Section 1. Minnesota Statutes 2014, section 147A.01, subdivision 17a, is amended to read:

Subd. 17a. **Physician-physician assistant delegation agreement.** "Physician-physician assistant delegation agreement" means the document prepared and signed by the physician and physician assistant affirming the supervisory relationship and defining the physician assistant scope of practice. ~~Alternate supervising physicians must be identified on the delegation agreement or a supplemental listing with signed attestation that each shall accept full medical responsibility for the performance, practice, and activities of the physician assistant while under the supervision of the alternate supervising physician.~~ The physician-physician assistant delegation agreement outlines the role of the physician assistant in the practice, describes the means of supervision, and specifies the categories of drugs, controlled substances, and medical devices that the supervising physician delegates to the physician assistant to prescribe. The physician-physician assistant delegation agreement must comply with the requirements of section 147A.20, be kept on file at the address of record, and be made available to the board or its representative upon request.

Sec. 2. Minnesota Statutes 2014, section 147A.01, subdivision 23, is amended to read:

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

Sec. 3. Minnesota Statutes 2014, section 147A.20, subdivision 1, is amended to read:

Subdivision 1. **Physician-physician assistant delegation agreement.** (a) A physician assistant and supervising physician must sign a physician-physician assistant delegation agreement which specifies scope of practice and manner of supervision as required by the board. The agreement must contain:

(1) a description of the practice setting;

(2) a listing of categories of delegated duties;

(3) a description of supervision type; and

(4) a description of the process and schedule for review of prescribing, dispensing, and administering legend and controlled drugs and medical devices by the physician assistant authorized to prescribe.

Section 1. Minnesota Statutes 2014, section 147A.01, subdivision 17a, is amended to read:

Subd. 17a. **Physician-physician assistant delegation agreement.** "Physician-physician assistant delegation agreement" means the document prepared and signed by the physician and physician assistant affirming the supervisory relationship and defining the physician assistant scope of practice. ~~Alternate supervising physicians must be identified on the delegation agreement or a supplemental listing with signed attestation that each shall accept full medical responsibility for the performance, practice, and activities of the physician assistant while under the supervision of the alternate supervising physician.~~ The physician-physician assistant delegation agreement outlines the role of the physician assistant in the practice, describes the means of supervision, and specifies the categories of drugs, controlled substances, and medical devices that the supervising physician delegates to the physician assistant to prescribe. The physician-physician assistant delegation agreement must comply with the requirements of section 147A.20, be kept on file at the address of record, and be made available to the board or its representative upon request.

Sec. 2. Minnesota Statutes 2014, section 147A.01, subdivision 23, is amended to read:

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

Sec. 3. Minnesota Statutes 2014, section 147A.20, subdivision 1, is amended to read:

Subdivision 1. **Physician-physician assistant delegation agreement.** (a) A physician assistant and supervising physician must sign a physician-physician assistant delegation agreement which specifies scope of practice and manner of supervision as required by the board. The agreement must contain:

(1) a description of the practice setting;

(2) a listing of categories of delegated duties;

(3) a description of supervision type; and

(4) a description of the process and schedule for review of prescribing, dispensing, and administering legend and controlled drugs and medical devices by the physician assistant authorized to prescribe.

(b) The agreement must be maintained by the supervising physician and physician assistant and made available to the board upon request. If there is a delegation of prescribing, administering, and dispensing of legend drugs, controlled substances, and medical devices, the agreement shall include a description of the prescriptive authority delegated to the physician assistant. Physician assistants shall have a separate agreement for each place of employment. Agreements must be reviewed and updated on an annual basis. The supervising physician and physician assistant must maintain the physician-physician assistant delegation agreement at the address of record.

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

(1) name change;

(2) address of record change; and

(3) telephone number of record change.

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

Sec. 4. Minnesota Statutes 2014, section 147A.20, subdivision 2, is amended to read:

Subd. 2. **~~Notification of intent to~~ Practice location notification.** A licensed physician assistant shall submit a ~~notification of intent to~~ practice location notification to the board ~~prior to beginning~~ within 30 business days of starting practice, changing practice location, or changing supervising physician. The notification shall include the name, business address, and telephone number of the supervising physician and the physician assistant. Individuals who practice without submitting a ~~notification of intent to~~ practice location notification shall be subject to disciplinary action under section 147A.13 for practicing without a license, unless the care is provided in response to a disaster or emergency situation pursuant to section 147A.23.

(b) The agreement must be maintained by the supervising physician and physician assistant and made available to the board upon request. If there is a delegation of prescribing, administering, and dispensing of legend drugs, controlled substances, and medical devices, the agreement shall include a description of the prescriptive authority delegated to the physician assistant. Physician assistants shall have a separate agreement for each place of employment. Agreements must be reviewed and updated on an annual basis. The supervising physician and physician assistant must maintain the physician-physician assistant delegation agreement at the address of record.

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

(1) name change;

(2) address of record change; and

(3) telephone number of record change.

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

Sec. 4. Minnesota Statutes 2014, section 147A.20, subdivision 2, is amended to read:

Subd. 2. **~~Notification of intent to~~ Practice location notification.** A licensed physician assistant shall submit a ~~notification of intent to~~ practice location notification to the board ~~prior to beginning~~ within 30 business days of starting practice, changing practice location, or changing supervising physician. The notification shall include the name, business address, and telephone number of the supervising physician and the physician assistant. Individuals who practice without submitting a ~~notification of intent to~~ practice location notification shall be subject to disciplinary action under section 147A.13 for practicing without a license, unless the care is provided in response to a disaster or emergency situation pursuant to section 147A.23.

Sec. 5. Minnesota Statutes 2014, section 147D.05, subdivision 1, is amended to read:

Subdivision 1. **Practice standards.** (a) A licensed traditional midwife shall provide an initial and ongoing screening to ensure that each client receives safe and appropriate care. A licensed traditional midwife shall only accept and provide care to those women who are expected to have a normal pregnancy, labor, and delivery. As part of the initial screening to determine whether any contraindications are present, the licensed traditional midwife must take a detailed health history that includes the woman's social, medical, surgical, menstrual, gynecological, contraceptive, obstetrical, family, nutritional, and drug/chemical use histories. If a licensed traditional midwife determines at any time during the course of the pregnancy that a woman's condition may preclude attendance by a traditional midwife, the licensed traditional midwife must refer the client to a licensed health care provider. As part of the initial and ongoing screening, a licensed traditional midwife must provide or recommend that the client receive the following services, if indicated, from an appropriate health care provider:

(1) initial laboratory pregnancy screening, including blood group and type, antibody screen, Indirect Coombs, rubella titer, CBC with differential and syphilis serology;

(2) gonorrhea and chlamydia cultures;

(3) screening for sickle cell;

(4) screening for hepatitis B and human immunodeficiency virus (HIV);

(5) maternal serum alpha-fetoprotein test and ultrasound;

(6) Rh antibody and glucose screening at 28 weeks gestation;

(7) mandated newborn screening;

(8) Rh screening of the infant for maternal RhoGAM treatment; and

(9) screening for premature labor.

(b) A client must make arrangements to have the results of any of the tests described in paragraph (a) sent to the licensed traditional midwife providing services to the client. The licensed traditional midwife must include these results in the client's record.

Sec. 6. Minnesota Statutes 2014, section 147D.09, is amended to read:

147D.09 LIMITATIONS OF PRACTICE.

(a) A licensed traditional midwife shall not prescribe, dispense, or administer prescription drugs, except as permitted under paragraph (b).

(b) A licensed traditional midwife may administer vitamin K either orally or through intramuscular injection, maternal RhoGAM treatment, postpartum antihemorrhagic drugs under emergency situations, local anesthetic, oxygen, and a prophylactic eye agent to the newborn infant.

(c) A licensed traditional midwife shall not perform any operative or surgical procedures except for suture repair of first- or second-degree perineal lacerations.

Sec. 7. Minnesota Statutes 2014, section 147D.13, subdivision 2, is amended to read:

Subd. 2. **Practice report.** (a) A licensed traditional midwife must compile a summary report on each client. The report must include the following:

(1) vital statistics;

(2) scope of care administered;

(3) whether the medical consultation plan was implemented; and

(4) any physician or other health care provider referrals made.

(b) The board or advisory council may review these reports at any time upon request.

Sec. 8. Minnesota Statutes 2014, section 147D.25, subdivision 1, is amended to read:

Subdivision 1. **Membership.** The board shall appoint a five-member Advisory Council on Licensed Traditional Midwifery. ~~One member shall be a licensed physician who has been or is currently consulting with licensed traditional midwives, appointed from a list of names submitted to the board by the Minnesota Medical Association.~~ One member shall be a licensed physician who has been or is currently consulting or collaborating with licensed traditional midwives appointed from a list of names submitted to the board by the Minnesota Council of Certified Professional Midwives or its successors. Three members shall be licensed traditional midwives appointed from a list of names submitted to the board by Midwifery Now and the Minnesota Council of Certified Professional Midwives or their successors. One member shall be a ~~home birth~~ parent of a child born under the care of a licensed traditional midwife appointed from a list of names submitted to the board by Minnesota Families for Midwifery, or its successor.

Sec. 9. Minnesota Statutes 2014, section 148.271, is amended to read:

148.271 EXEMPTIONS.

The provisions of sections 148.171 to 148.285 shall not prohibit:

(1) The furnishing of nursing assistance in an emergency.

(2) The practice of advanced practice, professional, or practical nursing by any legally qualified advanced practice, registered, or licensed practical nurse of another state who is employed by the United States government or any bureau, division, or agency thereof while in the discharge of official duties.

(3) The practice of any profession or occupation licensed by the state, other than advanced practice, professional, or practical nursing, by any person duly licensed to practice the profession or occupation, or the performance by a person of any acts properly coming within the scope of the profession, occupation, or license.

(4) The provision of a nursing or nursing-related service by an unlicensed assistive person who has been delegated or assigned the specific function and is supervised by a registered nurse or monitored by a licensed practical nurse.

(5) The care of the sick with or without compensation when done in a nursing home covered by the provisions of section 144A.09, subdivision 1.

(6) Professional nursing practice or advanced practice registered nursing practice by a registered nurse or practical nursing practice by a licensed practical nurse licensed in another state or territory who is in Minnesota as a student enrolled in a formal, structured course of study, such as a course leading to a higher degree, certification in a nursing specialty, or to enhance skills in a clinical field, while the student is practicing in the course.

(7) Professional or practical nursing practice by a student practicing under the supervision of an instructor while the student is enrolled in a nursing program approved by the board under section 148.251.

(8) Advanced practice registered nursing as defined in section 148.171, subdivisions 5, 10, 11, 13, and 21, by a registered nurse who is licensed and currently registered in Minnesota or another United States jurisdiction and who is enrolled as a student in a formal graduate education program leading to eligibility for certification and licensure as an advanced practice registered nurse.

(9) Professional nursing practice or advanced practice registered nursing practice by a registered nurse or advanced practice registered nurse licensed in another state, territory, or jurisdiction who is in Minnesota temporarily:

(i) providing continuing or in-service education;

(ii) serving as a guest lecturer;

(iii) presenting at a conference; or

(iv) teaching didactic content via distance education to a student located in Minnesota who is enrolled in a formal, structured course of study, such as a course leading to a higher degree or certification in a nursing specialty.

Sec. 10. Minnesota Statutes 2014, section 214.077, is amended to read:

214.077 TEMPORARY LICENSE SUSPENSION; IMMINENT RISK OF SERIOUS HARM.

(a) Notwithstanding any provision of a health-related professional practice act, when a health-related licensing board receives a complaint regarding a regulated person and has probable cause to believe that the regulated person has violated a statute or rule that the health-related licensing board is empowered to enforce, and continued practice by the regulated person presents an imminent risk of serious harm, the health-related licensing board shall issue an order temporarily ~~suspend~~ suspending the regulated person's ~~professional license~~ authority to practice. The temporary suspension order shall ~~take effect upon written notice to the regulated person and shall~~ specify the reason for the suspension~~.~~, including the statute or rule alleged to have been violated. The temporary suspension order shall take effect upon personal service on the regulated person or the regulated person's attorney, or upon the third calendar day after the order is served by first class mail to the most recent address provided to the health-related licensing board for the regulated person or the regulated person's attorney.

(b) The temporary suspension shall remain in effect until the ~~appropriate~~ health-related licensing board or the commissioner completes an investigation, holds a contested case hearing pursuant to the Administrative Procedure Act, and issues a final order in the matter ~~after a hearing~~ as provided for in this section.

(c) At the time it issues the temporary suspension ~~notice~~ order, the ~~appropriate~~ health-related licensing board shall schedule a ~~disciplinary~~ contested case hearing, on the merits of whether discipline is warranted, to be held ~~before the licensing board or~~ pursuant to the Administrative Procedure Act. The regulated person shall be provided with at least ten days' notice of any contested case hearing held pursuant to this section. The contested case hearing shall be scheduled to begin no later than 30 days after ~~issuance~~ the effective service of the temporary suspension order.

(d) The administrative law judge presiding over the contested case hearing shall issue a report and recommendation to the health-related licensing board no later than 30 days after the final day of the contested case hearing. The health-related licensing board shall issue a final order pursuant to sections 14.61 and 14.62 within 30 days of receipt of the administrative law judge's report and recommendations. Except as provided in paragraph (e), if the health-related licensing board has not issued a final order pursuant to sections 14.61 and 14.62 within 30 days of receipt of the administrative law judge's report and recommendations, the temporary suspension shall be lifted.

~~(d)~~ (e) If ~~the board has not completed its investigation and issued a final order within 30 days, the temporary suspension shall be lifted, unless the regulated person requests a delay in the disciplinary proceedings for any reason, upon which the temporary suspension shall remain in place until the completion of the investigation.~~ the regulated person requests a delay in the contested case proceedings provided for in paragraphs (c) and (d) for any reason, the temporary suspension shall remain in effect until the health-related licensing board issues a final order pursuant to sections 14.61 and 14.62.

(f) This section shall not apply to the Office of Unlicensed Complementary and Alternative Health Practice established under section 146A.02. The commissioner of health shall conduct temporary suspensions for complementary and alternative health care practitioners in accordance with section 146A.09.

Sec. 11. Minnesota Statutes 2014, section 214.10, subdivision 2, is amended to read:

Subd. 2. **Investigation and hearing.** The designee of the attorney general providing legal services to a board shall evaluate the communications forwarded by the board or its members or staff. If the communication alleges a violation of statute or rule which the board is to enforce, the designee is empowered to investigate the facts alleged in the communication. In the process of evaluation and investigation, the designee shall consult with or seek the assistance of the executive director, executive secretary, or, if the board determines, a member of the board who has been appointed by the board to assist the designee. The designee may also consult with or seek the assistance of any other qualified persons who are not members of the board who the designee believes will materially aid in the process of evaluation or investigation. The executive director, executive secretary, or the consulted board member may attempt to correct improper activities and redress grievances through education, conference, conciliation and persuasion, and in these attempts may be assisted by the designee of the attorney general. If the attempts at correction or redress do not produce satisfactory results in the opinion of the executive director, executive secretary, or the consulted board member, or if after investigation the designee providing legal services to the board, the executive director, executive secretary, or the consulted board member believes that the communication and the investigation suggest illegal or unauthorized activities warranting board action, the person having the belief shall inform the executive director or executive secretary of the board who shall schedule a ~~disciplinary~~ contested case hearing in accordance with chapter 14. Before directing the holding of a ~~disciplinary~~ contested case hearing, the executive director, executive secretary, or the designee of the attorney general shall have considered the recommendations of the consulted board member. Before scheduling a ~~disciplinary~~ contested case hearing, the executive director or executive secretary must have received a verified written complaint from the complaining party. A board member who was consulted during the course of an investigation may participate at the hearing but may not vote on any matter pertaining to the case. The executive director or executive secretary of the board shall promptly inform the complaining party of the final disposition of the complaint. Nothing in this section shall preclude the board from scheduling, on its own motion, a ~~disciplinary~~ contested case hearing based upon the findings or report of the board's executive director or executive secretary, a board member or the designee of the attorney general assigned to the board. Nothing in this section shall preclude a member of the board, executive director, or executive secretary from initiating a complaint.

Sec. 12. Minnesota Statutes 2014, section 214.10, subdivision 2a, is amended to read:

Subd. 2a. **Proceedings.** A board shall initiate proceedings to suspend or revoke a license or shall refuse to renew a license of a person licensed by the board who is convicted in a court of competent jurisdiction of violating section ~~609.224, subdivision 2~~ 609.2231, subdivision 8, ~~paragraph (c),~~ 609.23, 609.231, 609.2325, 609.233, 609.2335, 609.234, 609.465, 609.466, ~~609.52,~~ or 609.72, subdivision 3.

Sec. 13. Minnesota Statutes 2014, section 214.10, is amended by adding a subdivision to read:

Subd. 14. **Complementary and alternative health care practitioners.** This section shall not apply to complementary and alternative health care practitioners practicing under chapter 146A. Complaints and disciplinary actions against complementary and alternative health care practitioners shall be conducted in accordance with chapter 146A.

Sec. 14. Minnesota Statutes 2014, section 214.32, subdivision 6, is amended to read:

Subd. 6. **Duties of a participating board.** Upon receiving a report from the program manager in accordance with section 214.33, subdivision 3, ~~that a regulated person has been discharged from the program due to noncompliance based on allegations that the regulated person has engaged in conduct that might cause risk to the public,~~ ~~when~~ and if the participating health-related licensing board has probable cause to believe continued practice by the regulated person presents an imminent risk of serious harm, the health-related licensing board shall ~~temporarily suspend the regulated person's professional license until the completion of a disciplinary investigation. The board must complete the disciplinary investigation within 30 days of receipt of the report from the program. If the investigation is not completed by the board within 30 days, the temporary suspension shall be lifted, unless the regulated person requests a delay in the disciplinary proceedings for any reason, upon which the temporary suspension shall remain in place until the completion of the investigation~~ proceed pursuant to the requirements in section 214.077.

Sec. 15. Minnesota Statutes 2014, section 256B.0625, subdivision 28a, is amended to read:

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

Sec. 5. **REVISOR'S INSTRUCTION.**

The revisor of statutes shall change the term "physician's assistant" to "physician assistant" wherever that term is found in Minnesota Statutes and Minnesota Rules.

Sec. 6. **REPEALER.**

Minnesota Statutes 2014, section 147A.01, subdivision 5, is repealed.

(b) Licensed physician assistants, who are supervised by a physician certified by the American Board of Psychiatry and Neurology or eligible for board certification in psychiatry, may bill for medication management and evaluation and management services provided to medical assistance enrollees in inpatient hospital settings, and in outpatient settings after the licensed physician assistant completes 2,000 hours of clinical experience in the evaluation and treatment of mental health, consistent with their authorized scope of practice, as defined in section 147A.09, with the exception of performing psychotherapy or diagnostic assessments or providing clinical supervision.

Sec. 16. **REVISOR'S INSTRUCTION.**

The revisor of statutes shall change the term "physician's assistant" to "physician assistant" wherever that term is found in Minnesota Statutes and Minnesota Rules.

Sec. 17. **REPEALER.**

Minnesota Statutes 2014, sections 147A.01, subdivision 5; and 147D.17, subdivision 4, are repealed.