

545.14 **ARTICLE 27**545.15 **HEALTH-RELATED OCCUPATIONAL LICENSING**545.16 **SPOKEN LANGUAGE HEALTH CARE INTERPRETERS**

545.17 Section 1. **[146C.01] DEFINITIONS.**

545.18 Subdivision 1. **Applicability.** The definitions in this section apply to this chapter.

545.19 Subd. 2. **Advisory council.** "Advisory council" means the Spoken Language Health  
545.20 Care Interpreter Advisory Council established in section 146C.11.

545.21 Subd. 3. **Code of ethics.** "Code of ethics" means the National Code of Ethics for  
545.22 Interpreters in Health Care, as published by the National Council on Interpreting in Health  
545.23 Care or its successor, or the International Medical Interpreters Association or its successor.

545.24 Subd. 4. **Commissioner.** "Commissioner" means the commissioner of health.

545.25 Subd. 5. **Common languages.** "Common languages" mean the ten most frequent  
545.26 languages without regard to dialect in Minnesota for which interpreters are listed on  
545.27 the registry.

545.28 Subd. 6. **Interpreting standards of practice.** "Interpreting standards of practice"  
545.29 means the interpreting standards of practice in health care as published by the National  
545.30 Council on Interpreting in Health Care or its successor, or the International Medical  
545.31 Interpreters Association or its successor.

545.32 Subd. 7. **Registry.** "Registry" means a database of spoken language health care  
545.33 interpreters in Minnesota who have met the qualifications described under section 146C.03,  
545.34 subdivision 2, 3, 4, or 5, which shall be maintained by the commissioner of health.

546.1 Subd. 8. **Remote interpretation.** "Remote interpretation" means providing spoken  
546.2 language interpreting services via a telephone or by video conferencing.

546.3 Subd. 9. **Spoken language health care interpreter or interpreter.** "Spoken  
546.4 language health care interpreter" or "interpreter" means an individual who receives  
546.5 compensation or other remuneration for providing spoken language interpreter services for  
546.6 patients with limited English proficiency within a medical setting either by face-to-face  
546.7 interpretation or remote interpretation.

546.8 Subd. 10. **Spoken language interpreting services.** "Spoken language interpreting  
546.9 services" means the conversion of one spoken language into another by an interpreter for  
546.10 the purpose of facilitating communication between a patient and a health care provider  
546.11 who do not share a common spoken language.

546.12 Sec. 2. **[146C.03] REGISTRY.**

98.21 **ARTICLE 7**98.22 **HEALTH-RELATED LICENSING**105.12 **SPOKEN LANGUAGE HEALTH CARE INTERPRETER**

105.13 Sec. 10. **[148.9981] DEFINITIONS.**

105.14 Subdivision 1. **Applicability.** The definitions in this section apply to sections  
105.15 148.9981 to 148.9987.

105.16 Subd. 2. **Advisory council.** "Advisory council" means the Spoken Language Health  
105.17 Care Interpreter Advisory Council established in section 148.9986.

105.18 Subd. 3. **Code of ethics.** "Code of ethics" means the National Code of Ethics for  
105.19 Interpreters in Health Care, as published by the National Council on Interpreting in Health  
105.20 Care or its successor, or the International Medical Interpreters Association or its successor.

105.21 Subd. 4. **Commissioner.** "Commissioner" means the commissioner of health.

105.22 Subd. 5. **Common languages.** "Common languages" mean the ten most frequent  
105.23 languages without regard to dialect in Minnesota for which interpreters are listed on  
105.24 the registry.

105.25 Subd. 6. **Interpreting standards of practice.** "Interpreting standards of practice"  
105.26 means the interpreting standards of practice in health care as published by the National  
105.27 Council on Interpreting in Health Care or its successor, or the International Medical  
105.28 Interpreters Association or its successor.

105.29 Subd. 7. **Registry.** "Registry" means a database of spoken language health  
105.30 care interpreters in Minnesota who have met the qualifications described under section  
105.31 148.9982, subdivision 2, 3, 4, or 5, which shall be maintained by the commissioner of  
105.32 health.

105.33 Subd. 8. **Remote interpretation.** "Remote interpretation" means providing spoken  
105.34 language interpreting services via a telephone or by video conferencing.

106.1 Subd. 9. **Spoken language health care interpreter or interpreter.** "Spoken  
106.2 language health care interpreter" or "interpreter" means an individual who receives  
106.3 compensation or other remuneration for providing spoken language interpreter services for  
106.4 patients with limited English proficiency within a medical setting either by face-to-face  
106.5 interpretation or remote interpretation.

106.6 Subd. 10. **Spoken language interpreting services.** "Spoken language interpreting  
106.7 services" means the conversion of one spoken language into another by an interpreter for  
106.8 the purpose of facilitating communication between a patient and a health care provider  
106.9 who do not share a common spoken language.

106.10 Sec. 11. **[148.9982] REGISTRY.**

546.13 Subdivision 1. **Establishment.** (a) By July 1, 2017, the commissioner of health  
 546.14 shall establish and maintain a registry for spoken language health care interpreters. The  
 546.15 registry shall contain four separate tiers based on different qualification standards for  
 546.16 education and training.

546.17 (b) An individual who wants to be listed on the registry must submit an application  
 546.18 to the commissioner on a form provided by the commissioner along with all applicable  
 546.19 fees required under section 146C.13. The form must include the applicant's name; Social  
 546.20 Security number; business address and telephone number, or home address and telephone  
 546.21 number if the applicant has a home office; the applicant's employer or the agencies with  
 546.22 which the applicant is affiliated; the employer's or agencies' addresses and telephone  
 546.23 numbers; and the languages the applicant is qualified to interpret.

546.24 (c) Upon receipt of the application, the commissioner shall determine if the applicant  
 546.25 meets the requirements for the applicable registry tier. The commissioner may request  
 546.26 further information from the applicant if the information provided is not complete or  
 546.27 accurate. The commissioner shall notify the applicant of action taken on the application,  
 546.28 and if the application is denied, the grounds for denying the application.

546.29 (d) If the commissioner denies an application, the applicant may apply for a lower  
 546.30 tier or may reapply for the same tier at a later date. If an applicant applies for a different  
 546.31 tier or reapplies for the same tier, the applicant must submit with the new application  
 546.32 the applicable fees under section 146C.13.

546.33 (e) Applicants who qualify for different tiers for different languages shall only be  
 546.34 required to complete one application and submit with the application the fee associated  
 546.35 with the highest tier for which the applicant is applying.

547.1 (f) The commissioner may request, as deemed necessary, additional information  
 547.2 from an applicant to determine or verify qualifications or collect information to manage  
 547.3 the registry or monitor the field of health care interpreting.

547.4 Subd. 2. **Tier 1 requirements.** The commissioner shall include on the tier 1 registry  
 547.5 an applicant who meets the following requirements:

547.6 (1) is at least 18 years of age;

547.7 (2) passes an examination approved by the commissioner on basic medical  
 547.8 terminology in English;

547.9 (3) passes an examination approved by the commissioner on interpreter ethics and  
 547.10 standards of practice; and

547.11 (4) affirms by signature, including electronic signature, that the applicant has read  
 547.12 the code of ethics and interpreting standards of practice identified on the registry Web  
 547.13 site and agrees to abide by them.

106.11 Subdivision 1. **Establishment.** (a) By July 1, 2017, the commissioner of health  
 106.12 shall establish and maintain a registry for spoken language health care interpreters. The  
 106.13 registry shall contain four separate tiers based on different qualification standards for  
 106.14 education and training.

106.15 (b) An individual who wants to be listed on the registry must submit an application  
 106.16 to the commissioner on a form provided by the commissioner along with all applicable  
 106.17 fees required under section 148.9987. The form must include the applicant's name; Social  
 106.18 Security number; business address and telephone number, or home address and telephone  
 106.19 number if the applicant has a home office; the applicant's employer or the agencies with  
 106.20 which the applicant is affiliated; the employer's or agencies' addresses and telephone  
 106.21 numbers; and the languages the applicant is qualified to interpret.

106.22 (c) Upon receipt of the application, the commissioner shall determine if the applicant  
 106.23 meets the requirements for the applicable registry tier. The commissioner may request  
 106.24 further information from the applicant if the information provided is not complete or  
 106.25 accurate. The commissioner shall notify the applicant of action taken on the application,  
 106.26 and if the application is denied, the grounds for denying the application.

106.27 (d) If the commissioner denies an application, the applicant may apply for a lower  
 106.28 tier or may reapply for the same tier at a later date. If an applicant applies for a different  
 106.29 tier or reapplies for the same tier, the applicant must submit with the new application the  
 106.30 applicable fees under section 148.9987.

106.31 (e) Applicants who qualify for different tiers for different languages shall only be  
 106.32 required to complete one application and submit with the application the fee associated  
 106.33 with the highest tier for which the applicant is applying.

107.1 (f) The commissioner may request, as deemed necessary, additional information  
 107.2 from an applicant to determine or verify qualifications or collect information to manage  
 107.3 the registry or monitor the field of health care interpreting.

107.4 Subd. 2. **Tier 1 requirements.** The commissioner shall include on the tier 1 registry  
 107.5 an applicant who meets the following requirements:

107.6 (1) is at least 18 years of age;

107.7 (2) passes an examination approved by the commissioner on basic medical  
 107.8 terminology in English;

107.9 (3) passes an examination approved by the commissioner on interpreter ethics and  
 107.10 standards of practice; and

107.11 (4) affirms by signature, including electronic signature, that the applicant has read  
 107.12 the code of ethics and interpreting standards of practice identified on the registry Web  
 107.13 site and agrees to abide by them.

547.14 Subd. 3. **Tier 2 requirements.** The commissioner shall include on the tier 2 registry  
 547.15 an applicant who meets the requirements for tier 1 described under subdivision 2 and who:

547.16 (1) effective July 1, 2017, to June 30, 2018, provides proof of successfully  
 547.17 completing a training program for medical interpreters approved by the commissioner that  
 547.18 is, at a minimum, 40 hours in length; or

547.19 (2) effective July 1, 2018, provides proof of successfully completing a training  
 547.20 program for medical interpreters approved by the commissioner that is equal in length to  
 547.21 the number of hours required by the Certification Commission for Healthcare Interpreters  
 547.22 (CCHI) or National Board of Certification for Medical Interpreters (NBCMI) or their  
 547.23 successors. If the number of hours required by CCHI or its successor and the number of  
 547.24 hours required by NBCMI or its successor differ, the number of hours required to qualify  
 547.25 for the registry shall be the greater of the two. A training program of 40 hours or more  
 547.26 approved by the commissioner and completed prior to July 1, 2017, may count toward the  
 547.27 number of hours required.

547.28 Subd. 4. **Tier 3 requirements.** The commissioner shall include on the tier 3 registry  
 547.29 an applicant who meets the requirements for tier 1 described under subdivision 2 and who:

547.30 (1) has a national certification in health care interpreting that does not include a  
 547.31 performance examination from a certifying organization approved by the commissioner; or

547.32 (2) provides proof of successfully completing an interpreting certification program  
 547.33 from an accredited United States academic institution approved by the commissioner  
 547.34 that is, at a minimum, 18 semester credits.

548.1 Subd. 5. **Tier 4 requirements.** (a) The commissioner shall include on the tier 4  
 548.2 registry an applicant who meets the requirements for tier 1 described under subdivision 2  
 548.3 and who:

548.4 (1) has a national certification from a certifying organization approved by the  
 548.5 commissioner in health care interpreting that includes a performance examination in the  
 548.6 non-English language in which the interpreter is registering to interpret; or

548.7 (2)(i) has an associate's degree or higher in interpreting from an accredited United  
 548.8 States academic institution. The degree and institution must be approved by the  
 548.9 commissioner and the degree must include a minimum of three semester credits in medical  
 548.10 terminology or medical interpreting; and

548.11 (ii) has achieved a score of "advanced mid" or higher on the American Council on  
 548.12 the Teaching of Foreign Languages Oral Proficiency Interview in a non-English language  
 548.13 in which the interpreter is registering to interpret.

548.14 (b) The commissioner, in consultation with the advisory council, may approve  
 548.15 alternative means of meeting oral proficiency requirements for tier 4 for languages  
 548.16 in which the American Council of Teaching of Foreign Languages Oral Proficiency  
 548.17 Interview is not available.

107.14 Subd. 3. **Tier 2 requirements.** The commissioner shall include on the tier 2 registry  
 107.15 an applicant who meets the requirements for tier 1 described under subdivision 2 and who:

107.16 (1) effective July 1, 2017, to June 30, 2018, provides proof of successfully  
 107.17 completing a training program for medical interpreters approved by the commissioner that  
 107.18 is, at a minimum, 40 hours in length; or

107.19 (2) effective July 1, 2018, provides proof of successfully completing a training  
 107.20 program for medical interpreters approved by the commissioner that is equal in length to  
 107.21 the number of hours required by the Certification Commission for Healthcare Interpreters  
 107.22 (CCHI) or National Council on Interpreting in Health Care (NCIHC) or their successors.  
 107.23 If the number of hours required by CCHI or its successor and the number of hours required  
 107.24 by the NCIHC or its successor differ, the number of hours required to qualify for the  
 107.25 registry shall be the greater of the two. A training program of 40 hours or more approved  
 107.26 by the commissioner and completed prior to July 1, 2017, may count toward the number  
 107.27 of hours required.

107.28 Subd. 4. **Tier 3 requirements.** The commissioner shall include on the tier 3 registry  
 107.29 an applicant who meets the requirements for tier 1 described under subdivision 2 and who:

107.30 (1) has a national certification in health care interpreting that does not include a  
 107.31 performance examination from a certifying organization approved by the commissioner; or

107.32 (2) provides proof of successfully completing an interpreting certification program  
 107.33 from an accredited United States academic institution approved by the commissioner  
 107.34 that is, at a minimum, 18 semester credits.

108.1 Subd. 5. **Tier 4 requirements.** (a) The commissioner shall include on the tier 4  
 108.2 registry an applicant who meets the requirements for tier 1 described under subdivision 2  
 108.3 and who:

108.4 (1) has a national certification from a certifying organization approved by the  
 108.5 commissioner in health care interpreting that includes a performance examination in the  
 108.6 non-English language in which the interpreter is registering to interpret; or

108.7 (2)(i) has an associate's degree or higher in interpreting from an accredited United  
 108.8 States academic institution. The degree and institution must be approved by the  
 108.9 commissioner and the degree must include a minimum of three semester credits in medical  
 108.10 terminology or medical interpreting; and

108.11 (ii) has achieved a score of "advanced mid" or higher on the American Council on  
 108.12 the Teaching of Foreign Languages Oral Proficiency Interview in a non-English language  
 108.13 in which the interpreter is registering to interpret.

108.14 (b) The commissioner, in consultation with the advisory council, may approve  
 108.15 alternative means of meeting oral proficiency requirements for tier 4 for languages  
 108.16 in which the American Council of Teaching of Foreign Languages Oral Proficiency  
 108.17 Interview is not available.

548.18 (c) The commissioner, in consultation with the advisory council, may approve a  
 548.19 degree from an educational institution from a foreign country as meeting the associate's  
 548.20 degree requirement in paragraph (a), clause (2). The commissioner may assess the  
 548.21 applicant a fee to cover the cost of foreign credential evaluation services approved by  
 548.22 the commissioner, in consultation with the advisory council, and any additional steps  
 548.23 necessary to process the application. Any assessed fee must be paid by the interpreter  
 548.24 before the interpreter will be registered.

548.25 Subd. 6. **Change of name and address.** Registered spoken language health  
 548.26 care interpreters who change their name, address, or e-mail address must inform the  
 548.27 commissioner in writing of the change within 30 days. All notices or other correspondence  
 548.28 mailed to the interpreter's address or e-mail address on file with the commissioner shall  
 548.29 be considered as having been received by the interpreter.

548.30 Subd. 7. **Data.** Section 13.41 applies to government data of the commissioner  
 548.31 on applicants and registered interpreters.

548.32 Sec. 3. **[146C.05] RENEWAL.**

548.33 Subdivision 1. **Registry period.** Listing on the registry is valid for a one-year  
 548.34 period. To renew inclusion on the registry, an interpreter must submit:

548.35 (1) a renewal application on a form provided by the commissioner;

549.1 (2) a continuing education report on a form provided by the commissioner as  
 549.2 specified under section 146C.09; and

549.3 (3) the required fees under section 146C.13.

549.4 Subd. 2. **Notice.** (a) Sixty days before the registry expiration date, the commissioner  
 549.5 shall send out a renewal notice to the spoken language health care interpreter's last known  
 549.6 address or e-mail address on file with the commissioner. The notice must include an  
 549.7 application for renewal and the amount of the fee required for renewal. If the interpreter  
 549.8 does not receive the renewal notice, the interpreter is still required to meet the deadline for  
 549.9 renewal to qualify for continuous inclusion on the registry.

549.10 (b) An application for renewal must be received by the commissioner or postmarked  
 549.11 at least 30 calendar days before the registry expiration date.

549.12 Subd. 3. **Late fee.** A renewal application submitted after the renewal deadline  
 549.13 date must include the late fee specified in section 146C.13. Fees for late renewal shall  
 549.14 not be prorated.

549.15 Subd. 4. **Lapse in renewal.** An interpreter whose registry listing has been expired  
 549.16 for a period of one year or longer must submit a new application to be listed on the registry  
 549.17 instead of a renewal application.

108.18 (c) The commissioner, in consultation with the advisory council, may approve a  
 108.19 degree from an educational institution from a foreign country as meeting the associate's  
 108.20 degree requirement in paragraph (a), clause (2). The commissioner may assess the  
 108.21 applicant a fee to cover the cost of foreign credential evaluation services approved by  
 108.22 the commissioner, in consultation with the advisory council, and any additional steps  
 108.23 necessary to process the application. Any assessed fee must be paid by the interpreter  
 108.24 before the interpreter will be registered.

108.25 Subd. 6. **Change of name and address.** Registered spoken language health  
 108.26 care interpreters who change their name, address, or e-mail address must inform the  
 108.27 commissioner in writing of the change within 30 days. All notices or other correspondence  
 108.28 mailed to the interpreter's address or e-mail address on file with the commissioner shall  
 108.29 be considered as having been received by the interpreter.

108.30 Subd. 7. **Data.** Section 13.41 applies to government data of the commissioner  
 108.31 on applicants and registered interpreters.

108.32 Sec. 12. **[148.9983] RENEWAL.**

108.33 Subdivision 1. **Registry period.** Listing on the registry is valid for a one-year  
 108.34 period. To renew inclusion on the registry, an interpreter must submit:

108.35 (1) a renewal application on a form provided by the commissioner;

109.1 (2) a continuing education report on a form provided by the commissioner as  
 109.2 specified under section 148.9985; and

109.3 (3) the required fees under section 148.9987.

109.4 Subd. 2. **Notice.** (a) Sixty days before the registry expiration date, the commissioner  
 109.5 shall send out a renewal notice to the spoken language health care interpreter's last known  
 109.6 address or e-mail address on file with the commissioner. The notice must include an  
 109.7 application for renewal and the amount of the fee required for renewal. If the interpreter  
 109.8 does not receive the renewal notice, the interpreter is still required to meet the deadline for  
 109.9 renewal to qualify for continuous inclusion on the registry.

109.10 (b) An application for renewal must be received by the commissioner or postmarked  
 109.11 at least 30 calendar days before the registry expiration date.

109.12 Subd. 3. **Late fee.** A renewal application submitted after the renewal deadline  
 109.13 date must include the late fee specified in section 148.9987. Fees for late renewal shall  
 109.14 not be prorated.

109.15 Subd. 4. **Lapse in renewal.** An interpreter whose registry listing has been expired  
 109.16 for a period of one year or longer must submit a new application to be listed on the registry  
 109.17 instead of a renewal application.

549.18 Sec. 4. [146C.07] DISCIPLINARY ACTIONS; OVERSIGHT OF COMPLAINTS.549.19 Subdivision 1. **Prohibited conduct.** (a) The following conduct is prohibited and is549.20 grounds for disciplinary or corrective action:549.21 (1) failure to provide spoken language interpreting services consistent with the  
549.22 code of ethics and interpreting standards of practice, or performance of the interpretation  
549.23 in an incompetent or negligent manner;549.24 (2) conviction of a crime, including a finding or verdict of guilt, an admission of  
549.25 guilt, or a no-contest plea, in any court in Minnesota or any other jurisdiction in the United  
549.26 States, demonstrably related to engaging in spoken language health care interpreter  
549.27 services. Conviction includes a conviction for an offense which, if committed in this  
549.28 state, would be deemed a felony;549.29 (3) conviction of violating any state or federal law, rule, or regulation that directly  
549.30 relates to the practice of spoken language health care interpreters;549.31 (4) adjudication as mentally incompetent or as a person who is dangerous to self  
549.32 or adjudication pursuant to chapter 253B as chemically dependent, developmentally  
549.33 disabled, mentally ill and dangerous to the public, or as a sexual psychopathic personality  
549.34 or sexually dangerous person;549.35 (5) violation or failure to comply with an order issued by the commissioner;550.1 (6) obtaining money, property, services, or business from a client through the use of  
550.2 undue influence, excessive pressure, harassment, duress, deception, or fraud;550.3 (7) revocation of the interpreter's national certification as a result of disciplinary  
550.4 action brought by the national certifying body;550.5 (8) failure to perform services with reasonable judgment, skill, or safety due to the  
550.6 use of alcohol or drugs or other physical or mental impairment;550.7 (9) engaging in conduct likely to deceive, defraud, or harm the public;550.8 (10) demonstrating a willful or careless disregard for the health, welfare, or safety  
550.9 of a client;550.10 (11) failure to cooperate with the commissioner or advisory council in an  
550.11 investigation or to provide information in response to a request from the commissioner  
550.12 or advisory council;550.13 (12) aiding or abetting another person in violating any provision of this chapter; and550.14 (13) release or disclosure of a health record in violation of sections 144.291 to550.15 144.298.109.18 Sec. 13. [148.9984] DISCIPLINARY ACTIONS; OVERSIGHT OF109.19 COMPLAINTS.109.20 Subdivision 1. **Prohibited conduct.** (a) The following conduct is prohibited and is109.21 grounds for disciplinary or corrective action:109.22 (1) failure to provide spoken language interpreting services consistent with the  
109.23 code of ethics and interpreting standards of practice, or performance of the interpretation  
109.24 in an incompetent or negligent manner;109.25 (2) conviction of a crime, including a finding or verdict of guilt, an admission of  
109.26 guilt, or a no-contest plea, in any court in Minnesota or any other jurisdiction in the United  
109.27 States, demonstrably related to engaging in spoken language health care interpreter  
109.28 services. Conviction includes a conviction for an offense which, if committed in this  
109.29 state, would be deemed a felony;109.30 (3) conviction of violating any state or federal law, rule, or regulation that directly  
109.31 relates to the practice of spoken language health care interpreters;109.32 (4) adjudication as mentally incompetent or as a person who is dangerous to self  
109.33 or adjudication pursuant to chapter 253B as chemically dependent, developmentally  
109.34 disabled, mentally ill and dangerous to the public, or as a sexual psychopathic personality  
109.35 or sexually dangerous person;110.1 (5) violation or failure to comply with an order issued by the commissioner;110.2 (6) obtaining money, property, services, or business from a client through the use of  
110.3 undue influence, excessive pressure, harassment, duress, deception, or fraud;110.4 (7) revocation of the interpreter's national certification as a result of disciplinary  
110.5 action brought by the national certifying body;110.6 (8) failure to perform services with reasonable judgment, skill, or safety due to the  
110.7 use of alcohol or drugs or other physical or mental impairment;110.8 (9) engaging in conduct likely to deceive, defraud, or harm the public;110.9 (10) demonstrating a willful or careless disregard for the health, welfare, or safety  
110.10 of a client;110.11 (11) failure to cooperate with the commissioner or advisory council in an  
110.12 investigation or to provide information in response to a request from the commissioner  
110.13 or advisory council;110.14 (12) aiding or abetting another person in violating any provision of sections  
110.15 148.9981 to 148.9987; and110.16 (13) release or disclosure of a health record in violation of sections 144.291 to110.17 144.298.

550.16 (b) In disciplinary actions alleging a violation of paragraph (a), clause (2), (3), or  
 550.17 (4), a copy of the judgment or proceeding under seal of the court administrator, or of the  
 550.18 administrative agency that entered the same, is admissible into evidence without further  
 550.19 authentication and constitutes prima facie evidence of its contents.

550.20 Subd. 2. **Complaints.** The commissioner may initiate an investigation upon  
 550.21 receiving a complaint or other oral or written communication that alleges or implies  
 550.22 a violation of subdivision 1. In the receipt, investigation, and hearing of a complaint  
 550.23 that alleges or implies a violation of subdivision 1, the commissioner shall follow the  
 550.24 procedures in section 214.10.

550.25 Subd. 3. **Disciplinary actions.** If the commissioner finds that an interpreter who is  
 550.26 listed on the registry has violated any provision of this chapter, the commissioner may  
 550.27 take any one or more of the following actions:

550.28 (1) remove the interpreter from the registry;

550.29 (2) impose limitations or conditions on the interpreter's practice, impose  
 550.30 rehabilitation requirements, or require practice under supervision; or

550.31 (3) censure or reprimand the interpreter.

550.32 Subd. 4. **Reinstatement requirements after disciplinary action.** Interpreters  
 550.33 who have been removed from the registry may request and provide justification for  
 550.34 reinstatement. The requirements of this chapter for registry renewal and any other  
 550.35 conditions imposed by the commissioner must be met before the interpreter may be  
 550.36 reinstated on the registry.

551.1 Sec. 5. **[146C.09] CONTINUING EDUCATION.**

551.2 Subdivision 1. **Course approval.** The advisory council shall approve continuing  
 551.3 education courses and training. A course that has not been approved by the advisory  
 551.4 council may be submitted, but may be disapproved by the commissioner. If the course  
 551.5 is disapproved, it shall not count toward the continuing education requirement. The  
 551.6 interpreter must complete the following hours of continuing education during each  
 551.7 one-year registry period:

551.8 (1) for tier 2 interpreters, a minimum of four contact hours of continuing education;

551.9 (2) for tier 3 interpreters, a minimum of six contact hours of continuing education; and

551.10 (3) for tier 4 interpreters, a minimum of eight contact hours of continuing education.

551.11 Contact hours shall be prorated for interpreters who are assigned a registry cycle of  
 551.12 less than one year.

110.18 (b) In disciplinary actions alleging a violation of paragraph (a), clause (2), (3), or  
 110.19 (4), a copy of the judgment or proceeding under seal of the court administrator, or of the  
 110.20 administrative agency that entered the same, is admissible into evidence without further  
 110.21 authentication and constitutes prima facie evidence of its contents.

110.22 Subd. 2. **Complaints.** The commissioner may initiate an investigation upon  
 110.23 receiving a complaint or other oral or written communication that alleges or implies  
 110.24 a violation of subdivision 1. In the receipt, investigation, and hearing of a complaint  
 110.25 that alleges or implies a violation of subdivision 1, the commissioner shall follow the  
 110.26 procedures in section 214.10.

110.27 Subd. 3. **Disciplinary actions.** If the commissioner finds that an interpreter who  
 110.28 is listed on the registry has violated any provision of sections 148.9981 to 148.9987, the  
 110.29 commissioner may take any one or more of the following actions:

110.30 (1) remove the interpreter from the registry;

110.31 (2) impose limitations or conditions on the interpreter's practice, impose  
 110.32 rehabilitation requirements, or require practice under supervision; or

110.33 (3) censure or reprimand the interpreter.

110.34 Subd. 4. **Reinstatement requirements after disciplinary action.** Interpreters  
 110.35 who have been removed from the registry may request and provide justification for  
 110.36 reinstatement. The requirements of sections 148.9981 to 148.9987 for registry renewal  
 111.1 and any other conditions imposed by the commissioner must be met before the interpreter  
 111.2 may be reinstated on the registry.

111.3 Sec. 14. **[148.9985] CONTINUING EDUCATION.**

111.4 Subdivision 1. **Course approval.** The advisory council shall approve continuing  
 111.5 education courses and training. A course that has not been approved by the advisory  
 111.6 council may be submitted, but may be disapproved by the commissioner. If the course  
 111.7 is disapproved, it shall not count toward the continuing education requirement. The  
 111.8 interpreter must complete the following hours of continuing education during each  
 111.9 one-year registry period:

111.10 (1) for tier 2 interpreters, a minimum of four contact hours of continuing education;

111.11 (2) for tier 3 interpreters, a minimum of six contact hours of continuing education; and

111.12 (3) for tier 4 interpreters, a minimum of eight contact hours of continuing education.

111.13 Contact hours shall be prorated for interpreters who are assigned a registry cycle of  
 111.14 less than one year.

551.13 Subd. 2. **Continuing education verification.** Each spoken language health care  
 551.14 interpreter shall submit with a renewal application a continuing education report on a form  
 551.15 provided by the commissioner that indicates that the interpreter has met the continuing  
 551.16 education requirements of this section. The form shall include the following information:

551.17 (1) the title of the continuing education activity;

551.18 (2) a brief description of the activity;

551.19 (3) the sponsor, presenter, or author;

551.20 (4) the location and attendance dates;

551.21 (5) the number of contact hours; and

551.22 (6) the interpreter's notarized affirmation that the information is true and correct.

551.23 Subd. 3. **Audit.** The commissioner or advisory council may audit a percentage of

551.24 the continuing education reports based on a random selection.

551.25 Sec. 6. **[146C.11] SPOKEN LANGUAGE HEALTH CARE INTERPRETER**

551.26 **ADVISORY COUNCIL.**

551.27 Subdivision 1. **Establishment.** The commissioner shall appoint 12 members to a

551.28 Spoken Language Health Care Interpreter Advisory Council consisting of the following

551.29 members:

551.30 (1) three members who are interpreters listed on the roster prior to July 1, 2017, or

551.31 on the registry after July 1, 2017, and who are Minnesota residents. Of these members,

551.32 each must be an interpreter for a different language; at least one must have a national

551.33 certification credential; and at least one must have been listed on the roster prior to July 1,

551.34 2017, or on the registry after July 1, 2017, as an interpreter in a language other than the

552.1 common languages and must have completed a training program for medical interpreters

552.2 approved by the commissioner that is, at a minimum, 40 hours in length;

552.3 (2) three members representing limited English proficient (LEP) individuals, of

552.4 these members, two must represent LEP individuals who are proficient in a common

552.5 language and one must represent LEP individuals who are proficient in a language that is

552.6 not one of the common languages;

552.7 (3) one member representing a health plan company;

552.8 (4) one member representing a Minnesota health system who is not an interpreter;

552.9 (5) one member representing an interpreter agency;

552.10 (6) one member representing an interpreter training program or postsecondary

552.11 educational institution program providing interpreter courses or skills assessment;

111.15 Subd. 2. **Continuing education verification.** Each spoken language health care

111.16 interpreter shall submit with a renewal application a continuing education report on a form

111.17 provided by the commissioner that indicates that the interpreter has met the continuing

111.18 education requirements of this section. The form shall include the following information:

111.19 (1) the title of the continuing education activity;

111.20 (2) a brief description of the activity;

111.21 (3) the sponsor, presenter, or author;

111.22 (4) the location and attendance dates;

111.23 (5) the number of contact hours; and

111.24 (6) the interpreter's notarized affirmation that the information is true and correct.

111.25 Subd. 3. **Audit.** The commissioner or advisory council may audit a percentage of

111.26 the continuing education reports based on a random selection.

111.27 Sec. 15. **[148.9986] SPOKEN LANGUAGE HEALTH CARE INTERPRETER**

111.28 **ADVISORY COUNCIL.**

111.29 Subdivision 1. **Establishment.** The commissioner shall appoint 12 members to a

111.30 Spoken Language Health Care Interpreter Advisory Council consisting of the following

111.31 members:

111.32 (1) three members who are interpreters listed on the roster prior to July 1, 2017, or

111.33 on the registry after July 1, 2017, and who are Minnesota residents. Of these members,

111.34 each must be an interpreter for a different language; at least one must have a national

112.1 certification credential; and at least one must have been listed on the roster prior to July 1,

112.2 2017, or on the registry after July 1, 2017, as an interpreter in a language other than the

112.3 common languages and must have completed a training program for medical interpreters

112.4 approved by the commissioner that is, at a minimum, 40 hours in length;

112.5 (2) three members representing limited English proficient (LEP) individuals, of

112.6 these members, two must represent LEP individuals who are proficient in a common

112.7 language and one must represent LEP individuals who are proficient in a language that is

112.8 not one of the common languages;

112.9 (3) one member representing a health plan company;

112.10 (4) one member representing a Minnesota health system who is not an interpreter;

112.11 (5) one member representing an interpreter agency;

112.12 (6) one member representing an interpreter training program or postsecondary

112.13 educational institution program providing interpreter courses or skills assessment;

552.12 (7) one member who is affiliated with a Minnesota-based or Minnesota chapter of a  
 552.13 national or international organization representing interpreters; and

552.14 (8) one member who is a licensed direct care health provider.

552.15 Subd. 2. **Organization.** The advisory council shall be organized and administered  
 552.16 under section 15.059.

552.17 Subd. 3. **Duties.** The advisory council shall:

552.18 (1) advise the commissioner on issues relating to interpreting skills, ethics, and  
 552.19 standards of practice, including reviewing and recommending changes to the examinations  
 552.20 identified in section 146C.03, subdivision 2, on basic medical terminology in English and  
 552.21 interpreter ethics and interpreter standards of practice;

552.22 (2) advise the commissioner on recommended changes to accepted spoken language  
 552.23 health care interpreter qualifications, including degree and training programs and  
 552.24 performance examinations;

552.25 (3) address barriers for interpreters to gain access to the registry, including barriers  
 552.26 to interpreters of uncommon languages and interpreters in rural areas;

552.27 (4) advise the commissioner on methods for identifying gaps in interpreter services in  
 552.28 rural areas and make recommendations to address interpreter training and funding needs;

552.29 (5) inform the commissioner on emerging issues in the spoken language health  
 552.30 care interpreter field;

552.31 (6) advise the commissioner on training and continuing education programs;

552.32 (7) provide for distribution of information regarding interpreter standards and  
 552.33 resources to help interpreters qualify for higher registry tier levels;

552.34 (8) make recommendations for necessary statutory changes to Minnesota interpreter  
 552.35 law;

553.1 (9) compare the annual cost of administering the registry and the annual total  
 553.2 collection of registration fees and advise the commissioner, if necessary, to recommend an  
 553.3 adjustment to the registration fees;

553.4 (10) identify barriers to meeting tier requirements and make recommendations to the  
 553.5 commissioner for addressing these barriers;

553.6 (11) identify and make recommendations to the commissioner for Web distribution  
 553.7 of patient and provider education materials on working with an interpreter and on reporting  
 553.8 interpreter behavior as identified in section 146C.07; and

553.9 (12) review and update as necessary the process for determining common languages.

112.14 (7) one member who is affiliated with a Minnesota-based or Minnesota chapter of a  
 112.15 national or international organization representing interpreters; and

112.16 (8) one member who is a licensed direct care health provider.

112.17 Subd. 2. **Organization.** The advisory council shall be organized and administered  
 112.18 under section 15.059.

112.19 Subd. 3. **Duties.** The advisory council shall:

112.20 (1) advise the commissioner on issues relating to interpreting skills, ethics, and  
 112.21 standards of practice, including reviewing and recommending changes to the examinations  
 112.22 identified in section 148.9982, subdivision 2, on basic medical terminology in English  
 112.23 and interpreter ethics and interpreter standards of practice;

112.24 (2) advise the commissioner on recommended changes to accepted spoken language  
 112.25 health care interpreter qualifications, including degree and training programs and  
 112.26 performance examinations;

112.27 (3) address barriers for interpreters to gain access to the registry, including barriers  
 112.28 to interpreters of uncommon languages and interpreters in rural areas;

112.29 (4) advise the commissioner on methods for identifying gaps in interpreter services in  
 112.30 rural areas and make recommendations to address interpreter training and funding needs;

112.31 (5) inform the commissioner on emerging issues in the spoken language health  
 112.32 care interpreter field;

112.33 (6) advise the commissioner on training and continuing education programs;

112.34 (7) provide for distribution of information regarding interpreter standards and  
 112.35 resources to help interpreters qualify for higher registry tier levels;

113.1 (8) make recommendations for necessary statutory changes to Minnesota interpreter  
 113.2 law;

113.3 (9) compare the annual cost of administering the registry and the annual total  
 113.4 collection of registration fees and advise the commissioner, if necessary, to recommend an  
 113.5 adjustment to the registration fees;

113.6 (10) identify barriers to meeting tier requirements and make recommendations to the  
 113.7 commissioner for addressing these barriers;

113.8 (11) identify and make recommendations to the commissioner for Web distribution  
 113.9 of patient and provider education materials on working with an interpreter and on reporting  
 113.10 interpreter behavior as identified in section 148.9984; and

113.11 (12) review and update as necessary the process for determining common languages.

553.10 Sec. 7. **[146C.13] FEES.**

553.11 Subdivision 1. **Fees.** (a) The initial and renewal application fees for interpreters  
553.12 listed on the registry shall be established by the commissioner not to exceed \$90.

553.13 (b) The renewal late fee for the registry shall be established by the commissioner  
553.14 not to exceed \$30.

553.15 (c) If the commissioner must translate a document to verify whether a foreign degree  
553.16 qualifies for registration for tier 4, the commissioner may assess a fee equal to the actual  
553.17 cost of translation and additional effort necessary to process the application.

553.18 Subd. 2. **Nonrefundable fees.** The fees in this section are nonrefundable.

553.19 Subd. 3. **Deposit.** Fees received under this chapter shall be deposited in the state  
553.20 government special revenue fund.

553.21 **GENETIC COUNSELORS**553.22 Sec. 8. **[147F.01] DEFINITIONS.**

553.23 Subdivision 1. **Applicability.** For purposes of this chapter, the terms defined in  
553.24 this section have the meanings given them.

553.25 Subd. 2. **ABGC.** "ABGC" means the American Board of Genetic Counseling, a  
553.26 national agency for certification and recertification of genetic counselors, or its successor  
553.27 organization or equivalent.

553.28 Subd. 3. **ABMG.** "ABMG" means the American Board of Medical Genetics,  
553.29 a national agency for certification and recertification of genetic counselors, medical  
553.30 geneticists, and Ph.D. geneticists, or its successor organization.

553.31 Subd. 4. **ACGC.** "ACGC" means the Accreditation Council for Genetic Counseling,  
553.32 a specialized program accreditation board for educational training programs granting  
553.33 master's degrees or higher in genetic counseling, or its successor organization.

553.34 Subd. 5. **Board.** "Board" means the Board of Medical Practice.

554.1 Subd. 6. **Eligible status.** "Eligible status" means an applicant who has met the  
554.2 requirements and received approval from the ABGC to sit for the certification examination.

554.3 Subd. 7. **Genetic counseling.** "Genetic counseling" means the provision of services  
554.4 described in section 147F.03 to help clients and their families understand the medical,  
554.5 psychological, and familial implications of genetic contributions to a disease or medical  
554.6 condition.

113.12 **EFFECTIVE DATE.** This section is effective July 1, 2016.

113.13 Sec. 16. **[148.9987] FEES.**

113.14 Subdivision 1. **Fees.** (a) The initial and renewal application fees for interpreters  
113.15 listed on the registry shall be established by the commissioner not to exceed \$90.

113.16 (b) The renewal late fee for the registry shall be established by the commissioner  
113.17 not to exceed \$30.

113.18 (c) If the commissioner must translate a document to verify whether a foreign degree  
113.19 qualifies for registration for tier 4, the commissioner may assess a fee equal to the actual  
113.20 cost of translation and additional effort necessary to process the application.

113.21 Subd. 2. **Nonrefundable fees.** The fees in this section are nonrefundable.

113.22 Subd. 3. **Deposit.** Fees received under sections 148.9981 to 148.9987 shall be  
113.23 deposited in the state government special revenue fund.

98.23 **GENETIC COUNSELORS**98.24 Section 1. **[147F.01] DEFINITIONS.**

98.25 Subdivision 1. **Applicability.** For purposes of sections 147F.01 to 147F.17, the  
98.26 terms defined in this section have the meanings given them.

98.27 Subd. 2. **ABGC.** "ABGC" means the American Board of Genetic Counseling, a  
98.28 national agency for certification and recertification of genetic counselors, or its successor  
98.29 organization or equivalent.

98.30 Subd. 3. **ABMG.** "ABMG" means the American Board of Medical Genetics,  
98.31 a national agency for certification and recertification of genetic counselors, medical  
98.32 geneticists, and Ph.D. geneticists, or its successor organization.

99.1 Subd. 4. **ACGC.** "ACGC" means the Accreditation Council for Genetic Counseling,  
99.2 a specialized program accreditation board for educational training programs granting  
99.3 master's degrees or higher in genetic counseling, or its successor organization.

99.4 Subd. 5. **Board.** "Board" means the Board of Medical Practice.

99.5 Subd. 6. **Eligible status.** "Eligible status" means an applicant who has met the  
99.6 requirements and received approval from the ABGC to sit for the certification examination.

99.7 Subd. 7. **Genetic counseling.** "Genetic counseling" means the provision of services  
99.8 described in section 147F.03 to help clients and their families understand the medical,  
99.9 psychological, and familial implications of genetic contributions to a disease or medical  
99.10 condition.

554.7 Subd. 8. **Genetic counselor.** "Genetic counselor" means an individual licensed  
 554.8 under this chapter to engage in the practice of genetic counseling.

554.9 Subd. 9. **Licensed physician.** "Licensed physician" means an individual who is  
 554.10 licensed to practice medicine under chapter 147.

554.11 Subd. 10. **NSGC.** "NSGC" means the National Society of Genetic Counselors, a  
 554.12 professional membership association for genetic counselors that approves continuing  
 554.13 education programs.

554.14 Subd. 11. **Qualified supervisor.** "Qualified supervisor" means any person who is  
 554.15 licensed under this chapter as a genetic counselor or a physician licensed under chapter  
 554.16 147 to practice medicine in Minnesota.

554.17 Subd. 12. **Supervisee.** "Supervisee" means a genetic counselor with a provisional  
 554.18 license.

554.19 Subd. 13. **Supervision.** "Supervision" means an assessment of the work of the  
 554.20 supervisee, including regular meetings and file review, by a qualified supervisor according  
 554.21 to the supervision contract. Supervision does not require the qualified supervisor to be  
 554.22 present while the supervisee provides services.

554.23 Sec. 9. **[147F.03] SCOPE OF PRACTICE.**

554.24 The practice of genetic counseling by a licensed genetic counselor includes the  
 554.25 following services:

554.26 (1) obtaining and interpreting individual and family medical and developmental  
 554.27 histories;

554.28 (2) determining the mode of inheritance and the risk of transmitting genetic  
 554.29 conditions and birth defects;

554.30 (3) discussing the inheritance, features, natural history, means of diagnosis, and  
 554.31 management of conditions with clients;

554.32 (4) identifying, coordinating, ordering, and explaining the clinical implications of  
 554.33 genetic laboratory tests and other laboratory studies;

554.34 (5) assessing psychosocial factors, including social, educational, and cultural issues;

555.1 (6) providing client-centered counseling and anticipatory guidance to the client or  
 555.2 family based on their responses to the condition, risk of occurrence, or risk of recurrence;

555.3 (7) facilitating informed decision-making about testing and management;

555.4 (8) identifying and using community resources that provide medical, educational,  
 555.5 financial, and psychosocial support and advocacy; and

99.11 Subd. 8. **Genetic counselor.** "Genetic counselor" means an individual licensed  
 99.12 under sections 147F.01 to 147F.17 to engage in the practice of genetic counseling.

99.13 Subd. 9. **Licensed physician.** "Licensed physician" means an individual who is  
 99.14 licensed to practice medicine under chapter 147.

99.15 Subd. 10. **NSGC.** "NSGC" means the National Society of Genetic Counselors, a  
 99.16 professional membership association for genetic counselors that approves continuing  
 99.17 education programs.

99.18 Subd. 11. **Qualified supervisor.** "Qualified supervisor" means any person who is  
 99.19 licensed under sections 147F.01 to 147F.17 as a genetic counselor or a physician licensed  
 99.20 under chapter 147 to practice medicine in Minnesota.

99.21 Subd. 12. **Supervisee.** "Supervisee" means a genetic counselor with a provisional  
 99.22 license.

99.23 Subd. 13. **Supervision.** "Supervision" means an assessment of the work of the  
 99.24 supervisee, including regular meetings and file review, by a qualified supervisor according  
 99.25 to the supervision contract. Supervision does not require the qualified supervisor to be  
 99.26 present while the supervisee provides services.

99.27 Sec. 2. **[147F.03] SCOPE OF PRACTICE.**

99.28 The practice of genetic counseling by a licensed genetic counselor includes the  
 99.29 following services:

99.30 (1) obtaining and interpreting individual and family medical and developmental  
 99.31 histories;

99.32 (2) determining the mode of inheritance and the risk of transmitting genetic  
 99.33 conditions and birth defects;

99.34 (3) discussing the inheritance, features, natural history, means of diagnosis, and  
 99.35 management of conditions with clients;

100.1 (4) identifying, coordinating, ordering, and explaining the clinical implications of  
 100.2 genetic laboratory tests and other laboratory studies;

100.3 (5) assessing psychosocial factors, including social, educational, and cultural issues;

100.4 (6) providing client-centered counseling and anticipatory guidance to the client or  
 100.5 family based on their responses to the condition, risk of occurrence, or risk of recurrence;

100.6 (7) facilitating informed decision-making about testing and management;

100.7 (8) identifying and using community resources that provide medical, educational,  
 100.8 financial, and psychosocial support and advocacy; and

555.6 (9) providing accurate written medical, genetic, and counseling information for  
 555.7 families and health care professionals.

555.8 Sec. 10. **[147F.05] UNLICENSED PRACTICE PROHIBITED; PROTECTED**  
 555.9 **TITLES AND RESTRICTIONS ON USE.**

555.10 Subdivision 1. **Protected titles.** No individual may use the title "genetic counselor,"  
 555.11 "licensed genetic counselor," "gene counselor," "genetic consultant," "genetic assistant,"  
 555.12 "genetic associate," or any words, letters, abbreviations, or insignia indicating or implying  
 555.13 that the individual is eligible for licensure by the state as a genetic counselor unless the  
 555.14 individual has been licensed as a genetic counselor according to this chapter.

555.15 Subd. 2. **Unlicensed practice prohibited.** Effective January 1, 2018, no individual  
 555.16 may practice genetic counseling unless the individual is licensed as a genetic counselor  
 555.17 under this chapter except as otherwise provided under this chapter.

555.18 Subd. 3. **Other practitioners.** (a) Nothing in this chapter shall be construed to  
 555.19 prohibit or restrict the practice of any profession or occupation licensed or registered by the  
 555.20 state by an individual duly licensed or registered to practice the profession or occupation  
 555.21 or to perform any act that falls within the scope of practice of the profession or occupation.

555.22 (b) Nothing in this chapter shall be construed to require a license under this chapter  
 555.23 for:

555.24 (1) an individual employed as a genetic counselor by the federal government or a  
 555.25 federal agency if the individual is providing services under the direction and control of  
 555.26 the employer;

555.27 (2) a student or intern, having graduated within the past six months, or currently  
 555.28 enrolled in an ACGC-accredited genetic counseling educational program providing  
 555.29 genetic counseling services that are an integral part of the student's or intern's course  
 555.30 of study, are performed under the direct supervision of a licensed genetic counselor or  
 555.31 physician who is on duty in the assigned patient care area, and the student is identified by  
 555.32 the title "genetic counseling intern";

555.33 (3) a visiting ABGC- or ABMG-certified genetic counselor working as a consultant  
 555.34 in this state who permanently resides outside of the state, or the occasional use of services  
 555.35 from organizations from outside of the state that employ ABGC- or ABMG-certified  
 556.1 genetic counselors. This is limited to practicing for 30 days total within one calendar year.  
 556.2 Certified genetic counselors from outside of the state working as a consultant in this state  
 556.3 must be licensed in their state of residence if that credential is available; or

556.4 (4) an individual who is licensed to practice medicine under chapter 147.

100.9 (9) providing accurate written medical, genetic, and counseling information for  
 100.10 families and health care professionals.

100.11 Sec. 3. **[147F.05] UNLICENSED PRACTICE PROHIBITED; PROTECTED**  
 100.12 **TITLES AND RESTRICTIONS ON USE.**

100.13 Subdivision 1. **Protected titles.** No individual may use the title "genetic counselor,"  
 100.14 "licensed genetic counselor," "gene counselor," "genetic consultant," "genetic assistant,"  
 100.15 "genetic associate," or any words, letters, abbreviations, or insignia indicating or implying  
 100.16 that the individual is eligible for licensure by the state as a genetic counselor unless the  
 100.17 individual has been licensed as a genetic counselor according to sections 147F.01 to  
 100.18 147F.17.

100.19 Subd. 2. **Unlicensed practice prohibited.** Effective January 1, 2018, no individual  
 100.20 may practice genetic counseling unless the individual is licensed as a genetic counselor  
 100.21 sections 147F.01 to 147F.17 except as otherwise provided under sections 147F.01 to  
 100.22 147F.17.

100.23 Subd. 3. **Other practitioners.** (a) Nothing in sections 147F.01 to 147F.17 shall be  
 100.24 construed to prohibit or restrict the practice of any profession or occupation licensed  
 100.25 or registered by the state by an individual duly licensed or registered to practice the  
 100.26 profession or occupation or to perform any act that falls within the scope of practice  
 100.27 of the profession or occupation.

100.28 (b) Nothing in sections 147F.01 to 147F.17 shall be construed to require a license  
 100.29 under sections 147F.01 to 147F.17 for:

100.30 (1) an individual employed as a genetic counselor by the federal government or a  
 100.31 federal agency if the individual is providing services under the direction and control of  
 100.32 the employer;

100.33 (2) a student or intern, having graduated within the past six months, or currently  
 100.34 enrolled in an ACGC-accredited genetic counseling educational program providing  
 100.35 genetic counseling services that are an integral part of the student's or intern's course  
 101.1 of study, are performed under the direct supervision of a licensed genetic counselor or  
 101.2 physician who is on duty in the assigned patient care area, and the student is identified by  
 101.3 the title "genetic counseling intern";

101.4 (3) a visiting ABGC- or ABMG-certified genetic counselor working as a consultant  
 101.5 in this state who permanently resides outside of the state, or the occasional use of services  
 101.6 from organizations from outside of the state that employ ABGC- or ABMG-certified  
 101.7 genetic counselors. This is limited to practicing for 30 days total within one calendar year.  
 101.8 Certified genetic counselors from outside of the state working as a consultant in this state  
 101.9 must be licensed in their state of residence if that credential is available; or

101.10 (4) an individual who is licensed to practice medicine under chapter 147.

556.5 Subd. 4. **Sanctions.** An individual who violates this section is guilty of a  
 556.6 misdemeanor and shall be subject to sanctions or actions according to section 214.11.

556.7 Sec. 11. **[147F.07] LICENSURE REQUIREMENTS.**

556.8 Subdivision 1. **General requirements for licensure.** To be eligible for licensure, an  
 556.9 applicant, with the exception of those seeking licensure by reciprocity under subdivision  
 556.10 2, must submit to the board:

556.11 (1) a completed application on forms provided by the board along with all fees  
 556.12 required under section 147F.17. The applicant must include:

556.13 (i) the applicant's name, Social Security number, home address and telephone  
 556.14 number, and business address and telephone number if currently employed;

556.15 (ii) the name and location of the genetic counseling or medical program the applicant  
 556.16 completed;

556.17 (iii) a list of degrees received from other educational institutions;

556.18 (iv) a description of the applicant's professional training;

556.19 (v) a list of registrations, certifications, and licenses held in other jurisdictions;

556.20 (vi) a description of any other jurisdiction's refusal to credential the applicant;

556.21 (vii) a description of all professional disciplinary actions initiated against the  
 556.22 applicant in any jurisdiction; and

556.23 (viii) any history of drug or alcohol abuse, and any misdemeanor, gross  
 556.24 misdemeanor, or felony conviction;

556.25 (2) evidence of graduation from an education program accredited by the ACGC or  
 556.26 its predecessor or successor organization;

556.27 (3) a verified copy of a valid and current certification issued by the ABGC or ABMG  
 556.28 as a certified genetic counselor, or by the ABMG as a certified medical geneticist;

556.29 (4) additional information as requested by the board, including any additional  
 556.30 information necessary to ensure that the applicant is able to practice with reasonable skill  
 556.31 and safety to the public;

556.32 (5) a signed statement verifying that the information in the application is true and  
 556.33 correct to the best of the applicant's knowledge and belief; and

557.1 (6) a signed waiver authorizing the board to obtain access to the applicant's records  
 557.2 in this or any other state in which the applicant completed an educational program or  
 557.3 engaged in the practice of genetic counseling.

101.11 Subd. 4. **Sanctions.** An individual who violates this section is guilty of a  
 101.12 misdemeanor and shall be subject to sanctions or actions according to section 214.11.

101.13 Sec. 4. **[147F.07] LICENSURE REQUIREMENTS.**

101.14 Subdivision 1. **General requirements for licensure.** To be eligible for licensure, an  
 101.15 applicant, with the exception of those seeking licensure by reciprocity under subdivision  
 101.16 2, must submit to the board:

101.17 (1) a completed application on forms provided by the board along with all fees  
 101.18 required under section 147F.17. The applicant must include:

101.19 (i) the applicant's name, Social Security number, home address and telephone  
 101.20 number, and business address and telephone number if currently employed;

101.21 (ii) the name and location of the genetic counseling or medical program the applicant  
 101.22 completed;

101.23 (iii) a list of degrees received from other educational institutions;

101.24 (iv) a description of the applicant's professional training;

101.25 (v) a list of registrations, certifications, and licenses held in other jurisdictions;

101.26 (vi) a description of any other jurisdiction's refusal to credential the applicant;

101.27 (vii) a description of all professional disciplinary actions initiated against the  
 101.28 applicant in any jurisdiction; and

101.29 (viii) any history of drug or alcohol abuse, and any misdemeanor or felony conviction;

101.30 (2) evidence of graduation from an education program accredited by the ACGC or  
 101.31 its predecessor or successor organization;

101.32 (3) a verified copy of a valid and current certification issued by the ABGC or ABMG  
 101.33 as a certified genetic counselor, or by the ABMG as a certified medical geneticist;

102.1 (4) additional information as requested by the board, including any additional  
 102.2 information necessary to ensure that the applicant is able to practice with reasonable skill  
 102.3 and safety to the public;

102.4 (5) a signed statement verifying that the information in the application is true and  
 102.5 correct to the best of the applicant's knowledge and belief; and

102.6 (6) a signed waiver authorizing the board to obtain access to the applicant's records  
 102.7 in this or any other state in which the applicant completed an educational program or  
 102.8 engaged in the practice of genetic counseling.

557.4 Subd. 2. **Licensure by reciprocity.** To be eligible for licensure by reciprocity,  
 557.5 the applicant must hold a current genetic counselor or medical geneticist registration  
 557.6 or license in another state, the District of Columbia, or a territory of the United States,  
 557.7 whose standards for registration or licensure are at least equivalent to those of Minnesota,  
 557.8 and must:

557.9 (1) submit the application materials and fees as required by subdivision 1, clauses  
 557.10 (1), (2), and (4) to (6);

557.11 (2) provide a verified copy from the appropriate government body of a current  
 557.12 registration or license for the practice of genetic counseling in another jurisdiction that has  
 557.13 initial registration or licensing requirements equivalent to or higher than the requirements  
 557.14 in subdivision 1; and

557.15 (3) provide letters of verification from the appropriate government body in each  
 557.16 jurisdiction in which the applicant holds a registration or license. Each letter must state  
 557.17 the applicant's name, date of birth, registration or license number, date of issuance, a  
 557.18 statement regarding disciplinary actions, if any, taken against the applicant, and the terms  
 557.19 under which the registration or license was issued.

557.20 Subd. 3. **Licensure by equivalency.** (a) The board may grant a license to an  
 557.21 individual who does not meet the certification requirements in subdivision 1 but who  
 557.22 has been employed as a genetic counselor for a minimum of ten years and provides the  
 557.23 following documentation to the board no later than January 1, 2018:

557.24 (1) proof of a master's or higher degree in genetics or related field of study from an  
 557.25 accredited educational institution;

557.26 (2) proof that the individual has never failed the ABGC or ABMG certification  
 557.27 examination;

557.28 (3) three letters of recommendation, with at least one from an individual eligible  
 557.29 for licensure under this chapter, and at least one from an individual certified as a genetic  
 557.30 counselor by the ABGC or ABMG or an individual certified as a medical geneticist by  
 557.31 the ABMG. An individual who submits a letter of recommendation must have worked  
 557.32 with the applicant in an employment setting during the past ten years and must attest to  
 557.33 the applicant's competency; and

557.34 (4) documentation of the completion of 100 hours of NSGC-approved continuing  
 557.35 education credits within the past five years.

557.36 (b) This subdivision expires January 1, 2018.

558.1 Subd. 4. **License expiration.** A genetic counselor license shall be valid for one  
 558.2 year from the date of issuance.

558.3 Subd. 5. **License renewal.** To be eligible for license renewal, a licensed genetic  
 558.4 counselor must submit to the board:

102.9 Subd. 2. **Licensure by reciprocity.** To be eligible for licensure by reciprocity,  
 102.10 the applicant must hold a current genetic counselor or medical geneticist registration  
 102.11 or license in another state, the District of Columbia, or a territory of the United States,  
 102.12 whose standards for registration or licensure are at least equivalent to those of Minnesota,  
 102.13 and must:

102.14 (1) submit the application materials and fees as required by subdivision 1, clauses  
 102.15 (1), (2), and (4) to (6);

102.16 (2) provide a verified copy from the appropriate government body of a current  
 102.17 registration or license for the practice of genetic counseling in another jurisdiction that has  
 102.18 initial registration or licensing requirements equivalent to or higher than the requirements  
 102.19 in subdivision 1; and

102.20 (3) provide letters of verification from the appropriate government body in each  
 102.21 jurisdiction in which the applicant holds a registration or license. Each letter must state  
 102.22 the applicant's name, date of birth, registration or license number, date of issuance, a  
 102.23 statement regarding disciplinary actions, if any, taken against the applicant, and the terms  
 102.24 under which the registration or license was issued.

102.25 Subd. 3. **Licensure by equivalency.** (a) The board may grant a license to an  
 102.26 individual who does not meet the certification requirements in subdivision 1 but who  
 102.27 has been employed as a genetic counselor for a minimum of ten years and provides the  
 102.28 following documentation to the board no later than February 1, 2018:

102.29 (1) proof of a master's or higher degree in genetics or related field of study from an  
 102.30 accredited educational institution;

102.31 (2) proof that the individual has never failed the ABGC or ABMG certification  
 102.32 examination;

102.33 (3) three letters of recommendation, with at least one from an individual eligible for  
 102.34 licensure under sections 147F.01 to 147F.17, and at least one from an individual certified  
 102.35 as a genetic counselor by the ABGC or ABMG or an individual certified as a medical  
 102.36 geneticist by the ABMG. An individual who submits a letter of recommendation must  
 103.1 have worked with the applicant in an employment setting during the past ten years and  
 103.2 must attest to the applicant's competency; and

103.3 (4) documentation of the completion of 100 hours of NSGC-approved continuing  
 103.4 education credits within the past five years.

103.5 (b) This subdivision expires February 1, 2018.

103.6 Subd. 4. **License expiration.** A genetic counselor license shall be valid for one  
 103.7 year from the date of issuance.

103.8 Subd. 5. **License renewal.** To be eligible for license renewal, a licensed genetic  
 103.9 counselor must submit to the board:

558.5 (1) a renewal application on a form provided by the board;  
 558.6 (2) the renewal fee required under section 147F.17;  
 558.7 (3) evidence of compliance with the continuing education requirements in section  
 558.8 147F.11; and  
 558.9 (4) any additional information requested by the board.  
 558.10 **Sec. 12. [147F.09] BOARD ACTION ON APPLICATIONS FOR LICENSURE.**  
 558.11 (a) The board shall act on each application for licensure according to paragraphs  
 558.12 (b) to (d).  
 558.13 (b) The board shall determine if the applicant meets the requirements for licensure  
 558.14 under section 147F.07. The board may investigate information provided by an applicant to  
 558.15 determine whether the information is accurate and complete.  
 558.16 (c) The board shall notify each applicant in writing of action taken on the application,  
 558.17 the grounds for denying licensure if a license is denied, and the applicant's right to review  
 558.18 the board's decision under paragraph (d).  
 558.19 (d) Applicants denied licensure may make a written request to the board, within 30  
 558.20 days of the board's notice, to appear before the advisory council and for the advisory  
 558.21 council to review the board's decision to deny the applicant's license. After reviewing the  
 558.22 denial, the advisory council shall make a recommendation to the board as to whether  
 558.23 the denial shall be affirmed. Each applicant is allowed only one request for review per  
 558.24 licensure period.  
 558.25 **Sec. 13. [147F.11] CONTINUING EDUCATION REQUIREMENTS.**  
 558.26 (a) A licensed genetic counselor must complete a minimum of 25 hours of NSGC-  
 558.27 or ABMG-approved continuing education units every two years. If a licensee's renewal  
 558.28 term is prorated to be more or less than one year, the required number of continuing  
 558.29 education units is prorated proportionately.  
 558.30 (b) The board may grant a variance to the continuing education requirements  
 558.31 specified in this section if a licensee demonstrates to the satisfaction of the board that the  
 558.32 licensee is unable to complete the required number of educational units during the renewal  
 558.33 term. The board may allow the licensee to complete the required number of continuing  
 559.1 education units within a time frame specified by the board. In no case shall the board  
 559.2 allow the licensee to complete less than the required number of continuing education units.  
 559.3 **Sec. 14. [147F.13] DISCIPLINE; REPORTING.**  
 559.4 For purposes of this chapter, licensed genetic counselors and applicants are subject  
 559.5 to sections 147.091 to 147.162.  
 559.6 **Sec. 15. [147F.15] LICENSED GENETIC COUNSELOR ADVISORY COUNCIL.**

103.10 (1) a renewal application on a form provided by the board;  
 103.11 (2) the renewal fee required under section 147F.17;  
 103.12 (3) evidence of compliance with the continuing education requirements in section  
 103.13 147F.11; and  
 103.14 (4) any additional information requested by the board.  
 103.15 **Sec. 5. [147F.09] BOARD ACTION ON APPLICATIONS FOR LICENSURE.**  
 103.16 (a) The board shall act on each application for licensure according to paragraphs  
 103.17 (b) to (d).  
 103.18 (b) The board shall determine if the applicant meets the requirements for licensure  
 103.19 under section 147F.07. The board may investigate information provided by an applicant to  
 103.20 determine whether the information is accurate and complete.  
 103.21 (c) The board shall notify each applicant in writing of action taken on the application,  
 103.22 the grounds for denying licensure if a license is denied, and the applicant's right to review  
 103.23 the board's decision under paragraph (d).  
 103.24 (d) Applicants denied licensure may make a written request to the board, within 30  
 103.25 days of the board's notice, to appear before the advisory council and for the advisory  
 103.26 council to review the board's decision to deny the applicant's license. After reviewing the  
 103.27 denial, the advisory council shall make a recommendation to the board as to whether  
 103.28 the denial shall be affirmed. Each applicant is allowed only one request for review per  
 103.29 licensure period.  
 103.30 **Sec. 6. [147F.11] CONTINUING EDUCATION REQUIREMENTS.**  
 103.31 (a) A licensed genetic counselor must complete a minimum of 25 hours of NSGC-  
 103.32 or ABMG-approved continuing education units every two years. If a licensee's renewal  
 103.33 term is prorated to be more or less than one year, the required number of continuing  
 103.34 education units is prorated proportionately.  
 104.1 (b) The board may grant a variance to the continuing education requirements  
 104.2 specified in this section if a licensee demonstrates to the satisfaction of the board that the  
 104.3 licensee is unable to complete the required number of educational units during the renewal  
 104.4 term. The board may allow the licensee to complete the required number of continuing  
 104.5 education units within a time frame specified by the board. In no case shall the board  
 104.6 allow the licensee to complete less than the required number of continuing education units.  
 104.7 **Sec. 7. [147F.13] DISCIPLINE; REPORTING.**  
 104.8 For purposes of sections 147F.01 to 147F.17, licensed genetic counselors and  
 104.9 applicants are subject to sections 147.091 to 147.162.  
 104.10 **Sec. 8. [147F.15] LICENSED GENETIC COUNSELOR ADVISORY COUNCIL.**

559.7 Subdivision 1. **Membership.** The board shall appoint a five-member Licensed  
 559.8 Genetic Counselor Advisory Council. One member must be a licensed physician with  
 559.9 experience in genetics, three members must be licensed genetic counselors, and one  
 559.10 member must be a public member.

559.11 Subd. 2. **Organization.** The advisory council shall be organized and administered  
 559.12 under section 15.059, except that section 15.059, subdivision 2, does not apply to this  
 559.13 section. Members shall serve two-year terms, and shall serve until their successors have  
 559.14 been appointed. The council shall select a chair from its membership.

559.15 Subd. 3. **Duties.** The advisory council shall:

559.16 (1) advise the board regarding standards for licensed genetic counselors;  
 559.17 (2) provide for distribution of information regarding licensed genetic counselor  
 559.18 practice standards;  
 559.19 (3) advise the board on enforcement of this chapter;  
 559.20 (4) review applications and recommend granting or denying licensure or license  
 559.21 renewal;  
 559.22 (5) advise the board on issues related to receiving and investigating complaints,  
 559.23 conducting hearings, and imposing disciplinary action in relation to complaints against  
 559.24 licensed genetic counselors; and

559.25 (6) perform other duties authorized for advisory councils under chapter 214, as  
 559.26 directed by the board.

559.27 Subd. 4. **Expiration.** Notwithstanding section 15.059, the advisory council does  
 559.28 not expire.

559.29 Sec. 16. **[147F.17] FEES.**

559.30 Subdivision 1. **Fees.** Fees are as follows:

559.31 (1) license application fee, \$200;  
 559.32 (2) initial licensure and annual renewal, \$150; and

559.33 (3) late fee, \$75.

560.1 Subd. 2. **Proration of fees.** The board may prorate the initial license fee. All  
 560.2 licensees are required to pay the full fee upon license renewal.

560.3 Subd. 3. **Penalty for late renewals.** An application for registration renewal  
 560.4 submitted after the deadline must be accompanied by a late fee in addition to the required  
 560.5 fees.

104.11 Subdivision 1. **Membership.** The board shall appoint a five-member Licensed  
 104.12 Genetic Counselor Advisory Council. One member must be a licensed physician with  
 104.13 experience in genetics, three members must be licensed genetic counselors, and one  
 104.14 member must be a public member.

104.15 Subd. 2. **Organization.** The advisory council shall be organized and administered  
 104.16 as provided in section 15.059.

104.17 Subd. 3. **Duties.** The advisory council shall:

104.18 (1) advise the board regarding standards for licensed genetic counselors;  
 104.19 (2) provide for distribution of information regarding licensed genetic counselor  
 104.20 practice standards;  
 104.21 (3) advise the board on enforcement of sections 147F.01 to 147F.17;  
 104.22 (4) review applications and recommend granting or denying licensure or license  
 104.23 renewal;  
 104.24 (5) advise the board on issues related to receiving and investigating complaints,  
 104.25 conducting hearings, and imposing disciplinary action in relation to complaints against  
 104.26 licensed genetic counselors; and

104.27 (6) perform other duties authorized for advisory councils by chapter 214, as directed  
 104.28 by the board.

104.29 Subd. 4. **Expiration.** Notwithstanding section 15.059, the advisory council does  
 104.30 not expire.

104.31 Sec. 9. **[147F.17] FEES.**

104.32 Subdivision 1. **Fees.** Fees are as follows:

104.33 (1) license application fee, \$200;  
 105.1 (2) initial licensure and annual renewal, \$150;  
 105.2 (3) provisional license fee, \$150; and  
 105.3 (4) late fee, \$75.

105.4 Subd. 2. **Proration of fees.** The board may prorate the initial license fee. All  
 105.5 licensees are required to pay the full fee upon license renewal.

105.6 Subd. 3. **Penalty for late renewals.** An application for registration renewal  
 105.7 submitted after the deadline must be accompanied by a late fee in addition to the required  
 105.8 fees.

560.6 Subd. 4. **Nonrefundable fees.** All fees are nonrefundable.

560.7 Subd. 5. **Deposit.** Fees collected by the board under this section shall be deposited

560.8 in the state government special revenue fund.

105.9 Subd. 4. **Nonrefundable fees.** All fees are nonrefundable.

105.10 Subd. 5. **Deposit.** Fees collected by the board under this section shall be deposited

105.11 in the state government special revenue fund.

#### 560.9 LACTATION CARE PROVIDERS

560.10 Sec. 17. **[148.9801] SCOPE AND APPLICATION.**

560.11 Subdivision 1. **Scope.** Sections 148.9801 to 148.9812 apply to persons who are

560.12 applicants for licensure, who are licensed, who use protected titles, or who represent that

560.13 they are licensed under sections 148.9801 to 148.9812.

560.14 Subd. 2. **Application.** Nothing in sections 148.9801 to 148.9812 shall prohibit any

560.15 person from providing breastfeeding education and support services, whether or not that

560.16 person is licensed under sections 148.9801 to 148.9812.

560.17 Sec. 18. **[148.9802] DEFINITIONS.**

560.18 Subdivision 1. **Application.** For purposes of sections 148.9801 to 148.9812, the

560.19 following terms have the meanings given.

560.20 Subd. 2. **Biennial licensure period.** "Biennial licensure period" means the two-year

560.21 period for which licensure is effective.

560.22 Subd. 3. **Breastfeeding education and support services.** "Breastfeeding

560.23 education and support services" refers to services such as educating women, families,

560.24 health professionals, and the community about the impact of breastfeeding and human

560.25 lactation on health and what to expect in the normal course of breastfeeding; facilitating

560.26 the development of policies that protect, promote, and support breastfeeding; acting as

560.27 an advocate for breastfeeding as the child-feeding norm; providing holistic breastfeeding

560.28 support, encouragement, and care from preconception to weaning in order to help women

560.29 and their families meet their breastfeeding goals; using principles of adult education when

560.30 teaching clients, health care providers, and others in the community; and identifying and

560.31 referring high-risk mothers and babies and those requiring clinical treatment to licensed

560.32 providers. Any individual, with or without a license, may provide breastfeeding education

560.33 and support services.

561.1 Subd. 4. **Certified lactation counselor, advanced lactation consultant, or**

561.2 **advanced nurse lactation consultant.** "Certified lactation counselor, advanced lactation

561.3 consultant, or advanced nurse lactation consultant" means an individual who possesses

561.4 certification from the Academy of Lactation Policy and Practice of the Healthy Children

561.5 Project, Inc.

561.6 Subd. 5. **Clinical lactation services.** "Clinical lactation services" refers to the  
561.7 clinical application of evidence-based practices for evaluation, problem identification,  
561.8 treatment, education, and consultation in providing lactation care and services to  
561.9 childbearing families. Clinical lactation services involves one or more of the following  
561.10 activities: lactation assessment through the systematic collection of data; analysis of data;  
561.11 creation of lactation care plans; implementation of lactation care plans, including but not  
561.12 limited to providing demonstration and instruction to parents and communicating with  
561.13 the primary health care provider; evaluation of outcomes; and recommending the use of  
561.14 assistive devices when appropriate. Individuals who provide one or more of the services  
561.15 listed in this subdivision are providing clinical lactation services.

561.16 Subd. 6. **Commissioner.** "Commissioner" means the commissioner of health or a  
561.17 designee.

561.18 Subd. 7. **Credential.** "Credential" means a license, permit, certification, registration,  
561.19 or other evidence of qualification or authorization to engage in the practice of clinical  
561.20 lactation care services issued by any authority.

561.21 Subd. 8. **International Board-Certified Lactation Consultant.** "International  
561.22 Board-Certified Lactation Consultant" means an individual who possesses certification  
561.23 from the International Board of Lactation Consultant Examiners as accredited by the  
561.24 National Commission for Certifying Agencies.

561.25 Subd. 9. **License or licensed.** "License" or "licensed" means the act or status of a  
561.26 natural person who meets the requirements of sections 148.9801 to 148.9812.

561.27 Subd. 10. **Licensed lactation care provider.** "Licensed lactation care provider"  
561.28 means an individual who meets the requirements of sections 148.9801 to 148.9812, is  
561.29 licensed by the commissioner, and is permitted to provide clinical lactation services and  
561.30 use the titles authorized in this section and section 148.9803.

561.31 Subd. 11. **Licensee.** "Licensee" means a person who meets the requirements of  
561.32 sections 148.9801 to 148.9812.

561.33 Subd. 12. **Licensure by equivalency.** "Licensure by equivalency" means a method  
561.34 of licensure described in section 148.9806, subdivision 2, by which an individual who  
561.35 possesses a credential from the International Board of Lactation Consultant Examiners  
561.36 as accredited by the National Commission for Certifying Agencies, from the Academy  
562.1 of Lactation Policy and Practice of the Healthy Children Project, Inc., or from another  
562.2 nationally recognized credentialing agency may qualify for licensure.

562.3 Subd. 13. **Licensure by reciprocity.** "Licensure by reciprocity" means a method  
562.4 of licensure described in section 148.9806, subdivision 3, by which an individual who  
562.5 possesses a credential from another jurisdiction may qualify for Minnesota licensure.

- 562.6 Subd. 14. **Protected title.** "Protected title" means the title of licensed lactation
- 562.7 consultant, licensed certified lactation counselor, licensed advanced lactation consultant,
- 562.8 licensed advanced nurse lactation consultant, or licensed International Board-Certified
- 562.9 Lactation Consultant.
- 562.10 Sec. 19. **[148.9803] LICENSURE; PROTECTED TITLES AND RESTRICTIONS**
- 562.11 **ON USE; EXEMPT PERSONS; SANCTIONS.**
- 562.12 Subdivision 1. **Unlicensed practice prohibited.** Effective July 1, 2017, no person
- 562.13 shall engage in the practice of clinical lactation services unless the person is licensed as a
- 562.14 lactation care provider in accordance with sections 148.9801 to 148.9812.
- 562.15 Subd. 2. **Protected titles and restrictions on use.** (a) The terms or phrases "licensed
- 562.16 International Board-Certified Lactation Consultant" or "licensed lactation consultant"
- 562.17 alone or in combination can only be used by an individual licensed under sections 148.9801
- 562.18 to 148.9812 and who possesses a credential from the International Board of Lactation
- 562.19 Consultant Examiners as accredited by the National Commission for Certifying Agencies.
- 562.20 (b) The terms or phrases "licensed certified lactation counselor," "certified lactation
- 562.21 counselor," "licensed advanced lactation consultant," "advanced lactation consultant,"
- 562.22 "licensed advanced nurse lactation consultant," "advanced nurse lactation consultant,"
- 562.23 "licensed lactation counselor," or "licensed lactation consultant" alone or in combination
- 562.24 can only be used by an individual licensed under sections 148.9801 to 148.9812 and who
- 562.25 possesses a credential from the Academy of Lactation Policy and Practice of the Healthy
- 562.26 Children Project, Inc.
- 562.27 Subd. 3. **Exempt persons.** This section does not apply to:
- 562.28 (1) a person employed as a lactation consultant or lactation counselor by the
- 562.29 government of the United States or any agency of it. However, use of the protected titles
- 562.30 under those circumstances is allowed only in connection with performance of official
- 562.31 duties for the federal government;
- 562.32 (2) a student participating in supervised fieldwork or supervised coursework that
- 562.33 is necessary to meet the requirements of sections 148.9801 to 148.9812 if the student is
- 562.34 designated by a title which clearly indicates the student's status as a student trainee. Any
- 563.1 use of the protected titles under these circumstances is allowed only while the person is
- 563.2 performing the duties of the supervised fieldwork or supervised coursework;
- 563.3 (3) a person visiting and then leaving the state and performing clinical lactation
- 563.4 services while in the state if the services are performed no more than 30 days in a calendar
- 563.5 year as part of a professional activity that is limited in scope and duration and is in
- 563.6 association with a licensed lactation care provider licensed under sections 148.9801 to
- 563.7 148.9812, and:
- 563.8 (i) the person is credentialed under the law of another state which has credentialing
- 563.9 requirements at least as stringent as the requirements of sections 148.9801 to 148.9812;

- 563.10 (ii) the person meets the requirements for certification as an International  
563.11 Board-Certified Lactation Consultant established by the International Board of Lactation  
563.12 Consultant Examiners as accredited by the National Commission for Certifying Agencies;  
563.13 or
- 563.14 (iii) the person is certified as a certified lactation counselor, advanced lactation  
563.15 consultant, or advanced nurse lactation consultant by the Academy of Lactation Policy  
563.16 and Practice of the Healthy Children Project, Inc.;
- 563.17 (4) a person licensed to practice as a dentist under chapter 150A, physician or  
563.18 osteopath under chapter 147, nurse under sections 148.171 to 148.285, physician assistant  
563.19 under chapter 147A, dietitian under sections 148.621 to 148.634, or midwife under chapter  
563.20 147D, when providing clinical lactation services incidental to the practice of the person's  
563.21 profession, except the person shall not use the protected titles;
- 563.22 (5) an employee of a department, agency, or division of state, county, or local  
563.23 government, when providing clinical lactation services within the discharge of the  
563.24 employee's official duties including, but not limited to, peer counselors in the Special  
563.25 Supplemental Nutrition Program for Women, Infants, and Children; or
- 563.26 (6) a volunteer providing clinical lactation services, if:
- 563.27 (i) the volunteer does not use the protected titles or represent that the volunteer is  
563.28 licensed or has the clinical skills and abilities associated with licensure;
- 563.29 (ii) the volunteer service is performed at no cost, with no fee charged to or payment,  
563.30 monetary or otherwise, provided by the individual or group served; and
- 563.31 (iii) the volunteer receives no compensation, monetary or otherwise, except for  
563.32 administrative expenses including, but not limited to, mileage.
- 563.33 Subd. 4. **Sanctions.** A person who practices clinical lactation services or represents  
563.34 that they are a licensed lactation care provider by or through the use of any title described  
563.35 in subdivision 2 without prior licensure according to sections 148.9801 to 148.9812  
564.1 is subject to sanctions or action against continuing the activity according to section  
564.2 148.9804, chapter 214, or other statutory authority.
- 564.3 Subd. 5. **Exemption.** Nothing in sections 148.9801 to 148.9812 shall prohibit the  
564.4 practice of any profession or occupation, licensed or registered by the state, by any person  
564.5 duly licensed or registered to practice the profession or occupation or to perform any act  
564.6 that falls within the scope of practice of the profession or occupation.
- 564.7 Sec. 20. **[148.9804] PENALTY.**

564.8 If the commissioner finds that a licensed lactation care provider has violated  
564.9 the provisions of sections 148.9801 to 148.9812 or rules adopted under those sections,  
564.10 the commissioner may impose a civil penalty not exceeding \$10,000 for each separate  
564.11 violation. The amount of the civil penalty shall be fixed so as to deprive the licensed  
564.12 lactation care provider of any economic advantage gained by reason of the violation  
564.13 charged, to discourage similar violations, and to reimburse the commissioner for the cost  
564.14 of the investigation and proceeding, including, but not limited to: fees paid for services  
564.15 provided by the Office of Administrative Hearings, legal and investigative services  
564.16 provided by the Office of the Attorney General, services of court reporters, witnesses, and  
564.17 reproduction of records.

564.18 Sec. 21. **[148.9806] APPLICATION REQUIREMENTS; PROCEDURE.**

564.19 Subdivision 1. **Application for licensure.** An applicant for licensure must:

564.20 (1) have a current certification from the International Board of Lactation Consultant  
564.21 Examiners as accredited by the National Commission for Certifying Agencies, the  
564.22 Academy of Lactation Policy and Practice of the Healthy Children Project, Inc., or another  
564.23 jurisdiction whose standards for credentialing are determined by the commissioner to be  
564.24 equivalent to or exceed the requirements for licensure under subdivision 2;

564.25 (2) submit a completed application for licensure on forms provided by the  
564.26 commissioner and supply the information requested on the application, including:

564.27 (i) the applicant's name, business address, business telephone number, business  
564.28 setting, and daytime telephone number;

564.29 (ii) a description of the applicant's education and training, including a list of degrees  
564.30 received from educational institutions;

564.31 (iii) the applicant's work history for the six years preceding the application, including  
564.32 the number of hours worked;

564.33 (iv) a list of all lactation consulting credentials currently and previously held in  
564.34 Minnesota and other jurisdictions;

565.1 (v) a description of any jurisdiction's refusal to credential the applicant;

565.2 (vi) a description of all professional disciplinary actions initiated against the  
565.3 applicant in any jurisdiction;

565.4 (vii) information on any physical or mental condition or chemical dependency  
565.5 that impairs the applicant's ability to provide clinical lactation services with reasonable  
565.6 judgment or safety;

565.7 (viii) a description of any misdemeanor, gross misdemeanor, or felony conviction  
565.8 that is reasonably related to the practice of clinical lactation services; and

565.9 (ix) a description of any state or federal court order, including a conciliation court  
565.10 order or a disciplinary order, related to the individual's clinical lactation services practice;

565.11 (3) submit with the application all fees required by section 148.9811;

565.12 (4) sign a statement that the information in the application is true and correct to the  
565.13 best of the applicant's knowledge and belief;

565.14 (5) sign a waiver authorizing the commissioner to obtain access to the applicant's  
565.15 records in this or any other state in which the applicant holds or previously held a  
565.16 credential for the practice of an occupation, completed a clinical lactation services  
565.17 education program, or engaged in the practice of clinical lactation services;

565.18 (6) within 30 days of a request, submit additional information as requested by the  
565.19 commissioner to clarify information in the application, including information to determine  
565.20 whether the individual has engaged in conduct warranting disciplinary action under  
565.21 section 148.9812; and

565.22 (7) submit the additional information required for licensure by equivalency or  
565.23 licensure by reciprocity.

565.24 Subd. 2. **Credentialed applicants.** An applicant who is credentialed by the  
565.25 International Board of Lactation Consultant Examiners as accredited by the National  
565.26 Commission for Certifying Agencies as an International Board-Certified Lactation  
565.27 Consultant or an applicant who is credentialed by the Academy of Lactation Policy and  
565.28 Practice of the Healthy Children Project, Inc. may be eligible for licensure by equivalency  
565.29 as a licensed lactation care provider. Nothing in this section limits the commissioner's  
565.30 authority to deny licensure based upon the grounds for discipline in section 148.9812.  
565.31 Applicants under this subdivision must provide the materials required in subdivision  
565.32 1 and must also provide:

565.33 (1) verified documentation from the International Board of Lactation Consultant  
565.34 Examiners stating that the applicant is credentialed as an International Board-Certified  
565.35 Lactation Consultant, or verified documentation from the Academy of Lactation Policy  
565.36 and Practice of the Healthy Children Project, Inc., that the applicant is credentialed as a  
566.1 certified lactation counselor, advanced lactation consultant, or advanced nurse lactation  
566.2 consultant. The applicant is responsible for obtaining this documentation; and

566.3 (2) a waiver authorizing the commissioner to obtain access to the applicant's records  
566.4 maintained by the International Board of Lactation Consultant Examiners or the Academy  
566.5 of Lactation Policy and Practice of the Healthy Children Project, Inc.

566.6 Subd. 3. **Applicants credentialed in another jurisdiction.** (a) An applicant  
566.7 who holds a current credential as a licensed lactation consultant, licensed lactation care  
566.8 provider, or licensed lactation counselor in the District of Columbia or a state or territory  
566.9 of the United States whose standards for credentialing are determined by the commissioner  
566.10 to be equivalent to or exceed the requirements for licensure under subdivision 2, may be  
566.11 eligible for licensure by reciprocity as a licensed lactation care provider. Nothing in this  
566.12 section limits the commissioner's authority to deny licensure based upon the grounds for  
566.13 discipline in section 148.9812.

566.14 (b) Applicants under this subdivision must provide the materials required in  
566.15 subdivision 1 and must also request that the appropriate government body in each  
566.16 jurisdiction in which the applicant holds or held credentials as a licensed lactation care  
566.17 provider or substantially similar title send a letter to the commissioner verifying the  
566.18 applicant's credentials. A license shall not be issued until the commissioner receives a  
566.19 letter verifying each of the applicant's credentials. Each letter must include the applicant's  
566.20 name and date of birth, credential number and date of issuance, a statement regarding  
566.21 investigations pending and disciplinary actions taken or pending against the applicant,  
566.22 current status of the credential, and the terms under which the credential was issued.

566.23 Subd. 4. **Action on applications for licensure.** (a) The commissioner shall  
566.24 approve, approve with conditions, or deny licensure. The commissioner shall act on an  
566.25 application for licensure according to paragraphs (b) to (d).

566.26 (b) The commissioner shall determine if the applicant meets the requirements for  
566.27 licensure. The commissioner may investigate information provided by an applicant to  
566.28 determine whether the information is accurate and complete.

566.29 (c) The commissioner shall notify an applicant of action taken on the application  
566.30 and, if licensure is denied or approved with conditions, the grounds for the commissioner's  
566.31 determination.

566.32 (d) An applicant denied licensure or granted licensure with conditions may make  
566.33 a written request to the commissioner, within 30 days of the date of the commissioner's  
566.34 determination, for reconsideration of the commissioner's determination. Individuals  
566.35 requesting reconsideration may submit information which the applicant wants considered  
566.36 in the reconsideration. After reconsideration of the commissioner's determination to deny  
567.1 licensure or grant licensure with conditions, the commissioner shall determine whether  
567.2 the original determination should be affirmed or modified. An applicant is allowed no  
567.3 more than one request in any one biennial licensure period for reconsideration of the  
567.4 commissioner's determination to deny licensure or approve licensure with conditions.

567.5 Sec. 22. **[148.9807] LICENSURE RENEWAL.**

567.6 Subdivision 1. **Renewal requirements.** To be eligible for licensure renewal, a  
567.7 licensee must:

- 567.8 (1) submit a completed and signed application for licensure renewal on forms  
567.9 provided by the commissioner;
- 567.10 (2) submit the renewal fee required under section 148.9811;
- 567.11 (3) submit proof that the licensee is currently credentialed by the International  
567.12 Board of Lactation Consultant Examiners as accredited by the National Commission  
567.13 for Certifying Agencies, the Academy of Lactation Policy and Practice of the Healthy  
567.14 Children Project, Inc., or another jurisdiction as described in section 148.9806; and
- 567.15 (4) submit additional information as requested by the commissioner to clarify  
567.16 information presented in the renewal application. The information must be submitted  
567.17 within 30 days after the commissioner's request.
- 567.18 **Subd. 2. Renewal deadline.** (a) Except as provided in paragraph (c), licenses must  
567.19 be renewed every two years. Licensees must comply with the procedures in paragraphs  
567.20 (b) to (e).
- 567.21 (b) Each license must state an expiration date. An application for licensure renewal  
567.22 must be received by the Department of Health at least 30 calendar days before the  
567.23 expiration date.
- 567.24 (c) If the commissioner changes the renewal schedule and the new expiration date is  
567.25 less than two years in the future, the fee to be reported at the next renewal must be prorated.
- 567.26 (d) An application for licensure renewal not received within the time required under  
567.27 paragraph (b), but received on or before the expiration date, must be accompanied by a  
567.28 late fee in addition to the renewal fee specified in section 148.9811.
- 567.29 (e) Licensure renewals received after the expiration date shall not be accepted and  
567.30 persons seeking licensed status must comply with the requirements of section 148.9808.
- 567.31 **Subd. 3. Licensure renewal notice.** At least 60 calendar days before the expiration  
567.32 date in subdivision 2, the commissioner shall notify the licensee. The notice must include  
567.33 an application for licensure renewal and notice of fees required for renewal. The licensee's  
567.34 failure to receive notice does not relieve the licensee of the obligation to meet the renewal  
567.35 deadline and other requirements for licensure renewal.
- 568.1 Sec. 23. **[148.9808] LICENSURE RENEWAL; AFTER EXPIRATION DATE.**
- 568.2 An individual whose application for licensure renewal is received after the licensure  
568.3 expiration date must submit the following:
- 568.4 (1) a completed and signed application for licensure following lapse in licensed  
568.5 status on forms provided by the commissioner;
- 568.6 (2) the renewal fee and the late fee required under section 148.9811;

568.7 (3) proof that the licensee is currently credentialed by the International Board of  
568.8 Lactation Consultant Examiners, the Academy of Lactation Policy and Practice of the  
568.9 Healthy Children Project, Inc., or another jurisdiction as described in section 148.9806; and

568.10 (4) additional information as requested by the commissioner to clarify information in  
568.11 the application, including information to determine whether the individual has engaged in  
568.12 conduct warranting disciplinary action as set forth in section 148.9812. This information  
568.13 must be submitted within 30 days after the commissioner's request.

568.14 Sec. 24. **[148.9809] CHANGE OF NAME, ADDRESS, OR EMPLOYMENT.**

568.15 A licensee who changes a name, address, or employment must inform the  
568.16 commissioner, in writing, of the change of name, address, employment, business address,  
568.17 or business telephone number within 30 days. A change in name must be accompanied by  
568.18 a copy of a marriage certificate or court order. All notices or other correspondence mailed  
568.19 to or served on a licensee by the commissioner at the licensee's address on file with the  
568.20 commissioner shall be considered as having been received by the licensee.

568.21 Sec. 25. **[148.9810] RECIPIENT NOTIFICATION.**

568.22 Subdivision 1. **Required notification.** In the absence of a physician referral or  
568.23 prior authorization, and before providing clinical lactation services for remuneration or  
568.24 expectation of payment from the client, a licensed lactation care provider must provide the  
568.25 following written notification in all capital letters of 12-point or larger boldface type to the  
568.26 client, parent, or guardian: "YOUR HEALTH CARE PROVIDER, INSURER, OR PLAN  
568.27 MAY REQUIRE A PHYSICIAN REFERRAL OR PRIOR AUTHORIZATION AND  
568.28 YOU MAY BE OBLIGATED FOR PARTIAL OR FULL PAYMENT FOR CLINICAL  
568.29 LACTATION SERVICES RENDERED." Information other than this notification may be  
568.30 included as long as the notification remains conspicuous on the face of the document. A  
568.31 nonwritten disclosure format may be used to satisfy the recipient notification requirement  
568.32 when necessary to accommodate the physical condition of a client or client's guardian.

569.1 Subd. 2. **Evidence of recipient notification.** The licensed lactation care provider  
569.2 is responsible for providing evidence of compliance with the recipient notification  
569.3 requirement of this section.

569.4 Sec. 26. **[148.9811] FEES.**

569.5 Subdivision 1. **Initial licensure fee.** The initial licensure fee for licensed lactation  
569.6 care providers is \$80. The commissioner shall prorate fees based on the number of  
569.7 quarters remaining in the biennial licensure period.

569.8 Subd. 2. **Licensure renewal fee.** The biennial licensure renewal fee for licensed  
569.9 lactation care providers is \$80.

569.10 Subd. 3. **Duplicate license fee.** The fee for a duplicate license is \$25.

569.11 Subd. 4. **Late fee.** The fee for late submission of a renewal application is \$25.

569.12 Subd. 5. **Verification to other states.** The fee for verification of licensure to other  
569.13 states is \$25.

569.14 Subd. 6. **Use of fees.** All fees are nonrefundable. Fees collected under this section  
569.15 shall be deposited in the state treasury and credited to the state government special revenue  
569.16 fund for the purposes of administering sections 148.9801 to 148.9812.

569.17 Subd. 7. **Penalty fee.** (a) The penalty for using one of the protected titles without a  
569.18 current license after the credential has expired and before it is renewed is the amount of  
569.19 the license renewal fee for any part of the first month, plus the license renewal fee for any  
569.20 part of any subsequent month up to 36 months.

569.21 (b) The penalty for applicants who use the protected title of licensed lactation care  
569.22 provider before being issued a license is the amount of the license application fee for any  
569.23 part of the first month, plus the license application fee for any part of any subsequent  
569.24 month up to 36 months.

569.25 (c) For conduct described in paragraph (a) or (b) exceeding six months, payment of a  
569.26 penalty does not preclude any disciplinary action reasonably justified by the individual case.

569.27 Sec. 27. **[148.9812] GROUNDS FOR DISCIPLINE OR DENIAL OF**  
569.28 **LICENSURE; INVESTIGATION PROCEDURES; DISCIPLINARY ACTIONS.**

569.29 Subdivision 1. **Grounds for discipline or denial of licensure.** The commissioner  
569.30 may deny an application for licensure, may approve licensure with conditions, or may  
569.31 discipline a licensee using any disciplinary action listed in subdivision 3 on proof that  
569.32 the individual has:

569.33 (1) intentionally submitted false or misleading information to the commissioner;

570.1 (2) failed, within 30 days, to provide information in response to a written request by  
570.2 the commissioner;

570.3 (3) performed services of a licensed lactation care provider in an incompetent  
570.4 manner, in a manner that is outside of the provider's scope of practice, or in a manner that  
570.5 falls below the community standard of care;

570.6 (4) violated a provision of sections 148.9801 to 148.9812;

570.7 (5) aided or abetted another person in violating a provision of sections 148.9801 to  
570.8 148.9812;

570.9 (6) failed to perform services with reasonable judgment, skill, or safety due to the  
570.10 use of alcohol or drugs, or other physical or mental impairment;

570.11 (7) been convicted of violating any state or federal law, rule, or regulation which  
570.12 directly relates to the practice of clinical lactation services;

- 570.13 (8) been disciplined for conduct in the practice of an occupation by the state of  
570.14 Minnesota, another jurisdiction, or a national professional association, if any of the  
570.15 grounds for discipline are the same or substantially equivalent to those in sections  
570.16 148.9801 to 148.9812;
- 570.17 (9) not cooperated with the commissioner in an investigation conducted according to  
570.18 subdivision 2;
- 570.19 (10) advertised in a manner that is false or misleading;
- 570.20 (11) engaged in dishonest, unethical, or unprofessional conduct in connection with the  
570.21 practice of clinical lactation services that is likely to deceive, defraud, or harm the public;
- 570.22 (12) demonstrated a willful or careless disregard for the health, welfare, or safety  
570.23 of a client;
- 570.24 (13) performed medical diagnosis or provided treatment without being licensed to  
570.25 do so under the laws of this state;
- 570.26 (14) paid or promised to pay a commission or part of a fee to any person who  
570.27 contacts the licensed lactation care provider for consultation or sends patients to the  
570.28 licensed lactation care provider for treatment;
- 570.29 (15) engaged in abusive or fraudulent billing practices, including violations of  
570.30 federal Medicare and Medicaid laws, Food and Drug Administration regulations, or state  
570.31 medical assistance laws;
- 570.32 (16) obtained money, property, or services from a consumer through the use of  
570.33 undue influence, high-pressure sales tactics, harassment, duress, deception, or fraud;
- 570.34 (17) performed services for a client who had no possibility of benefiting from the  
570.35 services;
- 571.1 (18) failed to refer a client for medical evaluation when appropriate or when a client  
571.2 indicated symptoms associated with diseases that could be medically or surgically treated;
- 571.3 (19) engaged in conduct with a client that is sexual, or may reasonably be interpreted  
571.4 by the client as sexual, or in any verbal behavior that is seductive or sexually demeaning  
571.5 to a client;
- 571.6 (20) violated a federal or state court order, including a conciliation court judgment,  
571.7 or a disciplinary order issued by the commissioner, related to the person's clinical lactation  
571.8 services practice; or
- 571.9 (21) any other just cause related to the practice of clinical lactation services.

571.10 Subd. 2. **Investigation of complaints.** The commissioner may initiate an  
571.11 investigation upon receiving a complaint or other oral or written communication that  
571.12 alleges or implies that a person has violated sections 148.9801 to 148.9812. In the  
571.13 receipt, investigation, and hearing of a complaint that alleges or implies that a person has  
571.14 violated sections 148.9801 to 148.9812, the commissioner shall follow the procedures  
571.15 in section 214.10.

571.16 Subd. 3. **Disciplinary action.** If the commissioner finds that a licensed lactation  
571.17 care provider should be disciplined according to subdivision 1, the commissioner may  
571.18 take any one or more of the following actions:

571.19 (1) refuse to grant or renew licensure;

571.20 (2) approve licensure with conditions;

571.21 (3) revoke licensure;

571.22 (4) suspend licensure;

571.23 (5) any reasonable lesser action including, but not limited to, reprimand or restriction

571.24 on licensure; or

571.25 (6) any action authorized by statute.

571.26 Subd. 4. **Effect of specific disciplinary action on use of title.** Upon notice from  
571.27 the commissioner denying licensure renewal or upon notice that disciplinary actions have  
571.28 been imposed and the person is no longer entitled to provide clinical lactation services and  
571.29 use one of the protected titles, the person shall cease to provide clinical lactation services,  
571.30 to use the title protected by sections 148.9801 to 148.9812, and to represent to the public  
571.31 that the person is licensed by the commissioner.

571.32 Subd. 5. **Reinstatement requirements after disciplinary action.** A person who  
571.33 has had licensure suspended may request and provide justification for reinstatement  
571.34 following the period of suspension specified by the commissioner. The requirements  
571.35 of section 148.9808 for renewing licensure and any other conditions imposed with the  
571.36 suspension must be met before licensure may be reinstated.

572.1 Subd. 6. **Authority to contract.** The commissioner shall contract with the health  
572.2 professionals services program as authorized by sections 214.31 to 214.37 to provide these  
572.3 services to practitioners under sections 148.9801 to 148.9812. The health professionals  
572.4 services program does not affect the commissioner's authority to discipline violations of  
572.5 sections 148.9801 to 148.9812.

#### 572.6 MASSAGE AND BODYWORK THERAPY

572.7 Sec. 28. **[148.982] DEFINITIONS.**

- 572.8 Subdivision 1. **Applicability.** The definitions in this section apply to sections  
572.9 148.982 to 148.9885.
- 572.10 Subd. 2. **Advertise.** "Advertise" means to publish, display, broadcast, or disseminate  
572.11 information by any means that can be reasonably construed as an advertisement.
- 572.12 Subd. 3. **Advisory council.** "Advisory council" means the Registered Massage and  
572.13 Bodywork Therapist Advisory Council established under section 148.9861.
- 572.14 Subd. 4. **Applicant.** "Applicant" means an individual applying for registration or  
572.15 renewal according to sections 148.982 to 148.9885.
- 572.16 Subd. 5. **Board.** "Board" means the Minnesota Board of Nursing.
- 572.17 Subd. 6. **Client.** "Client" means a recipient of massage and bodywork therapy  
572.18 services.
- 572.19 Subd. 7. **Competency exam.** "Competency exam" means a massage and bodywork  
572.20 therapy competency assessment that is approved by the board and is psychometrically  
572.21 valid, based on a job task analysis, and administered by a national testing organization.
- 572.22 Subd. 8. **Contact hour.** "Contact hour" means an instructional session of at least  
572.23 50 consecutive minutes, excluding coffee breaks, registration, meals without a speaker,  
572.24 and social activities.
- 572.25 Subd. 9. **Credential.** "Credential" means a license, registration, or certification.
- 572.26 Subd. 10. **Health care provider.** "Health care provider" means a person who has a  
572.27 state credential to provide one or more of the following services: medical as defined in  
572.28 section 147.081, chiropractic as defined in section 148.01, podiatry as defined in section  
572.29 153.01, dentistry as defined in section 150A.01, physical therapy as defined in section  
572.30 148.65, or other state-credentialed providers.
- 572.31 Subd. 11. **Massage and bodywork therapy.** "Massage and bodywork therapy"  
572.32 means a health care service involving systematic and structured touch and palpation, and  
572.33 pressure and movement of the muscles, tendons, ligaments, and fascia, in order to reduce  
572.34 muscle tension, relieve soft tissue pain, improve circulation, increase flexibility, increase  
573.1 activity of the parasympathetic branch of the autonomic nervous system, or to promote  
573.2 general wellness, by use of the techniques and applications described in section 148.983.
- 573.3 Subd. 12. **Municipality.** "Municipality" means a county, town, or home rule  
573.4 charter or statutory city.
- 573.5 Subd. 13. **Physical agent modality.** "Physical agent modality" means modalities  
573.6 that use the properties of light, water, temperature, sound, and electricity to produce  
573.7 a response in soft tissue.
- 573.8 Subd. 14. **Practice of massage and bodywork therapy.** "Practice of massage and  
573.9 bodywork therapy" means to engage professionally for compensation or as a volunteer in  
573.10 massage and bodywork therapy or the instruction of professional technique coursework.

573.11 Subd. 15. **Professional organization.** "Professional organization" means an  
573.12 organization that represents massage and bodywork therapists, was established before  
573.13 the year 2005, offers professional liability insurance as a benefit of membership, has an  
573.14 established code of professional ethics, and is board approved.

573.15 Subd. 16. **Registered massage and bodywork therapist or registrant.** "Registered  
573.16 massage and bodywork therapist" or "registrant" means a health care provider registered  
573.17 according to sections 148.982 to 148.9885, for the practice of massage and bodywork  
573.18 therapy.

573.19 Subd. 17. **State.** "State" means any state in the United States, the District of  
573.20 Columbia, Puerto Rico, the United States Virgin Islands, or Guam; or any Canadian  
573.21 province or similar political subdivision of a foreign country; except "this state" means the  
573.22 state of Minnesota.

573.23 Sec. 29. **[148.983] MASSAGE AND BODYWORK THERAPY.**

573.24 (a) The practice of massage and bodywork therapy by a registered massage and  
573.25 bodywork therapist includes the following:

573.26 (1) use of any or all of the following techniques using the hands, forearms, elbows,  
573.27 knees, or feet, or handheld, nonpuncturing, mechanical, or electrical devices that  
573.28 mimic or enhance the actions of the human hands: effleurage or gliding; petrissage or  
573.29 kneading; vibration and jostling; friction; tapotement or percussion; compression; fascial  
573.30 manipulation; passive stretching within the normal anatomical range of motion; and

573.31 (2) application and use of any of the following: oils, lotions, gels, rubbing alcohol, or  
573.32 powders for the purpose of lubricating the skin to be massaged; creams, with the exception  
573.33 of prescription medicinal creams; hot or cold stones; essential oils as used in aromatherapy  
573.34 for inhalation or diluted for topical application; salt glows and wraps; or heat or ice.

574.1 (b) The practice of massage and bodywork therapy does not include any of the  
574.2 following:

574.3 (1) diagnosing any illness or disease;

574.4 (2) altering a course of recommended massage and bodywork therapy when  
574.5 recommended by a state-credentialed health care provider without first consulting that  
574.6 health care provider;

574.7 (3) prescription of drugs or medicines;

574.8 (4) intentional adjustment, manipulation, or mobilization of abnormal articulations,  
574.9 neurological disturbances, structural alterations, biomechanical alterations as described in  
574.10 section 148.01, including by means of a high-velocity, low-amplitude thrusting force or by  
574.11 means of manual therapy or mechanical therapy for the manipulation or adjustment of  
574.12 joint articulation as defined in section 146.23; or

574.13 (5) application of physical agent modalities, needles that puncture the skin, or  
574.14 injection therapy.

574.15 Sec. 30. **[148.984] LIMITATIONS ON PRACTICE.**

574.16 If a massage and bodywork therapist has reason to believe a client's medical  
574.17 condition is beyond the scope of practice established by sections 148.982 to 148.9885, or  
574.18 by rules of the board for a registered massage and bodywork therapist, the massage and  
574.19 bodywork therapist must refer the client to a health care provider as defined in sections  
574.20 148.982 to 148.9885, but is not prohibited from comanaging the client.

574.21 Sec. 31. **[148.985] PROTECTED TITLES AND RESTRICTIONS ON USE.**

574.22 Subdivision 1. **Designation.** An individual regulated by sections 148.982 to  
574.23 148.9885, is designated as a "registered massage and bodywork therapist" or "RMBT."

574.24 Subd. 2. **Title protection.** Effective July 1, 2017, no individual may use the title  
574.25 "registered massage and bodywork therapist," or use, in connection with the individual's  
574.26 name, the letters "RMBT," or any other titles, words, letters, abbreviations, or insignia  
574.27 indicating or implying that the individual is registered or eligible for registration by this  
574.28 state as a registered massage therapist unless the individual has been registered under  
574.29 sections 148.982 to 148.9885.

574.30 Subd. 3. **Identification of registrants.** (a) A massage and bodywork therapist  
574.31 registered according to sections 148.982 to 148.9885 shall be identified as a "registered  
574.32 massage and bodywork therapist." If not written in full, this must be designated as "RMBT."

575.1 (b) The board may adopt rules for the implementation of this section, including the  
575.2 identification of terms or references that may be used only by registered massage and  
575.3 bodywork therapists as necessary to protect the public.

575.4 (c) A massage and bodywork therapist who is credentialed by another state, or who  
575.5 holds a certification from organizations, agencies, or educational providers may advertise  
575.6 using those terms or letters to indicate that credential, provided that the credentialing  
575.7 body is clearly identified.

575.8 Subd. 4. **Other health care providers.** Nothing in sections 148.982 to 148.9885  
575.9 may be construed to prohibit, restrict the practice of, or require massage and bodywork  
575.10 therapy registration of any of the following:

575.11 (1) a health care provider credentialed by this state, using massage and bodywork  
575.12 therapy techniques within the scope of the provider's credential, provided the provider  
575.13 does not advertise or imply that the provider is registered according to sections 148.982  
575.14 to 148.9885; or

575.15 (2) the natural health procedures, practices, and treatments in section 146A.01,  
575.16 subdivision 4, provided that the provider does not advertise or imply that the provider is  
575.17 registered according to sections 148.982 to 148.9885.

575.18 Sec. 32. **[148.986] POWERS OF BOARD.**

575.19 The board, acting with the advice of the advisory council, shall issue registrations to

575.20 duly qualified applicants and shall exercise the following powers and duties:

575.21 (1) adopt rules, including standards of practice and a professional code of ethics,

575.22 consistent with the law, as may be necessary to enable the board to implement the

575.23 provisions of sections 148.982 to 148.9885;

575.24 (2) assign duties to the advisory council that are necessary to implement the

575.25 provisions of sections 148.982 to 148.9885;

575.26 (3) approve or conduct a competency exam;

575.27 (4) appoint members to the advisory council according to section 148.9861 and

575.28 chapter 214;

575.29 (5) enforce sections 148.982 to 148.9885; investigate violations of section 148.9882

575.30 by a registrant or applicant; impose discipline as described in section 148.9882, and incur

575.31 any necessary expense;

575.32 (6) maintain a record of names and addresses of registrants;

575.33 (7) keep a permanent record of all its proceedings;

576.1 (8) distribute information regarding massage and bodywork therapy standards,

576.2 including applications and forms necessary to carry into effect the provisions of sections

576.3 148.982 to 148.9885;

576.4 (9) take action on applications according to section 148.9881; and

576.5 (10) employ and establish the duties of necessary personnel.

576.6 Sec. 33. **[148.9861] REGISTERED MASSAGE AND BODYWORK THERAPIST**

576.7 **ADVISORY COUNCIL.**

576.8 Subdivision 1. **Creation; membership.** (a) The Registered Massage and Bodywork

576.9 Therapist Advisory Council is created and is composed of five members appointed by

576.10 the board. All members must have resided in this state for at least three years prior to

576.11 appointment. The advisory council consists of:

576.12 (1) two public members, as defined in section 214.02;

576.13 (2) three members who, except for initial appointees, are registered massage and

576.14 bodywork therapists. Initial appointees must practice massage and bodywork therapy.

576.15 An initial appointee shall be removed from the council if the appointee does not obtain

576.16 registration under section 148.987 within a reasonable time after registration procedures

576.17 are established.

576.18 (b) A person may not be appointed to serve more than two consecutive full terms.

576.19 (c) No more than one member of the advisory council may be an owner or  
576.20 administrator of a massage and bodywork therapy education provider.

576.21 Subd. 2. **Vacancies.** When a vacancy occurs for a member who is a registered  
576.22 massage and bodywork therapist, the board may appoint a member from among qualified  
576.23 candidates or from a list of nominees submitted by professional organizations that contains  
576.24 twice the number of nominees as vacancies. The board may fill vacancies occurring on  
576.25 the advisory council for unexpired terms according to this section. Members shall retain  
576.26 membership until a qualified successor is appointed.

576.27 Subd. 3. **Terms; compensation; removal.** Membership terms shall be as provided  
576.28 in section 15.059, subdivision 2. The members appointed under subdivision 1, clause (2),  
576.29 shall serve terms that are coterminous with the governor. Members shall be compensated  
576.30 as provided in section 15.059, subdivision 3. Members may be removed and vacancies  
576.31 filled as provided in section 15.059, subdivision 4, except as provided in subdivision 2.

576.32 Subd. 4. **Chair.** The council must elect a chair from among its members.

576.33 Subd. 5. **Staffing.** The Minnesota Board of Nursing shall provide meeting space  
576.34 and administrative support for the advisory council.

576.35 Subd. 6. **Duties.** The advisory council shall advise the board regarding:

577.1 (1) establishment of standards of practice and a code of ethics for registered massage  
577.2 and bodywork therapists;

577.3 (2) distribution of information regarding massage and bodywork standards;

577.4 (3) enforcement of sections 148.982 to 148.9885;

577.5 (4) applications and recommendations of applicants for registration or registration  
577.6 renewal;

577.7 (5) complaints and recommendations regarding disciplinary matters and proceedings  
577.8 according to sections 214.10; 214.103; and 214.13, subdivisions 6 and 7;

577.9 (6) approval or creation of a competency exam granting status as an approved  
577.10 education provider; and

577.11 (7) performance of other duties of advisory councils under chapter 214, or as  
577.12 directed by the board.

577.13 Subd. 7. **Sunset.** The advisory council shall not expire.

577.14 Sec. 34. **[148.987] REGISTRATION REQUIREMENTS.**

577.15 Subdivision 1. **Registration.** To be eligible for registration according to sections  
577.16 148.982 to 148.9885, an applicant must:

577.17 (1) pay applicable fees;

- 577.18 (2) submit to a criminal background check and pay the fees associated with obtaining  
577.19 the criminal background check. The background check shall be conducted in accordance  
577.20 with section 214.075; and
- 577.21 (3) file a written application on a form provided by the board that includes:
- 577.22 (i) the applicant's name, Social Security number, home address and telephone  
577.23 number, business address and telephone number, and business setting;
- 577.24 (ii) provide proof, as required by the board, of:
- 577.25 (A) having obtained a high school diploma or its equivalent;
- 577.26 (B) being 18 years of age or older;
- 577.27 (C) current cardiopulmonary resuscitation and first aid certification;
- 577.28 (D) current professional liability insurance coverage, with a minimum of \$1,000,000  
577.29 of coverage per occurrence; and
- 577.30 (E) proof, as required by the board, that the applicant has completed a postsecondary  
577.31 course of study that includes:
- 577.32 (aa) science, including anatomy and physiology, kinesiology, pathology, hygiene,  
577.33 and standard precautions; and
- 577.34 (bb) clinical practice in massage and bodywork therapy techniques; supervised  
577.35 practice; professional ethics and standards of practice; business and legal practices related  
578.1 to massage and bodywork therapy; and history, theory, and research related to massage  
578.2 and bodywork therapy;
- 578.3 (iii) unless registered under subdivision 3 or 4, successful completion of a  
578.4 competency exam;
- 578.5 (iv) a list of credentials or memberships held in this state or other states or from  
578.6 private credentialing or professional organizations;
- 578.7 (v) a description of any other state or municipality's refusal to credential the applicant;
- 578.8 (vi) a description of all professional disciplinary actions initiated against the  
578.9 applicant in any jurisdiction;
- 578.10 (vii) any history of drug or alcohol abuse;
- 578.11 (viii) any misdemeanor, gross misdemeanor, or felony conviction;
- 578.12 (ix) additional information as requested by the board;
- 578.13 (x) the applicant's signature on a statement that the information in the application is  
578.14 true and correct to the best of the applicant's knowledge; and

578.15 (xi) the applicant's signature on a waiver authorizing the board to obtain access to  
578.16 the applicant's records in this state or any other state in which the applicant has engaged in  
578.17 the practice of massage and bodywork therapy.

578.18 **Subd. 2. Registration prohibited.** The board may deny an application for  
578.19 registration if an applicant:

578.20 (1) has been convicted in this state of any of the following crimes, or of equivalent  
578.21 crimes in another state:

578.22 (i) prostitution as defined under section 609.321, 609.324, or 609.3242;

578.23 (ii) criminal sexual conduct under sections 609.342 to 609.3451, or 609.3453; or

578.24 (iii) a violent crime as defined under section 611A.08, subdivision 6;

578.25 (2) is a registered sex offender under section 243.166;

578.26 (3) has been subjected to disciplinary action under section 146A.09, if the board  
578.27 determines such denial is necessary to protect the public; or

578.28 (4) if an applicant is charged with or under investigation for complaints in this state or  
578.29 any state that would constitute a violation of the statutes or rules established for the practice  
578.30 of massage and bodywork therapy in this state, the applicant shall not be registered until  
578.31 the complaints have been resolved in the applicant's favor. Should a complaint be resolved  
578.32 in favor of the complainant, the application for registration in this state may be denied.

578.33 **Subd. 3. Registration by endorsement.** (a) To be eligible for registration by  
578.34 endorsement, an applicant shall:

578.35 (1) meet the requirements for registration in subdivision 1, clauses (1), (2), and  
578.36 (3), items (v) to (xi); and

579.1 (2) provide proof of a current and unrestricted equivalent credential in another  
579.2 state that has qualifications at least equivalent to the requirements of sections 148.982 to  
579.3 148.9885. The proof shall include records as required by rules of the board.

579.4 (b) Registrations issued by endorsement shall expire on the same schedule and be  
579.5 renewed by the same procedures as registrations issued under subdivision 1.

579.6 **Subd. 4. Registration by grandfathering.** (a) To be eligible for registration by  
579.7 grandfathering, an applicant shall:

579.8 (1) meet the requirements for registration in subdivision 1, clauses (1), (2), and  
579.9 (3), items (v) to (xi); and

579.10 (2) provide documentation as specified by the board demonstrating the applicant has  
579.11 met at least one of the following qualifications:

- 579.12 (i) successful completion of at least 500 hours of supervised classroom and hands-on  
579.13 instruction relating to massage and bodywork therapy;
- 579.14 (ii) successful completion of a competency exam;
- 579.15 (iii) evidence of experience in the practice of massage and bodywork therapy for at  
579.16 least two of the previous five years immediately preceding application; or
- 579.17 (iv) active membership in a professional organization for at least two of the previous  
579.18 five years immediately preceding application.
- 579.19 (b) Registrations issued by grandfathering shall expire and be renewed on the same  
579.20 schedule and by the same procedures as registrations issued under subdivision 1.
- 579.21 (c) This subdivision is effective for two years after the first date the board has made  
579.22 applications available.
- 579.23 Subd. 5. **Temporary permit.** A temporary permit to practice as a registered  
579.24 massage and bodywork therapist may be issued to an applicant eligible for registration  
579.25 under subdivision 1, 3, or 4, if the application for registration is complete, all applicable  
579.26 requirements in this section have been met, and applicable fees have been paid. The  
579.27 temporary permit remains valid until the board takes action on the applicant's application.
- 579.28 Sec. 35. **[148.9871] EXPIRATION AND RENEWAL.**
- 579.29 Subdivision 1. **Registration expiration.** Registrations issued according to this  
579.30 chapter expire annually.
- 579.31 Subd. 2. **Renewal.** To be eligible for registration renewal, a registrant must  
579.32 annually, or as determined by the board:
- 579.33 (1) complete a renewal application on a form provided by the board;
- 579.34 (2) submit applicable fees; and
- 580.1 (3) submit any additional information requested by the board to clarify information  
580.2 presented in the renewal application. The information must be submitted within 30 days  
580.3 after the board's request, or the renewal request is canceled.
- 580.4 Subd. 3. **Change of address.** A registrant who changes addresses must inform  
580.5 the board within 30 days, in writing, of the change of address. Notices or other  
580.6 correspondence mailed to or served on a registrant at the registrant's current address on  
580.7 file shall be considered as having been received by the registrant.

580.8 Subd. 4. **Registration renewal notice.** At least 60 days before the registration  
580.9 renewal date, the board shall send out a renewal notice to the last known address of the  
580.10 registrant on file. The notice must include a renewal application and a notice of fees  
580.11 required for renewal. It must also inform the registrant that registration will expire without  
580.12 further action by the board if an application for registration renewal is not received before  
580.13 the deadline for renewal. The registrant's failure to receive this notice shall not relieve the  
580.14 registrant of the obligation to meet the deadline and other requirements for registration  
580.15 renewal. Failure to receive this notice is not grounds for challenging expiration of  
580.16 registered status.

580.17 Subd. 5. **Renewal deadline.** The renewal application and fee must be postmarked  
580.18 on or before October 1 of the year of renewal or as determined by the board. If the  
580.19 postmark is illegible, the application shall be considered timely if received by the third  
580.20 working day after the deadline.

580.21 Subd. 6. **Inactive status and return to active status.** (a) A registration may be  
580.22 placed in inactive status upon application to the board by the registrant and upon payment  
580.23 of an inactive status fee.

580.24 (b) A registrant seeking restoration to active status from inactive status must pay  
580.25 the current renewal fees and all unpaid back inactive fees. The registrant must meet  
580.26 the criteria for renewal under subdivision 7 prior to submitting an application to regain  
580.27 registered status. If the registrant has been in inactive status for more than five years, a  
580.28 qualifying score on a competency exam is required.

580.29 Subd. 7. **Registration following lapse of registration status for two years or less.**  
580.30 In order for an individual whose registration status has lapsed for two years or less, to  
580.31 regain registration status, the individual must:

580.32 (1) apply for registration renewal according to subdivision 2; and

580.33 (2) submit applicable fees for the period not registered, including the fee for late  
580.34 renewal.

580.35 Subd. 8. **Cancellation due to nonrenewal.** The board shall not renew, reissue,  
580.36 reinstate, or restore a registration that has lapsed and has not been renewed within two  
581.1 years. A registrant whose registration is canceled for nonrenewal must obtain a new  
581.2 registration by applying for initial registration and fulfilling all requirements then in  
581.3 existence for initial registration as a massage and bodywork therapist.

581.4 Subd. 9. **Cancellation of registration in good standing.** (a) A registrant holding  
581.5 active registration as a massage and bodywork therapist in this state may, upon approval  
581.6 of the board, be granted registration cancellation if the board is not investigating the  
581.7 person as a result of a complaint or information received or if the board has not begun  
581.8 disciplinary proceedings against the registrant. Such action by the board shall be reported  
581.9 as a cancellation of registration in good standing.

581.10 (b) A registrant who receives board approval for registration cancellation is not  
581.11 entitled to a refund of any registration fees paid for the registration period in which  
581.12 cancellation of the registration occurred.

581.13 (c) To obtain registration after cancellation, an applicant must obtain a new  
581.14 registration by applying for initial registration and fulfilling the requirements then in  
581.15 existence for obtaining initial registration according to sections 148.982 to 148.9885.

581.16 Sec. 36. **[148.9881] BOARD ACTION ON APPLICATIONS; DATA PRACTICES.**

581.17 (a) The board shall act on each application for registration or renewal according  
581.18 to paragraphs (b) and (d).

581.19 (b) The board or advisory council shall determine if the applicant meets the  
581.20 requirements for registration or renewal under section 148.987 or 148.9871. The board  
581.21 or advisory council may investigate information provided by an applicant to determine  
581.22 whether the information is accurate and complete, and may request additional information  
581.23 or documentation.

581.24 (c) The board shall notify each applicant, in writing, of action taken on the  
581.25 application, the grounds for denying registration if registration is denied, and the  
581.26 applicant's right to review under paragraph (d).

581.27 (d) An applicant denied registration may make a written request to the board, within  
581.28 30 days of the board's notice, to appear before the advisory council and for the advisory  
581.29 council to review the board's decision to deny the applicant's registration. After reviewing  
581.30 the denial, the advisory council shall make a recommendation to the board as to whether  
581.31 the denial shall be affirmed. Each applicant is allowed only one request for review per  
581.32 registration period.

581.33 (e) Section 13.41 applies to government data of the board on applicants and  
581.34 registrants.

582.1 Sec. 37. **[148.9882] GROUNDS FOR DISCIPLINARY ACTION.**

582.2 Subdivision 1. **Grounds listed.** (a) The board may deny, revoke, suspend, limit, or  
582.3 condition the registration of a registrant or registered massage and bodywork therapist, or  
582.4 may otherwise discipline a registrant. The fact that massage and bodywork therapy may  
582.5 be considered a less customary approach to health care shall not constitute the basis for  
582.6 disciplinary action per se.

582.7 (b) The following are grounds for disciplinary action, regardless of whether injury  
582.8 to a client is established:

582.9 (1) failing to demonstrate the qualifications or to satisfy the requirements for  
582.10 registration contained in sections 148.982 to 148.9885, or rules of the board. In the case of  
582.11 an applicant, the burden of proof is on the applicant to demonstrate the qualifications or  
582.12 satisfy the requirements;

582.13 (2) advertising in a false, fraudulent, deceptive, or misleading manner, including,  
582.14 but not limited to:

582.15 (i) advertising or holding oneself out as a "registered massage and bodywork  
582.16 therapist" or any abbreviation or derivative thereof to indicate such a title, when such  
582.17 registration is not valid or current for any reason;

582.18 (ii) advertising or holding oneself out as a "licensed massage and bodywork  
582.19 therapist" or any abbreviation or derivative thereof to indicate such a title, unless the  
582.20 registrant currently holds a valid state license in another state and provided that the state  
582.21 is clearly identified;

582.22 (iii) advertising a service, the provision of which would constitute a violation of this  
582.23 chapter or rules established by the board; and

582.24 (iv) using fraud, deceit, or misrepresentation when communicating with the general  
582.25 public, health care providers, or other business professionals;

582.26 (3) falsifying information in a massage and bodywork therapy registration or renewal  
582.27 application or attempting to obtain registration, registration renewal, or reinstatement by  
582.28 fraud, deception, or misrepresentation, or aiding and abetting any of these acts;

582.29 (4) engaging in conduct with a client that is sexual or may reasonably be interpreted  
582.30 by the client as sexual, or in any verbal behavior that is seductive or sexually demeaning  
582.31 to a client, or engaging in sexual exploitation of a client, without regard to who initiates  
582.32 such behaviors;

582.33 (5) committing an act of gross malpractice, negligence, or incompetency, or failing  
582.34 to practice massage and bodywork therapy with the level of care, skill, and treatment  
582.35 that is recognized by a reasonably prudent massage and bodywork therapist as being  
582.36 acceptable under similar conditions and circumstances;

583.1 (6) having an actual or potential inability to practice massage and bodywork therapy  
583.2 with reasonable skill and safety to clients by reason of illness, as a result of any mental  
583.3 or physical condition, or use of alcohol, drugs, chemicals, or any other material. Being  
583.4 adjudicated as mentally incompetent, mentally ill, a chemically dependent person, or a  
583.5 person dangerous to the public by a court of competent jurisdiction, inside or outside  
583.6 of this state, may be considered as evidence of an inability to practice massage and  
583.7 bodywork therapy;

583.8 (7) being the subject of disciplinary action as a massage and bodywork therapist by  
583.9 another state or jurisdiction where the board or advisory council determines that the cause  
583.10 of the disciplinary action would be a violation under this state's statutes or rules of the  
583.11 board if the violation had occurred in this state;

- 583.12 (8) failing to notify the board of revocation or suspension of a credential, or any  
583.13 other disciplinary action taken by this or any other state, territory, or country, including  
583.14 any restrictions on the right to practice; or the surrender or voluntary termination of a  
583.15 credential during a board investigation of a complaint, as part of a disciplinary order, or  
583.16 while under a disciplinary order;
- 583.17 (9) conviction of a crime, including a finding or verdict of guilt, an admission of  
583.18 guilt, or a no-contest plea, in this state or elsewhere, reasonably related to engaging in  
583.19 massage and bodywork therapy practices. Conviction, as used in this clause, includes a  
583.20 conviction of an offense that, if committed in this state, would be deemed a felony, gross  
583.21 misdemeanor, or misdemeanor, without regard to its designation elsewhere, or a criminal  
583.22 proceeding where a finding or verdict of guilt is made or returned but the adjudication  
583.23 of guilt is either withheld or not entered;
- 583.24 (10) if a registrant is on probation, failing to abide by terms of that probation;
- 583.25 (11) practicing or offering to practice beyond the scope of the practice of massage  
583.26 and bodywork therapy;
- 583.27 (12) managing client records and information improperly, including but not limited to  
583.28 failing to maintain adequate client records, comply with a client's request made according  
583.29 to sections 144.291 to 144.298, or furnish a client record or report required by law;
- 583.30 (13) revealing a privileged communication from or relating to a client except when  
583.31 otherwise required or permitted by law;
- 583.32 (14) providing massage and bodywork therapy services that are linked to the  
583.33 financial gain of a referral source;
- 583.34 (15) obtaining money, property, or services from a client, other than reasonable  
583.35 fees for services provided to the client, through the use of undue influence, harassment,  
583.36 duress, deception, or fraud;
- 584.1 (16) engaging in abusive or fraudulent billing practices, including violations of  
584.2 federal Medicare and Medicaid laws or state medical assistance laws;
- 584.3 (17) failing to consult with a client's health care provider who prescribed a course of  
584.4 massage and bodywork therapy treatment if the treatment needs to be altered from the  
584.5 original written order to conform with standards in the massage and bodywork therapy  
584.6 field or the registrant's level of training or experience;
- 584.7 (18) failing to cooperate with an investigation of the board or its representatives,  
584.8 including failing to respond fully and promptly to any question raised by or on behalf  
584.9 of the board relating to the subject of the investigation, failing to execute all releases  
584.10 requested by the board, failing to provide copies of client records, as reasonably requested  
584.11 by the board to assist in its investigation, and failing to appear at conferences or hearings  
584.12 scheduled by the board or its staff;

584.13 (19) interfering with an investigation or disciplinary proceeding, including by willful  
584.14 misrepresentation of facts or by the use of threats or harassment to prevent a person from  
584.15 providing evidence in a disciplinary proceeding or any legal action;

584.16 (20) violating a statute, rule, order, or agreement for corrective action that the board  
584.17 issued or is otherwise authorized or empowered to enforce;

584.18 (21) aiding or abetting a person in violating sections 148.982 to 148.9885;

584.19 (22) failing to report to the board other massage and bodywork therapists who  
584.20 commit violations of sections 148.982 to 148.9885; and

584.21 (23) failing to notify the board, in writing, of the entry of a final judgment by a  
584.22 court of competent jurisdiction against the registrant for malpractice of massage and  
584.23 bodywork therapy, or any settlement by the registrant in response to charges or allegations  
584.24 of malpractice of massage and bodywork therapy. The notice must be provided to the  
584.25 board within 60 days after the entry of a judgment, and must contain the name of the  
584.26 court, case number, and the names of all parties to the action.

584.27 Subd. 2. **Evidence.** In disciplinary actions alleging a violation of subdivision 1,  
584.28 a copy of the judgment or proceeding under the seal of the court administrator or of the  
584.29 administrative agency that entered the same shall be admissible into evidence without  
584.30 further authentication and shall constitute prima facie evidence of the violation.

584.31 Subd. 3. **Examination; access to medical data.** The board may take the actions  
584.32 described in section 148.261, subdivision 5, if it has probable cause to believe that grounds  
584.33 for disciplinary action exist under subdivision 1. The requirements and limitations  
584.34 described in section 148.261, subdivision 5, shall apply.

584.35 Sec. 38. **[148.9883] DISCIPLINE; REPORTING.**

585.1 For purposes of sections 148.982 to 148.9885, registered massage and bodywork  
585.2 therapists and applicants are subject to sections 148.262 to 148.266.

585.3 Sec. 39. **[148.9884] EFFECT ON MUNICIPAL ORDINANCES.**

585.4 Subdivision 1. License authority. The provisions of sections 148.982 to 148.9885  
585.5 preempt the licensure and regulation of registered massage and bodywork therapists  
585.6 by a municipality, including, without limitation, conducting a criminal background  
585.7 investigation and examination of a massage and bodywork therapist or applicant for a  
585.8 municipality's credential to practice massage and bodywork therapy.

585.9 Subd. 2. **Municipal regulation.** Nothing in sections 148.982 to 148.9885 shall  
585.10 be construed to limit a municipality from:

585.11 (1) requiring a massage business establishment to obtain a business license or permit  
585.12 in order to transact business in the jurisdiction regardless of whether the massage business  
585.13 establishment is operated by a registered or unregistered massage and bodywork therapist;

- 585.14 (2) enforcing the provisions of health codes related to communicable diseases;
- 585.15 (3) requiring a criminal background check of any unregistered massage and
- 585.16 bodywork therapist applying for a license to conduct massage and bodywork therapy
- 585.17 in the municipality; and
- 585.18 (4) otherwise regulating massage business establishments by ordinance regardless of
- 585.19 whether the massage business establishment is operated by a registered or unregistered
- 585.20 massage and bodywork therapist.
- 585.21 Subd. 3. **Prosecuting authority.** A municipality may prosecute violations of
- 585.22 sections 148.982 to 148.9885, a local ordinance, or any other law by a registered or
- 585.23 unregistered massage and bodywork therapist in its jurisdiction.
- 585.24 Sec. 40. **[148.9885] FEES.**
- 585.25 Subdivision 1. **Fees.** Fees are as follows:
- 585.26 (1) initial registration with application fee must not exceed \$285;
- 585.27 (2) annual registration renewal fee must not exceed \$185;
- 585.28 (3) duplicate registration certificate, \$15;
- 585.29 (4) late fee, \$50;
- 585.30 (5) inactive status and inactive to active status reactivation, \$50;
- 585.31 (6) temporary permit, \$50; and
- 585.32 (7) returned check, \$35.
- 586.1 Subd. 2. **Penalty fee for late renewals.** An application for registration renewal
- 586.2 submitted after the deadline must be accompanied by a late fee in addition to the required
- 586.3 fees.
- 586.4 Subd. 3. **Nonrefundable fees.** All of the fees in subdivision 1 are nonrefundable.
- 586.5 Subd. 4. **Deposit.** Fees collected by the board under this section shall be deposited
- 586.6 into the state government special revenue fund.
- 586.7 Subd. 5. **Special assessment fee.** A special assessment fee not to exceed \$85 shall
- 586.8 be assessed annually upon registration renewal until the fee revenue equals the board's
- 586.9 expenditures for registration activities under sections 148.982 to 148.9885.

586.10 **ORTHODICS, PEDORTHICS, AND PROSTHETICS**

- 586.11 Sec. 41.
- [153B.10] SHORT TITLE.**

115.12 **MINNESOTA ORTHOTIST, PROSTHETIST, AND PEDORTHIST**  
115.13 **PRACTICE ACT**

- 115.14 Sec. 22.
- [153B.10] SHORT TITLE.**

586.12 Chapter 153B may be cited as the "Minnesota Orthotist, Prosthetist, and Pedorthist  
586.13 Practice Act."

586.14 Sec. 42. **[153B.15] DEFINITIONS.**

586.15 Subdivision 1. **Application.** For purposes of this chapter, the following words  
586.16 have the meanings given.

586.17 Subd. 2. **Advisory council.** "Advisory council" means the Orthotics, Prosthetics,  
586.18 and Pedorthics Advisory Council established under section 153B.25.

586.19 Subd. 3. **Board.** "Board" means the Board of Podiatric Medicine.

586.20 Subd. 4. **Custom-fabricated device.** "Custom-fabricated device" means an orthosis,  
586.21 prosthesis, or pedorthic device for use by a patient that is fabricated to comprehensive  
586.22 measurements or a mold or patient model in accordance with a prescription and which  
586.23 requires on-site or in-person clinical and technical judgment in its design, fabrication,  
586.24 and fitting.

586.25 Subd. 5. **Licensed orthotic-prosthetic assistant.** "Licensed orthotic-prosthetic  
586.26 assistant" or "assistant" means a person, licensed by the board, who is educated and  
586.27 trained to participate in comprehensive orthotic and prosthetic care while under the  
586.28 supervision of a licensed orthotist or licensed prosthetist. Assistants may perform orthotic  
586.29 and prosthetic procedures and related tasks in the management of patient care. The  
586.30 assistant may fabricate, repair, and maintain orthoses and prostheses. The use of the title  
586.31 "orthotic-prosthetic assistant" or representations to the public is limited to a person who is  
586.32 licensed under this chapter as an orthotic-prosthetic assistant.

586.33 Subd. 6. **Licensed orthotic fitter.** "Licensed orthotic fitter" or "fitter" means a  
586.34 person licensed by the board who is educated and trained in providing certain orthoses,  
587.1 and is trained to conduct patient assessments, formulate treatment plans, implement  
587.2 treatment plans, perform follow-up, and practice management pursuant to a prescription.  
587.3 An orthotic fitter must be competent to fit certain custom-fitted, prefabricated, and  
587.4 off-the-shelf orthoses as follows:

587.5 (1) cervical orthoses, except those used to treat an unstable cervical condition;

587.6 (2) prefabricated orthoses for the upper and lower extremities, except those used in:

587.7 (i) the initial or acute treatment of long bone fractures and dislocations;

587.8 (ii) therapeutic shoes and inserts needed as a result of diabetes; and

587.9 (iii) functional electrical stimulation orthoses;

115.15 Chapter 153B may be cited as the "Minnesota Orthotist, Prosthetist, and Pedorthist  
115.16 Practice Act."

115.17 **EFFECTIVE DATE.** This section is effective July 1, 2016.

115.18 Sec. 23. **[153B.15] DEFINITIONS.**

115.19 Subdivision 1. **Application.** For purposes of this act, the following words have  
115.20 the meanings given.

115.21 Subd. 2. **Advisory council.** "Advisory council" means the Orthotics, Prosthetics,  
115.22 and Pedorthics Advisory Council established under section 153B.25.

115.23 Subd. 3. **Board.** "Board" means the Board of Podiatric Medicine.

115.24 Subd. 4. **Custom-fabricated device.** "Custom-fabricated device" means an orthosis,  
115.25 prosthesis, or pedorthic device for use by a patient that is fabricated to comprehensive  
115.26 measurements or a mold or patient model in accordance with a prescription and which  
115.27 requires on-site or in-person clinical and technical judgment in its design, fabrication,  
115.28 and fitting.

115.29 Subd. 5. **Licensed orthotic-prosthetic assistant.** "Licensed orthotic-prosthetic  
115.30 assistant" or "assistant" means a person, licensed by the board, who is educated and  
115.31 trained to participate in comprehensive orthotic and prosthetic care while under the  
116.1 supervision of a licensed orthotist or licensed prosthetist. Assistants may perform orthotic  
116.2 and prosthetic procedures and related tasks in the management of patient care. The  
116.3 assistant may fabricate, repair, and maintain orthoses and prostheses. The use of the title  
116.4 "orthotic-prosthetic assistant" or representations to the public is limited to a person who is  
116.5 licensed under this chapter as an orthotic-prosthetic assistant.

116.6 Subd. 6. **Licensed orthotic fitter.** "Licensed orthotic fitter" or "fitter" means a  
116.7 person licensed by the board who is educated and trained in providing certain orthoses,  
116.8 and is trained to conduct patient assessments, formulate treatment plans, implement  
116.9 treatment plans, perform follow-up, and practice management pursuant to a prescription.  
116.10 An orthotic fitter must be competent to fit certain custom-fitted, prefabricated, and  
116.11 off-the-shelf orthoses as follows:

116.12 (1) cervical orthoses, except those used to treat an unstable cervical condition;

116.13 (2) prefabricated orthoses for the upper and lower extremities, except those used in:

116.14 (i) the initial or acute treatment of long bone fractures and dislocations;

116.15 (ii) therapeutic shoes and inserts needed as a result of diabetes; and

116.16 (iii) functional electrical stimulation orthoses;

587.10 (3) prefabricated spinal orthoses, except those used in the treatment of scoliosis or  
 587.11 unstable spinal conditions, including halo cervical orthoses; and  
 587.12 (4) trusses.

587.13 The use of the title "orthotic fitter" or representations to the public is limited to a person  
 587.14 who is licensed under this chapter as an orthotic fitter.

587.15 Subd. 7. **Licensed orthotist.** "Licensed orthotist" means a person licensed by  
 587.16 the board who is educated and trained to practice orthotics, which includes managing  
 587.17 comprehensive orthotic patient care pursuant to a prescription. The use of the title  
 587.18 "orthotist" or representations to the public is limited to a person who is licensed under  
 587.19 this chapter as an orthotist.

587.20 Subd. 8. **Licensed pedorthist.** "Licensed pedorthist" means a person licensed by  
 587.21 the board who is educated and trained to manage comprehensive pedorthic patient care  
 587.22 and who performs patient assessments, formulates and implements treatment plans, and  
 587.23 performs follow-up and practice management pursuant to a prescription. A pedorthist may  
 587.24 fit, fabricate, adjust, or modify devices within the scope of the pedorthist's education and  
 587.25 training. Use of the title "pedorthist" or representations to the public is limited to a person  
 587.26 who is licensed under this chapter as a pedorthist.

587.27 Subd. 9. **Licensed prosthetist.** "Licensed prosthetist" means a person licensed by  
 587.28 the board who is educated and trained to manage comprehensive prosthetic patient care,  
 587.29 and who performs patient assessments, formulates and implements treatment plans, and  
 587.30 performs follow-up and practice management pursuant to a prescription. Use of the title  
 587.31 "prosthetist" or representations to the public is limited to a person who is licensed under  
 587.32 this chapter as a prosthetist.

587.33 Subd. 10. **Licensed prosthetist orthotist.** "Licensed prosthetist orthotist" means a  
 587.34 person licensed by the board who is educated and trained to manage comprehensive  
 587.35 prosthetic and orthotic patient care, and who performs patient assessments, formulates and  
 587.36 implements treatment plans, and performs follow-up and practice management pursuant to  
 588.1 a prescription. Use of the title "prosthetist orthotist" or representations to the public is  
 588.2 limited to a person who is licensed under this chapter as a prosthetist orthotist.

588.3 Subd. 11. **NCOPE.** "NCOPE" means National Commission on Orthotic and  
 588.4 Prosthetic Education, an accreditation program that ensures educational institutions and  
 588.5 residency programs meet the minimum standards of quality to prepare individuals to enter  
 588.6 the orthotic, prosthetic, and pedorthic professions.

588.7 Subd. 12. **Orthosis.** "Orthosis" means an external device that is custom-fabricated  
 588.8 or custom-fitted to a specific patient based on the patient's unique physical condition and  
 588.9 is applied to a part of the body to help correct a deformity, provide support and protection,  
 588.10 restrict motion, improve function, or relieve symptoms of a disease, syndrome, injury, or  
 588.11 postoperative condition.

116.17 (3) prefabricated spinal orthoses, except those used in the treatment of scoliosis or  
 116.18 unstable spinal conditions, including halo cervical orthoses; and  
 116.19 (4) trusses.

116.20 The use of the title "orthotic fitter" or representations to the public is limited to a person  
 116.21 who is licensed under this chapter as an orthotic fitter.

116.22 Subd. 7. **Licensed orthotist.** "Licensed orthotist" means a person licensed by  
 116.23 the board who is educated and trained to practice orthotics, which includes managing  
 116.24 comprehensive orthotic patient care pursuant to a prescription. The use of the title  
 116.25 "orthotist" or representations to the public is limited to a person who is licensed under  
 116.26 this chapter as an orthotist.

116.27 Subd. 8. **Licensed pedorthist.** "Licensed pedorthist" means a person licensed by  
 116.28 the board who is educated and trained to manage comprehensive pedorthic patient care  
 116.29 and who performs patient assessments, formulates and implements treatment plans, and  
 116.30 performs follow-up and practice management pursuant to a prescription. A pedorthist may  
 116.31 fit, fabricate, adjust, or modify devices within the scope of the pedorthist's education and  
 116.32 training. Use of the title "pedorthist" or representations to the public is limited to a person  
 116.33 who is licensed under this chapter as a pedorthist.

116.34 Subd. 9. **Licensed prosthetist.** "Licensed prosthetist" means a person licensed by  
 116.35 the board who is educated and trained to manage comprehensive prosthetic patient care,  
 116.36 and who performs patient assessments, formulates and implements treatment plans, and  
 117.1 performs follow-up and practice management pursuant to a prescription. Use of the title  
 117.2 "prosthetist" or representations to the public is limited to a person who is licensed under  
 117.3 this chapter as a prosthetist.

117.4 Subd. 10. **Licensed prosthetist orthotist.** "Licensed prosthetist orthotist" means a  
 117.5 person licensed by the board who is educated and trained to manage comprehensive  
 117.6 prosthetic and orthotic patient care, and who performs patient assessments, formulates and  
 117.7 implements treatment plans, and performs follow-up and practice management pursuant to  
 117.8 a prescription. Use of the title "prosthetist orthotist" or representations to the public is  
 117.9 limited to a person who is licensed under this chapter as a prosthetist orthotist.

117.10 Subd. 11. **NCOPE.** "NCOPE" means National Commission on Orthotic and  
 117.11 Prosthetic Education, an accreditation program that ensures educational institutions and  
 117.12 residency programs meet the minimum standards of quality to prepare individuals to enter  
 117.13 the orthotic, prosthetic, and pedorthic professions.

117.14 Subd. 12. **Orthosis.** "Orthosis" means an external device that is custom-fabricated  
 117.15 or custom-fitted to a specific patient based on the patient's unique physical condition and  
 117.16 is applied to a part of the body to help correct a deformity, provide support and protection,  
 117.17 restrict motion, improve function, or relieve symptoms of a disease, syndrome, injury, or  
 117.18 postoperative condition.

588.12 Subd. 13. **Orthotics.** "Orthotics" means the science and practice of evaluating,  
 588.13 measuring, designing, fabricating, assembling, fitting, adjusting, or servicing an orthosis  
 588.14 pursuant to a prescription. The practice of orthotics includes providing the initial training  
 588.15 necessary for fitting an orthotic device for the support, correction, or alleviation of  
 588.16 neuromuscular or musculoskeletal dysfunction, disease, injury, or deformity.

588.17 Subd. 14. **Over-the-counter.** "Over-the-counter" means a prefabricated,  
 588.18 mass-produced item that is prepackaged, requires no professional advice or judgment in  
 588.19 size selection or use, and is currently available at retail stores without a prescription.  
 588.20 Over-the-counter items are not regulated by this chapter.

588.21 Subd. 15. **Off-the-shelf.** "Off-the-shelf" means a prefabricated device sized or  
 588.22 modified for the patient's use pursuant to a prescription and that requires changes to be  
 588.23 made by a qualified practitioner to achieve an individual fit, such as requiring the item  
 588.24 to be trimmed, bent, or molded with or without heat, or requiring any other alterations  
 588.25 beyond self adjustment.

588.26 Subd. 16. **Pedorthic device.** "Pedorthic device" means below-the-ankle partial  
 588.27 foot prostheses for transmetatarsal and more distal amputations, foot orthoses, and  
 588.28 subtalar-control foot orthoses to control the range of motion of the subtalar joint.  
 588.29 A prescription is required for any pedorthic device, modification, or prefabricated  
 588.30 below-the-knee orthosis addressing a medical condition that originates at the ankle or  
 588.31 below. Pedorthic devices do not include nontherapeutic inlays or footwear regardless  
 588.32 of method of manufacture; unmodified, nontherapeutic over-the-counter shoes; or  
 588.33 prefabricated foot care products.

588.34 Subd. 17. **Pedorthics.** "Pedorthics" means the science and practice of evaluating,  
 588.35 measuring, designing, fabricating, assembling, fitting, adjusting, or servicing a pedorthic  
 588.36 device pursuant to a prescription for the correction or alleviation of neuromuscular or  
 589.1 neuromuscular dysfunction, disease, injury, or deformity. The practice of pedorthics  
 589.2 includes providing patient care and services pursuant to a prescription to prevent or  
 589.3 ameliorate painful or disabling conditions of the foot and ankle.

589.4 Subd. 18. **Prescription.** "Prescription" means an order deemed medically necessary  
 589.5 by a physician, podiatric physician, osteopathic physician, or a licensed health care  
 589.6 provider who has authority in this state to prescribe orthotic and prosthetic devices,  
 589.7 supplies, and services.

589.8 Subd. 19. **Prosthesis.** "Prosthesis" means a custom-designed, fabricated, fitted, or  
 589.9 modified device to treat partial or total limb loss for purposes of restoring physiological  
 589.10 function or cosmesis. Prosthesis does not include artificial eyes, ears, fingers, or toes;  
 589.11 dental appliances; external breast prosthesis; or cosmetic devices that do not have a  
 589.12 significant impact on the musculoskeletal functions of the body.

117.19 Subd. 13. **Orthotics.** "Orthotics" means the science and practice of evaluating,  
 117.20 measuring, designing, fabricating, assembling, fitting, adjusting, or servicing an orthosis  
 117.21 pursuant to a prescription. The practice of orthotics includes providing the initial training  
 117.22 necessary for fitting an orthotic device for the support, correction, or alleviation of  
 117.23 neuromuscular or musculoskeletal dysfunction, disease, injury, or deformity.

117.24 Subd. 14. **Over-the-counter.** "Over-the-counter" means a prefabricated,  
 117.25 mass-produced item that is prepackaged, requires no professional advice or judgment in  
 117.26 size selection or use, and is currently available at retail stores without a prescription.  
 117.27 Over-the-counter items are not regulated by this act.

117.28 Subd. 15. **Off-the-shelf.** "Off-the-shelf" means a prefabricated device sized or  
 117.29 modified for the patient's use pursuant to a prescription and which requires changes to be  
 117.30 made by a qualified practitioner to achieve an individual fit, such as requiring the item  
 117.31 to be trimmed, bent, or molded with or without heat, or requiring any other alterations  
 117.32 beyond self adjustment.

117.33 Subd. 16. **Pedorthic device.** "Pedorthic device" means below-the-ankle partial  
 117.34 foot prostheses for transmetatarsal and more distal amputations, foot orthoses, and  
 117.35 subtalar-control foot orthoses to control the range of motion of the subtalar joint.  
 117.36 A prescription is required for any pedorthic device, modification, or prefabricated  
 118.1 below-the-knee orthosis addressing a medical condition that originates at the ankle or  
 118.2 below. Pedorthic devices do not include nontherapeutic inlays or footwear regardless  
 118.3 of method of manufacture; unmodified, nontherapeutic over-the-counter shoes; or  
 118.4 prefabricated foot care products.

118.5 Subd. 17. **Pedorthics.** "Pedorthics" means the science and practice of evaluating,  
 118.6 measuring, designing, fabricating, assembling, fitting, adjusting, or servicing a pedorthic  
 118.7 device pursuant to a prescription for the correction or alleviation of neuromuscular or  
 118.8 neuromuscular dysfunction, disease, injury, or deformity. The practice of pedorthics  
 118.9 includes providing patient care and services pursuant to a prescription to prevent or  
 118.10 ameliorate painful or disabling conditions of the foot and ankle.

118.11 Subd. 18. **Prescription.** "Prescription" means an order deemed medically necessary  
 118.12 by a physician, podiatric physician, osteopathic physician, or a licensed health care  
 118.13 provider who has authority in this state to prescribe orthotic and prosthetic devices,  
 118.14 supplies, and services.

118.15 Subd. 19. **Prosthesis.** "Prosthesis" means a custom-designed, fabricated, fitted, or  
 118.16 modified device to treat partial or total limb loss for purposes of restoring physiological  
 118.17 function or cosmesis. Prosthesis does not include artificial eyes, ears, fingers, or toes;  
 118.18 dental appliances; external breast prosthesis; or cosmetic devices that do not have a  
 118.19 significant impact on the musculoskeletal functions of the body.

589.13 Subd. 20. **Prosthetics.** "Prosthetics" means the science and practice of evaluating,  
 589.14 measuring, designing, fabricating, assembling, fitting, adjusting, or servicing a prosthesis  
 589.15 pursuant to a prescription. It includes providing the initial training necessary to fit a  
 589.16 prosthesis in order to replace external parts of a human body lost due to amputation,  
 589.17 congenital deformities, or absence.

589.18 Subd. 21. **Resident.** "Resident" means a person who has completed a  
 589.19 NCOPE-approved education program in orthotics or prosthetics and is receiving clinical  
 589.20 training in a residency accredited by NCOPE.

589.21 Subd. 22. **Residency.** "Residency" means a minimum of an NCOPE-approved  
 589.22 program to acquire practical clinical training in orthotics and prosthetics in a patient  
 589.23 care setting.

589.24 Subd. 23. **Supervisor.** "Supervisor" means the licensed orthotist, prosthetist, or  
 589.25 pedorthist who oversees and is responsible for the delivery of appropriate, effective,  
 589.26 ethical, and safe orthotic, prosthetic, or pedorthic patient care.

589.27 Sec. 43. **[153B.20] EXCEPTIONS.**

589.28 Nothing in this chapter shall prohibit:

589.29 (1) a physician or podiatric physician licensed by the state of Minnesota from  
 589.30 providing services within the physician's scope of practice;

589.31 (2) a health care professional licensed by the state of Minnesota, including, but not  
 589.32 limited to, chiropractors, physical therapists, and occupational therapy practitioners from  
 589.33 providing services within the professional's scope of practice, or an individual working  
 589.34 under the supervision of a licensed physician or podiatric physician;

590.1 (3) the practice of orthotics, prosthetics, or pedorthics by a person who is employed  
 590.2 by the federal government or any bureau, division, or agency of the federal government  
 590.3 while in the discharge of the employee's official duties;

590.4 (4) the practice of orthotics, prosthetics, or pedorthics by:

590.5 (i) a student enrolled in an accredited or approved orthotics, prosthetics, or  
 590.6 pedorthics education program who is performing activities required by the program;

590.7 (ii) a resident enrolled in an NCOPE-accredited residency program; or

590.8 (iii) a person working in a qualified, supervised work experience or internship who  
 590.9 is obtaining the clinical experience necessary for licensure under this chapter; or

118.20 Subd. 20. **Prosthetics.** "Prosthetics" means the science and practice of evaluating,  
 118.21 measuring, designing, fabricating, assembling, fitting, adjusting, or servicing a prosthesis  
 118.22 pursuant to a prescription. It includes providing the initial training necessary to fit a  
 118.23 prosthesis in order to replace external parts of a human body lost due to amputation,  
 118.24 congenital deformities, or absence.

118.25 Subd. 21. **Resident.** "Resident" means a person who has completed a  
 118.26 NCOPE-approved education program in orthotics or prosthetics and is receiving clinical  
 118.27 training in a residency accredited by NCOPE.

118.28 Subd. 22. **Residency.** "Residency" means a minimum of an NCOPE-approved  
 118.29 program to acquire practical clinical training in orthotics and prosthetics in a patient  
 118.30 care setting.

118.31 Subd. 23. **Supervisor.** "Supervisor" means the licensed orthotist, prosthetist, or  
 118.32 pedorthist who oversees and is responsible for the delivery of appropriate, effective,  
 118.33 ethical, and safe orthotic, prosthetic, or pedorthic patient care.

118.34 **EFFECTIVE DATE.** This section is effective July 1, 2016.

118.35 Sec. 24. **[153B.20] EXCEPTIONS.**

119.1 Nothing in this chapter shall prohibit:

119.2 (1) a physician, osteopathic physician, or podiatric physician licensed by the state of  
 119.3 Minnesota from providing services within the physician's scope of practice;

119.4 (2) a professional regulated in this state, including but not limited to physical  
 119.5 therapists and occupational therapists, from providing services within the professional's  
 119.6 scope of practice;

119.7 (3) the practice of orthotics, prosthetics, or pedorthics by a person who is employed  
 119.8 by the federal government or any bureau, division, or agency of the federal government  
 119.9 while in the discharge of the employee's official duties;

119.10 (4) the practice of orthotics, prosthetics, or pedorthics by:

119.11 (i) a student enrolled in an accredited or approved orthotics, prosthetics, or  
 119.12 pedorthics education program who is performing activities required by the program;

119.13 (ii) a resident enrolled in an NCOPE-accredited residency program; or

119.14 (iii) a person working in a qualified, supervised work experience or internship who  
 119.15 is obtaining the clinical experience necessary for licensure under this chapter; or

590.10 (5) an orthotist, prosthetist, prosthetist orthotist, pedorthist, assistant, or fitter who is  
 590.11 licensed in another state or territory of the United States or in another country that has  
 590.12 equivalent licensure requirements as approved by the board from providing services within  
 590.13 the professional's scope of practice subject to this chapter, if the individual is qualified and  
 590.14 has applied for licensure under this chapter. The individual shall be allowed to practice for  
 590.15 no longer than six months following the filing of the application for licensure, unless the  
 590.16 individual withdraws the application for licensure or the board denies the license.

590.17 Sec. 44. **[153B.25] ORTHOTICS, PROSTHETICS, AND PEDORTHICS**  
 590.18 **ADVISORY COUNCIL.**

590.19 Subdivision 1. **Creation; membership.** (a) There is established an Orthotics,  
 590.20 Prosthetics, and Pedorthics Advisory Council that shall consist of seven voting members  
 590.21 appointed by the board. Five members shall be licensed and practicing orthotists,  
 590.22 prosthetists, or pedorthists. Each profession shall be represented on the advisory council.  
 590.23 One member shall be a Minnesota-licensed doctor of podiatric medicine who is also a  
 590.24 member of the Board of Podiatric Medicine, and one member shall be a public member.

590.25 (b) The council shall be organized and administered under section 15.059.

590.26 Subd. 2. **Duties.** The advisory council shall:

590.27 (1) advise the board on enforcement of the provisions contained in this chapter;

590.28 (2) review reports of investigations or complaints relating to individuals and make  
 590.29 recommendations to the board as to whether a license should be denied or disciplinary  
 590.30 action taken against an individual;

590.31 (3) advise the board regarding standards for licensure of professionals under this  
 590.32 chapter; and

590.33 (4) perform other duties authorized for advisory councils by chapter 214, as directed  
 590.34 by the board.

590.35 Subd. 3. **Chair.** The council must elect a chair from among its members.

591.1 Subd. 4. **Administrative provisions.** The Board of Podiatric Medicine must  
 591.2 provide meeting space and administrative services for the council.

591.3 Sec. 45. **[153B.30] LICENSURE.**

119.16 (5) an orthotist, prosthetist, prosthetist orthotist, pedorthist, assistant, or fitter who is  
 119.17 licensed in another state or territory of the United States or in another country that has  
 119.18 equivalent licensure requirements as approved by the board from providing services within  
 119.19 the professional's scope of practice subject to this paragraph, if the individual is qualified  
 119.20 and has applied for licensure under this chapter. The individual shall be allowed to practice  
 119.21 for no longer than six months following the filing of the application for licensure, unless  
 119.22 the individual withdraws the application for licensure or the board denies the license.

119.23 **EFFECTIVE DATE.** This section is effective July 1, 2016.

119.24 Sec. 25. **[153B.25] ORTHOTICS, PROSTHETICS, AND PEDORTHICS**  
 119.25 **ADVISORY COUNCIL.**

119.26 Subdivision 1. **Creation; membership.** (a) There is established an Orthotics,  
 119.27 Prosthetics, and Pedorthics Advisory Council which shall consist of seven voting members  
 119.28 appointed by the board. Five members shall be licensed and practicing orthotists,  
 119.29 prosthetists, or pedorthists. Each profession shall be represented on the advisory council.  
 119.30 One member shall be a Minnesota-licensed doctor of podiatric medicine who is also a  
 119.31 member of the Board of Podiatric Medicine, and one member shall be a public member.

119.32 (b) The council shall be organized and administered under section 15.059.

119.33 Subd. 2. **Duties.** The advisory council shall:

119.34 (1) advise the board on enforcement of the provisions contained in this chapter;

120.1 (2) review reports of investigations or complaints relating to individuals and make  
 120.2 recommendations to the board as to whether a license should be denied or disciplinary  
 120.3 action taken against an individual;

120.4 (3) advise the board regarding standards for licensure of professionals under this  
 120.5 chapter; and

120.6 (4) perform other duties authorized for advisory councils by chapter 214, as directed  
 120.7 by the board.

120.8 Subd. 3. **Chair.** The council must elect a chair from among its members.

120.9 Subd. 4. **Administrative provisions.** The Board of Podiatric Medicine must  
 120.10 provide meeting space and administrative services for the council.

120.11 **EFFECTIVE DATE.** This section is effective July 1, 2016.

120.12 Sec. 26. **[153B.30] LICENSURE.**

591.4 Subdivision 1. **Application.** An application for a license shall be submitted to the  
 591.5 board in the format required by the board and shall be accompanied by the required fee,  
 591.6 which is nonrefundable.

591.7 Subd. 2. **Qualifications.** (a) To be eligible for licensure as an orthotist, prosthetist,  
 591.8 or prosthetist orthotist, an applicant shall meet orthotist, prosthetist, or prosthetist orthotist  
 591.9 certification requirements of either the American Board for Certification in Orthotics,  
 591.10 Prosthetics, and Pedorthics or the Board of Certification/Accreditation requirements in  
 591.11 effect at the time of the individual's application for licensure and be in good standing  
 591.12 with the certifying board.

591.13 (b) To be eligible for licensure as a pedorthist, an applicant shall meet the pedorthist  
 591.14 certification requirements of either the American Board for Certification in Orthotics,  
 591.15 Prosthetics, and Pedorthics or the Board of Certification/Accreditation that are in effect  
 591.16 at the time of the individual's application for licensure and be in good standing with  
 591.17 the certifying board.

591.18 (c) To be eligible for licensure as an orthotic or prosthetic assistant, an applicant shall  
 591.19 meet the orthotic or prosthetic assistant certification requirements of the American Board  
 591.20 for Certification in Orthotics, Prosthetics, and Pedorthics that are in effect at the time of  
 591.21 the individual's application for licensure and be in good standing with the certifying board.

591.22 (d) To be eligible for licensure as an orthotic fitter, an applicant shall meet the  
 591.23 orthotic fitter certification requirements of either the American Board for Certification in  
 591.24 Orthotics, Prosthetics, and Pedorthics or the Board of Certification/Accreditation that are  
 591.25 in effect at the time of the individual's application for licensure and be in good standing  
 591.26 with the certifying board.

591.27 Subd. 3. **License term.** A license to practice is valid for a term of up to 24 months  
 591.28 beginning on January 1 or commencing after initially fulfilling the license requirements  
 591.29 and ending on December 31 of the following year.

591.30 Sec. 46. **[153B.35] EMPLOYMENT BY AN ACCREDITED FACILITY; SCOPE**  
 591.31 **OF PRACTICE.**

591.32 A licensed orthotist, prosthetist, pedorthist, assistant, or orthotic fitter may provide  
 591.33 limited, supervised orthotic or prosthetic patient care services beyond their licensed scope  
 591.34 of practice if all of the following conditions are met:

592.1 (1) the licensee is employed by a patient care facility that is accredited by a national  
 592.2 accrediting organization in orthotics, prosthetics, and pedorthics;

120.13 Subdivision 1. **Application.** An application for a license shall be submitted to the  
 120.14 board in the format required by the board and shall be accompanied by the required fee,  
 120.15 which is nonrefundable.

120.16 Subd. 2. **Qualifications.** (a) To be eligible for licensure as an orthotist, prosthetist,  
 120.17 or prosthetist orthotist, an applicant shall meet orthotist, prosthetist, or prosthetist orthotist  
 120.18 certification requirements of either the American Board for Certification in Orthotics,  
 120.19 Prosthetics, and Pedorthics or the Board of Certification/Accreditation requirements in  
 120.20 effect at the time of the individual's application for licensure and be in good standing  
 120.21 with the certifying board.

120.22 (b) To be eligible for licensure as a pedorthist, an applicant shall meet the pedorthist  
 120.23 certification requirements of either the American Board for Certification in Orthotics,  
 120.24 Prosthetics, and Pedorthics or the Board of Certification/Accreditation that are in effect  
 120.25 at the time of the individual's application for licensure and be in good standing with  
 120.26 the certifying board.

120.27 (c) To be eligible for licensure as an orthotic or prosthetic assistant, an applicant shall  
 120.28 meet the orthotic or prosthetic assistant certification requirements of the American Board  
 120.29 for Certification in Orthotics, Prosthetics, and Pedorthics that are in effect at the time of  
 120.30 the individual's application for licensure and be in good standing with the certifying board.

120.31 (d) To be eligible for licensure as an orthotic fitter, an applicant shall meet the  
 120.32 orthotic fitter certification requirements of either the American Board for Certification in  
 120.33 Orthotics, Prosthetics, and Pedorthics or the Board of Certification/Accreditation that are  
 120.34 in effect at the time of the individual's application for licensure and be in good standing  
 120.35 with the certifying board.

121.1 Subd. 3. **License term.** A license to practice is valid for a term of up to 24 months  
 121.2 beginning on January 1 or commencing after initially fulfilling the license requirements  
 121.3 and ending on December 31 of the following year.

121.4 **EFFECTIVE DATE.** This section is effective July 1, 2016.

121.5 Sec. 27. **[153B.35] EMPLOYMENT BY AN ACCREDITED FACILITY; SCOPE**  
 121.6 **OF PRACTICE.**

121.7 A licensed orthotist, prosthetist, pedorthist, assistant, or orthotic fitter may provide  
 121.8 limited, supervised patient care services beyond their licensed scope of practice if all of  
 121.9 the following conditions are met:

121.10 (1) the licensee is employed by a patient care facility that is accredited by a national  
 121.11 accrediting organization in orthotics, prosthetics, and pedorthics;

592.3 (2) written objective criteria are documented by the accredited facility to describe  
 592.4 the knowledge and skills required by the licensee to demonstrate competency to provide  
 592.5 additional specific and limited orthotic or prosthetic patient care services that are outside  
 592.6 the licensee's scope of practice;

592.7 (3) the licensee provides orthotic or prosthetic patient care only at the direction of a  
 592.8 supervisor who is licensed as an orthotist, pedorthist, or prosthetist who is employed by  
 592.9 the facility to provide the specific orthotic or prosthetic patient care or services that are  
 592.10 outside the licensee's scope of practice; and

592.11 (4) the supervised orthotic or prosthetic patient care occurs in compliance with  
 592.12 facility accreditation standards.

592.13 Sec. 47. **[153B.40] CONTINUING EDUCATION.**

592.14 Subdivision 1. **Requirement.** Each licensee shall obtain the number of continuing  
 592.15 education hours required by the certifying board to maintain certification status pursuant  
 592.16 to the specific license category.

592.17 Subd. 2. **Proof of attendance.** A licensee must submit to the board proof of  
 592.18 attendance at approved continuing education programs during the license renewal period  
 592.19 in which it was attended in the form of a certificate, statement of continuing education  
 592.20 credits from the American Board for Certification in Orthotics, Prosthetics, and Pedorthics  
 592.21 or the Board of Certification/Accreditation, descriptive receipt, or affidavit. The board  
 592.22 may conduct random audits.

592.23 Subd. 3. **Extension of continuing education requirements.** For good cause, a  
 592.24 licensee may apply to the board for a six-month extension of the deadline for obtaining  
 592.25 the required number of continuing education credits. No more than two consecutive  
 592.26 extensions may be granted. For purposes of this subdivision, "good cause" includes  
 592.27 unforeseen hardships such as illness, family emergency, or military call-up.

592.28 Sec. 48. **[153B.45] LICENSE RENEWAL.**

592.29 Subdivision 1. **Submission of license renewal application.** A licensee must submit  
 592.30 to the board a license renewal application on a form provided by the board together with  
 592.31 the license renewal fee. The completed form must be postmarked no later than January 1  
 592.32 in the year of renewal. The form must be signed by the licensee in the place provided for  
 592.33 the renewal applicant's signature, include evidence of participation in approved continuing  
 592.34 education programs, and any other information as the board may reasonably require.

121.12 (2) written objective criteria are documented by the accredited facility to describe  
 121.13 the knowledge and skills required by the licensee to demonstrate competency to provide  
 121.14 additional specific and limited patient care services that are outside the licensee's scope of  
 121.15 practice;

121.16 (3) the licensee provides patient care only at the direction of a supervisor who is  
 121.17 licensed as an orthotist, pedorthist, or prosthetist who is employed by the facility to provide  
 121.18 the specific patient care or services that are outside the licensee's scope of practice; and

121.19 (4) the supervised patient care occurs in compliance with facility accreditation  
 121.20 standards.

121.21 **EFFECTIVE DATE.** This section is effective July 1, 2016.

121.22 Sec. 28. **[153B.40] CONTINUING EDUCATION.**

121.23 Subdivision 1. **Requirement.** Each licensee shall obtain the number of continuing  
 121.24 education hours required by the certifying board to maintain certification status pursuant  
 121.25 to the specific license category.

121.26 Subd. 2. **Proof of attendance.** A licensee must submit to the board proof of  
 121.27 attendance at approved continuing education programs during the license renewal period  
 121.28 in which it was attended in the form of a certificate, statement of continuing education  
 121.29 credits from the American Board for Certification in Orthotics, Prosthetics, and Pedorthics  
 121.30 or the Board of Certification/Accreditation, descriptive receipt, or affidavit. The board  
 121.31 may conduct random audits.

121.32 Subd. 3. **Extension of continuing education requirements.** For good cause, a  
 121.33 licensee may apply to the board for a six-month extension of the deadline for obtaining  
 122.1 the required number of continuing education credits. No more than two consecutive  
 122.2 extensions may be granted. For purposes of this subdivision, "good cause" includes  
 122.3 unforeseen hardships such as illness, family emergency, or military call-up.

122.4 **EFFECTIVE DATE.** This section is effective July 1, 2016.

122.5 Sec. 29. **[153B.45] LICENSE RENEWAL.**

122.6 Subdivision 1. **Submission of license renewal application.** A licensee must submit  
 122.7 to the board a license renewal application on a form provided by the board together with  
 122.8 the license renewal fee. The completed form must be postmarked no later than January 1  
 122.9 in the year of renewal. The form must be signed by the licensee in the place provided for  
 122.10 the renewal applicant's signature, include evidence of participation in approved continuing  
 122.11 education programs, and any other information as the board may reasonably require.

593.1 Subd. 2. **Renewal application postmarked after January 1.** A renewal application  
 593.2 postmarked after January 1 in the renewal year shall be returned to the licensee for addition  
 593.3 of the late renewal fee. A license renewal application postmarked after January 1 in the  
 593.4 renewal year is not complete until the late renewal fee has been received by the board.

593.5 Subd. 3. **Failure to submit renewal application.** (a) At any time after January 1 of  
 593.6 the applicable renewal year, the board shall send notice to a licensee who has failed to  
 593.7 apply for license renewal. The notice shall be mailed to the licensee at the last address on  
 593.8 file with the board and shall include the following information:

593.9 (1) that the licensee has failed to submit application for license renewal;

593.10 (2) the amount of renewal and late fees;

593.11 (3) information about continuing education that must be submitted in order for  
 593.12 the license to be renewed;

593.13 (4) that the licensee must respond within 30 calendar days after the notice was sent  
 593.14 by the board; and

593.15 (5) that the licensee may voluntarily terminate the license by notifying the board  
 593.16 or may apply for license renewal by sending the board a completed renewal application,  
 593.17 license renewal and late fees, and evidence of compliance with continuing education  
 593.18 requirements.

593.19 (b) Failure by the licensee to notify the board of the licensee's intent to voluntarily  
 593.20 terminate the license or to submit a license renewal application shall result in expiration  
 593.21 of the license and termination of the right to practice. The expiration of the license and  
 593.22 termination of the right to practice shall not be considered disciplinary action against the  
 593.23 licensee.

593.24 (c) A license that has been expired under this subdivision may be reinstated.

593.25 Sec. 49. **[153B.50] NAME AND ADDRESS CHANGE.**

593.26 (a) A licensee who has changed names must notify the board in writing within 90  
 593.27 days and request a revised license. The board may require official documentation of the  
 593.28 legal name change.

593.29 (b) A licensee must maintain with the board a correct mailing address to receive  
 593.30 board communications and notices. A licensee who has changed addresses must notify the  
 593.31 board in writing within 90 days. Mailing a notice by United States mail to a licensee's last  
 593.32 known mailing address constitutes valid mailing.

122.12 Subd. 2. **Renewal application postmarked after January 1.** A renewal application  
 122.13 postmarked after January 1 in the renewal year shall be returned to the licensee for addition  
 122.14 of the late renewal fee. A license renewal application postmarked after January 1 in the  
 122.15 renewal year is not complete until the late renewal fee has been received by the board.

122.16 Subd. 3. **Failure to submit renewal application.** (a) At any time after January 1 of  
 122.17 the applicable renewal year, the board shall send notice to a licensee who has failed to  
 122.18 apply for license renewal. The notice shall be mailed to the licensee at the last address on  
 122.19 file with the board and shall include the following information:

122.20 (1) that the licensee has failed to submit application for license renewal;

122.21 (2) the amount of renewal and late fees;

122.22 (3) information about continuing education that must be submitted in order for  
 122.23 the license to be renewed;

122.24 (4) that the licensee must respond within 30 calendar days after the notice was sent  
 122.25 by the board; and

122.26 (5) that the licensee may voluntarily terminate the license by notifying the board  
 122.27 or may apply for license renewal by sending the board a completed renewal application,  
 122.28 license renewal and late fees, and evidence of compliance with continuing education  
 122.29 requirements.

122.30 (b) Failure by the licensee to notify the board of the licensee's intent to voluntarily  
 122.31 terminate the license or to submit a license renewal application shall result in expiration  
 122.32 of the license and termination of the right to practice. The expiration of the license and  
 122.33 termination of the right to practice shall not be considered disciplinary action against the  
 122.34 licensee.

122.35 (c) A license that has been expired under this subdivision may be reinstated.

123.1 **EFFECTIVE DATE.** This section is effective July 1, 2016.

123.2 Sec. 30. **[153B.50] NAME AND ADDRESS CHANGE.**

123.3 (a) A licensee who has changed names must notify the board in writing within 90  
 123.4 days and request a revised license. The board may require official documentation of the  
 123.5 legal name change.

123.6 (b) A licensee must maintain with the board a correct mailing address to receive  
 123.7 board communications and notices. A licensee who has changed addresses must notify the  
 123.8 board in writing within 90 days. Mailing a notice by United States mail to a licensee's last  
 123.9 known mailing address constitutes valid mailing.

593.33 Sec. 50. **[153B.55] INACTIVE STATUS.**

594.1 (a) A licensee who notifies the board in the format required by the board may elect  
 594.2 to place the licensee's credential on inactive status and shall be excused from payment  
 594.3 of renewal fees until the licensee notifies the board in the format required by the board  
 594.4 of the licensee's plan to return to practice.

594.5 (b) A person requesting restoration from inactive status shall be required to pay the  
 594.6 current renewal fee and comply with section 153B.45.

594.7 (c) A person whose license has been placed on inactive status shall not practice in  
 594.8 this state.

594.9 Sec. 51. **[153B.60] LICENSE LAPSE DUE TO MILITARY SERVICE.**

594.10 A licensee whose license has expired while on active duty in the armed forces of the  
 594.11 United States, with the National Guard while called into service or training, or while in  
 594.12 training or education preliminary to induction into military service may have the licensee's  
 594.13 license renewed or restored without paying a late fee or license restoration fee if the licensee  
 594.14 provides verification to the board within two years of the termination of service obligation.

594.15 Sec. 52. **[153B.65] ENDORSEMENT.**

594.16 The board may license, without examination and on payment of the required fee,  
 594.17 an applicant who is an orthotist, prosthetist, prosthetist orthotist, pedorthist, assistant, or  
 594.18 fitter who is certified by the American Board for Certification in Orthotics, Prosthetics,  
 594.19 and Pedorthics or a national certification organization with educational, experiential, and  
 594.20 testing standards equal to or higher than the licensing requirements in Minnesota.

594.21 Sec. 53. **[153B.70] GROUNDS FOR DISCIPLINARY ACTION.**

594.22 (a) The board may refuse to issue or renew a license, revoke or suspend a license, or  
 594.23 place on probation or reprimand a licensee for one or any combination of the following:

123.10 **EFFECTIVE DATE.** This section is effective July 1, 2016.

123.11 Sec. 31. **[153B.55] INACTIVE STATUS.**

123.12 (a) A licensee who notifies the board in the format required by the board may elect  
 123.13 to place the licensee's credential on inactive status and shall be excused from payment  
 123.14 of renewal fees until the licensee notifies the board in the format required by the board  
 123.15 of the licensee's plan to return to practice.

123.16 (b) A person requesting restoration from inactive status shall be required to pay the  
 123.17 current renewal fee and comply with section 153B.45.

123.18 (c) A person whose license has been placed on inactive status shall not practice in  
 123.19 this state.

123.20 **EFFECTIVE DATE.** This section is effective July 1, 2016.

123.21 Sec. 32. **[153B.60] LICENSE LAPSE DUE TO MILITARY SERVICE.**

123.22 A licensee whose license has expired while on active duty in the armed forces of the  
 123.23 United States, with the National Guard while called into service or training, or while in  
 123.24 training or education preliminary to induction into military service may have the licensee's  
 123.25 license renewed or restored without paying a late fee or license restoration fee if the licensee  
 123.26 provides verification to the board within two years of the termination of service obligation.

123.27 **EFFECTIVE DATE.** This section is effective July 1, 2016.

123.28 Sec. 33. **[153B.65] ENDORSEMENT.**

123.29 The board may license, without examination and on payment of the required fee,  
 123.30 an applicant who is an orthotist, prosthetist, prosthetist orthotist, pedorthist, assistant, or  
 123.31 fitter who is certified by the American Board for Certification in Orthotics, Prosthetics,  
 124.1 and Pedorthics or a national certification organization with educational, experiential, and  
 124.2 testing standards equal to or higher than the licensing requirements in Minnesota.

124.3 **EFFECTIVE DATE.** This section is effective July 1, 2016.

124.4 Sec. 34. **[153B.70] GROUNDS FOR DISCIPLINARY ACTION.**

124.5 (a) The board may refuse to issue or renew a license, revoke or suspend a license, or  
 124.6 place on probation or reprimand a licensee for one or any combination of the following:

594.24 (1) making a material misstatement in furnishing information to the board;  
 594.25 (2) violating or intentionally disregarding the requirements of this chapter;  
 594.26 (3) conviction of a crime, including a finding or verdict of guilt, an admission of  
 594.27 guilt, or a no-contest plea, in this state or elsewhere, reasonably related to the practice  
 594.28 of the profession. Conviction, as used in this clause, includes a conviction of an offense  
 594.29 which, if committed in this state, would be deemed a felony, gross misdemeanor, or  
 594.30 misdemeanor, without regard to its designation elsewhere, or a criminal proceeding where  
 594.31 a finding or verdict of guilty is made or returned but the adjudication of guilt is either  
 594.32 withheld or not entered;  
 594.33 (4) making a misrepresentation in order to obtain or renew a license;  
 595.1 (5) displaying a pattern of practice or other behavior that demonstrates incapacity or  
 595.2 incompetence to practice;  
 595.3 (6) aiding or assisting another person in violating the provisions of this chapter;  
 595.4 (7) failing to provide information within 60 days in response to a written request from  
 595.5 the board, including documentation of completion of continuing education requirements;  
 595.6 (8) engaging in dishonorable, unethical, or unprofessional conduct;  
 595.7 (9) engaging in conduct of a character likely to deceive, defraud, or harm the public;  
 595.8 (10) inability to practice due to habitual intoxication, addiction to drugs, or mental  
 595.9 or physical illness;  
 595.10 (11) being disciplined by another state or territory of the United States, the federal  
 595.11 government, a national certification organization, or foreign nation, if at least one of the  
 595.12 grounds for the discipline is the same or substantially equivalent to one of the grounds  
 595.13 in this section;  
 595.14 (12) directly or indirectly giving to or receiving from a person, firm, corporation,  
 595.15 partnership, or association a fee, commission, rebate, or other form of compensation for  
 595.16 professional services not actually or personally rendered;  
 595.17 (13) incurring a finding by the board that the licensee, after the licensee has been  
 595.18 placed on probationary status, has violated the conditions of the probation;  
 595.19 (14) abandoning a patient or client;  
 595.20 (15) willfully making or filing false records or reports in the course of the licensee's  
 595.21 practice including, but not limited to, false records or reports filed with state or federal  
 595.22 agencies;  
 595.23 (16) willfully failing to report child maltreatment as required under the Maltreatment  
 595.24 of Minors Act, section 626.556; or

124.7 (1) making a material misstatement in furnishing information to the board;  
 124.8 (2) violating or intentionally disregarding the requirements of this chapter;  
 124.9 (3) conviction of a crime, including a finding or verdict of guilt, an admission of  
 124.10 guilt, or a no-contest plea, in this state or elsewhere, reasonably related to the practice  
 124.11 of the profession. Conviction, as used in this clause, includes a conviction of an offense  
 124.12 which, if committed in this state, would be deemed a felony, gross misdemeanor, or  
 124.13 misdemeanor, without regard to its designation elsewhere, or a criminal proceeding where  
 124.14 a finding or verdict of guilty is made or returned but the adjudication of guilt is either  
 124.15 withheld or not entered;  
 124.16 (4) making a misrepresentation in order to obtain or renew a license;  
 124.17 (5) displaying a pattern of practice or other behavior that demonstrates incapacity or  
 124.18 incompetence to practice;  
 124.19 (6) aiding or assisting another person in violating the provisions of this chapter;  
 124.20 (7) failing to provide information within 60 days in response to a written request from  
 124.21 the board, including documentation of completion of continuing education requirements;  
 124.22 (8) engaging in dishonorable, unethical, or unprofessional conduct;  
 124.23 (9) engaging in conduct of a character likely to deceive, defraud, or harm the public;  
 124.24 (10) inability to practice due to habitual intoxication, addiction to drugs, or mental  
 124.25 or physical illness;  
 124.26 (11) being disciplined by another state or territory of the United States, the federal  
 124.27 government, a national certification organization, or foreign nation, if at least one of the  
 124.28 grounds for the discipline is the same or substantially equivalent to one of the grounds  
 124.29 in this section;  
 124.30 (12) directly or indirectly giving to or receiving from a person, firm, corporation,  
 124.31 partnership, or association a fee, commission, rebate, or other form of compensation for  
 124.32 professional services not actually or personally rendered;  
 124.33 (13) incurring a finding by the board that the licensee, after the licensee has been  
 124.34 placed on probationary status, has violated the conditions of the probation;  
 124.35 (14) abandoning a patient or client;  
 125.1 (15) willfully making or filing false records or reports in the course of the licensee's  
 125.2 practice including, but not limited to, false records or reports filed with state or federal  
 125.3 agencies;  
 125.4 (16) willfully failing to report child maltreatment as required under the Maltreatment  
 125.5 of Minors Act, section 626.556; or

595.25 (17) soliciting professional services using false or misleading advertising.

595.26 (b) A license to practice is automatically suspended if (1) a guardian of a licensee is  
 595.27 appointed by order of a court pursuant to sections 524.5-101 to 524.5-502, for reasons  
 595.28 other than the minority of the licensee, or (2) the licensee is committed by order of a court  
 595.29 pursuant to chapter 253B. The license remains suspended until the licensee is restored to  
 595.30 capacity by a court and, upon petition by the licensee, the suspension is terminated by the  
 595.31 board after a hearing. The licensee may be reinstated to practice, either with or without  
 595.32 restrictions, by demonstrating clear and convincing evidence of rehabilitation. The  
 595.33 regulated person is not required to prove rehabilitation if the subsequent court decision  
 595.34 overturns previous court findings of public risk.

595.35 (c) If the board has probable cause to believe that a licensee or applicant has violated  
 595.36 paragraph (a), clause (10), it may direct the person to submit to a mental or physical  
 596.1 examination. For the purpose of this section, every person is deemed to have consented to  
 596.2 submit to a mental or physical examination when directed in writing by the board and to  
 596.3 have waived all objections to the admissibility of the examining physician's testimony or  
 596.4 examination report on the grounds that the testimony or report constitutes a privileged  
 596.5 communication. Failure of a regulated person to submit to an examination when directed  
 596.6 constitutes an admission of the allegations against the person, unless the failure was due to  
 596.7 circumstances beyond the person's control, in which case a default and final order may be  
 596.8 entered without the taking of testimony or presentation of evidence. A regulated person  
 596.9 affected under this paragraph shall at reasonable intervals be given an opportunity to  
 596.10 demonstrate that the person can resume the competent practice of the regulated profession  
 596.11 with reasonable skill and safety to the public. In any proceeding under this paragraph,  
 596.12 neither the record of proceedings nor the orders entered by the board shall be used against  
 596.13 a regulated person in any other proceeding.

596.14 (d) In addition to ordering a physical or mental examination, the board may,  
 596.15 notwithstanding section 13.384 or 144.293, or any other law limiting access to medical or  
 596.16 other health data, obtain medical data and health records relating to a licensee or applicant  
 596.17 without the person's or applicant's consent if the board has probable cause to believe that a  
 596.18 licensee is subject to paragraph (a), clause (10). The medical data may be requested  
 596.19 from a provider as defined in section 144.291, subdivision 2, paragraph (i), an insurance  
 596.20 company, or a government agency, including the Department of Human Services. A  
 596.21 provider, insurance company, or government agency shall comply with any written request  
 596.22 of the board under this section and is not liable in any action for damages for releasing the  
 596.23 data requested by the board if the data are released pursuant to a written request under this  
 596.24 section, unless the information is false and the provider giving the information knew, or  
 596.25 had reason to know, the information was false. Information obtained under this section  
 596.26 is private data on individuals as defined in section 13.02.

596.27 (e) If the board issues an order of immediate suspension of a license, a hearing must  
 596.28 be held within 30 days of the suspension and completed without delay.

125.6 (17) soliciting professional services using false or misleading advertising.

125.7 (b) A license to practice is automatically suspended if (1) a guardian of a licensee is  
 125.8 appointed by order of a court pursuant to sections 524.5-101 to 524.5-502, for reasons  
 125.9 other than the minority of the licensee, or (2) the licensee is committed by order of a court  
 125.10 pursuant to chapter 253B. The license remains suspended until the licensee is restored to  
 125.11 capacity by a court and, upon petition by the licensee, the suspension is terminated by the  
 125.12 board after a hearing. The licensee may be reinstated to practice, either with or without  
 125.13 restrictions, by demonstrating clear and convincing evidence of rehabilitation. The  
 125.14 regulated person is not required to prove rehabilitation if the subsequent court decision  
 125.15 overturns previous court findings of public risk.

125.16 (c) If the board has probable cause to believe that a licensee or applicant has violated  
 125.17 paragraph (a), clause (10), it may direct the person to submit to a mental or physical  
 125.18 examination. For the purpose of this section, every person is deemed to have consented to  
 125.19 submit to a mental or physical examination when directed in writing by the board and to  
 125.20 have waived all objections to the admissibility of the examining physician's testimony or  
 125.21 examination report on the grounds that the testimony or report constitutes a privileged  
 125.22 communication. Failure of a regulated person to submit to an examination when directed  
 125.23 constitutes an admission of the allegations against the person, unless the failure was due to  
 125.24 circumstances beyond the person's control, in which case a default and final order may be  
 125.25 entered without the taking of testimony or presentation of evidence. A regulated person  
 125.26 affected under this paragraph shall at reasonable intervals be given an opportunity to  
 125.27 demonstrate that the person can resume the competent practice of the regulated profession  
 125.28 with reasonable skill and safety to the public. In any proceeding under this paragraph,  
 125.29 neither the record of proceedings nor the orders entered by the board shall be used against  
 125.30 a regulated person in any other proceeding.

125.31 (d) In addition to ordering a physical or mental examination, the board may,  
 125.32 notwithstanding section 13.384 or 144.293, or any other law limiting access to medical or  
 125.33 other health data, obtain medical data and health records relating to a licensee or applicant  
 125.34 without the person's or applicant's consent if the board has probable cause to believe that a  
 125.35 licensee is subject to paragraph (a), clause (10). The medical data may be requested  
 125.36 from a provider as defined in section 144.291, subdivision 2, paragraph (i), an insurance  
 126.1 company, or a government agency, including the Department of Human Services. A  
 126.2 provider, insurance company, or government agency shall comply with any written request  
 126.3 of the board under this subdivision and is not liable in any action for damages for releasing  
 126.4 the data requested by the board if the data are released pursuant to a written request under  
 126.5 this subdivision, unless the information is false and the provider giving the information  
 126.6 knew, or had reason to know, the information was false. Information obtained under this  
 126.7 subdivision is private data on individuals as defined in section 13.02.

126.8 (e) If the board issues an order of immediate suspension of a license, a hearing must  
 126.9 be held within 30 days of the suspension and completed without delay.

596.29 Sec. 54. **[153B.75] INVESTIGATION; NOTICE AND HEARINGS.**

596.30 The board has the authority to investigate alleged violations of this chapter, conduct  
 596.31 hearings, and impose corrective or disciplinary action as provided in section 214.103.

596.32 Sec. 55. **[153B.80] UNLICENSED PRACTICE.**

596.33 Subdivision 1. **License required.** Effective January 1, 2018, no individual shall  
 596.34 practice as an orthotist, prosthetist, prosthetist orthotist, pedorthist, orthotic or prosthetic  
 597.1 assistant, or orthotic fitter, unless the individual holds a valid license issued by the board  
 597.2 under this chapter, except as permitted under section 153B.20 or 153B.35.

597.3 Subd. 2. **Designation.** No individual shall represent themselves to the public as  
 597.4 a licensed orthotist, prosthetist, prosthetist orthotist, pedorthist, orthotic or prosthetic  
 597.5 assistant, or an orthotic fitter, unless the individual is licensed under this chapter.

597.6 Subd. 3. **Penalties.** Any individual who violates this section is guilty of a  
 597.7 misdemeanor. The board shall have the authority to seek a cease and desist order against  
 597.8 any individual who is engaged in the unlicensed practice of a profession regulated by the  
 597.9 board under this chapter.

597.10 Sec. 56. **[153B.85] FEES.**

597.11 Subdivision 1. **Fees.** (a) The application fee for initial licensure shall not exceed  
 597.12 \$600.

597.13 (b) The biennial renewal fee for a license to practice as an orthotist, prosthetist,  
 597.14 prosthetist orthotist, or pedorthist shall not exceed \$600.

597.15 (c) The biennial renewal fee for a license to practice as an assistant or a fitter shall  
 597.16 not exceed \$300.

597.17 (d) The fee for license restoration shall not exceed \$600.

597.18 (e) The fee for license verification shall not exceed \$30.

597.19 (f) The fee to obtain a list of licensees shall not exceed \$25.

126.10 **EFFECTIVE DATE.** This section is effective July 1, 2016.

126.11 Sec. 35. **[153B.75] INVESTIGATION; NOTICE AND HEARINGS.**

126.12 The board has the authority to investigate alleged violations of this chapter, conduct  
 126.13 hearings, and impose corrective or disciplinary action as provided in section 214.103.

126.14 **EFFECTIVE DATE.** This section is effective July 1, 2016.

126.15 Sec. 36. **[153B.80] UNLICENSED PRACTICE.**

126.16 Subdivision 1. **License required.** Effective January 1, 2018, no individual shall  
 126.17 practice as an orthotist, prosthetist, prosthetist orthotist, pedorthist, orthotic or prosthetic  
 126.18 assistant, or orthotic fitter, unless the individual holds a valid license issued by the board  
 126.19 under this chapter, except as permitted under section 153B.20 or 153B.35.

126.20 Subd. 2. **Designation.** No individual shall represent themselves to the public as  
 126.21 a licensed orthotist, prosthetist, prosthetist orthotist, pedorthist, orthotic or prosthetic  
 126.22 assistant, or an orthotic fitter, unless the individual is licensed under this chapter.

126.23 Subd. 3. **Penalties.** Any individual who violates this section is guilty of a  
 126.24 misdemeanor. The board shall have the authority to seek a cease and desist order against  
 126.25 any individual who is engaged in the unlicensed practice of a profession regulated by the  
 126.26 board under this chapter.

126.27 **EFFECTIVE DATE.** This section is effective July 1, 2016.

126.28 Sec. 37. **[153B.85] FEES.**

126.29 (a) The application fee for initial licensure shall not exceed \$600.

126.30 (b) The biennial renewal fee for a license to practice as an orthotist, prosthetist,  
 126.31 prosthetist orthotist, or pedorthist shall not exceed \$600.

127.1 (c) The biennial renewal fee for a license to practice as an assistant or a fitter shall  
 127.2 not exceed \$300.

127.6 (e) The fee for license restoration shall not exceed \$600.

127.9 (g) The fee for license verification shall not exceed \$30.

127.10 (h) The fee to obtain a list of licensees shall not exceed \$25.

597.20 Subd. 2. **Proration of fees.** For the first renewal period following initial licensure,  
 597.21 the renewal fee is the fee specified in subdivision 1, paragraph (b) or (c), prorated to the  
 597.22 nearest dollar that is represented by the ratio of the number of days the license is held  
 597.23 in the initial licensure period to 730 days.

597.24 Subd. 3. **Late fee.** The fee for late license renewal is the license renewal fee in  
 597.25 effect at the time of renewal plus \$100.

597.26 Subd. 4. **Nonrefundable fees.** All fees are nonrefundable.

597.27 Subd. 5. **Deposit.** Fees collected by the board under this section shall be deposited  
 597.28 in the state government special revenue fund.

597.29 Sec. 57. Minnesota Statutes 2014, section 214.075, subdivision 3, is amended to read:

597.30 Subd. 3. **Consent form; fees; fingerprints.** (a) In order to effectuate the federal  
 597.31 and state level, fingerprint-based criminal background check, the applicant or licensee  
 597.32 must submit a completed criminal history records check consent form and a full set of  
 597.33 fingerprints to the respective health-related licensing board or a designee in the manner  
 597.34 and form specified by the board.

598.1 (b) The applicant or licensee is responsible for all fees associated with preparation of  
 598.2 the fingerprints, the criminal records check consent form, and the criminal background  
 598.3 check. The fees for the criminal records background check shall be set by the BCA and  
 598.4 the FBI and are not refundable. The fees shall be submitted to the respective health-related  
 598.5 licensing board by the applicant or licensee as prescribed by the respective board.

598.6 (c) All fees received by the health-related licensing boards under this subdivision  
 598.7 shall be deposited in a dedicated ~~account~~ accounts in the special revenue fund and are  
 598.8 appropriated to the Board of Nursing Home Administrators for the administrative services  
 598.9 ~~unit~~ health-related licensing boards to pay for the criminal background checks conducted  
 598.10 by the Bureau of Criminal Apprehension and Federal Bureau of Investigation.

598.11 Sec. 58. Minnesota Statutes 2015 Supplement, section 256B.0625, subdivision 18a,  
 598.12 is amended to read:

598.13 Subd. 18a. **Access to medical services.** (a) Medical assistance reimbursement for  
 598.14 meals for persons traveling to receive medical care may not exceed \$5.50 for breakfast,  
 598.15 \$6.50 for lunch, or \$8 for dinner.

598.16 (b) Medical assistance reimbursement for lodging for persons traveling to receive  
 598.17 medical care may not exceed \$50 per day unless prior authorized by the local agency.

127.3 (d) For the first renewal period following initial licensure, the renewal fee is the fee  
 127.4 specified in paragraph (b) or (c), prorated to the nearest dollar that is represented by the  
 127.5 ratio of the number of days the license is held in the initial licensure period to 730 days.

127.7 (f) The fee for late license renewal is the license renewal fee in effect at the time of  
 127.8 renewal plus \$100.

127.11 (i) No fee may be refunded for any reason.

127.12 **EFFECTIVE DATE.** This section is effective July 1, 2016.

113.24 Sec. 17. Minnesota Statutes 2015 Supplement, section 256B.0625, subdivision 18a,  
 113.25 is amended to read:

113.26 Subd. 18a. **Access to medical services.** (a) Medical assistance reimbursement for  
 113.27 meals for persons traveling to receive medical care may not exceed \$5.50 for breakfast,  
 113.28 \$6.50 for lunch, or \$8 for dinner.

113.29 (b) Medical assistance reimbursement for lodging for persons traveling to receive  
 113.30 medical care may not exceed \$50 per day unless prior authorized by the local agency.

598.18 (c) Regardless of the number of employees that an enrolled health care provider may  
 598.19 have, medical assistance covers sign and ~~oral~~ spoken language health care interpreter  
 598.20 services when provided by an enrolled health care provider during the course of providing  
 598.21 a direct, person-to-person covered health care service to an enrolled recipient with limited  
 598.22 English proficiency or who has a hearing loss and uses interpreting services. Coverage  
 598.23 for ~~face-to-face oral language~~ spoken language health care interpreter services shall be  
 598.24 provided only if the ~~oral language~~ spoken language health care interpreter used by the  
 598.25 enrolled health care provider is listed ~~in~~ on the registry or roster established under section  
 598.26 144.058 or the registry established under chapter 146C. Beginning July 1, 2018, coverage  
 598.27 for spoken language health care interpreter services shall be provided only if the spoken  
 598.28 language health care interpreter used by the enrolled health care provider is listed on the  
 598.29 registry established under chapter 146C.

598.30 Sec. 59. **[325F.816] MUNICIPAL OR CITY BUSINESS LICENSE; MASSAGE.**

598.31 An individual who is issued a municipal or city business license to practice massage  
 598.32 is prohibited from advertising as a licensed massage and bodywork therapist unless the  
 598.33 individual has received a professional credential from another state, is current in licensure,  
 598.34 and remains in good standing under the credentialing state's requirements.

599.1 Sec. 60. **FIRST APPOINTMENTS, FIRST MEETING, AND FIRST CHAIR OF**  
 599.2 **THE ORTHOTICS, PROSTHETICS, AND PEDORTHICS ADVISORY COUNCIL.**

599.3 The Board of Podiatric Medicine shall make its first appointments authorized  
 599.4 under Minnesota Statutes, section 153B.25, to the Orthotics, Prosthetics, and Pedorthics  
 599.5 Advisory Council, by September 1, 2016. The board shall designate four of its first  
 599.6 appointees to serve terms that are coterminous with the governor. The chair of the Board  
 599.7 of Podiatric Medicine or the chair's designee shall convene the first meeting of the council  
 599.8 by November 1, 2016. The council must elect a chair from among its members at the first  
 599.9 meeting of the council.

599.10 Sec. 61. **INITIAL APPOINTMENTS, TERMS, AND MEETING.**

599.11 The Minnesota Board of Nursing shall make initial appointments to the Registered  
 599.12 Massage and Bodywork Therapist Advisory Council under Minnesota Statutes, section  
 599.13 148.9861, by October 1, 2016, and shall designate one member to call the first meeting of  
 599.14 the advisory council by November 15, 2016. The terms of the initial members appointed  
 599.15 under Minnesota Statutes, section 148.9861, subdivision 1, clause (1), shall end the first  
 599.16 Monday in January 2019. The terms of the initial members appointed under Minnesota  
 599.17 Statutes, section 148.9861, subdivision 1, clause (2), shall end the first Monday in January  
 599.18 2020.

599.19 Sec. 62. **STAKEHOLDER ENGAGEMENT.**

113.31 (c) Regardless of the number of employees that an enrolled health care provider may  
 113.32 have, medical assistance covers sign and ~~oral~~ spoken language health care interpreter  
 113.33 services when provided by an enrolled health care provider during the course of providing  
 113.34 a direct, person-to-person covered health care service to an enrolled recipient with limited  
 114.1 English proficiency or who has a hearing loss and uses interpreting services. Coverage  
 114.2 for ~~face-to-face oral language~~ spoken language health care interpreter services shall be  
 114.3 provided only if the ~~oral language~~ spoken language health care interpreter used by the  
 114.4 enrolled health care provider is listed ~~in~~ on the registry or roster established under section  
 114.5 144.058 or the registry established under sections 148.9981 to 148.9987. Beginning July  
 114.6 1, 2018, coverage for spoken language health care interpreter services shall be provided  
 114.7 only if the spoken language health care interpreter used by the enrolled health care  
 114.8 provider is listed on the registry established under sections 148.9981 to 148.9987.

127.13 Sec. 38. **FIRST APPOINTMENTS, FIRST MEETING, AND FIRST CHAIR OF**  
 127.14 **THE ORTHOTICS, PROSTHETICS, AND PEDORTHICS ADVISORY COUNCIL.**

127.15 The Board of Podiatric Medicine shall make its first appointments authorized  
 127.16 under Minnesota Statutes, section 153B.25, to the Orthotics, Prosthetics, and Pedorthics  
 127.17 Advisory Council, by September 1, 2016. The board shall designate four of its first  
 127.18 appointees to serve terms that are coterminous with the governor. The chair of the Board  
 127.19 of Podiatric Medicine or the chair's designee shall convene the first meeting of the council  
 127.20 by November 1, 2016. The council must elect a chair from among its members at the first  
 127.21 meeting of the council.

127.22 **EFFECTIVE DATE.** This section is effective July 1, 2016.

599.20 The commissioner of health shall work with community stakeholders in Minnesota  
 599.21 including, but not limited to, the Minnesota Breastfeeding Coalition; the women,  
 599.22 infants, and children program; hospitals and clinics; local public health professionals  
 599.23 and organizations; community-based organizations; and representatives of populations  
 599.24 with low breastfeeding rates to carry out a study identifying barriers, challenges, and  
 599.25 successes affecting initiation, duration, and exclusivity of breastfeeding. The study  
 599.26 shall address policy, systemic, and environmental factors that both support and create  
 599.27 barriers to breastfeeding. These factors include, but are not limited to, issues such as  
 599.28 levels of practice and barriers such as education, clinical experience, and cost to those  
 599.29 seeking certification as an International Board-Certified Lactation Consultant. The study  
 599.30 shall identify and make recommendations regarding culturally appropriate practices that  
 599.31 have been shown to increase breastfeeding rates in populations that have the greatest  
 599.32 breastfeeding disparity rates. A report on the study must be completed and submitted to  
 599.33 the chairs and ranking minority members of the legislative committees with jurisdiction  
 599.34 over health care policy and finance on or before September 15, 2017.

600.1 Sec. 63. **INITIAL SPOKEN LANGUAGE HEALTH CARE ADVISORY**  
 600.2 **COUNCIL MEETING.**

600.3 The commissioner of health shall convene the first meeting of the Spoken Language  
 600.4 Health Care Advisory Council by October 1, 2016.

600.5 Sec. 64. **SPOKEN LANGUAGE HEALTH CARE INTERPRETER REGISTRY**  
 600.6 **FEES.**

600.7 Notwithstanding Minnesota Statutes, section 146C.13, paragraph (a), the initial and  
 600.8 renewal fees for interpreters listed on the spoken language health care registry shall be \$50  
 600.9 between the period of July 1, 2017, through June 30, 2018, and shall be \$70 between the  
 600.10 period of July 1, 2018, through June 30, 2019. Beginning July 1, 2019, the fees shall be  
 600.11 in accordance with Minnesota Statutes, section 146C.13.

600.12 Sec. 65. **STRATIFIED MEDICAL ASSISTANCE REIMBURSEMENT SYSTEM**  
 600.13 **FOR SPOKEN LANGUAGE HEALTH CARE INTERPRETERS.**

600.14 (a) The commissioner of human services, in consultation with the commissioner  
 600.15 of health, the Spoken Language Health Care Interpreter Advisory Council established  
 600.16 under Minnesota Statutes, section 146C.11, and representatives from the interpreting  
 600.17 stakeholder community at large, shall study and make recommendations for creating a  
 600.18 tiered reimbursement system for the Minnesota public health care programs for spoken  
 600.19 language health care interpreters based on the different tiers of the spoken language health  
 600.20 care interpreters registry established by the commissioner of health under Minnesota  
 600.21 Statutes, chapter 146C.

114.33 Sec. 19. **INITIAL SPOKEN LANGUAGE HEALTH CARE ADVISORY**  
 114.34 **COUNCIL MEETING.**

115.1 The commissioner of health shall convene the first meeting of the Spoken Language  
 115.2 Health Care Advisory Council by October 1, 2016.

115.3 Sec. 20. **SPOKEN LANGUAGE HEALTH CARE INTERPRETER REGISTRY**  
 115.4 **FEES.**

115.5 Notwithstanding Minnesota Statutes, section 148.9987, paragraph (a), the initial and  
 115.6 renewal fees for interpreters listed on the spoken language health care registry shall be \$50  
 115.7 between the period of July 1, 2017, through June 30, 2018, and shall be \$70 between the  
 115.8 period of July 1, 2018, through June 30, 2019. Beginning July 1, 2019, the fees shall be  
 115.9 in accordance with Minnesota Statutes, section 148.9987.

114.9 Sec. 18. **STRATIFIED MEDICAL ASSISTANCE REIMBURSEMENT SYSTEM**  
 114.10 **FOR SPOKEN LANGUAGE HEALTH CARE INTERPRETERS.**

114.11 (a) The commissioner of human services, in consultation with the commissioner  
 114.12 of health, the Spoken Language Health Care Interpreter Advisory Council established  
 114.13 under Minnesota Statutes, section 148.9986, and representatives from the interpreting  
 114.14 stakeholder community at large, shall study and make recommendations for creating a  
 114.15 tiered reimbursement system for the Minnesota public health care programs for spoken  
 114.16 language health care interpreters based on the different tiers of the spoken language health  
 114.17 care interpreters registry established by the commissioner of health under Minnesota  
 114.18 Statutes, sections 148.9981 to 148.9987.

600.22 (b) The commissioner of human services shall submit the proposed reimbursement  
600.23 system, including the fiscal costs for the proposed system to the chairs and ranking  
600.24 minority members of the house of representatives and senate committees with jurisdiction  
600.25 over health and human services policy and finance by January 15, 2017.

600.26 (c) The commissioner of health, in consultation with the Spoken Language Health  
600.27 Care Interpreter Advisory Council, shall review the fees established under Minnesota  
600.28 Statutes, section 146C.13, and make recommendations based on the results of the  
600.29 study and recommendations under paragraph (a) whether the fees are established at an  
600.30 appropriate level, including whether specific fees should be established for each tier of the  
600.31 registry instead of one uniform fee for all tiers. The total fees collected must be sufficient  
600.32 to recover the costs of the spoken language health care registry. If the commissioner  
600.33 recommends different fees for the tiers, the commissioner shall submit the proposed fees  
601.1 to the chairs and ranking minority members of the legislative committees with jurisdiction  
601.2 over health and human services policy and finance by January 15, 2018.

601.3 Sec. 66. **REPEALER.**

601.4 Minnesota Statutes 2014, section 144.058, is repealed effective July 1, 2018.

114.19 (b) The commissioner of human services shall submit the proposed reimbursement  
114.20 system, including the fiscal costs for the proposed system to the chairs and ranking  
114.21 minority members of the house of representatives and senate committees with jurisdiction  
114.22 over health and human services policy and finance by January 15, 2017.

114.23 (c) The commissioner of health, in consultation with the Spoken Language Health  
114.24 Care Interpreter Advisory Council, shall review the fees established under Minnesota  
114.25 Statutes, section 148.9987, and make recommendations based on the results of the  
114.26 study and recommendations under paragraph (a) whether the fees are established at an  
114.27 appropriate level, including whether specific fees should be established for each tier of the  
114.28 registry instead of one uniform fee for all tiers. The total fees collected must be sufficient  
114.29 to recover the costs of the spoken language health care registry. If the commissioner  
114.30 recommends different fees for the tier, the commissioner shall submit the proposed fees to  
114.31 the chairs and ranking minority members of the legislative committees with jurisdiction  
114.32 over health and human services policy and finance by January 15, 2018.

115.10 Sec. 21. **REPEALER.**

115.11 Minnesota Statutes 2014, section 144.058, is repealed effective July 1, 2018.