

HOUSE RESEARCH

Bill Summary

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Section

Article 1: Health-Related Licensing Board

- 1 Information to complainant.** Amends § 214.103, subd. 9. Strikes language that requires a licensing board to provide written notice to a complainant of the right to appeal the board's decision to the attorney general.

Provides an August 1, 2009, effective date.

Article 2: Chiropractors

- 1 License required; qualifications.** Amends § 148.06, subd. 1. Adds that the four year resident course may be one that is approved by a Council on Chiropractic Education member organization of the Council on Chiropractic International. Existing language, stricken in this bill, allows the resident course to be one that holds a recognition agreement with the Council on Chiropractic Education.

Article 3: Pharmacists

- 1 Prescribing and filling.** Amends § 151.37, subd. 2. Adds pharmacists to the list of individuals who can administer drugs pursuant to a protocol with a licensed practitioner, as that term is defined in section 151.01, subd. 27.

Article 4: Respiratory Therapy

Overview

This article changes the regulation of respiratory therapists from registration to licensure.

1 **Definitions.** Amends § 147C.01.

Subd. 1. Applicability. No change.

Subd. 2. Advisory council. Changes the name of the advisory council to “Respiratory Care Advisory Council.”

Subds. 3-5. Approved education program, board, and contact hour. No change.

Subd. 6. Credential. Strikes the words “permit” and “registration” from the list of credentials needed to practice respiratory therapy.

Subd. 7. Credentialing examination. Adds an examination administered by the Canadian Society for Respiratory Care as an approved credentialing examination. Makes technical changes to conform with the credential change from registration to licensure.

Subd. 7a. Equipment maintenance. Defines equipment maintenance as downloading and reporting specified information, and adjusting respiratory care equipment.

Subd. 8. Health care facility. Adds rehabilitation facility to the list of health care facilities.

Subd. 9. Qualified medical direction. No change.

Subd. 9a. Patient instruction. Provides that this includes education on the care, use, and maintenance of respiratory care equipment.

Subd. 10. Respiratory care. Substitutes “supervision of a physician” for “guidance of qualified medical direction.” Permits a respiratory therapist to provide services pursuant to a referral, or a verbal, written, or telecommunicated order from a physician, nurse practitioner, or physician assistant. Adds disease management to the definition of respiratory care.

2 **Scope of practice.** Amends § 147C.05. Makes technical changes to conform with the credential change from registration to licensure.

Strikes paragraphs (b) and (c) which limit the services that can be provided by a practitioner and the requirement that services can be provided only upon referral from a physician.

- Adds that a licensed respiratory therapist can transcribe and implement verbal, written, or telecommunicated orders from a nurse practitioner or physician

assistant. Current law permits orders only from a physician.

- Permits a licensed respiratory therapist to perform advances in the art and techniques of respiratory care learned through formal or specialized training approved by the advisory council.

3 Unlicensed practice prohibited; protected titles and restrictions on use. Amends § 147C.10.

Subd. 1. Protected titles. Restricts the use of “Minnesota licensed respiratory therapist,” “licensed respiratory therapist,” “respiratory therapist,” “inhalation therapist,” “inhalation therapy technician,” or the use of “RT” or “LRT,” unless an individual holds a current, active respiratory therapist license that has been granted under this chapter.

Subd. 1a. Unlicensed practice prohibited. Requires that a person must be licensed as a respiratory therapist before practicing respiratory care.

Subd. 2. Other health care practitioners. Paragraph (a) states that this chapter does not prohibit an individual who has passed a certified examination on one or more of the practices in this chapter from performing those practices.

Paragraph (b) provides that a respiratory care license is not required for a respiratory therapy student, a respiratory therapist who is a member of the military and is performing functions related to that duty, an employee of a durable medical equipment company or home medical equipment provider, self-care by a patient or gratuitous care by a friend or relative or an individual, under physician supervision, who is employed in a sleep lab.

Strikes a paragraph that provides physician practitioners are exempt from this chapter.

Subd. 3. Penalty. No change. Violations of title protection remain a gross misdemeanor.

Subd. 4. Identification of licensed practitioners. Makes technical changes to conform with the credential change from registration to licensure.

4 Licensure requirements. Amends § 147C.15.

Subd. 1. General requirements for licensure. Adds that an applicant for licensure must include the applicant’s email address on the application form. Makes technical changes to conform with the credential change from registration to licensure.

Subd. 2. Licensure by reciprocity. Makes technical changes to conform with the credential change from registration to licensure.

Subd. 3. Temporary permit. Makes technical changes to conform with the credential change from registration to licensure.

Subd. 4. Temporary registration. Strikes this subdivision.

Subd. 5. Practice limitations with temporary registration. Strikes this

subdivision.

Subd. 6. License expiration. Makes technical changes to conform with the credential change from registration to licensure.

Subd. 7. Renewal. Paragraph (a) makes technical changes to conform with the credential change from registration to licensure.

Paragraph (b) limits an applicant for renewal who has not practiced the equivalent of eight full weeks in the past five years to retaking the credentialing examination and achieving a passing score. Strikes language that provides an alternative to the applicant to complete no less than eight weeks of approved supervised clinical experience.

Subd. 8. Change of address. Makes technical changes to conform with the credential change from registration to licensure.

Subd. 9. License renewal notice. Makes technical changes to conform with the credential change from registration to licensure.

Subd. 10. Renewal deadline. No changes.

Subd. 11. Inactive status and return to active status. Strikes this subdivision.

Subd. 12. Licensure following lapse of licensed status. Makes technical changes to conform with the credential change from registration to licensure.

Subd. 13. Cancellation due to nonrenewal. Makes technical changes to conform with the credential change from registration to licensure.

Subd. 14. Cancellation of license in good standing. Makes technical changes to conform with the credential change from registration to licensure.

- 5 **Board action on applications for licensure.** Amends § 147C.20. Makes technical changes to conform with the credential change from registration to licensure.
- 6 **Continuing education requirements.** Amends § 147.25. Makes technical changes to conform with the credential change from registration to licensure.
- 7 **Discipline; reporting.** Amends § 147C.30. Makes technical changes to conform with the credential change from registration to licensure.
- 8 **Respiratory care advisory council.** Amends § 147C.35. Makes technical changes to conform with the credential change from registration to licensure.
- 9 **Fees.** Amends § 147C.40. Makes technical changes to conform with the credential change from registration to licensure.

Article 5: Physician Assistants

Overview

This article changes the regulation of physician assistants from registration to licensure.

- 1 **Definitions.** Amends § 144.1501, subd. 1. Strikes “registered” and inserts “licensed.”
- 2 **Ambulance service personnel.** Amends § 144E.001, subd. 3a. Strikes “registered” and inserts “licensed.”
- 3 **Physician assistant.** Amends § 144E.001, subd. 9c. Strikes “registered” and inserts “licensed.”
- 4 **Exemptions.** Amends § 147.09. Strikes “registered” and inserts “licensed.”
- 5 **Definitions.** Amends § 147A.01.
 - Subd. 1. **Scope.** No change.
 - Subd. 2. **Active status.** Definition stricken.
 - Subd. 3. **Administrator.** No change.
 - Subd. 4. **Agreement.** No change.
 - Subd. 5. **Alternate supervising physician.** Clarifies that this physician is listed in the physician-physician assistant delegation agreement or in the supplemental listing.
 - Subd. 6. **Board.** No change.
 - Subd. 7. **Controlled substance.** No change.
 - Subd. 8. **Delegation form.** Definition stricken.
 - Subd. 9. **Diagnostic order.** No change.
 - Subd. 10. **Drug.** No change.
 - Subd. 11. **Drug category.** Changes the term “delegation form” to “physician-physician assistant delegation agreement.”
 - Subd. 12. **Inactive.** Clarifies that “inactive” means a licensed physician assistant whose license is on inactive status.
 - Subd. 13. **Internal protocol.** Definition stricken.
 - Subd. 14. **Legend drug.** No change.
 - Subd. 14a. **Licensed.** Adds definition.

Subd. 14b. Licensure. Adds definition.

Subd. 15. Locum tenens permit. Definition stricken.

Subd. 16. Medical device. No change.

Subd. 16a. Notice of intent to practice. Defines this as a document that the physician assistant sends to the board that documents the adoption of a physician-physician assistant delegation agreement and provides the information required by section 147A.20.

Subd. 17. Physician. No change.

Subd. 17a. Physician-physician assistant delegation agreement. Provides that this is the document signed by the physician and the physician assistant that defines the physician assistant's scope of practice. Requires this document to comply with the requirements of section 147A.20.

Subd. 18. Physician assistant or licensed physician assistant. Strikes "registered" and inserts "licensed." Provides clarifying language.

Subd. 19. Practice setting description. Definition stricken.

Subd. 20. Prescribe. No change.

Subd. 21. Prescription. Adds an electronic order as an approved authorization to prescribe drugs. Changes the term "delegation form" to "physician-physician assistant delegation agreement."

Subd. 22. Registration. Definition stricken.

Subd. 23. Supervising physician. Increases the number of physician assistants that can be supervised simultaneously by a supervising physician from no more than two to no more than five full-time equivalent physician assistants. Permits, as authorized by the board or in an emergency, the supervising physician to supervise more than five full-time equivalent physician assistants simultaneously.

Subd. 24. Supervision. No change.

Subd. 25. Temporary license. Strikes obsolete language. Provides that a temporary license may be granted to a license-qualified physician assistant whose license has not yet been approved by the board.

Subd. 26. Therapeutic order. Provides clarifying language.

Subd. 27. Verbal order. Provides clarifying language.

6 Qualifications for licensure. Amends § 147A.02. Strikes "registered" and inserts "licensed." Strikes "registration" and inserts "licensure."

7 Protected titles and restrictions on use. Amends § 147A.03.

Subd. 1. Protected titles. Strikes "registered" and inserts "licensed."

Subd. 2. Health care practitioners. No change.

Subd. 3. Identification of registered practitioners. Strikes this subdivision.

Subd. 4. Sanctions. Strikes “registration” and inserts “licensure.”

- 8 Temporary license.** Amends § 147A.04. Strikes references to registration and temporary permits and inserts the terminology related to licensure.
- 9 Inactive license.** Amends § 147A.05. Strikes “registration” and inserts “license.” Adds that a physician assistant with an inactive license shall not be subject to disciplinary action if the individual provides care during a disaster as defined in section 147A.23.
- 10 Cancellation of license for nonrenewal.** Amends § 147A.06. Strikes references to registration and registrant and inserts terminology related to licensure.
- 11 Renewal.** Amends § 147A.07. Strikes “registration” and inserts “license.” Strikes the requirement that the physician assistant provide proof of the annual review of the physician-physician assistant agreement at the time of license renewal.
- 12 Exemptions.** Amends § 147A.08. Strikes the reference to the Committee on Allied Health Education and Accreditation and substitutes the Accreditation Review Commission on Education for the Physician Assistant.
- 13 Scope of practice; delegation.** Amends § 147A.09.
- Subd. 1. Scope of practice.** Specifies that physician assistants can perform only those duties specified in the physician-physician assistant delegation agreement. Adds that a physician assistant may prescribe, administer, and dispense controlled substances if this is included in the delegation agreement. Adds references to the alternate supervising physician.
- Subd. 2. Delegation.** Lists the patient services that may be delegated to the physician assistant by the delegation agreement.
- Updates the word “radiography” to “radiographic imaging systems.”
 - Adds use of ionizing radiation as a therapeutic procedure that the physician assistant can order or perform.
 - Clarifies that the physician-physician assistant delegation agreement must specifically delegate the authority to prescribe, administer, and dispense controlled substances, and that the agreement must list all schedules of controlled substances the physician assistant has authority to prescribe.
 - Adds that a physician assistant can certify a patient’s eligibility for disability parking.
 - Adds that a physician assistant can assist at surgery.
 - Adds authority for a physician assistant to authorize admission for emergency care and treatment under section 253B.05.
- 14 Exclusions of limitations on employment.** Amends § 147A.11. Strikes “registered” and inserts “licensed.”

- 15** **Grounds for disciplinary action.** Amends §147A.13. Strikes references to registration and registrant and inserts terminology related to licensure. Makes technical changes. Clarifies that identification of a physician assistant as “physician,” “doctor,” or “Dr.” in a patient care setting or in a communication directed to the general public is prohibited conduct and may result in disciplinary action.
- 16** **Forms of disciplinary action.** Amends §147A.16. Strikes “registration” and inserts “licensed.”
- 17** **Delegated authority to prescribe, dispense, and administer drugs and medical devices.**
- Subd. 1. Delegation.** Strikes references to registration and inserts terminology related to licensure. Strikes obsolete language. Clarifies that the physician-physician assistant delegation agreement must include a statement by the supervising physician regarding the delegation of prescribing, dispensing, and administering controlled substances.
- Subd. 2. Termination and reinstatement of prescribing authority.** Paragraph (a) makes technical changes.
- Strikes paragraph (b), the requirement for the physician assistant to notify the board if prescribing authority is terminated under paragraph (a).
- Strikes paragraph (c), the procedure for reinstatement of prescribing authority.
- Subd. 3. Other requirements and restrictions.**
- Strikes obsolete language.
 - Strikes the paragraph that requires the physician and physician assistant to review the delegation agreement annually.
- Subd. 4. Notification of pharmacies.** This subdivision is stricken. It required notification to the Board of Pharmacy of the names of all physician assistants authorized to prescribe, administer, and dispense legend drugs and medical devices, or controlled substances.
- Subd. 5. Delegation form for physician assistant prescribing.** This subdivision is stricken. Language is obsolete.
- 18** **Identification requirements.** Amends § 147A.19.
- Strikes references to registration and inserts terminology related to licensure.
- 19** **Physician-physician assistant agreement documents.** Amends § 147A.20.
- Subd. 1. Physician-physician assistant delegation agreement.** Paragraph (a) names the agreement that must be signed by the physician and physician assistant the “physician-physician assistant delegation agreement.” Strikes the requirement that the agreement must contain a statement of the physician’s practice type and specialty.
- Paragraph (b) adds that the agreement must contain a description of the prescriptive authority delegated to the physician assistant.
- Paragraph (c) strikes obsolete language.
- Paragraph (d) strikes obsolete language and inserts new language that requires an alternate supervising physician to be identified in the agreement and to sign the

agreement.

Paragraph (e) strikes obsolete language.

Subd. 2. Notification of intent to practice. Requires that a physician assistant submit a notification of intent to practice to the board before beginning practice. Lists the information that must be submitted: name, business address, and telephone number of the supervising physician and physician assistant. Failure to submit this information could result in disciplinary action. An exception for providing care in a disaster situation is included.

- 20 Rulemaking authority.** Amends § 147A.21. Strikes the reference to locum tenens permits. Strikes references to registration and inserts terminology related to licensure.
- 21 Responding to disaster situations.** Amends § 147A.23. Paragraph (a) strikes references to registration. Adds a reference to section 604A.01, the Good Samaritan Law. Permits a licensed and trained physician assistant to provide emergency care without physician supervision and without need for a signed physician-physician assistant delegation agreement.
- Paragraph (b) makes a technical change.
- Paragraph (c) makes a technical change.
- 22 Continuing education requirements.** Amends §147A.24. Requires 50 hours of continuing education credit within the two years preceding license renewal or meeting continuing education standards through current certification by the National Commission on Certification of Physician Assistants.
- 23 Procedures.** Amends § 147A.26. Strikes a reference to registration and inserts terminology related to licenses.
- 24 Physician assistant advisory council.** Amends § 147A.27.
- Subd. 1. Membership.** Specifies that the physician assistant members must be licensed and meet the criteria for new applicants in section 147A.02. Prohibits members from serving more than two consecutive terms.
- Subd. 2. Organization.** No changes.
- Subd. 3. Duties.** Strikes a reference to registration and inserts terminology related to licensure. Adds the provision that the council shall advise the board on issues related to physician assistant practice and regulation.
- 25 Definitions.** Amends § 169.345, subd. 2. Makes a technical change, striking “registered” and inserting “licensed.”
- 26 Examiner.** Amends § 253B.02, subd.7. Adds licensed physician assistants to the list of professionals who can be an examiner under the civil commitment statutes. Prohibits physician assistants from being appointed an examiner by the court or from conducting a Rule 20 assessment under the Minnesota Rules of Criminal Procedure.
- 27 Peace or health officer authority.** Amends § 253B.05, subd. 2. Makes a technical change, striking “registered” and inserting “licensed.”

- 28 Licensed physician assistant services.** Amends § 256B.0625, subd. 28a. Makes technical changes, striking “registered” and inserting “licensed.”
- 29 Definitions.** Amends § 256B.0751, subd. 1. Makes a technical change, striking “registered” and inserting “licensed.”
- 30 Repealer.** Repeals § 147A.22, the section on locum tenens permit. Provides a July 1, 2009 effective date.

Article 6: Psychologists

- 1 Mental health and substance abuse reviews.** Amends § 62M.09, subd. 3a. Authorizes a licensed doctoral-level psychologist to make a utilization review final determination to not certify mental health or substance abuse treatment if that service has been provided by a psychologist. Current law authorizes only licensed psychiatrists to make this determination.
- 2 Members.** Amends § 62U.09, subd. 2. Adds a member appointed by the Minnesota Psychological Association to the Health Care Reform Review Council.
- 3 Practice of psychology.** Amends § 148.89, subd. 5. Modifies the definition of “practice of psychology” to include the psychological impact of medications on physical illness, accident, injury, or disability.
- 4 Deadline for appointment.** Requires the Minnesota Psychological Association to appoint its member to the Health Reform Review Council by October 1, 2009.

Article 7: Nutritionists

- 1 Nutrition.** Amends §148.624, subd. 2. Current law instructs the board to issue a nutritionist license (1) to a person who has received a master’s or doctoral degree and has completed a specified number of supervised practice hours, or (2) to a person who has qualified as a diplomate of the American Board of Nutrition, Springfield, Virginia.
- This bill strikes clause (2) and adds that a person who has received certification as a Certified Nutrition Specialist by the Certification Board for Nutrition Specialists can be licensed as a nutritionist.
- 2 Repealer.** Repeals §148.627. This section is obsolete.

Article 8: Social Work—Amendments to Current Licensing Statute

Overview

This article amends various sections of the current social work practice act.

- 1 **Clinical supervision.** Amends §148D.010, by adding subdivision 6a. Defines “clinical supervision” as supervision of a social worker engaged in clinical practice.
- 2 **Graduate degree.** Amends §148D.010, by adding subdivision 6b. Defines “graduate degree” as a master’s degree from a social work program accredited by specified organizations, or a doctorate in social work from an accredited university.
- 3 **Practice of social work.** Amends §148D.010, subd. 9. Adds that social work practice means providing social work services in a position for which the educational basis is the individual’s social work degree.
- 4 **Supervisee.** Amends §148D.010, subd. 15. Defines “supervisee” as an individual provided evaluation or direction by an individual who meets the requirements for being a supervisor.
- 5 **Supervisor.** Amends §148D.010, by adding subdivision 17. Defines “supervisor” as an individual who provides evaluation and direction through supervision in order to comply with the supervised practice requirements.
- 6 **Qualifications of board members.** Amends § 148D.025, subd. 2. More clearly specifies the licensing qualifications of the ten social worker members of the board. Requires at least six board members to live outside the 11-county metropolitan area. Current law defines the metropolitan area as a seven-county area.
- 7 **Officers.** Amends §148D.025, subd. 3. Changes the election of officers from annual to biennial.
- 8 **Evaluation by supervisor.** Amends §148D.061, subd. 6. Requires the licensee’s supervisor, rather than the licensee, to submit the supervisor’s evaluation of the licensee’s practice every six months. At the completion of the required supervised practice, requires the supervisor to submit a final evaluation regarding the licensee’s ability to practice competently and ethically. “Ethically” is substituted for the word “safely.”
- 9 **Disciplinary or other action.** Amends §148D.061, subd. 8. Corrects a cross reference. Permits disciplinary or other action to be taken against a licensee if the supervisor’s evaluation indicates the licensee cannot practice competently and ethically. “Ethically” is substituted for “safely.”
- 10 **Practice requirements.** Amends §148D.062, subd. 2. Clarifies the supervision requirements for an individual practicing under a provisional license.
- 11 **Evaluation.** Amends §148D.063, subd. 2. Requires the supervisor to submit the supervisor’s evaluation to the board rather than the supervisee. Requires the supervisor to attest to the satisfaction of the board that the supervisee is meeting, or has met, supervised practice requirements.

- 12** **Supervision plan.** Amends §148D.125, subd. 1. Changes the requirement that a supervision plan must be submitted within 90 days to submission within 60 days. Strikes language mistakenly placed in this chapter.
- 13** **Verification of supervised practice.** Amends §148D.125, subd. 3. Requires the licensee to submit verification of supervised practice when the licensee submits the license renewal application form.
- 14** **Repealer.** Repeals §148D.062, subd. 5 (August 1, 2011, provisional license supervised practice expiration); §148D.125, subd. 2 (attestation of progress on meeting supervised practice requirements); and §148D.180, subd. 8 (temporary fee reductions that are set to expire June 30, 2009).

Article 9: Social Work—Licensing Statute Effective 2011

Overview

This article amends various sections, but primarily supervised practice sections, of social work practice act effective in 2011.

- 1** **Client system.** Amends §148E.010, by adding subdivision 5a. Defines “client system” as the client and individuals who are potentially influential in contributing to resolution of the client’s issues.
- 2** **Direct clinical client contact.** Amends §148E.010, by adding subdivision 7a. Defines “direct clinical client contact” as interaction with a client, including client systems and providers, related to the client’s mental and emotional functioning, differential diagnosis, and clinical practice treatment.
- 3** **Practice of social work.** Amends §148E.010, subd. 11. Adds that social work practice means providing social work services in a position for which the educational basis is the individual’s social work degree.
- 4** **Supervisee.** Amends §148E.010, subd. 17. Defines “supervisee” as an individual provided evaluation or direction by an individual who meets the requirements for being a supervisor.
- 5** **Supervisor.** Amends §148E.010, by adding subdivision 19. Defines “supervisor” as an individual who provides evaluation and direction through supervision in order to comply with the supervised practice requirements.
- 6** **Qualifications of board members.** Amends §148E.025, subd. 2. More clearly specifies the licensing qualifications of the ten social worker members of the board. Requires at least six board members to live outside the 11-county metropolitan area. Current law defines the metropolitan area as a seven-county area.
- 7** **Officers.** Amends §148E.025, subd. 3. Changes the election of officers from annual to biennial.
- 8** **Licensure by examination; licensed independent clinical social worker.** Amends §148E.055, subd. 5. Changes two of the alternative requirements for proof of clinical

knowledge to

- graduate coursework from an accredited institution of higher learning; or
- up to 20 hours of independent study may be applied to the requirement for up to 90 continuing education hours.

- 9** **Supervised practice obtained prior to August 1, 2011.** Amends §148E.100 by adding subdivision 2a. Requires the board to approve supervised practice hours completed prior to the effective date of chapter 148E if they comply with the requirements in chapter 148D. Beginning August 1, 2011, the effective date of chapter 148E, all hours of supervised practice obtained must comply with the requirements of this section.
- 10** **Types of supervision.** Amends §148E.100, subd. 3. Specifies that visual contact must be maintained when supervision is provided via eye-to-eye electronic media.
- 11** **Supervision requirements.** Amends §148E.100, subd. 4. Requires a supervisor to meet the requirements of section 148E.120.
- 12** **Supervisee requirements.** Amends §148E.100, subd. 5. Requires the licensee to submit the verification of supervised practice when the licensee applies for renewal of a license.
- 13** **After completion of supervision requirements.** Amends §148E.100, subd. 6. Makes a technical change.
- 14** **Verification of supervised practice.** Amends §148E.100, subd. 7. Substitutes “verification” for “attestation.” Changes the cross reference from the subdivision on “attestation” to the one on “verification.”
- 15** **Supervision required after licensure.** Amends §148E.105, subd. 1. Clarifies that a licensed graduate social worker who is not engaged in clinical practice must receive at least 100 hours of supervision.
- 16** **Supervised practice obtained prior to August 1, 2011.** Amends §148E.105, by adding subdivision 2a. Requires the board to approve supervised practice hours completed prior to the effective date of chapter 148E if they comply with the requirements in chapter 148D. Beginning August 1, 2011, the effective date of chapter 148E, all hours of supervised practice obtained must comply with the requirements of this section.
- 17** **Types of supervision.** Amends §148E.105, subd. 3. Specifies that visual contact must be maintained when supervision is provided via eye-to-eye electronic media.
- 18** **Supervisee requirements.** Amends §148E.105, subd. 5. Requires the licensee to submit the verification of supervised practice when the licensee applies for renewal of a license.
- 19** **Verification of supervised practice.** Amends §148E.105, subd. 7. Substitutes “verification” for “attestation.” Changes the cross reference from the subdivision on “attestation” to the one on “verification.”
- 20** **Supervision required after licensure.** Amends §148E.106, subd. 1. Requires a licensed graduate social worker to obtain
- a minimum of four hours and maximum of eight hours of supervision during every

160 hours of practice until licensed as an independent clinical social worker; and

- a minimum of 200 hours of supervision in addition to all other licensing requirements.

- 21 Practice requirements.** Amends §148E.106, subd. 2. Changes supervised practice requirements from at least 200 hours of supervision during the first 4,000 of practice, to at least 200 hours of supervision in no less than 4,000 hours and no more than 8,000 hours of practice; at least 1,800 hours of practice must be direct clinical client contact. Provides a range from a minimum of four to a maximum of eight hours of supervision during every 160 hours of practice.
- 22 Supervised practice obtained prior to August 1, 2011.** Amends §148E.106, by adding subdivision 2a. Paragraph (a) requires the board to approve supervised practice hours completed prior to the effective date of chapter 148E if they comply with the requirements in chapter 148D.
- Paragraph (b) provides hours of supervised practice obtained after the effective date of this chapter, must comply with the new requirements contained in this chapter.
- Paragraph (c) states that direct clinical client contact hours are not required prior to the effective date of this chapter and if the licensed graduate social worker's license was issued prior to the effective date of this chapter and the person practices clinical social work.
- 23 Types of supervision.** Amends §148E.106, subd. 3. Specifies that visual contact must be maintained when supervision is provided via eye-to-eye electronic media.
- 24 Supervisor requirements.** Amends §148E.106, subd. 4. Makes technical changes.
- 25 Supervisee requirements.** Amends §148E.106, subd. 5. Requires the licensee to submit the verification of supervised practice when the licensee applies for renewal of a license.
- 26 Eligibility to apply for licensure as a licensed independent clinical social worker.** Amends §148E.106, subd. 8. Allows a licensed graduate social worker to apply for independent clinical social worker practice when the individual has completed not less than 4,000 and not more than 8,000 of clinical practice. Currently, the practice requirement is 4,000 hours.
- 27 Verification of supervised practice.** Amends §148E.106, subd. 9. Substitutes "verification" for "attestation." Changes the cross reference from the subdivision on "attestation" to the one on "verification."
- 28 Supervision required before licensure.** Amends §148E.110, subd. 1. Makes a technical change.
- 29 Supervised practice obtained prior to August 1, 2011.** Amends §148E.110, by adding subdivision 1a. Requires the board to approve supervised practice hours completed prior to the effective date of chapter 148E if they comply with the requirements in chapter 148D. Beginning August 1, 2011, the effective date of chapter 148E, all hours of supervised practice obtained must comply with the requirements of this section.
- 30 Licensed independent social workers; clinical social work after licensure.** Amends

§148E.110, subd. 2. Prohibits an independent social worker from engaging in clinical practice except under the supervision of a licensed independent clinical social worker who meets the requirements for being a supervisor.

- 31 Supervision; licensed independent social worker engaged in clinical social work practice.** Amends §148E.110, by adding subdivision 5. Paragraph (a) instructs a licensed independent social worker who is in clinical practice to obtain at least 200 hours of supervision.
- Paragraph (b) requires at least four hours and a maximum of eight hours of supervision during every 160 hours of practice until an independent clinical social worker license is obtained.
- Paragraph (c) sets out the requirements for licensure as an independent clinical social worker.
- Paragraph (d) requires compliance with subdivision 1a of section 148E.110.
- 32 Practice requirements after licensure as licensed independent social worker; clinical social work practice.** Amends §148E.110, by adding subdivision 6. Paragraph (a) requires no less than 4,000 and no more than 8,000 hours of social work practice, with at least 1,800 of direct clinical client contact, and a minimum of four and maximum of eight hours of supervision during every 160 hours of practice.
- Paragraph (b) states that direct clinical client contact hours are not required prior to the effective date of this chapter and if the licensed independent social worker's license was issued prior to the effective date of this chapter and the person practices clinical social work.
- 33 Supervision; clinical social work practice after licensure as licensed independent social worker.** Amends §148E.110, by adding subdivision 7. Specifies that forms of supervision that are acceptable and the permissible number of hours for each type.
- 34 Supervision; clinical social work practice after licensure.** Amends §148E.110, by adding subdivision 8. Requires supervision to be provided by a supervisor who meets the requirements to be a supervisor.
- 35 Supervisee requirements; clinical social work practice after licensure.** Amends §148E.110, by adding subdivision 9. Requires the supervisee to practice competently and ethically; receive supervision in specified content areas; submit a supervision plan; and verify supervised practice.
- 36 Limit on practice of clinical social work.** Amends §148E.110, by adding subdivision 10. Limits a licensed independent social worker to not more than 8,000 hours of supervised clinical social practice, unless the board grants an extension for up to an additional 2,000 hours.
- 37 Eligibility for licensure; licensed independent clinical social worker.** Amends §148E.110, by adding subdivision 11. Provides that a licensed independent social worker can apply for an independent clinical social worker license upon completion of not less than 4,000 hours and not more than 8,000 hours of supervised clinical practice. At least 1,800 hours must be of direct clinical client contact, at least 200 hours of clinical supervision must

be received.

- 38 Verification of supervised practice.** Amends §148E.110, by adding subdivision 12. Requires the supervisor and supervisee to verify that the supervisee is meeting the supervision requirements.
- 39 Supervision before licensure; licensed independent clinical social worker.** Amends §148E.115, subd. 1. Requires at least 200 hours of supervision; at least four hours and not more than eight hours of supervision must be received for every 160 hours of practice. The 200 hours of supervision must be provided in not less than 4,000 and not more than 8,000 hours of clinical practice. At least 1,800 hours must be of direct client clinical practice.
- 40 Supervised practice obtained prior to August 1, 2011.** Amends §148E.115, by adding subdivision 1a. Requires the board to approve supervised practice hours completed prior to the effective date of chapter 148E if they comply with the requirements in chapter 148D. Beginning August 1, 2011, the effective date of chapter 148E, all hours of supervised practice obtained must comply with the requirements of this section.
- Provides that direct clinical client contact hours are not required prior to the effective date of this chapter and if the graduate social worker or independent social worker was licensed prior to the effective date of this chapter.
- 41 Requirements of supervisors.** Amends §148E.120.
- Subd. 1. Supervisors licensed as social workers.** Limits supervisors available to provide clinical supervision to licensed independent clinical social workers who have at least 2,000 hours of authorized social work practice, including 1,000 of clinical practice after obtaining an independent clinical social worker license.
- Requires that social workers in each of the four licensure categories who provide nonclinical supervision must have completed the supervised practice requirements for their licensure category.
- Subd. 2. Alternate supervisors.** Changes the language in paragraph (c) from requirements for clinical supervision by licensed independent clinical social workers. Now provides conditions related to supervision by any of the four licensure categories for licensure supervision for social work practice.
- 42 Supervision plan.** Amends §148E.125, subd. 1. Requires the supervision plan to be submitted within 60 days rather than 90 days.
- 43 Verification of supervised practice.** Amends §148E.125, subd. 3. Requires verification of supervised practice to be submitted when the licensee submits the license renewal application form.
- 44 Increased clock hours required effective August 1, 2011.** Amends §148E.130, by adding subdivision 1a. Clarifies that the increased requirements are applicable to all new licenses issued effective August 1, 2011, and at the first renewal term for individuals licensed under chapter 148D.
- 45 Ethics requirement.** Amends §148E.130, subd. 2. Specifies topics that fulfill the two hour ethics requirement.

- 46 Independent study.** Amends §148E.130, subd. 5. Permits not more than 15 hours of independent study toward meeting the continuing education requirements. Current law permits not more than 10 hours. For the continuing education requirements for supervisors, independent study can include consultation or training about supervision issues with a licensed professional with demonstrated supervisory skills.
- 47 Records retention; licensees.** Amends §148E.165, subd. 1. Makes technical and clarifying changes to the requirements for retention of continuing education records.
- 48 Repealer.** Repeals §148E.106, subd. 6 (supervision requirement for licensed graduate social workers in clinical practice); and §148E.125, subd. 2 (attestation of supervision), effective August 1, 2011.

Article 10: Dental Therapists

Overview

This bill establishes licensure and practice limitations for dental therapists.

- 1 Dental therapist.** Amends §150A.01, by adding subdivision 6b. Defines dental therapist.
- 2 Practice of dental therapy.** Amends §150A.05, by adding subdivision 1b. Defines the practice of dental therapy.
- 3 Exemptions and exceptions of certain practices and operations.** Amends §150A.05, subd. 2. Adds dental therapy students acting under the instruction of a licensed dental professional to the list of individuals exempt from sections 150A.01 to 150A.12.
- 4 Dental therapists.** Amends §150A.06, by adding subdivision 1d. Requires applicants to be of good moral character and a graduate of a program accredited by the Commission on Dental Accreditation.
- 5 Continuing education and professional development waiver.** Amends §150A.06, subd. 2d. Adds the term “dental therapist.”
- 6 Fraud in securing licenses or registration.** Amends §150A.06, subd. 5. Adds the term “dental therapist.”
- 7 Display of name and certificates.** Amends §150A.06, subd. 6. Adds the term “dental therapist.”
- 8 Grounds.** Amends §150A.08, subd. 1. Adds the term “dental therapist.”
- 9 Costs; additional penalties.** Amends §150A.08, subd. 3a. Adds the term “dental therapist.”

- 10 Medical examinations.** Amends §150A.08, subd. 5. Adds the term “dental therapist.”
- 11 Registration information and procedure.** Amends §150A.09, subd. 1. Adds the term “dental therapist.”
- 12 Current address, change of address.** Amends §150A.09, subd. 3. Adds the term “dental therapist.”
- 13 Application fees.** Amends §150A.091, subd. 2. Adds a \$100 application fee for dental therapists.
- 14 Initial license or registration fees.** Amends §150A.091, subd. 3. Adds a prorated initial fee for a dental therapist of \$10 times the number of months of the initial term.
- 15 Biennial license or registration fees.** Amends §150A.091, subd. 5. Adds a \$180 biennial license fee for a dental therapist.
- 16 Duplicate license or registration fee.** Amends §150A.091, subd. 8. Adds a \$35 license replacement fee for dental therapists.
- 17 Reinstatement fee.** Amends §150A.091, subd. 10. Adds an \$85 reinstatement fee for a dental therapist
- 18 Dental hygienists.** Amends §150A.10, subd. 1. Adds licensed dental therapists to the list of providers who can use the services of dental hygienists.
- 19 Dental assistants.** Amends §150A.10, subd. 2. Requires licensed dental therapists who use the services of unlicensed persons to be responsible for the acts of these persons. Permits a dental therapist to supervise no more than two registered or unregistered dental assistants in any one practice setting.
- 20 Dental technicians.** Amends §150A.10, subd. 3. Permits dental therapists to issue work orders.
- 21 Dental therapist.** Creates §150A.105.
- Subd. 1. General.** Requires a dental therapist to practice under the supervision of a Minnesota licensed dentist.
- Subd. 2. Limited practice settings.** Limits dental therapist practice to low-income and underserved patients or in a dental health professional shortage area.
- Subd. 3. Collaborative management agreement.** Sets out the requirements of the written agreement between the dental therapist and a Minnesota-licensed dentist.
- Subd. 4. Scope of practice.** Lists the services that may be provided by a dental therapist under the parameters of the collaborative management agreement. In general, this subdivision permits a dental therapist to perform preventive, evaluative, and educational oral health services.
- Subd. 5. Dispensing authority.** Allows a dental therapist to dispense analgesics, anti-inflammatories, and antibiotics.
- Subd. 6. Application of other laws.** Requires a licensed dental therapist to practice within the collaborative management agreement and according to this

chapter.

Subd. 7. Use of dental assistants. Permits a dental therapist to supervise no more than two registered or unregistered dental hygienists at any one practice setting, if this is authorized by the collaborative management agreement.

Subd. 8. Definitions. Defines “practice settings that serve the low-income and underserved” and “dental health professional shortage area.”

- 22 **Dividing fees.** Amends §150A.11, subd. 4. Adds the term “dental therapist.”
- 23 **Violation and defenses.** Amends §150A.12. Adds the term “dental therapist.”
- 24 **Practitioner.** Amends §151.01, subd. 23. Adds dental therapist to the definition of “practitioner” under specified sections of the pharmacy practice act for the purpose of dispensing and administering medications.
- 25 **Impact of dental therapists.** Instructs the Board of Dentistry to evaluate the impact of the use of dental therapists. Requires a report to the legislature by January 15, 2014.
- 26 **Repealer.** Repeals §150A.061, oral health practitioner.

Article 11: Oral Health Practitioners

Overview

This bill establishes licensure and practice limitations for oral health practitioners.

- 1 **Oral health practitioner.** Amends §150A.01, by adding subdivision 6b. Defines oral health practitioner.
- 2 **Practice of oral health practitioners.** Amends §150A.05, by adding subdivision 1b. Defines the practice of an oral health practitioner.
- 3 **Exemptions and exceptions of certain practices and operations.** Amends §150A.05, subd. 2. Adds oral health practitioner students acting under the instruction of a licensed dental professional to the list of individuals exempt from sections 150A.01 to 150A.12.
- 4 **Oral health practitioners.** Amends §150A.06, by adding subdivision 1d. Requires applicants to be of good moral character and a graduate of a program that has been approved by the board, or accredited by the Commission on Dental Accreditation or another board-approved nation accreditation organization.
- 5 **Resident dental providers.** Amends §150A.06, by adding subdivision 1e. Requires a graduate of an undergraduate program who is enrolled as a graduate student in an advanced dental education program to obtain a license to practice as a resident dental hygienist or oral health practitioner. This license authorizes practice only under the supervision of a licensed dentist or licensed oral health practitioner.
- 6 **Continuing education and professional development waiver.** Amends §150A.06, subd. 2d. Adds the term “oral health practitioner.”

- 7 **Fraud in securing licenses or registrations.** Amends §150A.06, subd. 5. Adds the term “oral health practitioner.”
- 8 **Display of name and certificates.** Amends §150A.06, subd. 6. Adds the term “oral health practitioner.”
- 9 **Grounds.** Amends §150A.08, subd. 1. Adds the term “oral health practitioner.”
- 10 **Costs; additional penalties.** Amends §150A.08, subd. 3a. Adds the term “oral health practitioner.”
- 11 **Medical examination.** Amends §150A.08, subd. 5. Adds the term “oral health practitioner.”
- 12 **Registration information and procedure.** Amends §150A.09, subd. 1. Adds the term “oral health practitioner.”
- 13 **Current address, change of address.** Amends §150A.09, subd. 3. Adds the term “oral health practitioner.”
- 14 **Application fees.** Amends §150A.091, subd. 2. Adds a \$100 application fee for oral health practitioners.
- 15 **Initial license or registration fees.** Amends §150A.091, subd. 3. Adds a prorated initial fee for an oral health practitioner of \$10 times the number of months of the initial term.
- 16 **Biennial license or registration fees.** Amends §150A.091, subd. 5. Adds a \$240 biennial license fee for an oral health practitioner.
- 17 **Duplicate license or registration fee.** Amends §150A.091, subd. 8. Adds a \$35 license replacement fee for oral health practitioners.
- 18 **Reinstatement fee.** Amends §150A.091, subd. 10. Adds a \$100 reinstatement fee for oral health practitioners.
- 19 **Dental assistants.** Amends §150A.10, subd. 2. Makes oral health practitioners responsible for the acts of unlicensed persons within the practitioner’s practice. Permits an oral health practitioner to supervise not more than four registered dental assistants at any one practice setting.
- 20 **Dental technicians.** Amends §150A.10, subd. 3. Permits oral health practitioners to issue work orders.
- 21 **Restorative procedures.** Amends §150A.10, subd. 4. Permits an oral health practitioner to authorize a licensed dental hygienist or registered dental assistant to perform restorative procedures if a dentist or oral health practitioner is available in the clinic while the procedure is being performed.
- 22 **Oral health practitioner.** Creates §150A.105.

Subd. 1. General. Requires an oral health practitioner to practice under the supervision of a Minnesota licensed dentist pursuant to a written collaborative management agreement.

Subd. 2. Limited practice settings. Limits an oral health practitioner’s practice to low income, uninsured, and underserved patients, or in a dental health professional shortage area.

Subd. 3. Collaborative management agreement. Sets out the requirements of the written agreement between the oral health practitioner and the Minnesota licensed dentist.

Subd. 4. Scope of practice. Lists the services that may be provided by an oral health practitioner within the parameters of the collaborative management agreement. In general, this subdivision permits an oral health practitioner to perform preventive, primary diagnostic, educational, palliative, therapeutic, and restorative oral health services.

Subd. 5. Prescribing authority. Permits an oral health practitioner to prescribe, dispense, and administer analgesics, anti-inflammatories, and antibiotics.

Subd. 6. Application of other laws. Requires a licensed oral health practitioner to practice within the collaborative management agreement and according to this chapter.

Subd. 7. Use of allied dental personnel. Permits an oral health practitioner to supervise no more than four registered dental assistants at any one practice setting. Also permits an oral health practitioner to supervise registered and unregistered dental assistants to the extent permitted by the collaborative management agreement.

Subd. Definitions. Defines “practice settings that serve the low-income, uninsured, and underserved” and “dental health professional shortage area.”

- 23** **Dividing fees.** Amends §150A.11, subd. 4. Adds the term “oral health practitioner.”
- 24** **Violation and defenses.** Amends §150A.12. Adds the term “oral health practitioner.”
- 25** **Patient’s name and social security number.** Amends §150A.21, subd. 1. Adds the term “oral health practitioner.”
- 26** **Failure to comply.** Amends §150A.21, subd. 4. Adds the term “oral health practitioner.”
- 27** **Practitioner.** Amends §151.01, subd. 23. Adds licensed oral health practitioners to the list of licensed professionals who may prescribe, administer, and dispense medications under the pharmacy practice act.
- 28** **Prescribing and filing.** Amends §151.37, subd. 2. Adds the term “oral health practitioner.”
- 29** **Impact of oral health practitioners.** Instructs the Board of Dentistry to evaluate the impact of the use of oral health practitioners. Requires a report to the legislature by January 15, 2014.
- 30** **Repealer.** Repeals §150A.061, oral health practitioner.

