MN HOUSE RESEARCH

State Regulation of Health-Related Occupations

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Overview

At least 79 health-related occupations are regulated by the state of Minnesota. These health-related occupations are overseen by a health-related licensing board, the Minnesota Department of Health (MDH), or the Office of Emergency Medical Services. This publication provides a brief overview of how the state regulates these occupations, including information on:

- the state agency, office, and licensing boards that regulate health occupations;
- methods of regulation (page 2);
- factors for determining whether an occupation is regulated (page 3);
- information that must be submitted to the legislature with a bill proposing new or expanded regulation of an occupation (page 3);
- interstate licensure compacts (page 3); and
- a list of state-regulated health occupations (page 4).

Entities that Regulate Health-Related Occupations

Seventeen health-related licensing boards, two divisions in MDH, and the Office of Emergency Medical Services oversee health-related occupations. Some licensing boards regulate a single occupation, while others regulate a range of related occupations. For example, the Minnesota Board of Optometry only regulates optometrists, while the Minnesota Board of Medical Practice regulates physicians, osteopathic physicians, and what are referred to as "allied health professions"—acupuncture practitioners, athletic trainers, genetic counselors, naturopathic doctors, physician assistants, respiratory care practitioners, and traditional midwives. Typically, a larger board that regulates multiple health professions has an advisory council specific to each profession it regulates.

MDH regulates various allied health professionals, such as speech-language pathologists and audiologists; mortuary science practitioners; various environmental health professionals, such as lead workers; and unlicensed complementary and alternative health care practitioners. MDH also administers advisory councils for many of the occupations it regulates.

The Office of Emergency Medical Services regulates emergency medical services personnel, such as emergency medical technicians, advanced emergency medical technicians, and paramedics.

By **Sarah Sunderman**, sarah.sunderman@house.mn.gov
Elisabeth Klarqvist, elisabeth.klarqvist@house.mn.gov

Methods of Regulation for Health-Related Occupations

Health-related occupations may be regulated in one of several ways: through licensure, registration, certification, adherence to a client bill of rights, or application of criminal and civil penalties. Where necessary and appropriate, state law allows two or more of these methods of regulation to be utilized at the same time. The title a provider uses cannot always be relied upon to determine how the provider is regulated. For instance, a registered nurse is actually licensed, not registered. What follows are some methods of occupational regulation.

- ***Licensure*** is the most stringent form of regulation. Under licensure, a person cannot practice in an occupation unless the person has satisfied predetermined qualifications for practicing and has been recognized by the state as having met those qualifications. (Minn. Stat. § 214.001, subd. 3, cl. (4)) This is also known as "scope of practice protection." Typically, an individual demonstrates that the individual meets required qualifications by passing a licensing examination, graduating from an accredited educational institution with a relevant degree, and working in the field while under supervision. For many professions, an individual licensed by a regulatory board in another state may apply to be licensed by the equivalent Minnesota licensing entity through a process called "licensure by reciprocity." Standards for licensure by reciprocity for these professions are specified in statute. Some licensing entities also issue "licensure by endorsement" for temporary practice privileges. If an occupation is licensed, nonlicensed persons are also prohibited from using the licensed occupation's protected titles. Example: dentists.

- With ***registration***, only registered persons who have met predetermined qualifications for practicing are allowed to use a designated title ("title protection") and are listed on an official roster. (Minn. Stat. § 214.001, subd. 3, cl. (3)) Under a registration system, it is possible for a person to practice in an occupation without being registered, as long as the person does not use any protected titles. Example: naturopathic doctors.

- To obtain ***certification***, a person must satisfy the qualification requirements specified in statute or rule. It may be possible for a person to practice in an occupation without being certified, but other laws may allow only a certified professional to be on-site at a specific program, perform certain functions, or supervise other personnel. Example: emergency medical technicians.

- Unlicensed complementary and alternative health care practitioners are not licensed, registered, or certified, but providers are required to conform to a ***client bill of rights*** and not engage in prohibited conduct. The Office of Unlicensed Complementary and Alternative Health Care Practice at MDH has authority to investigate complaints against these providers and take and enforce disciplinary actions against providers, including revoking or suspending a provider's right to practice, for engaging in prohibited conduct or violating the client bill of rights. Examples: practitioners of acupressure, culturally traditional healing practices, homeopathy. (Minn. Stat. § 146A.01, subd. 4)

- ***Criminal and civil penalties*** exist to punish or prevent illegal acts by providers. Consumers and prosecutors may bring actions to enforce laws imposing criminal or civil penalties.

Factors for Determining whether an Occupation Is Regulated

State law provides that no occupation may be regulated by the state unless its regulation is required for the safety and well-being of Minnesotans. (Minn. Stat. § 214.001, subd. 2) This standard applies to both health-related occupations and nonhealth-related occupations. The legislature must consider the following factors when determining whether an occupation should be regulated:

1) Whether the unregulated practice of the occupation may harm the health, safety, and welfare of Minnesotans in a way that is recognizable and not remote
2) Whether practicing the occupation requires special skills or training, and whether the public would benefit from being assured of the person's ability to practice the occupation
3) Whether Minnesotans may be protected more effectively by means other than occupational regulation
4) Whether the overall cost-effectiveness and economic impact of regulation would be positive for the state

Information that Must Be Submitted to the Legislature

If a bill is introduced in the legislature to regulate a new occupation or to expand regulation or the scope of practice of an already-regulated occupation, supporters of the proposal must submit to the legislature evidence supporting the new or expanded regulation. The information must be submitted in written form and must be provided to the chairs of the House and Senate committees with jurisdiction over the occupation at issue. The format for this information is at the discretion of the committee chairs, and the subjects that must be covered in the written report are specified in statute. Required subjects include the harm to the public caused by the unregulated practice of the occupation or continued practice at its current level of regulation; why the proposed level of regulation is being proposed; and how the proposed regulation would impact the supply of providers and the cost of the provider's services. (Minn. Stat. § 214.002)

The statute does not establish consequences for failing to submit evidence supporting the new or expanded regulation or change to scope of practice. In recent years, questionnaires on a health occupation's new or expanded regulation or changes to scope of practice have been posted on the websites of the legislative committees with jurisdiction over health occupations. Some committee chairs have required proponents of the new or expanded regulation or

change to scope of practice to complete the applicable questionnaire before holding a hearing on the proposal.

Interstate Licensure Compacts

Minnesota has enacted legislation to join interstate licensure compacts for several health-related occupations. Interstate licensure compacts establish uniform licensure, regulatory, and data sharing standards to allow qualified individuals in member states to more easily practice their occupation (under a "compact privilege" or multistate license) in other states that have joined the interstate compact. States join compacts by enacting the compact's model legislation establishing these uniform standards. A compact becomes active when a minimum number of states enact the compact legislation and becomes operational when the governing body and data system are established. Minnesota has enacted legislation to join the following interstate compacts:

- Interstate Medical Licensure Compact
- Psychology Interjurisdictional Compact
- Physical Therapy Licensure Compact
- Occupational Therapy Licensure Compact
- Counseling Compact (for Licensed Professional Counselors)
- Audiology and Speech-Language Pathology Compact (active, not yet operational in Minnesota)
- Dentist and Dental Hygienist Compact (active, not yet operational)
- Physician Assistant Licensure Compact (active, not yet operational)
- Social Work Licensure Compact (active, not yet operational)

State-Regulated Health Occupations

The following list specifies the health occupations regulated by each health-related licensing board or agency and includes citations to applicable Minnesota statutes or rules.

Health-Related Licensing Boards

Board of Executives for Long Term Services and Supports (§ 144A.19)

- Nursing home administrators
- Assisted living directors

Board of Medical Practice (Ch. 147)

- Physicians (Ch. 147)
- Physician assistants (Ch. 147A)
- Acupuncture practitioners (Ch. 147B)
- Respiratory care practitioners (Ch. 147C)
- Traditional midwives (Ch. 147D)
- Registered naturopathic doctors (Ch. 147E)

- Genetic counselors (Ch. 147F)
- Athletic trainers (§§ 148.7801 to 148.7815)

Board of Nursing (§§ 148.171 to 148.285)

- Registered nurses
- Licensed practical nurses
- Advanced practice registered nurses

Board of Chiropractic Examiners (§§ 148.01 to 148.108)

Board of Optometry (§§ 148.52 to 148.62)

Board of Occupational Therapy Practice (§§ 148.6401 to 148.6449)

- Occupational therapists
- Occupational therapy assistants

Board of Physical Therapy (§§ 148.65 to 148.78)

- Physical therapists
- Physical therapist assistants

Board of Psychology (§§ 148.88 to 148.99)

- Psychologists
- Behavior analysts (§§ 148.9981 to 148.9995)

Board of Social Work (Ch. 148E)

- Licensed social workers
- Licensed graduate social workers
- Licensed independent social workers
- Licensed independent clinical social workers

Board of Behavioral Health and Therapy (Ch. 148B)

- Licensed professional counselors
- Licensed professional clinical counselors
- Licensed alcohol and drug counselors (Ch. 148F)

Board of Marriage and Family Therapy (Ch. 148B)

Board of Dietetics and Nutrition Practice (§§ 148.621 to 148.635)

- Dietitians
- Nutritionists

Board of Dentistry (Ch. 150A)

- Dentists
- Faculty dentists
- Resident dentists
- Specialty dentists
- Dental therapists
- Resident dental providers
- Dental hygienists
- Dental assistants

Board of Pharmacy (Ch. 151)

- Pharmacists
- Pharmacy interns (registered)
- Pharmacy technicians (registered)
- Pharmacies and pharmacy professional corporations
- Drug and medical gas wholesalers
- Drug and medical gas manufacturers
- Medical gas dispensers (registered)
- Controlled substance researchers (registered)
- Third-party logistics providers (registered)

Board of Podiatric Medicine (Ch. 153)

Board of Veterinary Medicine (Ch. 156)

- Veterinarians
- Veterinary technicians

MDH-Regulated Health Professions[1]

- Audiologists (§§ 148.511 to 148.5198)
- Bone densitometry equipment operators (§ 144.121)
- Doulas (§§ 148.995 to 148.997)
- Dispensers of prescription hearing aids (Ch. 153A)
- Limited scope x-ray operators (§ 144.121)
- Massage therapists and Asian bodywork therapists (registered beginning January 1, 2028) (§§ 148.636 to 148.6377)

[1] Certain statutes enforced by MDH require individuals to satisfy qualification requirements in order to work in certain health or environmental health settings or perform certain health or environmental health tasks, but those individuals are not licensed, registered, or certified by MDH. For instance, public pools must designate a pool operator who successfully completed a pool operator training course as responsible for operating the pool, but pool operators are not licensed, registered, or certified by MDH. These occupations are not included in the lists of MDH-regulated professions.

- Music therapists (licensed beginning January 1, 2028) (Ch. 148H)
- Nursing assistants (§ 144A.61)
- Speech-language pathologists (§§ 148.511 to 148.5198)
- Speech-language pathology assistants (§§ 148.511 to 148.5198)
- Unlicensed complementary and alternative health care practitioners (Ch. 146A)

MDH-Regulated Environmental Health and Mortuary Science Professions

Asbestos mitigation professions

- Asbestos workers (Minn. Rules p. 4620.3300)
- Asbestos inspectors (Minn. Rules p. 4620.3330)
- Asbestos management planners (Minn. Rules p. 4620.3340)
- Asbestos project designers (Minn. Rules p. 4620.3350)
- Asbestos site supervisors (Minn. Rules p. 4620.3310)

Lead mitigation professions (§ 144.9505)

- Lead inspectors
- Lead project designers
- Lead risk assessors
- Lead supervisors
- Lead workers

Mortuary science professions (Ch. 149A)

- Morticians
- Transfer care specialists

Radon mitigation professions (§ 144.4961)

- Radon measurement professionals
- Radon mitigation professionals

Other professions

- Environmental health specialists/sanitarians (§ 144.1223; Minn. Rules p. 4695.2500 to 4695.3200)
- Food protection managers (Minn. Rules p. 4626.0033)
- Water operators (Minn. Rules p. 9400.0700 to 9400.1500)

Professions Regulated by the Office of Emergency Medical Services (Ch. 144E)

- Emergency medical technicians
- Community emergency medical technicians
- Advanced emergency medical technicians
- Paramedics
- Community paramedics
- Emergency medical responders

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