

State Regulation of Health-Related Occupations

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At least 56 health-related occupations are regulated by the state. These health-related occupations are overseen by either the Minnesota Department of Health (MDH) or by a health-related licensing board. This publication provides a brief overview of how the state regulates these occupations.

As of September 2021, 17 health-related licensing boards and two divisions in MDH oversee health-related occupations. Some licensing boards regulate a single occupation, while others regulate a range of related occupations. For example, the Minnesota Board of Optometry only regulates optometrists, while the Minnesota Board of Medical Practice regulates physicians, osteopathic physicians, and what are referred to as “allied health professions”—acupuncture practitioners, athletic trainers, genetic counselors, naturopathic doctors, physician assistants, respiratory care practitioners, and traditional midwives.

MDH regulates various allied health professionals, such as speech-language pathologists and audiologists; mortuary science practitioners; various environmental health professionals, such as lead workers; and unlicensed complementary and alternative health care practitioners.

Methods of regulation for health-related occupations

Health-related occupations may be regulated in one of several ways: through licensure, registration, certification, adherence to a client bill of rights, or application of criminal and civil penalties. Where necessary and appropriate, state law allows two or more of these methods of regulation to be utilized at the same time. The title a provider uses cannot always be relied upon to determine how the provider is regulated. For instance, a registered nurse is actually licensed, not registered. What follows are some methods of occupational regulation.

- **Licensure** is the most stringent form of regulation. Under licensure, a person cannot practice in an occupation unless the person has satisfied predetermined qualifications for practicing and has been recognized by the state as having met those qualifications. [Minn. Stat. § 214.001](#), subd. 3, cl. (4). This is also known as “scope of practice protection.” Typically, an individual may demonstrate that the required qualifications have been met by passing a licensing examination, graduating from an accredited educational institution with a relevant degree, and working in the field while under supervision. Occupations that are licensed generally also prohibit nonlicensed persons from using protected titles. Example: dentists.
- With **registration**, only registered persons who have met predetermined qualifications for practicing are allowed to use a designated title (“title protection”) and are listed on an official roster. [Minn. Stat. § 214.001](#), subd. 3, cl. (3). Under a registration system, it is possible for a person to practice in an occupation without being registered, as long as the person does not use any protected titles (allowed only via registration). Example: naturopathic doctors.

- To obtain **certification**, a person must satisfy the qualification requirements specified in statute or rule. It may be possible for a person to practice in an occupation without being certified, but other laws may allow only a certified professional to be on-site at a specific program, perform certain functions, or supervise other personnel. Example: food managers.
- Unlicensed complementary and alternative health care practitioners are not licensed, registered, or certified, but providers are required to conform to a **client bill of rights** and **not engage in prohibited conduct**. A regulatory body has authority to investigate complaints against these providers and take and enforce disciplinary actions against providers for engaging in prohibited conduct or violating the client bill of rights. The regulatory body may revoke or suspend the provider's right to practice. Examples: practitioners of acupressure, culturally traditional healing practices, homeopathy. [Minn. Stat. § 146A.01](#), subd. 4.
- **Criminal and civil penalties** exist to punish or prevent illegal acts by providers. Laws imposing criminal or civil penalties are enforced by consumers or prosecutors.

Factors for determining whether an occupation is regulated

No occupation may be regulated by the state unless its regulation is required for the safety and well-being of Minnesotans. [Minn. Stat. § 214.001](#), subd. 2. This standard applies to both health-related occupations and nonhealth-related occupations. The legislature must consider the following factors when determining whether an occupation should be regulated:

- 1) Whether the unregulated practice of the occupation may harm the health, safety, and welfare of Minnesotans in a recognizable way
- 2) Whether practicing the occupation requires special skills or training, and whether the public would benefit from being assured of the person's ability to practice the occupation
- 3) Whether Minnesotans may be protected more effectively by means other than occupational regulation
- 4) Whether the overall cost-effectiveness and economic impact of regulation would be positive for the state

Information that must be submitted to the legislature

If a bill is introduced in the legislature to regulate a new occupation or to expand regulation or the scope of practice of an already-regulated occupation, supporters of the proposal must submit to the legislature evidence supporting the new or expanded regulation. [Minn. Stat. § 214.002](#), subd. 1. The information must be submitted in written form and must be provided to the chairs of the House and Senate committees with jurisdiction over the occupation at issue. Some committee chairs may require submission of a specific completed scope of practice framework document, but the format is at the discretion of the chair.

The subjects that must be covered in the written report are specified in statute. [Minn. Stat. § 214.002](#), subd. 2. Required subjects include specifying the harm to the public caused by the unregulated practice of the occupation or continued practice at its current level of regulation; explaining why the proposed level of regulation is being proposed; and discussing how the proposed regulation would impact the supply of providers and the cost of the provider's services.



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