

1.1 moves to amend H.F. No. 2402, the delete everything amendment
1.2 (A14-0926), as follows:

1.3 Page 43, after line 31, insert:

1.4 "Section 1. Minnesota Statutes 2012, section 147.081, subdivision 3, is amended to read:

1.5 Subd. 3. **Practice of medicine defined.** (a) For purposes of this chapter, a person
1.6 not exempted under section 147.09 is "practicing medicine" or engaged in the "practice of
1.7 medicine" if the person does any of the following:

1.8 (1) advertises, holds out to the public, or represents in any manner that the person is
1.9 authorized to practice medicine in this state;

1.10 (2) offers or undertakes to prescribe, give, or administer any drug or medicine for
1.11 the use of another;

1.12 (3) offers or undertakes to prevent or to diagnose, correct, or treat in any manner or
1.13 by any means, methods, devices, or instrumentalities, any disease, illness, pain, wound,
1.14 fracture, infirmity, deformity or defect of any person;

1.15 (4) offers or undertakes to perform any surgical operation including any invasive
1.16 or noninvasive procedures involving the use of a laser or laser assisted device, upon
1.17 any person;

1.18 (5) offers to undertake to use hypnosis for the treatment or relief of any wound,
1.19 fracture, or bodily injury, infirmity, or disease; or

1.20 (6) uses in the conduct of any occupation or profession pertaining to the diagnosis
1.21 of human disease or conditions, the designation "doctor of medicine," "medical doctor,"
1.22 "doctor of osteopathy," "osteopath," "osteopathic physician," "physician," "surgeon,"
1.23 "M.D.," "D.O.," or any combination of these designations: or

1.24 (7) performs the following interventions in the course of diagnosis or treating pain
1.25 which is chronic, persistent and intractable, or occurs outside of a surgical, obstetrical,
1.26 or postoperative course of care;

1.27 (i) ablation of targeted nerves;

2.1 (ii) percutaneous precision needle placement within or adjacent to the spinal column
 2.2 with injection of contrast materials or drugs such as local anesthetics, steroids, and
 2.3 analgesics using fluoroscopy, computed tomography, ultrasound, or other image-guidance
 2.4 modalities; or

2.5 (iii) laser or endoscopic discectomy, the surgical placement of intrathecal infusion
 2.6 pumps, or spinal cord stimulators.

2.7 (b) Nothing in this section shall be construed to prohibit or restrict the performance
 2.8 of surgical or obstetrical anesthesia services or postoperative pain control by a certified
 2.9 registered nurse anesthetist performed perioperatively in a hospital as defined in section
 2.10 144.50 or outpatient surgical centers as defined in section 144.55.

2.11 **EFFECTIVE DATE.** This section is effective January 1, 2016."

2.12 Page 46, after line 14, insert:

2.13 "Sec. 5. Minnesota Statutes 2012, section 148.171, subdivision 3, is amended to read:

2.14 Subd. 3. **Advanced practice registered nurse.** "Advanced practice registered
 2.15 nurse," abbreviated APRN, means an individual licensed as a an advanced practice
 2.16 registered nurse by the board and certified by a national nurse certification organization
 2.17 acceptable to the board to practice as a clinical nurse specialist, nurse anesthetist,
 2.18 nurse-midwife, or nurse practitioner. The national nursing certification organization must:

2.19 (1) be endorsed by a national professional nursing organization that describes
 2.20 scope and standards statements specific to the practice as a clinical nurse specialist,
 2.21 nurse-midwife, nurse practitioner, or registered nurse anesthetist for the population focus
 2.22 for which the individual will be certified;

2.23 (2) be independent from the national professional nursing organization in
 2.24 decision-making for all matters pertaining to certification or recertification;

2.25 (3) administer a professional nursing certification program that is psychometrically
 2.26 sound, legally defensible, and that meets nationally recognized accreditation standards
 2.27 for certification programs; and

2.28 (4) require periodic recertification or is affiliated with an organization that provides
 2.29 recertification.

2.30 **EFFECTIVE DATE.** This section is effective January 1, 2016.

2.31 Sec. 6. Minnesota Statutes 2012, section 148.171, is amended by adding a subdivision
 2.32 to read:

3.1 Subd. 4a. **Certification.** "Certification" means the formal recognition of knowledge,
 3.2 skills, and experience demonstrated by the achievement of standards identified by the
 3.3 National Professional Nursing Organization acceptable to the Minnesota Board of Nursing.

3.4 **EFFECTIVE DATE.** This section is effective January 1, 2016.

3.5 Sec. 7. Minnesota Statutes 2012, section 148.171, subdivision 5, is amended to read:

3.6 Subd. 5. **Clinical nurse specialist practice.** "Clinical nurse specialist practice"
 3.7 means the provision of patient care in a particular specialty or subspecialty of advanced
 3.8 practice registered nursing within the context of collaborative management, and includes:
 3.9 (1) diagnosing illness and disease; (2) providing nonpharmacologic treatment, including
 3.10 psychotherapy; (3) promoting wellness; and (4) preventing illness and disease. The
 3.11 certified clinical nurse specialist is certified for advanced practice registered nursing in a
 3.12 specific field of clinical nurse specialist practice.:

3.13 (1) the diagnosis and treatment of health and illness states;

3.14 (2) disease management;

3.15 (3) prescribing pharmacologic and nonpharmacologic therapies;

3.16 (4) ordering, performing, supervising, and interpreting diagnostic studies excluding
 3.17 interpreting computed tomography scans, magnetic resonance imaging scans, and positron
 3.18 emission tomography scans;

3.19 (5) prevention of illness and risk behaviors;

3.20 (6) nursing care for individuals, families, and communities;

3.21 (7) consulting with, collaborating with, or referring to other health care providers as
 3.22 warranted by the needs of the patient; and

3.23 (8) integration of care across the continuum to improve patient outcomes.

3.24 **EFFECTIVE DATE.** This section is effective January 1, 2016.

3.25 Sec. 8. Minnesota Statutes 2012, section 148.171, subdivision 6, is amended to read:

3.26 Subd. 6. **Collaborative management.** (a) "Collaborative management" is a
 3.27 mutually agreed-upon plan between a graduate nurse practitioner or graduate clinical
 3.28 nurse specialist who qualifies for licensure as an advanced practice registered nurse
 3.29 and one or more physicians or surgeons licensed under chapter 147 that designates the
 3.30 scope of collaboration necessary to manage the care of patients. The advanced practice
 3.31 registered nurse and the one or more physicians must have experience in providing care to
 3.32 patients with the same or similar medical problems, except that certified registered nurse
 3.33 anesthetists may continue to provide anesthesia in collaboration with physicians, including

4.1 ~~surgeons, podiatrists licensed under chapter 153, and dentists licensed under chapter~~
4.2 ~~150A. Certified registered nurse anesthetists must provide anesthesia services at the same~~
4.3 ~~hospital, clinic, or health care setting as the physician, surgeon, podiatrist, or dentist. The~~
4.4 ~~graduate advance practice registered nurse and the one or more physicians must have~~
4.5 ~~experience in providing care to patients with the same or similar medical problems.~~

4.6 (b) A graduate nurse practitioner or the graduate clinical nurse specialist who
4.7 qualifies for licensure as an advanced practice registered nurse must practice for at least
4.8 4,000 hours within the context of collaborative management or must be employed by
4.9 a hospital or an integrated clinical setting where advanced practice registered nurses
4.10 and physicians work together to provide patient care. The graduate nurse practitioner or
4.11 the graduate clinical nurse specialist shall submit written evidence to the board upon
4.12 completion of the required collaborative management clinical experience.

4.13 **EFFECTIVE DATE.** This section is effective January 1, 2016.

4.14 Sec. 9. Minnesota Statutes 2012, section 148.171, is amended by adding a subdivision
4.15 to read:

4.16 Subd. 6a. **Collaboration.** "Collaboration" means the process in which two or more
4.17 health care professionals work together to meet the health care needs of a patient, as
4.18 warranted by the patient.

4.19 **EFFECTIVE DATE.** This section is effective January 1, 2016.

4.20 Sec. 10. Minnesota Statutes 2012, section 148.171, subdivision 9, is amended to read:

4.21 Subd. 9. **Nurse.** "Nurse" means advanced practice registered nurse, registered
4.22 nurse, ~~advanced practice registered nurse,~~ and licensed practical nurse unless the context
4.23 clearly refers to only one category.

4.24 **EFFECTIVE DATE.** This section is effective January 1, 2016.

4.25 Sec. 11. Minnesota Statutes 2012, section 148.171, subdivision 10, is amended to read:

4.26 Subd. 10. **Nurse-midwife practice.** "Nurse-midwife practice" means ~~the~~
4.27 ~~management of women's primary health care, focusing on pregnancy, childbirth, the~~
4.28 ~~postpartum period, care of the newborn, and the family planning and gynecological needs~~
4.29 ~~of women and includes diagnosing and providing nonpharmacologic treatment within a~~
4.30 ~~system that provides for consultation, collaborative management, and referral as indicated~~
4.31 ~~by the health status of patients.;~~

5.1 (1) the management, diagnosis, and treatment of women's primary health care
 5.2 including pregnancy, childbirth, postpartum period, care of the newborn, family planning,
 5.3 partner care management relating to sexual health, and gynecological care of women
 5.4 across the life span;

5.5 (2) ordering, performing, supervising, and interpreting diagnostic studies excluding
 5.6 interpreting computed tomography scans, magnetic resonance imaging scans, and positron
 5.7 emission tomography scans;

5.8 (3) prescribing pharmacologic and nonpharmacologic therapies; and

5.9 (4) consulting with, collaborating with, or referring to other health care providers
 5.10 as warranted by the needs of the patient.

5.11 **EFFECTIVE DATE.** This section is effective January 1, 2016.

5.12 Sec. 12. Minnesota Statutes 2012, section 148.171, subdivision 11, is amended to read:

5.13 Subd. 11. **Nurse practitioner practice.** "Nurse practitioner practice" means,
 5.14 ~~within the context of collaborative management: (1) diagnosing, directly managing, and~~
 5.15 ~~preventing acute and chronic illness and disease; and (2) promoting wellness, including~~
 5.16 ~~providing nonpharmacologic treatment. The certified nurse practitioner is certified for~~
 5.17 ~~advanced registered nurse practice in a specific field of nurse practitioner practice. the~~
 5.18 provision of care including:

5.19 (1) health promotion, disease prevention, health education, and counseling;

5.20 (2) providing health assessment and screening activities;

5.21 (3) diagnosing, treating, and facilitating patients' management of their acute and
 5.22 chronic illnesses and diseases;

5.23 (4) ordering, performing, supervising, and interpreting diagnostic studies excluding
 5.24 interpreting computed tomography scans, magnetic resonance imaging scans, and positron
 5.25 emission tomography scans;

5.26 (5) prescribing pharmacologic and nonpharmacologic therapies; and

5.27 (6) consulting with, collaborating with, or referring to other health care providers
 5.28 as warranted by the needs of the patient.

5.29 **EFFECTIVE DATE.** This section is effective January 1, 2016.

5.30 Sec. 13. Minnesota Statutes 2012, section 148.171, is amended by adding a subdivision
 5.31 to read:

6.1 Subd. 12a. **Population focus.** "Population focus" means the categories of patients
6.2 for which the advanced practice registered nurse has the educational preparation to
6.3 provide care and services. The categories of population foci are:

- 6.4 (1) family and individual across the life-span;
6.5 (2) adult-gerontology;
6.6 (3) neonatal;
6.7 (4) pediatrics;
6.8 (5) women's and gender-related health; and
6.9 (6) psychiatric and mental health.

6.10 **EFFECTIVE DATE.** This section is effective January 1, 2016.

6.11 Sec. 14. Minnesota Statutes 2012, section 148.171, subdivision 13, is amended to read:

6.12 Subd. 13. **Practice of advanced practice registered nursing.** (a) The "practice
6.13 of advanced practice registered nursing" means the performance of ~~clinical nurse~~
6.14 ~~specialist practice, nurse-midwife practice, nurse practitioner practice, or registered~~
6.15 ~~nurse anesthetist practice as defined in subdivisions 5, 10, 11, and 21~~ an expanded scope
6.16 of nursing in at least one of the recognized advanced practice registered nurse roles
6.17 for at least one population focus. The scope and practice standards of an advanced
6.18 practice registered nurse are defined by the national professional nursing organizations
6.19 specific to the practice as a clinical nurse specialist, nurse-midwife, nurse practitioner,
6.20 or registered nurse anesthetist in the population focus. The scope of advanced practice
6.21 registered nursing includes, but is not limited to, performing acts of advanced assessment,
6.22 diagnosing, prescribing, and ordering. The practice includes functioning as a primary care
6.23 provider, direct care provider, case manager, consultant, educator, and researcher. The
6.24 practice of advanced practice registered nursing also includes accepting referrals from,
6.25 consulting with, cooperating with, or referring to all other types of health care providers,
6.26 including but not limited to physicians, chiropractors, podiatrists, and dentists, provided
6.27 that the advanced practice registered nurse and the other provider are practicing within
6.28 their scopes of practice as defined in state law. The advanced practice registered nurse
6.29 must practice within a health care system that provides for consultation, collaborative
6.30 management, and referral as indicated by the health status of the patient.

6.31 (b) The practice of advanced practice registered nursing requires the advanced
6.32 practice registered nurse to be accountable:

- 6.33 (1) to patients for the quality of advanced nursing care rendered;
6.34 (2) for recognizing limits of knowledge and experience; and

7.1 (3) for planning for the management of situations beyond the advanced practice
7.2 registered nurse's expertise. The practice of advanced practice registered nursing includes
7.3 accepting referrals from, consulting with, collaborating with, or referring to other health
7.4 care providers as warranted by the needs of the patient.

7.5 (c) An advanced practice registered nurse who practices in a setting that is not a
7.6 hospital licensed under chapter 144 or a clinic where advanced practice registered nurses
7.7 and physicians practice together must have available for patients:

7.8 (1) the designation of a physician, physician clinic, or other health care group
7.9 practice with whom the advanced practice registered nurse has a relationship for
7.10 consultation, collaboration, and referral;

7.11 (2) the designation of a physician, physician clinic, or other health care group practice
7.12 with whom the advanced practice registered nurse has an arrangement to accept the transfer
7.13 of care if the advanced practice registered nurse has to transfer care to another provider; and

7.14 (3) the designation of hospitals or other inpatient facilities where patients requiring
7.15 admission with be referred.

7.16 **EFFECTIVE DATE.** This section is effective January 1, 2016.

7.17 Sec. 15. Minnesota Statutes 2012, section 148.171, subdivision 16, is amended to read:

7.18 Subd. 16. **Prescribing.** "Prescribing" means the act of generating a prescription for
7.19 the preparation of, use of, or manner of using a drug or therapeutic device in accordance
7.20 with the provisions of section 148.235. Prescribing does not include recommending the
7.21 use of a drug or therapeutic device which is not required by the federal Food and Drug
7.22 Administration to meet the labeling requirements for prescription drugs and devices.
7.23 Prescribing also does not include recommending or administering a drug or therapeutic
7.24 device perioperatively for surgical or obstetrical anesthesia care and for postoperative pain
7.25 control by a certified registered nurse anesthetist.

7.26 **EFFECTIVE DATE.** This section is effective January 1, 2016.

7.27 Sec. 16. Minnesota Statutes 2012, section 148.171, subdivision 17, is amended to read:

7.28 Subd. 17. **Prescription.** "Prescription" means a written direction or an oral direction
7.29 reduced to writing provided to or for an individual patient for the preparation or use of a
7.30 drug or therapeutic device. In the case of a prescription for a drug, the requirements of
7.31 section 151.01, subdivisions 16, 16a, and 16b shall apply.

7.32 **EFFECTIVE DATE.** This section is effective January 1, 2016.

8.1 Sec. 17. Minnesota Statutes 2012, section 148.171, is amended by adding a subdivision
8.2 to read:

8.3 Subd. 17a. **Primary care provider.** "Primary care provider" has the meaning given
8.4 in section 62Q.01, subdivision 7.

8.5 **EFFECTIVE DATE.** This section is effective January 1, 2016.

8.6 Sec. 18. Minnesota Statutes 2012, section 148.171, subdivision 21, is amended to read:

8.7 Subd. 21. **Registered nurse anesthetist practice.** (a) "Registered nurse anesthetist
8.8 practice" means the provision of anesthesia care and related services ~~within the context~~
8.9 ~~of collaborative management~~, including:

8.10 (1) selecting, obtaining, and administering drugs and therapeutic devices to facilitate
8.11 diagnostic, therapeutic, and surgical procedures upon request, assignment, or referral by a
8.12 patient's physician, dentist, or podiatrist;

8.13 (2) ordering, performing, supervising, and interpreting diagnostic studies excluding
8.14 interpreting computed tomography scans, magnetic resonance imaging scans, and positron
8.15 emission tomography scans;

8.16 (3) prescribing pharmacologic and nonpharmacologic therapies; and

8.17 (4) consulting with, collaborating with, or referring to other health care providers
8.18 as warranted by the needs of the patient.

8.19 (b) A certified registered nurse anesthetist is prohibited from performing any
8.20 procedures constituting the practice of interventional pain management as defined in
8.21 section 147.081, subdivision 3, clause (7)

8.22 **EFFECTIVE DATE.** This section is effective January 1, 2016.

8.23 Sec. 19. Minnesota Statutes 2012, section 148.171, is amended by adding a subdivision
8.24 to read:

8.25 Subd. 23. **Roles of advanced practice registered nurses.** "Role" means one of four
8.26 recognized advanced practice registered nurse roles: certified registered nurse anesthetist
8.27 (CRNA); certified nurse-midwife (CNM); certified clinical nurse specialist (CNS); or
8.28 certified nurse practitioner (CNP).

8.29 **EFFECTIVE DATE.** This section is effective January 1, 2016.

8.30 Sec. 20. Minnesota Statutes 2012, section 148.181, subdivision 1, is amended to read:

8.31 Subdivision 1. **Membership.** The Board of Nursing consists of 16 members
8.32 appointed by the governor, each of whom must be a resident of this state. Eight members

9.1 must be registered nurses, each of whom must have graduated from an approved school of
9.2 nursing, must be licensed and currently registered as a registered nurse in this state, and
9.3 must have had at least five years experience in nursing practice, nursing administration, or
9.4 nursing education immediately preceding appointment. One of the eight must have had
9.5 at least two years executive or teaching experience in a baccalaureate degree nursing
9.6 program approved by the board under section 148.251 during the five years immediately
9.7 preceding appointment, one of the eight must have had at least two years executive or
9.8 teaching experience in an associate degree nursing program approved by the board under
9.9 section 148.251 during the five years immediately preceding appointment, one of the eight
9.10 must be practicing professional nursing in a nursing home at the time of appointment,
9.11 one of the eight must have had at least two years executive or teaching experience in a
9.12 practical nursing program approved by the board under section 148.251 during the five
9.13 years immediately preceding appointment, and one of the eight must be licensed and have
9.14 national certification or recertification as a registered nurse anesthetist, nurse practitioner,
9.15 nurse midwife, or clinical nurse specialist. Four of the eight must have had at least five
9.16 years of experience in nursing practice or nursing administration immediately preceding
9.17 appointment. Four members must be licensed practical nurses, each of whom must have
9.18 graduated from an approved school of nursing, must be licensed and currently registered
9.19 as a licensed practical nurse in this state, and must have had at least five years experience
9.20 in nursing practice immediately preceding appointment. The remaining four members
9.21 must be public members as defined by section 214.02.

9.22 A member may be reappointed but may not serve more than two full terms
9.23 consecutively. The governor shall attempt to make appointments to the board that reflect
9.24 the geography of the state. The board members who are nurses should as a whole reflect
9.25 the broad mix of practice types and sites of nurses practicing in Minnesota.

9.26 Membership terms, compensation of members, removal of members, the filling of
9.27 membership vacancies, and fiscal year and reporting requirements are as provided in
9.28 sections 214.07 to 214.09. Any nurse on the board who during incumbency permanently
9.29 ceases to be actively engaged in the practice of nursing or otherwise becomes disqualified
9.30 for board membership is automatically removed, and the governor shall fill the vacancy.
9.31 The provision of staff, administrative services, and office space; the review and processing
9.32 of complaints; the setting of board fees; and other provisions relating to board operations
9.33 are as provided in sections 148.171 to 148.285 and chapter 214. Each member of the
9.34 board shall file with the secretary of state the constitutional oath of office before beginning
9.35 the term of office.

9.36 **EFFECTIVE DATE.** This section is effective January 1, 2016.

10.1 Sec. 21. Minnesota Statutes 2012, section 148.191, subdivision 2, is amended to read:

10.2 Subd. 2. **Powers.** (a) The board is authorized to adopt and, from time to time, revise
10.3 rules not inconsistent with the law, as may be necessary to enable it to carry into effect the
10.4 provisions of sections 148.171 to 148.285. The board shall prescribe by rule curricula and
10.5 standards for schools and courses preparing persons for licensure under sections 148.171
10.6 to 148.285. It shall conduct or provide for surveys of such schools and courses at such
10.7 times as it may deem necessary. It shall approve such schools and courses as meet the
10.8 requirements of sections 148.171 to 148.285 and board rules. It shall examine, license,
10.9 and renew the license of duly qualified applicants. It shall hold examinations at least once
10.10 in each year at such time and place as it may determine. It shall by rule adopt, evaluate,
10.11 and periodically revise, as necessary, requirements for licensure and for registration and
10.12 renewal of registration as defined in section 148.231. It shall maintain a record of all
10.13 persons licensed by the board to practice advanced practice, professional, or practical
10.14 nursing ~~and all registered nurses who hold Minnesota licensure and registration and are~~
10.15 ~~certified as advanced practice registered nurses~~. It shall cause the prosecution of all persons
10.16 violating sections 148.171 to 148.285 and have power to incur such necessary expense
10.17 therefor. It shall register public health nurses who meet educational and other requirements
10.18 established by the board by rule, including payment of a fee. It shall have power to issue
10.19 subpoenas, and to compel the attendance of witnesses and the production of all necessary
10.20 documents and other evidentiary material. Any board member may administer oaths to
10.21 witnesses, or take their affirmation. It shall keep a record of all its proceedings.

10.22 (b) The board shall have access to hospital, nursing home, and other medical records
10.23 of a patient cared for by a nurse under review. If the board does not have a written consent
10.24 from a patient permitting access to the patient's records, the nurse or facility shall delete
10.25 any data in the record that identifies the patient before providing it to the board. The board
10.26 shall have access to such other records as reasonably requested by the board to assist the
10.27 board in its investigation. Nothing herein may be construed to allow access to any records
10.28 protected by section 145.64. The board shall maintain any records obtained pursuant to
10.29 this paragraph as investigative data under chapter 13.

10.30 (c) The board may accept and expend grants or gifts of money or in-kind services
10.31 from a person, a public or private entity, or any other source for purposes consistent with
10.32 the board's role and within the scope of its statutory authority.

10.33 (d) The board may accept registration fees for meetings and conferences conducted
10.34 for the purposes of board activities that are within the scope of its authority.

10.35 **EFFECTIVE DATE.** This section is effective January 1, 2016.

11.1 Sec. 22. Minnesota Statutes 2012, section 148.211, is amended by adding a subdivision
11.2 to read:

11.3 Subd. 1a. **Advanced practice registered nurse licensure.** (a) Effective January 1,
11.4 2016, no advanced practice nurse shall practice as an advanced practice registered nurse
11.5 unless the advanced practice nurse is licensed by the board under this section.

11.6 (b) An applicant for a license to practice as an advanced practice registered nurse
11.7 (APRN) shall apply to the board in a format prescribed by the board and pay a fee in an
11.8 amount determined under section 148.243.

11.9 (c) To be eligible for licensure an applicant:

11.10 (1) must hold a current Minnesota professional nursing license or demonstrate
11.11 eligibility for licensure as a registered nurse in this state;

11.12 (2) must not hold an encumbered license as a registered nurse in any state or territory;

11.13 (3) must have completed a graduate level APRN program accredited by a nursing
11.14 or nursing-related accrediting body that is recognized by the United States Secretary of
11.15 Education or the Council for Higher Education Accreditation as acceptable to the board.

11.16 The education must be in one of the four APRN roles for at least one population focus;

11.17 (4) must be currently certified by a national certifying body recognized by the board
11.18 in the APRN role and population foci appropriate to educational preparation;

11.19 (5) must report any criminal conviction, nolo contendere plea, Alford Plea, or other
11.20 plea arrangement in lieu of conviction; and

11.21 (6) must not have committed any acts or omissions which are grounds for
11.22 disciplinary action in another jurisdiction or, if these acts have been committed and would
11.23 be grounds for disciplinary action as set forth in section 148.261, the board has found,
11.24 after investigation, that sufficient restitution has been made.

11.25 **EFFECTIVE DATE.** This section is effective January 1, 2016.

11.26 Sec. 23. Minnesota Statutes 2012, section 148.211, is amended by adding a subdivision
11.27 to read:

11.28 Subd. 1b. **Advanced practice registered nurse grandfather provision.** (a) The
11.29 board shall issue a license to an applicant who does not meet the education requirements
11.30 in subdivision 1a, paragraph (c), clause (3), if the applicant:

11.31 (1) is recognized by the board to practice as an advanced practice registered nurse in
11.32 this state on July 1, 2015;

11.33 (2) submits an application to the board in a format prescribed by the board and the
11.34 applicable fee as determined under section 148.243 by January 1, 2016; and

12.1 (3) meets the requirements under subdivision 1a, paragraph (c), clauses (1), (2),
 12.2 (4), (5), and (6).

12.3 (b) An advanced practice registered nurse licensed under this subdivision shall
 12.4 maintain all practice privileges provided to licensed advanced practice registered nurses
 12.5 under this chapter.

12.6 **EFFECTIVE DATE.** This section is effective January 1, 2016.

12.7 Sec. 24. Minnesota Statutes 2012, section 148.211, subdivision 2, is amended to read:

12.8 Subd. 2. **Licensure by endorsement.** (a) The board shall issue a license to practice
 12.9 professional nursing or practical nursing without examination to an applicant who has
 12.10 been duly licensed or registered as a nurse under the laws of another state, territory, or
 12.11 country, if in the opinion of the board the applicant has the qualifications equivalent
 12.12 to the qualifications required in this state as stated in subdivision 1, all other laws not
 12.13 inconsistent with this section, and rules promulgated by the board.

12.14 (b) Effective January 1, 2016, an applicant for advanced practice registered nurse
 12.15 licensure by endorsement is eligible for licensure if the applicant meets the requirements
 12.16 in paragraph (a) and demonstrates:

12.17 (1) current national certification or recertification in the advanced role and
 12.18 population focus area; and

12.19 (2) compliance with the advanced practice nursing educational requirements that
 12.20 were in effect in Minnesota at the time the advanced practice registered nurse completed
 12.21 the advanced practice nursing education program.

12.22 **EFFECTIVE DATE.** This section is effective January 1, 2016.

12.23 Sec. 25. Minnesota Statutes 2012, section 148.231, subdivision 1, is amended to read:

12.24 Subdivision 1. **Registration.** (a) Every person licensed to practice advanced
 12.25 practice₂, professional₂, or practical nursing must maintain with the board a current
 12.26 registration for practice as a an advanced practice registered nurse, registered nurse₂, or
 12.27 licensed practical nurse which must be renewed at regular intervals established by the
 12.28 board by rule. No registration shall be issued by the board to a nurse until the nurse
 12.29 has submitted satisfactory evidence of compliance with the procedures and minimum
 12.30 requirements established by the board.

12.31 ~~The fee for periodic registration for practice as a nurse shall be determined by the~~
 12.32 ~~board by law.~~ (b) Upon receipt of the application and the required fees, as determined
 12.33 under section 148.243, the board shall verify the application and the evidence of

13.1 completion of continuing education requirements in effect, and ~~thereupon~~ issue to the
13.2 nurse registration for the next renewal period.

13.3 (c) An applicant for advanced practice registered nursing (APRN) renewal must
13.4 provide evidence of current certification or recertification in the appropriate APRN role
13.5 in at least one population focus by a nationally accredited certifying body recognized
13.6 by the board.

13.7 **EFFECTIVE DATE.** This section is effective January 1, 2016.

13.8 Sec. 26. Minnesota Statutes 2012, section 148.231, subdivision 4, is amended to read:

13.9 Subd. 4. **Failure to register.** Any person licensed under the provisions of sections
13.10 148.171 to 148.285 who fails to register within the required period shall not be entitled
13.11 to practice nursing in this state as an advanced practice registered nurse, a registered
13.12 nurse₂ or a licensed practical nurse.

13.13 **EFFECTIVE DATE.** This section is effective January 1, 2016.

13.14 Sec. 27. Minnesota Statutes 2012, section 148.231, subdivision 5, is amended to read:

13.15 Subd. 5. **Reregistration.** A person whose registration has lapsed desiring to
13.16 resume practice shall make application for reregistration, submit satisfactory evidence
13.17 of compliance with the procedures and requirements established by the board, and pay
13.18 the reregistration fee for the current period to the board. A penalty fee shall be required
13.19 from a person who practiced nursing without current registration. Thereupon, registration
13.20 shall be issued to the person who shall immediately be placed on the practicing list as an
13.21 advanced practice registered nurse, a registered nurse₂ or a licensed practical nurse.

13.22 **EFFECTIVE DATE.** This section is effective January 1, 2016.

13.23 Sec. 28. Minnesota Statutes 2012, section 148.233, subdivision 2, is amended to read:

13.24 Subd. 2. **Advanced practice registered nurse.** ~~An advanced practice registered~~
13.25 ~~nurse certified as a certified clinical nurse specialist, certified nurse-midwife, certified~~
13.26 ~~nurse practitioner, or certified registered nurse anesthetist shall use the appropriate~~
13.27 ~~designation: RN,CNS; RN,CNM; RN,CNP; or RN,CRNA for personal identification and~~
13.28 ~~in documentation of services provided. Identification of educational degrees and specialty~~
13.29 ~~fields may be added. (a) Only those persons who hold a current license to practice~~
13.30 advanced practice registered nursing in this state may use the title advanced practice
13.31 registered nurse with the role designation of certified registered nurse anesthetist, certified
13.32 nurse-midwife, certified clinical nurse specialist, or certified nurse practitioner.

14.1 (b) An advanced practice registered nurse shall use the appropriate designation:
 14.2 APRN, CNS; APRN, CNM; APRN, CNP; or APRN, CRNA for personal identification
 14.3 and in documentation of services provided. Identification of educational degrees and
 14.4 specialty fields may be added.

14.5 (c) When providing nursing care, an advanced practice registered nurse shall provide
 14.6 clear identification of the appropriate advanced practice registered nurse designation.

14.7 **EFFECTIVE DATE.** This section is effective January 1, 2016.

14.8 Sec. 29. Minnesota Statutes 2012, section 148.234, is amended to read:

14.9 **148.234 STATE BOUNDARIES CONSIDERATION.**

14.10 A nurse may perform ~~medical~~ patient care procedures and techniques at the direction
 14.11 of a physician, a podiatrist, or a dentist, or an advanced practice registered nurse licensed
 14.12 in another state, United States territory, or Canadian province if the physician, podiatrist,
 14.13 ~~or dentist, or advanced practice registered nurse~~ gave the direction after examining the
 14.14 patient and issued the direction in that state, United States territory, or Canadian province.

14.15 Nothing in this section allows a nurse to perform a ~~medical procedure~~ patient care
 14.16 procedure or technique at the direction of a physician, a podiatrist, or a dentist, or an
 14.17 advanced practice registered nurse that is illegal in this state.

14.18 **EFFECTIVE DATE.** This section is effective January 1, 2016.

14.19 Sec. 30. Minnesota Statutes 2012, section 148.235, is amended by adding a subdivision
 14.20 to read:

14.21 Subd. 7a. **Diagnosis, prescribing, and ordering.** Advanced practice registered
 14.22 nurses are authorized to:

14.23 (1) diagnose, prescribe, and institute therapy or referrals of patients to health care
 14.24 agencies and providers;

14.25 (2) prescribe, procure, sign for, record, administer, and dispense over-the-counter,
 14.26 legend, and controlled substances, including sample drugs; and

14.27 (3) plan and initiate a therapeutic regimen that includes ordering and prescribing
 14.28 durable medical devices and equipment, nutrition, diagnostic, and supportive services
 14.29 including, but not limited to, home health care, hospice, physical, and occupational therapy.

14.30 **EFFECTIVE DATE.** This section is effective January 1, 2016.

15.1 Sec. 31. Minnesota Statutes 2012, section 148.235, is amended by adding a subdivision
15.2 to read:

15.3 Subd. 7b. **Drug Enforcement Administration requirements.** (a) Advanced
15.4 practice registered nurses must:

15.5 (1) comply with federal Drug Enforcement Administration (DEA) requirements
15.6 related to controlled substances; and

15.7 (2) file any and all of the nurse's DEA registrations and numbers with the board.

15.8 (b) The board shall maintain current records of all advanced practice registered
15.9 nurses with DEA registration and numbers.

15.10 **EFFECTIVE DATE.** This section is effective January 1, 2016.

15.11 Sec. 32. Minnesota Statutes 2012, section 148.251, subdivision 1, is amended to read:

15.12 Subdivision 1. **Initial approval.** An institution desiring to conduct a nursing
15.13 program shall apply to the board and submit evidence that:

15.14 (1) It is prepared to provide a program of theory and practice in advanced practice,
15.15 professional, or practical nursing that meets the program approval standards adopted by
15.16 the board. Instruction and required experience may be obtained in one or more institutions
15.17 or agencies outside the applying institution as long as the nursing program retains
15.18 accountability for all clinical and nonclinical teaching.

15.19 (2) It is prepared to meet other standards established by law and by the board.

15.20 **EFFECTIVE DATE.** This section is effective January 1, 2016.

15.21 Sec. 33. Minnesota Statutes 2012, section 148.261, subdivision 1, is amended to read:

15.22 Subdivision 1. **Grounds listed.** The board may deny, revoke, suspend, limit,
15.23 or condition the license and registration of any person to practice advanced practice,
15.24 professional, ~~advanced practice registered,~~ or practical nursing under sections 148.171 to
15.25 148.285, or to otherwise discipline a licensee or applicant as described in section 148.262.
15.26 The following are grounds for disciplinary action:

15.27 (1) Failure to demonstrate the qualifications or satisfy the requirements for a license
15.28 contained in sections 148.171 to 148.285 or rules of the board. In the case of a person
15.29 applying for a license, the burden of proof is upon the applicant to demonstrate the
15.30 qualifications or satisfaction of the requirements.

15.31 (2) Employing fraud or deceit in procuring or attempting to procure a permit,
15.32 license, or registration certificate to practice advanced practice, professional, or practical

16.1 nursing or attempting to subvert the licensing examination process. Conduct that subverts
16.2 or attempts to subvert the licensing examination process includes, but is not limited to:

16.3 (i) conduct that violates the security of the examination materials, such as removing
16.4 examination materials from the examination room or having unauthorized possession of
16.5 any portion of a future, current, or previously administered licensing examination;

16.6 (ii) conduct that violates the standard of test administration, such as communicating
16.7 with another examinee during administration of the examination, copying another
16.8 examinee's answers, permitting another examinee to copy one's answers, or possessing
16.9 unauthorized materials; or

16.10 (iii) impersonating an examinee or permitting an impersonator to take the
16.11 examination on one's own behalf.

16.12 (3) Conviction of a felony or gross misdemeanor reasonably related to the practice
16.13 of professional, advanced practice registered, or practical nursing. Conviction as used in
16.14 this subdivision includes a conviction of an offense that if committed in this state would
16.15 be considered a felony or gross misdemeanor without regard to its designation elsewhere,
16.16 or a criminal proceeding where a finding or verdict of guilt is made or returned but the
16.17 adjudication of guilt is either withheld or not entered.

16.18 (4) Revocation, suspension, limitation, conditioning, or other disciplinary action
16.19 against the person's professional or practical nursing license or advanced practice
16.20 registered nursing credential, in another state, territory, or country; failure to report to the
16.21 board that charges regarding the person's nursing license or other credential are pending in
16.22 another state, territory, or country; or having been refused a license or other credential by
16.23 another state, territory, or country.

16.24 (5) Failure to or inability to perform professional or practical nursing as defined in
16.25 section 148.171, subdivision 14 or 15, with reasonable skill and safety, including failure
16.26 of a registered nurse to supervise or a licensed practical nurse to monitor adequately the
16.27 performance of acts by any person working at the nurse's direction.

16.28 (6) Engaging in unprofessional conduct, including, but not limited to, a departure
16.29 from or failure to conform to board rules of professional or practical nursing practice that
16.30 interpret the statutory definition of professional or practical nursing as well as provide
16.31 criteria for violations of the statutes, or, if no rule exists, to the minimal standards of
16.32 acceptable and prevailing professional or practical nursing practice, or any nursing
16.33 practice that may create unnecessary danger to a patient's life, health, or safety. Actual
16.34 injury to a patient need not be established under this clause.

17.1 (7) Failure of an advanced practice registered nurse to practice with reasonable
17.2 skill and safety or departure from or failure to conform to standards of acceptable and
17.3 prevailing advanced practice registered nursing.

17.4 (8) Delegating or accepting the delegation of a nursing function or a prescribed
17.5 health care function when the delegation or acceptance could reasonably be expected to
17.6 result in unsafe or ineffective patient care.

17.7 (9) Actual or potential inability to practice nursing with reasonable skill and safety
17.8 to patients by reason of illness, use of alcohol, drugs, chemicals, or any other material, or
17.9 as a result of any mental or physical condition.

17.10 (10) Adjudication as mentally incompetent, mentally ill, a chemically dependent
17.11 person, or a person dangerous to the public by a court of competent jurisdiction, within or
17.12 without this state.

17.13 (11) Engaging in any unethical conduct, including, but not limited to, conduct likely
17.14 to deceive, defraud, or harm the public, or demonstrating a willful or careless disregard
17.15 for the health, welfare, or safety of a patient. Actual injury need not be established under
17.16 this clause.

17.17 (12) Engaging in conduct with a patient that is sexual or may reasonably be
17.18 interpreted by the patient as sexual, or in any verbal behavior that is seductive or sexually
17.19 demeaning to a patient, or engaging in sexual exploitation of a patient or former patient.

17.20 (13) Obtaining money, property, or services from a patient, other than reasonable
17.21 fees for services provided to the patient, through the use of undue influence, harassment,
17.22 duress, deception, or fraud.

17.23 (14) Revealing a privileged communication from or relating to a patient except when
17.24 otherwise required or permitted by law.

17.25 (15) Engaging in abusive or fraudulent billing practices, including violations of
17.26 federal Medicare and Medicaid laws or state medical assistance laws.

17.27 (16) Improper management of patient records, including failure to maintain adequate
17.28 patient records, to comply with a patient's request made pursuant to sections 144.291 to
17.29 144.298, or to furnish a patient record or report required by law.

17.30 (17) Knowingly aiding, assisting, advising, or allowing an unlicensed person to
17.31 engage in the unlawful practice of advanced practice, professional, ~~advanced practice~~
17.32 ~~registered~~, or practical nursing.

17.33 (18) Violating a rule adopted by the board, an order of the board, or a state or
17.34 federal law relating to the practice of advanced practice, professional, ~~advanced practice~~
17.35 ~~registered~~, or practical nursing, or a state or federal narcotics or controlled substance law.

18.1 (19) Knowingly providing false or misleading information that is directly related
18.2 to the care of that patient unless done for an accepted therapeutic purpose such as the
18.3 administration of a placebo.

18.4 (20) Aiding suicide or aiding attempted suicide in violation of section 609.215 as
18.5 established by any of the following:

18.6 (i) a copy of the record of criminal conviction or plea of guilty for a felony in
18.7 violation of section 609.215, subdivision 1 or 2;

18.8 (ii) a copy of the record of a judgment of contempt of court for violating an
18.9 injunction issued under section 609.215, subdivision 4;

18.10 (iii) a copy of the record of a judgment assessing damages under section 609.215,
18.11 subdivision 5; or

18.12 (iv) a finding by the board that the person violated section 609.215, subdivision
18.13 1 or 2. The board shall investigate any complaint of a violation of section 609.215,
18.14 subdivision 1 or 2.

18.15 (21) Practicing outside the scope of practice authorized by section 148.171,
18.16 subdivision 5, 10, 11, 13, 14, 15, or 21.

18.17 (22) Practicing outside the specific field of nursing practice for which an advanced
18.18 practice registered nurse is certified ~~unless the practice is authorized under section 148.284.~~

18.19 ~~(23)~~ (22) Making a false statement or knowingly providing false information to the
18.20 board, failing to make reports as required by section 148.263, or failing to cooperate with
18.21 an investigation of the board as required by section 148.265.

18.22 ~~(24)~~ (23) Engaging in false, fraudulent, deceptive, or misleading advertising.

18.23 ~~(25)~~ (24) Failure to inform the board of the person's certification or recertification
18.24 status as a certified registered nurse anesthetist, certified nurse-midwife, certified nurse
18.25 practitioner, or certified clinical nurse specialist.

18.26 ~~(26)~~ (25) Engaging in clinical nurse specialist practice, nurse-midwife practice,
18.27 nurse practitioner practice, or registered nurse anesthetist practice without a license
18.28 and current certification or recertification by a national nurse certification organization
18.29 acceptable to the board, ~~except during the period between completion of an advanced~~
18.30 ~~practice registered nurse course of study and certification, not to exceed six months or as~~
18.31 ~~authorized by the board.~~

18.32 ~~(27)~~ (26) Engaging in conduct that is prohibited under section 145.412.

18.33 ~~(28)~~ (27) Failing to report employment to the board as required by section 148.211,
18.34 subdivision 2a, or knowingly aiding, assisting, advising, or allowing a person to fail to
18.35 report as required by section 148.211, subdivision 2a.

18.36 **EFFECTIVE DATE.** This section is effective January 1, 2016.

19.1 Sec. 34. Minnesota Statutes 2012, section 148.261, is amended by adding a subdivision
19.2 to read:

19.3 Subd. 7. **Standard of care.** An advanced practice registered nurse licensed under
19.4 this chapter who is diagnosing, treating, or prescribing under chapter 148 shall be held
19.5 to the same standard of care as that of a physician licensed by the state of Minnesota
19.6 under chapter 147.

19.7 **EFFECTIVE DATE.** This section is effective January 1, 2016.

19.8 Sec. 35. **[148.2611] ADVANCED PRACTICE REGISTERED NURSE**
19.9 **ADVISORY COUNCIL.**

19.10 Subd. 1 **Membership.** (a) The Advanced Practice Registered Nurse Advisory
19.11 Council is created and is composed of nine persons. The nine persons must include:

19.12 (1) one public member, as defined in section 214.02, appointed by the Board of
19.13 Nursing;

19.14 (2) four advanced practice registered nurses licensed under this chapter, one from
19.15 each of the four types of advanced practice registered nurses and appointed by the Board
19.16 of Nursing; and

19.17 (3) four licensed physicians with experience working with advanced practice
19.18 registered nurses appointed by the board of medical practice under chapter 147.

19.19 (b) No member shall serve more than two consecutive terms. If a member is appointed
19.20 for a partial term and serves more than half of that term, it shall be considered a full term.

19.21 Subd. 2. **Organization.** The council shall be organized and administered under
19.22 section 15.059.

19.23 Subd. 3. **Duties.** (a) The council shall advise the board regarding:

19.24 (1) advanced practice registered nurse licensure and practice standards, including
19.25 emerging practice trends, aggregate prescribing trends, and overlap of advanced practice
19.26 registered nursing and medical practices;

19.27 (2) enforcement of grounds for discipline;

19.28 (3) distribution of information regarding advanced practice registered nurse
19.29 licensure standards;

19.30 (4) applications and recommendations of applicants for licensure or license renewal;

19.31 (5) complaints and recommendations to the board regarding disciplinary matters and
19.32 proceedings concerning applicants and licensees according to sections 214.10, 214.103,
19.33 and 214.13, subdivisions 6 and 7; and

19.34 (6) issues related to advanced practice registered nurse practice and regulation.

20.1 (b) The council shall perform other duties authorized for the council by chapter 214
20.2 as directed by the board.

20.3 **EFFECTIVE DATE.** This section is effective January 1, 2016.

20.4 Sec. 36. Minnesota Statutes 2012, section 148.262, subdivision 1, is amended to read:

20.5 Subdivision 1. **Forms of disciplinary action.** When the board finds that grounds for
20.6 disciplinary action exist under section 148.261, subdivision 1, it may take one or more
20.7 of the following actions:

20.8 (1) deny the license, registration, or registration renewal;

20.9 (2) revoke the license;

20.10 (3) suspend the license;

20.11 (4) impose limitations on the nurse's practice of advanced practice, professional,
20.12 ~~advanced practice registered~~, or practical nursing including, but not limited to, limitation
20.13 of scope of practice or the requirement of practice under supervision;

20.14 (5) impose conditions on the retention of the license including, but not limited to, the
20.15 imposition of retraining or rehabilitation requirements or the conditioning of continued
20.16 practice on demonstration of knowledge or skills by appropriate examination, monitoring,
20.17 or other review;

20.18 (6) impose a civil penalty not exceeding \$10,000 for each separate violation, the
20.19 amount of the civil penalty to be fixed as to deprive the nurse of any economic advantage
20.20 gained by reason of the violation charged, to reimburse the board for the cost of counsel,
20.21 investigation, and proceeding, and to discourage repeated violations;

20.22 (7) order the nurse to provide unremunerated service;

20.23 (8) censure or reprimand the nurse; or

20.24 (9) any other action justified by the facts in the case.

20.25 **EFFECTIVE DATE.** This section is effective January 1, 2016.

20.26 Sec. 37. Minnesota Statutes 2012, section 148.262, subdivision 2, is amended to read:

20.27 Subd. 2. **Automatic suspension.** Unless the board orders otherwise, a license to
20.28 practice advanced practice, professional, or practical nursing is automatically suspended if:

20.29 (1) a guardian of a nurse is appointed by order of a court under sections 524.5-101
20.30 to 524.5-502;

20.31 (2) the nurse is committed by order of a court under chapter 253B; or

21.1 (3) the nurse is determined to be mentally incompetent, mentally ill, chemically
 21.2 dependent, or a person dangerous to the public by a court of competent jurisdiction within
 21.3 or without this state.

21.4 The license remains suspended until the nurse is restored to capacity by a court and,
 21.5 upon petition by the nurse, the suspension is terminated by the board after a hearing or
 21.6 upon agreement between the board and the nurse.

21.7 **EFFECTIVE DATE.** This section is effective January 1, 2016.

21.8 Sec. 38. Minnesota Statutes 2012, section 148.262, subdivision 4, is amended to read:

21.9 Subd. 4. **Reissuance.** The board may reinstate and reissue a license or registration
 21.10 certificate to practice advanced practice, professional₂, or practical nursing, but as a
 21.11 condition may impose any disciplinary or corrective measure that it might originally have
 21.12 imposed. Any person whose license or registration has been revoked, suspended, or limited
 21.13 may have the license reinstated and a new registration issued when, in the discretion of the
 21.14 board, the action is warranted, provided that the person shall be required by the board to
 21.15 pay the costs of the proceedings resulting in the revocation, suspension, or limitation of the
 21.16 license or registration certificate and reinstatement of the license or registration certificate,
 21.17 and to pay the fee for the current registration period. The cost of proceedings shall
 21.18 include, but not be limited to, the cost paid by the board to the Office of Administrative
 21.19 Hearings and the Office of the Attorney General for legal and investigative services, the
 21.20 costs of a court reporter and witnesses, reproduction of records, board staff time, travel,
 21.21 and expenses, and board members' per diem reimbursements, travel costs, and expenses.

21.22 **EFFECTIVE DATE.** This section is effective January 1, 2016.

21.23 Sec. 39. Minnesota Statutes 2013 Supplement, section 148.271, is amended to read:

21.24 **148.271 EXEMPTIONS.**

21.25 The provisions of sections 148.171 to 148.285 shall not prohibit:

21.26 (1) The furnishing of nursing assistance in an emergency.

21.27 (2) The practice of advanced practice, professional₂, or practical nursing by any
 21.28 legally qualified advanced practice, registered₂, or licensed practical nurse of another state
 21.29 who is employed by the United States government or any bureau, division, or agency
 21.30 thereof while in the discharge of official duties.

21.31 (3) The practice of any profession or occupation licensed by the state, other than
 21.32 advanced practice, professional₂, or practical nursing, by any person duly licensed to

22.1 practice the profession or occupation, or the performance by a person of any acts properly
 22.2 coming within the scope of the profession, occupation, or license.

22.3 (4) The provision of a nursing or nursing-related service by an unlicensed assistive
 22.4 person who has been delegated or assigned the specific function and is supervised by a
 22.5 registered nurse or monitored by a licensed practical nurse.

22.6 (5) The care of the sick with or without compensation when done in a nursing home
 22.7 covered by the provisions of section 144A.09, subdivision 1.

22.8 (6) Professional nursing practice or advanced practice registered nursing practice by
 22.9 a registered nurse or practical nursing practice by a licensed practical nurse licensed in
 22.10 another state or territory who is in Minnesota as a student enrolled in a formal, structured
 22.11 course of study, such as a course leading to a higher degree, certification in a nursing
 22.12 specialty, or to enhance skills in a clinical field, while the student is practicing in the course.

22.13 (7) Professional or practical nursing practice by a student practicing under the
 22.14 supervision of an instructor while the student is enrolled in a nursing program approved by
 22.15 the board under section 148.251.

22.16 (8) Advanced practice registered nursing as defined in section 148.171, subdivisions
 22.17 5, 10, 11, 13, and 21, by a registered nurse who is licensed and currently registered in
 22.18 Minnesota or another United States jurisdiction and who is enrolled as a student in a
 22.19 formal graduate education program leading to eligibility for certification and licensure
 22.20 as an advanced practice registered nurse; ~~or by a registered nurse licensed and currently~~
 22.21 ~~registered in Minnesota who has completed an advanced practice registered nurse course~~
 22.22 ~~of study and is awaiting certification, the period not to exceed six months.~~

22.23 **EFFECTIVE DATE.** This section is effective January 1, 2016.

22.24 Sec. 40. Minnesota Statutes 2012, section 148.281, subdivision 1, is amended to read:

22.25 Subdivision 1. **Violations described.** It shall be unlawful for any person,
 22.26 corporation, firm, or association, to:

22.27 (1) sell or fraudulently obtain or furnish any nursing diploma, license or record, or
 22.28 aid or abet therein;

22.29 (2) practice advanced practice, professional₂ or practical nursing; or practice
 22.30 as a public health nurse; ~~or practice as a certified clinical nurse specialist, certified~~
 22.31 ~~nurse-midwife, certified nurse practitioner, or certified registered nurse anesthetist~~
 22.32 under cover of any diploma, permit, license, registration certificate, advanced practice
 22.33 credential, or record illegally or fraudulently obtained or signed or issued unlawfully or
 22.34 under fraudulent representation;

23.1 (3) practice advanced practice, professional, or practical nursing unless the person has
 23.2 been issued a temporary permit under the provisions of section 148.212 or is duly licensed
 23.3 and currently registered to do so under the provisions of sections 148.171 to 148.285;

23.4 (4) use the professional title nurse unless duly licensed to practice advanced practice,
 23.5 professional, or practical nursing under the provisions of sections 148.171 to 148.285,
 23.6 except as authorized by the board by rule;

23.7 (5) use any abbreviation or other designation tending to imply licensure as a an
 23.8 advanced practice registered nurse, a registered nurse, or a licensed practical nurse unless
 23.9 duly licensed and currently registered so to practice advanced practice, professional, or
 23.10 practical nursing under the provisions of sections 148.171 to 148.285 except as authorized
 23.11 by the board by rule;

23.12 (6) use any title, abbreviation, or other designation tending to imply certification
 23.13 as a certified registered nurse as defined in section 148.171, subdivision 22, unless duly
 23.14 certified by a national nurse certification organization;

23.15 (7) use any abbreviation or other designation tending to imply registration as a
 23.16 public health nurse unless duly registered by the board;

23.17 (8) practice advanced practice, professional, ~~advanced practice registered,~~ or
 23.18 practical nursing in a manner prohibited by the board in any limitation of a license or
 23.19 registration issued under the provisions of sections 148.171 to 148.285;

23.20 (9) practice advanced practice, professional, ~~advanced practice registered,~~ or
 23.21 practical nursing during the time a license or current registration issued under the
 23.22 provisions of sections 148.171 to 148.285 shall be suspended or revoked;

23.23 (10) conduct a nursing program for the education of persons to become advanced
 23.24 practice registered nurses, registered nurses, or licensed practical nurses unless the
 23.25 program has been approved by the board; and

23.26 (11) knowingly employ persons in the practice of advanced practice, professional,
 23.27 or practical nursing who have not been issued a current permit, license, or registration
 23.28 certificate to practice as a nurse in this state; and,

23.29 (12) ~~knowingly employ a person in advanced practice registered nursing unless the~~
 23.30 ~~person meets the standards and practices of sections 148.171 to 148.285.~~

23.31 **EFFECTIVE DATE.** This section is effective January 1, 2016.

23.32 Sec. 41. Minnesota Statutes 2012, section 148.281, is amended by adding a subdivision
 23.33 to read:

23.34 **Subd. 3. Penalty; advanced practice registered nurses.** In addition to subdivision
 23.35 2, an advanced practice registered nurse who practices advanced practice registered

24.1 nursing without a current license and certification or recertification shall pay a penalty fee
 24.2 of \$200 for the first month or part of a month and an additional \$100 for each subsequent
 24.3 month or parts of months of practice. The amount of the penalty fee shall be calculated
 24.4 from the first day the advanced practice registered nurse practiced without a current
 24.5 advanced practice registered nurse license and certification to the last day of practice
 24.6 without a current license and certification, or from the first day the advanced practice
 24.7 registered nurse practiced without a current license and certification on file with the board
 24.8 until the day the current license and certification is filed with the board.

24.9 **EFFECTIVE DATE.** This section is effective January 1, 2016.

24.10 Sec. 42. Minnesota Statutes 2012, section 148.283, is amended to read:

24.11 **148.283 UNAUTHORIZED PRACTICE OF PROFESSIONAL, ADVANCED**
 24.12 **PRACTICE REGISTERED, AND PRACTICAL NURSING.**

24.13 The practice of advanced practice, professional, ~~advanced practice registered~~, or
 24.14 practical nursing by any person who has not been licensed to practice advanced practice,
 24.15 professional, or practical nursing under the provisions of sections 148.171 to 148.285,
 24.16 or whose license has been suspended or revoked, or whose registration or national
 24.17 credential has expired, is hereby declared to be inimical to the public health and welfare
 24.18 and to constitute a public nuisance. Upon a complaint being made ~~thereof~~ by the board;
 24.19 or any prosecuting officer, and upon a proper showing of the facts, the district court
 24.20 of the county where such practice occurred may enjoin such acts and practice. Such
 24.21 injunction proceeding shall be in addition to, and not in lieu of, all other penalties and
 24.22 remedies provided by law.

24.23 **EFFECTIVE DATE.** This section is effective January 1, 2016.

24.24 Sec. 43. Minnesota Statutes 2012, section 151.01, subdivision 23, is amended to read:

24.25 Subd. 23. **Practitioner.** "Practitioner" means a licensed doctor of medicine, licensed
 24.26 doctor of osteopathy duly licensed to practice medicine, licensed doctor of dentistry,
 24.27 licensed doctor of optometry, licensed podiatrist, ~~or licensed veterinarian~~, or a licensed
 24.28 advanced practice registered nurse. For purposes of sections 151.15, subdivision 4;
 24.29 151.37, subdivision 2, paragraphs (b), (e), and (f); and 151.461, "practitioner" also means
 24.30 a physician assistant authorized to prescribe, dispense, and administer under chapter 147A;
 24.31 ~~or an advanced practice nurse authorized to prescribe, dispense, and administer under~~
 24.32 ~~section 148.235~~. For purposes of sections 151.15, subdivision 4; 151.37, subdivision 2,

25.1 paragraph (b); and 151.461, "practitioner" also means a dental therapist authorized to
25.2 dispense and administer under chapter 150A.

25.3 **EFFECTIVE DATE.** This section is effective January 1, 2016.

25.4 Sec. 44. Minnesota Statutes 2012, section 152.12, is amended to read:

25.5 **152.12 DOCTORS HEALTH CARE PROVIDERS MAY PRESCRIBE.**

25.6 Subdivision 1. **Prescribing, dispensing, administering controlled substances in**
25.7 **Schedules II through V.** A licensed doctor of medicine, a doctor of osteopathy, duly
25.8 licensed to practice medicine, a doctor of dental surgery, a doctor of dental medicine, a
25.9 licensed doctor of podiatry, a licensed advanced practice registered nurse, or a licensed
25.10 doctor of optometry limited to Schedules IV and V, and in the course of professional
25.11 practice only, may prescribe, administer, and dispense a controlled substance included
25.12 in Schedules II through V of section 152.02, may cause the same to be administered by
25.13 a nurse, an intern or an assistant under the direction and supervision of the doctor, and
25.14 may cause a person who is an appropriately certified and licensed health care professional
25.15 to prescribe and administer the same within the expressed legal scope of the person's
25.16 practice as defined in Minnesota Statutes.

25.17 Subd. 2. **Doctor of veterinary medicine.** A licensed doctor of veterinary medicine,
25.18 in good faith, and in the course of professional practice only, and not for use by a human
25.19 being, may prescribe, administer, and dispense a controlled substance included in
25.20 Schedules II through V of section 152.02, and may cause the same to be administered by
25.21 an assistant under the direction and supervision of the doctor.

25.22 Subd. 3. **Research project use of controlled substances.** Any qualified person
25.23 may use controlled substances in the course of a bona fide research project but cannot
25.24 administer or dispense such drugs to human beings unless such drugs are prescribed,
25.25 dispensed and administered by a person lawfully authorized to do so. Every person
25.26 who engages in research involving the use of such substances shall apply annually for
25.27 registration by the state Board of Pharmacy and shall pay any applicable fee specified in
25.28 section 151.065, provided that such registration shall not be required if the person is
25.29 covered by and has complied with federal laws covering such research projects.

25.30 Subd. 4. **Sale of controlled substances not prohibited for certain persons and**
25.31 **entities.** Nothing in this chapter shall prohibit the sale to, or the possession of, a controlled
25.32 substance in Schedule II, III, IV or V by: Registered drug wholesalers, registered
25.33 manufacturers, registered pharmacies, or any licensed hospital or other licensed institutions
25.34 wherein sick and injured persons are cared for or treated, or bona fide hospitals wherein

26.1 animals are treated; or by licensed pharmacists, licensed doctors of medicine, doctors of
26.2 osteopathy duly licensed to practice medicine, licensed doctors of dental surgery, licensed
26.3 doctors of dental medicine, licensed doctors of podiatry, licensed doctors of optometry
26.4 limited to Schedules IV and V, or licensed doctors of veterinary medicine when such
26.5 practitioners use controlled substances within the course of their professional practice only.

26.6 Nothing in this chapter shall prohibit the possession of a controlled substance in
26.7 Schedule II, III, IV or V by an employee or agent of a registered drug wholesaler, registered
26.8 manufacturer, or registered pharmacy, while acting in the course of employment; by a
26.9 patient of a licensed doctor of medicine, a doctor of osteopathy duly licensed to practice
26.10 medicine, a licensed doctor of dental surgery, a licensed doctor of dental medicine, or a
26.11 licensed doctor of optometry limited to Schedules IV and V; or by the owner of an animal
26.12 for which a controlled substance has been prescribed by a licensed doctor of veterinary
26.13 medicine, when such controlled substances are dispensed according to law.

26.14 Subd. 5. **Analytical laboratory not prohibited from providing anonymous**
26.15 **analysis service.** Nothing in this chapter shall prohibit an analytical laboratory from
26.16 conducting an anonymous analysis service when such laboratory is registered by the
26.17 Federal Drug Enforcement Administration, nor prohibit the possession of a controlled
26.18 substance by an employee or agent of such analytical laboratory while acting in the course
26.19 of employment.

26.20 **EFFECTIVE DATE.** This section is effective January 1, 2016.

26.21 Sec. 45. **REPEALER.**

26.22 Minnesota Statutes 2012, sections 148.235, subdivisions 1, 2, 2a, 4, 4a, 4b, 6, and 7;
26.23 and 148.284, are repealed.

26.24 **EFFECTIVE DATE.** This section is effective January 1, 2016."