



Minnesota Board of Physical Therapy

Report to the Legislature in Compliance with Minnesota Statutes Section 3D.06 (Sunset Review)

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Pursuant to [MN Statutes §3.197](#), the cost of preparing this report was approximately \$1,850 (staff time).

INTRODUCTION

The Board of Physical Therapy (Board) provides public protection through accountable, efficient, and effective operations. The mission of the Board is to ensure that Minnesota citizens receive appropriate physical therapy services from competent physical therapists and physical therapist assistants. Since 1951 the practice of physical therapy has been regulated in statute in order to protect the public. The Board is accountable to the public, the Legislature, the Governor, and the licensees. The Board strives to continuously look for opportunities to improve operations in order to provide efficient and effective services with meaningful outcomes.

This report is being submitted by the Minnesota Board of Physical Therapy (Board) to the Sunset Commission in compliance with Minnesota Statutes §3D.06.

This report contains all of the required information, presented in the order listed in section 3D.10, with the exception that criteria in items 1 and 2 are reversed. Background information concerning the key functions, powers, duties, and mission of the Board (Statute Criteria for Review #2) are provided prior to Operations – Effectiveness and Collaboration (Statute Criteria for Review #1).

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I. Executive Summary:

The Board of Physical Therapy (Board) is responsible for protecting the public by ensuring that Minnesota citizens receive appropriate physical therapy services from competent physical therapists and physical therapist assistants. Since 1951 the practice of physical therapy has been regulated by Minnesota statute.

The Board achieves the mission of public protection by:

- Ensuring that only qualified individuals are initially licensed and that the licensees continue to meet continuing competency standards at annual renewal. The Board issues approximately 350 new licenses each year, and regulates 5800 physical therapists and physical therapist assistants. For the 2012 renewal period, 95% of licensees have renewed their licenses electronically.
- Ensuring that licensees practice with reasonable skill and safety through the enforcement of standards of practice and ethical conduct. Disciplinary and compliance actions are issued when warranted. The Board receives approximately 50 complaints per year and issues an average of 10 disciplinary or educational actions per year
- Providing public information to consumers of health care services with electronic services and web-based resources.

Efficient and cost effective operations:

- The Board's operations are fully funded by fees, which are sufficient to cover all Board functions. The Board fees have not increased since 1994. The Board does not receive any appropriations from the general fund.
- With an increase in staff from 2.0 to 3.0 FTE in 2008, the Board has been able to successfully respond to a 160% increase in the number of licensees and a 289% increase in complaint volume since 2007.
- Efficiency has been enhanced through the utilization of an integrated regulatory and licensing information management system. The Board developed this system in collaboration with the six other small health licensing boards, which minimized the cost of development, maintenance and updates. The Administrative Services Unit is funded by all health boards and provides shared administrative and business services.

Public Input and Professional Expertise:

- The Board consists of three public members, one medical doctor, five physical therapists, and two physical therapist assistants. The members are extremely dedicated to public protection and their service is volunteer in nature.
- The Board members bring extensive education, training, and experience to their Board positions, and perform significant work on Committees, Task Forces, and at Board meetings.

All functions of the Board of Physical Therapy support the mission of public protection. The Board strives to provide effective, efficient, and fiscally prudent services.

II. Statutory Requirements

Section I. Key Functions, Powers, Duties, Mission

The mission, goals, and objectives intended for the Board and of the problem or need that the Board was intended to address and the extent to which the mission, goals, and objectives have been achieved and the problem or need has been addressed

Governing regulation for Board activities is found in Minnesota Chapter 214, Minnesota Statute 148.65-148.78 and Minnesota Rules 5601.0100-5601.3200.

Statutory authority for the regulation of the practice of physical therapy and physical therapists was granted in 1951. Administration of the Physical Therapy Practice Act was provided by the Minnesota Board of Medical Practice from 1951-1999. A Physical Therapy Examining Committee of the Board of Medical Practice became the Physical Therapy Advisory Council to the Board of Medical Practice in 1980. In 1999 legislation established the Board of Physical Therapy as an independent agency. In 2007, legislation was passed requiring licensure of physical therapist assistants on July 2, 2008. The impetus for regulation of physical therapists in 1951 was public protection. Licensure of physical therapist assistants was also legislated for the purpose of public protection.

Mission

To ensure that Minnesota citizens receive appropriate physical therapy services from competent physical therapists and physical therapist assistants.

Vision

To protect the public through licensure of qualified physical therapists and physical therapist assistants, and to provide timely and impartial resolution of complaints against physical therapists and physical therapist assistants.

The Board achieves this mission by

- Ensuring that educational standards for prospective licensees and continuing education for licensees are maintained, and striving to assure an ethical and competent healthcare workforce
- Licensing qualified individuals so that Minnesotans seeking to use their services will be able to identify those working in the field with skills necessary to provide services in compliance with Minnesota Statutes and Rules.
- Enforcing standards of safe practice and ethical conduct by investigating and resolving complaints, and implementing disciplinary and compliance actions when licensees do not perform in compliance with standards.
- Providing public information to consumers of health care services

Public protection through licensure, regulation, and enforcement underlies every activity and all functions of the Board. The Board only has one program and all major functions relate to ensuring that applicants met the standards for licensure; ensuring that licensees meet the standards for license renewal; identifying licensees who fail to maintain minimum standards for the provision of safe and quality care and when warranted, providing appropriate disciplinary or corrective action; and providing information and education to the public.

The Board of Physical Therapy consists of eleven members appointed by the Governor; five physical therapists, two physical therapist assistants, one doctor of medicine, and three public members. The Board meets six times per year. Board members also serve on the Complaint Review, Licensure, Continuing Education, Administration, and Legislative Committees, and the Continuing Competence Task Force. The Licensure, Continuing Education, and Administration Committees each held 12 meetings during the FY10-11 biennium. The Complaint Review Committee met 20 times during the FY10-11 biennium. The Continuing Competence Task Force met 6 times during the FY10-11 biennium.

The Board members are individuals who are dedicated to public protection. They provide public service that is virtually volunteer in nature. They volunteer significant personal time to review materials in advance of the meetings and to attend Board and Committee meetings. Under Minnesota Statute 214.09, Subd. 3, Board members may be compensated at a rate of \$55 per day. The Board public and professional membership is a mechanism for assuring accountability of the Board's day-to-day activities in fulfillment of its mission.

The Board staff consists of 3.0 FTE employees in the positions of Executive Director, Office Administrative Specialist Principal, and Office Administrative Specialist Intermediate.

Board Members

| Name | Residence | Occupation | Professional or Public Member | Date of Appointment | Date of Reappointment |
|---------------------|------------------|------------------------------|--------------------------------------|----------------------------|-----------------------------------|
| Christopher Adams | Plymouth, MN | Physical Therapist Assistant | Professional Member | 6/20/2011 | |
| Timothy Fedje | Rochester, MN | Physical Therapist | Professional Member | 12/27/1999 | 1/1/2001 1/3/2005 3/5/2009 |
| Kathy Fleischaker | Eden Prairie, MN | Physical Therapist | Professional Member | 12/27/1999 | 1/7/2003 9/4/2007 6/20/2011 |
| Linda Gustafson | Minnetonka, MN | Physical Therapist | Professional Member | 3/5/2009 | 6/20/2011 |
| Bruce Idelkope | Minneapolis, MN | Medical Doctor | Professional Member | 8/28/2000 | 1/1/2001 1/3/2005 3/5/2009 |
| Barbara Liebenstein | Dundas, MN | Dairy Farmer | Public Member | 7/7/2005 | 3/5/2009 |

| | | | | | |
|----------------------|--------------------|--------------------------------|---------------------|------------|-----------------------|
| Sandra Marden-Lokken | Duluth, MN | Physical Therapist | Professional Member | 7/7/2005 | 9/4/2007 6/20/2011 |
| Debra Newel | St. Paul, MN | Attorney | Public Member | 10/19/2009 | 6/20/2011 |
| Kathy Polhamus | North St. Paul, MN | Utilization Review Coordinator | Public Member | 9/4/2007 | 5/5/2010 |
| Elizabeth Schultz | Alden, MN | Physical Therapist Assistant | Professional Member | 6/30/2006 | 5/5/2010 |
| Debra Sellheim | Maplewood, MN | Physical Therapist | Professional Member | 5/5/2010 | |

The Board was among the leaders in developing online services. Online annual license renewals were initiated in 2002. In the current renewal period, over 95% of renewals have been submitted online. The Board website is a resource for licensees, employers, patients, and members of the public. The Board introduced an online initial application service in 2010. These online services are shared among the group of seven small health licensing boards working in collaboration to leverage information technology with limited resources. This group of small boards has worked cooperatively for nine years to successfully develop, maintain, and advance an integrated licensing and regulatory system, web applications, and database in an extremely functional, cost effective, and efficient manner.

Continuing Competence is a significant focus for the Board. A Continuing Competence Task Force was appointed during FY2010-11 biennium to explore and research existing tools and models that support Continuing Competence. The Task Force recently recommended, and the Board agreed, to initiate rulemaking for Continuing Competence.

The Board and staff have successfully met challenges of growth during the past four years. The numbers of licensees, the number of complaints, and the complexity of complaint investigations have increased significantly during this period. The Board provides high quality, customer focused, efficient, and cost effective services.

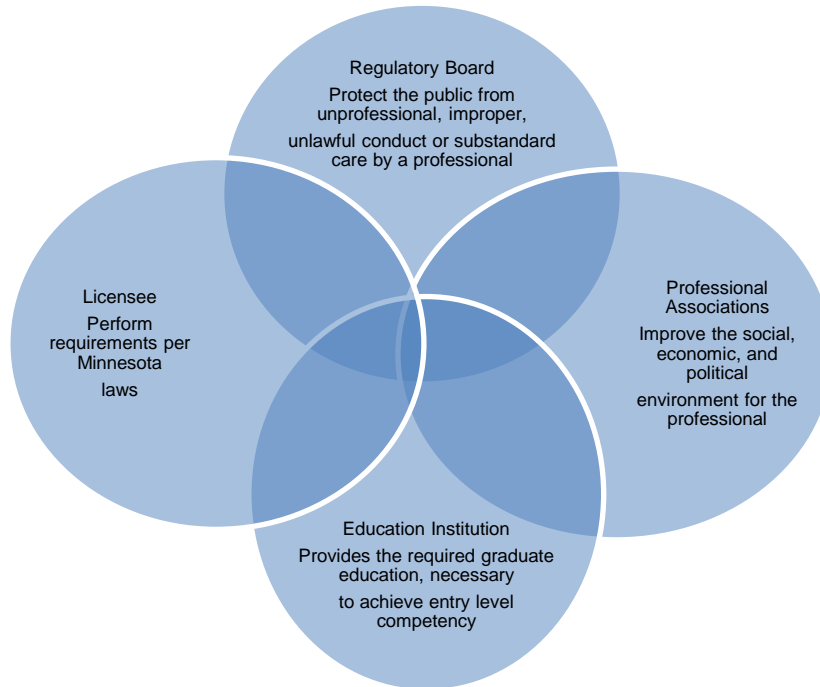
The Board website (www.physicaltherapy.state.mn.us) provides 24/7 access to online initial license applications, online annual license renewals, online address//phone change, information about the status of individual licensees, continuing education information and course approval application forms, complaint registration forms, text of all disciplinary orders, and physical therapy Statutes and Rules.

Section II. Operations – Effectiveness and Collaboration

The efficiency and effectiveness of the Board

The Board acts in a collaborative manner with the other Health Related Licensing Boards.

Organizational Relationships



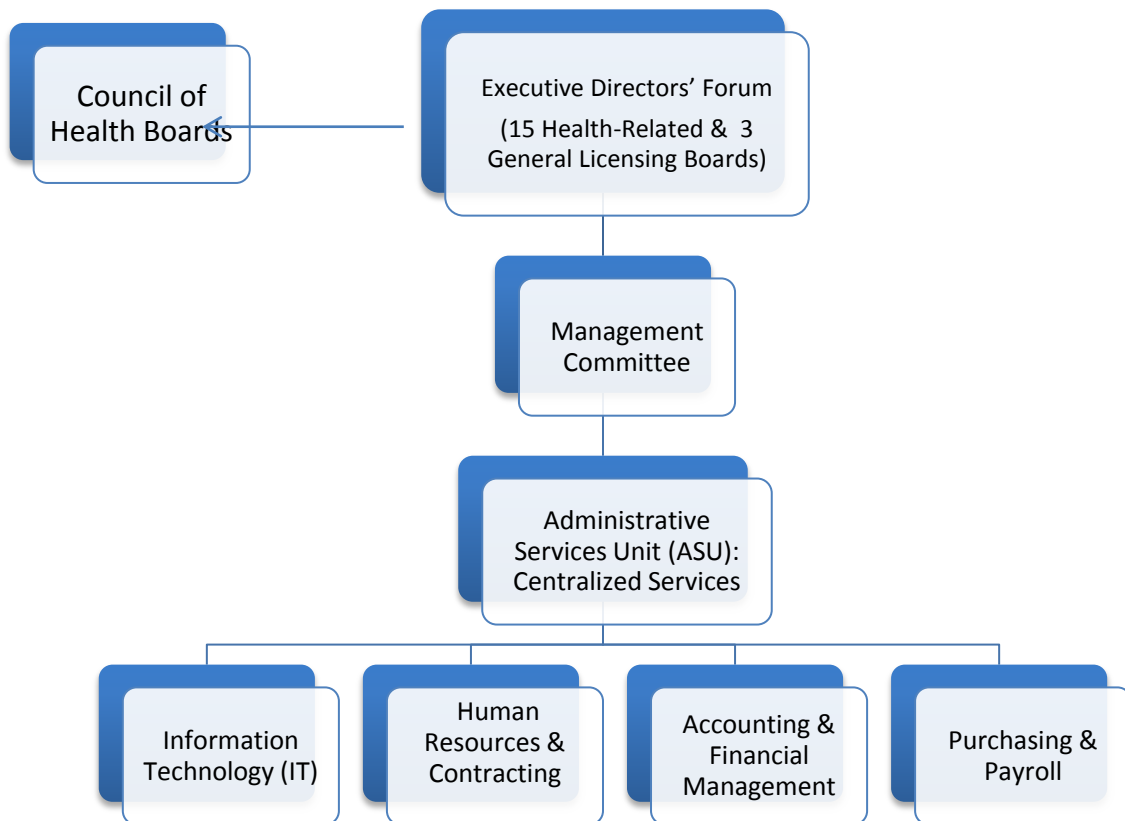
Each Board is comprised of governor appointed members, who oversee the regulation of health-related professions in Minnesota. These Board members, who work in the Minnesota community outside of state government in addition to their role on these boards, put in extra hours to offer a public protection perspective and professional expertise to Minnesota state government. In collaboration with each Board's staff, these citizens are entrusted with the protection of public health and safety through licensing of health-related professionals, and through administration of complaints regarding health-related practitioners.

Minnesota Health-Related Licensing Boards: Nationally Recognized Model for Occupational Governance

Administrative Services Unit

The Administrative Services Unit (ASU) (M.S. 214.07) 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. ASU provides shared service to the Boards in the areas of finance, budgeting, accounting, purchasing, reporting, banking, human resources, professional and technical contracts, information technology, policy development and payroll. The ASU collaboration also provides the Boards an opportunity for increased efficiency with shared facilities such as conference rooms and service rooms, and shared equipment including high speed copiers and servers.

ASU also facilitates the Boards' cooperative policy and planning efforts, 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. ASU is managed through the Executive Directors Forum's Management Committee.



Minnesota Health-Related Licensing Boards: Information Technology

Information Technology Workgroup

Under the auspices of the Executive Director Forum, an Information Technology Work group has been in operation for several years, and this group is responsible for coordination of HLB technological projects and implementation of technological improvements. The Health Related Licensing Boards have developed cooperative IT capabilities. This collaborative structure will now become part of the states IT enterprise through the Office of Enterprise Technology.

| Certified and Diversified IT Administrators | Award Winning Security Model | Advanced Hardware Standards |
|--|---|--|
| <ul style="list-style-type: none"> • Collaborative financial resources to achieve a combination of developers, data base experts, and security credentialed staff members, including two Certified Information Systems Security Professionals (CISSIP) IT Administrators. | <ul style="list-style-type: none"> • HLBs received National Association of State Chief Information Officers (NASCIO) award for its Continuity of Operations Plan (COOP) • HLBs received national awards for work performed in IT security and emergency preparedness • Minnesota Board of Medical Practice received the Minnesota Government Recognition Award • Enforced strict passphrase policy across HLB since 2006 which exceeds industry standards | <ul style="list-style-type: none"> • Advanced technology infrastructure that integrates storage area network (SAN) devices to centralized secure data storage • Segmented internal network traffic and utilization of an active industry-leading firewall • Advanced technology typically utilized in larger agencies including: server virtualization and clustering, automated computer patching/updating, and vulnerability scanning • VMware clusters enable HLBs to manage server hardware with no downtime |

Minnesota Health-Related Licensing Boards: Online Services

Online Services

The board supports electronic technology to meet the efficient licensing processes for Minnesota Licensees. Currently the board provides electronic renewal of licenses and initial applications for licenses. The board initiated online Electronic Government Services within 10 years ago. 93% of licensees used the online service for their 2011 renewal, and 53% of applicants submitted their initial application online. The board response time to customer inquiries is on the same day. The board uses advanced technology to provide interactive usable websites for public access.

| Applicants | Licensees | Public |
|--|---|---|
| <ul style="list-style-type: none"> • Applications for licensure • Submission of documents • Download of national examination scores • Application review • Examination site authorization • Permit for practice • Examination retake authorizations • Application status | <ul style="list-style-type: none"> • Downloadable forms and applications • Online applications and license renewal • Continued competency (CE) tracking • Address changes • Secure credit card transactions • License verifications for other jurisdictions • Notification of license renewal • E-newsletters • E-mail updates regarding practice standard updates | <ul style="list-style-type: none"> • Public orders and compliance history • Board disciplinary and adverse action reports • License verification • Data requests • Automated license verification for large employers • "Locate a Doctor" • Automated licensure data with other state agencies • Customized data requests |

Number of Credentials Issued by all health-related Boards

- As of June 30, 2010, a total of 252,724 persons were licensed or registered by the Health-Related Licensing Boards.
- A total of 260,158 credentials were issued or renewed during the biennium ending June 30, 2010.

The Boards successfully utilize online services to efficiently provide licensing and renewals, as well as to provide many other advanced electronic government services through technological improvements.

Section III. Authority for Additional Activities Not Specified in Statute

Identification of any activities of the Board in addition to those granted by statute and of the authority for those activities and the extent to which those activities are needed

The Board provides resources, not granted by the physical therapy statute, that coordinate with and support other State and Federal agencies. Exchange of information, including data exchange and survey information, is authorized under State and Federal statutes with:

- Minnesota Courts: investigational information, mandatory suspension of licensure for nonpayment of spousal maintenance or child support
- Minnesota Department of Revenue: mandatory suspension of licensure for nonpayment of taxes
- Minnesota Department of Health: Office of Rural Health for the rural health workforce survey, and investigational data associated with health care facilities
- Minnesota Department of Human Services: investigational information related to state payments for medical services, licensure information to establish credentialing of physical therapists as eligible providers, technical and professional information
- Minnesota Management and Budget: licensure information provided for emergency preparedness to BeReadyMN
- US Centers for Medicare and Medicaid Services (CMS): licensure information to establish credentialing of physical therapists as eligible providers
- US Office of Inspector General: investigational information, technical and professional information
- US Department of Health and Human Services: National Practitioner Healthcare Integrity and Protection Data Bank: reports on Board disciplinary actions are required within 30 days of Board action.

The Board provides information to:

- Members of the public, licensees, applicants, employers, and schools through presentations to groups, website postings, and individualized responses to email and telephone questions
- Minnesota Legislature as a source of professional information and technical assistance to Legislators, and House and Senate Research

Voluntary Entities

Executive Directors Forum

The Executive Directors (ED) Forum consists of the Executive Directors of each Board. The Forum meets at least once a month to discuss issues and concerns affecting all boards. The Forum was created with goals to work together on matters of common concern, and to increase the efficiency and effectiveness of each individual board through cooperation and collaboration through shared administrative functions. The Policy and Management Committees develop recommendations for consideration by the Forum. The primary objective of public safety is achieved most effectively with primary staff focused on a specific health profession.

Some of the tasks accomplished through the coordinated and collaborative actions of the Executive Directors Forum include:

- 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).
- Commitment of IT personnel and equipment for data security.
- Technological advances including 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.
- Participation 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 meetings regarding coordinating Department of Health investigations and Health Board investigations, and exchange of information under § 214.10, subd. 8 (c). This has resulted in the 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.
- Review of requirements and limitations pertaining to criminal background checks of applicants.
- 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.
- Response to surveys regarding IT capacity, security and functionality.
- Enactment and approval of the Boards' first AWAIR (A Workplace Accident and Injury Reduction) 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.
- 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 93% use by physical therapy licensees of online renewal services.

Individual board members, staff, and Executive Directors participate in numerous organizations regarding health and safety, including:

- Minnesota Alliance for Patient Safety
- Citizen Advocacy Center
- 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. An 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

Information Technology Workgroup

Under the auspices of the Executive Director Forum, an Information Technology Work group has been in operation for several years, and this group is responsible for coordination of HLB technological projects and implementation of technological improvements.

Section IV. Authority related to Fees, Inspections, Enforcement

An assessment of authority of the Board relating to fees, inspections, enforcement, and penalties

| | Statutory Authority |
|------------------------------------|--|
| Fees | MS 148.715 |
| Inspections | None. Board does not inspect facilities |
| Enforcement | MS 148.75 (a); 148.76 subd 1; MR 5601.3200, subp 2, 3, and 4 |
| Penalties | MS 148.75 (b); 148.77; MR 5601.2700 |
| Licensure | MS 148.65, subd. 2 and 3; |
| Renewal of Licenses | MS 148.73, MR 5601.1700 |
| Investigation of Complaints | MS Ch 214; MS MR 5601.3200, subp 4 |

Authority

The Board is authorized by physical therapy statutes and rules to:

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 the occurrence or reoccurrence of problems.
- Obtaining voluntary agreement or disciplinary action, or pursuing disciplinary action through a due process, contested case hearing, or potential court action.
- Providing information and direction to licensees to support compliance with Agreements for Corrective Action or Stipulation and Orders.
- Monitoring of compliance with Board Agreements for Corrective Action, and Stipulation and Orders, and when necessary to pursue further 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.
- Providing public and professional outreach through presentations, annual newsletter, website postings, and responses to individual email and telephone questions.

Fees

Fees were moved from Rule to Statute in 2007, without changing the fee amounts. The fees have not been increased since 1994. The fees collected each year are sufficient to fund the legislatively approved spending authority and all costs associated with Board operations. The current fees also cover the 10% surcharge on licenses for the Minnesota Office of Enterprise Technology to develop a statewide electronic licensing system. The Board also maintains adequate reserves to be able to appropriately respond to an unexpected legal situation.

| Item | Fee |
|--|------------|
| PT and PTA Annual License Renewal | \$60 |
| PT and PTA Late Fee for Annual Renewal | \$20 |
| PT and PTA Initial Application | \$100 |
| PT and PTA Examination | \$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 |

Licensure, Renewals, and Verification

The Board provides responsive customer service; uses efficient and cost effective processes; and continues to expand the use technology to ensure that applicants meet the standards for initial licensure, and that physical therapists and physical therapist assistants meet standards for annual license renewal. License verifications and the full text of disciplinary orders are available online 24/7.

Electronic government services were initiated by the Board in FY03 for online renewal of licenses, and online initial license applications were implemented in FY10. During the first two years of online initial license applications, over 55% of the applications have been submitted online.

The Board began licensing physical therapist assistants during FY08, and completed the initial licensure process in FY09, resulting in a 31% increase in the total number of licensees regulated by the Board. Physical therapist assistants renewed their licenses for the first time during FY09.

| Biennium | Total Number of persons licensed on last day of biennium | Number and Type of Credentials Issued or Renewed during biennium | | Number and Per Cent of Credentials Renewed Online during biennium |
|--|--|--|-------------------------------|--|
| | | Type | Number | |
| FY 2009-10 <i>7/1/08-6/30/10</i> | 5,422 on June 30, 2010 | PT | Renewed: 7,832 Issued: 452 | <u>On-Line Renewals</u> Total: PT: 92% = 7,205 PTA: 82% = 2,093 |
| | | PTA | Renewed: 2,553 Issued: 497 | |
| FY 2007-08 <i>7/1/06-6/30/08</i> | 4,670 on June 30, 2008 | PT | Renewed: 7,436 Issued: 389 | <u>On-Line Renewals</u> Total: PT: 85% = 6,312 |
| | | PTA | Issued: 874 | |
| FY 2005-06 <i>7/1/04-6/30/06</i> | 3,588 on June 30, 2006 | PT | Renewed: 6,949 Issued: 336 | <u>On-Line Renewals</u> Total: PT: 44% = 3047 |
| | | | | |
| FY 2003-04 <i>7/1/02-6/30/04</i> | 3,443 on June 30, 2004 | PT | Renewed: 6,202 Issued: 400 | <u>On-Line Renewals</u> Total: PT: 22% = 1,364 |
| | | | | |
| FY 2001-02 <i>7/1/00-6/30/02</i> | 3,269 on June 30, 2002 | PT | Renewed: 5,990 Issued: 456 | Online renewals were not available during the FY01-02 biennium |

Section V. Regulation and Public Protection

Whether less restrictive or alternative methods of performing any function that the agency performs could adequately protect or provide service to the public

Regulatory Authority. The Board licenses physical therapists (PT) and physical therapist assistants (PTA) This is the appropriate level of regulation because it requires graduation from an accredited educational program and a passing score on the national examination, holds licensees accountable to standards of practice and a code of ethical practice, and allows for regulatory oversight of licensees. PTs and PTAs work directly with vulnerable populations. Incompetent or unethical practitioners present a significant risk for harm to patients and the general public.

Adequate public protection could not be provided with less restrictive or alternative methods of regulation because initial entry level requirements of graduation from an accredited program and a passing score on the national examination do not ensure lifelong licensee competence and public protection. In 2007 legislation was passed to license Physical Therapist Assistants (PTA) in Minnesota, becoming the 46th state to do so. One thousand two hundred and fifty PTAs were that year. As of 2011, only one state does not yet regulate PTAs. All states license physical therapists

There are several reasons why a less restrictive or alternative method of regulation would not be adequate. Prior to 2008, PTAs in Minnesota were defined in the practice act as graduates of an accredited educational program with specific supervision and delegation requirements the responsibility of the supervising PTs. The following situations existed in Minnesota **prior to the 2008 enactment of PTA licensure:**

- A PTA who failed the national licensing exam, would have been denied the right to practice in 45 states, but could practice in Minnesota.
- A PTA who had been disciplined, even to the extreme of having their license suspended, for violating the Physical Therapy Practice Act in any of 45 states, could practice in Minnesota without restrictions.
- A PTA in Minnesota could not be held accountable for their decisions and actions. For example: a PTA who failed to follow the instructions of the supervising physical therapist and disregarded precautions of the referring physician caused significant injury to a patient, was not be subject to a Board sanction, restriction, or remediation.

Only licensure provides public protection in each of the above real life examples.

Fiduciary Obligation.

Minnesota Statutes section 214.06 requires the Board to collect fees sufficient to cover expenditures. Fees collected are deposited in the Special Government Revenue Fund and appropriated by the legislature. An alternative and less burdensome method would be for the Board to have fiscal authority without this legislative appropriation. Fees established by the legislature and oversight by the Minnesota Management and Budget would provide external and internal audit control mechanisms and assurance to the public of compliance with Minnesota law and best accounting practices while deleting a layer of bureaucracy. The Board's fees have not been increased since 1994. The Board meets its obligations in a financially prudent and efficient manner.

Legal Services.

Minnesota statutes section 214.103 requires legal and investigative services be provided by the Attorney General's Office (AGO).

The Boards of Dentistry, Medical Practice and Nursing have implemented systems in which Board staff, rather than the AGO, drafts legal documents of notice. The AGO reviews the documents for accuracy and compliance with the law. For these three Boards, this practice has resulted in a 50% decrease in the time from receipt of complaint to a review before the Board. There was no change in the cost to these Boards pursuant to this institution of this practice. Further efficiencies could be realized if the health-licensing boards were permitted to retain their own staff legal counsel and investigative staff rather than contracting with the AGO. Legal and investigative services could be shared among the health-related licensing boards on a fee for use basis. Based on the experience with drafting of notices, complaint resolution time would be reduced, and public safety would be enhanced.

Section VI Agency Structure and Program Administration

The extent to which the jurisdiction of the Board and the programs administered by the Board overlap or duplicate those of other agencies, the extent to which the Board coordinates with those agencies, and the extent to which the programs administered by the Board can be consolidated with the programs of other state agencies

The Board is the only agency to regulate the practice of physical therapy in Minnesota. No other agency or entity performs the functions of licensing and regulation, including investigation and resolution of complaints regarding physical therapists and physical therapist assistants. These functions, which provide public protection, do not overlap with and are not duplicated by any other state or federal agency.

The health licensing boards actively share investigatory information, coordinate investigations, refer complaints to other health licensing boards and entities, and receive complaints from other boards and entities.

Section VII Complaint Resolution Process

The promptness and effectiveness with which the agency addresses complaints concerning entities or other persons affected by the agency, including an assessment of the agency's administrative hearings process

Number of Complaints Received by Type

| <i>Biennium</i> | <i>FY09-10</i> | <i>FY07-08</i> | <i>FY05-06</i> | <i>FY03-04</i> | <i>FY01-02</i> |
|--|----------------|----------------|----------------|----------------|----------------|
| Complaints Received | 104 | 67 | 36 | 40 | 40 |
| Violation of a Board Order | 1 | | | 2 | |
| Attempting to obtain a license by fraud or deception | | 1 | | | |
| Gross negligence in practice of PT | | 1 | | | |
| Unprofessional conduct or other conduct which has the potential for causing harm to the public, including any departure from or failure to conform to the minimum standards of acceptable and prevailing practice without actual injury having to be established Pre 2007: Conduct unbecoming a person licensed as a physical therapist or conduct detrimental to the best interests of the public; or engaging in unprofessional conduct | 83 | 36 | 32 | 32 | 29 |
| 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 | 8 | 3 | 9 | | |
| Failing to comply with continuing education requirement | 1 | 2 | 1 | | |
| Conviction of a felony, an element of which is dishonesty or fraud | 1 | | | 1 | |
| Non Jurisdictional | 2 | 5 | | | |
| Practicing under lapsed or non- | 13 | 1 | | | |

| | | | | | |
|--|---|---|---|---|---|
| renewed license | | | | | |
| Failing to consult with referral source when treatment was altered from order | 4 | 1 | | | |
| Treatment without a referral beyond 90 days or by a PT with less than 1 year of experience Pre 2007: Treatment without a referral beyond 30 days or by a PT with less than 1 year of experience | 1 | 2 | | | |
| Failing to report other PTs who violate statute | | | 2 | | |
| Disqualification by Office of Health Facility Complaints | 2 | | | | |
| Use of title physical therapist or PT without a license | 3 | | | | |
| No person shall provide physical therapy unless licensed as a physical therapist | | | 4 | 5 | 4 |
| Unable to practice with reasonable skill and safety by reason of any mental or physical illness or condition | 7 | 8 | | | |
| Use of drugs or intoxicating liquors to an extent which affects professional competence | | | | | 4 |
| Civil commitment for mental illness | | | | | 1 |
| Nonpayment of State income taxes | | | | | 1 |

Public protection is served by the Board's prompt responses to complaints and thorough investigations of physical therapists and physical therapist assistants who are alleged to have failed to maintain minimum standards necessary for the provision of safe and quality care, and when warranted, the Board provides timely and appropriate discipline or corrective action.

The volume of complaints received during FY09-10 was 155% of the number received in FY07-08. There was a 289% increase in number of complaints received during FY09-10 compared to the number received in FY05-06. The complexity of these complaints and investigations also substantially increased. During the FY09-10 biennium the Board disciplined 7 licensees, entered into educational agreements for corrective action with 3 licensees, and monitored compliance by 18 licensees under discipline orders or corrective action agreements.

Recent Stipulation and Orders that serve as examples of the public protection provided by Board actions include:

- Two cases in which the licensees were chemical dependent, not stable in their recovery, and not compliant with the non-disciplinary monitoring program at the Health Professional Services Program.
- One case in which the licensee accepted a substantial financial gift and household items from a patient while continuing to provide treatment including substandard care and inadequate supervision of physical therapist assistants.
- Two cases where the licensees engaged in sexual relationships with patients.
- Three cases involving substandard care

Number and age of complaints open at the end of the period

| Biennium | Number of Complaints Closed in biennium | Number of Complaints Open at end of biennium |
|--|--|---|
| FY 2009-10 <i>7/1/08-6/30/10</i> | 79 | Less than one year: 21 Greater than one year: 4 |
| FY 2007-08 <i>7/1/06-6/30/08</i> | 52 | Less than one year: 13 Greater than one year: 2 |
| FY 2005-06 <i>7/1/04-6/30/06</i> | 69 | Less than one year: 4 Greater than one year: 14 |
| FY 2003-04 <i>7/1/02-6/30/04</i> | 60 | Less than one year: 17 Greater than one year: 7 |
| FY 2001-02 <i>7/1/00-6/30/02</i> | 36 | Less than one year: 15 Greater than one year: 3 |

The Board is responsible for the regulation of physical therapy practice for the purpose of public protection. The Board’s complaint review process opens with an allegation in the form of a complaint or report submitted by members of the public including patients and members of their families, licensees, other health care providers, payers, and regulators. Information about filing a complaint and forms are available on the Board website. Board staff promptly sends out complaint forms and information in response to all requests. The Board establishes a file for each complaint and promptly sends acknowledgement letters.

The Complaint Review Committee of the Board is comprised of three Board members (two physical therapists and one public member). The Complaint Review Committee initially determines if the complaint is jurisdictional, and whether the information submitted is sufficient to initiate an investigation. If there is insufficient information then additional information is requested from the complainant. If the complaint alleges patient injury, risk of patient harm, or inappropriate sexual behavior, the file is immediately forwarded to the Attorney General’s Office for an expedited investigation. The Committee seeks information directly from the licensee, as well as obtaining investigation information from other agencies, and/or consultants. The investigation may include a conference with the licensee to identify their role and responsibility in the matter. Confidentiality and due process are strictly observed throughout the complaint review process and after resolution. When appropriate, applicants and licensees may be provided with education to improve their practice and prevent recurrence of problems.

When formal action is warranted for public protection, the Board attempts to obtain a voluntary corrective action agreement or disciplinary order; however, when necessary, the Board will pursue disciplinary action through a due process, contested case hearing, or potential court action. During its eleven year history, the Board has had very few contested cases and no court actions.

Section VIII Rules, Policy, Legislation Enactment/Development and Stakeholder Participation

An assessment of the Board's rulemaking process and the extent to which the Board has encouraged participation by the public in making its rules and decisions and the extent to which the public participation has resulted in rules that benefit the public

The Board has only infrequently engaged in rulemaking. The most recent rulemaking was completed in 2003 for a Code of Ethical Practice rule (MR 5601.3200), under statutory authority in MS 148.66, clause (7).

The Board is embarking on rulemaking in 2012 to update the existing continuing education rules (Minnesota Rules 5601.2100 through 5601.2700) which were promulgated in 1990. This rulemaking process involves work by four Board members serving as a Continuing Competency Task Force of the Board, full Board review and approval at multiple points during the development process, and active engagement and input from the community and licensees. All meetings of the Task Force were held in compliance with the Open Meeting Law. The Minnesota Administrative Procedures Act, Chapter 14, is carefully and thoroughly followed. It contains specific requirements for notice to the public and to interested parties, which will be followed. The Office of Administrative Hearings verifies that each and every step of the rulemaking process has been completed and that the rules are both necessary and reasonable. The Governor also reviews and either approves or vetoes the rules. The Minnesota rulemaking process ensures both transparency and opportunities for involvement by stake holders and members of the public.

Minnesota Statute 16A.1283 requires all executive agencies to obtain legislative approval of imposed new fees or increase existing fees, thus ensuring opportunities for public participation.

Section IX Compliance with Federal and State Laws Related to Employment, Data Privacy, Purchasing

The extent to which the Board has complied with federal and state laws and applicable rules regarding equality of employment opportunity and the rights and privacy of individuals, and state law and applicable rules of any state agency regarding purchasing guidelines and programs for historically underutilized businesses

Employment

The Board complies fully with federal and state laws regarding equality of employment opportunity, and the rights and privacy of individuals.

The Executive Director is entrusted with responsibility for ensuring that federal and state equal employment opportunity laws are fully complied with. This is achieved with assistance of the Board's designated affirmative action officer, located in the Administrative Services Unit, which provides shared services to each Board.

The Board maintains and updates an affirmative action plan on a biannual basis. Criteria for affirmative action plans are established by state law, MS. 43A.19 and 43A.191, and MMB Administrative Procedure 19.1. The Executive Director prepares and implements the Plan, and signs the Plan's Statement of Commitment. The current Affirmative Action Plan is on the Board's website. Likewise, the Board fully complies with the Minnesota Human Rights Act and applicable federal equal opportunity laws. The Board works cooperatively with the Administrative Services Unit, which provides expertise on equal opportunity issues.

This Board has received no complaints of violation of equal employment opportunity laws. All new employees are informed of equal employment opportunity policies and laws upon orientation, and a copy of the Board's affirmative action plan is reviewed with them, including equal opportunity provisions and the Board's complaint process. This Affirmative Action Plan is provided to all new employees, and is posted on the employee bulletin board. Training on equal opportunity / affirmative action requirements is periodically provided to staff through in-person training sessions and online training. Equal opportunity/affirmative action matters are regularly reviewed at Executive Director meetings and Office Manager meetings.

The Board conducts its hiring processes in accordance with all applicable collective agreements, and state and federal law. This is accomplished through consultation with the Board's affirmative action designee. The Board uses the State's resume-base, skill-matching process. Resumes are evaluated against established minimum qualifications. Hiring processes are closely reviewed to insure compliance with equal employment opportunity. Interview questions are established based on knowledge, skills, and abilities required to perform the responsibilities of each position.

The Board's home webpage has an affirmative action / equal opportunity statement, lists the phone number for hearing/speech relay, and provides an e-mail address for comments on the web page. The Board responds to all applicable State surveys regarding equal opportunity/affirmative action, including an Annual ADA Survey.

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.

Purchasing and Contracting

The Board complies with all purchasing requirements, including the State's Targeted Group / Economically Disadvantaged small business program. Contractual guidance is provided by the Administrative Services Unit. The Administrative Services Unit also provides the services of a Buyer who has been trained in all State purchasing requirements, including Targeted Group / Economically Disadvantaged preferences in purchasing. The Board is also strongly supportive of Minncor purchasing. Applicable rules of any state agency regarding purchasing guidelines and programs for historically underutilized businesses.

The Board is aware of State contracting requirements regarding accessibility for IT services over \$25,000; assistance in these matters is provided by Administrative Services Unit IT and Contract staff. Training on these matters has been provided by the Department of Administration, Materials Management Division.

The Board, with the assistance of the Buyer in the Administrative Services Unit, makes direct purchases in accordance with State policies, procedures, and instructions; and all applicable laws and rules, including but not limited to:

- Minnesota Statutes Chapters 13, 16A, 16B, and 16C,
- Minn. Stat. §§ 10A.07, 15.43, 43A.38, 609.43, and 609.456,
- Minnesota Rules Chapter 1230, and
- Uniform Commercial Code (UCC) as adopted by Minnesota (see Minn Statutes Chapter 336).

Securing personnel records and Tennessee Warnings

The Board maintains personnel records in a secure and locked file drawer. The Board utilizes the consultative services of the Human Resources staff in the Administrative Services Unit, and legal counsel from the Attorney General's Office, to ensure that personnel records are appropriately protected and Tennessee Warnings are appropriately utilized.

Security Profiles related to MAPS, SEMA4, SWIFT, Fiscal Notes, Budget, Payroll, HR, Warehouse data Certified profile status reports are viewed and are due to the Minnesota Department of Management and Budget every year. When profiles are added or changed individual staff profiles are reviewed. Individual profiles are maintained and reviewed frequently to ensure compliance with statutes, rules, policies and procedures.

Financial Policies The health related licensing boards follow statutes, rules, policies and procedures related to financial operations. The Minnesota Department of Management and Budget and the Minnesota Department of Administration provide policies and procedures and training related to financial activities that staff are required to maintain. The Administrative Services unit provides policies and procedures for the Health Related Licensing Boards staff to follow. This ensures compliance within financial operations. The Board staff has completed Code of Conduct Training and training on Internal Controls in State Government, and annually reviews and recertifies the Code of Conduct for Employees related to accounting, auditing, and financial reporting.

Section X Potential Conflict of Interest

The extent to which the Board issues and enforces rules relating to potential conflicts of interest of its employees

The Executive Director of the Board is responsible for enforcing rules relating to potential conflicts of interest of its employees and Board members.

The Executive Directors of all the Health-Related Licensing Boards agreed to have each incumbent employee review State Code of Conduct provisions and annual recertification of the employee's understanding of the code. Board staff members have completed the initial training and are current on the annual recertifications. All new Board employees are also informed of the Code at employment orientation, and are instructed to certify understanding of their responsibilities under the code. The State Code of Conduct (MMB Operating Policy & Procedure 01003-01) outlines the standards and expectations regarding employee honesty, integrity, and ethical behavior.

The Code of Ethics for State Employees [Executive Branch] with the State of Minnesota (Minnesota Statutes 43A.38) is reviewed at orientation with all new employees, and is also discussed regularly at Office Managers meeting and Executive Directors meetings. Separation of duties among Board staff members also helps to minimize the potential for a conflict of interest to occur. The Administrative Services Unit's significant involvement in purchasing, accounting, and contracting provides an additional layer of separation of duties and oversight relative to established state standards and guidelines.

Questions regarding conflict of interest are directed to Administrative Services Unit staff, which seeks additional guidance as required from Minnesota Management and Budget.

Provisions regarding potential conflict of interest in regard to contracting are heavily regulated by Minnesota statutes. Provisions regarding institutional conflict of interest have been reviewed at meetings of Office Managers and of Executive Directors.

Board staff members have received training from the Department of Administration, Materials Management Division, regarding appropriate contracting procedures, including conflict of interest. Adherence to state contracting statutes and regulations minimize the risk of conflict of interest.

Each Board member receives training in the New Board Member orientation session with periodic updated training from the Attorney General's Office on conflict of interest regulations, policies, and issues.

Section XI Compliance with Chapter 13-Data Practices and Requests for Information

The extent to which the Board complies with chapter 13 and follows records management practices that enable the agency to respond efficiently to requests for public information

The Board receives very few requests for public information other than requests for mailing lists. The release of mailing lists is handled by the Mailing List Service of Minnesota Management and Budget (MMB). The fees collected by MMB for physical therapy mailing lists go directly into the state general fund, and fee amount is based on state standards. The Mailing List Service is generally able to provide same day or next day service to requesters. Updated information is forwarded to the Mailing List Service following Board approval of new licenses.

The Board consults with legal counsel, an Assistant Attorney General, for advice and assistance when responding to requests for public information in order to ensure full compliance with Chapter 13. Data classification and data protection decisions are made based on advice and direction of the Attorney General's Office. The Information Policy Analysis Division of the Minnesota Department of Administration, is also available as a resource to provide assistance and advice regarding data practices law.

The Board complies with the Minnesota open meeting law for all meetings. Board members receive periodic education on Chapter 13 and the open meeting law from the Attorney General's Office in written format as "Board Members' Handbook on Legal Issues" and as presentations at meetings.

An Assistant Attorney General attends all meetings of the Complaint Review Committee to provide legal advice and to ensure that the Committee is in full compliance with legal requirements including Chapter 13.

Payments for online annual license renewals and online initial license applications are handled entirely within the US Bank system, which was selected by the State as a statewide vendor for this service. The Board does not receive any individual electronic payment information. Internal controls are carefully followed, as well as periodically reviewed, reevaluated, and recertified in order to protect the State's assets and to protect confidential and private data.

Section XII Effect of Federal Intervention and Funding

The effect of federal intervention or loss of federal funds if the Board is abolished.

There is no direct relationship between federal funding and the Board. However, if Minnesota abolished the Board and no longer licensed physical therapists and physical therapist assistants, then there would be a negative impact on federal reimbursement by Medicare and the federal match within Medicaid for physical therapy services provided by and to Minnesota citizens because federal regulations require these services be provided by state licensed physical therapists.

Section XIII Additional Services and Collaboration

Additional Activities Not Previously Discussed

The Board serves as a reliable and accessible resource to members of the public, employers, licensees, and other state agencies. Public protection is served through the Board's prompt and thorough responses to questions about physical therapy, licensure and discipline, and statutes and rules. The Board efforts aim to prevent inappropriate practice, to improve practice, and to improve awareness of the practice act and rules. The Board often also is able to provide direction to additional resources.

The Board provides educational outreach through annual presentations to the students at four physical therapist and three physical therapist assistant educational programs in Minnesota, and to the physical therapy professional association. The Board meets annually with the department chairs of the academic programs to discuss topics of mutual interest.

The Board is regularly contacted by other state entities seeking information related to physical therapy and physical therapists, including the Department of Health, Department of Human Services, Minnesota Management and Budget, the Attorney General's Office, and elected officials and researchers at the Legislature.

Board members and staff are actively involved as elected leaders, committee members, and participants with the Federation of State Boards of Physical Therapy.

Although the 15 independent health licensing boards, the Emergency Medical Services Regulatory Board, the Board of Barber Examiners, the Board of 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 15 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.

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 Examiners and Board of Cosmetologist Examiners, though not statutorily designated health licensing boards, are housed with the boards and cooperate with them on administrative, policy and financial matters. The Health-related Licensing Boards are funded entirely by licensing fees, and receive no 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 has several 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)

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.

Council of Health Boards

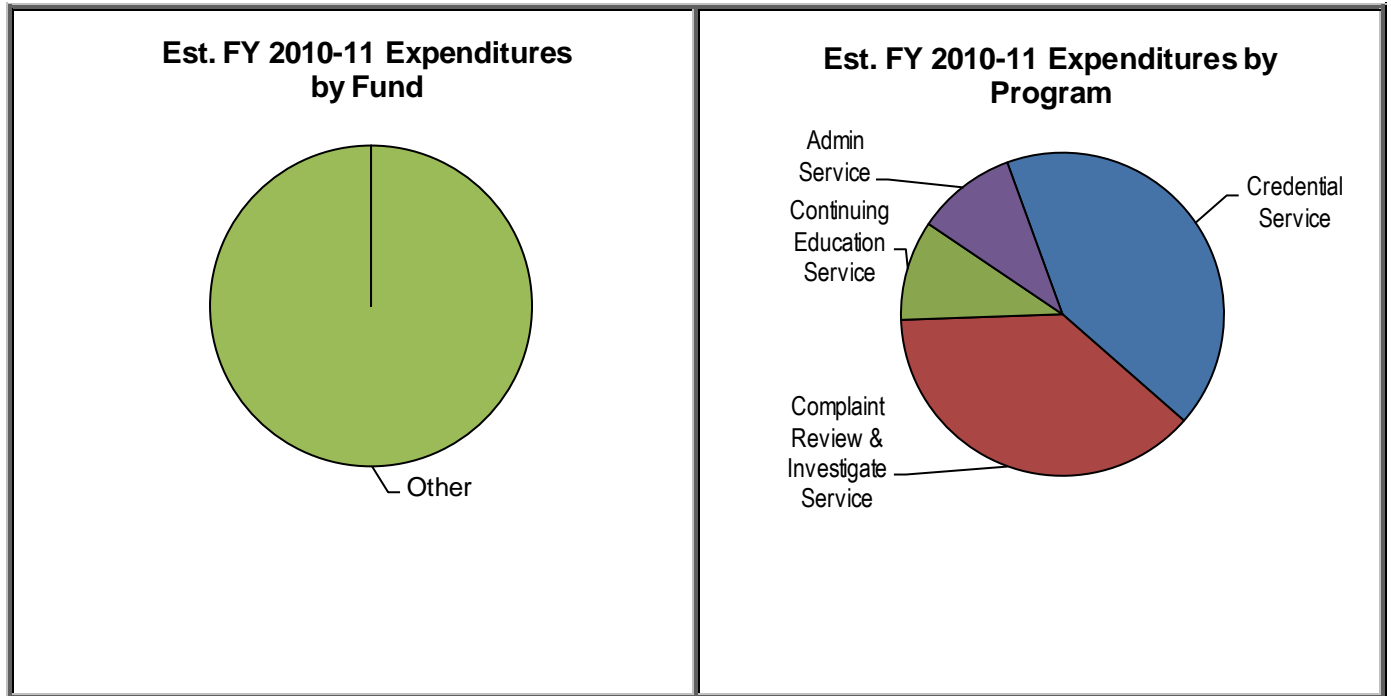
The Council consists of one board member from each board and the Executive Directors. The Council meets periodically to discuss issues and concerns affecting all boards. The Council is required to statutorily review emerging issues relating to health occupation regulation, such as proposals to regulate 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.

Since 2003, the Council has received requests from the Senate and House to perform occupational reviews, and to provide reports to the Legislature, regarding legislation related to the following occupations:

- Massage Therapy (2002 and 2009)
- Optometry Prescribing Authority
- Speech Language Pathology
- Dental Assistants
- Denturists
- Naturopaths
- Athletic Trainers
- Laboratory Scientists
- Body Art
- Genetic Counseling

Section XIV Priority Based Budget



The Board regulates the practice of physical therapy for the sole purpose of public protection. The activities and budget priorities of the Board support this role of public protection. Board functions include credentialing through initial licensure, renewal of licenses, continuing education reviews and audits; and complaint review and investigation, including investigation and resolution of complaints regarding physical therapists and physical therapist assistants.

Minnesota Statutes section 214.06 requires the Board to collect fees sufficient to cover expenditures. Fees collected are deposited in the Special Revenue Fund and appropriated by the Legislature. All Board activities are fully funded by fees. The Board does not receive any general fund appropriations.

Board fees are also responsible for covering its prorated share of support functions provided outside of the Board itself. These include legal support (Attorney General), statewide e-licensing system development and operations (Office of Enterprise Technology), centralized administrative support (Health Boards Administrative Services Unit) and funding for services to health professionals (Health Professionals Services Program). In FY 2010-11, some of the Boards' reserves in the state government special revenue fund were also transferred to the general fund.

The table below displays direct and open appropriation expenditures, external support costs (prorated share), and the general fund transfers (prorated share) in FY 2010-11.

| | FY 2010-11 (in thousands) |
|---|------------------------------|
| Board's Direct and Open Appropriations | \$ 601 |
| Board's External Support Costs and Transfers (prorated Share) | |
| • Attorney General support | 61 |
| • E-licensing support | 89 |
| • Administrative service unit | 38 |
| • Health professional service program | 22 |
| • General fund transfer | 259 |
| Total | <u>1,070</u> |
| Fees Collected by Board | <u>\$ 864</u> |
| Prorated Surplus/(Deficit) | (206) |

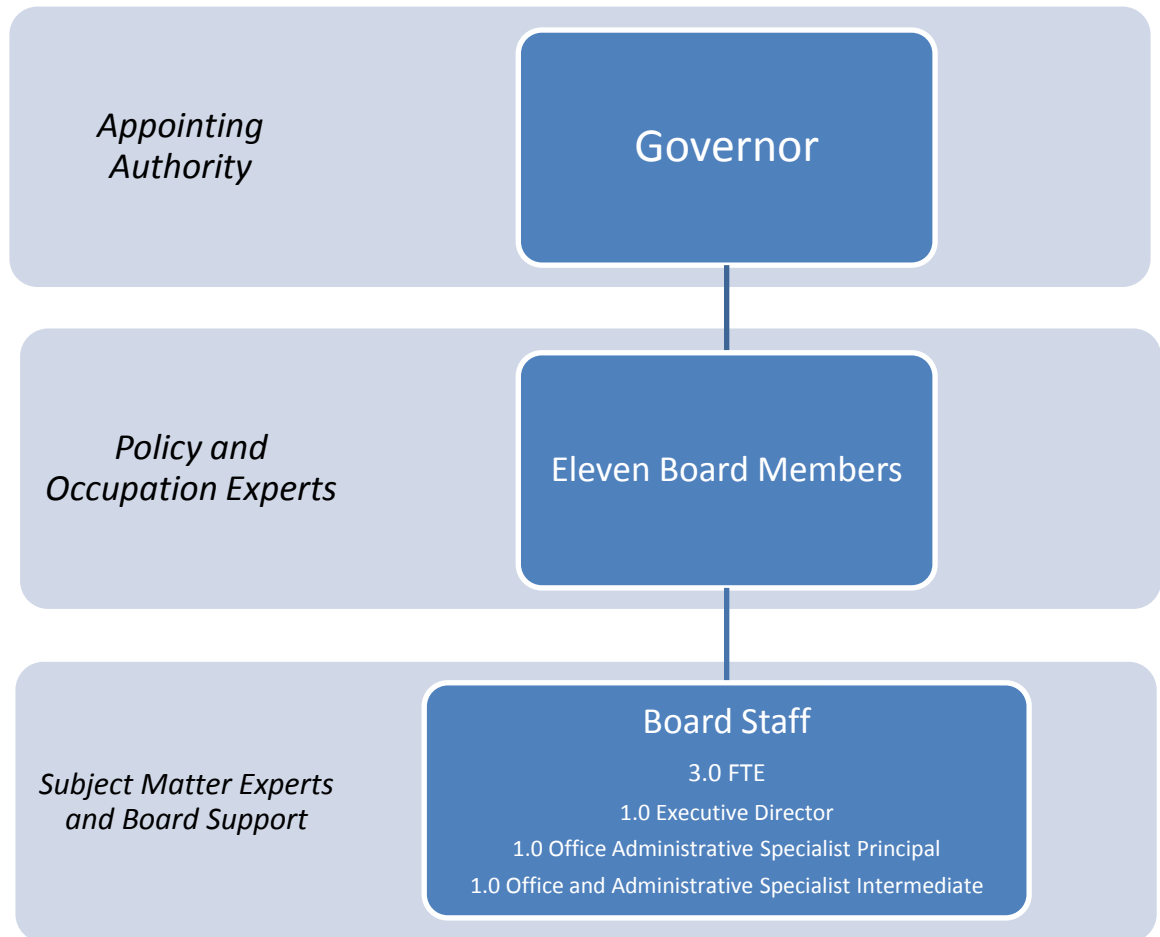
In most years, Board fee revenues exceed direct expenditures and external support costs. As directed by law, the difference is used to maintain a reserve in the state government special revenue fund. It should be noted here that the FY 2010-11 transfers to the general fund, along with unanticipated increases in the support costs discussed above, resulted in the Board's fee revenue not covering its prorated costs and transfers. The Board drew from its reserve in the special revenue fund to contribute to the HLB transfer to the general fund.

External Factors Impacting Agency Operations

The number of licensees regulated by the Board continues to rise, as do the number of complaints and the complexity of the cases. In FY10-11, transfers from the Board's special revenue fund were made to the State general fund in order to sustain projects and budgetary shortfalls in unrelated areas of State government services.

III. Other requirements requested by the Sunset Commission:

1. Board Organizational Chart



2. A link to the Board's website:

www.physicaltherapy.state.mn.us

3. A six year history of full time equivalent staffing levels

| Fiscal Year | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 |
|-------------|------|------|------|------|------|------|
| FTE | 2 | 2 | 3 | 3 | 3 | 3 |

NOTE: The legislature established licensure for PTAs in 2007 and increased Board staff to implement the licensure in FY 2008.

4. A six year history showing all funding (in thousands)

| Fiscal Year | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 |
|-------------|-------|-------|-------|-------|-------|-------|
| Revenues | \$293 | \$309 | \$519 | \$435 | \$442 | \$432 |
| Expenses | \$256 | \$262 | \$308 | \$413 | \$335 | \$369 |

NOTE: The legislature established licensure for PTAs in 2007. The increase in revenues in FY2008 is the result of initial of PTA license applications, ongoing increases are the result of 35% increase in licensees over 2007 levels.

5. A list of all advisory councils whose primary function is to advise the organization:

The Board does not have any advisory councils.

6. Citation of the statute creating the organization and to other statutes governing or administered by the organization:

Minnesota Statutes 148.65-148.78

7. Citation to the administrative rules adopted by the organization:

Minnesota Rules 5601.0100-5601.3200

8. A copy or link to any other governance documents adopted by the organization:

The Board has not adopted any governance documents.