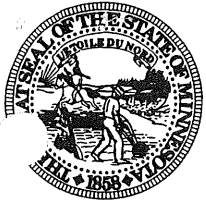


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MINNESOTA BOARD OF MEDICAL PRACTICE

2700 University Avenue West, #106 St. Paul, MN 55114-1080 (612) 642-0538

November 8, 1995

Maryanne Hruby, Executive Director
LEGISLATIVE COMMISSION TO REVIEW ADMINISTRATIVE RULES
55 State Office Building
100 Constitution Avenue
St. Paul, MN 55155

RE: STATEMENT OF NEED AND REASONABLENESS
(ACUPUNCTURE AND PHYSICIAN ASSISTANT FEES)

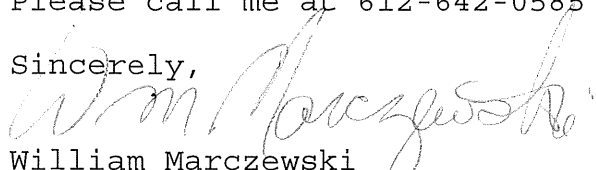
Dear Ms. Hruby:

Pursuant to Minn. Rule 1400.2070, I am providing to the Legislative Commission to Review Administrative Rules, on behalf H. Leonard Boche, Executive Director of the Minnesota Board of Medical Practice, a copy of the Statement of Need and Reasonableness for rules relating to Acupuncture and Physician Assistant Fees.

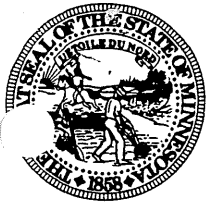
The Notice of Intent to Adopt the Rule Without a Public Hearing will be published on November 13, 1995.

Please call me at 612-642-0585 with any questions or concerns.

Sincerely,


William Marczewski
Medical Regulations Analyst

WRM



MINNESOTA BOARD OF MEDICAL PRACTICE

2700 University Avenue West, #106 St. Paul, MN 55114-1080 (612) 642-0538

NOTICE OF INTENT TO ADOPT A RULE WITHOUT A PUBLIC HEARING

Proposed Amendments to the Rule Governing Board Fees, Minn. Rule 5600.0605, 5600.0610 and 5600.2500.

The Minnesota Board of Medical Practice intends to adopt a permanent rule without a public hearing following the procedures set forth in the Administrative Procedure Act, Minnesota Statutes, sections 14.22 to 14.28. You have 30 days to submit written comments on the proposed rule. A public hearing is not required to be held as provided by Minnesota Statute, section 241.06 subdivision 3.

Agency Contact Person. Comments or questions on the rule must be submitted to:

H. Leonard Boche, Executive Director
Suite 106
2700 University Avenue West
St. Paul, MN 55114

The Fax phone number is (612) 642-0393. Oral statements will be received during regular business hours over the telephone at (612) 642-0538 or MN Relay Service for Hearing and Speech Impaired ONLY at (612) 297-5353 or (800) 627-3529 and in person at the above address.

Subject of Rule and Statutory Authority. The proposed rule is about Board fees governing acupuncturists and physician assistants. The statutory authority to adopt this rule is found under Act of May 17, 1995, ch. 177, 1995 Minn. Laws 603 and 604, Act of May 22, 1995, ch. 205, Art. 1, 1995 Minn. Laws 993 and 1009, Minnesota Statute, section 214.06 subdivision 2. (1994), and Act of May 25, 1995, ch. 233, art. 2, 1995 Minn. Laws 2105. A copy of the proposed rule is published in the State Register and attached to this notice as mailed. A free copy of the rule is available upon request from the agency contact person listed above.

Comments. You have until 4:30 p.m. on December 15, 1995, to submit comment in support of or in opposition to the proposed rule and any part or subpart of the rule. Your comment must be in writing and received by the agency contact person by the due date. Comment is encouraged. Your comment should identify the portion of the proposed rule addressed and the reason for the comment. You are encouraged to propose any change desired. Any comments that you would like to make on the legality of the proposed rule must also be made during the comment period.

Public Hearing Not Required. Minnesota Statute, section 214.06, subdivision 3. (1994) reads: Notwithstanding section 14.22, subdivision 1, clause (3), a public hearing is not required to be held when the health-related licensing boards need to raise fees to cover anticipated expenditures in a biennium. The notice of intention to adopt the rules, as required under section 14.22, must state that no hearing will be held. Based on Minnesota Statute, section 214.06 subdivision 3., there will be no public hearing held regarding this proposed fee rule concerning acupuncture and physician assistant fees.

Modifications. The proposed rule may be modified as a result of public comment. The modifications must be supported by comments and information submitted to the agency, and the adopted rule may not be substantially different than the proposed rule. If the proposed rule affects you in any way, you are encouraged to participate in the rulemaking process.

Statement of Need and Reasonableness. A statement of need and reasonableness is now available from the agency contact person. This statement contains a summary of the justification for the proposed rule, including a description of who will be affected by the proposed rule and an estimate of the probable cost of the proposed rule.

It is the position of the Board that it is not subject to Minnesota Statute, section 14.115, regarding small business considerations in rulemaking. The basis for this position is addressed in the statement of need and reasonableness.

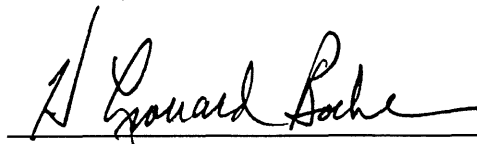
The Minnesota Board of Medical Practice has reviewed the proposed rules, and finds no evidence that rules would cause the expenditure of public money by any local public body.

The Minnesota Board of Medical Practice has reviewed the proposed rules, and finds that the subject matter of the rules is not related to agricultural land.

Adoption and Review of Rule. The agency may adopt the rule after the end of the comment period. The rule and supporting documents will then be submitted to the Office of Administrative Hearings or to the Minnesota Attorney General's Office for review for legality as appropriate under the applicable statutes and rules. You may ask to be notified of the date the rule is submitted to the office. If you want to be so notified, or want to receive a copy of the adopted rule, or want to register with the Minnesota Board of Medical Practice to receive notice of future rule proceedings, submit your request to the agency contact person listed above.

Dated: _____

10/27/95



H. LEONARD BOCHE

EXECUTIVE DIRECTOR

STATE OF MINNESOTA

BEFORE THE MINNESOTA

COUNTY OF RAMSEY

BOARD OF MEDICAL PRACTICE

In the Matter of Proposed
Rules and Amendments
Relating to Board Fees

STATEMENT OF
NEED AND
REASONABLENESS

Pursuant to Minn. Stat. § 14.131 (Supp. 1995), the Minnesota Board of Medical Practice (hereinafter Board) hereby affirmatively presents the need and facts establishing the reasonableness of proposed rules and amendments to Minn. Rules 5600.2500, 5600.0605 and 5600.0610, relating to fees concerning acupuncturists and physician assistants.

In order to adopt the proposed rules relating to acupuncturist and physician assistant fees, the Board must demonstrate that it has complied with all procedural and substantive requirements for rulemaking. These requirements are as follows: 1) there is statutory authority to adopt the rules; 2) the rules are needed; 3) the rules are reasonable; 4) all necessary procedural steps have been taken; and 5) any additional requirements imposed by law have been satisfied.

Minn. Stat. § 14.131 (Supp. 1995) also requires that the Statement of Need and Reasonableness contain information regarding notice to persons affected by the rule, assessment of other means to address the subject of the rules, cost of developing and/or enforcing the rule and benefit to persons affected, and comparison to federal regulations, if any, dealing with the subject of the rule. Information addressing these concerns will be provided in a separate section titled **ADDITIONAL REQUIREMENTS**.

STATUTORY AUTHORITY

The statutory authority of the Board to adopt these rules is as follows:

Act of May 17, 1995, ch. 177, 1995 Minn. Laws 598-609, provides for the regulation of acupuncturists. Hereinafter the acupuncture law will be referred to as it is codified in Minn. Stat., ch. 147B. SEE EXHIBIT C.

Minn. Stat. § 147B.02, subd. 11 and 13 authorize the creation of Inactive Status and Temporary Permit fees.

Act of May 22, 1995, ch. 205, art. 1, 1995 Minn. Laws 988-1010 provides for the regulation of physician assistants. Hereinafter the physician assistant law will be referred to as it is codified in Minn. Stat. ch. 147A. SEE EXHIBIT B.

STATEMENT OF REASONABLENESS

The rule as proposed involves changes in Minn. Rules 5600.2500, 5600.0605, 5600.0610, and 5601.0300.

Minn. Rule 5600.2500 is the list of Board fees. Minn. Rule 5600.0605 describes license renewal procedures. Minn. Rule 5600.0610 describes initial licensure procedures. Minn. Rule 5601.0300 describes physical therapist application information.

The changes in Minn. Rule 5600.2500 involve the amending of the rule to incorporate the physician assistant and acupuncturist fees and recoding the rule so existing fee citations are properly referenced. The changes in Minn. Rules 5600.0605, 5600.0610 and 5601.0300 involve changing the citations to match the appropriate references made in Minn. Rule 5600.2500 and thus are technical, not substantive changes. SEE EXHIBIT A.

For the purposes of explanation, the changes in Minn. Rule 5600.2500 will be outlined here. The reference changes to Minn. Rules 5600.0605, 5600.0610 and 5601.0300 can be reviewed by looking at Exhibit A which contains a copy of the entire rule as proposed.

5600.2500 FEES

The fees charged by the Board are fixed at the following rates:
(Changes are underlined) (Italic is previous citation)

- A. physician application fee, \$200;
- B. physician annual license, \$168;
- C. physician endorsement to other states, \$40;
- D. physician emeritus license, \$50;
- E. physician temporary license, \$60;
- F. physician late fee, \$60;
- G. physicial therapist application fee, \$100;
- H. physical therapist annual registration, \$60;
- I. physical therapist late fee, \$20;
- J. physical therapist temporary permit, \$25;
- K. physician assistant application fee, \$120;
- L. physician assistant annual registration (prescribing), \$135;
- M. physician assistant annual registration (nonprescribing) \$115;
- N. physician assistant temporary registration, \$115;
- O. physician assistant temporary permit, \$60;
- P. physician assistant locum tenens permit, \$25;
- Q. physician assistant late fee, \$50;
- R. acupuncture temporary permit, \$60;
- S. acupuncture inactive status fee, \$50;
- T. duplicate license or registration fee, \$20;
- L.U. certification letter, \$25;
- M.V. verification of status, \$10;
- N.W. education or training program approval fee, \$100;
- O.X. report creation and generation, \$60 per hour billed in quarter-hour increments with a quarter hour minimum;
- P.Y. examination administrative fee:
 - (1) half day, \$50; and
 - (2) full day, \$80.

The renewal cycle for physician assistants under items L and M begins July 1. The duration of the permit issued under item P is one year.

ACUPUNCTURE FEES

There are two acupuncture fees being proposed. They are the Inactive Status fee and the Temporary Permit fee. Both fees are user fees and are not intended to be collected on an annual basis.

The Inactive Status allows an acupuncturist's license to become inactive without the cancellation of the license for nonrenewal after two annual renewal cycles. The \$50 fee pays for licensure staff to review the application; work with the Discipline Unit, if the licensee is under investigation, to determine whether inactive status should be granted; and prepare documents for review and approval by the Acupuncture Council and Board. Such review/processing would take a minimum of two hours per application at about \$25 per hour staff time.

An Inactive License can be reactivated by the license holder upon application to the Board and provision of updated information and payment of back fees. A person whose license has been cancelled for nonrenewal after two annual renewal cycles must apply for a new license and meet all requirements and fees then in existence.

A Temporary Permit allows an applicant, who has completed all application for licensure requirements, to practice on a temporary basis, with or without prescribing privileges, until the Board meeting at which the applicant's license is approved. Because the Board meets every other month, the duration of a temporary permit is about two months.

The Temporary Permit fee of \$60 covers licensure staff time verifying licensure application data and reviewing other information relating to practice (e.g., location information, prescribing delegation, and supervising physician and alternates) as well as Acupuncture Advisory Council review.

The \$60 fee is comparable to the temporary permit fee for physicians. Both are licensed practitioners of the Board and costs to the Board for processing these applications are similar.

The two proposed acupuncture fees fit into a larger budgetary picture of the Board's regulation of acupuncturists. The following is a synopsis of the overall budget considerations involved in the regulation of acupuncturists. See Exhibit E - Documents reviewed by the Finance Department containing the rationale for acupuncture fees for additional budget information.

1. There are currently about 19,500 persons regulated by the Board of Medical Practice. It is estimated that 75 persons will become licensed as acupuncturists, which would represent about .38% of the 19,500 persons regulated by the Board. The Board's overall administrative budget is about \$830,500. Thus, the acupuncturists share of the Board's overall budget is \$3,156 (.38% of \$830,000).

2. In the next biennium, it is estimated that the Board will spend about \$9,500 regulating acupuncturists. This will involve licensure activities relating to approval of applications, renewals, temporary permits, and inactive status requests. This also includes services of the Acupuncture Advisory Council. Lastly, there are the costs involved in investigations by the Discipline Unit/Attorney General's Office. It is estimated that the Discipline and Licensure Units would each incur about \$4500 in expenses and Council costs (travel, per diem, meetings, etc.) would be about \$1000. Adding the \$3,156 for administrative costs and \$9,500 for regulatory costs would equal \$12,656, the estimated cost to regulate acupuncturists. The temporary permit and inactive status fees collected would offset this by an estimated \$220. Thus, the final cost is \$12,436 ($\$12,656 - \$220 = \$12,436$).

3. The application and renewal fees, \$150 each, are expected to raise about \$12,750 in revenue ($\$150 \times 75 \text{ Renewals} = \$11,250$) ($10 \text{ new applicants} \times \$150 = \$1,500$) ($\$11,250 + \$1,500 = \$12,750$). Thus anticipated revenues \$12,750 are within \$314 of the anticipated expenditures \$12,436 ($\$12,750 - \$12,436 = \314).

PHYSICIAN ASSISTANT FEES

There are five physician assistant user fees. They are the Locum Tenens Permit fee (\$25), Temporary Registration fee (\$115), Temporary Permit fee (\$60), Physician Assistant Late fee (\$50), and Physician Assistant Application fee (\$120). These are one time fees, with the exception of the Locum Tenens Permit which allows for a registrant to ask the Board to renew the permit. The Locum Tenens Permit is, however, not considered an annual fee, because a physician assistant may apply for the permit on an as needed basis for each practice location which is different from the designated practice site.

There are two physician assistant annual registration renewal fees. The \$135 registration renewal fee allows physician assistants to practice with prescribing privileges. The \$115 registration renewal fee allows a physician assistant to practice without prescribing privileges.

The user fees will be discussed first.

The Locum Tenens Permit is a new status created by Minn. Stat. § 147A.01, subd. 15. and allows a physician assistant a time specific temporary permission to practice as a physician assistant in setting(s) other than the practice setting established in the physician-physician assistant agreement. The purpose of this permit is to allow physician assistants to practice at camp settings which are seasonal or event related. Separate permits are required for each location and last for one year from date of issuance. The law allows the permits to be renewed annually. With the duration of the permit being one year, the physician assistant can choose specific time periods within a year (i.e., 3 full months then weekends only for 6 months). The permit may be renewed after a year from the date of issuance and new time periods designated.

The fee is \$25 and covers licensure staff time, about one hour, to process an application. Staff verifies existing registration information and practice setting information for each seasonal or event related location requested.

The Temporary Permit allows a physician assistant applicant, who has completed all the application requirements to temporarily practice with or without prescribing privileges for the time prior to the Board meeting at which the applicant's registration will be approved. This is usually about 2 months, since the Board meets every other month to approve licenses and registrations. It is a one time fee.

The \$60 Temporary Permit fee covers the time spent by Licensure staff reviewing application information to insure that it is complete and contacting the Physician Assistant Advisory Council and/or Medical Coordinator to address any eligibility issues. Such processing may take 2-3 hours with staff and Council time costing about \$25 per hour.

The Temporary Registration fee of \$115 is a one-time fee that allows a physician assistant applicant who has completed all application requirements, except the taking and passing of the National Commission on Certification of Physician Assistant exam, to practice without prescribing privileges for 90 days after the next examination sequence or after one year, whichever is sooner. Because the physician assistant is not fully credentialed, the Board determined that prescribing privileges should not be allowed. Once the passing exam score is received, a Temporary Permit with or without prescribing privileges can be requested until a full registration is approved. Thus, the cost of the Temporary Registration, which may last a year, is similar to a regular registration without prescribing privileges and therefore both are \$115.

The \$115 is for the cost of processing the registration and involves Licensure staff review, information verification, mailings, review by the Physician Assistant Advisory Council and professional staff when needed, and approval of a physician-physician assistant supervisory agreement. It may take 4-5 hours licensure staff, Advisory Council, and professional staff time to complete the processing at about \$25 - \$35 per hour.

The Physician Assistant Late Fee of \$50 is intended to insure timely receipt of registration renewal documents and fees, and assists Licensure staff in efficiently processing renewals. The fee is to cover staff time in returning incomplete documents or insufficient fees and then processing the completed document and fees. It is also meant to encourage timely registration renewals and fees.

The previous Late fee repealed by Minn. Stat. ch. 147A was \$5 and was first approved in 1985. The new fee adjustment is a reflection of the increase in staff costs for reprocessing documents and is comparable to physician and accupuncturist late fees.

The Physician Assistant Application fee of \$120 replaces the \$100 fee repealed by Minn. Stat. ch. 147A. The \$20 increase is a reflection of inflation over the past ten years. The original fee was approved in 1985. Here again, the new fee is intended to cover the time spent by Licensure staff reviewing and verifying the application information as well as time spent on review/discussion by the Physician Assistant Advisory Council.

The Physician Assistant Annual Registration Fee with prescribing (\$135) and without prescribing (\$115) replace the previous registration renewal fee of \$20. They also replace the approval of agreement fees (with prescribing \$86/without prescribing \$30). Under prior law, physician assistants had to undergo both registration renewal processing and obtain approval of supervisory agreements and any subsequent changes thereto. With the enactment of Minn. Stat. ch. 147A, agreements are approved initially by the Board. Any changes are required to be reported to the Board, but no new agreements have to be approved.

With the enactment of Minn. Stat. ch. 147A, the responsibilities for compliance with the law have shifted to the physician assistants and supervising physicians rather than having the Board pre-approve agreements and changes. Because of this change in responsibilities and the statutory requirement under Minn. Stat. ch. 147A that all licensed health care professionals report possible physician assistant misconduct, it is anticipated an increased number of reports of physician assistant misconduct will be investigated by the Board's Discipline Unit.

Because registration renewals are annual fees, these revenues, in large part, recover the Board's cost in providing Discipline and Licensure services each year and thus need to be set at an appropriate level to maintain services to registrants.

The registration renewal fee of \$20 approved in 1985, repealed by Minn. Stat. ch. 147A, clearly does not provide sufficient revenue to recover Board costs. Under the prior law, the Board lacked authority to adjust the fees for physician assistants because the Commissioner of the Health Department was responsible for rules regulating physician assistants. The Board only administered the rules. With the enactment of Minn. Stat. ch. 147A, the Board now has sole control of the regulation of physician assistants and can set the fees.

The \$115 and \$135 registration renewal fees reflect an increase that takes into account ten years of inflation; the shifting of the Board's role from Licensure review/approval to one in which Discipline investigation will be the means to insure compliance with the law; and lastly, the increased verification/paperwork processing that goes with allowing physician assistants prescribing privileges. This also includes developing a system to notify pharmacies which physician assistants have prescribing privileges.

As required by Minn. Stat. § 147A.21 (5), the Board needs to adopt rules regarding the establishment of renewal dates. In response to this requirement, language was added to Minn. Rule 5600.2500 which set the starting day of the physician assistant Registration renewal cycle as July 1. Also clarified was that the duration of the physician assistant Locum Tenens Permit would be for one year.

The overall budgetary rationale for the proposed physician assistant fees can be found in Exhibit E - Documents submitted to the Finance Department. Below is a synopsis of that rationale.

1. About 19,500 persons are licensed or registered with the Board (physicians, physical therapists, respiratory care practitioners, athletic trainers, and physician assistants). There are about 280 physician assistants registered with the Board and comprise about 1.4% of persons regulated. The Board's overall administrative budget is about \$850,000. The physician assistant administrative contribution to the Board's budget is \$11,627 = ($\$850,000 \times 1.4\%$.)

2. The cost of regulating physician assistants is about \$33,700 per year, which includes services of the Licensure staff, Discipline Unit, Attorney General's Office, and Physician Assistant Advisory Council. There were about 16 disciplinary investigations of physician assistants in the previous biennium.

3. Adding the Physician Assistant contribution to the Board's overall administrative budget (\$11,627) and the direct regulation costs (\$33,700), the overall physician assistant cost of regulation is \$45,327. This cost is offset by user fees estimated to be \$8,135. Thus, $\$45,327 - \$8,135 = \$37,192$ which is the estimated expenditure by the Board on physician assistants.

4. The projected revenues from annual renewal fees is estimated at \$37,500 [$(\$135 \times 265 \text{ PA} = \$35,775) + (\$115 \times 15 \text{ PA} = \$1,725)$]. Thus the projected revenues and expenditures are reasonably close ($\$37,500 \text{ Revenue} - \$37,192 \text{ Expenditures} = \308).

ADDITIONAL REQUIREMENTS

Under Minn. Stat. § 14.131 (Supp. 1995), the Statement of Need and Reasonableness must address eight issues. The issues will be stated below and answered in this section.

1. A description of the classes of persons who will be affected by the proposed rule, including classes that will bear the costs of the proposed rule and classes that will benefit from the proposed rule.

The affected classes of persons are persons seeking licensure as acupuncturists or registration as physician assistants. As licensees and registrants they will bear the cost of being regulated by the Board and receive the occupational benefits relating to having licensure or registration status in Minnesota as a requirement of employment. Except for the Inactive Status fee, all the proposed fees relate to practice before licensure/registration, renewal of licensure/registration, or approval of other practice settings.

2. The probable costs to the agency and to any other agency of the implementation and enforcement of the proposed rule and any anticipated effect on state revenues.

The cost to the Board of implementing the fee rules and the affect on state revenues are explained in the documents found in Exhibit E in the attachments. (Memo to Finance Department on proposed fees.)

3. A determination of whether there are less costly methods or less intrusive methods for achieving the purpose of the proposed rules.

Minn. Stat. ch. 147A, 147B and § 214.06 require the Board to set fees to recover costs associated with licensure, registration, and discipline of acupuncturists and physician assistants. Minn. Stat. §§ 16A.1285 and 214.06 require the Board to establish fees sufficient to recover its cost of regulation and mandate that the rulemaking process under Minn. Stat. ch.14 be used. Thus there is a statutory mandate that requires the Board to establish fees and to use the rulemaking process to do so.

4. A description of any alternative methods for achieving the purpose of the proposed rule that were seriously considered by the agency and the reasons why they were rejected in favor of the proposed rule.

Because of Minn. Stat. ch. 147A, 147B, 14, § 16A.1285, and § 214.06, the Board is required to establish fees in accordance with the methods set out herein. Thus again there is a statutory mandate that precludes considering alternative methods.

5. The probable cost of complying with the proposed rule.

The cost to the affected applicant, licensee, or registrant is the amount listed in the proposed fee. Most of the proposed fees are one time user fees. Renewal of licenses or registrations involve annual fees.

6. An assessment of any differences between the proposed rule and existing federal regulations and a specific analysis of the need for and reasonableness of each difference.

There are no federal regulations setting fees for the licensure of acupuncturists or registration of physician assistants. The licensure/registration of health care practitioners has generally been in the province of state government. Practice in federal facilities, such as Veterans Hospitals, is governed by federal law, but eligibility to practice is usually conditioned on the practitioner being licensed or registered by a State Board in any state or jurisdiction of the United States.

7. For rules setting, adjusting, or establishing regulatory, licensure, or other charges for goods and services, comments of the Commissioner of Finance addressing fiscal and policy concerns raised in the review process, as required by Minn. Stat. § 16A.1285, must be included.

See Exhibit D in the Attachments.

8. Description of agency efforts to provide additional notification to persons or classes of persons who may be affected by the proposed rule or must provide an explanation why such efforts were not made.

Representatives of the Board met with the Acupuncture and Physician Assistant Advisory Councils to discuss the proposed fees. The Councils, appointed by the Board, represent their respective constituencies' concerns on issues before the Board. The Acupuncture Advisory Council meetings were on August 28, and September 7, 1995 and the Physician Assistant Council meeting took place on August 24, 1995. These meetings were open to and attended by members of the public, including persons affected by the proposed rules. Each Council will be updated on the progress of the fee rule process.

Representatives of the Board met June 21, 1995, with officials of the Minnesota Academy of Physician Assistants and provided an explanation of the proposed physician assistant fees and rule process.

On October 2, 1995, the Board sent a mailing about the proposed physician assistant fees to all physician assistants currently registered with the Board. On October 2, 1995, the Board sent a mailing about the acupuncture fees to all persons listed by the Minnesota Acupuncture Association as being members in Minnesota. See Exhibits F AND G.

The Board will also publish an article in the upcoming Board UPDATE Newsletter in November 1995, that discusses the proposed fees. The Newsletter is mailed to all practitioners currently regulated by the Board - physicians, physician assistants, physical therapists, respiratory care practitioners, and athletic trainers.

Representatives of the Minnesota Medical Association have been provided information on the fees and will be updated as the rulemaking process proceeds.

OTHER REQUIREMENTS

Expenditure of Public Money by Local Public Bodies

Minn. Stat. § 14.11, subd. 1 requires that "if the adoption of a rule by an agency will require the expenditure of public money by local public bodies, the appropriate notice of the agency's intent to adopt a rule shall be accompanied by a written statement giving the agency's reasonable estimate of the total cost to all public bodies." The Board does not anticipate that the proposed rule will require expenditure of public money by local public bodies.

Impact on Agricultural Land

Minn. Stat. § 14.11, subd.2 requires that "if the agency proposing the adoption of the rule determines that the rule may have a direct and substantial adverse impact on agricultural land in the state, the agency shall comply with the requirements of sections 17.80 and 17.84." The Board does not anticipate that the proposed rule will have a direct and substantial adverse impact on agricultural land in the state.

Expert Witnesses

Minnesota Rules, part 1400.0500, subpart 1 requires that if the rules are adopted with a public hearing, the statement of need and reasonableness must include "a list of any witnesses to be called by the agency to testify on its behalf." Pursuant to Minn. Stat. § 214.06, subd. 3, a public hearing on the proposed fee rule is not required and a statement that no hearing is required is contained in the statement of need and reasonableness.

Small Business Considerations

It is the position of the Board that Minn. Stat. § 14.115 (1994) relating to small business considerations in rulemaking does not apply to the rules it promulgates. Minn. Stat. § 14.115, subd. 7(2) (1994) states that section 14.115 does not apply to "agency rules that do not affect small businesses directly." The Board's authority relates only to acupuncturists and physician assistants and not to the businesses they operate.

The Board is also exempt from the provisions of section 14.115, pursuant to its subdivision 7(3) which states that section 14.115 does not apply to "service businesses regulated by government bodies, for standards and costs, such as... providers of medical care." Acupuncturists and physician assistants provide medical care and are regulated by the Board for standards. The Minnesota Department of Human Services may regulate them for costs.

However, should these proposed rules in some way be construed as being subject to Minn. Stat. § 14.115, the Board notes below how the five suggested methods listed in section 14.115, subdivision 2, for reducing the impact of the rules on small businesses should be applied to the proposed rules. The five suggested methods enumerated in subdivision 2 are as follows:

(a) The establishment of less stringent compliance or reporting requirements for small businesses;

(b) The establishment of less stringent schedules or deadlines for compliance or reporting requirements for small businesses;

(c) The consolidation or simplification of compliance or reporting requirements for small businesses;

(d) The establishment of performance standards for small businesses to replace design or operational standards required in the rule;

(e) The exemption of small businesses from any or all requirements of the rule.

The feasibility of implementing each of the five suggested methods and whether implementing any of the five methods would be consistent with the statutory objectives that are the basis for this rulemaking are considered below.

1. It would not be feasible to incorporate any of the five suggested methods into these proposed rules.

Methods (a) to (c) relate to lessening compliance or reporting requirements for small businesses either by establishing less stringent requirements, establishing less stringent schedules or deadlines for compliance with requirements, or consolidating or simplifying the requirements. Since the Board is not proposing any compliance or reporting requirements for either small or large businesses, it follows that there are no such requirements for the Board to lessen with respect to small businesses. If, however, these proposed rules are viewed as compliance or reporting requirements for businesses, then the Board finds that it would be unworkable to lessen the requirements for those acupuncturists and physician assistants who practice in a solo or clinic setting of fewer than 50 employees, since that would include at a minimum the vast majority of licensees and probably all of them. Method (d) suggests replacing design or operational standards with performance standards for small businesses. The Board's rules do not propose design or operational standards for businesses and therefore there is no reason to implement performance standards for small businesses as a replacement for design or operational standards that do not exist. Finally, method (e) suggests exempting small businesses from any and all requirements of the rules. The application of this provision would virtually exempt all licensees and registrants from the rules, a result that would be absurd.

2. Reducing the impact of the proposed rules on small businesses would undermine the objectives of the Minnesota licensing and registration laws for acupuncturists and physician assistants.

Pursuant to Act of May 17, 1995, Ch. 177, 1995 Minn. Laws 598 - 609 and Act of May 22, 1995, Ch. 205, Art. 1, 1995 Minn. Laws 988-1010, the Board was created for the purpose of establishing requirements for licensure and registration and adopting standards for disciplinary action to govern the practices or behavior of all licensees and registrants. Pursuant to Act of May 17, 1995, Ch. 177, 1995 Minn. Laws 603 and 604 (Minn Stat. § 147B.02 subd. 12 and 13) and Act of May 22, 1995, Ch. 205, Art. 1, 1995 Minn. Laws 993 and 1009 (Minn. Stat. §§ 147A.04 and 147A.21), the Board is specifically mandated to promulgate rules as may be necessary to carry out the Board's purposes. Given these statutory mandates, it is the Board's duty to establish licensure and registration qualifications and disciplinary standards which apply to and govern all applicants and licensees/registrants regardless of the nature of their practice.

As stated above, it is the Board's position that the proposed rules will not affect small businesses and certainly do not have the potential for imposing a greater impact on acupuncturists and physician assistants in a solo or small practice than on those practices large enough to remove them from the definition of small business. It has been explained above that the Board considers it unfeasible to implement any of the five suggested methods enumerated in subdivision 2 of the small business statute. Nonetheless, to the extent that the proposed rules may affect the business operation of an acupuncturist or physician assistant or group of acupuncturists or physician assistants and to the extent feasible to implement any of the suggested methods for lessening the impact on small businesses, the Board believes it would be unwise and contrary to the purposes to be served by these rules for the Board to exempt one group of acupuncturists or physician assistants, indeed the vast majority of acupuncturists or physician assistants, and perhaps the entire profession from the requirements of these rules. Similarly, the Board believes it would be unwise and contrary to its statutory mandate for the Board to adopt one set of standards for those acupuncturists and physician assistants (which may consist of a nonexistant class) who work in large business settings and adopt another, less stringent, set of standards to be applied to those acupuncturists and physician assistants who practice in a solo or small practice. It is the Board's view that these rules must apply equally to all acupuncturists and physician assistants if the public whom they serve is to be adequately protected.

Licensees and registrants, regardless of whether they are considered as individuals or small businesses, have had and will continue to have an opportunity to participate in the rulemaking process for these proposed rules. The Board has used a very open process to draft these rules and has kept the various associations well informed of the proposed rules as they were developed. The associations have in turn, informed their constituents.

COMPLIANCE WITH PROCEDURAL RULEMAKING REQUIREMENTS

Pursuant to Minn. Stat. § 14.131 (Supp. 1995), the Board has prepared this Statement of Need and Reasonableness which is available to the public. The Board will publish a Notice Of Intent To Adopt Rules Without A Public Hearing in the State Register and mail copies of the notice and proposed rules to persons registered with the Board pursuant to Minn. Stat. § 14.14. Prior to the publication of the notice, the Board will submit a copy of the Statement of Need and Reasonableness to the Legislative Commission to Review Agency Rules.

Minn. Stat. § 214.06 subd. 3 (1994), reads as follows:

Subd. 3. Health-related licensing boards. Notwithstanding section 14.22, subdivision 1, clause (3), a public hearing is not required to be held when the health-related licensing boards need to raise fees to cover anticipated expenditures in a biennium. The notice of intention to adopt the rules, as required under section 14.22, must state no hearing will be held.

Based on Minn. Stat. § 214.06 subd. 3., the Board will publish the Notice of Intent to Adopt Rules Without A Public Hearing including the following information: 1) that the public has 30 days in which to submit comments in support of or in opposition to the proposed rule and that comment is encouraged; 2) listing of the date on which the 30 day comment period ends; 3) that each comment should identify the portion of the proposed rule addressed, the reason for the comment, and any change proposed; 4) that pursuant to Minn. Stat. § 214.06 subd. 3., the Board will not conduct a public hearing; 5) that the proposed rule may be modified if the modifications are supported by the data and views submitted; and 6) that notice of the date of submission of the proposed rule to the chief administrative law judge or the Minnesota Attorney General's Office, as is appropriate, for review, will be mailed to any person requesting to receive the notice.

SUMMATION

The proposed fees are reasonable and needed to cover the Board's cost of licensing, registering, and disciplining acupuncturists and physician assistants. With Minn. Stat. § 147A repealing the existing physician assistant fees under Minn. Rule 5600.2655, it is essential the Board put in place new fees to replace those that were repealed as well as establishing new fees to cover new costs to be incurred.

The majority of fees proposed are user fees which are generally one time costs paid by the user to cover processing time spent by staff. The annual registration renewal fees for physician assistants has not been increased since 1985. Adjustments are needed to account for inflation as well to recognize the changes in the law reorganizing how services will be provided in the future, such as Discipline review of practice requirements rather than Licensure approval of agreement changes.

From the exhibits provided and the information contained in this Statement of Need and Reasonableness, the Board has demonstrated that it is reasonably attempting to fulfill its responsibility of providing quality services to its licensees and registrants while balancing the revenues and expenditures necessary to complete that mission.

ATTACHMENTS

- EXHIBIT A - COPY OF PROPOSED RULE
- EXHIBIT B - COPY OF MINN. STAT. ch. 147A (PHYSICIAN ASSISTANTS)
- EXHIBIT C - COPY OF MINN. STAT. ch. 147B (ACUPUNCTURISTS)
- EXHIBIT D - MEMO OF 8-29-95 (DEPARTMENT OF FINANCE COMMENTS AND APPROVAL OF PROPOSED FEES) WITH ATTACHMENTS
- EXHIBIT E - MEMO OF 8-19-95 REQUESTING DEPARTMENT OF FINANCE REVIEW AND APPROVAL OF PROPOSED FEES
- EXHIBIT F - AFFIDAVIT OF MAILING OF FEE RULE INFORMATION TO PHYSICIAN ASSISTANTS REGISTERED IN MINNESOTA WITH MAILING LIST ATTACHED
- EXHIBIT G - AFFIDAVIT OF MAILING OF FEE RULE INFORMATION TO PERSONS LISTED AS MEMBERS OF THE MINNESOTA ASSOCIATION OF ACUPUNCTURISTS WITH MAILING LIST ATTACHED
- EXHIBIT H - LETTERS TO MINNESOTA ACADEMY OF PHYSICIAN ASSISTANTS AND MINNESOTA ASSOCIATION OF ACUPUNCTURISTS ABOUT PROPOSED FEES
- EXHIBIT I - COPY OF NOTICE OF SOLICITATION OF COMMENTS REGARDING PROPOSED AMENDMENTS TO MINNESOTA RULES GOVERNING FEES
- EXHIBIT J - AUTHORIZING RESOLUTION TO INITIATE RULEMAKING
- EXHIBIT K - COPIES OF MINNESOTA STATUTES § 16A.1285 AND 214.06

1 Board of Medical Practice

2

3 Proposed Permanent Rules Relating to Fee Changes

4

5 Rules as Proposed

6 5600.0605 LICENSE RENEWAL PROCEDURES.

7 [For text of subps 1 to 5, see M.R.]

8 Subp. 6. Late submission. A license renewal application
9 and annual license fee received in the board office after the
10 last day of the month in which the licensee's license expires
11 shall not be processed and shall be returned to the licensee for
12 payment of the late fee indicated in part 5600.2500, item K F.

13 [For text of subps 7 and 8, see M.R.]

14 Subp. 9. Conversion period and fees. A licensee who holds
15 a license issued before January 29, 1991, and who renews that
16 license during the conversion period under subpart 2 or 3, shall
17 pay the required license fees according to items A to E.

18 A. Licensees will be charged the full annual license
19 fee listed in part 5600.2500, item E B, for the licensure
20 renewal occurring at the start of the conversion period.

21 [For text of item B, see M.R.]

22 C. For licensees whose conversion period was 12
23 months, the first annual license fee charged after the
24 conversion period shall not be adjusted. They will be charged
25 the annual license fee listed in part 5600.2500, item E B.

26 [For text of item D, see M.R.]

27 E. The second license renewal made after the
28 conversion period and all subsequent license renewals shall be
29 assessed the annual license fee in part 5600.2500, item E B.

30 [For text of subp 10, see M.R.]

31 5600.0610 INITIAL LICENSE PROCEDURES.

32 [For text of subpart 1, see M.R.]

33 Subp. 2. Initial license. An individual who is initially
34 licensed by the board after January 29, 1991, shall pay the
35 physician application and annual license fees listed in part

1 5600.2500, items B A and E B.

2 Effective January 1, 1991, the initial license period
3 begins with the date the person becomes licensed and ends the
4 last day of the licensee's month of birth. However, if the last
5 day of the individual's month of birth is less than six months
6 after the individual becomes licensed, then the initial license
7 period ends on the last day of the individual's month of birth
8 in the next year after the initial license period began. After
9 the initial license period, subsequent renewal periods shall be
10 annual periods that begin on the last day of the month of the
11 licensee's birth.

12 Subp. 3. Conversion period and fees. Individuals
13 initially licensed by the board after January 29, 1991, will
14 have a conversion period according to items A to F.

15 [For text of item A, see M.R.]

16 B. The full physician application fee and physician
17 annual license fee found in part 5600.2500, items B A and E B,
18 will be charged to the individual at the start of the conversion
19 period.

20 [For text of item C, see M.R.]

21 D. For an individual whose conversion period was 12
22 months, the first annual license fee charged after the
23 conversion period shall not be adjusted. The individual will be
24 charged the full annual license fee listed in part 5600.2500,
25 item E B.

26 [For text of item E, see M.R.]

27 F. The second license renewal made after the
28 conversion period for the individual and all subsequent license
29 renewals shall be assessed the annual license fee in part
30 5600.2500, item E B.

31 5601.0300 CONTENTS OF APPLICATION.

32 The application must be submitted on forms prepared by the
33 board together with the fees fee described under part 5600.2500,
34 items-B-and-M item G. To be complete, the application must
35 include the following information:

1 [For text of items A to P, see M.R.]

2 5600.2500 FEES.

3 The fees charged by the board are fixed at the following
4 rates:

- 5 A. physician application fee, \$200;
6 B. physician annual license, \$168;
7 C. physician endorsement to other states, \$40;
8 D. physician emeritus license, \$50;
9 E. physician temporary licenses, \$60;
10 F. physician late fee, \$60;
11 G. physical therapist application fee, \$100;
12 H. physical therapist annual registration, \$60;
13 I. physical therapist late fee, \$20;
14 J. physical therapist temporary permit, \$25;
15 K. physician assistant application fee, \$120;
16 L. physician assistant annual registration
17 (prescribing), \$135;
18 M. physician assistant annual registration
19 (nonprescribing), \$115;
20 N. physician assistant temporary registration, \$115;
21 O. physician assistant temporary permit, \$60;
22 P. physician assistant locum tenens permit, \$25;
23 Q. physician assistant late fee, \$50;
24 R. acupuncture temporary permit, \$60;
25 S. acupuncture inactive status fee, \$50;
26 T. duplicate license or registration fee, \$20;
27 ~~E~~ U. certification letter, \$25;
28 ~~M~~ V. verification of status, \$10;
29 ~~N~~ W. education or training program approval fee,
30 \$100;
31 ~~Θ~~ X. report creation and generation, \$60 per hour
32 billed in quarter-hour increments with a quarter-hour minimum;
33 and
34 ~~P~~ Y. examination administrative fee:
35 (1) half day, \$50; and

1 (2) full day, \$80.

2 The renewal cycle for physician assistants under items L

3 and M begins July 1. The duration of the permit issued under

4 item P is one year.

Sec. 7. APPLICATION.

Sections 1 and 2 apply to vehicles whose registrations expire on or after 31, 1995.

Sec. 8. EFFECTIVE DATE.

Section 4 is effective the day following final enactment.

Presented to the governor May 22, 1995

Signed by the governor May 22, 1995, 7:30 p.m.

CHAPTER 205—S.F.No. 258

An act relating to occupations and professions; board of medical practice; providing the registration of physician assistants by the board of medical practice; providing for making; providing penalties; amending Minnesota Statutes 1994, sections 116J.70, subdivision 2a; 136A.1356, subdivision 1; 144.335, subdivision 1; 148B.60, subdivision 3; 15. subdivision 23; 151.37, subdivision 2a; 214.23, subdivision 1; and 604A.01, subdivision proposing coding for new law as Minnesota Statutes, chapter 147A; repealing Minnesota Statutes 1994, sections 147.34; 147.35; and 147.36; Minnesota Rules, parts 5600.2 5600.2605; 5600.2610; 5600.2615; 5600.2620; 5600.2625; 5600.2630; 5600.2635; 5600.2 5600.2645; 5600.2650; 5600.2655; 5600.2660; 5600.2665; and 5600.2670.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA

ARTICLE 1

Section 1. [147A.01] DEFINITIONS.

Subdivision 1. SCOPE. For the purpose of this chapter the terms defined in this section have the meanings given them.

Subd. 2. ACTIVE STATUS. "Active status" means the status of a person who has met all the qualifications of a physician assistant, has a physician assistant agreement in force, and is registered.

Subd. 3. ADMINISTER. "Administer" means the delivery by a physician assistant authorized to prescribe legend drugs, a single dose of a legend drug including controlled substances, to a patient by injection, inhalation, ingestion or by any other immediate means, and the delivery by a physician assistant ordered by a physician a single dose of a legend drug by injection, inhalation, ingestion, or by any other immediate means.

New language is indicated by underline, deletions by ~~strikeout~~.

Subd. 4. AGREEMENT. "Agreement" means the document described in section 147A.20.

Subd. 5. ALTERNATE SUPERVISING PHYSICIAN. "Alternate supervising physician" means a Minnesota licensed physician listed in the physician-physician assistant agreement who is responsible for supervising the physician assistant when the main supervising physician is unavailable. The alternate supervising physician shall accept full medical responsibility for the performance, practice, and activities of the physician assistant while under the supervision of the alternate supervising physician.

Subd. 6. BOARD. "Board" means the board of medical practice or its designee.

Subd. 7. CONTROLLED SUBSTANCES. "Controlled substances" has the meaning given it in section 152.01, subdivision 4.

Subd. 8. DELEGATION FORM. "Delegation form" means the form used to indicate the categories of drugs for which the authority to prescribe, administer, and dispense has been delegated to the physician assistant and signed by the supervising physician, any alternate supervising physicians, and the physician assistant. This form is part of the agreement described in section 147A.20, and shall be maintained by the supervising physician and physician assistant at the address of record. Copies shall be provided to the board upon request. "Addendum to the delegation form" means a separate listing of the schedules and categories of controlled substances, if any, for which the physician assistant has been delegated the authority to prescribe, administer, and dispense. The addendum shall be maintained as a separate document as described above.

Subd. 9. DIAGNOSTIC ORDER. "Diagnostic order" means a directive to perform a procedure or test, the purpose of which is to determine the cause and nature of a pathological condition or disease.

Subd. 10. DRUG. "Drug" has the meaning given it in section 151.01, subdivision 5, including controlled substances as defined in section 152.01, subdivision 4.

Subd. 11. DRUG CATEGORY. "Drug category" means one of the categories listed on the delegation form.

Subd. 12. INACTIVE STATUS. "Inactive status" means the status of a person who has met all the qualifications of a physician assistant, and is registered, but does not have a physician-physician assistant agreement in force.

Subd. 13. INTERNAL PROTOCOL. "Internal protocol" means a document written by the supervising physician and the physician assistant which specifies the policies and procedures which will apply to the physician assistant's prescribing, administering, and dispensing of legend drugs and medical devices, including controlled substances as defined in section 152.01, subdivision 4, and

lists the specific categories of drugs and medical devices, with any exceptions or conditions, that the physician assistant is authorized to prescribe, administer, and dispense. The supervising physician and physician assistant shall maintain the protocol at the address of record. Copies shall be provided to the board upon request.

Subd. 14. LEGEND DRUG. "Legend drug" has the meaning given it in section 151.01, subdivision 17.

Subd. 15. LOCUM TENENS PERMIT. "Locum tenens permit" means time specific temporary permission for a physician assistant to practice as a physician assistant in a setting other than the practice setting established in the physician-physician assistant agreement.

Subd. 16. MEDICAL DEVICE. "Medical device" means durable medical equipment and assistive or rehabilitative appliances, objects, or products that are required to implement the overall plan of care for the patient and that are restricted by federal law to use upon prescription by a licensed practitioner.

Subd. 17. PHYSICIAN. "Physician" means a person currently licensed in good standing as a physician or osteopath under chapter 147.

Subd. 18. PHYSICIAN ASSISTANT OR REGISTERED PHYSICIAN ASSISTANT. "Physician assistant" or "registered physician assistant" means a person registered pursuant to this section who is qualified by academic or practical training or both to provide patient services as specified in this chapter, under the supervision of a supervising physician.

Subd. 19. PRACTICE SETTING DESCRIPTION. "Practice setting description" means a signed record submitted to the board on forms provided by the board, on which:

(1) the supervising physician assumes full medical responsibility for the medical care rendered by a physician assistant;

(2) is recorded the address and phone number of record of each supervising physician and alternate, and the physicians' medical license numbers and DEA number;

(3) is recorded the address and phone number of record of the physician assistant and the physician assistant's registration number and DEA number;

(4) is recorded whether the physician assistant has been delegated prescribing, administering, and dispensing authority;

(5) is recorded the practice setting, address or addresses and phone number or numbers of the physician assistant; and

(6) is recorded a statement of the type, amount, and frequency of supervision.

Subd. 20. **PRESCRIBE.** "Prescribe" means to direct, order, or designate by means of a prescription the preparation, use of, or manner of using a drug or medical device.

Subd. 21. **PRESCRIPTION.** "Prescription" means a signed written order, or an oral order reduced to writing, given by a physician assistant authorized to prescribe drugs for patients in the course of the physician assistant's practice, issued for an individual patient and containing the information required in the delegation form.

Subd. 22. **REGISTRATION.** "Registration" is the process by which the board determines that an applicant has been found to meet the standards and qualifications found in this section.

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. A supervising physician shall not supervise more than two full-time equivalent physician assistants simultaneously.

Subd. 24. **SUPERVISION.** "Supervision" means overseeing the activities of, and accepting responsibility for, the medical services rendered by a physician assistant. The constant physical presence of the supervising physician is not required so long as the supervising physician and physician assistant are or can easily in contact with one another by radio, telephone, or other telecommunication device. The scope and nature of the supervision shall be defined by the individual physician-physician assistant agreement.

Subd. 25. **TEMPORARY REGISTRATION.** "Temporary registration" means the status of a person who has satisfied the education requirement specified in this chapter; is enrolled in the next examination required in this chapter; or is awaiting examination results; has a physician-physician assistant agreement in force as required by this chapter, and has submitted a practice setting description to the board. Such provisional registration shall expire 90 days after completion of the next examination sequence, or after one year, whichever is sooner, for those enrolled in the next examination; and upon receipt of the examination results for those awaiting examination results. The registration shall be granted by the board or its designee.

Subd. 26. **THERAPEUTIC ORDER.** "Therapeutic order" means an order given to another for the purpose of treating or curing a patient in the course of a physician assistant's practice. Therapeutic orders may be written or verbal, but do not include the prescribing of legend drugs or medical devices unless prescribing authority has been delegated within the physician-physician assistant agreement.

Subd. 27. **VERBAL ORDER.** "Verbal order" means an oral order given to another for the purpose of treating or curing a patient in the course of a physician assistant's practice. Verbal orders do not include the prescribing of legend

drugs unless prescribing authority has been delegated within the physician-physician assistant agreement.

Sec. 2. [147A.02] QUALIFICATIONS FOR REGISTRATION.

Except as otherwise provided in this chapter, an individual shall be registered by the board before the individual may practice as a physician assistant.

The board may grant registration as a physician assistant to an applicant who:

- (1) submits an application on forms approved by the board;
- (2) pays the appropriate fee as determined by the board;
- (3) has current certification from the National Commission on Certification of Physician Assistants, or its successor agency as approved by the board;
- (4) certifies that the applicant is mentally and physically able to engage safely in practice as a physician assistant;
- (5) has no licensure, certification, or registration as a physician assistant under current discipline, revocation, suspension, or probation for cause resulting from the applicant's practice as a physician assistant, unless the board considers the condition and agrees to licensure;
- (6) has a physician-physician assistant agreement, and internal protocol and prescribing delegation form, if the physician assistant has been delegated prescribing authority, as described in section 147A.18 in place at the address of record;
- (7) submits to the board a practice setting description and any other information the board deems necessary to evaluate the applicant's qualifications; and
- (8) has been approved by the board.

All persons registered as physician assistants as of June 30, 1995, are eligible for continuing registration renewal. All persons applying for registration after that date shall be registered according to this chapter.

Sec. 3. [147A.03] PROTECTED TITLES AND RESTRICTIONS ON USE.

Subdivision 1. PROTECTED TITLES. No individual may use the titles "Minnesota Registered Physician Assistant," "Registered Physician Assistant," "Physician Assistant," or "PA" in connection with the individual's name, or any other words, letters, abbreviations, or insignia indicating or implying that the individual is registered with the state unless they have been registered according to this chapter.

Subd. 2. HEALTH CARE PRACTITIONERS. Individuals practicing in a

health care occupation are not restricted in the provision of services included in this chapter as long as they do not hold themselves out as physician assistants by or through the titles provided in subdivision 1 in association with provision of these services.

Subd. 3. IDENTIFICATION OF REGISTERED PRACTITIONERS. Physician assistants in Minnesota shall wear name tags which identify them as physician assistants.

Subd. 4. SANCTIONS. Individuals who hold themselves out as physician assistants by or through any of the titles provided in subdivision 1 without prior registration shall be subject to sanctions or actions against continuing the activity according to section 214.11, or other authority.

Sec. 4. [147A.04] TEMPORARY PERMIT.

The board may issue a temporary permit to practice to a physician assistant eligible for registration under this chapter only if the application for registration is complete, all requirements have been met, and a nonrefundable fee set by the board has been paid. The permit remains valid only until the meeting of the board at which a decision is made on the application for registration.

Sec. 5. [147A.05] INACTIVE REGISTRATION.

Physician assistants who notify the board in writing on forms prescribed by board may elect to place their registrations on an inactive status. Physician assistants with an inactive registration shall be excused from payment of renewal fees and shall not practice as physician assistants. Persons who engage in practice while their registrations are lapsed or on inactive status shall be considered to be practicing without registration, which shall be grounds for discipline under section 147A.13. Physician assistants requesting restoration from inactive status shall be required to pay the current renewal fees and all unpaid back-fees and shall be required to meet the criteria for renewal specified in section 147A.07.

Sec. 6. [147A.06] CANCELLATION OF REGISTRATION FOR NON-RENEWAL.

The board shall not renew, reissue, reinstate, or restore a registration that has lapsed on or after July 1, 1996, and has not been renewed within two annual renewal cycles starting July 1, 1997. A registrant whose registration is canceled for nonrenewal must obtain a new registration by applying for registration and fulfilling all requirements then in existence for an initial registration to practice as a physician assistant.

Sec. 7. [147A.07] RENEWAL.

A person who holds a registration as a physician assistant shall, upon notification from the board, renew the registration by:

- (1) submitting the appropriate fee as determined by the board;

New language is indicated by underline, deletions by ~~strikeout~~.

(2) completing the appropriate forms;

(3) meeting any other requirements of the board;

(4) submitting a revised and updated practice setting description showing evidence of annual review of the physician-physician assistant supervisory agreement.

Sec. 8. [147A.08] EXEMPTIONS.

(a) This chapter does not apply to, control, prevent, or restrict the practice service, or activities of persons listed in section 147.09, clauses (1) to (6) and (8 to (13), persons regulated under section 214.01, subdivision 2, or person defined in section 136A.1356, subdivision 1, paragraphs (a) to (d).

(b) Nothing in this chapter shall be construed to require registration of:

(1) a physician assistant student enrolled in a physician assistant or surgeon assistant educational program accredited by the Committee on Allied Health Education and Accreditation or by its successor agency approved by the board;

(2) a physician assistant employed in the service of the federal government while performing duties incident to that employment; or

(3) technicians, other assistants, or employees of physicians who perform delegated tasks in the office of a physician but who do not identify themselves as a physician assistant.

Sec. 9. [147A.09] SCOPE OF PRACTICE, DELEGATION.

Subdivision 1. SCOPE OF PRACTICE. Physician assistants shall practice medicine only with physician supervision. Physician assistants may perform those duties and responsibilities as delegated in the physician-physician assistant agreement and delegation forms maintained at the address of record by the supervising physician and physician assistant, including the prescribing, administering, and dispensing of medical devices and drugs, excluding anesthetics, other than local anesthetics, injected in connection with an operating room procedure, inhaled anesthesia and spinal anesthesia.

Patient service must be limited to:

(1) services within the training and experience of the physician assistant;

(2) services customary to the practice of the supervising physician;

(3) services delegated by the supervising physician; and

(4) services within the parameters of the laws, rules, and standards of the facilities in which the physician assistant practices.

Nothing in this chapter authorizes physician assistants to perform duties regulated by the boards listed in section 214.01, subdivision 2, other than the board of medical practice, and except as provided in this section.

Subd. 2. DELEGATION. Patient services may include, but are not limited to, the following, as delegated by the supervising physician and authorized in the agreement:

- (1) taking patient histories and developing medical status reports;
- (2) performing physical examinations;
- (3) interpreting and evaluating patient data;
- (4) ordering or performing diagnostic procedures;
- (5) ordering or performing therapeutic procedures;
- (6) providing instructions regarding patient care, disease prevention, and health promotion;
- (7) assisting the supervising physician in patient care in the home and in health care facilities;
- (8) creating and maintaining appropriate patient records;
- (9) transmitting or executing specific orders at the direction of the supervising physician;
- (10) prescribing, administering, and dispensing legend drugs and medical devices if this function has been delegated by the supervising physician pursuant to and subject to the limitations of section 147.34 and chapter 151. Physician assistants who have been delegated the authority to prescribe controlled substances shall maintain a separate addendum to the delegation form which lists all schedules and categories of controlled substances which the physician assistant has the authority to prescribe. This addendum shall be maintained with the physician-physician assistant agreement, and the delegation form at the address of record;
- (11) for physician assistants not delegated prescribing authority, administering legend drugs and medical devices following prospective review for each patient by and upon direction of the supervising physician;
- (12) functioning as an emergency medical technician with permission of the ambulance service and in compliance with section 144.804, subdivision 2, paragraph (c), and ambulance service rules adopted by the commissioner of health; and
- (13) initiating evaluation and treatment procedures essential to providing an appropriate response to emergency situations.

Orders of physician assistants shall be considered the orders of their supervising physicians in all practice-related activities, including, but not limited to, the ordering of diagnostic, therapeutic, and other medical services.

New language is indicated by underline, deletions by ~~strikeout~~.

Sec. 10. [147A.10] SATELLITE SETTINGS.

Physician assistants may render services in a setting geographically remote from the supervising physician.

Sec. 11. [147A.11] EXCLUSIONS OF LIMITATIONS ON EMPLOYMENT.

Nothing in this chapter shall be construed to limit the employment arrangement of a physician assistant registered under this chapter.

Sec. 12. [147A.13] GROUNDS FOR DISCIPLINARY ACTION.

Subdivision 1. GROUNDS LISTED. The board may refuse to grant registration or may impose disciplinary action as described in this subdivision against any physician assistant. The following conduct is prohibited and is grounds for disciplinary action:

(1) failure to demonstrate the qualifications or satisfy the requirements for registration contained in this chapter or rules of the board. The burden of proof shall be upon the applicant to demonstrate such qualifications or satisfaction of such requirements;

(2) obtaining registration by fraud or cheating, or attempting to subvert the examination process. Conduct which subverts or attempts to subvert the examination process includes, but is not limited to:

(i) conduct which violates the security of the examination materials, such as removing examination materials from the examination room or having unauthorized possession of any portion of a future, current, or previously administered licensing examination;

(ii) conduct which violates the standard of test administration, such as communicating with another examinee during administration of the examination, copying another examinee's answers, permitting another examinee to copy one's answers, or possessing unauthorized materials; and

(iii) impersonating an examinee or permitting an impersonator to take the examination on one's own behalf;

(3) conviction, during the previous five years, of a felony reasonably related to the practice of physician assistant. Conviction as used in this subdivision includes a conviction of an offense which if committed in this state would be deemed a felony without regard to its designation elsewhere, or a criminal proceeding where a finding or verdict of guilt is made or returned but the adjudication of guilt is either withheld or not entered;

(4) revocation, suspension, restriction, limitation, or other disciplinary action against the person's physician assistant credentials in another state or jurisdiction, failure to report to the board that charges regarding the person's credentials have been brought in another state or jurisdiction, or having been refused registration by any other state or jurisdiction;

(5) advertising which is false or misleading, violates any rule of the board, or claims without substantiation the positive cure of any disease or professional superiority to or greater skill than that possessed by another physician assistant;

(6) violating a rule adopted by the board or an order of the board, a state, or federal law which relates to the practice of a physician assistant, or in part regulates the practice of a physician assistant, including without limitation sections 148A.02, 609.344, and 609.345, or a state or federal narcotics or controlled substance law;

(7) engaging in any unethical conduct; conduct likely to deceive, defraud, or harm the public, or demonstrating a willful or careless disregard for the health, welfare, or safety of a patient; or practice which is professionally incompetent, in that it may create unnecessary danger to any patient's life, health, or safety, in any of which cases, proof of actual injury need not be established;

(8) failure to adhere to the provisions of the physician-physician assistant agreement;

(9) engaging in the practice of medicine beyond that allowed by the physician-physician assistant agreement, including the delegation form or the addendum to the delegation form, or aiding or abetting an unlicensed person in the practice of medicine;

(10) adjudication as mentally incompetent, mentally ill or mentally retarded, or as a chemically dependent person, a person dangerous to the public, a sexually dangerous person, or a person who has a sexual psychopathic personality by a court of competent jurisdiction, within or without this state. Such adjudication shall automatically suspend a registration for its duration unless the board orders otherwise;

(11) engaging in unprofessional conduct. Unprofessional conduct includes any departure from or the failure to conform to the minimal standards of acceptable and prevailing practice in which proceeding actual injury to a patient need not be established;

(12) inability to practice with reasonable skill and safety to patients by reason of illness, drunkenness, use of drugs, narcotics, chemicals, or any other type of material, or as a result of any mental or physical condition, including deterioration through the aging process or loss of motor skills;

(13) revealing a privileged communication from or relating to a patient except when otherwise required or permitted by law;

(14) any use of the title "Physician," "Doctor," or "Dr.";

(15) improper management of medical records, including failure to maintain adequate medical records, to comply with a patient's request made pursuant to section 144.335, or to furnish a medical record or report required by law;

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(16) engaging in abusive or fraudulent billing practices, including violation of the federal Medicare and Medicaid laws or state medical assistance laws;

(17) becoming addicted or habituated to a drug or intoxicant;

(18) prescribing a drug or device for other than medically accepted therapeutic, experimental, or investigative purposes authorized by a state or federal agency or referring a patient to any health care provider as defined in section 144.335 for services or tests not medically indicated at the time of referral;

(19) engaging in conduct with a patient which is sexual or may reasonably be interpreted by the patient as sexual, or in any verbal behavior which is seductive or sexually demeaning to a patient;

(20) failure to make reports as required by section 609.215 or to cooperate with an investigation of the board as required by section 609.215;

(21) knowingly providing false or misleading information that is directly related to the care of that patient unless done for an accepted therapeutic purpose such as the administration of a placebo;

(22) aiding suicide or aiding attempted suicide in violation of section 609.215 as established by any of the following:

(i) a copy of the record of criminal conviction or plea of guilty for a felony in violation of section 609.215, subdivision 1 or 2;

(ii) a copy of the record of a judgment of contempt of court for violating an injunction issued under section 609.215, subdivision 4;

(iii) a copy of the record of a judgment assessing damages under section 609.215, subdivision 5; or

(iv) a finding by the board that the person violated section 609.215, subdivision 1 or 2. The board shall investigate any complaint of a violation of section 609.215, subdivision 1 or 2; or

(23) failure to maintain annually reviewed and updated physician-physician assistant agreements, internal protocols, or prescribing delegation forms for each physician-physician assistant practice relationship, or failure to provide copies of such documents upon request by the board.

Subd. 2. EFFECTIVE DATES, AUTOMATIC SUSPENSION. A suspension, revocation, condition, limitation, qualification, or restriction of a registration shall be in effect pending determination of an appeal unless the court, upon petition and for good cause shown, orders otherwise.

A physician assistant registration is automatically suspended if:

(1) a guardian of the person of a registrant is appointed by order of a court pursuant to sections 525.54 to 525.61, for reasons other than the minority of the registrant; or

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(2) the registrant is committed by order of a court pursuant to chapter 253B. The registration remains suspended until the registrant is restored to capacity by a court and, upon petition by the registrant, the suspension is terminated by the board after a hearing.

Subd. 3. CONDITIONS ON REISSUED REGISTRATION. In its discretion, the board may restore and reissue a physician assistant registration, but may impose as a condition any disciplinary or corrective measure which it might originally have imposed.

Subd. 4. TEMPORARY SUSPENSION OF REGISTRATION. In addition to any other remedy provided by law, the board may, without a hearing, temporarily suspend the registration of a physician assistant if the board finds that the physician assistant has violated a statute or rule which the board is empowered to enforce and continued practice by the physician assistant would create a serious risk of harm to the public. The suspension shall take effect upon written notice to the physician assistant, specifying the statute or rule violated. The suspension shall remain in effect until the board issues a final order in the matter after a hearing. At the time it issues the suspension notice, the board shall schedule a disciplinary hearing to be held pursuant to the administrative procedure act.

The physician assistant shall be provided with at least 20 days notice of any hearing held pursuant to this subdivision. The hearing shall be scheduled to begin no later than 30 days after the issuance of the suspension order.

Subd. 5. EVIDENCE. In disciplinary actions alleging a violation of subdivision 1, clause (3) or (4), a copy of the judgment or proceeding under the seal of the court administrator or of the administrative agency which entered it shall be admissible into evidence without further authentication and shall constitute prima facie evidence of the contents thereof.

Subd. 6. MENTAL EXAMINATION; ACCESS TO MEDICAL DATA. (a) If the board has probable cause to believe that a physician assistant comes under subdivision 1, clause (1), it may direct the physician assistant to submit to a mental or physical examination. For the purpose of this subdivision, every physician assistant registered under this chapter is deemed to have consented to submit to a mental or physical examination when directed in writing by the board and further to have waived all objections to the admissibility of the examining physicians' testimony or examination reports on the ground that the same constitute a privileged communication. Failure of a physician assistant to submit to an examination when directed constitutes an admission of the allegations against the physician assistant, unless the failure was due to circumstance beyond the physician assistant's control, in which case a default and final order may be entered without the taking of testimony or presentation of evidence. A physician assistant affected under this subdivision shall at reasonable intervals be given an opportunity to demonstrate that the physician assistant can resume competent practice with reasonable skill and safety to patients. In any proceeding under this subdivision, neither the record of proceedings nor the orders

entered by the board shall be used against a physician assistant in any other proceeding.

(b) In addition to ordering a physical or mental examination, the board may, notwithstanding sections 13.42, 144.651, or any other law limiting access to medical or other health data, obtain medical data and health records relating to a registrant or applicant without the registrant's or applicant's consent if the board has probable cause to believe that a physician assistant comes under subdivision 1, clause (1).

The medical data may be requested from a provider, as defined in section 144.335, subdivision 1, paragraph (b), an insurance company, or a government agency, including the department of human services. A provider, insurance company, or government agency shall comply with any written request of the board under this subdivision and is not liable in any action for damages for releasing the data requested by the board if the data are released pursuant to a written request under this subdivision, unless the information is false and the provider giving the information knew, or had reason to believe, the information was false. Information obtained under this subdivision is classified as private under chapter 13.

Subd. 7. TAX CLEARANCE CERTIFICATE. (a) In addition to the provisions of subdivision 1, the board may not issue or renew a registration if the commissioner of revenue notifies the board and the registrant or applicant for registration that the registrant or applicant owes the state delinquent taxes in the amount of \$500 or more. The board may issue or renew the registration only if:

(1) the commissioner of revenue issues a tax clearance certificate; and

(2) the commissioner of revenue, the registrant, or the applicant forwards a copy of the clearance to the board.

The commissioner of revenue may issue a clearance certificate only if the registrant or applicant does not owe the state any uncontested delinquent taxes.

(b) For purposes of this subdivision, the following terms have the meanings given:

(1) "Taxes" are all taxes payable to the commissioner of revenue, including penalties and interest due on those taxes, and

(2) "Delinquent taxes" do not include a tax liability if:

(i) an administrative or court action that contests the amount or validity of the liability has been filed or served;

(ii) the appeal period to contest the tax liability has not expired; or

(iii) the licensee or applicant has entered into a payment agreement to pay the liability and is current with the payments.

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(c) When a registrant or applicant is required to obtain a clearance certificate under this subdivision, a contested case hearing must be held if the registrant or applicant requests a hearing in writing to the commissioner of revenue within 30 days of the date of the notice provided in paragraph (a). The hearing must be held within 45 days of the date the commissioner of revenue refers the case to the office of administrative hearings. Notwithstanding any law to the contrary, the licensee or applicant must be served with 20 days' notice in writing specifying the time and place of the hearing and the allegations against the registrant or applicant. The notice may be served personally or by mail.

(d) The board shall require all registrants or applicants to provide their social security number and Minnesota business identification number on all registration applications. Upon request of the commissioner of revenue, the board must provide to the commissioner of revenue a list of all registrants and applicants, including their names and addresses, social security numbers, and business identification numbers. The commissioner of revenue may request a list of the registrants and applicants no more than once each calendar year.

Sec. 13. [147A.14] REPORTING OBLIGATIONS.

Subdivision 1. PERMISSION TO REPORT. A person who has knowledge of any conduct constituting grounds for discipline under this chapter may report the violation to the board.

Subd. 2. INSTITUTIONS. Any hospital, clinic, prepaid medical plan, or other health care institution or organization located in this state shall report to the board any action taken by the institution or organization, any of its administrators, or its medical or other committees to revoke, suspend, restrict, or condition a physician assistant's privilege to practice or treat patients in the institution or as part of the organization, any denial of privileges, or any other disciplinary action. The institution or organization shall also report the resignation of any physician assistants prior to the conclusion of any disciplinary proceeding, or prior to the commencement of formal charges but after the physician assistant had knowledge that formal charges were contemplated or in preparation. Each report made under this subdivision must state the nature of the action taken, state in detail the reasons for the action, and identify the specific patient medical records upon which the action was based. No report shall be required of a physician assistant voluntarily limiting the practice of the physician assistant at a hospital provided that the physician assistant notifies all hospitals at which the physician assistant has privileges of the voluntary limitation and the reasons for it.

Subd. 3. PHYSICIAN ASSISTANT ORGANIZATIONS. A state or local physician assistant organization shall report to the board any termination, revocation, or suspension of membership or any other disciplinary action taken against a physician assistant. If the society has received a complaint which might be grounds for discipline under this chapter against a member physician assistant on which it has not taken any disciplinary action, the society shall report

the complaint and the reason why it has not taken action on it or shall direct the complainant to the board of medical practice. This subdivision does not apply to a physician assistant organization when it performs peer review functions as an agent of an outside entity, organization, or system.

Subd. 4. LICENSED PROFESSIONALS. Licensed health professionals and persons holding residency permits under section 147.0391, shall report to the board personal knowledge of any conduct which the person reasonably believes constitutes grounds for disciplinary action under this chapter by a physician assistant, including any conduct indicating that the person may be incompetent, or may have engaged in unprofessional conduct or may be medically or physically unable to engage safely in practice as a physician assistant. No report shall be required if the information was obtained in the course of a physician-patient relationship if the patient is a physician assistant, and the treating physician successfully counsels the person to limit or withdraw from practice to the extent required by the impairment.

Subd. 5. INSURERS. Four times each year as prescribed by the board, each insurer authorized to sell insurance described in section 60A.06, subdivision 1, clause (13), and providing professional liability insurance to physician assistants, and any medical clinic, hospital, political subdivision, or other entity that self-insures and provides professional liability coverage to physician assistants, shall submit to the board a report concerning the physician assistants against whom professional malpractice settlements or awards have been made to the plaintiff.

Any medical clinic, hospital, political subdivision, or other entity which provides liability coverage on behalf of a physician assistant shall submit to the board a report concerning settlements or awards paid on behalf of a physician assistant, and any settlements or awards paid by a clinic, hospital, political subdivision, or other entity on its own behalf because of care rendered by a physician assistant. The report shall be made to the board within 30 days of any settlement. The report must contain at least the following information:

(1) the total number of medical malpractice settlements or awards made to the plaintiff;

(2) the date the medical malpractice settlements or awards to the plaintiff were made;

(3) the allegations contained in the claim or complaint leading to the settlements or awards made to the plaintiff;

(4) the dollar amount of each medical malpractice settlement or award;

(5) the regular address of the practice of the physician assistant against whom an award was made or with whom a settlement was made; and

(6) the name of the physician assistant against whom an award was made or with whom a settlement was made.

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The insurance company shall, in addition to the above information, report to the board any information it possesses which tends to substantiate a charge that a physician assistant may have engaged in conduct violating this chapter.

Subd. 6. COURTS. The court administrator of district court or any other court of competent jurisdiction shall report to the board any judgment or other determination of the court which adjudges or includes a finding that a physician assistant is mentally ill, mentally incompetent, guilty of a felony, or guilty of a violation of federal or state narcotics laws or controlled substances act, guilty of an abuse or fraud under Medicare or Medicaid, appoints a guardian of the physician assistant pursuant to section 525.54 to 525.61 or commits a physician assistant pursuant to chapter 253B.

Subd. 7. SELF-REPORTING. A physician assistant shall report to the board any personal action which is a violation of this chapter.

Subd. 8. DEADLINES; FORMS. Reports required by subdivisions 2 to 7 must be submitted not later than 30 days after the occurrence of the reportable event or transaction. The board may provide forms for the submission of reports required by this section, may require that reports be submitted on the forms provided, and may adopt rules necessary to assure prompt and accurate reporting.

Subd. 9. SUBPOENAS. The board may issue subpoenas for the production of any reports required by subdivisions 2 to 7 or any related documents.

Sec. 14. [147A.15] IMMUNITY.

Subdivision 1. REPORTING. Any person, health care facility, business, or organization is immune from civil liability or criminal prosecution for submitting a report to the board pursuant to this chapter or for otherwise reporting to the board violations or alleged violations of this chapter. All such reports are confidential and absolutely privileged communications.

Subd. 2. INVESTIGATION; INDEMNIFICATION. (a) Members of the board, persons employed by the board, and consultants retained by the board for the purpose of investigation of violations or the preparation and management of charges of violations of this chapter on behalf of the board are immune from civil liability and criminal prosecution for any actions, transactions, or publications in the execution of, or relating to, their duties under this chapter.

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

Subd. 3. PHYSICIAN ASSISTANT COOPERATION. A physician assistant who is the subject of an investigation by or on behalf of the board shall cooperate fully with the investigation. Cooperation includes responding fully and promptly to any question raised by or on behalf of the board relating to the

subject of the investigation and providing copies of patient medical records, as reasonably requested by the board, to assist the board in its investigation. The board shall pay for copies requested. If the board does not have a written consent from a patient permitting access to the patient's records, the physician assistant shall delete any data in the record which identifies the patient before providing it to the board. The board shall maintain any records obtained pursuant to this section as investigative data pursuant to chapter 13.

Sec. 15. [147A.16] FORMS OF DISCIPLINARY ACTION.

When the board finds that a registered physician assistant has violated a provision of this chapter, it may do one or more of the following:

(1) revoke the registration;

(2) suspend the registration;

(3) impose limitations or conditions on the physician assistant's practice, including limiting the scope of practice to designated field specialties; impose retraining or rehabilitation requirements; require practice under additional supervision; or condition continued practice on demonstration of knowledge or skills by appropriate examination or other review of skill and competence;

(4) impose a civil penalty not exceeding \$10,000 for each separate violation, the amount of the civil penalty to be fixed so as to deprive the physician assistant of any economic advantage gained by reason of the violation charged or to reimburse the board for the cost of the investigation and proceeding;

(5) order the physician assistant to provide unremunerated professional service under supervision at a designated public hospital, clinic, or other health care institution; or

(6) censure or reprimand the registered physician assistant.

Upon judicial review of any board disciplinary action taken under this chapter, the reviewing court shall seal the administrative record, except for the board's final decision, and shall not make the administrative record available to the public.

Sec. 16. [147A.17] PHYSICIAN ASSISTANT ACCOUNTABILITY.

Subdivision 1. INVESTIGATION. The board shall maintain and keep current a file containing the reports and complaints filed against physician assistants in the state. Each complaint filed with the board pursuant to section 214.10, subdivision 1, shall be investigated according to section 214.10, subdivision 2.

Whenever the files maintained by the board show that a medical malpractice settlement or award to the plaintiff has been made against a physician assistant as reported by insurers pursuant to this chapter, the executive director of the board shall notify the board and the board may authorize a review of the physician assistant's practice.

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Subd. 2. ATTORNEY GENERAL INVESTIGATION. When the board initiates a review of a physician assistant's practice, it shall notify the attorney general who shall investigate the matter in the same manner as provided in section 214.10. If an investigation is to be made, the attorney general shall notify the physician assistant, and, if the incident being investigated occurred there, the administrator and chief of staff at the medical care facilities in which the physician assistant serves.

Subd. 3. ACCESS TO HOSPITAL RECORDS. The board shall have access to hospital and medical records of a patient treated by the physician assistant under review if the patient signs a written consent form permitting such access. If no consent form has been signed, the hospital or physician assistant shall first delete data in the record which identifies the patient before providing it to the board.

Sec. 17. [147A.18] DELEGATED AUTHORITY TO PRESCRIBE, DISPENSE, AND ADMINISTER DRUGS AND MEDICAL DEVICES.

Subdivision 1. DELEGATION. (a) A supervising physician may delegate to a physician assistant who is registered with the board, certified by the National Commission on Certification of Physician Assistants or successor agency approved by the board, and who is under the supervising physician's supervision, the authority to prescribe, dispense, and administer legend drugs, medical devices, and controlled substances subject to the requirements in this section. The authority to dispense includes, but is not limited to, the authority to request, receive, and dispense sample drugs. This authority to dispense extends only to those drugs described in the written agreement developed under paragraph (b).

(b) The agreement between the physician assistant and supervising physician and any alternate supervising physicians must include a statement by the supervising physician regarding delegation or nondelegation of the functions of prescribing, dispensing, and administering of legend drugs and medical devices to the physician assistant. The statement must include a protocol indicating categories of drugs for which the supervising physician delegates prescriptive and dispensing authority. The delegation must be appropriate to the physician assistant's practice and within the scope of the physician assistant's training. Physician assistants who have been delegated the authority to prescribe, dispense, and administer legend drugs and medical devices shall provide evidence of current certification by the National Commission on Certification of Physician Assistants or its successor agency when registering or reregistering as physician assistants. Physician assistants who have been delegated the authority to prescribe controlled substances must present evidence of the certification and hold a valid DEA certificate. Supervising physicians shall retrospectively review, on a daily basis, the prescribing, dispensing, and administering of legend and controlled drugs and medical devices by physician assistants, when this authority has been delegated to the physician assistant as part of the delegation agreement between the physician and the physician assistant. During each daily review, the supervising physician shall document by signature and date that the prescriptive, administering, and dispensing practice of the physician assistant has been reviewed.

(c) The board may establish by rule:

(1) a system of identifying physician assistants eligible to prescribe, administer, and dispense legend drugs and medical devices;

(2) a system of identifying physician assistants eligible to prescribe, administer, and dispense controlled substances;

(3) a method of determining the categories of legend and controlled drugs and medical devices that each physician assistant is allowed to prescribe, administer, and dispense; and

(4) a system of transmitting to pharmacies a listing of physician assistants eligible to prescribe legend and controlled drugs and medical devices.

Subd. 2. TERMINATION AND REINSTATEMENT OF PRESCRIBING AUTHORITY. (a) The authority of a physician assistant to prescribe, dispense, and administer legend drugs and medical devices shall end immediately when:

(1) the agreement is terminated;

(2) the authority to prescribe, dispense, and administer is terminated or withdrawn by the supervising physician; or

(3) the physician assistant reverts to inactive status, loses National Commission on Certification of Physician Assistants or successor agency certification, or loses or terminates registration status.

(b) The physician assistant must notify the board in writing within ten days of the occurrence of any of the circumstances listed in paragraph (a).

(c) Physician assistants whose authority to prescribe, dispense, and administer has been terminated shall reapply for reinstatement of prescribing authority under this section and meet any requirements established by the board prior to reinstatement of the prescribing, dispensing, and administering authority.

Subd. 3. OTHER REQUIREMENTS AND RESTRICTIONS. (a) The supervising physician and the physician assistant must complete, sign, and date an internal protocol which lists each category of drug or medical device, or controlled substance the physician assistant may prescribe, dispense, and administer. The supervising physician and physician assistant shall submit the internal protocol to the board upon request. The supervising physician may amend the internal protocol as necessary, within the limits of the completed delegation form in subdivision 5. The supervising physician and physician assistant must sign and date any amendments to the internal protocol. Any amendments resulting in a change to an addition or deletion to categories delegated in the delegation form in subdivision 5 must be submitted to the board according to this chapter, along with the fee required.

(b) The supervising physician and physician assistant shall review delegation of prescribing, dispensing, and administering authority on an annual basis

at the time of reregistration. The internal protocol must be signed and dated by the supervising physician and physician assistant after review. Any amendments to the internal protocol resulting in changes to the delegation form in subdivision 5 must be submitted to the board according to this chapter, along with the fee required.

(c) Each prescription initiated by a physician assistant shall indicate the following:

- (1) the date of issue;
- (2) the name and address of the patient;
- (3) the name and quantity of the drug prescribed;
- (4) directions for use; and

(5) the name, address, and telephone number of the prescribing physician assistant and of the physician serving as supervisor.

(d) In prescribing, dispensing, and administering legend drugs and medical devices, including controlled substances as defined in section 152.01, subdivision 4, a physician assistant must conform with the agreement, chapter 151, and this chapter.

Subd. 4. NOTIFICATION OF PHARMACIES. (a) The board shall annually provide to the board of pharmacy and to registered pharmacies within the state a list of those physician assistants who are authorized to prescribe, administer, and dispense legend drugs and medical devices, or controlled substances.

(b) The board shall provide to the board of pharmacy a list of physician assistants authorized to prescribe legend drugs and medical devices every two months if additional physician assistants are authorized to prescribe or if physician assistants have authorization to prescribe withdrawn.

(c) The list must include the name, address, telephone number, and Minnesota registration number of the physician assistant, and the name, address, telephone number, and Minnesota license number of the supervising physician.

(d) The board shall provide the form in subdivision 5 to pharmacies upon request.

(e) The board shall make available prototype forms of the physician-physician assistant agreement, the internal protocol, the delegation form, and the addendum form.

Subd. 5. DELEGATION FORM FOR PHYSICIAN ASSISTANT PRESCRIBING. The delegation form for physician assistant prescribing must contain a listing by drug category of the legend drugs and controlled substances for which prescribing authority has been delegated to the physician assistant.

Sec. 18. [147A.19] IDENTIFICATION REQUIREMENTS.

Physician assistants registered under this chapter shall keep their registration available for inspection at their primary place of business and shall, when engaged in their professional activities, wear a name tag identifying themselves as a "physician assistant."

Sec. 19. [147A.20] PHYSICIAN AND PHYSICIAN ASSISTANT AGREEMENT.

(a) A physician assistant and supervising physician must sign an agreement which specifies scope of practice and amount and manner of supervision as required by the board. The agreement must contain:

- (1) a description of the practice setting;
- (2) a statement of practice type/specialty;
- (3) a listing of categories of delegated duties; and
- (4) a description of supervision type, amount, and frequency.

(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 an internal protocol and delegation form. 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 agreement, delegation form, and internal protocol at the address of record. Copies shall be provided to the board upon request.

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

- (1) name change;
- (2) address of record change;
- (3) telephone number of record change; and
- (4) addition or deletion of alternate supervising physician provided that the information submitted includes, for an additional alternate physician, an affidavit of consent to act as an alternate supervising physician signed by the alternate supervising physician.

(d) Modifications requiring submission prior to the effective date are changes to the practice setting description which include:

- (1) supervising physician change, excluding alternate supervising physicians;
or

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(2) delegation of prescribing, administering, or dispensing of legend drugs, controlled substances, or medical devices.

Sec. 20. [147A.21] RULEMAKING AUTHORITY.

The board shall adopt rules:

- (1) setting registration fees;
- (2) setting renewal fees;
- (3) setting fees for locum tenens permits;
- (4) setting fees for temporary registration; and
- (5) establishing renewal dates.

Sec. 21. [147A.22] LOCUM TENENS PERMIT.

The board may grant a locum tenens permit to any applicant who is registered in the state. The applications for locum tenens permits shall be reviewed at the next scheduled board meeting. The application shall include a practice setting description. The maximum duration of a locum tenens permit is one year. The permit may be renewed annually on a date set by the board.

Sec. 22. [147A.24] CONTINUING EDUCATION REQUIREMENTS.

Subdivision 1. AMOUNT OF EDUCATION REQUIRED. Applicants for registration renewal or reregistration must either attest to and document successful completion of at least 50 contact hours of continuing education within the two years immediately preceding registration renewal, reregistration, or attest to and document taking the national certifying examination required by this chapter within the past two years.

Subd. 2. TYPE OF EDUCATION REQUIRED. Approved continuing education equivalent to category 1 credit hours as defined by the American Osteopathic Association Bureau of Professional Education, the Royal College of Physicians and Surgeons of Canada, the American Academy of Physician Assistants, or by organizations that have reciprocal arrangements with the physician recognition award program of the American Medical Association.

Sec. 23. [147A.25] CONTINUING EDUCATION CYCLES.

During each two-year cycle each physician assistant shall obtain 50 hours of continuing medical education credit with at least two hours in the subject of infection control, including blood borne diseases. "Infection control" means programs, procedures, and methods to reduce the transmission of agents of infection for the purpose of preventing or decreasing the incidence of infectious diseases. "Blood borne diseases" means diseases that are spread through exposure to, inoculation of, or injection of blood, or through exposure to blood contained in body fluids, tissue, or organs. Blood borne diseases include infection caused by such agents as the human immunodeficiency virus (HIV) and hepatitis B virus (HBV). Infection control continuing education credits must be obtained from the category 1 activities. Continuing education in infection control is required for renewal periods beginning on or after October 1, 1995. For initial continuing education periods of less than two years, one continuing education hour in infection control is required for each remaining full year.

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Sec. 24. [147A.26] PROCEDURES.

The board shall establish, in writing, internal operating procedures for receiving and investigating complaints, accepting and processing applications, granting registrations, and imposing enforcement actions. The written internal operating procedures may include procedures for sharing complaint information with government agencies in this and other states. Establishment of the operating procedures are not subject to rulemaking procedures under chapter 14. Procedures for sharing complaint information must be consistent with the requirements for handling government data under chapter 13.

Sec. 25. REPEALER.

Minnesota Statutes 1994, sections 147.34; 147.35; and 147.36; Minnesota Rules, parts 5600.2600; 5600.2605; 5600.2610; 5600.2615; 5600.2620; 5600.2625; 5600.2630; 5600.2635; 5600.2640; 5600.2645; 5600.2650; 5600.2655; 5600.2660; 5600.2665; and 5600.2670, are repealed.

Sec. 26. EFFECTIVE DATE.

Sections 1 to 25 are effective on the day following final enactment, except that sections 7; 12, subdivisions 1 and 7; and 21, are effective on July 1, 1996. All physician assistants registered under this act shall be in compliance no later than July 1, 1996.

ARTICLE 2

CONFORMING AMENDMENTS

Section 1. Minnesota Statutes 1994, section 116J.70, subdivision 2a, is amended to read:

Subd. 2a. LICENSE; EXCEPTIONS. "Business license" or "license" does not include the following:

(1) any occupational license or registration issued by a licensing board listed in section 214.01 or any occupational registration issued by the commissioner of health pursuant to section 214.13;

(2) any license issued by a county, home rule charter city, statutory city, township, or other political subdivision;

(3) any license required to practice the following occupation regulated by the following sections:

(a) abstracters regulated pursuant to chapter 386;

(b) accountants regulated pursuant to chapter 326;

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and fiscal devices and official controls, as required by section 473.864, subdivision 2. The council shall consult with affected local government units to evaluate the need for technical and financial assistance.

Sec. 11. REPORT TO LEGISLATURE.

The council shall report to the legislature by January 15, 1996, on the results of its consultation with affected local governmental units on the need for technical and financial assistance as required under Minnesota Statutes, section 473.867, subdivision 6.

Sec. 12. APPLICATION.

This act applies in the counties of Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, and Washington.

Presented to the governor May 15, 1995

Signed by the governor May 17, 1995, 1:48 p.m.

CHAPTER 177—H.F.No. 446

An act relating to occupations and professions; establishing licensure for acupuncture practitioners by the board of medical practice; appropriating money; providing penalties; proposing coding for new law as Minnesota Statutes, chapter 147B.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

Section 1. PURPOSE.

Acupuncture practice is recognized as a clearly defined system of health care with its own specialized body of knowledge. The knowledge and skills of the acupuncture practitioner directly affect the quality and safety of treatment received by the practitioner's client. It is therefore in the public interest to ensure that acupuncture practitioners meet the generally accepted standards of competence in the profession. The purpose of Minnesota Statutes, chapter 147B, is to limit the practice of acupuncture to persons who meet those standards of competence.

Sec. 2. [147B.01] DEFINITIONS.

Subdivision 1. APPLICABILITY. The definitions in this section apply to this chapter.

Subd. 2. ACUPRESSURE. "Acupressure" means the application of pressure to acupuncture points.

Subd. 3. ACUPUNCTURE PRACTICE. "Acupuncture practice" means a comprehensive system of health care using Oriental medical theory and its

New language is indicated by underline, deletions by ~~strikeout~~.

unique methods of diagnosis and treatment. Its treatment techniques include the insertion of acupuncture needles through the skin and the use of other biophysical methods of acupuncture point stimulation, including the use of heat, Oriental massage techniques, electrical stimulation, herbal supplemental therapies, dietary guidelines, breathing techniques, and exercise based on Oriental medical principles.

Subd. 4. ACUPUNCTURE NEEDLE. "Acupuncture needle" means a needle designed exclusively for acupuncture purposes. It has a solid core, with a tapered point, and is 0.12 mm to 0.45 mm in thickness. It is constructed of stainless steel, gold, silver, or other board-approved materials as long as the materials can be sterilized according to recommendations of the National Centers for Disease Control and Prevention.

Subd. 5. ACUPUNCTURE POINTS. "Acupuncture points" means specific anatomically described locations as defined by the recognized acupuncture reference texts. These texts are listed in the study guide to the examination for the NCCA certification exam.

Subd. 6. ACUPUNCTURE PRACTITIONER. "Acupuncture practitioner" means a person licensed to practice acupuncture under this chapter.

Subd. 7. BOARD. "Board" means the board of medical practice or its designee.

Subd. 8. BLOOD BORNE DISEASE. "Blood borne disease" means a disease that is spread through exposure to blood, inoculation or injection of blood, or exposure to blood-contaminated body fluids or tissues. Blood borne disease includes infection caused by such agents as human immunodeficiency virus (HIV) and hepatitis B virus (HBV).

Subd. 9. BREATHING TECHNIQUES. "Breathing techniques" means Oriental breathing exercises taught to a patient as part of a treatment plan.

Subd. 10. CUPPING. "Cupping" means a therapy in which a jar-shaped instrument is attached to the skin and negative pressure is created by using suction.

Subd. 11. DERMAL FRICTION. "Dermal friction" means rubbing on the surface of the skin, using topical ointments with a smooth-surfaced instrument without a cutting edge that can be sterilized or, if disposable, a one-time only use product.

Subd. 12. DIPLOMATE IN ACUPUNCTURE. "Diplomate in acupuncture" means a person who is certified by the NCCA as having met the standards of competence established by the NCCA, who subscribes to the NCCA code of ethics, and who has a current and active NCCA certificate. Current and active NCCA certification indicates successful completion of continued professional development and previous satisfaction of NCCA requirements.

New language is indicated by underline, deletions by ~~strikeout~~.

Subd. 13. ELECTRICAL STIMULATION. "Electrical stimulation" means a method of stimulating acupuncture points by an electrical current of .001 to 100 milliamps, or other current as approved by the board. Electrical stimulation may be used by attachment of a device to an acupuncture needle or may be used transcutaneously without penetrating the skin.

Subd. 14. HERBAL THERAPIES. "Herbal therapies" are the use of herbs and patent herbal remedies as supplements as part of the treatment plan of the patient.

Subd. 15. INFECTION CONTROL. "Infection control" means programs, procedures, and methods to reduce the transmission of agents of infection for the purpose of preventing or decreasing the incidence of infectious diseases.

Subd. 16. NCCA. "NCCA" means the National Commission for the Certification of Acupuncturists, a not-for-profit corporation organized under section 501(c)(4) of the Internal Revenue Code.

Subd. 17. NEEDLE SICKNESS. "Needle sickness" is a temporary state of nausea and dizziness that is a potential side effect to needle insertion and from which full recovery occurs when the needles are removed.

Subd. 18. ORIENTAL MEDICINE. "Oriental medicine" means a system of healing arts that perceives the circulation and balance of energy in the body as being fundamental to the well-being of the individual. It implements the theory through specialized methods of analyzing the energy status of the body and treating the body with acupuncture and other related modalities for the purpose of strengthening the body, improving energy balance, maintaining or restoring health, improving physiological function, and reducing pain.

Sec. 3. [147B.02] LICENSURE.

Subdivision 1. LICENSURE REQUIRED. Except as provided under subdivision 4, it is unlawful for any person to engage in the practice of acupuncture without a valid license after June 30, 1997. Each licensed acupuncture practitioner shall conspicuously display the license in the place of practice.

Subd. 2. DESIGNATION. A person licensed under this chapter shall use the title of licensed acupuncturist or L.Ac. following the person's name in all forms of advertising, professional literature, and billings. A person may not, in the conduct of an occupation or profession pertaining to the practice of acupuncture or in connection with the person's name, use the words or letters licensed acupuncturist, Minnesota licensed acupuncturist, or any other words, letters, abbreviations, or insignia indicating or implying that a person is an acupuncturist without a license issued under this section. A student attending an acupuncture training program must be identified as a student acupuncturist.

Subd. 3. PENALTY. A person who violates this section is guilty of a misdemeanor and subject to discipline under section 147.091.

New language is indicated by underline, deletions by ~~strikeout~~.

Subd. 4. EXCEPTIONS. (a) The following persons may practice acupuncture within the scope of their practice without an acupuncture license:

- (1) a physician licensed under this chapter;
- (2) an osteopath licensed under this chapter;
- (3) a chiropractor licensed under chapter 148;

(4) a person who is studying in a formal course of study or tutorial intern program approved by the acupuncture advisory council established in section 147B.05 so long as the person's acupuncture practice is supervised by a licensed acupuncturist;

(5) a visiting acupuncturist practicing acupuncture within an instructional setting for the sole purpose of teaching at a school registered with the Minnesota higher education coordinating board, who may practice without a license for a period of one year, with two one-year extensions permitted; and

(6) a visiting acupuncturist who is in the state for the sole purpose of providing a tutorial or workshop not to exceed 30 days in one calendar year.

(b) This chapter does not prohibit a person who does not have an acupuncturist license from practicing specific noninvasive techniques, such as acupresure, that are within the scope of practice as set forth in section 147B.06, subdivision 4.

Subd. 5. LICENSURE BY EQUIVALENCY DURING TRANSITIONAL PERIOD. (a) From July 1, 1995, to June 30, 1997, a person may qualify for licensure if the person has engaged in acupuncture practice for at least three years in the period from July 1, 1991, to June 30, 1995, with at least 500 patient visits in each of the three years with at least 100 different patients. Acupuncture practice must be the primary means of treatment, not an adjunctive therapy. The person must also provide documentation of successful completion of a clean needle technique course approved by the acupuncture advisory board and provide documentation of practice through at least four of the following methods:

(1) original notarized letters from employers specifying the dates and hours worked, nature of the practice, and number of visits;

(2) notarized affidavits from a minimum of 20 patients with current phone numbers and addresses for each, specifying the time period of treatment and the nature of the treatment;

(3) notarized affidavits from at least two other health care professionals, state or local acupuncture or Oriental medicine associations, schools or colleges, with testimony based on personal knowledge regarding the dates, volume, scope, and type of practice;

(4) notarized affidavits from at least two other members within the community with testimony based on personal knowledge regarding the dates, volume, scope, and type of practice; and

(5) notarized copies of patient records. The person must also meet any other requirements established by the board.

(b) All documentation submitted in a foreign language must be accompanied by an accurate translation in English. Each translated document must bear the affidavit of the translator certifying that the translator is competent in both the language of the document and in the English language and that the translation is true and a complete translation of the foreign language original and must be sworn before a notary public. Translation of any document relative to a person's application is at the expense of the applicant.

(c) Application for licensure under this subdivision must be submitted to the board from July 1, 1995, to June 30, 1997. All of the required patient visits must have been completed before application for licensure.

Subd. 6. LICENSE BY RECIPROCITY. The board shall issue an acupuncture license to a person who holds a current license or certificate as an acupuncturist from another jurisdiction if the board determines that the standards for certification or licensure in the other jurisdiction meet or exceed the requirements for licensure in Minnesota and a letter is received from that jurisdiction that the acupuncturist is in good standing in that jurisdiction.

Subd. 7. LICENSURE REQUIREMENTS. (a) After June 30, 1997, an applicant for licensure must:

(1) submit a completed application for licensure on forms provided by the board, which must include the applicant's name and address of record, which shall be public;

(2) unless licensed under subdivision 5 or 6, submit a notarized copy of a current NCCA certification;

(3) sign a statement that the information in the application is true and correct to the best of the applicant's knowledge and belief;

(4) submit with the application all fees required; and

(5) sign a waiver authorizing the board to obtain access to the applicant's records in this state or any state in which the applicant has engaged in the practice of acupuncture.

(b) The board may ask the applicant to provide any additional information necessary to ensure that the applicant is able to practice with reasonable skill and safety to the public.

(c) The board may investigate information provided by an applicant to whether the information is accurate and complete. The board shall notify an applicant of action taken on the application and the reasons for denying licensure if licensure is denied.

New language is indicated by underline, deletions by ~~strikeout~~.

Subd. 8. LICENSURE EXPIRATION. Licenses issued under this section expire annually.

Subd. 9. RENEWAL (a) To renew a license an applicant must:

(1) annually, or as determined by the board, complete a renewal application on a form provided by the board;

(2) submit the renewal fee;

(3) provide evidence annually of one hour of continuing education in the subject of infection control, including blood borne pathogen diseases;

(4) provide documentation of current and active NCCA certification; or

(5) if licensed under subdivision 5 or 6, meet one-half the then current NCCA professional development activity requirements.

(b) An applicant shall submit any additional information requested by the board to clarify information presented in the renewal application. The information must be submitted within 30 days after the board's request, or the renewal request is nullified.

Subd. 10. LICENSURE RENEWAL NOTICE. At least 30 days before the license renewal date, the board shall send out a renewal notice to the last known address of the licensee. The notice must include a renewal application and a list of fees required for renewal. If the licensee does not receive a renewal notice, the licensee must still meet the requirements for registration renewal under this section.

Subd. 11. RENEWAL DEADLINE. The renewal application and fee must be postmarked on or before June 30 of the year of renewal or as determined by the board.

Subd. 12. INACTIVE STATUS. (a) A license may be placed in inactive status upon application to the board and upon payment of an inactive status fee. The board may not renew or restore a license that has lapsed and has not been renewed within two annual license renewal cycles.

(b) An inactive license may be reactivated by the license holder upon application to the board. A licensee whose license is canceled for nonrenewal must obtain a new license by applying for licensure and fulfilling all the requirements then in existence for the initial license to practice acupuncture in the state of Minnesota. The application must include:

(1) evidence of current and active NCCA certification;

(2) evidence of the certificate holder's payment of an inactive status fee;

(3) an annual fee; and

New language is indicated by underline, deletions by ~~strikeout~~.

(4) all back fees since previous renewal.

(c) A person licensed under subdivision 5 who has allowed the license to reach inactive status must become NCCA certified.

Subd. 13. TEMPORARY PERMIT. The board may issue a temporary permit to practice acupuncture to an applicant eligible for licensure under this section only if the application for licensure is complete, all applicable requirements in this section have been met, and a nonrefundable fee set by the board has been paid. The permit remains valid only until the meeting of the board at which a decision is made on the acupuncturist's application for licensure.

Sec. 4. [147B.03] NCCA PROFESSIONAL DEVELOPMENT ACTIVITY REQUIREMENTS.

Subdivision 1. NCCA REQUIREMENTS. Unless a person is licensed under section 147B.02, subdivision 5 or 6, each licensee is required to meet the NCCA professional development activity requirements to maintain NCCA certification. These requirements may be met through a board approved continuing education program.

Subd. 2. BOARD APPROVAL. The board shall approve a continuing education program if the program meets the following requirements:

(1) it directly relates to the practice of acupuncture;

(2) each member of the faculty shows expertise in the subject matter by holding a degree or certificate from an educational institution, has verifiable experience in traditional Oriental medicine, or has special training in the subject area;

(3) the program lasts at least one contact hour;

(4) there are specific written objectives describing the goals of the program for the participants; and

(5) the program sponsor maintains attendance records for four years.

Subd. 3. CONTINUING EDUCATION TOPICS. (a) Continuing education program topics may include, but are not limited to, Oriental medical theory and techniques including Oriental massage; Oriental nutrition; Oriental herbology and diet therapy; Oriental exercise; western sciences such as anatomy, physiology, biochemistry, microbiology, psychology, nutrition, history of medicine; and medical terminology or coding.

(b) Practice management courses are excluded under this section.

Subd. 4. VERIFICATION. The board shall periodically select a random sample of acupuncturists and require the acupuncturist to show evidence of having completed the NCCA professional development activities requirements. Either the acupuncturist, the state, or the national organization that maintains

continuing education records may provide the board documentation of the continuing education program.

Sec. 5. [147B.04] BOARD ACTION ON APPLICATIONS.

Subdivision 1. VERIFICATION OF APPLICATION INFORMATION. The board or acupuncture advisory council established under section 147B.05, with the approval of the board, may verify information provided by an application for licensure under section 147B.02 to determine if the information is accurate and complete.

Subd. 2. NOTIFICATION OF BOARD ACTION. Within 120 days of receipt of the application, the board shall notify each applicant in writing of the action taken on the application.

Subd. 3. REQUEST FOR HEARING BY APPLICANT DENIED. An applicant denied licensure must be notified of the determination, and the grounds for it, and may request a hearing on the determination by filing a written statement of issues with the board within 20 days after receipt of the notice from the board. After the hearing, the board shall notify the applicant in writing of its decision.

Sec. 6. [147B.05] ACUPUNCTURE ADVISORY COUNCIL.

Subdivision 1. CREATION. The advisory council to the board of medical practice for acupuncture consists of seven members appointed by the board to three-year terms. Four members must be licensed acupuncture practitioners, one member must be a licensed physician or osteopath who also practices acupuncture, one member must be a licensed chiropractor who is NCCA certified, and one member must be a member of the public who has received acupuncture treatment as a primary therapy from a NCCA certified acupuncturist.

Subd. 2. ADMINISTRATION; COMPENSATION; REMOVAL; QUORUM. The advisory council is governed by section 15.059, except that the council does not expire until June 30, 1999.

Subd. 3. DUTIES. The advisory council shall:

(1) advise the board on issuance, denial, renewal, suspension, revocation, conditioning, or restricting of licenses to practice acupuncture;

(2) advise the board on issues related to receiving, investigating, conducting hearings, and imposing disciplinary action in relation to complaints against acupuncture practitioners;

(3) maintain a register of acupuncture practitioners licensed under section 147B.02;

(4) maintain a record of all advisory council actions;

(5) prescribe registration application forms, license forms, protocol forms, and other necessary forms;

(6) review the patient visit records submitted by applicants during the transition period;

(7) advise the board regarding standards for acupuncturists;

(8) distribute information regarding acupuncture practice standards;

(9) review complaints;

(10) advise the board regarding continuing education programs;

(11) review the investigation of reports of complaints and recommend to the board whether disciplinary action should be taken; and

(12) perform other duties authorized by advisory councils under chapter 214, as directed by the board.

Sec. 7. [147B.06] PROFESSIONAL CONDUCT.

Subdivision 1. PRACTICE STANDARDS. (a) Before treatment of a patient, an acupuncture practitioner shall ask whether the patient has been examined by a licensed physician or other professional, as defined by section 145.61, subdivision 2, with regard to the patient's illness or injury, and shall review the diagnosis as reported.

(b) The practitioner shall obtain informed consent from the patient, after advising the patient of the following information which must be supplied to the patient in writing before or at the time of the initial visit:

(1) the practitioner's qualifications including:

(i) education;

(ii) license information; and

(iii) outline of the scope of practice of acupuncturists in Minnesota; and

(2) side effects which may include the following:

(i) some pain in the treatment area;

(ii) minor bruising;

(iii) infection;

(iv) needle sickness; or

(v) broken needles.

(c) The practitioner shall obtain acknowledgment by the patient in writing that the patient has been advised to consult with the patient's primary care physician about the acupuncture treatment if the patient circumstances warrant or the patient chooses to do so.

(d) The practitioner shall inquire whether the patient has a pacemaker or bleeding disorder.

Subd. 2. STERILIZED EQUIPMENT. An acupuncture practitioner shall use sterilized equipment that has been sterilized under standards of the National Centers for Disease Control and Prevention.

Subd. 3. STATE AND MUNICIPAL PUBLIC HEALTH REGULATIONS. An acupuncture practitioner shall comply with all applicable state and municipal requirements regarding public health.

Subd. 4. SCOPE OF PRACTICE. The scope of practice of acupuncture includes, but is not limited to, the following:

- (1) using Oriental medical theory to assess and diagnose a patient;
- (2) using Oriental medical theory to develop a plan to treat a patient. The treatment techniques that may be chosen include:
 - (i) insertion of sterile acupuncture needles through the skin;
 - (ii) acupuncture stimulation including, but not limited to, electrical stimulation or the application of heat;
 - (iii) cupping;
 - (iv) dermal friction;
 - (v) acupressure;
 - (vi) herbal therapies;
 - (vii) dietary counseling based on traditional Chinese medical principles;
 - (viii) breathing techniques; or
 - (ix) exercise according to Oriental medical principles.

Subd. 5. PATIENT RECORDS. An acupuncturist shall maintain a patient record for each patient treated, including:

- (1) a copy of the informed consent;
- (2) evidence of a patient interview concerning the patient's medical history and current physical condition;
- (3) evidence of a traditional acupuncture examination and diagnosis;

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(4) record of the treatment including points treated; and

(5) evidence of evaluation and instructions given to the patient.

Subd. 6. REFERRAL TO OTHER HEALTH CARE PRACTITIONERS. Referral to other health care practitioners is required when an acupuncturist practitioner sees patients with potentially serious disorders including, but not limited to:

(1) cardiac conditions including uncontrolled hypertension;

(2) acute, severe abdominal pain;

(3) acute, undiagnosed neurological changes;

(4) unexplained weight loss or gain in excess of 15 percent of the body weight in less than a three-month period;

(5) suspected fracture or dislocation;

(6) suspected systemic infections;

(7) any serious undiagnosed hemorrhagic disorder; and

(8) acute respiratory distress without previous history.

The acupuncturist shall request a consultation or written diagnosis from a licensed physician for patients with potentially serious disorders.

Subd. 7. DATA PRACTICES. Data maintained on an acupuncture patient by an acupuncture practitioner is subject to section 144.336.

Sec. 8. [147B.07] DISCIPLINE; REPORTING.

For purposes of this chapter, acupuncturist licensees and applicants are subject to the provisions of sections 147.091 to 147.162.

Sec. 9. [147B.08] FEES.

Subdivision 1. ANNUAL REGISTRATION FEE. The board shall establish the fee of \$150 for initial licensure and \$150 annual licensure renewal. The board may prorate the initial licensure fee.

Subd. 2. PENALTY FEE FOR LATE RENEWALS. The penalty fee for late submission for renewal application is \$50.

Subd. 3. DEPOSIT. Fees collected by the board under this section must be deposited in the state government special revenue fund.

Sec. 10. INITIAL ADVISORY COUNCIL.

(a) Notwithstanding Minnesota Statutes, section 147B.05, the four member

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of the advisory council required by that section to be acupuncture practitioners, who are appointed to the initial advisory committee, need not be licensed under Minnesota Statutes, section 147B.02, but must satisfy the qualifications for licensure provided in section 147B.02, subdivision 7, and must have been engaged in acupuncture practice a minimum of three years.

(b) Two members of the initial advisory committee appointed must have an initial term of one year, two members an initial term of two years, and three members an initial term of three years.

Sec. 11. APPROPRIATION.

\$10,000 in fiscal year 1996 and \$10,000 in fiscal year 1997 are appropriated from the state government special revenue fund to the state board of medical practice to license acupuncture practitioners under this act.

Sec. 12. EFFECTIVE DATE.

This act is effective July 1, 1995.

Presented to the governor May 15, 1995

Signed by the governor May 17, 1995, 2:00 p.m.

CHAPTER 178—H.F.No. 5

An act relating to health and human services; authorizing welfare reform; childhood immunization; social services programs; recovery of funds; requesting federal waivers for programs; employment, education, and training programs; allocation and use of funds; coverage of health services; child support; data collection and disclosure; tax credits; appropriating money; amending Minnesota Statutes 1994, sections 13.46, subdivision 2; 256.01, by adding subdivisions; 256.035, subdivision 6d; 256.73, subdivision 8, and by adding subdivisions; 256.736, subdivisions 3a, 4a, 5, 10, 10a, 14, 16, and by adding a subdivision; 256.737, subdivisions 1a, 2, and by adding a subdivision; 256.74, by adding a subdivision; 256.81; 256.979, by adding a subdivision; 256.983, subdivision 1; 256B.0625, subdivision 13; 256D.01, subdivision 1a; 256D.03, subdivision 4; 256D.05, subdivisions 1 and 6; 256D.051, subdivisions 1, 1a, 2, 3, 3a, 3b, 6, 6b, 8, 9, 17, and by adding a subdivision; 256D.052, subdivision 3; and 256D.09, subdivision 2a, and by adding subdivisions; proposing coding for new law in Minnesota Statutes, chapters 256; and 256D; repealing Minnesota Statutes 1994, sections 256.734; 256D.051, subdivisions 10, 13, 14, and 15; 256D.052, subdivisions 1, 2, and 4; 256D.091; 256D.101; 256D.111; and 256D.113.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

New language is indicated by underline, deletions by ~~strikeout~~.



Office Memorandum

Department: of Finance

Date: August 29, 1995

To: H. Leonard Boche, Executive Director
MN Board of Medical Practice

From: Michelle Harper 
Budget Operations

Phone: 296-7838

Subject: Departmental Earnings Rate Change Response-Acupuncture & Physician Assistant Fees

RECEIVED
AUG 31 1995
MN BOARD OF
MED PRACTICE

Pursuant to provisions of M.S. 16A.1285, the Department of Finance has reviewed and approved the attached departmental earnings proposal submitted by the MN Board of Medical Practice on 8/10/95. If you have any questions or concerns, please call me at the above number.

cc Bruce Reddemann
Dwight Pederson

Departmental Earnings: Reporting/Approval

Part A: Explanation

Earnings Title: BD OF MEDICAL PRACTICE - LICENSING FEES	Statutory Authority: MN ST 147A & 147B	Date: 8/10/95
<p>Brief Description of Item:</p> <p style="text-align: right;">(MS 147B.08) MS 147A.21</p> <p>NEWLY ENACTED MN STAT. 147A & 147B (1995) AUTHORIZED THE BOARD TO ADOPT FEES TO RECOVER COSTS REGULATING ACUPUNCTURISTS AND PHYSICIAN ASSISTANTS. MN STAT. 147A REPEALED THE EXISTING PHYSICIAN ASSISTANT FEES UNDER RULE 5600.2655.</p>		
<p>Earnings Classification (check one):</p> <p>1. <input type="checkbox"/> Service/User 2. <input type="checkbox"/> Business/Industry Regulating 3. <input checked="" type="checkbox"/> Occupational Licensure 4. <input type="checkbox"/> Special Tax/Assessment 5. <input type="checkbox"/> Other (specify):</p>		
<p>Submission Purpose (check one):</p> <p>1. <input checked="" type="checkbox"/> Chap. 14 Review and Comment 2. <input type="checkbox"/> Approval of Allowable Inflationary Adjustment 3. <input type="checkbox"/> Reporting of Agency Initiated Change in Departmental Earnings Rate 4. <input type="checkbox"/> Other (specify):</p>		
<p>If reporting an agency initiated action (option 3 above), does agency have explicit authority to retain and spend receipts? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p>Impact of Proposed Change (For rate changes included in the biennial budget, reference page number. For rate changes not included in the biennial budget, reference authority to make such changes.)</p> <p>AN ATTACHED SHEET SHOWS A COMPARISON OF BOARD OF MEDICAL PRACTICE FEES, THE NUMBER OF PAYERS, AND THE TOTAL REVENUE FOR FISCAL YEARS 1995, 1996, AND 1997.</p>		
Current Unit Rate(s):	Proposed Unit Rate(s):	

Department of Finance
 Departmental Earnings: Reporting/Approval (Cont.)
 (\$1,000,000=1,000)

Part B: Fiscal Detail

APID: 21512:00:17		AID: 937623			Non-Dedicated		
Item	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996 As Shown in Biennial Budget	F.Y. 1997 As Shown in Biennial Budget	F.Y. 1996 As Currently Proposed	F.Y. 1997 As Currently Proposed
NON-DEDICATED-REVENUE	2,981	3,089	3,161	3,210	3,210	3,251	3,257
DEDICATED-REVENUE	0	7	7	7	7	7	7
Less Refunds	(4)	(3)	(2)	(5)	(5)	(5)	(5)
TOTAL REVENUE	2,977	3,093	3,166	3,212	3,212	3,253	3,259
Expenditures							
Direct	1,941	1,869	1,918	1,883	1,867	1,893	1,877
AGO	0	0	0	1,142	1,142	1,142	1,142
Indirect:							
AGO	642	924	1,000	0	0	0	0
Statewide	27	15	27	27	44	27	44
Infection Control	45	41	43	43	43	43	43
HPSP	0	0	61	80	80	80	80
Admin. Services Unit	0	2	19	64	64	64	64
Medical Board Workshop	0	7	7	7	7	7	7
TOTAL EXPEDITURES	2,655	2,858	3,076	3,246	3,247	3,256	3,257
Current Balance	322	235	90	(34)	(35)	(3)	2
Accumulated Balance	241	476	566	532	497	563	565
Excess / Deficit							

Agency Signature:

H. Edward Roche

Executive Budget Office:

Approval Date:

Diana Z. Beckman

See attached - a revision to FY96 revenue

Department of Finance
 Departmental Earnings: Reporting/Approval (Cont.)
 (\$1,000,000=1,000)

Part B: Fiscal Detail

APID: 21512:00:17		AID: 937623			Non-Dedicated		
Item	F.Y. 1993 Revenues:	F.Y. 1994	F.Y. 1995	F.Y. 1996 As Shown in Biennial Budget:	F.Y. 1997 As Shown in Biennial Budget	F.Y. 1996 As Currently Proposed	F.Y. 1997 As Currently Proposed
NON-DEDICATED-REVENUE	2,981	3,089	3,161	3,210	3,210	3,247	3,257
DEDICATED--REVENUE	0	7	7	7	7	7	7
Less Refunds	(4)	(3)	(2)	(5)	(5)	(5)	(5)
TOTAL REVENUE	2,977	3,093	3,166	3,212	3,212	3,249	3,259
Expenditures							
Direct	1,941	1,869	1,918	1,883	1,867	1,893	1,877
AGO	0	0	0	1,142	1,142	1,142	1,142
Indirect:							
AGO	642	924	1,000	0	0	0	0
Statewide	27	15	27	27	44	27	44
Infection Control	45	41	43	43	43	43	43
HPSP	0	0	61	80	80	80	80
Admin. Services Unit	0	2	19	64	64	64	64
Medical Board Workshop	0	7	7	7	7	7	7
TOTAL EXPEDITURES	2,655	2,858	3,076	3,246	3,247	3,256	3,257
Current Balance	322	235	90	(34)	(35)	(7)	2
Accumulated Balance	241	476	566	532	497	559	561
Excess / Deficit							

Agency Signature:

A. Bernard Roche

Executive Budget Office:

Approval Date:

D. ... Bederson

Revised

Department of Finance
 Departmental Earnings: Reporting/Approval (Cont.)
 (\$1,000,000=1,000)

Part B: Fiscal Detail

APID: 21512:00:17		AID: 937623			Non-Dedicated		
Item	F.Y. 1993 Revenues	F.Y. 1994	F.Y. 1995	F.Y. 1996 As Shown in Biennial Budget	F.Y. 1997 As Shown in Biennial Budget	F.Y. 1996 As Currently Proposed	F.Y. 1997 As Currently Proposed
NON-DEDICATED-REVENUE	2,931	3,089	3,161	3,210	3,210	3,247	3,257
DEDICATED-REVENUE	0	7	7	7	7	7	7
Less Refunds	(4)	(3)	(2)	(5)	(5)	(5)	(5)
TOTAL REVENUE	2,977	3,093	3,166	3,212	3,212	3,249	3,259
Expenditures							
Direct	1,941	1,869	1,918	1,883	1,867	1,893	1,877
AGO	0	0	0	1,142	1,142	1,142	1,142
Indirect:							
AGO	642	624	1,000	0	0	0	0
Statewide	27	15	27	27	44	27	44
Infection Control	45	41	43	43	43	43	43
HPSP	0	0	61	80	80	80	80
Admin. Services Unit	0	2	19	64	64	64	64
Medical Board Workshop	0	7	7	7	7	7	7
TOTAL EXPEDITURES	2,655	2,858	3,076	3,246	3,247	3,256	3,257
Current Balance	322	235	90	(34)	(35)	(7)	2
Accumulated Balance	241	476	566	532	497	559	561
Excess / Deficit							

Agency Signature:

Executive Budget Office:

Approval Date:

W=6

PROPOSED FEE CHANGES
MEDICAL BOARD

FEE CATEGORY	F.Y. 1995			F.Y. 1996			F.Y. 1997		
	FEE	#PAY	REVENUE	FEE	#PAY	REVENUE	FEE	#PAY	REVENUE
PHYSICIAN ASSISTANTS									
PA Annual Registration with Prescribing	20	337	6,740	135	265	35,775	135	265	35,775
PA Annual Registration without Prescribing	0	0	0	115	15	1,725	115	15	1,725
PA Temporary Permit	0	0	0	60	10	600	60	10	600
PA Temporary Registration	0	0	0	115	10	1,150	115	25	2,875
Locum Tenens Permit	0	0	0	25	10	250	25	10	250
PA Applications	100	47	4,700	120	50	6,000	120	50	6,000
PA Late Fees	5	26	130	50	3	135	50	10	500
PA Supervising No Prescribing	30	6	180	0	0	0	0	0	0
PA Supervising With Prescribing	60	134	8,061	0	0	0	0	0	0
PA Surcharge With Prescribing	26	133	3,470	0	0	0	0	0	0
ACUPUNCTURE									
Acupuncture Temporary Permit	0	0	0	60	0	0	60	2	120
Acupuncture Inactive Status	0	0	0	50	0	0	50	1	50
TOTALS			<u>23,281</u>			<u>45,635</u>			<u>47,895</u>

REVISED

DEPARTMENT OF FINANCE

DEPARTMENTAL EARNINGS: REPORTING/APPROVAL

FISCAL DETAIL

H7B-0000-000

NON-DEDICATED

ITEM	1993	1994	1995	1996	1997
PHYSICIAN ANNUAL REGIS.	2,334,344	2,384,385	2,413,820	2,384,397	2,384,397
PHYSICAL THERAPISTS EXAM FEE	12,980	12,870	9,370	0	0
PHYSICIAN ASSISTANTS ANN. REG.	6,110	6,240	6,740	35,775	35,775
PHYSICIAN ASSISTANTS APPL. FEE	4,600	4,156	4,700	6,000	6,000
PA SUPV/NO PRESCRIBING	360	270	180	0	0
CIVIL PENALTIES	21,064	33,207	31,621	33,207	33,207
MD LATE FEES	61,530	60,816	52,260	60,816	60,816
PA LATE FEES	105	135	130	135	500
PT LATE FEES	2,440	2,070	2,920	4,140	4,140
PHYSICIAN APPL. FEE	203,284	173,540	172,600	173,540	173,540
EMERITUS REGIS.	4,850	2,550	1,450	2,550	2,550
MISCELLANEOUS	3,001	3,433	3,700	3,614	3,614
PT TEMPORARY PERMIT	1,005	11,110	3,228	27,750	27,750
DEFERMENT FEE	385	95	20	95	95
DUPLICATE LICENSE	1,135	1,260	2,190	2,520	2,520
EDUCATION/TRAINING PROGRAM	5,100	4,377	7,705	17,500	17,500
PHYSICIAN EXAM FEE	70,309	39,930	6,455	1,680	1,680
PA SURCHARGE/PRESCRIBING	2,750	2,834	3,470	0	0
RCP SURCHARGE	6,784	24,928	19,417	24,928	24,928
PA SUPV/PRESCRIBING	6,474	6,540	8,061	0	0
RCP APPLICATION FEE	14308	38764	4,986	38,766	38,766
RCP ANNUAL REGISTRATION	3304	37288	53,395	37,288	37,288
RCP TEMPORARY PERMIT	0	49	59	50	50
RCP LATE FEE	0	105	1065	105	105
COMP ATHLETIC EVENT	100	50	0	50	50
MD ENDORSEMENT FEE	2,790	2,990	3,030	3,283	3,283
MD CERTIFICATION/OTHER STATES	15260	17,045	33,180	42,625	42,625
PT CERTIFICATION/OTHER STATES	1485	2,150	4,335	5,375	5,375
PA CERTIFICATION/OTHER STATES	130	140	335	350	350
MD VERIFICATION STATUS	37010	35,855	32,570	71,690	71,690
PT VERIFICATION STATUS	20	20	20	40	40
PA VERIFICATION STATUS	40	30	30	60	60
RCP VERIFICATION STATUS	20	80	245	160	160
PHYSICIAN TEMP. LICENSE	27,840	27,240	28,920	27,240	27,240
ATHLETIC TRAINERS APPL.	0	5550	11,900	5,550	5,550
ATHLETIC TRAINER TEMP PERMIT	0	0	500	0	0
ATHLETIC TRAINER REREGISTRATION	0	3600	13,700	3,660	3,660
ATHLETIC TRAINER LATE FEE	0	0	150	75	75
MEDICAL CORP ANNUAL REGIS.	17,250	16,400	15,000	16,400	16,400
MD RESIDENCY PERMIT	0	14180	19,365	14,180	14,180
CORPORATION APPLICATION	3,000	1,800	2,170	1,800	1,800
PHYSICAL THERAPISTS ANN. REGIS.	95,890	97,155	165,415	166,560	166,560
PT APPLICATION FEE	13,515	13,500	20,440	17,800	17,800
PA ANNUAL REG/WITHOUT PRESCRIBING	0	0	0	1,725	1,725
PA TEMPORARY PERMIT	0	0	0	600	600
PA TEMPORARY REGISTRATION	0	0	0	1,150	2,875
LOCUM TENENS PERMIT	0	0	0	250	250
ACUPUNCTURE ANNUAL REGISTRATION	0	0	0	7,500	11,250
ACUPUNCTURE APPL. FEE	0	0	0	3,900	7,350
ACUPUNCTURE VERIFICATION FEE	0	0	0	200	200
ACUPUNCTURE TEMPORARY PERMIT	0	0	0	0	120
ACUPUNCTURE INACTIVE STATUS	0	0	0	0	50
ACUPUNCTURE LATE FEE	0	0	0	100	200
REVENUE--NON-DEDICATED	2,980,572	3,088,737	3,160,847	3,247,179	3,256,739
REVENUE--DEDICATED-SPECIAL	0	7,000	7,000	7,000	7,000
TOTAL REVENUES	2,980,572	3,095,737	3,167,847	3,254,179	3,263,739
DIRECT COSTS:	1,941,000	1,869,000	1,918,000	1,893,000 ***	1,877,000 ***

ATTORNEY GENERAL				1,142,000	1,142,000
INDIRECT COSTS:					
ATTORNEY GENERAL	642,000	924,000	1,000,000	0	0
STATEWIDE INDIRECT	27,000	15,000	27,476	27,000	44,000
INFECTION CONTROL	45,000	41,000	43,000	43,000	43,000
REFUNDS	4,000	3,000	2,003	5,000	5,000
IPSP	0	0	61,402	80,000	80,000
ADMIN. SERVICES UNIT	0	2,000	19,045	64,000	64,000
MEDICAL BOARD WORKSHOP	0	7,000	7,000	7,000	7,000
TOTAL EXPENDITURES	2,659,000	2,861,000	3,077,926	3,261,000	3,262,000
TOTAL	<u>321,572</u>	<u>234,737</u>	<u>89,921</u>	<u>(6,821)</u>	<u>1,739</u>
ACCUMULATED BALANCE	241,000	475,737	565,658	558,837	560,576

***Include Acupuncture Costs

NOTE: The legislature approved \$10,000 for F.Y. 1996 and \$10,000 for F.Y. 1997 for start-up costs for licensing/regulation of acupuncturists. These monies would be used to cover start-up licensure and discipline costs as well reflecting a percentage contribution to the overall costs for administration of the Board (i.e. rent, utilities, computer services, etc.)

Revised



MINNESOTA BOARD OF MEDICAL PRACTICE

2700 University Avenue West, #106 St. Paul, MN 55114-1080 (612) 642-0538

DATE: August 10, 1995

TO: BRUCE J. REDDEMAN, DIRECTOR
BUDGET OPERATIONS
DEPARTMENT OF FINANCE

FROM: H. LEONARD BOCHE
EXECUTIVE DIRECTOR

RE: PROPOSED FEE CHANGES

Because of the recent enactment into law in the 1995 legislative session of Minnesota Statutes 147A and 147B, concerning the regulation of physician assistants and acupuncturists by the Minnesota Board of Medical Practice, it is necessary that new fee rules be adopted in order for the Board to recover its costs.

Minnesota Statute, Chapter 214.06 (1994), requires that the Board assess a sufficient amount so that the total fees collected will as closely as possible equal anticipated expenditures during the fiscal biennium. Minnesota Statute, Chapter 16A.1285 Subd.5 (1995), requires that any fee adjustment proposal be sent to the Commissioner of Finance for review and comment.

Minnesota Statute, Chapter 147A, repealed the previous physician assistant statutes and rules, including the fee provision and granted authority for new rules on fees. Minnesota Statutes, Chapter 147B, on acupuncture, is new law and sets out some fees in the statute and the authority for certain other fees to be set by rule.

The fees discussed in this memo are fees to be set by rule.

A copy of the Departmental Earnings Reporting/Approval Form, a fee comparison and related forms are attached. Copies of Minnesota Statutes 147A and 147B are also included.

The following new fees are proposed:

ACUPUNCTURE

Inactive Status Fee \$50
Temporary Permit \$60

PHYSICIAN ASSISTANT

Locums Tenens Permit \$25
Temporary Registration \$115
Temporary Permit \$60

The following new fees replace those fees repealed by Minnesota Statute, Chapter 147A:

PHYSICIAN ASSISTANT (NEW FEES)		(OLD FEES)
Registration Application	\$120	\$100

Annual Registration Renewal (with prescribing privileges)	\$135	\$20*
(without prescribing privileges)	\$115	\$20*

Late Fee	\$50	\$5

* There was also a Fee for Approval of Agreements which was \$30 for agreements not containing delegation of prescribing and administering medications and \$86 for agreements containing delegation of prescribing and administering functions. Since the agreements are necessary for a physician assistant to practice, the cost were variable dependent on how often a physician assistant changed jobs or takes temporary work. Thus at minimum the fees might be $\$20 + \$30 = \$50$ or $\$20 + \$86 = \$106$ the first year and if no agreement changes had occurred, the renewal would be \$20. However, any agreement change would result in an additional \$30 or \$86 charge with each new agreement request. The Annual Registration Fees of \$135 and \$115 now incorporate the work involved in the development and processing of agreements with or without prescribing privileges.

The basis for this fee request is as follows:

1. Minnesota Statutes, Chapter 214.06, requires the Board to produce revenues to recover expenditures projected for the next fiscal biennium.
2. The Acupuncture Inactive Status Fee and Temporary Permit Fees are user fees. A licensed acupuncturist has the option to apply to be on inactive status with the Board, otherwise, failure to renew the license within two renewal cycles will cause cancellation of the license and require full reapplication. This inactive status option is not intended to be requested annually, but when the person is on an extended leave from the practice (i.e. overseas assignment). Temporary Permits allow persons who have completed all licensure requirements prior to a Board Meeting to practice prior to the meeting, generally 2-3 months, and thus is a one time fee.

3. The Physician Assistant Locum Tenens Permit, Temporary Registration, and Temporary Permit fees are user fees.

a.) A Locum Tenens Permit allows a registered physician assistant to work at another location for a period of time without having to submit all new practice site documents. The permit is aimed at allowing physician assistants to practice in a camp setting or other temporary locations. This Permit can be renewed annually at the discretion of the Board.

b.) The Temporary Registration allows applicants to practice prior to the taking of the National Commission of Certification of Physician Assistant Exam (NCCPA) for up to one year, if the application is otherwise complete. This is a one time fee. (The fee is the same as the registration renewal fee without prescribing privileges since prescribing is the only action not allowed with a Temporary Registration.) This registration is likely to be used by applicants waiting to take the National PA exam which may be up to 11 months in some cases..

c.) The Temporary Permit allows applicants who have completed all the application requirements to practice without prescribing in the 2 to 3 months just prior to the Board meeting they will be approved at. This is a one time fee.

4. The Physician Assistant Late Fee is a user type fee designed to encourage applicants and those renewing to get the appropriate documents and fees to the Board in a timely manner and cover the costs of reprocessing documents. It replaces the previous fee of \$5 and raises it to \$50, comparable to the physician late fee.

5. The Registration Application Fee replaces the previous initial registration fee of \$100 set in 1985 and raises it to \$120.

6. The Physician Assistant Registration Renewal Fees replace the the annual reregistration fee of \$20. The Registration Renewal will have an option in which the physician assistant may apply for prescribing privileges. The Registration Renewal fee will be \$135 if prescribing privileges are delegated by the physician and \$115 if prescribing privileges are not delegated. The \$20 fee was set in 1985. The approval of agreement fees of \$30 and \$86 have been dropped. Confirmation of prescribing and non-prescribing practice would be part of information updated with a renewal of registration.

The physician assistant fee schedule that was repealed by Minnesota Stat. § 147A, had been set by the Commissioner of Health and did not adequately reflect the cost of regulation.

The legislature appropriated to the Board \$10,000 for FY 1996 and \$10,000 for FY 1997 to cover the costs of regulating the acupuncturists. The first regular annual renewal will begin in July 1996.

It is the Board's intention to seek promulgation of the fee rules at its December 1995 Board meeting, so the rules can become effective in January 1996. With this in mind, the Board would appreciate your response as soon as possible.

Department of Finance
Departmental Earnings: Reporting/Approval

Part A: Explanation

<i>Earnings Title:</i> BD OF MEDICAL PRACTICE - LICENSING FEES	<i>Statutory Authority:</i> MN ST 147A & 147B	<i>Date:</i> 8/10/95
<p><i>Brief Description of Item:</i> NEWLY ENACTED MN STAT. 147A & 147B (1995) AUTHORIZED THE BOARD TO ADOPT FEES TO RECOVER COSTS REGULATING ACUPUNCTURISTS AND PHYSICIAN ASSISTANTS. MN STAT. 147A REPEALED THE EXISTING PHYSICIAN ASSISTANT FEES UNDER RULE 5600.2655.</p>		
<p><i>Earnings Classification (check one):</i> 1. <input type="checkbox"/> Service/User 2. <input type="checkbox"/> Business/Industry Regulating 3. <input checked="" type="checkbox"/> Occupational Licensure 4. <input type="checkbox"/> Special Tax/Assessment 5. <input type="checkbox"/> Other (specify):</p>		
<p><i>Submission Purpose (check one):</i> 1. <input checked="" type="checkbox"/> Chap. 14 Review and Comment 2. <input type="checkbox"/> Approval of Allowable Inflationary Adjustment 3. <input type="checkbox"/> Reporting of Agency Initiated Change in Departmental Earnings Rate 4. <input type="checkbox"/> Other (specify):</p>		
<p><i>If reporting an agency initiated action (option 3 above), does agency have explicit authority to retain and spend receipts?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p><i>Impact of Proposed Change (For rate changes included in the biennial budget, reference page number. For rate changes not included in the biennial budget, reference authority to make such changes.)</i> AN ATTACHED SHEET SHOWS A COMPARISON OF BOARD OF MEDICAL PRACTICE FEES, THE NUMBER OF PAYERS, AND THE TOTAL REVENUE FOR FISCAL YEARS 1995, 1996, AND 1997.</p>		
<i>Current Unit Rate(s):</i>	<i>Proposed Unit Rate(s):</i>	

Department of Finance
 Departmental Earnings: Reporting/Approval (Cont.)
 (\$1,000,000=1,000)

Part B: Fiscal Detail

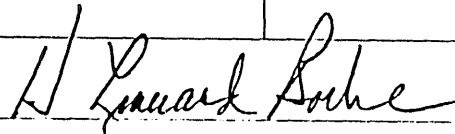
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- Non-Dedicated

Item	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997	F.Y. 1996	F.Y. 1997
	Revenues:			As Shown in Biennial Budget	As Shown in Biennial Budget	As Currently Proposed	As Currently Proposed
ON-DEDICATED-REVENUE	2,981	3,089	3,161	3,210	3,210	3,251	3,257
DEDICATED-REVENUE	0	7	7	7	7	7	7
Less Refunds	(4)	(3)	(2)	(5)	(5)	(5)	(5)
TOTAL REVENUE	2,977	3,093	3,166	3,212	3,212	3,253	3,259
	Expenditures						
Direct	1,941	1,869	1,918	1,883	1,867	1,893	1,877
SO	0	0	0	1,142	1,142	1,142	1,142
Indirect:							
AGO	642	924	1,000	0	0	0	0
Statewide	27	15	27	27	44	27	44
Infection Control	45	41	43	43	43	43	43
HPSP	0	0	61	80	80	80	80
Admin. Services Unit	0	2	19	64	64	64	64
Medical Board Workshop	0	7	7	7	7	7	7
TOTAL EXPENDITURES	2,655	2,858	3,076	3,246	3,247	3,256	3,257
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Accumulated Balance	241	476	566	532	497	563	565
Excess / Deficit							

Agency Signature:



Executive Budget Office:

Approval Date:

PROPOSED FEE CHANGES
MEDICAL BOARD

FEE CATEGORY	F.Y. 1995			F.Y. 1996			F.Y. 1997		
	FEE	#PAY	REVENUE	FEE	#PAY	REVENUE	FEE	#PAY	REVENUE
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ACUPUNCTURE									
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Acupuncture Inactive Status	0	0	0	50	0	0	50	1	50
TOTALS			<u>23,281</u>			<u>45,635</u>			<u>47,895</u>

DEPARTMENT OF FINANCE
DEPARTMENTAL EARNINGS: REPORTING/APPROVAL

FISCAL DETAIL
H7B-0000-000

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PHYSICIAN ASSISTANTS APPL. FEE	4,600	4,156	4,700	4,156 *	4,156
PA SUPV/NO PRESCRIBING	360	270	180	270 *	270 *
CIVIL PENALTIES	21,064	33,207	31,621	33,207	33,207
MD LATE FEES	61,530	60,816	52,260	60,816	60,816
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RCP SURCHARGE	6,784	24,928	19,417	24,928	24,928
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PT CERTIFICATION/OTHER STATES	1485	2,150	4,335	5,375	5,375
PA CERTIFICATION/OTHER STATES	130	140	335	350 *	350 *
MD VERIFICATION STATUS	37010	35,855	32,570	71,690	71,690
PT VERIFICATION STATUS	20	20	20	40	40
PA VERIFICATION STATUS	40	30	30	60 *	60 *
RCP VERIFICATION STATUS	20	80	245	160	160
PHYSICIAN TEMP. LICENSE	27,840	27,240	28,920	27,240	27,240
ATHLETIC TRAINERS APPL.	0	5550	11,900	5,550	5,550
ATHLETIC TRAINER TEMP PERMIT	0	0	500	0	0
ATHLETIC TRAINER REREGISTRATION	0	3600	13,700	3,660	3,660
ATHLETIC TRAINER LATE FEE	0	0	150	75	75
MEDICAL CORP ANNUAL REGIS.	17,250	16,400	15,000	16,400	16,400
MD RESIDENCY PERMIT	0	14180	19,365	14,180	14,180
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PT APPLICATION FEE	13,515	13,500	20,440	17,800	17,800
ACUPUNCTURE ANNUAL REGISTRATION	0	0	0	7,500 **	11,250 **
ACUPUNCTURE APPL. FEE	0	0	0	3,900 **	7,350 **
ACUPUNCTURE VERIFICATION FEE	0	0	0	200 **	200 **
ACUPUNCTURE LATE FEE	0	0	0	100 **	200 **
REVENUE--NON-DEDICATED	2,980,572	3,088,737	3,160,847	3,221,803	3,229,103
REVENUE--DEDICATED-SPECIAL	0	7,000	7,000	7,000	7,000
TOTAL REVENUES	2,980,572	3,095,737	3,167,847	3,228,803	3,236,103
DIRECT COSTS:	1,941,000	1,869,000	1,918,000	1,893,000 ***	1,877,000 ***
ATTORNEY GENERAL				1,142,000	1,142,000
INDIRECT COSTS:					
ATTORNEY GENERAL	642,000	924,000	1,000,000	0	0
STATEWIDE INDIRECT	27,000	15,000	27,476	27,000	44,000
INFECTION CONTROL	45,000	41,000	43,000	43,000	43,000
REFUNDS	4,000	3,000	2,003	5,000	5,000

HPSP	0	0	61,402	80,000	80,000
ADMIN. SERVICES UNIT	0	2,000	19,045	64,000	64,000
MEDICAL BOARD WORKSHOP	0	7,000	7,000	7,000	7,000
TOTAL EXPENDITURES	2,659,000	2,861,000	3,077,926	3,261,000	3,262,000
TOTAL	321,572	234,737	89,921	(32,197)	(25,897)
ACCUMULATED BALANCE	241,000	475,737	565,658	533,461	507,564

* Projected figures at current fee rate

** Projected Acupuncture Revenue

*** Include Acupuncture Costs

NOTE: The legislature approved \$10,000 for F.Y. 1996 and \$10,000 for F.Y. 1997 for start-up costs for licensing/regulation of acupuncturists. These monies would be used to cover start-up licensure and discipline costs as well reflecting a percentage contribution to the overall costs for administration of the Board (i.e. rent, utilities, computer services, etc.)

**RATIONALE
FOR
PROPOSED PA FEES**

TOTAL REGULATED PERSONS BY BMP	19,500
NUMBER OF PA'S	280
% PA'S OF TOTAL	1.40%
TOTAL BOARD FIXED COSTS	830,500
1.40% OF FIXED COSTS	11,627
VARIABLE COSTS	33,700
TOTAL COST TO REGULATE PA'S	45,327
LESS FEE INCOME	8,135
<small>(FEES INCLUDE TEMP. REG., TEMP. PERMIT, LOCUM TENENS PERMIT AND LATE FEE)</small>	
TOTAL TO BE DISTRIBUTED TO PA'S	<u>37,192</u>

PROPOSED ANNUAL RENEWAL FEE

PA'S WITHOUT PRESCRIBING	\$115
PA'S WITH PRESCRIBING PRIVILEGES	\$135

NUMBER OF PA'S REGULATED

<u>PRACTICE</u>	<u>NUMBER</u>	<u>FEES</u>	<u>TOTAL \$</u>
PRESCRIBING	265	135	35,775
NON-PRESCRIBING	15	115	1,725
TOTAL	280	35	<u>37,500</u>

PROJECTED REVENUE	PROJECTED EXPENDITURES	<u>TOTAL</u>
\$37,500	\$37,192	=
		<u>\$308</u>

**RATIONALE
FOR
PROPOSED ACUPUNCTURE FEES**

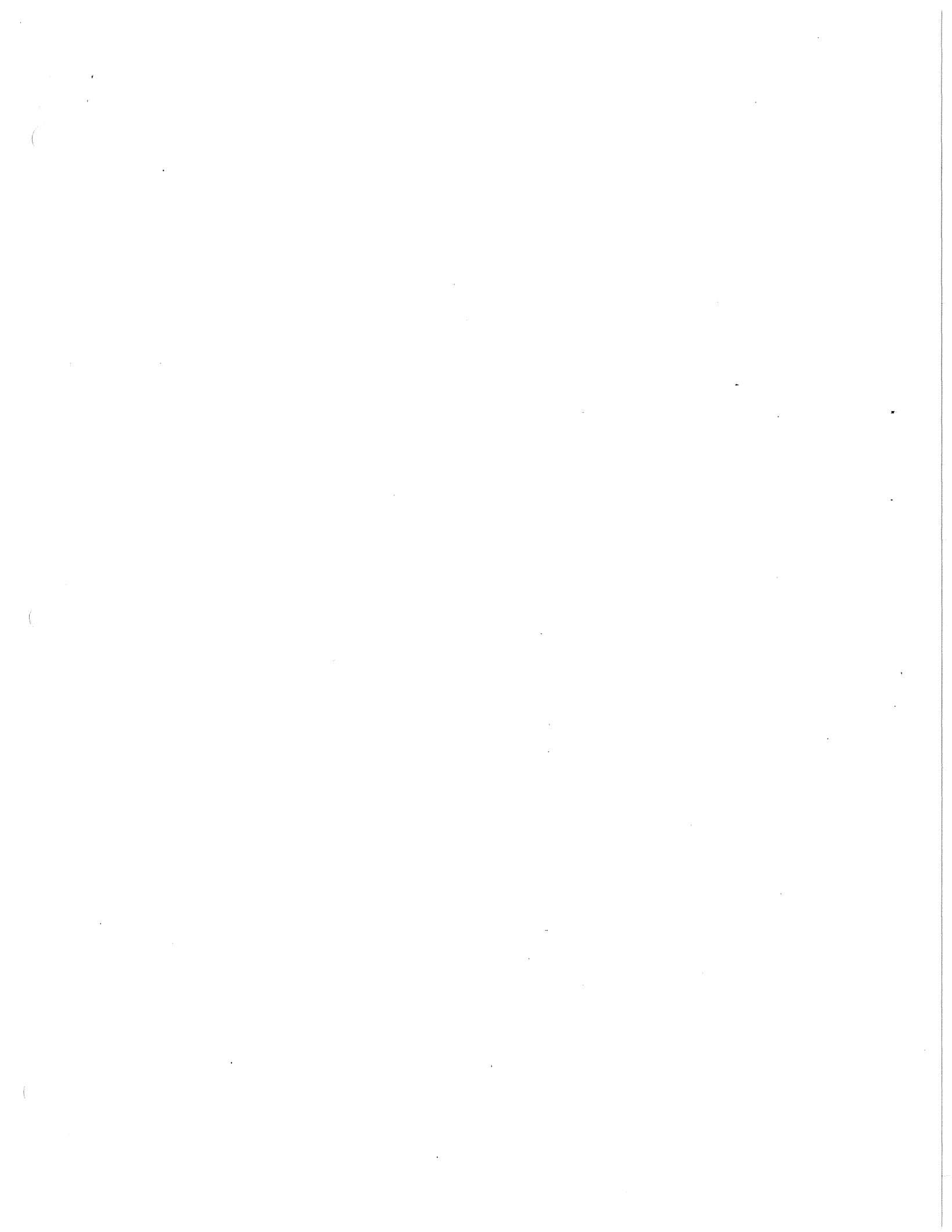
TOTAL REGULATED PERSONS BY BMP	19,500
NUMBER OF ACUPUNCTURISTS	75
% ACUPUNCTURISTS OF TOTAL	0.38%
TOTAL BOARD FIXED COSTS	830,500
.38% OF FIXED COSTS	3,156
VARIABLE COSTS	9,500
TOTAL COSTS TO REGULATE ACUPUNCTURISTS	12,656
LESS FEES COLLECTED (PROJECTED) (FEES INCLUDE INACTIVE STATUS, TEMPORARY PERMIT, LATE FEE)	220
 TOTAL TO BE DISTRIBUTED TO ACUPUNCTURISTS	 <u>12,436</u>

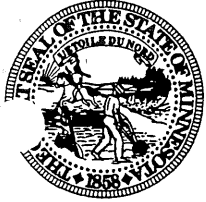
PROPOSED ANNUAL FEE

	NUMBER OF ACUPUNCTURISTS	FEE	TOTAL
RENEWAL FEE	75	150	11,250
APPLICATION	10	150	1,500
TOTALS	85		<u>12,750</u>

PROJECTED REVENUE	LESS PROJECTED EXPENDITURES		TOTAL
12,750	-	12,436	= <u>314</u>

NOTE: The legislature has appropriated \$10,000 for F.Y. 1996 and \$10,000 for F.Y. 1997. Most fee collection will not begin until late into F.Y. 1996. Acupuncturists have a 2 year window in which to become licensed. Most applications are expected in F.Y. 1997. This projection is based on an average of 75 licensees being renewed and 10 new applicants per year.





MINNESOTA BOARD OF MEDICAL PRACTICE

2700 University Avenue West, #106 St. Paul, MN 55114-1080 (612) 642-0538

September 29, 1995

TO: REGISTERED PHYSICIAN ASSISTANTS OF MINNESOTA

FROM: H. LEONARD BOCHE, EXECUTIVE DIRECTOR
MINNESOTA BOARD OF MEDICAL PRACTICE

A handwritten signature in cursive script, appearing to read "H. Leonard Boche".

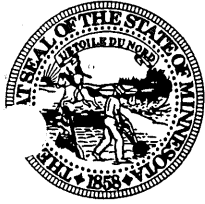
RE: PROPOSED RULES - PHYSICIAN ASSISTANT FEE SCHEDULE

With the recent enactment of Minnesota Statute, Chapter 147A, (1995), the fees governing physician assistants must be revised. The Minnesota Board of Medical Practice is proposing a new schedule of fees governing physician assistants in order for the Board to recover its costs in regulating physician assistants.

Attached is a letter from the Board to the Minnesota Academy of Physician Assistants explaining the proposed fees and how they fit into the Board's budget considerations. Also attached is a copy of the proposed rule. The actual fee changes are found on page 3 of the proposed rule.

We hope this information will be of assistance to you. If you have any questions or concerns about the fees or rule-making process, please call the phone numbers or write to the designated address listed in the attached letter to the Minnesota Academy of Physician Assistants.

Thank you for your time and attention on this matter.



MINNESOTA BOARD OF MEDICAL PRACTICE

2700 University Avenue West, #106 St. Paul, MN 55114-1080 (612) 642-0538

In the Matter of the Proposed Adoption of the Rule of the Minnesota Board of Medical Practice concerning Board Fees involving acupuncture and physician assistants

AFFIDAVIT OF MAILING OF INFORMATION ON FEE RULE TO PERSON REGISTERED AS PHYSICIAN ASSISTANTS IN MINNESOTA AS OF SEPTEMBER 14, 1995, AND BOARD MAILING LIST

STATEMENT OF MINNESOTA)
) ss.
COUNTY OF RAMSEY)

Bard Larson, being sworn says:

I hereby certify that the list of persons registered as physician assistants is accurate, complete, and and current as of September 14, 1995.

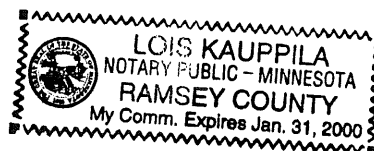
That on the 2ND day of OCTOBER, 1995, I mailed a copy of the proposed fee rule and a copy of the letter to the President of the Minnesota Academy of Physician Assistants dated September 29, 1995, explaining the proposed fee rule, by depositing in the State of Minnesota Interoffice Mail System, a copy thereof, with postage prepaid, to all persons on the aforementioned mailing list.

[Signature]
Name

Complaint Review Asst.
Title

Subscribed and sworn to before me this 2nd day of October, 1995.

[Signature]
Notary Public



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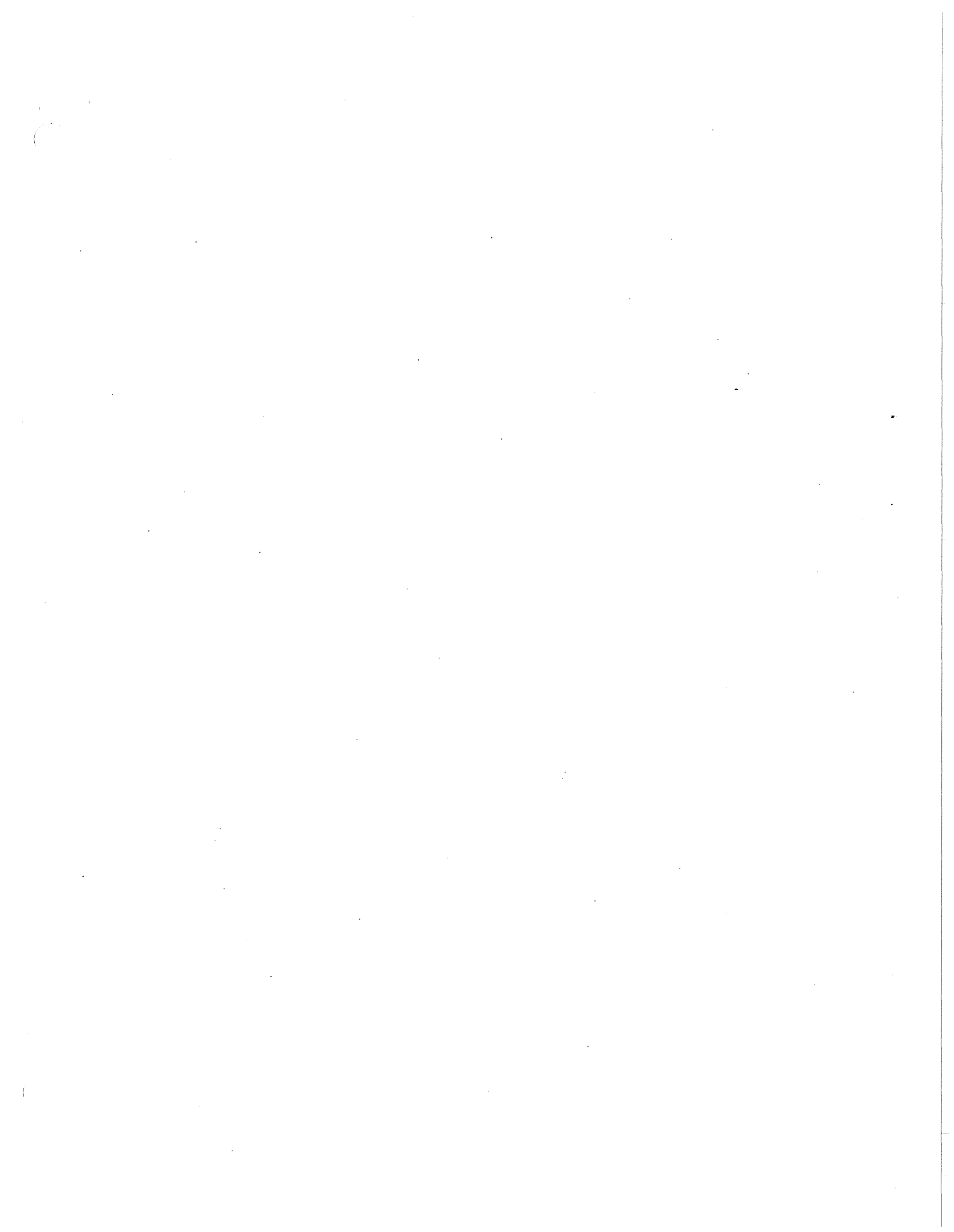
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MINNESOTA BOARD OF MEDICAL PRACTICE

2700 University Avenue West, #106 St. Paul, MN 55114-1080 (612) 642-0538

September 29, 1995

TO: MEMBERS OF THE ACUPUNCTURE ASSOCIATION OF MINNESOTA
FROM: H. LEONARD BOCHE, EXECUTIVE DIRECTOR
MINNESOTA BOARD OF MEDICAL PRACTICE

RE: PROPOSED RULES - ACUPUNCTURE FEES FOR INACTIVE STATUS
AND TEMPORARY PERMITS

With the recent enactment of Minnesota Statute, Chapter 147B, (1995), the Minnesota Board of Medical Practice is now responsible for the regulation of acupuncture in Minnesota.

Minnesota Statute, Chapter 147B, authorizes the Board to establish certain fees governing acupuncturists. The two fees involved are the Inactive Status fee and Temporary Permit fee. The Minnesota Board of Medical Practice is proposing fee rules to provide for these fees to cover the cost of regulation.

Attached is a letter from the Board to the Acupuncture Association of Minnesota explaining the proposed fees and how they fit into the Board's budget considerations. Also attached is a copy of the proposed rule. The actual fee changes are found on page 3 of the proposed rule.

We hope this information will be of assistance to you. If you have any questions or concerns about the fees or rule-making process, please call the phone numbers or write to the designated address listed in the attached letter to the Acupuncture Association of Minnesota.

Thank you for your time and attention on this matter.



MINNESOTA BOARD OF MEDICAL PRACTICE

2700 University Avenue West, #106 St. Paul, MN 55114-1080 (612) 642-0538

In the Matter of the Proposed Adoption of the Rule of the Minnesota Board of Medical Practice concerning Board Fees involving acupuncture and physician assistants

AFFIDAVIT OF MAILING OF INFORMATION ON FEE RULE TO MEMBERS OF THE ACUPUNCTURE ASSOCIATION OF MINNESOTA AND COPY OF ASSOCIATION MAILING LIST

STATEMENT OF MINNESOTA)
) ss.
COUNTY OF RAMSEY)

Barb Lager, being sworn says:

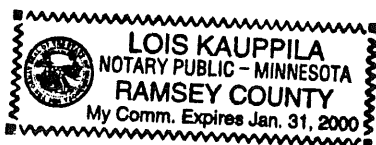
That on the 2ND day of OCTOBER, 1995, I mailed to members of the Acupuncture Association of Minnesota a copy of the proposed fee rule and a copy of a letter to the President of the Acupuncture Association of Minnesota dated September 29, 1995, explaining the proposed fee rule, by depositing in the State of Minnesota Interoffice Mail System, a copy thereof. A copy of the Mailing List of Members of the Acupuncture Association of Minnesota that was obtained from the Association is attached.

Barb Lager
Name

Complaint Review Ass.
Title

Subscribed and sworn to before me this 2nd day of October, 1995.

Lois Kauppila
Notary Public



by Minikus
14349 Westridge Drive
Eden Prairie, MN 55347-1738

Patrick Cunningham
PO Box 793
Cambridge, MA 02140

Karen Socha
822 South Leavitt Street
Chicago, IL 60612-4210

Nancy Vitales
2225 Urbandale
Plymouth, MN 55447

Kay Tran
2704 16th Avenue South
Mpls, MN 55407

Diane Farrell
210 South Ashland
Cambridge, MA 55008

Dr. Lucking
3546 Grand Avenue South
Mpls, MN 55408

Barb Hartwell
11517 23rd Avenue
Burnsville, MN 55337

AAAOM
433 Front Street
Catasauqua, PA 18032
Mpls, MN 55406

Dr. Mark Pappenfus
2559 West 7th Street
St Paul, MN 55116

Andy Lininger
24675 Manning Trail North
Scandia, MN 55073

Zhen-Sheng Gao
1040 North Pleasant
Apt 363
Amherst, MA 01002

Denis Cheng
2499 Rice Street, Ste 110
Roseville, MN 55113

Lynn Putnam
PO Box 11612
St Paul, MN 55111

Ned Hoke, OMD, CA
158 West Napa Street
Sonoma, CA 95476

Jack Lehman, Ph.D., PT
42 Wolf Drive
Redwood Meadows, Alberta
T3Z 1A3 CANADA

Debra Arone
1409 Willow Street
Mpls, MN 55403

Ulrich Beyendorff
429 North 5th Street
Apt 650
Mpls, MN 55401

Deah Cain
2395 University Ave West
St Paul, MN 55114

Jack Carver
825 South 8th Street
Apt 1160
Mpls, MN 55404

Janny Chan
1021 5th Street SE
Mpls, MN 55414

Patricia Culliton
825 South 8th Street, 1160
Mpls, MN 55404

Edith Davis
5251 Chicago Ave South
Mpls, MN 55417

Robert Decker
2644 Burd Place
St Louis Park, MN 55426

Diane Diegel
4201 E 54th Street
Mpls, MN 55417

Charlotte Gallagher
Route 2 Box 43
Good Thunder, MN 55037

Darcy Gilbert
6120 Wynnwood Road
Golden Valley, MN, 55422

na Gross
3255 Hennepin Ave., 227
Mpls, MN 55408

Rose Haywood
3255 Hennepin Ave., 254
Mpls, MN 55408

Roberta Hodgdon
3255 Hennepin Ave., 227
Mpls., MN 55408

Ned Holle
5009 13th Ave South
Mpls, MN 55414

T Y Lam
7622 York Ave South, 1101
Edina, MN 55435

Linda Leef
PO Box 265
Dresser, WI 54009

Jon Leet
3216 Old Hwy 8
St Anthony Village, MN 55418

Dean Nelson
6425 Nicollet Ave South
Richfield, MN 55423

Hung Nguyen
2001 Bloomington Ave
Mpls, MN 55404

Khiet Nguyen
8043 Thomas Lane
Bloomington, MN 55431

Ingeborg Roken
1218 W 33rd Street
Mpls, MN 55408

Richard Tosseland
394 Lake Ave South
Duluth, MN 55802

Pam Weiss
4 Banning Avenue
Wabice Bear Lake, MN 55110

Vince Wishiewski
786 East Maryland
St Paul, MN 55106

Zhu-San Ye
1460 Sherburne
St Paul, MN 55104

Mary Yu
4470 Morningside Avenue
Vadnais Hgts., MN 55127

Jilun Zhang
5251 Chicago Ave
Mpls, MN 55417

Edmund Cheong
407 West 66th Street
Richfield, MN 55423

Hong Yu Lang
814 Old Settlers Tr., 6
Hopkins, MN 55343

Mai Nguyen
896 South Cleveland, 4
St Paul, MN 55116

Yiyin Qin
121 Washington, 505
Mpls, MN 55401

Duc Kieu
3721 Chandler Drive, 202
St Anthony, MN 55421

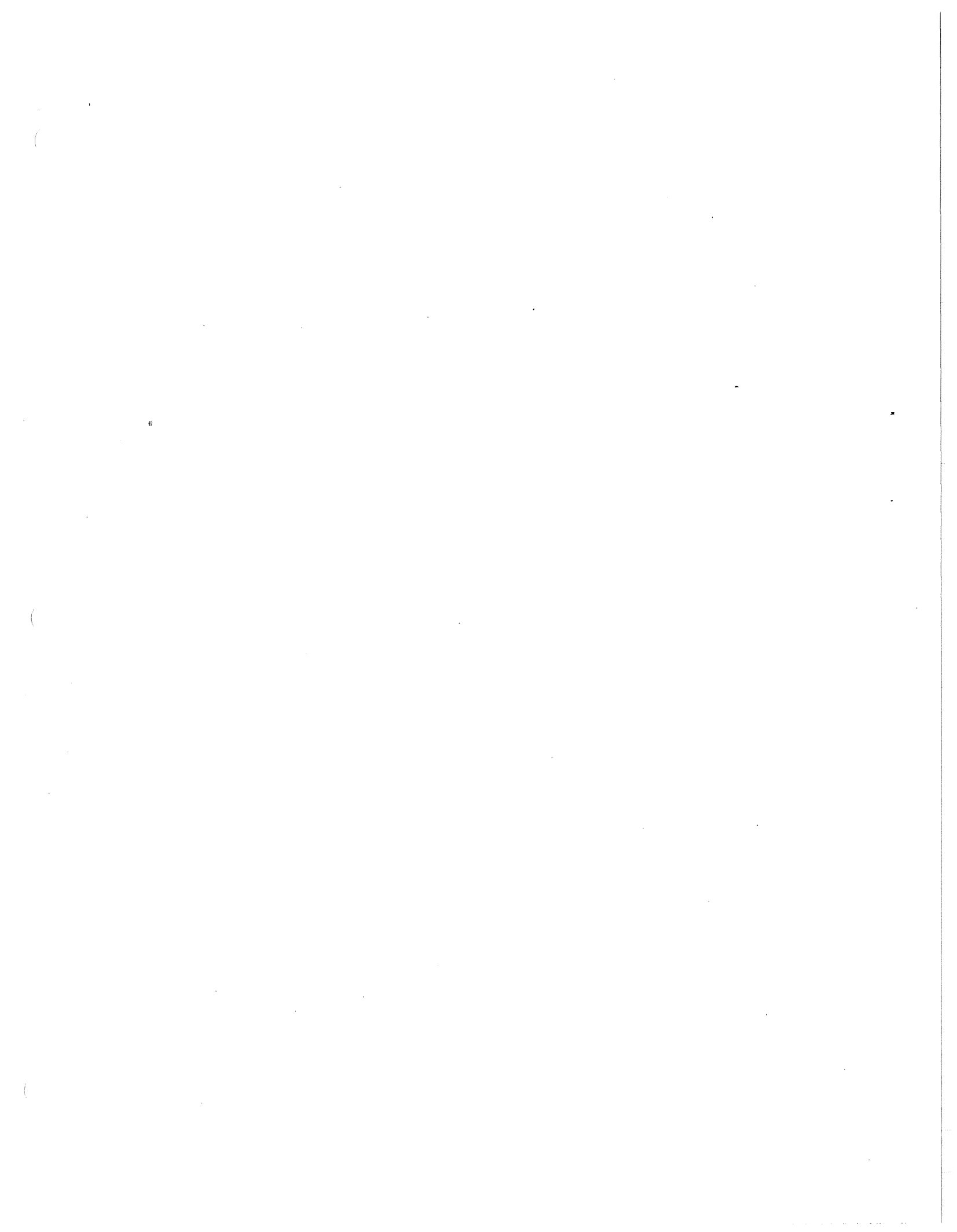
Barbara Goose
3207 17th Ave South
Mpls, MN 55407

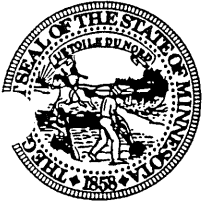
LjilJana Stefanovic
153 East Little Canada Rd
Little Canada, MN 55117

Leila Nielsen
414 West 44th Street
Mpls, MN 55409

Zhaoping Li
333 8th Street SE, 319
Mpls, MN 55414

Colet Lahoz
5770 W Bald Eagle Blvd
W Bald Lake, MN 55110





MINNESOTA BOARD OF MEDICAL PRACTICE

2700 University Avenue West, #106 St. Paul, MN 55114-1080 (612) 642-0538

DATE: SEPTEMBER 29, 1995

TO: JACK CARVER, PRESIDENT
ACUPUNCTURE ASSOCIATION OF MINNESOTA
P.O. BOX 54117
MINNEAPOLIS, MN

FROM: H. LEONARD BOCHE, EXECUTIVE DIRECTOR
MINNESOTA BOARD OF MEDICAL PRACTICE

RE: ACUPUNCTURE FEES - INACTIVE STATUS & TEMPORARY PERMIT

With the recent enactment of Minnesota Statute § 147B, the Minnesota Board of Medical Practice was given the responsibility for the regulation of acupuncture. As a function of that responsibility and as a matter of practicality, the Board must recover its costs for providing services with the regulation of acupuncturists.

The fees specifically authorized by statute are the \$150 Application fee, \$150 License Renewal fee, and the \$50 Late fee. The law authorizes the Board to establish by rule two additional fees. They are the fee to obtain Inactive Status of License and Temporary Permit fee. The Board is proposing a \$50 Inactive Status fee and \$60 Temporary Permit fee.

The Inactive Status fee would recover the cost of processing information to place a license on inactive status, where a person might not be in active practice for a year or more (i.e. working overseas). The Temporary Permit allows a licensee who has completed all the application requirements to practice in the 2-3 months prior to the Board meeting at which the license to practice is approved. Both fees are user fees designed to recover from the applicant, the cost of staff time reviewing, verifying and processing information and documents along with time spent with Acupuncture Council review.

Because Acupuncturists are now regulated by the Board along with Physicians, Physician Assistants, Physical Therapists, Athletic Trainers, and Respiratory Care Practitioners, acupuncture fees are now part of the Board's overall budget. The following synopsis provides a perspective on how the acupuncture fees fit into the Board's Budget:

BUDGET SYNOPSIS

TOTAL # OF PERSONS REGULATED BY MEDICAL BD.	19,500	
NUMBER OF ACUPUNCTURISTS (PROJECTED)	75	
% OF ACUPUNCTURISTS OF TOTAL	0.38%	
TOTAL BOARD FIXED COSTS	\$830,000	
.38% OF FIXED COSTS	\$3,156	
VARIABLE COSTS (PROJECTED) (Licensure & Complaint Review staff costs, and Acupuncture Council costs)	\$9,500	
TOTAL COST TO REGULATE ACUPUNCTURISTS	\$12,656	
LESS USER FEES COLLECTED (PROJECTED) (Inactive Status, Temporary Permit, Late Fee)	\$220	
TOTAL	\$12,436	
ANNUAL RENEWAL FEE (\$150 x 75 licensees)	\$11,250	
APPLICATION FEE (\$150 x 10 applicants/yr)	\$1,500	
TOTAL ANNUAL	\$12,750	
PROJECTED REVENUE	PROJECTED EXPENSES	DIFFERENCE
\$12,750	-	\$12,436 = \$341

As you can see, the fees to be collected are reasonably related to recovering anticipated costs.

The Board will keep in contact with the Acupuncture Association of Minnesota and Acupuncture Advisory Council about the rulemaking process.

We hope this information will be of assistance to you. If you have any questions, please call the Board office during regular business hours at (612) 642-0538, or MN Relay Service for Hearing and Speech Impaired ONLY at (612) 297-5353, or (800) 627-3529.

You may also come in person or write to:

H. Leonard Boche, Executive Director
 Suite 106
 2700 University Avenue West
 St. Paul, MN 55114

1 Board of Medical Practice

2

3 Proposed Permanent Rules Relating to Fee Changes

4

5 Rules as Proposed

6 5600.0605 LICENSE RENEWAL PROCEDURES.

7 [For text of subps 1 to 5, see M.R.]

8 Subp. 6. Late submission. A license renewal application
9 and annual license fee received in the board office after the
10 last day of the month in which the licensee's license expires
11 shall not be processed and shall be returned to the licensee for
12 payment of the late fee indicated in part 5600.2500, item K F.

13 [For text of subps 7 and 8, see M.R.]

14 Subp. 9. Conversion period and fees. A licensee who holds
15 a license issued before January 29, 1991, and who renews that
16 license during the conversion period under subpart 2 or 3, shall
17 pay the required license fees according to items A to E.

18 A. Licensees will be charged the full annual license
19 fee listed in part 5600.2500, item E B, for the licensure
20 renewal occurring at the start of the conversion period.

21 [For text of item B, see M.R.]

22 C. For licensees whose conversion period was 12
23 months, the first annual license fee charged after the
24 conversion period shall not be adjusted. They will be charged
25 the annual license fee listed in part 5600.2500, item E B.

26 [For text of item D, see M.R.]

27 E. The second license renewal made after the
28 conversion period and all subsequent license renewals shall be
29 assessed the annual license fee in part 5600.2500, item E B.

30 [For text of subp 10, see M.R.]

31 5600.0610 INITIAL LICENSE PROCEDURES.

32 [For text of subpart 1, see M.R.]

33 Subp. 2. Initial license. An individual who is initially
34 licensed by the board after January 29, 1991, shall pay the
35 physician application and annual license fees listed in part

1 5600.2500, items B A and E B.

2 Effective January 1, 1991, the initial license period

3 begins with the date the person becomes licensed and ends the
4 last day of the licensee's month of birth. However, if the last
5 day of the individual's month of birth is less than six months
6 after the individual becomes licensed, then the initial license
7 period ends on the last day of the individual's month of birth
8 in the next year after the initial license period began. After
9 the initial license period, subsequent renewal periods shall be
10 annual periods that begin on the last day of the month of the
11 licensee's birth.

12 Subp. 3. Conversion period and fees. Individuals
13 initially licensed by the board after January 29, 1991, will
14 have a conversion period according to items A to F.

15 [For text of item A, see M.R.]

16 B. The full physician application fee and physician
17 annual license fee found in part 5600.2500, items B A and E B,
18 will be charged to the individual at the start of the conversion
19 period.

20 [For text of item C, see M.R.]

21 D. For an individual whose conversion period was 12
22 months, the first annual license fee charged after the
23 conversion period shall not be adjusted. The individual will be
24 charged the full annual license fee listed in part 5600.2500,
25 item E B.

26 [For text of item E, see M.R.]

27 F. The second license renewal made after the
28 conversion period for the individual and all subsequent license
29 renewals shall be assessed the annual license fee in part
30 5600.2500, item E B.

31 5601.0300 CONTENTS OF APPLICATION.

32 The application must be submitted on forms prepared by the
33 board together with the fees fee described under part 5600.2500,
34 ~~items-B-and-M~~ item G. To be complete, the application must
35 include the following information:

1 [For text of items A to P, see M.R.]

2 5600.2500 FEES.

3 The fees charged by the board are fixed at the following
4 rates:

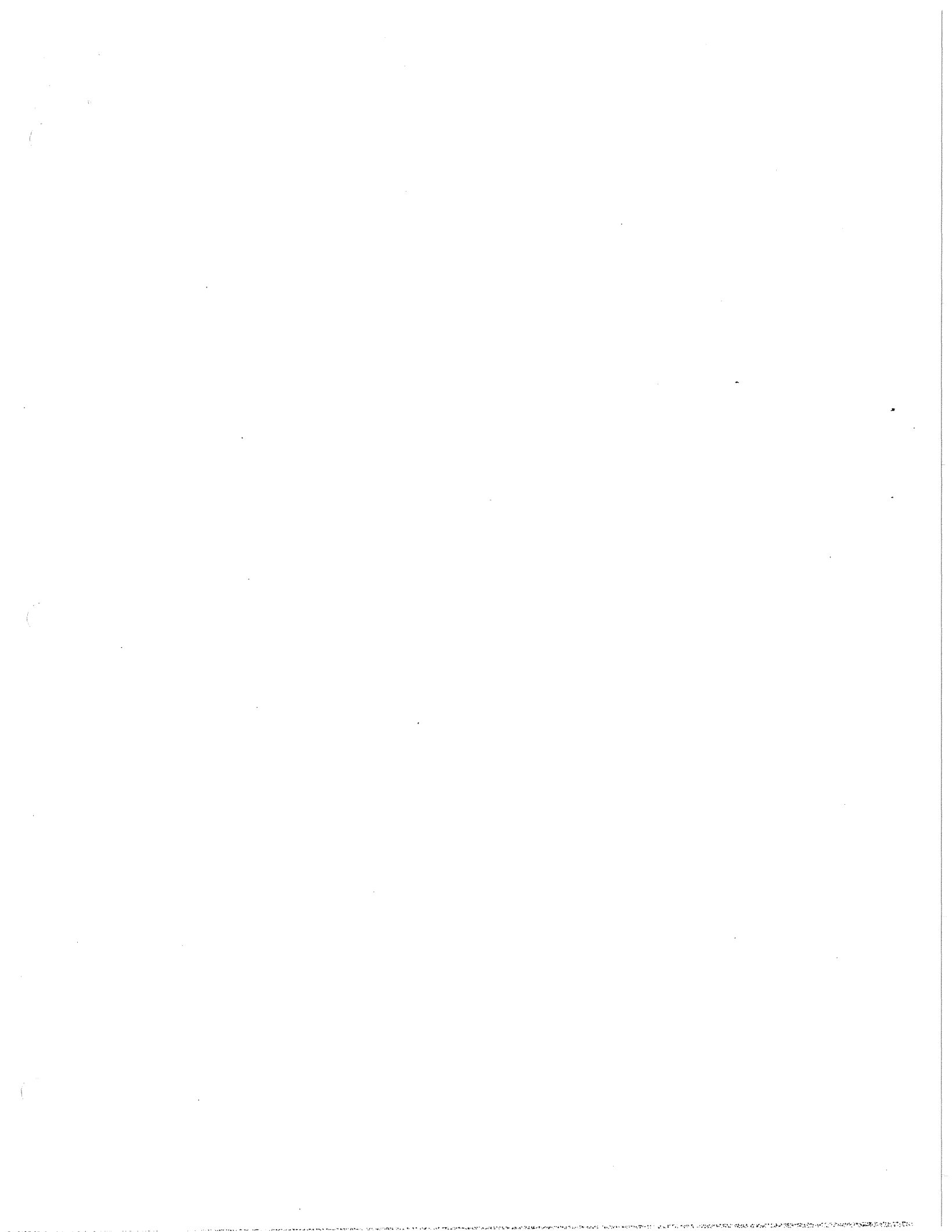
- 5 A. physician application fee, \$200;
6 B. physician annual license, \$168;
7 C. physician endorsement to other states, \$40;
8 D. physician emeritus license, \$50;
9 E. physician temporary licenses, \$60;
10 F. physician late fee, \$60;
11 G. physical therapist application fee, \$100;
12 H. physical therapist annual registration, \$60;
13 I. physical therapist late fee, \$20;
14 J. physical therapist temporary permit, \$25;
15 K. physician assistant application fee, \$120;
16 L. physician assistant annual registration
17 (prescribing), \$135;
18 M. physician assistant annual registration
19 (nonprescribing), \$115;
20 N. physician assistant temporary registration, \$115;
21 O. physician assistant temporary permit, \$60;
22 P. physician assistant locum tenens permit, \$25;
23 Q. physician assistant late fee, \$50;
24 R. acupuncture temporary permit, \$60;
25 S. acupuncture inactive status fee, \$50;
26 T. duplicate license or registration fee, \$20;
27 ~~B-~~ U. certification letter, \$25;
28 ~~M-~~ V. verification of status, \$10;
29 ~~N-~~ W. education or training program approval fee,
30 \$100;
31 ~~O-~~ X. report creation and generation, \$60 per hour
32 billed in quarter-hour increments with a quarter-hour minimum;
33 and
34 ~~P-~~ Y. examination administrative fee:
35 (1) half day, \$50; and

1 (2) full day, \$80.

2 The renewal cycle for physician assistants under items L

3 and M begins July 1. The duration of the permit issued under

4 item P is one year.



Board of Medical Practice

Notice of Solicitation of Comments Regarding Proposed Amendment to *Minnesota Rules* Governing Fees

NOTICE IS HEREBY GIVEN that the Minnesota Board of Medical Practice is seeking comments from sources outside the agency in preparing to propose rules governing acupuncturist Inactive Status and Temporary Permit fees and physician assistant Temporary Registration, Temporary Permit, Locums Tenens Permit, Late Fee and Annual Registration Renewal Fees (with and without prescribing privileges). The adoption of the rule is authorized by *Minnesota Statutes*, section 214.06 (1994), which requires that the Board assess a sufficient amount so that the total fees collected by the Board will closely as possible equal anticipated expenditures during the fiscal biennium. *Minnesota Statutes*, Chapters 147A and 147B (1995), authorize the regulation of physician assistants and acupuncturists by the Board.

A draft of the proposed rule may be obtained by contacting the Board at the address and telephone numbers listed in the paragraphs which follow.

Interested persons or groups may submit data or views on the subject matter of concern in writing or orally. Written statements should be addressed to:

H. Leonard Boche, Executive Director
Suite 106
2700 University Avenue West
St. Paul, MN 55114

Oral statements will be received during regular business hours over the telephone at (612) 642-0538 or MN Relay Service for Hearing and Speech Impaired ONLY at (612) 297-5353 or (800) 627-3529 and in person at the above address.

All statements of information and opinions shall be accepted until October 20, 1995.

The groups and individuals expected to be affected by these rules include acupuncturists and physician assistants.

The Board does not intend to appoint an advisory committee or advisory task force to comment on the proposed rules, but will contact the standing Physician Assistant and Acupuncture Advisory Councils that advise the Board, about the proposed fees.

Dated: 10 August 1995

H. Leonard Boche
Executive Director

Department of Natural Resources

Bureau of Real Estate Management

Notices of Proposed Conveyance for the Purpose of Correcting Legal Descriptions of Boundaries Affecting the Ownership Interests of the State and Adjacent Landowners

NOTICE IS HEREBY GIVEN that the Minnesota Department of Natural Resources intends to correct a boundary discrepancy which affects land presently owned by the State and land owned by Dennis D. and Sharon A. Blumke (*Minnesota Statutes* 84.0273, 1993). The State originally acquired its property by Warranty Deed recorded in the Office of the Stearns County Recorder July 22, 1958 in Book 301 of Deeds, page 259. The State will exchange quit claim deeds with the adjacent owner in order to resolve the boundary discrepancy. The deed from the State to Dennis D. and Sharon A. Blumke will contain the following legal description:

A strip of land 60 feet wide and 177 feet long located in Block 60 in the Townsite of Fairhaven in Stearns County, Minnesota, and lying within 30 feet right and 30 feet left of the following described centerline: Commencing at a point on the centerline of Banks Street in the Townsite of Fairhaven in Stearns County, Minnesota, distant 72 feet North of the centerline of the Clearwater River; thence running East a right angle to the centerline of Banks Street for a distance of 33 feet to a point on the west line of Block 60 in said Townsite of Fairhaven, said last mentioned point being the point of beginning of the centerline to be described; thence continuing East on the last described course for a distance of 42 feet; thence deflect to the left 65 degrees 00 minutes for a distance of 135 feet to the centerline of the Clearwater River and there terminating.

For further information, contact Martha Bonneville at the Bureau of Real Estate Management, DNR, 500 Lafayette Road, St. Paul, MN 55155, (612) 296-0636.

MINNESOTA BOARD OF MEDICAL PRACTICE

NOTICE OF SOLICITATION OF COMMENTS REGARDING PROPOSED AMENDMENT
TO MINNESOTA RULES GOVERNING FEES

NOTICE IS HEREBY GIVEN that the Minnesota Board of Medical Practice is seeking comments from sources outside the agency in preparing to propose rules governing acupuncturist Inactive Status and Temporary Permit fees and physician assistant Temporary Registration, Temporary Permit, Locums Tenens Permit, Late Fee and Annual Registration Renewal Fees (with and without prescribing privileges). The adoption of the rule is authorized by Minnesota Statutes, section 214.06 (1994), which requires that the Board assess a sufficient amount so that the the total fees collected by the Board will closely as possible equal anticipated expenditures during the fiscal biennium. Minnesota Statutes, Chapters 147A and 147B (1995), authorize the regulation of physician assistants and acupuncturists by the Board.

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DATE

8/10/95

H. Leonard Boche
H. LEONARD BOCHE
EXECUTIVE DIRECTOR

CERTIFICATE OF THE

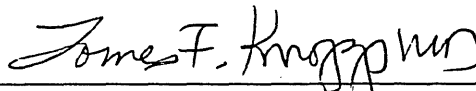
MINNESOTA BOARD OF MEDICAL PRACTICE

AUTHORIZING RESOLUTION

I, James F. Knapp, M.D., do hereby certify that I am a member and the President, of the Minnesota Board of Medical Practice, a board duly authorized under the laws of the State of Minnesota, and that the following is a true, complete, and correct copy of a resolution adopted at a meeting of the Minnesota Board of Medical Practice duly and properly called and held on the 8th day of July, 1995, that a quorum was present, and that a majority of those present voted for the resolution which has not been rescinded or modified.

"RESOLVED, that H. Leonard Boche, Executive Director, of the Minnesota Board of Medical Practice, is hereby granted the authority and directed to sign the statement of need and reasonableness and sign and give the Notice of the Board's Intent to Adopt a rule without a public hearing governing Physician Assistant Fees/Renewal Dates and Acupuncturist Fees to all persons who have registered their names with the Board for that purpose and publish the Notice and rule in the State Register, and to perform any necessary acts to initiate the rulemaking comment period."

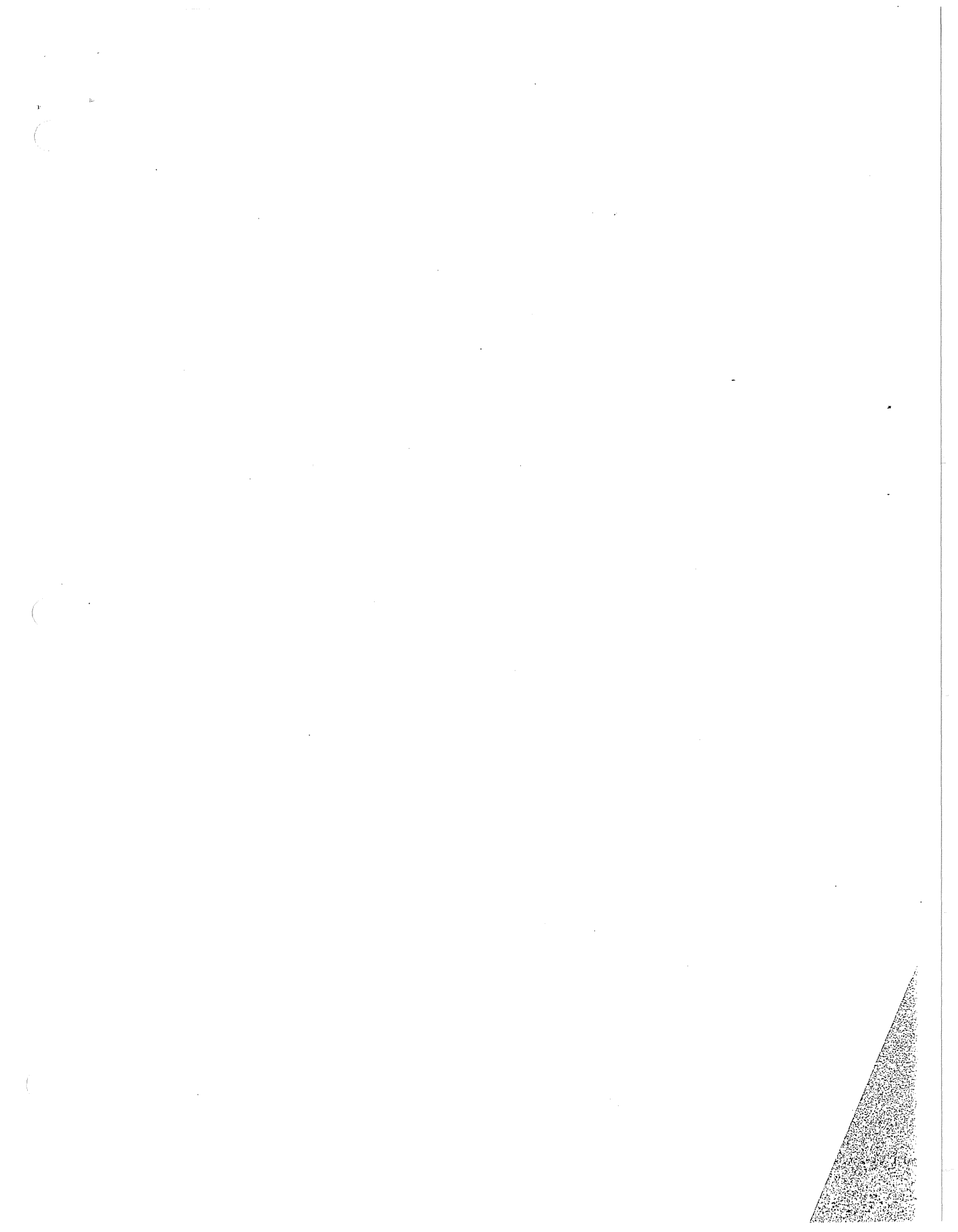
IN WITNESS WHEREOF, I have hereunto subscribed my name this 8th day of July, 1995.



JAMES F. KNAPP, M.D., PRESIDENT
MINNESOTA BOARD OF MEDICAL PRACTICE



Attest by one other Board member



Subd. 2. **POLICY.** Unless otherwise provided by law, specific charges falling within definitions stipulated in subdivision 1 must be set in the manner prescribed in this subdivision provided that: (1) agencies, when setting, adjusting, or authorizing any charge for goods or services that are of direct, immediate, and primary benefit to an individual, business, or other nonstate entity, shall set the charges at a level that neither significantly over recovers nor under recovers costs, including overhead costs, involved in providing the services; or (2) that agencies, when setting, adjusting, or establishing regulatory, licensure, or other charges that are levied, in whole or in part, in the public interest shall recover, but are not limited to, the costs involved in performance and administration of the functions involved.

Unless specifically provided otherwise in statute, in setting, adjusting, or authorizing charges that in whole or in part recover previously unrecovered costs, recovery is limited to those unrecovered costs incurred during the two fiscal years immediately preceding the setting, adjustment, or authorization.

Sec. 33. Minnesota Statutes 1994, section 16A.1285, subdivision 4, is amended to read:

Subd. 4. **RULEMAKING.** (a) Unless otherwise exempted or unless specifically set by law, all charges for goods and services, licenses, and regulation must be established or adjusted as provided in chapter 14; except that agencies may establish or adjust ~~individual~~ the following kinds of charges when:

(1) charges for goods and services ~~are~~ provided for the direct and primary use of a private individual, business, or other similar entity;

(2) ~~charges are~~ nonrecurring charges;

(3) charges that would produce insignificant revenues;

(4) charges ~~are~~ billed within or between state agencies; ~~or~~

(5) charges ~~are~~ for admissions to or for use of public facilities operated by the state, if the charges are set according to prevailing market conditions to recover operating costs;

~~(b) In addition to the exceptions in paragraph (a), agencies may adjust charges, with the approval of the commissioner of finance, if the; or~~

(6) proposed adjustments to charges that are within consumer price level (CPI) ranges stipulated by the commissioner of finance, if the adjustments and do not change the type or purpose of the item being adjusted.

~~(c) Any (b) Departmental earnings changes or adjustments authorized by the commissioner of finance or listed in paragraph (a), clause (1), (5), or (6), must be reported by the commissioner of finance to the chairs of the senate committee on finance and the house ways and means committee before August + November 30 of each year.~~

Every delegation must be by written order filed with the secretary of state. All administrative law judges and compensation judges shall be in the classified service except that the chief administrative law judge shall be in the unclassified service, but may be removed only for cause. All administrative law judges shall have demonstrated knowledge of administrative procedures and shall be free of any political or economic association that would impair their ability to function officially in a fair and objective manner. All workers' compensation judges shall be learned in the law, shall have demonstrated knowledge of workers' compensation laws and shall be free of any political or economic association that would impair their ability to function officially in a fair and objective manner.

Sec. 31. Minnesota Statutes 1994, section 14.51, is amended to read:

14.51 PROCEDURAL RULES FOR HEARINGS.

The chief administrative law judge shall adopt rules to govern: (1) the procedural conduct of all hearings, relating to both rule adoption, amendment, suspension or repeal hearings, contested case hearings, and workers' compensation hearings, and to govern the conduct of voluntary mediation sessions for rule-making and contested cases other than those within the jurisdiction of the bureau of mediation services; ~~Temporary rulemaking authority is granted to the chief administrative law judge for the purpose of implementing Laws 1981, chapter 346, sections 2 to 6, 103 to 122, 127 to 135, and 141; and~~ (2) the review of rules adopted without a public hearing. The procedural rules for hearings shall be binding upon all agencies and shall supersede any other agency procedural rules with which they may be in conflict. The procedural rules for hearings shall include in addition to normal procedural matters provisions relating to ~~recessing and reconvening new hearings~~ the procedure to be followed when the proposed final rule of an agency is substantially different, as determined under section 14.05, subdivision 2, from that which was proposed at the public hearing. The procedural rules shall establish a procedure whereby the proposed final rule of an agency shall be reviewed by the chief administrative law judge to determine whether or not a new hearing is required because on the issue of substantial changes whether the proposed final rule of the agency is substantially different than that which was proposed or failure of the agency to meet the requirements of sections 14.131 to 14.18 chapter 14. The rules must also provide: (1) an expedited procedure, consistent with section 14.001, clauses (1) to (5), for the adoption of substantially different rules by agencies; and (2) a procedure to allow an agency to receive prior binding approval of its plan regarding the additional notice contemplated under sections 14.101, 14.131, 14.14, 14.22, and 14.23. Upon the chief administrative law judge's own initiative or upon written request of an interested party, the chief administrative law judge may issue a subpoena for the attendance of a witness or the production of books, papers, records or other documents as are material to the matter being heard. The subpoenas shall be enforceable through the district court in the district in which the subpoena is issued.

Sec. 32. Minnesota Statutes 1994, section 16A.1285, subdivision 2, is amended to read:

New language is indicated by underline, deletions by ~~strikeout~~.

Subd. 2. **POLICY.** Unless otherwise provided within definitions stipulated in subdivision 1, ~~charges shall be established or adjusted as provided in this subdivision provided that: (1) or authorizing any charge for goods or services and primary benefit to an individual, business, or other entity; (2) the charges at a level that neither significant overhead costs, including overhead costs, involved in setting, adjusting, or establishing charges that are levied, in whole or in part, but are not limited to, the costs involved in the functions involved.~~

Unless specifically provided otherwise authorizing charges that in whole or in part are recovered from the user, recovery is limited to those uncovered in the three calendar years immediately preceding the setting of the charges.

Sec. 33. Minnesota Statutes 1994, section 16A.1285, is amended to read:

Subd. 4. **RULEMAKING.** (a) Unless specifically set by law, all charges for goods and services shall be established or adjusted as provided in this subdivision to establish or adjust individual ~~the following~~:

(1) charges for goods and services ~~are~~ used by a private individual, business, or other entity;

(2) charges are nonrecurring charges;

(3) charges that would produce insignificant revenue;

(4) charges ~~are~~ billed within or between fiscal years;

(5) charges ~~are~~ for admissions to or use of a facility, if the charges are set according to the schedule to recover operating costs;

(b) In addition to the exceptions in this subdivision, charges, with the approval of the commissioner of finance, shall be:

(6) proposed adjustments to charge (CPI) ranges stipulated by the commissioner of finance do not change the type or purpose of the charges;

(c) Any (b) Departmental earnings of the commissioner of finance or listed in part 1 of the annual report on finance and the house ways and means report shall be included in the 30 of each year.

New language is indicated by underline.

Sec. 34. Minnesota Statutes 1994, section 16A.1285, subdivision 5, is amended to read:

Subd. 5. **PROCEDURE.** The commissioner of finance shall review and comment on all departmental charges submitted for approval under chapter 14. The commissioner's comments and recommendations must be included in the statement of need and reasonableness and must address any fiscal and policy concerns raised during the review process.

Sec. 35. Minnesota Statutes 1994, section 17.84, is amended to read:

17.84 DUTIES OF THE COMMISSIONER.

Within 30 days of the receipt of the ~~notices~~ notice provided in section 17.82 ~~or 17.83~~, the commissioner shall review the agency's proposed action, shall negotiate with the agency, and shall recommend to the agency in writing the implementation either of the action as proposed or an alternative. In making recommendations, the commissioner shall follow the statement of policy contained in section 17.80. ~~If the proposed agency action is the adoption of a rule, the recommendation of the commissioner shall be made a part of the record in the rule hearing.~~ If the agency receives no response from the commissioner within 30 days, it shall be deemed a recommendation that the agency take the action as proposed.

Sec. 36. Minnesota Statutes 1994, section 18E.03, subdivision 3, is amended to read:

Subd. 3. **DETERMINATION OF RESPONSE AND REIMBURSEMENT FEE.** (a) The commissioner shall determine the amount of the response and reimbursement fee under subdivision 4 after a public hearing; ~~but notwithstanding section 16A.128;~~ based on:

(1) the amount needed to maintain an unencumbered balance in the account of \$1,000,000;

(2) the amount estimated to be needed for responses to incidents as provided in subdivision 2, clauses (1) and (2); and

(3) the amount needed for payment and reimbursement under section 18E.04.

(b) The commissioner shall determine the response and reimbursement fee so that the total balance in the account does not exceed \$5,000,000.

(c) Money from the response and reimbursement fee shall be deposited in the treasury and credited to the agricultural chemical response and reimbursement account.

Sec. 37. Minnesota Statutes 1994, section 43A.04, is amended by adding a subdivision to read:

New language is indicated by underline, deletions by ~~strikeout~~.

- (5) accountancy;
- (6) architecture, engineering, land surveying, landscape architecture, and interior design;
- (7) barber examiners;
- (8) cosmetology;
- (9) electricity;
- (10) teaching;
- (11) peace officer standards and training;
- (12) social work;
- (13) marriage and family therapy; and
- (14) dietetics and nutrition practice.

The executive directors or executive secretaries serving the boards are hired by those boards and are in the unclassified civil service, except for part-time executive directors or executive secretaries, who are not required to be in the unclassified service. Boards not requiring full-time executive directors or executive secretaries may employ them on a part-time basis. To the extent practicable, the sharing of part-time executive directors or executive secretaries by boards being serviced by the same department is encouraged. Persons providing services to those boards not listed in this subdivision, except executive directors or executive secretaries of the boards and employees of the attorney general, are classified civil service employees of the department servicing the board. To the extent practicable, the commissioner shall ensure that staff services are shared by the boards being serviced by the department. If necessary, a board may hire part-time, temporary employees to administer and grade examinations.

Subd. 4. Joint rulemaking. Two or more health-related licensing boards or two or more non-health-related licensing boards may hold joint rulemaking proceedings on proposed rules relating to similar subject matters.

History: 1973 c 638 s 64; 1975 c 136 s 48; 1975 c 271 s 6; 1976 c 222 s 2,27; 1977 c 444 s 13,14; 1982 c 595 s 1; 1983 c 269 s 1; 1983 c 289 s 114 subd 1; 1984 c 655 art 1 s 92; 1985 c 247 s 25; 1986 c 444; 1986 c 464 s 2; 1987 c 347 art 1 s 21; 1987 c 404 s 156; 1988 c 667 s 27; 1989 c 282 art 2 s 54; 1990 c 571 s 40; 1991 c 106 s 6; 1991 c 292 art 2 s 67; 1992 c 507 s 22; 1Sp1993 c 1 art 9 s 67; 1994 c 613 s 16

214.05 [Repealed, 1977 c 444 s 21]

214.06 FEES; LICENSE RENEWALS.

Subdivision 1. Fee adjustment. Notwithstanding any law to the contrary, the commissioner of health as authorized by section 214.13, all health-related licensing boards and all non-health-related licensing boards shall by rule, with the approval of the commissioner of finance, adjust, as needed, any fee which the commissioner of health or the board is empowered to assess. As provided in section 16A.1285, the adjustment shall be an amount sufficient so that the total fees collected by each board will as closely as possible equal anticipated expenditures during the fiscal biennium, including expenditures for the programs authorized by sections 214.17 to 214.25 and 214.31 to 214.37. For members of an occupation registered after July 1, 1984, by the commissioner of health under the provisions of section 214.13, the fee established must include an amount necessary to recover, over a five-year period, the commissioner's direct expenditures for adoption of the rules providing for registration of members of the occupation. All fees received shall be deposited in the state treasury. Fees received by the commissioner of health or health-related licensing boards must be credited to the health occupations licensing account in the state government special revenue fund.

Subd. 2. License renewal. Notwithstanding any law to the contrary, each health-related and non-health-related licensing board shall promulgate rules providing for the renewal of licenses. The rules shall specify the period of time for which a license is valid, procedures and information required for renewal, and renewal fees to be set pursuant to subdivision 1.

Subd. 3. **Health-related licensing boards.** Notwithstanding section 14.22, subdivision 1, clause (3), a public hearing is not required to be held when the health-related licensing boards need to raise fees to cover anticipated expenditures in a biennium. The notice of intention to adopt the rules, as required under section 14.22, must state that no hearing will be held.

History: 1973 c 638 s 67; 1974 c 406 s 85; 1976 c 222 s 3; 1977 c 305 s 45; 1977 c 444 s 15; 1980 c 614 s 100; 1981 c 357 s 69; 1983 c 301 s 165; 1984 c 654 art 5 s 10; 1Sp1985 c 9 art 2 s 24; 1987 c 370 art 1 s 1; 1989 c 282 art 3 s 32; 1989 c 335 art 4 s 66; 1Sp1993 c 1 art 9 s 68,69; 1994 c 556 s 1

214.07 REPORTS.

Subdivision 1. **Board reports.** The health-related licensing boards and the non-health-related licensing boards shall prepare reports according to this subdivision and subdivision 1a by October 1 of each even-numbered year. Copies of the reports shall be delivered to the legislature in accordance with section 3.195, and to the governor. Copies of the reports of the health-related licensing boards shall also be delivered to the commissioner of health. The reports shall contain the following information relating to the two-year period ending the previous June 30:

- (a) a general statement of board activities;
- (b) the number of meetings and approximate total number of hours spent by all board members in meetings and on other board activities;
- (c) the receipts and disbursements of board funds;
- (d) the names of board members and their addresses, occupations, and dates of appointment and reappointment to the board;
- (e) the names and job classifications of board employees;
- (f) a brief summary of board rules proposed or adopted during the reporting period with appropriate citations to the State Register and published rules;
- (g) the number of persons having each type of license and registration issued by the board as of June 30 in the year of the report;
- (h) the locations and dates of the administration of examinations by the board;
- (i) the number of persons examined by the board with the persons subdivided into groups showing age categories, sex, and states of residency;
- (j) the number of persons licensed or registered by the board after taking the examinations referred to in clause (h) with the persons subdivided by age categories, sex, and states of residency;
- (k) the number of persons not licensed or registered by the board after taking the examinations referred to in clause (h) with the persons subdivided by age categories, sex, and states of residency;
- (l) the number of persons not taking the examinations referred to in clause (h) who were licensed or registered by the board or who were denied licensing or registration with the reasons for the licensing or registration or denial thereof and with the persons subdivided by age categories, sex, and states of residency;
- (m) the number of persons previously licensed or registered by the board whose licenses or registrations were revoked, suspended, or otherwise altered in status with brief statements of the reasons for the revocation, suspension or alteration;
- (n) the number of written and oral complaints and other communications received by the executive director or executive secretary of the board, a board member, or any other person performing services for the board (1) which allege or imply a violation of a statute or rule which the board is empowered to enforce and (2) which are forwarded to other agencies as required by section 214.10;
- (o) a summary, by specific category, of the substance of the complaints and communications referred to in clause (n) and, for each specific category, the responses or dispositions thereof pursuant to section 214.10 or 214.11;
- (p) any other objective information which the board members believe will be useful in reviewing board activities.