
3.17 **AUDIT.**

3.18 (a) Any entity conducting a pharmacy audit must follow the following procedures:

3.19 (1) a pharmacy must be given a written notice at least 14 business days before an
3.20 initial on-site audit is conducted;

3.21 (2) an audit that involves clinical or professional judgment must be conducted by or
3.22 in consultation with a pharmacist licensed in this state or the Board of Pharmacy;

3.23 (3) the period covered by the audit may not exceed 18 months from the date that the
3.24 claim was submitted to or adjudicated by the entity, unless a longer period is permitted
3.25 under federal law;

3.26 (4) the PBM may not audit more than 40 prescriptions per audit;

3.27 (5) the audit may not take place during the first seven business days of the month
3.28 due to the high volume of prescriptions filled during that time unless consented to by
3.29 the pharmacy;

3.30 (6) the pharmacy may use the records of a hospital, physician, or other authorized
3.31 practitioner to validate the pharmacy record and delivery and includes a medication
3.32 administration record;

3.33 (7) any legal prescription which meets the requirements in this chapter may be used
3.34 to validate claims in connection with prescriptions, refills, or changes in prescriptions,

4.1 including medication administration records, faxes, e-prescriptions, or documented
4.2 telephone calls from the prescriber or their agents;

4.3 (8) audit parameters must use consumer-oriented parameters based on manufacturer
4.4 listings or recommendations as follows:

4.5 (i) day supply for eye drops, so that the consumer pays only one 30-day co-payment
4.6 when the bottle of eye drops is intended by the manufacturer to be a 30-day supply;

4.7 (ii) when calculating the day supply for insulin, the highest dose prescribed must be
4.8 used to determine the day supply and patient co-payments; and

4.9 (iii) when calculating the day supply for topical products, the pharmacist's judgment
4.10 shall take precedence;

4.11 (9) a pharmacy's usual and customary price for compounded medications is
4.12 considered the reimbursable cost unless an alternate price is published in the provider
4.13 contract and signed by both parties;

4.14 (10) each pharmacy shall be audited under the same standards and parameters as
4.15 other similarly situated pharmacies;

4.16 (11) the commissioner of commerce shall address issues with questionable auditing
4.17 practices;

4.18 (12) the entity conducting the audit must establish a written appeals process which
4.19 must include appeals of preliminary reports and final reports;

4.20 (13) if either party is not satisfied with the appeal, that party may seek mediation; and

4.21 (14) if copies of records are requested by the auditing entity, they will pay 25 cents
4.22 per page to cover costs incurred to the pharmacy.

4.23 (b) The entity conducting the audit shall also comply with the following
4.24 requirements:

4.25 (1) auditors may not enter the pharmacy area where patient-specific information is
4.26 available and must be out of sight and hearing range of the pharmacy customers;

4.27 (2) the pharmacy must provide an area for auditors to conduct their business;

4.28 (3) a finding of overpayment or underpayment must be based on the actual
4.29 overpayment or underpayment and not a projection based on the number of patients served
4.30 having a similar diagnosis or on the number of similar orders or refills for similar drugs;

4.31 (4) in the case of errors which have no financial harm to the patient or plan, the PBM
4.32 must not assess any chargebacks;

4.33 (5) calculations of overpayments must not include dispensing fees, unless a
4.34 prescription was not actually dispensed or the prescriber denied authorization;

4.35 (6) the entity conducting the audit shall not use extrapolation in calculating the
4.36 recoupment or penalties for audits;

5.1 (7) any recoupment will not be deducted against future remittances and shall be
5.2 invoiced to the pharmacy for payment;

5.3 (8) recoupment may not be assessed for items on the face of a prescription not
5.4 required by the Minnesota Board of Pharmacy;

5.5 (9) the auditing company or agent may not receive payment based on a percentage
5.6 of the amount recovered;

5.7 (10) interest may not accrue during the audit period, which begins with the notice of
5.8 audit and ends with the final audit report;

5.9 (11) an entity may not consider any clerical or record keeping error, such as a
5.10 typographical error, scrivener's error, or computer error regarding a required document or
5.11 record as fraud; however, such errors may be subject to recoupment;

5.12 (12) a person shall not be subject to criminal penalties for errors provided for in
5.13 clause (11) without proof of intent to commit fraud;

5.14 (13) the commissioner of commerce may determine and assess a civil penalty for
5.15 each violation of sections 151.60 to 151.64; and

5.16 (14) the commissioner of commerce may require the entity to make restitution to
5.17 any person who has suffered financial injury because of the violation.

5.18 **EFFECTIVE DATE.** This section is effective for claims adjudicated on or after
5.19 January 1, 2011.

5.20 **Sec. 6. [151.64] AUDIT INFORMATION AND REPORTS.**

5.21 (a) A preliminary audit report must be delivered to the pharmacy within 30 days
5.22 after the conclusion of the audit.

5.23 (b) A pharmacy must be allowed at least 30 days following receipt of the preliminary
5.24 audit to provide documentation to address any discrepancy found in the audit.

5.25 (c) A final audit report must be delivered to the pharmacy within 90 days after
5.26 receipt of the preliminary audit report or final appeal, whichever is later.

5.27 (d) No chargeback, recoupment, or other penalties may be assessed until the appeals
5.28 process has been exhausted and the final report issued.

5.29 (e) An entity shall remit any money due to a pharmacy or pharmacist as a result of
5.30 an underpayment of a claim within 30 days after the appeals process has been exhausted
5.31 and the final audit report has been issued.

5.32 (f) Where not superseded by state or federal law, audit information may not be
5.33 shared. Auditors shall only have access to previous audit reports on a particular pharmacy
5.34 conducted by that same auditing entity.

6.1 **EFFECTIVE DATE.** This section is effective for claims adjudicated on or after
6.2 January 1, 2011.

6.3 **Sec. 7. [151.65] DISCLOSURES TO PLAN SPONSOR.**

6.4 An auditing entity must provide a copy of the final report to the plan sponsor whose
6.5 claims were included in the audit, and the money shall be returned to the plan sponsor and
6.6 the co-payment shall be returned directly to the patient.

6.7 **EFFECTIVE DATE.** This section is effective for claims adjudicated on or after
6.8 January 1, 2011.

6.9 **Sec. 8. [151.66] APPLICABILITY OF OTHER LAWS AND REGULATIONS.**

6.10 (a) Sections 151.60 to 151.65 do not apply to any investigative audit that involves
6.11 fraud, willful misrepresentation, or abuse, including without limitation:

6.12 (1) insurance fraud;

6.13 (2) billing for services not furnished or supplies not provided;

6.14 (3) billing that appears to be a deliberate application for duplicate payment for the
6.15 same services or supplies, billing both the beneficiary and the PBM or payor for the
6.16 same service;

6.17 (4) altering claim forms, electronic claim records, and medical documentation to
6.18 obtain a higher payment amount;

6.19 (5) soliciting, offering, or receiving a kickback or bribe;

6.20 (6) participating in schemes that involve collusion between a provider and a
6.21 beneficiary, or between a supplier and a provider, and result in higher costs or charges to
6.22 the entity;

6.23 (7) misrepresentations of dates and descriptions of services furnished or the identity
6.24 of the beneficiary or the individual who furnished the services;

6.25 (8) billing for prescriptions without a prescription on file, when over-the-counter
6.26 items are dispensed;

6.27 (9) dispensing prescriptions using outdated drugs;

6.28 (10) billing with the wrong National Drug Code (NDC) or billing for a brand name
6.29 when a generic drug is dispensed;

6.30 (11) not crediting the payor for medications or parts of prescriptions that were not
6.31 picked up within 14 days;

6.32 (12) billing the payor a higher price than the pharmacy's usual and customary charge
6.33 to the general public; and

6.34 (13) billing for a product when there is no proof that the product was purchased.

7.1 (b) All cases of suspected fraud or violations of law must be reported by the auditor
7.2 to the Board of Pharmacy.

7.3 **EFFECTIVE DATE.** This section is effective for claims adjudicated on or after
7.4 January 1, 2011.

7.5 Sec. 9. Minnesota Statutes 2010, section 256B.04, subdivision 14a, is amended to read:

7.6 Subd. 14a. **Level of need determination.** Nonemergency medical transportation
7.7 level of need determinations must be performed by a physician, a registered nurse working
7.8 under direct supervision of a physician, a physician's assistant, a nurse practitioner, a
7.9 licensed practical nurse, or a discharge planner.

7.10 Nonemergency medical transportation level of need determinations must not be
7.11 performed more than annually on any individual, unless the individual's circumstances
7.12 have sufficiently changed so as to require a new level of need determination. No entity
7.13 shall charge, and the commissioner shall pay, no more than \$25.00 for performing a
7.14 level of need determination regarding any person receiving nonemergency medical
7.15 transportation, including special transportation.

7.16 Special transportation services to eligible persons who need a stretcher-accessible
7.17 vehicle from a hospital are exempt from a level of need determination if the special
7.18 transportation services have been ordered by the eligible person's physician, registered
7.19 nurse working under direct supervision of a physician, physician's assistant, nurse
7.20 practitioner, licensed practical nurse, or discharge planner pursuant to Medicare guidelines.

7.21 Individuals transported to or residing in licensed nursing facilities are exempt from a
7.22 level of need determination and are eligible for special transportation services until the
7.23 individual no longer resides in a licensed nursing facility. If a person authorized by this
7.24 subdivision to perform a level of need determination determines that an individual requires
7.25 stretcher transportation, the individual is presumed to maintain that level of need until
7.26 otherwise determined by a person authorized to perform a level of need determination, or
7.27 for six months, whichever is sooner.

7.28 Sec. 10. Minnesota Statutes 2010, section 256B.0625, subdivision 17, is amended to
7.29 read:

7.30 Subd. 17. **Transportation costs.** (a) Medical assistance covers medical
7.31 transportation costs incurred solely for obtaining emergency medical care or transportation
7.32 costs incurred by eligible persons in obtaining emergency or nonemergency medical
7.33 care when paid directly to an ambulance company, common carrier, or other recognized
7.34 providers of transportation services. Medical transportation must be provided by:

- 8.1 (1) an ambulance, as defined in section 144E.001, subdivision 2;
8.2 (2) special transportation; or
8.3 (3) common carrier including, but not limited to, bus, taxicab, other commercial
8.4 carrier, or private automobile.

8.5 (b) Medical assistance covers special transportation, as defined in Minnesota Rules,
8.6 part 9505.0315, subpart 1, item F, if the recipient has a physical or mental impairment that
8.7 would prohibit the recipient from safely accessing and using a bus, taxi, other commercial
8.8 transportation, or private automobile.

8.9 The commissioner may use an order by the recipient's attending physician to certify that
8.10 the recipient requires special transportation services. Special transportation providers
8.11 shall perform driver-assisted services for eligible individuals. Driver-assisted service
8.12 includes passenger pickup at and return to the individual's residence or place of business,
8.13 assistance with admittance of the individual to the medical facility, and assistance in
8.14 passenger securement or in securing of wheelchairs or stretchers in the vehicle. Special
8.15 transportation providers must obtain written documentation from the health care service
8.16 provider who is serving the recipient being transported, identifying the time that the
8.17 recipient arrived. Special transportation providers may not bill for separate base rates for
8.18 the continuation of a trip beyond the original destination. Special transportation providers
8.19 must take recipients to the nearest appropriate health care provider, using the most direct
8.20 route as determined by a commercially available mileage software program approved by
8.21 the commissioner. The minimum medical assistance reimbursement rates for special
8.22 transportation services are:

- 8.23 (1) (i) \$17 for the base rate and \$1.35 per mile for special transportation services to
8.24 eligible persons who need a wheelchair-accessible van;
8.25 (ii) \$11.50 for the base rate and \$1.30 per mile for special transportation services to
8.26 eligible persons who do not need a wheelchair-accessible van; and
8.27 (iii) \$60 for the base rate and \$2.40 per mile, and an attendant rate of \$9 per trip, for
8.28 special transportation services to eligible persons who need a stretcher-accessible vehicle;
8.29 (2) the base rates for special transportation services in areas defined under RUCA
8.30 to be super rural shall be equal to the reimbursement rate established in clause (1) plus
8.31 11.3 percent; and
8.32 (3) for special transportation services in areas defined under RUCA to be rural
8.33 or super rural areas:
8.34 (i) for a trip equal to 17 miles or less, mileage reimbursement shall be equal to 125
8.35 percent of the respective mileage rate in clause (1); and

9.1 (ii) for a trip between 18 and 50 miles, mileage reimbursement shall be equal to
9.2 112.5 percent of the respective mileage rate in clause (1).

9.3 (c) For purposes of reimbursement rates for special transportation services under
9.4 paragraph (b), the zip code of the recipient's place of residence shall determine whether
9.5 the urban, rural, or super rural reimbursement rate applies.

9.6 (d) For purposes of this subdivision, "rural urban commuting area" or "RUCA"
9.7 means a census-tract based classification system under which a geographical area is
9.8 determined to be urban, rural, or super rural.

9.9 Sec. 11. Minnesota Statutes 2010, section 256B.19, subdivision 1e, is amended to read:

9.10 Subd. 1e. **Additional local share of certain nursing facility costs.** Beginning
9.11 January 1, 2011, or on the first day of the second month following federal approval,
9.12 whichever occurs later, local government entities that own the physical plant or are the
9.13 license holders of nursing facilities receiving rate adjustments under section 256B.441,
9.14 subdivision 55a, shall be responsible for paying the portion of nonfederal costs calculated
9.15 under section 256B.441, subdivision 55a, paragraph (d). Payments of the nonfederal share
9.16 shall be made monthly to the commissioner in amounts determined in accordance with
9.17 section 256B.441, subdivision 55a, paragraph (d). Payments for each month beginning
9.18 ~~in January 2011~~ on the effective date of the rate adjustment through September 2015 shall
9.19 be due by the 15th day of the following month. If any provider obligated to pay an amount
9.20 under this subdivision is more than two months delinquent in the timely payment of the
9.21 monthly installment, the commissioner may withhold payments, penalties, and interest in
9.22 accordance with the methods outlined in section 256.9657, subdivision 7a.

9.23 **EFFECTIVE DATE.** This section is effective the day following final enactment.

9.24 Sec. 12. Minnesota Statutes 2010, section 256B.441, subdivision 55a, is amended to
9.25 read:

9.26 Subd. 55a. **Alternative to phase-in for publicly owned nursing facilities.** (a) For
9.27 operating payment rates implemented between January 1, 2011, or on the first day of the
9.28 second month following federal approval, whichever occurs later, and September 30,
9.29 2015, the commissioner shall allow nursing facilities whose physical plant is owned or
9.30 whose license is held by a city, county, or hospital district to apply for a higher payment
9.31 rate under this section if the local government entity agrees to pay a specified portion of
9.32 the nonfederal share of medical assistance costs. Nursing facilities that apply shall be
9.33 eligible to select an operating payment rate, with a weight of 1.00, up to the rate calculated

10.1 in subdivision 54, without application of the phase-in under subdivision 55. The rates for
10.2 the other RUG's levels shall be computed as provided under subdivision 54.

10.3 (b) Rates determined under this subdivision shall take effect beginning January 1,
10.4 2011, or on the first day of the second month following federal approval, whichever occurs
10.5 later, based on cost reports for the rate year ending September 30, 2009, and in future rate
10.6 years, rates determined for nursing facilities participating under this subdivision shall take
10.7 effect on October 1 of each year, based on the most recent available cost report.

10.8 (c) Eligible nursing facilities that wish to participate under this subdivision shall
10.9 make an application to the commissioner by September 30, 2010, or by June 30 of any
10.10 subsequent year prior to June 30, 2015. ~~Participation under this subdivision is irrevocable.~~
10.11 If paragraph (a) does not result in a rate greater than what would have been provided
10.12 without application of this subdivision, a facility's rates shall be calculated as otherwise
10.13 provided and no payment by the local government entity shall be required under paragraph
10.14 (d).

10.15 (d) For each participating nursing facility, the public entity that owns the physical
10.16 plant or is the license holder of the nursing facility shall pay to the state the entire
10.17 nonfederal share of medical assistance payments received as a result of the difference
10.18 between the nursing facility's payment rate under subdivision 54, paragraph (a), and
10.19 the rates that the nursing facility would otherwise be paid without application of this
10.20 subdivision under subdivision 55 as determined by the commissioner.

10.21 (e) The commissioner may, at any time, reduce the payments under this subdivision
10.22 based on the commissioner's determination that the payments shall cause nursing facility
10.23 rates to exceed the state's Medicare upper payment limit or any other federal limitation. If
10.24 the commissioner determines a reduction is necessary, the commissioner shall reduce all
10.25 payment rates for participating nursing facilities by a percentage applied to the amount of
10.26 increase they would otherwise receive under this subdivision and shall notify participating
10.27 facilities of the reductions. If payments to a nursing facility are reduced, payments under
10.28 section 256B.19, subdivision 1e, shall be reduced accordingly.

10.29 **EFFECTIVE DATE.** This section is effective the day following final enactment.

10.30 Sec. 13. **NONEMERGENCY MEDICAL TRANSPORTATION SINGLE**
10.31 **ADMINISTRATIVE STRUCTURE PROPOSAL.**

10.32 (a) The commissioner of human services shall develop a proposal to create a single
10.33 administrative structure for providing nonemergency medical transportation services to
10.34 fee-for-service medical assistance recipients. This proposal must consolidate access and
10.35 special transportation into one administrative structure with the goal of standardizing

11.1 eligibility determination processes, scheduling arrangements, billing procedures, data
11.2 collection, and oversight mechanisms in order to enhance coordination, improve
11.3 accountability, and lessen confusion.

11.4 (b) In developing the proposal, the commissioner shall:

11.5 (1) examine the current responsibilities performed by the counties and the
11.6 Department of Human Services and consider the shift in costs if these responsibilities are
11.7 changed;

11.8 (2) identify key performance measures to assess the cost effectiveness of
11.9 nonemergency medical transportation statewide, including a process to collect, audit,
11.10 and report data;

11.11 (3) develop a statewide complaint system for medical assistance recipients using
11.12 special transportation;

11.13 (4) establish a standardized billing process;

11.14 (5) establish a process that provides public input from interested parties before
11.15 special transportation eligibility policies are implemented or significantly changed;

11.16 (6) establish specific eligibility criteria that include the frequency of eligibility
11.17 assessments and the length of time a recipient remains eligible for special transportation;

11.18 (7) develop a reimbursement method to compensate volunteers for no-load miles
11.19 when transporting recipients to or from health-related appointments; and

11.20 (8) establish specific eligibility criteria to maximize the use of public transportation
11.21 by recipients who are without a physical, mental, or other impairment that would prohibit
11.22 safely accessing and using public transportation.

11.23 (c) In developing the proposal, the commissioner shall consult with the
11.24 nonemergency medical transportation advisory council established under paragraph (d).

11.25 (d) The commissioner shall establish the nonemergency medical transportation
11.26 advisory council to assist the commissioner in developing a single administrative structure
11.27 for providing nonemergency medical transportation services. The council shall be
11.28 comprised of:

11.29 (1) one representative each from the departments of human services and
11.30 transportation;

11.31 (2) one representative each from the following organizations : the Minnesota State
11.32 Council on Disability, the Minnesota Consortium for Citizens with Disabilities, ARC of
11.33 Minnesota, the Association of Minnesota Counties, the R-80 Medical Transportation
11.34 Coalition, the Minnesota Para Transit Association, Legal Aid, the Minnesota Ambulance
11.35 Association, the National Alliance on Mental Illness, the Minnesota Transportation
11.36 Providers Alliance, and the Minnesota Inter-County Association; and

12.1 (3) four members from the house of representatives, two from the majority party
12.2 and two from the minority party, appointed by the speaker, and four members from the
12.3 senate, two from the majority party and two from the minority party, appointed by the
12.4 subcommittee on committees of the committee on rules and administration.

12.5 The council is governed by Minnesota Statutes, section 15.509, except that members
12.6 shall not receive per diems. The commissioner of human services shall fund all costs
12.7 related to the council from existing resources.

12.8 (e) The commissioner shall submit the proposal and draft legislation necessary for
12.9 implementation to the chairs and ranking minority members of the senate and house of
12.10 representatives committees or divisions with jurisdiction over health care policy and
12.11 finance by January 15, 2012.

12.12 Sec. 14. **RECOVERY FROM BROKER.**

12.13 (a) If deemed appropriate after a review by the Attorney General's office, the
12.14 commissioner of human services, in cooperation with the commissioner of management
12.15 and budget, shall recover from any broker of nonemergency medical transportation
12.16 services, all administrative amounts paid in excess of the original agreed upon amount as
12.17 stated in any contract or compensation agreement that provided for the total compensation
12.18 for administrative services in each state fiscal year to not exceed a specific agreed amount
12.19 for fiscal years 2005, 2006, 2007, 2008, 2009 and 2010.

12.20 (b) Recoveries under this section shall be based on the findings of the Office of
12.21 Legislative Auditor's report on medical nonemergency transportation released in February
12.22 2011.

12.23 Sec. 15. **MINNESOTA AUTISM SPECTRUM DISORDER TASK FORCE.**

12.24 Subdivision 1. **Members.** (a) The Autism Spectrum Disorder Task Force is
12.25 composed of 19 members, appointed as follows:

12.26 (1) two members of the senate, one appointed by the majority leader and one
12.27 appointed by the minority leader;

12.28 (2) two members of the house of representatives, one from the majority party,
12.29 appointed by the speaker of the house, and one from the minority party, appointed by
12.30 the minority leader;

12.31 (3) two members who are family members of individuals with autism spectrum
12.32 disorder (ASD), one of whom shall be appointed by the majority leader of the senate, and
12.33 one of whom shall be appointed by the speaker of the house;

13.1 (4) one member appointed by the Minnesota chapter of the American Academy of
13.2 Pediatrics who is a developmental behavioral pediatrician;

13.3 (5) one member appointed by the Minnesota Academy of Family Physicians who is
13.4 a family practice physician;

13.5 (6) one member appointed by the Minnesota Psychological Association who is a
13.6 neuropsychologist;

13.7 (7) one member appointed by the majority leader of the senate who represents a
13.8 minority autism community;

13.9 (8) one member representing the directors of public school student support services;

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

13.11 (10) three members who represent autism advocacy groups, two of whom shall be
13.12 appointed by the speaker of the house and one of whom shall be appointed by the majority
13.13 leader of the senate; and

13.14 (11) one member appointed by each of the respective commissioners of the
13.15 following departments: education, employment and economic development, health, and
13.16 human services.

13.17 (b) Appointments must be made by September 1, 2011. The senate member
13.18 appointed by the majority leader of the senate shall convene the first meeting of the task
13.19 force no later than October 1, 2011. The task force shall elect a chair from among the
13.20 members at the first meeting. The task force shall meet at least six times per year.

13.21 (c) The Legislative Coordinating Commission shall provide meeting space for the
13.22 task force. The Departments of Education, Employment and Economic Development,
13.23 Health, and Human Services shall provide assistance to the task force.

13.24 Subd. 2. **Duties.** (a) The task force shall develop an autism spectrum disorder
13.25 statewide strategic plan that focuses on improving awareness, early diagnosis, and
13.26 intervention and on ensuring delivery of treatment and services for individuals diagnosed
13.27 with an autism spectrum disorder, including the coordination and accessibility of
13.28 cost-effective treatments and services throughout the individual's lifetime.

13.29 (b) The task force shall coordinate with existing efforts relating to autism spectrum
13.30 disorders at the Departments of Education, Employment and Economic Development,
13.31 Health, and Human Services and at the University of Minnesota and other agencies and
13.32 organizations as the task force deems appropriate.

13.33 Subd. 3. **Report.** The task force shall submit its strategic plan to the legislature
13.34 by January 15, 2013. The task force shall continue to provide assistance with the
13.35 implementation of the strategic plan, as approved by the legislature, and shall submit

14.1 a progress report by January 15, 2014, and by January 15, 2015, on the status of
 14.2 implementation of the strategic plan, including any draft legislation necessary for
 14.3 implementation.

14.4 Subd. 4. **Expiration.** The task force shall expire June 30, 2015, unless extended
 14.5 by law.

14.6 **EFFECTIVE DATE.** This section is effective July 1, 2011, and expires June 30,
 14.7 2015.

14.8 **ARTICLE 2**

14.9 **HUMAN SERVICES**

14.10 Section 1. Minnesota Statutes 2010, section 245.50, is amended to read:

14.11 **245.50 INTERSTATE CONTRACTS, MENTAL HEALTH, CHEMICAL**
 14.12 **HEALTH, DETOXIFICATION SERVICES.**

14.13 Subdivision 1. **Definitions.** For purposes of this section, the following terms have
 14.14 the meanings given them.

14.15 (a) "Bordering state" means Iowa, North Dakota, South Dakota, or Wisconsin.

14.16 (b) "Receiving agency" means a public or private hospital, mental health center,
 14.17 chemical health treatment facility, detoxification facility, or other person or organization
 14.18 which provides mental health ~~or~~, chemical health, or detoxification services under this
 14.19 section to individuals from a state other than the state in which the agency is located.

14.20 (c) "Receiving state" means the state in which a receiving agency is located.

14.21 (d) "Sending agency" means a state or county agency which sends an individual to a
 14.22 bordering state for treatment or detoxification under this section.

14.23 (e) "Sending state" means the state in which the sending agency is located.

14.24 Subd. 2. **Purpose and authority.** (a) The purpose of this section is to enable
 14.25 appropriate treatment or detoxification services to be provided to individuals, across state
 14.26 lines from the individual's state of residence, in qualified facilities that are closer to the
 14.27 homes of individuals than are facilities available in the individual's home state.

14.28 (b) Unless prohibited by another law and subject to the exceptions listed in
 14.29 subdivision 3, a county board or the commissioner of human services may contract
 14.30 with an agency or facility in a bordering state for mental health ~~or~~, chemical health, or
 14.31 detoxification services for residents of Minnesota, and a Minnesota mental health ~~or~~,
 14.32 chemical health, or detoxification agency or facility may contract to provide services to
 14.33 residents of bordering states. Except as provided in subdivision 5, a person who receives
 14.34 services in another state under this section is subject to the laws of the state in which

15.1 services are provided. A person who will receive services in another state under this
15.2 section must be informed of the consequences of receiving services in another state,
15.3 including the implications of the differences in state laws, to the extent the individual will
15.4 be subject to the laws of the receiving state.

15.5 Subd. 3. **Exceptions.** A contract may not be entered into under this section for
15.6 services to persons who:

15.7 (1) are serving a sentence after conviction of a criminal offense;

15.8 (2) are on probation or parole;

15.9 (3) are the subject of a presentence investigation; or

15.10 (4) have been committed involuntarily in Minnesota under chapter 253B for
15.11 treatment of mental illness or chemical dependency, except as provided under subdivision
15.12 5.

15.13 Subd. 4. **Contracts.** Contracts entered into under this section must, at a minimum:

15.14 (1) describe the services to be provided;

15.15 (2) establish responsibility for the costs of services;

15.16 (3) establish responsibility for the costs of transporting individuals receiving
15.17 services under this section;

15.18 (4) specify the duration of the contract;

15.19 (5) specify the means of terminating the contract;

15.20 (6) specify the terms and conditions for refusal to admit or retain an individual; and

15.21 (7) identify the goals to be accomplished by the placement of an individual under
15.22 this section.

15.23 Subd. 5. **Special contracts; bordering states.** (a) An individual who is detained,
15.24 committed, or placed on an involuntary basis under chapter 253B may be confined or
15.25 treated in a bordering state pursuant to a contract under this section. An individual
15.26 who is detained, committed, or placed on an involuntary basis under the civil law of a
15.27 bordering state may be confined or treated in Minnesota pursuant to a contract under
15.28 this section. A peace or health officer who is acting under the authority of the sending
15.29 state may transport an individual to a receiving agency that provides services pursuant to
15.30 a contract under this section and may transport the individual back to the sending state
15.31 under the laws of the sending state. Court orders valid under the law of the sending state
15.32 are granted recognition and reciprocity in the receiving state for individuals covered by
15.33 a contract under this section to the extent that the court orders relate to confinement for
15.34 treatment or care of mental illness ~~or~~₂ chemical dependency, or detoxification. Such
15.35 treatment or care may address other conditions that may be co-occurring with the mental
15.36 illness or chemical dependency. These court orders are not subject to legal challenge in

16.1 the courts of the receiving state. Individuals who are detained, committed, or placed under
16.2 the law of a sending state and who are transferred to a receiving state under this section
16.3 continue to be in the legal custody of the authority responsible for them under the law
16.4 of the sending state. Except in emergencies, those individuals may not be transferred,
16.5 removed, or furloughed from a receiving agency without the specific approval of the
16.6 authority responsible for them under the law of the sending state.

16.7 (b) While in the receiving state pursuant to a contract under this section, an
16.8 individual shall be subject to the sending state's laws and rules relating to length of
16.9 confinement, reexaminations, and extensions of confinement. No individual may be sent
16.10 to another state pursuant to a contract under this section until the receiving state has
16.11 enacted a law recognizing the validity and applicability of this section.

16.12 (c) If an individual receiving services pursuant to a contract under this section leaves
16.13 the receiving agency without permission and the individual is subject to involuntary
16.14 confinement under the law of the sending state, the receiving agency shall use all
16.15 reasonable means to return the individual to the receiving agency. The receiving agency
16.16 shall immediately report the absence to the sending agency. The receiving state has the
16.17 primary responsibility for, and the authority to direct, the return of these individuals
16.18 within its borders and is liable for the cost of the action to the extent that it would be
16.19 liable for costs of its own resident.

16.20 (d) Responsibility for payment for the cost of care remains with the sending agency.

16.21 (e) This subdivision also applies to county contracts under subdivision 2 which
16.22 include emergency care and treatment provided to a county resident in a bordering state.

16.23 (f) If a Minnesota resident is admitted to a facility in a bordering state under this
16.24 chapter, a physician, licensed psychologist who has a doctoral degree in psychology, or
16.25 an advance practice registered nurse certified in mental health, who is licensed in the
16.26 bordering state, may act as an examiner under sections 253B.07, 253B.08, 253B.092,
16.27 253B.12, and 253B.17 subject to the same requirements and limitations in section
16.28 253B.02, subdivision 7. Such examiner may initiate an emergency hold under section
16.29 253B.05 on a Minnesota resident who is in a hospital that is under contract with a
16.30 Minnesota governmental entity under this section provided the resident, in the opinion of
16.31 the examiner, meets the criteria in section 253B.05.

16.32 (g) This section shall apply to detoxification services that are unrelated to treatment
16.33 whether the services are provided on a voluntary or involuntary basis.

16.34 Sec. 2. Minnesota Statutes 2010, section 245A.14, subdivision 1, is amended to read:

17.1 Subdivision 1. **Permitted single-family residential use.** (a) A licensed
 17.2 nonresidential program with a licensed capacity of 12 or fewer persons ~~and a group family~~
 17.3 ~~day care facility licensed under Minnesota Rules, parts 9502.0315 to 9502.0445, to serve~~
 17.4 ~~14 or fewer children~~ shall be considered a permitted single-family residential use of
 17.5 property for the purposes of zoning and other land use regulations.

17.6 (b) A family day care or group family day care facility licensed under Minnesota
 17.7 Rules, parts 9502.0315 to 9502.0445, to serve 14 or fewer children shall be considered a
 17.8 permitted single-family residential use of property for the purposes of zoning and other
 17.9 land use regulations only if the license holder owns and resides in the home and is the
 17.10 primary provider of care.

17.11 Sec. 3. Minnesota Statutes 2010, section 245A.14, subdivision 4, is amended to read:

17.12 Subd. 4. **Special family day care homes.** Nonresidential child care programs
 17.13 serving 14 or fewer children that are conducted at a location other than the license holder's
 17.14 own residence shall be licensed under this section and the rules governing family day
 17.15 care or group family day care if:

17.16 ~~(a) the license holder is the primary provider of care and the nonresidential child~~
 17.17 ~~care program is conducted in a dwelling that is located on a residential lot;~~

17.18 ~~(b)~~ (1) the license holder is an employer who may or may not be the primary
 17.19 provider of care, and the purpose for the child care program is to provide child care
 17.20 services to children of the license holder's employees;

17.21 ~~(c)~~ (2) the license holder is a church or religious organization;

17.22 ~~(d)~~ (3) the license holder is a community collaborative child care provider. For
 17.23 purposes of this subdivision, a community collaborative child care provider is a provider
 17.24 participating in a cooperative agreement with a community action agency as defined in
 17.25 section 256E.31; or

17.26 ~~(e)~~ (4) the license holder is a not-for-profit agency that provides child care in a
 17.27 dwelling located on a residential lot and the license holder maintains two or more contracts
 17.28 with community employers or other community organizations to provide child care
 17.29 services. The county licensing agency may grant a capacity variance to a license holder
 17.30 licensed under this ~~paragraph~~ clause to exceed the licensed capacity of 14 children by no
 17.31 more than five children during transition periods related to the work schedules of parents,
 17.32 if the license holder meets the following requirements:

17.33 ~~(1)~~ (i) the program does not exceed a capacity of 14 children more than a cumulative
 17.34 total of four hours per day;

18.1 ~~(2)~~ (ii) the program meets a one to seven staff-to-child ratio during the variance
18.2 period;

18.3 ~~(3)~~ (iii) all employees receive at least an extra four hours of training per year than
18.4 required in the rules governing family child care each year;

18.5 ~~(4)~~ (iv) the facility has square footage required per child under Minnesota Rules,
18.6 part 9502.0425;

18.7 ~~(5)~~ (v) the program is in compliance with local zoning regulations;

18.8 ~~(6)~~ (vi) the program is in compliance with the applicable fire code as follows:

18.9 ~~(i)~~ (A) if the program serves more than five children older than 2-1/2 years of age,
18.10 but no more than five children 2-1/2 years of age or less, the applicable fire code is
18.11 educational occupancy, as provided in Group E Occupancy under the Minnesota State
18.12 Fire Code 2003, Section 202; or

18.13 ~~(ii)~~ (B) if the program serves more than five children 2-1/2 years of age or less, the
18.14 applicable fire code is Group I-4 Occupancies, as provided in the Minnesota State Fire
18.15 Code 2003, Section 202; and

18.16 ~~(7)~~ (vii) any age and capacity limitations required by the fire code inspection and
18.17 square footage determinations shall be printed on the license.

18.18 Sec. 4. Minnesota Statutes 2010, section 256.0112, is amended by adding a subdivision
18.19 to read:

18.20 Subd. 9. **Contracting for performance.** In addition to the agreements in
18.21 subdivision 8, a local agency may negotiate a supplemental agreement to a contract
18.22 executed between a lead agency and an approved vendor under subdivision 6 for the
18.23 purposes of contracting for specific performance. The supplemental agreement may
18.24 augment the lead contract requirements and rates for services authorized by that local
18.25 agency only. The additional provisions must be negotiated with the vendor and designed
18.26 to encourage successful, timely, and cost-effective outcomes for clients, and may establish
18.27 incentive payments, penalties, performance-related reporting requirements, and similar
18.28 conditions. The per diem rate allowed under this subdivision must not be less than the rate
18.29 established in the lead county contract. Nothing in the supplemental agreement between a
18.30 local agency and an approved vendor binds the lead agency or other local agencies to the
18.31 terms and the conditions of the supplemental agreement.

18.32 Sec. 5. Minnesota Statutes 2010, section 256J.49, subdivision 13, is amended to read:

18.33 Subd. 13. **Work activity.** (a) "Work activity" means any activity in a participant's
18.34 approved employment plan that leads to employment. For purposes of the MFIP program,

19.1 this includes activities that meet the definition of work activity under the participation
19.2 requirements of TANF. Work activity includes:

19.3 (1) unsubsidized employment, including work study and paid apprenticeships or
19.4 internships;

19.5 (2) subsidized private sector or public sector employment, including grant diversion
19.6 as specified in section 256J.69, on-the-job training as specified in section 256J.66, paid
19.7 work experience, and supported work when a wage subsidy is provided;

19.8 (3) unpaid work experience, including community service, volunteer work,
19.9 the community work experience program as specified in section 256J.67, unpaid
19.10 apprenticeships or internships, and supported work when a wage subsidy is not provided.
19.11 Unpaid work experience is only an option if the participant has been unable to obtain or
19.12 maintain paid employment in the competitive labor market, and no paid work experience
19.13 programs are available to the participant. Prior to placing a participant in unpaid work,
19.14 the county must inform the participant that the participant will be notified if a paid work
19.15 experience or supported work position becomes available. Unless a participant consents in
19.16 writing to participate in unpaid work experience, the participant's employment plan may
19.17 only include unpaid work experience if including the unpaid work experience in the plan
19.18 will meet the following criteria:

19.19 (i) the unpaid work experience will provide the participant specific skills or
19.20 experience that cannot be obtained through other work activity options where the
19.21 participant resides or is willing to reside; and

19.22 (ii) the skills or experience gained through the unpaid work experience will result
19.23 in higher wages for the participant than the participant could earn without the unpaid
19.24 work experience;

19.25 (4) job search including job readiness assistance, job clubs, job placement,
19.26 job-related counseling, and job retention services;

19.27 (5) job readiness education, including English as a second language (ESL) or
19.28 functional work literacy classes as limited by the provisions of section 256J.531,
19.29 subdivision 2, general educational development (GED) course work, high school
19.30 completion, and adult basic education as limited by the provisions of section 256J.531,
19.31 subdivision 1;

19.32 (6) job skills training directly related to employment, including education and
19.33 training that can reasonably be expected to lead to employment, as limited by the
19.34 provisions of section 256J.53;

19.35 (7) providing child care services to a participant who is working in a community
19.36 service program;

20.1 (8) activities included in the employment plan that is developed under section
20.2 256J.521, subdivision 3; and

20.3 (9) preemployment activities including chemical and mental health assessments,
20.4 treatment, and services; learning disabilities services; child protective services; family
20.5 stabilization services; or other programs designed to enhance employability.

20.6 (b) "Work activity" does not include activities done for political purposes as defined
20.7 in section 211B.01, subdivision 6.

20.8 Sec. 6. Minnesota Statutes 2010, section 256J.575, subdivision 1, is amended to read:

20.9 Subdivision 1. **Purpose.** ~~(a) The family stabilization services serve families who are~~
20.10 ~~not making significant progress within the Minnesota family investment program (MFIP)~~
20.11 ~~due to a variety of barriers to employment.~~

20.12 ~~(b) The goal of the services is to stabilize and improve the lives of families at risk~~
20.13 ~~of long-term welfare dependency or family instability due to employment barriers such~~
20.14 ~~as physical disability, mental disability, age, or providing care for a disabled household~~
20.15 ~~member. These services promote and support families to achieve the greatest possible~~
20.16 ~~degree of self-sufficiency.~~

20.17 Sec. 7. Minnesota Statutes 2010, section 256J.575, subdivision 4, is amended to read:

20.18 Subd. 4. **Universal participation.** All caregivers must participate in family
20.19 stabilization services as ~~defined~~ provided in subdivision ~~2~~ 5, except for caregivers exempt
20.20 under section 256J.561, subdivision 3.

20.21 Sec. 8. Minnesota Statutes 2010, section 256J.575, subdivision 5, is amended to read:

20.22 Subd. 5. ~~Case management, family stabilization plans, coordinated services.~~ (a)
20.23 The county agency or employment services provider shall provide family stabilization
20.24 services to families through a case management model. ~~A case manager shall be assigned~~
20.25 ~~to each participating family within 30 days after the family is determined to be eligible~~
20.26 ~~for family stabilization services. The case manager, with the full involvement of the~~
20.27 ~~participant, shall recommend, and the county agency shall establish and modify as~~
20.28 ~~necessary, a family stabilization plan for each participating family. If a participant is~~
20.29 ~~already assigned to a county case manager or a county-designated case manager in social~~
20.30 ~~services, disability services, or housing services that case manager already assigned may~~
20.31 ~~be the case manager for purposes of these services.~~

20.32 (b) ~~The family stabilization plan must include:~~

21.1 ~~(1) each participant's plan for long-term self-sufficiency, including an employment~~
 21.2 ~~goal where applicable;~~

21.3 ~~(2) an assessment of each participant's strengths and barriers, and any special~~
 21.4 ~~circumstances of the participant's family that impact, or are likely to impact, the~~
 21.5 ~~participant's progress towards the goals in the plan; and~~

21.6 ~~(3) an identification of the services, supports, education, training, and~~
 21.7 ~~accommodations needed to reduce or overcome any barriers to enable the family to~~
 21.8 ~~achieve self-sufficiency and to fulfill each caregiver's personal and family responsibilities.~~

21.9 ~~(c) The case manager and the participant shall meet within 30 days of the family's~~
 21.10 ~~referral to the case manager. The initial family stabilization plan must be completed within~~
 21.11 ~~30 days of the first meeting with the case manager. The case manager shall establish a~~
 21.12 ~~schedule for periodic review of the family stabilization plan that includes personal contact~~
 21.13 ~~with the participant at least once per month. In addition, the case manager shall review~~
 21.14 ~~and, if necessary, modify the plan under the following circumstances:~~

21.15 ~~(1) there is a lack of satisfactory progress in achieving the goals of the plan;~~

21.16 ~~(2) the participant has lost unsubsidized or subsidized employment;~~

21.17 ~~(3) a family member has failed or is unable to comply with a family stabilization~~
 21.18 ~~plan requirement;~~

21.19 ~~(4) services, supports, or other activities required by the plan are unavailable;~~

21.20 ~~(5) changes to the plan are needed to promote the well-being of the children; or~~

21.21 ~~(6) the participant and case manager determine that the plan is no longer appropriate~~
 21.22 ~~for any other reason employment and training services and other services under section~~
 21.23 ~~256J.50, to families served under this section.~~

21.24 Sec. 9. Minnesota Statutes 2010, section 256J.575, subdivision 6, is amended to read:

21.25 Subd. 6. **Cooperation with services requirements.** ~~(a)~~ A participant who is eligible
 21.26 for family stabilization services under this section shall comply with ~~paragraphs (b) to (d)~~
 21.27 ~~sections 256J.50 to 256J.57, and sections 256J.66 to 256J.68.~~

21.28 ~~(b) Participants shall engage in family stabilization plan services for the appropriate~~
 21.29 ~~number of hours per week that the activities are scheduled and available, unless good~~
 21.30 ~~cause exists for not doing so, as defined in section 256J.57, subdivision 1. The appropriate~~
 21.31 ~~number of hours must be based on the participant's plan.~~

21.32 ~~(c) The case manager shall review the participant's progress toward the goals in the~~
 21.33 ~~family stabilization plan every six months to determine whether conditions have changed,~~
 21.34 ~~including whether revisions to the plan are needed.~~

22.1 ~~(d) A participant's requirement to comply with any or all family stabilization plan~~
22.2 ~~requirements under this subdivision is excused when the case management services,~~
22.3 ~~training and educational services, or family support services identified in the participant's~~
22.4 ~~family stabilization plan are unavailable for reasons beyond the control of the participant,~~
22.5 ~~including when money appropriated is not sufficient to provide the services.~~

22.6 Sec. 10. Minnesota Statutes 2010, section 256J.575, subdivision 7, is amended to read:

22.7 Subd. 7. **Sanctions.** (a) The county agency or employment services provider must
22.8 follow the requirements of this subdivision at the time the county agency or employment
22.9 services provider has information that an MFIP recipient may meet the eligibility criteria
22.10 in subdivision 3.

22.11 (b) The financial assistance grant of a participating family is reduced according to
22.12 section 256J.46, if a participating adult fails without good cause to comply or continue
22.13 to comply with ~~the family stabilization plan requirements in this subdivision, unless~~
22.14 ~~compliance has been excused under subdivision 6, paragraph (d) sections 256J.50 to~~
22.15 ~~256J.57, and sections 256J.66 to 256J.68.~~

22.16 (c) ~~Given the purpose of the family stabilization services in this section and the~~
22.17 ~~nature of the underlying family circumstances that act as barriers to both employment~~
22.18 ~~and full compliance with program requirements, there must be a review by the county~~
22.19 ~~agency prior to imposing a sanction to determine whether the plan was appropriated to the~~
22.20 ~~needs of the participant and family. There must be a current assessment by a behavioral~~
22.21 ~~health or medical professional confirming that the participant in all ways had the ability~~
22.22 ~~to comply with the plan.~~

22.23 (d) ~~Prior to the imposition of a sanction, the county agency or employment services~~
22.24 ~~provider shall review the participant's case to determine if the family stabilization plan~~
22.25 ~~is still appropriate and meet with the participant face-to-face. The county agency or~~
22.26 ~~employment services provider must inform the participant of the right to bring an advocate~~
22.27 ~~to the face-to-face meeting.~~

22.28 ~~During the face-to-face meeting, the county agency shall:~~

22.29 (1) ~~determine whether the continued noncompliance can be explained and mitigated~~
22.30 ~~by providing a needed family stabilization service, as defined in subdivision 2, paragraph~~
22.31 ~~(d);~~

22.32 (2) ~~determine whether the participant qualifies for a good cause exception under~~
22.33 ~~section 256J.57, or if the sanction is for noncooperation with child support requirements,~~
22.34 ~~determine if the participant qualifies for a good cause exemption under section 256.741,~~
22.35 ~~subdivision 10;~~

23.1 ~~(3) determine whether activities in the family stabilization plan are appropriate~~
 23.2 ~~based on the family's circumstances;~~

23.3 ~~(4) explain the consequences of continuing noncompliance;~~

23.4 ~~(5) identify other resources that may be available to the participant to meet the~~
 23.5 ~~needs of the family; and~~

23.6 ~~(6) inform the participant of the right to appeal under section 256J.40.~~

23.7 ~~If the lack of an identified activity or service can explain the noncompliance, the~~
 23.8 ~~county shall work with the participant to provide the identified activity.~~

23.9 ~~(e) If the participant fails to come to the face-to-face meeting, the case manager or a~~
 23.10 ~~designee shall attempt at least one home visit. If a face-to-face meeting is not conducted,~~
 23.11 ~~the county agency shall send the participant a written notice that includes the information~~
 23.12 ~~under paragraph (d).~~

23.13 ~~(f) After the requirements of paragraphs (d) and (e) are met and~~ Prior to imposition
 23.14 of a sanction, the county agency shall provide a notice of intent to sanction under section
 23.15 256J.57, subdivision 2, and, when applicable, a notice of adverse action under section
 23.16 256J.31.

23.17 ~~(g)~~ (d) Section 256J.57 applies to this section except to the extent that it is modified
 23.18 by this subdivision.

23.19 Sec. 11. **RECIPROCAL AGREEMENT; CHILD SUPPORT ENFORCEMENT.**

23.20 The commissioner of human services shall initiate procedures no later than July
 23.21 1, 2011, to enter into a reciprocal agreement with Bermuda for the establishment and
 23.22 enforcement of child support obligations pursuant to United States Code, title 42, section
 23.23 659a(d).

23.24 **EFFECTIVE DATE.** This section is effective upon Bermuda's written acceptance
 23.25 and agreement to enforce Minnesota child support orders. If Bermuda does not accept and
 23.26 declines to enforce Minnesota orders, this section expires December 31, 2012.

23.27 Sec. 12. **REPEALER.**

23.28 Minnesota Statutes 2010, section 256J.575, subdivision 2, is repealed.

23.29 **ARTICLE 3**

23.30 **LICENSING**

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

23.32 Subd. 7. **Conviction of a felony-level criminal sexual conduct offense.** (a) Except
 23.33 as provided in paragraph ~~(e)~~ (f), the board shall not grant or renew a license to practice

24.1 chiropractic to any person who has been convicted on or after August 1, 2010, of any
 24.2 of the provisions of sections 609.342, subdivision 1, 609.343, subdivision 1, 609.344,
 24.3 subdivision 1, paragraphs (c) to (o), or 609.345, subdivision 1, paragraphs (b) to (o).

24.4 (b) The board shall not grant or renew a license to practice chiropractic to any
 24.5 person who has been convicted in any other state or country on or after August 1, 2011,
 24.6 of an offense where the elements of the offense are substantially similar to any of the
 24.7 offenses listed in paragraph (a).

24.8 ~~(b)(c)~~ A license to practice chiropractic is automatically revoked if the licensee is
 24.9 convicted of an offense listed in paragraph (a) ~~of this section.~~

24.10 ~~(c)(d)~~ A license to practice chiropractic that has been denied or revoked under this
 24.11 subdivision is not subject to chapter 364.

24.12 ~~(d)(e)~~ For purposes of this subdivision, "conviction" means a plea of guilty, a
 24.13 verdict of guilty by a jury, or a finding of guilty by the court, unless the court stays
 24.14 imposition or execution of the sentence and final disposition of the case is accomplished at
 24.15 a nonfelony level.

24.16 ~~(e)(f)~~ The board may establish criteria whereby an individual convicted of an offense
 24.17 listed in paragraph (a) of this subdivision may become licensed provided that the criteria:

24.18 (1) utilize a rebuttable presumption that the applicant is not suitable for licensing or
 24.19 credentialing;

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

24.21 (3) require that a minimum of ten years has elapsed since the applicant was released
 24.22 from any incarceration or supervisory jurisdiction related to the offense.

24.23 The board shall not consider an application under this paragraph if the board
 24.24 determines that the victim involved in the offense was a patient or a client of the applicant
 24.25 at the time of the offense.

24.26 Sec. 2. Minnesota Statutes 2010, section 148.231, is amended to read:

24.27 **148.231 REGISTRATION; FAILURE TO REGISTER; REREGISTRATION;**
 24.28 **VERIFICATION.**

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

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

25.7 Subd. 4. **Failure to register.** Any person licensed under the provisions of sections
25.8 148.171 to 148.285 who fails to register within the required period shall not be entitled to
25.9 practice nursing in this state as a registered nurse or licensed practical nurse.

25.10 Subd. 5. **Reregistration.** A person whose registration has lapsed desiring to
25.11 resume practice shall make application for reregistration, submit satisfactory evidence of
25.12 compliance with the procedures and requirements established by the board, and pay the
25.13 ~~registration~~ reregistration fee for the current period to the board. A penalty fee shall be
25.14 required from a person who practiced nursing without current registration. Thereupon, ~~the~~
25.15 registration ~~certificate~~ shall be issued to the person who shall immediately be placed on
25.16 the practicing list as a registered nurse or licensed practical nurse.

25.17 Subd. 6. **Verification.** A person licensed under the provisions of sections 148.171 to
25.18 148.285 who requests the board to verify a Minnesota license to another state, territory,
25.19 or country or to an agency, facility, school, or institution shall pay a fee ~~to the board~~
25.20 for each verification.

25.21 Sec. 3. Minnesota Statutes 2010, section 148B.5301, subdivision 1, is amended to read:

25.22 Subdivision 1. **General requirements.** (a) To be licensed as a licensed professional
25.23 clinical counselor (LPCC), an applicant must provide satisfactory evidence to the board
25.24 that the applicant:

25.25 (1) is at least 18 years of age;

25.26 (2) is of good moral character;

25.27 (3) has completed a master's or doctoral degree program in counseling or a
25.28 related field, as determined by the board based on the criteria in items (i) to (x), that
25.29 includes a minimum of 48 semester hours or 72 quarter hours and a supervised field
25.30 experience in counseling that is not fewer than 700 hours. The degree must be from
25.31 a counseling program recognized by the Council for Accreditation of Counseling and
25.32 Related Education Programs (CACREP) or from an institution of higher education that is
25.33 accredited by a regional accrediting organization recognized by the Council for Higher
25.34 Education Accreditation (CHEA). Specific academic course content and training must
25.35 include coursework in each of the following subject areas:

- 26.1 (i) helping relationship, including counseling theory and practice;
- 26.2 (ii) human growth and development;
- 26.3 (iii) lifestyle and career development;
- 26.4 (iv) group dynamics, processes, counseling, and consulting;
- 26.5 (v) assessment and appraisal;
- 26.6 (vi) social and cultural foundations, including multicultural issues;
- 26.7 (vii) principles of etiology, treatment planning, and prevention of mental and
- 26.8 emotional disorders and dysfunctional behavior;
- 26.9 (viii) family counseling and therapy;
- 26.10 (ix) research and evaluation; and
- 26.11 (x) professional counseling orientation and ethics;
- 26.12 (4) has demonstrated competence in professional counseling by passing the National
- 26.13 Clinical Mental Health Counseling Examination (NCMHCE), administered by the
- 26.14 National Board for Certified Counselors, Inc. (NBCC) and ethical, oral, and situational
- 26.15 examinations as prescribed by the board. ~~In lieu of the NCMHCE, applicants who have~~
- 26.16 ~~taken and passed the National Counselor Examination (NCE) administered by the NBCC,~~
- 26.17 ~~or another board-approved examination, need only take and pass the Examination of~~
- 26.18 ~~Clinical Counseling Practice (ECCP) administered by the NBCC;~~
- 26.19 (5) has earned graduate-level semester credits or quarter-credit equivalents in the
- 26.20 following clinical content areas as follows:
- 26.21 (i) six credits in diagnostic assessment for child or adult mental disorders; normative
- 26.22 development; and psychopathology, including developmental psychopathology;
- 26.23 (ii) three credits in clinical treatment planning, with measurable goals;
- 26.24 (iii) six credits in clinical intervention methods informed by research evidence and
- 26.25 community standards of practice;
- 26.26 (iv) three credits in evaluation methodologies regarding the effectiveness of
- 26.27 interventions;
- 26.28 (v) three credits in professional ethics applied to clinical practice; and
- 26.29 (vi) three credits in cultural diversity; and
- 26.30 (6) has demonstrated successful completion of 4,000 hours of supervised,
- 26.31 post-master's degree professional practice in the delivery of clinical services in the
- 26.32 diagnosis and treatment of child and adult mental illnesses and disorders, conducted
- 26.33 according to subdivision 2.
- 26.34 (b) If coursework in paragraph (a) was not completed as part of the degree program
- 26.35 required by paragraph (a), clause (3), the coursework must be taken and passed for credit,

27.1 and must be earned from a counseling program or institution that meets the requirements
27.2 of paragraph (a), clause (3).

27.3 Sec. 4. Minnesota Statutes 2010, section 148B.5301, subdivision 3, is amended to read:

27.4 Subd. 3. **Conversion from licensed professional counselor to licensed**

27.5 **professional clinical counselor.** (a) Until August 1, ~~2011~~ 2013, an individual currently
27.6 licensed in the state of Minnesota as a licensed professional counselor may convert to a
27.7 LPCC by providing evidence satisfactory to the board that the applicant has met the
27.8 following requirements:

27.9 (1) is at least 18 years of age;

27.10 (2) is of good moral character;

27.11 (3) has a license that is active and in good standing;

27.12 (4) has no complaints pending, uncompleted disciplinary orders, or corrective
27.13 action agreements;

27.14 (5) has completed a master's or doctoral degree program in counseling or a related
27.15 field, as determined by the board, and whose degree was from a counseling program
27.16 recognized by CACREP or from an institution of higher education that is accredited by a
27.17 regional accrediting organization recognized by CHEA;

27.18 (6) has earned 24 graduate-level semester credits or quarter-credit equivalents in
27.19 clinical coursework which includes content in the following clinical areas:

27.20 (i) diagnostic assessment for child and adult mental disorders; normative
27.21 development; and psychopathology, including developmental psychopathology;

27.22 (ii) clinical treatment planning, with measurable goals;

27.23 (iii) clinical intervention methods informed by research evidence and community
27.24 standards of practice;

27.25 (iv) evaluation methodologies regarding the effectiveness of interventions;

27.26 (v) professional ethics applied to clinical practice; and

27.27 (vi) cultural diversity;

27.28 (7) has demonstrated, to the satisfaction of the board, successful completion of
27.29 4,000 hours of supervised, post-master's degree professional practice in the delivery of
27.30 clinical services in the diagnosis and treatment of child and adult mental illnesses and
27.31 disorders; and

27.32 (8) has paid the LPCC application and licensure fees required in section 148B.53,
27.33 subdivision 3.

27.34 (b) If the coursework in paragraph (a) was not completed as part of the degree
27.35 program required by paragraph (a), clause (5), the coursework must be taken and passed

28.1 for credit, and must be earned from a counseling program or institution that meets the
28.2 requirements in paragraph (a), clause (5).

28.3 (c) This subdivision expires August 1, ~~2011~~ 2013.

28.4 Sec. 5. Minnesota Statutes 2010, section 148B.5301, subdivision 4, is amended to read:

28.5 Subd. 4. **Conversion to licensed professional clinical counselor after August 1,**
28.6 **~~2011~~ 2013**. An individual licensed in the state of Minnesota as a licensed professional
28.7 counselor may convert to a LPCC by providing evidence satisfactory to the board that the
28.8 applicant has met the requirements of subdivisions 1 and 2, subject to the following:

28.9 (1) the individual's license must be active and in good standing;

28.10 (2) the individual must not have any complaints pending, uncompleted disciplinary
28.11 orders, or corrective action agreements; and

28.12 (3) the individual has paid the LPCC application and licensure fees required in
28.13 section 148B.53, subdivision 3.

28.14 Sec. 6. Minnesota Statutes 2010, section 148B.54, subdivision 2, is amended to read:

28.15 Subd. 2. **Continuing education.** At the completion of the first four years of
28.16 licensure, a licensee must provide evidence satisfactory to the board of completion of
28.17 12 additional postgraduate semester credit hours or its equivalent in counseling as
28.18 determined by the board, except that no licensee shall be required to show evidence of
28.19 greater than 60 semester hours or its equivalent. In addition to completing the requisite
28.20 graduate coursework, each licensee shall also complete in the first four years of licensure
28.21 a minimum of 40 hours of continuing education activities approved by the board under
28.22 Minnesota Rules, part 2150.2540. Graduate credit hours successfully completed in the
28.23 first four years of licensure may be applied to both the graduate credit requirement and to
28.24 the requirement for 40 hours of continuing education activities. A licensee may receive 15
28.25 continuing education hours per semester credit hour or ten continuing education hours
28.26 per quarter credit hour. Thereafter, at the time of renewal, each licensee shall provide
28.27 evidence satisfactory to the board that the licensee has completed during each two-year
28.28 period at least the equivalent of 40 clock hours of professional postdegree continuing
28.29 education in programs approved by the board and continues to be qualified to practice
28.30 under sections 148B.50 to 148B.593.

28.31 Sec. 7. Minnesota Statutes 2010, section 148B.54, subdivision 3, is amended to read:

28.32 Subd. 3. **Relicensure following termination.** An individual whose license was
28.33 terminated ~~prior to August 1, 2010,~~ and who can demonstrate completion of the graduate

29.1 credit requirement in subdivision 2, does not need to comply with the continuing education
29.2 requirement of Minnesota Rules, part 2150.2520, subpart 4, or with the continuing
29.3 education requirements for relicensure following termination in Minnesota Rules, part
29.4 2150.0130, subpart 2. This section does not apply to an individual whose license has
29.5 been canceled.

29.6 Sec. 8. Minnesota Statutes 2010, section 148E.060, subdivision 1, is amended to read:

29.7 Subdivision 1. **Students and other persons not currently licensed in another**
29.8 **jurisdiction.** (a) The board may issue a temporary license to practice social work to an
29.9 applicant who is not licensed or credentialed to practice social work in any jurisdiction
29.10 but has:

29.11 (1) applied for a license under section 148E.055;

29.12 (2) applied for a temporary license on a form provided by the board;

29.13 (3) submitted a form provided by the board authorizing the board to complete a
29.14 criminal background check;

29.15 (4) passed the applicable licensure examination provided for in section 148E.055;

29.16 (5) attested on a form provided by the board that the applicant has completed the
29.17 requirements for a baccalaureate or graduate degree in social work from a program
29.18 accredited by the Council on Social Work Education, the Canadian Association of Schools
29.19 of Social Work, or a similar ~~accreditation~~ accrediting body designated by the board, or a
29.20 doctorate in social work from an accredited university; and

29.21 (6) not engaged in conduct that was or would be in violation of the standards of
29.22 practice specified in sections 148E.195 to 148E.240. If the applicant has engaged in
29.23 conduct that was or would be in violation of the standards of practice, the board may take
29.24 action according to sections 148E.255 to 148E.270.

29.25 (b) A temporary license issued under this subdivision expires after six months.

29.26 **EFFECTIVE DATE.** This section is effective August 1, 2011.

29.27 Sec. 9. Minnesota Statutes 2010, section 148E.060, subdivision 2, is amended to read:

29.28 Subd. 2. **Emergency situations and persons currently licensed in another**
29.29 **jurisdiction.** (a) The board may issue a temporary license to practice social work to an
29.30 applicant who is licensed or credentialed to practice social work in another jurisdiction,
29.31 may or may not have applied for a license under section 148E.055, and has:

29.32 (1) applied for a temporary license on a form provided by the board;

29.33 (2) submitted a form provided by the board authorizing the board to complete a
29.34 criminal background check;

30.1 (3) submitted evidence satisfactory to the board that the applicant is currently
30.2 licensed or credentialed to practice social work in another jurisdiction;

30.3 (4) attested on a form provided by the board that the applicant has completed the
30.4 requirements for a baccalaureate or graduate degree in social work from a program
30.5 accredited by the Council on Social Work Education, the Canadian Association of Schools
30.6 of Social Work, or a similar ~~accreditation~~ accrediting body designated by the board, or a
30.7 doctorate in social work from an accredited university; and

30.8 (5) not engaged in conduct that was or would be in violation of the standards of
30.9 practice specified in sections 148E.195 to 148E.240. If the applicant has engaged in
30.10 conduct that was or would be in violation of the standards of practice, the board may take
30.11 action according to sections 148E.255 to 148E.270.

30.12 (b) A temporary license issued under this subdivision expires after six months.

30.13 **EFFECTIVE DATE.** This section is effective August 1, 2011.

30.14 Sec. 10. Minnesota Statutes 2010, section 148E.060, is amended by adding a
30.15 subdivision to read:

30.16 Subd. 2a. **Programs in candidacy status.** (a) The board may issue a temporary
30.17 license to practice social work to an applicant who has completed the requirements for a
30.18 baccalaureate or graduate degree in social work from a program in candidacy status with
30.19 the Council on Social Work Education, the Canadian Association of Schools of Social
30.20 Work, or a similar accrediting body designated by the board, and has:

30.21 (1) applied for a license under section 148E.055;

30.22 (2) applied for a temporary license on a form provided by the board;

30.23 (3) submitted a form provided by the board authorizing the board to complete a
30.24 criminal background check;

30.25 (4) passed the applicable licensure examination provided for in section 148E.055;

30.26 and

30.27 (5) not engaged in conduct that is in violation of the standards of practice specified
30.28 in sections 148E.195 to 148E.240. If the applicant has engaged in conduct that is in
30.29 violation of the standards of practice, the board may take action according to sections
30.30 148E.255 to 148E.270.

30.31 (b) A temporary license issued under this subdivision expires after 12 months but
30.32 may be extended at the board's discretion upon a showing that the social work program
30.33 remains in good standing with the Council on Social Work Education, the Canadian
30.34 Association of Schools of Social Work, or a similar accrediting body designated by the
30.35 board. If the board receives notice from the Council on Social Work Education, the

31.1 Canadian Association of Schools of Social Work, or a similar accrediting body designated
 31.2 by the board that the social work program is not in good standing, or that the accreditation
 31.3 will not be granted to the social work program, the temporary license is immediately
 31.4 revoked.

31.5 **EFFECTIVE DATE.** This section is effective August 1, 2011.

31.6 Sec. 11. Minnesota Statutes 2010, section 148E.060, subdivision 3, is amended to read:

31.7 Subd. 3. **Teachers.** (a) The board may issue a temporary license to practice social
 31.8 work to an applicant whose permanent residence is outside the United States, who is
 31.9 teaching social work at an academic institution in Minnesota for a period not to exceed
 31.10 12 months, who may or may not have applied for a license under section 148E.055, and
 31.11 who has:

31.12 (1) applied for a temporary license on a form provided by the board;

31.13 (2) submitted a form provided by the board authorizing the board to complete a
 31.14 criminal background check;

31.15 (3) attested on a form provided by the board that the applicant has completed the
 31.16 requirements for a baccalaureate or graduate degree in social work; and

31.17 (4) has not engaged in conduct that was or would be in violation of the standards
 31.18 of practice specified in sections 148E.195 to 148E.240. If the applicant has engaged in
 31.19 conduct that was or would be in violation of the standards of practice, the board may take
 31.20 action according to sections 148E.255 to 148E.270.

31.21 (b) A temporary license issued under this subdivision expires after 12 months.

31.22 **EFFECTIVE DATE.** This section is effective August 1, 2011.

31.23 Sec. 12. Minnesota Statutes 2010, section 148E.060, subdivision 5, is amended to read:

31.24 Subd. 5. **Temporary license term.** (a) A temporary license is valid until expiration,
 31.25 or until the board issues or denies the license according to section 148E.055, or until
 31.26 the board revokes the temporary license, whichever comes first. A temporary license is
 31.27 nonrenewable.

31.28 ~~(b) A temporary license issued according to subdivision 1 or 2 expires after six~~
 31.29 ~~months.~~

31.30 ~~(c) A temporary license issued according to subdivision 3 expires after 12 months.~~

31.31 **EFFECTIVE DATE.** This section is effective August 1, 2011.

31.32 Sec. 13. Minnesota Statutes 2010, section 148E.120, is amended to read:

32.1 **148E.120 REQUIREMENTS OF SUPERVISORS.**

32.2 Subdivision 1. **Supervisors licensed as social workers.** (a) Except as provided in
32.3 ~~paragraph (d)~~ subdivision 2, to be eligible to provide supervision under this section, a
32.4 social worker must:

32.5 (1) have completed 30 hours of training in supervision through coursework from
32.6 an accredited college or university, or through continuing education in compliance with
32.7 sections 148E.130 to 148E.170;

32.8 (2) be competent in the activities being supervised; and

32.9 (3) attest, on a form provided by the board, that the social worker has met the
32.10 applicable requirements specified in this section and sections 148E.100 to 148E.115. The
32.11 board may audit the information provided to determine compliance with the requirements
32.12 of this section.

32.13 (b) A licensed independent clinical social worker providing clinical licensing
32.14 supervision to a licensed graduate social worker or a licensed independent social worker
32.15 must have at least 2,000 hours of experience in authorized social work practice, including
32.16 1,000 hours of experience in clinical practice after obtaining a licensed independent
32.17 clinical social worker license.

32.18 (c) A licensed social worker, licensed graduate social worker, licensed independent
32.19 social worker, or licensed independent clinical social worker providing nonclinical
32.20 licensing supervision must have completed the supervised practice requirements specified
32.21 in section 148E.100, 148E.105, 148E.106, 148E.110, or 148E.115, as applicable.

32.22 ~~(d) If the board determines that supervision is not obtainable from an individual~~
32.23 ~~meeting the requirements specified in paragraph (a), the board may approve an alternate~~
32.24 ~~supervisor according to subdivision 2.~~

32.25 Subd. 2. **Alternate supervisors.** (a) ~~The board may approve an alternate supervisor~~
32.26 ~~if:~~ The board may approve an alternate supervisor as determined in this subdivision. The
32.27 board shall approve up to 25 percent of the required supervision hours by a licensed mental
32.28 health professional who is competent and qualified to provide supervision according to the
32.29 mental health professional's respective licensing board, as established by section 245.462,
32.30 subdivision 18, clauses (1) to (6), or 245.4871, subdivision 27, clauses (1) to (6).

32.31 ~~(1) the board determines that supervision is not obtainable according to paragraph~~
32.32 ~~(b);~~

32.33 ~~(2) the licensee requests in the supervision plan submitted according to section~~
32.34 ~~148E.125, subdivision 1, that an alternate supervisor conduct the supervision;~~

32.35 ~~(3) the licensee describes the proposed supervision and the name and qualifications~~
32.36 ~~of the proposed alternate supervisor; and~~

33.1 ~~(4) the requirements of paragraph (d) are met.~~

33.2 ~~(b) The board may determine that supervision is not obtainable if:~~

33.3 ~~(1) the licensee provides documentation as an attachment to the supervision plan~~
33.4 ~~submitted according to section 148E.125, subdivision 1, that the licensee has conducted a~~
33.5 ~~thorough search for a supervisor meeting the applicable licensure requirements specified~~
33.6 ~~in sections 148E.100 to 148E.115;~~

33.7 ~~(2) the licensee demonstrates to the board's satisfaction that the search was~~
33.8 ~~unsuccessful; and~~

33.9 ~~(3) the licensee describes the extent of the search and the names and locations of~~
33.10 ~~the persons and organizations contacted.~~

33.11 ~~(c) The requirements specified in paragraph (b) do not apply to obtaining licensing~~
33.12 ~~supervision for social work practice if the board determines that there are five or fewer~~
33.13 ~~supervisors meeting the applicable licensure requirements in sections 148E.100 to~~
33.14 ~~148E.115 in the county where the licensee practices social work.~~

33.15 ~~(d) An alternate supervisor must:~~

33.16 ~~(1) be an unlicensed social worker who is employed in, and provides the supervision~~
33.17 ~~in, a setting exempt from licensure by section 148E.065, and who has qualifications~~
33.18 ~~equivalent to the applicable requirements specified in sections 148E.100 to 148E.115;~~

33.19 ~~(2) be a social worker engaged in authorized practice in Iowa, Manitoba, North~~
33.20 ~~Dakota, Ontario, South Dakota, or Wisconsin, and has the qualifications equivalent to the~~
33.21 ~~applicable requirements specified in sections 148E.100 to 148E.115; or~~

33.22 ~~(3) be a licensed marriage and family therapist or a mental health professional~~
33.23 ~~as established by section 245.462, subdivision 18, or 245.4871, subdivision 27, or an~~
33.24 ~~equivalent mental health professional, as determined by the board, who is licensed or~~
33.25 ~~credentialed by a state, territorial, provincial, or foreign licensing agency.~~

33.26 ~~(e) In order to qualify to provide clinical supervision of a licensed graduate social~~
33.27 ~~worker or licensed independent social worker engaged in clinical practice, the alternate~~
33.28 ~~supervisor must be a mental health professional as established by section 245.462,~~
33.29 ~~subdivision 18, or 245.4871, subdivision 27, or an equivalent mental health professional,~~
33.30 ~~as determined by the board, who is licensed or credentialed by a state, territorial,~~
33.31 ~~provincial, or foreign licensing agency.~~

33.32 (b) The board shall approve up to 100 percent of the required supervision hours by
33.33 an alternate supervisor if the board determines that:

33.34 (1) there are five or fewer supervisors in the county where the licensee practices
33.35 social work who meet the applicable licensure requirements in subdivision 1;

34.1 (2) the supervisor is an unlicensed social worker who is employed in, and provides
34.2 the supervision in, a setting exempt from licensure by section 148E.065, and who has
34.3 qualifications equivalent to the applicable requirements specified in sections 148E.100 to
34.4 148E.115;

34.5 (3) the supervisor is a social worker engaged in authorized social work practice
34.6 in Iowa, Manitoba, North Dakota, Ontario, South Dakota, or Wisconsin, and has the
34.7 qualifications equivalent to the applicable requirements in sections 148E.100 to 148E.115;
34.8 or

34.9 (4) the applicant or licensee is engaged in nonclinical authorized social work
34.10 practice outside of Minnesota and the supervisor meets the qualifications equivalent to
34.11 the applicable requirements in sections 148E.100 to 148E.115, or the supervisor is an
34.12 equivalent mental health professional, as determined by the board, who is credentialed by
34.13 a state, territorial, provincial, or foreign licensing agency; or

34.14 (5) the applicant or licensee is engaged in clinical authorized social work practice
34.15 outside of Minnesota and the supervisor meets qualifications equivalent to the applicable
34.16 requirements in section 148E.115, or the supervisor is an equivalent mental health
34.17 professional, as determined by the board, who is credentialed by a state, territorial,
34.18 provincial, or foreign licensing agency.

34.19 (c) In order for the board to consider an alternate supervisor under this section,
34.20 the licensee must:

34.21 (1) request in the supervision plan and verification submitted according to section
34.22 148E.125 that an alternate supervisor conduct the supervision; and

34.23 (2) describe the proposed supervision and the name and qualifications of the
34.24 proposed alternate supervisor. The board may audit the information provided to determine
34.25 compliance with the requirements of this section.

34.26 **EFFECTIVE DATE.** This section is effective August 1, 2011.

34.27 Sec. 14. Minnesota Statutes 2010, section 149A.50, subdivision 1, is amended to read:

34.28 Subdivision 1. **License required.** (a) Except as provided in section 149A.01,
34.29 subdivision 3, no person shall maintain, manage, or operate a place or premise devoted to
34.30 or used in the holding, care, or preparation of a dead human body for final disposition,
34.31 or any place used as the office or place of business for the provision of funeral services,
34.32 without possessing a valid license to operate a funeral establishment issued by the
34.33 commissioner of health.

35.1 (b) Notwithstanding paragraph (a), or any other provision in this chapter, no license
35.2 is required for the direct sale at need or by bailment to consumers of caskets, urns, or
35.3 other funeral goods.

35.4 Sec. 15. Minnesota Statutes 2010, section 150A.02, is amended to read:

35.5 **150A.02 BOARD OF DENTISTRY.**

35.6 Subdivision 1. **Generally.** There is hereby created a Board of Dentistry whose duty
35.7 it shall be to carry out the purposes and enforce the provisions of sections 150A.01 to
35.8 150A.12. The board shall consist of two public members as defined by section 214.02,
35.9 and the following dental professionals who are licensed and reside in Minnesota: five
35.10 qualified ~~resident~~ dentists, one qualified ~~resident~~ licensed dental assistant, and one
35.11 qualified ~~resident~~ dental hygienist appointed by the governor. One qualified dentist must
35.12 be involved with the education, employment, or utilization of a dental therapist or an
35.13 advanced dental therapist. Membership terms, compensation of members, removal of
35.14 members, the filling of membership vacancies, and fiscal year and reporting requirements
35.15 shall be as provided in sections 214.07 to 214.09. The provision of staff, administrative
35.16 services and office space; the review and processing of board complaints; the setting
35.17 of board fees; and other provisions relating to board operations shall be as provided in
35.18 chapter 214. Each board member who is a dentist, licensed dental assistant, or dental
35.19 hygienist shall have been lawfully in active practice in this state for five years immediately
35.20 preceding appointment; and no board member shall be eligible for appointment to more
35.21 than two consecutive four-year terms, and members serving on the board at the time of
35.22 the enactment hereof shall be eligible to reappointment provided they shall not have
35.23 served more than nine consecutive years at the expiration of the term to which they are to
35.24 be appointed. At least 90 days prior to the expiration of the terms of dentists, licensed
35.25 dental assistants, or dental hygienists, the Minnesota Dental Association, Minnesota
35.26 Dental Assistants Association, or the Minnesota State Dental Hygiene Association shall
35.27 recommend to the governor for each term expiring not less than two dentists, two licensed
35.28 dental assistants, or two dental hygienists, respectively, who are qualified to serve on the
35.29 board, and from the list so recommended the governor may appoint members to the board
35.30 for the term of four years, the appointments to be made within 30 days after the expiration
35.31 of the terms. Within 60 days after the occurrence of a dentist, licensed dental assistant, or
35.32 dental hygienist vacancy, prior to the expiration of the term, in the board, the Minnesota
35.33 Dental Association, the Minnesota Dental Assistants Association, or the Minnesota State
35.34 Dental Hygiene Association shall recommend to the governor not less than two dentists,
35.35 two licensed dental assistants, or two dental hygienists, who are qualified to serve on the

36.1 board and from the list so recommended the governor, within 30 days after receiving such
36.2 list of dentists, may appoint one member to the board for the unexpired term occasioned
36.3 by such vacancy. Any appointment to fill a vacancy shall be made within 90 days after the
36.4 occurrence of such vacancy. ~~The first four-year term of the dental hygienist and of the~~
36.5 ~~licensed dental assistant shall commence on the first Monday in January, 1977.~~

36.6 Sec. 16. Minnesota Statutes 2010, section 150A.06, subdivision 1c, is amended to read:

36.7 Subd. 1c. **Specialty dentists.** (a) The board may grant a specialty license in the
36.8 specialty areas of dentistry that are recognized by the American Dental Association.

36.9 (b) An applicant for a specialty license shall:

36.10 (1) have successfully completed a postdoctoral specialty education program
36.11 accredited by the Commission on Dental Accreditation of the American Dental
36.12 Association, or have announced a limitation of practice before 1967;

36.13 (2) have been certified by a specialty examining board approved by the Minnesota
36.14 Board of Dentistry, or provide evidence of having passed a clinical examination for
36.15 licensure required for practice in any state or Canadian province, or in the case of oral and
36.16 maxillofacial surgeons only, have a Minnesota medical license in good standing;

36.17 (3) have been in active practice or a postdoctoral specialty education program or
36.18 United States government service at least 2,000 hours in the 36 months prior to applying
36.19 for a specialty license;

36.20 (4) if requested by the board, be interviewed by a committee of the board, which
36.21 may include the assistance of specialists in the evaluation process, and satisfactorily
36.22 respond to questions designed to determine the applicant's knowledge of dental subjects
36.23 and ability to practice;

36.24 (5) if requested by the board, present complete records on a sample of patients
36.25 treated by the applicant. The sample must be drawn from patients treated by the applicant
36.26 during the 36 months preceding the date of application. The number of records shall be
36.27 established by the board. The records shall be reasonably representative of the treatment
36.28 typically provided by the applicant;

36.29 (6) at board discretion, pass a board-approved English proficiency test if English is
36.30 not the applicant's primary language;

36.31 (7) pass all components of the National ~~Dental~~ Board Dental Examinations;

36.32 (8) pass the Minnesota Board of Dentistry jurisprudence examination;

36.33 (9) abide by professional ethical conduct requirements; and

36.34 (10) meet all other requirements prescribed by the Board of Dentistry.

36.35 (c) The application must include:

- 37.1 (1) a completed application furnished by the board;
- 37.2 (2) at least two character references from two different dentists, one of whom must
37.3 be a dentist practicing in the same specialty area, and the other the director of the specialty
37.4 program attended;
- 37.5 (3) a licensed physician's statement attesting to the applicant's physical and mental
37.6 condition;
- 37.7 (4) a statement from a licensed ophthalmologist or optometrist attesting to the
37.8 applicant's visual acuity;
- 37.9 (5) a nonrefundable fee; and
- 37.10 (6) a notarized, unmounted passport-type photograph, three inches by three inches,
37.11 taken not more than six months before the date of application.
- 37.12 (d) A specialty dentist holding a specialty license is limited to practicing in the
37.13 dentist's designated specialty area. The scope of practice must be defined by each national
37.14 specialty board recognized by the American Dental Association.
- 37.15 (e) A specialty dentist holding a general dentist license is limited to practicing in the
37.16 dentist's designated specialty area if the dentist has announced a limitation of practice.
37.17 The scope of practice must be defined by each national specialty board recognized by
37.18 the American Dental Association.
- 37.19 (f) All specialty dentists who have fulfilled the specialty dentist requirements and
37.20 who intend to limit their practice to a particular specialty area may apply for a specialty
37.21 license.

37.22 Sec. 17. Minnesota Statutes 2010, section 150A.06, subdivision 3, is amended to read:

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

37.30 (b) The board shall waive the clinical examination required for licensure for any
37.31 dentist applicant who is a graduate of a dental school accredited by the Commission
37.32 on Dental Accreditation of the American Dental Association, who has ~~successfully~~
37.33 completed passed all components of the ~~National Dental Board Examination~~ Dental
37.34 Examinations, and who has satisfactorily completed a Minnesota-based postdoctoral
37.35 general dentistry residency program (GPR) or an advanced education in general dentistry

38.1 (AEGD) program after January 1, 2004. The postdoctoral program must be accredited
38.2 by the Commission on Dental Accreditation of the American Dental Association, be of
38.3 at least one year's duration, and include an outcome assessment evaluation assessing
38.4 the resident's competence to practice dentistry. The board may require the applicant to
38.5 submit any information deemed necessary by the board to determine whether the waiver is
38.6 applicable. The board may waive the clinical examination for an applicant who meets the
38.7 requirements of this paragraph and has satisfactorily completed an accredited postdoctoral
38.8 general dentistry residency program located outside of Minnesota.

38.9 Sec. 18. Minnesota Statutes 2010, section 150A.06, subdivision 4, is amended to read:

38.10 Subd. 4. **Licensure by credentials.** (a) Any dentist or dental hygienist may, upon
38.11 application and payment of a fee established by the board, apply for licensure based on
38.12 the applicant's performance record in lieu of passing an examination approved by the
38.13 board according to section 150A.03, subdivision 1, and be interviewed by the board to
38.14 determine if the applicant:

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

38.16 ~~(1)~~ (2) has been in active practice at least 2,000 hours within 36 months of the
38.17 application date, or passed a board-approved reentry program within 36 months of the
38.18 application date;

38.19 ~~(2)~~ (3) currently has a license in another state or Canadian province and is not subject
38.20 to any pending or final disciplinary action, or if not currently licensed, previously had a
38.21 license in another state or Canadian province in good standing that was not subject to any
38.22 final or pending disciplinary action at the time of surrender;

38.23 ~~(3)~~ (4) is of good moral character and abides by professional ethical conduct
38.24 requirements;

38.25 ~~(4)~~ (5) at board discretion, has passed a board-approved English proficiency test if
38.26 English is not the applicant's primary language; and

38.27 ~~(5)~~ (6) meets other credentialing requirements specified in board rule.

38.28 (b) An applicant who fulfills the conditions of this subdivision and demonstrates
38.29 the minimum knowledge in dental subjects required for licensure under subdivision 1 or
38.30 2 must be licensed to practice the applicant's profession.

38.31 (c) If the applicant does not demonstrate the minimum knowledge in dental subjects
38.32 required for licensure under subdivision 1 or 2, the application must be denied. When
38.33 denying a license, the board may notify the applicant of any specific remedy that the
38.34 applicant could take which, when passed, would qualify the applicant for licensure. A
38.35 denial does not prohibit the applicant from applying for licensure under subdivision 1 or 2.

39.1 (d) A candidate whose application has been denied may appeal the decision to the
39.2 board according to subdivision 4a.

39.3 Sec. 19. Minnesota Statutes 2010, section 150A.06, subdivision 6, is amended to read:

39.4 Subd. 6. **Display of name and certificates.** (a) The initial license and subsequent
39.5 renewal, ~~or current registration~~ certificate, of every dentist, a dental therapist, dental
39.6 hygienist, or dental assistant shall be conspicuously displayed in every office in which that
39.7 person practices, in plain sight of patients. When available from the board, the board shall
39.8 allow the display of a wallet-sized initial license and wallet-sized subsequent renewal
39.9 certificate only at nonprimary practice locations instead of displaying an original-sized
39.10 initial license and subsequent renewal certificate.

39.11 (b) Near or on the entrance door to every office where dentistry is practiced, the
39.12 name of each dentist practicing there, as inscribed on the current license certificate, shall
39.13 be displayed in plain sight.

39.14 Sec. 20. Minnesota Statutes 2010, section 150A.09, subdivision 3, is amended to read:

39.15 Subd. 3. **Current address, change of address.** Every dentist, dental therapist,
39.16 dental hygienist, and dental assistant shall maintain with the board a correct and current
39.17 mailing address and electronic mail address. For dentists engaged in the practice of
39.18 dentistry, the postal address shall be that of the location of the primary dental practice.
39.19 Within 30 days after changing postal or electronic mail addresses, every dentist, dental
39.20 therapist, dental hygienist, and dental assistant shall provide the board written notice of
39.21 the new address either personally or by first class mail.

39.22 Sec. 21. Minnesota Statutes 2010, section 150A.105, subdivision 7, is amended to read:

39.23 Subd. 7. **Use of dental assistants.** (a) A licensed dental therapist may supervise
39.24 dental assistants to the extent permitted in the collaborative management agreement and
39.25 according to section 150A.10, subdivision 2.

39.26 (b) Notwithstanding paragraph (a), a licensed dental therapist is limited to
39.27 supervising no more than four ~~registered~~ licensed dental assistants or ~~nonregistered~~
39.28 nonlicensed dental assistants at any one practice setting.

39.29 Sec. 22. Minnesota Statutes 2010, section 150A.106, subdivision 1, is amended to read:

39.30 Subdivision 1. **General.** In order to be certified by the board to practice as an
39.31 advanced dental therapist, a person must:

39.32 (1) complete a dental therapy education program;

- 40.1 (2) pass an examination to demonstrate competency under the dental therapy scope
 40.2 of practice;
- 40.3 (3) be licensed as a dental therapist;
- 40.4 (4) complete 2,000 hours of dental therapy clinical practice under direct or indirect
 40.5 supervision;
- 40.6 (5) graduate from a master's advanced dental therapy education program;
- 40.7 (6) pass a board-approved certification examination to demonstrate competency
 40.8 under the advanced scope of practice; and
- 40.9 (7) submit an application and fee for certification as prescribed by the board.

40.10 Sec. 23. Minnesota Statutes 2010, section 150A.14, is amended to read:

40.11 **150A.14 IMMUNITY.**

40.12 Subdivision 1. **Reporting immunity.** A person, health care facility, business, or
 40.13 organization is immune from civil liability or criminal prosecution for submitting a report
 40.14 in good faith to the board under section 150A.13, or for cooperating with an investigation
 40.15 of a report or with staff of the board relative to violations or alleged violations of section
 40.16 150A.08. Reports are confidential data on individuals under section 13.02, subdivision 3,
 40.17 and are privileged communications.

40.18 Subd. 2. **Program Investigation immunity.** (a) Members of the board, persons
 40.19 employed by the board, and board consultants retained by the board are immune from
 40.20 civil liability and criminal prosecution for any actions, transactions, or publications in
 40.21 the execution of, or relating to, their duties under ~~section 150A.13~~ sections 150A.02 to
 40.22 150A.21, 214.10, and 214.103.

40.23 (b) For purposes of this section, a member of the board or a consultant described in
 40.24 paragraph (a) is considered a state employee under section 3.736, subdivision 9.

40.25 Sec. 24. Minnesota Statutes 2010, section 214.09, is amended by adding a subdivision
 40.26 to read:

40.27 **Subd. 5. Health-related boards.** No current member of a health-related licensing
 40.28 board may seek a paid employment position with that board.

40.29 Sec. 25. Minnesota Statutes 2010, section 214.103, is amended to read:

40.30 **214.103 HEALTH-RELATED LICENSING BOARDS; COMPLAINT,**
 40.31 **INVESTIGATION, AND HEARING.**

40.32 Subdivision 1. **Application.** For purposes of this section, "board" means
 40.33 "health-related licensing board" and does not include the non-health-related licensing

41.1 boards. Nothing in this section supersedes section 214.10, subdivisions 2a, 3, 8, and 9, as
41.2 they apply to the health-related licensing boards.

41.3 Subd. 1a. **Notifications and resolution.** (a) No more than 14 calendar days after
41.4 receiving a complaint regarding a licensee, the board shall notify the complainant that
41.5 the board has received the complaint and shall provide the complainant with the written
41.6 description of the board's complaint process. The board shall periodically, but no less
41.7 than every 120 days, notify the complainant of the status of the complaint consistent
41.8 with section 13.41.

41.9 (b) Except as provided in paragraph (d), no more than 60 calendar days after
41.10 receiving a complaint regarding a licensee, the board must notify the licensee that the
41.11 board has received a complaint and inform the licensee of:

41.12 (1) the substance of the complaint;

41.13 (2) the sections of the law that have allegedly been violated;

41.14 (3) the sections of the professional rules that have allegedly been violated; and

41.15 (4) whether an investigation is being conducted.

41.16 (c) The board shall periodically, but not less than every 120 days, notify the licensee
41.17 of the status of the complaint consistent with section 13.41.

41.18 (d) Paragraphs (b) and (c) do not apply if the board determines that such notice
41.19 would compromise the board's investigation and that such notice cannot reasonably be
41.20 accomplished within this time.

41.21 (e) No more than one year after receiving a complaint regarding a licensee, the
41.22 board must resolve or dismiss the complaint unless the board determines that resolving or
41.23 dismissing the complaint cannot reasonably be accomplished in this time and is not in
41.24 the public interest.

41.25 (f) Failure to make notifications or to resolve the complaint within the time
41.26 established in this subdivision shall not deprive the board of jurisdiction to complete the
41.27 investigation or to take corrective, disciplinary, or other action against the licensee that is
41.28 authorized by law. Such a failure by the board shall not be the basis for a licensee's request
41.29 for the board to dismiss a complaint, and shall not be considered by an administrative law
41.30 judge, the board, or any reviewing court.

41.31 **Subd. 2. Receipt of complaint.** The boards shall receive and resolve complaints
41.32 or other communications, whether oral or written, against regulated persons. Before
41.33 resolving an oral complaint, the executive director or a board member designated by the
41.34 board to review complaints ~~may~~ shall require the complainant to state the complaint in
41.35 writing or authorize transcribing the complaint. The executive director or the designated
41.36 board member shall determine whether the complaint alleges or implies a violation of

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

42.9 **Subd. 3. Referral to other agencies.** The executive director shall forward to
42.10 another governmental agency any complaints received by the board which do not relate
42.11 to the board's jurisdiction but which relate to matters within the jurisdiction of another
42.12 governmental agency. The agency shall advise the executive director of the disposition
42.13 of the complaint. A complaint or other information received by another governmental
42.14 agency relating to a statute or rule which a board is empowered to enforce must be
42.15 forwarded to the executive director of the board to be processed in accordance with this
42.16 section. Governmental agencies may coordinate and conduct joint investigations of
42.17 complaints that involve more than one governmental agency.

42.18 **Subd. 4. Role of the attorney general.** The executive director or the designated
42.19 board member shall forward a complaint and any additional information to the designee
42.20 of the attorney general when the executive director or the designated board member
42.21 determines that a complaint is jurisdictional and:

42.22 (1) requires investigation before the executive director or the designated board
42.23 member may resolve the complaint;

42.24 (2) that attempts at resolution for disciplinary action or the initiation of a contested
42.25 case hearing is appropriate;

42.26 (3) that an agreement for corrective action is warranted; or

42.27 (4) that the complaint should be dismissed, consistent with subdivision 8.

42.28 **Subd. 5. Investigation by attorney general.** (a) If the executive director or the
42.29 designated board member determines that investigation is necessary before resolving
42.30 the complaint, the executive director shall forward the complaint and any additional
42.31 information to the designee of the attorney general. The designee of the attorney general
42.32 shall evaluate the communications forwarded and investigate as appropriate.

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

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

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

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

43.22 (1) The designee of the attorney general shall represent the board in all attempts at
43.23 resolution which the executive director or the designated board member anticipate may
43.24 result in disciplinary action. A stipulation between the executive director or the designated
43.25 board member and the regulated person shall be presented to the board for the board's
43.26 consideration. An approved stipulation and resulting order shall become public data.

43.27 (2) The designee of the attorney general shall represent the board upon the request of
43.28 the executive director or the designated board member in all attempts at resolution which
43.29 the executive director or the designated board member anticipate may result in corrective
43.30 action. Any agreement between the executive director or the designated board member
43.31 and the regulated person for corrective action shall be in writing and shall be reviewed by
43.32 the designee of the attorney general prior to its execution. The agreement for corrective
43.33 action shall provide for dismissal of the complaint upon successful completion by the
43.34 regulated person of the corrective action.

43.35 (b) Upon receipt of a complaint alleging sexual contact or sexual conduct with a
43.36 client, the board must forward the complaint to the designee of the attorney general for

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

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

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

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

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

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

45.1 Sec. 26. [214.107] CONVICTION OF A FELONY-LEVEL CRIMINAL SEXUAL
45.2 CONDUCT OFFENSE.

45.3 Subdivision 1. **Applicability.** This section applies to the health-related licensing
45.4 boards, as defined in section 214.01, subdivision 2, except the Board of Medical Practice
45.5 and the Board of Chiropractic Examiners, and also applies to the Board of Barber
45.6 Examiners, the Board of Cosmetologist Examiners, and professions credentialed by the
45.7 Minnesota Department of Health: (1) speech-language pathologists and audiologists; (2)
45.8 hearing instrument dispensers; and (3) occupational therapists and occupational therapy
45.9 assistants.

45.10 Subd. 2. **Issuing and renewing a credential to practice.** (a) Except as provided in
45.11 paragraph (f), a credentialing authority listed in subdivision 1 shall not issue or renew a
45.12 credential to practice to any person who has been convicted on or after August 1, 2011, of
45.13 any of the provisions of section 609.342, subdivision 1; 609.343, subdivision 1; 609.344,
45.14 subdivision 1, paragraphs (c) to (o); or 609.345, subdivision 1, paragraphs (b) to (o).

45.15 (b) A credentialing authority listed in subdivision 1 shall not issue or renew a
45.16 credential to practice to any person who has been convicted in any other state or country on
45.17 or after August 1, 2011, of an offense where the elements of the offense are substantially
45.18 similar to any of the offenses listed in paragraph (a).

45.19 (c) A credential to practice is automatically revoked if the credentialed person is
45.20 convicted of an offense listed in paragraph (a).

45.21 (d) A credential to practice that has been denied or revoked under this section is
45.22 not subject to chapter 364.

45.23 (e) For purposes of this section, "conviction" means a plea of guilty, a verdict of
45.24 guilty by a jury, or a finding of guilty by the court, unless the court stays imposition or
45.25 execution of the sentence and final disposition of the case is accomplished at a nonfelony
45.26 level.

45.27 (f) A credentialing authority listed in subdivision 1 may establish criteria whereby
45.28 an individual convicted of an offense listed in paragraph (a) of this subdivision may
45.29 become credentialed provided that the criteria:

45.30 (1) utilize a rebuttable presumption that the applicant is not suitable for credentialing;

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

45.32 (3) require that a minimum of ten years has elapsed since the applicant was released
45.33 from any incarceration or supervisory jurisdiction related to the offense.

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

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

46.3 Sec. 27. **[214.108] HEALTH-RELATED LICENSING BOARDS; LICENSEE**
46.4 **GUIDANCE.**

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

46.8 Sec. 28. Minnesota Statutes 2010, section 364.09, is amended to read:

46.9 **364.09 EXCEPTIONS.**

46.10 (a) This chapter does not apply to the licensing process for peace officers; to law
46.11 enforcement agencies as defined in section 626.84, subdivision 1, paragraph (f); to fire
46.12 protection agencies; to eligibility for a private detective or protective agent license; to the
46.13 licensing and background study process under chapters 245A and 245C; to eligibility
46.14 for school bus driver endorsements; to eligibility for special transportation service
46.15 endorsements; to eligibility for a commercial driver training instructor license, which is
46.16 governed by section 171.35 and rules adopted under that section; to emergency medical
46.17 services personnel, or to the licensing by political subdivisions of taxicab drivers, if the
46.18 applicant for the license has been discharged from sentence for a conviction within the ten
46.19 years immediately preceding application of a violation of any of the following:

46.20 (1) sections 609.185 to 609.21, 609.221 to 609.223, 609.342 to 609.3451, or 617.23,
46.21 subdivision 2 or 3;

46.22 (2) any provision of chapter 152 that is punishable by a maximum sentence of
46.23 15 years or more; or

46.24 (3) a violation of chapter 169 or 169A involving driving under the influence, leaving
46.25 the scene of an accident, or reckless or careless driving.

46.26 This chapter also shall not apply to eligibility for juvenile corrections employment, where
46.27 the offense involved child physical or sexual abuse or criminal sexual conduct.

46.28 (b) This chapter does not apply to a school district or to eligibility for a license
46.29 issued or renewed by the Board of Teaching or the commissioner of education.

46.30 (c) Nothing in this section precludes the Minnesota Police and Peace Officers
46.31 Training Board or the state fire marshal from recommending policies set forth in this
46.32 chapter to the attorney general for adoption in the attorney general's discretion to apply to
46.33 law enforcement or fire protection agencies.

47.1 (d) This chapter does not apply to a license to practice medicine that has been denied
47.2 or revoked by the Board of Medical Practice pursuant to section 147.091, subdivision 1a.

47.3 (e) This chapter does not apply to any person who has been denied a license to
47.4 practice chiropractic or whose license to practice chiropractic has been revoked by the
47.5 board in accordance with section 148.10, subdivision 7.

47.6 (f) This chapter does not apply to any person who has been denied a credential to
47.7 practice or whose credential to practice has been revoked by a credentialing authority in
47.8 accordance with section 214.107, subdivision 2.

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

47.11 Sec. 29. Laws 2010, chapter 349, section 1, the effective date, is amended to read:

47.12 **EFFECTIVE DATE.** This section is effective for ~~new~~ licenses issued or renewed
47.13 on or after August 1, 2010.

47.14 Sec. 30. Laws 2010, chapter 349, section 2, the effective date, is amended to read:

47.15 **EFFECTIVE DATE.** This section is effective for ~~new~~ licenses issued or renewed
47.16 on or after August 1, 2010.

47.17 Sec. 31. **WORKING GROUP; PSYCHIATRIC MEDICATIONS.**

47.18 (a) The commissioner of health shall convene a working group composed of the
47.19 executive directors of the Boards of Medical Practice, Psychology, Social Work, Nursing,
47.20 and Behavioral Health and Therapy and one representative from each professional
47.21 association to make recommendations on the feasibility of developing collaborative
47.22 agreements between psychiatrists and psychologists, social workers, and licensed
47.23 professional clinical counselors for administration and management of psychiatric
47.24 medications.

47.25 (b) The executive directors shall take the lead in setting the agenda, convening
47.26 subsequent meetings, and presenting a written report to the chairs and ranking minority
47.27 members of the legislative committees with jurisdiction over health and human services.
47.28 The report and recommendations for legislation shall be submitted no later than January
47.29 1, 2012.

47.30 (c) The working group is not subject to the provisions of section 15.059.

47.31 Sec. 32. **REPORT.**

48.1 (a) The executive directors of the health-related licensing boards shall issue a report
48.2 to the legislature with recommendations for use of nondisciplinary cease and desist letters
48.3 which can be issued to licensees when the board receives an allegation against a licensee,
48.4 but the allegation does not rise to the level of a complaint, does not involve patient harm,
48.5 and does not involve fraud. This report shall be issued no later than December 15, 2011.

48.6 (b) The executive directors of the health-related licensing boards shall issue a report
48.7 to the legislature with recommendations for taking administrative action against licensees
48.8 whose records do not meet the standards of professional practice, but do not create a risk
48.9 of client harm or constitute false or fraudulent information. The report shall be issued
48.10 no later than December 15, 2011.

48.11 Sec. 33. **REVISOR'S INSTRUCTION.**

48.12 In each practice act regulated by a credentialing authority listed in Minnesota
48.13 Statutes, section 214.107, the revisor shall insert the following as either a new section
48.14 or new subdivision:

48.15 Applicants for a credential to practice and individuals renewing a credential to
48.16 practice are subject to the provisions of the conviction of felony-level criminal sexual
48.17 conduct offenses in section 214.107."

48.18 Amend the title accordingly