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Minnesota Health Licensing Boards

Biennial Reports

July 1, 2002

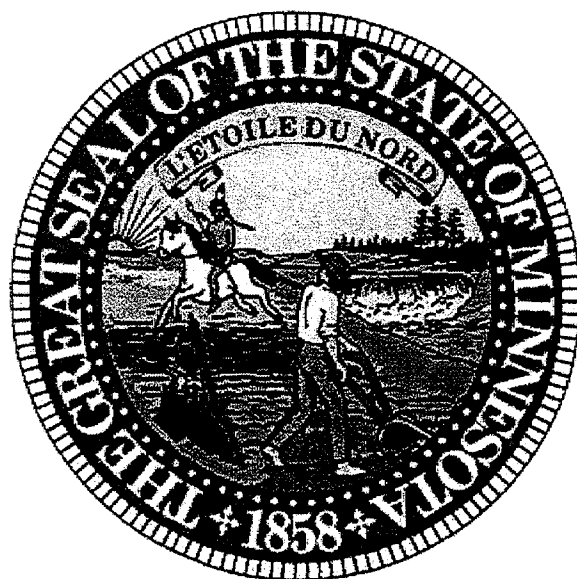
To

June 30, 2004

State of Minnesota

Health Licensing Boards

Biennial Reports



July 1, 2002 – June 30, 2004

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Section 1

Statement of Purpose

The health-related licensing boards of the State of Minnesota are entrusted with the protection of public health and safety through licensing of health-related professionals, and through administration of complaints regarding treatment. These Boards were each established by legislative action in recognition of the need to ensure provision of health care by qualified professionals. Currently, 16 independent boards regulate health-related professionals. Additionally, the Department of Health has three offices for regulating other related professionals – the Office of Unlicensed Complementary and Alternative Health Care Practice; Office of Mental Health Practice; and Alcohol and Drug Counselor Licensing Program.

Each of these entities is required to report its activities on a biennial basis, under Minnesota law (Minnesota Statutes, Section 214.07). This report has been prepared by the Minnesota health-related licensing boards pursuant to the requirements of this statute. For the purpose of this report, the Emergency Medical Services Regulatory Board (EMSRB) has submitted a report in conjunction with the Health Professionals Services Program (HPSP) due to its function of management and oversight of HPSP.

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 (Table I);
- (2) the number of complaints received (Table III);
- (3) the number and age of complaints open at the end of the period (Table II);
- (4) receipts, disbursements, and major fees (Table III); and
- (5) such other information that the interests of health occupation regulation require (Table IV).

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.

The Statutorily-Defined Minnesota Health-Related Licensing Boards

Minnesota Statutes, Section 214.01 requires “health-related licensing board[s]” to submit this biennial report. Following are the boards that are included in this report.

Independent Boards. These boards each operate independently with shared administrative functions.

Minnesota Board of Behavioral Health and Therapy*
Minnesota Board of Chiropractic Examiners
Minnesota Board of Dentistry
Minnesota Board of Dietetics and Nutrition Practice
Minnesota Board of Marriage and Family Therapy
Minnesota Board of Medical Practice
Minnesota Board of Nursing
Minnesota Board of Examiners for Nursing Home Administrators
Minnesota Board of Optometry
Minnesota Board of Pharmacy
Minnesota Board of Physical Therapy
Minnesota Board of Podiatric Medicine
Minnesota Board of Psychology
Minnesota Board of Social Work
Minnesota Board of Veterinary Medicine

Department of Health. The Department of Health has offices housed within it that have regulatory functions regarding health professionals.

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

Health Professionals Services Program (HPSP). HPSP functions as a program to provide assistance to health professionals in compliance with Minnesota Statutes. As oversight and management board for the Health Professionals Services Program (HPSP), the Emergency Medical Services Regulatory Board (EMSRB) has submitted a report in conjunction with HPSP.

*This Board was created effective July 1, 2003 by Minnesota legislative action. See M.S. §§148.50 to 148B.593

Section 2

Organization of the Boards

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

The health-related licensing boards are supported by fees paid by regulated professionals, and are not supported by the state's general fund. To provide excellent and efficient service to the public and to their licensees, the Boards have implemented a number of innovations that permit shared functions where possible, as well as sharing of information on best practices. During the two-year period covered by this report, the boards continued to serve as a model of cooperative activity among related, though independent, entities. This collaboration provides greater efficiencies for each of the boards, which permits license fees to remain at a relatively low level, while providing excellent service to customers and the public.

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 independent health licensing boards consists of members appointed by the Governor. The principal staff person for each board is the Executive Director. Each board is charged with the regulation of particular health professions specified by statute. Each board is governed by its own practice act. There are also statutory requirements that apply to all boards; these are specified in Chapter 214. 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 Attorney General's Office provides legal and investigative services to the boards. Specific requirements of the Attorney General in investigating complaints are provided 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. These are the following:

- 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 as follows:

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

Health Professionals Services Program (HPSP)

Effective July 1, 2001, Minnesota Statutes, section 214.29 requires as follows:

Each health-related licensing board, including the emergency medical services regulatory board under chapter 144E, shall either conduct a health professionals service program under sections 214.31 to 214.37 or contract for a diversion program under section 214.28.

At present, all Health Licensing Boards, three programs administered by Minnesota Department of Health and the Emergency Medical Services Regulatory Board participate in HPSP.

Detailed information on HPSP is provided in section 3.

Voluntary Health Care Provider Program

Effective July 1, 2002 Minnesota Statutes, section 214.40 required 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. The Administrative Services Unit currently has eight clinics and nine professionals participating in this program.

Council of Health Boards

The Council of Health Boards consists of one board member from each board and the Executive Directors of each board. The Council meets periodically to discuss issues and concerns affecting all boards. By state law, it is also designed to review emerging issues relating to health occupation regulation, in particular, legislative proposals to regulate health occupations. Minn. Stat. § 214.025 (effective 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 includes the Commissioner of Health or a designee. The purpose of this review is to provide the legislature objective information from a neutral source for use in evaluating proposals to regulate new occupations or to change the regulatory status of occupations already regulated.

During this biennium, the Council received two requests from the Senate and House Health and Human Service Policy Committees to review legislative proposals pertaining to health licensing structures. These were proposals regarding changing regulation for Dental Assistants from registration to licensure; and for initial licensure of dentists. Summaries of the Council's reviews were provided to the 2004 Legislature for consideration.

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 was created with a goal of working together on matters of common concern, thus increasing the efficiency and effectiveness of each individual board. A favorable outcome of this collaboration has been much more efficient sharing of information that is of importance to all boards. The Forum establishes committees as needed to develop recommendations for consideration by the Forum. Standing committees include the Policy Committee and the Management Committee, described below. The primary objective of protecting public safety is achieved through an active collaboration among the boards, which offers an opportunity to address issues and concerns that may have an impact on more than a single board. The Forum reviews general objectives, reviews policy, promotes intra-board cooperation, assures fiscal efficiency, and eliminates duplication of similar effort.

During this biennium, the following were accomplished through action of the Executive Directors Forum, including:

- Designed and implemented standard operating policies and procedures (e.g., zero tolerance of violence, equal opportunity)
- Reviewed participation and procedures for the Voluntary Health Care Provider program.
- Assisted the newly-created Board of Behavioral Health and Therapy in start-up operations and incorporation into Health-Licensing Board activities
- Negotiated a favorable long-term lease for the property that houses all of the Board offices, and reviewed building planning procedures
- Shared information and progress in implementation of online license renewals
- Joint participation in the State Employee Charitable Campaign

Members of the Forum represented all boards on state wide planning committees relating to:

- State-wide bio-Terrorism Planning Committee
- Small Non-Cabinet Agency Board presentation on creating efficiency through collaboration.
- Electronic Government Services. A majority of boards have pursued on-line license renewal.
- Cooperative Information Technology (IT) strategic plan for IT initiatives. The Small Board Forum pooled resources to create a universal IT model while still allowing for individual board operations.
- Collaboration with the professional trade associations to assure that public protection is completed accurately while licensees view the process as timely and objective.

Administrative Services Unit

The Administrative Services Unit (ASU) is funded by all the independent boards, and is comprised of six staff members who perform shared administrative and business functions for all of the boards. The unit provides service to the boards in the areas of budgeting, accounting, purchasing, human resources, professional and technical contracts, information technology, policy development and payroll. ASU also facilitates the boards' cooperative policy and planning efforts, frequently staffs Executive Directors Forum committees, and coordinates the Voluntary

Health Care Provider Program (which provides malpractice coverage for physicians, physician assistants, dentists, dental hygienists, and nurses serving in a voluntary capacity at a charitable organization). ASU's budget is determined by the Executive Directors Forum, and the oversight of ASU is assigned on a rotating basis to one of the health-related boards.

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:

- Overseeing the Administrative Services Unit
- Through the Administrative Services Unit, administering shared conference rooms and shared equipment, such as copiers
- Coordinating the boards' computer / information technology collaborative efforts
- Developing recommended policies for all boards on policies and procedures and reviewing best practices
- Management of the Administrative Services Unit budget and review of ASU performance

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
- Through a Legal Services Subcommittee, addressing issues and making recommendations concerning legal services and the complaint resolution process
- Through a Rules Subcommittee, developing information and recommendations on the rules process
- Coordinating communication with the Department of Health Licensing Boards through the Administrative Services Unit

Emerging Issues

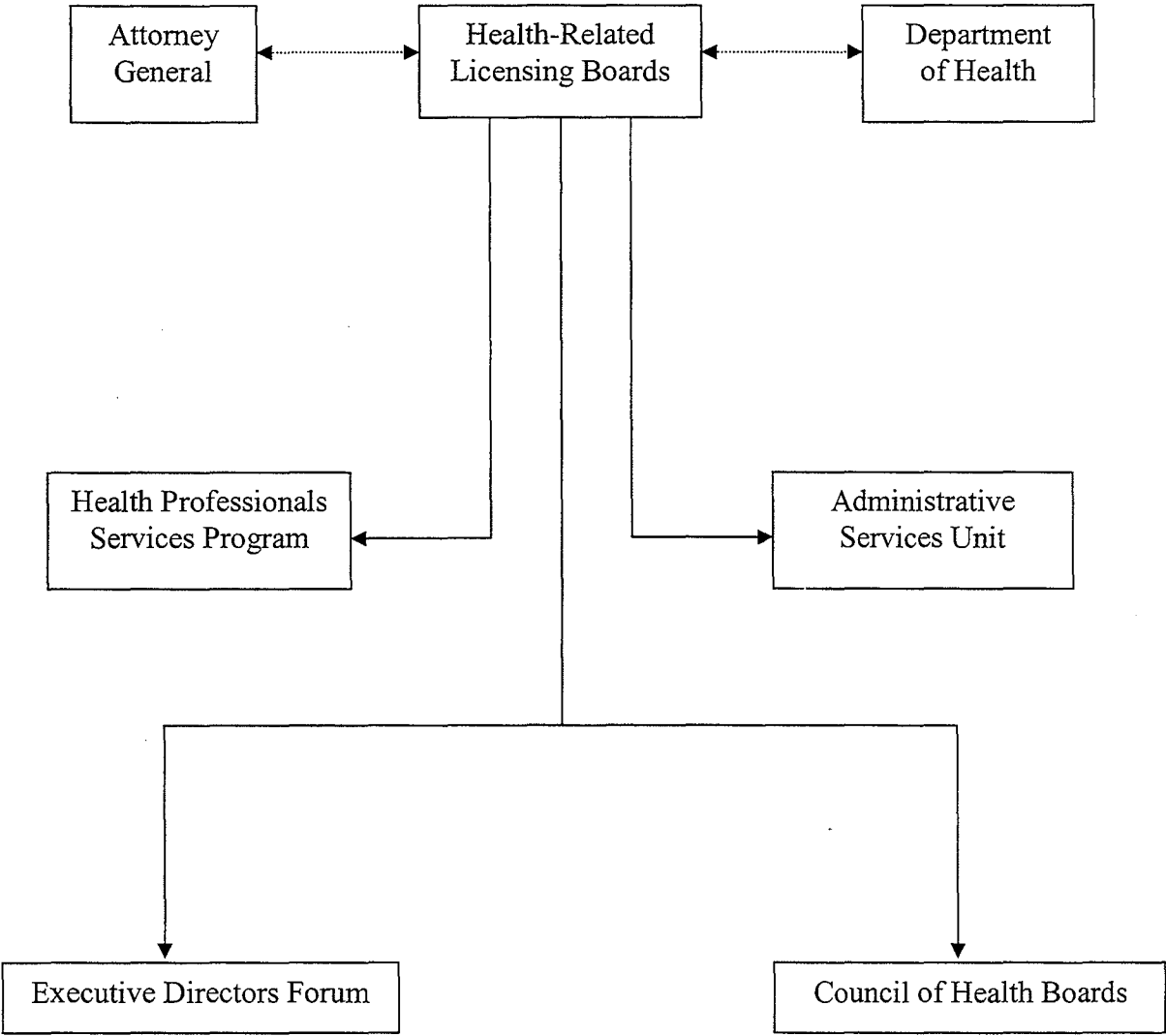
During the 2002-2004 biennium, the health-related licensing boards faced a number of common emerging issues, which are described below.

- Staffing / funding issues. As a result of new state practices and requirements regarding budgets and expenditures of the health-related licensing boards, a number of the boards are facing salary constraints that affect staffing levels and service delivery.
- The 2003 Legislature passed a provision transferring the licensing of alcohol and drug counselors from the Minnesota Department of Health (MDH) to a new Board of Behavioral Health and Therapy (BBHT). The affected boards have developed a transition plan to ensure the success of this consolidation. Statutory and rule changes may be required. In conjunction with the other health-related licensing boards, the Board of Behavioral Health and Therapy will face the challenge of creating a solution for the ongoing regulation of unlicensed mental health practitioners.
- The Boards continue to make technology / communication improvements and changes, and continue to improve services through technology. Providing easy and timely access to accurate public data remains an area that the Boards are committed to by upgrading

computer databases, software and hardware. The Boards continue to make their web sites increasingly interactive, including on-line renewals, license verifications, and disciplinary tracking.

- They will refine and expand computer functioning in order to enhance and facilitate increased communications with applicants, licensees, and the public.
- The existence of unlicensed mental health practitioners that are not included within any statutory or regulatory system continue to challenge the boards. The impact of the regulation of licensed professional counselors in Minnesota may affect the future regulation of unlicensed mental health practitioners in Minnesota.
- Expanded use of non-traditional alternative health modalities (holistic, aromatherapy, acupuncture, kinesiology, massage therapy, etc.) by the public affects regulatory organizations, which need to make decisions regarding scope of practice and appropriate regulation and oversight of such modalities.
- More than one board faces the possibility of rulemaking and statutory changes in light of changes in the health-related professions and practitioners. Future revisions may be necessary to facilitate and clarify administrative and disciplinary processes. Boards may also require promulgation of rules pertaining to, for example, professional conduct, licensure and renewals, and continuing education.
- Several health professions regulated by the Boards report shortages in their professions, which will be a matter of ongoing interest to the Boards.

**Health-Related Licensing Boards
Cooperative Structure**



Health Professional Services Program

Biennial Report

July 1, 2002-June 30, 2004

**For more information, contact:
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Health Professionals Services Program

BIENNIAL REPORT

July 1, 2002 to June 30, 2004

I. General Information

Minnesota Statutes, section 214.31 to 214.37 charges the Health Professionals Services Program (HPSP) with the responsibility to *“protect the public from persons regulated by the [health licensing] boards [and the Emergency Medical Services Regulatory Board and the Dept. of Health] who are unable to practice with reasonable skill and safety by reason of illness, use of alcohol, drugs, chemicals or any other material, or as a result of any mental, physical or psychological condition.”*

A. HPSP Mission and Major Functions

1. Mission:

The mission of the Health Professionals Services Program is to enhance public safety in health care. Its goals are to promote early intervention, diagnosis and treatment for health professionals and to provide them with monitoring services as an alternative to board discipline.

2. Major Functions:

a. Provide health professionals with intake and assessment services to determine if they have an illness that warrants monitoring:

- i. Evaluate symptoms, treatment needs, immediate safety and potential risk to patients;
- ii. Obtain chemical, mental and physical histories along with social, and occupational data;
- iii. Determine practice limitations, if necessary;
- iv. Secure records consistent with state and federal data practice regulations; and
- v. Collaborate with medical consultants and community providers concerning treatment.

b. Create and implement monitoring contracts:

- i. Specify requirements for appropriate treatment and continuing care; and
- ii. Determine illness-specific and practice-related limitations or conditions.

c. Monitor the continuing care and compliance of health program participants:

- i. Communicate monitoring procedures to treatment providers, work site supervisors and other collaborative parties;
- ii. Review records and reports from treatment providers, work site supervisors and other sources regarding the health professional's level of functioning and compliance with monitoring;
- iii. Coordinate toxicology screening process; and
- iv. Intervene, as necessary, for non-compliance, inappropriate treatment, or symptom exacerbation.

- d. **Consult with licensees, licensing boards, health employers, practitioners, and medical communities:**
 - i. Provide information and set standards for early intervention and monitoring of impaired professionals.
 - ii. Refer inquiries to appropriate government or community resources.
 - iii. Provide outreach services to hospitals, clinics, and professional associations.
 - iv. Conduct research on professional impairment, appropriate care, and potential for harm.
 - v. Consult with health-licensing boards on illness related issues.
- e. **Eliminate the duplication of monitoring functions by health licensing boards:**
 - i. Offer a single point of contact for health professionals, employers, boards and the public regarding impaired health professionals.
 - ii. Promote streamlined and efficient reporting of impaired professionals.
 - iii. Combine expertise in a central location.
 - iv. Relate clear understanding of professional reporting obligations.

B. Major Activities During Biennium

HPSP is a service program; therefore, its primary activities are related to protecting the public by providing the best possible service to health professionals in Minnesota at the least possible cost to the licensing boards. In relation to this, over the past two years HPSP reviewed program services, identified vulnerabilities and developed strategies to address them, the most significant of which are listed below:

- **Enhanced Relationships**

Because of the role HPSP plays in public protection vis-à-vis the sixteen health-licensing boards, it is critical for HPSP to maintain working relationships with the boards. HPSP holds regularly scheduled meetings with individual board staff representatives, quarterly meetings with all board staff and board member representatives via the Program Committee, and annual meetings with each full board. HPSP must also maintain working relationships with professional associations to insure the public protection role is fully understood and supported in the community. HPSP meets regularly with professional association representatives via the Advisory Committee. The meetings are vehicles for feedback about how HPSP provides services. HPSP also coordinated webpage links with most boards and associations.

- **Created User-Friendly Materials**

HPSP improved the written materials sent to participants, their treatment providers, and employers, providing a more consistent and organized format. For example, HPSP revised template letters and compliance forms.

- **Toxicology Screening Instructions**

HPSP's *Toxicology Screening Instructions* were revised. Participants are given better information about providing specimens. Consequences for producing problem screen results are also more clearly described.

- **Managing Non-Compliance**

In collaboration with program stakeholders, HPSP developed written guidelines for managing participant non-compliance. This has improved the consistency of services.

- **Records Retention**

HPSP developed a records retention schedule, which will be implemented in the fall of 2004.

C. Emerging Issues in Monitoring Health Professionals

▪ Increased Risk and Potential for Harm

Health professionals are experiencing increasing stress. Longer work hours and more responsibilities, combined with easy access to drugs place physicians, nurses, pharmacists and other health professionals at risk for abusing substances found at work. HPSP works closely with health care employers and facilities to identify and manage drug diversion.

▪ Growing Methamphetamine Abuse

Methamphetamine abuse is a growing problem throughout Minnesota, including among health care professionals. HPSP is providing services to increasing numbers of health professionals who abuse methamphetamine.

▪ Inadequate Treatment for Substance Abuse and Mental Illness

HPSP is working with increasing numbers of health professionals who are diagnosed with both a substance and a psychiatric disorder. While these are physical illnesses that deserve the same level of care as other medical conditions, insurers are more likely to limit benefits for mental health and chemical dependency care than standard medical and surgical care. Left untreated, substance and psychiatric disorders progress, making them more difficult to treat, which in turn affects the individual's ability to function, including their ability to maintain employment.

Despite current studies that emphasize the importance of long-term continuing care in the management of substance disorders, it is often not covered by insurers or is unavailable in rural Minnesota.

Persons seeking treatment for a psychiatric disorder are experiencing increasing barriers to receiving timely and appropriate care. According to a Minnesota Psychiatric Society Report in 2002: "The shortages of psychiatrists and inpatient psychiatric bed capacity in Minnesota represent a crisis in the care of Minnesotans with mental illness."

HPSP works to ensure that health professionals with substance and psychiatric disorders receive the appropriate level of care.

▪ Funding

When HPSP was created, it was not anticipated that health professionals would seek help and report their illnesses to the program at the current rate. While this is viewed as a positive response to program services, which enhances public safety in health care, participating boards are bearing the increased cost. Program growth puts financial stress on boards, which in turn, impacts the program.

Program resources need to match the growing demand for services. Despite increases in salaries and rent, HPSP's budget for fiscal years 2003 and 2004 remained the same as the fiscal year 2002 budget. The program was able to absorb increases in salary and rent primarily because of staff turnover and prudent use of medical consultants. Without additional funding, anticipated increases in salary and rent will compromise the program's ability to maintain the same level of service. HPSP will work with the health-licensing boards to establish adequate funding and/or limitations on services provided.

II. Board Members, Staff and Budget

A. Composition of Committees

1. Program Committee

The Program Committee consists of one representative of each participating board. The Program Committee provides direction and assures the participating boards that HPSP is operating effectively and efficiently to achieve the purposes outlined in statute. Its goals are to ensure that the public is protected, clients are treated with respect, the program is well managed, financially secure and operating consistently within the statute. The committee designates one of the health-related boards to act as an Administering Board to provide administrative support to HPSP.

Current Program Committee Members:

- Steven Altchuler, Board of Medical Practice
- Barbara Bets-Williams, Board of Social Work
- Robert Butler, Board Marriage and Family Therapy
- Linda Dieleman, Board of Dietetics & Nutrition.
- Corinne Ellingham, Board Physical Therapy
- Jane Jones, Board of Podiatric Medicine
- Rosemary Kassekert, Board of Chiropractic Examiners
- Vernon Kassekert, Board of Pharmacy
- Brian LaCroix, Emergency Medical Services Regulatory Board
- Susan Osman, Board of Veterinary Medicine
- John Perszyk, Board of Optometry
- James Peterson, Board of Psychology
- Freeman Rosenblum, Board of Dentistry
- Susan Winkelmann, Dept. of Health
- Susan Ward, Board of Nursing

2. Advisory Committee

The Advisory Committee is required by statute to advise the Program Committee and the Program Manager. The Advisory Committee consists of one person appointed by each professional association by any means acceptable to them as identified in (Minn. Stat., section 214.32 subd. 1 (c) (1).)

Current Advisory Committee Members:

- Jim Alexander, MN Pharmacists Assoc.
- Gail Arnold, MN Academy of Physician Assistant's
- Bruce Benson, MN Society of Health-System Pharmacists
- Bernard Belling, MN Psychological Assoc.
- Peter Cannon, MN Dental Assoc.
- Mike Coyle, MN Psychological Association
- Bernadine Engeldorf, MN Nurses Assoc.
- Randy Herman, MN Assoc. of Social Work Education
- Michael Koopmeiners, Physicians Serving Physicians
- Nancy Malmon, Public Member
- Jackie Morehead, MN Physical Therapy Assoc.
- Rose Nelson, MN LPN Assoc.
- John Rheinberger, Public Member
- Christina Rich, MN Medical Assoc.
- Richard Seime, MN Board of Psychology
- Deb Sidd, MN Society for Respiratory Care
- Debra Skees, MN Repertory Care Assoc.
- Scott Wells, MN Veterinary Assoc.

B. Staff

HPSP staff is comprised of the following:

- 1 Program Manager
- 1 Office Manager / Toxicology Coordinator
- 4 Case Managers
- 1 Support Staff (.6 office administrative specialist and .4 student worker)

C. Receipts and Disbursements

HPSP is a service program and does not generate revenue. HPSP is funded by the health licensing boards, whose income is generated through licensing fees and by the EMSRB and the Dept. of Health, both of which receive general fund dollars. Each board pays an annual \$1,000 participation fee and a pro rata share of program expenses based on the number of licensees they have in the program:

Dollars in Thousands

	FY 2004	FY 2005
Total Direct Costs:		
Statewide Indirect:		
Total Indirect Costs:		
Total Direct & Indirect Costs:		
Total Revenue:		
Surplus (Shortfall):		
A Cumulated Ending Surplus (Shortfall) or Carry forward:		

HPSP's budget is broken down as follows:

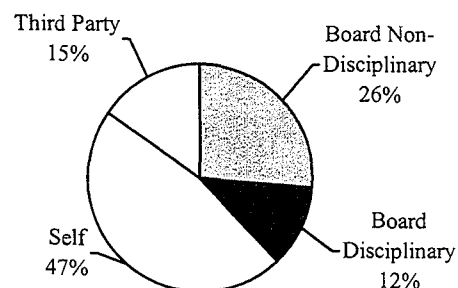
- 80% Salaries
- 4% Rent
- 2% Professional Technical Contracts
- 1% Attorney General
- 13% Other Operational Costs

III. Participation

HPSP serves health professionals regulated by all sixteen health-related boards, as well as the Emergency Medical Services Regulatory Board and three programs administered by the Department of Health, totaling nearly 200,000 persons eligible for program services. To date, over 2,500 health professionals have been referred to HPSP for monitoring. HPSP is currently monitoring 485 health professionals.

Over the past two years, 648 health professionals were referred to HPSP for the monitoring of their substance, psychiatric, and/or medical disorders. Of these, an impressive 62% were referred without board involvement (48% self-referred to the program and an additional 13% were referred by a third party, typically a colleague, employer or treatment provider). This is significant because it demonstrates that health professionals are willing to report their illnesses and have them monitored without board intervention. The chart at the right depicts how licensees were referred to HPSP during the biennium.

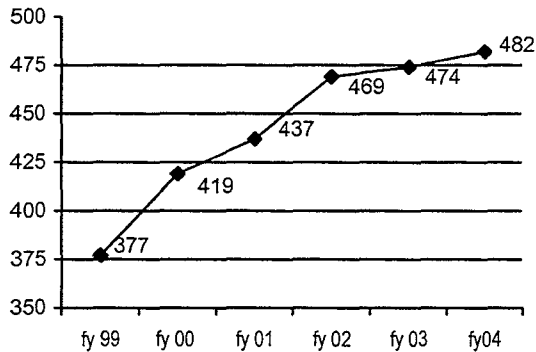
Referrals



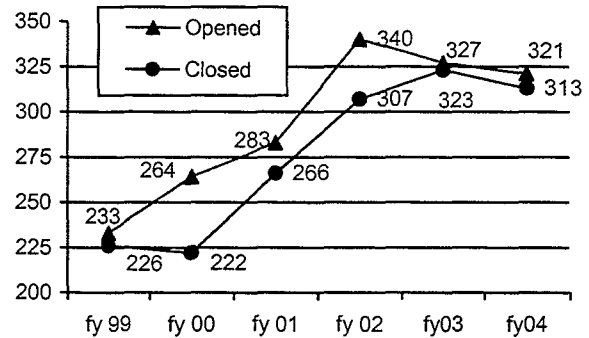
IV. Trend Data

HPSP's caseload has steadily grown. At the end of fiscal year 2004, the programs caseload was 28% higher than it was at the end of fiscal year 1999. However, over the past two years, the growth has leveled off. The following graphs depict the increases in HPSP's caseload and opened and closed cases by fiscal year:

Caseload by Fiscal Year



Opened and Closed Cases by Fiscal Year



Referrals by Board and Fiscal Year

FY Joined	BOARD	Opened FY95 to FY98	Closed FY95 to FY98	Open at End of FY98	Opened in FY99	Closed in FY99	Open at End of FY 99	Opened in FY00	Closed in FY00	Open at End of FY 00	Opened in FY01	Closed in FY01	Open at End of FY 01	Opened in FY02	Closed FY in 02	Open at End of FY 02	Opened in FY03	Closed in FY03	Open at End of FY 03	Opened in FY04	Closed in FY04	Open at End of FY04
01	BENHA	0	0	0	0	0	0	0	0	0	2	1	1	0	0	1	0	0	1	0	1	0
96	Chiropractic	7	2	5	3	3	5	3	3	5	5	4	6	14	9	11	1	5	7	4	6	5
94	Dentistry	14	7	7	6	6	7	7	1	13	5	5	13	16	12	17	25	17	25	33	26	32
02	Dept. Health	0	0	0	0	0	0	0	0	0	0	0	0	6	2	4	7	4	7	10	6	11
02	Dietetics & Nutritionists	0	0	0	0	0	0	0	0	0	0	0	0	3	2	1	1	1	1	0	1	0
01	EMS	0	0	0	0	0	0	0	0	0	5	3	2	6	4	4	5	4	5	2	2	5
95	Marriage and Family	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
94	Medical Practice	250	131	119	47	57	109	68	70	107	46	52	101	88	80	109	78	69	118	51	59	110
94	Nursing	438	224	214	148	142	220	165	137	248	196	175	269	174	168	275	163	181	257	189	180	266
01	Optometry	0	0	0	0	0	0	0	0	0	1	0	1	2	1	2	3	3	2	1	1	2
94	Pharmacy	31	15	16	12	10	18	10	2	26	10	10	26	8	14	20	18	15	23	9	8	24
94	Physical Therapy	1	0	1	3	1	3	1	0	4	4	2	6	6	5	7	5	6	6	5	3	8
94	Podiatric Medicine	3	0	3	1	1	3	0	1	2	1	2	1	0	1	0	2	1	1	2	2	1
02	Psychology	0	0	0	0	0	0	0	0	0	0	0	0	5	2	3	4	3	4	6	4	6
97	Social Work	7	2	5	10	5	10	9	7	12	7	10	9	11	7	14	15	12	17	5	11	11
99	Veterinary Medicine	0	0	0	3	1	2	1	1	2	1	2	1	1	0	2	0	2	0	4	3	1
TOTAL		751	381	370	233	226	377	264	222	419	283	266	436	340	307	469	327	323	474	321	313	482

--Opened = Number of cases opened within FY - - Closed = Number of cases closed within FY--

--Open at End of FY = Number of cases open at end of FY--

Illnesses Monitored

Health professionals are as vulnerable to substance, psychiatric and medical disorders as the general population. Because health professionals often have access psychotherapeutic substances, they abuse them at a significantly higher rate than the general population. For example, of the 380 health professionals being monitored by HPSP for a substance disorder, 47% are addicted to prescription medications (most commonly opiates), compared to 6.7% in the general population. This is alarming and represents the necessity of HPSP services.

The table on the right depicts the number of health professionals being monitored by HPSP by the illness or illnesses for which they are being monitored.

There are currently 485 health professionals being monitored by HPSP and of these:

- 380 (79%) suffer from a substance disorder
 - 41% (157) of which are also monitored for a psychiatric disorder and
 - 6% (24) for of which are also monitored for a medical disorder
- 276 (57%) suffer from a psychiatric disorder
- 53 (11%) suffer from a medical disorder

Illnesses Monitored	Current Number Monitored
Substance Disorders	380
Alcohol	177
Opiate	97
Polysubstance	64
Cocaine or Cannabis	21
Benzodiazepine or Barbiturate	16
Amphetamine	14
Psychiatric Disorders	276
Depression	200
Bipolar Disorder	38
Other Psychiatric Illness	38
Medical Disorders	53

Cost of Report Preparation

Pursuant to Minnesota Statute § 3.197 (1998) costs incurred in the preparation of this report must be provided. The following list represents all expenses from the individual boards.

Board	Expense
<i>Board of Behavioral Health and Therapy</i>	\$ 400
<i>Chiropractic</i>	\$ 1,250
<i>Dentistry</i>	\$ 500
<i>Dietetics & Nutrition Practice</i>	\$ 150
<i>Marriage & Family Therapy</i>	\$ 40
<i>Medical Practice</i>	\$ 2,200
<i>Nursing</i>	\$ 900
<i>Nursing Home Administrators</i>	\$ 310
<i>Optometry</i>	\$ 150
<i>Pharmacy</i>	\$ 576
<i>Physical Therapy</i>	\$ 400
<i>Podiatric Medicine</i>	\$ 200
<i>Psychology</i>	\$ 900
<i>Social Work</i>	\$ 750
<i>Veterinary Medicine</i>	\$ 300
<i>Health Department</i>	\$3,150
<i>HPSP</i>	\$ 550
<i>Administrative Services Unit</i>	\$ 800

Grand Total \$ 13,526

Cost to print/bind 50 copies: \$1100.00

Section 4 – Table I
Licensing and Registration
(Number and type of credentials issued or renewed)
Selected Data from Part III of Individual Reports

Board or Program	Total # of Persons Licensed or Registered as of June 30, 2004	# of Licenses or Registrations Issued during FY 2004
Independent Boards		
<u>Behavioral Health and Therapy</u>	32	32
- licensed professional counselors	32	32
<u>Chiropractic (total)¹</u>	2,457	150
- chiropractors	2,457	150
<u>Dentistry (total)</u>	13,872	
- dentists	3,754	
- active specialty dentists	1	
- dental hygienists	4,089	
- registered dental assistants	6,028	
<u>Dietetics and Nutrition Practice (total)</u>	1,089	92
- dietitians	1,020	91
- nutritionists	62	1
<u>Marriage and Family Therapy (total)</u>	957	(2003/2004) 221
- licensed M&F therapists	800	123
- licensed associate M&F therapists	157	98
<u>Medical Practice (total)</u>	19,939	1,343
- physicians & surgeons	17,093	1,064
- athletic trainers	442	66
- physician assistants	804	86
- respiratory care practitioners	1,377	86
- acupuncturists	217	41
- traditional midwives	6	0
<u>Nursing (total)</u>	100,657	5,877
- registered nurses	67,928	4,421
- licensed practical nurses	22,718	1,456
- public health nurses	10,011	xxx
<u>Nursing Home Administrators (total)</u>	856	43
- nursing home administrators	856	43
<u>Optometry (total)</u>	913	1
- optometrists	913	
<u>Pharmacy (total)</u>	17,778	188
- pharmacists	6,279	
- technicians	6,631	
- pharmacies	1,517	
- wholesalers	813	
- manufacturers	236	
- medical gas distributors	41	
- controlled substance researchers	379	
- interns	868	
- preceptors	1,014	

Board or Program	Total # of Persons Licensed or Registered as of June 30, 2004	# of Licenses or Registrations Issued during FY 2004
<u>Physical Therapy (total)</u>	<u>3,443</u>	<u>211</u>
- physical therapists	3,443	211
<u>Podiatric Medicine (total)</u>	<u>183</u>	<u>9</u>
- podiatrists	183	9
<u>Psychology (total)</u>	<u>3,593</u>	<u>24</u>
- licensed psychologists	3,542	21
- licensed psychological practitioners	51	3
<u>Social Work (total)</u>	<u>9,816</u>	<u>779</u>
- licensed social workers	5,124	353
- licensed graduate social workers	1,119	240
- licensed independent social workers	742	25
- licensed independent clinical social workers	2,831	161
<u>Veterinary Medicine (total)</u>	<u>2,808</u>	<u>146</u>
- veterinarians	2,808	146
Department of Health		
<u>Alcohol and Drug Counselors (total)</u>	<u>1,368</u>	<u>(2003/2004) 395</u>
- alcohol and drug counselors	1,368	395
Office of Mental Health Practice	n/a	n/a
Office of Unlicensed Complementary and Alternative Health Care Practice (OCAP)	n/a	n/a

¹Includes active (2292) and inactive (165)

Section 4 – Table I
Licensing and Registration
(Number and type of credentials issued or renewed)
Selected Data from Part III of Individual Reports

Board or Program	Total # of Persons Licensed or Registered as of June 30, 2004	# of Licenses or Registrations Issued during FY 2004
Independent Boards		
<u>Behavioral Health and Therapy</u>	<u>32</u>	<u>32</u>
- licensed professional counselors	32	32
<u>Chiropractic (total)¹</u>	<u>2,457</u>	<u>150</u>
- chiropractors	2,457	150
<u>Dentistry (total)</u>	<u>14,435</u>	
- dentists	3,828	
- active specialty dentists	2	
- dental hygienists	4,340	
- registered dental assistants	6,245	
<u>Dietetics and Nutrition Practice (total)</u>	<u>1,082</u>	<u>92</u>
- dietitians	1,020	91
- nutritionists	62	1
<u>Marriage and Family Therapy (total)</u>	<u>957</u>	<u>(2003/2004) 221</u>
- licensed M&F therapists	800	123
- licensed associate M&F therapists	157	98
<u>Medical Practice (total)</u>	<u>19,939</u>	<u>1,343</u>
- physicians & surgeons	17,093	1,064
- athletic trainers	442	66
- physician assistants	804	86
- respiratory care practitioners	1,377	86
- acupuncturists	217	41
- traditional midwives	6	0
<u>Nursing (total)</u>	<u>100,657</u>	<u>5,877</u>
- registered nurses	67,928	4,421
- licensed practical nurses	22,718	1,456
- public health nurses	10,011	xxx
<u>Nursing Home Administrators (total)</u>	<u>856</u>	<u>43</u>
- nursing home administrators	856	43
<u>Optometry (total)</u>	<u>913</u>	<u>14</u>
- optometrists	913	
<u>Pharmacy (total)</u>	<u>17,778</u>	<u>268</u>
- pharmacists	6,279	
- technicians	6,631	
- pharmacies	1,517	
- wholesalers	813	
- manufacturers	236	
- medical gas distributors	41	
- controlled substance researchers	379	
- interns	868	
- preceptors	1,014	

Board or Program	Total # of Persons Licensed or Registered as of June 30, 2004	# of Licenses or Registrations Issued during FY 2004
<u>Physical Therapy (total)</u>	<u>3,443</u>	<u>211</u>
- physical therapists	3,443	211
<u>Podiatric Medicine (total)</u>	<u>183</u>	<u>9</u>
- podiatrists	183	9
<u>Psychology (total)</u>	<u>3,593</u>	<u>24</u>
- licensed psychologists	3,542	21
- licensed psychological practitioners	51	3
<u>Social Work (total)</u>	<u>9,816</u>	<u>779</u>
- licensed social workers	5,124	353
- licensed graduate social workers	1,119	240
- licensed independent social workers	742	25
- licensed independent clinical social workers	2,831	161
<u>Veterinary Medicine (total)</u>	<u>2,808</u>	<u>146</u>
- veterinarians	2,808	146
Department of Health		
<u>Alcohol and Drug Counselors (total)</u>	<u>1,368</u>	<u>(2003/2004) 395</u>
- alcohol and drug counselors	1,368	395
Office of Mental Health Practice	n/a	n/a
Office of Unlicensed Complementary and Alternative Health Care Practice (OCAP)	n/a	n/a

¹Includes active (2292) and inactive (165)

Section 4 – Table II
Complaints
Selected Data from Part IV of Individual Reports

Board or Program	Total # Complaints Received FY04	Complaints per 1,000 Regulated Persons	# of Open Complaints as of June 30, 2004	# of Complaints Closed in FY 2004
Independent Boards				
Behavioral Health and Therapy	0	0	0	0
Chiropractic	149	Not available	Not available	Not available
Dentistry	268	19	137	114
Dietetics and Nutrition Practice	1	.00	2	0
Marriage and Family Therapy	17		7	12
Medical Practice	941		372	940
Nursing	1,113	10.51	680	979
Nursing Home Administrators	124	144	13	111
Optometry	8	.00	3	9
Pharmacy	100	8	Not available	Not available
Physical Therapy	21	6.1	24	18
Podiatric Medicine	12	66	11	10
Psychology	122	33.95	195	138
Social Work	167	16	35	148
Veterinary Medicine	60	21	Not available	Not available
Department of Health				
Alcohol and Drug Counselors Program	54	39.96	157	26
Office of Mental Health Practice	34	17	44	32
Office of Unlicensed Complementary and Alternative Health Care Practice	18	5.94	37	6

* Some information unavailable due to programming revisions occurring at the time the information was collected and due.

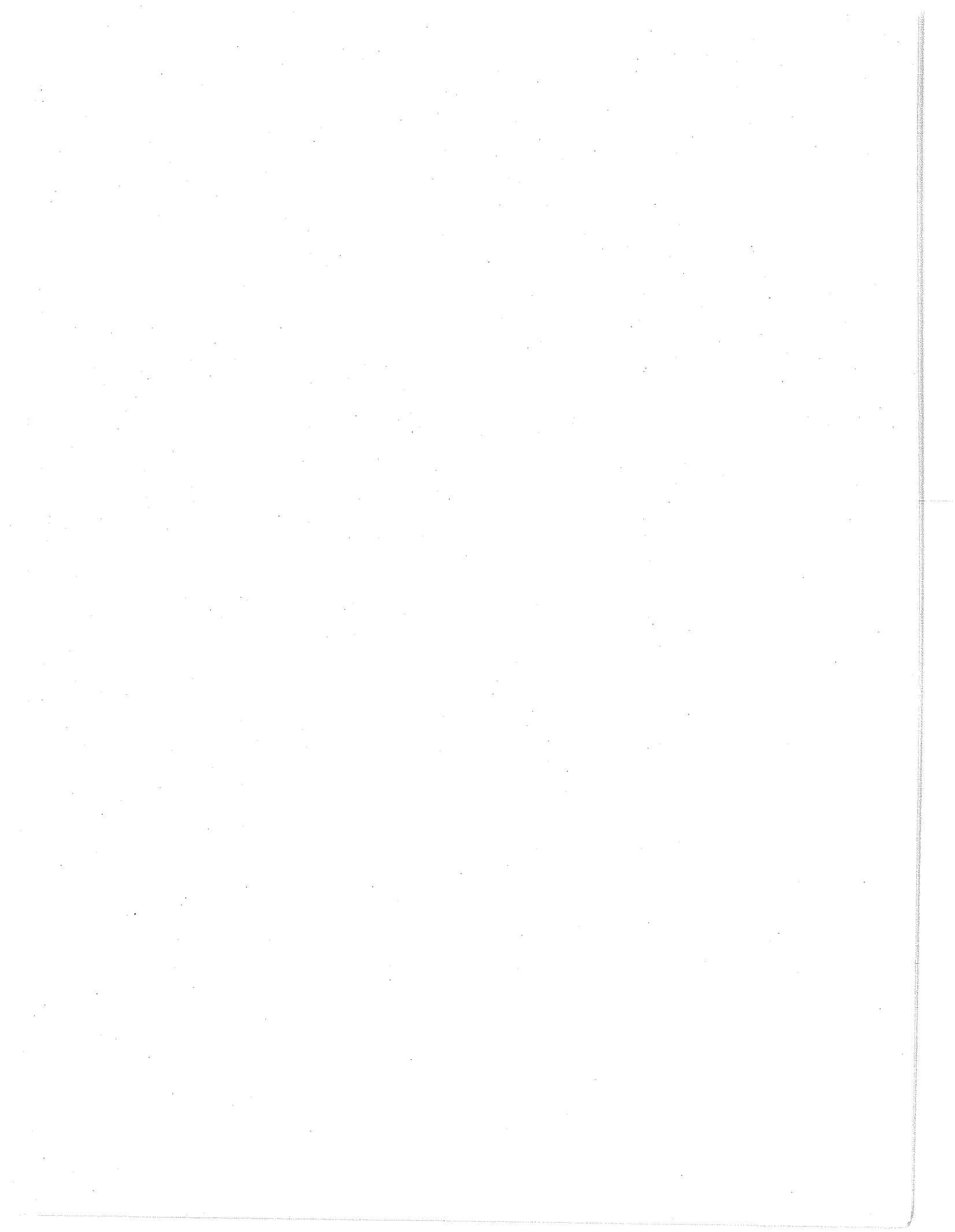
Section 4 – Table III
Boards' Members, Staff, and Budget
Selected Data from Part II of Individual Reports

Board or Program	Number of Board Members	Number of Board Employees (FTE)	Disbursements FY 2004	Annualized Renewal Fee
Independent Boards				
Behavioral Health and Therapy	13	3.5	\$133,176	\$200 ¹
Chiropractic - chiropractors	7	5	\$537,717.55	\$100
Dentistry - dentists - dental hygienists - registered dental assistants	9	10	\$1,105,393	\$155 \$ 50 \$ 35
Dietetics and Nutrition Practice - dietitians, nutritionists	7	0.75	\$71,334	\$ 75
Marriage and Family Therapy - licensed M&F therapists - licensed associate M&F therapists	7	1.5	\$118,000	\$125 \$ 75
Medical Practice	16	24	\$3,507,079	Fees Vary ²
Nursing - registered nurses - licensed practical nurses	16	28	\$3,068,270	\$ 85 \$ 85
Nursing Home Administrators - nursing home administrators	11	2	\$156,658	\$200
Optometry - optometrists	7	1	\$94,076	\$105
Pharmacy - pharmacists - wholesalers/manufacturers - pharmacies - other	7	10.5	\$1,040,167	\$105 \$105-180 \$165 \$ 20-50
Physical Therapy - physical therapists	9	2	\$239,432	\$ 60
Podiatric Medicine - podiatrists	7	0.5	\$64,307	\$300
Psychology - licensed psychologists - licensed psychological practitioners	11	8.8	\$772,333	\$500 \$250
Social Work - licensed social workers - licensed graduate social workers - licensed independent social workers - licensed independent clinical social workers	15	10.1	\$844,639	\$ 57.60 \$100.80 \$151.20 \$165.60

Section 4 – Table II
Complaints
Selected Data from Part IV of Individual Reports

Please note the following correction for this section:

Board of Dentistry
Number of Complaints Closed in FY 2004: 194



Board or Program	Number of Board Members	Number of Board Employees (FTE)	Disbursements FY 2004	Annualized Renewal Fee
Veterinary Medicine - veterinarians	7	1.75	\$212,675	\$100
Department of Health				
Alcohol and Drug Counselors Program Advisory Council members - alcohol and drug counselors	13	3.33	\$256,000	
Office of Mental Health Practice	n/a	1.75	\$102,454	n/a
Office of Unlicensed Complementary and Alternative Health Care Practice (OCAP)	n/a	1	\$1,304	n/a

¹Active

²Fees vary depending on profession regulated. This board regulates physicians, acupuncturists, athletic trainers, physician assistants, respiratory care practitioners, traditional midwives, and professional firms.

Section 4 – Table IV
Trend Data
Selected Data from Part V of Individual Reports

Board or Program	# Persons Licensed FY 2004	# Complaints Received FY 2004	# Complaints per 1,000 Licensees FY 2004	# Open Complaints as of June 30, 2004
Independent Boards				
Behavioral Health and Therapy - 2004	32	0	0	0
Chiropractic - 2004	2,457	n/a	n/a	n/a
- 2002	2,304	n/a	n/a	n/a
- 2000	1,966	133	68	36
- 1998	1,767	178	101	109
- 1996	1,615	96	96	204
- 1994	xxx	xxx	xxx	243
Dentistry - 2004	14,435	268	19	137
- 2002	13,667	234	17	139
- 2000	13,043	240	60	140
- 1998	12,417	179	45	153
- 1996	11,891	249	64	265
- 1994	11,418	283	73	282
Dietetics and Nutrition Practice* - 2004	1,082	1		2
- 2002	1,029	1	.01	1
- 2000	995	1	0	0
- 1998	953	2	0	0
- 1996	541	1	0	0
- 1994	n/a	n/a	n/a	n/a
Marriage and Family Therapy - 2004	957	17		7
- 2002	866	16		7
- 2000				
- 1998				
- 1996				
- 1994				
Medical Practice - 2004	20,015	941		372
- 2002	21,164	835		439
- 2000				
- 1998				
- 1996				
- 1994				

*Includes dietitians and nutritionists.

Board or Program	# Persons Licensed FY 2004	# Complaints Received FY 2004	# Complaints per 1,000 Licensees FY 2004	# Open Complaints as of June 30, 2004
Nursing				
- 2004	100,657	1,113	10.51	680
- 2002	87,595	944	9.02	468
- 2000	81,981	748	9.12	864
- 1998	79,120	742	9.38	xxx
- 1996	77,471	926	11.95	xxx
- 1994	75,595	1,020	13.49	xxx
Nursing Home Administrators				
- 2004	856	124	144	13
- 2002	859	100	117	4
- 2000	910	135	148	14
- 1998	935	40	43	xxx
- 1996	838	150	178	xxx
- 1994	xxx	xxx	xxx	xxx
Optometry				
- 2004	913	8	xxx	3
- 2002	914	10	.02	13
- 2000	846	16	xxx	3
- 1998	805	9	xxx	0
- 1996	822	5	xxx	0
- 1994	779	2	xxx	0
Pharmacy				
- 2004	12,910	100	8	24
- 2002	11,024	108	10	21
- 2000	9,495	75	8	13
- 1998	5,388	67	12	xxx
- 1996	5,185	90	17	xxx
- 1994	4,832	66	14	xxx
Physical Therapy				
- 2004	3,443	21	6.09	24
- 2002	3,269	21	6.42	18
- 2000	3,110	15	4.82	9
- 1998	2,877	20	6.95	15
- 1996	2,691	11	4.09	8
- 1994	2,591	6	2.32	17

Board or Program	# Persons Licensed FY 2004	# Complaints Received FY 2004	# Complaints per 1,000 Licensees FY 2004	# Open Complaints as of June 30, 2004
Podiatric Medicine				
- 2004	183	12	66	11
- 2002	168	7	41	5
- 2000	155	7	45	3
- 1998	142	7	49	3
- 1996	137	9	66	xxx
- 1994	128	13	101	xxx
Psychology				
- 2004	3,593	122	33.95	195
- 2002	3,673	151	39.22	255
- 2000	3,677	151	41.14	460
- 1998	3,652	194	53.15	449
- 1996	3,257	494	58.76	358
- 1994	3,036	236	77.88	313
Social Work				
- 2004	9,816	167	16	35
- 2002	9,703	123	12	56
- 2000	9,083	129	13	37
- 1998	9,783	173	18	136
- 1996	9,002	145	16	135
- 1994	8,693	159	18	161
Veterinary Medicine				
- 2004	2,808	60	21	
- 2002	2,779	46	17	13
- 2000	2,728	55	20	23
- 1998	2,658	47	18	26
- 1996	2,681	31	12	7
- 1994	xxx	xxx	xxx	xxx
Department of Health				
Alcohol and Drug Counselors Program				
- 2004	1,368	54	39.96	157
- 2002	1,340	90	0.067	88
- 2000	1,206	31	0.03	25
- 1998	65	0	0	0
- 1996	n/a	n/a	n/a	n/a
- 1994	n/a	n/a	n/a	n/a
Office of Mental Health Practice				
- 2004	n/a	34	17	44
- 2002	n/a	39	0.02	68
- 2000	n/a	66	0.03	101
- 1998	n/a	85	0.04	177
- 1996	n/a	73	0.03	169
- 1994	n/a	82	0.04	155

Board or Program	# Persons Licensed FY 2004	# Complaints Received FY 2004	# Complaints per 1,000 Licensees FY 2004	# Open Complaints as of June 30, 2004
Office of Unlicensed Complementary and Alternative Health Care Practice				
- 2004	n/a	18	5.94	37
- 2002	n/a	16	0.006	8
- 2001	n/a	1	0.004	1

Minnesota Board of Behavioral Health and Therapy

Biennial Report

July 1, 2002-June 30, 2004

For more information, contact:

Minnesota Board of Behavioral Health and Therapy

2829 University Avenue SE

Suite 210

Minneapolis, MN 55414

www.bbht.state.mn.us

Phone: (612) 617-2178

Fax: (612) 617-2187

Minnesota Board of Behavioral Health and Therapy

Biennial Report July 1, 2002 to June 30, 2004

I. General Information

A. Board Mission and Major Functions

Board of Behavioral Health and Therapy Mission

The mission of the Board of Behavioral Health and Therapy is to protect the public through effective licensure and enforcement of the statutes and rules governing the practices of professional counseling to ensure a standard of competent and ethical practice.

Board of Behavioral Health and Therapy Functions

The Board's functions are related to licensure and enforcement in accordance with the provisions of the Board of Behavioral Health and Therapy Practice Act. Its functions are to:

- Issue licenses to individuals who are qualified under sections 148B.50 to 148B.593;
- Resolve complaints received about licensees and applicants and make enforceable decisions regarding the future licensure of applicants and licensees who violate the Act.

The Board's functions are fulfilled by:

- Adopting and enforcing rules for the licensure of professional counselors;
- Adopting and enforcing rules for regulating the standards of practice and professional conduct of professional counselors;
- Adopting and enforcing rules for continuing education requirements for professional counselors;
- Adopting and implementing rules for examinations to assess applicants' knowledge, skills and qualifications for licensure;
- Issuing licenses to applicants qualified under sections 148B.50 to 148B.593;
- Issuing copies of the rules for licensing to all applicants;
- Establishing and maintaining a register of current licensees and approved supervisors;
- Establishing and collecting fees for the issuance and renewal of licenses and other services by the board; and
- Educating the public about the requirements for licensing of professional counselors and about the rules of conduct and assisting the public in filing complaints against applicants or licensees who may have violated the Board's Practice Act.

The Board employs the following key service strategies to carry out its functions:

- Review applicants' education and training for compliance with board requirements for licensure;
- Review education and training of supervisors of professional counselors to ensure compliance with requirements;
- Require and approve continuing education for licensees;
- Accept and investigate complaints from the public (including other licensees) and other state agencies which allege violations of the Board's Practice Act.

B. Major activities during the biennium:

The following major activities were accomplished during the biennium:

- The Board was created on July 1, 2003. Board members were appointed by the Governor, and in December of 2003 it held its first Board meeting.
- The Board established the following committees: Policy and Rules, Legislative, Application and Licensure, Personnel, Transition and Executive.
- The Board hired an Executive Director and support personnel.
- The Board created an application for licensure and began issuing licenses to qualified applicants for licensure as professional counselors on June 1, 2004.
- The Board created a web site to educate and inform the general public, applicants, and licensees about licensure. All of the Board's printed materials and forms may be downloaded from the site <http://www.bbht.state.mn.us>.
- The Board began drafting proposed rules for Licensure and Renewals, Professional Conduct, and Continuing Education.
- In conjunction with the Board of Marriage and Family Therapy, prepared a report to the Minnesota Legislature regarding merger of the two boards.
- Began working with the Minnesota Department of Health to plan for the transition of the licensure of Alcohol and Drug Counselors to the Board.

C. Emerging issues regarding regulation of Licensed Professional Counselors:

As the Board enters its first full biennium, it will be confronted with a number of pressing issues which it will need to address immediately. These include:

- Promulgation of rules pertaining to professional conduct, licensure and renewals, and continuing education.
- The transfer of the licensing and regulation of alcohol and drug counselors from the Minnesota Department of Health to the Board by July 1, 2005.
- In conjunction with the other health-related licensing boards, create a solution for the ongoing regulation of unlicensed mental health practitioners.

II. Board's Members, Staff, and Budget

A. Board composition

Pursuant to Minnesota Statutes section 148B.51, the Board is required to have thirteen members who are appointed by the Governor for four-year terms. Five of the members shall be professional counselors licensed or eligible for licensure under sections 148B.50 to 148B.593. Five of the members are to be alcohol and drug counselors licensed under chapter 148C. Three of the members shall be public members as defined in section 214.02. The names of the persons holding the seats as of June 30, 2004 are as follows:

Catherine A. Cullen-Benson, Professional Member (LADC)
Oakdale, MN

Freddie Davis-English, Public Member
Plymouth, MN

Maria DuPree, Professional Member (LADC)
Buffalo, MN

Patricia O. Fogal, Professional Member (LPC)
Duluth, MN

Douglas Q. Frisk, Public Member
New Brighton, MN

Judi Gordon, Professional Member (LADC)
St. Paul, MN

Kaarin Long, Public Member
St Paul, MN

Kristen L. Piper, Professional Member (LPC)
St Louis Park, MN

Duane Reynolds, Professional Member (LADC)
New Hope, MN

Walter B Roberts, Jr., Professional Member (LPC)
North Mankato, MN

Nicholas Ruiz, Professional Member (LPC Eligible)
Inver Grove Heights, MN

Karen Stokes, Professional Member (LADC)
Bemidji, MN

Colin Ward, Professional Member (LPC Eligible)
Winona, MN

B. Employees

The Board has 3.5 full-time equivalent positions. They are a full-time executive director, a full-time licensing coordinator/office manager, a full-time communications coordinator and a half-time administrative specialist.

C. Receipts, disbursements, and major fees assessed by the Board

The Board received appropriations from the state government special revenue fund in the amount of \$350,000 per year for FY2003 and FY2004 for start-up costs.

Item	FY 2003	FY 2004
Receipts	\$0	32,000
Direct Disbursements	0	133,176

Fee	Amount
Application for licensure	250
Annual Renewal Fee (LPC)(Active)	200
Annual Renewal Fee (LPC)(Inactive)	100
Late Renewal Fee	100
Board Order Copy	10
License Verification	10
Duplicate Certificate Fee	10
Professional Firm Renewal Fee	25
Initial Registration Fee	50
Annual Registration Renewal Fee	25

III. Licensing Numbers

A. Persons licensed as of June 30, 2004:

Licensed Professional Counselors	32
----------------------------------	----

B. New licenses issued during the biennium:

Licensed Professional Counselors	32
----------------------------------	----

IV. Complaints

A. Complaints received:

Item	FY 2003	FY 2004
Complaints received	0	0

B. Open complaints as of June 30, 2004:

Item	FY 2003	FY 2004
1. Complaints open	0	0
2. Open more than 3 months	n/a	n/a
3. Open more than 6 months	n/a	n/a

C. Open complaints as of June 30, 2004:

Item	FY 2003	FY 2004
1. Number closed	n/a	n/a

Minnesota Board of Chiropractic Examiners

Biennial Report

July 1, 2002-June 30, 2004

For more information, contact:

Minnesota Board of Chiropractic Examiners

2829 University Avenue SE

Suite 300

Minneapolis, MN 55414

www.chiroboard.state.mn.us

Phone: (612) 617-2222

Fax: (612) 617-2224

Minnesota Board of Chiropractic Examiners
Biennial Report
July 1, 2002 to June 30, 2004

I. General Information

Cost of preparing this report

Pursuant to Minnesota Statute § 3.197 (1998), costs incurred in the preparation of this report must be reported. The Minnesota Board of Chiropractic Examiners (MBCE) estimates the cost of preparing this report to be \$1250.00.

A. Board mission and major functions

Mission

The mission of the Minnesota Board of Chiropractic Examiners (MBCE) is to protect the public through effective licensure and enforcement of the statutes and rules governing the practice of chiropractic to ensure a standard of competent and ethical practice in the profession.

Functions

The MBCE carries out activities authorized by Minnesota statutes and rules (licensing and/or enforcement) by collecting and storing licensure, educational and disciplinary data on approximately 3658 persons licensed as doctors of chiropractic as of June 30, 2004. Maintaining this information involves interaction with a myriad of stakeholders including applicants, licensees, educational institutions, attorneys, many other state agencies and health related licensing boards, national and federal information systems, and a national examination service.

Steps taken to successfully accomplish this mission include the following:

- **Enforcing standards and required knowledges, skills and abilities required for initial and continuing licensure**
 - Setting licensure renewal requirements through the rules process
 - Setting standards of conduct and a basis for disciplinary action through the rules process
 - Amending MBCE rules to address critical issues of public health and chiropractic regulation (for example, professional boundaries, continuing education, etc.)
 - Maintaining a list of continuing education sponsors and classes approved for continuing education credit
 - Reviewing and approving continuing education programs submitted by sponsors or individuals to determine if they meet requirements
 - Reviewing individual applicant/licensee documentation of completion of requirements for initial and continuing licensure
 - Regular contact with chiropractic students, school administrators, chiropractic associations and the public in the form of a semi-annual newsletter, maintaining a board web site (www.mn-chiroboard.state.mn.us), and by having public consumer board members assisting with overseeing the operations of the Board

- **Operating an agency which utilizes human and fiscal resources efficiently and effectively**
 - Maintaining a database of information about licensees, applicants, and registrations regarding the practice of chiropractic and sharing that information with the public as permitted by statute
 - Maintaining modern regulatory procedures by interacting with the statewide accounting system, the national examination service, and in excess of fifty (50) other boards of chiropractic
 - Providing information about licensees in response to inquiries received from the public or any public or private entity
 - Providing information to the public about where they can find answers to concerns related to chiropractic care, including information about whether persons are licensed with the board and whether they have had disciplinary action taken against their licenses in the past
 - Providing credentialing services related to approximately 2000 active chiropractic licenses annually
 - Providing to the public free copies of disciplinary orders via the board's web site
- **Complaint Investigation and Resolution**
 - Responding to inquiries, complaints and reports from the public and other health care regulators regarding licensure and conduct of licensees
 - Accepting complaints and reports from the public, health care providers, and regulators
 - Reviewing, investigating and determining jurisdiction and whether and what type of action to pursue for resolution
 - Seeking information directly from the licensee, patients, or other affected party
 - Securing investigation and fact finding information from other agencies in response to complaints or inquiries
 - Referring inquiries and complaints to other investigative, regulatory or assisting agencies when matters are outside the MBCE's jurisdiction
 - Responding to complainants and agency reports by informing the complainants/agencies of action taken to resolve their complaints while observing provisions of the data practices act regarding the legal status of data obtained during the course of an investigation and disciplinary proceeding
 - Holding conferences with licensees to identify their role and responsibility in a matter under investigation
 - Providing applicants and licensees education to improve practice and prevent recurrence of problems
 - Obtaining, whenever possible, voluntary agreement to disciplinary action or pursuing disciplinary action via the administrative courts when necessary
 - Coordinating disciplinary actions with civil and criminal court proceedings to conserve use of staff time and financial resources

B. Major activities during the biennium

The board accomplished the following major activities during the biennium:

- Review and revision of the board statutes to delete obsolete provisions and clarify others.
- Review and revision of board rules to delete obsolete provisions, or clarify items that had proven difficult to administer.
- Collaborate to develop and endorse positive changes in chiropractic licensing at the national level.
- Continues to use computer software to track information about the board and its various functions for access by the public, applicants for licensure and licensees of the board. The software provides information useful to other sites in state and federal government regarding active licensees, as well as the names and dates of licensees who have been disciplined in the past including the details about that discipline.
- Continues to enhance information on the board's web site to provide new information about the board and its various functions for access by the public, applicants for licensure and licensees of the board. The site provides links to other sites in state and federal government to help persons interested in finding appropriate information and to inform them of how to pursue complaints or concerns about care received. The MBCE web site also lists currently active licensees, as well as the names and dates of licensees who have been disciplined in the past and contains full text of disciplinary orders.
- Revised the multiple versions of the take-home jurisprudence exam to preserve testing integrity and improve application access for applicants.
- Investigated and reported disciplinary action to a national disciplinary database coordinated with the federal Health Integrity Protection Data Bank.
- Conducted regular staff meetings to coordinate internal administration and procedures.
- Conducted regular board and committee meetings to proactively guide and administer the responsibilities designated to the Board by statute and rule.

All of the functions listed above are supported by the database maintained at the MBCE. The infrastructure that contains this database runs in an SQL environment on hardware that is shared in a collaborative environment with 16 other health related licensing boards. This system has evolved into a format that continues to operate in conjunction with Electronic Government Services and other additional web-interactive capabilities. The net effect is increased user self-service of the public information maintained by the MBCE, as well as increased self-service for licensees/registrants through online license/registration renewal transaction processing.

C. Emerging issues regarding regulation of chiropractors

Emerging issues regarding regulation of chiropractors continues to fall into three major areas: inter-jurisdictional mobility, technology, and fraud investigation. The MBCE plans to continue addressing these issues in the coming biennium by refining the implementation of rules relating to inter-jurisdictional mobility (i.e., license transfer), and enforcement of statutes regarding pursuit of patients through the use of overly coercive tactics. The full impact of these issues regarding the regulation of chiropractors is unknown at this time and has been impacted by recent court decisions in Minnesota regarding *Pietsch* and *Thompson*.

An additional issue which will affect the expenditures of the Board is the end of the contract with the online payment company EzGov and compliance with the Governor's Drive to Excellence Plan. These changes may involve expenditure of funds to modify computer

programs, ensure continued collaboration with the 16 other health related licensing boards, and other goals which are not fully defined at this time.

II. Board's Members, Staff, and Budget

A. Board composition

Minnesota Statute § 148.03 requires the board to have 7 members (2 public members and 5 professional members from a variety of educational institutions). The Governor appoints these members for staggered four-year terms. The names of persons holding the seats as of June 30, 2004 are as indicated below.

Name/Address	Position/End of Term
ROSEMARY KASSEKERT 952 W. Idaho St. Paul, MN 55117	ADMINISTRATIVE OFFICER/ PUBLIC MEMBER January 2005
TERESA L. MARSHALL, D.C. (Northwestern College of Chiropractic) 31 Navaho Avenue Mankato, MN 56001	PROFESSIONAL MEMBER January 2006
LEROY F. OTTO, D.C. (Palmer College of Chiropractic) 127 South High Street Lake City, MN 55041	VICE PRESIDENT January 2007
JOAN PATALONIS 2560 Manitou Lane White Bear Lake, MN 55110	PUBLIC MEMBER January 2007
GARY PENNEBAKER, D.C. (Palmer College of Chiropractic) 8140 Flying Cloud Drive, #201 Eden Prairie, MN 55344	PRESIDENT January 2008
MARK O. REEVE, D.C. (Logan College of Chiropractic) 308 Fourth Avenue NW Austin, MN 55912	PROFESSIONAL MEMBER January 2005
HOWARD A. FIDLER, D.C. (Cleveland Chiropractic College KC) 4415 Excelsior Blvd St. Louis Park, MN 55416	PROFESSIONAL MEMBER January 2008

B. Employees

The board has five full-time equivalent positions. Minnesota Statute Chapter 214 authorizes these positions. The positions are currently filled by a full-time executive director, a full time office manager/administrative assistant, a full-time licensing coordinator, a full-time health program representative (investigator) and a full-time continuing education coordinator/general support person. Additional staff was employed to fill temporary vacancies due to a military service leave and a medical leave. The names of current and former MBCE staff during this biennium are as follows:

Employee's Name	Job Classification	Dates of Employment
BLANSKI, LORI	Office Administrative Specialist	3/12/2001 to present
BURBEY, JOHN	Office Administrative Specialist	07/21/1999 to present
DORFF, KAREN E.	Office Services Supervisor I	11/10/1999 to present
KING, MICHELLE T.	Health Program Representative	07/02/1990 to present
OSMAN, SUSAN E.	Temp. Health Program Representative	4/8/03 to 3/20/04
SPICER, LARRY A.	Executive Director	01/06/1993 to present

(Note: For past employees, dates of employment represent date of first hire to date of termination, but may not reflect all lower classifications served during their time with the MBCE.)

In an effort to creatively alleviate a budgetary shortfall, staff was temporarily reassigned on a part-time basis to assist in the start up of the new Board of Behavioral Health and Therapy from December 2003 to May 2004.

C. Receipts and disbursements and major fees assessed by the board

A summary of the financial activity of the MBCE is as follows:

Item	FY2003	FY2004
Receipts	609180.69	616066.64
Disbursements	778391.46	537717.55

A list of specific rates charged during the biennium is as follows:

Fee	Amount
ACTIVE FEE	\$200.00
ACUPUNCTURE FEE	\$100.00
ACUPUNCTURE RENEWAL	\$50.00
APPLICANT	\$250.00
BOARD ORDERS	\$10.00
CE UPDATE	\$10.00
COPIES (per page)	\$0.25
DISCIPLINARY FEE	\$100.00
DUPLICATE LICENSE	\$10.00
FIRM - INITIAL	\$100.00
FIRM - RENEWAL	\$25.00
IE FEE	\$150.00
IE RENEWAL	\$100.00
INACTIVE FEE	\$150.00
INACTIVE REINSTATE	\$100.00
LATE FEE	\$150.00
LAWBOOKS	\$10.00
LETTER OF STANDING	\$10.00
LICENSE VERIFICATION	\$10.00
LISTS - COMPLETE	\$100.00
LISTS - PARTIAL	\$10.00
MAILING LABELS - PARTIAL	\$15.00
MAILING LABELS -COMPLETE	\$150.00
N.S.F. CHECK	\$0.00
N.S.F. SERVICE CHG	\$25.00
OTHER	\$3.00
PEER REVIEW	\$100.00
PRECEPTORSHIP FEE	\$100.00
PRIOR LATE FEE	\$300.00
PRIOR RENEWAL	\$200.00
REFUND FEE	\$0.00
REGRADE FEE	\$30.00
REVENUE REFUND	\$0.00
SEMINAR FEE	\$100.00
SPONSORSHIP FEE	\$500.00
TRANSFER	\$250.00
VOL RETIRED REINSTAT	\$100.00
WALL CERTIFICATE FEE	\$10.00
ONLINE RENEWAL FEES	Various ¹

¹ This figure is in the neighborhood of 1.85% of the renewal fee applied to; for 2003-4 season the exact amounts of the online renewal fees were: Active DC \$3.70; Inactive DC \$2.78 and Firm \$.50. In 2003 Acupuncture and Independent Examiner registration online renewal fees were set at \$3.50 to more closely meet the full/actual daily charges for credit card processing due to the limited number of users available to use the system. These fees do not impact the board's budget as they are passed through directly to the credit card processing vendor and a reduction is anticipated for FY 2005-6 due to increased usage and the requirement to remain revenue neutral.

III. Licensing and Registration

A. Persons licensed or registered

Chiropractors are authorized to practice in Minnesota only when maintaining an Active status license. Licensees may place their license in an Inactive, Voluntarily Retired, or Emeritus status when they no longer intend to practice in Minnesota. Other statuses, such as Terminated, Revoked, or Suspended may be imposed for non-renewal or disciplinary reasons. In addition to the above, a status of Deceased is also tracked in the database. Active and Inactive status licensees have the most interaction with the Board and account the following level of database entries/renewal activity:

Persons Licensed with Status of	As of June 30, 2003	As of June 30, 2004
Active	2241	2292
Inactive	178	165
Total	2419	2457

Active and Inactive licensees maintain registrations with the Board as follows:

Registrations	As of June 30, 2003	As of June 30, 2004
Acupuncture	565	607
Professional Firms	381	409
Independent Examiners	82	77
Graduate Preceptors	38	39
TOTAL REGISTRATIONS	1066	1132

B. New licenses issued during biennium

The numbers of new chiropractic licenses issued in the biennium are as follows:

FY	By Exam	By Transfer	Total
2003	177	8	185
2004	141	9	150

C. New registrations (acupuncture, corporation, graduate preceptor (GPP), or independent examiner) issued during biennium

The numbers of new registrations issued in the biennium are as follows:

FY	Acupuncture	Corporation/ Firm	GPP	Independent Examiner	Total
2003	51	57	19	11	138
2004	65	48	13	12	138

IV. Complaints

A. Complaints received

The MBCE regulates only one occupation—chiropractors. The following numbers all pertain to licensed chiropractors in the 2 previous bienniums. Numbers were not available for the FY2001 – 2002 biennium due to programming revisions underway at the time the information was being gathered. That information along with the current biennial information is provided below.

ITEM	FY 2001	FY 2002	FY 2003	FY 2004
1. COMPLAINTS RECEIVED (1 per DC/complainant)	**	**	**	**
2. COMPLAINTS PER 1000 REGULATED PERSONS	**	**	**	**
3. TOTAL COMPLAINTS (actual numbers of allegations will not match the number of complaints received as many complaints consist of more than one allegation; i.e., 1) application disclosure and 2) disciplinary action taken in another state, or 2) poor recordkeeping and 2) billing for services not rendered)	142	198	171	149
BY TYPE BREAKDOWN: (may be multiple per DC/CP)				
A. Acupuncture Violations	**	0	0	2
B. Physical or Mental Disability	**	1	1	0
C. Advertising (7 categories)	**	48	25	30
D. Aiding and Abetting an Unlicensed Practice	**	1	3	3
E. Application Disclosure	**	0	5	16
F. Billing Dispute	**	2	3	4
G. Conviction of a Crime/Misdemeanor	**	13	4	9
H. Delegating professional responsibilities to unqualified	**	5	1	1
I. Discipline in Another State or Jurisdiction	**	3	1	1
J. Exercising Influence over a Patient to exploit Gain	**	21	15	12
K. Failure to report or cooperate with Board Investigation	**	0	1	1
L. Fraud in applying for a license	**	0	1	2
M. Graduate Preceptorship Program violation	**	1	2	1
N. Gross or Repeated Malpractice	**	22	8	14
O. Habitual Intemperance in the Use of Alcohol or Drugs	**	2	10	9
P. HPSP report of non-compliance	**	1	2	3
Q. Improper Maintenance of Records (4 categories)	**	15	7	18
R. Independent Examiner false or unfounded, unprofessional, etc.	**	5	8	3
S. Other, non-jurisdictional, not a Chiropractic Statute/Rule	**	10	4	8
T. Petition for Termination of Action	**	2	4	1
U. Practice Outside the Scope of Chiropractic	**	3	3	5
V. Practice Under a False or Assumed Name	**	2	2	0
W. Practice w/o a License	**	6	4	6
X. Professional Corporation Registration Violation	**	1	1	1
Y. Recordkeeping	**	3	14	6
Z. Revealing privileged communication	**	1	0	1

AA. Splitting fees, Paying a Commission or Accepting a Rebate	**	13	21	1
BB. Unable to Practice w/reasonable Skill/Safety to the Public	**	14	5	8
CC. Unprofessional Conduct (general)	**	0	3	4
DD. Unprofessional Conduct, billing: unconscionable fee, for services not rendered, threatening, dishonest, fraud, etc.	**	27	46	23
EE. Unprofessional conduct, gross ignorance or incompetence	**	1	2	2
FF. Unprofessional conduct, performing unnecessary services	**	0	2	3
GG. Unprofessional conduct, sexual	**	5	13	8
HH. Violation of a Lawful Order of the Board	**	4	4	5

**These numbers were unavailable at the time this report was compiled.

B. Open complaints on June 30

The following is a summary of the length of time complaints were open during the previous biennium. Numbers were not available for the FY2001 – 2002 biennium due to programming revisions underway at the time the information was being gathered.

ITEM	FY19 99	FY 2000	FY 2001	FY 2002	FY 2003	FY 2004
1. Complaints Open:	64	21	**	**	**	**
2. Open Less Than 3 Months	9	19	**	**	**	**
3. Open 3 to 6 Months	40	45	**	**	**	**
4. Open 6 to 12 Months	27	1	**	**	**	**
5. Open More Than 1 Year	25*	1	**	**	**	**

*Regarding the 25 complaints open more than one year in FY1999, 17 of these complaints were related to one doctor.

**These numbers were unavailable at the time this report was compiled.

C. Closed complaints on June 30

The following summarizes how complaints were closed during the two previous bienniums. Numbers were not available previously for the FY2001 – 2002 biennium due to programming revisions underway at the time the information was being gathered.

Fiscal year	2001	2002	2003	2004
Number of complaints received in the fiscal year	142	198	171	149
Disposition type				
Closed, insufficient evidence	48	78	55	48
Closed, no violation	8	11	4	4
Non-jurisdictional	21	26	15	10
Referred	3	13	15	1
Violation resolved	37	44	41	34
Violation, warning	0	3	5	7
Unable to pursue (no waiver or no contact info)	12	5	2	2
Disciplinary action * (cases closed by action)	7	8	13	14
Actual number of disciplinary actions taken	4	4	4	6
Corrective Action Agreement * (cases closed by CAA)	3	2	2	0
Actual number of Corrective Action Agreements	1	1	2	0
Voluntarily Surrender license	0	1	0	2
Granted unconditional license	0	1	2	0
Revoked for taxes	3	0	1	0
Reinstate from discipline w/probation	0	1	1	1
Complaints closed **	142	192	157	114

*Note 1: A single disciplinary or corrective action may close more than one complaint. Also, cases are counted by the date received, but disciplinary actions are counted by date of the action, which may be in a different fiscal year than the date the complaint was received. So numbers may not total the same.

**Note 2: Some cases remain open from all three fiscal years.

FY 2001 = 7-1-00 to 6-30-01

FY 2002 = 7-1-01 to 6-30-02

FY 2003 = 7-1-02 to 6-30-03

FY 2004 = 7-1-03 to 6-30-04

V. Trend Data as of June 30

The following is a summary of activity by the board for recent years.

Year	A. Persons Active Licensed	A. Persons Inactive Licensed	B. Complaints	C. Complaints Per 1,000 Licensees	D. Open Cases
2004	2292	165	These numbers were unavailable at the time this report was compiled.		
2003	2241	178			
2002	2118	184	Numbers were not available for the FY2001 – 2002 biennium due to programming revisions underway at the time the information was being gathered		
2001	1987	185			
2000	1966	202	133	68	unknown
1999	1874	191	119	64	unknown
1998	1767	201	178	101	unknown
1997	1625	201	148	90	unknown
1996	1615	206	158	96	unknown
1995	unknown	unknown	147	unknown	unknown
1994	unknown				
1993	unknown				
1992	unknown				
1991	unknown				

Note: For years 1995-1991 the old computer system is unable to maintain historical statistical data. Regarding open cases in the years 1996 to present, that information is not easily calculated in the manner requested.

Minnesota Board of Dentistry

Biennial Report

July 1, 2002-June 30, 2004

For more information, contact:

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Minnesota Board of Dentistry

BIENNIAL REPORT*

July 1, 2002 to June 30, 2004

I. GENERAL INFORMATION

A. Board Mission and Major Functions

Mission: "To ensure that Minnesota citizens receive quality dental care from competent dental health care professionals"

Major Functions

I. Licensure and Registration

- Establish minimum standards for entry to the professions of dentistry, dental hygiene and registered dental assisting
- Provide initial licensure of dentists and dental hygienists and registration of dental assistants who meet the minimum requirements for entry to the profession; applications must include successful completion of the National Dental Board Examination or the National Dental Hygiene Board Examination, successful completion of a clinical examination, and other requirements
- Design the Minnesota Dental Assistant Registration Examination (which is administered by an outside entity; successful completion of this exam is required prior to registration)
- Design and administer the Minnesota Jurisprudence Examination (successful completion of which is required of all applicants prior to licensure/registration)
- Provide annual renewal of licenses and registrations for the approximately 15,000 dental professionals regulated by this Board
- Provide an objective, rule-based, timely process of licensure-by-credentials for dentists and dental hygienists who are licensed in other jurisdictions; similarly, provide a process of curricula and credentials review for dental assistants seeking Minnesota registration
- Provide official affidavits of licensure and verification of licenses and registrations for individuals, institutions, third party payers, and others.
- Establish licensure considerations for international (foreign-trained) applicants seeking dental licensure, and ensure that those individuals who are granted licenses have educations that are equivalent to or greater than graduates of accredited US and Canadian programs.

*Pursuant to Minnesota Statute 3.197, the cost of preparing this report was approximately \$500 (staff time).

II.a. Complaint Resolution

- Respond to the public's questions about how to file complaints against dental professionals regulated by the Board; provide information to the public via the Internet about the complaint resolution process
- Maintain a computer tracking record of 100% of all complaints filed with the Board
- Investigate 100% of all jurisdictional complaints filed with the Board against dental professionals regulated by the Board. Investigations are conducted by Board staff, contracted consultants, and by investigators from the Attorney General's Office.

Complaint resolution steps include:

1. Letter of Inquiry to the licensee/registrant;
2. Informational Conference with the licensee/registrant and one of the Board's two Complaint Committees; or
3. Disciplinary Conference with the licensee/registrant (and their legal counsel); legal counsel from the Attorney General's Office (representing the Complaint Committee), and one of the two Complaint Committees of the Board.

Dispute resolution methods to arrive at equitable settlements are used in order to avoid prolonged, costly litigation--without compromising public protection from unsafe dental practitioners. Mediation and contested case hearings with the Office of Administrative Hearings are occasionally used to resolve disputes.

- Take corrective or disciplinary action when warranted, pursuant to statute and rule.
- Disseminate appropriate information to the public, dental professionals and national databases accurately and in a timely manner. The full texts of recent Stipulations and Orders are available on demand on the Board's web site.
- The Board's two Complaint Committees meet jointly throughout the year to calibrate for consistency across the committees.

II.b. Tracking Compliance with Corrective Actions and Disciplinary Orders

- All licensees/registrants currently under an Agreement for Corrective Action or a Stipulation and Order are tracked regarding compliance. Non-compliance is reported to the appropriate Complaint Committee, which could result in further disciplinary action.
- General reports are generated and disseminated at public Board meetings regarding Complaint Committee meetings and activities (protecting confidential and private data).

III. Professional Development/Continuing Dental Education

- Establish professional development requirements as a measure of continuing competence.

Newly adopted (to become effective January 1, 2005)...

- Require all Minnesota regulated dental professionals to maintain a minimally acceptable Professional Development Portfolio
- Require all Minnesota regulated dental professionals to complete a self-assessment in their biennial Professional Development cycles
- Require all professionals to be current in a healthcare CPR course
- Require all Minnesota regulated dental professionals to complete professional development activity in two of the established core competency subject areas per biennium
- Review portfolios randomly selected for audit

IV. Professional Firms

- Register dental professional firms upon initial application and annually renew those registrations (approximately 837 per year).

V. Dissemination of Public Information

- Maintain a Board web site to provide information on such topics as (1) how to file a complaint; (2) names of dentists, dental hygienists and registered dental assistants who have had disciplinary actions taken against their license/registration; (3) current Board-approved continuing dental education sponsors; (4) statutes and rules relating to dental practice in Minnesota; (5) the Health Professional Services Program (HPSP); (6) calendar of Board and Committee meetings; etc.
- Maintain official records and minutes of public Board and committee meetings; provide copies of public data upon request.
- Mail meeting notices and rulemaking notices upon request
- Publish and distribute a quarterly Board newsletter

VI. Legislation and Rulemaking (Policy)

- Periodically review and update statutes and rules relating to dental practice in Minnesota
- Act as an objective resource to the legislature with regard to public protection through regulation of the dental professions
- Respond in a timely manner either to support, remain neutral or oppose pending legislation initiated by entities other than the Board

B. Major Activities During the 2002-2004 Biennium

Major activities engaged in by the Board of Dentistry have included:

- The Board's "Continuing Education/Professional Development Task Force" continued to meet several times a year. The Board has worked to make significant, positive changes in its rules related to continuing education to shift the responsibility for keeping track of professional development activities to each individual dental professional. The Minnesota Board of Dentistry was the first state to mandate continuing dental education credits in order to renew licensure or registration, and it adopted rules changes to begin in 2005 that will allow the Board to remain proactive and efficient with regard to professional development of dental health care personnel.
- The Board has delegated the responsibility to review international dental applications to the Credentials Committee. The Committee has been reviewing applications on a case by case basis while it has been gaining the experience to establish licensure guidelines. Formal rules will be proposed after the Committee and the Board have developed a process that can confidently be standardized for all applicants.

- Recent legislation requires licensees and registrants to report fellow dental professionals who are believed to have a mental, physical, or chemical dependency problem to the Health Professionals Services Program (which is confidential), or to the Board. Mandatory reporting of impaired practitioners will help to secure assistance for dental practitioners in need of care, while protecting the public from those who may be unsafe to practice.
- The Board has implemented many of the recommendations from the 2000 strategic plan, a document which provides the framework for providing improved services to the public and to licensees.
- A Board web site is being maintained by Board staff, providing public information in a timely manner. The web site (www.dentalboard.state.mn.us) now offers on-line renewals, license verification, and other interactive features.
- The Board officially supported proposed legislation that would change the credential of "registration" to "licensure" for dental assistants. Proposed legislation did not pass, but will continue to be supported by the Board when it is reintroduced.
- The Board continued to use two complaint committees to ensure prompt processing of complaints filed against regulated dental professionals. Those two committees held a total of 24 individual meetings during the biennium, as well as 8 joint meetings.
- The Board has had a representative serving on the Department of Human Services' Dental Access Advisory Committee, and has participated in access forums presented by the Minnesota Association of Community Dentists and other groups. The Board has also had representatives involved with the Oral Healthcare Solutions Project, hoping to improve access to dental services statewide.
- The Board remodeled its offices to accommodate identified needs. The Board has restructured allocation of personnel to create the position of Licensing and Professional Development Administrator, and has hired a Legal Analyst to better meet the increasingly complex needs of the licensing and disciplinary processes.

C. Emerging Issues Regarding Regulation of Dental Professionals

- Ensuring access to dental health services for all Minnesota citizens remains an issue that the Board is exploring ways to address. The Board has been working with many government organizations, community groups and professional associations to address access from a regulatory perspective.
- Exploring more contemporary methods of tracking continuing dental education credits earned by regulated dental professionals is an area to which the Board has devoted a great deal of time during the biennium. The Board has used a "card system" for at least the past 20 years which is proving to be inefficient. Many other states rely on a self-reporting system in

conjunction with random auditing. Changing the existing, long-established system will require time, effort, and education of licensees to achieve acceptance of a different tracking method. Recently adopted rule changes will recognize CDE as a component within the broader scope of professional development, and identify core competency areas for focused training.

- Rulemaking has been initiated to expand the scope of practice (allowable duties) for hygienists and registered dental assistants. The proposed rules would also change the level of supervision required for various procedures.
- Providing easy and timely access to accurate public data is an area that the Board is committed to by upgrading its computer database, software and hardware. The Board continues to make its web site increasingly interactive, including on-line renewals, license verifications, and disciplinary tracking.

II. BOARD MEMBERS, STAFF AND BUDGET

A. Board Composition

The Board is statutorily required to have five licensed dentists, one licensed dental hygienist, one registered dental assistant and two consumer members, all of whom must be appointed by the Governor. Each member is appointed for a four-year term, and may be re-appointed to serve a second four-year term.

As of June 30, 2004, the following were members of the Board:

<u>Board Member</u>	<u>2004 Officer</u>	<u>Residence</u>	<u>Term Expires</u>
Susan Gross, DDS.		Plymouth, MN	2005
Nadene Bunge, DH	Secretary	Rochester, MN	2005
Freeman Rosenblum, DDS	Past President	Burnsville, MN	2006
Linda Boyum, RDA	President	Minnetonka, MN	2006
Ronald King, DDS		Minneapolis, MN	2007
Gerald McCoy, Consumer		Eden Prairie, MN	2007
John Bengtson, DDS		Fairfax, MN	2007
Marguerite Rheinberger, Consumer	Vice President	Stillwater, MN	2008
Dean J Singsank, DDS		Grand Rapids, MN	2008

B. Board Staff

The Board staff, 10.0 FTEs, consists of a full-time executive director appointed by the Board, and the following 8 full-time employees hired by the executive director: 1 office manager; 1 administrative assistant; 1 licensing and professional development administrator, 1 licensing analyst; 1 complaint unit supervisor; 1 complaint analyst; 1 compliance officer, and 1 legal analyst. The director also has hired temporary, student clerical workers to assist at various times throughout the year, as needed. A full-time, temporary receptionist is also an important part of the Board's staff.

C. Receipts, Disbursements and Major Fees Assessed by the Board.

<u>Item</u>	<u>FY 2003</u>	<u>FY 2004</u>
Receipts	\$ 1,135,359	\$ 1,162,640
Disbursements	\$ 1,221,870	\$ 1,105,393

<u>Fees: Dentists (including Faculty Dentists)</u>	<u>FY 2003</u>	<u>FY 2004</u>
Initial Application	\$ 140	\$ 140
Annual Renewal Application*	\$ 155	\$ 155
Credential Application	\$ 725	\$ 725

<u>Fees: Dental Hygienists</u>		
Initial Application	\$ 55	\$ 55
Annual Renewal Application*	\$ 50	\$ 50
Credential Application	\$ 175	\$ 175

<u>Fees: Registered Dental Assistants</u>		
Initial Application	\$ 35	\$ 35
Annual Renewal Application*	\$ 35	\$ 35

<u>Fees: Resident Dentists</u>		
Initial Application	\$ 55	\$ 55
Annual Renewal Application	\$ 59	\$ 50

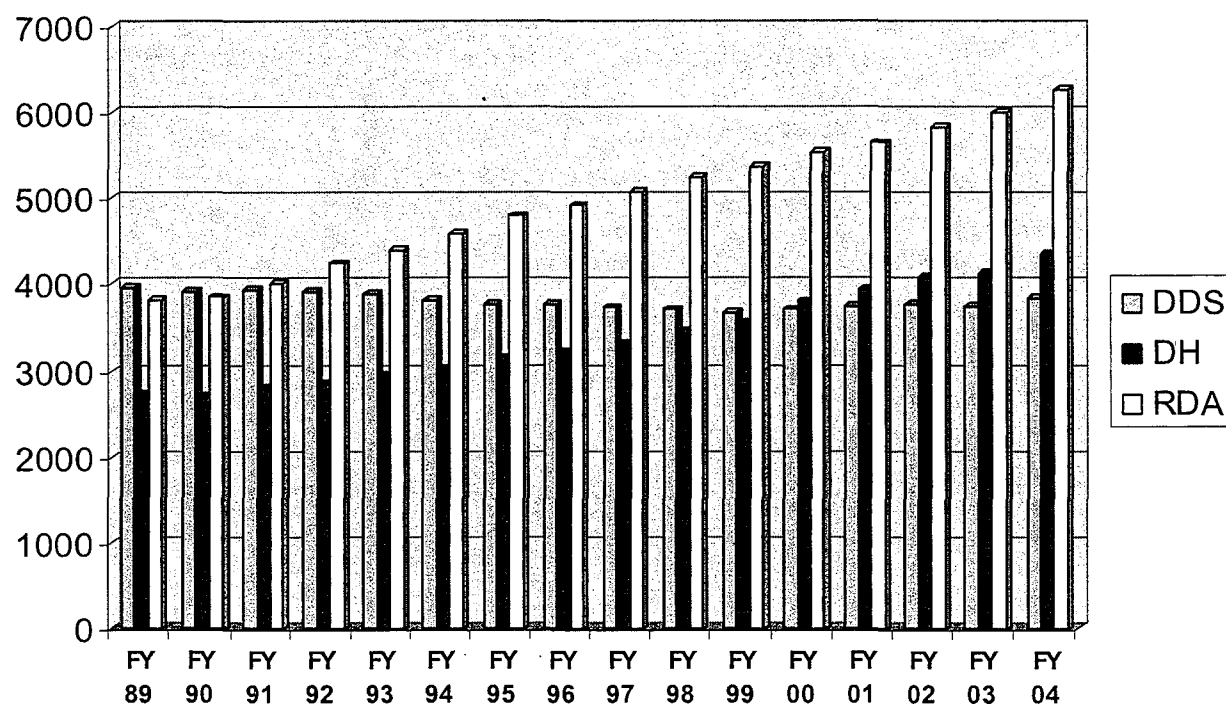
<u>Fees: Guest Licensure (DDS, DH, RDA)</u>		
Initial Application	N/A	\$ 50

**Those who failed to renew their credential by December 31 were subject to a 50% late fee.*

*Note: The annual renewal fees were **reduced** in 1999 to the levels indicated above. Fees will remain the same for the 2006-2007 biennium, but will reflect a biennial renewal period beginning January 1, 2005. Renewals will now be staggered throughout the year based on birth month and year.*

III. LICENSING AND REGISTRATION

REGULATED DENTAL PROFESSIONALS IN MINNESOTA, 1989-2004



	<u>FY2003</u>	<u>FY2004</u>
Active Dentists	3754	3828
Active Specialty Dentists	1	2
Active Hygienists	4089	4340
Active Registered Dental Assistants	6028	6245
Full Faculty Dentists	-	33
Limited Faculty Dentists	-	2
Resident Dentists		104

IV. COMPLAINTS AND DISCIPLINE

A. NEW complaints received during each year of the biennium

	<u>FY 03</u>	<u>FY04</u>
1. Total <u>new</u> complaints received	229	268
2. Complaints categorized by occupation		
a) DDS	216	238
b) DH	6	9
c) RDA	7	16
d) non-licensed	0	5
3. Complaints per 1,000 regulated individuals:	17	19
<i>(Not analyzed according to type of dental professional)</i>		

4. Complaints categorized by type (primary allegation):

	FY 03	FY 04
a) competency	95	106
b) licensure	5	6
c) prescription or drugs	8	25
d) sexual misconduct	0	1
e) auxiliary misuse	5	10
f) sanitary/safety	9	15
g) advertising	10	8
h) unprofessional conduct	70	74
i) fraud	16	20
j) failure to cooperate w/Board	1	0
k) unconscionable fees	3	1
l) disability	4	2
m) mandatory reporting	3	0
TOTALS:	229	268

B. All Open Complaints on June 30 of each fiscal year of the biennium

[Note: The numbers below include complaints that were open previous to the biennium. The numbers cannot be compared to the number of complaints listed under part A, above.]

	FY 03	FY04
1. a) All complaints open on 6/30/04	--	137
b) All complaints open on 6/30/03	72	--
2. Open less than 3 months	11	16
3. Open more than 3 mos., but less than 6 mos.	20	11
4. Open more than 6 mos., but less than 9 mos.	3	4
5. Open for more than 1 year	37	30

Explanation of complaints open for more than one year:**FY 03** N=37

- Of the 37 complaints that remained open for more than one year, all involved AGO investigations; all but one ultimately involved proposed or final disciplinary or corrective actions; 1 of the complaints has a pending conference as of 09/30/2004.
- 9 cases involved one licensee (who had met for a conference in 2001 for which disciplinary action negotiations occurred, but new complaints and subsequent investigation occurred);
- 6 complaints involved one licensee (who had met for a conference in 2002 for which disciplinary action negotiations occurred, but new complaints and subsequent investigation occurred);
- 5 cases involved one licensee for whom a felony conviction for fraud was pending in Hennepin County. The Complaint Committee was advised to wait on taking any action until the district court case was closed. Disciplinary action was ultimately taken on 03/26/04.
- 4 complaints involved one licensee (who had met for a conference in 2002 for which disciplinary action negotiations occurred and disciplinary action was ultimately taken on 09/19/03).
- 6 cases involved three separate licensees with two complaints against each of them.
- 7 complaints were single complaints involving one Licensee.

FY 04 N=30

- Of the 30 complaints that remained open on June 30, 2004, 12 were among those that also remained open on 6/30/03 (9 for one licensee, 2 for one licensee and 1 for one licensee).
- The 30 complaints that remained open for more than one year *all* involved AGO investigations and/or expert reviews arranged by Board staff.
- 10 of the open complaints involve one licensee (for whom negotiations for disciplinary actions are being finalized as of 09/30/2004).
- 6 cases involved one licensee who AGO is advising us on possible disciplinary action.
- 2 cases involved one licensee (who had met for a conference in 2003 and for which disciplinary action has been proposed but rejected, and a contested case is likely).
- 4 complaints involved two separate licensees (who had met for a conferences subsequent to 06/30/04 and corrective actions has been proposed).
- 1 complaint involved one registrant (who had met for a conference in 09/2004 and corrective actions has been proposed).
- 2 of the complaints, involving two separate licensees, have subsequently been closed as of 09/30/2004.
- 5 of the complaints involved pending conferences for five separate licensees as of 09/30/2004.

C. Closed Complaints

Notes: 1. The numbers below include complaints that had been open at the start of the biennium. Thus, the numbers cannot be compared to the number of complaints listed under part A, above.

2. Subparts 2.e. and 2.h., below, are not included in the total number of cases closed. Civil penalties and referrals to HPSP are not considered separate disciplinary actions, but rather, they are included as part of disciplinary board orders].

	FY 03	FY04
1. Number of complaints closed	254	218
2. Disposition by type:		
a) revocation	0	0
b) voluntary surrender	2	2
c) suspension with or without stay	2	3
d) restricted / limited / conditional license	2	9
e) civil penalties	0	3
f) reprimand	0	0
g) agreement for corrective action	18	13
h) referral to HPSP	14	12
i) dismissal or closure	204	167
TOTALS:	228	194

	FY 03	FY04
3. Number of cases closed that were open for more than 1 year:	52	41

V. TREND DATA AS OF JUNE 30, 2004

For each year of the previous five biennia:

A. Number of persons licensed or registered:

Fiscal Year	DDS	DH	RDA	
2004	3832	4348	6255	14435
2003	3739	4128	6000	13867
2002	3768	4079	5820	13667
2001	3735	3930	5642	13307
2000	3707	3806	5530	13043
1999	3667	3547	5373	12587
1998	3708	3464	5245	12417
1997	3730	3305	5081	12116
1996	3760	3214	4917	11891
1995	3771	3149	4797	11717
1994	3813	3016	4589	11418
1993	3888	2935	4389	11212

B. Number of complaints received, categorized by type of occupation:

Fiscal Year	DDS	DH	RDA	Non-lic/reg	Total
2004	238	9	16	5	268
2003	216	6	7	0	229
2002	209	8	12	5	234
2001	197	2	11	3	213
2000	220	5	13	2	240
1999	200	3	3	3	209
1998	166	4	3	6	179
1997	208	2	3	0	213
1996	239	4	6	0	249
1995	243	4	1	3	251
1994	280	0	1	2	283
1993	307	0	0	3	310

C. Number of complaints received each year per 1,000 persons of each occupation:

Fiscal Year	DDS	DH	RDA
2004	62	2.07	2.56
2003	58	1.45	1.17
2002	55	1.96	2.06
2001	53	0.51	1.94
2000	60	1.30	2.35
1999	55	0.85	0.56
1998	45	1.15	0.57
1997	56	0.61	0.59
1996	64	1.24	1.22
1995	64	1.27	0.21
1994	73	0	0.22
1993	79	0	0

D. Total number of all cases remaining open at the end of each biennium (June 30):

(NOTE: Includes cases opened before and during the biennium)

Biennium	DDS	DH	RDA
03-04	125	4	8
01-02	134	1	4
99-00	138	2	0
97-98	153	N/A	N/A
95-96	265	N/A	N/A
93-94	282	N/A	N/A

Minnesota Board of Dietetics and Nutrition Practice

Biennial Report

July 1, 2002-June 30, 2004

For more information, contact:

Minnesota Board of Dietetics and Nutrition Practice

2829 University Avenue SE

Suite 555

Minneapolis, MN 55414

www.dieteticsnutrition.state.mn.us

Phone: (612) 617-2175

Fax: (612) 617-2174

**Minnesota Board of Dietetics and Nutrition Practice
Biennial Report
July 1, 2002 to June 30, 2004**

I. General Information

A. Board Mission and Major Functions

BDNP Mission

The mission of the Board of Dietetics and Nutrition Practice is to promote the public's interest in quality care and effective services for their dietetic and nutrition care by ensuring that licensed dietitians and nutritionists are qualified to provide their professional services.

BDNP Functions

Setting and administering educational and examination standards for initial and continuing licensure

- Setting licensure requirements through the rules process
- Reviewing eligibility requirements for participation in the national standardized examination for licensure
- Reviewing continuing education programs submitted by sponsors or individuals to determine if they meet requirements
- Reviewing individual applicant/licensee documentation of completion of requirements for initial and continuing licensure

Responding to inquiries, complaints and reports from the public and other health care regulators regarding licensure and conduct of applicants, licensees and unlicensed practitioners

- Accepting complaints and reports from the public and health care providers and regulators
- Deciding whether a complaint or inquiry is jurisdictional and if so whether and what type of action to pursue to resolve the matter
- Referring inquiries and complaints to other investigative, regulatory or assisting agencies
- Responding to complainants and agency reports by informing the complainants/agencies of action taken to resolve their complaints while observing provisions of the data practices act regarding the legal status of data obtained during the course of an investigation and disciplinary proceeding

Pursuing educational or disciplinary action with licensees as deemed necessary based upon results of investigations conducted in response to complaints/reports.

- Setting standards of conduct and a basis for disciplinary action through the rules process
- Seeking information directly from the licensee and securing investigation and fact finding information from other agencies in response to complaints or inquiries

- Holding conferences with licensees to identify their role and responsibility in a matter under investigation
- Providing applicants and licensees education to improve practice and prevent recurrence of problems
- Obtaining voluntary agreement to disciplinary action or pursuing disciplinary action through a due process, contested case hearing and potential court action

Providing information and education about licensure requirements and procedures and standards of practice to the public and other interested audiences.

- Providing information to the community concerning requirements for dietitian/nutritionist licensure and information about licensees
- Providing information about licensure requirements to prospective applicants for licensure
- Providing the public information about where they can find answers to concerns related to dietetic and nutrition care services including information about whether persons are licensed with the board and whether they have had disciplinary action taken against their licenses

B. Major activities during the biennium

The following major activities were accomplished by the board during the biennium:

- Established board website for dissemination of information and downloading of forms

C. Emerging issues regarding regulation of Dietitians and Nutritionists

- The close relationship of complementary and alternative care with dietetic and nutrition care services and the board's limited authority associated to possible violations by unlicensed individuals.

II. Board's Members, Staff, and Budget

A. Board composition

Statute requires the board to have 7 members. The names of persons holding the seats as of June 30, 2002 are as indicated below.

The following are appointed by the Governor for staggered four year terms:

2 members who are licensed dietitians—Laurie Arndt, Duluth, Jennifer Nelson, Rochester

2 members who are licensed nutritionists—Alice Shapiro, St. Paul, Linda Dieleman, Plymouth

3 public members—Wai Lee, Faribault, Yvonne Hundshamer, St. Paul, one position vacant

B. Employees

The board has two part-time positions. They are a half-time executive director, a quarter time clerical assistant.

C. Receipts and disbursements and major fees assessed by the board

Item	FY 2003	FY 2004
Receipts	\$ 102,422	\$ 100,525
Disbursements	\$ 74,344	\$ 71,334

Fee	Amount
Application	\$100 - 175
Original License	\$150
Annual Renewal	\$75

III. Licensing and Registration

A. Persons licensed as of June 30

FY	Nutritionist	Dietitian
2003	66	991
2004	62	1020

B. New licenses issued during biennium

FY	Nutritionist	Dietitian
2003	3	94
2004	1	91

IV. Complaints

A. Complaints Received

(Note: BDNP regulates two like occupations—Dietitian and Nutritionist.)

Item	FY 2003	FY 2004
1. Complaints Received	4	1
2. Complaints Per 1,000 Regulated Persons	.00	.00
3. Complaints By Type of Complaint		
A. Incompetent		
B. Harmful or dangerous practice		1
C. Falsifying application material		
D. Dietary Supplement Sales	2	
E. Unlicensed Practice	2	1
F. Non-jurisdictional		

B. Open Complaints on June 30

Item	FY 2003	FY 2004
1. Complaints Open	0	2
2. Open Less Than 3 Months		
3. Open 3 to 6 Months		
4. Open 6 to 12 Months		2
5. Open More Than 1 Year (explain)		

C. Closed Complaints on June 30

Item	FY 2003	FY 2004
1. Number Closed	2	0
2. Disposition by Type		
A. Revocation		
B. Voluntary Surrender		
C. Suspension		
D. Restricted, Limited, Or Conditional License		
E. Civil Penalties		
F. Reprimand		
G. Agreement for Corrective Action		
H. Referral to HPSP		
I. Dismissal or closure	2	
3. Cases Closed That Were Open For More Than One Year (explain)		

v. Trend Data as of June 30

Year	A. Dietitians Licensed	B. Nutritionists Licensed	C. Complaints	C. Complaints Per 1,000 Licensees	D. Open Cases
2004	1020	62	1		2
2003	991	66	4		0
2002	966	63	1		1
2001	915	64	0		0
2000	917	78	1		0
1999	914	78	6		0
1998	875	78	2		0

Minnesota Board of Marriage and Family Therapy

Biennial Report

July 1, 2002-June 30, 2004

For more information, contact:

Minnesota Board of Marriage and Family Therapy

2829 University Avenue SE

Suite 330

Minneapolis, MN 55414

www.bmft.state.mn.us

Phone: (612) 617-2220

Fax: (612) 617-2221



Minnesota Board of Marriage and Family Therapy

2829 UNIVERSITY AVENUE SE • SUITE 330 • MINNEAPOLIS, MINNESOTA 55414-3222 • (612) 617-2220

Biennial Report

July 1, 2002 to June 30, 2004

I. General Information

A. Board Mission and Major Functions

The mission of the Board of Marriage and Family Therapy is to promote the public interest by ensuring that competent mental health services are provided throughout the state.

Board Functions:

- Adopt and enforce rules for marriage and family therapy licensing, which shall be designed to protect the public;
- Develop by rule appropriate techniques, including examinations and other methods, for determining whether applicants and licensees are qualified under sections 148B.29 to 148B.30;
- Issue licenses to individuals who are qualified under sections 148B.29 to 148B.39;
- Establish and implement procedures designed to assure that licensed marriage and family therapists will comply with the Board's rules;
- Study and investigate the practice of marriage and family therapy within the state in order to improve the standards imposed for the licensing of marriage and family therapists and to improve the procedures and methods used for enforcement of the Board's standards;
- Formulate and implement a code of ethics for all licensed marriage and family therapists; and
- Establish continuing education requirements for marriage and family therapists.

B. Major activities during the biennium:

The following major activities were accomplished during the biennium:

- The Board has continued working with other mental health Boards and professional associations to develop uniform policies on the tele/internet therapy.
- The Board's web site has been expanded to serve the general public, applicants, and licensees. All of the Board's printed materials and forms may be down loaded from the site <http://www.bmft.state.mn.us>. The Board has plans to expand the site to include a directory of licensees for public use. An online license renewal function will also be added effective November 1, 2004.
- Research continued on the portability of the marriage and family therapy license.

- This Board worked with marriage and family therapy licensing Board's nationally to develop a computerized version of the national licensing examination, which became available in 2001. This effort makes the examination more readily available to applicants. The Minnesota Board has more persons taking the exam than in any other state and it is actively involved in developing new questions for the exam.

C. Emerging issues regarding marriage and family therapists:

At the time licensure began there were two marriage and family graduate programs in the upper mid-west. Today there are fifteen programs. This increase has drastically increased the numbers seeking licensure to well over 100 per year. The Board is prepared for these increases. The Board should have no problem coping with these increased numbers.

II. Board's Members, Staff, and Budget

A. Board composition

Statute requires the Board to have seven members who are appointed for four-year terms by the Governor. MS 148B.30 specifies that the Board consist of seven members. Of the seven, four must be Licensed Marriage & Family Therapists, one must be engaged in teaching marriage and family therapy and two must be public members who have no direct affiliation with the practice of marriage and family therapy. Members as of June 30, 2004 are as follows:

- Charme Davidson, Ph.D., LMFT, Chair
- Mary Hayes, Ph.D., LMFT, Vice Chair (Minneapolis, Minnesota)
- Penny Johnson, BSW (Willmar, Minnesota)
- Shireen Lee, Secretary (Virginia, Minnesota)
- Brian Nystrom, MSW, LMFT (New Brighton, Minnesota)
- Manijeh Daneshpour, Ph.D., LMFT
- Mae Beecham, Ph.D., Public Member

B. Employees

The Board has 1.5 equivalent positions. They are a half time executive director and a full time office manager.

C. Receipts, disbursements, and major fees assessed by the Board

Item	FY 2003	FY 2004
Receipts	\$155,900	168,540
Direct Disbursements	118,000	118,000

Fee	Amount
Application for written examination	220
Application for licensure	110
Annual Renewal (LMFT)	125
Annual LAMFT license	75
Licensure by reciprocity	340

III. Licensing Numbers

A. Persons licensed as of June 30, 2004:

Licensed Marriage & Family Therapists:	800
Licensed Associate Marriage & Family Therapists:	157

B. New licenses issued during the biennium:

Licensed Marriage & Family Therapists	123
Licensed Associate Marriage & Family Therapists	98

IV. Complaints

A. Complaints received

This data contains information on complaints which the Board felt there was probable violation of statute or ethical code.

Item	FY 2003	FY 2004
Complaints received	19	17
Complaints by type		
A. Violation of confidentiality	2	4
B. Lack of professional competence	9	8
C. Sex with client, supervisee or student	2	1
D. Other dual relationship	6	4

B. Open complaints on June 30, 2004

Item	FY 2003	FY 2004
1. Complaints open	6	7
2. Open more than 3 months	2	3
3. Open more than 6 months	2	3

C. Closed complaints on June 30, 2004

Item	FY 2003	FY 2004
1. Number closed	14	12
2. Deposition by type		
a) Revocation	1	1
3. Agreement for corrective action	6	4
4. Dismissal or closure	8	4

Board of Medical Practice

Biennial Report

July 1, 2002-June 30, 2004

For more information, contact:

**Board of Medical Practice
2829 University Avenue SE
Suite 500
Minneapolis, MN 55414
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Phone: (612) 617-2130

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BIENNIAL REPORT

**MINNESOTA BOARD OF MEDICAL PRACTICE
2829 UNIVERSITY AVENUE SE, SUITE 500
MINNEAPOLIS, MINNESOTA 55414-3246**

STATUTORY AUTHORITY: M.S. 146, 147, 148, 319A

REPORT PERIOD: JULY 1, 2002 TO JUNE 30, 2004

SUBMITTED BY: ROBERT A. LEACH, EXECUTIVE DIRECTOR

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**Minnesota Board of Medical Practice
Biennial Report
July 1, 2002 to June 30, 2004**

I. General Information

A. Board Mission and Major Functions

BMP Mission

The board's mission is to protect the public by extending the privilege to practice to qualified applicants, and investigating complaints relating to the competency or behavior of individual licensees or registrants.

The Board of Medical Practice is made up of 11 physicians and 5 public members, all of whom are appointed by the governor. Approximately 17,100 physicians are licensed by the Board of Medical Practice and the board also regulates acupuncturists, athletic trainers, physician assistants, respiratory care practitioners, traditional midwives, and professional firms.

Currently, graduates from US medical schools must complete a one year residency program and pass the national standardized examination to be licensed in Minnesota. Foreign graduates must pass their examinations and complete two years of residency training in the United States or Canada. The board also considers other information provided by the applicant and may conduct interviews before a license is granted.

BMP functions

Setting and administering educational and examination standards for initial and continuing licensure or registration for each health profession regulated by the Board

- ◆ Setting licensure requirements through the legislative process.
- ◆ Selecting the licensing examination to assure an adequate candidate knowledge base.
- ◆ Reviewing individual applicant/licensee documentation to determine eligibility for initial and continuing licensure.
- ◆ Constantly reviewing statutes as well as working with professional organizations to assure current, up-to-date-laws, keeping pace with new or continuously changing professions.
- ◆ Working with Advisory Councils to set standards for initial and continuing licensure for each health profession regulated.
- ◆ Ensuring that initial and continuing licensure activities comply with relevant federal laws (e.g. Americans with Disabilities Act).

Pursuing educational or disciplinary action with licensees as deemed necessary based upon results of investigations conducted in response to complaints/reports

- ◆ Providing applicants and licensees education to improve practice and assure compliance with the statutes.
- ◆ Conducting audits of continuing education to assure continuing competency as well as compliance with the law.
- ◆ Working with Advisory Councils to direct and review investigations and provide advice in resolving issues and enforcing the statutes.

Providing information and education about licensure requirements and procedures and standards of practice to the public, the health care community, and other interested clientele

- ◆ Providing information to the health care community and other interested clientele concerning licensure requirements as well as information on licensees.
- ◆ Providing information about licensure requirements to prospective applicants for licensure.
- ◆ Providing information to licensees to assure compliance with the law through newsletters, websites, and meetings.
- ◆ Providing information to licensees, health care community, the general public, and other interested clientele regarding licensure laws as well as related laws.
- ◆ Working with the Advisory Councils to disseminate information to licensees, general public, health care facilities and other interested clientele.

Responding to inquiries, complaints and reports from the public and other health care regulators regarding licensure and conduct of applicants, permit holders, licensees and unlicensed practitioners

- ◆ Accepting complaints and reports from the public, health care providers, and regulators.
- ◆ Deciding whether a complaint or inquiry is jurisdictional and, if so, whether and what type of action to pursue to resolve the matter.
- ◆ Referring inquiries and complaints to other investigative, regulatory or assisting agencies.
- ◆ Responding to complainants and agency reports by informing the complainants/agencies of action taken to resolve their complaints while observing provisions of the data practices act regarding the legal status of data obtained during the course of an investigation and disciplinary proceeding.

Pursuing educational or disciplinary action with licensees as deemed necessary based upon results of investigations conducted in response to complaints/reports

- ◆ Setting standards of conduct and a basis for disciplinary action through the rules process.
- ◆ Seeking information directly from the licensee and securing investigative and fact finding information from other agencies in response to complaints or inquiries.
- ◆ Holding conferences with licensees to identify their role and responsibility in a matter under investigation.
- ◆ Providing applicants and licensees education to improve practice and prevent recurrence of problems.
- ◆ Obtaining disciplinary action through either voluntary agreement or through a due process, contested case hearing and potential court action.

B. Major Activities During the Biennium

MINNESOTA BOARD MEMEBERS CONTINUE TO LEAD AT THE NATIONAL LEVEL

Dr. Doris Brooker assumed the position of Chair of the Federation of State Medical Boards at the Federation's annual meeting in Washington, D.C. in May, 2004.

Dr. Brooker served on the Board of Medical Practice from 1990-1998 and from 2000-2001. Dr. Brooker was elected to the Federation's Board of Directors in 1997.

Steven I. Altchuler, M.D., Ph.D., who has served on the Board of Medical Practice since 2000, was elected by the Federation of State Medical Boards' House of Delegates to the Federation's Editorial Committee at the annual meeting in May, 2004.

Jon Thomas, M.D., who has served on the Board of Medical Practice since 2001, continues to serve as the Federation of State Medical Boards' Finance Committee.

Former board member, Barbara LeTourneau, M.D., who served on the board from 1996-2004, was appointed to the Federation of State Medical Boards' Program Committee.

EXECUTIVE DIRECTOR APPOINTED TO THE BOARD OF DIRECTORS OF THE FEDERATION OF STATE MEDICAL BOARDS

In May, 2004, Robert A. Leach, J.D., Executive Director of the Minnesota Board of Medical Practice was appointed to serve a one year term on the Board of Directors of the Federation of State Medical Boards.

Mr. Leach also continues to serve on the National Board of Medical Examiners' Committee on Irregular Behavior and on the Federation of State Medical Boards' Executive Advisory Council.

MINNESOTA STATE FAIR

The Minnesota Board of Medical Practice continued its presence at the 2002 and 2003 Minnesota State Fair with a booth in the Education Building. The board participated in the fair in order to increase public awareness of the Board's role in public protection.

2004 LEGISLATIVE SESSION

During the 2004 legislative session, the Board of Medical Practice had two legislative initiatives.

One was to allow the Boards of Medicine, Nursing, Pharmacy, and Podiatry to participate as reporting entities in the Adverse Event Reporting Systems, which submits reports to the Minnesota Department of Health regarding 27 specific events which adversely effect patient safety in in-patient settings.

The other requires international medical graduates to utilize the Federation of State Medical Boards' Credentials Verification Service to verify their primary medical training credentials upon license application in Minnesota.

II. Board Members, Staff, and Budget

A. Board Composition

LIST OF BOARD MEMBERS WHO SERVED DURING FISCAL YEARS 2003 AND 2004

**NUMBER OF BOARD MEMBERS REQUIRED BY STATUTE: 16
LENGTH OF TERM: 4 YEARS**

Name & Address	Occupation	Term(s)
Steven Altchuler, M.D., Ph.D. Mayo Clinic 200 First Street SW Rochester, MN 55905	Medical Doctor	1/00 - 1/01 1/01 - 1/05
Alfred V. Anderson, M.D., D.C. Pain Assessment & Rehabilitation Center, LTD. 7401 Metro Boulevard, Suite 185 Edina, MN 55439	Medical Doctor Chiropractor	9/03 – 1/07
Hilda Bettermann 8435 Sara Road NW Brandon, MN 56315	Educator	6/98 - 1/02 1/02 - 1/06
Gail Bender, M.D. 6490 Excelsior Blvd., W-106 St. Louis Park, MN 55426	Medical Doctor	1/00 - 1/04
Rebecca Hafner, M.D. St. John's College Health Center PO Box 7177 Collegeville, MN 56321	Medical Doctor	1/98 - 1/02 1/02 – 9/03 3/04 – 1/06
Bradley S. Johnson, M.D. Partners Healthcare Consulting, Inc. 1660 South Highway 100, Suite 200 Minneapolis, MN 55416	Medical Doctor	3/04 – 1/08
Gerald Kaplan, M.A., L.P. 2712 Fremont Avenue South Minneapolis, MN 55408-1198	Psychologist	3/00 - 1/04
Ernest W. Lampe, II, M.D. Mankato Clinic 1230 East Main Street PO Box 8674 Mankato, MN 56002-8674	Medical Doctor	3/04 – 1/08
Barbara LeTourneau, M.D. Regions Hospital 640 Jackson Street St. Paul, MN 55102	Medical Doctor	5/96 - 1/00 1/00 - 1/04
James L. Mona, D.O. Hutchinson Area Healthcare 1095 Highway 15 South Hutchinson, MN 55350	Doctor of Osteopathy	7/03 – 1/07
Gloria Perez-Jordan The Jeremiah Program 1510 Laurel Avenue Minneapolis, MN 55403	Administrator	9/90 - 1/94 7/00 - 1/02 1/02 - 1/06

Name & Address	Occupation	Term(s)
Allen Rasmussen Rainy River Community College 1501 Highway 71 International Falls, MN 56649	Educator	3/02 – 1/04 1/04 – 1/08
Kris Sanda 11730 Hastings Street NE Blaine, MN 55449-7912	Businesswoman	7/99 - 1/03 1/03 – 1/07
Burton Schwartz, M.D. 405 Piper Bldg., 800 E. 28 th St. Minneapolis, MN 55407	Medical Doctor	2/98 - 1/02 1/02 - 1/06
Carl Smith, M.D. Hennepin County Medical Center 701 Park Avenue South, 869A Minneapolis, MN 55414	Medical Doctor	2/01 - 1/05
Peter Smyth, M.D. Glencoe Medical Clinic 525 18 th Street East Glencoe, MN 55336	Medical Doctor	5/95 - 1/99 1/99 - 1/03
Jon Thomas, M.D. 347 North Smith Avenue, Suite 602 St. Paul, MN 55102	Medical Doctor	2/01 - 1/05
Scott Tongen, M.D. United Hospital 333 N. Smith Avenue, Suite 4314 St. Paul, MN 55102	Medical Doctor	5/96 - 1/00 1/00 - 1/04
Linda Lee Van Etta, M.D. St. Mary's Health System Duluth Clinic 400 East 3 rd Street Duluth, MN 55805	Medical Doctor	2/01 - 1/05
Joseph Willett, D.O. Affiliated Community Medical Centers 300 South Bruce Street Marshall, MN 56258	Doctor of Osteopathy	7/96 - 1/99 1/99 - 1/03

B. Employees

<u>NAME</u>	<u>CURRENT JOB CLASSIFICATION/TITLE</u>	<u>DATES OF SERVICE</u>
Therese Anderson	Office & Administrative Specialist Intermediate Licensure Specialist	10-25-76 – present
Richard Auld	Assistant Executive Director	11-25-85 – 06-16-92 08-24-94 – 01-21-98 01-01-99 – present
Patricia Burke	Office & Administrative Specialist Complaint Review Unit Assistant	12-13-00 – 01-15-02 03-14-02 – 09-07-02
Timothy Carnahan	Office & Administrative Specialist Intermediate Complaint Review Unit Assistant	06-04-01 - present
Mark Chu	Information Technology Specialist 4 Database Administrator	12-10-01 – present
Donna Church	Office & Administrative Specialist Registration Assistant	11-03-03 – present
Barbara Dressel	Office & Administrative Specialist Receptionist	10-20-76 – present
Charlie Drews	Office & Administrative Specialist Complaint Review Unit Assistant	12-02-02 – present
Mary Erickson	Investigator Senior Medical Regulations Analyst Senior	04-24-91 – present
Kristine Fenton	Office & Administrative Specialist Registration Assistant	07-10-03 – 09-09-03
Jason Fremouw	Student Worker	06-17-02 – 10-10-02
Nick Hansgen	Information Technology Specialist 2 Network Administrator	01-21-03 – present
Patricia Hayes	Office & Administrative Specialist Principal Licensure Specialist	02-27-89 – present
Jeanne Hoffman	Management Analyst Supervisor 3 Licensure Supervisor	04-01-87 – present
Elizabeth Huntley	Investigator Medical Regulations Analyst	07-23-03 - present
Lois Kauppila	Office Services Supervisor 2 Office Manager	11-25-85 – present
Cheryl Kohanek	Office & Administrative Specialist Principal Executive Assistant	12-10-97 – present
Robert Leach	Executive Director	01-20-88 – present

<u>NAME</u>	<u>CURRENT JOB CLASSIFICATION/TITLE</u>	<u>DATES OF SERVICE</u>
Maura LeClair	Office & Administrative Specialist Complaint Review Unit Assistant	07-30-03– present
Mary Leinberger	Investigation Supervisor Complaint Review Unit Supervisor	02-17-88 – 09-04-02
Denise Lorsung	Office & Administrative Specialist Intermediate Licensure Specialist	04-15-87 – 02-18-02 05-09-02 – 06-11-03
Paul Luecke	Office & Administrative Specialist Intermediate Licensure Specialist	04-03-96 – present
William Marczewski	Investigator Medical Regulations Analyst	02-03-88 – present
Ruth Martinez	Investigation Supervisor Complaint Review Unit Supervisor	01-20-88 – 07-07-93 06-01-94 – present
Debra Milla	Accounting Officer	12-04-91 – present
Jenny Moberg	Investigator Medical Regulations Analyst	12-09-02 – 5-23-03
Helen Patrikus	Investigator Medical Regulations Analyst	10-23-91 – present
Stephanie Preble	Investigator Medical Regulations Analyst	10-09-91 – present
Cassy Ringwald	Information Technology Specialist 1 Network Administrator	10-12-98 – 01-03-03
Kevin Slator	Investigator Senior Medical Regulations Analyst Senior	01-04-99 – present
Jeremy Sorenson	Office & Administrative Specialist Intermediate Registration Specialist	09-03-02 – present
Tracey Walton	Office & Administrative Specialist Complaint Review Unit Assistant	7-23-02 – 07-30-03

C. Receipts and Disbursements and Major Fees Assessed by the Board

Item	FY 2003	FY 2004
Receipts	\$4,105,064	\$4,217,962
Disbursements	\$4,749,117	\$3,507,079

Source Codes	Description	ACTUAL RECEIPTS FY 2003	ACTUAL RECEIPTS FY 2004
<i>Fund -</i>	<i>171 Receipts</i>		
5191	Telemedicine Application	8,100	3,200
5192	Telemedicine Registration	6,225	7,050
5193	Telemedicine Certification	0	200
5194	Midwifery Certification	25	0
5195	Midwifery Late Fee	75	0
5196	Midwifery Temporary Permit	0	0
5197	Midwifery Annual License	400	1,100
5198	Midwifery Inactive Status	0	0
5199	Midwifery Application	0	300
5200	MD Annual Registration	3,227,297	3,394,304
5201	MD Application Fee	216,800	215,200
5202	Exam Administrative Fee	0	0
5203	MD Temporary License	36,360	33,900
5204	MD Endorsement Fee	1,865	1,520
5205	MD Certification	57,605	60,045
5206	MD Verification	0	0
5207	MD Late Fee	36,000	32,660
5208	MD Residency Permit	15,975	15,935
5210	Emeritus Registration	700	650
5211	PA Annual Registration With Prescribing	106,109	114,134
5212	PA Application Fee	8,520	11,550
5216	PA Certification Fee	1,325	1,200
5218	PA Late Fee	3,900	2,510
5226	RCP Annual Registration	136,019	131,260
5227	RCP Application Fee	11,200	7,400
5229	RCP Certification Fee	1,650	2,450
5230	RCP Temporary Permit	2,940	1,740
5231	RCP Late Fee	2,410	3,050
5232	AT Annual Registration	51,137	48,101
5233	AT Application Fee	4,000	3,400
5234	AT Temporary Permit	1,650	1,300
5235	AT Certification Fee	475	350
5236	AT Late Fee	895	720
5237	Civil Penalties	75,573	37,340
5238	Miscellaneous	2,294	1,815
5239	Duplicate License	2,960	3,440
5240	Education Approval	0	0
5241	Competitive Athletic Event	0	50
5242	Medical Corporate Annual Registration	12,725	9,425
5243	Corporate Application	3,300	2,200

Source Codes	Description	ACTUAL RECEIPTS FY 2003	ACTUAL RECEIPTS FY 2004
<i>Fund -</i>	<i>171 Receipts</i>		
5245	AP Annual Registration	32,600	34,825
5246	AP Application	4,800	5,700
5247	AP Certification	100	375
5248	AP Late Fee	650	300
5249	AP Temporary Permit	1,260	1,620
5250	AP Inactive Status	100	50
5251	PA Annual Registration Without Prescribing	5,520	5,694
5252	PA Temporary Permit	3,780	4,800
5253	PA Temporary Registration	2,530	2,360
5254	PA Locum Tenens Permit	25	0
5255	RCP Temporary Registration	2,310	2,610
5256	RCP Inactive Status	150	50
5257	Report Generation	14,330	9,780
5258	AT Temporary Registration	400	300
	<i>REVENUE RECEIPTS TOTAL FUND 171</i>	<u>4,105,064</u>	<u>4,217,962</u>
	TOTAL RECEIPTS	<u>4,105,064</u>	<u>4,217,962</u>

III. Licensing and Registration

A. Persons licensed as of June 30, 2004

Licenses/Registrations issued by Health Profession

PHYSICIANS	FY 03	FY 04
Federation Licensing Examination	67	68
Licentiate Medical Council Canada	21	16
National Board of Medical Examiners	136	125
National Board of Osteopathic Medical Examiners	38	42
State Examination	9	9
Examination Combination	14	27
United States Medical Licensing Examination	<u>764</u>	<u>777</u>
TOTAL LICENSED/REGISTERED	1,049	1,064
PHYSICIAN RESIDENCY PERMITS	691	760
ATHLETIC TRAINERS		
Equivalency	8	15
General Registration	51	44
Reciprocity	12	7
Transitional	<u>0</u>	<u>0</u>
TOTAL LICENSED/REGISTERED	71	66
PHYSICIAN ASSISTANTS		
National Commission on Certifications of PAs	<u>83</u>	<u>86</u>
TOTAL LICENSED/REGISTERED	83	86
RESPIRATORY CARE PRACTITIONERS		
Equivalency	0	0
General Registration	38	47
Reciprocity	<u>45</u>	<u>39</u>
TOTAL LICENSED/REGISTERED	83	86
ACUPUNCTURISTS		
Equivalency	0	0
General Licensure	27	31
Reciprocity	2	4
TOTAL LICENSED/REGISTERED	29	35
MIDWIVES	1	0
PROFESSIONAL FIRMS	**59	27

*The Board commenced administering the telemedicine regulatory law in FY 2003.

B. NUMBER OF NEWLY REGULATED

Fiscal Year	Physicians & Surgeons	Residency Permits	PA's	RCP's	AT's	AP's	Traditional Midwives	Telemedicine	Total
2004	1,064	760	86	86	66	41	0	27	2,130
2003	1,049	691	83	83	71	29	1	59	2,007

C. NUMBER OF ACTIVELY REGULATED

Fiscal Year	Physicians & Surgeons	PA's	RCP's	AT's	AP's	Traditional Midwives	Telemedicine	Total
2004	17,093	804	1,377	442	217	6	76	20,015
2003	16,771	751	1,361	415	184	9	59	19,550

*The Board commenced administering the telemedicine regulatory law in FY 2003.

IV. Complaints

A. Complaints Received

NUMBER OF COMPLAINTS RECEIVED EACH YEAR

Fiscal Year	Number of Complaints Received	Percent of Change From Previous Year
2004	941	5.7
2003	890	6.5

C. Time Required to Resolve Complaints:

As of June 30 of each year of the previous biennium (i.e., June 30 of the current year and June 30 of last year):

	FY 03	FY 04
Less than 90 days	303	363
90 – 180 days	384	373
181 – 365	141	142
More than 365 days	<u>49</u>	<u>58</u>
Total resolved complaints:	877	936

D. Closed Complaints That Were Open for More Than 1 Year:

FY03	FY04
49	58

E. Number of Complaints Received Each Year by Occupation:

	AP	AT	PA	PY	RT	Other	MW
FY 04	3	3	17	850	19	50	0
FY 03	3	5	24	818	10	31	1

F. Percentage of licensees who were the subject of complaints:

	AP	AT	PA	PT	PY	RT	MW
FY 04	1.1	.5	1.7	N/A	3.6	.9	0
FY 03	1.3	.7	3.7	N/A	3.7	.6	0

G. Number of Open Complaints as of June 30 of Each Year:

FY03	FY04
416	372

G. SUMMARY OF COMPLAINTS BY SOURCE

<u>COMPLAINT SOURCE</u>	<u>#OF COMPLAINTS</u>		<u>% OF TOTAL</u>	
	<u>FY 03</u>	<u>FY 04</u>	<u>FY 03</u>	<u>FY 04</u>
BMP License Renewal Form	39	32	4.3	3.4
BMP Application Form	0	0	0	0
BMP Staff; EX. Anonymous	40	60	4.5	6.4
BMP Non-Compliance with Order	0	0	0	0
Family Member	109	120	12.2	12.8
Patient	310	308	34.8	32.7
Third Party	28	23	3.1	2.4
Courts	0	0	0	0
Professional Liability Settlements	107	134	12	14.2
Enforcement Agency	0	2	0	.2
AGO	2	6	.2	.6
Peer Review Organization	0	0	0	0
Pharmacists	3	10	.3	1.1
Federal DHHS	2	0	.2	0
Medical Examiner/Coroner	0	0	0	0
Department of Health	6	8	.7	.9
HPSP	26	43	2.9	4.6
MN Health Related Boards	1	5	.1	.5
Police/Sheriff Dept.	5	0	.6	0
DHS	10	3	1.1	.9
Drug Enforcement Agency	1	0	.1	0
OHFC	51	6	5.7	.6
Medical Board Other-Federation-AMA	15	16	1.7	1.7
Medical Societies	3	1	.3	.1
Other Enforcement Agency	20	18	2.2	1.9
Health Care Institution	33	23	3.7	2.4
Licensed Health Professional	71	127	7.9	13.5
PADS	0	0	0	0
Self-Report	<u>9</u>	<u>8</u>	1.0	.9
TOTAL	890	941		

<u>SUBJECTS OF COMPLAINTS</u>	<u>FY 03</u>	<u>FY 04</u>
D. Actions by another jurisdiction	27	41
G Incompetency/Unethical Conduct	598	662
K Unprofessional Conduct	657	663
L Illness	76	78
NJ Non-jurisdictional	7	15
O Medical Records	52	59
R Becoming Addicted	15	17
S Prescribing	61	120
T Sexual Misconduct	40	43
Miscellaneous	<u>159</u>	<u>2702</u>
TOTAL	1,692	1,946

<u>CAUSES OF BOARD ORDER</u>	<u>FY 03</u>	<u>FY 04</u>
Illness	43	46
Chemical dependency	37	40
License disciplined (other state)	6	3
Billing practices	0	1
Unprofessional conduct	20	30
Sexual misconduct with a patient	3	4
Unethical conduct	21	28
Improper management of medical records	9	15
Convicted of felony related to practice of medicine	0	1
Prescribing	8	10
Aiding & abetting unlicensed person to practice medicine/failure to supervise	1	1
Violating a Board rule, Federal law, and/or state law related to the practice of medicine	9	10
Delinquent taxes/student loans	5	1
Reporting obligation/failure to cooperate	1	0
Reinstatement of unconditional	13	14
Medical license failure to quality	0	0
Fee splitting	0	0
Adjudication as MI/CD	0	0
Revealed privileged communication	1	0
False advertising	<u>1</u>	<u>0</u>
TOTAL	176	204

TYPES OF BOARD ORDERS

	<u>FY 03</u>	<u>FY 04</u>
Amended order/civil penalty/restriction	24	27
Permanent/voluntary surrender	5	6
Reinstatement of unconditional license	13	14
Reprimand and civil penalty/restricted reprimand w/civil penalty/restricted reprimand/amended	11	17
Revoke license and revocation w/civil penalty	0	1
Stayed suspension/amended stayed	0	2
Suspended license including amended order	12	8
Temporary suspension	0	0
TOTAL ORDERS	65	75

COMPLAINT INVENTORY

Complaints on hand (6/30/04)	372
New complaints received (FY04)	942
Complaints dismissed/closed, including those resulting in Orders or Corrective Actions (04)	940
Complaints on hand (6/30/03)	416

EDUCATIONAL ACTIVITIES

	<u>FY 03</u>	<u>FY 04</u>
Corrective actions	12	3
Medical Coordinator Conferences	101	87
Complaint Review Committee Appearances which did not result in a Board Order	28	37

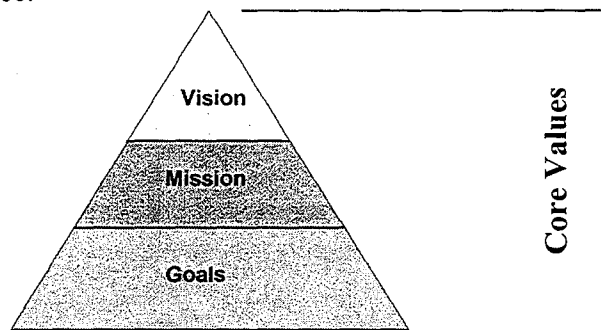
Minnesota Board of Nursing

Biennial Report FY2003-2004

I. General Information

A. A description of the Board's mission and major functions.

The Minnesota Board of Nursing believes direction and focus are critical to the mission of public protection. By articulating a vision for the future, a mission for the present, goals for success, and core values to guide it, the Board is able to direct efforts and resources toward responsible and responsive regulation of nursing practice.



Vision

The Minnesota Board of Nursing will be a leader in effective nursing regulation by creating, administering and sharing innovative regulatory practices.

Mission

The mission of the Minnesota Board of Nursing is to protect the public's health and safety by providing reasonable assurance that the people who practice nursing are competent, ethical practitioners with the necessary knowledge and skills appropriate to their title and role.

The Board strives to achieve its mission by:

- Carrying out activities authorized by Minnesota statutes and rules (licensing, discipline, and program approval).
- Fostering knowledge relevant to the needs of the public and to the education and practice of nursing.
- Formulating and influencing effective public policy related to nursing practice.
- Pursuing collaborative alliances with publics, including consumers of nursing care, nurses, employers, educators, state agencies, and legislators.
- Disseminating information to the public and to nurses.
- Operating an agency that utilizes human and fiscal resources efficiently and effectively.

Goals

The public will be assured that:

- Educational programs prepare persons for licensure as professional nurses or licensed practical nurses to meet minimum standards pertaining to the knowledge, skills, and abilities necessary for entry into practice.
- Persons who provide professional, practical, and advanced practice nursing care meet expected standards pertaining to knowledge, skills, and abilities.
- Credentialed nurses maintain standards of practice appropriate to their credential (LPN, RN, PHN, APRN).
- The Board is accountable to provide customer-centered services and programs that are evidence-based, efficient, and effective.

Core Values

- Safety
- Customer-centeredness
- Accountability
- Innovation
- Collaboration

Major Functions

The activities that the Board implements to carry out its mission require the collection and storage of licensure, educational and disciplinary data on approximately 200,000 licensed nurses and interaction with many audiences including applicants, licensees, educational institutions, attorneys, other state agencies and health-related licensing boards, national and federal information systems, and a national test service.

The Board provides credentialing services related to approximately 92,000 active nursing licenses annually, including processing 7,500 licensure and 46,000 renewal of licensure applications, verifying 3,500 licenses to other states for the purpose of interstate endorsement, and providing verification of certification and eligibility to prescribe drugs and therapeutic devices for approximately 3,500 advanced practice registered nurses. These services require the Board to interact regularly with the statewide accounting system, the national test service which provides the licensing examination, the federal Drug Enforcement Agency and sixty (60) other boards of nursing.

The Board's nursing education program approval function requires interaction with twenty-eight (28) practical nursing and twenty-nine (29) professional nursing programs. These programs graduate approximately 2,500 nursing students annually. Surveys of nursing programs are conducted on a regular schedule, and program graduation pass/fail rates on the licensing examination are monitored annually.

The Board processes approximately 1,000 complaints about nurses annually. The procedures utilized by the Board to process complaints require interaction with the Attorney General's Office, the Departments of Health, Human Services and Revenue, the National Council of State Boards of Nursing (NCSBN) information system (Nursys), the federal National Practitioner (NPDB) and Health Integrity and Protection (HIPDB) disciplinary data banks, employers, licensees, complainants, and the media.

The dissemination of information related to licensure, disciplinary actions, nursing education programs, and nursing practice standards contributes to public safety by providing employees and consumers with data to make informed decisions regarding the authority to practice and the performance of nursing services by individual nurses.

The Board is a public agency funded by fees collected from the applicants and licensees whom it regulates and services. The licensees have input regarding the amount of fees collected through the opportunity for comments and requests for hearing in the rule-making process. The legislature participates in the fiscal management of the agency by authorizing expenditures through appropriation. The Governor's Office reviews and approves the agency's budget. The Department of Finance also reviews and approves the budget, as well as conducts periodic financial audits. Such comprehensive review of the financial resources requires the agency to manage human and fiscal resources efficiently and cost-effectively and to be able to demonstrate accountability in a manner that is accurate and evident.

B. A description of the Board's major activities during the 2003-2004 biennium, including a description of the Board's efforts to make consumers aware of their right to file complaints.

The Board's activities are guided by its desire to:

- a. Fulfill its responsibilities for public safety with respect for due process and adherence to laws and rules.
- b. Deliver customer-centered services in a respectful, responsive, timely, communicative, and non-discriminatory manner.
- c. Provide government services that are accessible, purposeful, responsible, and secure.
- d. Carry out its business functions with efficiency, accountability, innovation, and a willingness to collaborate.

Licensing and Information Technology

The licensing program of the Board is focused on assuring the public that the individuals who are licensed meet the education, competence, and behavior requirements for nurse licensure. Individual applications are reviewed for evidence of these requirements. Data is maintained on each licensee in an

electronic licensing database. Communication with applicants is critical. In an effort to enhance communications, the Board's web site continues as an integral part of providing better service and more timely information to the nursing community. As the world continues to move its business to the Internet, the site will continue to increase in its importance as a tool for the Board.

During the biennium, much work was done to improve the functionality of the web site and to increase the amount of information available on the site. The site was moved to the North Star portal to enhance public awareness of the agency as a part of state government. All forms needed by a licensee, or prospective licensee, can be downloaded from the site. Common file formats increase their general availability. The Board receives frequent compliments regarding the site, and solicits user satisfaction on a regular basis. Many revisions to the site are based on user input.

Electronic Commerce

Electronic commerce has been a primary effort for the Board of Nursing. In fact, the Minnesota Board of Nursing was recognized at the 2004 National Council of State Boards of Nursing Information Technology Summit as the leader in e-commerce for state boards of nursing. All licensure services are available on-line, including:

- Renewal of licensure
- Change of address
- Licensure by examination
- Licensure by endorsement
- Public Health Nurse registration
- Reregistration

Employers of nurses and the public may verify the status of a nurse license 24/7. Data is in real time. Public safety is enhanced by data being immediately available.

Paperless application for licensure A premiere service is initial licensure for graduates of Minnesota nursing education programs. This service is virtually paperless. Applicants may apply for licensure, register to take the licensure examination with the test service, have their nursing education program validate graduation, and check the status of their application on-line.

The number of new licenses and registrations, by occupation, issued by the Board during the previous biennium by method of application.

Category	FY 2003	FY 2004	Total
RN online	452	2078	2530
RN paper	3830	2343	6173
LPN online	149	1065	1214
LPN paper	1095	391	1486
Yearly Total	5526	5877	11,403

Nursing Practice

Diversity of Nurses and Practice Settings

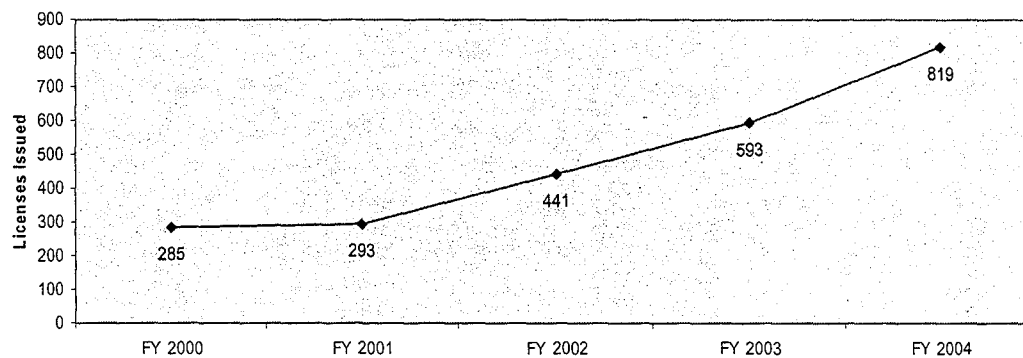
Minnesota nurses practice in numerous settings other than traditional acute care hospitals. The variety of setting is growing as people across the state look to nurses for preventive healthcare and chronic disease management. Nurses are moving beyond institutional settings such as long-term care and outpatient facilities into the workplace, the schools, and other community-based settings.

The diversity of practice settings and clinical techniques presents a challenge for regulation of nursing practice. Minnesota has internationally recognized medical centers, large community hospitals, as well as rural hospitals and long term care facilities. Nurses practicing in those facilities have access to vastly different resources. Regardless of the setting, registered nurses and licensed practical nurses are expected to meet the same standards of conduct and accountability.

On a daily average, the Board responds to approximately 20 queries regarding nursing practice, including the impact of changing practice environments and financial constraints on healthcare facilities and the demands for nurses to deliver care more efficiently without compromising patient safety.

The non-US educated nurse population has increased and cultural differences are impacting the workforce and healthcare setting.

**Licenses Issued to Non-U.S. Educated Applicants
for RN Licensure by Examination, FY 2000-2004**

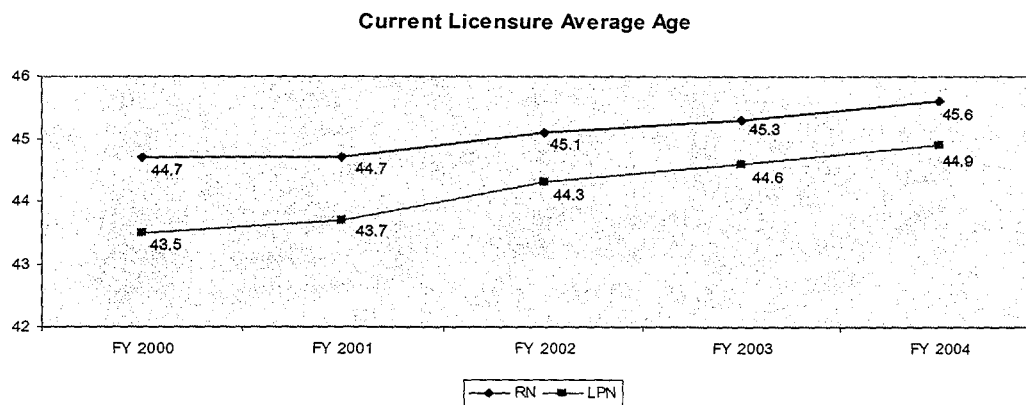


Canada 275 India 3 Others 7	Canada 277 Philippines 7 India 2 Nigeria 2 Others 5	Canada 348 Philippines 43 Nigeria 33 India 4 South Africa 3 Others 10	Canada 502 Philippines 68 Nigeria 15 India 2 Others 6	Canada 741 Philippines 58 Nigeria 4 India 2 Iran 2 Others 12
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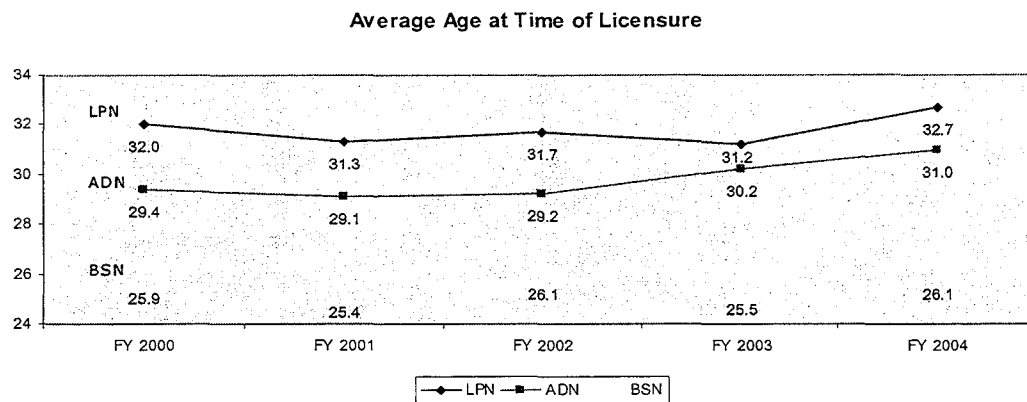
- Participated in the Minnesota Standards for Medication Administration in Schools Task Force, an interagency task force directed at developing guidelines to be used for the administration of medications in schools.
- Dialogued with the School Nurse Organization of Minnesota (SNOM) to address the issue of emergency medication administration in the school setting.
- Participated in the Commissioner's Terrorism and Health Force Task Force to actively review and update legislation and to assist in preparing activities to respond to terrorism. Also as part of emergency preparedness, participated in the Subgroup Workforce established to continue activities to establish a state registry for healthcare volunteers in the event of terrorism.
- Participated in the Medical Reserve Corps as part of a national initiative to mobilize and coordinate volunteers to respond to disasters of all kinds, including terrorism acts.

C. A description of emerging issues relating to regulation of the occupations licensed or registered by the Board.

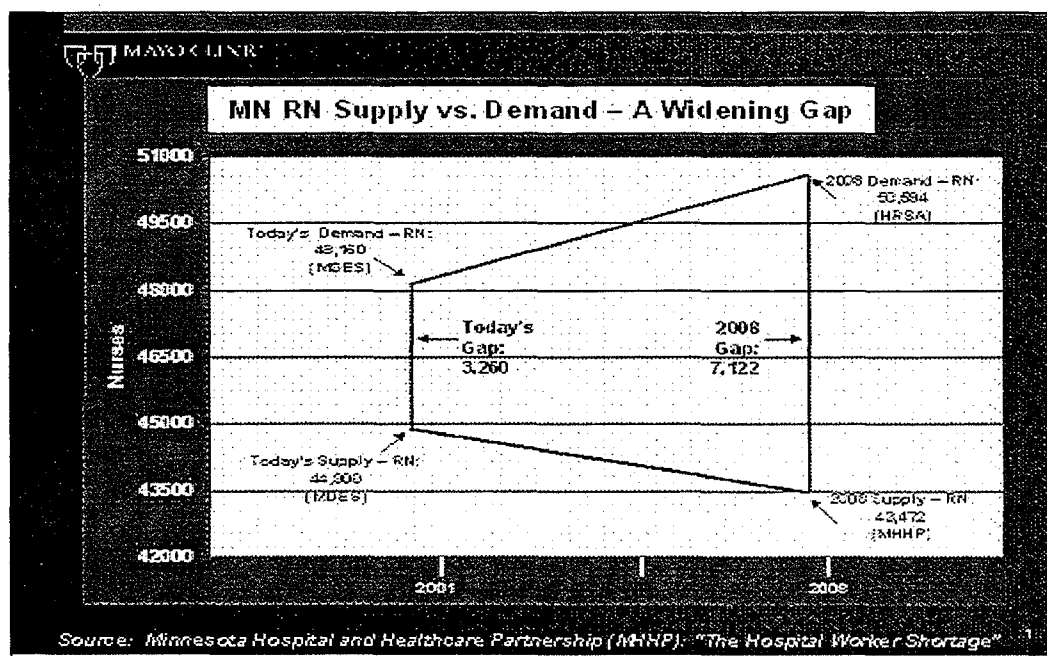
1. Minnesota is experiencing a significant nursing shortage. There are approximately 1,900 RN vacancies.
2. The Minnesota nurse population is aging faster than it is being replenished by incoming new graduates.



3. The average age of individuals licensed as nurses for the first time is increasing; thus, decreasing the lifetime a nurse is employed.

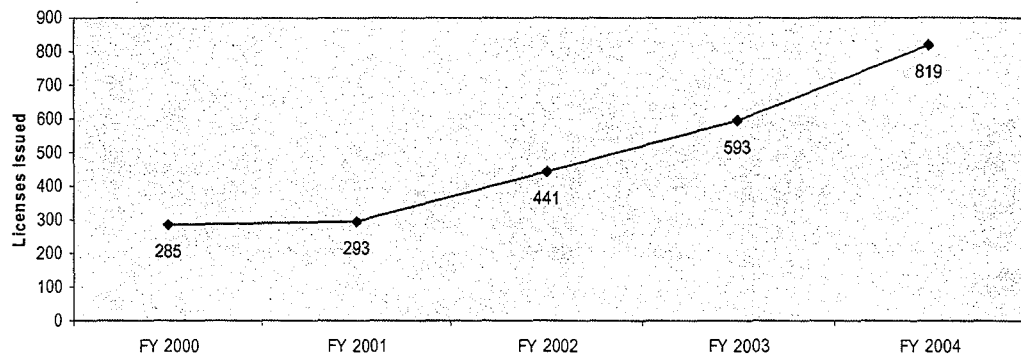


4. An analysis of supply and demand shows a widening gap. To maintain the current RN supply and demand gap in 2008, state nursing programs would need to expand by 80%.



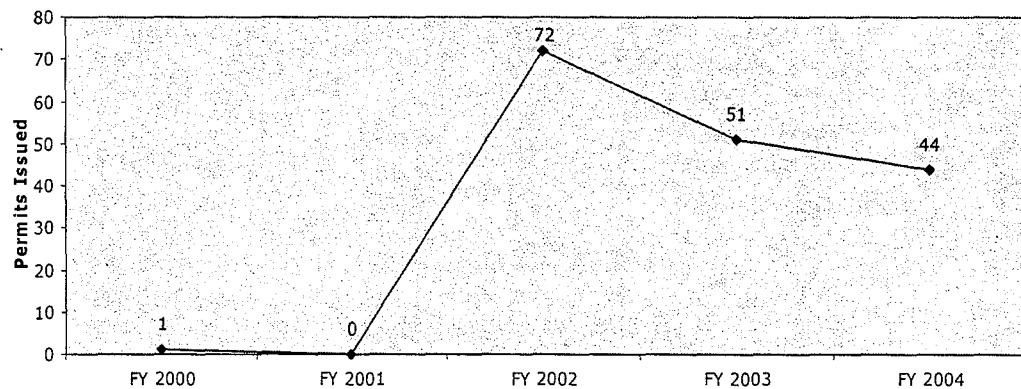
5. The number of non-U.S. educated individuals being licensed is increasing, and the nurse workforce is becoming more diverse. However, cultural and language diversity also increase the challenges to consumers of nursing services and employers of nurses.

**Licenses Issued to Non-U.S. Educated Applicants
for RN Licensure by Examination, FY 2000-2004**



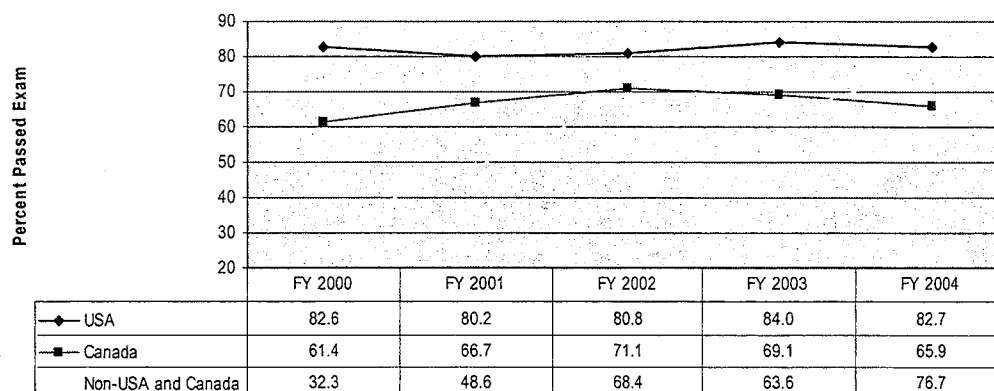
Canada 275 India 3 Others 7	Canada 277 Philippines 7 India 2 Nigeria 2 Others 5	Canada 348 Philippines 43 Nigeria 33 India 4 South Africa 3 Others 10	Canada 502 Philippines 68 Nigeria 15 India 2 Others 6	Canada 741 Philippines 58 Nigeria 4 India 2 Iran 2 Others 12
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**Permits to Practice Issued to Non-U.S. Educated Applicants
for RN Licensure by Examination, FY 2000-2004**



6. The licensure examination pass rate for non-U.S. educated applicants is significantly lower than for U.S. educated candidates resulting in increased expectation by groups representing minority populations to develop accommodations for non-U.S. educated candidates.

Exam Pass Rates for Applicants for RN Licensure by Examination, FY 2000-2004



7. The number of applications to start up and operate new nursing programs places greater demand on the nursing program approval function of the Board
8. The labor shortage is affecting the nursing labor force, and the Board anticipates declining applications and license renewals. Revenue for board operations will decline.
9. Electronic verification of nurse licensure by way of Nursys, a national data base established by the National Council of State Boards of Nursing, has eliminated verification services provided by the board and decreased revenue approximately \$54,000 annually.
10. Reporting disciplinary action, as required by federal law, to the National Practitioner Data Bank and the Health Integrity Practitioner Date Bank, and to Nursys, significantly increases effort and expenses for information Resources technology and activity.
11. The Governor's Office initiatives and customer expectations to provide electronic government services (EGS) that are accessible 365x24 in a responsible and secure manner result in significant human and fiscal demands on the information technology resources of the Board.

II. The Board's Members, Staff and Budget

A. Composition

The Board consists of sixteen members, including four public members, four licensed practical nurses and eight registered nurses.

Board Member	Position Held	Term Expiration Date
Dianna Bryant	Registered Nurse	January 2005
Jessie Daniels	Registered Nurse	January 2005
Debra Hacker	Registered Nurse	January 2007
Doris Hill	Registered Nurse	January 2007
Vicky Jensen	Registered Nurse	January 2008
Sandra Johnson	Registered Nurse	January 2008
Kimberly Keilholtz	Public Member	January 2006
Gregory Langason	Licensed Practical Nurse	January 2007
Kristina Malone	Licensed Practical Nurse	January 2005
Linda Mattson	Licensed Practical Nurse	January 2008
Glenda Moyers	Registered Nurse	January 2006
James Nardone	Public Member	January 2007
Marybeth O'Neil	Registered Nurse	January 2008
Clayton Robinson	Public Member	January 2007
Karen Trettel	Licensed Practical Nurse	January 2006
Susan Ward	Public Member	January 2005
Debora Bösl	Licensed Practical Nurse	January 2004
Betty Hanna	Registered Nurse	January 2004
Vicky Hill-Rickey	Registered Nurse	January 2004
Linda Busch	Licensed Practical Nurse	January 2003
Margaret Kotek	Registered Nurse	January 2003
David Swanson	Public Member	January 2003

B. The number of full-time equivalent employees in FY2004.

FY2004	28 FTE
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C. The receipts and disbursements of board funds and the major fees assessed by the Board.

Receipts and Disbursements

Activity	FY2003	FY2004
Receipts	\$4,557,311	\$4,590,571
Disbursements	3,482,542	3,068,270
Surplus(shortfall)	1,074,769	1,522,301

Major Fees Assessed

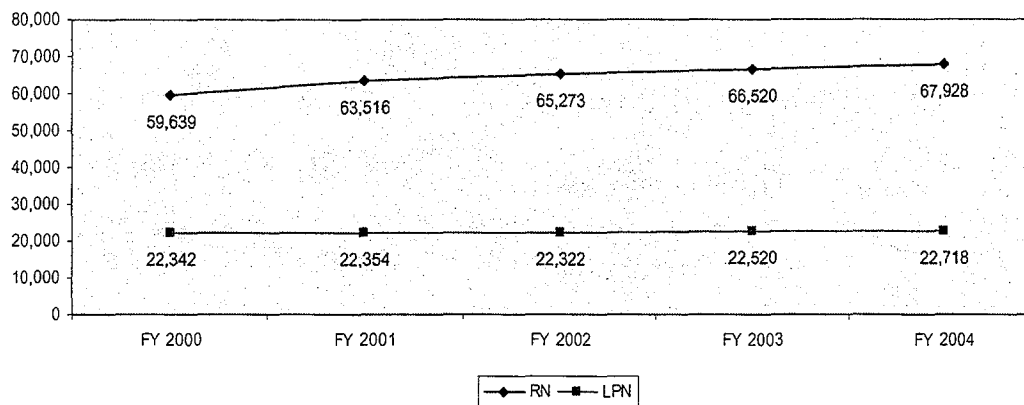
Service	RN	LPN
Licensure by examination	\$105	\$105
Re-examination	60	60
Permit fee (exam applicants only)	60	60
Licensure by endorsement	105	105
Registration renewal	85	85
Late renewal	60	60
Public Health Nurse certification	30	-
Verification to DEA for APRNs	50	50
Replacement license certificate	20	20
Replacement registration certificate	5	5
Verification of licensure status	20	20
Verification of examination scores	20	20
Copy of microfilmed licensure application materials	20	20
Nursing business registration		
Initial	100	-
Annual	25	-
Practicing nursing without current registration	Two times the amount of the current registration renewal fee (\$85) for any part of the first calendar month, plus the current registration renewal fee (\$85) for any part of any subsequent month up to 24 months.	
Practicing without current APRN certification	\$200 the first month or any part of and \$100 each subsequent month or part thereof.	

III. Licensure and Registration

A. The number of persons licensed and registered, by occupation, as of June 30 of the current year (2004).

Type	Number
RN	67,928
LPN	22,718
PHN	10,011

Current Nurse Licensure, FY 2000-2004



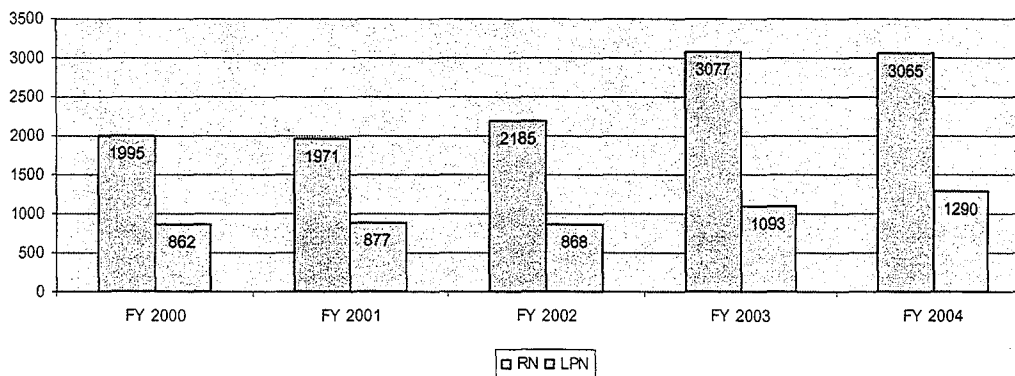
B. The number of new licenses and registrations, by occupation, issued by the Board during the biennium.

Category	FY 2003	FY 2004	Total
RN	4282	4421	8703
LPN	1244	1456	2700
Yearly Total	5526	5877	11,403

1. After taking the examination administered by the Board

Category	FY 2003	FY 2004	Total
RN	3077	3065	6142
LPN	1093	1290	2383
Yearly Total	4170	4355	8525

Nurses Licensed by Examination, FY 2000-2004



By method of application

Category	FY 2003	FY 2004	Total
RN online	452	1648	2100
RN paper	2625	1417	4042
LPN online	149	1032	1181
LPN paper	944	258	1202
Yearly Total	4170	4355	8525

a. After meeting education requirements at an institution located in the United States or Canada

Category	FY 2003	FY 2004	Total
RN	2986	2987	5973
LPN	1083	1285	2368
Yearly Total	4069	4272	8341

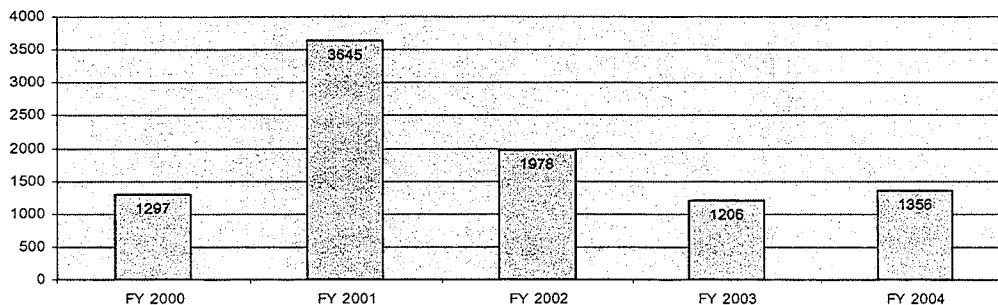
b. After meeting education requirements at an institution located outside the U.S. or Canada

Category	FY 2003	FY 2004	Total
RN	91	78	169
LPN	10	5	15
Yearly Total	101	83	184

2. After meeting the Board's requirements for reciprocity, endorsement or similar process

Category	FY 2003	FY 2004	Total
RN	1205	1356	2561
LPN	151	166	317
Yearly Total	1356	1522	2878

RNs Licensed by Endorsement, FY 2000-2004



By method of application

Category	FY 2003	FY 2004	Total
RN online	0	430	430
RN paper	1205	926	2131
LPN online	0	33	33
LPN paper	151	133	284
Yearly Total	1356	1522	2878

a. After meeting education requirements at an institution located in the United States or Canada

Category	FY 2003	FY 2004	Total
RN	1129	1307	2436
LPN	148	161	309
Yearly Total	1277	1468	2745

b. After meeting education requirements at an institution located outside the U.S. or Canada

Category	FY 2003	FY 2004	Total
RN	76	49	125
LPN	0 ¹	0 ²	0
Yearly Total	76	49	125

¹ FY 2003 LPN education waived = 3

² FY 2004 LPN education waived = 5

IV. Complaint Processing

A. Complaints Received for each year of the biennium

1. The number of complaints received

FY2003	FY2004
973	1113

2. The number of complaints categorized by type of occupation regulated by the board.

	FY2003	FY2004
RN	565	671
LPN	366	399
APRN	42	43

3. **The number of complaints per 1,000 persons of each occupation regulated by the board.**

	FY2003	FY2004
RN	9.12	10.51
LPN	16.25	17.56
APRN	12.33	12.11

**Board initiated data collection for APRN registry January 1, 2002 and is being collected per RN registration renewal application. Registry will not be completed until full two-year RN registration renewal cycle completed.

4. **The number of complaints categorized by type of complaint.**
Complaint categories are referenced to the statutory grounds for disciplinary action in the Nurse Practice Act. Each ground constitutes a separate category. A complaint is referenced to the most important or primary ground even though it may be related to more than one disciplinary ground.

Statutory grounds for disciplinary action (MN Stat. Sect. 148.261)	FY2003	FY2004
1) Failure to demonstrate qualifications or satisfy requirements for licensure	43	68
2) Employing fraud or deceit in procuring a license, permit or registration	10	13
3) Conviction of a felony or gross misdemeanor related to practice of nursing	7	6
4) Disciplinary action in another jurisdiction	48	93
5) Failure or inability to practice nursing with reasonable skill and safety	346	358
6) Engaging in unprofessional conduct	42	71
7) Failure of an advanced practice registered nurse to practice with reasonable skill and safety	17	21
8) Unsafe delegation or acceptance of delegation	2	2
9) Inability to practice nursing safely by reason of illness, including chemical dependency	151	208
10) Adjudication as mentally incompetent, mentally ill or chemically dependent	1	1
11) Engaging in unethical conduct	107	63
12) Engaging in sexual conduct with a patient or sexual exploitation of a patient	6	13
13) Obtaining money, property or services from a patient through use of undue influence	1	0
14) Revealing a privileged communication from or relating to a patient	6	7

Statutory grounds for disciplinary action (MN Stat. Sect. 148.261)	FY2003	FY2004
15) Engaging in fraudulent billing	0	0
16) Improper management of patient records	2	2
17) Knowingly aiding or allowing unlicensed person to practice nursing	0	0
18) Violating rule, order, or state or federal law relating to practice of nursing (e.g. VAA, narcotics)	156	161
19) Knowingly providing false information related to care of a patient	0	0
20) Aiding suicide or aiding attempted suicide in violation of section 609.215	0	0
21) Practicing outside scope of practice	23	21
22) Practicing outside the specific field of advanced practice registered nursing	1	0
23) Knowingly providing false information to the board	0	1
24) Engaging in false, fraudulent, deceptive or misleading advertising	0	0
25) Failure to inform board of certification status as CRNA, CNM, CNP or CNS	0	0
26) Engaging in advanced practice registered nursing without current certification	3	1
27) Engaging in conduct that is prohibited under section 145.412	0	0

B. Open Complaints for each year of the biennium

Description	FY2003	FY2004
1. Complaints open as of June 30	672	680
2. Open for less than 3 months	214	242
3. Open for more than 3 months but less than 6 months	137	165
4. Open for more than 6 months but less than 1 year	194	171
5. Open for more than 1 year	127	102

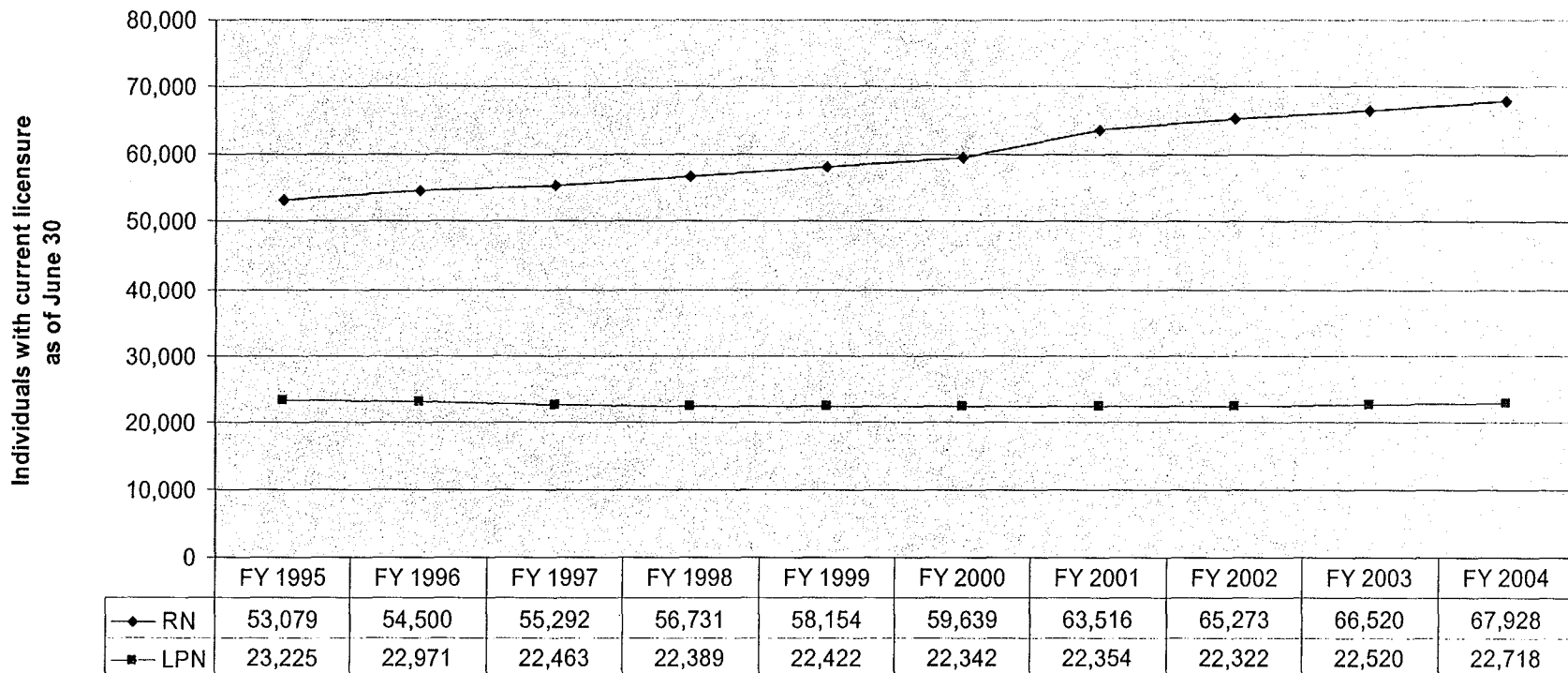
C. Closed Complaints for each year of the biennium

Description	FY 2003	FY2004
1. Number of complaints closed (by disposition), with or without civil penalty:		
a. Revocation	1	3
b. Voluntary surrender	24	31
c. Suspension, with or without stay	115	106
d. Inactive Status	0	1
e. Denial of Petition	0	1
f. Restricted, limited, or conditional license	17	18
g. Reprimand	18	22
h. Stipulated Monitoring Plan	2	2
i. Stipulation to Cease Practicing Nursing	6	9
j. Agreement for Corrective Action	12	29
k. Denial of licensure or registration	1	10
l. Referral to HPSP	40	42
m. Dismissal or closure	569	705
Total	805	979

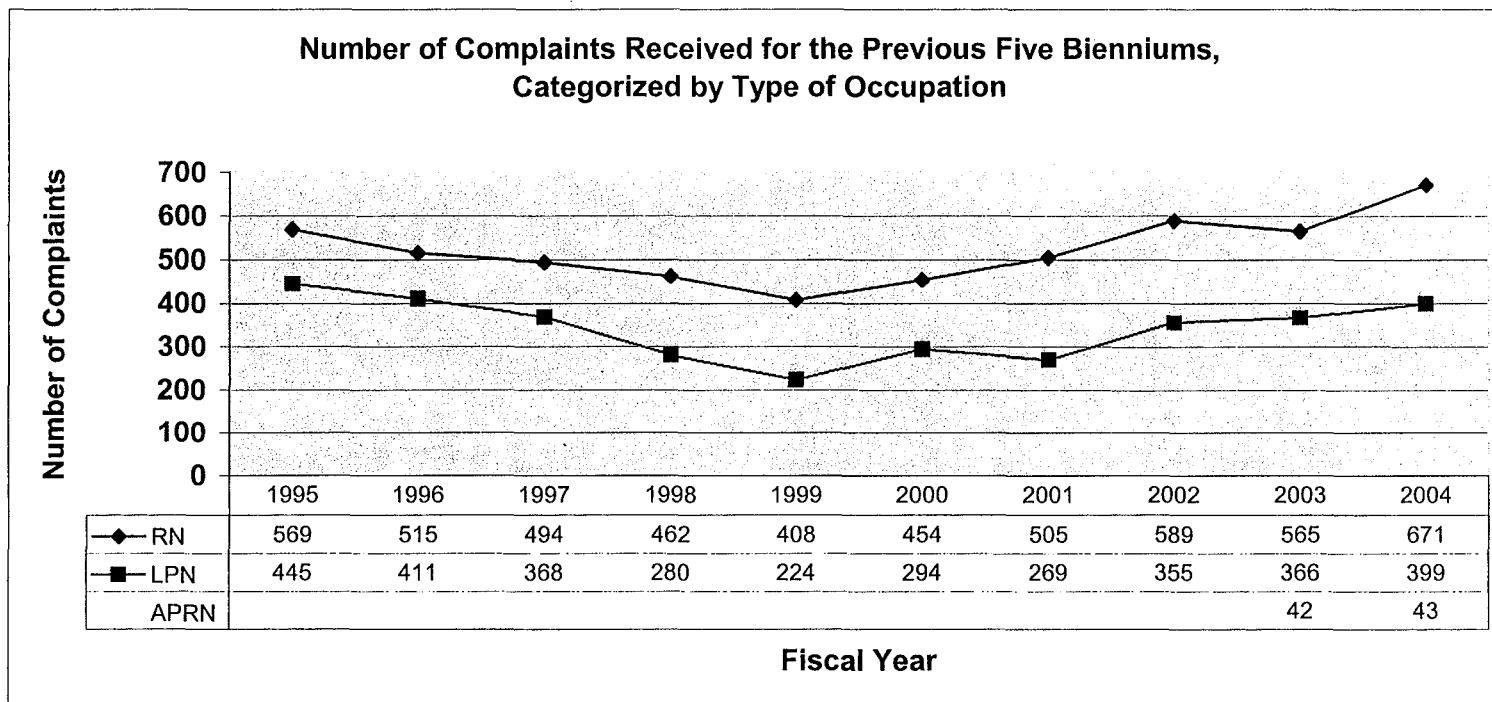
V. Trend Data

- A. For each year of the previous five bienniums, the number of persons licensed or registered by the Board, categorized by type of occupation

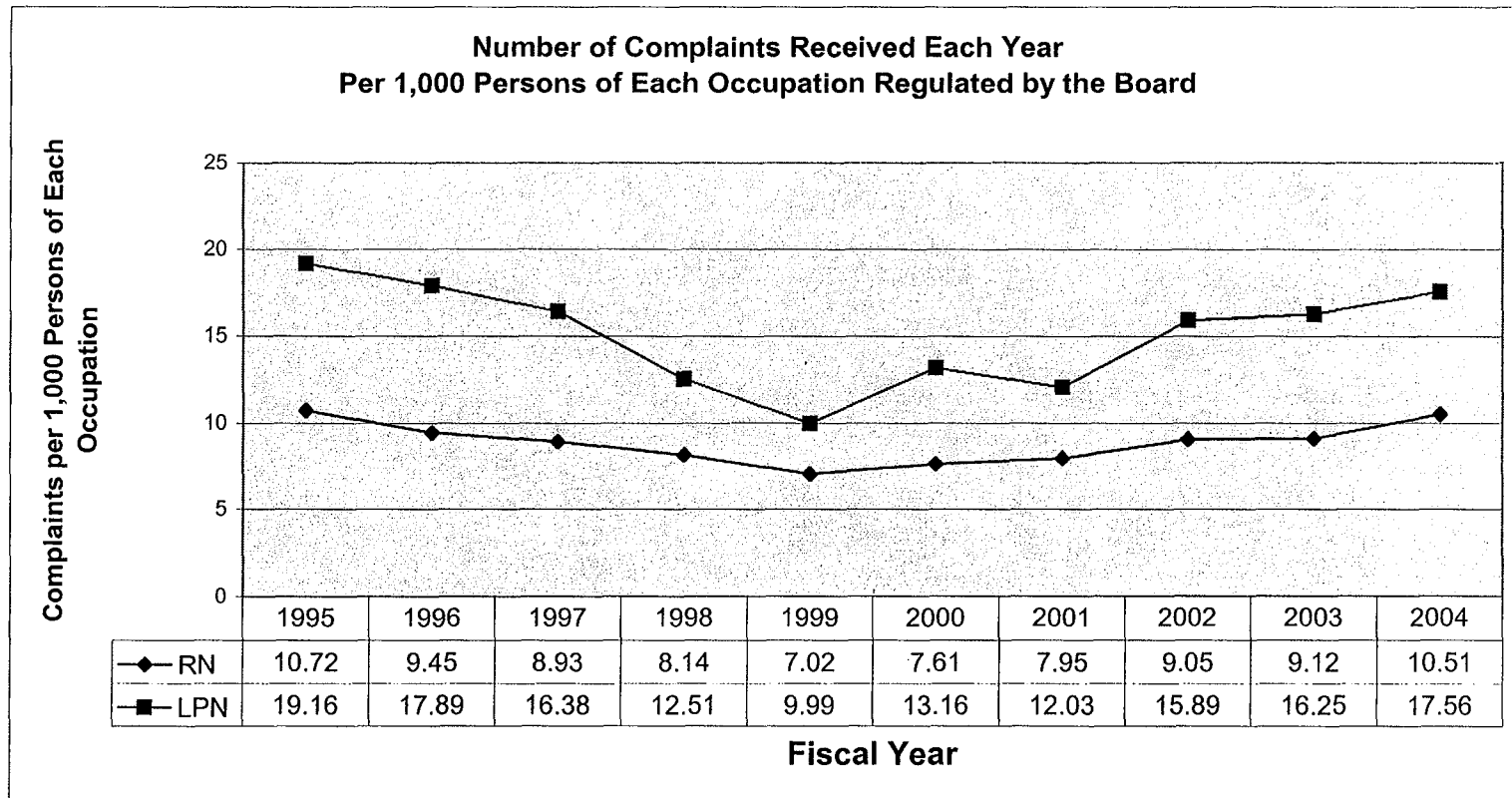
**Number of Persons Licensed or Registered by the Board,
Categorized by Type of Occupation**



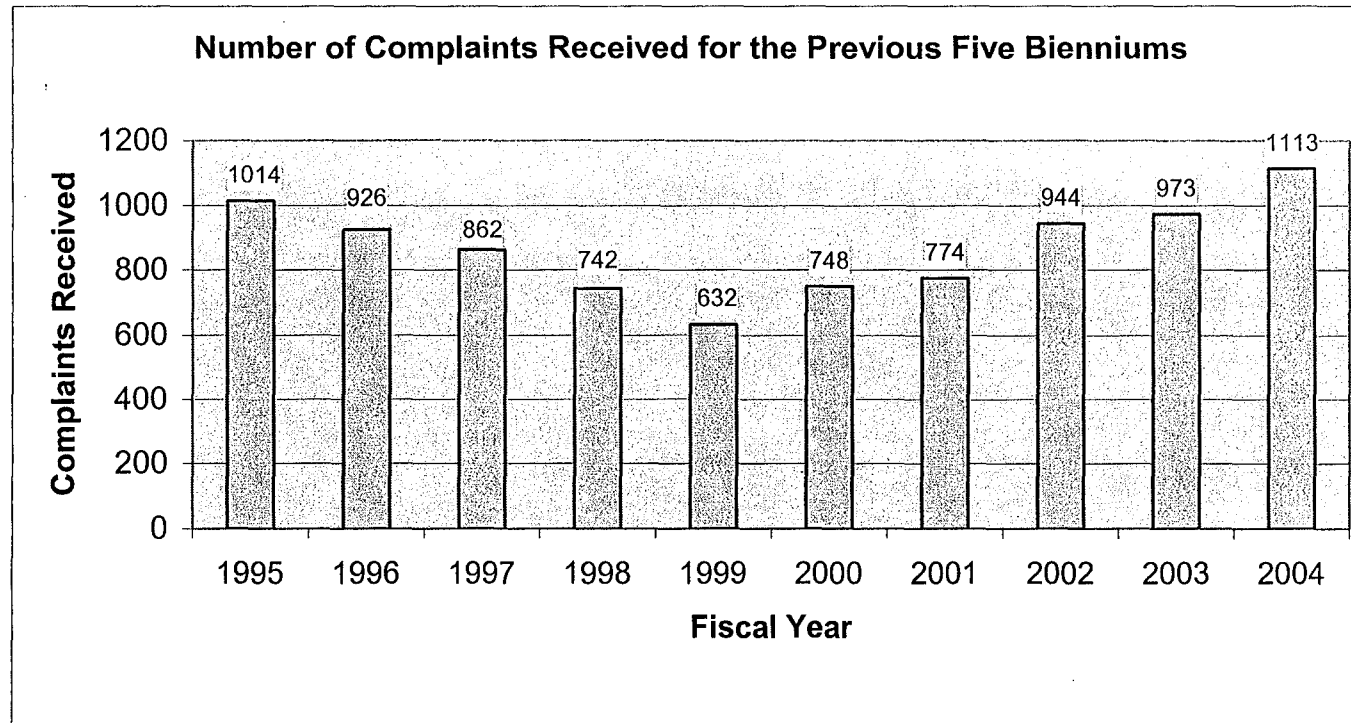
For each year of the previous five bienniums the number of complaints received, categorized by type of occupation, during each year



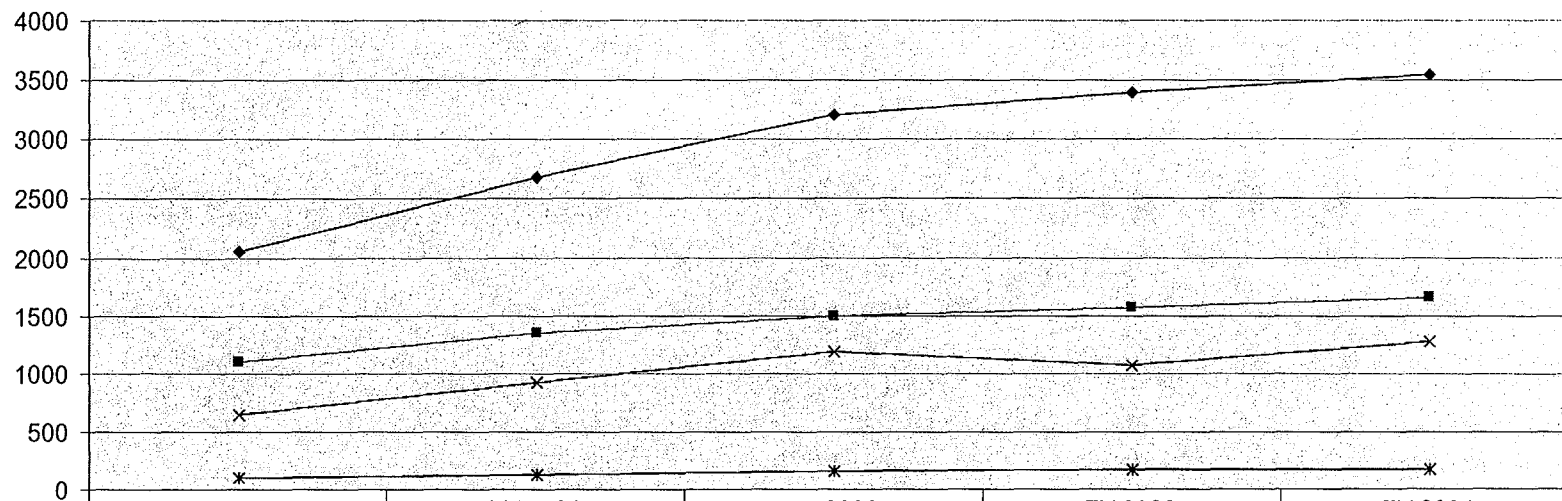
- C. For each year of the previous five bienniums, the number of complaints received each year per 1,000 persons of each occupation regulated by the Board.



D. For each year of the previous five bienniums, the total number of complaints received each year by the Board.



Advanced Practice Nurses on Registry, FY 2000-2004



	FY 2000	FY 2001	FY 2002	FY 2003	FY 2004
◆ APRN total	2046	2688	3208	3405	3550
■ CNP	1101	1347	1492	1565	1662
▲ CNS	204	284	370	409	429
× CRNA	640	927	1182	1071	1278
* CNM	101	130	164	173	181

(Online Services data)

Online applications received, by type of application, FY 2003 and 2004

For FY2003-2004, the Board of Nursing developed a comprehensive Strategic Information Resources Plan. The plan focused on delivering e-government services that are accessible and innovative. The Board developed and rolled out web-based services for all licensure processes.

Application Type	Rollout Date	License Type	FY 2003	FY 2004	Total
License Renewal	8/20/2002	RN	4816	6925	11,741
		LPN	1137	1702	2839
Licensure by Examination	4/27/2003	RN	1079	1700	2779
		LPN	467	1154	1621
Replacement Documents	10/1/2003	RN	-	144	144
		LPN	-	35	35
Licensure by Endorsement	11/12/2003	RN	-	675	675
		LPN	-	55	55
Public Health Nurse application	12/30/2003	RN	-	75	75
Reregistration	2/4/2004	RN	-	167	167
		LPN	-	46	46
Exam retakes	3/18/2004	RN	-	45	45
		LPN	-	8	8
Exam permit	4/8/2004	RN	-	61	61
		LPN	-	29	29
Total online applications received		RN	5895	9792	15,687
		LPN	1604	3029	4633
		Total	7499	12,821	20,320

Online confirmations of program completion submitted for applicants for licensure by examination, FY 2003 and 2004

The Board moved the licensure by examination process to virtually paperless. A part of the service is that Minnesota nursing education programs are able to validate graduation for applicants on-line.

Category	FY 2003	FY 2004	Total
RN	1380	1789	3169
LPN	468	1203	1671
Yearly Total	1848	2992	4840

Minnesota Board of Examiners for Nursing Home Administrators

Biennial Report

July 1, 2002-June 30, 2004

For more information, contact:

**Minnesota Board of Examiners for Nursing Home Administrators
2829 University Avenue SE
Suite 440
Minneapolis, MN 55414
www.benha.state.mn.us**

Phone: (612) 617-2117

Fax: (612) 617-2119

Minnesota Board of Examiners for Nursing Home Administrators
Biennial Report
July 1, 2002 to June 30, 2004

I. General Information

A. Board Mission and Major Functions

BENHA Mission

The mission of the Board of Examiners for Nursing Home Administrators is to promote the public's interest in quality care and effective services for residents of nursing facilities by ensuring that licensed administrators are qualified to perform their administrative duties.

BENHA functions

Setting and administering educational and examination standards for initial and continuing licensure

- Reviewing administrator functions and required knowledge, skills and abilities to aid in determining what requirements to set for initial and continuing licensure
- Setting licensure requirements through the rules process
- Reviewing academic programs to determine if they meet requirements
- Reviewing individually completed academic courses or experiences to determine if they meet licensure requirements
- Developing and administering the state examination to determine candidate knowledge of Minnesota statutes and rules governing nursing facility operation
- Reviewing continuing education programs submitted by sponsors or individuals to determine if they meet requirements
- Reviewing individual applicant/licensee documentation of completion of requirements for initial and continuing licensure

Responding to inquiries, complaints and reports from the public and other health care regulators regarding licensure and conduct of applicants, permit holders, licensees and unlicensed practitioners

- Accepting complaints and reports from the public and health care providers and regulators
- Deciding whether a complaint or inquiry is jurisdictional and if so whether and what type of action to pursue to resolve the matter
- Referring inquiries and complaints to other investigative, regulatory or assisting agencies
- Responding to complainants and agency reports by informing the complainants/agencies of action taken to resolve their complaints while observing provisions of the data practices act regarding the legal status of data obtained during the course of an investigation and disciplinary proceeding

Pursuing educational or disciplinary action with licensees as deemed necessary based upon results of investigations conducted in response to complaints/reports.

- Setting standards of conduct and a basis for disciplinary action through the rules process
- Seeking information directly from the licensee and securing investigation and fact finding information from other agencies in response to complaints or inquiries
- Holding conferences with licensees to identify their role and responsibility in a matter under investigation
- Providing applicants and licensees education to improve practice and prevent recurrence of problems
- Obtaining voluntary agreement to disciplinary action or pursuing disciplinary action through a due process, contested case hearing and potential court action

Providing information and education about licensure requirements and procedures and standards of practice to the public and other interested audiences.

- Providing information to the long-term care community concerning requirements for administrator licensure and information about licensees available to fill vacancies in MN facilities
- Providing information about careers in nursing home administration and licensure requirements to prospective applicants for licensure
- Providing information to licensees to prevent inappropriate practice and to improve practice toward the end of better administered facilities and improved care for nursing home residents, e.g. direct educational mailings, providing educational/informational articles and appearances to organizations serving administrators in the long-term care community
- Providing the public information about where they can find answers to concerns related to care of residents in nursing homes including information about whether persons are licensed with the board and whether they have had disciplinary action taken against their licenses

B. Major activities during the biennium

The following major activities were accomplished by the board during the biennium:

- Civil Penalty legislation, Minn. Stat. 144A.2511, was added to the board's statute allowing collection of monetary reimbursement to the board for cases found to be substantiated. This legislation protects the vast majority of licensees from increased license fees. It also established limits of proposed penalties for those substantiated cases requiring payment.
- Enhanced the web site encouraging on-line license renewals. The first year had a 17% on-line renewal rate and the second year renewal rate of 60%. Licensees viewed the simplicity and effectiveness of the renewal process as favorable. In addition to on-line renewals, board minutes, newsletters, renewal notices and applicant information is available on-line, reducing administrative expense and improving consumer service.
- On-line administrator of record notification to the Minnesota Department of Health and BENHA is now communicated via internet.
- BENHA serves as the assigned board to manage the Administrative Services Unit and coordinating board of the Council of Health Boards.
- Concordia College of Moorhead, Minnesota was re-accredited as a *Center of Excellence for Long Term Care Administration* for the period of September 1, 2003 to August 31, 2008. The Executive Director met with students of the six Minnesota accredited programs during this two year period providing insight into credentialing and licensure requirements.

- The Executive Director continues to serve on the National Association of Boards (NAB) Executive Committee and Chairs the State Executive Forum and State Governance and Regulatory Services Committees of the national board.
- Jan Strum was hired as the Office Manager replacing the retiring Joann Benesh, a 25 year employee for the state of Minnesota.

C. Emerging issues regarding regulation of nursing home administrators

Nationally, the declining numbers of administrators entering long term care administration throughout the late 1990's and early 2000's stabilized by the end of 2004. Minnesota continues to have slightly more retirees and those choosing not to renew their licenses than new licensees each year. The biennial report shows 856 licensees on June 30, 2004 to a high of 935 licensees on June 30, 1998.

Non-renewing licensees are asked for their comments. The two comments generating greatest response as being impediments in their success referred to excessive federal regulations and the inability to adequately fund quality customer expectations. The average age of the long term care administrator continues to increase to 48 years, 3 months.

Nationally, the focus on Residential Care/Assisted Living Administrators License may have implications for Minnesota. A growing number of states require minimum requirements for those senior care communities that identify themselves as assisted living facilities. Minnesota is one of three states without any requirement for the leadership of the facility and has placed the accountability aspect of licensure on the home health agency providing the hands on care and separating the health care component from the physical plant. This continues to be of interest for the board to monitor.

II. Board's Members, Staff, and Budget

A. Board composition

Statute requires the board to have 11 members. The names of persons holding the seats as of June 30, 2004 are as indicated below.

The following are appointed by the Governor for staggered four year terms:

2 members engaged in management, operation, or ownership of proprietary nursing homes

- James Birchem, Little Falls
- Robert Letich, Plymouth

2 members engaged in management or operation of nonprofit nursing homes

- Michael Gibson, Wadena,
- Thomas Goeritz, White Bear Lake

1 member engaged in the practice of medicine

- Dr. Jane Pederson, Woodbury

1 member engaged in the practice of professional nursing

- Catherine Lloyd, Plymouth

3 public members

- Christine Rice, Lake Elmo
- Ann Tagtmeyer, Mendota Heights,
- Chandra Mehrotra, Ph.D. , Duluth

The following are appointed by the commissioners of Health and of Human Services and serve as non-voting designees of those commissioners

- H. Michael Tripple, Minnesota Department of Health
- Robert Held, Department of Human Services

B. Employees

The board has two full-time equivalent positions. They are the executive director and office manager.

C. Receipts and disbursements and major fees assessed by the board

Item	FY 2003	FY 2004
Receipts	199,618	198,757
Disbursements	167,613	156,658

Fee	Amount
Application	\$150
Original License	\$200
Annual Renewal	\$200
Acting Administrator Permit	\$250

III. Licensing and Registration

A. Persons licensed as of June 30, 2004

856 Persons licensed as nursing home administrators as of June 30, 2004

B. New licenses issued during biennium

FY	By Exam	By Endorsement
2003	45	(Exam Required)
2004	43	(Exam Required)

IV. Complaints

A. Complaints Received

(Note: BENHA regulates only one occupation—Nursing Home Administrators. The following numbers all pertain to licensed nursing home administrators.

Item	FY 2003	FY 2004
1. Complaints Received	114	124
2. Complaints Per 1,000 Regulated Persons	133	144
3. Complaints By Type of Complaint		
A. Felony conviction		
B. Crime against minors		
C. Ineligible under Minnesota Department of Health fines		
D. Failure to comply with Vulnerable Adult Act	101	116
E. Violated statute or rule relating to operation of nursing facility	12	6
F. Discrimination		
G. Acts of misconduct/unfit to perform as a NHA	1	
H. Fraud, deception, fitness to perform as a NHA		
I. Unprofessional Conduct		
J. Failed to exercise true regard to safety health or life of a resident		2
K. Illegal disclosure of information		
L. Sexual harassment		
M. misrepresentation of fact in securing, procuring, renewing license		
N. Used licensee's professional status for improper personal "gain".		
O. Commission for soliciting for nursing home patronage		
P. Aided or allowed unlicensed person to engage in nursing home administration		
Q. Misrepresentation through false advertising		
R. Transferred license or surrenders license improperly		
S. Falsely impersonated another licensee		
T. Practiced without current license		
U. Made False statement to board		
V. Subject to reprimand in another jurisdiction		
W. failed to report a reprimand from another jurisdiction or has been refused a license in another jurisdiction		
X. abuse of and acknowledged chemical dependency		

B. Open Complaints on June 30

Item	FY 2003	FY 2004
1. Complaints Open	10	13
2. Open Less Than 3 Months		7
3. Open 3 to 6 Months	10	6
4. Open 6 to 12 Months		
5. Open More Than 1 Year (explain)		

C. Closed Complaints on June 30

Item	FY 2003	FY 2004
1. Number Closed	104	111
2. Disposition by Type		
A. Revocation		
B. Voluntary Surrender		
C. Suspension		
D. Restricted, Limited, Or Conditional License		
E. Civil Penalties		
F. Reprimand		
G. Agreement for Corrective Action		1
H. Referral to HPSP	1	
I. Dismissal or closure	103	110
3. Cases Closed That Were Open For More Than One Year (explain)		

V. Trend Data as of June 30

Year	A. Persons Licensed	B. Complaints	C. Complaints Per 1,000 Licensees	D. Open Cases
2004	856	124	144	13
2003	862	114	132	10
2002	859	100	117	5
2001	890	150	168	1
2000	910	135	148	14
1999	894	127	142	32
1998	935	40	43	NA
1997	904	34	38	NA
1996	838	150	178	NA
1995	NA	98	NA	NA
1994	NA	NA	NA	NA
1993	NA	NA	NA	NA
1992	NA	122	NA	NA
1991	NA	115	NA	NA

Minnesota Board of Optometry

Biennial Report

July 1, 2002-June 30, 2004

For more information, contact:

Minnesota Board of Optometry

2829 University Avenue SE

Suite 550

Minneapolis, MN 55414

www.optometryboard.state.mn.us

Phone: (612) 617-2173

Fax: (612) 617-2174

**Minnesota Board of Optometry
Biennial Report
July 1, 2002 to June 30, 2004**

I. General Information

A. Board Mission and Major Functions

Board of Optometry Mission

The mission of the Board of Optometry is to promote the public's interest in quality eye care and effective services for their vision correction and eye health by ensuring that licensed optometrists are qualified to provide their professional services.

Board of Optometry Functions

Setting and administering educational and examination standards for initial and continuing licensure

- Setting licensure requirements through the rules process
- Reviewing reports by American Schools and Colleges of Optometry, of academic programs to determine if they meet state requirements
- Reviewing the examination content and structure of nationally standardized examinations to determine if they meet state requirements
- Developing and administering the state examination to determine candidate knowledge of Minnesota statutes and rules governing nursing facility operation
- Reviewing continuing education programs submitted by sponsors or individuals to determine if they meet requirements
- Reviewing individual applicant/licensee documentation of completion of requirements for initial and continuing licensure

Responding to inquiries, complaints and reports from the public and other health care regulators regarding licensure and conduct of applicants, licensees and unlicensed practitioners

- Accepting complaints and reports from the public and health care providers and regulators
- Deciding whether a complaint or inquiry is jurisdictional and if so whether and what type of action to pursue to resolve the matter
- Referring inquiries and complaints to other investigative, regulatory or assisting agencies
- Responding to complainants and agency reports by informing the complainants/agencies of action taken to resolve their complaints while observing provisions of the data practices act regarding the legal status of data obtained during the course of an investigation and disciplinary proceeding

Pursuing educational or disciplinary action with licensees as deemed necessary based upon results of investigations conducted in response to complaints/reports.

- Setting standards of conduct and a basis for disciplinary action through the rules process
- Seeking information directly from the licensee and securing investigation and fact finding information from other agencies in response to complaints or inquiries
- Holding conferences with licensees to identify their role and responsibility in a matter under investigation
- Providing applicants and licensees education to improve practice and prevent recurrence of problems
- Obtaining voluntary agreement to disciplinary action or pursuing disciplinary action through a due process, contested case hearing and potential court action

Providing information and education about licensure requirements and procedures and standards of practice to the public and other interested audiences.

- Providing information to the optometric community concerning requirements for optometrist licensure
- Providing information about careers in optometry and licensure requirements to prospective applicants for licensure
- Providing the public information about where they can find answers to concerns related to eye care including information about whether persons are licensed with the board and whether they have had disciplinary action taken against their licenses

B. Major activities during the biennium

The following major activity has had impact on board regulation during the biennium:

- Enhancement of the scope of practice for optometry practice to include prescription and administration of oral medications.

C. Emerging issues regarding regulation of optometrists

- Continued sale of contact lenses over the internet and by mail order without verification of prescription.

II. Board's Members, Staff, and Budget

A. Board composition

Statute requires the board to have 7 members. The names of persons holding the seats as of June 30, 2004 are as indicated below.

The following are appointed by the Governor for staggered four year terms:

5 members who are licensed optometrists—John J. Perszyk, O.D., Eden Prairie, Larry Morrison, O.D., Detroit Lakes, LaMar Gunnarson, O.D., Nisswa, Lee Nelson, Scandia, Lori Mowbray, O.D., Edina

2 public members—Jeanette Taylor Jones, Medina, Orinne Jones, Coon Rapids

B. Employees

The board has one full-time equivalent position. They are a half-time executive director, a half time clerical assistant.

C. Receipts and disbursements and major fees assessed by the board

Item	FY 2003	FY 2004
Receipts	\$113,845	\$111,784
Disbursements	\$ 84,093	\$ 94,076

Fee	Amount
Application	\$ 75
Annual Renewal	\$105

III. Licensing and Registration

A. Persons licensed as of June 30

FY	
2003	899
2004	913

B. New licenses issued during biennium

FY	By Exam	By Reciprocity
2003	89	4
2004	13	1

IV. Complaints

A. Complaints Received

(Note: Board of Optometry regulates only one occupation—Optometrists. The following numbers all pertain to licensed optometrists.)

Item	FY 2003	FY 2004
1. Complaints Received	9	8
2. Complaints Per 1,000 Regulated Persons	.01	.00
3. Complaints By Type of Complaint		
A. Incompetent	1	3
B. Unprofessional Conduct	5	5
C. Non-jurisdictional	3	
D. Unlicensed Practice		

B. Open Complaints on June 30

Item	FY 2003	FY 2004
1. Complaints Open	1	3
2. Open Less Than 3 Months		
3. Open 3 to 6 Months		
4. Open 6 to 12 Months	1	3
5. Open More Than 1 Year (explain)		

C. Closed Complaints on June 30

Item	FY 2003	FY 2004
1. Number Closed	7	9
2. Disposition by Type		
A. Revocation		
B. Voluntary Surrender	1	
C. Suspension		
D. Restricted, Limited, Or Conditional License		
E. Civil Penalties		
F. Reprimand		
G. Agreement for Corrective Action		
H. Referral to HPSP		
I. Dismissal or closure	6	9
3. Cases Closed That Were Open For More Than One Year (explain)		

v. Trend Data as of June 30

Year	A. Persons Licensed	B. Complaints	C. Complaints Per 1,000 Licensees	D. Open Cases
2004	913	8		3
2003	899	9		1
2002	914	10		13
2001	892	11		8
2000	846	16		3
1999	830	13		0
1998	805	9		0
1997	787	9		0
1996	822	5		0

Minnesota Board of Pharmacy

Biennial Report

July 1, 2002-June 30, 2004

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**MINNESOTA BOARD OF PHARMACY
BIENNIAL REPORT
JULY 1, 2002 TO JUNE 30, 2004**

I. GENERAL INFORMATION

A. Board Mission and Major Functions

Board of Pharmacy Mission

The mission of the Minnesota Board of Pharmacy is to promote, preserve, and protect the public health, safety, and welfare by fostering the provision of quality pharmaceutical care to the citizens of Minnesota, through the regulation of: the practice of pharmacy; the operation of pharmacies; and the distribution of prescription drugs in the public interest.

Board of Pharmacy Functions

Setting educational and examination standards for initial and continuing licensure; and administering clinical portions of the examinations.

- Reviewing pharmacy related functions and required knowledge, skills and abilities to aid in determining what requirements to set for initial and continuing licensure.
- Setting licensure and internship requirements through the rules process.
- Reviewing academic programs to determine if they meet requirements.
- Developing and administering the state's practical examination to determine candidate ability to apply didactic knowledge to the clinical setting.
- Developing the state's jurisprudence examination to determine candidate knowledge of Minnesota statutes and rules governing pharmacy practice.
- Reviewing continuing education programs submitted by sponsors and individuals to determine if they meet requirements.
- Reviewing individual applicant/licensee documentation of completion of requirements for initial and continuing licensure.

Conducting unannounced inspections of all pharmacies, drug wholesale houses and drug manufacturers in the state.

- Inspect all pharmacies located in the state of Minnesota to assure compliance with all statutes and rules relating to prescription drug distribution and the provision of pharmaceutical care.
- Inspect all wholesalers located in the state of Minnesota to assure compliance with all statutes and rules relating to the storage and distribution of prescription and non-prescription drugs.
- Inspect all manufacturers located in the state of Minnesota to assure compliance with Good Manufacturing Practices Standards.

Promptly responding to public and agency inquiries, complaints, and reports regarding licensure and conduct of applicants, registrants, and licensees.

- Accepting complaints and reports from the public and health care providers and regulators.
- Deciding whether a complaint or inquiry is jurisdictional and, if so, whether and what type of action to pursue to resolve the matter.
- Referring inquiries and complaints to other investigative, regulatory, or assisting agencies.
- Responding to complainants and agency reports by informing the complainants/agencies of action taken to resolve their complaints, while observing provisions of the data practices act regarding the legal status of data obtained during the course of an investigation and disciplinary proceeding.

Setting standards of practice and conduct for licensees and pursuing educational or disciplinary action with licensees, to ensure that standards are met.

- Setting standards of conduct and a basis for disciplinary action through the rules process.
- Seeking information directly from the licensee and securing investigation and fact-finding information from other agencies in response to complaints or inquiries.
- Holding conferences with licensees to identify their role and responsibility in a matter under investigation.
- Providing applicant and licensees education to improve practice and prevent recurrence of problems.
- Obtaining voluntary agreement to disciplinary action or pursuing disciplinary action through a due process, contested case hearing, and potential court action.
- Referring cases, where appropriate, to the Health Professional Services Program.

Providing information and education about licensure requirements, standards of practice, and Minnesota drug law to the public and to other interested audiences.

- Providing information to the pharmacy community concerning requirements for licensure.
- Providing information to licensees to prevent inappropriate practice and to improve the practice of pharmacy.
- Providing the public with information about pharmacy services and drug use issues through telephone, written, and e-mail communications.
- Providing the public and licensees access to a wide variety of pharmacy related information sources through our web site.

B. Major activities during the biennium.

The board accomplished the following major activities during the biennium:

- Continuous updating of a web site to provide information about the board and its various functions for access by the public, applicants for licensure, and licensees of the board. The site provides links to other sites, in state and federal government, to help persons interested in finding appropriate pharmacy services and to inform them of how to pursue complaints or concerns about their prescriptions. It also provides a variety of forms that the public, applicants for licensure, and licensees of the board can download.
- Work on revision of board rules relating to standards of practice for pharmacists.
- Updated an item pool of 2,000+ questions for the Multistate Pharmacy Jurisprudence Examination/Minnesota.
- Began work with a software developer on a new licensing database that will accommodate on-line renewals and inquiries.

C. Emerging issues regarding the regulation of the practice of Pharmacy.

Emerging issues regarding the regulation of the practice of Pharmacy

- **Pharmacy manpower** – The profession of pharmacy is currently faced with a significant shortage of licensed practitioners. A recent study by the University of Minnesota College of Pharmacy estimates that there are currently 200 to 400 unfillable vacancies for pharmacists in Minnesota. As the baby boomers begin to approach age 55+ and begin to use more prescription drugs the demand for pharmacists will increase. It is estimated that the current nationwide prescription volume will double in the next five years while the number of pharmacists will increase by only 15 %. To address this issue, the College of Pharmacy at the University of Minnesota obtained funding to open a satellite college of pharmacy at UMD. This will increase the number of graduating students from the current figure of 100 to a figure of 150. The Board has already taken steps to streamline the licensing process for both new graduates and pharmacists from other states. The Board of Pharmacy supports the effort by the college of pharmacy in increasing the supply of graduates entering the profession.
- **Rural Pharmacy Initiatives** – Studies by the University of Minnesota College of Pharmacy, using Board of Pharmacy data, have shown that pharmacy services to rural Minnesota may soon be facing a crisis. Two factors are responsible for this looming problem. First, the study has shown that in many rural counties in Minnesota the average age of the pharmacists practicing in those counties is 60+. As these pharmacists begin to retire it will be crucial to find younger pharmacists to replace them. The current pharmacist shortage makes this very difficult. Second, pressure from 3rd party insurance plans to continually reduce the margins on prescription dispensing make owning a pharmacy less and less profitable and make it less likely that independent pharmacy owners in rural counties will be able to attract a buyer for their pharmacies when they retire. As a result, many rural communities may find themselves without pharmacy services in the next few years. The Board is working with and is supportive of the Minnesota Pharmacists Association in its legislative initiatives to address this issue.

II. BOARD'S MEMBER, STAFF, AND BUDGET

A. Board Composition:

Statute requires the Board to have seven members. The names of the people appointed, by the Governor, for staggered four-year terms, as of June 30, 2004, are:

NAME	RESIDENCE	PHARMACIST/PUBLIC MEMBER
Thomas Dickson	Proctor, MN	Pharmacist Member
Gary Schneider	Plymouth, MN	Pharmacist Member
Jean Lemberg	Arden Hills, MN	Public Member
Carleton Crawford	Minneapolis, MN	Public Member
Vernon Kassekert	White Bear Lake, MN	Pharmacist Member
Kay Dvorak	Brooklyn Park, MN	Pharmacist Member
Betty Johnson	Elbow Lake, MN	Pharmacist Member

B. Employees

The Board has ten full-time and one part-time positions. The positions are a full-time executive director, full-time office manager, five full-time pharmacy surveyors, and three and a half clericals.

C. Receipts, disbursements, and major fees assessed by the Board.

ITEM	FY 2003	FY 2004
Receipts	\$1,322,614	\$1,343,410
Disbursements	\$1,232,577	\$1,040,167

FEE NAME	FEE AMOUNT
Pharmacist Renewal	\$105.00
Practical Examination Application	\$125.00
Original Licensure	\$105.00
Reciprocity Application	\$205.00
Pharmacy New and Renewal	\$165.00
Wholesaler New & Renew-Prescription and Controlled Substance	\$180.00
Wholesaler - Non-Prescription and Veterinary Non-Prescription	\$155.00
Wholesaler - Medical Gases	\$130.00
Wholesaler - When licensed as a MN Pharmacy	\$105.00
Manufacturer - Prescription and	\$180.00

Controlled Substance	
Manufacturer - Non-Prescription and Veterinary Non-Prescription	\$155.00
Manufacturer – Medical Gases	\$130.00
Manufacturer – When licensed as a MN Pharmacy	\$105.00
Medical Gas Distributors	\$50.00
Controlled Substance Researchers	\$25.00
Interns	\$20.00
Technicians	\$20.00

III. LICENSING AND REGISTRATION

A. Licensees as of June 30, 2004

TYPE	NUMBER
Pharmacists – Active	6104
Pharmacists – Inactive	57
Pharmacists – Emeritus	118
Technicians	6631
Pharmacies	1517
Wholesalers	813
Manufacturers	236
Medical Gas Distributors	41
Controlled Substance Researchers	379
Interns	868
Preceptors	1014

B. New Licensees issued during biennium

FY	BY EXAM	BY RECIPROCITY
2003	114	84
2004	199	69

IV. COMPLAINTS

A. Complaints Received

ITEM	FY 2003	FY 2004
1. Complaints Received	96	100
2. Complaints Per 1,000 Regulated Persons	8	8
3. Complaints by Type of Complaint		
A. Short counts	3	2
B. Dispensing error	47	51
C. No pharmacist on duty	0	4
D. Poor service to nursing home	3	4
E. Labeling error	2	0
F. Prescribing error	1	0
G. Billing problem	2	6
H. Insurance coverage/delay in getting prescription		1
I. Nursing home kickback – attempt	0	1
J. Violation of privacy	3	2
K. Dispensing without a prescription	2	6
L. Refusal to fill prescription	2	3
M. Refusal to give copy	2	1
N. Unprofessional Conduct	10	5
O. Discrimination	1	0
P. Confrontation with pharmacist	4	4
Q. Generics	3	2
R. Drug diversion	2	2
S. Counseling inappropriate	1	1
T. Criminal conviction	1	0
U. Outdated medications dispensed	3	0
V. Alcohol abuse	1	1
W. Controlled substance ordering problem	2	1
X. Internet pharmacy issues	0	2
Y. Transcription error	0	1

B. Open Complaints on June 30 – We have not kept track of this information.

ITEM	FY 2003	FY 2004
1. Complaints Open		
2. Open Less Than 3 Months		
3. Open 3 to 6 Months		
4. Open 6 to 12 Months		
5. Open More than 1 Year (Explain)		

C. Closed Complaints on June 30 – We have not kept track of this information.

ITEM	FY 2003	FY 2004
1. Number Closed		
2. Disposition by Type		
A. Revocation		
B. Voluntary Surrender		
C. Suspension		
D. Restricted, Limited, or Conditional License		
E. Civil Penalties		
F. Reprimand		
G. Agreement for Corrective Action		
H. Referral to HPSP		
I. Dismissal or closure		
3. Cases Closed That Were Open For More Than One Year (Explain)		

V. TREND DATA AS OF JUNE 30

YEAR	FACILITIES LICENSED	FACILITIES INSPECTED	PERSONS LICENSED	COMPLAINT	COMPLAINTS PER 1,000 LICENSEES	OPEN CASES
2004	2986	849	12,910	100	8	24
2003	2647	1,355	11,866	96	8	18
2002	2,649	1,861	11,024	108	10	21
2001	2,491	1,755	10,169	100	10	23
2000	2,416	1,723	9,495	75	8	13
1999	2,303	1,697	7,863	60	8	7
1998	2,199	1,626	5,388	67	12	?
1997	2,153	1,597	5,216	71	14	?
1996	2,131	1,612	5,185	90	17	?
1995	2,081	1,608	5,078	79	16	?
1994	2,044	1,602	4,832	66	14	?
1993	1,896	1,537	4,762	74	16	?
1992			4,750	61	13	?
1991			4,690	41	9	?

Minnesota Board of Physical Therapy

Biennial Report

July 1, 2002-June 30, 2004

For more information, contact:

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**Minnesota Board of Physical Therapy
Biennial Report
July 1, 2002-June 30, 2004**

Pursuant to Minnesota Statute 3.197, the cost of preparing this report was approximately \$ 400.00 (staff time).

I. General Information

A. Board Mission and Major Functions

Board of Physical Therapy Mission

The mission of the Board of Physical Therapy is to ensure Minnesota citizens receive quality physical therapy services from competent physical therapists.

Major Functions of the Board of Physical Therapy

Ensure that applicants meet the standards for initial licensure

- Reviewing individual applicant documentation for completion of requirements for initial licensure
- Reviewing foreign educated applicant documentation and supervised traineeship programs relative to requirements to ensure preparation is equivalent to U.S. applicants

Ensure that physical therapists meet standards for license renewal

- Reviewing individual licensee documentation relative to renewal requirements
- Auditing continuing education reports from a selected sample of the annual renewals
- Reviewing educational courses and internet courses to determine whether they meet requirements for continuing education credit approval

Identify physical therapists who fail to maintain minimum standards necessary for the provision of safe and quality care, and when warranted, provide timely and appropriate disciplinary or corrective action.

- Accepting complaints and reports from the public, health care providers, payers, and regulators
- Deciding whether the information submitted is sufficient and clear enough to initiate a complaint, and if not, then requesting additional information from the complainant.
- Determining whether the complaint is jurisdictional, and if so what action is necessary to resolve the matter
- Referring inquiries and complaints to other investigative, regulatory, or assisting agencies

- Responding to complainants with reports of action taken to resolve complaints (within the constraints of data practices act)
- Seeking information directly from the licensee, and obtaining investigation information from other agencies, and/or consultants.
- Holding conferences with licensees to identify their role and responsibility in the matter under investigation
- Providing applicants and licensees with education to improve practice and prevent recurrence of problems
- Obtaining voluntary agreement or disciplinary action, or pursuing disciplinary action through a due process, contested case hearing, or potential court action.

Provide accurate information and education to the public, other interested parties, and licensees

- Providing information to the public about the practice of physical therapy.
- Providing information to the public, employers, and other interested parties as to whether a person is licensed with the board and has been subject to any disciplinary action.
- Providing information to licensees to prevent inappropriate practice, to improve practice, and to improve awareness of the practice act and rules.
- Reporting disciplinary actions to the National Practitioner Data Bank.
- Providing information to applicants and licensees to facilitate initial and continuing licensure processes

B. Major Activities During the Biennium

- Code of Ethics rules were promulgated and became effective in May 2003.
- Statute revision (MS 148.775: Forms of Disciplinary Action) passed in the 2003 legislative session and signed by the Governor, became effective on August 1, 2003.
- Information technology projects, in cooperation with other small health licensing boards include: an online address change function, online annual license renewals (14% of renewals were online in FY03, and 30% in FY04), and a search licensees function (allows online verification of licensee disciplinary and renewal status, and continuing education reporting date). All of the Board's Stipulations and Orders are available to the public from the website. Online requests for license certification letters will be available in the Fall of 2004 and online initial license applications will be available in Spring 2005.
- All Board committees (complaint review, licensure, continuing education, legislative, and personnel/administration) are active and meet regularly to guide the Board.
- Communication with licensees through informational letters distributed with license renewal forms, the publication of a newsletter, board and staff presentations to physical therapists and physical therapy students, and available website resources.
- Communication with the public through the website and in response to inquiries and questions.

C. Emerging Issues Regarding Regulation of Physical Therapists

- Future revisions to the physical therapy statute are necessary to facilitate and clarify administrative and discipline processes. Areas to be addressed include: late renewal of annual licenses, inactive license status, physical therapist assistants, and merging of rules into the statutes.
- The actual costs of disciplinary actions cannot be accurately predicted. A contested case would result in substantial increased costs from the Office of the Attorney General.

II. Board Members, Staff, and Budget

A. Board Composition

Statute requires the board to consist of nine members appointed by the Governor. The persons holding the seats on June 30, 2004 are:

- Four physical therapists: Corinne Ellingham, Bloomington; Timothy Fedje, Rochester; Kathy Fleischaker, Eden Prairie; and Dennis Lutterman, Brainerd
- One licensed doctor of medicine: Bruce Idelkope, MD of Minneapolis
- One physical therapist assistant: Therese McDevitt, Brooklyn Center.
- Three public members: Neng Lee, St Paul; Jack Schaaf, St. Paul; and Don Sheffield, Minneapolis

B. Employees

The Board has two full time employees, an executive director and an assistant to the executive director.

C. Receipts and Disbursements and Major Fees Assessed by the Board

ITEM	FY 2003	FY 2004
Receipts	\$274,220.	\$295,925.
Disbursements	\$281,944.	\$239,432.

FEES	Amount
Application	\$100
Annual Renewal	\$60
Late Fee	\$50
Examination Administrative fee	\$50
Continuing Education Course review	\$100

III. Licensing and Registration

- A. **Persons Licensed as of June 30, 2002** 3,269 physical therapists
Persons Licensed as of June 30, 2003: 3,337 physical therapists
Persons Licensed as of June 30, 2004: 3,443 physical therapists

- B. **New Licenses Issued During Biennium:** 400 new licenses

FY	New Licenses
2003	189
2004	211

VI. Complaints

- A. **Complaints Received**

	FY03	FY04
Number of complaints received	19	21
Number of complaints per 1,000 licensees	5.7	6.1

COMPLAINT CATEGORY (by statute)	FY03	FY04
No person shall provide physical therapy unless licensed as a physical therapist	1	4
Conduct unbecoming a person licensed as a physical therapist or conduct detrimental to the best interests of the public.	16	16
Conviction of a felony	1	0
Noncompliance with Board Order	1	1

COMPLAINT SOURCES	FY03	FY04
License Renewal form	1	1
Anonymous to staff	0	0
Family member	2	0
Patient	6	8
Third Party	0	4
Government agencies including DHS	2	4
Licensed health professional	9	5
Self report	0	0
Board staff	1	0
Totals	19	22

B. Open Complaints on June 30 of the fiscal year

	FY 03	FY04
Open as of 6/30 of year	21	24
Open < 3 months	4	1
Open 3-6 months	2	16
Open 6-12 months	2	8
Open 12 months +	5	7

C. Closed Complaints on June 30, 2004

	FY03	FY04
No. of cases closed that were open > 1 year	16	18

DISPOSITION ON COMPLAINTS	FY03	FY04
Revocation	0	0
Voluntary Surrender	0	1
Suspended with or without stay	1	1
Restricted or Limited or Conditional License	3	2
Civil Penalties	2	0
Reprimand	1	1
Agreement for Corrective Action	0	2
Referral to Health Professional Services Program	2	2
Dismissal or Closure	19	23

CORRECTIVE ACTION AGREEMENTS	FY03	FY04
Issued	0	2
Satisfied	1	0

STIPULATION and ORDERS	FY03	FY04
Issued	4	4

IV. Trend Data as of June 30, 2004

	Number of PTs licensed on 6/30 of year	Number of complaints received	Number of complaints received per 1,000 licensees	Number of open complaints on 6/30 of year
FY 04	3443	21	6.09	24
FY 03	3337	19	5.69	21

FY 02	3269	21	6.42	18
FY 01	3200	19	5.94	17
FY 00	3110	15	4.82	9
FY99	2997	27	9.01	14
FY98	2877	20	6.95	15
FY97	2786	13	4.67	9
FY96	2691	11	4.09	8
FY95	2619	9	3.44	3
FY94	2591	6	2.32	17
FY93	2591	22	8.49	21
FY92	2585	7	2.71	8
FY91	2639	7	2.65	7
FY90	2532	7	2.76	8

Minnesota Board of Podiatric Medicine Biennial Report

July 1, 2002-June 30, 2004

For more information, contact:

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Minnesota Board of Podiatric Medicine
Biennial Report
July 1, 2002 to June 30, 2004

Costs to prepare this report include several hours of the Executive Director's time and the Board's share of Administrative Service Unit staff time in the preparation of the summary data.

I. General Information

A. Board Mission and Major Functions

Board of Podiatric Medicine Mission

The Podiatric Medicine Board is the official podiatrist licensure agency of the state (M.S. 153.01-153.26). The mission of the Board is to protect the public by extending the privilege to practice to qualified applicants, and by investigating complaints relating to the competency or behavior of individual licensees or registrants. In addition, the Board responds to inquiries regarding scope of practice, provides license verification information to credentialing agencies, and initiates legislative changes, as needed to update the practice act for podiatric medicine.

Board of Podiatric Medicine Functions

Setting and administering educational requirements and examination standards for podiatric licensure:

- Reviewing podiatric functions and required knowledge, skills and abilities to aid in determining requirements for initial and continuing licensure
- Setting licensure requirements through the rules process
- Developing and administering the state examination to determine candidate knowledge of Minnesota statutes and rules governing podiatric medicine
- Reviewing continuing education programs submitted by sponsors or individuals to determine if they meet requirements
- Reviewing individual applicant/licensee documentation for completion of requirements for initial and continuing licensure

Responding to public and agency inquiries, complaints and reports regarding licensure and conduct of applicants, permit holders, licensees and unlicensed practitioners

- Accepting complaints and reports from the public and health care providers and regulators
- Deciding whether a complaint or inquiry is jurisdictional and deciding on the action to take to resolve the matter
- Referring inquiries and complaints to other investigative, regulatory or assisting agencies
- Responding to complainants and agency reports by informing the complainants/agencies of action taken to resolve their complaints while observing provisions of the data practices act regarding the legal status of data obtained during the course of an investigation or disciplinary proceeding

Pursuing educational or disciplinary action with licensees as deemed necessary based upon results of investigations conducted in response to complaints/reports.

- Setting standards of conduct and a basis for disciplinary action through the rules process
- Seeking information directly from the licensee as well as securing investigation and fact finding information from other agencies in response to complaints or inquiries
- Holding conferences with licensees to identify their roles and responsibilities in a matter under investigation
- Providing applicants and licensees with education to improve their respective practices and to prevent recurrence of problems
- Obtaining voluntary agreements to disciplinary actions, or pursuing disciplinary action through a due process, contested case hearing or court action, as needed

Providing information and education about licensure requirements and procedures and standards of practice to the public and other interested audiences

- Providing information to the community concerning requirements for podiatric licensure
- Providing information about careers in podiatric medicine and licensure requirements to prospective applicants for licensure
- Providing information to licensees to prevent inappropriate practice and for improved practice resulting in higher quality podiatric health care
- Providing the public with licensure information about podiatrists and notification regarding any disciplinary action taken against licensees
- Providing information to legislative committees on statute changes and biennial budgets
- Providing information and discussing legislation with the association representative
- Providing information at the Executive Director's Forum and the meetings of the Council of Health Boards

B. Major activities during the biennium

The Board accomplished the following major activities during the biennium:

- Significant legislation was passed to clarify the scope of practice for podiatrists and to delete the National Board Part 3 (PMLexis) licensure requirement
- Added credit card payment for license verifications to the Board's web site
- Added the ability to download application forms and complaint forms from the Board's web site
- Made additional improvements to the computer system used for licensing and license renewals of podiatrists
- Initiated a periodic newsletter to educate and inform licensees
- Entered all disciplinary action for podiatrists required by the national Healthcare Integrity and Protection Data Bank (HIPDP)
- Continued the use of the national Healthcare Integrity and Protection Data Bank (HIPDP) for background checks of applicants for licensure

C. Emerging issues regarding regulation of doctors of podiatric medicine

The emerging issues regarding regulation of doctors of podiatric medicine fall into two areas: budgetary and legislative.

The Board has continued to operate under a very tight budget for the past two years and expects to do so for the next biennium. While the Board has continued to provide normal operations during this time and has made improvements in its internal operations, this tight budget could restrict the Board's ability to pay per diem for the out state members of the Board and to investigate complaints filed with the Board office.

Legislatively, the Board is seeking a change in the provisions of M.S. statutes, section 153 to clarify the requirements for a temporary license to practice podiatric medicine in Minnesota.

II. Board's Members, Staff, and Budget

A. Board composition

Statute requires the Board to have seven members, five resident podiatrists and two public members. The names of persons holding the seats on the Board as of June 30, 2004 are as indicated below.

The Governor appointed the following for staggered four year terms:

Troy J. Boffeli, St. Paul – Podiatrist
Eugene Dela Cruz, Northfield – Podiatrist
James Nack, Madison Lake – Podiatrist
Stephen H. Powless, Minneapolis – Podiatrist
Judith Sperling, Golden Valley – Podiatrist
Jane P. Jones, White Bear Lake, Public Member
Roderic Marschke, Little Canada – Public Member

B. Employees

The Board has one half-time equivalent position. The position is filled by a half-time Executive Director.

C. Receipts and disbursements and major fees assessed by the Board

Item	FY 2003	FY 2004
Receipts	\$84,936	\$81,324
Disbursements	\$78,047	\$64,307

Fee	Amount
-----	--------

Application	\$600
Biennial Renewal	\$600
Temporary Permit	\$250

III. Licensing and Registration

A. Persons licensed as of June 30, 2004

183 persons licensed as podiatrists on June 30, 2004.

B. New licenses issued during biennium

FY	By Exam & Education	By Reciprocity
2003	17	0
2004	9	0

IV. Complaints

A. Complaints Received

Item	FY 2003	FY 2004
1. Complaints Received	11	12
2. Complaints Per 1,000 Regulated Persons	62	66
3. Complaints By Type of Complaint		
a. Failure to Satisfy Req. for License		
b. Obtaining License by Fraud		
c. Felony Conviction	1	
d. Revocation, suspension in another state		
e. False Advertising		2
f. Violating Bd. Rule or narcotics law	1	1
g. Unethical Conduct		2
h. Failure to supervise preceptor or res.		
i. Aiding unlicensed person		
j. Court adjudication		
k. Unprofessional Conduct	7	6
l. Inability to Practice		
m. Revealing Privileged Communication		
n. Improper Management of Records		
o. Fee Reduction for Referrals		
p. Fraudulent Billing inc. Medicare	1	1
q. Addiction to drug or intoxicant	1	
r. Prescribing other than authorized		
s. Sexual conduct		
t. Failure to Report		
u. Providing False Information		

B. Open Complaints on June 30

Item	FY 2003	FY 2004
1. Complaints Open	9	11
2. Open Less Than 3 Months	4	5
3. Open 3 to 6 Months	1	3
4. Open 6 to 12 Months	3	6
5. Open More Than 1 Year (explain)	0	3*

* Two complaints relate to the same podiatrist and extensive investigation has been required to acquire needed information for the complaint committee. In the third open complaint, the complainant requested that the Board keep the complaint open until her civil trial against the podiatrist has been completed.

C. Closed Complaints on June 30

Item	FY 2003	FY 2004
1. Number Closed	8	10
2. Disposition by Type		
A. Revocation		
B. Voluntary Surrender		
C. Suspension		2
D. Restricted, Limited, Or Conditional License		1
E. Civil Penalties		
F. Reprimand		
G. Agreement for Corrective Action		
H. Referral to HPSP	1	
I. Dismissal or closure	7	7
3. Cases Closed That Were Open For More Than One Year (explain)	0	0

v. Trend Data as of June 30

Year	A. Persons Licensed	B. Complaints	C. Complaints Per 1,000 Licensees	D. Open Cases
2004	183	12	66	11
2003	178	11	62	9
2002	168	7	41	5
2001	159	14	88	6
2000	155	7	45	3
1999	142	12	85	2
1998	142	7	49	3
1997	146	7	48	Unavail
1996	137	9	66	Unavail
1995	131	13	99	Unavail
1994	128	13	101	Unavail
1993	122	18	148	Unavail
1992	122	Unavailable	Unavailable	Unavail
1991	NA	Unavailable	Unavailable	Unavail

Minnesota Board of Psychology

Biennial Report

July 1, 2002-June 30, 2004

**For more information, contact:
Minnesota Board of Psychology
2829 University Avenue SE
Suite 320
Minneapolis, MN 55414
www.psychologyboard.state.mn.us**

**Phone: (612) 617-2230
Fax: (612) 617-2240**

**Minnesota Board of Psychology
Biennial Report
July 1, 2002 to June 30, 2004**

I. General Information

A. Board Mission and Major Functions

Board of Psychology Mission

The mission of the Board of Psychology is to protect the public from the practice of psychology by unqualified individuals and from unethical and unprofessional conduct by individuals licensed to practice psychology.

Board of Psychology functions

The Board's functions are related to licensure and enforcement in accordance with the provisions of the Psychology Practice Act. Its functions are to:

- Ensure that only applicants who meet the qualifications for licensure are granted licensure.
- Resolve consumer complaints received about licensees and applicants and make enforceable decisions regarding the future licensure of applicants and licensees who violate the Act.

The Board's functions are fulfilled by:

- Adopting and enforcing rules for licensing psychologists and psychological practitioners and for regulating their professional conduct;
- Adopting and enforcing rules of conduct governing the practice of psychology;
- Adopting and implementing rules for examinations to assess applicants' knowledge and skills;
- Issuing licenses to applicants qualified to practice under the Psychology Practice Act;
- Issuing copies of the rules for licensing to all applicants;
- Establishing and maintaining a register of current licenses;
- Establishing and collecting fees for the issuance and renewal of licenses and other services by the board;
- Educating the public about the requirements for licensing of psychologists and psychological practitioners and about the rules of conduct and assisting the public in filing complaints against applicants or licensees who may have violated the Psychology Practice Act; and
- Adopting and implementing requirements for continuing education.

The Board employs these key service strategies to carry out its functions.

- Review applicants' education and training for compliance with board requirements for licensure;
- Administer to applicants a state examination on state laws and rules affecting the practice of psychology;
- Admit qualified applicants to sit for a national standardized examination on the practice of psychology;

- Require and approve continuing education for licensees;
- Accept and investigate complaints from the public (including other licensees), which allege violations of the Psychology Practice Act.

B. Major activities during the biennium

The board accomplished the following major activities during the biennium:

- Updated provisions of Psychology Practice Act.
- Continued with the development of a computer application for tracking applicant and licensee information and tracking complaint data.
- Continuing to update agency's rules with input from a Public Advisory Committee.
- Continued to update to the Board's website for communication and interaction with the public.
- Shortened processing time for complaints under investigation.
- Improved the quality of informational sheets and forms.
- Streamlined internal operating procedures.
- Attended staff training sessions on these topics: Customer Service, Team Building, Prevention of Discrimination, and Computer Security.
- Addressed ethics classes at local schools of psychology.
- Addressed psychology interns about requirements for licensure.
- Developed and implemented methods for decreasing Board expenditures.

C. Emerging issues regarding regulation of licensed psychologists and licensed psychological practitioners.

- The Board continues to work with computer professionals to refine and expand its computer functioning in order to enhance and facilitate increased communications with applicants, licensees, and the public. We are working on the design of web-based software that will allow for completion of on-line financial services, such as on-line renewals.
- The trend towards the practice of psychology over the internet, continues to be a topic for consideration. Key concerns center around privacy issues and jurisdictional laws.
- The impact of the regulation of licensed professional counselors (LPC) in Minnesota is now an issue that will affect the future regulation of the practice of psychology. At present, the Board regulates licensed psychologists (LP), where the minimum education requirement is a doctoral degree with a major in psychology, and licensed psychological practitioners (LPP), where the minimum educational requirement is a master's degree with a major in psychology. LPP's practice only under the supervision of a LP; therefore, LPP licensure is not a license for independent practice. A Minnesota law passed in 2003 created licensure for LPC's. Although LPC's do not practice psychology, the LPC license is a license to practice counseling independently with a master's degree. The LPC license may be an attractive alternative for individuals who may otherwise have sought licensure with this Board as LPP's. This possibility will not affect the Board's revenue, however, because since LPP licensure was created by 1991 Minnesota laws, the Board of Psychology has only 51 LPP's currently licensed.

- Because of the issue stated above, the Board of Psychology created an Ad Hoc Committee on LPP Licensure to study the future of master's level licensure for the practice of psychology in Minnesota.
- Prescription privileges for psychologists is being discussed on the international and national levels.
- Because of the demographic changes occurring in the state, the Board has approved adding to its educational requirements for licensure a core course area in human diversity.
- On-line courses and universities offering degrees in psychology are a trend that could affect the education received by future applicants for licensure.
- Mobility for psychologists between jurisdictions is an international issue. The Board has approved changes to the rules of licensure to facilitate mobility by accepting licensees from other jurisdictions who hold certain nationally and internationally recognized credentials as having met specific Minnesota licensure requirements.
- Changes in experiential requirements for licensure are being studied by Boards of Psychology throughout the world.
- An international consortium has been formed to discuss a universal code of conduct for psychologists.

II. Board's Members, Staff, and Budget

A. Board composition

Statute requires the board to have 11 members. The names of persons holding the seats as of June 30, 2004 are as listed below.

The following members are appointed by the Governor for staggered four year terms:

- ✓ *three persons licensed as licensed psychologists who have a doctoral degree in psychology*—Jean Wolf, PhD, LP, St. Paul; Jack Schaffer, PhD, LP, St. Paul; and Scott Terhune, PhD, LP, Apple Valley;
- ✓ *two persons licensed as licensed psychologists who have a master's degree in psychology*—Ted Thompson, MEq, LP, Minneapolis; and Joseph Lee, MA, LP, Faribault;
- ✓ *two psychologists, not necessarily licensed, one with a doctoral degree in psychology who represents a doctoral training program in psychology, and one who represents a master's degree training program in psychology*—John Romano, PhD, LP, Minneapolis; and Myrla Seibold, PhD, LP New Brighton;
- ✓ *one person licensed or qualified to be licensed as a psychological practitioner*—Gerald Jensen, MA, LPP;
- ✓ *three public members*—Marcia Farinacci, St. Paul; Susan Hayes, St. Louis Park; and James Peterson, JD, Medina.

B. Employees

The board has 8.8 full-time equivalent positions. They are: a full-time executive director, a full time office and administrative assistant, a full time state programs administrator, a full time office services supervisor, 2 full time investigators, an 80 percent time office manager, one full time office assistant, and one full time, temporary office assistant.

C. Receipts and disbursements and major fees assessed by the board

Item	FY 2003	FY 2004
Receipts	\$1019054	\$1090592
Disbursements	\$951856	\$772333

Fees	Amount
Application to EPPP	\$150.00
Application to PRE	\$150.00
Application for LP licensure	\$500.00
LP Renewal	\$500.00
LP Late Renewal Fee	\$250.00
Application for LPP licensure	\$250.00
LPP Renewal	\$250.00
LPP Late Renewal Fee	\$125.00
Application for Converting from master's to doctoral level licensure	\$150.00
Application for guest licensure	\$150.00
Emeritus Registration	\$150.00
Corporation Registration	\$100.00
Corporation Annual Renewal	\$ 25.00
Duplicate License	\$ 25.00
Statute and Rule Book	\$ 10.00
License Verification	\$ 20.00
Continuing Education Sponsor Fee	\$ 80.00

III. Licensing and Registration

A. Persons licensed as of June 30, 2004

3542 persons licensed as licensed psychologists as of June 30, 2004.

51 persons licensed as licensed psychological practitioners as of June 30, 2004.

B. New licenses issued during biennium

Licensed Psychologist

FY	By Exam	By Reciprocity
2003	35	0
2004	21	0

Licensed Psychological Practitioners

FY	By Exam	By Reciprocity
2003	3	0
2004	3	0

IV. Complaints

A. Complaints Received

Item	FY 2003	FY 2004
1. Complaints Received	137	122
2. Complaints Per 1,000 Regulated Persons	37.92	33.95
3. Complaints By Type of Complaint (See attached explanation.)		
A. MS 148.941, Subd 2a (1)	88	93
B. MS 148.941, Subd 2a (2)	3	1
C. MS 148.941, Subd 2a (3)	17	3
D. MS 148.941, Subd 2a (4)	3	1
E. MS 148.941, Subd 2a (5)	0	0
F. MS 148.941, Subd 2a (6)	4	2
G. MS 148.941, Subd 2a (7)	0	0
H. MS 148.941, Subd 2a (8)	1	0
I. MS 148.941, Subd 2a (9)	1	0
J. MS 148.941, Subd 2a (10)	3	3
K. MS 148.941, Subd 6	2	0
L. MS 148.96	1	6
M. Non-jurisdictional	14	13

B. Open Complaints on June 30

Item	FY 2003	FY 2004
1. Complaints Open	282	195
2. Open Less Than 3 Months	62	75
3. Open 3 to 6 Months	31	24
4. Open 6 to 12 Months	32	20
5. Open More Than 1 Year (explain)	157	76

B.5. Explanation:

- several complaints are in the negotiation process regarding a Stipulation and Consent Order or an Agreement for Corrective Action
- some complaints are involved in litigation
- some of complaints remain open while licensees are fulfilling the requirements of an Agreement for Corrective Action

C. Closed Complaints on June 30

Item	FY 2003	FY 2004
1. Number Closed	216	138
2. Disposition by Type		
A. Revocation	0	1
B. Voluntary Surrender	2	1
C. Suspension	1	1
D. Restricted, Limited, Or Conditional License	3	3
E. Civil Penalties	4	0
F. Reprimand		
G. Agreement for Corrective Action	7	6
H. Referral to HPSP	1	3
I. Dismissal or closure	204	126
3. Cases Closed That Were Open For More Than One Year (explain)	135	78

C.5. Explanation:

- several complaints are in the negotiation process regarding a Stipulation and Consent Order or an Agreement for Corrective Action
- some complaints are involved in litigation

V. Trend Data as of June 30

Year	A. Persons Licensed	B. Complaints	C. Complaints Per 1,000 Licensees	D. Open Cases
2004	3593	122	33.95	195
2003	3673	137	37.30	282
2002	3850	151	39.22	255
2001	3767	117	31.06	380
2000	3677	151	41.14	460
1999	3698	161	43.75	473
1998	3652	194	53.15	449
1997	3385	161	47.63	416
1996	3257	191	58.76	358
1995	3119	192	61.73	314
1994	3036	236	77.88	313
1993	2902	167	57.58	266
1992	2562	153	59.76	156
1991	2591	139	53.66	189

Minnesota Board of Social Work

Biennial Report

July 1, 2002-June 30, 2004

**For more information, contact:
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Minnesota Board of Social Work Biennial Report

FY 2003-2004 (July 1, 2002 - June 30, 2004)

Cost of Preparing Biennial Report

Minnesota Statutes, section 3.197 requires that "A report to the legislature must contain, at the beginning of the report, the cost of preparing the report, including any costs incurred by another agency or another level of government." The Board of Social Work spent an estimated \$750 to prepare this report.

Part 1. General Information

A. Board of Social Work Mission and Major Functions

Board Mission

The mission of the Board of Social Work is "to ensure to the citizens of Minnesota quality social work services by establishing and enforcing professional standards." (Board of Social Work's Strategic Plan, September 1994)

Major Board Functions

- 1. Establish and enforce minimum standards of licensure and continuing competency for social workers.**
 - Approve applicants for the licensure examination
 - Issue and renew licenses
 - Establish, implement, and enforce standards for supervision
 - Review and approve continuing education reported by licensees
 - Review and approve continuing education sponsor applications
- 2. Establish and enforce minimum standards of ethical practice for social workers.**
 - Make social work practice determinations
 - Receive and investigate complaints against social workers
 - Take corrective or disciplinary action as deemed necessary to protect the public
 - Monitor licensees who are under disciplinary orders and corrective action agreements
- 3. Provide information to applicants and licensees about (a) examination, licensure and renewal requirements, and (b) ethical standards.**
 - Publish and distribute licensure and student handbooks

- Respond to written and telephone requests for information from applicants and licensees
 - Make presentations to social work students in accredited social work programs at colleges and universities throughout the state
 - Attend social work professional conferences to distribute written information, make presentations, and answer questions
- 4. Provide information to the public about the scope of social work practice, ethical standards governing social workers, and the complaint process.**
- Disseminate information to the public on actions taken by the board
 - Respond to requests for data
 - Educate the public about the board's responsibilities, including how to register a complaint and how the complaint process works
- 5. Verify licensure status of social workers to employers, credentialing agencies, insurance agencies, and the public.**
- Respond to telephone inquiries
 - Provide written verification

B. Major Board Activities During Biennium

Among the activities accomplished by the board during the FY 2003-2004 biennium were the following.

1. Electronic Government Services

The board received funds through the Office of Technology to enhance its Electronic Government Services and accomplished the following:

- Designed, tested and implemented online services for licensees, including online license renewal and on-line address changes
- Implemented a newly revamped website to be more comprehensive and user-friendly.
- Updated the board's website to make information about the board and its functions more available to applicants, licensees, and the public, including Frequently Asked Questions (FAQs) and printable forms
- Provided complaint registration forms and detailed information regarding the complaint resolution process on the board's website

2. Legislative Proposals

- The Board's 2003 legislative proposal passed successfully which simplified application processes and added a provision for reinstatement of expired licenses
- The Board of Social Work also developed a major legislative proposal for action by the State Legislature in the 2005 session (January – May 2005), primarily through a Drafting Subcommittee the Board established for this purpose. The subcommittee consists of Board members, Board staff, and representatives of social work associations. The association representatives were appointed by the Board's Advisory Committee, which consists of

members from virtually all of the social work associations in Minnesota. The goals include:

- To simplify and streamline the Board's requirements to make them easier to understand and to be in compliance with.
- To reduce the cost of the Board's operations.
- To put all of the Board's requirements in statute, so that all of the requirements will be in one place. The Board will repeal all of its rules.

3. Changes to Internal Operations – Complaint Unit

- Continued alternative dispute resolution (ADR) strategies in the complaint process
- Reduced legal costs by using in-house staff expertise in investigating complaints and drafting complaint-related documents
- Implemented "Complaint Resolution Process Guidelines" to streamline the complaint process resulting from a collaborative effort with other health licensing boards and professional associations

4. Changes to Internal Operations – Licensure Unit

- Developed and implemented an adjunct data base system to track supervised practice requirements for applicants and licensees
- Reorganized job functions within the licensure unit to increase the efficient processing of applications and renewals
- Streamlined the application review process to decrease processing time
- Implemented recommendations from the Special Committee on Board Operations (SCOBO) to streamline, reduce expenses and decrease processing time of licensure and renewal processes

5. Changes to Internal Operations – Administrative

- Collaborated with other health licensing boards on computer-related projects
- Reorganized staff functions to streamline business operations
- Developed and implemented a new record retention system
- Implemented recommendations from the Special Committee on Board Operations (SCOBO) to streamline operations and reduce expenses

6. Increased Outreach to Social Workers

- Gave educational presentations on licensure and ethical standards to students in baccalaureate and master's-level social work programs throughout the state
- Collaborated with the Minnesota Coalition of Licensed Social Workers and social work educators to produce a "Choices And Responsibilities For Social Workers: Licensure And The Professional Associations: A Curriculum Module for CSWE-Accredited Bachelor and Master's Level Social Work Programs in Minnesota", which was awarded national recognition by the Association of Social Work Boards (ASWB) in November 2002
- Presented information to licensees at social work conferences and meetings throughout the state

7. Licensure Examination Study

To comply with requirements of the legislation passed in 2003, the Board received funding from the Otto Bremer Foundation and the United Way to commission a study by an independent researcher to determine the extent to which the social work licensure examination failure rate for applicants who were born in a foreign country and for whom English is not their first language is greater than the failure rate for applicants from other populations taking the licensure examination, and the underlying cause for any such disparity. A report will be provided to the legislature.

C. Emerging Issues

1. Legislative Proposal

The board anticipates introducing a comprehensive legislative proposal during the 2005 session. If approved by the Legislature the Board will work during 2005 and 2006 to implement the legislation.

2. Electronic Government Services

The board will continue to enhance its Electronic Government Services by implementing:

- online license verifications and
- completing phase two of online license renewal applications to allow all licensees the opportunity to renew online
- making necessary modifications and enhancements to the Board's current data base if the legislative proposal is approved in the 2005 session

Part 2. Board Members and Staff; Board Budget

A. Board Members

In accordance with Minnesota Statutes, section 148B.19, the board has 15 members appointed by the Governor. The members include:

- 5 social workers licensed at the baccalaureate level
- 5 social workers licensed at the master's level
- 5 public members (as defined in Minnesota Statutes, section 214.02)

The statutes require that 10 members of the board be engaged in the practice of social work in Minnesota in the following employment settings:

- 1 from a state agency
- 1 from a county agency
- 2 from a private agency
- 1 from a private clinical practice
- 1 educator engaged in regular teaching duties at an accredited program of social work

- 1 engaged in the practice of social work in an elementary, middle, or secondary school and licensed by the board of teaching
- 1 practicing social work in a licensed hospital or nursing home

In addition, of the 15 board members, at least 5 must have expertise in communities of color, and at least 6 must reside outside the 7-county metropolitan area.

B. Board Staff

During the FY 2003-2004 biennium, the board was authorized to employ the equivalent of 10.1 full-time employees (FTEs).

C. Receipts and Disbursements

The board's receipts and disbursements for the FY 2003-2004 biennium were as follows:

Item	FY 2003	FY 2004
Receipts (total revenue from all sources)	\$1,211,634	\$ 1,198,812
Disbursements (total direct and indirect costs)	\$922,227	\$844,639

D. Major Fees Assessed by the Board

Fee	Amount
Application Fees	
Reciprocity	\$150.00
LISW and LICSW	90.00
LSW and LGSW	45.00
Licensure and Renewal Fees (payable every 2 years)	
LSW	\$115.20
LGSW	201.60
LISW	302.40
LICSW	331.20

LSW = Licensed Social Worker

LGSW = Licensed Graduate Social Worker

LISW = Licensed Independent Social Worker

LICSW = Licensed Independent Clinical Social Worker

Part 3. Licensing Statistics

A. Persons Currently Licensed

Level	FY 2003	FY 2004
LSW	5112	5124
LGSW	1103	1119
LISW	797	742
LICSW	2786	2831
Total	9798	9816

B. New Licenses Issued During Biennium

Level	FY 2003	FY 2004
LSW	364	353
LGSW	224	240
LISW	35	25
LICSW	179	161
Total	802	779

Part 4. Complaints

A. Complaints Received During Biennium

	FY 2003	FY 2004
Number of Complaints Received	207	167
Number of Complaints per 1000 Licensees	20	16
Complaints by Type		
Impairment	13	16
Boundaries	13	15
Confidentiality	5	5
Practice Issues	76	89
Failure to Report	2	9
Licensure	32	17
Sexual Contact or Harassment	0	5
Fee or Payment Issues	0	1
Unlicensed Practice/ Misrepresentation	51	14
Violation of Board Order	2	1
Non-jurisdictional	1	0

B. Complaints Opened During Biennium

	FY 2003	FY 2004
Number of Complaints Opened	207	167
<3 months	124	101
3-6 months	45	47
6-12 months	16	28
>12 months	9	3

When complaints were open for more than one year, the delays were caused by repeated unsuccessful attempts to negotiate remedies with licensees and their legal counsel.

C. Complaints Closed/Resolved During Biennium

	FY 2003	FY 2004
Number of Complaints Closed	213	148
Disposition of Closed Complaints		
Dismissed or Closed	196	138
Revocation	4	2
Voluntary Surrender	2	2
Suspension	3	2
Restrictions, Limitations, Conditions	2	1
Reprimand	6	2
Agreement for Corrective Action	0	1

Part 5. Trend Data as of June 30, 2004 (By Fiscal Year)

	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
Number of Persons Licensed (all levels)	8,613	9,002	9,328	9,783	9,831	9,803	9,727	9,703	9,798	9,816
Number of Complaints Received	128	189	154	140	173	206	120	123	207	167
Complaints per 1000 Licensees		16		14	17	20	12	12	20	16
Complaints Open as of June 30	NA	NA	NA	NA	NA	NA	NA	56	45	35

Minnesota Board of Veterinary Medicine

Biennial Report

July 1, 2002-June 30, 2004

**For more information, contact:
Minnesota Board of Veterinary Medicine
2829 University Avenue SE
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www.vetmed.state.mn.us**

**Phone: (612) 617-2170
Fax: (612) 617-2172**

**Minnesota Board of Veterinary Medicine
Biennial Report
July 1, 2002 to June 30, 2004**

I. General Information

A. Board Mission and Major Functions

Mission

The mission of the Board of Veterinary Medicine is to promote, preserve and protect the public health, safety, and welfare by and through the effective control and regulation of the practice of veterinary medicine.

Functions

Setting and administering educational and examination standards for initial and continuing licensure

- Reviewing knowledge, skills and abilities expected of veterinarians to aid in determining what requirements to set for initial and continuing licensure
- Setting licensure requirements through the legislative and rules process
- Developing and administering the state veterinary jurisprudence examination to determine candidate knowledge of Minnesota statutes and rules governing the practice of veterinary medicine
- Reviewing continuing education programs submitted by sponsors or individuals to determine if they meet requirements
- Reviewing individual applicant/licensee documentation of completion of requirements for initial and continuing licensure

Responding to inquiries, complaints and reports from the public and government agencies regarding licensure and conduct of applicants, permit holders, licensees and unlicensed practitioners

- Accepting complaints and reports from the public, licensees and government agencies
- Deciding, in consultation with the board attorney, if a complaint is jurisdictional and if so whether and what type of action to pursue to resolve the matter
- Referring inquiries and complaints to the attorney general's office or other agencies as appropriate
- Responding to complainants and agency reports by informing the complainants/agencies of action taken to resolve their complaints

Pursuing disciplinary action with licensees as deemed necessary based upon results of investigations conducted in response to complaints/reports.

- Setting standards of conduct and a basis for disciplinary action through the legislative and rules process
- Obtaining information directly from the licensee and securing investigation and fact finding information from other parties and agencies in response to complaints

- Holding conferences with licensees to identify their role and responsibility in a matter under investigation
- Obtaining voluntary agreement to disciplinary action or pursuing disciplinary action through a due process, contested case hearing and potential court action

Providing information and education about licensure requirements and procedures and standards of practice to applicants, the public and other interested audiences.

B. Major activities during the biennium

The following major activities were accomplished by the board during the biennium:

- Expansion and development of new database for Board applicants, licensees, professional firms, and complaints
- Enhancement of agency website to provide easy access to licensure process, complaint process, disciplinary actions and other board information
- Expanded agency website to enable online license verification, online address updates and online license renewal
- Updated statutory language to allow for up to \$10,000 administrative penalty per violation or recovery of board costs in a disciplinary action of a licensee
- Added statutory language requiring licensure of clinicians at the University of Minnesota Veterinary Medical Center who provide veterinary care for animals owned by members of the public
- Successfully completed investigations of several disciplinary cases.

C. Emerging issues regarding regulation of veterinarians

- Establishment of standards for a veterinary-client-patient relationship to determine when prescription drugs may be dispensed, for what length of time and amount.
- Mandatory prescription writing when medically indicated.
- Evaluation of competency of veterinarians who have graduated from non-accredited foreign veterinary colleges prior to licensure in Minnesota.
- Collaborative practice with non-veterinary professionals (chiropractors and physical therapists).
- Use of non-traditional alternative veterinary modalities (holistic, aromatherapy, acupuncture, kinesiology, massage therapy, etc.)
- With the advance of technology and knowledge in veterinary medicine, the “standard of practice” is changing and some veterinarians may not adapt or may choose not to adapt.
- The unlicensed practice of veterinary medicine, both direct hands-on treatment and indirect treatment through advice and sale of drugs and vaccines over the Internet, is a growing problem both within Minnesota and nationally.

II. Board’s Members, Staff, and Budget

A. Board composition

Statute requires the board to have seven members. Members are appointed by the Governor for staggered four-year terms. The names of persons holding the seats as of June 30, 2004 are listed below:

- 5 licensed veterinarians—Dr. Meg Glattly, Eagan; Dr. John Lawrence, Lonsdale; Dr. Fred Mehr, Cold Spring; Dr. Lorna Reichl, St. Paul; Dr. Joanne Schulman, Minneapolis
- 2 public members—Ms. Lynn Green, Morgan; Ms. Susan Osman, Minnetonka

B. Employees

The board has one and three-quarter FTE positions. They are a three-quarter-time executive director and a full-time office manager.

C. Receipts and disbursements and major fees assessed by the board

Item	FY 2003	FY 2004
Receipts	\$288,157	\$298,104
Disbursements	\$297,787	\$212,675

Fee	Amount
Jurisprudence Examination	\$50
Application	\$50
Initial License	\$200
Biennial Active License Renewal	\$200
Biennial Inactive License Renewal	\$100

III. Licensing and Registration

A. Persons licensed as of June 30, 2004

2,808

B. New licenses issued during biennium

Fiscal Year	# Licensed
2003	110
2004	146

IV. Complaints

COMPLAINTS RECEIVED

	FY 03	FY 04
Number of Complaints Received	56	60
Number of Complaints per 1000 Licensees	20	21
Complaints by Type		
Incompetence	22	19
Unprofessional Conduct	18	21
Chemical Dependency		2
Unlicensed Practice	10	14

Sanitation	2	2
Non-Jurisdictional	4	2

OPEN COMPLAINTS

	FY 03	FY 04
Number of Complaints Open		
<3 months		
3-6 months		
6-12 months		
>12 months*		
*The complaints open more than one year are due to a combination of lengthy/complex investigations and difficult negotiations regarding a disciplinary settlement of the complaint.		

CLOSED COMPLAINTS

	FY 03	FY 04
Number of Complaints Closed		
Disposition of Closed Complaints		
Revocation		
Suspension		
Conditional License		
Civil Penalty		
Agreement for Corrective Action		
Referral to HPSP		
Dismissed		
Cease and Desist		

TREND DATA

	FY 00	FY 01	FY 02	FY 03	FY 04
Number of Persons Licensed (Veterinarians)	2728	2742	2763	2767	2808
Number of Complaints Received	55	43	46	56	60
Number of Complaints per 1000 Licensees	20	16	17	20	21
Number of Open Cases as of 6/30	23	16	13		

Alcohol and Drug Counselor Licensing Program Biennial Report

October, 2004

**For more information, contact:
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Minnesota Department of Health
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www.health.state.mn.us**

**Phone: (651) 282-5617
Fax: (651) 282-3839**

As required by Minnesota Statute 3.197: This report cost approximately \$1,440 to prepare, including staff time, printing and mailing expenses.

Upon request, this material will be made available in an alternative format such as large print, Braille or cassette tape. Printed on recycled paper.

**Minnesota Department of Health
Alcohol and Drug Counselor Licensing Program
Biennial Report
July 1, 2002 to June 30, 2004**

I. General Information. This biennial report is required by Minnesota Statutes, chapter 214.

A. Alcohol and Drug Counselor Licensing System Mission and Major Functions

Mission

The mission of the Alcohol and Drug Counselor (ADC) Licensing System in the Minnesota Department of Health (MDH) is to protect consumers of alcohol and drug counseling services.

To accomplish this mission, the Health Occupations Program in MDH conducts the functions described below with the following objectives: ensuring that licensed alcohol and drug counselors meet minimum competency standards of required education, internships, and examinations; issuing licenses to qualified applicants; enforcing the licensing requirements by making proper licensing determinations after background investigations are conducted; investigating complaints alleging illegal or unethical practice, taking enforcement action for violations of prohibited conduct, monitoring practitioner conduct after discipline; and acting as an information clearinghouse by providing the public with information about the regulation of alcohol and drug counselors in Minnesota.

Minnesota Statutes, Ch. 148C authorizes the Commissioner of Health (Commissioner) to create and utilize advisory groups in carrying out licensing duties. The Commissioner-appointed 13-member Advisory Council under §148C.02 advises the Commissioner in several areas, including the original development of the administrative rules for licensing procedures, setting examination standards, policies and procedures, reviewing practitioners' professional conduct, and, in disciplinary cases, counselor competency, practice, and impairment issues. The Commissioner-appointed 12-member Cultural Diversity Committee under §148C.11 advises the Commissioner on licensing criteria, particularly as it affects members of ethnic and minority communities. The Commissioner-appointed seven-member Education/Examination Committee, authorized by Minnesota Rules, Part 4747.1300, provides advice and recommendations concerning classroom education, internship, examination, and continuing education issues as they arise. The Commissioner, through program staff, regularly consults with the advisory groups on policy issues affecting the licensing system.

Major Functions

Administering a system for initial and continuing licensing of practitioners

- a. Communicating licensing requirements to practitioner field through mass media, professional conferences, direct mail, and telephone.
- b. Processing and reviewing initial and renewal license applications to assure that licensing qualifications have been met.
- c. Staff reviewed, processed, and approved 395 new applications for licensing during the biennium.
- d. Consulting with ADC Advisory Council, Cultural Diversity Committee and

Education/Examination Committee on licensing issues within their expertise.

- e. Through agreement with written examination owner, made written examinations available three times per calendar year. Using an MDH developed oral examination, administered three oral examinations each calendar year.

Investigating allegations of misconduct and incompetency

- a. Engaging in fact-finding by interviewing complainants, witnesses, practitioners, and other agencies including law enforcement, to obtain relevant information and documentation about the allegations.
- b. Coordinating investigations involving jurisdiction of more than one regulatory agency by making appropriate referrals to other agencies, including the Office of Mental Health Practice within MDH and the Department of Human Services (DHS) that regulates chemical dependency facilities.
- c. Obtaining input from Advisory Council and Cultural Diversity Committee through use of Competency Review Committee about practitioner competency and ethics by holding meetings as necessary to review specific cases.
- d. Informing complainants of public disciplinary action taken as a result of their complaints within the constraints of the Minnesota Government Data Practices Act.
- e. Coordinating investigations with the Health Professionals Services Program (HPSP), a state agency that monitors practitioners with current substance abuse problems, so that practitioners who want help get it without being disciplined and practitioners who fail to cooperate with HPSP are investigated and disciplined by MDH, if appropriate.

Taking and enforcing disciplinary actions against practitioners as necessary and appropriate for violations of statute or rule

- a. Evaluating the case against a practitioner while balancing the constitutional due process rights of the practitioner against the Department's obligation to protect the public from harm in a cost-effective way.
- b. Obtaining voluntary agreements with practitioners for discipline when appropriate or pursuing discipline through the use of a Determination Order with an opportunity for appeal and a contested case hearing.
- c. Protecting identity of clients when sexual misconduct or other serious violations have occurred.
- d. Subsequent to disciplinary action, setting up a system to continue monitoring practitioner's conduct to ensure it complies with Disciplinary Order.
- e. Taking further enforcement actions if there is evidence to conclude that the practitioner violated terms of the Order of the Commissioner.

Providing information and education about licensing requirements and procedures and practice standards to professional associations, educational institutions, legislators, the public and other interested parties

- a. Providing information on license requirements to persons interested in careers in the alcohol and drug counselor field through telephone, mail, and in-person contact with inquirers.
- b. Providing guidance to licensed alcohol and drug counselors and applicants in interpreting practice standards to promote compliance.
- c. Providing information to professional associations to assist those practitioners in getting

- accurate information.
- d. Providing educators and schools with accurate information for students to use in completing academic requirements and applying for licensing and internships.
- e. Providing callers verification of practitioner licenses and information on public actions against their licenses.
- f. Providing information about the complaint and investigation process to consumers and other members of the public.
- g. Distributing final disciplinary actions against practitioners to DHS, Advisory Council, and Cultural Diversity Committee members as well as other interested persons.
- h. Regularly providing statistics about the number of credentialed practitioners, investigations and disciplinary actions to Advisory Council and Cultural Diversity Committee.

B. Major Activities During the Biennium

The following major activities occurred during the biennium:

1. Significant changes were made to the licensing regulations in the 2003 Legislative Session, and these became effective July 1, 2003. These changes included 1) conversion of temporary practice status to a temporary permit that may be renewed annually as many as five times; 2) elimination of the exception to ADC licensing requirements for hospital and public employees and creation of a grand-parenting period and special requirements for these persons to obtain licensing; 3) establishment of subject matter curriculum for ADC collegiate course work for meeting licensing requirements; 4) changing the effective date for requiring a Bachelor's degree to qualify for a license from January 2003 to January 2008, but continuing the requirement of 270 clock hours of course work by eliminating the 480 clock hour requirement; 5) amending the continuing education requirements for cultural diversity to provide more flexibility and choices in courses; and 6) adjusting licensing fees so that a deficit in the ADC licensing account in the State Government Special Revenue fund would be recovered over the next ten years.
2. MDH continued to administer oral examinations for prospective license applicants three times each calendar and fiscal year. In fiscal year 2004, substantial changes were made to the question item pool for the oral examination. The number of questions was reduced from 73 to 50 and most questions were re-worded to clarify language and improve understanding. On June 5, 2004, the Department provided re-training of the alcohol and drug counselors who serve as examiners in the oral interview of examination candidates. The purpose of the re-training was to improve scoring consistency among examiners so as to maintain the validity and reliability of the oral examination.
3. In separate legislation during the 2003 Legislative Session, a Board of Behavioral Health and Therapy (BBHT) was created to license professional counselors, and effective July 2005, MDH will transfer ADC licensing activities to the new board.
4. Held ten meetings of the Education/Examination Committee to discuss issues related to alcohol and drug counseling curriculum and training standards and to review the validity and reliability of pass/fail scoring of the oral examination.

5. Held eight meetings of the ADC Licensing Advisory Council to provide updates on the licensing program, legislative initiatives and discuss policy issues.
6. Four of six meetings of the Cultural Diversity Committee were rescheduled to occur with, rather than separate from, the ADC Licensing Advisory Council.
7. Held four meetings of the Competency Review Committee to review pending investigations against 30 practitioners to give input about next steps and/or appropriate sanctions for violations of prohibited acts.
8. On March 25, 2004 staff gave a presentation to members of Minnesota Association for Research and Recovery in Chemical Health (MARRCH) about the ADC licensing and investigation/enforcement activities, 2003 and 2004 legislative changes to Ch. 148C and the budget and expenditures in the licensing program.
9. Refined initial license and license renewal application materials and internal review procedures to shorten operating time lines.

C. Emerging issues regarding regulation of licensed alcohol and drug counselors

Transfer of ADC Licensing to BBHT. As noted in item 3 above, the 2003 Legislature passed a provision transferring the licensing of alcohol and drug counselors from MDH to a new Board of Behavioral Health and Therapy (BBHT). In 2004, the Legislature passed language directing MDH and BBHT to develop a plan for the transition of licensing activities. Initial planning discussions have identified several matters that may need Legislative attention during the 2005 Session. The first item concerns the council and committees created and authorized under Minn. Stat. Ch. 148C to advise the Commissioner of Health and whether they should continue to exist and function under the BBHT. Legislation may be needed to amend the statutes to reflect the change in licensing authority and internal decision-making procedures. A second matter involves the written and oral examinations required for licensing, and whether the BBHT will administer them, contract with another organization to provide them, or amend the law to remove responsibility for making examinations available. Lastly, there may be other changes needed concerning investigation and enforcement activities as the licensing boards are subject to the requirements of Minn. Stat. section 214.10 and MDH is not.

The oral examination and its administration. If the BBHT will be responsible for providing the oral examination in fiscal year 2006, MDH will need to recruit and train additional examiners in fiscal year 2005 so that sufficient exam opportunities continue to be available to ADC license applicants. This is a significant undertaking that needs to begin and be completed by MDH before transfer of the activity to BBHT. MDH initially trained 30 licensed ADCs to conduct oral interviews and score exam candidate answers, but during FY2004, available examiners have numbered between 15 and 20, thereby reducing the number of candidates that can be tested at each administration of the oral exam.

Expiration of Statutory Exemptions. A grand-parenting provision that provides for a transition period and alternate licensing requirements for hospital and public employees who are alcohol and drug counselors allows practice without a Minnesota ADC license until January 2006.

Persons who fail to meet the requirements and obtain a license will be prohibited from practicing, or if they have not completed the written and oral examinations, will need to obtain a temporary permit to work under supervision. There may be some pressure from persons failing to meet the licensing deadline to extend or otherwise amend the transition provisions.

Reciprocity Requirements. The reciprocity provision of the ADC regulations is problematic for MDH and applicants for licensing. Many applicants using the reciprocity method mistakenly believe either that MDH has reciprocal agreements with other states, or that a current, valid credential obtained elsewhere automatically qualifies them for a Minnesota license. Neither circumstance prevails because Minnesota license standards exceed those of most other jurisdictions. The two requirements most reciprocity applicants cannot meet are the academic and collegiate-based associate degree (or equivalent credits requirement) and the 880 hours practicum/internship requirement. Of the states surrounding Minnesota, only North Dakota licensees can most often document satisfaction of Minnesota ADC license requirements. Since expiration of the experience-based grand-parenting provisions and beginning of formal education requirements in January 2001, most applicants credentialed in other jurisdictions cannot document qualifications “substantially similar to the current requirements” in Minn. Stat. section 148C.07.

Both applicants and MDH staff waste time and effort on applications in the reciprocity method. Consideration should be given to repealing the reciprocity provision as it doesn’t substitute for meeting the common application license requirements and it is unlikely standards less than those required of Minnesota residents would be written into the law.

Changing Types of Investigations. In this biennium, complaints alleging sexual misconduct continue to be a frequent type of complaint and complaints alleging substance abuse have increased slightly from the last biennium. Also, in FY 2004, the most frequent type of complaint alleged incompetent practice of alcohol and drug counseling. Prior to FY 2004, the most frequent type of complaint alleged illegal practice. Complaints alleging incompetent practice are potentially the most serious types of complaints and involve the minimum practice standards.

Technical Violations of Licensing Requirements. There are several types of violations of licensing requirements that are not directly related to the provision of ADC services to citizens of Minnesota. MDH characterizes the violations as “technical” because they involve a failure to comply with a deadline or administrative requirement. Examples include due dates for licensing renewal, practicing before a license is issued and insufficiencies in continuing education reports. To implement a penalty that is fine-based rather than disciplinary in nature, MDH has developed a formula and mechanism for more efficiently sanctioning noncompliance. Staff have discussed revised procedures and needed changes in statutory language with the Licensing Advisory Council, and received support for pursuing a proposal to change the manner in which MDH currently handles these specific types of violations.

The Number of Licensees and Recovery of the SGSR Account Deficit. As reported below in Section III, the increase in the number of licensees since the previous biennium is very small. In the FY2003-2004 biennium there was a significant level of attrition in the number of licensed, active practitioners evidenced after each license renewal. The rate of attrition in relation to the

number of new and renewing licensees has implications for the projections made in FY2003 for future fee revenues and recovery of the deficit in the ADC account in the state government special revenue fund. These projections forecast about 2000 licensees in FY2013. If during the FY2005-2006 biennium, a lower estimate of the future number of licensed ADC practitioners in Minnesota is more realistic, amortizing the deficit over the current ten-year schedule may require recalculating and adjusting the surcharge fee.

Related to the number of licensees and the effect on fee revenues is the impact of the temporary permit and its renewal for up to five times. During FY2004, the number of applicants for a temporary permit for \$100 was below, then eventually exceeded the number of applicants for full licensing at \$394, resulting in lower than estimated license fee and surcharge revenues. Because staff vacancies reduced salary expenses and other costs were not incurred, revenues for the fiscal year exceeded expenditures and a reduction in the deficit was achieved. However, these circumstances cannot be assumed in every fiscal year, and some consideration may need to be given to reducing the number of times a temporary permit may be renewed, increasing the temporary permit fee and/or reducing operating expenditures so that annual account balances meet deficit recovery targets.

II. Advisory Group Members, Department Staff, and Budget

- A. Composition of the ADC Licensing Advisory Council.** The ADC Licensing Advisory Council is comprised of 13 members appointed by the Commissioner for staggered, four-year terms under §148C.02. Seven members are licensed alcohol and drug counselors, three are public members, one member is appointed by the American Indian Advisory Committee to the Department of Human Services, one member is the director of an accredited alcohol and drug counselor training program, and one member is a former consumer of alcohol and drug counseling treatment services.
- B. Composition of the ADC Licensing Cultural Diversity Committee.** The ADC Licensing Cultural Diversity Committee is comprised of twelve members appointed by the Commissioner for staggered, four-year terms under §148C.11 with two members representing each of the following ethnic and minority communities:
- | | |
|---------------------|-----------------------------|
| a. African American | b. Asian American |
| c. Chicano/Latino | d. Deaf and Hard of Hearing |
| e. Disability | f. Native American |
- C. Composition of ADC Licensing Education/Examination Committee.** The ADC Licensing/ Education Committee is comprised of seven members appointed by the Commissioner for staggered, four-year terms under Minnesota Rules, part 4747.1300. Two members are licensed ADCs, two members are appointed by the ADC Licensing Cultural Diversity Committee, two members are academic training providers, and one member is an academic training program director.
- D. Department Staff.** The staff positions listed below are assigned to the alcohol and drug counselor licensing system, however only one position is allocated full time and exclusively to the licensing activities. All other staff work on other regulatory systems in addition to alcohol

and drug counselor licensing.

<u>Job classification</u>	<u>FY 2003</u>	<u>FY 2004</u>
Health Program Manager	.10	.18
State Program Admin. Dir.	.15	.20
CT4, Supervisor	.02	.05
Health Care Program Investigator	.25	.35
Office Admin. Spec. Int.	.22	.50
Office Admin. Spec. Int.	.25	.25
Office Specialist	.25	.30
Legal Analyst	.50	.50
<u>State Program Administrator</u>	<u>1.00</u>	<u>1.00</u>
Totals	2.74 FTE	3.33 FTE

C. Receipts and disbursements and major fees assessed by Department

	<u>Receipts</u>	<u>Expenditures</u>
FY 2003:	\$280,000	\$236,000
FY 2004:	<u>\$328,000</u>	<u>\$256,000</u>
Total:	\$638,000	\$492,000

III. Licensing and Registration

A. Persons licensed as of June 30, 2004

There were 1368 licensed alcohol and drug counselors licensed as of June 30, 2004 as compared to 1340 licensed alcohol and drug counselors as of June 30, 2002.

B. New licenses issued during biennium

395 new licenses were issued during the biennium as compared to 314 new licenses issued during the previous biennium.

IV. Complaints

A. Complaints Received

Number of Complaints received each fiscal year

FY 2003	71
FY 2004	54

1. Number of complaints categorized by type of occupation regulated by Department

The licensing program regulated licensed alcohol and drug counselors and license applicants only.

2. Number of complaints per 1,000 persons

FY 2003	52.54
FY 2004	39.96

3. Number of complaints categorized by type of complaint

	<u>FY 2003</u>	<u>FY 2004</u>
Incompetence/harmful/dangerous practice	8	16
Sexual contact or reasonably interpreted as sexual	8	6
Conduct likely to harm public	7	0
Unable to provide services safely	4	2
Breach of confidentiality	2	4
Impaired objectivity (boundaries violation)	4	2
Unlicensed practice	23	5
Violated Commissioner=s Order	0	2
Failed to self report	11	0
Over indulgent in use of or dependence of alcohol	2	2
Use of legend drugs	2	6
Failure to release client file	0	2
Fraudulent billing practices	0	2
Engaged in conduct prohibited by rule	4	2
Other	2	5

4. Open Complaints on June 30

	<u>FY 2003</u>	<u>FY 2004</u>
Complaints Open	114	157
Open less than three months	12	12
Open three to six months	20	19
Open six to twelve months	18	24
*Open more than one year (explain)	79	113

5. Closed Complaints on June 30

	<u>FY 2003</u>	<u>FY 2004</u>
Number Closed	42	26
Disposition Type:		
A. Revocation	4	2
B. Suspension	0	0
C. Limited or Conditional License	1	2
D. Civil Penalties	1	1
E. Reprimand	0	0
F. Dismissal	34	20
G. Referral to Licensing Boards	0	0
H. Cease and Desist	0	0
I. Application Denied	2	1

* Investigations and Enforcement Unit prioritizes application investigations over complaint investigations due to limited number of staff in the program and time-sensitive nature of applications. There were .75 FTE investigators in FY 2003 and .85 FTE investigators in FY 2004. Applications investigations include criminal history checks and disclosures of issues on applications.

	<u>FY 2003</u>	<u>FY 2004</u>
Cases closed that were open more than one year	12	9

D. Other Investigation Activity

The Investigations and Enforcement Unit prioritizes application investigations first. Application investigations include criminal history checks and investigations due to a disclosure by an applicant about violations of law and inconsistencies in the answers on applications for initial licensure and renewals and applications for temporary permits.

Total Application Investigations Opened

FY 2003	161
FY 2004	271

TOTAL	432
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Total Application Investigations Closed

FY 2003	147
FY 2004	272

TOTAL	419
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Pending Background Investigations as of June 30, 2003	95
Pending Background Investigations as of June 30, 2004	94

Disposition by Type	<u>FY 2003</u>	<u>FY 2004</u>
A. Application Refused	0	0
B. Civil Penalty	8	5
C. Application Denied	1	1
D. Conditional Licensing	2	4
E. License Revoked	2	0
F. License Suspended	0	0
G. Cease & Desist Order	0	0
H. Dismissal (no violation of law determined)	134	261

E. Other Program Activity

Location and dates of the administration of licensing examinations through or by the Minnesota Department of Health:

Written examinations

07/27/2002	Minneapolis, Minnesota
11/23/2002	Minneapolis, Minnesota
03/29/2003	Minneapolis, Minnesota
07/26/2003	Minneapolis, Minnesota
11/22/2003	Minneapolis, Minnesota
03/27/2004	Minneapolis, Minnesota

Oral examinations

09/21/2002	St. Paul, Minnesota
02/22/2003	St. Paul, Minnesota
06/07/2003	St. Paul, Minnesota
09/20/2003	St. Paul, Minnesota
02/21/2004	St. Paul, Minnesota
06/05/2004	St. Paul, Minnesota

V. Trend Data as of June 30

<u>Fiscal Year</u>	<u>Complaints Rec'd</u>	<u>Complaints per 1,000</u>	<u>Open Files</u>
FY 2004	54	39.96	157
FY 2003	71	52.54	114
FY 2002	90	66.60	88
FY 2001	47	34.78	47
FY 2000	31	22.94	25
FY 1999	3	2.22	2
FY 1998	0	0	0

Office of Mental Health Practice Biennial Report

October, 2004

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**Office of Mental Health Practice
Minnesota Department of Health
Biennial Report
July 1, 2002 to June 30, 2004**

I. General Information

A. Office of Mental Health Practice Mission and Major Functions

Mission:

To protect consumers who receive mental health services from practitioners who fall outside of the licensing authorities for Minnesota psychologists, social workers, marriage and family therapists, psychiatrists, nurses, licensed professional counselors, and alcohol and drug counselors. Unlicensed mental health practitioners include, but are not limited to, psychotherapists, hypnotherapists, private school counselors, and any person providing assessment, treatment or counseling of a client for a cognitive, behavioral, emotional, social, or mental condition, symptom, or dysfunction, including intrapersonal or interpersonal dysfunctions. The Office of Mental Health Practice=s (hereinafter "OMHP") mandate is to receive and investigate complaints against unlicensed mental health practitioners, take enforcement action for violations of prohibited conduct, monitor practitioner conduct after discipline, and act as an information clearinghouse by providing the public with information about regulation of mental health practitioners in the state of Minnesota.

Major Functions:

Investigating complaints

- Accepting complaints and reports from the public, health care service providers, and other health care regulators regarding the conduct of unlicensed mental health practitioners.
- Determining whether a complaint is jurisdictional and if so, obtaining sufficient evidence to determine if a violation of statute has occurred.
- Engaging in fact-finding by interviewing complainants, witnesses, and practitioners, and obtaining relevant documentation about the allegations.
- Coordinating investigations involving matters within the jurisdiction of more than one regulatory agency by making appropriate referrals to other state boards, agencies, including the office of the ombudsman for mental health and mental retardation, departments responsible for licensing health related occupations, facilities and programs, and law enforcement personnel in this and other states.

- Informing complainants of action taken to resolve their complaints as allowed by the provisions of the Minnesota Government Data Practices Act.
- Protecting the identity of clients/complainants in compliance with the Minnesota Government Data Practices Act.

Taking and enforcing disciplinary actions against all unlicensed mental health practitioners for violations of the law

- Evaluating the case against a practitioner while balancing the constitutional due process rights of the practitioner against the Commissioner's obligation to protect the public from harm in a cost effective way.
- Holding conferences with practitioners to clarify information received during an investigation and identify the practitioner's role and responsibility in a matter under investigation, and allow the practitioner an opportunity to make a meaningful response.
- Obtaining voluntary agreements with practitioners for discipline or pursuing discipline through contested cases.
- Subsequent to disciplinary action, setting up system to continue monitoring practitioner's conduct to ensure it complies with disciplinary Order.
- Taking further enforcement actions if there is evidence to conclude that practitioner violated terms of the Order of the Commissioner.
- Processing and coordinating requests from practitioners for reinstatement to practice without restrictions.

Acting as informational clearinghouse on mental health services provided by both licensed and unlicensed practitioners through dissemination of information to the public about avenues for relief, consumer rights, sexual exploitation by counselors, and to practitioners about legal responsibilities

- Available by phone or in writing to answer questions about regulations pertaining to mental health service providers in Minnesota and consumer rights.
- Available by phone or in writing to answer questions about legal responsibilities for unlicensed mental health practitioners in Minnesota.
- Available on-line via website to provide information about regulation of mental health practitioners in the state of Minnesota, consumer rights, how to file complaints against unlicensed mental health practitioners, sexual exploitation by

counselors and therapists, and public disciplinary action which has been taken by the OMHP.

- Distributing brochures and other printed materials to both consumers and practitioners to describe consumer rights and options, to educate the public and practitioners about sexual exploitation by counselors and therapists, and to inform practitioners about their legal responsibilities.
- Collecting and recording data about both investigations and enforcement actions for distribution to the public and legislative authorities about the OMHP=s activities.

B. Major activities during the biennium

- Distributed nearly 1000 copies of OMHP information, and two different brochures, one titled "Using Mental Health Services? Know Your Rights and Options," and the other titled "It's Never OK - Sexual Exploitation by Counselors."
- In August 2002, staff taught an in-service for mental health therapy supervisors at a community mental health center.

C. Emerging issues regarding regulation of unlicensed mental health practitioners

- On August 15, 2002, the Minnesota Supreme Court issued a ruling that clergy who provide unlicensed mental health services fall under the jurisdiction of the OMHP. See Odenthal v. Minnesota Conference of Seventh-Day Adventists, 649 N.W. 2nd 426 (Minn. 2002). This case is the first appellate case to interpret the OMHP law, Minnesota Statutes, secs. 148.61, et al, specifically the definition of "unlicensed mental health therapy".
- Sexual misconduct against clients continues to comprise a significant portion of all complaints received by the OMHP. As noted in the previous biennial report, Ellen T. Luepker, an expert on the topic, reported in a 1999 issue of the Journal of the American Academy of Psychiatry Law that clients who are sexually abused by their counselors suffer great harm; that intensive and extensive subsequent treatment is necessary, and these clients are especially vulnerable to professional re-victimization. Due to the devastating and enduring impact of practitioner sexual misconduct, the OMHP has, since 1992, consistently focused on educating practitioners and the public about this topic. Complaint statistics show the percent of complaints alleging sexual misconduct has dropped from the previous biennium (31 percent of all complaints) to 16 percent of all complaints received

for this reporting period. Department staff do not know the cause(s) for this change.

- During the 2003 legislative session, the OMHP was repealed effective July 1, 2004. In June 2004, the Legislature extended the effective date of the OMHP repeal for one-year; however, no funding was provided for the continued operation. To respond to legislative requests that the Department maintain the operation of OMHP in FY 2005, the Department reallocated funds internally so that OMHP could continue through FY 2005. The OMHP will cease operation within the Department after June 30, 2005.
- During the 2004 session, the Legislature enacted language requiring the Commissioner of Health, in consultation with the executive directors of the health-related boards, to develop a transition plan during FY 2005 for the future regulation of unlicensed mental health practitioners in Minnesota.

II. OMHP's staff and budget

A. Employees

The OMHP is part of the Health Occupations Program within the Health Policy, Information and Compliance Monitoring Division in the Minnesota Department of Health.

July 2002 to April 2003, 2 FTE investigators.

April 2003 to June 2003, 1 FTE investigator

July 2003 to March 2004, .50 FTE investigator

April 2004 to June 2004, 1 FTE investigator.

During this biennium, the OMHP had .50 FTE support staff and .25 FTE supervisor.

B. Receipts and Disbursements and Major Fees Assessed by Office

Since there is no credentialing component to this program, no fees were received. However, civil penalties were received as follows:

Civil Penalties Received		Expenditures	
FY 2003	\$2760	FY 2003	\$154,363
FY 2004	\$2575	FY 2004	\$102,454
TOTAL	\$5335	TOTAL	\$256,817

III. Licensing and Registration

There are no licensing or registration activities in this Office.

IV. Complaints

A. Complaints Received

	<u>FY 2003</u>	<u>FY 2004</u>
Complaints Received	37	34
Complaints per 1000 Regulated Persons (estimated 2000 practitioners)	18.5	17

	<u>FY 2003</u>	<u>FY 2004</u>
Complaints by Type of Complaint		
Harm to Public ¹	15	16
Sexual Misconduct	6	5
Breach of Confidentiality	4	3
False Advertising	4	1
Impaired Objectivity	2	3
Failure to furnish records	2	1
Reporting obligations	1	0
Crime against persons	1	1
Crime-mental health related	0	2
Improper billing	1	0
Bill of rights violation	1	1
Improper use of drugs	0	1

B. Open Complaints on June 30

Total Number of Open Complaints ²	42	44
Open Less than three months	8	6
Open 3 to 6 months	11	6
Open 6 to 12 months	18	22
Open more than one year	5	10

C. Closed Complaints on June 30

Total Number Closed during FY	62	32
Disposition by Type (a complaint may have more than one disposition type)		

¹ Harm to the public constitutes conduct by a practitioner likely to deceive, defraud, or harm the public; or demonstrating a willful or careless disregard for the health, welfare, or safety of a client; or any other practice that may create unnecessary danger to any client's life, health, or safety, in any of which cases, proof of actual injury need not be established.

A. Revocation	1	2
B. Suspension/Restriction	1	5
	<u>FY 2003</u>	<u>FY 2004</u>
C. Civil Penalty	0	2
D. Warning/Advisement	9	1
E. Dismissal	31	17
F. Referral to Licensing Boards	18	4
G. Not Pursued by Complainant	2	3
	<u>FY 2003</u>	<u>FY 2004</u>
D. Cases closed that were open more than one year	30	9

V. Trend Data as Of June 30

<u>Fiscal year</u>	<u>Complaints Rec'd</u>	<u>Complaints Per 1,000</u>	<u>Open Files</u>
FY 2004	34	17	44
FY 2003	37	18.5	42
FY 2002	39	19.5	68
FY 2001	61	30.5	104
FY 2000	66	33	101
FY 1999	66	33	123
FY 1998	85	42.5	177
FY 1997	71	35.5	192
FY 1996	73	36.5	169
FY 1995	91	45.5	189
FY 1994	82	41	155
FY 1993	64	32	90
FY 1992	71	35.5	59

²The number of open cases has declined at the end of each fiscal year between 1997 and 2003 because a second full-time investigator was hired in 1997. However, in this biennium, staff levels changed from one full-time investigator to one-half time investigator and back again to one full-time investigator. Prior to 1997, the OMHP had one full-time investigator.

Office of Unlicensed Complementary and Alternative Health Care Practice Biennial Report

October, 2004

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**Office of Unlicensed Complementary and Alternative Health Care Practice
Minnesota Department of Health
Biennial Report
July 1, 2002 to June 30, 2004**

I. General Information

A. Office Of Unlicensed Complementary and Alternative Health Care Practice Mission and Major Functions:

Mission:

To protect consumers who receive complementary and/or alternative health care services from practitioners who fall outside of state licensing authorities, including, but not limited to, persons who provide: massage therapy, body work, homeopathy, naturopathy, herbology, healing practices utilizing food, food supplements and nutrients, healing touch, culturally traditional healing practices, and traditional Oriental practices. The Office of Unlicensed Complementary and Alternative Health Care Practice (hereinafter "OCAP") was created within the Minnesota Department of Health (hereinafter "Department") to receive and investigate complaints against unlicensed complementary and alternative health care practitioners, to take enforcement action for violations of prohibited conduct, monitor practitioner conduct after discipline, and act as an information clearinghouse by providing the public with information about regulation of unlicensed complementary and alternative health care practitioners in the state of Minnesota.

Major Functions:

Investigating complaints

- Accepting complaints and reports from the public, health care service providers, and other health care regulators regarding the conduct of unlicensed complementary and alternative health care practitioners.
- Determining whether a complaint or inquiry is jurisdictional and, if so, obtaining sufficient evidence to determine if a violation of Minnesota Statutes, Chapter 146A occurred.
- Engaging in fact-finding by interviewing complainants, witnesses, and the practitioners, and obtaining relevant documentation about the allegation(s) including a completed complaint form from the complainant.
- Coordinating investigations involving matters within the jurisdiction of more than one regulatory agency by making appropriate referrals to other state boards, agencies, departments responsible for licensing health related occupations, facilities and programs, and law enforcement personnel in this and other states.

- Informing complainants of action taken to resolve their complaints as allowed by the provisions of the Minnesota Government Data Practices Act.

Taking and enforcing disciplinary actions against all unlicensed complementary and alternative health care practitioners for violations of prohibited conduct

- Evaluating the case against a practitioner while balancing the constitutional due process rights of the practitioner against the Department's obligation to protect the public from harm in a cost effective way.
- Holding investigative conferences with practitioners to clarify information received during an investigation, identify the practitioner's role and responsibility in a matter under investigation, and allow the practitioner an opportunity to make a meaningful response.
- Obtaining voluntary and negotiated agreements with practitioners for discipline whenever possible.
- Protecting the identity of clients when sexual misconduct or other serious violations occurred.
- Subsequent to disciplinary action, setting up a system to continue monitoring practitioner's conduct to ensure it complies with the disciplinary Order.
- Taking further enforcement actions if there is evidence to conclude that practitioner violated terms of the Order of the Department.

Acting as informational clearinghouse on complementary and alternative health care services provided by unlicensed practitioners through dissemination of information to the public about avenues for relief, consumer rights, sexual exploitation by practitioners, and to practitioners about their legal responsibilities

- Being available by telephone or in writing to answer questions about regulations pertaining to unlicensed complementary and/or alternative health care service providers in Minnesota and consumer rights.
- Being available on-line via the website which provides information about regulation of unlicensed complementary and alternative health care practitioners in the state of Minnesota, consumer rights, how to file complaints against practitioners, and the requirements of the Client Bill of Rights.
- Preparing and distributing brochures and other printed materials to both consumers and practitioners to describe consumer rights and options, to educate the public and practitioners about the OCAP and to inform practitioners about their legal responsibilities.

- Collecting and recording data about both investigations and enforcement actions for distribution to the public and legislative authorities about OCAPs activities.

B. Major Activities during the Biennium

- On September 27, 2002, the OCAP issued a press release about the regulation and how to file complaints and obtain information from the Department.
- On November 15, 2002, the OCAP was featured in an article in the *Business Journal* about complementary practices and the laws regulating them in Minnesota.
- In April of 2003, the OCAP contracted with a licensed physician to work as a medical consultant to OCAP. The physician's role is to assist OCAP on cases involving alleged illegal diagnoses of medical conditions and other medically related topics.
- In June 2003, KSTP, a local TV station, interviewed department staff as a follow up to one of its stories about complementary practitioners. The show was aired in August 2003.
- On March 31, 2004 OCAP hired a full-time Health Care Program Investigator to fill a staff vacancy left on December 26, 2002 to handle investigations, enforcement actions, and public information activities for the OCAP.
- During the biennium the OCAP received over two hundred (200) inquiries from the public and/or practitioners requesting information about unlicensed complementary and alternative health care practice. The OCAP mailed out approximately eight hundred fifty (850) brochures/information packets.

C. Emerging Issues Regarding Regulation of Unlicensed Complementary and Alternative Health Care Practitioners and Practices

- Continuing acceptance of complementary and alternative health care by Minnesotans demonstrates the need for regulatory oversight.
- A staff vacancy from December 26, 2002 to March 31, 2004 affected OCAP's activities. When the investigator position was left vacant in December 2002, the vacancy remained until March 2004 because of general funded salary constraints within the Department. Instead, the Section reassigned existing staff and there were fluctuating staff levels throughout the biennium so that a thirty-case backlog of investigations was created during this time.

- There are numerous types of practices within OCAP. Of all the practice types, massage therapists/bodyworkers are the largest identifiable occupational group. Massage therapists/bodyworkers also receive the most complaints within OCAP. Of the complaints against massage therapists/bodyworkers, eighty-three percent (83%) of these allege sexual misconduct. This high percentage suggests a considerable problem with boundaries and sexual misconduct in the massage therapy/bodyworker group.
- OCAP has identified a new group of practitioners who claim to analyze blood cells and improve health by drawing blood from clients, viewing and evaluating blood on a computer screen with the client and then recommending dietary supplements. Drawing blood from clients is a violation of OCAP law, and there is also the potential for very serious public health issues if clients are substituting this care for other health care, ceasing taking prescribed medications or continuing to take prescribed medications along with dietary supplements which could negatively interact with medications.
- There are frequent points of contact between the OCAP and federal regulatory agencies that require delineation of authority and jurisdiction:

[1] Regarding OCAP's investigations of cell analyzers, the Federal Clinical Laboratory Improvement Act (CLIA) is a federal law requiring laboratories that test human specimens to meet certain laboratory standards and qualifications. The Act is administered by the Federal Department of Health and Human Services. CLIA issues arise in investigations where practitioners are drawing and testing blood and contending that their practice is exempted by CLIA. OCAP has contacted federal authorities and referred relevant portions of cases to them for investigation.

[2] Many OCAP practitioners also sell dietary supplements. The Federal Food and Drug Administration (FDA) in the Department of Health and Human Services regulates dietary supplement manufacturers through product labeling requirements. There is no federal or state regulation of dietary supplement ingredients, mixtures or the sellers themselves. OCAP does not have jurisdiction over persons only selling and distributing dietary supplements due to the federal law protecting that practice; however OCAP does have jurisdiction over complementary or alternative health care practitioners who also sell or distribute dietary supplements as part of their practice. Minnesota Statutes, § 146A.01, subd. 4(a)(11) includes in the definition of OCAP practitioners those who engage in healing practices utilizing food, food supplements and nutrients. This means that practitioners will claim they are outside of OCAP's jurisdiction due to the federal law.

[3] Some OCAP practitioners use devices that appear to require regulation by the FDA under its medical device review, approval and classification system. Staff refer matters involving medical devices to the FDA for their review and consideration.

II. OCAP's Staff and Budget

A. Employees

July 1, 2002 to December 26, 2002, 1 FTE investigator and .25 FTE support staff person.

December 27, 2002 to April 2003, 0 FTE investigator.

April 2003 to June 30, 2003, 1 FTE investigator.

July 1, 2003 to March 31, 2004, .50 FTE investigator.

April 1, 2004 to June 30, 2004, 1 FTE investigator.

B. Receipts and Disbursements and Major Fees Assessed By Office

The OCAP is part of the Health Occupations Program within the Health Policy, Information and Compliance Monitoring Division in the Minnesota Department of Health. The program is funded by the General Fund. There are no credentialing components to the OCAP, therefore no fee-based revenue exists. In FY 2003 and 2004, there were no final civil penalties assessed.

Civil Penalties Received		Expenditures	
FY 2003	\$0	FY 2003	\$ 32,028
FY 2004	\$0	FY 2004	\$ 1,304
		TOTAL	\$ 33,332

III. Licensing and Registration

There are no licensing or registration activities to this Office.

IV. Complaints

A. Complaints Received

	<u>FY 2003</u>	<u>FY 2004</u>
Complaints Received	22	18

Complaints Per 1,000 Regulated Persons (Estimated 3,000 practitioners)	7.26	5.94
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Complaints by Type of Complaint	<u>FY 2003</u>	<u>FY 2004</u>
Sexual Misconduct	6	10
Impaired Objectivity	0	0
Harm to Public/Client ¹	9	5
Failure to Provide Referral ²	2	0
Misrepresentation of Credentials	3	1
False Advertising	1	0
Other Disciplinary Action Taken	1	1
Bartering	0	1

B. Open Complaints on June 30	<u>FY 2003</u>	<u>FY 2004</u>
Total Number of Open Complaints	25	37
Open Less than three months	5	1
Open 3 to 6 months	2	6
Open 6 to 12 months	15	9
Open more than 1 Year (explain) ³	8	30

C. Closed Complaints on June 30	<u>FY 2003</u>	<u>FY 2004</u>
Number Closed	7	6
<u>Disposition By Type</u>		
A. Advisement	2	2
B. Dismissal	0	4
C. Referral to Licensing Boards/Other Agency	4	0
D. Granted Permission to Practice	1	0

¹Harm to the Public constitutes conduct by a practitioner likely to deceive, defraud, or harm the public; or demonstrating a willful or careless disregard for the health, welfare, or safety of a client; or any other practice that may create danger to any client's life, health, or safety, in any of which cases, proof of actual injury need not be established. This would include unsafe services and puncture of the skin.

²"Failure to Provide Referral" is defined as failure by the unlicensed complementary and alternative practitioner to provide a client with a recommendation that the client see a health care provider who is licensed or registered by a health-related licensing board or the commissioner of health, if there is a reasonable likelihood that the client needs to be seen by a licensed or registered health care provider.

³Explanation of cases open for more than one year: The OCAP had one full time investigator between July 1, 2002 and December 26, 2002. The investigator position was left vacant after December 2002, and the Department did not fill the vacancy because of limited General Fund dollars. The Section reassigned an existing staff person so that there was one FTE staff from April 2003 through June 2003 and thereafter, there was one-half time investigator from July

2003 to March 2004 to conduct all of the investigative, enforcement and clearinghouse activities. Fluctuating levels of staffing meant that a backlog of investigations was created during this time. A full-time investigator was hired on March 31, 2004. Investigations are very time consuming. Factors contributing to time taken in investigations include investigating to determine whether jurisdiction exists, numbers of witnesses, the time client-victims take in deciding to cooperate fully with the Department, and practitioner non-cooperation.

V. Trend Data as Of June 30

<u>Fiscal year</u>	<u>Complaints Rec=d</u>	<u>Complaints Per 1,000</u>	<u>Open Complaint Files</u>
FY 2004	18	5.94	37
FY 2003	22	7.26	25
FY 2002	16	5.28	8
FY 2001	1	.33	1
FY 2000	0	0	0

Section 21

Minnesota Statutes – Chapter 214

Chapter 214 contains provisions that apply to all the health-related licensing boards. The chapter includes the provisions relating to the HIV, HBV, and HCV Prevention Program, and to the Health Professionals Services Program. Below is a list of all sections of the chapter.

Section	Topic
General	
214.001	Policy and regulation
214.002	Evidence in support of regulation
214.01	Definitions
214.02	Public member, defined
214.03	Standardized tests
214.04	Services
214.045	Coordination with board of teaching
214.055	Fees to recover expenditures
214.06	Fees; license renewals
214.07	Reports
214.08	Fiscal year
214.09	Membership; compensation; removal; vacancies
214.10	Complaint, investigation, and hearing
214.101	Child support; suspension of license
214.103	Health-related licensing boards; complaint, investigation, and hearing
214.04	Health-related licensing boards; determinations regarding disqualifications for maltreatment
214.11	Additional remedy
214.12	Continuing education
214.13	Human services occupations
214.131	Commissioner cease and desist authority and penalty for violation
214.5	Trade regulation
214.16	Data collection; health care provider tax
HIV, HBV, and HCV Prevention Program	
214.17	HIV, HBV, and HCV prevention program; purpose and scope
214.18	Definitions
214.19	Reporting obligations
214.20	Grounds for disciplinary or restrictive action
214.21	Temporary suspension
214.22	Notice; action
214.23	Monitoring
214.24	Inspection of practice
214.25	Data privacy
Health Professionals Services Program	
214.28	Diversion program
214.29	Program required
214.31	Authority
214.32	Program management, services, participant costs, eligibility, completions, voluntary termination and discharge
214.33	Reporting
214.34	Immunity
214.35	Classification of data
214.36	Board participation
214.37	Rulemaking
214.40	Voluntary Health Care Provider Program

Section 22

Minnesota Statutes – Authority for Board or Program

Statutes	Board or Program
Independent	Boards
148B.51	Behavioral Health and Therapy
148.02	Chiropractic
150A.02	Dentistry
148.622	Dietetics and Nutrition Practice
148B.30	Marriage and Family Therapy
147.01	Medical Practice
148.181	Nursing
144A.19	Nursing Home Administrators
148.52	Optometry
151.02	Pharmacy
148.67	Physical Therapy
153.02	Podiatric Medicine
148390	Psychology
148B.19	Social Work
156.01	Veterinary Medicine
214.001 to 214.37	Licensing Boards in General (Chapter 214)
214.17 to 214.25	HIV, HBV, and HCV Prevention Program
214.29 to 214.37	Health Professionals Services Program
Department	of Health
148C.02	Alcohol and Drug Counselor Licensing Program
148B.61	Office of Mental Health Practice
146A.02	Office of Unlicensed Complementary and Alternative Health Care Practice

