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Minnesota Health Licensing Boards

Biennial Reports

**July 1, 2000
To
June 30, 2002**

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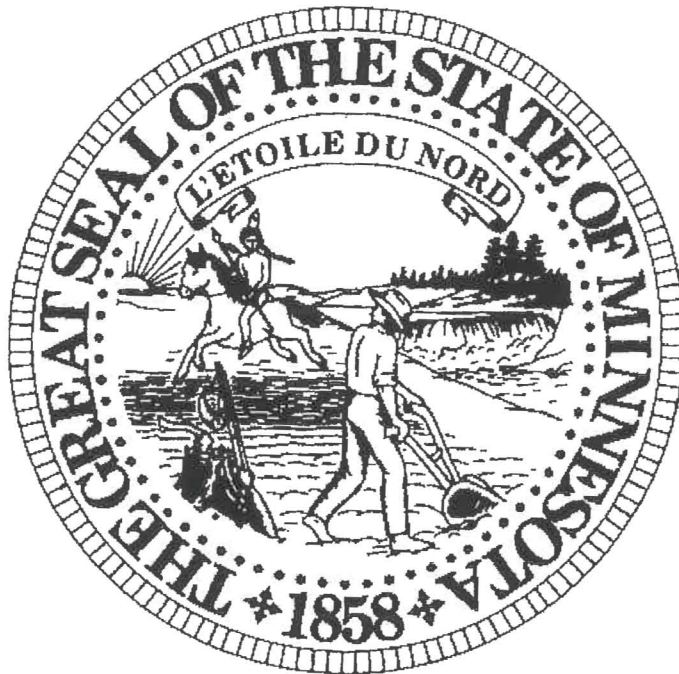
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State of Minnesota

Health Licensing Boards

Biennial Reports



July 1, 2000 - June 30, 2002

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Section 1

Statement of Purpose

This report has been prepared by the Minnesota health licensing boards pursuant to the requirements of Minnesota Statutes, Section 214.07. The relevant subdivisions are as follows.

Subdivision 1b. Health-related licensing board reports.

Each health-related licensing board must prepare a report by October 15 of each even-numbered year. The report must be submitted to the administrative services unit serving the boards. The report must contain the following information for the two-year period ending the previous June 30:

- (1) the number and type of credentials issued or renewed;
- (2) the number of complaints received;
- (3) the number and age of complaints open at the end of the period;
- (4) receipts, disbursements, and major fees; and
- (5) such other information that the interests of health occupation regulation require.

The report must also contain information showing historical trends. The reports must use a common format and consistent terminology and data.

Subdivision 2. Administrative services report.

The administrative services unit serving the boards shall prepare a report by December 15 of each even-numbered year. One copy of the administrative services report must be delivered to each of the following: the governor, the commissioner of health, and the chairs of the house and senate policy and appropriations committees with jurisdiction over health-related licensing boards. Six copies must be delivered to the legislative reference library. The administrative services report must contain the following information:

- (1) a summary of the information contained in the reports submitted by the health-related licensing boards pursuant to subdivision 1b;
- (2) a description of the health-related licensing boards' cooperative activities during the two-year period ending the previous June 30;
- (3) a description of emerging issues relating to health occupation regulation that affect more than one board or more than one occupation; and
- (4) a copy of each health-related licensing board report submitted to the administrative services unit pursuant to subdivision 1b.

Definition of Health-Related Licensing Board

Minnesota Statutes, Section 214.01 defines "health-related licensing board" to include the following boards and programs.

Independent Boards:

Chiropractic
Dentistry
Dietetics and Nutrition Practice
Marriage and Family Therapy
Medical Practice
Nursing
Nursing Home Administrators

Optometry
Pharmacy
Physical Therapy
Podiatric Medicine
Psychology
Social Work
Veterinary Medicine

Department of Health:

Alcohol and Drug Counselor Licensing Program
Office of Mental Health Practice
Office of Unlicensed Complementary and Alternative Health Care Practice

Emergency Medical Services Regulatory Board

Effective July 1, 2001, for purposes of the Health Professionals Services Program, the Emergency Medical Services Regulatory Board (EMSRB) is also defined as a health-related licensing board.

Section 2

Organization of the Boards

The 14 independent health licensing boards and the Department of Health are separate agencies although the 14 boards are housed together in the same building and collaborate in many ways. The boards and the Department cooperate in administering health occupation licensing programs. The boards also meet regularly with representatives of the Department of Health to discuss joint concerns.

This section describes in more detail the cooperative activities of the boards.

The accompanying chart shows the boards' cooperative structure. Below is a brief description of the various entities shown.

Statutory Entities

Health Licensing Boards

Each of the 14 independent health licensing boards consists of members appointed by the Governor. The number of members of each board varies, and each is governed by its own practice act. The principal staff person for each board is the Executive Director. Each board is charged with regulating one particular health profession specified by statute. The statutory requirements of Minnesota Statutes Chapter 214 apply to all boards. The Emergency Medical Services Regulatory Board, although not statutorily defined as a health licensing board, is housed with the boards and cooperates with them on administrative and financial matters.

Attorney General

The Minnesota Attorney General's Office provides legal and investigative services to the boards. Statutory provisions that apply to the Attorney General's complaint investigations are contained in Minnesota Statutes, section 214.10.

Department of Health

The Department of Health administers three health occupation programs which are defined as health-related licensing boards under Chapter 214. They are:

- the Alcohol and Drug Counselor Licensing Program
- the Office of Mental Health Practice
- the Office of Unlicensed Complementary and Alternative Health Care Practice

The Department of Health also has certain statutory responsibilities relating to the boards. These are:

- to provide mailing and office supplies services, and at the request of the boards, to provide space, facilities, and administrative services for the boards (M.S. 214.04)
- to coordinate the development of a credentials policy among the boards (M.S. 214.13)
- to consult with state boards charged with regulating similar occupations before promulgating rules resulting in registration of an occupational group, (M.S. 213.13)

Health Professionals Services Program (HPSP)

Minnesota has recently enacted a statute requiring the boards to either conduct a health professionals service program [HPSP] or to contract for a diversion program. Minnesota Statutes, section 214.29. The Emergency Medical Services Regulatory Board has similar requirements under Chapter 14E.

All Health Licensing Boards, three programs administered by Minnesota Department of Health and the Emergency Medical Services Regulatory Board currently participate in HPSP, and are in compliance with statutory requirements.

Detailed information on HPSP is provided in section 3.

Voluntary Health Care Provider Program

Minnesota Statutes, section 214.40 requires the Administrative Services Unit to create procedures to allow volunteer dentists, dental hygienists, physicians, physician assistants, and nurses to apply for medical professional liability insurance while volunteering at community charitable organizations.

Council of Health Boards

The Council consists of one board member from each board and the Executive Directors, and meets periodically to discuss issues and concerns affecting all boards. The Council is required by statute to review emerging issues relating to health occupation regulation, such as proposals to regulate new health occupations. The council was given formal direction through Minn. Stat. § 214.025, enacted July 1, 2001. The health-related licensing boards may establish a council of health boards consisting of representatives of the health-related licensing boards and the emergency medical services regulatory board. When reviewing legislation or legislative proposals relating to the regulation of health occupations, the council shall include the commissioner of health or a designee.

During this biennium, the Council received three requests for review from the Senate and House Health and Human Service Policy Committees. The three proposals were for initial licensing of Massage Therapists, change of scope of practice for Optometrists and change from certification to licensure of Speech Language Pathologist and Audiologist. Summaries of their reviews will be provided to the 2003 Legislature.

Voluntary Entities

Executive Directors Forum

The Executive Directors Forum consists of the Executive Directors of each independent board. The Forum meets at least once a month to discuss issues and concerns affecting all boards. The Forum establishes committees to develop recommendations for consideration by the Forum. The standing committees include the Policy Committee and the Management Committee, described below. The primary objective of public safety is achieved most effectively if each board's staff provides expert opinion on each specific health profession. Boards review general objectives, promote interboard cooperation, assure fiscal efficiency, and eliminate duplication of similar effort through the Executive Director Forum.

During this biennium, individual board staff:

- represented all boards on state-wide Bio-Terrorism Planning Committees.
- represented all boards on state wide planning committees relating to Electronic Government Services. A majority of boards are pursuing on-line license renewal.
- directed a cooperative Information Technology (IT) strategic plan for IT initiatives. The Small Board Forum pooled resources to create a universal IT model while providing flexibility for individual board operations.
- created procedures for the Voluntary Health Care Provider Program.
- assessed leadership models for a vacant Executive Director position.
- divided job tasks of the vacant ASU Policy and Planning Coordinator. This position may remain unfilled, pending budget outcome, and specific job functions were delegated to various Executive Directors.
- collaborated with professional trade associations to assure that the primary objective of public protection is met, and that licensees view the complaint resolution process as timely and objective. The boards drafted model standard of practice or complaint resolution guidelines.

Administrative Services Unit

The Administrative Services Unit (ASU) is funded by all the independent boards and is composed of staff members who perform administrative or common business office functions for all the boards. The unit provides service to the boards in the areas of budgeting, accounting, purchasing, human resources, professional and technical contracts, information technology and payroll. ASU also facilitates the boards' cooperative policy and planning efforts. The budget and annual assessment of ASU effectiveness is agreed upon by the Executive Directors Forum.

The Voluntary Health Care Provider Program was established by ASU in compliance with Minnesota Statutes 214.40. This program facilitates malpractice insurance coverage for physicians, physician assistants, dentists, dental hygienists, and nurses serving in a voluntary capacity for a charitable organization.

Management Committee

The Management Committee makes recommendations to the Executive Directors Forum on issues relating to the internal management of the boards' cooperative activities. The responsibilities of the committee include the following:

- oversight of the Administrative Services Unit
- administration of the shared conference rooms and shared equipment (such as copiers) through the Administrative Services Unit
- coordination of the boards' computer collaboration efforts
- development of recommended policies for all the boards on records management through a Records Management Subcommittee

Policy Committee

The Policy Committee makes recommendations to the Executive Directors Forum on issues relating to public policy. The responsibilities of the committee include the following:

- reviewing legislative proposals and making recommendations on legislative initiatives affecting all the boards
- addressing issues and making recommendations concerning legal services and the complaint resolution process through a Legal Services Subcommittee
- developing information and recommendations on the rules process through a Rules Subcommittee
- coordinating communication with the Department of Health Licensing Boards and preparing the summary of the boards' biennial reports through the Administrative Services Unit.

Health-Related Licensing Boards Cooperative Structure

