08 - 1007

Minnesota Health Licensing Boards

Biennial Reports

July 1, 2006

To

June 30, 2008

State of Minnesota

Health Licensing Boards

Biennial Reports

July 1, 2006 – June 30, 2008

*This document is available in alternative formats to individuals with disabilities by calling **651-201-2737** or through the Minnesota Relay Service at **1-800-627-3529**.*

Table of Contents

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
Board of Barber and Cosmetologist Examiners	*$ 400*
Board of Behavioral Health and Therapy	*$ 400*
Chiropractic	*$ 500*
Dentistry	*$ 500*
Dietetics & Nutrition Practice	*$ 150*
Marriage & Family Therapy	*$ 40*
Medical Practice	*$ 2,200*
Office of Mental Health Practice	*$ 446*
Nursing	*$ 2,047*
Nursing Home Administrators	*$ 310*
Optometry	*$ 150*
Pharmacy	*$ 335*
Physical Therapy	*$ 300*
Podiatric Medicine	*$ 200*
Psychology	*$ 934*
Social Work	*$ 750*
Veterinary Medicine	*$ 400*
Health Department	*$ 435*
HPSP	*$ 550*
Administrative Services Unit	*$ 800*
	Grand Total $ 11,847

Cost to print/bind 25 copies: $534.86

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, 17 independent boards regulate health-related professionals. Minnesota Statutes § 214.01, Subd. 2, defines Health-related licensing boards:

> "Health-related licensing board" means the Board of Examiners of Nursing Home Administrators established pursuant to section 144A.19, the Office of Unlicensed Complementary and Alternative Health Care Practice established pursuant to section 146A.02, the Board of Medical Practice created pursuant to section 147.01, the Board of Nursing created pursuant to section 148.181, the Board of Chiropractic Examiners established pursuant to section 148.02, the Board of Optometry established pursuant to section 148.52, the Board of Physical Therapy established pursuant to section148.67, the Board of Psychology established pursuant to section 148.90, the Board of Social Work pursuant to section 148D.025, the Board of Marriage and Family Therapy pursuant to section 148B.30, the Office of Mental Health Practice established pursuant to section 148B.61, the Board of Behavioral Health and Therapy established by section 148B.51, the Board of Dietetics and Nutrition Practice established under section 148.622, the Board of Dentistry established pursuant to section 150A.02, the Board of Pharmacy established pursuant to section 151.02, the Board of Podiatric Medicine established pursuant to section 153.02, and the Board of Veterinary Medicine established pursuant to section 156.01

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. Additionally, the report of the Board of Barber and Cosmetologist Examiners, although not a Health-related Licensing Board, is included in this biennial report. The report of the Health Professionals Services Program (HPSP) report is also included within this biennial report.

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 of representatives 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 214.07 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. The Health Professionals Services Program (HPSP) has submitted its biennial report. The Minnesota Emergency Medical Services

Regulatory Board was the administering board for HPSP during the time period covered by this biennial report.

*This Board was created effective July 1, 2004 by Minnesota legislative action. See M.S. §§ 154.001. This regulatory Board is a non-health-related licensing board, that shares services with the Administrative Services Unit of the Health-related licensing boards.

Section 2
Organization of the Boards

Although the 17 independent health licensing boards, the Board of Barber and Cosmetologist Examiners, the Health Professionals Services Program, and the Department of Health are separate agencies, the boards and the department cooperate in administering health occupation licensing programs. The 17 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 independent health licensing boards consists of members appointed by the Governor. The principal staff person for each board is the Executive Director; although by statute some of these positions are classified as Executive Secretary, this is solely a matter of terminology. Each board is charged with the regulation of particular health professions specified by statute. Each board is governed by its own practice act. Certain statutory requirements 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, policy, and financial matters. Similarly, the Board of Barber and Cosmetologist Examiners, though not a statutorily designated health licensing board, is housed with the boards and cooperates with them on administrative, policy and financial matters. The Health-related Licensing Boards which are housed in the same building are funded by licensing fees, as opposed to general state funds.

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 program which is defined as a health-related licensing board 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 mandates a health professionals services program:

> 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.

Office of Mental Health Practice
As of July 1, 2005, the Office of Mental Health Practice is considered part of the mental-health-related licensing boards. M.S. §148B.61. The Office was transferred from the Minnesota Department of Health.

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, upon referral from the Legislature. 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 two requests from the Senate and House Health and Human Service Policy Committees. The two proposals were for: (1) initial licensing of naturopathic doctors; and (b) several changes to the Minnesota Athletic Trainer Act, M.S. §§ 148.7801 to 148.7815. Summaries of the Council's reviews were provided to the 2007 and 2008 Legislature.

Voluntary Entities

Executive Directors Forum

The Executive Directors (ED) 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 tasks were accomplished through the action of the Executive Directors Forum:

- Virtualization of servers, resulting in substantial savings and greater storage capacity. On behalf of the Executive Directors Forum, a submission was made to the National Association of State Chief Information Officers (NASCIO) for Disaster Recovery Planning, regarding the Health Licensing Boards' project of virtualizing its servers arising from its development and application of its Continuation of Operations Plan (COOP).
- Further technological advances include addition of a Shared Storage Area Network, tripling storage capacity of the Boards, and advances toward using technology at Board meetings to reduce reliance on paper documents.
- Participated in cooperative efforts with the Department of Health and among the Boards to share information regarding licensee / registrant investigations in full compliance with Data Practices Act requirements, including ad hoc Just Culture / Health meetings regarding coordinating Department of Health investigations and Health Board investigations, and exchange of information under § 214.10, subd. 8 (c). This has included development with the Attorney General Office of a data sharing memo that permits joint investigations to be conducted among health licensing boards, and provides for sharing of investigative data.
- Reviewed requirements and limitations pertaining to criminal background checks of applicants, and received updates on proposed legislation from law enforcement entities.
- Standardization of online complaint form throughout health licensing boards. Review was undertaken, with cooperation and guidance from Attorney General's Office, of methods to provide standard information to complainants at the time of opening a complaint file, as well as standardization of appeal information in closing letters under the auspices of a temporary Chapter 214 Work Group.
- Responded to surveys regarding IT capacity, security and functionality.

- Legal Task Force was established for the purpose of reviewing Attorney General resources, and to facilitate cooperation and collaboration among boards in working with Attorney General's office.
- Enactment and approval of the Boards' first AWAIR plan, in compliance with federal and state requirements.
- Policy committee regularly met to provide coordinated response for Boards regarding legislative initiatives.
- A joint workforce planning report was completed, to prepare for ensuring qualified, competent workforce.
- Technology development: The ED Forum worked cooperatively to determine a standard procedure for prioritizing those IT projects to be performed by HLB IT staff.
- The ED Forum worked collaboratively in providing information to MN Responds! to ensure that credentials of licensed health professionals are quickly available in case of a major emergency, as well as arranging for regular transfer of data between Department of Health and health licensing databases.
- Electronic governmental services were increased and improved, and include expanded information available online and greater interactivity, as well as heavy use by licensees of online renewal services.

During this biennium, individual board staff and Executive Directors participated in numerous organizations regarding health and safety, including:

- Minnesota Alliance for Patient Safety
- National Board of Medical Examiners Committee on Irregular Behavior and Score Validity for the United States Medical Licensing Examination.
- National Association of Boards (NAB) Executive Committee
- State Executive Forum and State Governance Committees of the National Association of Boards
- Future Workforce Analysis Cabinet in Washington, D.C.
- Association of Chiropractic Board Administrators
- National Council of State Boards of Nursing Commitment to Ongoing Excellence (CORE) project
- Minnesota Center for Nursing
- Minnesota Alliance for Patient Safety
- Home Care Advisory Group
- Department of Human Services' Dental Access Advisory Committee
- Department of Human Services task force on licensing standards
- 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 7.12 FTE staff members who perform shared administrative and business services 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 current ASU oversight Board is the Minnesota Board of Examiners for Nursing Home Administrators. The annual assessment of ASU effectiveness is performed 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
- Coordinating the boards' computer collaboration efforts
- Developing recommended policies and procedures for all boards, and reviewing best practices
- Oversight of the Administrative Services Unit

Policy 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
- Making recommendations on legislative initiatives affecting all the boards
- Undertaking efforts to make investigative data more readily available to share among health boards

Emerging Issues

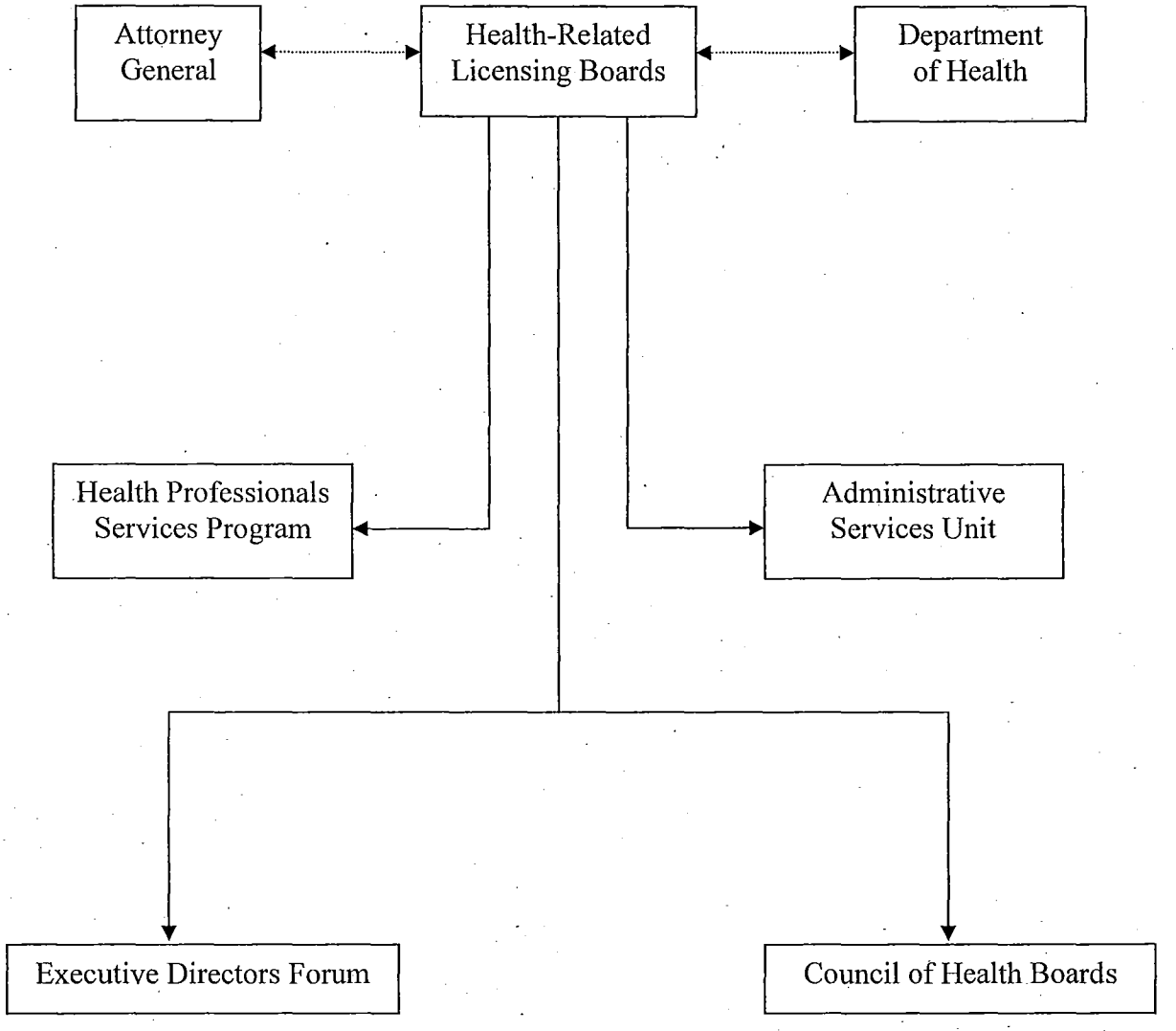
During the 2006-2008 biennium, the health-related licensing boards faced a number of common emerging issues, which are described below.

- Staffing / funding issues. As a result of state practices and requirements regarding budgets and expenditures of the health-related licensing boards, as well as ongoing State budgetary issues and revenue shortfalls, 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, which have risen substantially, also raise important budget concerns.
- The Boards continue to make technology / communication improvements, refinements, and 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. The Boards are seeking to increase electronic recordkeeping.

- The Boards have actively participated in Continuation of Operations planning (COOP) and pandemic flu planning. This continues to be a matter of common interest and collaboration.
- The Boards are facing increased costs of disciplinary actions, due to increased legal costs, as well as increased complexity of complaints that require additional legal involvement, and a trend toward increased, and more substantial, and extended involvement by licensees' legal representatives.
- Applicants and the general population are becoming increasingly diverse, including cultural and language diversity. The licensing boards continue to examine matters pertaining to possible barriers in licensure, as well as issues surrounding working with clients and patients from diverse populations.
- Some Boards report a shortage, or shrinking pool of licensed practitioners, aging pools of health practitioners, as well as possible increased workload due to aging population, which carries implications for ensuring public health care access.
- The possibility of additional newly established health regulatory boards exists, subject to legislative activity.

Health-Related Licensing Boards
Cooperative Structure



Section 3 – 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, 2008	# of New Licenses or Registrations Issued during biennium
Independent Boards		
Board of Barber and Cosmetologist Examiners (total)	37,887	8,331
- apprentice	161	125
- registered barbers	2,235	80
- barber shop	886	85
- barber schools	5	0
- cosmetologist	28,550	6,758
- cosmetology salons	5,995	1,275
- cosmetology schools	55	8
Behavioral Health and Therapy (total)	2,604	1,043
- licensed professional counselors	539	272
- licensed professional clinical counselors	12	12
- licensed alcohol and drug counselors	1757	403
- ADC Temporary Permit Holders	296	356
Chiropractic (total) [1]	2,713	287
- chiropractors	2,713	287
Dentistry (total)	15,769	
- dentists	4,021	
- dental hygienists	4,879	
- registered dental assistants	6,869	
Dietetics and Nutrition Practice (total)	1,295	185
- dieticians	1,236	184
- nutritionists	59	1
Marriage and Family Therapy (total)	1,301	427
- licensed M&F therapists	1,069	215
- licensed associate M&F therapists	232	212
Medical Practice (total)	22,911	4,858
- physicians & surgeons	18,797	2,293
- acupuncturists	349	81
- athletic trainers	611	156
- physician assistants	1,248	303
- residency permits		1,676
- respiratory care practitioners	1,669	244
- traditional midwives	14	2
- telemedicine[3]	223	103

Board or Program	Total # of Persons Licensed or Registered as of June 30, 2008	# of New Licenses or Registrations Issued during Biennium
Nursing (total)	117,522	14,212
- registered nurses	77,950	10,873
- licensed practical nurses	23,642	3,339
- public health nurses	11,358	
- advanced practice registered nurse	4,572	
Nursing Home Administrators (total)	840	80
- nursing home administrators	840	80
Optometry (total)	1,004	86
- optometrists	1,004	86
*Pharmacy (total)[2]	20,182	677
- pharmacists[3]	7,067	
- technicians	8,950	
- pharmacies	1,634	
- wholesalers	932	
- manufacturers	324	
- medical gas distributors	50	
- controlled substance researchers	36	
- interns	1,189	
Physical Therapy (total)	4,670	1,262
- physical therapists	3,794	386
- physical therapists assistants	876	876
Podiatric Medicine (total)	193	19
- podiatrists	193	19
Psychology (total)	3,863	336
- licensed psychologists	3,720	226
- licensed psychological practitioners	143	110
Social Work (total)	10.539	1,804
- licensed social workers	5,194	718
- licensed graduate social workers	1,291	591
- licensed independent social workers	697	44
- licensed independent clinical social workers	3,357	451
Veterinary Medicine (total)	3,046	304
- veterinarians	3,046	304
Department of Health		
Office of Unlicensed Complementary and Alternative Health Care Practice (OCAP)	Estimates 2,700 practitioners	n/a

[1]The Board of Chiropractic Examiners regulates only one occupation – chiropractors. These figures includes active (2548) and inactive (165) practitioners.

*Pharmists and technicians are persons licensed; other Pharmacy categories licensed are facilities

[2]By exam and by reciprocity

[3]Includes active, inactive, and emeritus

Section 3 – Table II
Complaints
Selected Data from Part IV of Individual Reports

Board or Program	Total # Complaints Received FY08	Complaints per 1,000 Regulated Persons	# of Open Complaints as of June 30, 2008	# of Complaints Closed in FY 2008
Independent Boards				
Barber and Cosmetologist Examiners	54	1.9*	19	44
Behavioral Health and Therapy - LPC - LADC	 15 80		 10 108**	 4 73
Chiropractic	155	61	23	155
Dentistry	232	17	139	225***
Dietetics and Nutrition Practice	3	.00	3	1
Marriage and Family Therapy	31		12	27
Medical Practice	832		507	785
Nursing - RN - LPN - APRN	1,331 810 514 46	 9.92 19.50 10.06	851	1152
Nursing Home Administrators	78	90	6	106
Office of Mental Health Practice	31	15	30	
Optometry	10	.01	15	4
Pharmacy	86	5.4	21	106
Physical Therapy	31	6.64	15	30
Podiatric Medicine	11	57	9	11
Psychology	124	32.09	240	113
Social Work	107	10.7	119	100
Veterinary Medicine	80	27	65	64
Department of Health				
Office of Unlicensed Complementary and Alternative Health Care Practice*	14	5.18	34	15

*does not include establishments licensed
**263 open cases transferred from MN Dept. of Health on 7/1/2005
***See explanatory note in body of report

Section 3 – 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 2008	Annualized Renewal Fee
Independent Boards				
Board of Barber and Cosmetologist Examiners	7	9.3	$838,458	Fees Vary[1]
Behavioral Health and Therapy (FY 2007 and FY 2008) LPC and LPCC LADC	13	3+	$1,172,394	 $125 $147.50
Chiropractic - chiropractors	7	5	$613,017.56	$200
Dentistry - dentists - dental hygienists - registered dental assistants	9	10	$1,401,625	 $155 $50 $35
Dietetics and Nutrition Practice - dieticians, nutritionists	7	0.75	$73,945	$45
Marriage and Family Therapy - licensed M&F therapists - licensed associate M&F therapists	7	1.5	$130,499	 $125 $ 75
Medical Practice	16	23	$3,166,764	Fees Vary[2]
Nursing - registered nurses	16	33	$3,825,089	$ 85
Nursing Home Administrators - nursing home administrators	11	2	$173,404	$200
Optometry - optometrists	7	1	$109,151	$105
Pharmacy - pharmacists - wholesalers/manufacturers - pharmacies - other	7	11	$1,519,978	 $105 $105-180 $165 $ 20-50
Physical Therapy - physical therapists - physical therapist assist	11	3	$309,000	 $60 $ 60
Podiatric Medicine - podiatrists	7	0.5	$77,250	$300
Psychology - licensed psychologists - licensed psychological practitioners	11	9.8	$851,069	 $500 $250

Board or Program	Number of Board Members	Number of Board Employees (FTE)	Disbursements FY 2006	Annualized Renewal Fee
Social Work	15	10.6	$976,428	
- licensed social workers				$ 45.00
- licensed graduate social workers				$80.00
- licensed independent social workers				$120.00
- licensed independent clinical social workers				$132.50
Office of Mental Health Practice (administered by Board of Social Work)	n/a	.75	$68,651	n/a
Veterinary Medicine	7	1.75	$405,414	
- veterinarians				$100
Department of Health				
Office of Unlicensed Complementary and Alternative Health Care Practice (OCAP)	n/a	1	$67,247	n/a

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

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

Section 3 – Table IV
Trend Data
Selected Data from Part V of Individual Reports

Board or Program	# Persons Licensed FY 2008	# Complaints Received FY 2008	# Complaints per 1,000 Licensees FY 2008	# Open Complaints as of June 30, 2008
Independent Boards				
Board of Barber and Cosmetologist Examiners[1]				
- 2008	31,706	54	1.9	19
- 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				
- 2008	2,604	95	Not available	118
- 2006	1,837	58	Not available	LPC – 1[3]
- 2004	32	0	Not available	0
- 2004[2]	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
Chiropractic				
- 2008	2,713	155	61	23
- 2006	2,553	189	79	63
- 2004	2,457	149	65	63
- 2002	2,304	n/a	n/a	63
- 2000	1,966	133	68	21
- 1998	1,767	178	101	109
Dentistry				
- 2008	15,662	232	17	139[5]
- 2006[4]	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

[1]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.

[2]2004 and Prior to 2004: 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.

[3]LADC – Not available

[4]occupation: 50 (Dentist); 3.63 (Dental Hygienist); 4.03 (Registered Dental Assistant)

[5]Includes Non-licensed / registered

Board or Program	# Persons Licensed FY 2008	# Complaints Received FY 2008	# Complaints per 1,000 Licensees FY 2008	# Open Complaints as of June 30, 2008
Dietetics and Nutrition Practice				
- 2008	1,295	3		3
- 2006	1,205	3		2
- 2004	1,082	1		2
- 2002	1,029	1		1
- 2000	995	1		0
- 1998	953	2		0
Marriage and Family Therapy				
- 2008	1,301	31		12
- 2006	1,145	26		2
- 2004	957	17		7
- 2002	866	16		7
- 2000				
- 1998				
Medical Practice				
- 2008	22,911	868	*	554
- 2006	21,655	770		507
- 2004	20,015	941		372
- 2002	21,164	835		439
- 2000				
- 1998				
Nursing				
- 2008	101,592	1,370	9.92**	851
- 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
Nursing Home Administrators				
- 2008	840	78	90	6
- 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
Optometry				
- 2008	1004	10	.01	15
- 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

*By Occupation:

AP	0	RT	.7
AT	3.8	MW	6.3
PA	1.5	TM	1.7
PY	3.8		

**RN only

Board or Program	# Persons Licensed FY 2008	# Complaints Received FY 2008	# Complaints per 1,000 Licensees FY 2008	# Open Complaints as of June 30, 2008
Pharmacy				
- 2008	16,017	86	5.4	21
- 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
Physical Therapy				
- 2008	4,670	31	6.64	15
- 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
Podiatric Medicine				
- 2008	193	11	57	9
- 2006	185	14	76	9
- 2004	183	12	66	11
- 2002	168	7	41	5
- 2000	155	7	45	3
- 1998	142	7	49	3
Psychology				
- 2008	3,720	124	32.09	240
- 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
Social Work				
- 2008	10,539	107	10	19
- 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
Office of Mental Health Practice*				
- 2008	n/a	31	15	30
- 2006	n/a	30	15	44
- 2004	n/a	34	17	68
- 2002	n/a	39	0.02	101
- 2000	n/a	66	0.03	177
- 1998	n/a	85	0.04	169

*Office of Mental Health Practice was previously housed at the Department of Health, and has been administered by the Board of Social Work since 2007. The trend information comes from previous reports prepared by the Department of Health Office of Mental Health Practice

Board or Program	# Persons Licensed FY 2008	# Complaints Received FY 2008	# Complaints per 1,000 Licensees FY 2008	# Open Complaints as of June 30, 2008
Veterinary Medicine				
- 2008	3,046	80	26	22
- 2006	2,955	89	30	21
- 2004	2,808	60	21	22
- 2002	2,779	46	17	13
- 2000	2,728	55	20	23
- 1998	2,658	47	18	16
Department of Health				
Board or Program	# Persons Licensed FY 2008	# Complaints Received FY 2008	# Complaints per 1,000 Licensees FY 2008	# Open Complaints as of June 30, 2008
Office of Unlicensed Complementary and Alternative Health Care Practice				
- 2008	n/a	8	2.96	28
- 2006	n/a	14	5.18	34
- 2004	n/a	18	5.94	37
-2002	n/a	16	5.28	8
-2000	n/a	0	0	0

Minnesota Health Professionals Services Program

Biennial Report

July 1, 2006 – June 30, 2008

For more information contact:
Minnesota Health Professionals Services Program
1380 Energy Lane, Suite 202
St. Paul, MN 55113
http://www.hpsp.state.mn.us

Phone: (651) 643.2120
Fax: (651) 643.2163

STATE OF MINNESOTA

Health Professionals Services Program

BIENNIAL REPORT

FISCAL YEAR JULY 1, 2006 TO JUNE 30, 2008

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:

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

B. Major Functions:

1. **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 chemical, mental 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, practice and monitoring recommendations.

2. **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 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.

5. **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.

C. Major Activities During Biennium:

1. Provide case management and monitoring services

The HPSP is a service program; therefore, its primary activities are related to protecting the public by providing the best possible services to health professionals in Minnesota at the lowest possible cost to the health licensing boards. The HPSP opened more cases in the last biennium than in any other biennium. The *Trend Data* section of this document outlines the growth in the demand for program services.

2. 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 meets annually 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.

3. Quality Improvement Initiatives

a. Consistency in the provision of case management services

As a quality improvement imitative, the HPSP has focused on more clearly defining how case management services are delivered. The length of monitoring and monitoring conditions have been and continue to be evaluated. The HPSP has reviewed national trends and available scientific research to best determine monitoring conditions that meet the needs to the individual while protecting the public from practitioners with potentially impairing illnesses.

b. Toxicology screening

The majority of the HPSP participants are being monitored for a substance disorder. As part of monitoring, they are required to submit random urine toxicology screens. To make it less cumbersome for participants, the HPSP has doubled the number of collection sites for participants to provide their specimens. In addition, the HPSP negotiated a lower price for participants to pay for toxicology screens.

c. Technology initiative

The HPSP utilizes an Access database in the provision of case management services. The HPSP's existing database was created in 1998 and has significant limitations. For example, the stability of data is easily influenced by user error, it requires the manual entry of over 4,000 toxicology-screening dates each quarter (this should be automated) and the ability to query data is inadequate, limiting the ability to provide outcome measures and review case management activities for quality assurance purposes. To address this, the HPSP had its database assessed to determine whether the existing database could be updated or if it needs to be replaced. Several different operating systems were suggested as possible alternatives. The HPSP is in the process of weighing the risks and benefits of the different operating systems prior to contracting for the development of a new database.

D. 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. Of the persons monitored for a substance disorder, roughly 48% 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. For physicians, pharmacists and nurses, easier access contributes higher rates of prescription drug abuse compared to 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 get worse, 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.

II. Board Members, Staff and Budget

A. Composition of Committees:

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

Member Name	Representing the Board of:
Kristen Piper	Behavioral Health and Therapy
Kim Hill	Chiropractic Examiners
Linda Boyum	Dentistry
Kyle Renell	Department of Health
Janelle Peterson	Dietetics and Nutrition
Katherine Burke-Moore	Emergency Services
Bob Butler	Marriage and Family
Kelli Johnson	Medical Practice
Gregory Langason	Nursing

Member Name	Representing the Board of:
Randy Snyder	Nursing Home Administrators
Marlene Reid	Optometry
Gary Schneider	Pharmacy
Kathy Polhamus	Physical Therapy
Esther Newcombe	Podiatric Medicine
Susan Ward	Psychology
Rosemary Kassekert	Social Work
Sharon Todoroff	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).) The Advisory Committee meets quarterly. Current Advisory Committee members include:

Member Name	Representing the:
Jim Alexander	MN Pharmacy Assoc.
Bruce Benson	MN Health Systems Pharmacists
James Biake	MN Health Care Union SEIU 113
Lois Cochran Schlutter	MN Psychological Assoc.
Bernadine Engeldorf	MN Nurses Association
Mary Ann Foldesi	MN Academy Of Physician Assist.
Stephen Gulbrandsen	MN Dental Assoc.
Megan Hartigan	MN Ambulance Association
Randy Herman	MN Assoc. Of Social Workers
Scott Wells	MN Veterinary Assoc.

Member Name	Representing the:
Rose Nelson	Public Member
Cheryl Trocke-Fowler	MN Society for Respiratory Care
Todd Miller	Physicians Serving Physicians
John Rheinberger	Public Member
Karen Sames	MN Occupational Therapy Assoc.
Debra Sidd	MN Dental Hygienists Assoc.
Karolyn Stirewalt	MN Medical Assoc.
Sandy Swanson	MN Physical Therapy Assoc.
Scott Wells	MN Veterinary Assoc.

3. Administering Board

The HPSP is not an independent State agency. By statute, one of the health licensing boards is designated to administer the program. The Emergency Services Regulatory Board (EMSRB) had been the HPSP's Administering Board from 2001 to June 2008. Mary Hedges, the Executive Director of the EMSRB retired. The Board of Dentistry, under the leadership of Marshall Shragg, is now the HPSP's administering board.

4. Board Staff and HPSP Staff Work Group

Each board designates one or more representatives to meet regularly with program staff as part of a work group to discuss issues relating to HPSP policies, procedures and activities. The Program Manager solicits agenda items from all the members of the work group. Board representatives communicate the interests and concerns of their boards to the HPSP staff as well as obtain information to enhance the operations of the HPSP consistent with statute.

B. Employees:

The HPSP is currently staffed with 7.5 full time employees: 1 Program Manager, 5 Case Managers, 1 Office Manager/Toxicology Coordinator and 1.25 Support Staff

C. Receipts and Disbursements:

The HPSP is a service program and does not generate revenue. Licensing fees fund 96% percent of the HPSP. The remaining 4% is paid for by the general fund for persons regulated by the EMSRB and the Dept. of Health. 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 2007	**FY 2008**
Total Direct Costs:	$644, 156	$746,000
Total Indirect Costs:	$1,400	$1,500
Total Direct & Indirect Costs:	$645, 556	$750,212
Total Revenue:	-	-
Surplus (Shortfall):		
A Cumulated Ending Surplus (Shortfall) or Carry forward:	$42,000	

IV. Trend Data

A. Participation:

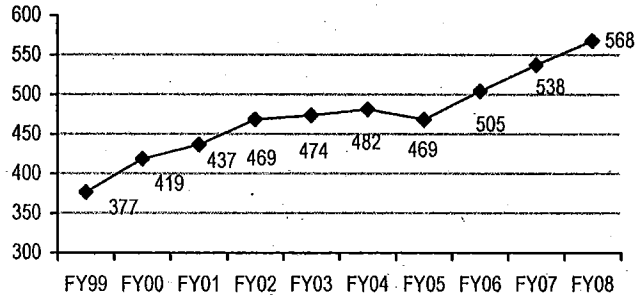
When the HPSP started in August of 1994, five licensing boards participated in the program. Today all seventeen health-licensing boards participate, as well as the Emergency Medical Services Regulatory Board and three professions administered by the Department of Health. This totals over 200,000 persons eligible for program services.

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

Program resources need to be consistent with the rate of program growth. The current rate of growth threatens the ability of the program to provide quality services to health professionals who may be unable to practice safely. In response to this, a budget has been developed that outlines the need for increasing the staff by 1.8 FTE.

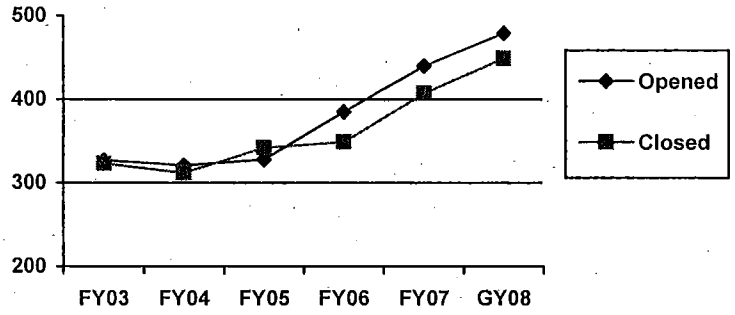
B. Caseload - Past And Current

The following table shows the number of health professionals enrolled in the HPSP at the end of each fiscal year:



Interpretation:
Participation in the HPSP has steadily grown over the past five years.

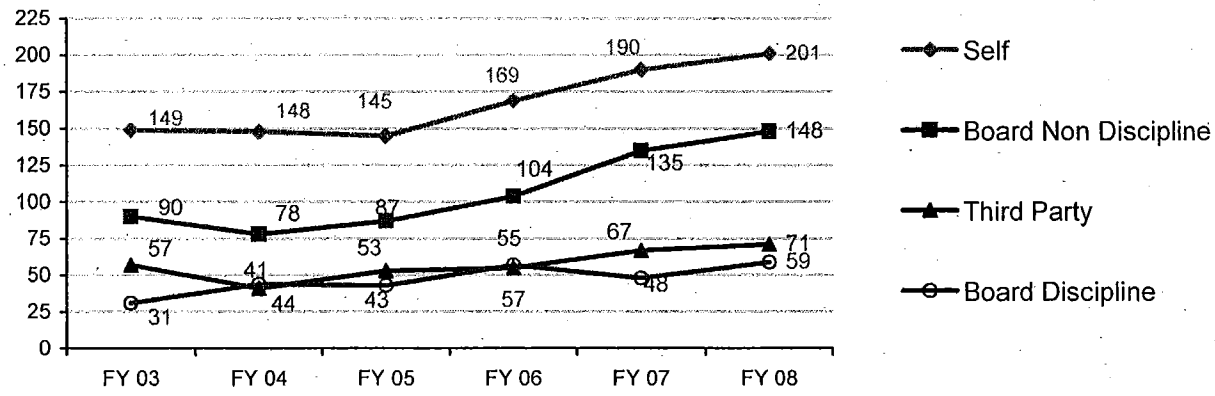
C. Opened and Closed Case by Fiscal Year:



Interpretation:
While both referrals and discharges are increasing, referrals outnumber discharges, creating an increasing demand for services.

D. Referrals by Fiscal Year and Referral Source:

The following chart shows that majority of persons enrolling in the HPSP either self refer or are board referred without discipline:



E. Opened and Closed Cases by Fiscal Year and Board:

The following table shows the number of cases opened, closed and active by fiscal year and board:

FY Joined	BOARD	Opened in FY04	Closed in FY04	Open at End of FY04	Opened in FY05	Closed in FY05	Open at End of FY05	Opened in FY06	Closed in FY06	Open at End of FY06	Opened in FY07	Closed in FY07	Open at End of FY07	Opened FY08	Closed FY08	Open at End of FY08
01	BENHA	0	1	0	1	1	0	0	0	0	0	0	0	0	0	0
05	Behavioral Health & Therapy	0	0	0	0	0	15	4	13	6	10	11	5	9	6	8
96	Chiropractic Examiners	4	6	5	5	3	7	16	11	12	18	18	12	9	11	10
94	Dentistry	33	26	32	24	25	31	23	28	26	25	26	25	36	37	24
02	Dept. of Health	10	6	11	20	16	15	0	0	0	4	1	3	7	5	5
02	Dietetics & Nutrition	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0
01	Emergency Medical Services	2	2	5	10	8	7	11	8	10	14	11	13	27	21	19
95	Marriage and Family Therapy	0	0	0	0	0	0	0	0	0	2	1	1	1	2	0
94	Medical Practice	51	59	110	60	77	93	53	48	98	60	65	93	67	59	101
94	Nursing	189	180	266	180	183	263	237	203	297	265	235	327	274	260	341
06	Office of Mental Health	0	0	0	0	0	0	2	1	1	0	1	0	2	0	2
01	Optometry	1	1	2	1	3	0	2	1	1	0	1	0	2	0	2
94	Pharmacy	9	8	24	8	7	25	15	11	29	20	15	34	14	18	30
94	Physical Therapy	5	3	8	5	7	6	5	5	6	3	5	4	6	5	5
94	Podiatric Medicine	2	2	1	0	0	1	0	0	1	0	1	0	0	0	0
02	Psychology	6	4	6	6	7	6	5	5	6	4	3	7	8	8	7
97	Social Work	5	11	11	6	5	12	10	13	9	13	12	10	12	12	10
99	Veterinary Medicine	4	3	1	2	0	3	2	2	3	2	1	4	5	5	4
	Total	321	312	482	328	342	469	385	349	505	440	407	538	479	449	568

F. Comparing Referrals - Fiscal Years 2006 through 2008:

Referrals by First Referral Source and Board	BENHA			BBHT			Chiropractic			Dentistry			Dept. of Health			Dietetics			EMSRB			Marriage & Family			Medical Practice			Nursing		
Fiscal Year	**06**	**07**	**08**	**06**	**07**	**08**	**06**	**07**	**08**	**06**	**07**	**08**	**06**	**07**	**08**	**06**	**07**	**08**	**06**	**07**	**08**	**06**	**07**	**08**	**06**	**07**	**08**	**06**	**07**	**08**
Board Non-Discipline	0	0	0	2	3	5	11	14	9	14	15	23	0	2	6	0	0	0	2	4	18	0	0	0	9	20	14	56	70	60
Board Discipline	0	0	0	0	0	0	2	0	0	2	3	4	0	0	0	0	0	0	1	1	1	0	0	0	5	2	4	42	36	43
Self	0	0	0	1	6	2	3	4	0	4	3	7	0	2	1	0	0	0	6	7	8	0	2	1	34	35	34	106	113	127
Third Party	0	0	0	1	1	2	0	0	0	3	4	2	0	0	0	0	0	0	2	2	0	0	0	0	6	3	15	33	49	44
Sum	0	0	0	4	10	9	16	18	9	23	25	36	0	4	7	0	0	0	11	14	27	0	2	1	54	60	67	237	268	274

Referrals by First Referral Source and Board	Off. Mental Health			Optometry			Pharmacy			Physical Therapy			Podiatric Medicine			Psychology			Social Work			Veterinary Med.			Total FY06	Total FY07	Total FY08
Fiscal Year	**06**	**07**	**08**	**06**	**07**	**08**	**06**	**07**	**08**	**06**	**07**	**08**	**06**	**07**	**08**	**06**	**07**	**08**	**06**	**07**	**08**	**06**	**07**	**08**	**06**	**07**	**08**
Board Non-Discipline	0	0	0	2	0	0	1	2	3	3	3	4	0	0	0	2	1	3	1	2	2	1	0	1	104	136	148
Board Discipline	0	0	0	0	0	2	1	4	1	0	0	1	0	0	0	1	0	0	2	2	2	1	0	1	57	48	59
Self	0	0	2	0	0	0	8	13	5	2	0	1	0	0	0	0	1	3	5	4	8	0	1	2	169	191	201
Third Party	2	0	0	0	0	0	5	1	5	0	0	0	0	0	0	2	2	2	2	5	0	0	1	1	56	68	71
Sum	2	0	2	2	0	2	15	20	14	5	3	6	0	0	0	5	4	8	10	13	12	2	2	5	386	443	479

G. Comparing Discharges – Fiscal Years 2006 through 2008:

Discharges by Discharge Category and Board	BENHA			BBHT			Chiropractic			Dentistry			Dept. of Health			Dietetics			EMSRB			Marriage & Fam.			Medical Practice			Nursing		
Fiscal Year	06	07	08	06	07	08	06	07	08	06	07	08	06	07	08	06	07	08	06	07	08	06	07	08	06	07	08	06	07	08
Completion	0	0	0	5	3	1	0	2	5	11	7	6	0	0	1	0	0	0	1	2	1	0	0	0	26	33	24	55	60	73
Voluntary Withdraw	0	0	0	1	0	0	0	0	0	0	1	0	0	0	1	0	0	0	2	1	1	0	0	1	1	1	0	9	18	11
Non-Compliance	0	0	0	3	4	2	1	4	1	7	7	6	0	0	0	0	0	0	1	3	4	0	0	0	4	1	6	84	93	98
Deceased	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	3	1	0
Ineligible - Monitored	0	0	0	1	0	1	1	0	0	0	2	0	0	0	0	0	0	0	0	0	1	0	0	0	4	5	6	7	9	10
Ineligible – Not Monitored	0	0	0	0	1	0	0	0	0	2	0	0	0	0	0	0	0	0	0	1	0	0	0	1	1	2	2	3	11	9
No Contact	0	0	0	1	0	0	0	0	0	1	1	4	0	0	0	0	0	0	1	1	0	0	0	0	1	3	2	10	5	4
Non-Cooperation	0	0	0	0	2	0	0	2	0	5	1	3	0	0	1	0	0	0	3	1	4	0	1	0	2	4	5	24	22	27
Non-Jurisdictional	0	0	0	2	1	2	9	10	5	2	7	18	0	1	2	0	0	0	0	2	10	0	0	0	9	15	10	7	15	25
Violation Practice	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4	1	1	3
	0	0	0	13	11	6	11	18	11	28	26	37	0	1	5	0	0	0	8	11	21	0	1	2	48	65	59	203	235	260

Discharges by Discharge Category and Board	Off. Mental Health			Optometry			Pharmacy			Physical Therapy			Podiatric Medicine			Psychology			Social Work			Veterinary Med.			Total FY06	Total FY07	Total FY08
Fiscal Year	06	07	08	06	07	08	06	07	08	06	07	08	06	07	08	06	07	08	06	07	08	06	07	08	06	07	08
Completion	0	0	0	0	0	0	8	7	3	2	3	1	0	1	0	0	0	4	6	4	1	0	0	3	114	122	123 (43%)
Voluntary Withdraw	0	0	0	0	0	0	2	1	1	0	0	0	0	0	0	0	0	0	2	1	2	0	0	1	17	23	18
Non-Compliance	0	0	0	0	0	0	1	2	9	2	2	0	0	0	0	1	1	1	0	0	1	2	1	0	106	118	128
Deceased	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	2	0
Ineligible - Monitored	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1	0	0	1	1	1	0	0	0	15	17	20
Ineligible – Not Monitored	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	2	1	0	1	1	1	0	0	0	9	17	15
No Contact	1	1	0	1	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1	1	0	0	0	17	12	11
Non-Cooperation	0	0	0	0	0	0	0	2	2	0	0	0	0	0	0	0	0	0	3	2	2	0	0	0	37	37	44
Non-Jurisdictional	0	0	0	0	1	0	0	2	0	0	0	4	0	0	0	1	1	3	0	1	2	0	0	1	30	56	82
Violation Practice	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	1	3	8
	1	1	0	1	1	0	11	15	18	5	5	5	0	1	0	5	3	8	13	12	12	2	1	5	349	407	449

H. Illnesses Monitored:

From January 1, 2006 to December 31, 2007, a total of 523 health professionals entered into Participation Agreements with the HPSP. They were monitored for the following illnesses:

- **78% were monitored for a substance disorder, listing the following as their substance of choice:**
  - 42% alcohol
  - 1% amphetamine
  - 1% benzodiazepine
  - 3% cannabis
  - 2% cocaine
  - 5% methamphetamine
  - 27% opiates
  - 19% polysubstance (typically includes an opiate)

  * *(roughly 48% abused a prescription medication)*

- **60% were monitored for the following psychiatric disorders:**
  - 17% with bipolar disorder
  - 69% with depression and/or anxiety
  - 14% with another psychiatric disorder (i.e.: ADD, PTSD)

  **Only 2% of those monitored for a psychiatric disorder did not have a cormorbid substance disorder.

- **11% were monitored for a medical disorder** (only 2% without a comorbid substance or psychiatric disorder)

Minnesota Board of Barber and Cosmetologist Examiners

Biennial Report

July 1, 2006-June 30, 2008

For more information, contact:
Minnesota Board of Barber and Cosmetologist Examiners
2829 University Avenue SE
Suite 710
Minneapolis, MN 55414
www.bceboard.state.mn.us

Phone: (651) 201-2742
Fax: (612) 617-2601

Minnesota Board of Barber and Cosmetologist Examiners

Biennial Report

July 1, 2006 – June 30, 2008

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 statues 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 statues and rules relating to cosmetology and/or barbering.
    - Inspect all schools located in the state of Minnesota to insure compliance with all state statues 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 inquires 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 complains, 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 2006-2008 biennium were the following:

1. The Board launched an all encompassing database that will allow for a variety of functions that included:
    - Online license verification and lookup
    - Online Renewals
    - Each applicant/licensee has one profile in the database with all of their licenses
    - Establishments are now inspected on laptop pc's
    - Inspection reports are printed via a printer, eliminated carbon copies
    - Establishments are scored and scores are available online
    - Applicants go into "application" status, rather than license status
    - Online address changes

2. The Board has hired 3.3 FTEs in the last biennium. This includes 2 additional licensing assistants, a program manager, and a customer service specialist. This additional staffing has been imperative to the development of the BBCE and serving the licensees and the public.

C. Emerging Issues

1. Rule Revision
   The Board will be undertaking a major rule revision project. This will include updating any outdated, antiquated, and inconsistent rule that is currently in both the barbering and cosmetology chapters.

2. Examination Vendor
   The Board will be launching a new examination vendor to administer a majority of the barbering and cosmetology examination. This will include re-introducing a practical portion to the cosmetology initial operator examination. Further, 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.

3. Online Renewal System
   The Board is in the process of implementing online renewals for both barbering and cosmetology. We are anticipating that our licensees will use this online option.

4. Complaint and Investigation 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 Statues, 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
Doug Klemenhagen	Barber Member
Laurie Boggess	Cosmetology Member
Robert Salmonson	Cosmetology Member
Open	Public Member

B. Board Staff

The Board currently has 9.3 FTE employees. The Board currently employs 1.3 customer service specialists, two licensing staff, one program manager, four inspectors, and the executive secretary.

C. Receipts and Disbursements

The Boards receipts and disbursements for the FY 2007-2008 biennium were as follows:

ITEM	FY 2007	FY 2008
Receipts	$1,435,521	$1,562,000
Disbursements	$706,128	$838,458

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	161
Registered Barbers	2,235
Barber Shop	886
Barber Schools	5
Cosmetologist	28,550
Cosmetology Salons	5,995
Cosmetology Schools	55

B. New Licenses Issued During Biennium

TYPE	NUMBER
Apprentice	125
Registered Barbers	80
Barber Shop	85
Barber Schools	0
Cosmetologist	6,758
Cosmetology Salons	1,275
Cosmetology Schools	8

Part 4. Complaints

A. Formal Complaints Received During Biennium

FY 2007	FY 2008
48	54

B. Complaints Closed/Resolved During Biennium

FY 2007	FY 2008
39	44

Part 5. Trend Data as of June 30, 2008

	Barber Board Only						Barber and Cosmetology			
	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
Number of Persons Licensed*	2,522	2,572	2,622	2,672	2,722	2,752	31,179	32,820	30,506	31,706
Number of Estalishments	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available	6,608	6,881
Facilities Inspected	Not Available	Not Available	Not Available	Not Available	758	665	6,400^	6,400^	6,400^	6,400^
Number of Complaints	Not Available	Not Available	Not Available	Not Available	11	18	40	36	48	54
Open Cases	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available	9	19

* 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, 2006-June 30, 2008

For more information, contact:
Minnesota Board of Behavioral Health and Therapy
2829 University Avenue SE
Suite 210
Minneapolis, MN 55414
www.bbht.state.mn.us

Phone: (612) 617-2178
Fax: (612) 617-2187

Minnesota Board of Behavioral Health and Therapy

Biennial Report
July 1, 2006 to June 30, 2008

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 and Minnesota Rules chapters 2150 and 4747. 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 and LPCCs) 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 8 quarterly board meetings;
- 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 designees 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 were 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.
- The Board proposed legislation in 2007, based on the findings in the task force report, to create the Licensed Professional Clinical Counselor (LPCC) license. The legislation passed and, among other things, 1) created education and supervision requirements for LPCCs and 2) allowed for a transition period until August 1, 2011, for LPC licensees to convert to the LPCC license without completing a second national examination. Due to costs related to adding LPCCs to the definition of mental health professional in the adult and children's mental health acts, legislation failed related to LPCCs achieving mental health professional status, and they are to date not eligible to receive medical assistance reimbursement.
- Board legislation in 2007 related to fees also passed and created new application and licensure fees and established fees for continuing education sponsors and approved supervisors.
- Legislation passed in 2007 also reduced the annual base budget for the Board by approximately 42%. The LPC program annual base budget was reduced from $350,000 to $144,000, and the annual base budget for the LADC program was reduced from $323,000 to $250,000.
- The Board issued licenses to LPC and LADC applicants and issued temporary permits to practice alcohol and drug counseling.
- The Board took disciplinary action against LADCs.

- 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 down loaded from the site http://www.bbht.state.mn.us.
- The Board staff members made several public presentations regarding LPC/LPCC and LADC licensure and regulation, including speaking to LPC/LPCC and LADC counselor educators and students and professional associations for LPC/LPCCs and LADCs.

C. Emerging issues regarding regulation of Licensed Professional Counselors and Licensed Alcohol and Drug Counselors:

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

- Addressed a budget revenue shortfall by increasing LPC licensure fees, creating new fees for LPCs, LPCCs, and LADCs, and maintaining the staffing level at 3.0 FTEs. In this biennium, the Board collected $440,748 in excess of its expenditures and applied it to program debt. The Board is on target to retire the LADC program debt by 2013. The revenue shortfall and resulting debt is due in large part to far fewer licensees than projected when both licenses were created, start-up costs for office supplies and equipment, rulemaking costs, and the cost to develop a database.
- The Board will continue to support legislation making LPCCs mental health professionals who can be reimbursed through Medical Assistance and MinnesotaCare in order to increase the number of qualified mental health providers available to children and adults in Minnesota needing mental health services.
- The Board established a Public Advisory Committee to assist the Board's Legislative Committee in rewriting regulations for LADCs in order to remove confusing, obsolete, repetitive, and unnecessary language. The Board will continue to work with the Advisory Committee to improve the regulations related to alcohol and drug counseling.

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, 2008 are as follows:

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

Freddie Davis-English, Public Member
Plymouth, MN (2007 and 2008 Board Vice Chair)

Douglas Q. Frisk, Public Member
New Brighton, MN

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

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

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

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

Nicholas Ruiz, Professional Member (LPC)
Inver Grove Heights, MN (2007 and 2008 Board Chair)

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

One public member seat, one LPC seat, and two LADC seats remain open.

B. Employees

The Board has 3.0 full-time equivalent positions plus a part-time student worker. They are a full-time executive director, a full-time licensing coordinator/office manager for the LPC/LPCC program and board office, and a full-time licensing coordinator for the LADC program. The Board added the student worker position in the summer of 2007 to assist staff in meeting regulatory requirements.

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

The LPC program has an annual base budget of $144,000 and the LADC program has an annual base budget of $250,000.

Item	FY 2007 and FY 2008
LPC Receipts	$270,715
LADC Receipts	$901,679
LPC Disbursements	$202,433
LADC Disbursements	$529,213
Total Bd. Receipts	$1,172,394
Total Bd. Disb.	$731,646

LPC and LPCC Fees	Amount
LPC and LPCC Application Fee	150
LPC and LPCC Initial License Fee	250
LPC/LPCC Renewal Fee (Active)	250
LPC/LPCC Renewal Fee (Inactive)	125
LPC and LPCC Late Renewal Fee	100

Board Order Copy	10
License Verification	25
Duplicate Certificate Fee	25
Supervisor Application Fee	30
CE Course Sponsor Fee	60
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
Approved Supervisor App. Fee	30
Continuing Education Sponsor Fee	60
Duplicate Certificate Fee	25
Board Order Copy Fee	10
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, 2008:

Licensed Professional Counselors	539
Licensed Professional Clinical Counselors	12
Licensed Alcohol and Drug Counselors	1757
ADC Temporary Permit Holders	296

B. New licenses issued during the biennium:

Licensed Professional Counselors	272
Licensed Professional Clinical Counselors	12
Licensed Alcohol and Drug Counselors	403
ADC Temporary Permits	356

IV. Complaints

A. Complaints received:

Item	FY 2007	FY 2008
Complaints received – LPC	6	15
Complaints received - LADC	77	80

B. Open complaints as of June 30, 2008:

Item	
1. LPC Complaints open	10
2. LADC Complaints open (263 open complaint files transferred to BBHT from MDH on July 1, 2005)	108

C. Complaints closed during the biennium ending June 30, 2008:

Item	FY 2007	FY 2008
1. Number closed - LPC	4	4
2. Number closed - LADC	175	73

D. Disciplinary or Other Action Taken:

Item	FY 2007	FY 2008
1. Stipulation and Consent Order - LPC	0	0
2. Stipulation and Consent Order – LADC	1	3

Minnesota Board of Chiropractic Examiners

Biennial Report

July 1, 2006-June 30, 2008

For more information, contact:
Minnesota Board of Chiropractic Examiners
2829 University Avenue SE
Suite 300
Minneapolis, MN 55414
www.chiroboard.state.mn.us

Phone: (651) 201-2850
Fax: (612) 201-2852

Minnesota Board of Chiropractic Examiners
Biennial Report
July 1, 2007 to June 30, 2008

I. General Information

Cost of preparing this report

Pursuant to Minnesota Statute § 3.197 (2006) 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 $500.00.

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 4252 persons licensed as doctors of chiropractic as of June 30, 2008. 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 received additional spending authority to manage several contested cases and upgrade its technology.

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 legislative and rules process
  - Amending MBCE rules to address critical issues of public health and chiropractic regulation (for example, animal chiropractic, license reinstatement and professional ethics, etc.)
  - Reviewing applications and maintaining a list of continuing education sponsors and classes approved for continuing education credit
  - Reviewing individual applicant/licensee documentation of completion of requirements for initial and continuing licensure (completed over 2300 continuing education audits during the course of the biennium)
  - Regular contact with chiropractic students, school administrators, chiropractic associations and the public in the form of an 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

- **Prepared for newly authorized animal chiropractic registrations enacted by the legislature**
  - Monitored ongoing legislation
  - Designed a manual system of registration to handle a small number of registrations until a database of information about licensees, applicants, and registrations regarding the practice of animal chiropractic may be designed and shared with the public as permitted by statute
  - Prepared for future rulemaking by holding committee meetings to better understanding potential regulatory issues and garner professional and public input

- **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 over 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 issues that affect data and patients on both a national and international scale regarding patient records, record disposal, identification, and prevention of fraud, etc.
  - Utilizing interagency agreements to bring on temporary staffing needed to make program modifications to computer systems and deal with contested cases
  - Prepare for staff turnover and retirements through knowledge transfer and duty reassignments
  - Requested funds from LAC for emergency temporary needs; and a more long-term source for ongoing and future contested case costs

- **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 matters 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
- Active participation in three contested case hearings before the Office of Administrative hearings and several judicial court hearings in various court jurisdictions

B. Major activities during the biennium

The board accomplished the following major activities during the biennium:

- 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.
- Utilize and improve 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.
- Provide information useful to others in state and federal government and the public regarding active licensees, as well as the names and dates of licensees who have been disciplined in the past including the full text of disciplinary orders since 1966.
- Provide new information about the board and its various functions for access by the public, applicants for licensure and licensees on the board's web site.
- Scanned historical documents for publication on the web (board disciplinary orders, meeting minutes, newsletters, biennial reports, etc.)
- Provide 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.
- Provide links to other sites that inform prospective students on how to pursue a career as a chiropractor, what exams are required, what educational standards need to be met, etc.
- Transitioned to an online 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.
- Continued implementation and refinement of the continuing education audit system, completed audits of over 2000 licensees.
- Continued to promote increased usage of the online payment and renewal process.
- Board Member held position of District II Director for Federation of Chiropractic Licensing Boards and multiple Board Members participated in international and national conferences
- Executive Director held position of President of the Association of Chiropractic Board Administrators and participated in international and national conferences
- Board Members participated in National Board of Chiropractic Examiners examination development and administration and one Board Member served as Examination Director

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 19 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

New areas of concern arose relating to utilization of new technology treatments, protecting patients from deceptive billing practices and expansion of the practice act to allow for treatment of animals.

Issues remain regarding regulation of chiropractors in the areas of inter-jurisdictional mobility, technology (electronic recordkeeping and treatment options), and fraud investigation. The MBCE plans to continue addressing these issues in the coming biennium through investigations, disciplinary enforcement, rulemaking and legislation.

The Board has done its best to support the Governor's Drive to Excellence Plan through expenditure of funds to modify computer hardware and software, ensuring the ability for continued collaboration with the all other health and non-health related licensing boards, and statewide goals which are not fully defined at this time.

The Board expects to actively participate in the statewide electronic health records, continuation of operations plan, and other emerging policies and procedures being developed by other state agencies, all of which will have an impact on the resources of the Board, its budget, licensees and the public.

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, 2008 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	PRESIDENT & PROFESSIONAL MEMBER January 2010
RICHARD TOLLEFSON, D.C. (Northwestern College of Chiropractic) 12045 Hanson Boulevard Northwest Coon Rapids, MN 55448	VICE PRESIDENT & PROFESSIONAL MEMBER January 2009

RALPH STOUFFER, Ed.D.
2237 Ferris Lane
Roseville, MN 55113

ADMINISTRATIVE OFFICER &
PUBLIC MEMBER
January 2011

HOWARD A. FIDLER, D.C.
(Cleveland Chiropractic College KC)
4415 Excelsior Blvd
St. Louis Park, MN 55416

PROFESSIONAL MEMBER
January 2012

KIM HILL
PO Box 78
Lonsdale, MN 55046

PUBLIC MEMBER
January 2009

MATTHEW ANDERSON, D.C.
(Los Angeles College of Chiropractic)
10564 France Ave S
Bloomington MN 55431

PROFESSIONAL MEMBER
JANUARY 2011

ROBERT DASCHNER, D.C.
(Los Angeles College of Chiropractic)
117 N State St
Waseca MN 56093

PROFESSIONAL MEMBER
January 2012

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
DEE, DENISE	Office Specialist, Temporary	3/15/2007 to 5/31/2007

(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. To cover during extended absences of one full time employee in each fiscal year, the Board in FY07 utilized a temporary staff person and in FY08 explored the possibility of utilizing a shared staff person to reduce costs and manage a contested case activity with limited success.)

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

The Board spent dedicated technology funds on hardware upgrades and is in the process of updating software to manage the newly enacted animal chiropractic registration (S.F. 3683, sections 24-31, 4th Engrossment, 85th Legislative Session (2007-2008))

The Board also received special LAC funding approval for contested case costs in FY07 and proactively approached and received funding from the 2008 Legislature to fund ongoing contested case legal expenses.

The Board's reaction to the above and reductions to the special revenue accounts will be studying and planning for a fee increases/one-time assessment in FYs 2010-11.

No portion of the increased spending authority was allocated to the base budget to cover increasing costs of staff employees (e.g., increasing costs of salary, health care, rent, etc.) required to manage the complex nature and segregated duties required in contested cases.

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

Item	FY 2005	FY2006	FY2007	FY2008
Receipts	$613,686.86	$629,986.96	$689,992.04	$678,458.43
Disbursements	$495,411.29	$515,471.91	$613,455.44	$613,017.56

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
ANIMAL CHIROPRACTIC	[1]
APPLICANT/LICENSE EXAMINATION	$250.00
BOARD ORDERS	$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
PRECEPTORSHIP FEE	$100.00
PRIOR LATE FEE	$300.00
PRIOR RENEWAL	$200.00
REFUND FEE	$0.00
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[2]

[1] This registration was mandated by the 2007-2008 Legislature without an increase in spending authority or authorization to collect a fee; the Board expects to approach the Legislature to set a fee once costs may be accurately anticipated.

[2] 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 to increase usage of the system; the fee was set at a fixed rate of $1.50 per license or registration type being renewed. The online fees passed through directly to the credit card processing vendor and additional bank charges are now subsidized by the operations budget to remove the impediment from use of the board's online renewal system. Increasing credit card and online charges is just another challenge for this board to overcome as it strives to remain revenue neutral as required 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. The Board is beginning to monitor the rising age of its practitioners. 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**	**FY2007**	**FY2008**
Active	2354	2391	2442	2548
Inactive	156	162	168	165
Total	**2510**	**2553**	**2610**	**2713**
Practitioners Age 65 and Over	74	81	95	104

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

Registrations	**As of June 30, 2005**	**As of June 30, 2006**	**FY2007**	**FY2008**
Acupuncture	600	613	607	622
Animal Chiropractic			-	New
Professional Firms	455	456	532	581
Independent Examiners	74	62	57	53
Graduate Preceptors	37	22	22	24
TOTAL REGISTRATION	**1166**	**1153**	**1218**	**1280**

B. New licenses and registrations issued during biennium

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

FY	**By Exam**	**By Transfer**	**Total**	**Male**	**Female**
2005	124	8	**132**	81	51
2006	126	3	**129**	82	47
2007	125	9	**134**	84	50
2008	145	8	**153**	93	60

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

FY	Acupuncture	Animal Chiropractic	Corporation/ Firm	GPP	Independent Examiner	Total
2005	2		65	11	5	83
2006	20		61	9	2	92
2007	19		71	11	1	102
2008	33	New	65	24	2	124

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	FY 2007	FY 2008
1. COMPLAINTS RECEIVED (1 per DC/complainant)	143	200	172	150	160	184	176	155
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	177	167
BY TYPE BREAKDOWN: (may be multiple per DC/CP)								
A. Acupuncture Violations	**	0	0	2	1	2	4	3
Address Change, failure to notify the board						1	1	0
B. Physical or Mental Disability	**	1	1	0	0	0	0	0
C. Advertising (7 categories)	**	48	25	30	40	30	49	15
D. Aiding and Abetting an Unlicensed Practice	**	1	3	3	3	3	2	3
E. Application Disclosure	**	0	5	16	28	31	11	3
F. Billing Dispute	**	2	3	4	0	6	1	2
G. Conviction of a Crime/Misdemeanor	**	13	4	9	6	4	4	9
Conviction of a Felony					1		4	1
H. Delegating professional responsibilities to unqualified	**	5	1	1	1	6	2	1
I. Discipline in Another State	**	3	1	1	1	1	2	2

or Jurisdiction								
J. Exercising Influence over a Patient to exploit Gain	**	21	15	12	3	19	8	17
K. Failure to report or cooperate with Board Investigation / Failure to make a report required by law	**	0	1	1	1	5	1	1
L. Failure to pay renewal fee or meet CE requirements							0	1
M. Fraud in applying for a license	**	0	1	2	1	1	1	1
N. Graduate Preceptorship Program violation	**	1	2	1	0	3	1	0
O. Gross or Repeated Malpractice	**	22	8	14	18	21	10	7
P. Habitual Intemperance in the Use of Alcohol or Drugs	**	2	10	9	12	9	10	8
Q. HPSP report of non-compliance	**	1	2	3	1	1	3	1
R. Improper Maintenance of Records (4 categories)	**	15	7	18	13	8	6	8
S. Independent Examiner false or unfounded, unprofessional, etc.	**	5	8	3	11	5	0	3
T. Other, non-jurisdictional, not a Chiropractic Statute/Rule	**	10	4	8	18	24	6	6
U. Petition for Termination of Action	**	2	4	1	3	2	4	6
V. Practice Outside the Scope of Chiropractic	**	3	3	5	1	11	3	4
W. Practice Under a False or Assumed Name	**	2	2	0	0	0	0	1
X. Practice w/o a License	**	6	4	6	12	13	8	7
Y. Professional Corporation Registration Violation	**	1	1	1	0	1	3	4
Z. Recordkeeping (does not meet standards, justify care, or false/ altered)	**	3	14	6	8	5	5	10
AA. Revealing privileged communication	**	1	0	1	1	1	0	0
BB. Splitting fees, Paying a Commission or Accepting a Rebate	**	13	21	1	4	2	3	0
CC. Unable to Practice w/reasonable Skill/Safety to the Public	**	14	5	8	7	11	7	7
DD. Unprofessional Conduct (general)	**	0	3	4	0	0	6	4
EE. Unprofessional Conduct, billing: unconscionable fee, for services not rendered, threatening, dishonest,	**	27	46	23	32	38	14	21

fraud, etc.								
FF. Unprofessional conduct, gross ignorance or incompetence	**	1	2	2	0	0	0	0
GG. Unprofessional conduct, performing unnecessary services	**	0	2	3	5	8	1	4
HH. Unprofessional conduct, sexual	**	5	13	8	12	8	5	8
II. Violation of a Lawful Order of the Board	**	4	4	5	3	0	2	2

**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	FY 2007	FY 2008
1. Complaints Open:	64	21	36	63	70	63	60	63	62	23
2. Open Less Than 3 Months	9	19	98	126	91	101	116	113	95	102
3. Open 3 to 6 Months	40	45	25	41	46	16	14	35	30	25
4. Open 6 to 12 Months	27	1	12	18	17	17	17	13	24	6
5. Open More Than 1 Year	25*	1	8	14	18	17	12	15	15	0
6. Not Counted Above (No Closed Date)	**	**	**	**	**	**	1	12	15	35

*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	2007	2008
Number of complaints received in the fiscal year	142	198	171	149	167	189	176	155
Disposition type								
Closed, insufficient evidence	48	78	55	48	55	59	35	38
Closed, no violation	8	11	4	4	16	12	17	15
Non-jurisdictional	21	26	15	10	9	18	8	18
Referred (to AGO)	3	13	15	1	5	9	10	16
Violation resolved	37	44	41	34	9	12	35	26
Violation, warning	0	3	5	7	6	26	23	26
Unable to pursue (no waiver or no contact info)	12	5	2	2	7	11	17	9
Disciplinary action * (cases closed by action)	7	8	13	14	11	16	7	7
Actual number of disciplinary actions taken	4	4	4	6	7	10	7	7
Corrective Action Agreement * (cases closed by CAA)	3	2	2	0	0	2	3	4
Actual number of Corrective Action Agreements	1	1	2	0	0	2	3	7
Voluntarily Surrender license	0	1	0	2	2	0	0	0
Granted unconditional license	0	1	2	0	2	1	1	2
Revoked for taxes	3	0	1	0	4	3	3	2
Complaints closed **	142	192	157	114	127	166	164	171
Contested Cases							2	3

* 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.
** Some cases remain open from all three fiscal years.
*** These numbers were unavailable at the time this report was compiled.

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
FY 2007 = 7-1-06 to 6-30-07
FY 2008 = 7-1-07to 6-30-08

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
2008	2548	165	155	61
2007	2442	168	176	72
2006	2391	162	189	79
2005	2354	156	167	71
2004	2292	165	149	65
2003	2241	178	171	76
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
1999	1874	191	119	64
1998	1767	201	178	101
1997	1625	201	148	90
1996	1615	206	158	96
1995	unknown	unknown	147	unknown
1994	unknown			
1993	unknown			
1992	unknown			
1991	unknown			

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

Minnesota Board of Dentistry

Biennial Report

July 1, 2006-June 30, 2008

For more information, contact:
Minnesota Board of Dentistry
2829 University Avenue SE
Suite 450
Minneapolis, MN 55414
www.dentalboard.state.mn.us

Phone: (612) 617-2250
Fax: (612) 617-2260

Minnesota Board of Dentistry

BIENNIAL REPORT*
July 1, 2006 to June 30, 2008

I. GENERAL INFORMATION

A. Board Mission and Major Functions

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

Major Functions

I. *Licensure and Registration*

- Establish minimum standards for entry to the professions of dentistry, dental hygiene and registered dental assisting
- Provide initial licensure of dentists and dental hygienists and registration of dental assistants who meet the minimum requirements for entry to the profession; applications must include successful completion of the National Dental Board Examination or the National Dental Hygiene Board Examination, successful completion of a clinical examination, and other requirements specific to the profession
- Design the Minnesota Dental Assistant Registration Examination (which is administered by an outside entity; successful completion of this exam is required prior to registration)
- Design and administer the Minnesota Jurisprudence Examination (successful completion of which is required of all applicants prior to licensure/registration)
- Provide biennial renewal of licenses and registrations for the approximately 16,000 dental professionals regulated by this Board
- Provide an objective, rule-based, timely process of licensure-by-credentials for dentists and dental hygienists who are licensed in other jurisdictions; similarly, provide a process of curricula and credentials review for dental assistants seeking Minnesota registration
- Provide official affidavits of licensure and verification of licenses and registrations for individuals, institutions, third party payers, and others
- Establish licensure considerations for international (foreign-trained) applicants seeking dental licensure, and ensure that those individuals who are granted licenses have educations that are equivalent to or greater than graduates of accredited US and Canadian programs

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

II.a. *Complaint Resolution*

- Respond to the public's questions about how to file complaints against dental professionals regulated by the Board; provide information to the public via the internet about the complaint resolution process
- Maintain a computer tracking record of 100% of all complaints filed with the Board
- Investigate 100% of all jurisdictional non-anonymous complaints filed with the Board against dental professionals regulated by the Board. Investigations are conducted by Board staff, contracted consultants, and by investigators from the Attorney General's Office. Complaint resolution steps may include:
    1. Letter of Inquiry to the licensee/registrant;
    2. Informational Conference with the licensee/registrant and one of the Board's two Complaint Committees; or
    3. Disciplinary Conference with the licensee/registrant (and their legal counsel); legal counsel from the Attorney General's Office (representing the Complaint Committee), and one of the two Complaint Committees of the Board

  Dispute resolution methods to arrive at equitable settlements are used in order to avoid prolonged, costly litigation--without compromising public protection from unsafe dental practitioners. Mediation and contested case hearings with the Office of Administrative Hearings are occasionally used to resolve disputes
- Take corrective or disciplinary action when warranted, pursuant to statute and rule
- Disseminate appropriate information to the public, dental professionals and national databases accurately and in a timely manner. The full texts of recent Stipulations and Orders are available on demand on the Board's web site
- The Board's two Complaint Committees meet jointly throughout the year to calibrate for consistency across the committees, and to work toward improving the complaint resolution process

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

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

III. *Professional Development/Continuing Dental Education*

- Establish professional development requirements as a measure of continuing competence

Significant changes adopted affecting the Professional Development requirements include:

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

IV. *Professional Firms*

- Register dental professional firms upon initial application and annually renew those registrations (approximately 870 per year)

V. *Dissemination of Public Information*

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

VI. *Legislation and Rulemaking (Policy)*

- Periodically review and update statutes and rules relating to dental practice in Minnesota
- Act as an objective resource to the legislature with regard to public protection through regulation of the dental professions
- Respond in a timely manner either to support, remain neutral or oppose pending legislation initiated by entities other than the Board
- Develop Fiscal Notes for the legislature upon request to provide perspective on the potential financial impact of bills affecting the Board
- Participate in the Council of Health Boards to review overlapping scope of practice issues among the professions and consider appropriateness of licensure for emerging health professions

B. Major Activities During the 2006-2008 Biennium

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

- The Board's Professional Development Task Force made significant, positive changes in its rules related to continuing education to shift responsibility for tracking professional development activities to each individual dental professional. The Minnesota Board of Dentistry was the first state to mandate continuing dental education credits as a condition of licensure or registration renewal, and it adopted rules changes that began in 2005 for the Board to remain proactive and efficient with regard to professional development of dental health care personnel. The Board began Professional Development audits 1/1/07.

- The Board of Dentistry adopted a commitment to conducting paperless meetings. Board members have been issued laptop computers, and materials for meetings are distributed through encrypted flash drives or access through a secure web site. Staff time, paper and supplies, and mailing costs have been significantly reduced, and confidential data are more secure.

- The Board has implemented many of the recommendations from its strategic plan, the framework for providing improved services to the public and to licensees.

- A Board web site is being maintained by Board staff, providing public information in an on-demand manner. The web site (www.dentalboard.state.mn.us) now offers on-line renewals, license verification, and other interactive features.

- The Board continued to use two complaint committees to ensure prompt processing of complaints filed against regulated dental professionals. Those two committees held approximately **45** individual meetings during the biennium, as well as **6** joint meetings (held independently and integrated into public Board meetings) in an effort to address complaints in a timely and thorough manner.

- The Board has had a representative serving on the Department of Human Services' Dental Access Advisory Committee, and has participated in access forums presented by the Minnesota Association of Community Dentists and other groups. The Board has also had representatives involved with the Oral Healthcare Solutions Project, hoping to improve access to dental services statewide.

- Recent legislation requires dentists who administer general anesthesia and conscious sedation to renew there certification at the same time as their license renewal is due. A fee of $50 is now required to apply and/or renew their certification. An inspection process is being developed to further ensure compliance with established safety standards.

- The Board recently implemented an on-line feature for licensed hygienists to register their collaborative agreements. A collaborative agreement is a written document, drafted between a licensed dentist and a dental hygienist. The agreement outlines the parameters of care and services that may be provided by the collaborative dental hygienists without the presence of a licensed dentist at a location other than the usual place of practice of the dentist or dental hygienist and without a dentist's diagnosis and treatment plan. Registering the agreements provides access to data that have been previously unavailable.

C. Emerging Issues Regarding Regulation of Dental Professionals

- Ensuring access to dental health services for all Minnesota citizens remains an issue that the Board is exploring ways to address. The Board has been working with many government organizations, community groups and professional associations to address access from a regulatory perspective.

- Exploring more contemporary methods of tracking continuing dental education credits earned by regulated dental professionals is an area to which the Board has devoted a great deal of time during the biennium. Recently adopted rule changes recognize CDE as a *component* within the broader scope of professional development, and identify core competency areas for focused training.

- Rulemaking has progressed to expand the scope of practice (allowable duties) for hygienists and registered dental assistants. The proposed rules would also change the level of supervision required for various procedures.

- The Board is committed to providing easy and timely access to accurate public, and continually upgrades its computer database, software and hardware, as well as making its web site increasingly interactive.

- The legislature has created a new mid-level dental professional called the Oral Health Practitioner (OHP). OHPs will be regulated under the jurisdiction of the Board and are expected to begin becoming licensed in 2011.

- Limited General License (LGL) – The legislature has a limited license for graduates of non-accredited dental schools who complete a credentials review by the Board and are subsequently permitted to sit for a recognized clinical examination. Upon successful completion of all licensing requirements, the applicant may be granted an LGL, in which they would practice for 3 consecutive years under a supervising dentist approved by the Board before being eligible for full licensure.

II. BOARD MEMBERS, STAFF AND BUDGET

A. Board Composition

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

As of June 30, 2008, the following were members of the Board:

Board Member	2008 Officer	Residence	Term Expires
Linda Boyum, RDA		Minnetonka, MN	2010
Nadene Bunge, DH	President	Rochester, MN	2009
Mark W. Harris, DDS	Past President	Tonka Bay, MN	2009
Kristin Heebner, JD, Consumer		Minneapolis, MN	2011
David A. Linde, DDS		Prior Lake, MN	2012
Candace Mensing, DDS	Vice President	Rochester, MN	2010
Susan Osman, Consumer		Minnetonka, MN	2012
Freeman Rosenblum, DDS		Minnetonka, MN	2011
Joan A. Sheppard, DDS	Secretary	Bloomington, MN	2011

B. Board Staff

The Board staff, 10.0 FTEs, consists of a full-time executive director appointed by the Board, and the following 8 full-time employees hired by the executive director: 1 office manager; 1 administrative assistant; 1 licensing and professional development administrator, 1 licensing analyst; 1 complaint unit supervisor; 1 complaint analyst; 1 compliance officer, and 1 legal analyst. The director also has hired temporary receptionists and employs a dentist consultant in support of Board operations

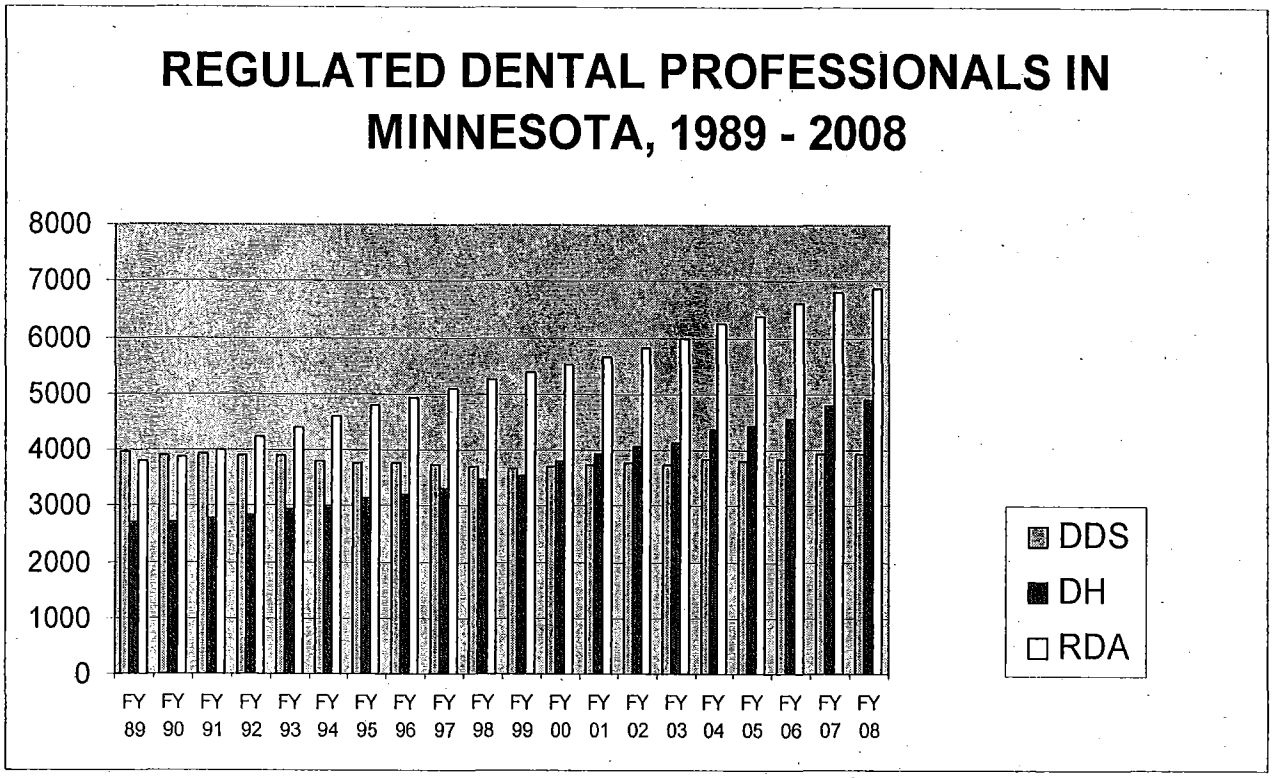
C. Receipts, Disbursements and Major Fees Assessed by the Board.

Item	FY 2007	FY 2008
Receipts	$ 1,232,710	$ 1,243,380
Disbursements	$ 1,357,388	$ 1,401,625
Fees: Dentists (including Faculty Dentists)	FY 2007	FY 2008
Initial Application	$ 140	$ 140
Biennial Renewal Application*	$ 310	$ 310
Credential Application	$ 725	$ 725
Fees: Dental Hygienists		
Initial Application	$ 55	$ 55
Biennial Renewal Application*	$ 100	$ 100
Credential Application	$ 175	$ 175
Fees: Registered Dental Assistants		
Initial Application	$ 35	$ 35
Biennial Renewal Application*	$ 70	$ 70
Fees: Resident Dentists		
Initial Application	$ 55	$ 55
Annual Renewal Application	$ 50	$ 50
Fees: Guest Licensure (DDS, DH, RDA)		
Initial Application	$ 50	$ 50
Fees: Limited Registered Dental Assistant		
Initial Application	$ 15	$ 15
Biennial Renewal Application	$ 24	$ 24

**Those who failed to renew their credential by their expiration date were subject to a 25% late fee if biennial renewal or 50% late fee if an annual renewal.*

*Note: The annual renewal fees were **reduced** in 1999 to the levels indicated above. Renewals are now staggered throughout the year based on birth month and year.*

III. LICENSING AND REGISTRATION



	FY2007	FY2008
Active Dentists	3957	3919
Active Specialty Dentists	23	24
Active Hygienists	4773	4879
Active Registered Dental Assistants	6712	6864
Full Faculty Dentists	24	23
Limited Faculty Dentists	7	8
Resident Dentists	55	47
Limited Registered Dental Assistants	5	5

IV. COMPLAINTS AND DISCIPLINE

IV. COMPLAINTS AND DISCIPLINE

A. NEW complaints received during each year of the biennium

1. Total new complaints received

FY 07	FY08
266	232

2. Complaints categorized by occupation

	FY 07	FY08
a) D.D.S.	219	202
b) DH	18	12
c) R.D.A.	19	14
d) non-licensed	10	4
	266	**232**

3. Complaints per 1,000 regulated individuals:
(Not analyzed according to type of dental professional)

FY 07	FY08
15	17

4. Complaints categorized by type (primary allegation):

	FY 07	FY 08
a) competency	87	90
b) licensure	20	19
c) prescription or drugs	14	13
d) sexual misconduct	1	0
e) auxiliary misuse	5	7
f) sanitary/safety	26	5
g) advertising	13	16
h) unprofessional conduct	68	55
i) fraud	20	11
j) failure to cooperate w/Board	2	6
k) unconscionable fees	5	6
l) disability	5	4
m) mandatory reporting	0	0
TOTALS:	**266**	**232**

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

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

	FY 07	FY 08
1. a) All complaints open on 6/30/08	--	139
b) All complaints open on 6/30/07	120	--
2. Open less than 3 months	47	28
3. Open more than 3 mos., but less than 6 mos.	11	32
4. Open more than 6 mos., but less than 9 mos.	9	20
5. Open for more than 1 year	22	39

Explanation of complaints open for more than one year:

FY 07 N=22

Of the 22 complaints that remained open for more than one year, all but one of the complaints involved AGO investigations. The one other complaint involved an individual who failed to comply with Health Professionals Services Program (HPSP). For 11 of the complaints, scheduling of disciplinary conferences and resolution negotiation processes took several months. The other 11 complaints proceeded or are in the process of proceeding to contested case hearings.

FY 08 N=39

Of the 39 complaints that remained opened on June 30, 2008 for more than one year, 9 of the complaints (regarding five different individuals) remained at AGO for investigation. 17complaints, against three separate dentists, are proceeding to contested case hearings. 11 of the open complaints involve six separate licensees for whom negotiations for disciplinary or corrective actions were underway as of 06/30/2008. Finally, 2 of the complaints involve pending conferences for two separate licensees as of 06/30/2008.

C. Closed Complaints

Notes: 1. The numbers below include complaints that had been open at the start of the biennium. Thus, the numbers cannot be compared to the number of complaints listed under part A, above.
2. Subparts 2.e. and 2.h., below, are not included in the total number of cases closed. Civil penalties and referrals to HPSP are not considered separate disciplinary actions, but rather, they are included as part of disciplinary board orders].

	FY 07	FY 08
1. Number of complaints closed	290	225
2. Disposition by type:		
a) revocation	0	1
b) voluntary surrender	6	2
c) suspension with or without stay	2	12
d) restricted / limited / conditional license	3	1
e) *civil penalties*	*1*	*2*
f) reprimand	0	
g) agreement for corrective action	18	23
h) *referral to HPSP*	*16*	*26*
i) dismissal or closure	259	197
TOTALS:	288	236

	FY 07	FY08
3. Number of cases closed that were open for more than 1 year:	37	46

V. TREND DATA AS OF JUNE 30, 2008

For each year of the previous five biennia:

A. Number of persons licensed or registered:

Fiscal Year	DDS	DH	RDA	Totals
2008	3919	4879	6864	**15,662**
2007	3957	4773	6712	**15,442**
2006	3,871	4,679	6,697	15,247
2005	3,742	4,340	6,372	15,247
2004	3832	4348	6255	14,435
2003	3739	4128	6000	13,867
2002	3768	4079	5820	13,667
2001	3735	3930	5642	13,307
2000	3707	3808	5530	13,043
1999	3667	3547	5373	12,587
1998	3708	3464	5245	12,417
1997	3730	3307	5081	12,116

B. Percentage of renewals completed on-line.

Fiscal Year	Pecentage that Renewed On-Line
2008	69.54
2007	64.22
2006	61.24
2005	5.42

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

Fiscal Year	DDS	DH	RDA	Non-lic/reg	Total
2008	196	12	14	10	**232**
2007	219	18	19	10	**266**
2006	195	17	27	0	239
2005	256	13	14	5	288
2004	238	9	16	5	268
2003	216	6	7	0	229
2002	209	8	12	5	234
2001	197	2	11	3	213
2000	220	5	13	2	240
1999	200	3	3	3	209
1998	166	4	3	6	179
1997	208	2	3	0	213

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

Fiscal Year	DDS	DH	RDA
2008	50	2.46	2.04
2007	55	3.77	2.83
2006	50	3.63	4.03
2005	69	2.99	2.20
2004	62	2.07	2.56
2003	58	1.45	1.17
2002	55	1.96	2.08
2001	53	0.51	1.94
2000	60	1.30	2.35
1999	55	0.85	0.56
1998	45	1.15	0.57
1997	56	0.61	0.59

E. Total number of all cases remaining open at the end of each biennium (June 30):
(NOTE: Includes cases opened before and during the biennium)

Biennium	DDS	DH	RDA	*Non-lic/reg*
07-08	112	9	8	*10*
05-06	90	6	13	*not counted*
03-04	125	4	8	"
01-02	134	1	4	"
99-00	138	2	0	"
97-98	153	N/A	N/A	"

Minnesota Board of Dietetics and Nutrition Practice

Biennial Report

July 1, 2006-June 30, 2008

For more information, contact:
Minnesota Board of Dietetics and Nutrition Practice
2829 University Avenue SE
Suite 555
Minneapolis, MN 55414
www.dieteticsnutrition.state.mn.us

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

Minnesota Board of Dietetics and Nutrition Practice
Biennial Report
July 1, 2006 to June 30, 2008

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

- Consideration of additional avenues for nutritionist licensure

C. Emerging issues regarding regulation of Dietitians and Nutritionists

- Refining of acceptable continuing education for licensure purposes

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—Carol Haggerty, St. Paul, 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 Office Administrative Specialist.

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

Item	FY 2007	FY 2008
Receipts	$ 75,779	$ 81,098
Disbursements	$ 86,498	$ 73,945

Fee	Amount	
	2007	2008
Application	$100 - 175	$100 - 175
Original License	$150	$150
Annual Renewal	$ 45	$ 45

III. Licensing and Registration

A. Persons licensed as of June 30

FY	Nutritionist	Dietitian
2007	59	1140
2008	59	1236

B. New licenses issued during biennium

FY	Nutritionist	Dietitian
2007	1	86
2008	0	98

C. Licenses reinstated during biennium

FY	Nutritionist	Dietitian
2007	0	10
2008	0	8

IV. Complaints

A. Complaints Received

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

Item	FY 2007	FY 2008
1. Complaints Received	2	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	2	2
F. Unprofessional Conduct		1

B. Open Complaints on June 30

Item	FY 2007	FY 2008
1. Complaints Open	1	3
2. Open Less Than 3 Months	1	2
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 2007	FY 2008
1. Number Closed	3	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	3	1
3. Cases Closed That Were Open For More Than One Year (explain)		

V. Trend Data as of June 30

Year	A. Dietitians Licensed	Nutritionists Licensed	C. Complaints	C. Complaints Per 1,000 Licensees	D. Open Cases
2008	1236	59	3		3
2007	1140	59	2		1
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, 2006-June 30, 2008

For more information, contact:
Minnesota Board of Marriage and Family Therapy
2829 University Avenue SE
Suite 330
Minneapolis, MN 55414
www.bmft.state.mn.us

Phone: (612) 617-2220
Fax: (612) 617-2221

Biennial Report
July 1, 2006 to June 30, 2008

I. General Information

A. Board Mission and Major Functions

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

Board Functions:

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

B. Major activities during the biennium:

The following major activities were accomplished during the biennium:

- The Board has been working on rule revision for three years. Major changes are being proposed 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.
- 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 180 per year. The Board is prepared for these increases. The Board should have no problem coping with these increased numbers provided it can expand its technology.

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
- Mark Flaten, MA, LMFT (Minneapolis, MN)
- Sara Wright, Ph.D., LMFT (Minneapolis, MN)
- Herbert Grant, Ph.D., 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 2007	FY 2008
Receipts	$213,781	244,728
Direct Disbursements	118,649	130,499

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

III. Licensing Numbers

A. Persons licensed as of June 30, 2008:

Licensed Marriage & Family Therapists:	1069
Licensed Associate Marriage & Family Therapists:	232

B. New licenses issued during the biennium:

Licensed Marriage & Family Therapists	215
Licensed Associate Marriage & Family Therapists	212

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 2007	FY 2008
Complaints received	29	31
Complaints by type		
A. Violation of confidentiality	6	8
B. Lack of professional competence	3	6
C. Sex with client, supervisee or student	2	4
D. Other dual relationship	18	13

B. Open complaints on June 30, 2008

Item	FY 2007	FY 2008
1. Complaints open	14	12
2. Open more than 3 months	8	12
3. Open more than 6 months	6	8

C. Closed complaints on June 30, 2008

Item	FY 2007	FY 2008
1. Number closed	17	27
2. Deposition by type		
a) Revocation	0	0
3. Agreement for corrective action	3	5
4. Dismissal or closure	14	22

MINNESOTA BOARD OF MEDICAL PRACTICE

BIENNIAL REPORT

JULY 1, 2006 TO JUNE 30, 2008

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, 2006 TO JUNE 30, 2008

SUBMITTED BY: ROBERT A. LEACH, EXECUTIVE DIRECTOR

Minnesota Board of Medical Practice
Biennial Report
July 1, 2006 to June 30, 2008

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

1. STRATEGIC PLANNING

Throughout 2006 – 2008, the Board has engaged in a number of Strategic Planning Meetings. The Board's future strategic planning efforts will be directed by the Board's Policy and Planning Committee.

2. TASKFORCE ON CONTINUING COMPETENCY AND MAINTENANCE OF LICENSURE

Throughout 2006-2008, the Board's Taskforce on Continuing Competency and Maintenance of Licensure engaged in a series of meetings to address the question of how the Board can assure the public on the competency of physicians practicing in Minnesota. The Board's efforts on this issue parallel a similar effort spearheaded on the national level by the Federation of State Medical Boards.

Members of the Taskforce are:

- Linda Van Etta, M.D., Board President – Chair
- Steven Altchuler, M.D., Ph.D., Board Member
- Jon Thomas, M.D., MBA – Board Member
- Rebecca Hafner-Fogarty, M.D., MBA – Board Vice President
- Kelli Johnson – Board Member
- Kathleen Brooks, M.D., MBA, MPA – Minnesota Medical Association
- Stephen Miller, M.D., MPH – American Board of Medical Specialties
- Douglas Hiza, M.D. – BlueCross/BlueShield
- David Feinwachs, J.D. – Minnesota Hospital Association
- Deborah Powell, M.D., - Dean, University of Minnesota Medical School
- Keith Stelter, M.D. – Minnesota Academy of Family Practice
- David Williams, M.D./Joseph Kolars, M.D. – American College of Physicians
- Robert Leach, J.D. – Executive Director, Minnesota Board of Medical Practice
- Richard Auld, Ph.D. – Assistant Executive Director, Minnesota Board of Medical Practice
- Alison Coulter, M.D. – Medical Coordinator, Minnesota Board of Medical Practice

3. EXECUTIVE DIRECTOR

The Board's Executive Director, Robert A. Leach, J.D., continued to serve on the National Board of Medical Examiners Committee on Irregular Behavior and Score Validity for the United States Medical Licensing Examination.

4. PUBLIC OUTREACH

The Board discontinued its presence at the Minnesota State Fair in 2007. The Board has re-directed its efforts to increase public awareness of the Board's role in public protection and to promote its on-line Physician Profile by contracting for public service announcements on Minnesota Public Radio.

5. MINNESOTA ALLIANCE FOR PATIENT SAFETY

Ruth Martinez, Complaint Review Unit Supervisor, has represented the Board on the Minnesota Alliance for Patient Safety.

The Minnesota Alliance for Patient Safety ("MAPS") is a partnership among the Minnesota Hospital Association, the Minnesota Medical Association, the Minnesota Department of Health, Health

Licensing Boards (including the Board of Medical Practice), and many other public and private health care organizations working together to improve patient safety. The MAPS mission is to promote optimum patient safety through collaborative and supportive efforts among all participants of the health care system in Minnesota; with the goals of improving patient safety, the culture for patient safety, and mobilizing community resources for patient safety. MAPS participants, including the Board of Medical Practice, have worked together to develop a statement that represents the collaborative efforts of health care organizations in Minnesota to improve patient safety and health care quality. The Board of Medical Practice, at its meeting on March 4, 2006, voted to adopt the MAPS Statement of Support for a Statewide Culture of Learning. The MAPS statement reflects the current philosophy of the Board of Medical Practice and is consistent with the Board's mission to protect the public.

II. Board Members, Staff, and Budget

A. Board Composition

LIST OF BOARD MEMBERS WHO SERVED DURING FISCAL YEARS 2007 AND 2008

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 – 1/08
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 4/07 – 1/11
Robert Brown, Ph.D. The University of St. Thomas 1000 LaSalle Avenue, MOH217 Minneapolis, MN 55403	Administrator	7/06 – 1/10
Jack Geller, Ph.D. Professor & Head Department of Arts, Humanities & Social Sciences 110 A Sahlstrom Hall University of Minnesota, Crookston 2900 University Avenue Crookston, MN 56716	Educator	7/06 – 1/10
Rebecca Hafner-Fogarty, M.D., MBA 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 8/08 – 1/12
Kelli Johnson SHADAC/University of MN 2221 University Avenue., SE, #345 Minneapolis, MN 55414	Administrator	7/04 – 1/08 8/08 – 1/12
Ernest W. Lampe, II, M.D. Surgical Specialists of Minnesota 2545 Chicago Avenue, Suite 500 Minneapolis, MN 55404	Medical Doctor	3/04 – 1/08 8/08 – 1/12
James Langland, M.D. Dakota Clinic 1720 Highway 59 SE Thief River Falls, MN 56701	Medical Doctor	7/04 – 1/08 8/08 – 1/12

Name & Address	Occupation	Term(s)
Tammy McGee College of St. Catherine 2004 Randolph Avenue Mail Code F3 St. Paul, MN 55105	Administrator	4/07 – 1/11
James L. Mona, D.O. Hutchinson Area Healthcare 1095 Highway 15 South Hutchinson, MN 55350	Doctor of Osteopathy	7/03 – 1/07 4/07 – 1/11
Allen Rasmussen Rainy River Community College 1501 Highway 71 International Falls, MN 56649	Educator	3/02 – 1/04 1/04 – 1/08 8/08 – 1/10
Kris Sanda 11730 Hastings Street NE Blaine, MN 55449-7912	Businesswoman	7/99 - 1/03 7/03 – 1/07
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 76th Street Edina, MN 55435	Medical Doctor	6/06 – 1/10
Jon Thomas, M.D., MBA 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

NAME	CURRENT JOB CLASSIFCATION/TITLE	DATES OF SERVICE
David Anderson	Information Technology Specialist 2 Network Administrator	09-06-06 – present
Therese Anderson	Office & Administrative Specialist Intermediate Licensure Specialist	10-25-76 – 10-09-07
Richard Auld	Assistant Executive Director	11-25-85 – 06-16-92 08-24-94 – 01-21-98 01-01-99 – present
Wendy Boswell	Office & Administrative Specialist Intermediate Registration Specialist	07-03-06 - present
Vicki Chelgren	Office & Administrative Specialist Registration Assistant	11-27-06 - present
Mark Chu	Information Technology Specialist 4 Database Administrator	12-10-01 – present
Barbara Dressel	Office & Administrative Specialist Receptionist	10-20-76 – 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
Maura LeClair	Office & Administrative Specialist Complaint Review Unit Assistant	07-30-03– present

NAME	CURRENT JOB CLASSIFCATION/TITLE	DATES OF SERVICE
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 – 09-26-06
Helen Patrikus	Investigator Medical Regulations Analyst	10-23-91 – present
Rachel Prokop	Office & Administrative Specialist Intermediate Registration Specialist	01-02-08 - present
Kevin Slator	Investigator Senior Medical Regulations Analyst Senior	01-04-99 – 07-25-06
Karen Stuart	Office & Administrative Specialist Complaint Review Unit Assistant	08-22-05 - present
Anthony Wijesinha	Investigator Medical Regulations Analyst	10-18-06 – present

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

Item	FY 2007	FY 2008
Receipts	$4,427,542	$4,660,127
Disbursements	$3,813,324	$3,166,764

Source Codes	Description	ACTUAL RECEIPTS FY 2007	ACTUAL RECEIPTS FY 2008
Fund -	*171 Receipts*		
5191	Telemedicine Application	5,300	5,700
5192	Telemedicine Registration	14,346	17,190
5193	Telemedicine Certification	3,375	1,550
5194	Midwifery Certification	50	25
5195	Midwifery Late Fee	75	75
5196	Midwifery Temporary Permit	0	0
5197	Midwifery Annual License	1,600	1,100
5198	Midwifery Inactive Status	0	0
5199	Midwifery Application	100	0
5200	MD Annual Registration	3,561,586	3,668,248
5201	MD Application Fee	234,200	240,675
5202	Exam Administrative Fee	0	0
5203	MD Temporary License	39,300	39,000
5204	MD Endorsement Fee	2,070	1,000
5205	MD Certification	48,440	58,235
5206	MD Verification	0	0
5207	MD Late Fee	35,040	33,180
5208	MD Residency Permit	16,380	17,355
5210	Emeritus Registration	750	900
5211	PA Annual Registration With Prescribing	151,396	175,798
5212	PA Application Fee	16,320	21,120
5216	PA Certification Fee	1,575	1,700
5217	PA Verification Fee	0	0
5218	PA Late Fee	1,510	1,500
5226	RCP Annual Registration	146,166	156,186
5227	RCP Application Fee	13,500	12,500
5229	RCP Certification Fee	2,750	2,300
5230	RCP Temporary Permit	4,200	3,600
5231	RCP Late Fee	3,036	3,000
5232	AT Annual Registration	53,991	64,500
5233	AT Application Fee	3,300	4,500
5234	AT Temporary Permit	1,750	2,600
5235	AT Certification Fee	500	550
5236	AT Late Fee	945	1,215
5237	Civil Penalties	25,569	14,161
5238	Miscellaneous	487	1,361
5239	Duplicate License	4,625	4,400
5240	Education Approval	0	0
5241	Competitive Athletic Event	0	0
5242	Medical Corporate Annual Registration	13,025	12,300

Source Codes	Description	ACTUAL RECEIPTS FY 2007	ACTUAL RECEIPTS FY 2008
Fund -	*171 Receipts*		
5243	Corporate Application	2,020	2,300
5245	AP Annual Registration	48,576	54,038
5246	AP Application	6,150	6,150
5247	AP Certification	425	275
5248	AP Late Fee	900	1,250
5249	AP Temporary Permit	2,040	2,220
5250	AP Inactive Status	0	0
5251	PA Annual Registration Without Prescribing	5,002	2,415
5252	PA Temporary Permit	6,420	9,295
5253	PA Temporary Registration	690	1,265
5254	PA Locum Tenens Permit	0	0
5255	RCP Temporary Registration	2,340	3,690
5256	RCP Inactive Status	100	150
5257	Report Generation	5,875	5,980
5258	AT Temporary Registration	300	400
5259	Primary Verification	150	175
8310	EZ Gov Fee	(8,012)	0
8346	Credit Card CLR	(52,692)	0
Fund	*REVENUE RECEIPTS TOTAL FUND 171*	4,427,542	4,657,127
Fund -	*200 Receipts*		
5244	Seminar/Workshops	0	$ 3,000
	TOTAL RECEIPTS	$4,427,542	$4,660,127

III. Licensing and Registration

A. Licenses/Registrations Issued:

Licenses/Registrations issued by Health Profession

	FY 07	FY 08
PHYSICIANS		
Federation Licensing Examination	46	48
Licentiate Medical Council Canada	12	21
National Board of Medical Examiners	115	127
National Board of Osteopathic Medical Examiners	10	13
COMLEX	43	43
State Examination	5	3
Examination Combination	16	19
United States Medical Licensing Examination	890	882
TOTAL LICENSED/REGISTERED	1,137	1,156
PHYSICIAN RESIDENCY PERMITS	818	858
ATHLETIC TRAINERS		
Equivalency	22	16
General Registration	38	33
Reciprocity	22	24
Transitional	0	0
TOTAL LICENSED/REGISTERED	82	73
PHYSICIAN ASSISTANTS		
National Commission on Certifications of PAs	136	167
TOTAL LICENSED/REGISTERED	136	167
RESPIRATORY CARE PRACTITIONERS		
Equivalency	0	0
General Registration	75	71
Reciprocity	48	50
TOTAL LICENSED/REGISTERED	123	121
ACUPUNCTURISTS		
Equivalency	0	0
General Licensure	32	37
Reciprocity	6	6
TOTAL LICENSED/REGISTERED	38	43
MIDWIVES	1	1
PROFESSIONAL FIRMS	20	21
TELEMEDICINE	60	43

*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 Midwifes	Telemedicine	Total
2008	1156	858	167	121	74	43	1	43	2463
2007	1137	818	136	123	82	38	1	60	2395

C. NUMBER OF ACTIVELY REGULATED

Fiscal Year	Physicians & Surgeons	PA's	RCP's	AT's	AP's	Traditional Midwifes	Telemedicine	Total
2008	18,797	1248	1669	611	349	14	223	22,911
2007	18,265	1111	1622	578	318	15	191	22,100

*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
2007	832	8.2
2008	868	4.2

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 07	FY 08
Less than 90 days	244	204
90 – 180 days	293	309
181 – 365	153	176
More than 365 days	60	90

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

FY07	FY08
60	90

D. Number of Complaints Received Each Year by Occupation:

	AP	AT	PA	PY	RT	Other	MW	TM
FY 07	0	4	15	750	17	35	4	8
FY 08	15	0	29	773	13	32	1	5

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

	AP	AT	PA	PT	PY	RT	MW	TM
FY 07	0	.7	1.4	N/A	3.9	.8	27.3	4.2
FY 08	0	3.8	1.5	N/A	3.3	.7	6.3	1.7

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

FY07	FY08
507	554

G. SUMMARY OF COMPLAINTS BY SOURCE

COMPLAINT SOURCE	#OF COMPLAINTS FY 07	#OF COMPLAINTS FY 08	% OF TOTAL FY 07	% OF TOTAL FY 08
BMP License Renewal Form	43	73	5.0	8.2
BMP Application Form	1	0	.1	0
BMP Staff; EX. Anonymous	24	40	2.8	4.5
BMP Non-Compliance with Order	2	2	.2	.2
Family Member	108	129	12.7	14.4
Patient	342	323	40.0	36.0
Third Party	23	35	2.7	3.9
Courts	1	2	.1	.2
Professional Liability Settlements	101	106	11.9	11.2
Enforcement Agency	4	2	.5	.2
AGO	0	0	0	0
Peer Review Organization	1	0	.1	0
Pharmacists	0	1	0	.1
Federal DHHS	1	0	.1	0
Medical Examiner/Coroner	1	1	.1	.1
Department of Health	3	2	.4	.2
HPSP	32	45	3.8	.5
MN Health Related Boards	7	4	.8	.4
Police/Sheriff Dept.	3	1	.4	.1
DHS	7	4	.8	.4
Drug Enforcement Agency	1	1	.1	.1
OHFC	13	7	1.5	.8
Medical Board Other-Federation-AMA	12	14	1.4	1.2
Medical Societies	0	0	0	0
Other Enforcement Agency	5	3	.6	.3
Health Care Institution	30	30	3.5	3.4
Licensed Health Professional	60	52	7.0	5.8
PADS	0	0	0	0
Self-Report	23	15	2.7	1.7
TOTAL	848	892		

H. SUBJECTS OF COMPLAINTS		FY 07	FY 08
D.	Actions by another jurisdiction	39	28
G	Incompetency/Unethical Conduct	709	752
K	Unprofessional Conduct	703	729
L	Illness	56	89
NJ	Non-jurisdictional	20	19
O	Medical Records	99	113
R	Becoming Addicted	34	33
S	Prescribing	288	280
T	Sexual Misconduct	37	45
Miscellaneous		146	235
	TOTAL	2,131	2,323

I. CAUSES OF BOARD ORDER	FY 07	FY 08
Illness	24	26
Chemical dependency	22	20
License disciplined (other state)	2	1
Billing practices	0	0
Unprofessional conduct	16	10
Sexual misconduct with a patient	1	2
Unethical conduct	14	10
Improper management of medical records	9	6
Convicted of felony related to practice of medicine	0	2
Prescribing	8	3
Aiding & abetting unlicensed person to practice medicine/failure to supervise	1	1
Violating a Board rule, Federal law, and/or state law related to the practice of medicine	9	11
Delinquent taxes/student loans	3	2
Reporting obligation/failure to cooperate	2	6
Reinstatement of unconditional	17	22
Medical license failure to qualify/ lapsed/practice without license	3	11
Fee splitting	0	0
Adjudication as MI/CD	0	0
Revealed privileged communication	0	0
False advertising	0	1
TOTAL	131	134

J. TYPES OF BOARD ORDERS

	FY 07	FY 08
Amended order/civil penalty/restriction	14	9
Permanent/voluntary surrender	0	2
Reinstatement of unconditional license	17	22
Reprimand and civil penalty/restricted reprimand w/civil penalty/restricted reprimand/amended	22	31
Revoke license and revocation w/civil penalty	1	0
Stayed suspension/amended stayed	0	1
Suspended license including amended order	10	8
Temporary suspension	1	0
Other (injunction order)	0	1
TOTAL ORDERS	65	74

K. COMPLAINT INVENTORY

Complaints on hand (6/30/08)	554
New complaints received (FY08)	832
Complaints dismissed/closed, including those resulting in Orders or Corrective Actions (08)	785
Complaints on hand (6/30/07)	507

L. EDUCATIONAL ACTIVITIES

	FY 07	FY 08
Corrective actions	9	8
Medical Coordinator Conferences	35	54
Complaint Review Committee Appearances which did not result in a Board Order	32	33

State of Minnesota
Office of Mental Health Practice

Biennial Report
2006-2008 Biennium

For more information, please contact:
Office of Mental Health Practice
2829 University Avenue S. E., Suite 340
Minneapolis, Minnesota 55414-3239
Telephone: 612.617.2105
Fax: 612.617.2103

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, 2006 to July 1, 2008

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:

- The Office collected data and conducted research at a national level regarding the regulation of unlicensed mental health practitioners. Information regarding the Office's activity has been presented to stakeholders such as regional ombudspersons for mental health and developmental disabilities, mental health advocacy groups, and stakeholders at conferences in the Twin Cities Metropolitan Area, as well as in Duluth.

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

- When the Office was transferred from the Minnesota Department of Health to the Mental Health Licensing Boards in 2005, the Minnesota Legislature set June 30, 2009 as the sunset date for the Office to expire, in the absence of legislative action to the contrary.

- This same legislation directed the Office to prepare and submit to the 2009 Minnesota Legislature a report that evaluates its activity and makes recommendations regarding the future of unlicensed mental health practice in Minnesota. Therefore, the Office will address these issues in a written report to the Legislature by January 15, 2009.

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 part-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, and no fines were issued or collected during FY 2007 and FY 2008.

Expenditures for the Office in FY 2007 were $44,904; and in FY 2008 were $68,651.

Licensing and Registration

The Office does not license or register practitioners.

Complaints

	FY 2007	FY 2008
Complaints received	27	31
Complaints per 1,000 practitioners (estimated number is 2,000)	13	15

Trend data as of June 30, 2008

Fiscal year	Complaints received	Complaints per 1,000	Open files
2008	31	15	30
2007	27	13	20
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

1907 - 2007 100 Years

Biennial Report
FY 2007-2008
July 1, 2006 – June 30, 2008

For more information contact:
Minnesota Board of Nursing
2829 University Avenue SE
Suite 200
Minneapolis MN 55414
www.nursingboard.state.mn.us

Phone: (612) 617-2270
Fax: (612) 617-2190

Minnesota
BOARD OF
Nursing
1907 - 2007 100 Years

Statutory Authority:
Minnesota Statues Sections
148.171 to 148.285
& 214.01 to 214.02

Submitted by:
Shirley A. Brekken
Executive Director

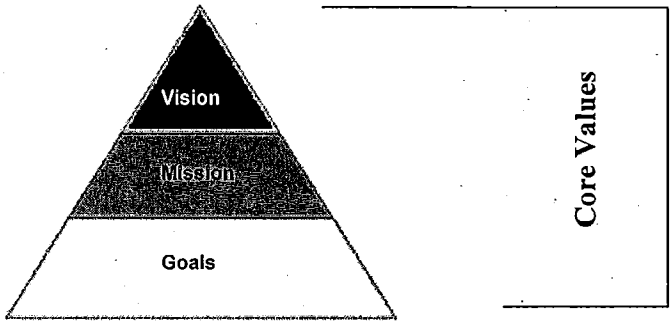
Minnesota BOARD OF Nursing
1907 - 2007 100 Years

TABLE OF CONTENTS

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 relevant 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
- 78,000 Registered Nurses
- 24,000 Licensed Practical Nurses
- 4,500 Advanced Practice RNs
- 11,000 Public Health Nurses
- 300 Border State Registry Nurses
- 50 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 64 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
- Conducted research for evidence related to best practices for regulation of nursing education programs.

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 2,6000 jurisdictional complaints of nurses who violate the nurse practice act
- Resolved 2,300 disciplinary actions
- Removed from practice 242 nurses who are at risk to public safety
- Monitored 260 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 2007-2008 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 FY2006 to FY2008 by 6%, bringing the total of licensure services conducted online to 81%. Examples include:
  - 86% of nurses renew their license online
  - 98% 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.

- 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% for the second year in a row.

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 2007-2008

Application	FY 07 Total	FY 07 Online	Percentage of Total		FY 08 Total	FY 08 Online	Percentage of Total
RN Replacements	650	355	55%		636	381	60%
RN Endorsement	2679	1211	45%		1984	1152	58%
RN Examination	3860	2784	72%		3887	3043	78%
RN Retake	761	427	56%		1088	750	69%
RN Renewal	34045	29424	86%		34830	30799	88%
RN Reregistration	986	419	43%		906	466	51%
RN Late Registration	679	132	19%		572	123	22%
RN Permit	386	172	45%		264	118	45%
Public Health Nurse	526	187	36%		507	150	30%
LPN Replacement	150	83	55%		161	83	52%
LPN Endorsement	299	185	62%		255	162	64%
LPN Examination	1560	1435	92%		1520	1410	93%
LPN Retake	223	130	58%		233	157	67%
LPN Renewal	10315	7880	76%		10378	8205	79%
LPN Reregistration	395	138	35%		417	187	45%
LPN Late Registration	416	73	18%		439	102	23%
LPN Permit	167	78	47%		135	67	50%
RN PWOCR	82	31	38%		95	48	51%
LPN PWOCR	156	105	67%		176	135	77%
TOTAL	58470	45313	78%		58604	47597	81%

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 2006, one practical nursing program and two associate degree professional nursing programs were below the minimum standard (75% or below) for first time success rates for the NCLEX®. During calendar year 2007, one practical nursing program was below minimum standard for the NCLEX® for one period and one practical nursing program was below minimum standard for two consecutive periods. Four associate degree professional programs were below minimum standard for one period during calendar year 2007. All programs below minimum standard for NCLEX® for one period were required to submit plans of corrective action. The Board surveyed the program that was below minimum standard for two consecutive periods to identify additional factors affecting the low success rate and the program director submitted a plan of corrective action after consultation with the Board at the on-site survey visit.

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

1. Alexandria Community College Associate Degree Mobility Professional Nursing Program, Alexandria, Minnesota
2. Bemidji State University Baccalaureate Professional Nursing Program, Bemidji, Minnesota
3. Crown College Baccalaureate Nursing Program, St Bonifacius, Minnesota
4. Fond du Lac Tribal and Community College Practical Nursing Program, Cloquet, Minnesota
5. Fond du Lac Tribal and Community College Associate Degree Mobility Professional Nursing Program, Cloquet, Minnesota
6. Northwest Technical College Associate Degree Mobility Professional Nursing Program, Bemidji, Minnesota
7. University of Minnesota Master of Nursing Professional Nursing Program, Minneapolis, Minnesota

The Board renewed approval for eleven professional and seven 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 disciplinary action for the violation of specific laws and rules.

The Board received 2,560 complaints during FY2007 and 2008. This was a slight increase over the previous biennium.

- The Board imposed 607 disciplinary and administrative actions, including the removal of authority to practice for 242 individuals because their continued practice was deemed a risk of harm to patients.
- During the biennium, Board staff monitored a daily average of 220 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 made up approximately 60% of the total participants monitored by the HPSP and at the close of this biennium there were 316 nurses with established monitoring agreements. The Board's share of the program expenses is approximately $358,000 annually.

Filing a complaint

In an effort to make consumers aware of 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. Staff provide information about how to file a complaint and the complaint investigation process in presentations.

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:

- Criminal Background Checks Task Force
- Executive Committee
- Nursing Education Committee
- Nursing Practice Committee
- Public Policy Committee
- Trained Medication Assistants Task Force

Board Activities:

Board effectiveness

- 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.
- Conducted surveys and self review to review board members' responsibility for effective governance. One hundred percent believe the Board's mission statement is relevant and decisions are based on the mission statement.
- Developed and implemented surveys of nursing program directors regarding the renewal of program approval process and received high approval ratings with no suggestions for changes to the process.

Evidence-based regulation/Research

- Partnered with the Minnesota Center for Nursing to study the outcomes of the standardized summer internship experience for associate degree and baccalaureate degree students.
- Developed and implemented a study of licensees who complete board approved traditional and non-traditional pre-licensure nursing education programs.
- Studied the clinical reasoning process for decision-making in relation to assessment and delegation in order to clarify how the depth and breadth of the process varies according to scope of practice.

Data Access

- Updated the web site to (a) provide links to workforce demand and supply data, (b) include education, practice, and credentialing annual reports, and (c) provide access to daily statistical data that is updated as the data base is updated.

Board Member Development

- Conducted board member education sessions.
- Initiated board member education sessions to orient board members to the program approval process.

Innovation in regulation

- Collaborated with other health-related licensing boards and Minnesota Department of Health staff to incorporate concepts of learning, justice and accountability into regulation of health professionals and entities.
- Collaborated with nearly 50 other agencies and organizations in the Minnesota Alliance for Patient Safety to improve patient safety.

Board Actions

During the biennium the Board took the following actions:

- Approved 30 Minnesota nurses as item writers and/or item reviewers for the National Council licensing examination.
- Ratified staff approval of petitions for renewal of waiver from certification as a clinical nurse specialist.
- Adopted the following 2007-2010 Strategic Initiatives:
    1. Maintain excellence in nursing regulation
    2. Establish Minnesota Board of Nursing as a leader in patient safety
    3. Increase congruence of education, practice and regulation for all levels of nursing practice
    4. Advance the Minnesota Board of Nursing as a key partner in nursing and public policy development
    5. assure effective board governance
- Approved the FY2008-2009 Legislative Appropriation Request.
- Approved the Public Policy Committee's request to pursue authority to expunge certain disciplinary records.
- Appointed Shirley A. Brekken, Executive Director, as the Board's representative to the Board of Directors for the Minnesota Center for Nursing until 2011.
- Approved a scheduled review and renewal of approval of the certifying organizations for APRNs every three years and a review of new organizations requesting consideration as they are submitted.
- Approved the following APRN certifying organizations:
  American Academy of Nurse Practitioners (AANP)
  American Association of Critical-Care Nurses Certification Corporation (AACN)
  American Nurses Credentialing Center (ANCC)
  American College of Nurse-Midwives Certification Council, now known as the American *Midwifery Certification Board (AMCB)*
  Council on Certification of Nurse Anesthetists (CCNA)
  National Certification Board of Pediatric Nurse Practitioners and Nurses, now known as the *Pediatric Nursing Certification Board (PNCB)*
  National Certification Corporation for the Obstetric, Gynecological, Neonatal Nursing Specialties (NCC)
- Conducted an annual survey and review of Board Accountability and Responsibility.

Staff Activities Highlights

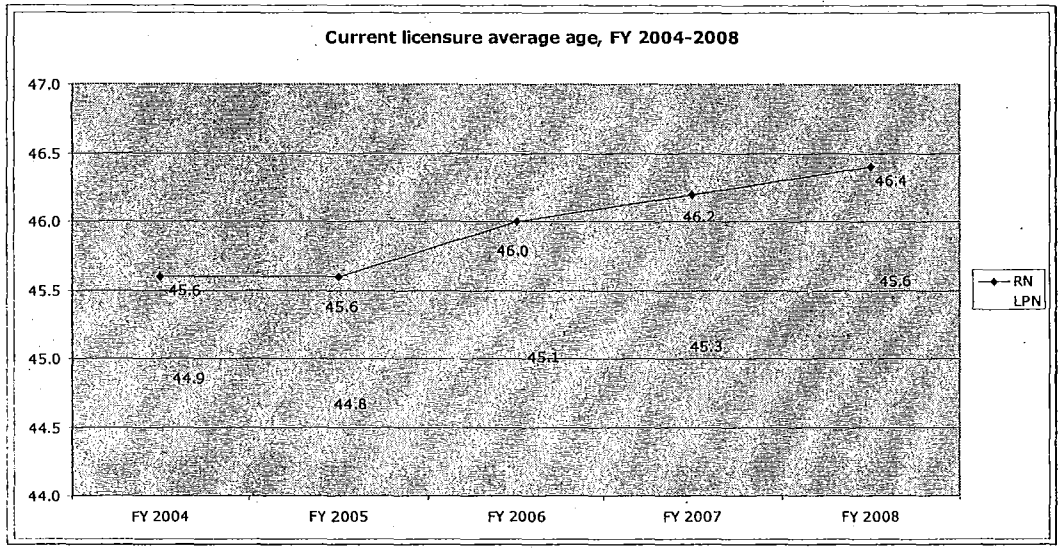
During the biennium, the staff:

- Provided over 55 public speeches and workshop presentations.
- Reviewed, revised and updated Business Continuation Plan
- Reviewed, revised and updated the Strategic Information Resource Management Plan
- 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.
- Participated in the Home Care Advisory Work Group, a group established by the Department of Health at the direction of the legislature to discuss topics related to home care and make recommendations to the state legislature.
- Provide secretariat services for the Minnesota Center for Nursing whose purpose is to
    - Develop a strategic statewide plan for the nursing workforce in Minnesota.
    - Convene relevant workgroups to examine issues, make recommendations, and take action regarding factors affecting nursing preparation/education, recruitment and retention.
    - Enhance and promote recognition, reward and renewal of activities for nurses in Minnesota.
- Completed a Continuation of Operations (COOP) plan in cooperation with the other Health Related Licensing Boards and conducted initial exercises to test the plan. The plan will ensure the reconstitution of critical services within 48 hours of a disaster.

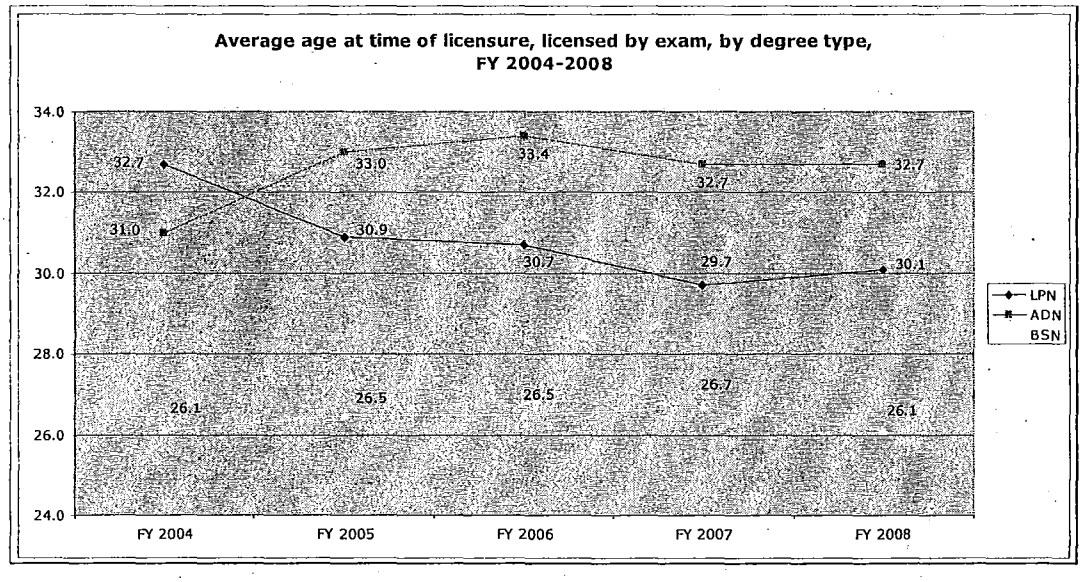
C. A description of emerging issues relating to regulation of the occupations licensed or registered by the Board.

1. The forecast for the nurse shortage continues with a prediction of 20,000 nurses by 2020.

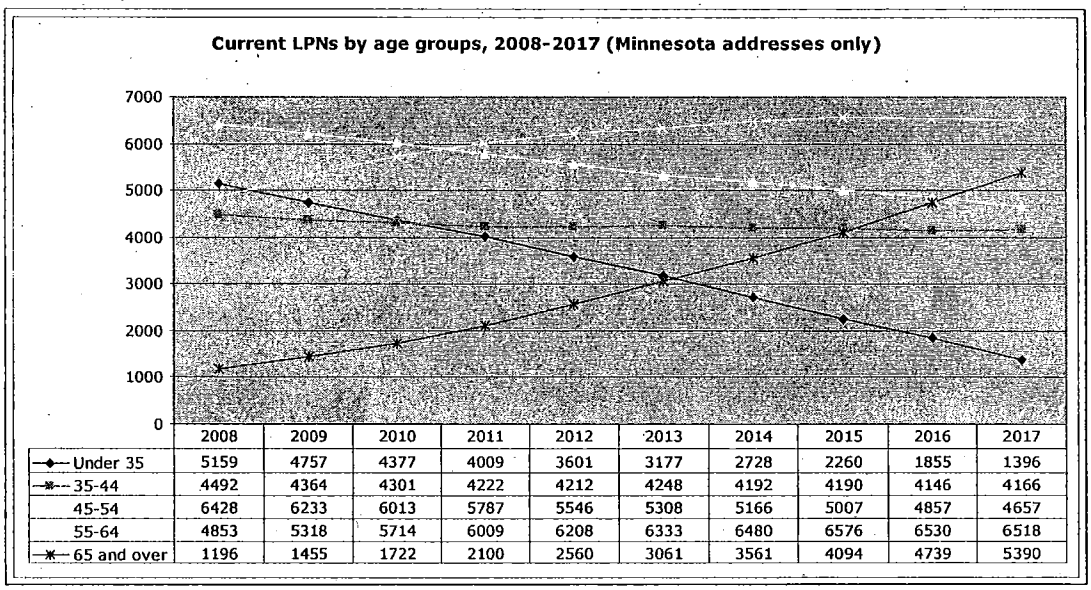
2. The Minnesota nurse population is aging.



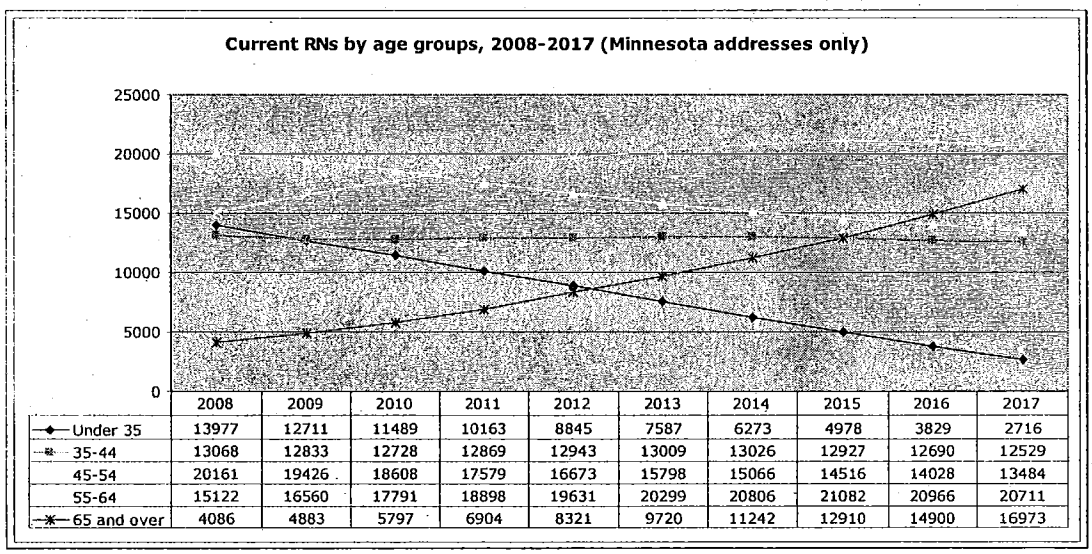
3. The average age of individuals licensed as nurses for the first time decreases the lifetime a nurse is employed.



4. Of the present nurse population, 57% will be over the age of 55 by 2017.

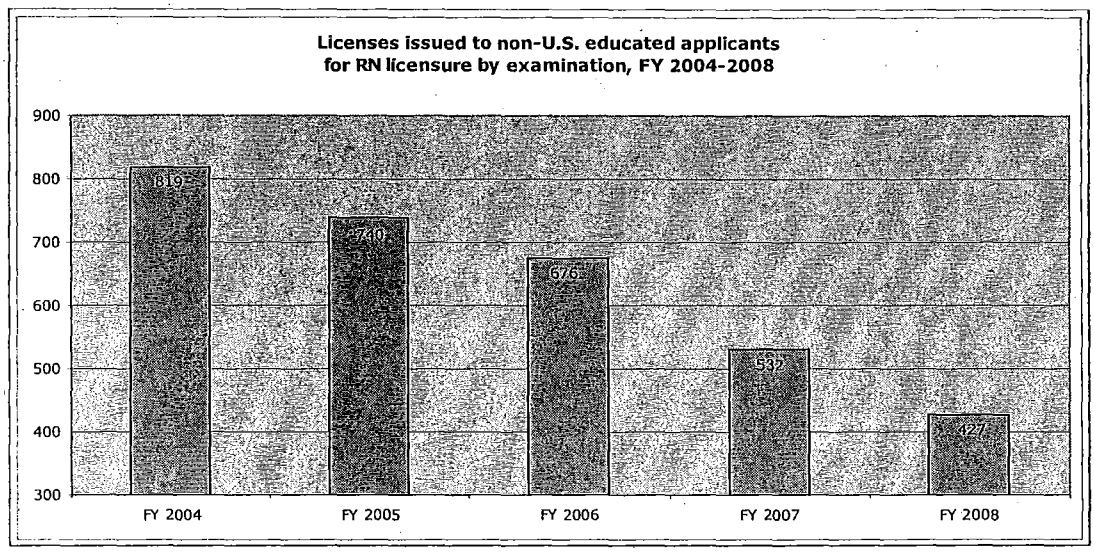


	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Under 35	5159	4757	4377	4009	3601	3177	2728	2260	1855	1396
35-44	4492	4364	4301	4222	4212	4248	4192	4190	4146	4166
45-54	6428	6233	6013	5787	5546	5308	5166	5007	4857	4657
55-64	4853	5318	5714	6009	6208	6333	6480	6576	6530	6518
65 and over	1196	1455	1722	2100	2560	3061	3561	4094	4739	5390



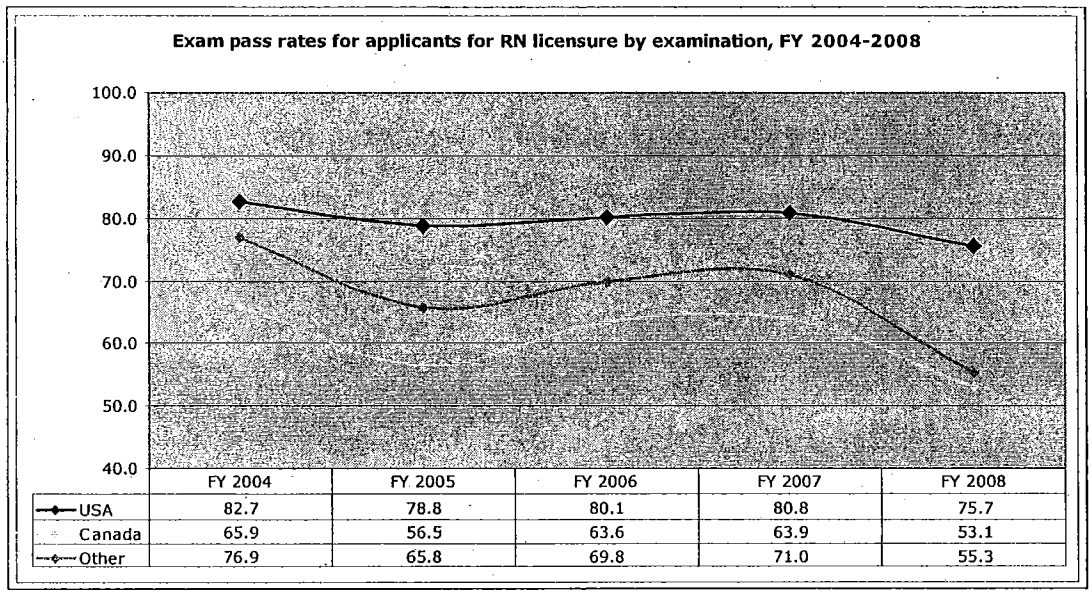
	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Under 35	13977	12711	11489	10163	8845	7587	6273	4978	3829	2716
35-44	13068	12833	12728	12869	12943	13009	13026	12927	12690	12529
45-54	20161	19426	18608	17579	16673	15798	15066	14516	14028	13484
55-64	15122	16560	17791	18898	19631	20299	20806	21082	20966	20711
65 and over	4086	4883	5797	6904	8321	9720	11242	12910	14900	16973

5. The number of non-U.S. educated individuals being licensed decreased over 2007-08. 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.



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	Canada 434 Philippines 85 India 2 UK 2 China 1 England 1 Georgia 1 Iceland 1 Israel 1 Jamaica 1 Nigeria 1 Pakistan 1 South Korea 1	Canada 380 Philippines 29 India 4 Ukraine 3 Australia 2 UK 2 Bahamas 1 Bulgaria 1 New Zealand 1 Norway 1 Switzerland 1

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.



	FY 2004	FY 2005	FY 2006	FY 2007	FY 2008
USA	82.7	78.8	80.1	80.8	75.7
Canada	65.9	56.5	63.6	63.9	53.1
Other	76.9	65.8	69.8	71.0	55.3

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 200 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 Date Bank, and to NurSys, significantly increases effort and expenses for information Resources technology and activity.

II. Board 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 FY 2006-07
Jessie Daniels	Registered Nurse	January 2009	216
Marcia Farinacci	Public Member	January 2009	207
Kathleen Haberman	Registered Nurse	January 2012	284
Debra Hacker	Registered Nurse	January 2007	24
Michelle Harker	Public Member	January 2011	76
Bradley Haugen	Registered Nurse	January 2011	37
Doris Hill	Registered Nurse	January 2011	195
Sandra Johnson	Registered Nurse	January 2008	227
Kimberly Keilholtz	Public Member	January 2010	237
Gregory Langason	Licensed Practical Nurse	January 2011	213
Kristina Malone	Licensed Practical Nurse	January 2009	186
Linda Mattson	Licensed Practical Nurse	January 2008	128
Glenda Moyers	Registered Nurse	January 2010	212
James Nardone	Public Member	January 2007	75
Marybeth O'Neil	Registered Nurse	January 2008	281
Darin Prescott	Registered Nurse	January 2009	206
Clayton Robinson	Public Member	January 2007	36
Karen Trettel	Licensed Practical Nurse	January 2010	255
TOTAL			3,095

B. The number of full-time equivalent employees in FY2008.

FY2008	33 FTE

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

Receipts and Disbursements

Activity	FY2007	FY2008
Receipts	$4,967,293	$5,064,960
Disbursements	$3,483,225	$3,825,089
Surplus (shortfall)	$1,484,068	$1,239,871
Transfer to DHS long term home and community based care employee scholarship fund	$ 864,000	$ 930,000
Transfer to MDH loan forgiveness for nurses	$ 200,000	$0
Transfer to Drive to Excellence	$1,514.00	$0
Transfer to General Fund		$ 920,442

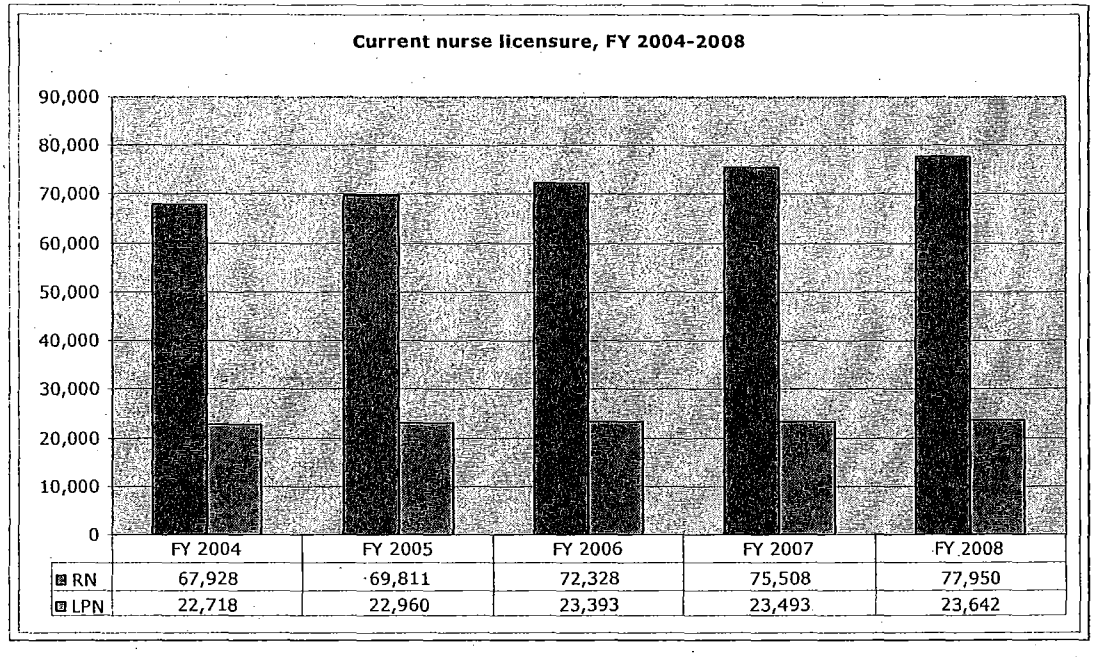
Major Fees Assessed

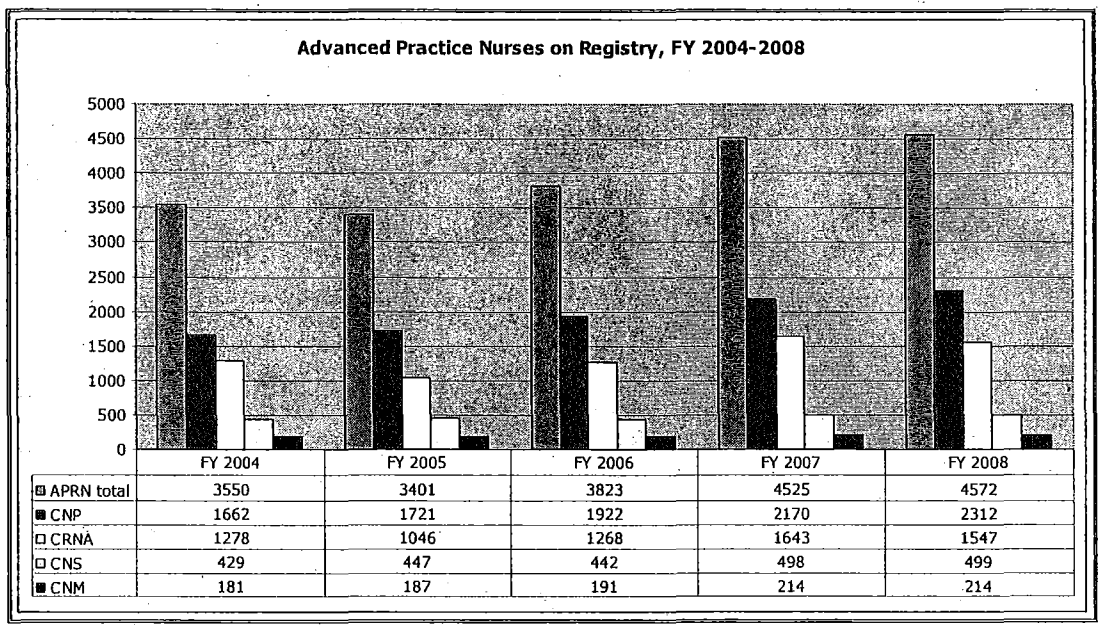
Service	RN	LPN
Licensure by examination	$105	$105
Re-examination	60	60
Permit fee (exam applicants only)	60	60
Licensure by endorsement	105	105
Registration renewal	85	85
Late renewal	60	60
Public Health Nurse certification	30	-
Verification to DEA for APRNs	50	50
Replacement license certificate	20	20
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 Annual	 100 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, 2008

RN	77,950
LPN	23,642
PHN	11,358
APRN	4,572





	FY 2004	FY 2005	FY 2006	FY 2007	FY 2008
APRN total	3550	3401	3823	4525	4572
CNP	1662	1721	1922	2170	2312
CRNA	1278	1046	1268	1643	1547
CNS	429	447	442	498	499
CNM	181	187	191	214	214

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 2007	FY 2008
Total on registry	382	464
With current Minnesota licensure	164	238

Compliance with requirements for prescribing submitted to DEA

Statutory Authority: Minnesota Statutes section 148.235

FY 2007	FY 2008
196	219

Nursing corporations registered

Statutory Authority: Minnesota Statutes, Chapter 319B

FY 2007	FY 2008
30	31

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

Category	FY 2007	FY 2008	Total
RN	5628	5245	10,873
LPN	1651	1688	3,339
Yearly Total	7,279	6,933	14,212

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 2007	FY 2008	Total
RN	3239	3415	6654
LPN	1393	1452	2845
Yearly Total	4632	4867	9499

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

Category	FY 2007	FY 2008	Total
RN	3141	3368	6509
LPN	1392	1452	2844
Yearly Total	4533	4820	9353

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

Category	FY 2007	FY 2008	Total
RN	98	47	145
LPN	1	0	1
Yearly Total	99	47	146

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

Category	FY 2007	FY 2008	Total
RN	2389	1830	4219
LPN	258	236	494
Yearly Total	2647	2066	4713

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

Category	FY 2007	FY 2008	Total
RN	2316	1775	4091
LPN	253	232	485
Yearly Total	2569	2007	4576

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

Category	FY 2007	FY 2008	Total
RN	73	55	128
LPN	5	4	9
Yearly Total	78	59	137

IV. Complaint Processing

A. Complaints received for each year of the biennium

1. **The number of complaints received**

FY 2007	FY 2008
1370	1331

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

	FY 2007	FY 2008
RN	837	810
LPN	502	514
APRN	33	46

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

	FY 2007	FY 2008
RN	10.60	9.92
LPN	21.24	19.50
APRN	7.29	10.06

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 2007	FY 2008
1) Failure to demonstrate qualifications or satisfy requirements for licensure	81	57
2) Employing fraud or deceit in procuring a license, permit or registration	12	2
3) Conviction of a felony or gross misdemeanor related to practice of nursing	14	11
4) Disciplinary action in another jurisdiction	37	33
5) Failure or inability to practice nursing with reasonable skill and safety	384	441
6) Engaging in unprofessional conduct	90	65
7) Failure of an advanced practice registered nurse to practice with reasonable skill and safety	32	34
8) Unsafe delegation or acceptance of delegation	3	1
9) Inability to practice nursing safely by reason of illness, including chemical dependency	238	300
10) Adjudication as mentally incompetent, mentally ill or chemically dependent	4	0
11) Engaging in unethical conduct	27	28
12) Engaging in sexual conduct with a patient or sexual exploitation of a patient	3	9
13) Obtaining money, property or services from a patient through use of undue influence	0	2
14) Revealing a privileged communication from or relating to a patient	10	11
15) Engaging in fraudulent billing	1	4
16) Improper management of patient records	9	17
17) Knowingly aiding or allowing unlicensed person to practice nursing	1	5
18) Violating rule, order, or state or federal law relating to practice of nursing (e.g. VAA, narcotics)	347	212
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	22	15
22) Practicing outside the specific field of advanced practice registered nursing	0	0
23) Knowingly providing false information to the board	2	4
24) Engaging in false, fraudulent, deceptive or misleading advertising	0	0
25) Failure to inform board of certification status as CRNA, CNM, CNP or CNS	0	0
26) Engaging in advanced practice registered nursing without current certification	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	57

B. Open complaints for each year of the biennium

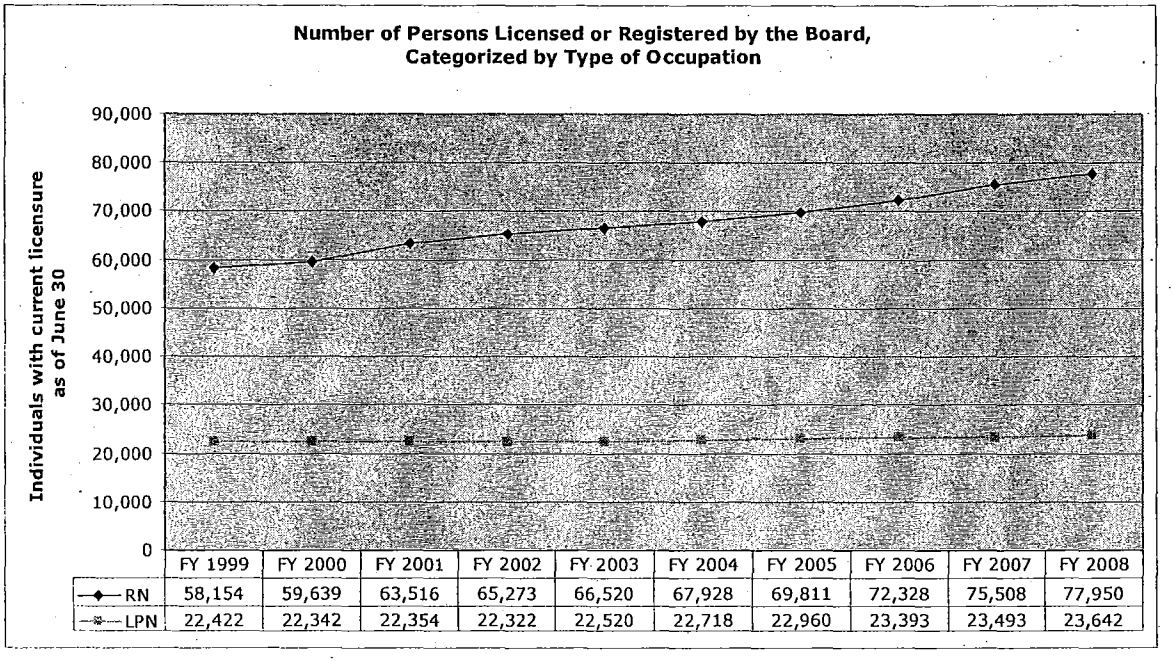
Description	FY 2007	FY 2008
1. Complaints open as of June 30	840	851
2. Open for less than 3 months	213	260
3. Open for more than 3 months but less than 6 months	183	186
4. Open for more than 6 months but less than 1 year	218	179
5. Open for more than 1 year	226	226

C. Closed complaints for each year of the biennium

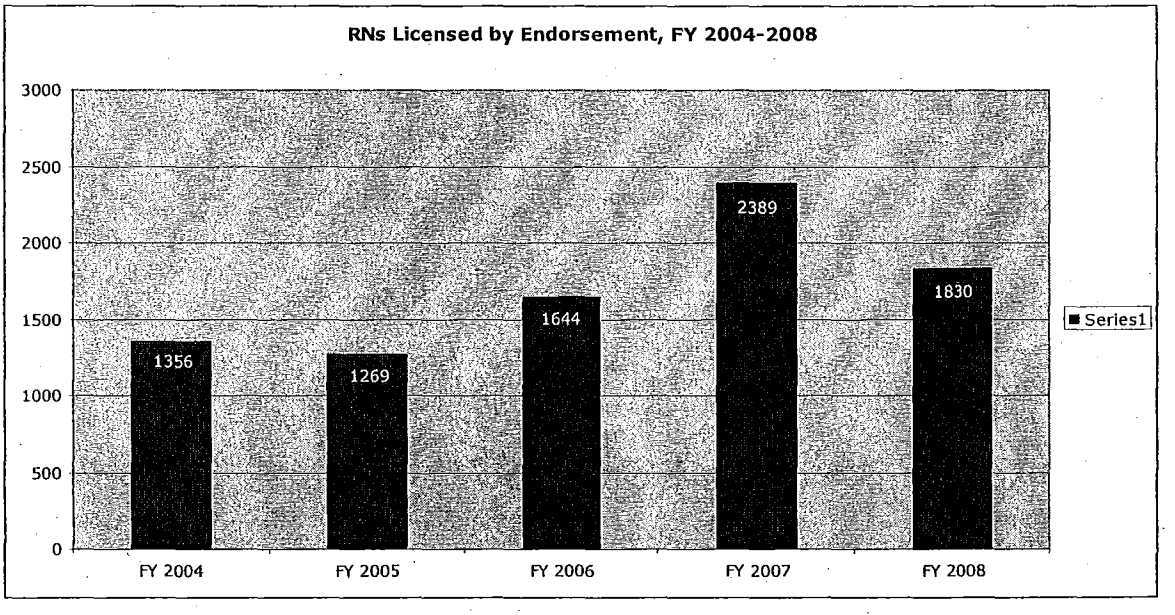
Description	FY 2007	FY 2008
1. Number of complaints closed (by disposition), with or without civil penalty:		
a. Revocation	3	2
b. Voluntary surrender	35	28
c. Suspension, with or without stay	194	138
d. Inactive Status	1	0
e. Denial of Petition	5	0
f. Restricted, limited, or conditional license	25	21
g. Reprimand	14	42
h. Stipulated Monitoring Plan	4	0
i. Stipulation to Cease Practicing Nursing	4	12
j. Agreement for Corrective Action	37	31
k. Denial of licensure or registration	7	9
l. Referral to HPSP	80	57
m. Dismissal or closure	759	812
TOTAL	1168	1152

V. Trend Data

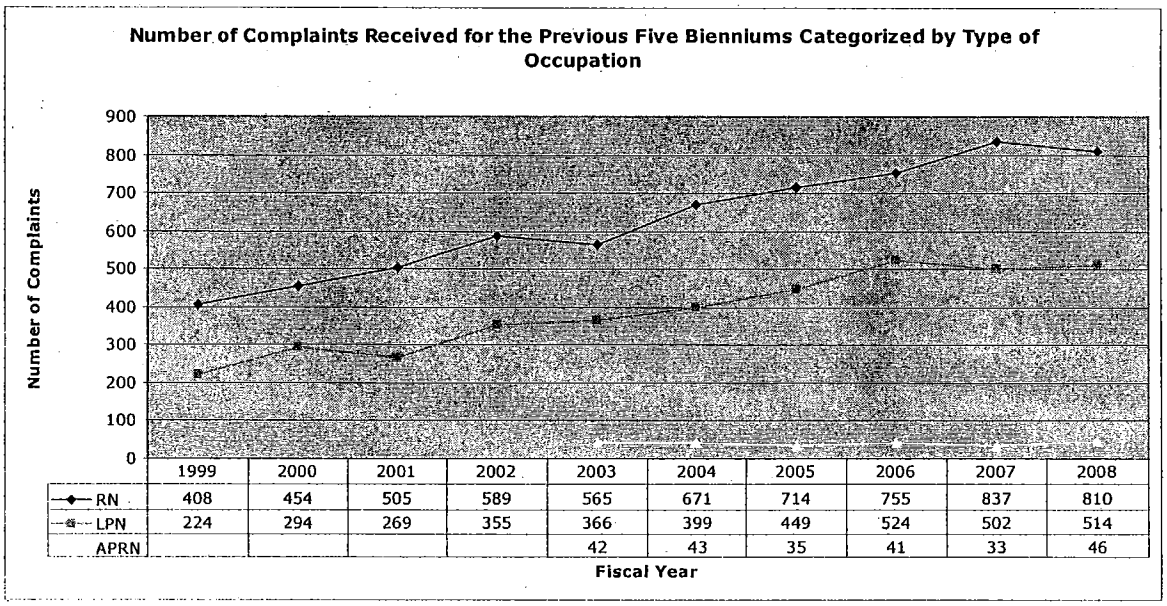
A. For each year of the previous five bienniums, the number of persons licensed or registered by the Board, categorized by type of occupation



	FY 1999	FY 2000	FY 2001	FY 2002	FY 2003	FY 2004	FY 2005	FY 2006	FY 2007	FY 2008
RN	58,154	59,639	63,516	65,273	66,520	67,928	69,811	72,328	75,508	77,950
LPN	22,422	22,342	22,354	22,322	22,520	22,718	22,960	23,393	23,493	23,642

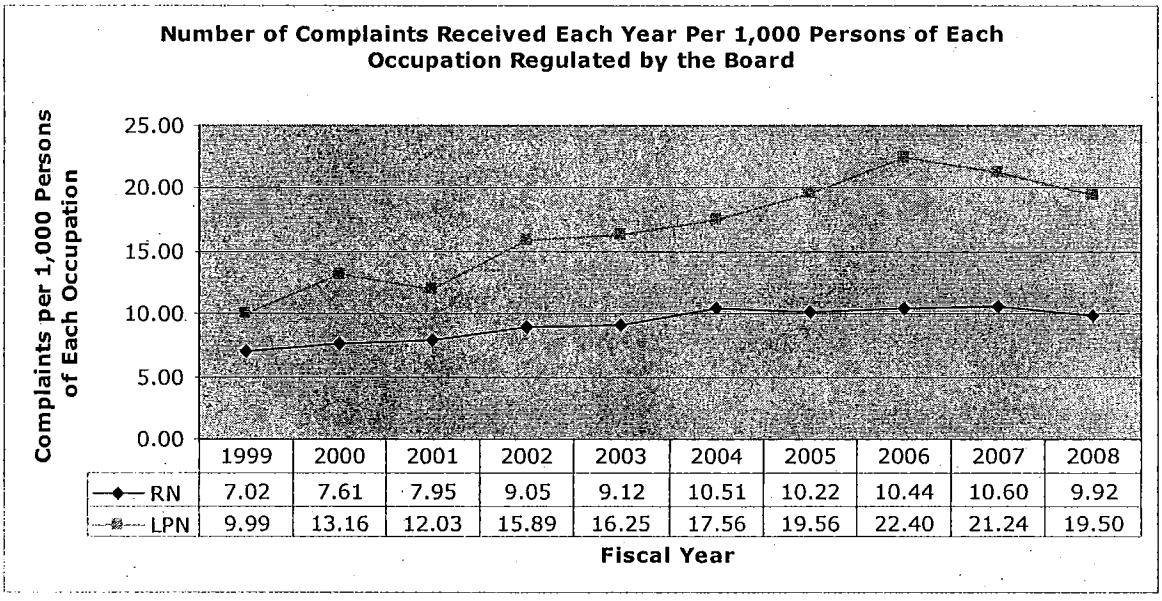


B. For each year of the previous five bienniums the number of complaints received, categorized by type of occupation, during each year.



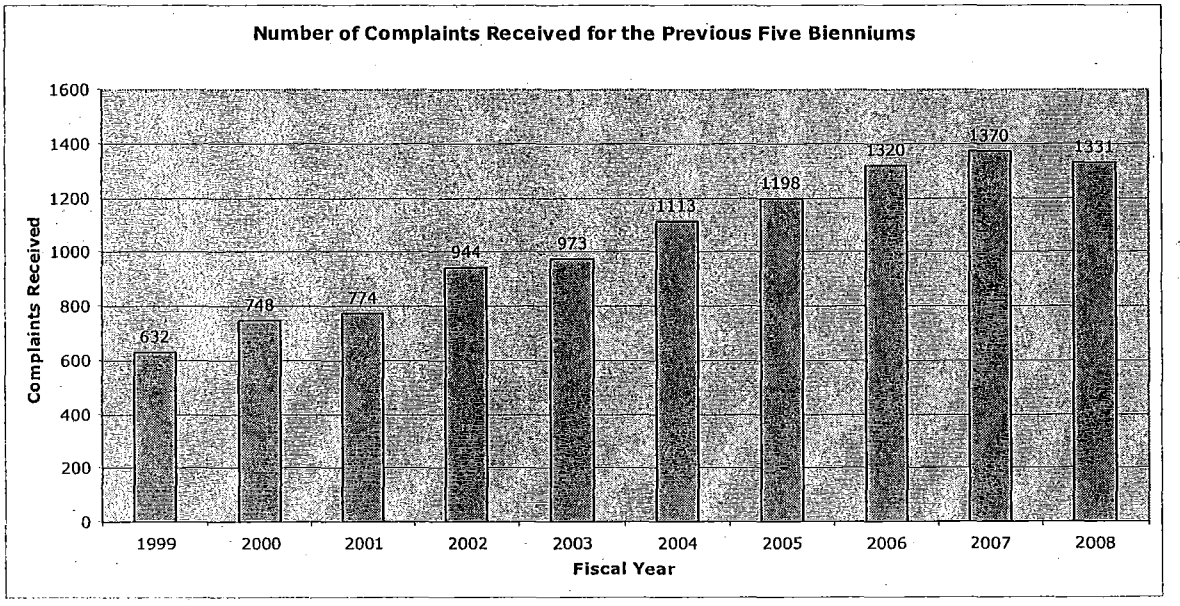
	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
RN	408	454	505	589	565	671	714	755	837	810
LPN	224	294	269	355	366	399	449	524	502	514
APRN					42	43	35	41	33	46

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.



	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
RN	7.02	7.61	7.95	9.05	9.12	10.51	10.22	10.44	10.60	9.92
LPN	9.99	13.16	12.03	15.89	16.25	17.56	19.56	22.40	21.24	19.50

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, 2006-June 30, 2008

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

Phone: (651) 201-2730
Fax: (612) 617-2125

Minnesota Board of Examiners for Nursing Home Administrators
Biennial Report
July 1, 2006 to June 30, 2008

I. General Information

A. Board Mission and Major Functions

BENHA Mission
The mission of the Board of Examiners for Nursing Home Administrators (BENHA) 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 continued to benefit with collaboration efforts with other small boards in improving programs through Electronic Government Services. The online license renewal rate has steadily increased from the initial 17% participation rate in 2003 to the current online renewal rate of 89%. The board anticipates a consistent online renewal rate of 85-90% as the optimal level based on licensee feedback that a few do not trust the integrity of any online services, prefer the hardcopy option offered by the board and other feedback received through survey of licensees. In addition to online renewals; board minutes, newsletters, renewal notices, licensee data and applicant information is available online.
- The board initiated a Strategic Plan process in 2007-08 which centered on four key goals in a two year period. The framework of the ***Enhancing Excellence in Leadership*** strategic plan goals are:

  GOAL #1: Goals towards addressing Assisted Living Administrator Credentialing

  - Based on recent national developments and emerging models towards credentialing of Assisted Living Administrators, the board will volunteer to coordinate a stakeholder meeting with consumer and provider participants. *5/08 update: With legislation introduced this year by Elder Care Rights Alliance, the board did not convene this discussion, but will participate in credentialing discussions if so requested.*

GOAL #2: Goals directed towards initial academic training and practicum/field experience

- Invite academics and veteran preceptors of interns to discuss ultimate learning environments to prepare new administrators with sufficient skills.
- Review state examination expectations, requirements and content.

GOAL #3: Goals directed toward improving experienced administrators' continued competency

- Continue to work with key stakeholders on continued competency expectations and educational growth of the LNHA. Review areas related to continuing education, quality improvement models, just culture, and ethics.

GOAL #4: Goals directed toward Board operations effectiveness

- Board will maintain involvement with seven academic centers with LNHA programs, other identified provider stakeholders, NAB, and quality improvement objectives involving the core competencies of the LNHA.

- BENHA is assigned management oversight for the Administrative Services Unit and is the coordinating board of the Council of Health Boards (CHB). The Council of Health Boards reviewed two emerging occupations during this past year; Naturopathic Physicians seeking licensure and Athletic Trainers seeking a change in their scope of practice by altering statutory language from 'athletes to patients.' Both reports were filed with the respective legislators initially requesting the review. A legislator approached the Council of Health Boards to consider changing their current review process focused on the *assessment* of the proposal with existing Chapter 214 statutes, comment and preparing clarifying questions for a legislative hearing to a *recommendation* that would determine public policy. The CHB did not endorse the proposed modification. We believe the legislature is better positioned to make the final statutory determination with our continued role of serving by evaluating the proposal to better focus the public debate for the legislature.
- The Executive Director met with college students of the seven Minnesota accredited programs during this two-year period providing insight into credentialing and licensure requirements. There were no academic accreditations completed during the past two years, however initial inquiries from two colleges were provided administrative support. Neither proceeded towards accreditation by June 30, 2008.
- The Executive Director continued to serve on the National Association of Boards (NAB) Executive Committee and Chaired the State Executive Forum and State Governance Committees of the national board. The ED was elected to a two-year term as NAB Treasurer in June, 2008. In addition, the Executive Director is active in the national examination preparation and is one of three Minnesota reviewers for the National Continuing Education Review Service. Another important biennium initiative is the staff participation on the Future Workforce Analysis Cabinet in Washington, DC, which is attempting to review new strategies to prepare for the significant increase in elders in our near future and offer direction as to how society will care for this distinct population. Participation in various Minnesota committees representing long term care leadership continued throughout the past two years.
- The BENHA "Rules Committee" reviewed current rules and list minor language changes to go through formal rule writing only when a significant rewrite is warranted. At this time, neither consumers nor providers have made comment specific to the current set of rules. The Rules Committee views the language change as important clarification but does not substantially impact public safety and could

not justify the expense involved at this point. The board will modify the language with any significant future rule writing request.

- Three new state examinations were created in the biennium assuring contemporary practice standards for Minnesota applicants.

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. The board recognized economies of scale for the new occupational licensing and to offer assistance as leaders of Aging Services but initially push back from Assisted Living providers report reluctance to any connection to nursing home providers. The agenda interest remains as Minnesota collaborative partners and the acknowledged credentialing expertise for elder care occupational licensing.

Nationally, declining numbers of skilled nursing facilities result in a declining demand for the licensed nursing home administrator. The increase is 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 in number from a high of 444 facilities to 375 in recent years. The total number of licensees remained stable in the past two years. The board continues to track average age of licensees which is 48.6 years old; 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 through community based services.

A national emphasis on leadership, ethics and accountability related to the *long term care administrator* is underway in the National Association of Boards. Research will begin shortly on leadership qualities that produce quality living environments for the long term care continuum.

New in the past two years is the emergence of credentialing offered by private companies with the intent of making a quality gold standard for families and residents that the certificate holder has achieved an educational level, maintains professionally driven ethics and is held accountable. This is being promoted by organizations seemingly as a new service and profit center without universal industry acceptance.

I. 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, 2008, 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
- Thomas Pollock, Maple Grove

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
- Nancy Tuders, Grand Rapids

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
- Darcy Miner, 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 2007	FY 2008
Receipts	187,900	196,030
Disbursements	172,866	173,404

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, 2007 and 2008

821 Persons licensed as nursing home administrators as of June 30, 2007.
840 Persons licensed as nursing home administrators as of June 30, 2008.

B. New licenses issued during biennium

FY	By Exam	By Endorsement
2007	37	(Exam Required)
2008	43	(Exam Required)

IV. Complaints

A. Complaints Received

Item	FY 2007	FY 2008
1. Complaints Received	106	78
2. Complaints Per 1,000 Regulated Persons	120	90
3. Complaints By Type of Complaint		
A. Felony conviction	1	1
B. Crime against minors		
C. Ineligible under Minnesota Department of Health fines		
D. Failure to comply with Vulnerable Adult Act	84	56
E. Violated statute or rule relating to operation of nursing facility	10	14
F. Discrimination		
G. Acts of misconduct/unfit to perform as a NHA	3	1
H. Fraud, deception, fitness to perform as a NHA		
I. Unprofessional Conduct	2	2
J. Failed to exercise true regard to safety health or life of a resident		1
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		1
Q. Misrepresentation through false advertising		
R. Transferred license or surrenders license improperly		
S. Falsely impersonated another licensee		
T. Practiced without current license	3	2
U. Made False statement to board	1	
V. Subject to reprimand in another jurisdiction		
W. failed to report a reprimand from anther jurisdiction or has been refused a license in another jurisdiction		
X. abuse of and acknowledged chemical dependency	2	1

B. Open Complaints on June 30

Item	FY 2007	FY 2008
1. Complaints Open	4	6
2. Open Less Than 3 Months	3	2
3. Open 3 to 6 Months	1	3
4. Open 6 to 12 Months		1
5. Open More Than 1 Year (explain)		

C. Closed Complaints on June 30

Item	FY 2007	FY 2008
1. Number Closed	78	106
2. Disposition by Type		
A. Revocation	1	
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	2	2
I. Dismissal or closure	76	104
J. Inquiry with Administrator of Record on practice standards	17	16
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
2008	840	78	90	6
2007	821	106	120	4
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, 2006-June 30, 2008

For more information, contact:
Minnesota Board of Optometry
2829 University Avenue SE
Suite 550
Minneapolis, MN 55414
www.optometryboard.state.mn.us

Phone: (651) 201-2762
Fax: (651) 201-2763

Minnesota Board of Optometry
Biennial Report
July 1, 2006 to June 30, 2008

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

- Conversion to one level of licensure for optometrists by 2012. This conversion will eliminate a small number of currently licensed optometrists from practice. Only licensed optometrists meeting the highest standard of licensure in the state will have authority to provide optometric care.
- Enhancement of internet services that provide the opportunity to make application for optometric licensure via an online application system.

C. Emerging issues regarding regulation of optometrists

- National trend to improve practice mobility of licensed optometrists.
- Consideration of a "board certification" beyond the state licensure.

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, 200 are as indicated below.
The following are appointed by the Governor for staggered four year terms:
5 members who are licensed optometrists—LaMar Gunnarson, O.D., Nisswa, Lori Mowbray, O.D., Edina, Timothy Neitzke, O.D., Frazee, Roger Pabst, O.D., Redwood Falls, Beth DeSpiegelaere, Bloomington
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 Office Administrative Specialist..

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

Item	FY 2007	FY 2008
Receipts	$114,069	$119,901
Disbursements	$115,234	$ 109,151

Fee	Amount
Application	$ 75
Annual Renewal	$105

III. Licensing and Registration

A. Persons licensed as of June 30

FY	
2007	931
2008	1004

B. New licenses issued during biennium

FY	By Exam	By Reciprocity
2007	14	1
2008	72	2

B. Licenses Reinstated

FY	
2007	4
2008	1

IV. Complaints

A. Complaints Received

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

Item	FY 2007	FY 2008
1. Complaints Received	10	10
2. Complaints Per 1,000 Regulated Persons	.01	.01
3. Complaints By Type of Complaint		
A. Incompetent	2	2
B. Unprofessional Conduct	1	1
C. Advertising	2	
D. Unlicensed Practice	1	1
E. Billing	1	1
F. Prescription	2	5
G. Self Prescribing	1	

B. Open Complaints on June 30

Item	FY 2007	FY 2008
1. Complaints Open	7	15
2. Open Less Than 3 Months	1	2
3. Open 3 to 6 Months	2	5
4. Open 6 to 12 Months	1	1
5. Open More Than 1 Year (explain)	3	7

FY 2007 Open More Than 1 Year	FY 2008 Open More Than 1 Year
AG Investigation	Requested additional documentation
Committee Review	Committee Review
Awaiting outcome of WI case	Awaiting outcome of WI case
	Under Order
	Conference Scheduled
	Under Order
	Under Order

C. Closed Complaints on June 30

Item	FY 2007	FY 2008
1. Number Closed	8	4
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	1	
I. Non-Jurisdictional	3	2
J. Dismissal or closure	4	2
3. Cases Closed That Were Open For More Than One Year (explain)	1 Referred to HPSP	

V. Trend Data as of June 30

Year	A. Persons Licensed	B. Complaints	C. Complaints Per 1,000 Licensees	D. Open Cases
2008	1004	10		15
2007	931	10		7
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, 2006-June 30, 2008

For more information, contact:
Minnesota Board of Pharmacy
2829 University Avenue SE
Suite 530
Minneapolis, MN 55414
www.phcybrd.state.mn.us

Phone: (651) 201-2825
Fax: (651) 201-2837

MINNESOTA BOARD OF PHARMACY
BIENNIAL REPORT
JULY 1, 2006 TO JUNE 30, 2008

I. GENERAL INFORMATION

- **Board Mission and Major Functions**

Board of Pharmacy Mission

The mission of the Minnesota Board of Pharmacy is to promote, preserve, and protect the public health, safety, and welfare by fostering the provision of quality pharmaceutical care to the citizens of Minnesota through the examination and licensure of pharmacists, the regulation of the practice of pharmacy, and the inspection of licensed pharmacies, wholesalers, and manufacturers. The Board strives to ensure that prescription drugs are provided to the public in a safe and effective manner by qualified licensees.

Board of Pharmacy Functions

Setting educational and examination standards for initial and continuing licensure:

- Set licensure and internship requirements through the rules process.
- Review academic programs to determine if they meet requirements.
- Develop the state's jurisprudence examination to determine candidate knowledge of Minnesota statutes and rules governing pharmacy practice.
- Review continuing education programs submitted by sponsors and individuals to determine if they meet requirements.
- Review 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 statues 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 statues 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.

- Accept complaints and reports from the public and health care providers and regulators.
- Decide whether a complaint or inquiry is jurisdictional and, if so, whether and what type of action to pursue to resolve the matter.
- Refer inquiries and complaints to other investigative, regulatory, or assisting agencies, as necessary.
- Respond 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.

- Set standards of conduct and a basis for disciplinary action through the rules process.
- Seek information directly from the licensee and obtain evidence and relevant information from other agencies in response to complaints or inquiries.
- Hold conferences with licensees to identify their role and responsibility in a matter under investigation.
- Provide applicant and licensee education to improve practice and prevent recurrence of problems.
- Obtain voluntary agreement for disciplinary action or pursue disciplinary action through a due process, contested case hearing; defend disciplinary action in court if necessary.
- 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.

- Provide information to the pharmacy community concerning requirements for licensure.
- Provide information to licensees to prevent inappropriate practice and to improve the practice of pharmacy.
- Provide the public with information about pharmacy services and drug use issues through telephone, written, and e-mail communications.
- Provide the public and licensees with 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.
- Completed 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.
- Completed work with a software developer on a new licensing database that allows pharmacists and technicians to renew licenses and registrations online.
- Worked to promote passage of a new law designed to crack down on illegitimate Internet pharmacies. Began work on proposed legislation that would create operational standards for electronic prescribing.
- Began work on the implementation of a Controlled Substances Prescription Electronic Reporting System. The CSPERS will collect information on most controlled substance prescriptions dispensed by Minnesota licensed pharmacies. Prescribers and pharmacists will be able to access this data in order to identify individuals who might be fraudulently trying to obtain prescriptions.
- Began the process of converting to paperless meetings and a paperless office.
- Hired an additional Pharmacy Surveyor, resulting in a 20% increase in inspections of licensed facilities. Also hired an Office Specialist to replace one that had earlier been laid off due to budget considerations.

- **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 graduated its first class 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. The Board completed a redesign of its database and website that will allows for on-line licensure renewal. Eventually, the Board plans to also allow on-line initial licensure.

    The Board did issue new licenses to 677 individuals during this reporting period, which is a 43% increase over the number of new licenses issued last period. However, despite that fact and 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 has been carefully reconsidering the roles of technology and pharmacy technicians in the prescription dispensing process. The goal is to determine how technology and technicians can enhance efficiency without compromising patient safety. To that end, the Board is in the process of promulgating rule changes that will increase the age, education and training requirements for technicians. The Board is also promulgating rules that will remove administrative barriers to the use automated counting and drug distribution systems.

  - **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 developed a policy statement concerning this issue and guidelines for remote dispensing through the use of telepharmacy.

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, 2008, are:

NAME	RESIDENCE	PHARMACIST/PUBLIC MEMBER
Thomas Dickson	Proctor, MN	Pharmacist Member
Gary Schneider	Plymouth, MN	Pharmacist Member
Carleton Crawford	Minneapolis, MN	Public Member
Karen Bergrud	Stewartville, MN	Pharmacist Member
Kay Hanson	Brooklyn Park, MN	Pharmacist Member
Stacey Jassey	Maple Grove, MN	Pharmacist Member
Ikram-Ul-Huq	Apple Valley, MN	Public Member

- **Employees**

The Board has eleven full-time employees. The positions are an executive director, office manager, six pharmacy surveyors, and three clerical staff.

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

ITEM	FY 2007	FY 2008
Receipts	$1,479,113	$1,579,581
Disbursements	$1,265,087	$1,519,978

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, 2008**

TYPE	NUMBER
Pharmacists – Active	6,901
Pharmacists – Inactive	64
Pharmacists – Emeritus	102
Technicians	8950
Pharmacies	1634
Wholesalers	932
Manufacturers	324
Medical Gas Distributors	50
Controlled Substance Researchers	36
Interns	1189

- **New Licensees issued during biennium**

FY	BY EXAM	BY RECIPROCITY
2007	218	68
2008	300	91

IV. COMPLAINTS

- **Complaints Received**

ITEM	FY 2007	FY 2008
1. Complaints Received	64	86
2. Complaints Per 1,000 Regulated Persons	4	5.4
3. Complaints by Type of Primary Complaint		
A. Billing problem	3	2
B. Chemical dependency or drug diversion	8	5
C. Dispensing error	30	51
D. Dispensing outdated drug	1	1
E. Dispensing without authorization	0	2
F. Failure to counsel	1	3
G. Nursing home kickback – attempt	1	0
H. Other	10	16
I. Physical/mental impairment	1	1
J. Practicing without a license	2	0
K. Unprofessional Conduct	5	5
L. Violation of privacy	2	0

- **Open Complaints on June 30**

ITEM	FY 2007	FY 2008
1. Complaints Open	41	21
2. Open Less Than 3 Months	24	10
3. Open 3 to 6 Months	11	4
4. Open 6 to 12 Months	6	5
5. Open More than 1 Year	0	2

- **Closed Complaints on June 30**

ITEM	FY 2007	FY 2008
1. Number Closed	23	106

2. Disposition by Type		
A. Revocation	0	0
B. Voluntary Surrender	1	4
C. Suspension	0	1
D. Restricted, Limited, or Conditional License	1*	3*
E. Civil Penalties	0	3*
F. Reprimand	0	0
G. Agreement for Corrective Action	0	0
H. Referral to HPSP	1*	5^
I. Dismissal or closure	22	97
3. Cases Closed That Were Open For More Than One Year (Explain)	0	0

*** Same Cases ^includes probation and suspension cases listed**

TREND DATA AS OF JUNE 30

YEAR	FACILITIES LICENSED	PERSONS LICENSED	COMPLAINTS	COMPLAINTS PER 1,000 LICENSEES	OPEN CASES
2008	2,976	16,017	86	5.4	21
2007	3,399	14,889	64	4	41
2006	2,995	13,987	81	5.8	20
2005	3,071	13,288	84	6.3	51
2004	2,986	12,910	100	8	24
2003	2,647	11,866	96	8	18
2002	2,649	11,024	108	10	21
2001	2,491	10,169	100	10	23
2000	2,416	9,495	75	8	13
1999	2,303	7,863	60	8	7
1998	2,199	5,388	67	12	?
1997	2,153	5,216	71	14	?
1996	2,131	5,185	90	17	?
1995	2,081	5,078	79	16	?
1994	2,044	4,832	66	14	?
1993	1,896	4,762	74	16	?

Minnesota Board of Physical Therapy

Biennial Report

July 1, 2006-June 30, 2008

For more information, contact:
Minnesota Board of Physical Therapy
2829 University Avenue SE
Suite 420
Minneapolis, MN 55414
www.phcybrd.state.mn.us

Phone: (612) 627-5406
Fax: (612) 627-5403

Minnesota Board of Physical Therapy
Biennial Report
July 1, 2006-June 30, 2008

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 and physical therapist assistants.

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 and physical therapist assistants 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 and physical therapist assistants 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 members of 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 Revisions

  Effective August 1, 2008:
  - Changed the time frame from 30 days to 90 days during which a patient may be treated by a physical therapist without an order or referral of a physician, chiropractor, dentist, podiatrist, or advanced practice nurse;
  - Provided a second option for a physical therapist, who has been licensed for less than one year to either
    - Practice under a physicians referral (current requirement) or
    - Work in collaboration with a physical therapist who has more than one year of experience (new option)
  - Expanded the requirement that a physical therapist refer a patient to a licensed health care professional at any time during the care if the patient's medical condition is beyond the scope of practice of a physical therapist;
  - Eliminated the 30 day time limitation and allows direct access without a time limitation for patients being treated by a physical therapist for prevention, wellness, education, or exercise; and
  - Requires the state agency to provide a report to the legislature regarding any disciplinary actions taken against physical therapists whose conduct resulted in physical harm to a patient, if that conduct was the result of 2008 statutory changes.

  Effective July 2, 2008:
  - Physical Therapist Assistants are required to be licensed in Minnesota.

  Effective August 1, 2007:
  - Increased Board membership from 9 to 11 members

- Added fees for physical therapist assistants.
- Relocation and reorganization of rules into statute related to licensure application, renewal, supervision, and delegation.
- Updated language for discipline and education

- Information technology projects have been developed in cooperation with several other small health licensing boards. Eighty-eight percent of the annual license renewals were completed online in FY08.
- 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

- 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. There has been a trend toward increased complexity in the complaints received by the Board.
- The Board is discussing continuing competencies options for possible future regulatory proposals.
- The Board will be initiating rulemaking related to 2008 direct access legislative changes.

II. Board Members, Staff, and Budget

A. Board Composition

Statute requires the board to consist of eleven members appointed by the Governor. The persons holding the seats on June 30, 2008 are:

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

B. Employees

The Board has three full time employees; an executive director and two staff.

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

ITEM	FY 2007	FY 2008
Receipts	$309,000.	$518,000.
Disbursements	$262,000	$309,000.

FEES FOR PHYSICAL THERAPISTS (PTs) AND PHYSICAL THERAPIST ASSISTANTS (PTAs)	Amount
PT and PTA Application	$100
PT and PTA Annual Renewal	$60
PT and PTA Late Fee	$20
PT and PTA Examination Administrative fee	$50
PT and PTA Temporary Permit Fee	$25
PT and PTA Duplicate License	$20
PT and PTA Certification of Licensure	$25
Continuing Education Course Review	$100

III. Licensing and Registration

A. Persons Licensed as of June 30, 2006: 3,588 physical therapists
Persons Licensed as of June 30, 2007: 3,651 physical therapists
Persons Licensed as of June 30, 2008: 3,794 physical therapists and
876 physical therapists assistants

B. New Licenses Issued During Biennium: 386 new PT licenses and 876 PTA licenses

FY	New Licenses
2007	196 PTs
2008	190 PTs + 876 PTAs

VI. Complaints

A. Complaints Received

	FY07	FY08
Number of complaints received	36	31
Number of complaints per 1,000 licensees	9.86	6.64

COMPLAINT CATEGORY (by statute)	FY07	FY08
No person shall provide physical therapy unless licensed as a physical therapist	3	2
Conduct unbecoming a person licensed as a physical therapist or conduct detrimental to the best interests of the public; or engaging	20	16

in unprofessional conduct		
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	1	2
Failing to comply with continuing education requirement	1	1
Gross negligence in practice of PT	1	
Non Jurisdictional	2	3
Practicing under lapsed or non-renewed license	1	0
Failing to consult with referral source when treatment was altered from order	0	1
Treatment without a referral beyond 30 days or by a PT with less than 1 year of experience	2	0
Attempting to obtain a license by fraud or deception	1	0
Impairment	1	7

COMPLAINT SOURCES	FY07	FY08
License Renewal form or Applicant	0	3
Anonymous to staff	0	0
Family member	2	0
Patient	7	9
Third Party	6	5
Government agencies including DHS	1	1
Licensed health professional	12	7
Self report	4	0
Board staff	4	6
Totals	36	31

B. Open Complaints on June 30 of the fiscal year

	FY 07	FY08
Open as of 6/30 of year	21	15
Open < 3 months	8	3
Open 3-6 months	6	4
Open 6-12 months	3	6
Open 12 months +	4	2

C. Closed Complaints on June 30, 2008

	FY07	FY08
No. of cases closed that were open > 1 year	13	5

DISPOSITION ON COMPLAINTS	FY07	FY08
Revocation	0	0
Voluntary Surrender	0	0
Suspended with or without stay	0	1
Restricted or Limited or Conditional License	2	2
Civil Penalties	0	1
Reprimand	2	3
Agreement for Corrective Action	1	3
Referral to Health Professional Services Program	1	5
Dismissal or Closure	16	15

CORRECTIVE ACTION AGREEMENTS	FY07	FY08
Issued	1	3
Satisfied	0	0

STIPULATION and ORDERS	FY07	FY08
Issued	2	2

III. Trend Data as of June 30, 2008

	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 08	4670	31	6.64	15
FY 07	3651	36	9.86	23
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

Minnesota Board of Podiatric Medicine

Biennial Report

July 1, 2006-June 30, 2008

For more information, contact:
Minnesota Board of Podiatric Medicine
2829 University Avenue SE
Suite 430
Minneapolis, MN 55414
www.podiatry.state.mn.us

Phone: (612) 617-2200
Fax: (612) 617-2698

Minnesota Board of Podiatric Medicine
Biennial Report
July 1, 2006 to June 30, 2008

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 80% of the license verifications processed by the Board office are now paid for by credit card through the Board's web site
- Updated the computer system used for licensing and license renewals of podiatrists for greater stability and extended life
- 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)
- Implemented a revised jurisprudence exam for improved testing of applicants for licensure regarding Minnesota laws/rules governing the practice of podiatric medicine
- Developed a disaster recovery plan for the Board

C. Emerging issues regarding regulation of doctors of podiatric medicine

The Board continues to operate under a very tight budget. While the Board continues to be able to provide for 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.

Over the past 10 years, the number of licensed podiatrist has increased by an average of 3.6% per year for a total increase of 36% in the last decade. With the aging population in the state, the demand for podiatrists is expected to continue to increase for the foreseeable future. However, as the Board has made numerous improvements in internal operations over the past six years, it expects to be able to accommodate the increased workload without any staffing increases.

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, 2008 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
Judith Swanholm, St. Paul, 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 2007	FY 2008
Receipts	$79,476	$91,062
Disbursements	$75,785	$77,250

Fee	Amount
Application	$600
Biennial Renewal	$600
Temporary Permit	$250

III. Licensing and Registration

A. Persons licensed as of June 30, 2008

193 persons licensed as podiatrists on June 30, 2008.

B. New licenses issued during biennium

FY	By Exam & Education	By Reciprocity
2007	13	0
2008	6	0

IV. Complaints

A. Complaints Received

Item	FY 2007	FY 2008
1. Complaints Received	9	11
2. Complaints Per 1,000 Regulated Persons	47	57
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	8	7
l. Inability to Practice		
m.Revealing Privileged Communication		
n. Improper Management of Records		
o. Fee Reduction for Referrals		
p. Fraudulent Billing inc. Medicare	1	4
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 2007	FY 2008
1. Complaints Open	11	9
2. Open Less Than 3 Months	2	3
3. Open 3 to 6 Months	4	3
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 personnel turnover on the complaint committee.

C. Closed Complaints on June 30

Item	FY 2007	FY 2008
1. Number Closed	9	11
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	11
3. Cases Closed That Were Open For More Than One Year (explain)	1	3

Explanation: Cases open more than one year were a result of lengthy/complex investigations and scheduling issues related to due process.

V. Trend Data as of June 30

Year	A. Persons Licensed	B. Complaints	C. Complaints Per 1,000 Licensees	D.Open Cases
2008	193	11	57	9
2007	190	9	47	9
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, 2006-June 30, 2008

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

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

Minnesota Board of Psychology
Biennial Report
July 1, 2006 to June 30, 2008

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:

- Continued with the development of a computer application for tracking applicant and licensee information and tracking complaint data, as well as on-line services, such as renewals, license verifications and contact information changes.
- 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 work on shortening processing time for complaints under investigation.
- Improved the quality of informational sheets and forms.
- Streamlined internal operating procedures.
- Continued the process of converting master's level Licensed Psychological Practitioners to master's level Licensed Psychologists.
- Developed and presented a free continuing education activity for licensees entitled, *The Culture of Poverty: Treatment Challenges.*
- Addressed ethics classes at local schools of psychology.
- Sent representatives to present on Board operations at international meeting of state and provincial psychology Boards.
- Developed and implemented methods for decreasing Board expenditures.
- Developed a new Continuation of Operations and Pandemic Flu Plan, in cooperation with the other Health Licensing Boards.
- Developed a Workforce Plan, in cooperation with the other Health Licensing Boards.

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.
- Prescription privileges for psychologists are being discussed on the international and national levels.
- On-line courses and universities offering degrees in psychology on-line are a trend that could affect the education received by future applicants for licensure. International discussions surround mobility and residency issues, as well as accreditation concerns.
- On the national and international level, there is discussion of a proposal to eliminate 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 to the public.
- Also under discussion in connection with whether the post-doctoral supervised year should be eliminated from licensure requirements is how might the loss of that year of training be replaced. The competency of supervisors is, therefore being examined as the profession weighs the possible effect.
- Multi-cultural competence was examined by the Board in a continuing education activity it presented to its licensees in 2005. However, this complex issue is still under discussion and study in the field, as psychologist continue to figure out what is important for them to know about providing services across cultures.

- Discussing international perspectives on every aspect of the Board's responsibilities, including licensure, discipline, practice and ethical issues.

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, 2008 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; Thanh Son Thi Nguyen-Kelly, PhD, LP, No. St. Paul; Margaret Fulton, PhD, LP, St. Paul.
- ✓ *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, Rochester; Susan Hayes, St. Louis Park. [One vacancy]

B. Employees

The board has 9.8 full-time equivalent positions. They are: a full-time executive director, a full time state programs administrator, 2 full time investigators, an 80 % time office manager, two full time office specialists, one temporary office assistant and two full time office and administrative specialists.

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

Item	FY 2007	FY 2008
Receipts	$1079653	$1147917
Disbursements	$ 940096	$ 851069

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 LP 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, 2008

3720 persons licensed as licensed psychologists as of June 30, 2008.
143 persons licensed as licensed psychological practitioners as of June 30, 2008.

B. New licenses issued during biennium

Licensed Psychologist

FY	By Exam	By Reciprocity
2007	116	0
2008	110	0

Licensed Psychological Practitioners

FY	By Exam	By Reciprocity
2007	95	0
2008	15	0

IV. Complaints

A. Complaints Received

Item	FY 2007	FY 2008
1. Complaints Received	149	124
2. Complaints Per 1,000 Regulated Persons	38.85	32.09
3. Complaints By Type of Complaint (See attached explanation.)		
A. MS 148.941, Subd 2a (1)	89	76
B. MS 148.941, Subd 2a (2)	2	0
C. MS 148.941, Subd 2a (3)	26	24
D. MS 148.941, Subd 2a (4)	0	0
E. MS 148.941, Subd 2a (5)	0	0
F. MS 148.941, Subd 2a (6)	1	1
G. MS 148.941, Subd 2a (7)	0	0
H. MS 148.941, Subd 2a (8)	6	3
I. MS 148.941, Subd 2a (9)	0	0
J. MS 148.941, Subd 2a (10)	9	7
K. MS 148.941, Subd 6	0	0
L. MS 148.96	4	1
M. Non-jurisdictional	12	12

B. Open Complaints on June 30

Item	FY 2007	FY 2008
1. Complaints Open	213	240
2. Open Less Than 3 Months	74	56
3. Open 3 to 6 Months	57	46
4. Open 6 to 12 Months	48	60
5. Open More Than 1 Year (explain)	34	78

B.5. Explanation:

- Some complaints are being investigated by the Office of the Attorney General
- Some 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 complaints remain open while licensees are fulfilling the requirements of an Agreement for Corrective Action

C. Closed Complaints on June 30

Item	FY 2007	FY 2008
1. Number Closed	94	113
2. Disposition by Type		
A. Revocation	4	1
B. Voluntary Surrender	0	0
C. Suspension	4	2
D. Restricted, Limited, Or Conditional License	1	1
E. Civil Penalties	1	1
F. Reprimand	1	0
G. Agreement for Corrective Action	3	4
H. Referral to HPSP	0	0
I. Dismissal or closure	82	106
3. Cases Closed That Were Open For More Than One Year (explain)	13	21

C.5. Explanation:

- Complex investigations

V. Trend Data as of June 30

Year	A. Persons Licensed	B. Complaints	C. Complaints Per 1,000 Licensees	D. Open Cases
2008	3863	124	32.09	240
2007	3835	149	38.85	213
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, 2006 – June 30, 2008

For more information contact:
Minnesota Board of Social Work
2829 University Ave SE, Suite 340
Minneapolis, MN 55414
http://www.socialwork.state.mn.us

Phone: (612) 617-2100
Fax: (612) 617-2103

Minnesota Board of Social Work
Biennial Report
FY 2007-2008 (July 1, 2006 - June 30, 2008)

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.**
   - Ensure applicants meet all requirements for initial licensure
   - Approve applicants for the national licensure examination
   - Issue and renew licenses to applicants and licensees who meet requirements
   - Establish, implement, and enforce standards for supervision and continuing education
   - 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, investigate, and resolve 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 and informational brochures

- Provide information, application forms, and online services to applicants and licensees via the Board's website
- 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 regarding standards of practice and licensing requirements

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 via the Board's website and on request
   - 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
   - Provide information on the Board's compliance process utilizing the video production "Compliance Process: An Overview"

5. **Verify licensure status of social workers to employers, credentialing agencies, insurance agencies, and the public.**
   - Provide free license verification services via the Board's website
   - Respond to telephone inquiries
   - Provide written verification

B. Major Board Activities During Biennium

Among the activities accomplished by the Board during the FY 2007-2008 biennium were the following.

1. Legislative Proposals

Two proposals, initiated by the Board, became effective August 1, 2007. The Board proposed a Temporary License in response to two new Minnesota MSW programs pending accreditation and enrolling students in the fall of 2007. The Board also initiated a proposal for a Provisional License to replace the alternate licensing method for applicants who are foreign-born and speak English as a second language, which expired on August 1, 2007.

Additional proposals, not initiated by the Board, but ultimately supported by the Board, will increase the standards for the clinical license and other licensing standards. The Department of Human Services (DHS) convened a task force, which met in October and November of 2006, to comply with a 2006 legislative mandate to "evaluate qualifications of all licensed mental health professionals..." Task force participants included representatives from the mental health licensing boards, professional associations, professional training schools, providers, advocates, and consumer/family groups. Participants reached general agreement to increase and clarify minimum standards for

clinical practitioners across the disciplines. Task force recommendations established a baseline of clinical standards for coursework, supervised practice, and supervision and resulted in the report "Baseline of Competency: Common Licensing Standards for Mental Health Professionals" (A Report to the Minnesota Legislature – January 15, 2007). The new clinical and other licensing standards have a delayed effective date of August 1, 2011, to allow the Board, academic programs, employers, and professionals time to implement the changes.

The Board convened its Legislative and Rules Committee and stakeholder groups to work on implementation issues related to the 2007 Legislation. Recommendations were presented and approved by the Board regarding policy issues, necessary changes to internal business processes, and technical changes to include in a 2009 legislative proposal. In addition, information and a "Q & A" section were created for the Board's website. A written summary was also mailed to all licensees and applicants. The Board will continue its work on implementation initiatives, including modifications to the Board's data base.

A 2009 legislative proposal has been under consideration and will include minor licensing modifications and a fee reduction proposal.

2. Legislative Mandate to Conduct Study

A Board committee is working with stakeholder and community groups to comply with the 2007 legislative mandate to "study and make recommendations to the legislature by December 15, 2008, on how to increase the numbers of licensed social workers serving underserved communities and culturally and ethnically diverse communities, and also explore alternative paths to licensure that does not include a standardized examination". No funding was provided by the Legislature to study or implement initiatives to address the identified needs. However, through pro bono efforts and a Request for Proposals, the Board has conducted the study. A report and recommendations are being developed which include extremely important initiatives to effectively address the needs of the residents of Minnesota. It is uncertain whether the Board or the Legislature will intiate these recommendations.

3. Board Organization Assessment and Strategic Plan

An organization assessment was conducted and completed in November 2006, to ensure the Board was meeting its mission and to consider ways to streamline processes, reduce expenses, and simplify requirements. This assessment was the basis for two strategic planning exercises conducted during the summer of 2007, for both Board and staff. The Board reviewed its mission, considered the organization assessment, and identified its vision, noting barriers and strategies. The result was an implementation plan to achieve its goals. The Board reassessed the strategic plan initiatives and implementation plan in the spring of 2008. A summary of the planning initiatives is being used to monitor outcomes.

4. Electronic Government Services

The Board offers online services to applicants and licensees including license verifications, address changes, license applications and license renewals, and license requirement information. Online license renewal usage has increased from 4% to 67% since 2004. Online licensure application usage has increased from 45% to 69% since mid-2006. In addition, information on compliance actions taken against licensees and downloadable forms are available online. The website was expanded to make it more comprehensive and user-friendly, and a Frequently Asked Questions section has been added.

Many office functions, including auto-generated correspondence and reports, have been created and converted to electronic methods in order to reduce costs and create efficiencies.

5. Increased Education Outreach

The Board has provided increased public education information regarding licensing requirements and standards of practice to the public and stakeholder groups. Board members and staff provided approximately 26 public education programs during FY 2008 through informational booths and presentations at state and national conferences, and presentations to bachelors and masters social work academic programs throughout the state.

Brochures have been created and published on the compliance process and licensing requirements. In addition, the Board has produced a video on its compliance process, "Compliance Process: An Overview", which is streaming live on the Board's website.

C. Emerging Issues

1. Licensing Exemptions

To further meet its mission of public protection, the Board has established a Legislative Task Force to review current licensing exemptions, particularly for county social workers. During the fall of 2007 a Board member conducted a study pro bono for the Board to identify county employees who are currently in social work positions and who among them are licensed as social workers. Results of the study may be found in "Destination Deferred: Report to the Minnesota Board of Social Work On the Exemption from Mandatory Licensing For Social Workers in Minnesota County Social Services." The report included recommendations to the Board and set the stage for future work. The Task Force is currently gathering data and meeting with stakeholder groups to develop a plan to modify the licensing exemption for city, county, and state social workers. The goal is to ensure that vulnerable populations are provided services by licensed professionals who have demonstrated minimum competency. In addition, consumers would be provided redress, with access to the Board's complaint process, when they have received incompetent or unethical services from providers.

2. Report to the Legislature

The mandated study and report due to the Legislature on December 15, 2008, discussed in section B, number 2, will require implementation of recommendations

- 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
- 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 2007-2008 biennium, the Board was authorized to employ the equivalent of 10.6 full-time employees (FTEs).

C. Receipts and Disbursements

The Board's receipts and disbursements for the FY 2007-2008 biennium were as follows:

Item	FY 2007	FY 2008
Receipts (total revenue from all sources)	$1,038,962	$1,030,274
Disbursements (total direct and indirect costs)	$974,038	$976,428

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

adopted by the Board and Legislature. Possible recommendations include working with stakeholder groups at the local, state, and national levels; possible Board initiated legislation; and increased data collection and research, with the goal of increased access for underserved communities to services provided by persons licensed as social workers and also an increased number of licensed social workers representing underserved communities.

3. Electronic Record Storage and Paperless Meetings

The Board is exploring the implementation of a scanning system for licensee and Board records to improve efficiencies and record retention. In addition, the Board is exploring electronic options to conduct meetings and transmit the necessary documents for Board and Committee meetings. The goal is to decrease the cost of producing paper copies for members and to increase efficiencies and security, while maintaining compliance with the Minnesota Data Practices Act and Open Meeting Law.

4. Changing Demographics

Minnesota is experiencing a significant change in the demographics of its residents, including an increasing aging population, and increasing numbers of residents from ethnically and culturally diverse communities. The social work profession and Board are conducting research to better identify the needs and implement strategies to address these needs from both a client/consumer and licensed professional perspective.

5. Professional Mobility

The Board is gathering data from Minnesota bachelors and masters accredited schools of social work to anticipate the number of new persons being prepared for the profession. Social work, like many professions, is also experiencing increased mobility of professionals. The Board must anticipate and implement policies for professionals trained outside of the United States, as well as licensed professional social workers moving to Minnesota from other jurisdictions, where licensing requirements may not be equivalent.

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

Part 3. Licensing Statistics

A. Persons Currently Licensed

Level	FY 2007	FY 2008
LSW	5119	5194
LGSW	1086	1291
LISW	708	697
LICSW	3242	3357
Total	10155	10539

B. New Licenses Issued During Biennium

Level	FY 2007	FY 2008
LSW	342	376
LGSW	291	300
LISW	20	24
LICSW	227	224
Total	880	924

Part 4. Complaints

A. Complaints Received During Biennium

	FY 2007	FY 2008
Number of Complaints Received	96	107
Number of Complaints per 1000 Licensees	9.6	10.7
Complaints by Type	-----	-----
Impairment	15	15
Boundaries	4	6
Confidentiality	6	5
Practice Issues	48	60
Failure to Report	1	2
Licensure	7	3
Sexual Contact or Harassment	2	4
Fee or Payment Issues	2	3
Unlicensed Practice/ Misrepresentation	11	9
Violation of Board Order	0	0
Non-jurisdictional	0	0

B. Complaints Opened During Biennium

	FY 2007	FY 2008
Number of Complaints Opened	107	119
<3 months	51	65
3-6 months	21	18
6-12 months	16	16
>12 months	11	1

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

C. Complaints Closed/Resolved During Biennium

	FY 2007	FY 2008
Number of Complaints Closed	111	100
Disposition of Closed Complaints		
Dismissed or Closed	98	96
Revocation	2	0
Voluntary Surrender	1	0
Suspension	2	1
Restrictions, Limitations, Conditions	2	0
Reprimand	1	3
Agreement for Corrective Action	1	0
Stipulation to Cease Practice	4	0

Part 5. Trend Data as of June 30, 2008 (By Fiscal Year)

	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
Number of Persons Licensed (all levels)	9,831	9,803	9,727	9,703	9,798	9,816	9,936	10,005	10,155	10539
Number of Complaints Received	173	206	120	123	207	167	114	89	96	107
Complaints per 1000 Licensees	17	20	12	12	20	16	11	9	9	10
Complaints Open as of June 30	NA	NA	NA	56	45	35	63	15	8	19

Minnesota Board of Veterinary Medicine

Biennial Report

July 1, 2006-June 30, 2008

For more information, contact:
Minnesota Board of Veterinary Medicine
2829 University Avenue SE
Suite 540
Minneapolis, MN 55414
www.vetmed.state.mn.us

Phone: (651) 201-2844
Fax: (651) 201-2843

Minnesota Board of Veterinary Medicine
Biennial Report
July 1, 2006 to June 30, 2008

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
- Championed efforts to change statutes to address veterinary prescription medications and an alternative pathway for the assessment of the educational equivalence of foreign trained veterinarians
- Successfully completed investigations of several major disciplinary cases
- Successfully defended legal challenge to the Veterinary Practice Act

C. Emerging issues regarding regulation of veterinarians

- Mandatory prescription writing when medically indicated
- 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.
- Companion animal ownership versus guardianship
- Regulation of veterinary support staff
- Non veterinarian ownership of veterinary practices

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, 2008 are listed below:

- 5 licensed veterinarians—Dr. Meg Glattly, Eagan; Dr. Delores Gockowski, Sturgeon Lake; Dr. John Lawrence, Lonsdale; Dr. Mike Murphy, Stillwater; Dr. Joanne Schulman, Minneapolis
- 2 public members—Mr. Jeremy Geske, New Prague; Ms. Sharon Todoroff, Columbus

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 2007	FY 2008
Receipts	$306,185	$320,320
Disbursements	$441,066	$405,414

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
CE Sponsor Approval	$50
License Verification	$25

III. Licensing and Registration

A. Persons licensed as of June 30, 2008

3,046

B. New licenses issued during biennium

Fiscal Year	# Licensed
2007	143
2008	161

IV. Complaints

COMPLAINTS RECEIVED

	FY 07	FY 08
Number of Complaints Received	54	80
Number of Complaints per 1000 Licensees	18	27
Complaints by Type		
Incompetence	20	44
Unprofessional Conduct	16	19
Chemical Dependency	5	2
Unlicensed Practice	9	12
Sanitation	1	2
Non-Jurisdictional	3	1

OPEN COMPLAINTS

	FY 07	FY 08
Number of Complaints Open		
<3 months	31	35
3-6 months	12	15
6-12 months	7	11
>12 months*	4	4
*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 07	FY 08
Number of Complaints Closed	73	64
Disposition of Closed Complaints		
Revocation		1
Suspension	1	
Conditional License		3
Civil Penalty	1	5
Agreement for Corrective Action	7	9
Referral to HPSP		1
Dismissed	60	44
Cease and Desist	4	1

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
FY 2007	3,025	54	18	20
FY2008	3,046	80	26	22

Office of Unlicensed Complementary and Alternative Health Care Practice

Biennial Report

September 2008

For more information, contact:
Health Occupations Program
Minnesota Department of Health
PO Box 64882
St. Paul, MN 55164-0882
www.health.state.mn.us

Phone: (651) 201-3728
Fax: (651) 201-3839

As required by Minnesota Statute 3.197: This report cost approximately $435 to prepare, including staff time, printing and mailing expenses.
Upon request, this material will be made available in an alternative format such as large print, Braille or cassette tape. Printed on recycled paper.

Office of Unlicensed Complementary and Alternative Health Care Practice
Minnesota Department of Health
Biennial Report
July 1, 2006 to June 30, 2008

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. Educating the public and practitioners about the OCAP and informing 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

- OCAP completed seven enforcement actions against seven different practitioners. Five of these enforcement actions were against massage therapists for sexual misconduct or other boundary violations.

- OCAP continued to develop and maintain a collaborative relationship with the local office of the Federal Food and Drug Administration (FDA). The FDA has continued to assist OCAP in understanding medical device regulation. OCAP and the FDA do not have overlapping jurisdictions, and such collaboration is necessary in order to be efficient and effective.

- OCAP was one of five occupational groups regulated by the Health Occupations Program (HOP) in the Department included in a project to develop a comprehensive database. The database is now fully operational.

- OCAP continued to revise and update its website to include better consumer and practitioner information. Recent information added includes the type of OCAP practices in which the subjects of disciplinary action were engaging. OCAP enforcement actions and other documents are being scanned so this information will be available by links on the website. This process will allow enforcement actions to be easily accessible to consumers and other interested persons.

- OCAP responded to 573 inquiries from practitioners, consumers, complainants, regulators and other interested persons. OCAP mailed out over 380 brochures/information and complaint packets/copies of disciplinary actions. Inquiries increased 90% since the last biennium; however, mailings were reduced by 40%. This may indicate increased access and use of the internet and Department website.

- During the 2007-2008 legislative session, the legislature passed a proposal for the future registration of naturopathic doctors that have postgraduate degrees in naturopathic medicine.

The legislature also directed the Commissioner of Health to convene a work group which will make recommendations about the following issues: (1) the appropriate level of regulation for naturopathic medicine practitioners with a postgraduate degree in naturopathic medicine; (2) definitions to be used in the regulatory scheme to ensure the distinction between the practice of naturopathic medicine and the practice of traditional naturopathy; (3) the level of education and training, including appropriate credentialing of educational programs for the postgraduate degree level of practice; (4) the exclusive scope of practice for naturopathic practitioners with a postgraduate degree in naturopathic medicine while ensuring that practitioners without a postgraduate degree may continue to practice naturopathy under OCAP; (5) identify the appropriate regulatory authority, including the possibility of a new regulatory board; and (6) other regulatory requirements for naturopathic medicine recommended by the work group. This new regulation will have little impact on the operations of OCAP as less than one percent of OCAP practitioners will meet the requirements for registration as naturopathic doctors with postgraduate degrees.

- The legislature passed changes to 146A deleting language that prohibited a practitioner from engaging in sexual contact with a former client and language that prohibited a practitioner from undertaking or continuing a professional relationship with a client when the practitioner's objectivity was impaired. These changes were effective August 1, 2008.

- The legislature also passed changes removing the requirement for a practitioner to use a Client Bill of Rights when they are employed by or a volunteer in a hospital or hospice.

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 and personnel to disseminate information to practitioners, consumers and interested persons, along with reviewing research and studies of alternative and complementary modalities.

- The passage of the naturopathy doctors' registration statute has caused concern among traditional naturopaths that their right to practice under OCAP jurisdiction may be eroded or restricted in the future. These concerns will be heard in the work group, which has an OCAP representative appointed by the Commissioner's Office.

Traditional naturopaths are those practicing that may not hold accredited doctorate level training.

- Of the complaint forms mailed out, approximately 50% of complainants fail to complete and return details of the complaint. In some cases, the complainant is a family member of the OCAP client and the client does not wish to cooperate with an investigation. In other situations, unrelated legal action (child custody, divorce) is pending and there is a concern that filing a complaint may cause the disputed matter to escalate.

II. OCAP's Staff and Budget

A. Employees

July 1, 2006 to June 30, 2008, 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		**Civil Penalties Assessed (but not yet received)**	
FY 2007	$ 805	FY 2007	$ 1,000
FY 2008	$ 0	FY 2008	$ 628
TOTAL	**$ 805**	**TOTAL**	**$ 1,628**

Reimbursement to Consumers		**Expenditures**	
FY 2007	$ 0	FY 2007	$ 93,538*
FY 2008	$ 585	FY 2008	$ 63,247**
TOTAL	**$ 585**	**TOTAL**	**$156,785**

* includes $17,000 in costs for the Attorney General's office.
** includes $5,845 in costs for the Attorney General's office.

III. Licensing and Registration

There are no licensing or registration activities in OCAP.

IV. Complaints

A. Complaints Received

	FY 2007	FY 2008
Complaints Received	10	8
Complaints Per 1,000 Regulated Persons (Estimated 2,700 practitioners)	3.70	2.96

Complaints by Type of Complaint	FY 2007	FY 2008
Sexual Misconduct	5	4
Impaired Objectivity	0	0
Harm to Public/Client[1]		5 2
Misrepresentation of Credentials	0	2
False Advertising	0	0
Other Disciplinary Action Taken	0	0
Criminal-personal or OCAP related	0	0
Failure to furnish records	0	0
Failure to provide bill of rights	0	0
Failure to follow Commissioner's order	0	0
Failure to refer 2	0	0

B. Open Complaints on June 30

	FY 2007	FY 2008
Total Number of Open Complaints	33	28
Open Less than three months	3	5
Open 3 to 6 months	3	1
Open 6 to 12 months	4	2
Open more than 1 Year (explain)[3]	23	20

C. Closed Complaints on June 30

	FY 2007	FY 2008
Number Closed	9	13
Disposition by Type		
A. Dismissed	2	4
B. Revoked	2	2
C. Suspended/Restricted Practice	2	0
D. Advisement/Warning Letter	2	5
E. Referred to other Board/Agency	1	2

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

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

[3]Explanation of cases open for more than one year: There are multiple factors contributing to a case being open more than one year. 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.

OCAP investigations are very time consuming because legal jurisdiction must be established and many of the legal issues presented are novel and allege serious misconduct.

V. Trend Data as Of June 30

Fiscal year	Complaints Rec' d	Complaints Per 1,000	Open Complaint Files
FY 2008	8	2.96	28
FY 2007	10	3.70	33
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