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## **S.F. No. 4570 (as amended by the A-6 amendment) - Health and Human Services Health-Related Occupations Licensing Bill**

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### **Bill Overview**

**S.F. 4570** is the Health and Human Services Committee's licensing bill for health-related occupations. It combines all or part of 15 different bills which the committee previously heard this legislative session. Those 15 bills and the applicable language included in the A-6 amendment to S.F. 4570 are listed in the chart on Appendix A attached hereto.

The bill, as amended, establishes licensure for several professions and modifies the scope of practice for others. For instance, Article 2 creates a new category of licensure for behavior analysts and assistants to be regulated by the Board of Psychology, and Article 8 expands the practice of pharmacy such that pharmacists may prescribe drugs to prevent the acquisition of HIV. The bill further changes the operation and regulatory authority of health licensing boards for certain professions. For example, Article 12 increases the membership of the Speech-Language Pathologist and Audiologist Advisory Council to add representation for speech-language pathology assistants and updates the duties of the Advisory Council to include advising the commissioner of health with respect to the licensure standards for speech-language pathology assistants.

In total, S.F. 4570 adds or modifies Minnesota statute relating to the following health-related occupations: (1) transfer care specialists; (2) behavior analysts and assistants; (3) veterinary technicians; (4) practitioners of veterinary medicine at the University of Minnesota; (5) dental assistants; (6) specialty dentists; (7) physician assistants; (8) social workers; (9) guest marriage and family therapists; (10) pharmacists; (11) optometrists; (12) practitioners of acupuncture and herbal medicine; (13) international medical graduates; (14) certified midwives; and (15) speech-language pathology assistants.

## Section Summaries

### ARTICLE 1: TRANSFER CARE SPECIALISTS

**Section 1 (amends Minn. Stat. § 149A.01, subd. 3)** Section 7 of this bill creates a new category of registration for a “transfer care specialist.” That section (which adds Minn. Stat. § 149A.47) provides that “a transfer care specialist may remove a dead human body from the place of death under the direct supervision of a licensed mortician.” This section 1 of the bill provides that nothing in chapter 149A (which relates to “Mortuary science; disposition of dead bodies”) requires such transfer care specialists to be licensed if they are registered with the commissioner and act under the supervision of a person holding a current license to practice mortuary science in Minnesota.

**Section 2 (amends Minn. Stat. § 149A.02, subd. 13a)** This section expands the definition of “supervision” of transfer care specialists (along with certain other supervisees addressed in this section of law) to include supervision by telephone.

**Section 3 (adds Minn. Stat. § 149A.02, subd. 37d)** This section defines “transfer care specialist.”

**Section 4 (amends Minn. Stat. § 149A.03)** This section adds registration of transfer care specialists, and related administrative processes, to the list of duties of the commissioner of health under chapter 149A.

**Section 5 (amends Minn. Stat. § 149A.09)** This section permits the Minnesota Department of Health to deny, refuse to renew, revoke, or suspend a transfer care specialist registration under circumstances enumerated in this section of law (*e.g.*, submitting misleading material to the department, violating a rule regulating the final disposition of dead human bodies, or being convicted of a crime). Permits the department to place reasonable limitations on the right to perform transfer care specialist activities, and to restore an impaired registration.

**Section 6 (amends Minn. Stat. § 149A.11)** Section 149A.11 currently requires the commissioner of health to publish an annual description of all disciplinary measures taken by the department. This section includes disciplinary actions taken against transfer care specialists in the annual publication.

**Section 7 (adds Minn. Stat. § 149A.47)**

Subd. 1. This subdivision creates a new category of registration for a “transfer care specialist.” It further provides that a transfer care specialist may remove a dead human body from the place of death under the direct supervision of a licensed mortician, and prohibits a transfer care specialist from otherwise engaging in the practice of mortuary science.

Subd. 2. This subdivision provides the eligibility criteria for registration as a transfer care specialist, including but not limited to, completion of an application, contact information for the supervising licensed mortician, proof of completion of a training program, and payment of a fee.

Subd. 3. This subdivision specifies the duties of a transfer care specialist, including compliance with the universal precaution requirements in section 149A.91, subdivision 1, when handling a dead human body (*i.e.*, to “use universal precautions and otherwise exercise

all reasonable precautions to minimize the risk of transmitting any communicable disease from the body”) and supervision by a licensed mortician.

Subd. 4. This subdivision requires transfer care specialists to complete a training program that has been approved by the commissioner of health, and sets forth the minimum requirements for the program.

Subd. 5. This subdivision requires annual renewal of a transfer care specialist registration.

**Section 8 (amends Minn. Stat. § 149A.60)** This section permits the department of health to impose disciplinary measures on transfer care specialists for failure to comply with chapter 149A.

**Section 9 (amends Minn. Stat. § 149A.61, subd. 4)** This section permits a transfer care specialist to report personal knowledge of professional conduct violations to the commissioner of health.

**Section 10 (amends Minn. Stat. § 149A.61, subd. 5)** This section requires court administrators to report to the commissioner of health any determination of the court that adjudges or includes a finding that a transfer care specialist is mentally ill, mentally incompetent, or guilty of certain laws.

**Section 11 (amends Minn. Stat. § 149A.62)** This section provides that a transfer care specialist, who, in good faith, reports violations of chapter 149A to the commissioner of health is immune from civil or criminal prosecution. The section clarifies that the specialist remains subject to disciplinary action by the commissioner.

**Section 12 (amends Minn. Stat. § 149A.63)** This section requires a transfer care specialist to fully cooperate with inspections and investigations by the commissioner of health.

**Section 13 (amends Minn. Stat. § 149A.65, subd. 2)** This section establishes a fee for the initial and renewal registrations of transfer care specialists.

**Section 14 (amends Minn. Stat. § 149A.70, subd. 3)** This section prohibits transfer care specialists from publishing or disseminating false, misleading, or deceptive advertising.

**Section 15 (amends Minn. Stat. § 149A.70, subd. 4)** This section prohibits transfer care specialists from directly or indirectly paying, or causing to be paid, any consideration in exchange for authority to dispose of any dead human body.

**Section 16 (amends Minn. Stat. § 149A.70, subd. 5)** This section prohibits transfer care specialists from offering, soliciting, or accepting any reimbursement for recommending or causing a dead human body to be disposed of by a specific entity, facility, or program.

**Section 17 (amends Minn. Stat. § 149A.70, subd. 7)** This section prohibits transfer care specialists from engaging in unprofessional conduct. Unprofessional conduct under this section of law includes, but is not limited to, harassing a customer, using profanity, failing to treat the body of the deceased and members of the deceased’s family with dignity and respect, and revealing personally identifiable facts about a decedent.

**Section 18 (amends Minn. Stat. § 149A.90, subd. 2)** This section makes a technical change to include transfer care specialists as a permissible registrant which may remove a dead human body.

**Section 19 (amends Minn. Stat. § 149A.90, subd. 4)** This section requires transfer care specialists to complete a certificate of removal and present a copy of the certificate to the person with custody of the body at the death site before removing a dead human body from the place of death.

**Section 20 (amends Minn. Stat. § 149A.90, subd. 5)** Requires a transfer care specialist who removes a dead human body to retain a copy of the certificate of removal at the specialist's business address for three calendar years, if the specialist was not employed by the funeral establishment to which the body was taken.

## **ARTICLE 2: BEHAVIOR ANALYST LICENSURE**

**Section 1 (adds Minn. Stat. § 148.9981)** This section defines terms relating to the practice of applied behavior analysis. Such terms include, but are not limited to, the following: advisory council, board, certifying entity, client, and practice of applied behavior analysis.

**Section 2 (adds Minn. Stat. § 148.9982)** This section establishes the duties of the Board of Psychology (the "board") with respect to the practice of applied behavior analysis. Such duties must be conducted in consultation with the Behavior Analyst Advisory Council (the "advisory council"). The duties established in this section include, but are not limited to, the following: adopt licensure standards; carry out disciplinary actions; educate the public; and collect license fees. This section further authorizes the board to adopt necessary rules in consultation with the advisory council.

**Section 3 (adds Minn. Stat. § 148.9983)** This section establishes requirements to be licensed as a behavior analyst or an assistant behavior analyst. Licensure as a behavior analyst requires either: (i) having a current national certification as a board-certified behavior analyst, or (ii) having completed equivalent requirements for certification, including passing a psychometrically valid exam administered by a nationally accredited credentialing organization. Licensure as an assistant behavior analyst requires either: (i) having a current national certification as an assistant behavior analyst, or (ii) having completed equivalent requirements for certification, including passing a psychometrically valid exam administered by a nationally accredited credentialing organization. Licensure also requires completion of a background check pursuant to section 214.075.

**Section 4 (adds Minn. Stat. § 148.9984)** This section establishes requirements for renewal of a behavioral analyst license or assistant behavioral analyst license, including but not limited to, the following: application, renewal fee, and evidence of current qualification. This section further provides that these licenses must be renewed every two years.

**Section 5 (adds Minn. Stat. § 148.9985)** This section requires the board to notify licensees who have not renewed their license within 30 days after the renewal date. It further requires the board to terminate the license of a licensee whose license renewal is at least 60 days overdue and to whom notification has been sent.

**Section 6 (adds Minn. Stat. § 148.9986)** This section prohibits an individual from engaging in the practice of applied behavior analysis, or using related professional titles, without a license. It provides that licensed psychologists are permitted to practice applied behavior analysis and use the title "behavior analyst." Subdivision 3 establishes a misdemeanor penalty for a violation of the section.

**Section 7 (adds Minn. Stat. § 148.9987)** This section establishes exceptions whereby an individual may practice applied behavior analysis without a license. Such exceptions include, but are not limited, the following: practice by a licensed psychologist; practice by an individual employed by a school district as part of their employment; family members of the recipient of behavior analysis services performing under the authority and direction of a licensee; and certain supervised students and interns.

**Section 8 (adds Minn. Stat. § 148.9988)** This section provides that a behavior analyst license or an assistant behavior analyst license is not transferable.

**Section 9 (adds Minn. Stat. § 148.9989)** This section requires all licensees and applicants for licensure to notify the board within 30 days of the occurrence of a change of contact information or a change in any other application information.

**Section 10 (adds Minn. Stat. § 148.999)** This section subjects behavior analysts and assistant behavior analysts to the provisions of certain sections relating to licensed psychologists. These sections include 148.941 (relating to "Disciplinary action; investigation; penalty for violation"), 148.952 (relating to "Immunity"), 148.96 (relating to "Presentation to public"), 148.965 (relating to "Test security"), and 148.98 (relating to "Rules of conduct").

**Section 11 (adds Minn. Stat. § 148.9991)** This section requires behavior analysts to limit their practice to those populations and services for which the analysts are competent or developing competence. It further requires a behavior analyst to obtain professional assistance when developing competence, and to inform the client of other professional resources available when the needs of a client appear to be outside the analyst's scope of practice.

**Section 12 (adds Minn. Stat. § 148.9992)** This section clarifies that a duty to predict, warn of, or take reasonable precautions to provide protection from violent behavior arises only when a client or other person has communicated to the licensee a specific, serious threat of physical violence against a specific, clearly identified or identifiable potential victim. It provides that a licensee discharges the duty to warn if reasonable efforts are made to communicate the threat. This section further provides that good faith compliance with the duty to warn is not a breach of confidence, and that a licensee cannot be subject to disciplinary action or monetary liability for disclosure of confidences to third parties, for failure to disclose confidences to third parties, or for erroneous disclosure of confidences to third parties in a good faith effort to warn against or take precautions against a client's violent behavior or threat of suicide for which a duty to warn does not arise. Subdivision 6 provides for an exception from the section where there is a threat to commit suicide or other threats by a client to harm the client, or to a threat by a client who is adjudicated as a person who has a mental illness and is dangerous to the public under chapter 253B.

**Section 13 (adds Minn. Stat. § 148.9993)** This section requires a behavior analyst to obtain written informed consent before initiating services. It establishes requirements for the informed consent, including but not limited to, the following: goals for the services; applicable fee schedule for the services; significant risks and benefits of the services; and the behavior analyst's responsibilities upon termination of the services. This section further requires updates to the informed consent upon a change in the nature or purpose of a service, and exempts emergency and crisis services from the informed consent requirements.

**Section 14 (adds Minn. Stat. § 148.9994)** This section creates the Behavior Analyst Advisory Council. The advisory council is composed of seven members appointed by the board as follows: one

public member as defined in section 214.02; three members who are licensed behavior analysts; two members who are licensed assistant behavior analysts; and one member who is a licensed psychologist and, to the extent practicable, who practices applied behavior analysis. This section establishes the advisory council's duties, which include, but are not limited to, the following: advising the board regarding standards for licensees; assisting with the distribution of related information; reviewing license applications; and reviewing complaints and investigation reports.

**Section 15 (adds Minn. Stat. § 148.9995)** Establishes a fee schedule for licensees.

**Section 16 (uncodified law; Initial Applied Behavior Analyst Advisory Council)** This section establishes requirements for the initial advisory council's composition and first meeting. It provides that the advisory council's first meeting must convene by September 1, 2024, and that the council must elect a chair from its members by the third meeting.

### **ARTICLE 3: BOARD OF VETERINARY MEDICINE**

**Section 1 (adds Minn. Stat. § 156.001, subd. 5a)** This section creates a definition of "direct supervision" for purposes of the state's chapter on the practice of veterinary medicine. As part of this definition, a supervising veterinarian or licensed veterinary technician must be in the immediate area and within audible or visual range of an animal and the unlicensed veterinary employee treating the animal.

**Section 2 (adds Minn. Stat. § 156.001, subd. 7a)** This section creates a definition of "licensed veterinary technician" for purposes of the state's chapter on the practice of veterinary medicine.

**Section 3 (adds Minn. Stat. § 156.001, subd. 10b)** This section creates a definition of "remote supervision" for purposes of the state's chapter on the practice of veterinary medicine.

**Section 4 (adds Minn. Stat. § 156.001, subd. 12)** This section creates a definition of "veterinary technology" for purposes of the state's chapter on the practice of veterinary medicine. This term is defined to mean "the science and practice of providing professional support to veterinarians, including the direct supervision of unlicensed veterinary employees." The definition further expressly excludes veterinary diagnosis, prognosis, surgery, and medication prescription.

**Section 5 (amends Minn. Stat. § 156.07)** This section makes conforming changes to the section governing veterinary medicine license renewal to incorporate references to veterinary technicians and veterinary technology practice.

**Section 6 (adds Minn. Stat. § 156.0721)**

Subd. 1. This subdivision establishes the requirements for obtaining an "institutional license." These licenses are to be issued to a person who (i) seeks to practice veterinary medicine while employed by the University of Minnesota, and (ii) is not eligible for a regular license. In addition, applicants must meet additional criteria, including but not limited to, the following: obtained the degree of doctor of veterinary medicine or its equivalent; has passed the Minnesota Veterinary Jurisprudent Examination; has paid the license fee; provides proof of employment by the University of Minnesota; and has completed a criminal background check. This subdivision further provides that the



University of Minnesota may be responsible for timely payment of renewal fees and submission of renewal forms.

Subd. 2. This subdivision details the scope of practice for an institutional licensee. Specifically, an institutional license holder may practice veterinary medicine only as related to the license holder's regular function at the University of Minnesota. Accordingly, an institutional license is canceled pursuant to this section if the licensee is no longer employed by the University of Minnesota in this state. This subdivision requires an institutional license holder to abide by all laws governing the practice of veterinary medicine in the state, and provides that such licensee is subject to the same disciplinary action as any other Minnesota-licensed veterinarian.

**Section 7 (adds Minn. Stat. § 156.076)** This section requires unlicensed veterinary employees to be under the direct supervision of a licensed veterinarian or licensed veterinary technician when administering medication or rendering auxiliary or supporting assistance. The section further clarifies that the section does not prohibit such action by unlicensed and unsupervised veterinary employees for certain generalized nursing tasks and emergency situations.

**Section 8 (adds Minn. Stat. § 156.077)** This section requires the Board of Veterinary Medicine to license veterinary technicians that satisfy certain requirements, including but not limited to, the following: is at least 18 years old; has graduated from an accredited or approved veterinary technology program; passed the Veterinary Technician National Examination; completed a background check; and meets other rules imposed by the board. This section further authorizes a licensed veterinary technician to practice veterinary technology, and prohibits an unlicensed person from using the title "veterinary technician" or the abbreviation "LVT." Subdivision 3 of this section details application requirements, and subdivision 4 provides for alternative requirements for licensure for applications submitted before July 1, 2030, based in part on recent experience in the practice of veterinary technology.

**Section 9 (adds Minn. Stat. § 156.078)** This section sets forth licensure application requirements for credentialed veterinary technicians, duly admitted to practice in the United States or Canada, who desire to transfer their licensure to practice veterinary technology in Minnesota.

**Section 10 (amends Minn. Stat. § 156.12, subd. 2)** This section updates a cross-reference, removes language pertaining to the College of Agriculture and inserts language relating to the School of Nursing, and moves language relating to the Veterinary Diagnostic Laboratory.

**Section 11 (amends Minn. Stat. § 156.12, subd. 4)** This section permits an institutional licensee to use certain titles and designations relating to the practice of veterinary medicine.

**Section 12 (Repealer)** This section repeals Minn. Stat. § 156.12, subd. 6 (relating to specialty and temporary faculty licensure for foreign veterinary school graduates and veterinary practitioners in hard-to-fill faculty positions).

**Section 13 (Effective Date)** This section provides that the act is effective July 1, 2025.

## ARTICLE 4: BOARD OF DENTISTRY

**Section 1 (amends Minn. Stat. § 150A.06, subdivision 1c)** This section removes a prohibition in the Minnesota statute governing the issuance of dental licenses. Specifically, existing law prohibits a specialty dentist who holds a general dental license from practicing in another area of dentistry, other than the dentist’s specialty area, if the dentist has announced a limitation of practice to that area. This section of the bill removes this restriction.

**Section 2 (amends Minn. Stat. § 150A.06, subdivision 8)** This section modifies licensure requirements for dental assistants. Existing law requires dental assistants to have both (1) graduated from an accredited dental assisting program, and (2) be certified by the Dental Assisting National Board. This section of the bill permits an individual to become a licensed dental assistant despite only having one of those two qualifications.

## **ARTICLE 5: PHYSICIAN ASSISTANT PRACTICE**

**Section 1 (repealer)** This section repeals the requirement that a physician assistant may only provide ongoing psychiatric treatment for children with emotional disturbance or adults with serious mental illness in collaboration with a licensed physician.

## **ARTICLE 6: BOARD OF SOCIAL WORK**

**Section 1 (amends Minn. Stat. § 148D.061, subd. 1)** This section removes certain requirements to obtain a provisional license, including that the applicant must: have been born in foreign country, communicate in English, and has taken certain exams.

**Section 2 (amends Minn. Stat. § 148D.061, subd. 8)** This section subjects provisional licensees to the grounds for disciplinary actions for social workers in Minn. Stat. § 148E.190 (*e.g.*, social worker violates a state law, conducts social work before licensure, and practices outside scope of practice).

**Section 3 (amends Minn. Stat. § 148D.062, subd. 3)** This section permits “one-to-one supervision” and “group supervision” of provisional licensees to include supervision provided via “eye-to-eye electronic media while maintaining visual contact.” It also reduces the permissible number of members of a group for purposes of group supervision of provisional licensees from 7 to 6. This section further prohibits supervision by email.

**Section 4 (amends Minn. Stat. § 148D.062, subd. 4)** This section removes a provision of existing law permitting eligibility as a supervisor of provisional licensees due to having engaged in 5,000 hours of authorized social work practice. In addition, this section expands eligibility for permissible supervisors. Specifically, it adds, if the provisional licensee isn’t engaged in clinical practice, the following as permissible supervisors: (1) licensed graduate social workers who have completed the supervised practice requirements; (2) licensed independent social workers; and (3) licensed independent clinical social workers.

**Section 5 (amends Minn. Stat. § 148D.063, subd. 1)** This section removes the board’s ability to revoke a provisional license for failure to submit the supervision plan (for meeting the various supervision requirements), or a revised supervision plan, within 30 days. It further removes an existing requirement that the supervision plan include the number of in-person supervision hours, such that the supervision plan requirement would instead be the inclusion of the number of hours of one-on-one supervision.



**Section 6 (amends Minn. Stat. § 148D.063, subd. 2)** This section removes the existing requirement that, when a licensee’s supervisor submits an evaluation of the licensee to the board, the evaluation addresses “ensuring continuing competence.”

**Section 7 (adds Minn. Stat. § 148E.055, subd. 2b)** This section creates a means of licensure as a licensed social worker through completion of provisional license requirements.

**Section 8 (adds Minn. Stat. § 148E.055, subd. 3b)** This section creates a means of licensure as a licensed graduate social worker through completion of provisional license requirements.

**Section 9 (adds Minn. Stat. § 148E.055, subd. 4b)** This section provides a means of licensure as a licensed independent social worker through completion of provisional license requirements.

**Section 10 (adds Minn. Stat. § 148E.055, subd. 5b)** This section creates a means of licensure as a licensed independent clinical social worker through completion of provisional license requirements.

**Section 11 (Revisor’s instruction)** This section directs the Revisor of Statutes to move the three sections on provisional licensees from Chapter 146D (these are the only three remaining sections in the chapter; the rest were repealed) to Chapter 146E (on “Board of Social Work Practice”).

**Section 12 (repealer)** This section repeals Minn. Stat. § 148D.061, subd. 9, which permits the board to immediately revoke a provisional license for cause if the licensee violates a requirement of section 148D.061 (*e.g.*, non-payment of fees, not meeting supervision requirements, not complying with scope of practice).

## **ARTICLE 7: BOARD OF MARRIAGE AND FAMILY THERAPY**

**Section 1 (adds Minn. Stat. § 148B.331)** This section establishes a new form of license in chapter 148B (relating to Marriage and Family Therapy, Professional Counseling) for “Guest Licensure.” This new license is for nonresidents that intend to practice marriage and family therapy in the state but are not seeking an unrestricted Minnesota license. This section further enumerates criteria for eligibility for such guest licensure, including but not limited to, having a license in good standing from another jurisdiction, possessing a graduate degree in marriage and family therapy, and completing a background check. A license issued under this new statute is valid for one year from the date of issuance and permits a licensee to practice in Minnesota for up to five months during that period. This section further clarifies that guest licensees are subject to Minnesota’s disciplinary action laws for marriage and family therapy.

**Section 2 (amends Minn. Stat. § 148B.392, subdivision 2)** This section establishes a \$150 fee for a guest license.

## **ARTICLE 8: BOARD OF PHARMACY**

**Section 1 (amends Minn. Stat. § 151.01, subdivision 23)** This section includes pharmacists authorized to prescribe drugs to prevent the acquisition of HIV under section 151.37, subdivision 17 (a new subdivision added by this bill and relating to “drugs for preventing the acquisition of HIV”) in the definition of “practitioner,” as that term is used in section 151.252, subdivision 3 (relating to “payments to practitioner; reporting”) and section 151.461 (relating to “gifts to practitioners prohibited”).

**Section 2 (amends Minn. Stat. § 151.01, subdivision 27)** This section expands the definition of the “practice of pharmacy” to include: (1) prescribing, dispensing, and administering drugs for preventing the acquisition of HIV if the pharmacist meets the requirements in section 151.37, subdivision 17 (a new subdivision added by this bill and relating to “drugs for preventing the acquisition of HIV”); and (2) ordering, conducting, and interpreting lab tests necessary for therapies that use drugs for preventing the acquisition of HIV, if the pharmacist meets the requirements in section 151.37, subdivision 17.

**Section 3 (adds Minn. Stat. § 151.37, subdivision 17)** This section authorizes a pharmacist to prescribe and administer drugs to prevent the acquisition of HIV. It establishes related requirements for a pharmacist to perform such actions, including but not limited to the following: (1) complete a training program specifically developed for prescribing drugs for preventing the acquisition of HIV; (2) complete continuing education requirements as specified by the Board of Pharmacy; (3) follow the standardized protocol developed by the Board of Pharmacy for performing such actions; and (4) provide counseling to the patient on the use of the drugs, including through the provision of a fact sheet.

This section further requires the Board of Pharmacy to develop a standardized protocol for a pharmacist to follow in prescribing drugs to prevent the acquisition of HIV, and prohibits pharmacists from delegating the prescribing authority provided under this statutory subdivision to any other person.

## **ARTICLE 9: BOARD OF OPTOMETRY**

**Section 1 (amends Minn. Stat. § 148.56, subd. 1)** Existing law prohibits optometrists from administering or prescribing oral steroids. This section removes this prohibition, but conditions an optometrist’s administration or prescription of an oral steroid such that oral steroids prescribed or administered for more than 14 days require consultation with a physician. The section further permits optometrists to prescribe or administer oral carbonic anhydrase inhibitors for more than seven days.

## **ARTICLE 10: BOARD OF MEDICAL PRACTICE**

**Section 1 (amends Minn. Stat. § 144.99, subdivision 1)** This section provides the commissioner of health with the ability to issue a corrective order to an employer of a graduate of a foreign medical school holding a limited medical license, and specifies the procedures if the employer wants to appeal the corrective order. This authority gives the commissioner the ability to require employers to comply with: (1) the mandatory minimum compensation (to be at least equivalent to a resident), and (2) to maintain medical malpractice insurance for the limited license holder.

**Section 2 (adds Minn. Stat. § 147.037, subdivision 1b)** This section requires the Board of Medical Practice to issue a limited license to applicants if they have met specified requirements, including but not limited to: (1) practicing medicine for at least 60 months in the previous ten years outside of the United States, after completing training requirements similar to a residency program; (2) submits sufficient evidence of an offer to practice within the context of a collaborative agreement within a hospital or clinical setting; (3) provides services in a designated rural area or underserved urban community; and (4) submits two letters of recommendation in support of a limited license. This section further requires the board to issue a full and unrestricted license to practice medicine to a

person who has held a limited license for two years, is in good standing to practice medicine in Minnesota, has practiced for a minimum of 1,692 hours per year for each of the previous two years, and has submitted a letter of recommendation from a physician who participated in the collaborative agreement. In addition, this section requires an employer of a limited licensee to pay the licensee an amount at least equivalent to a medical resident in a comparable field, and sets forth the requirements for a collaborative agreement between the limited licensee and collaborating physicians.

**Section 3 (adds Minn. Stat. § 147B.01, subdivision 2a)** This section defines “acupuncture” to mean “a unique treatment technique that uses modern and traditional medical methods of diagnosis and treatment.” This definition further clarifies that the term includes “the insertion of filiform or acupuncture needles through the skin and may include the use of other biophysical methods of acupuncture point stimulation, including the use of heat, massage, or manual therapy techniques, or electrical stimulation.”

**Section 4 (amends Minn. Stat. § 147B.01, subdivision 3)** This section modifies the definition of “acupuncture practice” to become “acupuncture and herbal medicine practice.” The definition is amended such that the term means “a system of primary health care that uses traditional and modern diagnosis, methodology, and treatment techniques based on acupuncture and herbal medicine theory, principles, and methods. Treatment techniques include but are not limited to acupuncture, cupping, dermal friction, therapeutic massage, herbal therapies, dietary and nutrition therapies, mind-body exercises, and other appropriate techniques.”

**Section 5 (amends Minn. Stat. § 147B.01, subdivision 4)** This section updates the definition of “acupuncture needle” to include clarification that the needle is designed exclusively for the purpose of insertion past the skin to alleviate pain, provide symptom relief, or to modulate disease processes.”

**Section 6 (amends Minn. Stat. § 147B.01, subdivision 9)** This section removes the word “Oriental” from the definition of “breathing techniques.”

**Section 7 (amends Minn. Stat. § 147B.01, subdivision 14)** This section extends the definition of “herbal therapies,” such that the definition also applies to the term “herbal medicine.”

**Section 8 (amends Minn. Stat. § 147B.03, subdivision 2)** This section makes a technical change to replace the term “traditional Oriental medicine” in the subdivision with “acupuncture and herbal medicine.”

**Section 9 (amends Minn. Stat. § 147B.03, subdivision 3)** This section makes technical changes to remove the use of the terms “Oriental,” “Oriental medicine,” and “western sciences” from the subdivision.

**Section 10 (amends Minn. Stat. § 147B.05, subdivision 1)** This section clarifies that certain members of the advisory council to the Board of Medical Practice for acupuncture must be acupuncture practitioners licensed in Minnesota.

**Section 11 (amends Minn. Stat. § 147B.06, subdivision 1)** This section removes a requirement that patient consent in connection with the patient’s initial visit must be in writing, and instead permits verbal consent. This section further removes a requirement for the practitioner to obtain written patient acknowledgement 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.

**Section 12 (amends Minn. Stat. § 147B.06, subdivision 4)** This section revises the scope of practice of acupuncture and herbal medicine. This section provides that the scope of practice includes, but is not limited to, the following: (1) evaluation, management, and treatment services using methods and techniques of acupuncture and herbal medicine; (2) certain diagnostic examination, testing, and procedures; (3) stimulation of acupuncture points, areas of the body, or substances in the body using acupuncture needles, heat, cold, color, light, infrared and ultraviolet, low-level or cold lasers, sound, vibration, pressure, magnetism, electricity, electromagnetic energy, bleeding, suction, or other devices or means; and (4) use of physical medicine modalities, procedures, and devices such as cupping, dermal friction, acupressure, and massage.

**Section 13 (amends Minn. Stat. § 147B.06, subdivision 5)** This section changes a requirement that acupuncturists must maintain records for each individual patient that include “evidence of a traditional acupuncture examination and diagnosis” to “evidence of examination and diagnosis.”

**Section 14 (repealer)** This section repeals the definition of “oriental medicine.”

## **ARTICLE 11: BOARD OF NURSING**

**Section 1 (amends Minn. Stat. § 147D.03, subdivision 1)** This section states that a certified midwife licensed by the Board of Nursing is not subject to chapter 147D which governs traditional midwives.

**Section 2 (amends Minn. Stat. § 148.241)** This section requires the appropriation made to the Board of Nursing must also pay for the administration of the Minnesota Certified Midwife Practice Act and that the funds can only be used for necessary expenses and the promotion of certified midwifery education and standards of care in Minnesota.

**Section 3 (adds Minn. Stat. § 148G.01)** This section states chapter 148G shall be referred to as the Minnesota Certified Midwife Practice Act.

**Section 4 (adds Minn. Stat. § 148G.02)** This section describes the scope of the Minnesota Certified Midwife Practice Act and that the Act applies to all applicants and licensees, all persons who use the title certified midwife, and all persons who provide certified midwifery services to patients in Minnesota.

**Section 5 (adds Minn. Stat. § 148G.03)** This section provides the definitions for the Minnesota Certified Midwife Practice Act, including “board,” “certified midwife,” “licensure period,” and “patient.”

**Section 6 (adds Minn. Stat. § 148G.04)** This section provides the licensure requirements for certified midwives.

Subd. 1. This subdivision prohibits a person from practicing as a certified midwife or serving as the faculty of record for clinical instruction in a midwifery distance learning program unless the certified midwife is licensed by the Board of Nursing and requires applicants for licensure to apply to the Board and pay a fee. Also provides requirements for an applicant to be eligible for licensure, including holding a current and valid certification as a certified midwife from the American

Midwifery Certification Board and completing a graduate level midwifery program that includes clinical experience and is accredited by the Accreditation Commission for Midwifery Education.

Subd. 2. This subdivision requires an applicant to complete a reorientation plan as a certified midwife if more than five years have elapsed since the applicant last practiced in a certified midwife role and requires that the plan must include a minimum of 500 hours of supervised certified midwifery practice.

**Section 7 (adds Minn. Stat. § 148G.05)** This section provides the licensure renewal and relicensure requirements for certified midwives.

Subd. 1. This subdivision requires a certified midwife to apply for a license renewal before the certified midwife's licensure period ends, requires an applicant for renewal to provide evidence of current certification, and requires an applicant for renewal to submit a fee to the Board of Nursing.

Subd. 2. This subdivision requires an applicant for renewal to complete a reorientation plan as a certified midwife if more than five years have elapsed since the applicant last practiced in a certified midwife role and requires that the plan must include a minimum of 500 hours of supervised certified midwifery practice.

Subd. 3. This subdivision requires a person whose license has lapsed and who wants to resume practice as a certified midwife to apply for relicensure, submit to the Board of Nursing evidence of compliance with procedures and requirements established by the Board, and pay a relicensure fee.

**Section 8 (adds Minn. Stat. § 148G.06)** This section requires a certified midwife to notify the Board of Nursing when they renew their certification and if notification is not provided, prohibits that individual from practicing as a certified midwife. Also provides that a license may be denied if an applicant does not supply the necessary information to determine that applicant's qualifications.

**Section 9 (adds Minn. Stat. § 148G.07)** This section requires a certified midwife to maintain their current name and address with the Board of Nursing and to notify the Board within 30 days of any changes.

**Section 10 (adds Minn. Stat. § 148G.08)** This section provides that only persons who hold a current license to practice certified midwifery may use the title of certified midwife.

**Section 11 (adds Minn. Stat. § 148G.09)** This section authorizes certified midwives to diagnose, prescribe, and institute therapy or referrals of patients; to prescribe, procure, sign for, record, administer, and dispense over the counter, legend, and controlled substances; and to plan and initiate a therapeutic regimen that includes ordering and prescribing durable medical devices and equipment. Also requires certified midwives to comply with federal Drug Enforcement Administration requirements related to controlled substances.

**Section 12 (adds Minn. Stat. § 148G.10)** This section provides that licensure and licensure renewal fees are nonrefundable and must be deposited in the state government special revenue fund.

**Section 13 (adds Minn. Stat. § 148G.11)** This section provides the fee amounts for licensure, for licensure renewal, for practicing without current certification, and for relicensure.

**Section 14 (adds Minn. Stat. § 148G.12)** This section provides requirements for institutions wanting to implement certified midwifery educational programs.

Subd. 1. This subdivision requires an institution that desires to conduct a certified midwifery program to submit evidence to the Board of Nursing that the institution is prepared to provide a program of theory and practice in certified midwifery, achieve pre-accreditation and eventual full accreditation by the American Commission for Midwifery Education, and meet other standards established by law and the Board.

Subd. 2. This subdivision requires the Board to annually survey all midwifery programs in the state for current accreditation status.

Subd. 3. This subdivision provides the process the Board must go through if an accredited certified midwifery program is not maintaining the standards required by the American Commission on Midwifery Education.

Subd. 4. This subdivision requires the Board to reinstate approval of a certified midwifery program when the program of theory and practice meets the accreditation standards.

**Section 15 (adds Minn. Stat. § 148G.13)** provides the grounds for disciplinary action and allows the Board of Nursing to direct an applicant or certified midwife to submit to a mental or physical examination or chemical dependency evaluation in certain circumstances. Also allows the Board to obtain medical data and health records under certain circumstances.

**Section 16 (adds Minn. Stat. § 148G.14)** provides the forms of disciplinary action the Board of Nursing may take.

Subd. 1. This subdivision allows the Board to take certain actions if the Board finds that grounds for disciplinary action exist under section 148G.13.

Subd. 2. This subdivision provides the instances when a license to practice certified midwifery is automatically suspended.

Subd. 3. This subdivision allows the Board to temporarily suspend a license of a certified midwife without a hearing if the Board finds that there is probable cause to believe the certified midwife violated a statute or rule and continued practice by the certified midwife would create a serious risk of harm to others.

Subd. 4. This subdivision allows the Board to reinstate and reissue a license to practice certified midwifery and impose any disciplinary or corrective measure it might originally have imposed. Also requires certain fees to be paid by the person whose license is reinstated and reissued.

**Section 17 (adds Minn. Stat. § 148G.15)** provides reporting obligations for actions that constitute grounds for discipline.

Subd. 1. This subdivision allows any person who has knowledge of any conduct that constitutes grounds for discipline under section 148G.13 to report the alleged violation to the Board of Nursing.



Subd. 2. This subdivision requires the chief nursing executive or chief administrative officer of any hospital, clinic, prepaid medical plan, or other health care institution to report an action taken by the institution to revoke, suspend, limit, or condition a certified midwife's privilege to practice in the institution or any other disciplinary action, but only if the action pertains to grounds for disciplinary action under section 148G.13.

Subd. 3. This subdivision requires a person licensed by a health-related licensing board to report personal knowledge of any conduct by a certified midwife that constitutes grounds for disciplinary action under section 148G.13.

Subd. 4. This subdivision requires insurers who provide professional liability insurance to certified midwives to submit a report four times a year concerning any certified midwife against whom a malpractice award has been made or who has been a party to a settlement.

Subd. 5. This subdivision requires a court administrator to report any judgment or other determination that adjudges or includes a finding that a certified midwife is a person who is mentally ill, mentally incompetent, chemically dependent, dangerous to the public, guilty of a felony or gross misdemeanor, guilty of a violation of federal or state narcotics laws, guilty of operating a motor vehicle while under the influence, or guilty of an abuse or fraud under Medicare or Medicaid. Also requires a court administrator to report if the court appoints a guardian of the certified midwife or commits a certified midwife.

Subd. 6. This subdivision requires reports to be submitted no later than 30 days after the occurrence of the reportable event.

Subd. 7. This subdivision subjects individuals to civil penalties if they fail to report.

**Section 18 (adds Minn. Stat. § 148G.16)** This section provides immunity from civil liability or criminal prosecution for submitting a report in good faith and for those members of the Board of Nursing who investigate violations.

**Section 19 (adds Minn. Stat. § 148G.17)** This section requires a certified midwife who is the subject of an investigation to cooperate fully with the investigation.

**Section 20 (adds Minn. Stat. § 148G.18)** This section requires a reviewing court, upon judicial review of any Board of Nursing disciplinary action, to seal the administrative record, except for the Board's final decision.

**Section 21 (adds Minn. Stat. § 148G.19)** This section provides for certain exemptions, including that chapter 148G does not prohibit the furnishing of certified midwifery assistance in an emergency or the practicing of traditional midwifery under section 147D.03.

**Section 22 (adds Minn. Stat. § 148G.20)** This section provides that certain actions taken by a person, corporation, firm, or association are unlawful, including selling or fraudulently obtaining any certified midwifery diploma or license, practicing certified midwifery without a license, or using the professional title "certified midwife" without being licensed. Provides that these violations are a gross misdemeanor and imposes a penalty fee on certified midwives who practice without a license.

**Section 23 (adds Minn. Stat. § 148G.21)** This section allows a court to enjoin any act or practice in which a person practices certified midwifery without a license or when a license has been suspended or revoked.

**Section 24 (amends 152.12, subdivision 1)** This section allows a licensed certified midwife to prescribe, administer, and dispense a controlled substance under the Pharmacy Practice Act.

**Section 25 (adds 256B.0625, subdivision 28c)** This section provides that medical assistance covers services performed by a licensed certified midwife if the service provided on an inpatient basis is not included as part of the cost for inpatient services included in the facility payment, the service is otherwise covered under medical assistance as a physician service, and the service is within the certified midwife's scope of practice.

## **ARTICLE 12: SPEECH-LANGUAGE PATHOLOGY ASSISTANT LICENSURE**

**Section 1 (amends Minn. Stat. § 144.0572, subdivision 1)** This section requires an applicant for initial licensure, temporary licensure, or relicensure as a speech-language pathology assistant to submit to a criminal history records check and a national criminal history records check.

**Section 2 (amends Minn. Stat. § 148.511)** This section applies statutory sections 148.511 to 148.5198 to speech-language pathology assistants.

**Section 3 (amends Minn. Stat. § 148.512, subdivision 17a)** This section revises the definition for the term “speech-language pathology assistant” to add a limitation that only individuals meeting the qualifications under Minn. Stat. § 148.5181 (a new statute added by this bill and relating to “Licensure; Speech-language pathology assistants”) fall within the definition.

**Section 4 (amends Minn. Stat. § 148.513, subdivision 1)** This section prohibits individuals from practicing as a speech-language pathology assistant without a qualifying license.

**Section 5 (amends Minn. Stat. § 148.513, subdivision 2)** This section clarifies which professional titles a speech-language pathology assistant may use, and which titles are restricted for use by only speech-language pathologists and audiologists.

**Section 6 (adds Minn. Stat. § 148.513, subdivision 2b)** This section prohibits the use of certain professional terms or initials by a person not licensed under section 148.5181 (a new statute added by this bill and relating to “Licensure; Speech-language pathology assistants”). This section further prohibits a speech-language pathology assistant from representing that the assistant is a licensed speech-language pathologist.

**Section 7 (amends Minn. Stat. § 148.513, subdivision 3)** This section exempts certain supervised coursework relating to speech-language pathology assistants from a prohibition on the practice of speech-language pathology.

**Section 8 (amends Minn. Stat. § 148.514, subdivision 2)** This section incorporates required educational qualifications for licensure as a speech-language pathology assistant into the applicable statute governing such licensure.

**Section 9 (amends Minn. Stat. § 148.515, subdivision 1)** This section clarifies that only applicants for licensure as a speech-language pathologist or audiologist, and not for licensure as a speech-language pathology assistant, must meet the requirements of Minn. Stat. § 148.515 (relating to “Qualifications for licensure”).

**Section 10 (amends Minn. Stat. § 148.518)** This section establishes the reapplication process for speech-language pathology assistants whose licensure status has lapsed.

**Section 11 (adds Minn. Stat. § 148.5181)** This section sets forth the requirements for an individual to be licensed as a speech-language pathology assistant. These requirements include mandatory education, supervised fieldwork, and submission of a form provided by the commissioner. This section further requires the commissioner to issue a speech-language pathology assistant license to individuals licensed as such in other states, if the applicant submits evidence of licensure in good standing and pays the applicable fee.

**Section 12 (amends Minn. Stat. § 148.519, subdivision 1)** This section clarifies that the requirements of Minn. Stat. § 148.519, subdivision 1 (relating to “Applications for licensure”) is only applicable to applicants for licensure as a speech-language pathologist or audiologist, and not to speech-language pathology assistants.

**Section 13 (adds Minn. Stat. § 148.519, subdivision 1a)** This section enumerates items which an applicant for licensure as a speech-language pathology assistant must provide, including but not limited to: (1) a transcript showing the completion of the requirements set forth in section 148.5181; (2) all fees required under section 148.5194; and (3) consent to a fingerprint-based criminal history background check as required under section 144.0572.

**Section 14 (amends Minn. Stat. § 148.5191, subdivision 1)** This section clarifies that the requirements of Minn. Stat. § 148.5191, subdivision 1 (relating to “Renewal requirements”) is only applicable to applicants for licensure as a speech-language pathologist or audiologist, and not to speech-language pathology assistants.

**Section 15 (adds Minn. Stat. § 148.5191, subdivision 1a)** This section identifies the requirements for license renewal as a speech-language pathology assistant, including but not limited to: (1) biennial completion of a renewal application and submission of the renewal fee; (2) meeting the continuing education requirements of section 148.5193, subdivision 1a; and (3) submission of additional information if requested by the commissioner.

**Section 16 (amends Minn. Stat. § 148.5192, subdivision 1)** This section modifies the requirements for a speech language pathologist to delegate duties to an assistant. Specifically, it removes educational requirements and adds language mandating the speech-language pathologist to be present for the initial introduction to the client.

**Section 17 (amends Minn. Stat. § 148.5192, subdivision 2)** This section modifies prohibitions on the practice of speech-language pathology assistants. In particular, it replaces a prohibition on screening and diagnosing clients for feeding or swallowing disorders with a prohibition on demonstrating “strategies included in the feeding and swallowing plan developed by the speech-language pathologist,” and replaces a prohibition on participating in case conferences without the presence of the supervising speech-language pathologist with a prohibition on “meetings without approval from the speech-language pathologist.”

**Section 18 (amends § Minn. Stat. § 148.5192, subdivision 3)** This section provides that the amount and type of supervision required by a speech-language pathologist must be based on the skills and experience of the assistant, and requires the supervision to include a minimum of one hour every 30 days of consultative supervision time. This section further provides that, once every 60 days, the supervising speech-language pathologist must treat or cotreat with the assistant each client on the assistant's caseload.

**Section 19 (amends Minn. Stat. § 148.5193, subdivision 1)** This section clarifies that the requirements of Minn. Stat. § 148.5193, subdivision 1 (relating to "Number of contact hours required") is only applicable to applicants for licensure renewal as a speech-language pathologist or audiologist, and not to speech-language pathology assistants.

**Section 20 (adds Minn. Stat. § 148.5193, subdivision 1a)** This section identifies the continuing education requirements for license renewal as a speech-language pathology assistant, including a requirement that the assistant meets the continuing education requirements established by the American Speech-Language-Hearing Association.

**Section 21 (adds Minn. Stat. § 148.5194, subdivision 3b)** This section specifies the fees for initial licensure and licensure renewal as a speech-language pathology assistant.

**Section 22 (amends Minn. Stat. § 148.5194, subdivision 8)** This section specifies the penalty fee for practicing as a speech-language pathology assistant, or for using a protected professional title, without a valid license. It further specifies the penalty fee for failing to submit a proper and timely continuing education report.

**Section 23 (amends Minn. Stat. § 148.5195, subdivision 3)** This section permits the commissioner to take disciplinary actions against an individual that has performed services of a speech-language pathology assistant in an incompetent or negligent manner or that has violated any law relating to the practice of a speech-language pathology assistant.

**Section 24 (amends Minn. Stat. § 148.5195, subdivision 5)** This section requires speech-language pathology assistants with suspended or revoked licenses to cease practice, use of protected professional titles, and representing themselves to the public as speech-language pathology assistants.

**Section 25 (amends Minn. Stat. § 148.5195, subdivision 6)** This section provides that a speech-language pathology assistant with a suspended license may petition on forms provided by the commissioner for reinstatement following the suspension period.

**Section 26 (amends Minn. Stat. § 148.5196, subdivision 1)** This section increases the membership of the Speech-Language Pathologist and Audiologist Advisory Council by one member, which additional member must be a Minnesota-licensed speech-language pathology assistant.

**Section 27 (amends Minn. Stat. § 148.5196, subdivision 3)** This section updates the duties of the Speech-Language Pathologist and Audiologist Advisory Council to include advising the commissioner regarding the licensure standards for speech-language pathology assistants and providing for distribution of information regarding assistant licensure standards.

**Section 28 (amends Minn. Stat. § 245C.031, subdivision 4)** This section requires applicants for initial, temporary, or relicensure as a speech-language pathologist assistant to complete a consent form and criminal history disclosure form for the commissioner to conduct an alternative background study and a national criminal history records check.

### **ARTICLE 13: APPROPRIATION**

**Section 1 (appropriation)** This section appropriates money in fiscal year 2025 from the state government special revenue fund to the Board of Psychology to implement the provisions of S.F. 3523.

## APPENDIX A

### Summary Chart

Omnibus Bill Article	Bills Included	Applicable Language (as of 3/27/24)	Chief Author	Regulated Profession	Description
Article 1: Transfer Care Specialists	SF2611	1st engrossment	Utke	Transfer care specialists	Transfer care specialists to remove dead human bodies from the place of death authorization; registration of transfer care specialists by the commissioner of health establishment; mortuary science fee authorization
Article 2: Behavior Analyst Licensure	SF3523	1st engrossment (sections 1 - 16)	Kupec	Behavior analysts	Behavior analysis licensing requirement modifications provision and appropriation
Article 3: Board of Veterinary Medicine	SF1522	Bill as introduced	Kupec	Veterinary technicians	Veterinary technicians, the practice of veterinary technology and unlicensed veterinary employees regulation
	SF1773	1 <sup>st</sup> engrossment	Kupec	UMN veterinarians	University of Minnesota employees veterinary medicine licensure modification
Article 4: Board of Dentistry	SF1234	Bill as introduced	Kupec	Dental assistants	Licensure by credentials requirements modification for dental assistants
	SF3500	Bill as introduced	Boldon	Specialty dentists	Specialty dentistry licensure practice limitation provision modification
Article 5: Physician Assistant Practice	SF4124	Bill as introduced	Hoffman	Physician assistants	Additional collaboration requirements for physician assistants to provide ongoing psychiatric treatment for children with emotional disturbances and adults with serious mental illness repeal
Article 6: Board of Social Work	SF3691	1st engrossment	Hoffman	Social workers	Social worker provisional licensure modifications and recodifying



Omnibus Bill Article	Bills Included	Applicable Language (as of 3/27/24)	Chief Author	Regulated Profession	Description
Article 7: Board of Marriage and Family Therapy	SF4570	1st engrossment	Wiklund	Marriage and family therapy guest licensees	Marriage and family therapy guest licensure and fees establishment
Article 8: Board of Pharmacy	SF2320	Sections 2 – 4 of A-1 Amendment	Dibble	Pharmacy	Pharmacists authorization to prescribe, dispense and administer drugs to prevent the acquisition of human immunodeficiency virus
Article 9: Board of Optometry	SF659	Modified from introduction	Maye Quade	Optometry	Limitations modification on prescribing and administering certain drugs by optometrists
Article 10: Board of Medical Practice	SF2342	Bill as introduced, as amended by A-3 Amendment	Hoffman	Acupuncture	Acupuncture and herbal medicine practice provisions modifications
	SF3611	1st engrossment, as amended by A-2 Amendment	Mann	International medical graduates	Licensing requirements amendment for graduates of foreign medical schools
Article 11: Board of Nursing	SF1743	Bill as introduced	Boldon	Certified midwife	Certified midwife licensure establishment by the Board of Nursing
Article 12: Speech-Language Pathology Assistant Licensure	SF2982	1st engrossment	Boldon	Speech-language pathology assistants	Licensure requirements for speech-language pathology assistants establishment
Article 13: Appropriation	SF3523	1st engrossment (section 17)	Kupec	Behavior analysts	Behavior analysis licensing requirement modifications provision and appropriation