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Minnesota Health Licensing Boards

Biennial Reports

July 1, 2004

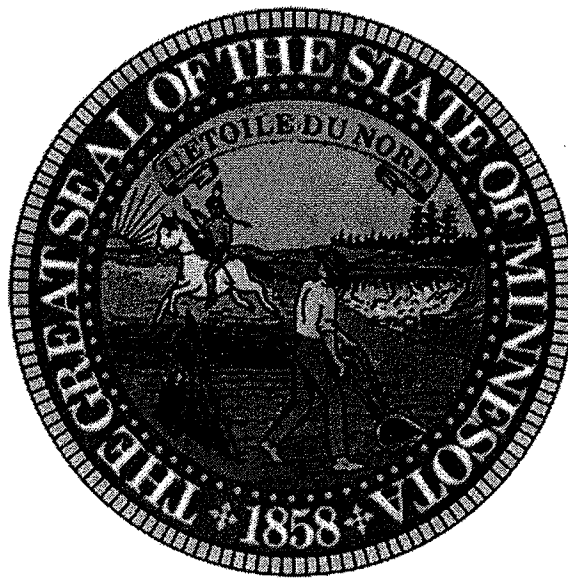
To

June 30, 2006

State of Minnesota

Health Licensing Boards

Biennial Reports



July 1, 2004 – June 30, 2006

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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 an office for regulating other related professionals – the Office of Unlicensed Complementary and Alternative Health Care Practice. The Office of Mental Health Practice has been transferred to the Board of Social Work as administering agency; and Alcohol and Drug Counselor Licensing Program has been transferred to the Board of Behavioral Health and Therapy. Additionally, the consolidated Board of Barber and Cosmetologist Examiners, which was combined into one Board effective July 1, 2004, has also been included in this biennial report.

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 II);
- (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 Barber and Cosmetologist Examiners*
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 houses the Office of Unlicensed Complementary and Alternative Health Care Practice, which has regulatory functions regarding health professionals. The functions of the Alcohol and Drug Counselor Licensing Program, previously housed at the Department of Health, are now performed by the Board of Behavioral Health and Therapy. The Office of Mental Health Practice, previously housed at the Department of Health, is now housed within the Board of Social Work, which is administering agency for the Office.

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, 2004 by Minnesota legislative action. See M.S. §§ 154.001. These regulatory functions of this Board were previously housed in one independent Board of Barbers; and in a separate division for cosmetologists (which was contained within the Department of Commerce). These organizations have now merged into one Board, the Board of Barber and Cosmetologist Examiners.

Section 2

Organization of the Boards

Although the 16 independent health licensing boards and the Department of Health are separate agencies, the boards and the department cooperate in administering health occupation licensing programs. The 16 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.

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 16 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 one health occupation programs which are defined as health-related licensing boards under Chapter 214. This is the Office of Unlicensed Complementary and Alternative Health Care Practice. The Alcohol and Drug Counselor Licensing Program is now housed within the Board of Behavioral Health and Therapy, and the Office of Mental Health Practice is now housed within the Board of Social Work as administering agency.

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

- to provide mailing and office supplies services, and at the request of the boards, may provide other facilities and services at a central location upon request of the boards (M.S. 214.04)
- to coordinate the development of a credentials policy among the boards (M.S. 214.13)
- to serve on the Council of Health Board when reviewing legislation or legislative proposals relating to the regulation of health occupations, the council shall include the commissioner of health or a designee (M.S. 214.025). Additional information regarding the Council of Health Boards is below.

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, the Office of Unlicensed Complementary and Alternative Health Care Practice 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.

Council of Health Boards

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

During this biennium, the Council received three requests from the Senate and House Health and Human Service Policy Committees. The three proposals were for change of certification for dental assistants from registration to licensure, initial licensure of denturists, and initial licensing of naturopathic doctors. A summary of their reviews of dental assistants and denturists was provided to the 2005 Legislature, and a summary of naturopathic legislation will be provided to the 2006 Legislature.

Voluntary Entities

Executive Directors Forum

The Executive Directors Forum consists of the Executive Directors of each independent board. The Forum meets at least once a month to discuss issues and concerns affecting all boards. The Forum was created with a goal of working together on matters of common concern, thus increasing the efficiency and effectiveness of each individual board. The Forum establishes committees to develop recommendations for consideration by the Forum. These committees include the Policy Committee and the Management Committee. The primary objective of public safety is achieved most effectively if primary staff is assigned to focus on a specific health

profession. To assure fiscal efficiency, boards review general objectives and promote cooperation among the boards through the Executive Director Forum in an effort to eliminate duplication of similar effort. 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 the action of the Executive Directors Forum:

- Created an IT Working Group to coordinate general IT oversight
- Created an additional IT position, ITS Developer, housed in the Administrative Services Unit.
- Implemented a new technology policy, amended to include provisions regarding cell phone usage and charges, and trained Board staff on its provisions.
- Reviewed Drive To Excellence licensing project for enterprise licensing for HLBs, with consideration of five agencies to pilot the project, including possible Health Licensing Boards; participation in creation of RFP for enterprise licensing.
- Continuation of Operations Plan (COOP) and Pandemic Flu planning
- Continued implementation of online services, including license renewal, and confirmation of professional credentials online
- Work continued on online common complaint form to be used by all boards
- Receive information on health licensing boards and their roles in Mandated Reporter Training from Our Children Our Future Board, which presented findings regarding disparities in reporting of child maltreatment, and discussed continuing education requirements for health related licensees.
- Received and reviewed information regarding credentialing and licensure verification in case of local, state, or national emergencies
- Reviewed requirements and policies regarding licensure and continuing education requirements for licensees actively involved in military service.
- Implemented secure e-mail and encryption policies and procedures
- Implemented survey for handling of private information, preparing a security audit of personal information to keep on file for each Board, in compliance with 325E.61.
- Integration of the merged Barber and Cosmetologist Examiners Board into the HLB structures, including shared facilities.
- Review of information and consideration issues regarding possible barriers to licensure of non-U.S.-educated health practitioners

During this biennium, individual board staff were assigned to :

State Information Security Council
HPSP Program Committee
Drive to Excellence Licensing Steering Committee
Drive To Excellence Procurement
Drive to Excellence Sourcing Communication
Drive To Excellence MAPS Project
Continuation of Operations Planning (COOP)

Administrative Services Unit

The Administrative Services Unit (ASU) is funded by all the independent boards and consists of seven staff members who perform shared administrative and business for all the boards. The unit provides service to the boards in the areas of budgeting, accounting, purchasing, human resources, professional and technical contracts, information technology, 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 annual 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. The budget and annual assessment of ASU effectiveness is agreed upon by the Executive Directors Forum.

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:

- Management of the Administrative Services Unit budget and review of ASU performance
- Through the Administrative Services Unit, administers shared conference rooms and shared equipment, such as copiers
- Coordinates the boards' computer collaboration efforts
- Develops recommended policies and procedures for all boards, and reviews best practices
- Oversees the Administrative Services Unit

Policy Committee

The Policy Committee has recently been merged with the Management Committee. The functions of the policy committee have been to make recommendations to the Executive Directors Forum on issues relating to public policy. The responsibilities of the committee have included the following:

- Reviewing legislative proposals and making recommendations on legislative initiatives affecting all the boards
- Developing information and recommendations on the rules process
- Coordinating communication with the Department of Health Licensing Boards through the Administrative Services Unit, and coordinates preparation of the summary of the boards' biennial reports

Emerging Issues

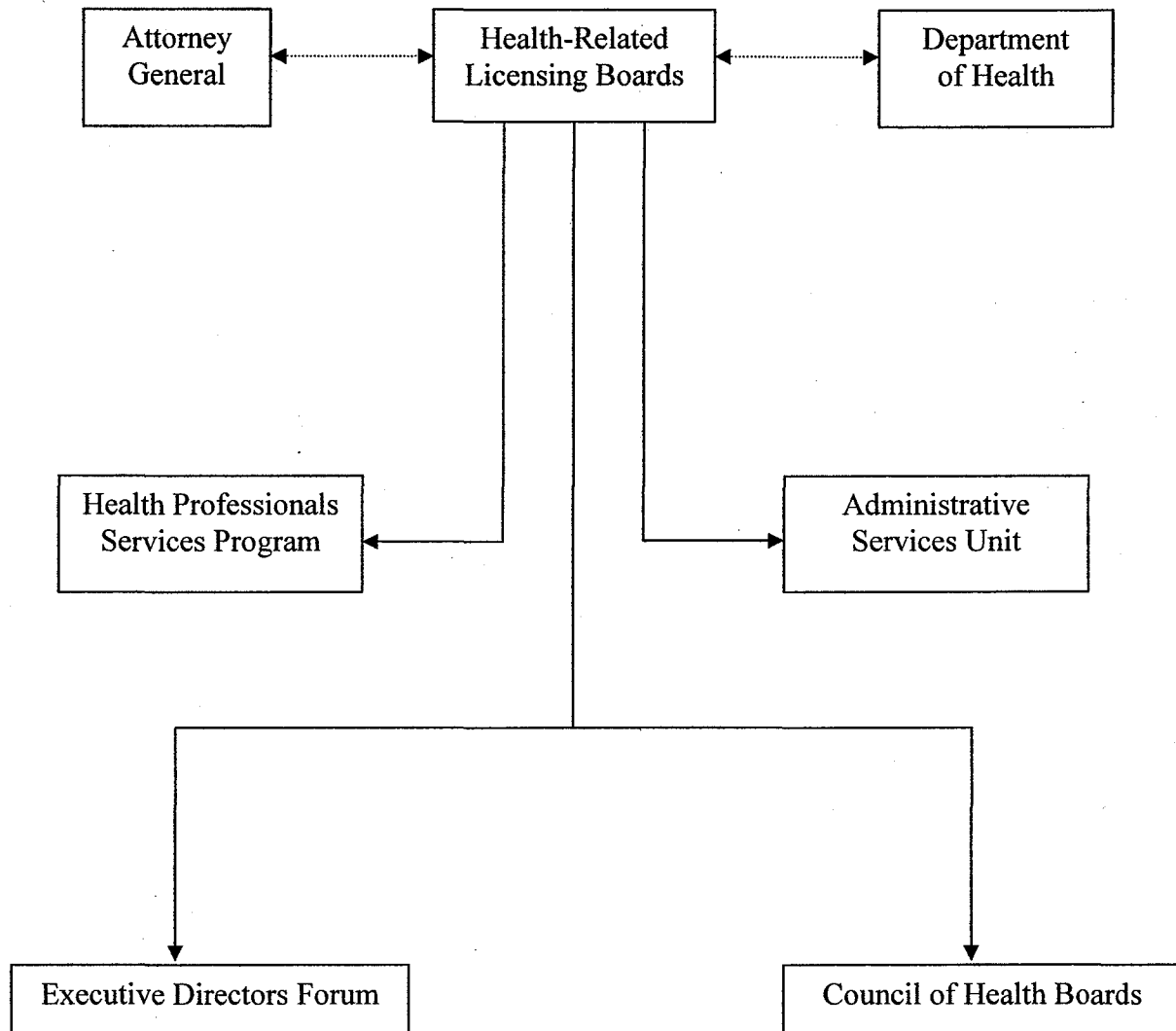
During the 2004-2006 biennium, the health-related licensing boards faced a number of common emerging issues, which are described below.

- Staffing / funding issues. As a result of state practices and requirements regarding budgets and expenditures of the health-related licensing boards, as well as expenditures required in complying with Drive to Excellence initiatives, a number of the boards are facing salary constraints and possible budget shortfalls that affect staffing levels and service delivery, including ability to investigate complaints and process contested cases for disciplinary action. The uncertainty and unpredictability of costs of legal fees in disciplinary cases that proceed to contested case status, also raise important budget concerns.
- The Boards continue to make technology / communication improvements, refinements, and continue to expand and refine 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.

- A number of Boards are facing questions and policy decisions regarding mobility for practitioners between jurisdictions (license transfer), including issues pertaining to health professionals licensed in non-U.S. educational institutions, and evaluation of competency and recognition of credentials of applicants who graduated from non-accredited non-U.S. colleges prior to licensure in Minnesota. A related issue is that for some boards, the licensure examination pass rate for non-U.S. educated applicants is significantly lower than that for U.S. educated candidates.
- Applicants and the general population are becoming increasingly diverse, and the licensing boards are examining matters pertaining to possible barriers in licensure, as well as issues surrounding working with clients and patients from diverse populations.
- Several health professions regulated by the Boards report shortages in their professions, some of which is due to population demographics, and which will be a matter of ongoing interest to the Boards.
- Expanded use of non-traditional alternative health modalities (holistic, aromatherapy, acupuncture, kinesiology, massage therapy, homeopathy, etc.) by the public affects regulatory organizations, which need to make decisions regarding scope of practice and appropriate regulation and oversight of such modalities.
- The possibility of additional newly established health regulatory boards is a possibility, subject to legislative activity.

Health-Related Licensing Boards Cooperative Structure



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 Barber and Cosmetologist Examiners</i>	\$ 400
<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>	\$ 2,047
<i>Nursing Home Administrators</i>	\$ 310
<i>Office of Mental Health Practice</i>	\$ 446
<i>Optometry</i>	\$ 150
<i>Pharmacy</i>	\$ 335.87
<i>Physical Therapy</i>	\$ 300
<i>Podiatric Medicine</i>	\$ 200
<i>Psychology</i>	\$ 934.04
<i>Social Work</i>	\$ 750
<i>Veterinary Medicine</i>	\$ 400
<i>Health Department</i>	\$ 758
<i>HPSP</i>	\$ 550
<i>Administrative Services Unit</i>	\$ 800

Grand Total \$ 12,920.91

Cost to print/bind 25 copies: \$250

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, 2006	# of New Licenses or Registrations Issued during biennium
Independent Boards		
<u>Board of Barber and Cosmetologist Examiners (total)</u>	<u>40,398</u>	<u>352</u>
- apprentice	212	115
- registered barbers	2,572	77
- barber shop	1,116	157
- barber schools	5	0
- cosmetologist	30,036	Not available
- cosmetology salons	6,410	Not available
- cosmetology schools	47	3
<u>Behavioral Health and Therapy (total)</u>	<u>2,040</u>	<u>651</u>
- licensed professional counselors	373	360
- licensed alcohol and drug counselors ¹	1,464	142 (FY06 only)
- ADC Temporary Permit Holders	203	149 (FY06 only)
<u>Chiropractic (total)²</u>	<u>2,553</u>	<u>261</u>
- chiropractors	2,553	261
<u>Dentistry (total)</u>	<u>14,952</u>	
- dentists	3,838	
- dental hygienists	4,518	
- registered dental assistants	6,596	
<u>Dietetics and Nutrition Practice (total)</u>	<u>1,205</u>	<u>191</u>
- dietitians	1,144	187
- nutritionists	61	4
<u>Marriage and Family Therapy (total)</u>	<u>1,145</u>	<u>398</u>
- licensed M&F therapists	916	207
- licensed associate M&F therapists	229	191
<u>Medical Practice (total)</u>	<u>21,655</u>	<u>4,376</u>
- physicians & surgeons	17,939	1,969
- athletic trainers	537	140
- physician assistants	1,097	243
- respiratory care practitioners	1,596	217
- acupuncturists	297	80
- traditional midwives	15	7
- telemedicine ³	174	102
- residency permits		1,618

Board or Program	Total # of Persons Licensed or Registered as of June 30, 2006	# of New Licenses or Registrations Issued during Biennium
<u>Nursing (total)</u>	<u>106,318</u>	<u>12,943</u>
- registered nurses	72,328	9,510
- licensed practical nurses	23,393	3,433
- public health nurses	10,597	xxx
<u>Nursing Home Administrators (total)</u>	<u>840</u>	<u>86</u>
- nursing home administrators	840	86
<u>Optometry (total)</u>	<u>951</u>	<u>109</u>
- optometrists	951	109
<u>Pharmacy (total)⁴</u>	<u>19,512</u>	<u>474</u>
- pharmacists ⁵	6,598	
- technicians	7,572	
- pharmacies	1,535	
- wholesalers	845	
- manufacturers	257	
- medical gas distributors	41	
- controlled substance researchers	317	
- interns	1,124	
- preceptors	1,223	
<u>Physical Therapy (total)</u>	<u>3,588</u>	<u>332</u>
- physical therapists	3,588	332
<u>Podiatric Medicine (total)</u>	<u>185</u>	<u>13</u>
- podiatrists	185	13
<u>Psychology (total)</u>	<u>3,695</u>	<u>176</u>
- licensed psychologists	3,644	156
- licensed psychological practitioners	51	20
<u>Social Work (total)</u>	<u>10,005</u>	<u>1,652</u>
- licensed social workers	5,131	697
- licensed graduate social workers	1,103	486
- licensed independent social workers	741	75
- licensed independent clinical social workers	3,030	394
<u>Veterinary Medicine (total)</u>	<u>2,955</u>	<u>271</u>
- veterinarians	2,955	271
Department of Health		
Office of Unlicensed Complementary and Alternative Health Care Practice (OCAP)	Estimates 2,700 practitioners	n/a

¹Licensing of Alcohol and Drug Counselors was moved to the Board of Behavioral Health and Therapy effective July 1, 2005.

²The Board of Chiropractic Examiners regulates only one occupation – chiropractors. These figures includes active (2391) and inactive (162) practitioners.

³The Board of Medical Practice commenced administering the telemedicine regulatory law in FY 2003.

⁴By exam and by reciprocity

⁵Includes active, inactive, and emeritus

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

Board or Program	Total # Complaints Received FY06	Complaints per 1,000 Regulated Persons	# of Open Complaints as of June 30, 2006	# of Complaints Closed in FY 2006
Independent Boards				
Barber and Cosmetologist Examiners	36	1.1	Not available	Not available
Behavioral Health and Therapy - LPC - LADC	6 52		1 Not available	6 99
Chiropractic*	184	Not available	Not available	166
Dentistry	239	16	109	247
Dietetics and Nutrition Practice	3	.00	4	2
Marriage and Family Therapy	26		2	24
Medical Practice	770		507	728
Nursing - RN - LPN - APRN	1,320 755 524 41	10.44 22.40 10.73	914	1029
Nursing Home Administrators	106	126	9	106
Office of Mental Health Practice	30	15	26	Unavailable
Optometry	12	.01	6	9
Pharmacy	81	5.8	Not available	Not available
Physical Therapy	10	2.78	18	31
Podiatric Medicine	14	76	9	10
Psychology	132	36.22	207	126
Social Work	89	8.9	15	120
Veterinary Medicine	89	30	66	64
Department of Health				
Office of Unlicensed Complementary and Alternative Health Care Practice*	14	5.18	34	15

*estimated 2,700 practitioners

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 2006	Annualized Renewal Fee
Independent Boards				
Board of Barber and Cosmetologist Examiners	7	7	\$523,378	Fees Vary ¹
Behavioral Health and Therapy (FY 2005 and FY 2006)	13	3	\$1,128,943	\$100 LPC / \$147.50 LADC
Chiropractic - chiropractors	7	5	\$515,471.91	\$100
Dentistry - dentists - dental hygienists - registered dental assistants	9	10	\$1,191,818	\$155 \$50 \$35
Dietetics and Nutrition Practice - dieticians, nutritionists	7	0.75	\$81,022	\$45
Marriage and Family Therapy - licensed M&F therapists - licensed associate M&F therapists	7	1.5	\$114,235	\$125 \$ 75
Medical Practice	16	21	\$3,594,802	Fees Vary ²
Nursing - registered nurses - licensed practical nurses	16	25	\$2,982,178	\$ 85 \$ 85
Nursing Home Administrators - nursing home administrators	11	2	\$159,235	\$200
Optometry - optometrists	7	1	\$98,229	\$105
Pharmacy - pharmacists - wholesalers/manufacturers - pharmacies - other	7	9	\$996,505	\$105 \$105-180 \$165 \$ 20-50
Physical Therapy - physical therapists	9	2	\$250,285	\$ 60
Podiatric Medicine - podiatrists	7	0.5	\$74,003	\$300
Psychology - licensed psychologists - licensed psychological practitioners	11	7.2	\$799,054	\$500 \$250

Board or Program	Number of Board Members	Number of Board Employees (FTE)	Disbursements FY 2006	Annualized Renewal Fee
Social Work - licensed social workers - licensed graduate social workers - licensed independent social workers - licensed independent clinical social workers	15	10.1	\$863,990	\$ 45.00 \$80.00 \$120.00 \$132.50
Office of Mental Health Practice (administered by Board of Social Work)	n/a	1	\$81,852 (expenditures)	n/a
Veterinary Medicine - veterinarians	7	1.75	\$241,646	\$100
Department of Health				
Office of Unlicensed Complementary and Alternative Health Care Practice (OCAP)	n/a	1	\$67,343 (expenditures)	n/a

¹Fees vary depending on profession regulated. This board regulates salons, cosmetology, managers, instructors, barber shops, and barbers.

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 2006	# Complaints Received FY 2006	# Complaints per 1,000 Licensees FY 2006	# Open Complaints as of June 30, 2006
Independent Boards				
Board of Barber and Cosmetologist Examiners*				
- 2006	32,820	36	1.1	Not available
- 2004	2,752	18	Not available	Not available
- 2002	2,672	Not available	Not available	Not available
- 2000	2,572	Not available	Not available	Not available
- 1998	2,472	Not available	Not available	Not available
Behavioral Health and Therapy				
- 2006	1,837	58	Not available	LPC – 1 LADC – not available (263 open files to BBHT 7/1/05) 0
- 2004	32	0	Not available	
(Alcohol and Drug Counselors Program was previously housed in the Dept of Health; the Board of Behavioral Health and Therapy now houses this program). The trend information comes from previous reports prepared by the 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
Chiropractic				
- 2006	2,553	n/a	n/a	n/a
- 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

*The Board of Barber and the Board of Cosmetologist Examiners were merged into a single Board of Barber and Cosmetologist Examiners effective July 1, 2004. Figures from 1998-2004 are for Barber Board only.

Board or Program	# Persons Licensed FY 2006	# Complaints Received FY 2006	# Complaints per 1,000 Licensees FY 2006	# Open Complaints as of June 30, 2006
Dentistry				
- 2006**	14,952	239	n/a	n/a
- 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
Dietetics and Nutrition Practice***				
- 2006	1,205	3	.01	2
- 2004	1,082	1	0	2
- 2002	1,029	1	0	1
- 2000	995	1	0	0
- 1998	953	2	0	0
- 1996	541	1	0	0
Marriage and Family Therapy				
- 2006	1,145	26		2
- 2004	957	17		7
- 2002	866	16		7
- 2000				
- 1998				
- 1996				
Medical Practice				
- 2006	21,655	770		507
- 2004	20,015	941		372
- 2002	21,164	835		439
- 2000				
- 1998				
- 1996				
Nursing				
- 2006	95,721	1,320	10.44*	914
- 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
*RN only				
Nursing Home Administrators				
- 2006	840	106	126	9
- 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

**Per occupation: 50 (Dentist); 3.63 (Dental Hygienist); 4.03 (Registered Dental Assistant)

***Includes Dietitians and Nutritionists.

Board or Program	# Persons Licensed FY 2006	# Complaints Received FY 2006	# Complaints per 1,000 Licensees FY 2006	# Open Complaints as of June 30, 2006
Optometry				
- 2006	951	12	.01	6
- 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
Pharmacy				
- 2006	13,987	81	5.8	20
- 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
	4,832	66	14	xxx
Physical Therapy				
- 2006	3,588	10	2.78	18
- 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
Podiatric Medicine				
- 2006	185	14	76	0
- 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
Psychology				
- 2006	3,644	132	36.22	207
- 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

Board or Program	# Persons Licensed FY 2006	# Complaints Received FY 2006	# Complaints per 1,000 Licensees FY 2006	# Open Complaints as of June 30, 2006
Social Work				
- 2006	10,005	89	9	15
- 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
Office of Mental Health Practice				
- 2006	n/a	30	15	26
(Office of Mental Health Practice was previously housed at the Department of Health. The trend information comes from previous reports prepared by the Department of Health Office of Mental Health Practice)				
- 2004				
- 2002	n/a	34	17	44
- 2000	n/a	39	0.02	68
- 1998	n/a	66	0.03	101
- 1996	n/a	85	0.04	177
	n/a	73	0.03	169
Veterinary Medicine				
- 2006	2,955	43	16	16
- 2004	2,808	60	21	13
- 2002	2,779	46	17	23
- 2000	2,728	55	20	26
- 1998	2,658	47	18	7
- 1996	2,681	31	12	xxx
Department of Health				
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				
- 2006				
- 2004	n/a	14	5.18	34
- 2002	n/a	18	5.94	37
- 2000	n/a	16	5.28	8
		0	0	0



Minnesota Health Professionals Services Program

Biennial Report

**July 1, 2004 – June 30,
2006**

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Health Professionals Services Program

BIENNIAL REPORT JULY 1, 2004 TO JUNE 30, 2006

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. Mission and Major Functions

1. Mission:

The mission of the Health Professionals Services Program (HPSP) 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:

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

b. Create and implement monitoring contracts:

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

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

- Communicate monitoring procedures to treatment providers, work site supervisors and other collaborative parties;
- 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;
- Coordinate toxicology screening process; and
- Intervene, as necessary, for non-compliance, inappropriate treatment, or symptom exacerbation.

4. Consult with licensees, licensing boards, health employers, practitioners, and medical communities:

- Provide information and set standards for early intervention and monitoring of impaired professionals;
- Refer inquiries to appropriate government or community resources;
- Provide outreach services to hospitals, clinics, and professional associations;
- Conduct research on professional impairment, appropriate care, and potential for harm; and
- Consult with health-licensing boards on illness related issues.

e. Eliminate the duplication of monitoring functions by health licensing boards:

- Offer a single point of contact for health professionals, employers, boards and the public regarding impaired health professionals;
- Promote streamlined and efficient reporting of impaired professionals;
- Combine expertise in a central location; and
- Relate clear understanding of professional reporting obligations.

B. Major Activities During Biennium

The 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 health licensing boards. In relation to this, the HPSP is committed to a continuous quality improvement process. Over the past two years, the HPSP identified program vulnerabilities and developed strategies to address them, the most significant of which are listed below:

1. Initiated More Sophisticated Toxicology Screening

The HPSP phased in Ethyl-Glucuronide (EtG) testing, which is an improved method of testing for alcohol consumption. The basic urine alcohol screens have a detection timeframe of 3 to 10 hours, whereas EtG provides a detection timeframe for alcohol of 2 to 5 days and is less affected by dilution. The inclusion of EtG testing resulted in staff managing a total of 139 positive urine toxicology screens, 105 of which were positive for EtG. Case managers responded to more positive screens in the last year than they would have in a four-year period without EtG testing.

2. Security and Continuity of Operations

The HPSP developed a Security Policy and a Continuity of Operations Plan. The Security Policy focuses on maintaining the security of the program's electronic data. The Continuity of Operations Plan takes this further, as it addresses restoration of program functions in the event of a disaster or flu pandemic.

3. Collaboration

Because of the role the HPSP plays in public protection vis-à-vis the seventeen health-licensing boards, it is critical that the HPSP maintain strong collaborative relationships with the boards and other stakeholders. The HPSP schedules quarterly meetings with its Program Committee, Advisory Committee, and with board staff (refer to *Composition of Committees* section of this document for descriptions of the committees). The HPSP also presents at annual meetings with each full board. The meetings are vehicles for feedback about the HPSP services and an opportunity for collaboration directed toward enhancing public safety in health care.

4. Created User-Friendly Materials

The HPSP revised its templates for Participation Agreements and Monitoring Plans to be more user-friendly and comprehensive for program participants. They are also more efficient to create.

5. Additional Professions Eligible for Services

In fiscal year 2006, the Department of Health was successful in seeking legislation making the following professions eligible for the HPSP services: Speech-Language Pathologists and Audiologists, Hearing Instrument Dispensers (HIDs), Occupational Therapists and Occupational Therapy Assistants.

C. Emerging Issues in Monitoring Health Professionals

1. Increasing Abuse of Prescription Medications

Health professionals are experiencing increased stress. They are working longer hours with increasing responsibilities and easy access to drugs; placing them at risk for abusing these substances. Roughly 43% of the persons the HPSP monitors who have a substance disorder list a prescription medication as their drug of choice. The HPSP works closely with health care employers and facilities to identify and manage drug diversions. Easier access contributes to making prescription drug abuse rates for pharmacists, nurses and physicians higher compared to rates among other health care professions.

2. Pain Management

The HPSP is monitoring increasing numbers of health professionals who suffer from chronic pain, which oftentimes leads to depression and addiction to pain medications. The HPSP works with treatment providers to recognize how addictive behavior may impact the care they provide. The lack of pain management resources impacts the care patients receive.

3. Inadequate Treatment for Substance Abuse and Mental Illness

The 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 treatment more challenging. This progression can often impact one's ability to function in or maintain their professional employment. The HPSP works with health professionals to ensure they receive the appropriate level of care.

D. Funding

When the 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. The 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 from each participating board. The Program Committee provides direction and assures the participating boards that the 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 the HPSP.

Current Program Committee Members:

Member	Board	Member	Board
Kristin Piper	BBHT	James Nardone	Nursing
Richard Tollefson	Chiropractic	Ann Tagtmeyer	Nursing Home Administrators
Linda Boyum	Dentistry	Marlene Reid	Optometry
Susan Winkelman	Department of Health	Vernon Kassekert	Pharmacy
Janelle Peterson	Dietetics and Nutrition	Bruce Idelkope	Physical Therapy
Megan Hartigan	EMSRB	Roderic Marschke	Podiatric Medicine
Bob Butler	Marriage and Family	Susan Ward	Psychology
Ruth Martinez	Medical Practice	Casey Ladd-Bowman	Social Work
		Susan Osman	Veterinary Medicine

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:

Member	Association	Member	Association
Deb Sidd	Dental Hygienists Association	S.Bruce Benson	MN Society of Health System Pharm.
Peter Cannon	MN Dental Association	Sandy Swanson	Physical Therapy Association
Mike Coyle	MN Ambulance Association	Steve Silver	Physicians Serving Physicians
Debra Skees	MN Society for Respiratory Care	Richard Seime	Psychological Association of MN
Paula Rooney	Academy of MN Physician Assistants	John Rheinberger	Public Member
Rose Nelson	MN LPN Association	Nancy Malmon	Public Member
Bernadine Engeldorf	MN Nurses Association	Randy Herman	National Association of Social Work
Jim Alexander	MN Pharmacists Association	Scott Wells, DVM	MN Veterinary Association

B. Staff

The 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)
- 1 Case Management Aide (position in process of posting)

C. Receipts and Disbursements

The HPSP is a service program and does not generate revenue. The 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 2005	FY 2006
Total Direct Costs:		
Statewide Indirect:		
Total Indirect Costs:		
Total Direct & Indirect Costs:		
Total Revenue:		
Surplus (Shortfall):		
A Cumulated Ending Surplus (Shortfall) or Carry forward:		

The HPSP's budget is broken down as follows:

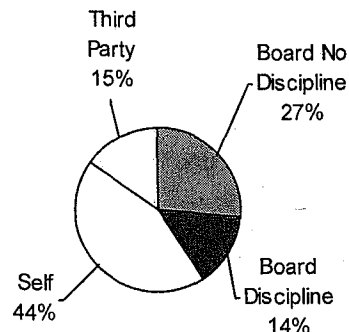
- 89% salaries/benefits
- 7% general operations
- 4% rent

III. Participation

The 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 3,300 health professionals have been referred to the HPSP for monitoring.

Over the past two years, 713 health professionals were referred to the HPSP for the monitoring of their substance, psychiatric, and/or medical disorders. Of these, an impressive 59% were referred without board involvement. This is significant because it demonstrates that health professionals are willing to report their illnesses and be monitored without board intervention. The chart at the right depicts how licensees were referred to the HPSP during the biennium.

Referrals



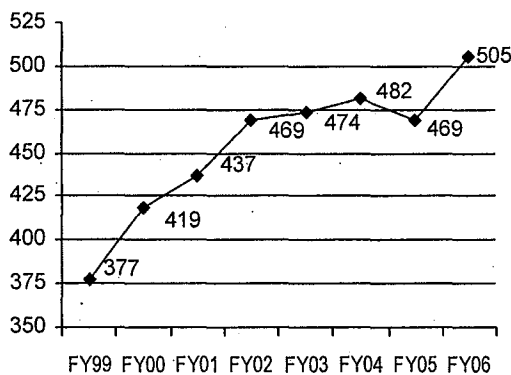
Providing Services to Increasing Numbers of Health Professionals

In fiscal year 2006, the Department of Health was successful in seeking legislation making more professions eligible for the HPSP services. These include Speech-Language Pathologists and Audiologists, Hearing Instrument Dispensers (HIDs), Occupational Therapists and Occupational Therapy Assistants.

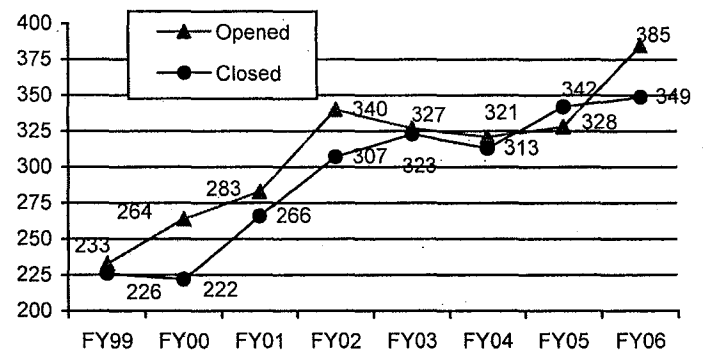
IV. Trend Data

Participation in the HPSP continues to grow. While this is positive with regard to public safety, it also stresses program resources. The following graphs depict the increases in the HPSP's caseload as well as opened and closed cases by fiscal year:

Caseload by Fiscal Year

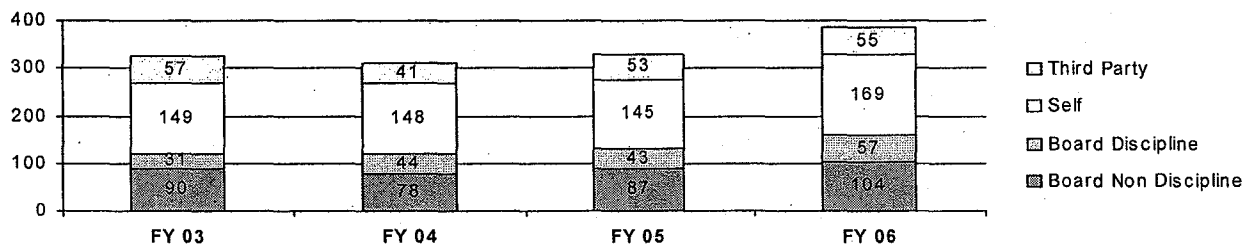


Opened and Closed Cases by Fiscal Year



Referrals by Fiscal Year

The following table shows the number of referrals by first referral source from fiscal years 2003 to 2006:



Workload

One method of measuring the HPSP's workload is to measure the number of cases opened and closed within a specific timeframe. Over the past five years the numbers of opened and closed cases increased by 34%. The HPSP ended fiscal year 2006 with an increase of 36 more active cases. This caused the average caseload to rise to 120 participants per case manager, which is 20% higher than recommended. While increasing participation in the HPSP is positive for public protection, it also strains program resources.

Referrals by Board and Fiscal Year

FY Joined	BOARD	Opened FY95 to FY00	Closed FY95 to FY00	Open at End of FY00	Opened FY01	Closed FY01	Open at End of FY 01	Opened FY02	Closed FY 02	Open at End of FY02	Opened FY03	Closed FY03	Open at End of FY03	Opened FY04	Closed FY04	Open at End of FY04	Opened FY05	Closed FY05	Open at End of FY05	Opened FY06	Closed FY06	Open at End of FY06
01	BENHA	0	0	0	2	1	1	0	0	1	0	0	1	0	1	0	1	1	0	0	0	0
05	Behavioral Health & Th.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	15	4	13	6	
96	Chiropractic Examiners	13	8	5	5	4	6	14	9	11	1	5	7	4	6	5	5	3	7	16	11	12
94	Dentistry	27	14	13	5	5	13	16	12	17	25	17	25	33	26	32	24	25	31	23	28	26
02	Dept. of Health	0	0	0	0	0	0	6	2	4	7	4	7	10	6	11	20	16	15	0	0	0
02	Dietetics & Nutritionists	0	0	0	0	0	0	3	2	1	1	1	1	0	1	0	0	0	0	0	0	0
01	Emergency Medical	0	0	0	5	3	2	6	4	4	5	4	5	2	2	5	10	8	7	11	8	10
95	Marriage and Family Th.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
94	Medical Practice	365	258	107	46	52	101	88	80	109	78	69	118	51	59	110	60	77	93	53	48	98
94	Nursing	751	503	248	196	175	269	174	168	275	163	181	257	189	180	266	180	183	263	237	203	297
06	Office of Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	1	1
01	Optometry	0	0	0	1	0	1	2	1	2	3	3	2	1	1	2	1	3	0	2	1	1
94	Pharmacy	53	27	26	10	10	26	8	14	20	18	15	23	9	8	24	8	7	25	15	11	29
94	Physical Therapy	5	1	4	4	2	6	6	5	7	5	6	6	5	3	8	5	7	6	5	5	6
94	Podiatric Medicine	4	2	2	1	2	1	0	1	0	2	1	1	2	2	1	0	0	1	0	0	1
02	Psychology	0	0	0	0	0	0	5	2	3	4	3	4	6	4	6	6	7	6	5	5	6
97	Social Work	26	14	12	7	10	9	11	7	14	15	12	17	5	11	11	6	5	12	10	13	9
99	Veterinary Medicine	4	2	2	1	2	1	1	0	2	0	2	0	4	3	1	2	0	3	2	2	3
Total		1248	829	419	281	265	435	340	307	469	327	323	473	321	312	482	328	342	469	385	349	505

--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. Currently 43% of those being monitored identify a drug found in the workplace as their drug of choice. This is alarming and represents the necessity of the HPSP services.

Substance disorders	74%
Alcohol	46%
Opiates	24%
Polysubstance*	16%
Amphetamine	5%
Cannabis	3%
Cocaine	3%
Other Prescription Medication	3%
Psychiatric Disorders	57%
Depression	40%
Bipolar Disorder	9%
Other Psychiatric Disorder	8%
Medical Disorders	6%

Of those monitored for a substance disorder 48% are also monitored for a psychiatric disorder:

- 38% with depression
- 5% with bipolar disorder
- 5% with other psychiatric disorder

* For the purpose of this report, Polysubstance includes a prescription medication.

Note: The HPSP's database limits querying ability to two illnesses. There is a growing number of health professionals who have a substance, psychiatric and medical disorder.



Minnesota Board of Barber and Cosmetologist Examiners

Biennial Report

**July 1, 2004 – June 30,
2006**

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Minnesota Board of Barber and Cosmetologist Examiners

Biennial Report

July 1, 2004 – June 30, 2006

Part 1. General Information

A. Board of Barber and Cosmetology Mission and Major Functions.

Board Mission

The mission of the Board of Barber and Cosmetologist Examiners is to protect the public through the regulation of all license types issued to practice or participate in barbering or cosmetology in the State of Minnesota.

Major Board Functions

1. Setting and administering educational and examination standards for initial and continuing licensure.
 - Setting licensure requirements through the rules process.
 - Approving applicants to sit for the barber examinations.
 - Reviewing individual applicant/licensee documentation to determine if they have completed the appropriate requirements for the license type they are obtaining.
 - Review and approve continuing education provider applications.
 - Reviewing academic programs to determine if they meet requirements.
2. Conducting inspections of all salons, barber shops, and schools within the state of Minnesota.
 - Inspect all salons and barber shops located in the state of Minnesota to insure compliance with all state statutes and rules relating to cosmetology and/or barbering.
 - Inspect all individuals within salons and barbershops in the state of Minnesota to insure compliance with the state statutes and rules relating to cosmetology and/or barbering.
 - Inspect all schools located in the state of Minnesota to insure compliance with all state statutes and rules relating the education of cosmetologist and barbers.

3. Responding to inquiries, complaints, and reports regarding licensure and conduct of applicants and licensees.
 - Accepting complaints and reports from the public.
 - Determining whether the complaint is properly submitted and if the Board has jurisdiction, and if so, what type of action is needed.
 - Referring inquiries and complaints to inspectors, investigators, complaint committees, and other agencies, if necessary.
 - Responding to complainants and agency reports by informing the complainants 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 proceedings.
4. Provide information to the public about the scope of work and standards in barbering and cosmetology.
 - Provide information to the public and applicants concerning requirements for licensure.
 - Provide information to licensees to prevent inappropriate practice to improve the practice of barbering and cosmetology.

B. Major Board Activities During Biennium

Among the activities accomplished by the board during the FY 2004-2006 biennium were the following:

1. Developed a Board website to inform the public and licensees about board activities and information on how to obtain the various licenses the Board offers.
2. Created a task force to revise a majority of the cosmetology rules to ensure the profession is continually developing and paralleling national standards.
3. The Board has hired three inspectors for a total of four to ensure the Board is inspection all shops and salons on a regular basis.
4. The Board has continued to work with a software developer on a new licensing database that will accommodate on-line renewals and initial licenses.
5. The Board has worked with a new testing facility to administer a computerized barber examination.
6. The Board moved to a new location to be surrounded by state health licensing to work along side them as well as with the Administrative Services Unit.

C. Emerging Issues

1. **Revision of Barber Examination**
The Board will be setting up a task force to revamp the barber examination for the first time in over 15 years. The test will be completely redone to ensure its validity and adhere to educational changes in barbering.
2. **Online Licensing System**
The Board in the next year will be implementing an online licensing system. This database will allow applicants and licensees to complete license applications and renewals via the Internet.
3. **Complaint Process**
The Board will be revising the complaint process to ensure all complaints are being processed timely as well as being done in a consistent step by step manner.

Part 2. Board Members, Staff and Board Budget

A. Board Members

In accordance with Minnesota Statutes, section 154.22, the Board has 7 members appointed by the Governor consisting of 3 barbers, 3 cosmetologists, and 1 public member. The members include:

Name	Member Type
Mary Finnegan	Cosmetology Member
Theresa Iliff	Barber Member
Frank Plant	Barber Member
Thomas Plash	Barber Member
Donna Ruhland	Cosmetology Member
Robert Salmonson	Cosmetology Member
Judith Shank	Public Member

B. Board Staff

The Board has employed 11 FTE employees since the merger in July 2004. The board currently employs 7 permanent full time employees with 4 additional FTE to assist the board during the 6 month renewal processing time.

C. Receipts and Disbursements

The Boards receipts and disbursements for the FY 2004-2006 biennium were as follows:

ITEM	FY 2005	FY 2006
-------------	----------------	----------------

Receipts	\$1,427,140	1,455,555
Disbursements	\$596,545	\$523,378

D. Major Fees Assessed by the Board

FEE NAME	FEE AMOUNT
Cosmetology Initial Application	\$90
School Manager	\$120
Initial Manager	\$120
School License	\$1,500 and \$150 application fee
Salon License	\$130
Salon Renewal	\$100
Cosmetology Renewal	\$60
Manager Renewal	\$90
Instructor Renewal	\$90
Continuing Education Fee	\$10
Initial Barber Shop	\$60
Apprentice Renewal	\$45
Barber Renewal	\$50
Barbershop Renewal	\$60
Apprentice Examination Fee	\$60
Registered Barber Examination Fee	\$65
Home Study Course	\$75

Part 3. Licensing Statistics

A. Current Licenses

TYPE	NUMBER
Apprentice	212
Registered Barbers	2,572
Barber Shop	1,116
Barber Schools	5
Cosmetologist	30,036
Cosmetology Salons	6,410
Cosmetology Schools	47

B. New Licenses Issued During Biennium

TYPE	NUMBER
Apprentice	115
Registered Barbers	77
Barber Shop	157
Barber Schools	0
Cosmetologist	Not Available

Cosmetology Salons	Not Available
Cosmetology Schools	3

Part 4. Complaints

A. Formal Complaints Received During Biennium

FY 2005	FY 2006
40	36

B. Complaints Closed/Resolved During Biennium

FY 2005	FY 2006
Was not tracked	Was not tracked

The complaint process is currently under a complete reorganization as the complaint process was not effectively being done. The complaint tracking process is currently being backdated to July 1, 2006 to ensure all complaints are being processed and tracked properly.

Part 5. Trend Data as of June 30, 2006

	Barber Board Only								Barber and Cosmetology	
	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
Number of Person Licenses*	2,437	2,472	2,522	2,572	2,622	2,672	2,722	2,752	31,179	32,820
Facilities Inspected	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available	758	665	6,400^	6,400^
Number of Complaints	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available	11	18	40	36
Complaints per 1000 Licenses	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available	5.8	Not Available	1.3	1.1
Open Cases	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available

* Due to a lack of historical data, these trends are estimates based on the trends over the 2003-2006 FY.

^ Due to lack of data and records, these estimates are based off the 4 inspectors whom each conduct approximately 1,600 inspections per year.



Minnesota Board of Behavioral Health and Therapy

Biennial Report

**July 1, 2004 – June 30,
2006**

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Fax: (612) 617-2187**

Minnesota Board of Behavioral Health and Therapy

Biennial Report July 1, 2004 to June 30, 2006

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 and alcohol and drug 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 Minnesota Statutes sections 148B.50 to 148B.593 and Minnesota Statutes chapter 148C. Its functions are to:

- Issue licenses to individuals who are qualified under sections 148B.50 to 148B.593 or chapter 148C for licensure as professional counselors (LPCs) or alcohol and drug counselors (LADCs);
- Resolve complaints received about licensees and applicants and make enforceable decisions regarding the future licensure of applicants and licensees who violate the regulations the Board is empowered to enforce.

The Board's functions are fulfilled by:

- Adopting and enforcing rules for the licensure of professional counselors and alcohol and drug counselors;
- Adopting and enforcing rules for regulating the standards of practice and professional conduct of professional counselors and alcohol and drug counselors;
- Adopting and enforcing rules for continuing education requirements for professional counselors and alcohol and drug 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 or chapter 148C;
- Making copies of the rules for licensing available 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 and rules of conduct of professional counselors and alcohol and drug counselors and assisting the public in filing

complaints against applicants or licensees who may have violated the regulations the Board is empowered to enforce.

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 or alcohol and drug 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 regulations the Board is empowered to enforce.

B. Major activities during the biennium:

The following major activities occurred during the biennium:

- The Board convened for 19 board meetings; one meeting was held in Mankato and another in Duluth in an effort to make the Board more accessible to persons in greater Minnesota.
- The following committees of the Board met regularly to accomplish the duties of the Board: Policy and Rules, Legislative, Application and Licensure, Complaint Resolution, Personnel, Executive, and Examination Evaluation.
- The Board proposed legislation in 2005 to streamline the licensure process for both LPCs and LADCs. The legislation passed and, among other things, 1) allowed for a grandparenting period until July 1, 2007, for LPC licensure of experienced counselors, 2) permits LPC applicants to complete licensure requirements post degree in order to qualify for LPC licensure, 3) extended the first LPC CE reporting period to 4 years to allow licensees to complete graduate coursework required for continuing education, 4) permits the Board to temporarily suspend an LPC license, 5) permits the Board, with probable cause, to order a mental, physical or chemical dependency examination or evaluation and gain access to medical data on an LPC or applicant; 6) removed the Board from overseeing the licensure examinations for LADC licensure; 7) permits LADC applicants to opt for supervision in lieu of the oral examination required for licensure; and 8) set standards for supervised practice and standards for LADC licensure supervisors.
- As of July 1, 2005, the Board began regulating Licensed Alcohol and Drug Counselors when the program was transferred to the Board from the Department of Health (MDH).
- The Board issued licenses to LPC and LADC applicants and issued temporary permits to practice alcohol and drug counseling.
- The Board promulgated the following four sets of rules for LPCs: License Renewal and Termination of License, Continuing Education, Supervision, and Conduct.
- The Board took disciplinary action against LADCs and LPCs.
- The Board maintained 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 staff members made 11 public presentations regarding LPC and LADC licensure and regulation, including speaking to LPC and LADC counselor educators and students and professional associations for LPCs and LADCs.

C. Emerging issues regarding regulation of Licensed Professional Counselors:

The Board completed its first full biennium of operation, and addressed a number of key issues, including:

- Promulgation of rules pertaining to LPC practice.
- Regulation of alcohol and drug counseling practice beginning July 1, 2005.
- In conjunction with the other health-related licensing boards, created a solution for the ongoing regulation of unlicensed mental health practitioners with each board paying a pro rata share for the cost of regulation.
- Addressed a budget revenue shortfall by decreasing the staff from 5.0 FTEs to 3.0 FTEs, installing IP telephones, working to finalize a database for the LPC program, initiating legislative changes to improve the licensure process for both LPCs and LADCs, making changes to licensure forms and streamlining the licensure process, using the Board's website to post documents in a secure area for Board committee members to review to eliminate copying and mailing, and moving from monthly board meetings to quarterly board meetings. The Board will most likely have to explore fee increases or additional fees for Board services to address the budget shortfall and in order for the Board to have sufficient resources to carry out its regulatory duties. The revenue shortfall and resulting debt is due in large part to far fewer licensees than projected when the Board was created, start-up costs for office supplies and equipment, rulemaking costs, and the cost to develop a database.
- Met several times with representatives of the other mental health boards, professional associations, client advocacy groups, counselor educators, and staff from the Department of Human Services to explore credentials required to treat mental illness and receive medical assistance reimbursement. BBHT, the other mental health licensing boards, and the Department of Human Services have been directed by the legislature to complete a study by January 15, 2007, to evaluate requirements for licensed mental health practitioners to receive medical assistance reimbursement. This will impact future LPC practice in Minnesota.

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, 2006 are as follows:

Barbara Carlson, Professional Member (LADC)
New Ulm, MN

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

Freddie Davis-English, Public Member
Plymouth, MN

Douglas Q. Frisk, Public Member
New Brighton, MN

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

John Meers, Professional Member (LADC)
St. Cloud, Minnesota

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

Duane Reynolds, Professional Member (LADC)
New Hope, MN (2006 Board Chair; 2005 Vice Chair)

Walter B Roberts, Jr., Professional Member (LPC)
North Mankato, MN (2005 Board Chair; 2004 Vice Chair)

Nicholas Ruiz, Professional Member (LPC)
Inver Grove Heights, MN (2006 Vice Chair)

Nona L. Wilson, Professional Member (LPC)
St. Cloud, Minnesota

One public member seat and one LPC seat remain open.

B. Employees

The Board has 3.0 full-time equivalent positions. They are a full-time executive director, a full-time licensing coordinator/office manager for the LPC program and board office, and a full-time licensing coordinator for the LADC program.

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

The LPC program has an annual base budget of \$350,000 and the LADC program has an annual base budget of \$323,000.

Item	FY 2005 and FY 2006
LPC Receipts	\$149,966
LADC Receipts	\$719,030
LPC Disbursements	\$528,060
LADC Disbursements	\$600,883
Total Bd. Receipts	\$868,996
Total Bd. Disb.	\$1,128,943

LPC Fees	Amount
Application for licensure	250
Annual Renewal Fee (Active)	200
Annual Renewal Fee (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

LADC Fees	Amount
Application for licensure	295
Biennial Renewal Fee (Active)	295
Biennial Renewal Fee (Inactive)	150
Temp. Permit Application Fee	100
Temp. Permit Renewal Fee	150
Late Renewal Fee	25% of renewal fee
License Verification	25
Surcharge Fee (Lic. App. & Renewal)	99
Renewal Fee After Expiration	Renewal fee, late fee, and \$100 for CE review
Penalty Fee (Practice w/o license after expiration or before renewal)	Renewal fee for any part of first month, plus renewal fee for any part of any subsequent month up to 36 months
Penalty Fee (applicant practice w/o license)	Lic. app. fee for any part of first month, plus lic. app fee for any part of any subsequent month up to 36 months
Penalty Fee Related to Late CE Reporting or Insufficient CE	\$100 for late report; \$20 for each missing clock hour

III. Licensing Numbers

A. Persons licensed as of June 30, 2006:

Licensed Professional Counselors	373
Licensed Alcohol and Drug Counselors	1,464
ADC Temporary Permit Holders	203

B. New licenses issued during the biennium:

Licensed Professional Counselors	360
Licensed Alcohol and Drug Counselors (FY 06 only)	142
ADC Temporary Permits (FY 06 only)	149

IV. Complaints

A. Complaints received:

Item	FY 2005	FY 2006
Complaints received – LPC	2	6
Complaints received - LADC	Data not avail.	52

B. Open complaints as of June 30, 2006:

Item	
1. LPC Complaints open	1
2. LADC Complaints open (263 open complaint files transferred to BBHT from MDH on July 1, 2005)	Data not avail.

C. Complaints closed during the biennium ending June 30, 2006:

Item	FY 2005	FY 2006
1. Number closed - LPC	1	6
2. Number closed - LADC	Data not avail.	99

D. Disciplinary or Other Action Taken:

Item	FY 2005	FY 2006
1. Stipulation and Consent Order - LPC	1	0
2. Stipulation and Consent Order – LADC	Not avail.	3
3. Cease and Desist – LPC		1



Minnesota Board of Chiropractic Examiners

Biennial Report

**July 1, 2004 – June 30,
2006**

For more information contact:

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Minnesota Board of Chiropractic Examiners
Biennial Report
July 1, 2005 to June 30, 2006

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 4010 persons licensed as doctors of chiropractic as of June 1, 2006. 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. The Board entered into formal interagency agreements and requested additional spending authority to modify its computer systems to keep its infrastructure up to statewide electronic government standards.

Steps taken to successfully accomplish this mission include the following:

- **Enforcing standards and required knowledge, skills and abilities required for initial and continuing licensure**
 - Setting licensure renewal requirements through the rules process and statute modifications
 - 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, acupuncture, 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

- **Transitioned to a new audit-based process for monitoring continuing education requirements of licensees.**
 - Modified rules to require increased knowledge and skill enhancement in the area of acupuncture/meridian therapy.
 - Randomly audited approximately 1600 licensees for compliance with annual continuing education requirements.
 - Pursued enforcement for licensees who failed to complete the required course work during the calendar year being audited.
- **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
 - Participating in national regulatory activities to enhance public policy and develop standards for secure interjurisdictional mobility on both a national and international scale
 - Utilizing interagency agreements to bring on temporary staffing needed to make program modifications to computer systems
- **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 and statutes 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.
- Established and implemented a continuing education audit system.

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 18 other health and non-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 or fraudulent billing.

The Board has done its best to stay in compliance with the Governor's Drive to Excellence Plan. Changes involved expenditure of funds to modify computer hardware and software, ensure continued collaboration with the 18 other health and non-health related licensing boards, and additional 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, 2006 are as indicated below.

Name/Address	Position/End of Term
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
GARY PENNEBAKER, D.C. (Palmer College of Chiropractic) 8140 Flying Cloud Drive, #201 Eden Prairie, MN 55344	PRESIDENT January 2008
HOWARD A. FIDLER, D.C. (Cleveland Chiropractic College KC) 4415 Excelsior Blvd St. Louis Park, MN 55416	PROFESSIONAL MEMBER January 2008
RICHARD TOLLEFSON, D.C. (Northwestern College of Chiropractic) 12045 Hanson Boulevard Northwest Coon Rapids, MN 55448	PROFESSIONAL MEMBER January 2009
KIM HILL PO Box 78 Lonsdale, MN 55046	PUBLIC MEMBER January 2009
RALPH STOUFFER, Ed.D. 2237 Ferris Lane Roseville, MN 55113	PUBLIC MEMBER January 2007

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. 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
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.)

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

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

Item	FY2005	FY2006
Receipts	\$613,686.86	629,986.96
Disbursements	\$495,411.29	\$515,471.91

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

Fee	Amount
ACTIVE LICENSE RENEWAL FEE	\$200.00
ACUPUNCTURE FEE	\$100.00
ACUPUNCTURE RENEWAL	\$50.00
APPLICANT/LICENSE EXAMINATION	\$250.00
BOARD ORDERS	\$10.00
CE UPDATE	\$10.00
CONTINUING EDUCATION REQUIREMENT FAILURE	\$900.00
COPIES (PER PAGE)	\$0.25
DISCIPLINARY FEE	\$100.00
DISCIPLINARY ORDERS/STIPULATIONS	\$10.00
DUPLICATE LICENSE	\$10.00
FIRM - INITIAL	\$100.00
FIRM - RENEWAL	\$25.00
FIRM - LATE FEE (PER MONTH)	\$5.00
INDEPENDENT EXAMINER FEE	\$150.00
INDEPENDENT EXAMINER RENEWAL FEE	\$100.00
INACTIVE LICENSE RENEWAL FEE	\$150.00
INACTIVE LICENSE REINSTATE	\$100.00
LATE FEE LICENSE RENEWAL (PER MONTH)	\$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 LICENSE REINSTATE	\$100.00
WALL CERTIFICATE FEE	\$10.00
ONLINE RENEWAL FEES	\$1.50 ¹

¹ This figure was originally set 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. In the 2005-2006 biennium the fee was reduced as a result of increased usage of the system; the fee was set at a fixed rate of \$1.50 per license or registration type being renewed. These fees do not impact the board's budget as they are passed through directly to the credit card processing vendor and the board is required to remain revenue neutral by statute.

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, 2005	As of June 30, 2006
Active	2354	2391
Inactive	156	162
Total	2510	2553

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

Registrations	As of June 30, 2005	As of June 30, 2006
Acupuncture	600	613
Professional Firms	455	456
Independent Examiners	74	62
Graduate Preceptors	37	22
TOTAL REGISTRATIONS	1166	1153

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
2005	124	8	132
2006	126	3	129

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
2005	2	65	11	5	83
2006	20	61	9	2	92

IV. Complaints

A. Complaints received

The MBCE regulates only one occupation—chiropractors. The following numbers all pertain to licensed chiropractors and summarize how complaints were categorized during the bienniums shown.

ITEM	FY 2001	FY 2002	FY 2003	FY 2004	FY 2005	FY 2006
1. COMPLAINTS RECEIVED (1 per DC/complainant)	143	200	172	150	160	184
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	167	189
BY TYPE BREAKDOWN: (may be multiple per DC/CP)						
A. Acupuncture Violations	**	0	0	2	1	2
Address Change, failure to notify the board						1
B. Physical or Mental Disability	**	1	1	0	0	0
C. Advertising (7 categories)	**	48	25	30	40	30
D. Aiding and Abetting an Unlicensed Practice	**	1	3	3	3	3
E. Application Disclosure	**	0	5	16	28	31
F. Billing Dispute	**	2	3	4	0	6
G. Conviction of a Crime/Misdemeanor	**	13	4	9	6	4
Conviction of a Felony					1	
H. Delegating professional responsibilities to unqualified	**	5	1	1	1	6
I. Discipline in Another State or Jurisdiction	**	3	1	1	1	1
J. Exercising Influence over a Patient to exploit Gain	**	21	15	12	3	19
K. Failure to report or cooperate with Board Investigation	**	0	1	1	1	5
L. Fraud in applying for a license	**	0	1	2	1	1
M. Graduate Preceptorship Program violation	**	1	2	1	0	3
N. Gross or Repeated Malpractice	**	22	8	14	18	21
O. Habitual Intemperance in the Use of Alcohol or Drugs	**	2	10	9	12	9
P. HPSP report of non-compliance	**	1	2	3	1	1
Q. Improper Maintenance of Records (4 categories)	**	15	7	18	13	8
R. Independent Examiner false or unfounded, unprofessional, etc.	**	5	8	3	11	5
S. Other, non-jurisdictional, not a Chiropractic Statute/Rule	**	10	4	8	18	24
T. Petition for Termination of Action	**	2	4	1	3	2
U. Practice Outside the Scope of Chiropractic	**	3	3	5	1	11
V. Practice Under a False or Assumed Name	**	2	2	0	0	0
W. Practice w/o a License	**	6	4	6	12	13
X. Professional Corporation Registration Violation	**	1	1	1	0	1
Y. Recordkeeping	**	3	14	6	8	5

Z. Revealing privileged communication	**	1	0	1	1	1
AA. Splitting fees, Paying a Commission or Accepting a Rebate	**	13	21	1	4	2
BB. Unable to Practice w/reasonable Skill/Safety to the Public	**	14	5	8	7	11
CC. Unprofessional Conduct (general)	**	0	3	4	0	0
DD. Unprofessional Conduct, billing: unconscionable fee, for services not rendered, threatening, dishonest, fraud, etc.	**	27	46	23	32	38
EE. Unprofessional conduct, gross ignorance or incompetence	**	1	2	2	0	0
FF. Unprofessional conduct, performing unnecessary services	**	0	2	3	5	8
GG. Unprofessional conduct, sexual	**	5	13	8	12	8
HH. Violation of a Lawful Order of the Board	**	4	4	5	3	0

**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 bienniums shown.

ITEM	FY 1999	FY 2000	FY 2001	FY 2002	FY 2003	FY 2004	FY 2005	FY 2006
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 bienniums shown.

Fiscal year	2001	2002	2003	2004	2005	2006
Number of complaints received in the fiscal year	142	198	171	149	167	189
Disposition type						
Closed, insufficient evidence	48	78	55	48	55	59
Closed, no violation	8	11	4	4	16	12
Non-jurisdictional	21	26	15	10	9	18
Referred	3	13	15	1	5	9
Violation resolved	37	44	41	34	9	12
Violation, warning	0	3	5	7	6	26
Unable to pursue (no waiver or no contact info)	12	5	2	2	7	11
Disciplinary action * (cases closed by action)	7	8	13	14	11	16
Actual number of disciplinary actions taken	4	4	4	6	7	10
Corrective Action Agreement * (cases closed by CAA)	3	2	2	0	0	2
Actual number of Corrective Action Agreements	1	1	2	0	0	2
Voluntarily Surrender license	0	1	0	2	2	0
Granted unconditional license	0	1	2	0	2	1
Revoked for taxes	3	0	1	0	4	0
Reinstate from discipline w/probation	0	1	1	1	1	0
Complaints closed **	142	192	157	114	127	166

*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

FY 2005 = 7-1-04 to 6-30-05

FY 2006 = 7-1-05 to 6-30-06

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
2006	2391	162	These numbers were unavailable at the time this report was compiled.		
2005	2354	156			
2004	2292	165			
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 Dietetics and Nutrition

Biennial Report

**July 1, 2004 – June 30,
2006**

**For more information contact:
Minnesota Board of Dietetics and Nutrition
2829 University Avenue SE
Suite 555
Minneapolis MN 55414
<http://www.dieteticsnutrition.state.mn.us>**

**Phone: (651) 201-2764
Fax: (651) 201-2763**

Minnesota Board of Dietetics and Nutrition Practice
Biennial Report
July 1, 2004 to June 30, 2006

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:

- Capability to complete annual license renewal on-line.

C. Emerging issues regarding regulation of Dietitians and Nutritionists

- Due to the inclusion of nutrition therapy in the proposed scope of practice for Naturopathic Physicians, the Board will be monitoring proposed legislation to license individuals as Naturopathic Physicians.

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, 2006 are as indicated below.

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

2 members who are licensed dietitians—Janelle Peterson, St. Paul, Jennifer Nelson, Rochester

2 members who are licensed nutritionists—Alice Shapiro, St. Paul, Darlene Kvist, St. Paul

3 public members—Wai Lee, Faribault, Yvonne Hundshamer, St. Paul, Marnie Moore, Minneapolis

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 2005	FY 2006
Receipts	\$ 107,000	\$ 74,699
Disbursements	\$ 72,509	\$ 81,022

Fee	Amount	
	2005	2006
Application	\$100 - 175	\$100 - 175
Original License	\$150	\$150
Annual Renewal	\$ 75	\$ 45

III. Licensing and Registration

A. Persons licensed as of June 30

FY	Nutritionist	Dietitian
2005	61	1086
2006	61	1144

B. New licenses issued during biennium

FY	Nutritionist	Dietitian
2005	2	98
2006	2	89

C. Licenses reinstated during biennium

FY	Nutritionist	Dietitian
2005	0	4
2006	0	8

IV. Complaints

A. Complaints Received

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

Item	FY 2005	FY 2006
1. Complaints Received	0	3
2. Complaints Per 1,000 Regulated Persons	.00	.00
3. Complaints By Type of Complaint		
A. Incompetent		
B. Harmful or dangerous practice		
C. Falsifying application material		
D. Dietary Supplement Sales		
E. Unlicensed Practice		3
F. Non-jurisdictional		

B. Open Complaints on June 30

Item	FY 2005	FY 2006
1. Complaints Open	0	2
2. Open Less Than 3 Months		1
3. Open 3 to 6 Months		
4. Open 6 to 12 Months		1
5. Open More Than 1 Year (explain)		

C. Closed Complaints on June 30

Item	FY 2005	FY 2006
1. Number Closed		1
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		1
3. Cases Closed That Were Open		

For More Than One Year (explain)		
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V. Trend Data as of June 30

Year	A. Dietitians Licensed	D. Nutritionists Licensed	C. Complaints	C. Complaints Per 1,000 Licensees	D. Open Cases
2006	1144	61	3		2
2005	1086	61	0		0
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, 2004 – June 30,
2006**

For more information contact:

**Minnesota Board of Marriage and Family
Therapy**

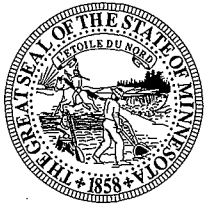
2829 University Avenue West, Suite 330

Minneapolis, MN 55414

<http://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, 2004 to June 30, 2006

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 is working on rule revision. Major changes are being discussed in academic and supervision standards.
- 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 was added November 1, 2004.
- Board member Mary Hayes served as President of the Association of MFT Regulatory Boards FY 2004-2005.

- Research continued on the portability of the marriage and family therapy license.
- This Board continued working with marriage and family therapy licensing Board's nationally to expand a computerized version of the national licensing examination. 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 140 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, 2006, are as follows:

- Manijeh Daneshpour, Ph.D., LMFT, Chair
- Brian Nystrom, MSW, LMFT, Secretary (New Brighton, Minnesota)
- Mary Hayes, Ph.D., LMFT (Minneapolis, Minnesota)
- Herbert Grant, MA, LMFT (Minneapolis, MN)
- John Seymour, Ph.D., LMFT (Mankato, MN)
- Sonia Hohnadel, Public Member (Moorhead, MN)
- Kay Ek, Public Member (St. Paul, MN)

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 2005	FY 2006
Receipts	\$190,159	200,749
Direct Disbursements	123,594	114,235

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, 2006:

Licensed Marriage & Family Therapists:	916
Licensed Associate Marriage & Family Therapists:	229

B. New licenses issued during the biennium:

Licensed Marriage & Family Therapists	207
Licensed Associate Marriage & Family Therapists	191

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 2005	FY 2006
Complaints received	20	26
Complaints by type		
A. Violation of confidentiality	6	6
B. Lack of professional competence	8	14
C. Sex with client, supervisee or student	1	2
D. Other dual relationship	5	4

B. Open complaints on June 30, 2006

Item	FY 2005	FY 2006
1. Complaints open	3	2
2. Open more than 3 months	3	10
3. Open more than 6 months	2	2

C. Closed complaints on June 30, 2006

Item	FY 2005	FY 2006
1. Number closed	13	24
2. Deposition by type		
a) Revocation	1	2
3. Agreement for corrective action	3	8
4. Dismissal or closure	9	14



Minnesota Board of Medical Practice

Biennial Report

**July 1, 2004 – June 30,
2006**

For more information contact:

Minnesota Board of Medical Practice

2829 University Avenue West, Suite 500

Minneapolis, MN 55414

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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, 2004 TO JUNE 30, 2006

SUBMITTED BY: ROBERT A. LEACH, EXECUTIVE DIRECTOR

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**Minnesota Board of Medical Practice
Biennial Report
July 1, 2004 to June 30, 2006**

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

Doris Brooker, MD, served as Chair of the Federation of State Medical Boards (FSMB) from May 2004 until April 2005 and in the position of immediate post Chair from April 2005 until April 2006.

Jon Thomas, MD, was elected to the Federation of State Medical Boards' Editorial Committee at the FSMB Annual Meeting in Boston, Massachusetts in April 2006.

EXECUTIVE DIRECTOR

The Board's Executive Director Robert A. Leach, JD, served on the Federation of State Medical Boards Board of Directors from May 2004 until April 2005. Mr. Leach also continues to serve on the National Board of Medical Examiners' Committee on Irregular Behavior.

MINNESOTA STATE FAIR

The Minnesota Board of Medical Practice continued its presence at the 2005 and 2006 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.

THE BOARD'S NEW AUTOMATED LICENSING SYSTEM WINS AWARDS

The Board's new IT system, ALIMS (Automated Licensure Information Management System) was selected to receive the Minnesota Government IT Recognition Award in the category of Customer Services Applications at the 24th Minnesota Government IT Symposium in December, 2005. In addition, the system also received the Honorable Mention Award for the Best of Boards Award presentation by Administrators in Medicine, the national organization of Medical Board Executives at their annual meeting in Boston, Massachusetts in April 2006.

II. Board Members, Staff, and Budget

A. Board Composition

LIST OF BOARD MEMBERS WHO SERVED DURING FISCAL YEARS 2005 AND 2006

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 2/01 - 1/05 4/05 - 1/09
Alfred V. Anderson, M.D., D.C. Pain Assessment & Rehabilitation Center, LTD. 5775 Wayzata Blvd., #110 St. Louis Park, MN 55416	Medical Doctor Chiropractor	9/03 - 1/07
Hilda Bettermann 8435 Sara Road NW Brandon, MN 56315	Educator	6/98 - 1/02 3/02 - 1/06
Rebecca Hafner, M.D. Minnesota Board of Medical Practice 2829 University Avenue SE, 500 St. Paul, MN 55414	Medical Doctor	1/98 - 1/02 1/02 - 9/03 3/04 - 1/06 6/06 - 1/10
Bradley S. Johnson, M.D. 1021 Bandana Blvd., East St. Paul, MN 55108	Medical Doctor	3/04 - 1/08
Kelli Johnson SHADAC/University of MN 2221 University Avenue., SE, #345 Minneapolis, MN 55414	Administrator	7/04 - 1/08
Ernest W. Lampe, II, M.D. Surgical Specialists of Minnesota 2545 Chicago Avenue, Suite 500 Minneapolis, MN 55404	Medical Doctor	3/04 - 1/08
James Langland, M.D. Dakota Clinic 1720 Highway 59 SE Thief River Falls, MN 56701	Medical Doctor	7/04 - 1/08
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 3/02 - 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 7/03 – 1/07
Burton Schwartz, M.D. 405 Piper Bldg., 800 E. 28 th St. Minneapolis, MN 55407	Medical Doctor	2/98 - 1/02 3/02 - 1/06
Carl Smith, M.D. Hennepin County Medical Center 701 Park Avenue South, 869A Minneapolis, MN 55414	Medical Doctor	2/01 - 1/05 4/05 – 1/09
Gregory Snyder, M.D. Minnesota Radiology 4000 West 76 th Street Edina, MN 55435	Medical Doctor	6/06 – 1/10
Jon Thomas, M.D. 347 North Smith Avenue, Suite 602 St. Paul, MN 55102	Medical Doctor	2/01 - 1/05 4/05 – 1/09
Linda Lee Van Etta, M.D. St. Luke's Infectious Disease Assoc. 1001 East Superior St., L201 Duluth, MN 55802	Medical Doctor	2/01 - 1/05 4/05 – 1/09

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
Jeffrey Boldt	Office & Administrative Specialist Registration Assistant	6-22-05 – 9-20-05 Temp. 9-21-05 – 3-21-06
Wendy Boswell	Office & Administrative Specialist Intermediate Registration Specialist	07-03-06 - present
Timothy Carnahan	Office & Administrative Specialist Intermediate Complaint Review Unit Assistant	06-04-01 – 08-04-04
Mark Chu	Information Technology Specialist 4 Database Administrator	12-10-01 – present
Donna Church	Office & Administrative Specialist Registration Assistant	11-03-03 – 11-01-05
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
Nick Hansgen	Information Technology Specialist 2 Network Administrator	01-21-03 – 08-23-06
Patricia Hayes	Office & Administrative Specialist Principal Licensure Specialist	02-27-89 – present
Jeanne Hoffman	Management Analyst Supervisor 3 Licensure Supervisor	04-01-87 – present
Polly Hoye	Legal Analyst	02-13-06 - 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
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
Kari Nybakke	Office & Administrative Specialist Registration Assistant	04-24-06 - present
Helen Patrikus	Investigator Medical Regulations Analyst	10-23-91 – present
Stephanie Preble	Investigator Medical Regulations Analyst	10-09-91 – 05-30-06
Kevin Slator	Investigator Senior Medical Regulations Analyst Senior	01-04-99 – 07-25-06
Jeremy Sorenson	Office & Administrative Specialist Intermediate Registration Specialist	09-03-02 – 06-02-06

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

Item	FY 2005	FY 2006
Receipts	\$4,383,653	\$4,305,868
Disbursements	\$3,950,938	\$3,594,802

Source Codes	Description	ACTUAL RECEIPTS FY 2005	ACTUAL RECEIPTS FY 2006
<i>Fund -</i>	<i>171 Receipts</i>		
5191	Telemedicine Application	5,900	6,300
5192	Telemedicine Registration	10,608	13,075
5193	Telemedicine Certification	1,350	3,175
5194	Midwifery Certification	0	0
5195	Midwifery Late Fee	225	150
5196	Midwifery Temporary Permit	75	0
5197	Midwifery Annual License	1,800	1,500
5198	Midwifery Inactive Status	0	0
5199	Midwifery Application	300	200
5200	MD Annual Registration	3,498,377	3,466,012
5201	MD Application Fee	206,400	222,000
5202	Exam Administrative Fee	0	0
5203	MD Temporary License	35,540	38,400
5204	MD Endorsement Fee	535	2,470
5205	MD Certification	54,680	52,950
5206	MD Verification	0	0
5207	MD Late Fee	28,860	31,472
5208	MD Residency Permit	16,310	16,795
5210	Emeritus Registration	1,050	650
5211	PA Annual Registration With Prescribing	133,545	143,464
5212	PA Application Fee	14,040	17,400
5216	PA Certification Fee	1,950	1,450
5218	PA Late Fee	1,350	1,950
5226	RCP Annual Registration	144,402	138,127
5227	RCP Application Fee	11,700	12,600
5229	RCP Certification Fee	1,650	1,575
5230	RCP Temporary Permit	3,300	3,360
5231	RCP Late Fee	2,450	2,100
5232	AT Annual Registration	57,002	53,628
5233	AT Application Fee	3,200	4,450
5234	AT Temporary Permit	1,350	2,250
5235	AT Certification Fee	475	325
5236	AT Late Fee	645	915
5237	Civil Penalties	73,670	28,801
5238	Miscellaneous	1,840	811
5239	Duplicate License	3,720	3,460
5240	Education Approval	0	0
5241	Competitive Athletic Event	50	150
5242	Medical Corporate Annual Registration	12,950	12,825
5243	Corporate Application	3,700	2,800

Source Codes	Description	ACTUAL RECEIPTS FY 2005	ACTUAL RECEIPTS FY 2006
<i>Fund -</i>	<i>171 Receipts</i>		
5245	AP Annual Registration	45,204	43,254
5246	AP Application	7,050	5,250
5247	AP Certification	375	300
5248	AP Late Fee	310	600
5249	AP Temporary Permit	2,040	1,380
5250	AP Inactive Status	50	50
5251	PA Annual Registration Without Prescribing	1,419	1,110
5252	PA Temporary Permit	5,035	7,260
5253	PA Temporary Registration	1,840	1,840
5254	PA Locum Tenens Permit	0	0
5255	RCP Temporary Registration	3,480	2,970
5256	RCP Inactive Status	50	50
5257	Report Generation	10,127	8,180
5258	AT Temporary Registration	300	300
5259	Primary Verification		175
8310	EZ Gov Fee	(5,060)	(5,724)
8346	Credit Card CLR	(23,566)	(48,717)
	TOTAL RECEIPTS	<u>4,383,653</u>	<u>4,305,868</u>

III. Licensing and Registration

A. Persons licensed as of June 30, 2006

Licenses/Registrations issued by Health Profession

PHYSICIANS	FY 05	FY 06
Federation Licensing Examination	55	36
Licentiate Medical Council Canada	13	10
National Board of Medical Examiners	110	90
National Board of Osteopathic Medical Examiners	20	22
COMLEX	20	21
State Examination	7	9
Examination Combination	17	14
United States Medical Licensing Examination	<u>733</u>	<u>790</u>
TOTAL LICENSED/REGISTERED	975	992
PHYSICIAN RESIDENCY PERMITS	763	855
ATHLETIC TRAINERS		
Equivalency	14	18
General Registration	37	40
Reciprocity	17	14
Transitional	<u>0</u>	<u>0</u>
TOTAL LICENSED/REGISTERED	68	72
PHYSICIAN ASSITANTS		
National Commission on Certifications of Pas	<u>100</u>	<u>143</u>
TOTAL LICENSED/REGISTERED	100	143
RESPIRATORY CARE PRACTITIONERS		
Equivalency	0	0
General Registration	59	79
Reciprocity	<u>36</u>	<u>43</u>
TOTAL LICENSED/REGISTERED	95	122
ACUPUNCTURISTS		
Equivalency	0	0
General Licensure	44	31
Reciprocity	1	4
TOTAL LICENSED/REGISTERED	45	35
MIDWIVES	5	2
PROFESSIONAL FIRMS	35	26
TELEMEDICINE	51	51

*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
2006	993	855	143	122	72	35	2	51	2,273
2005	976	763	100	95	68	45	5	51	2,103

C. NUMBER OF ACTIVELY REGULATED

Fiscal Year	Physicians & Surgeons	PA's	RCP's	AT's	AP's	Traditional Midwives	Telemedicine	Total
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2005	17,423	832	1,483	522	263	10	125	20,658

*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
2005	780	(17)
2006	770	(1.3)

B. 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 05	FY 06
Less than 90 days	163	237
90 – 180 days	242	299
181 – 365	120	172
More than 365 days	<u>60</u>	<u>44</u>
Total resolved complaints:	621	716

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

FY05	FY06
44	60

D. Number of Complaints Received Each Year by Occupation:

	AP	AT	PA	PY	RT	Other	MW	TM
FY 05	8	5	26	696	7	44	0	0
FY 06	6	0	22	694	7	39	0	4

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

	AP	AT	PA	PT	PY	RT	MW	TM
FY 05	3.0	1.0	3.1	N/A	4.0	.5	0	0
FY 06	2.0	0	2.0	N/A	3.9	.4	0	2.3

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

FY05	FY06
465	507

G. SUMMARY OF COMPLAINTS BY SOURCE

<u>COMPLAINT SOURCE</u>	<u>#OF COMPLAINTS</u>		<u>% OF TOTAL</u>	
	<u>FY 05</u>	<u>FY 06</u>	<u>FY 05</u>	<u>FY 06</u>
BMP License Renewal Form	18	41	2.3	5.3
BMP Application Form	1	0	.13	0
BMP Staff; EX. Anonymous	34	54	4.4	7
BMP Non-Compliance with Order	2	1	.3	.1
Family Member	113	73	14.5	9.5
Patient	297	305	38.1	39.6
Third Party	35	26	4.5	3.4
Courts	0	1	0	.1
Professional Liability Settlements	103	106	13.2	13.8
Enforcement Agency	1	6	.1	.8
AGO	1	0	.1	0
Peer Review Organization	0	0	0	0
Pharmacists	6	3	.8	.4
Federal DHHS	0	0	0	0
Medical Examiner/Coroner	0	1	0	.1
Department of Health	0	2	0	.3
HPSP	37	28	4.7	3.6
MN Health Related Boards	0	0	0	0
Police/Sheriff Dept.	0	1	0	.1
DHS	6	3	.8	.4
Drug Enforcement Agency	1	0	.1	0
OHFC	19	12	2.4	1.6
Medical Board Other-Federation-AMA	2	31	.3	4
Medical Societies	2	0	.3	0
Other Enforcement Agency	13	4	1.7	.5
Health Care Institution	25	28	3.2	3.6
Licensed Health Professional	72	41	9.2	5.3
PADS	0	0	0	0
Self-Report	5	13	.6	1.7
TOTAL	780	770		

H. <u>SUBJECTS OF COMPLAINTS</u>	<u>FY 05</u>	<u>FY 06</u>
D. Actions by another jurisdiction	15	53
G Incompetency/Unethical Conduct	579	638
K Unprofessional Conduct	685	606
L Illness	67	50
NJ Non-jurisdictional	26	18
O Medical Records	68	93
R Becoming Addicted	27	30
S Prescribing	194	182
T Sexual Misconduct	41	26
Miscellaneous	<u>276</u>	<u>167</u>
TOTAL	1,978	1,863

I. <u>CAUSES OF BOARD ORDER</u>	<u>FY 05</u>	<u>FY 06</u>
Illness	22	37
Chemical dependency	18	27
License disciplined (other state)	5	3
Billing practices	1	1
Unprofessional conduct	27	27
Sexual misconduct with a patient	9	9
Unethical conduct	26	28
Improper management of medical records	12	15
Convicted of felony related to practice of medicine	0	2
Prescribing	13	14
Aiding & abetting unlicensed person to practice medicine/failure to supervise	0	2
Violating a Board rule, Federal law, and/or state law related to the practice of medicine	3	4
Delinquent taxes/student loans	2	4
Reporting obligation/failure to cooperate	3	2
Reinstatement of unconditional	23	23
Medical license failure to quality	0	0
Fee splitting	0	0
Adjudication as MI/CD	0	0
Revealed privileged communication	2	0
False advertising	<u>0</u>	<u>1</u>
TOTAL	143	199

J. TYPES OF BOARD ORDERS

	<u>FY 05</u>	<u>FY 06</u>
Amended order/civil penalty/restriction	31	26
Permanent/voluntary surrender	1	1
Reinstatement of unconditional license	23	23
Reprimand and civil penalty/restricted reprimand w/civil penalty/restricted reprimand/amended	6	14
Revoke license and revocation w/civil penalty	1	1
Stayed suspension/amended stayed	0	1
Suspended license including amended order	10	9
Temporary suspension	0	1
TOTAL ORDERS	72	76

K. COMPLAINT INVENTORY

Complaints on hand (6/30/06)	507
New complaints received (FY06)	770
Complaints dismissed/closed, including those resulting in Orders or Corrective Actions (06)	728
Complaints on hand (6/30/05)	465

L. EDUCATIONAL ACTIVITIES

	<u>FY 05</u>	<u>FY 06</u>
Corrective actions	5	12
Medical Coordinator Conferences	76	70
Complaint Review Committee Appearances which did not result in a Board Order	42	48



Minnesota Board of Medical Practice

Biennial Report

**July 1, 2004 – June 30,
2006**

**For more information contact:
Minnesota Board of Medical Practice
2829 University Avenue West, Suite 500
Minneapolis, MN 55414
<http://www.bmp.state.mn.us>**

**Phone: (612) 617-2130
Fax: (612) 617-2166**

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, 2004 TO JUNE 30, 2006

SUBMITTED BY: ROBERT A. LEACH, EXECUTIVE DIRECTOR

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**Minnesota Board of Medical Practice
Biennial Report
July 1, 2004 to June 30, 2006**

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

Doris Brooker, MD, served as Chair of the Federation of State Medical Boards (FSMB) from May 2004 until April 2005 and in the position of immediate post Chair from April 2005 until April 2006.

Jon Thomas, MD, was elected to the Federation of State Medical Boards' Editorial Committee at the FSMB Annual Meeting in Boston, Massachusetts in April 2006.

EXECUTIVE DIRECTOR

The Board's Executive Director Robert A. Leach, JD, served on the Federation of State Medical Boards Board of Directors from May 2004 until April 2005. Mr. Leach also continues to serve on the National Board of Medical Examiners' Committee on Irregular Behavior.

MINNESOTA STATE FAIR

The Minnesota Board of Medical Practice continued its presence at the 2005 and 2006 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.

THE BOARD'S NEW AUTOMATED LICENSING SYSTEM WINS AWARDS

The Board's new IT system, ALIMS (Automated Licensure Information Management System) was selected to receive the Minnesota Government IT Recognition Award in the category of Customer Services Applications at the 24th Minnesota Government IT Symposium in December, 2005. In addition, the system also received the Honorable Mention Award for the Best of Boards Award presentation by Administrators in Medicine, the national organization of Medical Board Executives at their annual meeting in Boston, Massachusetts in April 2006.

II. Board Members, Staff, and Budget

A. Board Composition

LIST OF BOARD MEMBERS WHO SERVED DURING FISCAL YEARS 2005 AND 2006

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 2/01 - 1/05 4/05 - 1/09
Alfred V. Anderson, M.D., D.C. Pain Assessment & Rehabilitation Center, LTD. 5775 Wayzata Blvd., #110 St. Louis Park, MN 55416	Medical Doctor Chiropractor	9/03 - 1/07
Hilda Bettermann 8435 Sara Road NW Brandon, MN 56315	Educator	6/98 - 1/02 3/02 - 1/06
Rebecca Hafner, M.D. Minnesota Board of Medical Practice 2829 University Avenue SE, 500 St. Paul, MN 55414	Medical Doctor	1/98 - 1/02 1/02 - 9/03 3/04 - 1/06 6/06 - 1/10
Bradley S. Johnson, M.D. 1021 Bandana Blvd., East St. Paul, MN 55108	Medical Doctor	3/04 - 1/08
Kelli Johnson SHADAC/University of MN 2221 University Avenue., SE, #345 Minneapolis, MN 55414	Administrator	7/04 - 1/08
Ernest W. Lampe, II, M.D. Surgical Specialists of Minnesota 2545 Chicago Avenue, Suite 500 Minneapolis, MN 55404	Medical Doctor	3/04 - 1/08
James Langland, M.D. Dakota Clinic 1720 Highway 59 SE Thief River Falls, MN 56701	Medical Doctor	7/04 - 1/08
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 3/02 - 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 7/03 – 1/07
Burton Schwartz, M.D. 405 Piper Bldg., 800 E. 28 th St. Minneapolis, MN 55407	Medical Doctor	2/98 - 1/02 3/02 - 1/06
Carl Smith, M.D. Hennepin County Medical Center 701 Park Avenue South, 869A Minneapolis, MN 55414	Medical Doctor	2/01 - 1/05 4/05 – 1/09
Gregory Snyder, M.D. Minnesota Radiology 4000 West 76 th Street Edina, MN 55435	Medical Doctor	6/06 – 1/10
Jon Thomas, M.D. 347 North Smith Avenue, Suite 602 St. Paul, MN 55102	Medical Doctor	2/01 - 1/05 4/05 – 1/09
Linda Lee Van Etta, M.D. St. Luke's Infectious Disease Assoc. 1001 East Superior St., L201 Duluth, MN 55802	Medical Doctor	2/01 - 1/05 4/05 – 1/09

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
Jeffrey Boldt	Office & Administrative Specialist Registration Assistant	6-22-05 – 9-20-05 Temp. 9-21-05 – 3-21-06
Wendy Boswell	Office & Administrative Specialist Intermediate Registration Specialist	07-03-06 - present
Timothy Carnahan	Office & Administrative Specialist Intermediate Complaint Review Unit Assistant	06-04-01 – 08-04-04
Mark Chu	Information Technology Specialist 4 Database Administrator	12-10-01 – present
Donna Church	Office & Administrative Specialist Registration Assistant	11-03-03 – 11-01-05
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
Nick Hansgen	Information Technology Specialist 2 Network Administrator	01-21-03 – 08-23-06
Patricia Hayes	Office & Administrative Specialist Principal Licensure Specialist	02-27-89 – present
Jeanne Hoffman	Management Analyst Supervisor 3 Licensure Supervisor	04-01-87 – present
Polly Hoyer	Legal Analyst	02-13-06 - 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
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
Kari Nybakke	Office & Administrative Specialist Registration Assistant	04-24-06 - present
Helen Patrikus	Investigator Medical Regulations Analyst	10-23-91 – present
Stephanie Preble	Investigator Medical Regulations Analyst	10-09-91 – 05-30-06
Kevin Slator	Investigator Senior Medical Regulations Analyst Senior	01-04-99 – 07-25-06
Jeremy Sorenson	Office & Administrative Specialist Intermediate Registration Specialist	09-03-02 – 06-02-06

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

Item	FY 2005	FY 2006
Receipts	\$4,383,653	\$4,305,868
Disbursements	\$3,950,938	\$3,594,802

Source Codes	Description	ACTUAL RECEIPTS FY 2005	ACTUAL RECEIPTS FY 2006
<i>Fund -</i>	<i>171 Receipts</i>		
5191	Telemedicine Application	5,900	6,300
5192	Telemedicine Registration	10,608	13,075
5193	Telemedicine Certification	1,350	3,175
5194	Midwifery Certification	0	0
5195	Midwifery Late Fee	225	150
5196	Midwifery Temporary Permit	75	0
5197	Midwifery Annual License	1,800	1,500
5198	Midwifery Inactive Status	0	0
5199	Midwifery Application	300	200
5200	MD Annual Registration	3,498,377	3,466,012
5201	MD Application Fee	206,400	222,000
5202	Exam Administrative Fee	0	0
5203	MD Temporary License	35,540	38,400
5204	MD Endorsement Fee	535	2,470
5205	MD Certification	54,680	52,950
5206	MD Verification	0	0
5207	MD Late Fee	28,860	31,472
5208	MD Residency Permit	16,310	16,795
5210	Emeritus Registration	1,050	650
5211	PA Annual Registration With Prescribing	133,545	143,464
5212	PA Application Fee	14,040	17,400
5216	PA Certification Fee	1,950	1,450
5218	PA Late Fee	1,350	1,950
5226	RCP Annual Registration	144,402	138,127
5227	RCP Application Fee	11,700	12,600
5229	RCP Certification Fee	1,650	1,575
5230	RCP Temporary Permit	3,300	3,360
5231	RCP Late Fee	2,450	2,100
5232	AT Annual Registration	57,002	53,628
5233	AT Application Fee	3,200	4,450
5234	AT Temporary Permit	1,350	2,250
5235	AT Certification Fee	475	325
5236	AT Late Fee	645	915
5237	Civil Penalties	73,670	28,801
5238	Miscellaneous	1,840	811
5239	Duplicate License	3,720	3,460
5240	Education Approval	0	0
5241	Competitive Athletic Event	50	150
5242	Medical Corporate Annual Registration	12,950	12,825
5243	Corporate Application	3,700	2,800

Source Codes	Description	ACTUAL RECEIPTS FY 2005	ACTUAL RECEIPTS FY 2006
<i>Fund -</i>	<i>171 Receipts</i>		
5245	AP Annual Registration	45,204	43,254
5246	AP Application	7,050	5,250
5247	AP Certification	375	300
5248	AP Late Fee	310	600
5249	AP Temporary Permit	2,040	1,380
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5251	PA Annual Registration Without Prescribing	1,419	1,110
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	AP	AT	PA	PT	PY	RT	MW	TM
FY 05	3.0	1.0	3.1	N/A	4.0	.5	0	0
FY 06	2.0	0	2.0	N/A	3.9	.4	0	2.3

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

FY05	FY06
465	507

G. SUMMARY OF COMPLAINTS BY SOURCE

<u>COMPLAINT SOURCE</u>	<u>#OF COMPLAINTS</u>		<u>% OF TOTAL</u>	
	<u>FY 05</u>	<u>FY 06</u>	<u>FY 05</u>	<u>FY 06</u>
BMP License Renewal Form	18	41	2.3	5.3
BMP Application Form	1	0	.13	0
BMP Staff; EX. Anonymous	34	54	4.4	7
BMP Non-Compliance with Order	2	1	.3	.1
Family Member	113	73	14.5	9.5
Patient	297	305	38.1	39.6
Third Party	35	26	4.5	3.4
Courts	0	1	0	.1
Professional Liability Settlements	103	106	13.2	13.8
Enforcement Agency	1	6	.1	.8
AGO	1	0	.1	0
Peer Review Organization	0	0	0	0
Pharmacists	6	3	.8	.4
Federal DHHS	0	0	0	0
Medical Examiner/Coroner	0	1	0	.1
Department of Health	0	2	0	.3
HPSP	37	28	4.7	3.6
MN Health Related Boards	0	0	0	0
Police/Sheriff Dept.	0	1	0	.1
DHS	6	3	.8	.4
Drug Enforcement Agency	1	0	.1	0
OHFC	19	12	2.4	1.6
Medical Board Other-Federation-AMA	2	31	.3	4
Medical Societies	2	0	.3	0
Other Enforcement Agency	13	4	1.7	.5
Health Care Institution	25	28	3.2	3.6
Licensed Health Professional	72	41	9.2	5.3
PADS	0	0	0	0
Self-Report	5	13	.6	1.7
TOTAL	780	770		

H. <u>SUBJECTS OF COMPLAINTS</u>	<u>FY 05</u>	<u>FY 06</u>
D. Actions by another jurisdiction	15	53
G Incompetency/Unethical Conduct	579	638
K Unprofessional Conduct	685	606
L Illness	67	50
NJ Non-jurisdictional	26	18
O Medical Records	68	93
R Becoming Addicted	27	30
S Prescribing	194	182
T Sexual Misconduct	41	26
Miscellaneous	<u>276</u>	<u>167</u>
TOTAL	1,978	1,863

I. <u>CAUSES OF BOARD ORDER</u>	<u>FY 05</u>	<u>FY 06</u>
Illness	22	37
Chemical dependency	18	27
License disciplined (other state)	5	3
Billing practices	1	1
Unprofessional conduct	27	27
Sexual misconduct with a patient	9	9
Unethical conduct	26	28
Improper management of medical records	12	15
Convicted of felony related to practice of medicine	0	2
Prescribing	13	14
Aiding & abetting unlicensed person to practice medicine/failure to supervise	0	2
Violating a Board rule, Federal law, and/or state law related to the practice of medicine	3	4
Delinquent taxes/student loans	2	4
Reporting obligation/failure to cooperate	3	2
Reinstatement of unconditional	23	23
Medical license failure to quality	0	0
Fee splitting	0	0
Adjudication as MI/CD	0	0
Revealed privileged communication	2	0
False advertising	<u>0</u>	<u>1</u>
TOTAL	143	199

J. TYPES OF BOARD ORDERS

	<u>FY 05</u>	<u>FY 06</u>
Amended order/civil penalty/restriction	31	26
Permanent/voluntary surrender	1	1
Reinstatement of unconditional license	23	23
Reprimand and civil penalty/restricted reprimand w/civil penalty/restricted reprimand/amended	6	14
Revoke license and revocation w/civil penalty	1	1
Stayed suspension/amended stayed	0	1
Suspended license including amended order	10	9
Temporary suspension	0	1
TOTAL ORDERS	72	76

K. COMPLAINT INVENTORY

Complaints on hand (6/30/06)	507
New complaints received (FY06)	770
Complaints dismissed/closed, including those resulting in Orders or Corrective Actions (06)	728
Complaints on hand (6/30/05)	465

L. EDUCATIONAL ACTIVITIES

	<u>FY 05</u>	<u>FY 06</u>
Corrective actions	5	12
Medical Coordinator Conferences	76	70
Complaint Review Committee Appearances which did not result in a Board Order	42	48



Minnesota Office of Mental Health Practice

Biennial Report

**July 1, 2004 – June 30,
2006**

For more information contact:

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State of Minnesota Office of Mental Health Practice

Biennial Report 2005-2006 Biennium

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As required by Minnesota Statutes section 3.197: This report cost approximately \$446.00 to prepare, including staff time and mailing and printing expenses.

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

Printed on recycled paper.

**State of Minnesota
Office of Mental Health Practice
Biennial Report
July 1, 2004 to July 1, 2006**

General Information

A. Mission and Major Functions:

Mission –

The mission of the Office of Mental Health Practice is to protect consumers who receive mental health services from practitioners who are not licensed or otherwise regulated by the boards that license other health and mental health professions. Unlicensed mental health practitioners include, but are not limited to hypnotherapists, private school counselors, psychotherapists, and any person providing assessment, counseling, or treatment of a client for a behavioral, cognitive, emotional, mental, or social condition, dysfunction, or symptom including intrapersonal or interpersonal dysfunctions. The Office's mandate is to receive, investigate, and resolve complaints against unlicensed mental health practitioners, take appropriate enforcement action when it is determined that a practitioner has violated the standards of practice, and act as a clearinghouse by providing the public with information about the regulation of mental health practice in the State of Minnesota.

Major Functions –

Receiving, Investigating, and Resolving Complaints.

- Accepting complaints and reports from the clients, employers, health care insurers and providers, other health care regulators, and the public about the conduct of unlicensed mental health practitioners.
- Determining whether the conduct alleged, if substantiated, is within the Office's jurisdiction; if so, obtaining sufficient evidence to determine whether the practitioner has violated the standards of practice; and, if so, determining what action, if any, the Office should take.
- Engaging in appropriate fact-finding by interviewing complainants, practitioners, and other witnesses and obtaining relevant documents.
- Coordinating with other health care regulators by coordinating investigations and referring complaints under the jurisdiction of other health care regulators and law enforcement agencies.
- Keeping complainants informed of the status and resolution of their complaint consistent with the Government Data Practices Act.
- Protecting the identity of clients and complainants consistent with the Government Data Practices Act.

Taking and enforcing disciplinary action against unlicensed mental health practitioners who have violated the standards of practice.

- Evaluating the case, considering the facts and the law, including relevant constitutional principles, while respecting the practitioner's constitutional right to due process of law, and considering the Office's obligation to protect the public in a cost-effective way.
- Holding conferences and meetings with complainants, practitioners, and witnesses to clarify information received during investigations; clearly identifying the practitioner's role and responsibility; and providing the practitioner with the opportunity to make a meaningful response.
- Resolving complaints by means of voluntary agreements with practitioners when possible and by means of alternative dispute resolution or contested case hearings when not.
- Monitoring practitioners' compliance with corrective or disciplinary agreements or orders to ensure compliance.
- Taking appropriate action in cases of noncompliance.
- Processing requests from practitioners for reinstatement of the right to practice or removal of conditions or restrictions of the right to practice when appropriate.

Acting as a clearinghouse by providing the public with information about the regulation of mental health practice in the State of Minnesota.

- Being available in person, by e-mail, on-line, by telephone, and in writing to answer questions about the regulation of the provision of mental health services by individuals in the State of Minnesota including how to file a complaint and enforcement actions taken by the Office.

B. Major activities during the biennium:

- Oversaw transfer of the Office's functions from the Department of Health to the Health Licensing Boards under legislation enacted in 2005.
- Completely reviewed all policies and procedures and streamlined them to provide more efficient service to complainants, practitioners, and the public.

C. Emerging issues regarding regulation of unlicensed mental health practice.

- None.

Staff and Budget

A. Employees.

The Office is part of the Health Licensing Boards and is housed within the offices of the Board of Social Work. The Office employs a full-time Program Manager and receives limited support services from Social Work staff.

B. Receipts and Disbursements and major fees assessed by the Office.

The Office does not license individuals and does not collect fees. Its sole revenue is from fines. Total revenues in FY 2006 were \$1,986 in FY 2006. Total expenditures in FY 2006 were \$81,852. Revenues and expenditures for FY 2005 are not included because the Office was part of the Department of Health at that time.

Licensing and Registration

The Office does not license or register practitioners.

Complaints

	<u>FY 2005</u>	<u>FY 2006</u>
Complaints received	24	30
Complaints per 1,000 practitioners (estimated number is 2,000)	12	15

Trend data as of June 30, 2006

<u>Fiscal year</u>	<u>Complaints received</u>	<u>Complaints per 1,000</u>	<u>Open files</u>
2006	30	15	26
2005	24	12	35
2004	34	17	44
2003	37	18.5	42
2002	39	19.5	68
2001	61	30.5	104
2000	66	33	101
1999	66	33	123
1998	85	42.5	177
1997	71	35.5	192
1996	73	36.5	169
1995	91	45.5	189
1994	82	41	155
1993	64	32	90
1992	71	35.5	59



Minnesota Board of Nursing

Biennial Report

July 1, 2004 – June 30, 2006

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**FY 2005 – 2006
Biennial Report**

**Statutory Authority:
Minnesota Statutes Sections
148.171 to 148.285 & 214.01 to 214.02**

**Submitted by:
Shirley A. Brekken, Executive Director**

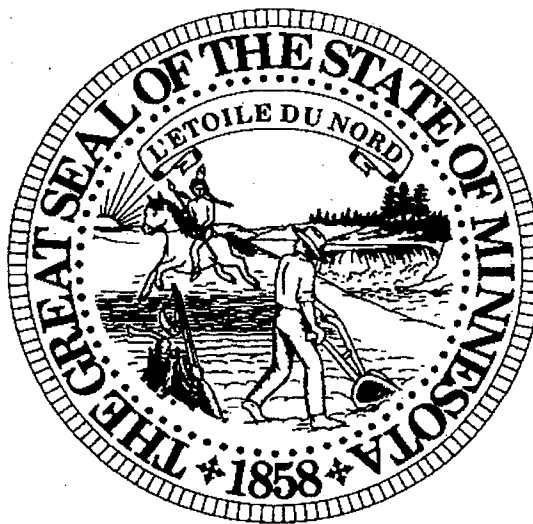


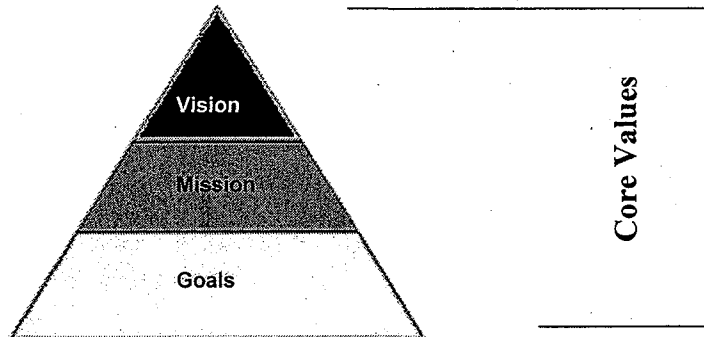
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I. GENERAL INFORMATION

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

Minnesota Statutes sections 148.171-148.285 provides the Board of Nursing with authority to regulate nursing practice for the purpose of public protection. Within this authority, the Board's mission 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.

Values

The Board's activities are guided by:

- **Trust** - integrating the obligation of confidence and authority expected of the Board by the public
- **Integrity** - enforcing laws and rules ethically
- **Responsiveness** - taking the initiative to communicate openly
- **Accountability** - committing to public safety
- **Collaboration** - pursuing alliances with internal and external stakeholders

Major Functions

Credentialing

The Board of Nursing regulates registered nurses, licensed practical nurses, advanced practice registered nurses, and public health nurses to assure the public that the individuals who practice nursing in Minnesota have the requisite education, competence, and ethical character to practice nursing safely and effectively.

Credentialing Services

- 73,000 Registered Nurses
- 23,000 Licensed Practical Nurses
- 4,000 Advanced Practice RNs
- 11,000 Public Health Nurses
- 300 Border State Registry Nurses
- 100 Nursing Registered Firms
- 500 DEA verifications

Education/program Approval

The Board approves and monitors nursing education programs to assure the public that graduates of Minnesota nursing education programs have the requisite knowledge and competence to enter the nursing workforce and provide safe nursing care.

Education Services

- Surveyed 58 nursing education programs to assure competence of graduates to enter workforce
- Monitored program graduates' pass/fail rates on national nurse licensure examination
- Facilitated innovative approaches to address nursing workforce and nursing faculty shortages
- Provided consultation to nursing education programs regarding national nurse licensure examination pass rates

Discipline/Complaint Resolution

The Board investigates complaints and takes action against nurses who violate the nurse practice act, including removing nurses from practice who are a risk to patient safety and monitoring nurses whose practice requires remediation and oversight to assure public safety.

Discipline Services

- Investigated 2,400 jurisdictional complaints of nurses who violate the nurse practice act
- Resolved 2,100 disciplinary actions
- Removed from practice 196 nurses who are at risk to public safety
- Monitored 211 nurses under discipline order
- Submitted data to national disciplinary data banks compliant with federal law
- Disseminated disciplinary action to employers and public within 24 hours
- Responded to 1,000 data queries regarding nurses for disaster preparedness, workforce, and education planning
- Responded to 130,000 telephone calls and emails regarding licensure and nursing practice information
- Presented 100 speeches regarding nursing practice, education and credentialing

B. A description of the Board's major activities during the 2005-2006 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 the following principles:

- Responsibility for public safety will be fulfilled with respect for due process and adherence to laws and rules;
- Customer services will be delivered in a respectful, responsive, timely, communicative, and nondiscriminatory manner;
- Government services will be accessible, purposeful, responsible, and secure; and
- Business functions will be delivered with efficiency, accountability, innovation, maximization of technology, and a willingness to collaborate.

Key Measures Achieved

- The Board increased utilization of on-line services from FY2005 to FY2006 by 8%, bringing the total of licensure services conducted online to 75%. Examples include:
 - 83% of nurses renew their license online
 - 97% of Minnesota nursing education programs validate graduation on-line
 - 96% of graduates of Minnesota nursing education programs apply for licensure online
- The Board has used effective business process re-engineering and technology to reduce the agency use of paper by 75% and postage costs by 50%.
- The Board provides 90% of verifications of nurse licensure status to employers on-line, the equivalent of 1 FTE.

Key Measures Achieved (cont'd)

- The Board issues licenses within 24 hours of an applicant meeting all requirements.
- On-line renewal of nurse licensure is real time resulting in employers and the public having assurance of the nurse's authority to work.
- Public safety is enhanced by providing public access to information regarding a nurse license, discipline status and individual license discipline history, information on the complaint process, and how to obtain forms and file a complaint.
- The Board has facilitated the start-up of new nursing education programs in Minnesota to increase the number of nursing education programs by 14%.

Credentialing

The Board is a state and national leader for envisioning and implementing web-based services. The Minnesota Governor's Drive to Excellence holds the Board as a model for state government in the use of technology to manage data and deliver efficient and effective services. A staff member is a member of the Drive to Excellence Licensing Steering Committee.

Virtually all licensure services are available on-line 24x7. Board and committee meetings are conducted electronically through the use of laptop computers. Online users have the ability to self-generate reports of aggregate and individual nurse data.

Applications received Online FY 2005-2006

Application	FY 05 Total	FY 05 Online	Percentage of Total	FY 06 Total	FY 06 Online	Percentage of Total
RN Replacements	582	241	41%	602	281	47%
RN Endorsement	1459	815	56%	1852	1172	63%
RN Examination	3619	2134	59%	3573	2160	60%
RN Retake	912	349	38%	892	371	42%
RN Renewal	32139	24816	77%	32273	26813	83%
RN Reregistration	778	302	39%	882	413	47%
RN Late Registration	748	109	15%	667	149	22%
RN Permit	453	176	39%	367	127	35%
Public Health Nurse	433	141	33%	485	158	33%
LPN Replacement	138	46	33%	152	75	49%
LPN Endorsement	198	99	50%	243	131	54%
LPN Examination	1580	1406	89%	1616	1477	91%
LPN Retake	174	69	40%	244	126	52%
LPN Renewal	10271	6525	64%	10229	7366	72%
LPN Reregistration	397	120	30%	404	152	38%
LPN Late Registration	497	62	12%	434	97	22%
LPN Permit	236	110	47%	215	91	42%
RN PWOCR	120	55	46%	111	65	59%
LPN PWOCR	85	39	46%	72	34	47%
TOTAL	54819	37614	69%	55313	41258	75%

Nursing Education Program

On-site surveys, collection and review of annual reports, review of improvement plans submitted by programs, and analysis of the National Council Licensure Exam (NCLEX®) data were used to evaluate each nursing education program's compliance with statutes and rules. Analysis of all available data provides a basis for the education reports submitted to the Board for decision-making.

During calendar year 2004, all programs were above the minimum standard (>75%) for first-time success rates for the NCLEX®. During calendar year 2005, three professional nursing programs and one practical nursing program were below the minimum standard for candidate first-time success rates for the NCLEX® and were required to submit plans of corrective action.

Revised program approval rules promulgated on September 3, 2003 were implemented during the 2004-2006 biennium.

The Board provided consultative services to five colleges and universities for the purpose of approving new nursing education programs.

1. Metropolitan State University School of Nursing, an accelerated BSN program in St. Paul, Minnesota
2. Minnesota School of Business/Globe College Bachelor in Science Nursing Program, Richfield Campus, Richfield, Minnesota
3. Minnesota State Community and Technical College Associate Degree Nursing Program, Detroit Lakes Campus, Detroit Lakes, Minnesota; Fergus Falls Campus, Fergus Falls, Minnesota; Moorhead Campus, Moorhead, Minnesota; and Wadena Campus, Wadena, Minnesota
4. Minnesota State University Moorhead Baccalaureate Nursing Program, Moorhead Campus, Moorhead, Minnesota
5. Rasmussen College Practical Nursing Program, Mankato Campus, Mankato, Minnesota

The Board renewed approval for one professional and three practical nursing programs.

Board Discipline and Public Safety

The purpose of the Board of Nursing is to protect the public as it relates to nursing practice. The Board of Nursing is the only state agency charged with this responsibility. Because not all nurses practice in a competent, ethical manner at all times, in order to fulfill its mission of protecting the public, the Board must have a process for intervening in situations where a nurse fails to practice appropriately. The Board has been given statutory authority to take various types of action for the violation of specific laws and rules.

The Board received 2518 complaints during FY2005 and 2006. This was an increase of 21% over the previous biennium.

- The Board imposed 435 disciplinary actions, including the removal of authority to practice for 196 individuals because their continued practice was deemed a risk of harm to patients.
- During the biennium, Board staff monitored a daily average of 211 nurses in a probationary status.

Health Professionals Services Program (HPSP)

The most common cause for disciplinary action against a nurse remains issues associated with substance abuse, such as, impairment to practice related to substance use, non-compliance with monitoring of chemical dependency illness management, misappropriation of controlled substances for personal use, and criminal actions related to chemical abuse or illegal possession of controlled substances. In conjunction with the other health-related licensing boards and regulatory agencies, the Board of Nursing operates the Health Professionals Services Program (Minnesota statutes section 214.31-214.37), a monitoring program designed to enhance public protection and provide support for regulated health care professionals whose ability to practice with reasonable skill and safety may be impaired due to illness. Over this biennium, nurses have made up approximately 57% of the total participants monitored by the HPSP and at the close of this biennium there were 264 nurses with established monitoring agreements. The Board's share of the program expenses is approximately \$283,000 annually.

How to file a complaint

The Board distributes an educational brochure which is consumer directed. The brochure describes the role and functions of the Board in consumer protection and informs the consumer how to file a complaint related to a concern about a nurse's practice. Similar information is also available on the Board's website. "How to file a complaint" is listed as a top link to facilitate consumer access. The complaint form is available online.

Board of Nursing Committee Activities

The Board of Nursing accomplishes many of its functions through the committee or task force structure. Each committee or task force charge is related to strategic initiatives developed by the Board. Strategic initiatives guide the Board in its work and serve as the basis for assignment of agency resources.

Board committees:

- Collaborative Advisory Group
- Core Values Task Force
- Data Work Group
- Education, Executive
- Nursing Practice
- Public Policy and Licensure

Board Activities:

- Partnered with the Minnesota Nurses Association, associate and baccalaureate faculty, and agency representatives to create a standardized internship experience for associate degree and baccalaureate degree students that had completed one year of curriculum.
- Participated in the National Council of State Boards of Nursing CORE (*Commitment to Ongoing Excellence*) project. The initiative is a performance measurement system that includes data collection from internal and external sources, the use of benchmarking strategies and the identification of best practices.
- Studied the congruence of LPN practice, education, and regulation, and presented an Executive Summary with Conclusions and Recommendations to the Board.
- Initiated board member education sessions.
- Established surveys and self-review to review board members' responsibility and accountability.

Board Actions

During the biennium the Board took the following actions:

- Approved 21 Minnesota nurses as item writers and/or item reviewers for the National Council licensing examination.
- Delegated to Board staff, in consultation with the advanced practice registered nurse specialist board member, the authority to review a petition for waiver from certification as a clinical nurse specialist pursuant to Minnesota Statutes section 148.284(d) (2004) and make recommendations regarding the petition to the Board for action.
- Delegated to Board staff the authority to review petitions for renewal of waiver from certification as a clinical nurse specialist and make recommendations regarding the petition for renewal.
- Adopted the National Council of State Board of Nursing recommended passing standards for the Test of English as a Foreign Language (TOEFL) and the International English Language Testing System (IELTS) to meet the requirements of Minnesota Statute 148.211 Subdivision 1.b. (d).
- Endorsed the *Minnesota Guidelines for Medication Administration in Schools* report in collaboration with the Minnesota Department of Health, Education, and Human Services.
- Adopted the 2005-2006 Strategic Plan which included these initiatives:
 1. Foster evidence-based regulation that provides for public protection.
 2. Enhance organizational culture to support change and innovation.
 3. Establish a licensure framework that operationalizes models of competence to promote safe nursing practice.

Board Actions (cont'd)

4. Advance the Minnesota Board of Nursing as the leading source of data and information regarding scope of nursing practice and nursing regulation.
 5. Advance the Minnesota Board of Nursing as a key partner in nursing and public policy development.
- Adopted the core values of trust, integrity, responsiveness, accountability, and collaboration as organizational beliefs.
 - Adopted a statement of accountability to assist licensees in making nursing judgments regarding the administration of anesthetics and to guide facilities in creating applicable policies and procedures.
 - Adopted a *Statement for Support for a Statewide Culture of Learning, Justice, and Accountability*, an initiative of the Minnesota Alliance for Patient Safety.

Staff Activities Highlights

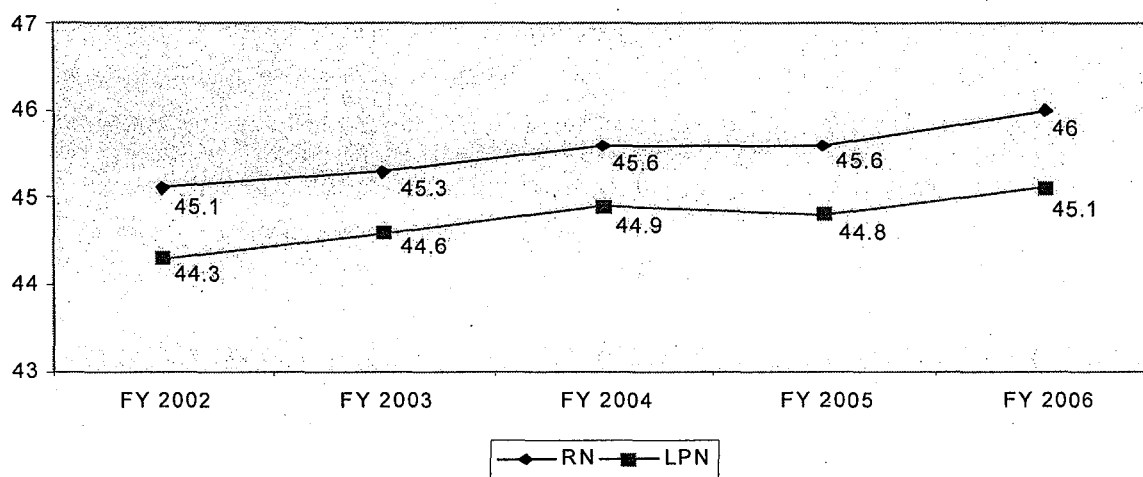
During the biennium, the staff:

- Provided over public speeches and workshop presentations.
- Dialogued with the Minnesota Department of Human Services and Minnesota Department of Health regarding nursing services provided in settings regulated by those departments and gave input on rules interpretations and revisions.
- Dialogued with stakeholders (educators, employers, agencies, nurses, associations, consumers and payers) concerning the current and evolving inter-relationship of providers in the delivery of healthcare.
- Participated in the Minnesota Alliance for Patient Safety (MAPS) steering committee whose purpose is to promote optimum patient safety through collaborative and supportive efforts among all participants of the health care system of Minnesota.
- Served as a member of the Minnesota Colleagues in Caring, a collaborative organization directed at addressing the needs of the nursing workforce in Minnesota.
- 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.
- Met with staff of the Department of Health to begin implementation of the Adverse Health Care Events Reporting Act requiring hospitals to report occurrences of 27 specific adverse health events.
- Participated in the study of medication administration in schools and helped develop the Minnesota Standards intended to increase the safe and efficacious administration of medications in schools by providing crucial information.
- Participated in the Home Care Advisory Work Group, a group established by the Department of Health at the direction of the 2003 legislature to discuss topics related to home care and make recommendations to the state legislature.

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

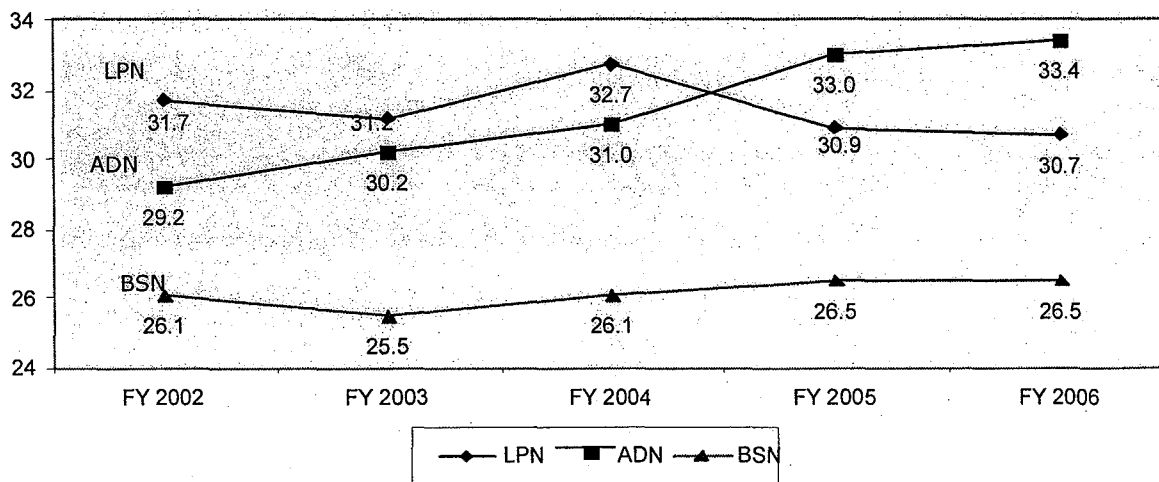
1. As of the 4th quarter of 2005, there were approximately 2100 RN vacancies and 810 LPN vacancies reported by the Minnesota Department of Employment and Economic Development.
2. The Minnesota nurse population is aging.

Current Licensure Average Age, FY 2002-2006

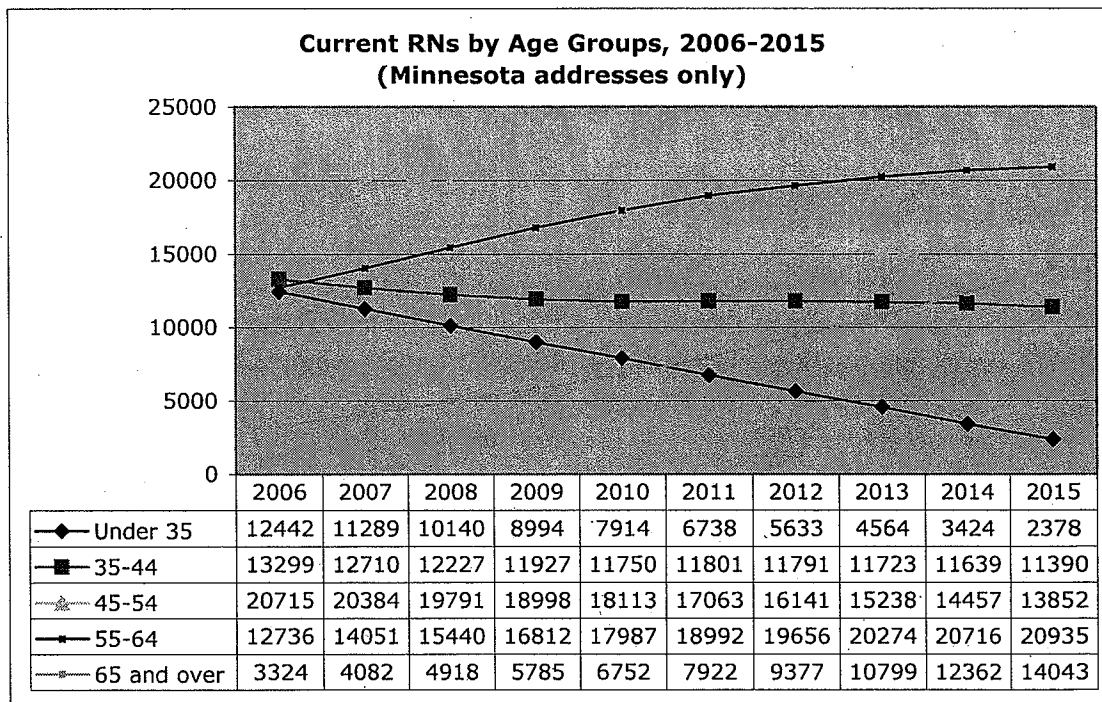
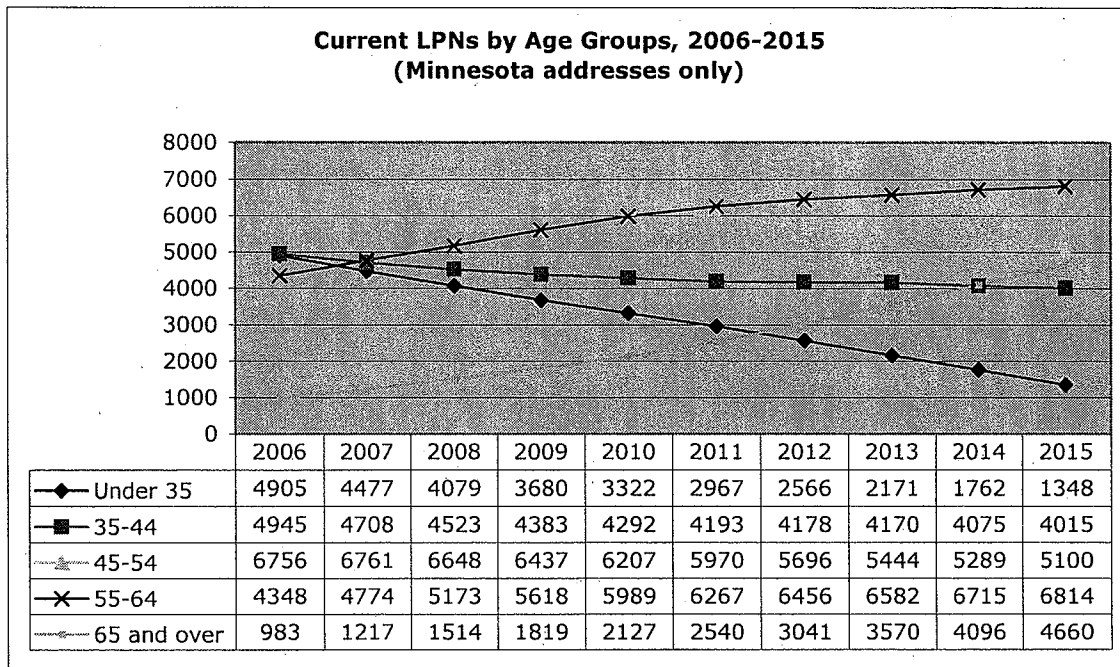


3. The average age of individuals licensed as nurses for the first time is increasing; thus, decreasing the lifetime a nurse is employed.

**Average age at time of licensure, licensed by exam, by degree type
FY 2002 - 2006**

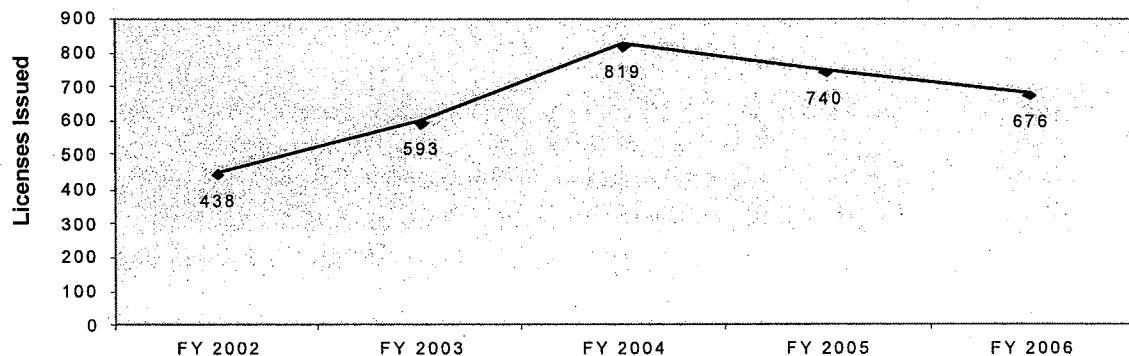


4. Of the present nurse population, 55% will be over the age of 55 by 2015.



5. The number of non-U.S. educated individuals being licensed decreased over 2005-06. However, the nurse workforce has become more diverse, thus, cultural and language diversity also increase the challenges to consumers of nursing services and employers of nurses.

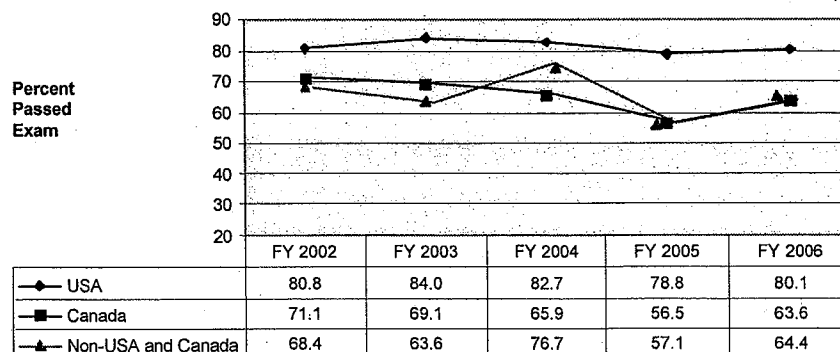
**Licenses Issued to Non-U.S. Educated Applicants
for RN Licensure by Examination, FY 2002-2006**



Canada 348 Philippines 43 Nigeria 33 India 4 South Africa 3 Germany 2 Australia 1 Guyana 1 Russia 1 Scotland 1 UK 1	Canada 502 Philippines 68 Nigeria 15 India 2 Germany 1 Norway 1 Peru 1 South Africa 1 Thailand 1 UK 1	Canada 741 Philippines 58 Nigeria 4 India 2 Iran 2 Belarus 1 Chile 1 China 1 Columbia 1 Germany 1 Kenya 1 Lithuania 1 Norway 1 Russia 1 South Korea 1 Sweden 1 UK 1	Canada 690 Philippines 43 India 2 China 1 Ghana 1 New Zealand 1 Nigeria 1 South Korea 1	Canada 594 Philippines 64 Nigeria 4 Netherlands 2 Australia 1 Azerbaijan 1 Brazil 1 Iceland 1 India 1 Kenya 1 Pakistan 1 Poland 1 Romania 1 Russia 1 Slovakia 1 UK 1
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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 2002-2006**



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. (Approximately 180 hours of consultation services were provided for new program applicants and potential applicants.)
8. Admissions and enrollment in nursing programs show a significant increase. Nursing programs report turning students away because of a lack of capacity, faculty and clinical facilities as well as a lack of financial resources.
9. The number of graduates increased from an average of 3200 graduates annually during the last biennium to approximately 4200 graduates in the first half of this biennium.
10. Reporting disciplinary action, as required by federal law, to the National Practitioner Data Bank and the Health Integrity Practitioner Data Bank, and to NurSys, significantly increases effort and expenses for information Resources technology and activity.
11. The number of complaints against nurses for alleged violations of the Nurse Practice Act increased by 19% increasing strain on decreased resources.

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	Hours Spent on Board Activities FY05-06
Jessie Daniels	Registered Nurse	January 2009	290
Marcia Farinacci	Public Member	January 2009	76
Kathleen Haberman	Registered Nurse	January 2008	22
Debra Hacker	Registered Nurse	January 2007	161
Doris Hill	Registered Nurse	January 2007	280
Sandra Johnson	Registered Nurse	January 2008	264
Kimberly Keilholtz	Public Member	January 2010	196
Gregory Langason	Licensed Practical Nurse	January 2007	156
Kristina Malone	Licensed Practical Nurse	January 2009	201
Linda Mattson	Licensed Practical Nurse	January 2008	150
Glenda Moyers	Registered Nurse	January 2010	393
James Nardone	Public Member	January 2007	228
Marybeth O'Neil	Registered Nurse	January 2008	228
Darin Prescott	Registered Nurse	January 2009	73
Clayton Robinson	Public Member	January 2007	177
Karen Trettel	Licensed Practical Nurse	January 2010	278
Vicky Jensen	Registered Nurse	Resigned 4/2005	93
TOTAL			3266

B. The number of full-time equivalent employees in FY2006.

FY2006	25 FTE
---------------	---------------

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

Receipts and Disbursements

Activity	FY2005	FY2006
Receipts	\$ 4,680,968	\$ 4,697,237
Disbursements	\$ 3,229,644	\$ 2,982,178
Surplus (shortfall)	\$ 1,451,324	\$ 1,715,059
Transfer to DHS long term home and community based care employee scholarship fund		\$ 392,000
Transfer to MDH loan forgiveness for nurses		\$ 125,000

Major Fees Assessed

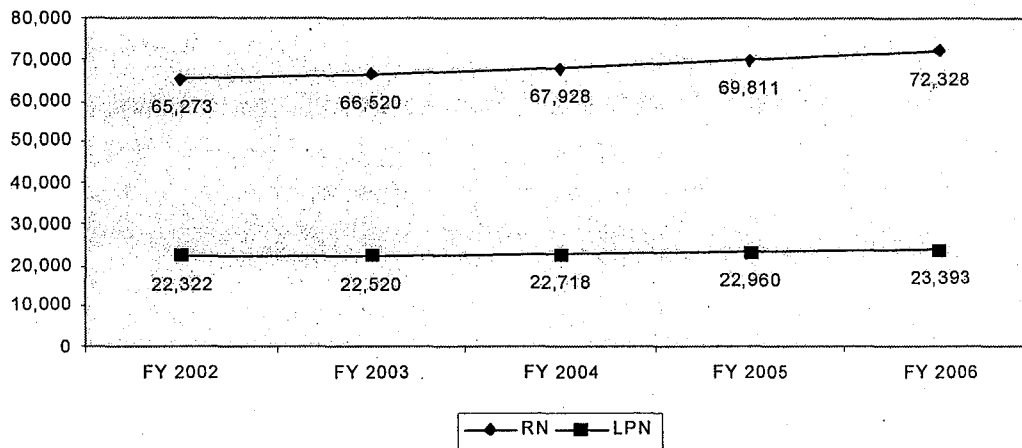
Service	RN	LPN
Licensure by examination	\$105	\$105
Re-examination	60	60
Permit fee (exam applicants only)	60	60
Licensure by endorsement	105	105
Registration renewal	85	85
Late renewal	60	60
Public Health Nurse certification	30	-
Verification to DEA for APRNs	50	50
Replacement license certificate	20	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. Licensing and Registration

A. The number of persons licensed and registered, by occupation, as of June 30, 2006

RN	72,328
LPN	23,393
PHN	10,597

Current Nurse Licensure, FY 2002-2006



Border State Registry

Statutory Authority: Minnesota Statutes section 148.211, Subd. 2a. (requires Minnesota Board of Nursing to recognize license issued by IA, ND, SD, and WI as authority to practice in Minnesota.)

Category	FY 2005	FY 2006
Total on registry	234	319
With current licensure	145	146

Compliance with requirements for prescribing submitted to DEA

Statutory Authority: Minnesota Statutes section 148.235

FY 2005	FY 2006
60	244

Nursing corporations registered

Statutory Authority: Minnesota Statutes, Chapter 319B

FY 2005	FY 2006
25	25

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

Category	FY 2005	FY 2006	Total
RN	4359	5151	9510
LPN	1591	1842	3433
Yearly Total	5950	6993	12,943

1. After taking the examination administered by the Board

The National Council Licensure Examination (NCLEX®-RN and NCLEX®-PN) is the licensure exam used by all 59 U.S. jurisdictions.

Category	FY 2005	FY 2006	Total
RN	3090	3506	6596
LPN	1405	1629	3034
Yearly Total	4495	5135	9630

a. After meeting education requirements at an institution located in the United States or Canada (Minnesota Statutes section 148.211, subd.1)

Category	FY 2005	FY 2006	Total
RN	3040	3424	6464
LPN	1403	1629	3032
Yearly Total	4443	5053	9496

b. After meeting education requirements at an institution located outside the U.S. or Canada (Minnesota Statutes section 148.211, subd.1d.)

Category	FY 2005	FY 2006	Total
RN	50	82	132
LPN	2	0	2
Yearly Total	52	82	134

2. After meeting the Board's requirements for reciprocity, endorsement or similar process (Minnesota statutes section 148.211, subd.2)

Category	FY 2005	FY 2006	Total
RN	1269	1644	2913
LPN	186	213	399
Yearly Total	1455	1857	3312

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

Category	FY 2005	FY 2006	Total
RN	1211	1581	2792
LPN	186	208	394
Yearly Total	1397	1789	3186

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

Category	FY 2005	FY 2006	Total
RN	58	63	121
LPN	0	0 ¹	0
Yearly Total	58	63	121

¹ FY 2006 LPN education waived = 5

IV. Complaint Processing

- A. Complaints received for each year of the biennium

1. The number of complaints received

FY 2005	FY 2006
1,198	1,320

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

	FY 2005	FY 2006
RN	714	755
LPN	449	524
APRN	35	41

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

	FY 2005	FY 2006
RN	10.22	10.44
LPN	19.56	22.40
APRN	10.29	10.73

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)	FY 2005	FY 2006
1) Failure to demonstrate qualifications or satisfy requirements for licensure	74	90
2) Employing fraud or deceit in procuring a license, permit or registration	20	14
3) Conviction of a felony or gross misdemeanor related to practice of nursing	14	10
4) Disciplinary action in another jurisdiction	75	25
5) Failure or inability to practice nursing with reasonable skill and safety	356	389
6) Engaging in unprofessional conduct	86	89
7) Failure of an advanced practice registered nurse to practice with reasonable skill and safety	24	32
8) Unsafe delegation or acceptance of delegation	3	0
9) Inability to practice nursing safely by reason of illness, including chemical dependency	200	234
10) Adjudication as mentally incompetent, mentally ill or chemically dependent	4	0
11) Engaging in unethical conduct	57	35
12) Engaging in sexual conduct with a patient or sexual exploitation of a patient	7	10
13) Obtaining money, property or services from a patient through use of undue influence	0	0
14) Revealing a privileged communication from or relating to a patient	4	9
15) Engaging in fraudulent billing	3	1
16) Improper management of patient records	4	3
17) Knowingly aiding or allowing unlicensed person to practice nursing	1	9
18) Violating rule, order, or state or federal law relating to practice of nursing (e.g. VAA, narcotics)	228	294
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	18	41
22) Practicing outside the specific field of advanced practice registered nursing	0	0
23) Knowingly providing false information to the board	1	3
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	1	0
26) Engaging in advanced practice registered nursing without current certification	0	1
27) Engaging in conduct that is prohibited under section 145.412	0	0
28) Failing to report employment to Border State Registry	6	17

B. Open complaints for each year of the biennium

Description	FY 2005	FY 2006
1. Complaints open as of June 30	729	914
2. Open for less than 3 months	212	297
3. Open for more than 3 months but less than 6 months	178	212
4. Open for more than 6 months but less than 1 year	210	230
5. Open for more than 1 year	129	175

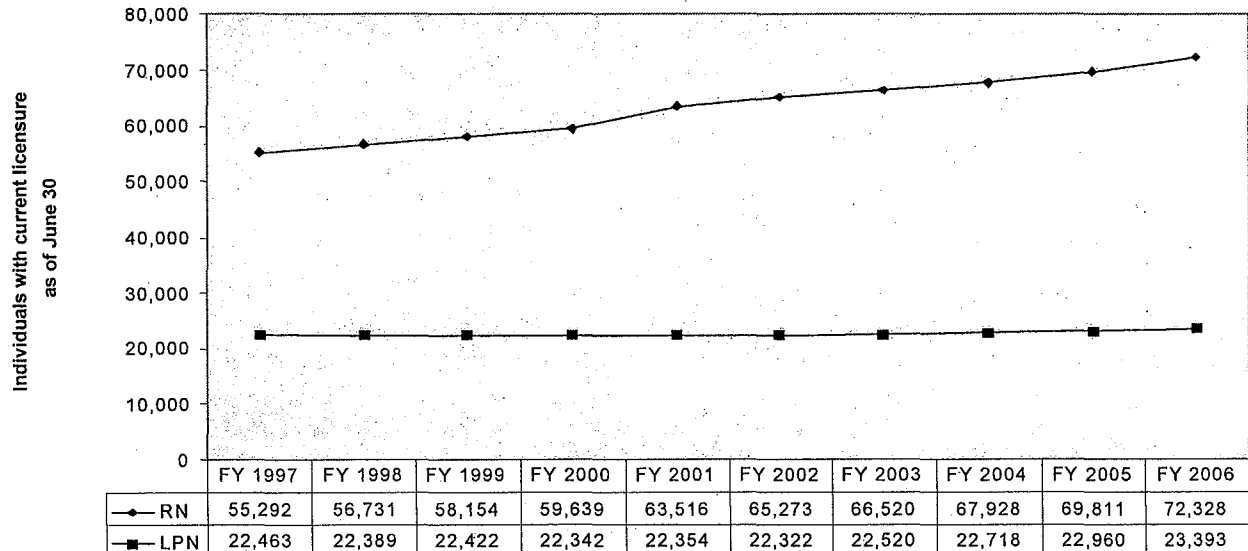
C. Closed complaints for each year of the biennium

Description	FY 2005	FY 2006
1. Number of complaints closed (by disposition), with or without civil penalty:		
a. Revocation	2	3
b. Voluntary surrender	19	21
c. Suspension, with or without stay	128	154
d. Inactive Status	2	2
e. Denial of Petition	3	3
f. Restricted, limited, or conditional license	26	17
g. Reprimand	28	21
h. Stipulated Monitoring Plan	2	5
i. Stipulation to Cease Practicing Nursing	10	3
j. Agreement for Corrective Action	27	27
k. Denial of licensure or registration	3	3
l. Referral to HPSP	27	48
m. Dismissal or closure	698	722
TOTAL	975	1029

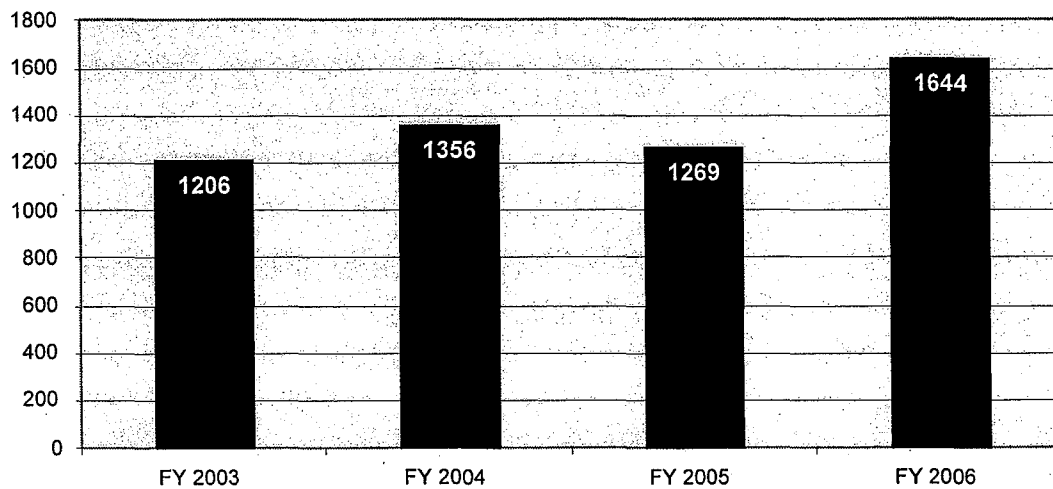
V. Trend Data

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

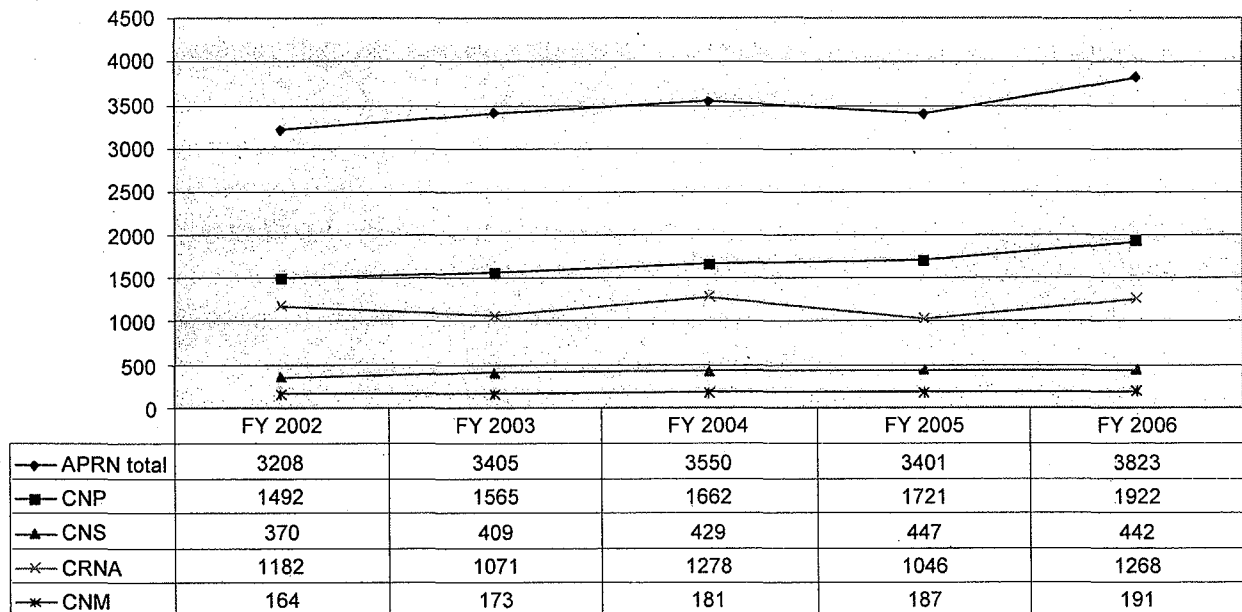
Number of Persons Licensed or Registered by the Board
Categorized by Type of Occupation



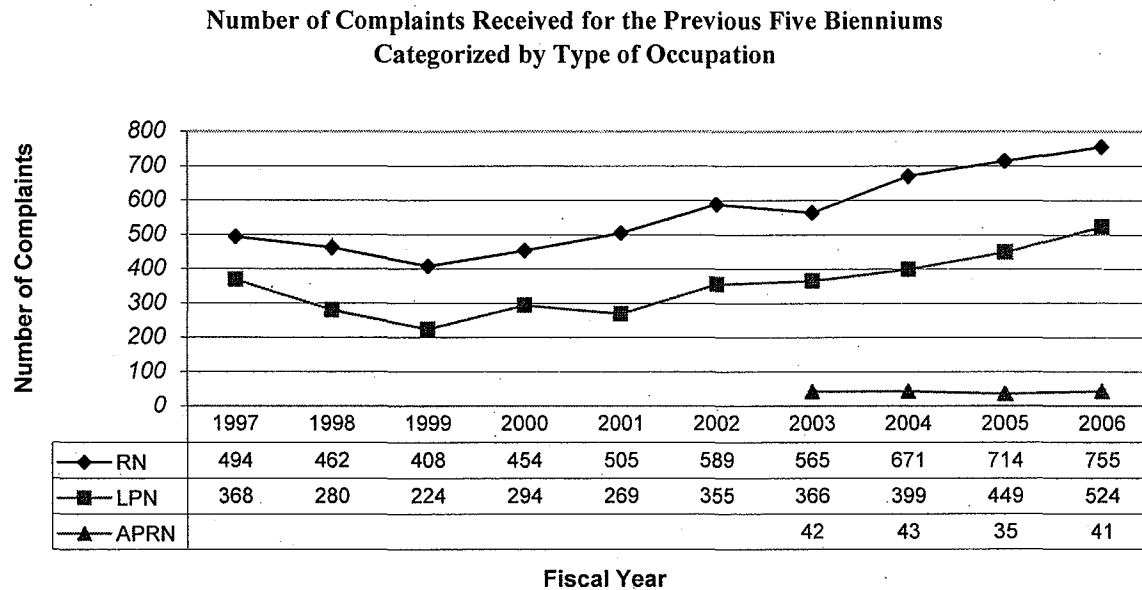
RNs Licensed by Endorsement, FY 2003-2006



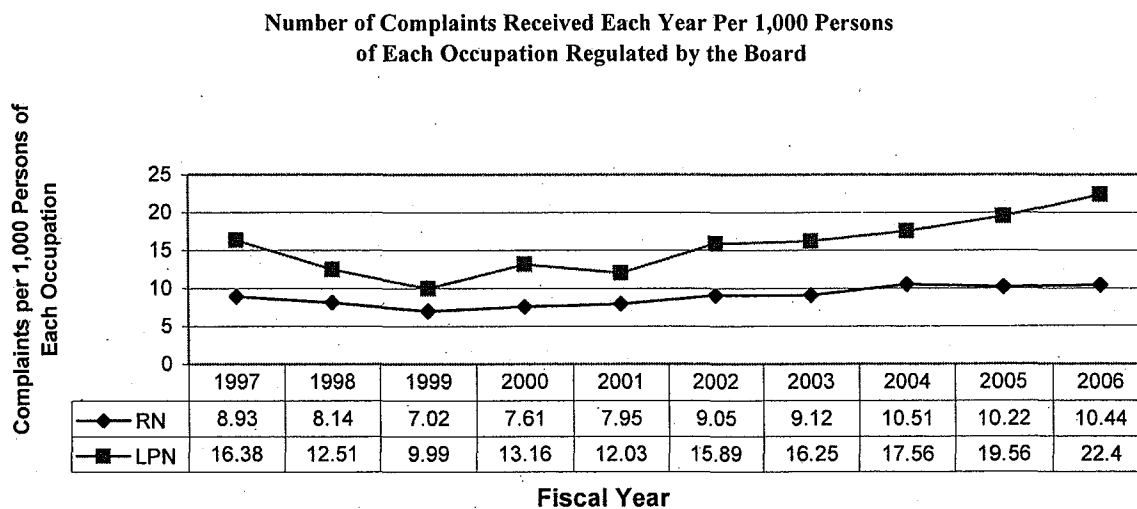
Advanced Practice Nurses on Registry



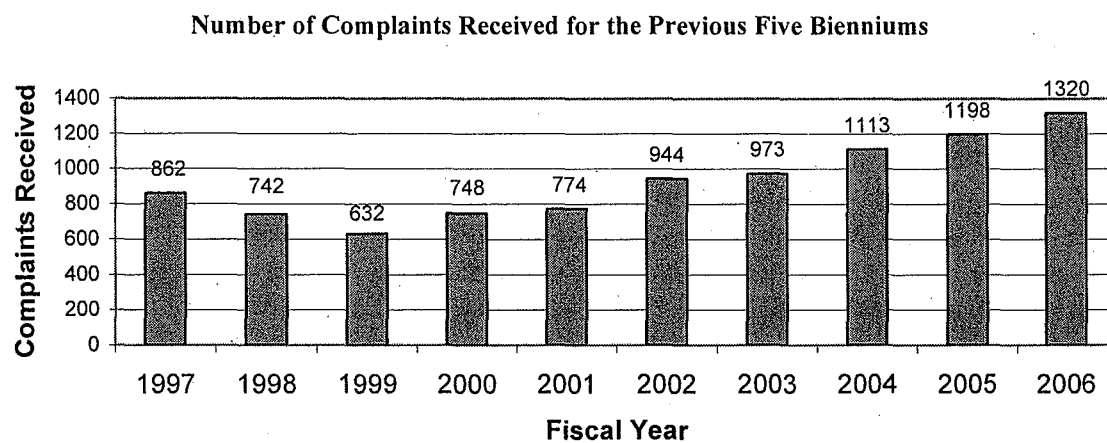
- B. For each year of the previous five bienniums the number of complaints received, categorized by type of occupation, during each year.



- 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.





Minnesota Board of Examiners for Nursing Home Administrators

Biennial Report

**July 1, 2004 – June 30,
2006**

For more information contact:

**Minnesota Board of Examiners for Nursing
Home Administrators**

2829 University Avenue West, Suite 440

Minneapolis, MN 55414

<http://www.benha.state.mn.us>

Phone: (651) 201-2730

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Minnesota Board of Examiners for Nursing Home Administrators
Biennial Report
July 1, 2004 to June 30, 2006

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:

- The board continues to promote its online license renewals and web-based services. The first year had a 17% online renewal rate, second year renewal rate of 60%, third year at 72%, and this past renewal at an 82% renewal rate. Licensee feedback showed approval of the simplicity and effectiveness of the renewal process. In addition to online renewals, board minutes, newsletters, renewal notices, and applicant information is available online, maintaining a flat administrative expenditure while improving consumer options.
- BENHA serves as the assigned board to manage the Administrative Services Unit and is the coordinating board of the Council of Health Boards. The Council of Health Boards reviewed two emerging occupations during this past year; Denturists, and Dental Assistants. BENHA serves as the coordinating board for many new or transitioning boards and participated in assisting the Barbers and Cosmetology Board in their transition to the Administrative Services Unit operational model.
- The University of Minnesota-Minneapolis; University of Minnesota-Crookston, University of Wisconsin-Eau Claire, and St. Cloud State University were re-accredited as a *Center of Excellence for Long Term Care Administration* for a five-year period. One new program, Minnesota State University-Moorhead was approved for a five-year period with annual updates as they develop and improve their program. 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.
- BENHA served as the interim agency in providing staffing and service for the Board of Podiatric Medicine.
- The board agreed to the principles of the National Association of Boards Endorsement Agreement, which parallels Minnesota initial licensure requirements. Currently, 22 states participate in an effort to ease interstate transfers of experienced administrators.

C. Emerging issues regarding regulation of nursing home administrators

The continued growth of Assisted Living in the continuum of long term health and housing services has resulted in 47 of 50 states requiring some form of initial credentialing or continued competency through continuing education. Minnesota, North Dakota and Kentucky do not require any form of education or practice standards for the individual leaders of the organization. The board does not believe it is the driver in any form or emerging model and will work with provider or consumer advocates who desire licensing information.

Nationally, declining numbers of skilled nursing facilities result in a declining demand for the licensed nursing home administrator. The increase in senior housing and health services is focused on community and home-based services, assisted living and a smaller in size, but effective, skilled nursing home facility presence. The trend is also apparent in Minnesota as skilled facilities have declined from approximately 444 to 386 in recent years. The total number of licensees in the past two years declined from 856 to 840 on June 30, 2006. The board continues to track average age of licensees which is 48.6 years of age; the number of schools offering long term health care administration – with the board supporting broader curriculum of senior health and housing services – and national trends of moving services to the individual while attempting to create quality but limiting the burdensome requirements.

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, 2006 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

- Kyle Nordine, Northfield
- Jennifer Pfeffer, Mankato

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 2005	FY 2006
Receipts	194,740	190,299
Disbursements	161,262	159,235

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, 2006

840 Persons licensed as nursing home administrators as of June 30, 2006

B. New licenses issued during biennium

FY	By Exam	By Endorsement
2005	36	(Exam Required)
2006	50	(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 2005	FY 2006
1. Complaints Received	95	106
2. Complaints Per 1,000 Regulated Persons	111	126
3. Complaints By Type of Complaint		
A. Felony conviction		1
B. Crime against minors		
C. Ineligible under Minnesota Department of Health fines		
D. Failure to comply with Vulnerable Adult Act	101	89
E. Violated statute or rule relating to operation of nursing facility	12	8
F. Discrimination		
G. Acts of misconduct/unfit to perform as a NHA	1	5
H. Fraud, deception, fitness to perform as a NHA		
I. Unprofessional Conduct		1
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 2005	FY 2006
1. Complaints Open	17	9
2. Open Less Than 3 Months	12	7
3. Open 3 to 6 Months	5	2
4. Open 6 to 12 Months		
5. Open More Than 1 Year (explain)		

C. Closed Complaints on June 30

Item	FY 2005	FY 2006
1. Number Closed	78	106
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	2	1
H. Referral to HPSP		
I. Dismissal or closure	76	104
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
2006	840	106	126	9
2005	852	95	111	17
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, 2004 – June 30,
2006**

**For more information contact:
Minnesota Board of Optometry
2829 University Avenue West, Suite 550
Minneapolis, MN 55414
<http://www.optometryboard.state.mn.us>**

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Fax: (651) 201-2763**

**Minnesota Board of Optometry
Biennial Report
July 1, 2004 to June 30, 2006**

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:

- Capability to complete annual license renewal on-line.

C. Emerging issues regarding regulation of optometrists

- Consideration to converting to one level of licensure for optometrists. Currently there are three levels; general practice, practice utilizing diagnostic drugs, and practice utilizing therapeutic drugs.

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— Larry Morrison, O.D., Detroit Lakes, LaMar Gunnarson, O.D., Nisswa, Lori Mowbray, O.D., Edina, Timothy Neitzke, O.D., Frazee, Roger Pabst, O.D., Redwood Falls

2 public members—Jeanette Taylor Jones, Medina, Marlene Reid, St. Paul

B. Employees

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

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

Item	FY 2005	FY 2006
Receipts	\$113,179	\$109,710
Disbursements	\$ 96,221	\$ 98,229

Fee	Amount
Application	\$ 75
Annual Renewal	\$105

III. Licensing and Registration

A. Persons licensed as of June 30

FY	
2005	952
2006	951

B. New licenses issued during biennium

FY	By Exam	By Reciprocity
2005	84	1
2006	24	0

IV. Complaints

A. Complaints Received

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

Item	FY 2005	FY 2006
1. Complaints Received	10	12
2. Complaints Per 1,000 Regulated Persons	.01	.01
3. Complaints By Type of Complaint		
A. Incompetent	2	5
B. Unprofessional Conduct	7	4
C. Non-jurisdictional	1	3
D. Unlicensed Practice		

B. Open Complaints on June 30

Item	FY 2005	FY 2006
1. Complaints Open	5	6
2. Open Less Than 3 Months	4	5
3. Open 3 to 6 Months		1
4. Open 6 to 12 Months	1	
5. Open More Than 1 Year (explain)		

C. Closed Complaints on June 30

Item	FY 2005	FY 2006
1. Number Closed	7	9
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	7	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
2006	951	12		6
2005	952	10		5
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



Minnesota Board of Pharmacy

Biennial Report

**July 1, 2004 – June 30,
2006**

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**MINNESOTA BOARD OF PHARMACY
BIENNIAL REPORT
JULY 1, 2004 TO JUNE 30, 2006**

I. GENERAL INFORMATION

◆ **Board Mission and Major Functions**

Board of Pharmacy Mission

The Minnesota Board of Pharmacy exists to protect the public from adulterated, misbranded, and illicit drugs, and from unethical or unprofessional conduct on the part of pharmacists or other licensees, and to provide a reasonable assurance of professional competency in the practice of pharmacy by enforcing the State Pharmacy Practice Act, State Controlled Substances Act and various other statutes. The Board strives to fulfill its mission through a combination of regulatory activity, and technical consultation and support for pharmacy practices through the issuance of advisories on pharmacy practice issues, and through education of pharmacy practitioners.

Board of Pharmacy Functions

Setting educational and examination standards for initial and continuing licensure:

- Setting licensure and internship requirements through the rules process.
- Reviewing academic programs to determine if they meet requirements.
- 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 and licensee documentation of completion of requirements for initial and continuing licensure.

Conducting inspections of all pharmacies, drug wholesalers, drug manufacturers and controlled substance researchers 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.
- Inspect all controlled drug researchers located in the state of Minnesota to assure compliance with state and federal controlled substance statutes and regulations.

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, as necessary.
- 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 licensee 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.

◆ Major activities during the biennium.

The board accomplished the following major activities during the biennium:

- Continuous updating of the web site to provide information about the board and its various functions to the public, applicants for licensure, and licensees of the board. The site provides links to other state and federal agencies that also help citizens 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.
- Began work on the largest revision of board rules since 1999.
- Updated an item pool of 2,000+ questions for the Multistate Pharmacy Jurisprudence Examination/Minnesota.
- Continued work with a software developer on a new licensing database that will accommodate on-line renewals and inquiries.
- Developed the guidelines and forms necessary to implement the cancer drug repository legislation that was signed into law in 2005.
- Worked with the Minnesota Bureau of Criminal Apprehension on various provisions of recently passed state laws designed to deter the in-state production of methamphetamine.

◆ **Emerging issues regarding the regulation of the practice of Pharmacy.**

The emerging issues are much the same as those that were mentioned in the last biennial report.

- **Pharmacy manpower** – The state of Minnesota continues to face a significant shortage of licensed practitioners. A study conducted several years ago by the University of Minnesota College of Pharmacy estimated that there were 200 to 400 unfillable vacancies for pharmacists in Minnesota. To help address this issue, the College of Pharmacy at the University of Minnesota obtained funding to open a satellite program at the University of Minnesota, Duluth. The program in Duluth has been operational since September 2003 and will result in an increase of graduating students starting in 2007. The Board of Pharmacy continues to support the effort by the college of pharmacy in increasing the supply of graduates entering the profession.

The Board has taken steps to streamline the licensing process for both new graduates and pharmacists from other states. For example, the Board no longer requires applicants for licensure to pass a practical examination. Also, the Board is nearly finished with a redesign of its database and website that will allow on-line licensure renewal. Eventually, the Board plans to also allow on-line initial licensure.

Despite the expansion of the College of Pharmacy, the state may continue to experience a pharmacist shortage for some time to come. As the baby boom generation ages, they are developing chronic medical conditions that require treatment with prescription drugs. 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 help address the probable continued shortage of pharmacists, the Board will need to carefully reconsider the roles of technology and pharmacy technicians in the prescription dispensing process. The goal will be to determine how technology and technicians can enhance efficiency without compromising patient safety.

- **Rural Pharmacy Initiatives** – Studies by the University of Minnesota College of Pharmacy, using Board of Pharmacy data, indicate that rural areas of Minnesota may be particularly vulnerable in regards to the pharmacist shortage mentioned above. In many rural Minnesota counties, the average age of practicing pharmacists is over 50. As these pharmacists begin to retire, finding younger pharmacists to replace them will be a challenge. The College's Duluth program is trying to address this potential problem by having students complete their experiential training

at rural practice sites. The Board is working with the College to facilitate the training of registered interns in rural areas.

Also, the propensity of both public and private 3rd party payers to continually reduce the reimbursement that pharmacies receive for dispensing prescriptions makes owning a pharmacy increasingly less profitable. Independent pharmacy owners in rural counties who are nearing retirement age are finding it difficult to attract buyers for their stores. As a result, many rural communities may lose pharmacies over the next decade.

The Board has worked with the Minnesota Pharmacists Association on its legislative initiatives to address this issue. One Board member has been appointed to the Minnesota Department of Health's Rural Pharmacy Planning and Transition Grant Program Advisory Committee. In this area, the Board's goal is to help maintain access to pharmacy services in rural areas without compromising patient safety.

II. BOARDS MEMBERS, STAFF, AND BUDGET

◆ 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, 2006, are:

NAME	RESIDENCE	PHARMACIST/PUBLIC MEMBER
Thomas Dickson	Proctor, MN	Pharmacist Member
Gary Schneider	Plymouth, MN	Pharmacist Member
Carleton Crawford	Minneapolis, MN	Public Member
Vernon Kassekert	White Bear Lake, MN	Pharmacist Member
Kay Dvorak	Brooklyn Park, MN	Pharmacist Member
Betty Johnson	Minneapolis, MN	Pharmacist Member
Ikram-Ul-Huq	Apple Valley, MN	Public Member

◆ Employees

The Board has nine full-time employees. The positions are an executive director, office manager, five pharmacy surveyors, and two clerical staff.

◆ **Receipts, disbursements, and major fees assessed by the Board.**

ITEM	FY 2005	FY 2006
Receipts	\$1,386,931	\$1,442,545
Disbursements	\$1,002,973	\$996,505

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 Controlled Substance	\$180.00
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

◆ **Licensees as of June 30, 2006**

TYPE	NUMBER
Pharmacists – Active	6415
Pharmacists – Inactive	64
Pharmacists – Emeritus	119
Technicians	7572
Pharmacies	1535
Wholesalers	845
Manufacturers	257
Medical Gas Distributors	41
Controlled Substance Researchers	317
Interns	1124
Preceptors	1223

◆ **New Licensees issued during biennium**

FY	BY EXAM	BY RECIPROCITY
2005	176	61
2006	169	68

IV. COMPLAINTS

◆ Complaints Received

ITEM	FY 2005	FY 2006
1. Complaints Received	84	81
2. Complaints Per 1,000 Regulated Persons	6.3	5.8
3. Complaints by Type of Primary Complaint		
A. Short counts	2	4
B. Dispensing or labeling error	48	30
C. No pharmacist on duty	1	0
D. Nursing home consulting problem	1	1
E. Recalled drug	1	0
F. Lost prescription	1	0
G. Billing problem	0	4
H. Delay in getting prescription	2	3
I. Nursing home kickback – attempt	2	1
J. Violation of privacy	1	1
K. Dispensing without a prescription	3	3
L. Refusal to fill prescription	2	2
M. Refusal to give copy	3	1
N. General incompetence	2	0
O. Discrimination	0	1
P. Pharmacist/technician “rude”	5	2
Q. Generics inappropriately substituted	1	3
R. Drug diversion	0	3
S. Counseling inappropriate	1	5
T. Compounding problems	0	4
U. Miscellaneous	1	3
V. Illegal sale of samples	1	0
W. Controlled substance dispensing problem	1	3
X. Failure to catch prescribing error	1	0
Y. Reusing vials and labels	1	0
Z. Unprofessional Conduct	3	7

◆ **Open Complaints on June 30**

ITEM	FY 2005	FY 2006
1. Complaints Open	Was not tracked	Was not tracked
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)		

◆ **Closed Complaints on June 30**

ITEM	FY 2005	FY 2006
1. Number Closed	Was not tracked	Was not tracked
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)		

NOTE – disposition of complaints was not tracked in the past, but is being tracked now.

TREND DATA AS OF JUNE 30

YEAR	FACILITIES LICENSED	FACILITIES INSPECTED ^	PERSONS LICENSED	COMPLAINTS	COMPLAINTS PER 1,000 LICENSEES	OPEN CASES
2006	2,995	737	13,987	81	5.8	20
2005	3,071	781	13,288	84	6.3	51*
2004	2,986	849	12,910	100	8	24
2003	2,647	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	?

* Due to budget constraints, the Board's Complaint Committee met less frequently in SFY 2005. Many cases were not *officially* dismissed until September, even though they could have been dismissed prior to June 30 because they had been investigated. The Board resumed a normal Complaint Committee Schedule in 2006.

^ Figures for years prior to 2003 are estimates. Figures from 2003 may include some data from 2004.



Minnesota Board of Physical Therapy

Biennial Report

**July 1, 2004 – June 30,
2006**

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**Minnesota Board of Physical Therapy
Biennial Report
July 1, 2004-June 30, 2006**

Pursuant to Minnesota Statute 3.197, the cost of preparing this report was approximately \$300 (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 educational preparation is equivalent to U.S. educated 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, home study, and internet based 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.
- Deciding 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

- Statute revision (MS 148.65, 148.705, 148.735, 148.736, 148.737, 148.75, 148.754, and 148.755) was effective August 1, 2005. This revision moved and updated the definitions of physical therapist assistants and physical therapy aides from rule to statute; added definitions for student physical therapist and student physical therapist assistant; defined supervision of student PTs and PTAs, added provision for cancellation of licensure in good standing, for nonrenewal, and under disciplinary order; added inadequate supervision of student PT or student PTA, and practice under lapsed or nonrenewed credentials to the grounds for discipline; adds the requirement, with probable cause, for a mental or physical medical examination; and provides for temporary suspension of a license.
- Information technology projects have been developed in cooperation with several other small health licensing boards. Fifty one percent of the annual license renewals were completed online in FY06.
- All board committees (complaint review, licensure, continuing education, legislative, and personnel/administration) are active and meet regularly to guide the board staff.
- Communication with and education of licensees is accomplished through informational letters distributed with license renewal forms, the publication of a newsletter, available website resources, and telephone contact with board staff members. Board members and staff provide presentations to physical therapists, physical therapist students, and physical therapist assistant students.

- Communication with and education of the public is available through the website resources, and through board staff responses to telephone and email inquiries and questions.

C. Emerging Issues Regarding Regulation of Physical Therapists

- Future revisions to the physical therapy statute are necessary for regulation of physical therapist assistants, and to update and move rules into statute.
- 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, 2006 are:

- Four physical therapists: Corinne Ellingham, Bloomington; Timothy Fedje, Rochester; Kathy Fleischaker, Eden Prairie; and Sandra Marden-Lokken, Duluth.
- One licensed doctor of medicine: Bruce Idelkope, MD of Minneapolis
- One physical therapist assistant: Elizabeth Schultz, Alden.
- Three public members: Barbara Liebenstein, Dundas; Neng Lee, St. Paul; and one unfilled position.

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 2005	FY 2006
Receipts	\$283,932.	\$294,375.
Disbursements	\$250,083.	\$250,285.

FEES	Amount
Application	\$100
Annual Renewal	\$60
Late Fee	\$20
Examination Administrative fee	\$50
Continuing Education Course review	\$100

III. Licensing and Registration

- A. **Persons Licensed as of June 30, 2004:** 3,443 physical therapists
Persons Licensed as of June 30, 2005: 3,504 physical therapists
Persons Licensed as of June 30, 2006: 3,588 physical therapists

- B. **New Licenses Issued During Biennium:** 332 new licenses

FY	New Licenses
2005	153
2006	179

VI. Complaints

A. Complaints Received

	FY05	FY06
Number of complaints received	26	10
Number of complaints per 1,000 licensees	7.42	2.78

COMPLAINT CATEGORY (by statute)	FY05	FY06
No person shall provide physical therapy unless licensed as a physical therapist	2	2
Conduct unbecoming a person licensed as a physical therapist or conduct detrimental to the best interests of the public.	25	7
Inappropriate delegation to a PTA or inappropriate task assignment to a PT aide, inadequate supervision of a student PT, PTA, student PTA, or a PT aide	7	2
Failing to report other PTs who violate statute	2	0
Failing to comply with continuing education requirement	0	1

COMPLAINT SOURCES	FY05	FY06
License Renewal form	3	1
Anonymous to staff	0	0
Family member	0	0
Patient	7	1
Third Party	1	1
Government agencies including DHS	2	2
Licensed health professional	6	3
Self report	3	1
Board staff	4	1
Totals	26	10

B. Open Complaints on June 30 of the fiscal year

	FY 05	FY06
Open as of 6/30 of year	25	18
Open < 3 months	0	1
Open 3-6 months	10	2
Open 6-12 months	11	1
Open 12 months +	18	14

C. Closed Complaints on June 30, 2006

	FY01	FY02
No. of cases closed that were open > 1 year	6	3

DISPOSITION ON COMPLAINTS	FY05	FY06
Revocation	1	0
Voluntary Surrender	1	0
Suspended with or without stay	0	0
Restricted or Limited or Conditional License	1	2
Civil Penalties	0	0
Reprimand	0	2
Agreement for Corrective Action	2	0
Referral to Health Professional Services Program	5	1
Dismissal or Closure	23	31

CORRECTIVE ACTION AGREEMENTS	FY05	FY06
Issued	2	0
Satisfied	1	1

STIPULATION and ORDERS	FY05	FY06
Issued	3	2

IV. Trend Data as of June 30, 2006

	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 06	3588	10	2.78	18
FY05	3504	26	7.42	25
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, 2004 – June 30,
2006**

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Minnesota Board of Podiatric Medicine
Biennial Report
July 1, 2004 to June 30, 2006

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 medical facilities, 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 statutes and administrative rules
- 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
- Determining whether a complaint or inquiry is jurisdictional and deciding on the appropriate course of action 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 statutes and administrative rules
- 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 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:

- More than 60% of the license verifications processed by the Board office are now paid for by credit card through the Board's web site
- Made additional improvements/updates to the computer system used for licensing and license renewals of podiatrists
- Continued to produce the annual newsletter to educate and inform licensees
- Entered all disciplinary action for podiatrists required by the national Healthcare Integrity and Protection Data Bank (HIPDP)
- In conjunction with the Minnesota Hospital Association and other participating medical boards, began reporting events which qualify under the new Adverse Health Event Reporting Law
- Developed and implemented a revised jurisprudence exam for improved testing of applicants for licensure regarding Minnesota laws governing the practice of podiatric medicine

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 continues to operate under a very tight budget. While the Board continues to be able to provide normal operations and continues to make improvements in its internal operations, this tight budget could restrict the Board's ability to investigate complaints filed with the Board office or to process a contested case for disciplinary action.

In addition, in the processing of recent complaints, gaps have been identified in current statutory language regarding required documentation in medical records and the retention period for podiatric medical records. Currently the Board is researching the possibility of seeking a change in the provisions of M.S. chapter 153 to clarify the requirements for documentation in medical records and the retention period for podiatric medical records.

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, 2006 are as indicated below.

The Governor appointed the following for staggered four year terms:

Eugene Dela Cruz, Northfield – Podiatrist
Edward Lebrija, Morris – Podiatrist
Schelli McCabe, St. Peter – Podiatrist
James Nack, Madison Lake – Podiatrist
Stephen H. Powless, Minneapolis – Podiatrist
Esther Newcome, White Bear Lake, 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 2005	FY 2006
Receipts	\$75,975	\$84,429
Disbursements	\$65,542	\$74,003

Fee	Amount
Application	\$600

Biennial Renewal	\$600
Temporary Permit	\$250

III. Licensing and Registration

A. Persons licensed as of June 30, 2006

185 persons licensed as podiatrists on June 30, 2006.

B. New licenses issued during biennium

FY	By Exam & Education	By Reciprocity
2005	8	0
2006	5	0

IV. Complaints

A. Complaints Received

Item	FY 2005	FY 2006
1. Complaints Received	11	14
2. Complaints Per 1,000 Regulated Persons	60	76
3. Complaints By Type of Complaint		
a. Failure to Satisfy Req. for License		
b. Obtaining License by Fraud		
c. Felony Conviction		
d. Revocation, suspension in another state		
e. False Advertising		
f. Violating Bd. Rule or narcotics law		
g. Unethical Conduct		
h. Failure to supervise preceptor or res.		
i. Aiding unlicensed person		
j. Court adjudication		
k. Unprofessional Conduct	9	14
l. Inability to Practice		
m. Revealing Privileged Communication		
n. Improper Management of Records		
o. Fee Reduction for Referrals		
p. Fraudulent Billing inc. Medicare	2	
q. Addiction to drug or intoxicant		
r. Prescribing other than authorized		
s. Sexual conduct		
t. Failure to Report		
u. Providing False Information		

B. Open Complaints on June 30

Item	FY 2005	FY 2006
1. Complaints Open	11	9
2. Open Less Than 3 Months	1	2
3. Open 3 to 6 Months	5	4
4. Open 6 to 12 Months	5	2
5. Open More Than 1 Year (explain)	0	1*

*This complaint has been open more than one year due to a lengthy/complex investigation and turnover on the complaint committee.

C. Closed Complaints on June 30

Item	FY 2005	FY 2006
1. Number Closed	11	10
2. Disposition by Type		
A. Revocation		
B. Voluntary Surrender		
C. Suspension		
D. Restricted, Limited, Or Conditional License	1	
E. Civil Penalties	1	
F. Reprimand	1	
G. Agreement for Corrective Action		
H. Referral to HPSP		
I. Dismissal or closure	8	10
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
2006	185	14	76	9
2005	184	11	60	11
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, 2004 – June 30,
2006**

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**Minnesota Board of Psychology
Biennial Report
July 1, 2004 to June 30, 2006**

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, establish, 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.
- Continued to update agency's rules with input from a Public Advisory Committee.
- Continued to update the Board's website for communication and interaction with the public.
- Continued to shorten processing time for complaints under investigation.
- Improved the quality of informational sheets and forms.
- Streamlined internal operating procedures.
- Adopted a rule that has significantly shortened the process to licensure for the majority of the applicants, by allowing the Board to process applications for admission to examination within 2-4 weeks of receipt of the application materials.
- Developed new legislation that allows current Licensed Psychological Practitioners (LPP)—a level of licensure that was not beneficial to most LPP's—to work towards converting their LPP licensure to licensure as a Licensed Psychologist. The legislation phases out LPP licensure in the future.
- Attended staff training sessions on these topics: Health Licensing Boards' New Computer Security Policy, EEO/Preventing Discrimination, and Affirmative Action Policies and Plans.
- Developed and presented a free continuing education activity for licensees entitled, *The Changing Face of Psychology in Minnesota: Underserved Populations*.
- Addressed ethics classes at local schools of psychology.
- Submitted articles to the newsletter of the state psychological association.
- 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 profession continues to consider new ways to facilitate mobility among jurisdictions. The Board provided valuable input and council to the national association of which it is a member about a proposed new inter-jurisdictional mobility opportunity.
- 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. Since LPP licensure was created by 1991 Minnesota laws, the Board of Psychology had only licensed 55 LPP's. In response to communication with LPP's, 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. The recommendation of the Ad Hoc Committee to the full Board was to establish a plan that would phase out LPP licensure and give LPP's the opportunity to qualify for a conversion to LP licensure. This recommendation was adopted by the Board and codified in Minnesota laws of 2005.

- 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.
- On the national and international level, there is discussion of the possible elimination of the requirement of the post-doctoral supervised year as a licensure requirement, whether that would be good for the profession, and whether doing so would negatively impact the quality of psychological services. Also under discussion is if such a step is taken, how might the loss of that year of training be replaced.

II. Board's Members, Staff, and Budget

A. Board composition

Minnesota statute requires the Board to have 11 members. The names of persons holding the seats as of June 30, 2006 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; [Two vacancies]
- ✓ *two persons licensed as licensed psychologists who have a master's degree in psychology—*Ted Thompson, MEq, LP, Minneapolis; and Joseph Lee, MA, LP, Burnsville;
- ✓ *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, St. Paul; and Myrla Seibold, PhD, LP, New Brighton;
- ✓ *one person licensed or qualified to be licensed as a psychological practitioner—*Gerald Jensen, MA, LP;
- ✓ *three public members—*Susan Ward, New Brighton; Susan Hayes, St. Louis Park; and James Peterson, JD, Medina.

B. Employees

The board has 7.2 full-time equivalent positions. They are: a full-time executive director, a full time state programs administrator, a full time office services supervisor, 2 full time investigators, an 80 % time office manager, one full time office specialist, and one 40 % time, temporary office and administrative specialist.

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

Item	FY 2005	FY 2006
Receipts	\$1023027	\$1226865
Disbursements	\$ 783815	\$ 799054

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 Converting from LPP to LP licensure	\$500.00
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, 2006

3644 persons licensed as licensed psychologists as of June 30, 2006.

51 persons licensed as licensed psychological practitioners as of June 30, 2006.

B. New licenses issued during biennium

Licensed Psychologist

FY	By Exam	By Reciprocity
2005	68	0
2006	88	0

Licensed Psychological Practitioners

FY	By Exam	By Reciprocity
2005	7	0
2006	13	0

IV. Complaints

A. Complaints Received

Item	FY 2005	FY 2006
1. Complaints Received	117	132
2. Complaints Per 1,000 Regulated Persons	32.28	36.22
3. Complaints By Type of Complaint (See attached explanation.)		
A. MS 148.941, Subd 2a (1)	57	79
B. MS 148.941, Subd 2a (2)	4	0
C. MS 148.941, Subd 2a (3)	25	17
D. MS 148.941, Subd 2a (4)	1	0
E. MS 148.941, Subd 2a (5)	1	2
F. MS 148.941, Subd 2a (6)	0	1
G. MS 148.941, Subd 2a (7)	0	0
H. MS 148.941, Subd 2a (8)	4	12
I. MS 148.941, Subd 2a (9)	0	0
J. MS 148.941, Subd 2a (10)	3	3
K. MS 148.941, Subd 6	4	3
L. MS 148.96	6	4
M. Non-jurisdictional	12	11

B. Open Complaints on June 30

Item	FY 2005	FY 2006
1. Complaints Open	183	207
2. Open Less Than 3 Months	646	67
3. Open 3 to 6 Months	40	51
4. Open 6 to 12 Months	38	45
5. Open More Than 1 Year (explain)	59	44

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 2005	FY 2006
1. Number Closed	107	126
2. Disposition by Type		
A. Revocation	0	0

B. Voluntary Surrender	0	1
C. Suspension	4	1
D. Restricted, Limited, Or Conditional License	3	4
E. Civil Penalties	0	1
F. Reprimand	0	1
G. Agreement for Corrective Action	5	2
H. Referral to HPSP	2	3
I. Dismissal or closure	95	117
3. Cases Closed That Were Open For More Than One Year (explain)	16	22

C.5. Explanation:

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

v. Trend Data as of June 30

Year	A. Persons Licensed	B. Complaints	C. Complaints Per 1,000 Licensees	D. Open Cases
2006	3644	132	36.22	207
2005	3624	117	32.28	183
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, 2004 – June 30,
2006**

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Minnesota Board of Social Work Biennial Report

FY 2004-2006 (July 1, 2004 - June 30, 2006)

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 provider 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 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 2004-2006 biennium were the following.

1. Electronic Government Services

A priority of the Board during the biennium was to upgrade and enhance electronic government services. The Board has:

- Expanded online services for as many processes as practicable to make it as easy as possible for licensees, applicants, and the public to access information and submit forms (for example, online renewals, online applications, online license verifications, and downloadable forms);
- Converted as many office functions as possible to electronic methods in order to reduce costs;
- Revised and expanded our website to make it more comprehensive and user-friendly; and
- Provided online information on compliance actions taken against licensees.

2. Legislative Proposals

The Board initiated and passed legislation completely revamping the Board's practice act. Among the goals were to:

- Simplify and streamline the Board's requirements to make them easier to understand and to be in compliance with.
- Reduce the cost of the Board's operations.
- Put all of the Board's requirements in statute, so that all of the requirements will be in one place. The legislation repealed all of the Board's rules.
- Temporarily reduce the Board's fees by approximately 20%. The fees will revert to their previous levels on July 1, 2009 unless the legislature takes action beforehand.

3. Changes to Internal Operations

The Board completed implementing virtually all recommendations from the Special Committee on Board Operations (SCOBO) to streamline, reduce expenses, and simplify requirements and processes.

4. Increased Outreach to Social Workers

The Board created a new committee, the Compliance Education Outreach Committee, to provide education and training to licensees, applicants, and members of the public on compliance and ethical requirements and standards. The committee has made numerous presentations to various groups across the state.

5. Licensure Examination Study

In compliance with requirements of legislation passed in 2001, the Board reported to the legislature on 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. In 2005, the legislature accepted the Board's proposal to extend the current alternative method of licensure to August 1, 2007 to allow the Board time to decide what recommendations to make regarding this issue.

C. Emerging Issues

1. Clinical Standards

The Board, in conjunction with other mental health boards and the Department of Human Services, is studying the question of whether to recommend new standards for the provision of mental health services, including the practice of clinical social work.

2. Exemptions

The Board has established a Legislative Task Force to review current licensing exemptions, particularly for county social workers, to determine whether to recommend changes in the law.

Part 2. Board Members and Staff; Board Budget

A. Board Members

In accordance with Minnesota Statutes, section 148D.025, 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 2004-2006 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 2004-2006 biennium were as follows:

Item	FY 2005	FY 2006
Receipts (total revenue from all sources)	\$1,272,708	\$ 1,102,638
Disbursements (total direct and indirect costs)	\$923,978	\$863,990

D. Major Fees Assessed by the Board

Fee	Amount
Application Fees	
Licensure by Endorsement	\$85.00
LSW, LGSW, LISW and LICSW	45.00
Licensure and Renewal Fees (payable every 2 years)	
LSW	\$90.00
LGSW	160.00
LISW	240.00
LICSW	265.00

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 2005	FY 2006
LSW	5,068	5,131
LGSW	1,078	1,103
LISW	800	741
LICSW	2,990	3,030
Total	9,936	10,005

B. New Licenses Issued During Biennium

Level	FY 2005	FY 2006
LSW	332	365
LGSW	221	265
LISW	43	32
LICSW	203	191
Total	799	853

Part 4. Complaints

A. Complaints Received During Biennium

	FY 2005	FY 2006
Number of Complaints Received	114	89
Number of Complaints per 1000 Licensees	11.4	8.9
Complaints by Type	-----	-----
Impairment	14	14
Boundaries	11	14
Confidentiality	3	7
Practice Issues	55	46
Failure to Report	0	2
Licensure	19	3
Sexual Contact or Harassment	4	0
Fee or Payment Issues	0	1
Unlicensed Practice/ Misrepresentation	8	2

Violation of Board Order	0	0
Non-jurisdictional	1	0

B. Complaints Opened During Biennium

	FY 2005	FY 2006
Number of Complaints Opened	114	89
<3 months	50	35
3-6 months	41	36
6-12 months	17	18
>12 months	6	0

When complaints were open for more than one year in FY 2005, the delays were caused by repeated unsuccessful attempts to negotiate remedies with licensees and their legal counsel.

C. Complaints Closed/Resolved During Biennium

	FY 2005	FY 2006
Number of Complaints Closed	143	120
Disposition of Closed Complaints		
Dismissed or Closed	131	113
Revocation	3	2
Voluntary Surrender	1	0
Suspension	2	1
Restrictions, Limitations, Conditions	3	2
Reprimand	2	0
Agreement for Corrective Action	1	2

Part 5. Trend Data as of June 30, 2006 (By Fiscal Year)

	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
Number of Persons Licensed (all levels)	9,328	9,783	9,831	9,803	9,727	9,703	9,798	9,816	9,936	10,005
Number of Complaints Received	154	140	173	206	120	123	207	167	114	89
Complaints per 1000 Licensees		14	17	20	12	12	20	16	11	9
Complaints Open as of June 30	NA	NA	NA	NA	NA	56	45	35	63	15



Minnesota Board of Veterinary Medicine

Biennial Report

**July 1, 2004 – June 30,
2006**

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**Minnesota Board of Veterinary Medicine
Biennial Report
July 1, 2004 to June 30, 2006**

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:

- Mailed out postcard license renewal reminders encouraging licensees to complete online renewals. 71% of licensees completed the renewal process online.
- Enhanced agency website to provide easy access to licensure process, complaint process, disciplinary actions and other board information
- Promoted agency website and encouraged use of online license verification, online address updates and online license renewal
- Completed a study as directed by the legislature with regard to the use, availability and distribution of veterinary products that contain ephedrine and pseudoephedrine which could be used in the manufacture of methamphetamine.
- 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, 2006 are listed below:

- 5 licensed veterinarians—Dr. Meg Glattly, Eagan; Dr. John Lawrence, Lonsdale; Dr. Fred Mehr, Cold Spring; Dr. Mike Murphy, Stillwater; Dr. Joanne Schulman, Minneapolis
- 2 public members—Mr. Jeremy Geske, New Prague; 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 2005	FY 2006
Receipts	\$302,661	\$306,891
Disbursements	\$276,144	\$241,646

Fee	Amount
Jurisprudence Examination	\$50
Application	\$50
Initial License	\$200
Biennial Active License Renewal	\$200
Biennial Inactive License Renewal	\$100
Temporary Permit	\$50
Late fee (Inactive renewal)	\$50
Late fee (Active renewal)	\$100
Professional Firm Registration	\$100
Professional Firm Annual Report	\$25
Duplicate License	\$10
Mailing List	\$100

III. Licensing and Registration

A. Persons licensed as of June 30, 2006

2,955

B. New licenses issued during biennium

Fiscal Year	# Licensed
2005	132
2006	139

IV. Complaints

COMPLAINTS RECEIVED

	FY 05	FY 06
Number of Complaints Received	93	89
Number of Complaints per 1000 Licensees	32	30
Complaints by Type	FY 05	FY 06
Incompetence	27	30
Unprofessional Conduct	38	35
Chemical Dependency		2
Unlicensed Practice	20	20
Sanitation	3	1
Non-Jurisdictional	4	1

OPEN COMPLAINTS

	FY 05	FY 06
Number of Complaints Open		
<3 months	30	32
3-6 months	22	25
6-12 months	10	8
>12 months*	1	1
*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 05	FY 06
Number of Complaints Closed	73	64
Disposition of Closed Complaints		
Revocation	1	0
Suspension	1	0
Conditional License	1	4
Civil Penalty	1	5
Agreement for Corrective Action	5	6
Referral to HPSP	1	1
Dismissed	53	41
Cease and Desist	10	7

TREND DATA

Year	Persons Licensed (Veterinarians)	Complaints Received	Complaints Per 1,000 Licensees	Open Cases
FY 1998	2,658	47	18	16
FY 1999	2,740	50	18	17
FY 2000	2,728	55	20	23

FY 2001	2,742	43	16	16
FY 2002	2,763	46	17	13
FY 2003	2,767	56	20	17
FY 2004	2,808	60	21	22
FY 2005	2,890	93	33	27
FY 2006	2,955	89	30	21

Office of Unlicensed Complementary and Alternative Health Care Practice Biennial Report

September 2006

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**Office of Unlicensed Complementary and Alternative Health Care Practice
Minnesota Department of Health
Biennial Report
July 1, 2004 to June 30, 2006**

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 interviews and 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 and complainants.
- 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 information about practitioner responsibilities, consumer legal rights, types of alternative and complementary practices, and information about other relevant state and federal regulatory agencies.

- Being available by telephone, e-mail 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 OCAP's activities.

B. Major Activities during the Biennium

- During the biennium, OCAP completed 12 enforcement actions against practitioners. Seven of the enforcement actions were against massage therapists for sexual misconduct.
- In the 2005 legislative session, there was a bill proposing repeal of OCAP effective July 1, 2005. OCAP's full-time investigator left in April 2005 due to the possible repeal. The proposed repeal changed the priorities for OCAP and new complaints received in the first half of calendar year 2005 were de-prioritized in order to complete existing investigations and enforcements. When the repeal did not pass, OCAP regained a full-time investigator in July 2005. This event caused a disruption in OCAP's ability to conduct all its activities fully from January 2005 to June 2005.
- OCAP continued to work with its medical consultant physician until 2005 when the physician could not continue to work for OCAP without fees and the OCAP did not have funds for that arrangement. Instead, the OCAP worked with a Registered Nurse within the Department to assist OCAP on a case involving alleged diagnoses of medical conditions and medically related topics.
- OCAP developed and maintained a collaborative relationship with the local office of the Federal Food and Drug Administration (FDA) in July 2005. The FDA was very active in assisting OCAP in reviewing medical device labeling in a specific case. OCAP and the FDA do not have overlapping jurisdictions, and such collaboration is necessary in order to be efficient and effective. This relationship is continuing and ongoing for other OCAP matters.
- In the fall of 2005, OCAP was one of five occupational groups regulated by the Health Occupations Program (HOP) in the Department included in a seven-month project to develop a comprehensive database. By the end of June 2006, the database was in the final stages of testing and working well.
- In January to March 2006, local FOX TV Channel 9 news conducted an investigation about a complementary and alternative health care practitioner and highlighted the OCAP in its televised report.
- During the biennium, OCAP revised its website to include better consumer and practitioner information. The added information includes names of all

disciplined practitioners and links to relevant federal and state regulatory agencies for information about OCAP practices, dietary supplements and medical devices.

- The OCAP received over 300 inquiries from both practitioners and consumers. The OCAP mailed out over 625 brochures/information packets/copies of disciplinary actions.

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

- Complementary and alternative health care modalities continue to be a widely accepted and accessed option for health care consumers in Minnesota and across the nation. There is need for continuing regulatory oversight.
- Massage therapists have sought licensing or registration by the state. However, massage therapists have not been able to agree on the minimum educational and training qualifications for a credential, and for this reason, bills to establish state regulation have failed. Some cities license massage therapists, but except for OCAP, a statewide authority to sanction illegal conduct does not exist in Minnesota.
- There remain a significant number of sexual misconduct and boundaries issues in massage therapy. During this period, OCAP took disciplinary action against seven massage therapists for sexual misconduct and boundaries issues. Of these, three were also charged with criminal sexual conduct by law enforcement. The range of educational background for these disciplined massage therapists is from informal massage therapy training to graduating from a massage therapy program with over 700 hours of training.
- The OCAP identified a problem with OCAP practitioners who are illegally using restricted medical devices as defined by the FDA. The FDA only has jurisdiction over medical device manufacturers and the labeling of medical devices. Class II and III medical devices are restricted and cannot be used by unlicensed health care practitioners; however numerous OCAP practitioners are using restricted medical devices illegally.

II. OCAP's Staff and Budget

A. Employees

July 1, 2004 to April 12, 2005, 1 FTE investigator.

From April 13, 2005 to June 30, 2005, 0 FTE investigator.
 From July 1, 2005 to June 30, 2006, 1 FTE investigator.

B. Receipts and Disbursements and Major Fees Assessed By Office

The OCAP is part of the Health Occupations Program within the 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.

Civil Penalties Received		Expenditures	
FY 2005	\$4,425	FY 2005	\$ 47,491
FY 2006	\$ 705	FY 2006	\$ 67,343
TOTAL	\$5,130	TOTAL	\$ 114,834

III. Licensing and Registration

There are no licensing or registration activities in OCAP.

IV. Complaints

A. Complaints Received

	<u>FY 2005</u>	<u>FY 2006</u>
Complaints Received	14	14
Complaints Per 1,000 Regulated Persons (Estimated 2,700 practitioners)	5.18	5.18

Complaints by Type of Complaint	<u>FY 2005</u>	<u>FY 2006</u>
Sexual Misconduct	3	2
Impaired Objectivity	0	1
Harm to Public/Client *	3	9
Misrepresentation of Credentials	2	1
False Advertising	1	0
Other Disciplinary Action Taken	1	0
Criminal-personal or OCAP related	2	0
Failure to furnish records	1	0
Failure to provide bill of rights	1	0
Failure to follow Commissioner's order	0	1
Failure to refer ²	0	0

B. Open Complaints on June 30	<u>FY 2005</u>	<u>FY 2006</u>
Total Number of Open Complaints	37	34

Open Less than three months	1	4
Open 3 to 6 months	6	5
Open 6 to 12 months	11	5
Open more than 1 Year (explain) ;	19	20

C. Closed Complaints on June 30	<u>FY 2005</u>	<u>FY 2006</u>
Number Closed	17	15
<u>Disposition By Type</u>		
A. Dismissed	9	5
B. Revoked	5	4
C. Suspended/Restricted Practice	2	1
D. Advisement/Warning Letter	1	3
E. Referred to other Board/Agency	0	2

*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 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.

²Failure 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.

Explanation of cases open for more than one year: There are multiple factors contributing to a case backlog in OCAP. During the biennium, there was only one FTE investigator position funded and no support staff, so the investigator position also handled the support work, including all intake calls and communications. Further, the OCAP investigator position was vacant between April 13, 2005 and June 30, 2005. Also, as explained in this report, between January 2005 and June 2005, and due to the proposed repeal of OCAP, OCAP priorities shifted to completing existing investigations and enforcements instead of handling new investigations. Finally, the OCAP investigations are very time consuming because legal jurisdiction must be established, many of the legal issues presented are novel and most of the cases allege very serious misconduct.

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 2006	14	5.18	34
FY 2005	14	5.18	37
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 23

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
214.15	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 24

Minnesota Statutes – Authority for Board or Program

Statutes	Board or Program
Independent	Boards
154.001	Barber and Cosmetologist Examiners
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
148B.61	Mental Health 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
146A.02	Office of Unlicensed Complementary and Alternative Health Care Practice