Minnesota Health Licensing Boards

Biennial Reports

July 1, 2010
To
June 30, 2012

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Thank you to Maggie Meyers, for invaluable assistance in design, layout and text.

This report has been prepared in accordance with M.S. § 214.07, which states in part:

Subd. 2:

The administrative services unit serving the boards shall prepare a report by December 15 of each even-numbered year. One copy of the administrative services report must be delivered to each of the following: the governor, the commissioner of health, and the chairs of the house of representatives and senate policy and appropriations committees with jurisdiction over health-related licensing boards. The report must be delivered to the Legislative Reference Library as provided by section 3.195. The administrative services report must contain the following information:

(1) a summary of the information contained in the reports submitted by the health-related licensing boards pursuant to subdivision 1b;

(2) a description of the health-related licensing boards' cooperative activities during the two-year period ending the previous June 30;

(3) a description of emerging issues relating to health occupation regulation that affect more than one board or more than one occupation; and

(4)A copy of each health-related licensing board report submitted to the administrative services unit pursuant to subdivision 1b.

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Total Cost of Report Preparation : $13,989

This report is submitted on behalf of the Minnesota Health Related Licensing Boards

Each Board — comprised of gubernatorial-appointed members — oversees the regulation of health-related professions in Minnesota. These Board members, who work in the Minnesota community in addition to their role on these boards, dedicate numerous hours to provide public and professional expertise to Minnesota state government.

In collaboration with each Board's staff, these boards are entrusted with the protection of public health and safety through licensing of health-related professionals, and through administration of complaints regarding health-related practitioners.

Report are included for the following boards:

- Minnesota Board of Barber Examiners
- Minnesota Board of Behavioral Health and Therapy
- Minnesota Board of Chiropractic Examiners
- Minnesota Board of Cosmetologist Examiners
- Minnesota Board of Dentistry
- Minnesota Board of Dietetics and Nutrition Practice
- Minnesota Board of Marriage and Family Therapy
- Minnesota Board of Medical Practice
- Minnesota Board of Nursing
- Minnesota Board of Examiners for Nursing Home Administrators
- Minnesota Board of Optometry
- Minnesota Board of Pharmacy
- Minnesota Board of Physical Therapy
- Minnesota Board of Podiatric Medicine
- Minnesota Board of Psychology
- Minnesota Board of Social Work
- Minnesota Board of Veterinary Medicine

Also included are the Health Professionals Services Program, and the Office of Complementary and Alternative Health Care.

Mission

The Health-Related Licensing Boards of Minnesota protect the public's health and safety by providing reasonable assurance that the people who practice are competent, ethical practitioners with the necessary knowledge and skills to successfully fulfill their title and role.

The Boards achieve this mission by…

- Ensuring that educational standards for prospective licensees and continuing education for licensees are maintained.
- Licensing qualified individuals so that Minnesotans seeking to use their services will be able to identify those working in the field with skills necessary to provide services in compliance with Minnesota Statutes and Rules.
- Implementing disciplinary and compliance actions when licensees do not perform in compliance with standards.
- Educating the public on health-related professions, practitioners, and standards.

Cooperative Activities for the Biennium ending June 30, 2012

Council of Health Boards
The health-related licensing boards may establish a Council of Health Boards consisting of representatives of the health-related licensing boards and the Emergency Medical Services Regulatory Board. When reviewing legislation or legislative proposals relating to the regulation of health occupations, the council shall include the commissioner of health or a designee. M.S. § 214.025

The chair of a standing committee in either house of the legislature may request information from the Council of Health Boards on proposals relating to the regulation of health occupations. M.S.§ 214.001, Subd. 4.

Executive Directors Forum
The Executive directors of each independent board meet monthly to collaborate and to address issues of shared concern, including policy development, legislation and technological improvements. The Forum establishes committees to develop recommendations for consideration by the Forum. These committees include the Policy Committee, Management Committee and Information Technology Working Group. To assure fiscal efficiency, boards review general objective and promote cooperation among the boards through the Executive Director Forum in an effort to eliminate duplication.

Administrative Services Unit
The Administrative Services Unit (ASU) provides administrative and business services to the Minnesota Boards o Barber Examiners, Behavioral Health and Therapy, Chiropractic Examiners, Cosmetologist Examiners, Dentistry, Dietetics and Nutrition Practice, Marriage and Family Therapy, Medical Practice, Nursing, Nursing Home Administrators, Optometry, Pharmacy, Physical Therapy, Podiatric Medicine, Psychology, Social Work, and Veterinary Medicine.

ASU currently consists of 4.6 staff members, who provide shared business services for the approximately 170 employees of the health-related licensing boards in the areas of finance, budgeting, accounting, purchasing, human resources, professional and technical contractors, policy development and payroll. ASU also facilitates the Boards' cooperative policy and planning efforts, and coordinates the Voluntary Health Care Provider Program (which provides malpractice coverage for physicians, physicians assistants, dentists, dental hygienists and nurses serving in a voluntary capacity at a nonprofit organizations). ASU's annual budget is determined by the Executive Directors Forum, and the oversight of ASU is assigned on a rotating basis to one of the health-related boards. ASU is managed through the Executive Directors Forum's Management Committee.

ASU developed the Boards' information technology supervisory structure and previously supervised the Boards' IT staff, until its recent reorganization under MN.it. The Boards continue to coordinate IT projects through its IT workgroup.

Health Professionals Services Program (HPSP)
Each health-related licensing board, including the emergency medical services regulatory board under chapter 144E, shall conduct a health professionals service program under section 214.31 to 214.37 or contract for a diversion program under section 214.28

At present, all Health Licensing Boards, the Emergency Medical Services Regulatory Board, and additional professions regulated by the Department of Health, participate in HPSP.

Sunset Commission
The Sunset Advisory Commission was created by the 2011 Legislature (Chapter 3D)to review state agencies and make recommendations on whether the agency should continue to exist. The first group of agencies was reviewed in 2012, which included the Health Licensing Boards. The Boards worked collaboratively in preparing reports for the Commission, and in testifying before the Legislature; and in preparing follow-up reports to the Commission. The Commission ultimately recommended that the Boards not sunset.

Emerging Issues

During the 2010-2012 biennium, the health-related licensing boards faced a number of common emerging issues, which are described below.

Staffing / funding issues. As a result of state requirements regarding budgets and expenditures, a number of the boards are facing salary constraints and possible budgetary shortfalls that affect staffing levels and service delivery, including ability to investigate complaints and process contested cases for disciplinary issues.

The Boards continue to make technology / communication improvements, refinements, and to expand and refine services through technology. Providing easy and timely access to accurate public data remains an area to which the Boards are committed. The Boards continue to make their web sites increasingly interactive, including on-line renewals, license verifications, and disciplinary tracking. The Boards have prepared and submitted an RFP for a advanced system, and have pended substantial effort to arrive at an IT solution for the boards. Currently the Commissioner of Administration is submitting a report to the legislature regarding "the best system for providing electronic licensing, disciplinary, regulatory, and investigative services."

Applicants and the general population are becoming increasingly diverse, including cultural and language diversity. The licensing boards continue to examine matters pertaining to possible barriers in licensure, as well as issues surrounding clients and patients from divers populations. The Boards are facing increased costs of disciplinary actions, due to increased legal costs, as well as increased complexity of complaints that require additional legal involvement, and a trend toward increased, and more substantial, and extended involvement by licensees' legal representatives.

Some Boards report a shortage, or shrinking pool of licensed practitioners, aging pools of health practitioners, as well as possible increased workload due to aging populations, which carries implications for ensuring public health care access.

The possibility of additional newly established health regulatory boards exists, subject to legislative activity.

Table 1: Number of Credentials issued or renewed

	Total Number of persons licensed or registered as of June 30, 2012	Number of Credentials Issued or Renewed during biennium ending June 30, 2012	Number of Credentials renewed online (# and percent) during fiscal year ending June 30, 2012
Barber	3,209	6,768	0
BBHT	3,383	5,425	1,663 2012 2,451 2011 (avg. 55%)
Chiropractic	4,450	8,915	3,883 / 91% 2012 3,794 (92%) 2011
Cosmetology	40,997		approx. 14,000 (96% of eligible online renewals) Biennium
Dentistry	17,129	16,888	12,275 (79.5%) Biennium
Dietetics / Nutrition	1,411	2,989	1420 (48% - 55%) Biennium
Marriage and Family Therapy	1,801	3,812	2,219 Biennium (73—78%)
Medical Practice	26,530	57,546	45,485 Biennium (80.95—96.68%)
Nursing	112,653	61,582	41,379 (92%) Biennium
BENHA	856	1,570	739 (94.5%) 2012 742 (92.9%) 2011
Optometry	1,045	2,082	552 (55%)2012 529 (52%) 2011
Pharmacy	31,381	31,516	75% - 92% Biennium (varies based on license)
Physical Therapy	5,799	11,755	10,347 (93%)
Podiatric Medicine	259	259	0
Psychology	3,789	3,838	0
Social Work	12,600	10,123	75-81% Biennium
Veterinary Medicine	3,182	3,182	2,429 (83%)
TOTAL	267,274	223,817	

Table 2: Receipts and Disbursements Fiscal Year 2012

Board	Receipts FY 2012	Disbursements FY 2012
Barber	284,504	196,533
Behavioral Health and Therapy	1,028,036	392,703
Chiropractic	800,468	550,423
Cosmetology	1,837,552	1,046,000
Dentistry	1,443,142	1,394,620*
Dietetics / Nutrition	91,548	69,194
Marriage and Family Therapy	577,610	303,732
Medical Practice	10,181,278**	7,449,684
Nursing	5,063,079***	3,845,263
BENHA	206,409	139,359
Optometry	118,888	109,510
Pharmacy	2,196,407	1,680,032
Physical Therapy	977,302	694,558
Podiatric	110,185	73,045
Psychology	2,261,912	1,600,873
Social Work	1,035,198	1,055,986
Veterinary Medicine	341,215	178,495

**Fee adjustments were made on January 1, 2012*

***Including 10% license/application fees for MN OET elicensing surcharge.*

****The government shutdown in July 2011 caused a disproportionate number of RN and LPN renewals to occur in the last months of FY2011 that should have occurred in the first months of FY2012. This resulted in an additional $665,000 collected in FY2011 that should have been collected in FY2012.*

Table 3: Number of Complaints Received in Biennium Ending June 30, 2012

Board	Number of complaints received (opened) in biennium ending June 30, 2012
Barber	16
BBHT	191
Chiropractic	307
Office of Unlicensed Complementary and Alternative Health Care Practice	NA
Cosmetology	NA
Dentistry	494
Dietetics / Nutrition	12
Marriage and Family Therapy	63
Medical Practice	1697
Nursing	1745
Nursing Home Administrators	137
Optometry	24
Pharmacy	220
Physical Therapy	94
Podiatric Medicine	31
Psychology	272
Social Work	310
Veterinary Medicine	146
TOTAL	**5,759**

Table 4: Number and Age of complaints open as of June 30, 2012

	Number of complaints closed in biennium ending June 30, 2012	Number of complaints open as of June 30, 2012 [Listed by < one year or > One year]
Barber	14	Open < 1 year = 5 Open > 1 year = 2
Behavioral Health and Therapy	212	Open < 1 year = 67 Open > 1 year = 42
Chiropractic	310	Open < 1 year = 296 Open > 1 year = 14
Cosmetology		
Dentistry	452	TOTAL: 148
Dietetics / Nutrition	11	Open < 1 year = 1
Marriage and Family Therapy	35	Open < 1 year = 5 Open > 1 year = 22
Medical Practice	1584	Open < 1 year = 255 Open > 1 year = 84
Nursing	1805	Open < 1 year = 716 Open > 1 year = 225
Office of Unlicensed Complementary and Alternative Health Care Practice		
BENHA	114	< 1 year = 12 > 1 year = 0
Optometry	24	Open < 1 year = 2 Open > 1 year = 1
Pharmacy		Open < 1 year = 24 Open >1 year = 10
Physical Therapy		Open < 1 year = 25 Open > 1 year = 8
Podiatric Medicine		TOTAL: 20
Psychology		Open < 1 year = 81 Open > 1 year = 24
Social Work	282	TOTAL: 71 Open < 1 year = 103 Open > 1 year = 1
Veterinary Medicine		Open < 1 year = 14 Open > 1 year = 0

"The mission of the Board is to promote public health and safety by assuring that barbers are appropriately trained and demonstrate the skills necessary to conduct barber services in a safe, sanitary, and appropriate environment through the regulation and licensing of barbers and barber shops. The board's licensing and inspection processes assure that barbers and barber shops meet or exceed the legislative and Board established criteria designed to protect public health and safety."

Board Members
Current Members
Frances R. Plant, Fridley, MN, Barber Member
(Term: BBCE: 9/18/06-1/5/09; BBE: current appointment 7/1/09, term expires 1/7/2013)
Jon C. Stone, Detroit Lakes, MN, Barber Member
(Term: BBE: 1/4/10, term expires 1/6/2014)
James Robinson, Saint Paul, MN, Barber Member
(Term: BBE: 2272-12, term expires 1/4/2016)
Clarence Jones, Minneapolis, MN, Public Member
(Term: BBE: 3/21/2011, term expires 1/5/2015)

Board Staff
Thora G. Fisko, *Executive Secretary*
Donna Maki, *Customer Services Specialist*
Trevor White, *Law Compliance Representative (Inspector)*

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Office e-mail: bbe.board@state.mn.us
Board Website: www.barbers.state.mn.us

Letter from the Executive Secretary

The Board of Barber Examiners was initially established in 1927; it was re-established under Minnesota Statute Chapter 154 as of July 1, 2009 by the separation of the Board of Barber and Cosmetologist Examiners (created in 2004) into two distinct boards. The Board is a licensing agency, responsible for the licensing and regulation of individuals, establishments, and schools related to barbering.

The mission of the Board is to promote public health and safety by assuring that barbers are appropriately trained and demonstrate the skills necessary to conduct barber services in a safe, sanitary, and appropriate environment through the regulation and licensing of barbers and barber shops. The board's licensing and inspection processes assure that barbers and barber shops meet or exceed the legislative and Board established criteria designed to protect public health and safety.

The board now functions as an independent Board with a staff of three employees: one Executive Secretary, one Inspector, and one Customer Services Specialist. Procedures have been put in place to assure timely processing of license applications, inspections are conducted throughout the state, applications are being processed and licenses issued in a timely manner. The Board continues to improve its online presence.

Many important tasks remain to be done. It is a goal of the Board to continue to develop as a regulatory agency that is both responsive and reliable in its role of protecting the public and supporting the licensee. To that end the processes for managing complaints and licensee discipline assuring that law and rule violations are identified and violators are held accountable is reviewed and updated. The Board's complaint committee is meeting on a regular basis and with assistance from the Attorney General's Office policy and procedure for the management of complaints, investigation and licensee discipline are being improved.

The Board must also seek ways to streamline operations while managing cost. Efforts will continue to develop efficient and effective services to the public and barbers of Minnesota.

Respectfully,

Thora G. Fisko, Ed.S.
Executive Secretary
Minnesota Board of Barber Examiner

License Type	License Fee	10% Surcharge*	Total License Fee
Initial Shop	85.00	8.50	93.50
Shop Renewal	85.00	8.50	93.50
Late Shop Renewal	105.00	10.50	115.50
Apprentice Exam	80.00	8.00	88.00
Apprentice Renewal	70.00	7.00	77.00
Late Apprentice Renewal	90.00	9.00	99.00
Master Exam	85.00	8.50	93.50
Master Renewal	80.00	8.00	88.00
Temporary Teaching	65.00	6.00	71.00
Temporary Apprentice	80.00	8.00	88.00
Student Permit	45.00	5.00	50.00
Initial School	1030.00	103.00	1133.00
School Renewal	280.00	28.00	308.00
Initial Instructor	180.00	18.00	198.00
Instructor Renewal	80.00	8.00	88.00
Change of Ownership	55.00	0	55.00
Home Study Course	95.00	0	95.00
Duplicate License	40.00	0	40.00

June 30, 2012

Total licensed or registered as of June 30, 2012	Credentials Issued or Renewed	
3071	Type	#
	Barber Shop Licenses	842
	Barber School Licenses	5
	Student Barber Permits	98
	Apprentice Barber Licenses	201
	Registered (Master) Barber Licenses	2050
	Barber Instructor Licenses	13

COMPLAINTS

Biennium ending June 30, 2012

Complaints Received and Opened by Category	Number
Unlicensed activity	12
Sanitation	14
Miscellaneous	0

RECEIPTS AND DISBURSEMENTS

Fiscal Year	Receipts	Disbursements
FY 2012	**$ 284,504**	**$ 196,534**
FY 2011	**$ 294,020**	$ 233,477
FY 2010	**$ 212,306**	$ 175,671
FY 2009	**$216,055**	$ 212,204
FY 2010	**$191,071**	$ 180,852

The Minnesota Board of Barber Examinres was created July 1, 2009 upon the separation of the Minnesota Board of Barber and Cosmetology Examiners into two distinct Boards. It has continued to stabilize, with three staff members.

At this time the Barber Board employs one full time Executive Secretary, one full time Inspector and one full time Customer Services Specialist. It is anticipated that this staffing pattern will remain stable and that the licensing, inspection and educational functions of the board office will be accomplished.

The Minnesota Board of Barber Examiners regulates the profession of Barbering within the state of Minnesota. The Board is responsible for the certification, licensure, and discipline of barber students, apprentice barbers, registered (master) barbers, barber schools, barber instructors, and barber shops pursuant to Minnesota Statutes chapter 154 and Minnesota Rules chapter 2100. In addition the Board oversees the administration, enforcement, regulation and adoption of rules related to the barber profession. The Board meets regularly and administers no less than four examinations to applicants seeking licensure as apprentice and registered (master) barbers annually. No more than two times per year the Board administers an examination for licensure of instructors of barbering.

"The mission of the Board of Behavioral Health and Therapy is to protect the public through effective licensure and enforcement of the statutes and rules governing its licensees to ensure a standard of competent and ethical practice."

Board Members

Current Members

Barbara Carlson, LADC, New Ulm, MN, Professional Member
(Term: 6/28/2006; reappt 6/2010)

Marlae Cox-Kolek, LADC, Mankato, MN, Professional Member
(Term: 3/16/2009)

Freddie Davis-English, Plymouth, MN, Public Member
(Term: 4/28/2005—3/2009)

Douglas Frisk, New Brighton, MN, Public Member
(Term: 6/14/2004—reappt 5/2012)

Judi Gordon, LADC, St. Paul, MN, Professional Member
(Term: 4/28/2005– reappt 3/2009)

Yvonne Hundshamer, St. Paul, MN, Public Member
(Term: 6/22/2010)

Mary Beth McGowan, Lino Lakes, MN, Professional Member
(Term: 5/14/2002)

Kristen Piper, LPC, St. Louis Park, MN, Professional Member
(Term: 6/28/2006; reappt 6/2010)

Duane Reynolds, LADC, New Hope, MN, Professional Member
(Term: 6/14/2004; reappt 5/2012)

Walter Roberts, Jr., LPCC, North Mankato, MN, Professional Member
(Term: 6/14/2004; reappt 5/2012)

Robert Schmillen, LADC, Granite Falls, MN, Professional Member
(Term: 3/16/2009)

Marjorie (DeDe) Van Slyke, LPCC, St. Paul, MN, Professional Member
(Term: 6/30/2011)

Nona Wilson, LPC, St. Cloud, MN, Professional Member
(Term: 1/31/2006; reappt 3/2009)

Board Staff

Kari Rechtzigel, *Executive Director*
Samantha Strehlo, LADC Licensing Coordinator / Office Manager
Carly Lykes, LPC/LPCC Licensing Coordinator

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Letter from the Executive Director

Since its creation in 2003, the Board has struggled with complex regulatory requirements, budget constraints, and a small staff. Despite these challenges, the Board has successfully moved forward in past legislative sessions and in the most recent 2012 legislative session to improve licensure processes for licensed alcohol and drug counselors, licensed professional counselors, and licensed professional clinical counselors. The Board has instituted office policies and procedures to keep administrative expenses at a minimum, and has developed regulatory processes that are efficient and cost effective. The Board invested in a licensure database that replaced the information in four obsolete databases. The new regulatory database consolidated the information in those old databases and created a single Board database capable of performing all of the licensure, complaint resolution, and reporting functions necessary to efficiently carry out the regulatory responsibilities of the Board. Online renewal services became available beginning August 2010 for alcohol and drug counselors and December 31, 2010 for professional counselors. The Board retired the debt for both the Licensed Alcohol and Drug Counselor and Licensed Professional Counselor/ Licensed Professional Clinical Counselor programs during this biennium and for the first time is operating with a small surplus in the Special Revenue Fund.

The Board looks forward to continuing its work as an autonomous board. The goals of the Board in the next five years include utilizing its website and online services to continue to improve the efficiency of regulation and licensing processes, and maintaining an adequate staffing level of skilled personnel to provide high quality services to applicants, licensees, and the public. These measures will ensure that the Board can continue to fulfill its public protection mission by licensing qualified applicants in an expeditious manner and taking timely corrective or disciplinary action against practitioners who violate the statutes and rules governing their professions.

Respectfully submitted,

Kari Rechtzigel, Executive Director
Minnesota Board of Behavioral Health and Therapy

Year	Type of License	Number of persons licensed as of June 30	New Licenses Issued	Credentials Renewed
7/1/2010-6/30/2012	Licensed Alcohol and Drug Counselor (LADC)	2335	489	FY11: 886 FY12: 1702 TOTAL: 2588
	Temporary Permit (Temp)	130	214	FY11: 89 FY12: 60 TOTAL: 149
	Licensed Professional Counselor (LPC)	437	286	FY11: 487 FY12: 363 TOTAL: 850
	Licensed Professional Clinical Counselor (LPCC)	481	322	FY11: 201 FY12: 326 TOTAL: 527
	Total	**3,383**	**1,311**	**4,114**
7/1/2008-6/30/2010	Licensed Alcohol and Drug Counselor (LADC)	2142	504	2500
	Temporary Permit (Temp)	143	257	532
	Licensed Professional Counselor (LPC)	557	229	970
	Licensed Professional Clinical Counselor (LPCC)	170	57	63
	Total	**3,012**	**1047**	**4,065**
7/1/2006-6/30/2008	LADC	1757	403	Data not available
	Temp	296	356	Data not available
	LPC	539	272	Data not available
	LPCC	12	12	Data not available
	Total	**2,604**	**1,043**	
7/1/2004-6/30/2006	LADC	1464	142	Data not available
	Temp	203	149	Data not available
	LPC	373	360	Data not available
	Total	**2,040**	**651**	

The Board has 3.0 full-time equivalent positions. The full time staff members include an executive director, a licensing coordinator for the LPC/LPCC program and a licensing coordinator for the LADC program. Every staff member of the Board must have a broad base of knowledge and skills. While each staff member has a specialty (e.g. licensure expert for each program and executive director who must have overall knowledge and skills related to all regulatory and administrative duties of the Board), the needs of the Board, the professionals regulated by the Board, and the recipients of counseling services require that all employees have a basic knowledge of all Board operations in order to answer questions and provide information to applicants, licensees, and members of the public. Because of its small staff, the Board relies heavily on the detailed information on its website to assist applicants, licensees, and the public.

The staffing level has not changed in the last six years, but the number of regulatory duties has increased along with the number of applicants and licensees. The base budget that was reduced by approximately 42% in 2007 ideally should be increased in the next biennium (FY 14 and ongoing) to allow the Board to have an adequate number of staff members to regulate the LADC and LPC/LPCC professions.

Legislation enacted during this biennium will require increased regulatory responsibilities for the Board:

A. LADC Legislation (final bill number SF753). SF753 was passed by the Legislature, and was signed into law by the Governor on April 20, 2012. The legislation created a new statutory chapter148F (2012 Session Laws chapter 197, Article 2) governing the regulation of alcohol and drug counselors in Minnesota. The Board has been working on this initiative for the past five years, and the enactment of the legislation will improve the licensure and regulatory processes for alcohol and drug counselors. Part of the legislation includes a requirement that the Board create a working group to evaluate the feasibility of a tiered licensure system for alcohol and drug counselors. A report is due to the Legislature on this issue on December 15, 2015.

B. LPC/LPCC Legislation (final bill number SF753). SF 753 (2012 Session Laws chapter 197, Article 3) also revised licensure requirements for licensed professional counselors and licensed professional clinical counselors. The most significant change resulting from the legislation is the reinstatement of the conversion method to LPCC licensure for another two years (until August 1,2014). The Board's Legislative Committee plans to research language and propose future legislation for a more permanent conversion method.

C. Sunset Legislation (HF2555; 2012 Session Laws chapter 278). During the past biennium the Board participated in the Sunset Review process required by Minnesota Statutes section 3D.06. The process required preparing a detailed report to the Legislature and providing oral testimony at legislative hearings. As a result of that process, the Legislature passed a bill on April 26, 2012, that will affect all of the health-related licensing boards, including the Board of Behavioral Health and Therapy. New requirements include at least the following:

* Effective July 1, 2013: a requirement to post on its public Web site the name and business address of each regulated individual who has:

(1) a conviction of a felony or gross misdemeanor occurring on or after July 1, 2013, in any state or jurisdiction;

(2) a malpractice judgment occurring on or after July 1, 2013, against the regulated individual in any state or jurisdiction.

(3) any disciplinary or corrective action or restriction of privileges taken against the individual's license by the commissioner or a state licensing board in this state or in any other state or jurisdiction. The Web site shall identify the basis for disciplinary action, the type of disciplinary action taken, and whether the action was taken by the commissioner or a licensing board in this or another state or the federal government.

*Report to Legislature due January 15, 2013 regarding recommendations for establishing uniform criminal history background check requirements applicable to applicants and regulated individuals.

*Report to Legislature due January 15, 2013 related to developing consistent reporting requirements that require institutions, professional societies, other licensed professionals, courts, insurers, and other entities to report conduct constituting grounds for disciplinary action to the respective regulatory entity.

*Changes to complaint resolution process establishing timelines for acknowledging receipt of a complaint, requiring status updates to complainants every 120 days; establishing procedures for notifying licensees that a complaint has been filed and providing status updates to licensees; setting one-year time limit to resolve complaints whenever possible.

COMPLAINTS

Year	Type of Complaint	Complaints Received	Complaints Closed
2012	LADC/TP	158	177
	LPC / LPCC	33	35
2010	LADC	138	184
	LPC	27	23
	Total	**165**	**207**
2008	LADC	157	248
	LPC	21	8
	Total	**178**	**256**
2006	LADC	52	99
	LPC	8	7
	Total	**60**	**106**

Complaints Open as of June 30, 2012:
89 – LADC/ TP(55 open for less than 1 yr.; 34 open for more than 1 yr.)
20 – LPC/LPCC (12 open for less than 1 yr.; 8 open for more than 1 yr.)

RECEIPTS AND DISBURSMENTS

Year	LPC Receipts	LADC Receipts	LPC Disbursements	LADC Disbursements	Total Bd. Receipts	Total Bd. Disb.
FY2011 and FY 2012	$640,070	$1,232,655	$218,973	$587,479	$1,872,725	$806,362
FY 2009 and FY 2010	$460,042	$947,156	$313,156	$626,322	$1,407,208	$939,478
FY 2007 and FY 2008	$270,715	$901,679	$202,433	$529,213	$1,172,394	$731,646
FY 2005 and FY 2006	$149,966	$719,030	$528,060	$600,883	$868,996	$1,128,943

Note: The Board has been concentrating on retiring the debt for both the Alcohol and Drug Counselor and Licensed Professional Counselor/Licensed Professional Clinical Counselor programs for the last several years. In order to do so, the Board has kept the staffing level at a minimum along with expending the absolute minimum for other items. That is the reason for the large discrepancy between receipts and disbursements.

FEE INFORMATION

LADC Fees	Amount
Application for licensure	$295
Biennial Renewal Fee (Active)	$295
Biennial Renewal Fee (Inactive)	$150
Temp. Permit Application Fee	$100
Temp. Permit Renewal Fee	$150
Late Renewal Fee	25% of renewal fee
License Verification	$25
Surcharge Fee (Lic. App. & Renewal)	$99
Approved Supervisor App. Fee	$30
Continuing Education Sponsor Fee	$60
Duplicate Certificate Fee	$25
Board Order Copy Fee	$10
Renewal Fee After Expiration	Renewal fee, late fee, and $100 for CE review
Penalty Fee (Practice w/o license after expiration or before renewal)	Renewal fee for any part of first month, plus renewal fee for any part of any subsequent month up to 36 months
Penalty Fee (applicant practice w/o license)	Lic. app. fee for any part of first month, plus lic. app fee for any part of any subsequent month up to 36 months
Penalty Fee Related to Late CE Reporting or Insufficient CE	$100 for late report; $20 for each missing clock hour

LPC and LPCC Fees	Amount
LPC and LPCC Application Fee	$150
LPC and LPCC Initial License Fee	$250
LPC/LPCC Renewal Fee (Active)	$250
LPC/LPCC Renewal Fee (Inactive)	$125
LPC and LPCC Late Renewal Fee	$100
Board Order Copy	$10
License Verification	$25
Duplicate Certificate Fee	$25
Supervisor Application Fee	$30
CE Course Sponsor Fee	$60
Professional Firm Renewal Fee	$25
Initial Registration Fee	$50
Annual Registration Renewal Fee	$25

"The mission of the Minnesota Board of Chiropractic Examiners (MBCE) is to protect the public through effective licensure and enforcement of the statutes and rules governing the practice of chiropractic to ensure a standard of competent and ethical practice in the profession."

Board Members

Matt Anderson, DC, Bloomington, MN, Professional Member
(*Term: 5/21/2007; reappt 2/14/2011)*
Robert Daschner, DC, Waseca, MN, Professional Member
(Term: 4/22/2008; reappt 6/30/2012)
Howard Fidler, DC, St. Louis Park, MN, Professional Member
(Term: 4/28/2004; reappt 6/30/2012
Teresa Marshall, DC, President / Professional Member
(Term: 1/11/2002, reappt: 3/31/2006, 1/19/2010)
Ralph Stouffer, Roseville, MN, Public Member
(term: 3/31/2006; reapptd 5/21/2007 and 2/16/2011)
Kay Strobel, Red Wing, MN, Public Member
(Term: 10/4/2010—)
Richard Tollefson, DC, Coon Rapids, MN, Professional Member
(Term: 5/10/2005, reappt 2/24/2009)

Board Staff

Larry A Spicer, DC, Executive Director
Anne Braam, Office Manager
John Burbey, Office and Administrative Specialist
Lori Blanski, Office and Administrative Specialist
Micki King, Health Program Representative

Minnesota Board of Chiropractic Examiners
University Park Plaza Building
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Board Website: http://www.chiroboard.state.mn.us

Letter from the Executive Director

The Minnesota Board of Chiropractic Examiners (MBCE) was established by legislative act on 3-13-1919. Minnesota Statutes 148.01-148.108 and Minnesota Rules 2500 give the board authority to regulate, to license by examination and renewal, and to investigate complaints. The mission of the MBCE is to protect the public through effective licensure and enforcement of the statutes and rules governing the practice of chiropractic to ensure a standard of competent and ethical practice in the profession.

Licensing/Credentialing Services: The purpose of regulation through licensing is to set and enforce standards of competence and ethical practice, and to ensure that persons licensed as doctors of chiropractic meet educational, examination, and continuing education standards. Staff process applications, verify compliance with statutory requirements, provide assistance and information to a variety of customers, and work in collaboration with other agencies at the state, federal, and national levels.

To meet these functions, the MBCE operates under five key service strategies:

- maintain an integrated database of licensee information, registrations, discipline, and complaints
- publish information on the web, including licensure information, disciplinary orders, and rulemaking efforts
- conduct regular board meetings where citizens have input into the review of operations and rulemaking efforts
- respond to public requests for information on chiropractors, continuing education sponsors, and licensee's status
- manage funds soundly

The Board accomplishes its core public safety and regulatory mission of doctors of chiropractic by:

- Administering minimum educational and examination requirements for initial licensure as a doctor of chiropractic and administering requirements and processes for renewal of licensure
- Enforcing standards of ethical practice; and responding to inquiries, complaints and or reports regarding applicants, or licensees
- Investigating complaints of alleged violations of statutes, holding educational and disciplinary conferences, and taking legal action when appropriate against licensees who fail to meet minimum standards of practice or who may otherwise constitute a harm to the public as a result of improper/unethical practice
- Approving continuing education providers
- Providing information about licensure and standards of practice, through professional education outreach efforts, the Board's website, online license verification services, and telephone, mail or email inquiries

The Board provides core public safety services through the regulatory oversight of doctors of chiropractic, as noted in the strategies listed above, to ensure both high standards of chiropractic practice and excellent customer service. Services are provided to the general public, consumers of chiropractic services, applicants and licensees, students and faculty in chiropractic academic programs, other state and local agencies, state and national professional chiropractic associations and finally the national testing organization as well as the Federation of Chiropractic Licensing Boards.

Discipline/Complaint Resolution Services: Staff, Board Members, and the Office of the Attorney General work collaboratively to review, investigate, and take action, as appropriate, in alleged complaint cases against licensed doctors of chiropractic. When a licensee is determined to have engaged in conduct which is a violation of the statutes or rules the Board is empowered to enforce, an appearance before Board Members may occur. Licensee's may enter into an agreement for corrective action with the Board's complaint panel, or may become subject to disciplinary action, with such final action determined by the full Board. Either of these two remedies is public once completed. In addition, staff provide informational services to a variety of customers regarding the Board's statutory requirements and standards of practice, including how to file a complaint and the complaint resolution process. The Board also works with the Health Professionals Services Program (HPSP), the state's diversion program for regulated professionals who are impaired, as an additional method to ensure public protection.

Online Services: The board maintains a very robust web site which includes: Information on Board structure, meetings, and policies; licensing information, applications and renewal forms for nearly all licenses/registrations; information on continuing education programs and sponsors; access to specific statutes and rules directly impacting the profession; information on current emerging issues impacting the profession; information on access to the Health Professional Services Program, and links to many other related sites, and online license renewal. The Chiropractic Board was the first among the Health Related Licensing Boards to provide online license renewal capability. The board renewed well in excess of 4000 licenses and registrations last fiscal year, and generally appreciates approximately a 90%+ online application renewal rate.

Key Activity Goals & Measures

The MBCE works to meet the MN Milestone of access to government information 24x7x365 through its self-service website. The MBCE works to protect the public from access to impaired practitioners by prompt investigation of complaints and resolution of disciplinary matters through educational conferences, corrective action agreements, board orders and/or contested case proceedings as deemed required based on the severity of the infractions reported. The MBCE collaborates with other licensing boards and state agencies to create an efficient state government.

Larry A Spicer, DC, Executive Director
Minnesota Board of Chiropractic Examiners

Year	Type of License	Persons Licensed as of June 30	Credentials Renewed	New Licenses Issued	Credential Renewed Online	
7/1/2011-6/30/2012	Doctor of Chiropractic (DC) License	2956	2861	124	2604	91%
	Acupuncture Registration	666	655	24	594	91%
	Animal Chiropractic Registration	27	26	1	0	0%
	Independent Examiner Registration	58	57	5	49	86%
	Professional Firm Registration	731	685	70	636	93%
	Graduate Preceptor Registration	12	n/1	12	n/1	n/a
7/1/2010-6/30/2011	**Totals**	**4450**	**4284**	**236**	**3883**	**91%**
	Doctor of Chiropractic (DC) License	2896	2781	156	2539	92%
	Acupuncture Registration	649	655	24	601	97%
	Animal Chiropractic Registration	23	22	3	0	0%
	Independent Examiner Registration	57	52	8	47	90%
	Professional Firm Registration	698	658	60	607	92%
	Graduate Preceptor Registration	10	n/a	12	n/a	n/a
7/1/2009-6/30/2010	**Totals**	**4333**	**4137**	**258**	**3794**	**92%**
	Doctor of Chiropractic (DC) License	2816	158	2715	2393	89%
	Acupuncture Registration	631	23	624	534	86%
	Animal Chiropractic Registration	20	0	20	n/a	n/a
	Independent Examiner Registration	51	7	48	40	84%
	Professional Firm Registration	665	68	614	522	85%
	Graduate Preceptor Registration	34	18	n/a	n/a	n/a
	Totals	**4217**	**274**	**4021**	**3489**	**87%**

The Minnesota Board of Chiropractic Examiners issues one type of license: the Doctor of Chiropractic (DC) license. In addition to and contingent upon this license, a DC may obtain a registration in Acupuncture, Animal Chiropractic, Independent Examiner, Professional Firm and Graduate Preceptor; however these registrations require an active and good-standing DC license. The registration for Animal Chiropractic was first established in fiscal year 2009 and has attracted increased interest from DC's.

Year	Type of License	Persons Licensed	Credentials Renewed	New Licenses Issued	Credential Renewed Online	
7/1/2008-6/30/2009	Doctor of Chiropractic (DC) License	2750	2665	115	2356	89%
	Acupuncture Registration	627	620	22	539	87%
	Animal Chiropractic Registration	12	12	0	n/a	n/a
	Independent Examiner Registration	49	49	3	40	82%
	Professional Firm Registration	623	589	68	545	93%
	Graduate Preceptor Registration	28	n/a	16	n/a	n/a
	Totals	**4089**	**3935**	**224**	**3480**	**89%**
7/1/07-6/30/08	Doctor of Chiropractic (DC) License	2719	2625	153	2269	87%
	Acupuncture Registration	608	597	33	532	90%
	Animal Chiropractic Registration	0	0	0	n/a	n/a
	Independent Examiner Registration	53	51	2	44	87%
	Professional Firm Registration	577	534	64	467	88%
	Graduate Preceptor Registration	36	n/a	24	n/a	n/a
	Totals	**3993**	**3807**	**276**	**3312**	**87%**
7/1/06-6/30/07	Doctor of Chiropractic (DC) License	2613	2517	134	2144	86%
	Acupuncture Registration	600	591	19	486	83%
	Animal Chiropractic Registration	0	0	0	n/a	n/a
	Independent Examiner Registration	55	54	1	46	86%
	Professional Firm Registration	538	494	70	432	88%
	Graduate Preceptor Registration	22	n/a	11	n/a	n/a
	Totals	**3827**	**3656**	**235**	**3108**	**85%**

Statistics above are shown *annually* vs. a *biennially*. For the purposes of this report, those who completed either their renewal form or paid their renewal fee or did both online are counted as one in the numbers under Online Renewals.

Biennium ending	Complaints Closed	Complaints Open as of Biennium
6/30/12	310	98 296<one year; 14>one year
6/30/10	420	375<one year; 45>one year
6/30/08	348	321<one year; 27>one year
6/30/06	351	332<one year; 19>one year
6/30/04	323	299<one year; 24>one year

Cases going over one year generally involve one or more of the following:

- an investigation by Attorney General's Office,
- the licensee elects to go to hearing rather than accept the Board's proposed settlement when a violation has been determined, and/or
- if the case involves civil or criminal charges, the panel may place the complaint on hold pending a court ruling as a criminal conviction may be another violation, uncontested.

Allegation (No. of Complaints per Biennium by allegation type)	2004	2006	2008	2010	2012
Acupuncture violations	2	5	7	1	1
Address/phone change failure to notify Board	0	1	1	4	2
Advertising	55	91	73	110	46
Aiding or abetting unlicensed practice, & delegating	6	8	8	23	6
Animal chiropractic, practice violation (new law 2010)	X	X	X	X	2
Animal chiropractic, registration violation (new law 2010)	X	X	X	X	2
Application disclosure (DWI, conviction, etc.)	22	42	18	29	59
Billing dispute	9	3	5	20	13
Conviction of a crime of moral turpitude or felony	14	17	20	13	21
Disciplinary action in another state/jurisdiction	2	3	4	6	12
Exercising influence on a patient or client for financial gain	29	12	25	46	27

Our current database tracks the source of complaints such as from the public, the profession, government agency, insurance agency, etc. It does not track the source such as US Mail, online, in person, by phone, etc…

We require an original signed waiver for the release of protected information for the majority of complaints, i.e. the complaint and patient records.

Allegation	2004	2006	2008	2010	2012
Failure to make a report or cooperate w/investigation	2	2	2	25	2
Fraud-deception in applying for a license	2	3	2	0	5
Graduate Preceptorship program violation	3	1	1	3	2
Gross or repeated mal practice	27	29	19	19	26
Habitual intemperance in alcohol or drugs	19	25	21	24	20
HPSP violation, noncompliance	5	4	4	3	3
Independent exams, false or misleading	11	10	3	13	11
Improper management of records (lost or release of)	25	18	17	19	23
Other, not chiropractic, i.e. taxes, child support, federal law	14	27	16	28	35
Petition for end of discipline	7	7	11	13	18
Practice outside scope	8	4	7	8	5
Practicing w/o a license, revoked, suspended, prior to licensure, etc.	10	20	15	23	13
Prepaid plans rule violation (new law in 2011)	X	X	X	X	1
Professional corporation registration violation	1	3	7	5	5
Poor recordkeeping-documentation of care	18	13	15	18	9
Splitting fees, runners, cappers	22	7	3	25	14
Unable to practice illness, incompetence, drugs, etc	14	15	16	15	12
Unethical practices, runners making direct contact (new law 2008)	x	x	x	35	7
Unprofessional conduct, unethical or deceptive practices	8	13	12	29	17
Unprofessional, sexual misconduct	20	18	13	20	16
Unprofessional, providing unnecessary services	4	6	7	7	6
Unprofessional, charging unconscionable fees	21	18	15	30	16
Unprofessional, threatening or dishonest fee collection	11	13	14	40	20
Unprofessional, fraud on patients or insurance	38	17	8	20	14
Unprofessional, waving deductible or co-pay	1	1	1	2	0
Violation of a Board Order	9	5	4	13	13

Year	Fee Type	Amount of Fee	Total $ Received	Terms
7/1/2011-6/30/2012 Most Recent Year	Professional Firm Renewal	$25.00	$22,515.00	annual
	Exam / Applicant Fee	$250.00	$45,250.00	upon application
	Exam Regrade	$30.00	$0	as needed
	Graduate Preceptorship	$100.00	$3,200.00	upon request
	Active License Renewal	$200.00	$510,000.00	annual
	Renewal Penalty Fee	$150.00	$16,320.00	accrued monthly
	Inactive icense Renewal	$150.00	$23,250.00	annual
	Inactive Reinstatement	$100.00	$500.00	upon request
	Independent Examiner Registration	$150.00	$1,150.00	upon request
	Independent Examiner Renewal	$100.00	$4,850.00	annual
	Acupuncture Registration	$100.00	$2,750.00	upon request
	Acupuncture Renewal (Active or Inactive)	$25.00 or $50.00	$31,175.00	annual
	Disciplinary Fee / Civil Penalty	up to $10,000.00	$26,775.94	as assessed
	Printing of Board Orders	$10.00	$10.00	upon request
	Continuing Education Sponsorship	$100.00 or $500.00	$17,000.00	upon application
	Letter of Standing or License Verification	$10.00	$840.00	upon request
	Printing of Lawbooks	$10.00	$0	upon request
	Lists of Chiropractors (partial or complete)	$10.00 or $100.00	$3,500.00	upon request
	Printing of Miscellaneous Items	$.25 / page	$504.25	upon request
	Prior Year Renewals	$150.00 or $200.00	$6,825.00	upon request
	Prior Year Penalty Fee	$150.00	$840.00	accrued monthly
	Continuing Education Audit Penalty	$900.00	$58,500.00	as assessed
	Animal Chiropractic Initial Registration	$125.00	$500.00	annual
	Animal Chiropractic Active Renewal	$75.00	$1,725.00	uon application
	Animal Chiropractic Inactive Renewal	$25.00	$25.00	annual
	Subtotal Receipts	---	**$851,976.57**	---
	MN.IT E-Licensing Surcharge PAID	---	**$(45,795.00)**	---
	Credit Card Fees PAID		$(5,712.94)	
	TOTAL RECEIPTS	---	**$800,468.63**	---

The amounts indicated for Credit Card Fees represent what was collected from licensees utilizing the online renewal system. This amount does NOT reflect the total cost each fiscal year to the Board for the online renewal system.
In FY2012, the MBCE received authority to collect fees for the Animal Chiropractic registration. However, the Animal Chiropractic registration has been issued and renewed yearly since 2009 with no fee collection.
A significant reduction in Renewal Penalties may be observed; this is in large part due to the Board collecting licensees' email addresses the main purpose of emailing reminders when renewals are due. This procedure began in FY11.
The increase in CE Audit Penalties for FY12 is due to the Board having begun a four year audit cycle. The Board has not raised its licensing fees since 1993!

Year	**Category**	**Total Amount $**
7/1/2011-6/30/2012 **Most Recent Year**	Salaries, Benefits, & Per Diems	$303,693.33
	Office Rental, Maintenance, Utilities	$37,925.13
	Computer, Communications, Printing & Advertising	$9,936.24
	Professional / Technical Services	$10,382.94
	Supplies & Equipment	$7,757.27
	Travel – In State & Out of State	$11,383.64
	Other Operating Costs	$11,472.68
	Legal Costs	$115,823.90
	Health Professionals Service Program (HPSP)	$11,831.63
	Unspecified Indirect Costs	$30,216.87
	TOTAL	**$550,423.63**

RECEIPTS AND DISBURSEMENTS

Year	**Total $ Received**	**Total Disbursements and Expenditures**
7/1/11—6/30/12	$800,468.63	$550,423.63
7/1/10-6/30/11	$718,276.54	$638,396.26
7/1/2009-6/30/10	$717,985.19	$639,885.80
7/1/2008-6/30/2009	$699,661.43	$627,415.60
7/1/2007-6/30/2008	$678,458.43	$614,312.11
7/1/2006-6/30/2007	$689,992.04	$614,868.86
7/1/2005-6/30/2006	$628,784.20	$519,478.61

Features available on the Board's website include: License and registration renewal; information on obtaining a license and registration; information on renewal of licenses and registrations; public information such as disciplinary orders; information on how to file a complaint or resolve disputes; online change of address/phone number capability; information on MBCE meetings and meeting content; information on emerging issues which may affect the profession.

Emerging issues seen in regulation of licensees includes an increase in types and forms of fraudulent schemes to which doctors may be subjected; changes in health regulatory issues; management of impairment problems such as chemical dependency.

Awards received by the MBCE include:
1993 Outstanding Licensing Board
2005 Executive Director awarded the George Arvidson Award, the Federation of Chiropractic Boards highest honor (Note: the Executive Director is the only Executive Director of a Chiropractic Board to ever receive this award)
2009 Executive Director was appointed to the Board of the Federation of Chiropractic Licensing Boards

Current contested cases include topics and results such as:
Fraud, exploiting patients financially: 2 year suspension, civil penalty
Sexual misconduct, alcohol abuse, exploiting patients financially, substandard care: 3 year suspension, ethics training, chemical dependency monitoring, practice limitations, civil penalty
Felony conviction of criminal sexual misconduct, failure to report conviction: suspension not less than 5 years
Failure to justify services: 2 year suspension, ethics training, civil penalty, practice limitations
Improper use of healthcare credit card, fraudulent billing: 18 month suspension, ethics training, civil penalty

Major program accomplishments for the MBCE in the past biennium include:
Continued high rate of online renewal utilization
Improved continuing education audits with reduced audit failures

Issues which will need to be addressed in the next biennium include:

- Budget
- Changes to MS § 214
- New requirements resulting from the 2012 Sunset Legislation

The MBCE office is staffed with 4.8 full-time employees who on a daily basis work to:

- License applicants for Doctor of Chiropractic (DC)
- Approve registrations for: acupuncture, animal chiropractic, professional firm, graduate preceptorship, and independent examiner
- Renew the licenses and registrations listed above
- Manage funds received
- Manage continuing education
- Investigate and resolve complaints and disciplinary actions

Rules adopted during the past biennium that affect the MBCE include:

Pre-Pay Health Plans M.R. 2500.6060 effective August, 2011

Mission

The Board's core mission is to constantly strive to serve and care for our licensees, applicants, and the public by being committed to public protection, superior service, excellence, and continuous improvement.

Vision

The Board is dedicated to public protection while encouraging industry development. The Board believes that leading with a vision and making sound decisions results in quality outcomes and successful operations.

Board Members

Kurt Deile, Andover, MN, Public Member
(*Term: 12/2008; reappt 6/2011)*
Mary Finnegan, Aitkin, MN, Professional Member
(Term: 3/2006; reappt 6/2010)
Laurie Boggess, Minnetonka, MN, Professional Member
(Term: 7/2009; reappt 6/2012)
Robert Salmonson, Rice, MN, Professional Member
(Term: 2/2007; reappt: 6/2011)

Board Staff

Gina Stauss Fast, Executive Director
Billi Jo Rygg, Licensing Division Manager
Jenna Bohl, Licensing Specialist
Meghan Butte, Licensing Specialist
Claudia Ettesvold, Licensing Specialist
Sheila Peters, Licensing Specialist
Rebecca Gaspard, Compliance Division Manager
Christine Goanue, Compliance Specialist
Lene Kiser, Compliance Specialist
Diane Anderson, Inspector
Raeoun Jacobson, Inspector
Frank Weiland, Inspector
Nancy Mayberry, Receptionist
Diane DelaBarre, Assistant Executive Director
Maggie Shea, Assistant to the Executive Director

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Letter from the Executive Director

The Board of Cosmetologists Examiners core mission is to constantly strive to serve and care for our licenses, applicants and the public by being committed to public protection, superior service, excellence, and continuous improvement. Minnesota Statutes 155A.20-155A.35 provides the legislative authority for the Board of Cosmetologist Examiners to regulate cosmetology practice in the State of Minnesota for the purpose of health and safety of the public.

To accomplish the Board's mission, the BCE office is being divided internally into four divisions. The divisions are as follows: 1) Licensing Division, 2) Inspection Division, 3) Compliance Division, and 4) Administrative Division. As the Board has continued to grow, it has been important to have staff specialize in their respected area in order to provide optimal, efficient, and excellent service.

The most significant change for the Board has been the addition of licensing staff. Over the last several years, we have added 3 new licensing specialists and a licensing division manager. This addition allows us to meet the 2010 legislation to process all applications within 15 business days. We are pleased with our efforts and successes as we continue to process applications under the time frame.

The BCE also takes every advantage to maximize the use of technology to create more public awareness, protection, and streamlined service to our licensees and the public. All license applications and renewals are available online, with our most popular applications available as enterable applications. Further, the Board has an online license lookup site that is in real-time and can be accessed 24 hours a day to verify license holders. The BCE also displays final enforcement action orders online and will soon be placing inspection reports online as well. Lastly, the BCE offers licensees the ability to renew their license online, creating a location where they can renew their license 24 hours a day.

The BCE has hired an Assistant Executive Director to focus on continued technology advancements for the Board. The BCE will be concentrating its technology efforts on implementing several new initial applications online as well as revamping our electronic inspection process over the next biennium.

The Inspection and Compliance Division has also been in full swing since its growth to three full-time inspectors and two Compliance Specialists. These two divisions have found a great rhythm in completing inspections and enforcing unresolved violations through the complaint resolution process. In addition, we continue to educate licensees and public during the inspection and compliance process to ensure the violations are not repeated.

Lastly, the Board is focused on continued outreach to the public and licensees. To accomplish the, I will be hosting a series of round-table discussions to learn from our licensing population and the public. The round-tables are titled, "The Cut, LIVE – Learn about the BCE, Inspire New Ideas, Voice – Lend It, and Engage in the Process." We are excited to begin these this winter and look forward to making more positive changes!

The Minnesota Board of Cosmetologist Examiners is dedicated to public protection while encouraging industry development. The Board believes that leading with a vision and making sound decisions results in quality outcomes and succession operations.

The Board has five meetings set for 2013 and encourages the public and licensees to attend as these meetings are very informative and open to the public. I encourage all licensees and applicants to go online to www.bceboard.state.mn.us to get the most up to date information and check out the latest version of The Cut, the BCE newsletters.
Warm Wishes,
Gina Stauss Fast, JD

Number of Persons having each type of license and registration issued by the Board as of June 30

Previous Years	Type of License	Number of persons licensed	Percent Renewed Online
2012 (Most Recent Year)	Operator Licenses	18,946	
	Manager Licenses	15,993	
	Instructor Licenses	441	
	Salon Licenses	5,397	
	School Licenses	45	
	Other Licenses	500	
	Totals	40,997	96% of eligible online renewals (roughly 14,000 renewals)
2010	Operator Licenses	18,100	
	Manager Licenses	15,840	
	Instructor Licenses	460	
	Salon Licenses	5,200	
	School Licenses	51	
	Other Licenses	500	
	Totals	46,741	33%
7/1/2008-6/30/2009 (Renewals only)	Operator	6,462	
	Manager	5,529	
	Instructor	177	
	Salon	2,013	
	School	9	
	Total	14,190	13%
7/1/2007-6/30/2008 (Renewals only)	Operator	5,197	
	Manager	5,230	
	Instructor	119	
	Salon	2,114	
	School	15	
	Total	12,675	

Major Board Functions

Licensing Division – Responsible for credentialing over 14 different license types to ensure each applicant has me the requisite education and competence required to practice cosmetology or to operate a cosmetology salon or school.

- Set cosmetology licensure requirements through the rules process.
- Review individual applicant/licensee documentation to determine if they have completed the appropriate requirements for the license type they are obtaining.
- Review and approve continuing education provider applications and programs.
- Review academic programs to determine if they meet requirements to prepare students for cosmetology careers.

Inspection Division – Responsible to inspect all licensed salons and schools in the state to ensure public safety is met and salons are demonstrating sanitation and disinfection practices that adhere to statutes and rules regulation as well as practice standards.

- Inspect all salons located in the state of Minnesota to ensure compliance with all state statues and rules relating to delivery of cosmetology services to the public.
- Inspect all individuals working in salons in the state of Minnesota to ensure compliance with the state statues and rules relating to cosmetology and proper licensure.
- Inspect all cosmetology schools located in the state of Minnesota to ensure compliance with all state statues and rules relating the education of future cosmetologist.

Compliance Division – Responsible to investigate complaints and take action against cosmetologist, salons, or schools that violate laws and rules the Board is empowered to enforce.

- Accept complaints and reports from the public.
- Determining whether the complaint is properly submitted and if the Board has jurisdiction, and if so, what type of action is needed.
- Refer inquires and complaints to inspectors, investigators, complaint committees, and other agencies, if necessary.
- Respond to complainants and agency reports by informing the complainants of action taken to resolve their complaints, while observing provisions of the data practices act regarding the legal status of data obtained during the course of an investigation and disciplinary proceedings.

Administrative Division – Responsible to organize and manage the other three divisions to work in harmony to accomplish the goals, mission, and vision of the Board in order to protect the health and safety of the public.

- Provide information to the public and applicants concerning requirements for licensure including an online license look-up system.
- Improve the practice of cosmetology by providing information to licensees to prevent inappropriate practice.

Number of Board Meetings and approximate total number of hours spent by all board members in meetings and on other board activities

Year ending June 30	Number of Board meetings held during biennium	Total Number of Hours (approximate) spent by all board members in meetings and on other Board activities for biennium
2012 (Most recent year)	5	120
2011	5	120
2010	6	144
2009	6	144
2008	7	168
2007	8	168
2006	9	216

Legislative / Rule Change in Biennium by Board

2015.0200 subd. 1
2105.0330 subd. 1, subd. 2
Cite 35SR 801

COMPLAINTS

Number of licenses or registrations revoked, suspended or otherwise altered: 43 licenses and/or applicants. All final disciplinary action can be found online at www.bceboard.state.mn.us under "Complaints and Enforcement Action".

Year	Type of Complaint	Complaints Received	Complaints Closed	Cases Left Open
2010 Most Recent Year	Total	107	63	44
	Public Safety Related	79		
	Jurisdictional	95		
2009	Total	55	25	30
	Public Safety Related	39		
	Jurisdictional	47		
2008	Cosmetology and Barber Complaints Combined	54	15	19
2007	Cosmetology and Barber Complaints Combined	48	39	9
2006	Cosmetology and Barber Complaints Combined	36		

RECEIPTS AND DISBURSMENTS

Year	Receipts	Disbursements
FY 2012	$1,837,552	$1,046,000
FY 2010	$1,376,099	$691,000
FY 2009	$1,284,558	$561,000
FY 2008	$1,244,450	$524,000
FY 2007	$1,190,030	$569,000
FY 2006	$1,242,459	$409,645

FEE INFORMATION

Fees 2012	Amount
Initial Operator	$130
Operator Renewal	$75
Initial Salon Manager	$160
Manager Renewal	$105
Initial Instructor	$160
Instructor Renewal	$105
Initial School Manager	$160
School Manager Renewal	$105
Salon License	$230
Salon Renewal	$150
School License	$2,500
Salon Renewal	$2,000
Certificate of Identification	$20.00
Hair Braiding Registration	$20.00

The legislature enacted a statutory fee change to include an application fee for all individual and establishment applications. This fee change was required as the legislature simultaneously enacted a law that requires the BCE to process all applications with 15 business days. The Board is currently appropriated 58% of the fees in which it collects.

"The Mission of the Minnesota Board of Dentistry is to ensure that Minnesota citizens receive quality dental health care from competent dental health care professionals."

Board Members

Neal Benjamin, DDS, Lino Lakes, MN, Dentist
(Term Exp: 2013)
David Gesko, DDS, Bloomington, MN, Dentist
(Term Exp: 2016)
Nancy Kearn, DH, Wyoming, MN, Dental Hygienist
(Term Exp: 2013)
John "Jake" Manahan, JD, Bloomington, MN, Public Member
(Term Exp: 2015)
Candace A Mensing, DDS, Rochester, MN, Dentist
(Term Exp: 2014)
Allen Rasmussen, International Falls, MN, Public Member
(Term Exp: 2016)
Joan A Sheppard, DDS, Bloomington, MN, Dentist
(Term Exp: 2015)
Paul Walker, DDS, Shoreview, MN, Dentist
(Term Exp: 2015)
Teri M. Youngdahl, DA, Elk River, MN, Licensed Dental Assistant
(Term Exp: 2014)

Board Staff

Judith Bonnell, Complaint Analyst
Deborah Endly, Compliance Officer
Sheryl Herrick, Office Manager
Amy Johnson, Licensing & Professional Development Analyst
Kathy T Johnson, Legal Analyst
Linda A Johnson, Administrative Assistant
Paul Kukla, Dental Consultant
Mary Liesch, Director of Complaints & Compliance
Joyce Nelson, Licensing Administrator
Marshall Shragg, Executive Director
Cynthia Thompson, Administrative Assistant

Minnesota Board of Dentistry
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Minneapolis, MN 55414-3246
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Office e-mail: dental.board@state.mn.us
Board Website: http://www.dentalboard.state.mn.us

The Board of Dentistry's mission is "to ensure that Minnesota citizens receive quality dental care from competent dental health care professionals." The Board accomplishes its mission through services that include: establishing the educational and examination and other qualification standards for initial licensure as dentists, dental hygienists, dental therapists, and dental assistants; determining requirements for license renewal, such as professional development (continuing education); accepting, investigating, and resolving complaints regarding licensed dental professionals; tracking compliance of those licensees who are under corrective or disciplinary action of the Board; registering professional firms; disseminating public information; and engaging in policy initiatives to ensure that related statutes and rules that protect the public through regulating dental professions remain relevant.

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

- operationalizing the recommendations from its strategic plan, the framework for providing improved services to the public and to licensees

- maintaining a comprehensive web site that provides on-demand public information. The web site (www.dentalboard.state.mn.us) now offers on-line renewals, license verification, address changes, and other interactive features

- contracting with Prometric to develop and administer both the Board's Jurisprudence Exam and the State Dental Assisting Licensure Exam in secure testing facilities

- establishing program requirements for instruction of developing clinical examinations for Dental Therapists and Advanced Dental Therapists, the first such mid-level dental providers in the country

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

- The Minnesota Board of Dentistry continues to function as the administering board for the Health Professionals Services Program (HPSP). HPSP is a shared program of the health regulatory boards and the Minnesota Department of Health established to promote early intervention, diagnosis and treatment for impaired health professionals, and to provide monitoring services as an alternative to board discipline

Marshall Shragg, Executive Director
Minnesota Board of Dentistry

Biennium Ending June 30 of Year	Type of License	Number of New Licenses issued	Number of Renewed Licenses	Online Renewals (Number / Per Cent)	
2012 TOTAL NUMBER OF PERSONS LICENSED OR REGISTERED AS OF JUNE 30, 2012: **17,129**	Dentist	291	3,749	3,020	80.6%
	Dental Hygienist	476	4,881	4,093	83.9%
	Dental Therapist	6	0	0	0
	Licensed Dental Assistant	591	6,663	5,162	77.5%
	Full Faculty Dentist	3	18	N/A	N/A
	Limited Faculty Dentist	7	6	N/A	N/A
	Guest Dentist	3	40	N/A	N/A
	Guest Dental Hygienist	0	2	N/A	N/A
	Guest Dental Assist	2	3	N/A	N/A
	Limited General Dentist	0	10	N/A	N/A
	Resident Dentist & Dental Provider	58	45	N/A	N/A
	Specialty Dentist	4	26	N/A	N/A
	Limited Registration	0	4	N/A	N/A
	TOTAL:	**1,441**	**15,447**	**12,275**	**79.5%**
2010 TOTAL NUMBER OF PERSONS LICENSED OR REGISTERED AS OF JUNE 30, 2010: **16,417**	Dentist	172	3,728	**2,908**	**78%**
	Dental Hygienist	351	4,688	**3,704**	**79%**
	Licensed Dental Assistant	628	6,480	**4,536**	**70%**
	Full Faculty Dentist	4	21	N/A	N/A
	Limited Faculty Dentist	1	12	N/A	N/A
	Guest Dentist	11	40	N/A	N/A
	Guest Dental Assist	2	7	N/A	N/A
	Limited General Dentist	2	0	N/A	N/A
	Resident Dentist	40	81	N/A	N/A
	Specialty Dentist	5	21	N/A	N/A
	Limited Registration	0	4	N/A	N/A
	TOTAL: 19,417	**1,216**	**15,082**	**11,148**	**73.9%**
2008 TOTAL NUMBER OF PERSONS LICENSED OR REGISTERED AS OF JUNE 30, 2008: **15,791**	Dentist	280	3,726	**2,645**	**71%**
	Dental Hygienist	493	4,496	**3,147**	**70%**
	Licensed Dental Assistant	759	6,330	**3,925**	**62%**
	Full Faculty Dentist	6	16	N/A	N/A
	Limited Faculty Dentist	7	12	N/A	N/A
	Guest Dentist	0	37	N/A	N/A
	Guest Dental Assistant	1	7	N/A	N/A
	Guest Dental Hygienist	1	2	N/A	N/A
	Limited General Dentist	0	0	N/A	N/A
	Resident Dentist	47	77	N/A	N/A
	Specialty Dentist	15	11	N/A	N/A
	TOTAL	**1,609**	**14,714**	**9,717**	**66.0%**

Year	Type of License	Number of New Licenses	Number of Re-newed Licenses	Online Renewals (Number / Per Cent)	
2006 TOTAL NUMBER OF PERSONS LICENSED OR REGISTERED AS OF JUNE 30, 2006: **15,384**	Guest Dentist	303	4,692	891	19%
	Guest Dental Hygienist	453	5,479	986	18%
	Licensed Dental Assistant	800	7,943	1,191	15%
	Full Faculty Dentist	9	17	N/A	N/A
	Limited Faculty Dentist	9	11	N/A	N/A
	Guest Dentist	4	40	N/A	N/A
	Guest Dental Assistant	2	6	N/A	N/A
	Limited General Dentist	0	0	N/A	N/A
	Resident Dentist	70	86	N/A	N/A
	Specialty Dentist	6	2	N/A	N/A
	TOTAL	**1,656**	**18,276**	**3,068**	**16.8**

The Minnesota Board of Dentistry…

- began online renewals November 2004
- changed from an annual renewal period to a biennial, staggered renewal period during biennium ending June 30, 2006 (7/1/2004 – 6/30/06)
- began licensing dental therapists in 2011
- anticipates increasing capacity to permit online renewal of all license types by the 2014-2015 biennium

Number and Types of Complaints Received

Complaint Type	FY2012	FY2011	FY2010	FY2009	FY2008	FY2007
Competency	82	91	121	125	90	87
Licensure	37	11	13	12	19	20
Prescription or drugs	17	20	11	19	13	14
Sexual misconduct	4	1	4	2	0	1
Auxiliary misuse	12	12	10	8	7	5
Sanitary/safety	9	6	3	3	5	26
Advertising	6	7	5	3	16	13
Unprofessional conduct	42	69	62	53	55	68
Fraud	21	15	13	6	11	20
Failure to cooperate with Board	15	8	4	15	6	2
Unconscionable Fees	0	1	3	2	6	5
Disability	1	2	0	2	4	5
Mandatory Reporting (HPSP types)	3	2	1	1	0	0
TOTAL	**249**	**245**	**250**	**251**	**232**	**239**

Number of Complaints Opened and Closed by Biennium

Biennium Year ending June 30	Number of Complaints Closed During Biennium	Number of Complaints Open as of June 30
2012	452	148
2010	611	124
2008	515	139
2006	381	109

Note: The data shown include complaints that had been open at the start of the biennium. Thus, the data cannot be compared directly to the number of complaints listed in previous reports.

Complaint Resolutions

Resolution of complaints received in year ending June 30	FY12	FY11	FY 10	FY 09	FY 08	FY 07	FY06
Revocation	0	0	0	0	1	0	0
Voluntary surrender	7	3	3	6	2	6	5
Suspension with or without stay	3	5	1	5	12	2	2
Restricted /limited /conditional license	6	7	12	10	1	13	5
*Civil penalties**	*3*	*7*	*2*	*3*	*2*	*1*	*2*
Reprimand	0	3	1	3		0	0
Agreement for corrective action	22	16	33	16	23	18	31
*Referral to HPSP **	*1*	*1*	*14*	*10*	*26*	*16*	*13*
Dismissal or closure	3	7	315	206	197	259	177
Other	0	3	0	0	0	2	27

* *Not included in the total number of cases closed. Civil penalties and referrals to HPSP are not considered separate actions, but rather, they are included as part of disciplinary board orders.*

Fiscal Year	Receipts	Disbursements
FY 2012**	**$ 1,443,142**	**$ 1,394,620**
FY 2011	**$ 1,519,768**	**$ 1,405,703**

** Fee adjustments were made on January 1, 2012*

FEE INFORMATION

Fee	FY2012	FY2011
Dentist Initial Application	$140	$140
Dentist Biennial Renewal Application*	$336	$310
Dentist Credential Application	$725	$725
Dental Hygienist Initial Application	$55	$55
Dental Hygienist Biennial Renewal Application*	$118	$100
Dental Hygienist Credential Application	$175	$175
Dental Therapist Initial Application	$ 100	$ 55
Dental Therapist Biennial Renewal Application*	$ 180	$100
Dentil Therapist Credential Application	$265	$175
Licensed Dental Assistant Initial Application	$55	$ 35
Licensed Dental Assistant Biennia Renewal Application*	$80	$70
Resident Dentist or Dental Provider Initial Application	$55	$55
Resident Dentist or Dental Provider Annual Renewal Application	$50	$50
Guest Licensure (DDS, DH, RDA) Initial Application	$50	$50
Guest Licensure (DDS, DH, RDA) Annual Renewal Application	$ 50	$50
Limited Registered Dental Assistant Initial Application	$15	$15
Limited Registered Dental Assistant Biennial Renewal Application	$24	$24
Limited General Licensed Dentists Initial Application	$140	$140
Limited General Licensed Dentists Annual Renewal Application	$155	$155
** Those who failed to renew their credential by their expiration date were subject to a 25% late fee if biennial renewal or 50% late fee if an annual renewal.*		

Note: The annual renewal fees were ***reduced*** *in 1999 to the levels indicated above. Biennial renewals are now staggered throughout the year based on birth month and odd/even year). For the past 10 year period, the Board of Dentistry has operated under deficit spending in compliance with state directive to spend down reserve funds. Spending authority approved by the legislature over the decade has not kept pace with actual operating costs resulting from mandated salary and benefit costs for Board staff, costs of leased space, equipment and technology, on-line services and payments, etc. In addition, fees collected by the Board of Dentistry have been allocated to support HIV/HBV programming, the Volunteer Health Care Provider Program, the Minnesota Department of Health's Oral Health Pilot Project, Health Professional Services Program, a duplicative E-licensing initiative of the Office of Enterprise Technology, and significant transfers to the State's General Fund for miscellaneous services.*

A new license type, Limited General License, was created August 2008.

New license types—Dental Therapist and Resident Dental Provider— were introduced in 2011.

The 2012 Legislature established a requirement for registration of dental laboratories through the Board of Dentistry, which will take effect January 1, 2013.

BOARD OF DIETETICS AND NUTRITION PRACTICE

"The Mission of the Minnesota Board of Dietetics and Nutrition Practice is to:

- Promote public interest in receiving quality dietetic and nutrition services from competent licensed dietitians and nutritionist
- Protecting the public by ensuring that all licensed dietitians and nutritionists meet the educational and practical requirements specified in law.
- Protecting the public by setting standards for quality dietetic and nutrition service"

Board Members

Debra Sheats, St.Paul, MN, Professional Member
(*Appt Date: 2011)*
Marnie Moore, St. Paul, MN, Public Member
(Appt Date: 2004; Reappt: 2007)
Janelle Peterson, Minneapolis, MN, Professional Member
(Appt Date: 2005; Reappt: 2009)
Darlene Kvist, St. Paul, MN, Professional Member
(Appt Date: 2006; Reappt: 2009)
Susan Parks, Mendota Heights, Professional Member
(Aptt Date: 2010)
Kristin Halonen, Cokato, MN, Public Member
(Appt Date: 2011)
Stacey Millett, St. Paul, MN, Public Member,
(Appt Date: 2010)

Board Staff

Randy Snyder, Executive Director
Anna Hartsel, Office and Administrative Specialist

Minnesota Board of Dietetics and Nutrition
University Park Plaza Building
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Office telephone: 651-201-2764 Office Fax: 651-201-2763
Office e-mail: board.dietetics-nutrition@state.mn.us
Board Website: http://www.dieteticsnutritionboard.state.mn.us

Letter from the Executive Director

The mission of the Board is public protection by striving to ensure Minnesota citizens receive quality dietetic/nutrition care from competent professionals. Public protection through licensure and regulation underlies every activity and all functions of the Board.

The Board continues collaborative efforts for online services shared between the group of seven small health licensing boards banded together to leverage limited resources. This group of small boards has worked cooperatively for 11 years to successfully develop, maintain, and advance an integrated licensing and regulatory system, web applications, and database in an extremely functional but cost effective and efficient manner.

The Board website (www.dieteticsnutritionboard.state.mn.us) provides ready access to Online Annual License Renewals, Online address//phone change, Online reporting of continuing education, information about the status of individual Licensees, Complaint Forms, and dietetic/nutrition Statutes and Rules. It is anticipated that

The Board staff consists of 0.55 FTE employees in the positions of Executive Director and Office and Administrative Specialist.

The Board continues to be proud of creating a shared electronic licensing model with other small boards. Significant work has been completed in this biennium to create online applications with possible roll out in the next biennium.

The Board continues to provide high quality, customer focused, efficient, and cost effective services. Board members and staff are to be commended for exceptional dedication and hard work to meet the increasing demands and continue to provide service excellence.

Randy Snyder, Executive Director
Minnesota Board of Dietetics and Nutrition Practice

Annual license renewal fees were reduced to $45.00 in fiscal year 2005 and have remained at that reduced amount.

During this biennium a 10% surcharge, imposed by legislation, on dietitian and nutritionist licenses and renewals for the Minnesota Office of Enterprise Technology to develop a statewide electronic licensing system was funded by the Board in FY 10 with a transfer from the special revenue fund in lieu of imposing this surcharge on the licensees. Beginning in FY 11 the surcharge will be collected directly from applicants and licensees

The Board website (www.dieteticsnutritionboard.state.mn.us) provides ready access to Online Annual License Renewals, Online address//phone change, Online reporting of continuing education, information about the status of individual Licensees, Complaint Forms, and dietetic/nutrition Statutes and Rules.

The Board staff consists of 0.8 FTE employees in the positions of Executive Director and Office Administrative Specialist.

The Board continues to be proud of creating a shared electronic licensing model with other small boards. Significant work has been completed in this biennium to create online applications with possible roll out in the next biennium.

Previous Years	Type of License	New Licenses Issued	Licenses Reinstated	Licenses Renewed	Licenses Renewed Online	
7/1/2011-6/30/2012 Most Recent Year	Dietitian	106	11	1,337		
	Nutritionist	2	1	62		
	Total: 1411	**108**	**12**	**1,399**	**765**	**55%**
7/1/2010-6/30/2011	Dietitian	100	7	1,298		
	Nutritionist	6	0	59		
	Total: 1364	**106**	**7**	**1,357**	**655**	**48%**
7/1/2009-6/30/2010	Dietitian	78	5	1,256		
	Nutritionist	0	1	58		
	Total: 1,378	**78**	**6**	**1,314**	**512**	**38%**
7/1/2008-6/30/2009	Dietitian	90	8	1,237		
	Nutritionist	0	0	58		
	Total: 1,299	**90**	**8**	**1,295**	**457**	**35%**
7/1/2007-6/30/2008	Dietitian	98	8	1,150		
	Nutritionist	1	0	59		
	Total: 1,295	**99**	**8**	**1,209**	**353**	**29%**
7/1/2006-6/30/2007	Dietitian	86	10	1,102		
	Nutritionist	1	0	59		
	Total: 1,199	**87**	**10**	**1,161**	**232**	**19%**
7/1/2005-6/30/2006	Dietitian	89	8	1,103		
	Nutritionist	2	0	61		
	Total: 1,205	**91**	**8**	**1164**		

COMPLAINTS

Year	Type of Complaint	Complaint Received	Complaints Closed
7/1/2011-6/30/2012	Unlicensed Practice	6	5
7/1/2010-6/30/2011	Unlicensed Practice	6	6
7/1/2009-6/30/2010	Unlicensed Practice	4	4
7/1/2008-6/30/2009	No Complaints Filed	0	3
7/1/2007-6/30/2008	Unlicensed Practice	2	1
	Unprofessional Conduct	1	
7/1/2006-6/30/2007	Unlicensed Practice	2	3
7/1/2005-6/30/2006	Unlicensed Practice	3	1

RECEIPTS AND DISBURSMENTS

Year	**Fee Receipts**	**Disbursements**
7/1/2011-6/30/2012	$91,548	$69,194
7/1/2010-6/30/2011	$88,690	$119,668
7/1/2009-6/30/2010	$80,784	$88,612
7/1/2008-6/30/2009	$81,132	$99,406
7/1/2007-6/30/2008	$80,747	$87,535
7/1/2006-6/30/2007	$75,972	$99,403
7/1/2005-6/30/2006	$74,255	$81,022

FEE INFORMATION

Fees	**Amount**
Dietitian Application by Petition	$200
Dietitian Application without CDR registration	$175
Dietitian Application with CDR Registration	$100
Initial Dietitian License Fee	$150
Nutritionist Application by Petition	$200
Nutritionist Application Fee	$175
Nutritionist Initial License Fee	$150
Reinstatement Fee	$92.50
Annual Renewal Fee	$45
**All renewals are subject to OET surcharge fees whether renewed online or paper process. A late fee equal to half the renewal fee ($22.50) will be charged for individuals who do not renew in a timely manner*	

In support of the mission of public protection, the Board responds to complaints and investigates dietitians and nutritionists who are alleged to have failed to maintain minimum standards necessary for the provision of safe and quality care, and when warranted, the Board provided timely and appropriate discipline or corrective action. The Complaint Review Committee of the Board is comprised of two Board members.

The Committee determines if the complaint is jurisdictional, and whether the information submitted is sufficient to initiate a complaint, and if not, then may request additional information from the complainant. The Board also seeks information directly from the licensee, as well as obtaining investigation information from other agencies, and/or consultants. Confidentiality and due process are strictly observed throughout the complaint review process and after resolution. When appropriate, licensees may be provided with education to improve their practice and prevent recurrence of problems. When formal action is warranted for public protection then the Committee attempts to obtain a voluntary corrective action agreement or disciplinary action; and if necessary will pursue disciplinary action through a due process, contested case hearing, or potential court action.

Consumer complaint forms are available from the Board's website at
www.dieteticsnutritionboard.state.mn.us

BOARD OF MARRIAGE AND FAMILY THERAPY

"The Board of Marriage and Family Therapy was established by the Minnesota Legislature in 1987 in MS 148B. The Board's mission is limited to the following duties set forth in that statute. This includes:

- Adopting and enforcing rules for marriage and family therapy licensing, which shall be designed to protect the public;
- Developing techniques, including examinations and other methods, for determining whether applicants and licensees are qualified, and issuing licenses to qualified individuals
- Establishing and implementing procedures designed to assure that licensed marriage and family therapists will comply with the board's rules;
- Studying and investigating the practice of marriage and family therapy within the state in order to improve the standards imposed for the licensing of marriage and family therapists and to improve the procedures and methods used for enforcement of the board's standards;
- Formulating and implementing a code of ethics for all licensed marriage and family therapists; and
- Establishing continuing education requirements for marriage and family therapists."

Board Members

Mark Flaten, MS, LMFT, Minneapolis, MN, Professional Member
(Appt Date: 6/30/2008; Reappt: 5/16/2012)
Denny Morrow, PhD., St. Paul, MN, Public Member
(Appt Date 10/28/2010)
John Seymour, PhD., LMFT, Mankato, MN, Professional Member
(Appt Date: 6/29/2006; Reappt: 1/4/2010)
Kay Ek, St. Paul, MN, Public Member
(Appt Date: 6/29/06; Reappt: 1/4/2010)
Herb Grant, PhD., LMFT, Minneapolis, MN, Professional Member
(Appt Date: 6/29/2006; Reappt: 1/4/2010)
Bruce O'Leary, LMFT, Maple Grove, MN, Professional Member
(Appt Date: 5/26/2011)
Shonda Craft, PhD, LMFT, St. Paul, MN Higher Education Representative
(Appt Date: 5/6/12)

Board Staff

Jennifer Mohlenhoff, Executive Director
Nancy O'Brien, Office Administrator

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Phone: 612-617-2220
Office email: mft.board@state.mn.us
Board Website: http://www.bmft.state.mn.us

Letter from the Executive Director

The Board of Marriage and Family Therapy's mission is to protect the public through effective licensure and enforcement of the statutes and rules governing the practice of marriage and family therapists to ensure a standard of competent and ethical practice. The Board fulfills its mission through provision of the following services:

- Issuance of initial license and license renewal for qualified professionals.
- Respond to public and agency inquiries, complaints, and reports regarding licensure and conduct of applicants and licensees.
- Take disciplinary or corrective action against an applicant or licensee for misconduct.
- Set standards of practice and professional conduct for licensees.
- Set educational standards for initial licensure and continuing education requirements for maintaining licensure.
- Review applicant education and training to determine compliance with licensure requirements.
- Provide information about licensure requirements and standards of practice to citizens and other interested persons or agencies.

In the past biennium, the Board continued to handle the growing number of licensure applications and now reviews and processes well over 200 licensure applications per year. With this growth, come additional service requirements in the areas of complaint review and investigation, continuing education course approval, and post-graduate supervision oversight. As the number of marriage and family therapy graduate programs continues to increase, the Board must ensure these graduate programs meet the educational standards set forth in statute.

The Board continues to work to maximize its use of technology in providing essential services. The Board collaborates with seven small health licensing boards to develop and maintain its licensing system, database, and web applications. This collaboration allows the Board to maximize its technology output in a cost-effective manner.

Board members continue to show great dedication to maintaining the high level of training and professionalism denoted by Minnesota MFTs. Board staff continue to provide customer-focused and cost-effective services.

Jennifer L. Mohlenhoff, Executive Director
Minnesota Board of Marriage and Family Therapy

Board Members

Statute requires the Board to have seven members who are appointed for four-year terms by the Governor. Of the seven, four must be Licensed Marriage and Family Therapists, one must be engaged in teaching marriage and family therapy and two must be public members who have no direct affiliation with the practice of marriage and family therapy. The Board meets six times per year. The Board also conducts oral examinations, the final step in the MFT state licensure process, twelve times per year. The Board members staff five standing committees: complaint, applications, continuing education, rules, and executive.

Year	Type of License	New Licenses Issued	Credentials Renewed	Online Renewals	
7/1/2010-6/30/2012	LMFT	320	2,750	2,151	78%
	LAMFT	315	427	168	73%
	Total licenses: 1,801				
1/7/2008-6/30/2010	LMFT	252	2,274	1,689	74%
	LAMFT	186	388		
	Total licenses: 1,675				
7/1/2006-6/30/2008	LMFT	215	1,930	1,223	63%
	LAMFT	212	336		
	Total licenses: 1,301				
7/1/2004-6/30/206	LMFT	207	1,640	786	48%
	LAMFT	191	252		
	Total licenses: 1,145				
7/1/2002-6/30/2004	LMFT	123	1,441		
	LAMFT	98	221		
	957				
7/1/2000-6/30/2002	LMFT	101	1,282		
	LAMFT	162	77		
	Total licenses: 866				

- The Board of Marriage and Family Therapy issues two primary licenses: Licensed Marriage and Family Therapy (LMFT) and Licensed Associate Marriage and Family Therapy (LAMFT). The LAMFT license was instituted in 2000.
- License applications continue to increase, with the Board issuing over 200 licenses per year. Board staffing remains unchanged at one full-time office manager and a part-time (.6) director.
- Minnesota continues to have the highest number of applicants annually take the national MFT licensure exam; 49 states require passage of the national exam for licensure.
- Online license renewal for LMFTs was instituted November 1, 2004.
- Online license renewal for LAMFTs was instituted January 1, 2012.
- Online license verification was made available in 2009.

COMPLAINTS

Year	Complaint Type	Complaints Received	Complaints Closed	Cases Left Open
7/1/2010-6/30/2012	Violation of confidentiality	3		
	Lack of professional competence	38		
	Physical contact with client, supervisee or student	2		
	Other dual relationship	12		
	Other	8		
	Total	63	61	27 <one year: 5 > one year: 22
7/1/2008-6/30/2010	Violation of confidentiality	4		
	Lack of professional competence	25		
	Physical contact with client, supervisee or student	1		
	Other dual relationship	10		
	Other	28		
	Total	68	50	53
7/1/2006-6/30/2008	Violation of confidentiality	14		
	Lack of professional competence	9		
	Physical contact with client, supervisee or student	6		
	Other dual relationship	31		
	Total	60	44	60
7/1/2004-6/30/2006	Violation if confidentiality	12		
	Lack of professional competence	22		
	Physical contact with client, supervisee or student	3		
	Other dual relationship	9		
	Total	46	37	22
7/1/2002-6/30/2004	Violation if confidentiality	6		
	Lack of professional competence	17		
	Physical contact with client, supervisee or student	3		
	Other dual relationship	10		
	Total	36	26	23
7/1/2000-6/30/2002	Violation if confidentiality	6		
	Lack of professional competence	17		
	Physical contact with client, supervisee or student	1		
	Other dual relationship	10		
	Total	34	23	20

RECEIPTS AND DISBURSEMENTS

Fiscal Year	Receipts	Disbursements
2012	$577,610	$303,732
2010	$515,954	$278,433
2008	$458,510	$249,149
2006	$388,992	$237,829
2004	$324,440	$223,590
2002	$265,271	$205,819

FEES

Item	Fee
Application for written examination	$220
Application for licensure (LMFT)	$110
Annual renewal (LMFT)	$125
Application for licensure (LAMFT)	$75
Annual renewal (LAMFT)	$75
Licensure by reciprocity	$340
CE sponsor program approval	$60

- Licensure fees were last increased effective FY2002.

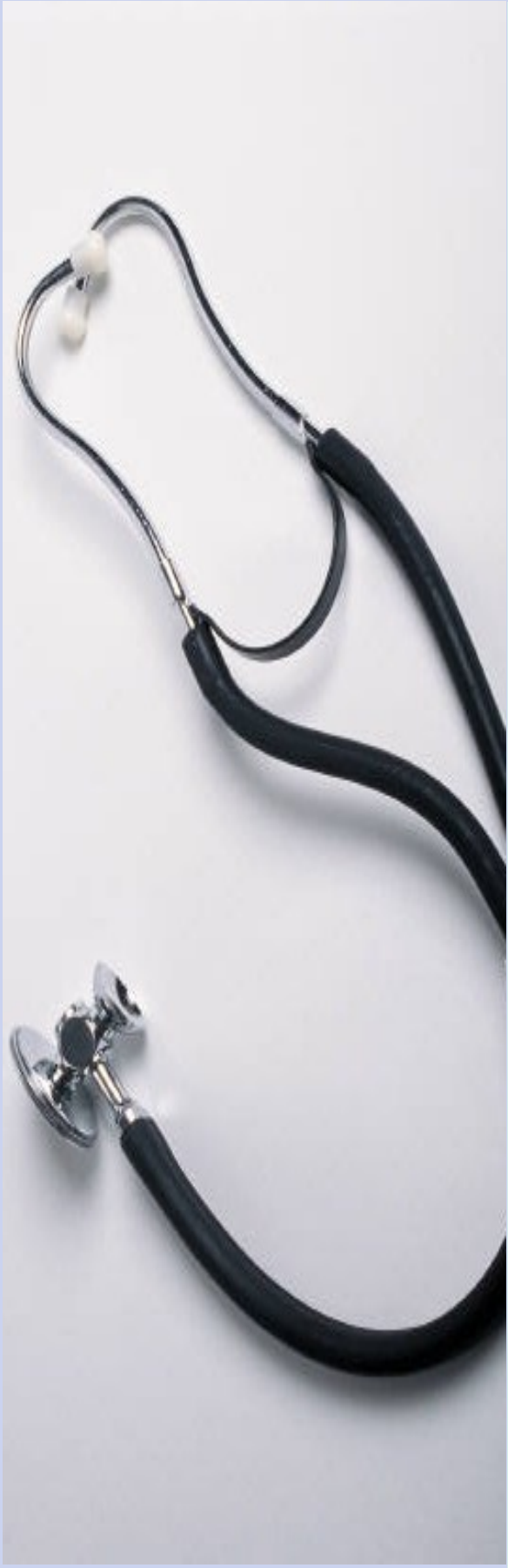
The Board of Marriage and Family Therapy continues to oversee a growing number of mental health professionals. Applicants for both the national examination and state oral exam increased steadily over the past biennium. Board staffing remains essentially unchanged over two decades: a full-time office administrator-with a part-time executive director.

The Board continues to focus on effective utilization of technology. Online renewal for LMFT licenses was instituted in November 2004 and is now used by over75% of licensees. Online license renewal for LAMFT licenses was implemented January 2012 and was used by over 70% of licensees in that first online renewal cycle. All application, continuing education and complaint forms are available on the Board's website. Online license verification became available in 2009, allowing citizens to verify licensure status of all LMFTs and LAMFTs in Minnesota.

"The board's mission is to protect the public by extending the privilege to practice to qualified applicants, and investigating complaints relating to the competency or behavior of individual licensees or registrants."

Board Members

Alfred Anderson, MD, DC, Prior Lake, MN, Professional Member
(Appt Date: 09/03; Reappt: 04/07)
Keith Berge, MD, Rochester, MN, Professional Member
(Appt Date: 09/08)
Ashan Bhatti, MD, FACP, Willmar, MN, Professional Member
(Appt Date: 6/12)
Debbie Boe, Chaska, MN, Public Member
(*Appt Date: 03/10)*
Mark Eggen, MD, Shoreview, MN, Professional Member
(Appt Date: 04/09)
V. John Ella, JD, Robbinsdale, MN, Public Member
(Appt Date: 03/10)
Sarah Evenson, JD, MBA, Plymouth, MN, Public Member
(Appt Date: 04/09)
Rebecca Hafner-Fogarty, MD, MBA, Avon, MN, Professional Member
(Appt Date: 06/12)
Subbarao Inampudi, MD, Minnetonka, MN, Professional Member
(Appt Date: 04/09)
Bradley S. Johnson, MD, Woodbury, MN, Professional Member
(Appt Date: 03/04)
Kelli Johnson, MBA , St Paul, Public Member
(Appt Date: 03/10)
Gerald Kaplan, MA, LP, Minneapolis, MN, Public Member
(Appt Date: 03/11)
Ernest Lampe II, MD, Mankato, MN, Professional Member
(Appt Date: 03/04)
James Langland, MD, Thief River Falls, MN, Professional Member
(*Appt Date: 07/04)*
Tammy McGee, MBA, Maple Grove, MN, Public Member
(Appt Date: 04/07)
Charles Moldow, MD, Minneapolis, MN
(Appt Date: 06/12)
James Mona, DO, Hutchinson, MN, Professional Member
(Appt Date: 07/03)
Gregory Snyder, MD, DABR, Minnetrista, MN, Professional Member
(Appt Date: 06/06)
Jon Thomas, MD, MBA, Vadnais Heights, MN, Professional Member
(Appt Date: 3/10)
Tracy Tomac, MD, Duluth, MN, Professional Member
(Appt Date: 04/09)
Joseph Willett, DO, FACOI, Marshall, MN, Professional Member
(Appt Date: 03/11)



Letter from the Executive Director

This past biennium was extremely challenging for the Board of Medical Practice. The 21 day state government shutdown in July 2011 resulted in some licenses and registrations not being renewed in a timely manner. Despite board staff's efforts in making adjustments to the board's on-line renewal system and posting notification of the potential shutdown on its website, many of our regulated health care professionals were unaware of the situation and failed to renew their credentials prior to the shutdown. As a result, some were unable to practice their professions during the period of the shutdown until board operations resumed. In addition, investigations of disciplinary matters were delayed.

In early 2012, unwarranted media criticism of the board's disciplinary process by a local newspaper coincided with the board's first review by the state's newly created Sunset Advisory Commission. The result was legislation which mandated a two-part review of the Board of Medical Practice. The first review, by the Office of the Legislative Auditor into the media allegations, was completed in July 2012. We are pleased to report that this review found no problems with the board's disciplinary process and stated that the board utilized "due diligence" in conducting its complaint review process.

The second review required the Commissioner of Health to convene a working group for the purpose of evaluating the Minnesota Medical Practice Act (Minn. Stat. Chapter 147) and its ability to adequately protect the citizens of Minnesota. As of this writing, after three months and three meetings of the working group, no flaws in the Medical Practice Act have been identified. The working group's report to the Legislature is due in January 2013.

We are also pleased to report that, in April 2012, the Federation of State Medical Boards (FSMB) celebrated its centennial anniversary and the Minnesota Board of Medical Practice was recognized as a charter member of the organization. The FSMB is the national organization of state medical boards. The FSMB's constitution identified its primary mission as facilitating "high and uniform standards" for medical licensure and envisioned an organization of progressive boards acting as a national force pushing all states to seek excellence in medical regulation. Minnesota has a long and distinguished history in providing leadership to that organization and continues to do so.

In 2011, former public Board Member, Tammy McGee was elected to the non-physician seat on the FSMB Board of Directors. In April 2012, current Board President Jon Thomas, MD, MBA, became Chair-Elect of the FSMB and Board Member Gregory Snyder, MD, was elected to the FSMB's Board of Directors. Current Board Member Mark Eggen, MD, was elected to the FSMB Nominating Committee in April 2012, as well.

With Dr. Thomas' election to Chair-elect of the FSMB, Minnesota has now had the most board members of any state elected to lead that organization in its 100 year history. Congratulations to Dr. Thomas.

Robert A. Leach, J.D.
Executive Director, Minnesota Board of Medical Practice

Staff Members

Richard Auld, Assistant Director
Wendy Boswell, Licensure Specialist
Vicki Chelgren, Licensure Specialist
Mark Chu, Database Administrator
Ian Danielson, Network Administrator
Barb Dressel, Receptionist
Mary Erickson, Senior Medical Regulations Analyst
Pat Hayes, Licensure Coordinator
Jeanne Hoffman, Licensure Supervisor
Elizabeth Huntley, Senior Medical Regulations Analyst
Lois Kauppila, Office Manager
Cheryl Kohanek, ED Administrative Assistant
Rob Leach, Executive Director
Maura LeClair, CRU Assistant
Paul Luecke, Licensure Specialist
Bill Marczewski, Medical Regulations Analyst
Ruth Martinez, Complaint Review Unit Supervisor
Debbie Milla, Accounting Officer
Helen Patrikus, Medical Regulations Specialist
Rachel Prokop, Licensure Specialist
Karen Stuart, CRU Assistant
Tony Wijesinha, Medical Regulations Analyst

Minnesota Board of Medical Practice
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Telephone: 612-617-2130

Office e-mail: medical.board@state.mn.us
Board Website: www.medical.board@state.mn.us

BOARD ACTIVITIES

The board is comprised of 16 members; ten members must be Minnesota licensed physicians with doctor of medicine degrees. One member must be a doctor of osteopathy, and the remaining five members are members of the public. Board members are appointed by the governor. Also, the overall make-up of the Board must reflect a state geographic balance, and the physician members must reflect the broad mix of expertise of physicians practicing in Minnesota. All members serve terms of four years; no member may serve more than eight consecutive years.

The Board holds regular business meetings every other month, with dates reserved on the alternate months for disposition of special legal issues. The full Board meets on Saturdays scheduled one year in advance.

Complaint Review Committee

Committee members review complaints filed against health professionals regulated by the Board, and make decisions regarding the investigation of the complaints and make decisions and recommendations regarding the proper disposition of the complaints. The Complaint Review Committees typically meet monthly on weekdays, with the specific dates of the meetings established by committee members. Complaint Review Committees are comprised of two physician members and one public member.

Licensure Committee

Committee members review applications for licensure or registration made by health professionals regulated by the Board, and make decisions and recommendations regarding the granting of licensure or registration. The Licensure Committee typically meets every other month on weekdays or weekday evenings. The Licensure Committee is comprised of four physician members and one public member.

Policy and Planning Committee

Committee members review and make decisions and recommendations regarding policy issues facing the Board, including legislative matters, promulgation of administrative rules, educational outreach, public information resources, etc. The Policy and Planning Committee meets quarterly, typically on weekday evenings. The Policy and Planning Committee is comprised of at least two physician members and at least two public members.

CREDENTIALS

Biennial period ending June 30	Type of License	New Licenses Issued	Credentials Renewed	Credentials Renewed Online
7/1/2010-6/30/2012	Acupuncturist	88	910	740 (85.45%)
	Athletic Trainer	175	1412	1182 (89.27%)
TOTAL NUMBER OF PERSONS LICENSED OR REGISTERED 7/1/2011-6/30/2012:	Traditional Midwife	5	30	N/A
	Naturopathic Doctor	16	61	N/A
	Physician Assistant	387	3395	3096 (96.68%)
	Physician and Surgeon	2346	40441	36646 (93.32%)
	Respiratory Therapist	198	3597	3209 (91.73%)
26,530	Telemedicine	197	854	612 (80.95%)
	Resident Permit	1717	1717	
7/1/2008-6/30/2010	Acupuncturist	95	796	623 (83.23%)
	Athletic Trainer	134	1,288	993 (81.33%)
TOTAL NUMBER OF PERSONS LICENSED OR REGISTERED 7/1/2009-6/30/2010:	Traditional Midwife	3	27	N/A
	Naturopathic Doctor	21	21	N/A
	Physician Assistant	321	2,862	2,553 (94.5%)
	Physician and Surgeon	2,233	38,882	34,559 (91.51%)
	Respiratory Therapist	202	3,454	2,768 (82.55%)
25,946	Telemedicine	165	533	201 (44.62%)
	Resident Permit	1,630	1,630	N/A

Year	Type	Newly Issued	Active Licensed/ Renewed	Online Renewals	
7/1/2006-6/30/2008	Acupuncturist	81	667	507	76.01%
	Athletic Trainer	156	1,189	828	69.64%
TOTAL NUMBER OF PERSONS LICENSED OR REGISTERED 7/1/2007-6/30/2008	Traditional Midwife	2	29	N/A	N/A
	Physician Assistant	303	2,359	2,023	85.76%
	Physician and Surgeon	2,293	37,062	30,377	81.96%
	Respiratory Therapist	244	3,291	2,768	84.11%
24,724	Telemedicine	103	414	N/A	N/A
	Resident Permit	1,676	0	N/A	N/A
7/1/2004-6/30/2006	Acupuncturist	80	560	411	79.04%
	Athletic Trainer	140	1,059	703	71.08%
TOTAL NUMBER OF PERSONS LICENSED OR REGISTERED 7/1/2005-6/30/2006	Traditional Midwife	7	25	N/A	N/A
	Physician Assistant	243	1,929	1,536	84.98%
	Physician and Surgeon	1,969	35,362	22,970	66.82%
	Respiratory Therapist	217	3,079	2,371	79.82%
23,273	Telemedicine	102	299	N/A	N/A
	Resident Permit	1,618	0	N/A	N/A
7/1/2002-6/30/2004	Acupuncturist	70	401	N/A	N/A
	Athletic Trainer	137	857	N/A	N/A
TOTAL NUMBER OF PERSONS LICENSED OR REGISTERED 7/1/2003-6/30/2004	Traditional Midwife	1	15	N/A	N/A
	Physician Assistant	169	1555	N/A	N/A
	Physician and Surgeon	2,113	33,864	N/A	N/A
	Respiratory Therapist	169	2,738	N/A	N/A
21,466	Telemedicine	86	135	N/A	N/A
	Resident Permit	1,451	N/A	N/A	N/A

Year ending June 30	# of Complaints Received / Opened in year / biennium	# of Complaints Closed in year / biennium	Complaints Open as of June 30
2012	869 / 1697	792 / 1584	< 1 year = 255 >1 year = 84
2011	828	792	
2010	817 / 1707	779 / 1529	<1 year = 197 >1 year = 128
2009	890	750	
2008	868 / 1691	779 / 1529	<1 year = 436 >1 year = 168
2007	823	750	
2006	770 / 1550	621 / 1337	<1 year = 383 >1 year = 124
2005	780	716	
2004	890 / 1670	936 / 1813	<1 year = 299 >1 year = 73

Year	Type of Complaint	Complaints Received
Most recent Biennium: 7/1/2010-6/30/2012	Actions by another jurisdiction	105
	Incompetency/Unethical Conduct	1450
	Unprofessional Conduct	1401
	Illness	157
	Non-Jurisdictional	43
	Medical Records	290
	Becoming Addicted	67
	Prescribing	699
	Sexual Misconduct	70
	Miscellaneous	331

Year	Type of Complaint	Complaints Received
7/1/2008-6/30/2010	Actions by another jurisdiction	100
	Incompetency/Unethical Conduct	1415
	Unprofessional Conduct	1233
	Illness	162
	Non-Jurisdictional	42
	Medical Records	253
	Becoming Addicted	79
	Prescribing	662
	Sexual Misconduct	73
	Miscellaneous	324

Year	Type of Complaint	Complaints Received
7/1/2006-6/30/2008	Actions by another jurisdiction	100
	Incompetency/Unethical Conduct	1415
	Unprofessional Conduct	1233
	Illness	162
	Non-Jurisdictional	42
	Medical Records	253
	Becoming Addicted	79
	Prescribing	662
	Sexual Misconduct	73
	Miscellaneous	324

Year	Type of Complaint	Complaints Received
7/1/2004-6/30/2006	Actions by another jurisdiction	67
	Incompetency/Unethical Conduct	1461
	Unprofessional Conduct	1432
	Illness	145
	Non-Jurisdictional	39
	Medical Records	212
	Becoming Addicted	67
	Prescribing	568
	Sexual Misconduct	82
	Miscellaneous	381

Year	Type of Complaint	Complaints Received
7/1/2002-6/30/2004	Actions by another jurisdiction	68
	Incompetency/Unethical Conduct	1260
	Unprofessional Conduct	1320
	Illness	154
	Non-Jurisdictional	22
	Medical Records	111
	Becoming Addicted	32
	Prescribing	181
	Sexual Misconduct	83
	Miscellaneous	407

FEES AND DISBURSEMENTS

Biennium ending June 30 of year	Receipts	Disbursements
2012	$10,181,278*	$7,449,684
2010	$9,335,076	$7,770,120
2008	$9,084,669	$7,310,960
2006	$8,687,292	$7,545,914
2004	$8,323,026	$8,307,901
2002	$7,976,400	$6,202,554

*Including 10% license / application fees for MN OET e-licensing surcharge

FEES AND DISBURSEMENTS*

Fiscal Year	Receipts	Disbursements
2010	$9,335,076	$7,770,120
2008	$9,084,669	$7,310,960
2006	$8,687,292	$7,545,914
2004	$8,323,026	$8,307,901
2002	$7,976,400	$6,202,554

*See Appendix for complete fee list

BIENNIAL ACTIVITIES

Board of Medical Practice Functions

- Setting and administering educational and examination standards for initial and continuing licensure or registration for each health profession regulated by the Board
- Pursuing educational or disciplinary action with licensees as deemed necessary based upon results of investigations conducted in response to complaints/reports
- Providing information and education about licensure requirements and procedures and standards of practice to the public, the health care community, and other interested clientele
- Responding to inquiries, complaints and reports from the public and other health care regulators regarding licensure and conduct of applicants, permit holders, licensees and unlicensed practitioners
- Pursuing educational or disciplinary action with licensees as deemed necessary based upon results of investigations conducted in response to complaints/reports

BMP Major Activities during the Biennium

State Shutdown
In July 2011, the office was closed for 21 days due to the shutdown of state government. During this period of time, many of our credentialed professionals were unable to renew their licenses and registrations. The two July Complaint Review Committee meetings were cancelled as was the July meeting of the full board.

Sunset Report
In 2011, the Minnesota Legislature passed a law which requires all state agencies to undergo periodic sunset review. The Board of Medical Practice, along with the other health licensing boards, were among the agencies up for review during the 2012 legislative session. Our report to the Sunset Advisory Commission was submitted in November 2011. The 65 page report addressed all of the requirements contained in the law and provided a detailed description of the board's mission, policies and procedures.

During the 2012 legislative session, the Minneapolis Star Tribune published a series of articles implying that the Board of Medical Practice was lax in its responsibility to discipline physicians who were not practicing up to standard. As a result, the legislation, which continued the operations of the board, required that the board undergo two reviews. The first was a review by the Office of the Legislative Auditor to address the allegations contained in the newspaper articles. The second required the Commissioner of Health to assemble a workgroup of health care professionals, legislators, and members of the public for the purpose of assessing the Minnesota Medical Practice Act.

In July 2012, the Office of the Legislative Auditor conducted a month long review of the board. The audit included re viewing the cases referred to in the newspaper articles, observing meetings of the two board Complaint Review Committees, as well as the July board meeting, and conducting interviews with board members and staff. I am pleased to report that following this extensive review, the Legislative Auditor reported that they could find nothing which would require any further action and that the Board of Medical Practice was utilizing due diligence in fulfilling its mission to protect the citizens of Minnesota.

The Commissioner of Health's workgroup to study the Medical Practice Act convened in August 2012 and, as of this writing, has held two meetings and, so far, the only recommended changes to the Act are relatively minor 'Housekeeping' issues.

Educational Outreach

In this biennium, board members and staff have delivered three speaker bureau presentations on behalf of the Minnesota Board of Medical Practice on the topic of the use of Opioids in pain management. Over 120 physicians attended these seminars.

The Board has undertaken educational outreach in this area because of the number of complaints and resulting disciplinary actions seen by its Complaint Review Committees resulting from the inappropriate use of Opioids in the treatment of chronic pain.

Contested Case Activity

The Board of Medical Practice began this biennium with six contested cases on file with the Office of Administrative Hearings. During the biennium, the board filed an additional 26 Notices of Hearing. During the biennium, 13 cases resulted in a settlement for disciplinary action (Stipulation and Order) either prior to, or as a result of mediation. Four cases were settled without discipline either prior to, or as a result of mediation. Six cases received a Hearing with the Office of Administrative Hearings. Of those cases, five resulted in oral arguments before the board. Each of the five contested cases argued before the board resulted in a disciplinary order. One case was resolved without action following a Hearing at the Office of Administrative Hearings but prior to an oral argument before the board. At the end of the biennium, nine cases remained pending with the Office of Administrative Hearings. Of the nine pending cases, seven had not yet been scheduled for a Hearing. Each Contested Case is related to one or more complaints filed against a licensee.

National Leadership

The Minnesota Board of Medical Practice continues to provide leadership at the national level.

In April 2011, former public board member Tammy McGee was elected to a non-physician seat on the Federation of State Medical Boards' Board of Directors. In April 2012, Board President, Jon Thomas, MD, MBA, was elected Chair-Elect at the Federation of State Medical Boards' Board of Directors. Also, board member Gregory Snyder, MD, DABR, was elected to the Federation of State Medical Boards' Board of Directors and board member Mark Eggen, MD, was elected to the Federation of State Medical Boards' Nominating Committee. Board member Rebecca Hafner-Fogarty, MD, MBA, continues to serve on the Federation of State Medical Boards' Foundation Board

In November 2010 Executive Director, Robert A. Leach, JD completed eight years of service on the National Board of Medical Examiners Committee on Irregular Behavior and Score Validity for the United States Medical Licensure Exam.

"The mission of the Minnesota Board of Nursing is to protect the public's health and safety by providing reasonable assurance that the people who practice nursing are competent, ethical practitioners with the necessary knowledge and skills appropriate to their title and role."

Board Members

David Brewer, Pine Island, MN, Professional Member
(Appt Date: 7/20/2010)
Cindy DeJarlais, Pine City, MN, Professional Member
(Appt Date: 7/20/2010)
Jason George, Apple Valley, MN, Public Member
(*Appt Date: 6/30/2011)*
Marcia Farinacci, St Paul, MN, Public Member
(Appt Date: 6/21/2005; reappt: 8/31/2009; resigned 1/2012)
Deborah Haagenson, Park Rapids, MN, Professional Member
(Appt Date: 8/31/2009)
Kathleen Haberman, Heron Lake, MN, Professional Member
(Appt Date: 2/3/1998; reappt: 1/230/2006; 7/8/2008)
Michelle Harker, Apple Valley, MN, Public Member
(Appt Date: 7/2/2007)
Bradley Haugen, Rochester, MN, Professional Member
(Appt Date: 7/2/2007)
Doris Hill, Bloomington, MN, Professional Member
(Appt Date: 7/8/2003; reappt: 7/2/2007)
Marilyn Krasowski, Minneapolis, MN, Professional Member
(Appt Date: 7/20/2010)
Gregory Langason, Minneapolis, MN, Professional Member
(Appt Date: 7/2/2007)
Lynne Linden, Burnsville, MN, Professional Member
(Appt Date: 7/8/2008)
Deborah Meyer, Virginia, MN, Professional Member
(Appt Date: 8/31/2009; reappt: 6/30/2012)
Christine Norton, Cottage Grove, MN, Public Member
(Appt Date: 6/30/2011)
Monica Parks, Hastings, MN, Professional Member
(*Appt Date: 6/30/2011)*
James Peterson, Medina, MN, Public Member
(Appt Date: 7/8/2008)
Maria Raines, Lakeville, MN, Professional Member
(Appt Date: 7/8/2008)
Julie Riportella, Minneapolis, MN, Professional Member
(Appt Date: 6/30/2011)
Diane Scott, Bemidji, MN, Professional Member
(Appt Date: 6/30/2011)
Stuart Williams, Minneapolis, MN, Public Member
(Appt Date: 7/20/2010)
Amy Witt, Lake Elmo, MN, Professional Member
(Appt Date: 8/31/2009)

Letter from the Executive Director

The Board's mission is to protect the public's health and safety by providing reasonable assurance that the persons who practice nursing in Minnesota are competent, ethical practitioners with the necessary knowledge and skills appropriate to their title and role.

Minnesota Statutes sections 148.171-148.285 provides the Board with authority to regulate nursing practice. The Board's mission is accomplished through the following service areas:

- Credentialing
- Education
- Discipline/complaint resolution
- Nursing practice standards
- Data

The Board of Nursing holds nurses accountable for conduct based on legal, ethical and professional standards. The Board achieves its mandate of public protection by outlining these standards and issuing a license to practice nursing. Once the license is issued, the Board's job continues by monitoring licensees' compliance to state law and taking action against the licenses of those nurses who have exhibited unsafe nursing practice and present a risk of harm to the public.

The Board is mission-driven and engages in strategic thinking to focus on critical issues, explore ideas, and continuously align agenda items with organizational priorities. Strategic planning has resulted in increased efficiencies and effectiveness by identifying desired outcomes and assignment of resources.

The Board strives toward its goal of public protection by:

- Assuring an ethical and competent nursing workforce through comprehensive credentials review and provision of a legally defensible nurse licensure examination.
- Establishing and conducting a complaint investigation process that is expedient, just, and commensurate with the perceived risk of harm to the public.
- Upholding standards for nursing education approval through consultation and survey.
- Interfacing with state, national and federal agencies and information systems and national nurse and regulatory organizations to analyze and disseminate data for evidence-informed regulatory decisions.
- Collaborating in statewide initiatives on nursing practice, education, and patient safety.

The Board strives for excellence in regulation and to improve efficiencies. Efforts to increase efficiencies fall into two major categories, those related to agency operations and others related to cross-disciplinary collaboration. Efficiencies effected for board operations include maximization of technology for licensure services, access and data submission to national data bases, and paper-less meetings; participation in National Council of State Boards of Nursing for trend analysis, research, streamlining interstate collaboration and promotion of uniformity in nurse licensure; utilization of a national nurse licensure examination; and recent revision of rules to streamline nursing program approval.

Letter from the Executive Director (Continued)

Efficiencies related to cross-disciplinary collaboration are achieved through inter-board operation of the Health Professionals Services Program, a monitoring program for health professionals whose practice is impaired due to illness; and a voluntary cooperative administrative services unit to perform accounting, purchasing, human resources and technology functions common to all the health-related licensing boards.

The Board values alliances with internal and external stakeholders to enable development and implementation of public policy that is well grounded, reasonable and attainable. The Board engages with other state agencies to assure congruence on issues involving health care delivery, patient safety organizations to address patient safety issues, and coalitions of health care providers and enforcement agencies to identify best practices for addressing violations of the law such as drug diversion and patient abuse. Collaboration with these groups ensures that the work of the Board reflects relevant professional issues and practice standards.

The Minnesota Board of Nursing is committed to public protection through leadership in patient safety, evidence-informed regulation, congruence of education, practice and regulation for all levels of nursing practice, dissemination of data, and efficient, customer-centric delivery of services.

Shirley A. Brekken, Executive Director
Minnesota Board of Nursing

Number of employees and employee responsibilities
The Board of Nursing has 34 employees and conducts business through five major service areas: credentialing, education, discipline/complaint resolution, nursing practice and data.

Administration and IT Staff support service areas
1 Executive Director
1 Chief Information Officer
1 Data Systems Manager
1 Administration Program Assistant

Licensure
1 Director of Operations
1 Operations Program Assistant
5 Customer Service Specialists
1 Operations Program Assistant
5 Customer Service Specialists

Education
1 Director of Education
1 Nursing Education Specialist
1 Education Program Assistant

Discipline/Complaint Resolution
1 Discipline Coordinator
5 Nursing Practice Specialists
3 Legal Analysts
1 Investigator
1 Paralegal
1 Nursing Practice Program Assistant
4 Administrative Assistants
1 Student Worker

Nursing Practice
1 Director of Practice & Policy
1 Advance Practice Nursing Consultant
1 Nursing Practice Specialist

In addition, seven Administrative Services Unit staff, shared among all health-related regulatory boards, serve all Board of Nursing service areas.

Minnesota Board of Nursing
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Minneapolis, MN 55414
Telephone: 612-617-2270 FAX: 612-617-2190

Board website:
http://www.nursingboard.state.mn.us
Office e-mail: nursing.board@state.mn.us

COMPLAINTS

Biennium Ending June 30 of Year	Type of Complaint	Complaints Received	Complaints Closed	Complaints Open as of June 30
2012	RN	1,198		
	LPN	547		
	Total	**1.745**	**1,8l05**	**<1 year: 716** **>1 year: 225**
2010	RN	993		
	LPN	457		
	Total	**1450**	**1,368**	**<1 year: 514** **>1 year: 80**
2008	RN	903		
	LPN	582		
	Total	**1485**	**1,152**	**<1 year: 625** **>1 year: 226**
2006	RN	810		
	LPN	514		
	Total	**1324**	**1,029**	**<1 year: 739** **>1 year: 172**

Approximately one-fifth of the complaint caseload has impaired practice as the primary grounds for discipline. When combined with violations of board orders, impaired practice issues account for roughly one-third of the total caseload. Because of the risk to the public, the board seeks to act expeditiously in cases alleging impaired practice, particularly when the complaint alleges diversion of controlled substances.

Seventy-five percent of cases were resolved in less than twelve months in the fiscal year 2012. Ninety-seven percent were resolved in 18 months or less. The total number of open cases has increased; that increase is attributable to the affirmative responses to grounds questions on the application for licensure renewal as well as an uptick in the number of reports received from other nursing jurisdictions through the *Nursys* reporting system.

As part of its charge, the Discipline Resources Task Force will examine complaint resolution metrics. The focus will be on producing results that benefit the public: increasing public safety by achieving results that matter to the public.

Total Number Licensed Registered as of Year	Type of License	New Licenses Issued during biennium	Credentials Re-newed	Online Renewals (# / %) Fiscal year	
2012 RN 88,625 LPN 24,028 Total 112,653	RN	5,853	36,007	33,527	93.1%
	LPN	1,969	9,366	8,212	87.7%
	RN Permit	1,850			
	LPN Permit	217			
	PHN Certificates	773			
	Certified Nurse Practitioners	3,067			
	Registered Nurse Anesthetists	1,696			
	Clinical Nurse Specialists	526			
	Certified Nurse Midwives	258			
	Total: 61,582	**16,209**	**45,373**	**41,739**	**92.0%**
2010 RN 83,728 LPN 24,008 Total 107,736	RN	6,042	37,131	33,934	91.4%
	LPN	1,688	10,491	8,815	84.0%
	RN Permit	4,959			
	LPN Permit	175			
	PHN Certificates	700			
	Certified Nurse Practitioners	2,542			
	Registered Nurse Anesthetists	1,576			
	Clinical Nurse	511			
	Certified Nurse Midwives	217			
	Total: 66,032	**18,410**	**47,622**	**42,749**	**89.8%**

Total Number Licensed Registered as of Year	Type of License	New Licenses Issued	Credentials Re-newed	Online Renewals (# / %) Fiscal year	
2008 RN 77,950 LPN 23,642 Total 101,592	RN	5,245	34,830	30,799	88.4%
	LPN	1,688	10,378	8,205	79.1%
	RN Permit	1,276			
	LPN Permit	276			
	PHN Certificates	493			
	Certified Nurse Practitioners	2,312			
	Registered Nurse Anesthetists	1,547			
	Clinical Nurse	499			
	Certified Nurse Mid-wives	214			
	Total: 56,585	**13,550**	**43,035**	**39,004**	**86.3%**
2006 RN 72,328 LPN 23,393 Total 95,721	RN	5,153	32,273	51,629	80.2%
	LPN	1,843	10,229	13,891	67.8%
	RN Permit	1,354			
	LPN Permit	378			
	PHN Certificates	473			
	Certified Nurse Practitioners	1,922			
	Registered Nurse Anesthetists	1,268			
	Clinical Nurse	442			
	Certified Nurse Mid-wives	191			
	Total: 55,526	**13,024**	**42,502**	**65,520**	**77.2%**

The Board of Nursing licenses registered and licensed practical nurses, and registers advanced practice registered nurses and public health nurses to assure the public that the individuals who practice nursing in Minnesota have the requisite education, competence, and ethical character to practice nursing safely and effectively. The Board has made licensure services available to the public 24x7 since 2002 and has been recognized as a state and national leader for efficient and effective online services. Nurses renew their licenses biannually. Licenses are issued to applicants within 24 hours of all requirements being met.

Employers are required to verify a nurse's authority to practice nursing in Minnesota. Failure to verify a license could result in a nurse whose license has been suspended, revoked or encumbered in some other manner, or expired to practice nursing illegally. If the authority to practice has been removed due to inability to practice nursing with reasonable skill and safety, the public would be at risk if the employer did not assure the nurse has the authority to practice nursing.

The National Council Licensure Examination for Registered Nurses (NCLEX-RN®) and the National Council Licensure Examination for Practical Nurses (NCLEX-PN®) are used by the Minnesota Board of Nursing and all other U.S boards of nursing to assist in making licensure decisions. Use of this national, valid, legally defensible examination efficiently standardizes the measurement of knowledge and competence. It facilitates the mobility of nurses without requiring retesting.

Year	Receipts	Appropriation	Disbursements	Surplus (Shortfall)	Transfers from Board to Other State Entities
2012	$5,063,079*	$3,545,000	Direct: $2,859,390	$1,217,816	
			Indirect: $985,873		
			Total: $3,845,263		
2011	$5,791,799*	$3,289,000	Direct: $3,311,087	$1,207,966	General Fund: $3,694,381 OET for E-licensing: $12,748
			Indirect: $1,272,746		
			Total: $4,583,833		
2010	$5,663,406	$3,287,000	Direct: $3,098,483	1,415,429	General Fund: $235,836 OET for E-Licensing: $540,361
			Indirect: $1,149,494		
			Total: $4,247,977		
2009	$5,250,288	$3,216,000	Direct: $3,214,457	$625,557	DHS long term home and community based care employee scholarship fund: $930,000 General Fund: $920,442
			Indirect: $1,410,272		
			Total: 4,624,729		
2008	$5,064,959	$3,055,000	Direct: $2,776,070	$1,237,800	DHS long term home and community based care employee scholarship fund: $930,000
			Indirect: $1,051,089		
			Total: $3,827,159		
2007	$4,967,292	$2,567,000	Direct: $2,043,869	$1,484,067	DHS long term home and community based care employee scholarship fund: $864,000 Dept. of Health Education Loan Forgiveness Program: $200,000 Drive to Excellence: $1,514
			Indirect: $1,439,356		
			Total: $3,483,225		
2006	$4,690,154	$2,356,000	Direct: $2,011,121	$1,691,327	DHS long term home and community based care employee scholarship fund: $392,000 Dept. of Health Education Loan Forgiveness Program: $125,000
			Indirect: $987,706		
			Total: $2,998,827		

*The government shutdown in July 2011 caused a disproportionate number of RN and LPN renewals to occur in the last months of FY2011 that should have occurred in the first months of FY2012. This resulted in an additional $665,000 collected in FY2011 that should have been collected in FY2012.

License/Service	Term	RN	LPN
Licensure by examination	Lifetime	$105	$105
Re-examination	N/A	$60	$60
Licensure by endorsement	Lifetime	$105	$105
Registration renewal	Two years	$85	$85
Reregistration	6 months—2 years	$105	$105
Border State Registry	Varies	$50	$50
Public Health Nurse certification	Lifetime	$30	$30
Verification to DEA for APRNs	N/A	$50	$50
Replacement license certificate	N/A	$20	$20
Verification of licensure status	N/A	$20	$20
Verification of examination scores	N/A	$20	$20
Copy of microfilmed licensure application materials	N/A	$20	$20
Nursing business registration:	One year	Initial: $100 Annual: $25	N/A
Practicing nursing without current registration	Two times the amount of the current registration renewal fee ($85) for any part of the first calendar month, plus the current registration renewal fee ($85) for any part of any subsequent month up to 24 months.		
Practicing without current APRN certification	$200 of the first month or any part of and $100 each subsequent month or part thereof.		
eLicensing surcharge	Ten percent of the application fee for initial licensure by examination or endorsement ($10.50), renewal of RN or LPN registration ($8.50) and RN and LPN reregistration ($10.50).		

Service	Term	
Auto Verification Service subscription	One year	The fee is set according to a sliding scale based on the number of records included in the subscription, from $100 for 1-100 records to $1000 for a subscription consisting of over 5000 records.
Data requests	One cent per each record included in the file, plus a $5 file creation fee.	

The Board has not raised renewal fees since 2001. In 2012 the Board eliminated late renewal fees. Even though costs have increased the Board has continued to make use of new technologies, such as paperless registration, to keep costs down. The Board offers most of its services online. Overall online application use is 87%. Online renewal has been available to licensees since 2002 and 95% of nurses renew online. Since 2010 the Board, through its surplus or directly from licensees, has contributed approximately $550,000 per year to the Elicensing project.

The Minnesota Board of Nursing regularly collects more in fees than the legislature appropriates the Board to spend. The Board's current accumulated surplus is approximately $5,500,000 which is slightly more than one year's operating costs. Since 2006, funds have regularly been transferred from the Board's surplus to other programs as listed in Receipts and Disbursements chart

Nursing Education Program Approval

The Board promotes excellence of nursing education standards and approves nursing education programs by monitoring program graduation pass/fail rates on the national nurse licensure examination; facilitating innovative approaches to address nursing workforce and nursing faculty shortages; providing consultation to nursing education programs regarding national nurse licensure examination (NCLEX®) pass rates; developing and conducting research to promote a safe, competent and sufficient nursing workforce; and advising prospective students regarding educational tracks and scholarships. The Board establishes requirements for initial and continuing approval of licensure-preparing nursing programs.

Table 1. Number of Approved Licensure-Preparing Programs as of 9/21/2012	
Practical Nursing	24
Professional—Associate Degree	24
Professional—Baccalaureate Degree	17
Professional—Master's Degree	2

Table 2. Report of Graduates of licensure-preparing programs		
Number of Graduates	**FY 2010**	**FY2011**
Practical Nursing	1882	1996
Professional—Associate Degree	1968	1951
Professional—Baccalaureate Degree	967	1001
Professional—Master's Degree	47	71

Tables 3 and 4 provides an overview of the number of nursing programs receiving initial or continued approval for the 2007-2008 biennium, 2009-2010 biennium, and 2011-2012 biennium.

Table 3. Initial program approval of licensure-preparing nursing programs			
Approval of New Programs	FY 07 - FY 08	FY 09 - FY 10	FY 11 - FY 12
Practical Nursing	1	0	0
Professional Nursing – Associate	3	2	4
Professional Nursing – Baccalaureate	2	2	0
Professional Nursing – Master's	1	1	0
Total	7	5	4

The Board granted new program approval to the following programs during the FY 2011- FY2012 Biennium:

Century College Associate Degree Nursing Program, White Bear Lake, MN
Inver Hills Community College Associate Degree Nursing Program, Inver Grove Heights, MN
Pine Technical College Associate Degree Mobility Program, Pine City, MN
St. Cloud Technical and Community College Associate Degree in Nursing Mobility Program, St. Cloud, MN

Table 4. Continuing program approval of approved licensure-preparing nursing programs			
Approval of Programs	FY 07 - FY 08	FY 09 - FY 10	FY 11 - FY 12
Practical Nursing	7	4	27*
Professional Nursing	11	5	46*
Total	18	9	73*

*Number includes 25 practical and 43 professional programs granted continued approval on 4/5/2012 in accordance with new program approval rules effective 6/28/11. In the transition to new rules, 2 practical and 3 professional programs were approved in both years.

On-site surveys, collection and review of annual reports, review of improvement plans submitted by programs, decisions of national nursing accreditation bodies, and analysis of the National Council Licensure Examination (NCLEX®) data were used to evaluate each nursing education programs' compliance with statutes and rules. Analysis of all available data provides a basis for the education reports submitted to the Board for decision-making.

The Board requires oversight of programs that have first-time licensure examination (NCLEX®) success rates at 75% or below for a calendar year. During calendar years 2010 and 2011, sixteen nursing programs were below the minimum standard. Table 5 presents a comparison of programs below minimum standard for calendar years 2008 through 2011.

Table 5. Programs below minimum standard NCLEX® (National Council Licensure Examination)

Year(s) below minimum standard	2008	2009	2010	2011
1 year	3 (2 BSN, 1 PN)	5 (1 BSN, 3 ADN, 1 PN)	3 (2 ADN, 1 PN)	7 (5 BSN, 2 PN)
2 consecutive years	2 (2 ADN)	0	3 (2 ADN, 1 PN)	2 (1 ADN, 1 PN)
3 consecutive years	1 (1 ADN)	0	0	1 (1 PN)
Total	6	5	6	10

All programs with first-time NCLEX® candidate success rates of 75 percent or less within a calendar year are required to submit plans of corrective action. Programs with first-time NCLEX® success rates of 75 percent or below for one calendar year were required to submit plans of corrective action. For programs below minimum standard for two consecutive calendar years, the Board conducted an on-site survey to determine progress on the previously submitted plan. Following the survey, revised plans of corrective action were submitted, as required by rule. An on-site survey for compliance of all applicable rules and for the implementation of the revised plan of corrective action was required for the program below minimum standard for three consecutive calendar years. The Board summarized data from the plans of corrective action and shared data with administrators from the Minnesota State Colleges and Universities' Chancellor's office as well as the directors of the nursing programs.

Summary of New Rules Related to Nursing Education and Credentialing

New program approval rules were promulgated in 2011. The rule revision incorporated accreditation by a national nursing accrediting agency for all nursing education programs by January 1, 2016. Other key elements, such as compliance with submission of a designated minimum data set and meeting identified NCLEX® first-time success rates, continued as elements of regulatory oversight.

In December 2011, the Board approved an intent to adopt revised rules on professional and practical nursing licensure and professional and practical nursing registration. The proposed revision is intended eliminate references to obsolete processes, as well as establish congruence with other rules and statutes. The proposed rules were published March 19, 2012 in the State Register. As part of the rule-making process, the Board established criteria for nursing refresher courses for incorporation by reference.

Mission

"The mission of the Board of Examiners for Nursing Home Administrators is to promote the public's interest in quality care and effective services fro residents of nursing facilities by ensuring that licensed administrators are qualified to perform their administrative duties."

Board Members

James Birchem, LNHA, Little Falls, MN, Professional Member
(Term: 3/1/2004 ; Reappt: 6/30/2012) [3rd term]
Thomas Pollock, LNHA Maple Grove, MN, Professional Member
(Appt: 5/15/2007; Reappt 6/26/2011) [2nd term]
Kyle Nordine, LNHA Northfield, MN, Professional Member
(Appt: 4/19/2005 ; Reappt: 2/3/2009)
Jennifer Pfeffer, LNHA, Mankato, Professional Member
(Appt: 6/30/2006; Reappt:1/28/2010)
Dr. Jane Pederson, MD Woodbury, MN, Professional Member
(Appt: 7/15/1996; Reappt:2/3/2009) [5th term]
Nancy Tuders, RN Grand Rapids, MN, Professional Member
(Appt: 5/15/2007; Reappt 6/26/2011) [2nd term]
Christine Rice, Lake Elmo , MN, Public Member
(Appt: 6/25/2004; Reappt: 4/18/2008 to 1/2/2012)
Ann Tagtmeyer, Mendota Heights, Public Member
(Appt: 12/30/1999 ; Reappt: 6/30/2012) [4th term]
Chandra Mehrotra, Ph.D., Duluth, Public Member
(Appt: 5/15/2003 ; Reappt: 6/26/2011 [3rd term]
The following are appointed by the Commissioners of Health and of Human Services and serve as non-voting designees of those commissioners:
Darcy Miner, MN Department of Health
Robert Held, MN Department of Human Services

Board Staff

Randy Snyder, Executive Director
Jan Strum, Office Manager

Minnesota Board of Examiners for Nursing Home Administrators
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Letter from the Executive Director

Dear Citizens of the Great State of Minnesota:

The Board of Examiners for Nursing Home Administrators (BENHA) fulfilled its mission for this biennium by investing in its future through thoughtful planning. As the only federally required health occupation board in Minnesota, the legislative requirement mandates a majority of board members be comprised of non-licensees. The Board continues to influence better models of care in safe environments for tomorrow's elder care continuum.

Highlights for the past two years include the investment with the National Board of Long Term Care Administrators (NAB). This important relationship continued with the recent election of the Executive Director being elected as the Chair Elect of the National Association of Boards (NAB). Members of the BENHA also served on various national committees including the preparation of the national examination.

The Board continues to invest in the state approved Long Term Care Centers of Academic Excellence. Currently, six Minnesota colleges and UW-Eau Claire carry national recognition for their work in creating leaders for new models of elder care throughout the upper Midwest and nationally.

The Board takes seriously its role of assuring leaders at the helm of Minnesota long term care centers are ethical and resident centered in their decision making practices. Continued investment to cultivate new leaders for tomorrow's service delivery remains critical, even more so as challenging economic environments requires a continued strong investment and commitment. Quality leadership creates efficient and effective communities that care for our states aging population.

Randy Snyder, Executive Director
Minnesota Board of Examiners for Nursing Home Administrators

Year ending June 30, 2012

Total licensed or registered	Credentials Renewed Online Number / Per Cent	New Licensed Granted
856	739 / 94.5%	45

Previous Years Ending June 30	Total licensed or registered	Credentials Renewed Online Number / Per Cent	New Licenses Granted
2011	853	742 / 92.9%	44
2010	851	716 / 90.5%	44
2009	846	711 / 89.3%	46
2008	831	698 / 89.3%	43
2007	821	677 / 87.5%	37
2006	840	622 / 81.5%	36

The board initiated online renewals on May 1, 2002. BENHA licensees were early adaptors to online services with nearly 50% of renewals completed online the first year to a consistent 88% to 92% in the past four years. Online Applications were initiated in 2011 with over 50% of all Applications for Licensure completed online in the first year.

The online Administrator of Record data enhancement automatically notifies the BENHA Board, the Minnesota Department of Health and Department of Human Services of changes when administrators begin or end their employment.

In 2011, the initial licensure process received a customer service rating of 9.28 out of 10 in measuring staff availability, knowledge, and response to information requests about licensure requirements and process. The office also had a rating of 9.6/10 to BENHA service and assistance during the application process

Complaints Opened Year ending June 30, 2012

Number of Complaints Opened
67

Previous Years Ending June 30	Number of Complaints Opened
2011	70
2010	78
2009	69
2008	78
2007	106
2006	106

Complaints Closed By Year ending June 30, 2012

Number of Complaints Closed	Number of Complaints Open as of June 30, 2012
55	< one year = 11 > one year = 0

Previous Years Ending June 30	Number of Complaints Closed
2011	59
2010	78
2009	69
2008	78
2007	102
2006	108

The Standards of Practice Committee is comprised of two long term care administrators with one non-administrator serving on this committee. They work diligently to assure the blending of public safety and licensee accountability in a timely and direct manner for both complainants and the subject of the complaint; LNHA. In over 96% of the time, the complaint is resolved within two meetings or approximately six months. As only board members serving on the complaint panel make the processing decision, the first meeting typically reviews the preliminary information and in a great majority of those cases is either dismissed or additional information is sought before the committee feels comfortable in dismissing or closing the case at the second meeting. The Standards of Practice Committee now meets on the same day as the regular quarterly board meeting to reduce travel, lodging and per diem expense. This past year, two additional SOPC meetings were held to assure timely processing.

The Committee has incorporated 'just culture' principles whereas many of the complaints are resolved with professional quality improvement standards and educational re-direction, without escalating to a contested case. With many of the complaints, the corrective action is working towards better operational systems and therefore don't warrant formal individual administrative action. The Committee holds the administrator accountable for willful disregard for resident safety. Administrative coaching and directed education is the approach used for a majority of cases involving unintentional, yet actual resident harm as a result of an employees' action. The administrator is held accountable for continuous quality improvement and root cause analysis to minimize future sentinel events.

In conjuncture with the Minnesota Department of Health liaison's role, the board studied two issues in this biennium: 1) the effect of the six month acting permit for a non-licensed administrator and 2) the initial review of the "Shared Administrator" for two or more facilities sharing the professional services of one administrator.

RECEIPTS AND DISBURSEMENTS

Fiscal Year Ending June 30	Receipts	Disbursements
2012	$206,409	$139,359 [3 boards-salary savings]
2011	$205,275	$198,634
2010	$196,995	$182,876
2009	$199,055	$184,061
2008	$196,030	$173,404
2007	$187,900	$174,912
2006	$189,917	$159,313

FEES

Item	Fee
Application	$150
Original License	$200
Annual Renewal	$200
Acting Administrator Permit	$250

The Minnesota Board of Examiners for Nursing Home Administrators fees were last increased in 1995. Board members were committed to operating efficiently. The board initiated a three board shared executive trial to reduce overall board expense for three boards. Although successful, it appears that any savings is swept to other agencies and the net result of attempting to create efficiency is negated. The Board continues to believe the transfer of funds to MNIT and the General Fund does not meet the prudent steward standard of non-profit board management.

The Board completed its four year Strategic Plan this year and initiated a new four year plan in 2012.
The Board of Examiners for Nursing Home Administrators (BENHA) fulfilled its mission for this biennium by investing in its future through thoughtful planning. As the only federally required health occupation board in Minnesota, the legislative requirement mandates a majority of board members be comprised of non-licensees. The board continues to influence better models of care in safe environments for tomorrow's elder care continuum.

Highlights for the past two years include the investment with the National Board of Long Term Care Administrators (NAB). This important relationship continued with the recent election of the Minnesota Executive Director being elected as the Chair of the National Association of Boards (NAB). Members of the BENHA also served on various national committees including the preparation of the national examination.

The board continues to invest in the state approved Long Term Care Centers of Academic Excellence. Currently, six Minnesota colleges, UW-Eau Claire and the University of South Dakota carry national recognition for their work in creating leaders for new models of elder care throughout the upper Midwest and nationally.

The board takes seriously its role of assuring leaders at the helm of Minnesota long term care centers are ethical and resident centered in their decision making practices. Continued investment to cultivate new leaders for tomorrow's service delivery remains critical, even more so as challenging economic environments requires a continued strong investment and commitment. Quality leadership creates efficient and effective communities that care for our states aging population.

State of Health Occupation Regulation

The Board continues to be proud of creating a shared electronic licensing model with other small boards. The cost and function are unequal when completing a competitor's analysis. This year, 94.5% of renewing licensees renewed online. The Board has maintained its customer service standard of a phone, email or limited mailed response within 48 hours of any applicant/licensee request for information at above a 95% service level with its current staffing of 1.5 FTE.

"It is the mission of the Board of Optometry to:

Promote public interest in receiving quality optometric health care from competent licensed optometrists

Protect the public by ensuring that all licensed optometrists meet the educational and practical requirements specified in law.

Protect the public by setting standards for quality optometric health care."

Board Members

Jeanette Taylor Jones, Medina, MN, Public Member
(Appt: 2003; Reappt: 2011)
Patricia Glasrud, Shoreview, MN, Public Member
(Appt: 2011)
John Muellerleile, OD, Owatona, MN, Professional Member
(Appt: 2011)
Roger Pabst, OD, Redwood Falls MN, Professional Member
(Appt: 72005; Reappt:2009)
Patrick O'Neill, OD, Northfield, MN, Professional Member
(Appt: 2010; Reappt: 2011)
Michelle Shih-Ming Falk, OD, Woodbury, MN, Professional Member
(Appt: 2010)
Don Sipola, OD, Virginia, MN, Professional Member
(Appt: 2012)

Board Staff

Randy Snyder, Executive Director
Anna Hartsel, Office and Administrative Specialist

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Letter from the Executive Director

The mission of the Board is public protection by striving to ensure Minnesota citizens receive quality optometric care from competent optometrists. Public protection through licensure and regulation underlies every activity and all functions of the Board.

The Board continues collaborative efforts for online services shared between the group of seven small health licensing boards banded together to leverage limited resources. This group of small boards has worked cooperatively for 11 years to successfully develop, maintain, and advance an integrated licensing and regulatory system, web applications, and database in an extremely functional but cost effective and efficient manner.

The Board website (www.optometryboard.state.mn.us) provides ready access to Online Annual License Renewals, Online address//phone change, Online reporting of continuing education, information about the status of individual Licensees, Complaint Forms, and Optometry Statutes and Rules.

The Board staff consists of 0.55 FTE employees in the positions of Executive Director and Office Administrative Specialist.

The Board continues to be proud of creating a shared electronic licensing model with other small boards. Significant work has been completed in this biennium to create online applications with possible roll out in the next biennium.

The Board continues to provide high quality, customer focused, efficient, and cost effective services. Board members and staff are to be commended for exceptional dedication and hard work to meet the increasing demands and continue to provide service excellence.

Randy Snyder, Executive Director
Minnesota Board of Optometry

CREDENTIALS

Year	Total number of persons licensed	New Licenses Issued	Credentials Renewed	Reinstated	Online Renewals	
7/1/2011-6/30/2012	1,045	43	999	3	552	55%
7/1/2010-6/30/2011	1,036	37	1,000	0	529	52%
7/1/2009-6/30/2010	1,023	23	1,006		477	47%
7/1/2008-6/30/2009	1,001	38	1,001		493	49%
7/1/2007-6/30/2008	1,004	74	972		444	45%
7/1/2006-6/30/2007	931	15	952		360	37%
7/1/2006-6/30/205	951	24	934		N/A	N/A

COMPLAINTS

Year	Complaints Received	Complaints Closed	Cases Left Open
2012	10	7	Less than one year: 2 More than one year: 2
2011	14	9	Les than one year: 4 More than one year: 1
2010	5	10	Less than one year: 2
			More than one year: 1
2009	10	3	Less than one year: 5
			More than one year: 8
2008	10	8	Less than one year: 8
			More than one year: 7
2007	10	4	Less than one year: 4
			More than one year: 3
2006	12	9	Less than one year: 6 More than one year

In support of the mission of public protection, the Board responds to complaints and investigates optometrists who are alleged to have failed to maintain minimum standards necessary for the provision of safe and quality care, and when warranted, the Board provided timely and appropriate discipline or corrective action. The Complaint Review Committee of the Board is comprised of 2 Board members.

The Committee determines if the complaint is jurisdictional, and whether the information submitted is sufficient to initiate a complaint, and if not, then may request additional information from the complainant. The Board also seeks information directly from the licensee, as well as obtaining investigation information from other agencies, and/or consultants. Confidentiality and due process are strictly observed throughout the complaint review process and after resolution. When appropriate, licensees may be provided with education to improve their practice and prevent recurrence of problems. When formal action is warranted for public protection then the Committee attempts to obtain a voluntary corrective action agreement or disciplinary action; and if necessary will pursue disciplinary action through a due process, contested case hearing, or potential court action.

Consumer complaint forms are available from the Board's website at www.optometryboard.state.mn.us .

RECEIPTS AND DISBURSEMENTS

Fiscal Year	Receipts	Disbursements
2012	$118,888	$109,510
2011	$118,784	$121,467
2010	$117,174	$104,044
2009	$120,424	$128,511
2008	$117,381	$107,151
2007	$113,057	$115,234
2006	$107,460	$98,229

FEES

Item	Fee
Professional Corporations	$100 initial report $25 annual report
Licensure Application	$87
Annual License Renewal	$105
Late Penalty Fee	1/3 renewal fee
Therapeutic Drug Certification	$50
Duplicate/Replacement	Varies
CE Application	$15
Emeritus Registration	$10
Endorsement Application	$87
Reinstatement Application	Varies

"The Minnesota Board of Pharmacy exists to protect the public from adulterated, misbranded, and illicit drugs, and from incompetent, unethical, illegal or unprofessional conduct on the part of pharmacists or other licensees and registrants. The Board fulfills its mission through a combination of licensing activities, facility inspections, rule-making, provision of technical assistance, operation of the Minnesota Prescription Monitoring Program, complaint investigations and, when necessary, disciplinary activity. "

Board Members

Karen Bergrud, Stewartville, MN, Professional Member
(Appt: 5/2007; Reappt: 6/2011)
Bob Goetz, Red Wing, Professional Member
(Appt: 12/2011; Reappt: 4/2012)
Kay L Hanson, Brooklyn Park, MN, Professional Member
(Appt: 7/2004; Reappt: 3/2008, 4/2012)
James M Koppen, Pine City, MN, Professional Member
(Appt: 4/2009)
Laura Schwartzwald, Brainerd, MN, Professional Member
(Appt: 4/2010)
Stuart T Williams, Minneapolis, MN, Public Member
(Appt: 6/2011)
Vacant, Public Member

Board Staff

Cody Wiberg, Executive Director
Pat Eggers, Office Manager
Lori Brown
Barbara Carter
Jennifer Fischer
Candice Fleming
Stephen Huff
Sojourner Killingsworth
Les Kotek
Timothy Litsey
Michele Mattila
LeeAnn Olson
Karen Schreiner
Colette Zelinsky

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Minneapolis, MN 55414
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Letter from the Executive Director

Board of Pharmacy Mission

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

Board of Pharmacy Functions

Setting educational and examination standards for initial and continuing licensure:

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

Conducting inspections of all pharmacies, drug wholesalers, drug manufacturers and controlled substance researchers in the state.

- Inspect all pharmacies located in the state of Minnesota to assure compliance with all statues and rules relating to prescription drug distribution and the provision of pharmaceutical care.
- Inspect all wholesalers located in the state of Minnesota to assure compliance with all statues and rules relating to the storage and distribution of prescription and non-prescription drugs.
- Inspect all manufacturers located in the state of Minnesota to assure compliance with Current Good Manufacturing Practices.
- Inspect all controlled drug researchers located in the state of Minnesota to assure compliance with state and federal controlled substance statutes and regulations.

Responding to public and agency inquiries, complaints, and reports regarding licensure and conduct of applicants, registrants, and licensees.

- Accept complaints and reports from the public and health care providers and regulators.
- Decide whether a complaint or inquiry is jurisdictional and, if so, whether and what type of action to pursue to resolve the matter.
- Refer inquiries and complaints to other investigative, regulatory, or assisting agencies, as necessary.
- Respond to complainants and agency reports by informing the complainants/agencies of action taken to resolve their complaints, while observing provisions of the data practices act regarding the legal status of data obtained during the course of an investigation and disciplinary proceeding .

Letter from the Executive Director (Continued)

Setting standards of practice and conduct for licensees and pursuing educational or disciplinary action with licensees, to ensure that standards are met.

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

Administering the State's Prescription Monitoring Program (PMP)

- Electronically collect data, on a daily basis, concerning controlled substance prescriptions from approximately 1,700 dispensers. (6 million prescriptions reported annually).
- Process applications from prescribers and pharmacists who want to access the PMP database through a secure Internet link.
- Cluster (i.e. link) profiles thought to be for a single individual who uses multiple names or addresses in an attempt to hide "doctor-shopping" behavior.
- Work with the Board's IT vendors to improve processes for the PMP.
- Make presentations to professional groups interested in learning about the PMP.

Provision of technical assistance to elected public officials, other state agencies, federal agencies and units of local government.

- Respond to requests from legislators for technical assistance concerning the practice of pharmacy, the distribution of pharmaceuticals, drug abuse and other related issues.
- Work with other state and federal agencies on issues concerning the practice of pharmacy, the distribution and disposal of pharmaceuticals, drug abuse, and other health care policy areas.
- Serve as consultants to licensees and registrants who have questions concerning practice standards, statutes, and rules.
- Respond to requests from the public for information about the practice of pharmacy and related topics.

Cody Wiberg, Pharm.D., M.S., R.Ph.
Executive Director, Minnesota Board of Pharmacy

Major activities during the biennium

The board accomplished the following major activities during the biennium:

- Continuous updating of the web site to provide information about the board and its various functions to the public, applicants for licensure, and licensees of the board. The site provides links to other state and federal agencies that also help citizens interested in finding appropriate pharmacy services and to inform them of how to pursue complaints or concerns about their prescriptions. It also provides a variety of forms that the public, applicants for licensure and licensees of the board can download.
- Finished work on a general revision of the Board's Rules that significantly increased the standards for pharmacy technician registration, made it easier for pharmacies to use automated drug distribution systems and addressed many other issues..
- Updated an item pool of 2,000+ questions for the Multistate Pharmacy Jurisprudence Examination/Minnesota.
- Made many enhancements to the Prescription Monitoring Program (PMP), which allows prescribers and pharmacists to more easily access this data in order to identify individuals who might be fraudulently trying to obtain prescriptions. Sought and received a $385,000 federal grant to be used for the enhancement of the PMP. Sought and received smaller grants from the National Association of State Controlled Substances Authorities to be used for promoting the PMP. Promoted the PMP at a variety of professional meetings.
- Provided technical assistance to legislators and legislative staff on numerous pieces of legislation related to pharmaceuticals and the practice of pharmacy, including – the use of automated drug distribution systems in long-term care facilities, synthetic (designer) drugs, electronic prescribing of controlled substances, physician dispensing in certain rural settings, et cetra.

Year	Type of License	Credentials Issued or Renewed	Online Renewals	Total Persons Licensed or registered as of June 30
7/1/20011 - 6/30/2012	Pharmacist	7,959	92%	7,939
	Technician	10,378	75%	10,289
	Pharmacy	1,855		1,849
	Wholesaler	1,170		1,164
	Manufacturer	512		508
	Medical Gas Distributor	95		91
	Controlled Substance Researcher	31		31
	Interns	1,501		1,495
	Prescription Monitoring Program Users	8,015		8,015
	Total:	**31,516**		**31,381**
7/1/20010 - 6/30/2011	Pharmacist	7,665	92%	7,647
	Technician	8,,597	75%	8,499
	Pharmacy	1,746		1,742
	Wholesaler	1,102		1,095
	Manufacturer	468		462
	Medical Gas Distributor	69		68
	Controlled Substance Researcher	377		369
	Interns	1,452		1,447
	Prescription Monitoring Program Users	4,980		4,980
	Total:	26,456		26,309

Year	Type of License	Credentials Issued or Renewed	Online Renewals	Total Persons Licensed or registered as of June 30
7/1/2009-6/30/2010	Pharmacist	7,564	93%	7,546
	Technician	8,618	75%	8,552
	Pharmacy	1,706		1,701
	Wholesaler	1,075		1,067
	Manufacturer	408		401
	Medical Gas Distributor	71		68
	Controlled Substance Researcher	503		498
	Interns	1,440		1,436
	Prescription Monitoring Program Users	1,537		1,537
	Total:	22,922		22,806
7/1/2008—6/30/2009	Pharmacist	7,357	92%	7,294
	Technician	8,354	73%	8,288
	Pharmacy	**1,695**		1,693
	Wholesaler	1,030		1,018
	Manufacturer	371		361
	Medical Gas Distributor	60		56
	Controlled Substance Researcher	428		404
	Interns	1,435		1,435
	Total	19,295		19,114
7/1/2007-6/30/2008	Pharmacist	6,980	90%	6,875
	Technician	8,157	71%	8,114
	Pharmacy	1,675		1,669
	Wholesaler	985		974
	Manufacturer	332		322
	Medical Gas Distributor	50		47
	Controlled Substance Researcher	391		387
	Interns	1,233		1,166
	Total	18,750		18,388

During the past five fiscal years, the Board of Pharmacy has experienced a 59% increase in the total number of individuals and businesses licensed or registered. Approximately 40% is due to the number of users registered to access the Prescription Monitoring Program (PMP) during fiscal year 2010. The remaining 19% represents growth in the license and registration types that have existed throughout the five year period. The Legislature appropriated money during the first 2010 Special Session so that the Board could hire staff for the PMP.

The Legislature appropriated money during the 2007 Session to allow the Board to hire one additional licensing staff person and one additional Board Surveyor (i.e. inspector). However, since there were no increases in appropriations between 2007 and 2011, and since the Board has had to transfer money to the MN-IT Services for an e-licensing Web portal, a Surveyor who retired in 2009 was not initially replaced. Consequently, the Board was not able to keep up with the extra inspections made necessary by the increase in licensed pharmacies, wholesalers, manufacturers, medical gas distributors and controlled substance researchers. However, the Legislature did increase the Board's appropriation in 2011 and another Surveyor has been hired. That should make it possible to conduct an increased number of inspections during the upcoming biennium.

The Board has offered online renewals for pharmacists and technicians since 2007. The system that we have works quite well and we have planned on expanding online services to other license and registration types. Those plans were temporarily derailed when the Board was required to divert money to support the MN-IT e-licensing Web portal. However, despite the continued diversion of money to MN-IT, the Board has been able to offer an additional online service. Pharmacists and pharmacy technicians can now certify the completion of continuing education online. In addition, the Board's regulatory and licensing database vendor is currently working on several projects that will further expand online services.

COMPLAINTS

Year	Complaints Received	Complaints Closed	Complaints Open as of June 30
2012	97	118	Less than one year: 24
			More than one year: 20
2011	123	130	Less than one year: 52
			More than one year: 5
2010	86	49	Less than one year: 21
			More than one year: 25
2009	104	100	Less than one year: 17
			More than one year: 5
2008	86	106	Less than one year: 19
			More than one year: 2

Approximately 25% of the complaints that the Board received during fiscal year 2012 involved alleged dispensing errors (e.g., wrong drug dispensed, incorrect labeling of a prescription, wrong quantity of drug dispensed). Another 18% involved chemically dependent pharmacists and technicians. The remaining 57% involve a variety of allegations such as dispensing a drug without authorization, failing to follow health data privacy laws, failure to provide counseling, and failure to pay taxes or child support. During the biennium, the Board took disciplinary action against the licenses or registrations of 27 pharmacists, 13 pharmacy technicians, and one pharmacy.

As mentioned above, the Legislature appropriated money during the 2007 Session to allow the Board to hire one additional Board Surveyor (i.e. inspector). However, since there were no increases in appropriations between 2007 and 2011, and since the Board has had to transfer money to the MN-IT Services for an e-licensing Web portal, a Surveyor who retired in 2009 was not initially replaced. That clearly had an impact on the ability of the Board to conduct complaint investigations. During fiscal year 2010, we had far more cases that had been open for over a year than we had in 2009 and 2008. We also had about twice as many total open complaints during fiscal years 2010 and 2011 than we had in 2009 or 2008. However, the Legislature did increase the Board's appropriation in 2011 and another Surveyor has been hired. As a result, the Board has already seen a reduction in year-end open cases for fiscal year 2012.

RECEIPTS AND DISBURSEMENTS

Fiscal Year	Receipts	Disbursements
2012	$2,196,407	$1,680,032
2011	$1,905,102	$1,833,842
2010	$1,887,345	$1,738,930
2009	$1,703,001	$1,611,868
2008	**$1,579,581**	**$1,524,556**

FEES

Item	Fee
Pharmacist Licensed by Examination: Application Fee	$130.00
Pharmacist Original Licensure	$130.00
Pharmacist Licensed by Reciprocity: Application Fee	$225.00
Pharmacy	$190.00
Wholesaler: Prescription	$200.00
Wholesaler: Non-Prescription and Veterinary Non-Prescription	$175.00
Wholesaler: Medical Gases	$150.00
Wholesaler : When Licensed as a MN Pharmacy	$125.00
Manufacturer: Prescription	$200.00
Manufacturer: Non-Prescription and Veterinary Non-Prescription	$175.00
Manufacturer: Medical Gases	$150.00
Manufacturer: When licensed as a MN Pharmacy	$125.00
Medical Gas Distributors	$75.00
Controlled Substance Researchers	$50.00
Pharmacy Intern	$30.00
Pharmacy Technician	$30.00
Intern Affidavit	$15.00
Duplicate Small License	$15.00
Duplicate Large License	$25.00

Please note that receipts received during fiscal years 2006 – 2008 were relatively stable. The increase in receipts between FY 2008 and FY 2009 was largely due to federal grant money awarded to the Board for the implementation of the Prescription Monitoring Program. The increase in receipts that occurred between FY 2011 and FY 2012 was largely due to an increase in fees that the Legislature authorized during the 2011 Session. Increases in disbursements between FY 2008 and FY 2011 were largely due to implementation of the Prescription Monitoring Program, an increase in payments to the Attorney General's Office related to disciplinary actions, an increase in salary and benefits and an increase in statewide indirect costs. Disbursements dipped in FY 2012 because the Board did not expend federal grant money for the Prescription Monitoring Program to the extent that it had in previous fiscal years.

Emerging issues regarding the regulation of the practice of Pharmacy.

There are several emerging issues that the Board is tracking:

- Manufacturers and software developers are continually developing new devices and programs that automate pharmacy dispensing processes. Some of these devices are substantially changing how pharmacy is practiced and how drugs are dispensed to patients. The Board devotes a significant amount of resources to evaluating this new technology to ensure that it does not pose a threat to patients.

- For example, several manufacturers are actively marketing automated drug distribution systems to pharmacies that serve residents of nursing homes and other long-term care facilities. Many of these systems were designed for use within pharmacies but are being adapted for placement within the long -term care facilities. In theory, these systems can reduce the wastage of drugs, reduce theft of controlled substances and improve efficiency in both pharmacies and long term care facilities. If designed and operated correctly, they might also reduce the number of drug-related errors that are made in long-term care facilities. However, if the design and operating procedures are not well thought out, the systems might cause an increase in the number of significant errors.

- More pharmacies, including some of the larger regional and national chains, are offering services such as immunizations and medication therapy management. (Since the last biennial report, one chain has started to build new pharmacies In Minnesota that utilize a model that is designed to have pharmacists spend more time interacting directly with patients and less time performing dispensing activities). This trend should result in improved public health by increasing the number of individuals who are immunized against various diseases and by helping to reduce adverse drug reactions and other medication-related problems. However, if these services are performed incorrectly, there can be a detrimental impact on patients.

- Abuse of prescription drugs has grown at an alarming rate over the past several years. The Board has worked with the Minnesota Pharmacists Association, law enforcement agencies, the National Association of Boards of Pharmacy and other organizations in an effort to decrease such abuse. As mentioned above, the Board implemented and administers the Prescription Monitoring Program, which is a tool that can be used to prevent “doctor-shopping” - which is one source of illegitimately used prescription drugs.

- The abuse of synthetic, "designer" drugs has exploded during the past two years. These drugs can be extremely dangerous and their abuse has caused several deaths in Minnesota. Hundreds of other individuals have experienced significant adverse reactions after abusing these drugs, with many requiring treatment in emergency rooms. The Board has worked closely with legislators to make sure that these drugs are listed in Schedule I of the State's schedules of controlled substances. In addition, the Board is empowered to engage in the expedited rule-making process for the purpose of placing additional substances into Schedule I.

"The mission of the Board is public protection by striving to ensure Minnesota citizens receive quality physical therapy services from competent physical therapists and physical therapist assistants."

Board Members

Christopher Adams, Plymouth, MN, Professional Member
(*Appt: 6/20/2011)*
Timothy Fedje, Rochester, MN, Professional Member
(Appt: 12/27/1999; Reappt: to 1/1/2001, 1/3/2005, 3/5/2009)
Kathy Fleischaker, Eden Prairie, MN, Professional Member
(*Appt: 12/27/1999; Reappt: 1/2003; 9/2007; 6/2011)*
Linda Gustafson, Minnetonka, MN, Professional Member
(Appt: 3/5/2009; Reappt: 6/2011)
Bruce Idelkope, Minneapolis, MN, Professional Member
(Appt: 8/28/2000 ; Reappt: 1/2001, 1/2005, 3/2009)
Barbara Liebenstein, Dundas, MN, Public Member
(Appt: 7/7/2005 Reapptt: 3/2009)
Sandra Marden-Lokken, Duluth, MN, Professional Member
(Appt: 7/7/2005; Reappt: 9/4/2007; 6/2011)
Debra Newel, St. Paul, MN, Public Member
(Appt: 10/19/2009)
Kathy Polhamus, North St. Paul, MN, Public Member
(Appt: 9/4/2007; Reappt: 5/5/2010)
Elizabeth Schultz, Alden, MN, Professional Member
(Appt: 6/30/2006; Reappt: 5/5/2010)
Debra Sellheim, Maplewood, MN, Professional Member
(Appt: 5/5/2010)

Board Staff

Stephanie Lunning, Executive Director
Erin DeTomaso, Office Manager
Andrew Schons, Licensure Specialist

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Letter from the Executive Director

The mission of the Board is to provide public protection by striving to ensure Minnesota citizens receive quality physical therapy services from competent physical therapists and physical therapist assistants. Public protection through licensure and regulation underlies every activity and all functions of the Board. The major functions of the Board are to ensure that applicants met the standards for licensure; ensure that licensees meet the standards for license renewal; to identify licensees who fail to maintain minimum standards for the provision of safe and quality care, and when warranted to provide appropriate disciplinary or corrective action; and to provide information and education to the public.

The Board works cooperatively with a group of seven boards to leverage development costs and resources to advance and maintain an integrated licensing and regulatory system, online services, and database. This group of boards has successfully worked together for 11 years to provide an extremely functional, cost effective, and efficient electronic regulatory services for use by citizens, consumers, licensees, applicants, and Board staff.

Continuing Competence continues to be a significant focus for the Board. After extensive work by the Continuing Competence Task Force, the Board has initiated rulemaking for continuing competence activities in order to update rules that were promulgated 20 years ago.

During this biennium, a Board member served in an elected position with the Board of the Federation of State Boards of Physical Therapy (FSBPT), the national association of state physical therapy regulatory boards. This is a continuation of a long standing pattern of service in national positions of leadership on the FSBPT board, committees, and task forces.

The Board and staff have successfully met significant challenges during this biennium. The number of licensees and complexity of complaint investigations have continued to increase. State shutdown occurred during the Board's highest volume period for exams and initial licensing. Board staff provided extraordinary service with every eligible applicant being authorized to test, issued a temporary permit, or issued a full license on June 30, 2011. On July 21, 2011, upon reopening of the office, staff once again provided extraordinary service to restore services to the applicants and Board members. The 2011 Sunset reports, testimony at Sunset Commission meetings, and follow up reports have provided numerous additional opportunities to comprehensively document the efficiencies, successes, and achievements of the Board.

The Board consistently provides high quality, customer focused, efficient, and cost effective services. Board members and staff are to be commended for their exceptional dedication and hard work to meet the increasing demands while continuing to provide public protection and service excellence.

Stephanie Lunning, PT, Executive Director

Year	Type of License	New Licenses Issued	Credentials Renewed	Online Renewals	
7/1/2010-6/30/2012	PT 4,344	488	11,094	10,347	93%
	PTA 1,455	173		441	56%
	Total licenses:5,799				
7/1/2008-6/30/2010	PT	452	7,832	7,205	92%
	PTA	497	2,553	2,093	82%
	Total licenses: 5,422	1,301			
7/1/2006-6/30/2008	PT	389	7,436	6,312	85%
	PTA	874			
	Total licenses: 4,670				
7/1/2004-6/30/2006	PT	336	6,949	3,047	44%
	Total licenses: 3,588				
7/1/2002-6/30/2004	PT	400	6,202	1,364	22%
	Total licenses: 3,443				

Electronic government services were initiated by the Board in FY03 with online renewal of licenses, and online initial applications were implemented in FY10. PTAs were initially licensed in FY08 and FY09.

The Board provides excellent customer service and uses efficient and cost effective processes and technology to support Board functions, including ensuring that applicants meet the standards for initial licensure, and physical therapists and physical therapist assistants meet standards for annual license renewal.

Year	Type of Complaint	Com-plaints Received	Complaints Closed in Biennium	Cases Left Open
7/1/2010-6/30/2012	Violation of a Board Order	1	64	Less than one year: 25 Greater than one year: 8
	Unprofessional conduct	47		
	Inappropriate delegation to a PTA or inappropriate task assignment to a PT aide, inadequate supervision of a student PT, PTA, student PTA, or a PT aide	5		
	Failing to comply with continuing education requirement	5		
	Conviction of a felony	3		
	Non Jurisdictional	2		
	Practicing under lapsed or non-renewed license	6		
	Disqualification by Office of Health Facility Complaints	1		
	Use of title physical therapist or PT without a license	10		
	Unable to practice with reasonable skill and safety by reason of any mental or physical illness or condition	14		
	Total	**94**		
7/1/2008-6/30/2010	Violation of a Board Order	1	79	Less than one year: 21 Greater than one year: 4
	Unprofessional conduct	83		
	Inappropriate delegation to a PTA or inappropriate task assignment to a PT aide, inadequate supervision of a student PT, PTA, student PTA, or a PT aide	8		
	Failing to comply with continuing education requirement	1		
	Conviction of a felony, dishonesty / fraud element	1		
	Non Jurisdictional	2		
	Practicing under lapsed or non-renewed license	13		
	Failing to consult with referral source when treatment was altered from order	4		
	Treatment without a referral beyond 30 days or by a PT with less than 1 year of experience	1		
	Disqualification by Office of Health Facility Complaints	2		
	Use of title physical therapist or PT without a license	3		
	Unable to practice with reasonable skill and safety by reason of any mental or physical illness or condition	7		
	Total	**104**		

Year	Type of Complaint	Complaints Received	Complaints Closed in Biennium	Cases Left Open
7/1/2006-6/30/2008	Unlicensed practice	5	52	Less than one year: 13 Greater than one year: 2
	Unprofessional conduct	36		
	Inappropriate delegation to a PTA or inappropriate task assignment to a PT aide, inadequate supervision of a student PT, PTA, student PTA, or a PT aide	3		
	Failing to comply with continuing education requirement	2		
	Gross negligence in practice of PT	1		
	Non Jurisdictional	5		
	Practicing under lapsed or non-renewed license	1		
	Failing to consult with referral source when treatment was altered from order	1		
	Treatment without a referral beyond 30 days or by a PT with less than 1 year of experience	2		
	Attempting to obtain a license by fraud or deception	1		
	Impairment	8		
	Total	**67**		
7/1/2004-6/30/2006	Unlicensed practice	4	69	Less than one year: 4 Greater than one year: 14
	Conduct unbecoming a person licensed as a physical therapist or conduct detrimental to the best interests of the public.	32		
	Inappropriate delegation to a PTA or inappropriate task assignment to a PT aide, inadequate supervision of a student PT, PTA, student PTA, or a PT aide	9		
	Failing to report other PTs who violate statute	2		
	Failing to comply with continuing education	**1**		
	Total	**36**		
7/1/2002-6/30/2004	Unlicensed practice	5	36	Less than one year: 15 Greater than one year: 3
	Conduct unbecoming a person licensed as a physical therapist or conduct detrimental to the best interests of the public.	32		
	Conviction of a felony	1		
	Noncompliance with Board order	2		
	Total	**40**		

The Board provides public protection through the regulation of physical therapy practice. The Board's complaint review process opens with an allegation in the form of a complaint or report submitted by members of the public including patients and members of their families, licensees, other health care providers, payers, or regulators. The Complaint Review Committee of the Board is comprised of 3 Board members (2 physical therapists and 1 public member). The Committee, on behalf of the Board, determines if the complaint is jurisdictional, and whether the information submitted is sufficient to initiate a complaint, and if not, then requesting additional information from the complainant. The Board also seeks information directly from the licensee, as well as obtaining investigation information from other agencies, and/or consultants. The investigation may include a conference with the licensee to identify their role and responsibility in the matter. Confidentiality and due process are strictly observed throughout the complaint review process and after resolution. When appropriate, applicants and licensees may be provided with education to improve their practice and prevent recurrence of problems. When formal action is warranted for public protection then the Board attempts to obtain a voluntary corrective action agreement or disciplinary stipulation and order; however when necessary the Board will pursue disciplinary action through a due process, contested case hearing, or potential court action.

RECEIPTS AND DISBURSEMENTS

Biennium Ends In	Receipts	Disbursements
2012	977,302	$694,558
2010	$876,935	$747,775
2008	$828,155	$562,095
2006	$577,355	$506,094
2004	$569,955	$519,529
2002	$532,021	$480,849

FEES

Item	Fee
PT and PTA Annual License Renewal	$60
PT and PTA Late Fee for Annual Renewal	$20
PT and PTA Initial Application	$100
PT and PTA Examination	$50
PT and PTA Temporary Permit Fee	$25
PT and PTA Duplicate License	$20
PT and PTA Certification of Licensure	$25
Continuing Education Course Review	$100

"The Podiatric Medicine Board is the official podiatrist licensure agency of the state (M.S. 153.01-153.26). The mission of the Board is to protect the public by extending the privilege to practice to qualified applicants, and by investigating complaints relating to the competency or behavior of individual licensees or registrants. In addition, the Board responds to inquiries regarding scope of practice, provides license verification information to credentialing agencies and medical facilities, and initiates legislative changes, as needed to update the practice act for podiatric medicine."

Board Members

Eugene Dela Cruz, DPM, Eagan, MN, Professional Member
(Appt: 3/20/2003; Reappt: 2/2011)
Nicole Bauerly, DPM, Minneapolis, MN, Professional Member
(Appt: 10/24/2012; Reappt: 1/2013)
Schelli McCabe, DPM, St. Peter, MN, Professional Member
(Appt: 7/7/2006; Reappt: 3/2010)
James Nack, DPM, Mankato, MN, Professional Member
(Appt: 4/12/2004 ; Reappt:: 3/2012)
Stephen Powless, DPM, Minneapolis, MN, Professional Member
(Appt: 4/19/1995 Reappt: 2/2011)
Esther Newcome, White Bear Lake, MN, Public Member
(Appt: 6/30/2005; Reappt: 1/2013)
Judy Swanholm, St. Paul, MN, Public Member
(Appt: 3/29/10; Reappt: to 1/6/2014)

Board Staff

Ruth Grendahl, Executive Director

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Letter from the Executive Director

The Board will celebrate its 100th anniversary in just a few short years, having been created by the Minnesota Legislature in 1917 for the purpose of licensing chiropodists. In 1959 the term podiatry became synonymous in meaning with the word chiropody and in 1961 was substituted throughout the practice act. In 1987 a new practice act became law, establishing requirements for licensure. Podiatrists are licensed to diagnose and treat medically, mechanically, and surgically the ailments of the human hand, foot, ankle, and lower leg.

The Board of Podiatric Medicine was reviewed by the MN Sunset Advisory Commission this year. In preparation for the review, a comprehensive national comparison was conducted of podiatric medicine regulatory structures and how others delivered the same services today. Results determined that Minnesota was consistent with most other states in our regulatory structure and services delivered.

Over the past 6 years the number of licensed podiatrists has increased 21%, from 185 to 224, reflecting the growing need for their services. The demand for podiatrists is expected to continue to increase with the aging population in the state. However, as the Board has made numerous improvements in internal operations over the past six years, it expects to be able to accommodate the increased workload without any staffing increases.

Temporary permits are issued to residents participating in one of the 3 Minnesota programs. In 2006 there were 4 issued and at the end of this biennium it increased to 14. The increase in temporary permits suggests strong Minnesota residency programs. In 2011, 7 of the 14 new licensees completed their residency program in Minnesota and chose to practice here!

Currently, most of our licenses verifications are generated online. In 2006, 299 were generated online from our website. That number has increased to 839 online verifications being completed online in 2012. Technology has really changed how the Board does business since 1917!

One thing has not changed at the Board since 1917 is its' mission to protect the public through licensure, regulation and education. The Complaint Resolution Committee (CRC) of the Board of Podiatric Medicine is authorized by Minnesota Statutes, M.S. chapter 214.10 and M.S. 214.103. The CRC is comprised of three Board members, two licensed doctors of podiatric medicine and a public member of the Board who all take their responsibilities very seriously. Although the number of licensees have increased dramatically, complaints have not seen the same trend, pointing to an effective CRC process and educational component to licensure.

The dedication of Board members and the high professional standards for DPM are a credit to this State.

The Board of Podiatric Medicine is looking forward to the next 100 years!

Ruth Grendahl, Executive Director
Minnesota Board of Podiatric Medicine

Year	Type of License	Licenses Issued
7/1/201016/30/2012	Podiatrists	224
	Temporary Permits	14
	Professional Corporations	21
	Total	**259**
7/12010-6/30/2011	Podiatrists	213
	Temporary Permits	15
	Professional Corporations	28
	Total	**256**
7/1/2009-6/30/2010	Podiatrists	207
	Temporary Permits	15
	Professional Corporations	40
	Total	**262**
7/1/2008-6/30/2009	Podiatrists	203
	Temporary Permits	7
	Professional Corporations	37
	Total	**247**
7/1/2007-6/30/2008	Podiatrists	193
	Temporary Permits	9
	Professional Corporations	41
	Total	**243**
7/1/2006-6/30/2007	Podiatrists	190
	Temporary Permits	4
	Professional Corporations	41
	Total	**235**
7/1/2005-6/30/2006	Podiatrists	185
	Temporary Permits	6
	Professional Corporations	41
	Total	**232**

Since 2006 the Board of Podiatric Medicine has seen an increase of 21% licensed DPM and 133% in temporary permits issued. The demand for DPM is expected to continue increasing with the aging population in the state. The increase in temporary permits suggests strong residency programs are available in Minnesota. In 2011, 7 of the 14 new licensees completed their residency program in Minnesota and chose to practice here.
However, as the Board has made numerous improvements in internal operations over the past six years, it expects to be able to accommodate the increased workload without any staffing increases.

Complaints Received Year Ending June 30	Number of Complaints Received	Number of Complaints Closed Year Ending June 30	Number of Complaints Open as of June 30	Open < One Year Open > One Year
2012	12	3	20	<One Year: 9 >One Year: 8
2011	19	17	8	<One Year: 8 >One Year: 3
2010	10	9	8	<One Year: 5 >One Year: 3
2009	9	19	4	<One Year: 4 >One Year: 0
2008	11	8	9	<One Year: 6 >One Year: 3
2007	9	9	9	<One Year: 8 >One Year: 0
2006	14	8	9	<One Year: 8 >One Year: 0

It is important to note that even though licensees have increased 21% since 2006, complaints have not followed the same trend - 14 complaints were received in 2006 and only 12 in 2012.

Fee	Amount
Application for Licensure	$600
Licensure Reinstatement	$650
Biennial License Renewal Fee	$600
Temporary Permit—Annual	$250
Professional Corporation—Annual	$25
Licensing Verification	$30

Fiscal Year	Receipts	Disbursements
2012	$110,185	$73,045
2011	$92,803	$85,143
2010	$95,858	$76,872
2009	$89,291	$81,454
2008	$91,061	$77,249
2007	$79,475	$75,785
2006	$84,429	$74,019

The Minnesota Board of Podiatric Medicine has not increased it fees since 1999. Board members have been committed to operating efficiently, knowing the funds would be placed in a surplus account for costly future contested disciplinary actions and to delay fee increases. The Board is entirely fee supported and receives no General Fund dollars. The Board is responsible for collecting sufficient revenue from fees to cover both direct and indirect expenditures, which is deposited as non-dedicated revenue into the State Government Special Revenue Fund (SGSRF).

In 1995 the Health Licensing Boards voluntarily and informally created the Administrative Services Unit (ASU) which was statutorily formalized in 2011 (Minnesota Statutes Chapter 214.07). ASU was formed to increase efficiencies among the Boards in performing their duties.

Board of Podiatric Medicine Functions

Setting and administering educational requirements and examination standards for podiatric licensure:

- Reviewing podiatric functions and required knowledge, skills and abilities to aid in determining requirements for initial and continuing licensure
- Setting licensure requirements through statutes and administrative rules
- Developing and administering the state examination to determine candidate knowledge of Minnesota statutes and rules governing podiatric medicine
- Reviewing continuing education programs submitted by sponsors or individuals to determine if they meet requirements
- Reviewing individual applicant/licensee documentation for completion of requirements for initial and continuing licensure

Responding to public and agency inquiries, complaints and reports regarding licensure and conduct of applicants, permit holders, licensees and unlicensed practitioners

- Accepting complaints and reports from the public and health care providers and regulators
- Determining whether a complaint or inquiry is jurisdictional and deciding on the appropriate course of action to resolve the matter
- Referring inquiries and complaints to other investigative, regulatory or assisting agencies
- Responding to complainants and agency reports by informing the complainants/ agencies of action taken to resolve their complaints while observing provisions of the data practices act regarding the legal status of data obtained during the course of an investigation or disciplinary proceeding

Pursuing educational or disciplinary action with licensees as deemed necessary based upon results of investigations conducted in response to complaints/reports.

- Setting standards of conduct and a basis for disciplinary action through statutes and administrative rules
- Seeking information directly from the licensee as well as securing investigation and fact finding information from other agencies in response to complaints or inquiries
- Holding conferences with licensees to identify their roles and responsibilities in a matter under investigation
- Providing applicants and licensees with education to improve their respective practices and to prevent recurrence of problems
- Obtaining voluntary agreements to disciplinary actions, or pursuing disciplinary action through a due process, contested case hearing or court action, as needed

Providing information and education about licensure requirements and procedures and standards of practice to the public and other interested audiences

- Providing information to the community concerning requirements for podiatric licensure
- Providing information about careers in podiatric medicine and licensure requirements to prospective applicants for licensure
- Providing information to licensees to prevent inappropriate practice and for improved practice resulting in higher quality podiatric health care
- Providing the public with licensure information about podiatrists and notification regarding disciplinary action taken against licensees
- Providing information to legislative committees on statute changes and biennial budgets
- Providing information and discussing legislation with the association representative
- Providing information at the Executive Director's Forum and the meetings of the Council of Health Boards

"The Board of Psychology protects the public through licensure, regulation, and education to promote access to safe, competent, and ethical psychology service."

Board Members

Chris Bonnell, JD, Buffalo, MN, Public Member
(Appt: 1/2006 Reappt: 1/2010)
Rajakumar David, PsyD, LP, St Paul, MN, Professional Member
(Appt: 7/2011; Reappt: 1/2015)
Benjamin Dollins, JD, St Paul, MN, Public Member
(Appt: 7/2011; Reappt: 1/2015)
LaTina Else, PhD, LP, Duluth, MN, Professional Member
(Appt: 7/2011; Reappt: 1/2015)
Scott A Fischer, PhD, LP, Mahtomedi, MN, Professional Member
(Appt: 7/2012; Reappt: 1/2016)
Deborah Fischer, PsyD, LP, Edina, MN, Professional Member
(*Appt: 7/2012; Reappt: 1/2016)*
Jeffrey Leichter, PhD, LP, Detroit Lakes, MN, Professional Member
(Appt: 1/2010; Reappt: 1/2014)
Patricia Orud, MA, LP, St Paul, MN, Professional Member
(Appt: 1/2008; Reappt: 1/2012)
Patricia Stankovitch, PsyD, LP, Eden Prairie, MN, Professional Member
(Appt: 1/2010; Reappt: 1/2014)
Susan Ward, Rochester, MN, Public Member
(Appt: 1/2005; Reappt: 1/2009)

Board Staff

Angelina M. Barnes, Executive Director
Leo Campero, Assistant Executive Director
Debby Sellin-Beckerleg, Office Manager (Management Analyst I)
Heidi Bremer, Receptionist (Office Specialist)
Jessica Rundell, Licensure Lead (Office Administrative Specialist Principal)
Scott Payne, Compliance Director (Investigator Senior)
Joshua Bramley (Office and Administrative Specialist)
Kelly Finn-Searles, Continuing Education and Renewals (State Program Administrator)

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Letter from the Executive Director

The mission of the Minnesota Board of Psychology is to protect the public through licensure, regulation, and education to promote access to safe, competent, and ethical psychological services. The services provided by the Board are driven by the key agency values of commonality of purpose, professionalism, diversity and simplification.

In this biennium the Board has made great strides to improve communication, define and build connections with stakeholders, and in the innovative use of technology. The Board is engaged in assessing its communication both internally and externally with the goal of improving its ability to educate and promote the health, safety and welfare of the citizens within the State.

The Board has committed itself to continuous process improvement. To demonstrate this commitment, the Board hosted a Kaizen event out of which it designed an automated complaint resolution process. The impact of this process is far reaching, providing citizens with additional access and ease for complaint filing and resolution.

In an effort to interact with and obtain additional stakeholder input, the Board traveled to Detroit Lakes, Minnesota and hosted its first ever "Greater Minnesota" Board meeting. The results were positive, as the Board members opened up the channels of communication for those stakeholders who might have found it challenging to reach the Board in the Twin Cities.

Finally, the Board completed an entire rewrite of its administrative rules to bring its regulations up to date. These new administrative rules provide greater clarity in the rule language and as a result, greater protection to the public at large. As the rules move towards adoption and implementation, the Board looks forward to the opportunity to offer educational training sessions to educate the public and providers on the new requirements.

Angelina M. Barnes, JD
Executive Director
Minnesota Board of Psychology

Year	Type of License	Licenses Issued
7/1/2010-6/30/2012	Licensed Psychologist (LP)	3,789
	Total	**3,789**
7/1/2008-6/30/2010	Licensed Psychologist (LP)	3,471
	Licensed Psychological Practitioner (LPP)	69
	Total	**3,450**
7/1/2006-6/30/2008	LP	3,720
	LPP	143
	Total	**3.863**
7/1/2004-6/30/2006	LP	3,644
	LPP	51
	Total	**3,695**

*Initial Licensed Psychological Practitioner (LPP) licenses were not granted any time after December of 2009. The decision to eliminate the LPP license included a grandfathering clause that allowed for current LPPs to convert their license to Licensed Psychologist (LP); this explains the large increase in issued LP licenses for FY 2009 and FY 2010. The LPP license was terminated effective December 31, 2011.

FEES AND REVENUES

Fees 2012	Fee Amount
Licensed Psychologist Renewal (Biennial)	$500.00
Licensed Psychologist Renewal Late Fee	$250.00
Professional Responsibility Examination	$150.00
Examination for the Professional Practice of Psychology	$150.00
Licensed Psychologist for Licensure	$500.00
Convert Master's to Doctoral Level LP Licensure	$150.00
Convert LPP Licensure to LP Licensure	$500.00
Guest Licensure	$150.00
Verification of Licensure	$20.00
Professional Firm — Registration	$100.00
Professional Firm — Annual Report	$25.00
Continuing Education Sponsor	$80.00
OET Surcharge	$50.00

The Board has not increased fees since approximately 2002. It should be noted that the fee for LP renewal is $500.00, but the additional required $50.00 is a surcharge administered by MN.IT Central, formerly the Office of Enterprise Technology (OET) pursuant to Minnesota Statutes, section 16E.22.

RECEIPTS AND DISBURSEMENTS

Fiscal Year Ending In	Receipts	Disbursements
2012	$2,261,912	$1,600,873
2010	$2,192,193.25	$1,483,109.89
2008	$2,227,570	$1,791,165
2006	$2,249,892	$1,582,869

COMPLAINTS OPENED AND CLOSED

Biennium year ending June 30	Complaints Opened	Complaints Closed	Number of Complaints Open
2012	272	251	<1 year: 81 >1 year: 24
2010	261	295	<1 year: 57 >1 year: 27
2008	273	207	<1 year: 162 >1 year: 78
2006	249	233	< 1 year: 163 > 1 year: 44

COMPLAINTS OPENED BY TYPE FOR BIENNIIUM ENDING JUNE 20, 2012

Type of Complaint	Complaints Received	Type of Complaint	Complaints Received
Report Writing	26	Practicing Without a License	12
Failure to Report Abuse of Minor or Vulnerable Adult	4	Sexual Misconduct	20
Competence	11	Releasing Private Information without Consent/ Failure to Protect Privacy	15
Impaired Objectivity / Effectiveness	16	Welfare of Students	3
Dual Relationship	15	Fraudulent or Deceptive Conduct	8
Misrepresentation of Credentials	3	Fees, Statements	2
Unable to Practice with Reasonable Skill and Safety	2	Non-Compliance with Court-ordered Child Support	2
Reported DWI on Application or Renewal	10	Application Denied in Another State	2
Reported Criminal Charges on Application or Renewal	15	Violation of Board Order	1
Other Application or Renewal Report (i.e., Malpractice)	4	Non-Jurisdictional	18
Failure to Release Records	8	Exploitation	5
Unprofessional Conduct	63	Client Welfare / Stereotyping	7
Total			**272**

The number of complaints that the Board receives each year has remained fairly constant over the years. Currently complaints can be submitted by mail, email, or fax. By the end of 2013, the Board will have a redesigned complaint process that will allow for the filing of complaints online.

In 2011 the Board began utilizing a paperless complaint review process which has resulted in an increased efficiency in both the time it takes to resolve complaints as well as better use of resources resulting in a cost savings. In July 2012 the Board held a Kaizen event to overhaul the complaint review process and designed a leaner process which will automate the processing of complaints, resulting in a shorter time period to case resolution.

The Minnesota Board of Psychology has 9 staff members working within three distinct units: licensure, complaint resolution, and administration. A central focus of the staff is the innovative use of technology.

The Board is in the process of adding online services and credit card processing for license renewal and license verification services. The Board has worked to streamline processes and to automate internal procedures through the use SharePoint in order to better serve its stakeholders. The Board continues to explore videoconferencing options, and modalities to better educate the public about matters within its jurisdiction.

In terms of the next biennium, the Board is in the final stages of the promulgation of all new administrative rules within Chapter 7200. As its next major endeavor, the Board will be developing models to educate and inform on these new regulations.

"The Board's public safety mission is to ensure residents of Minnesota quality social work services by establishing and enforcing professional standards. The Board's vision is to protect the public through licensure of qualified social workers and to provide timely and impartial resolution of complaints against social workers."

Board Members

Christine Black-Hughes, LICSW, Mankato, MN, Professional Member *(Appt: 4/2008; Reappt: 4/2012)*
James Gaylord, LICSW, Duluth, MN, Professional Member
(Appt: 4/2012)
David Hallman, LSW, Moorhead, MN, Professional Member
(*Appt: 1/2004; Reappt: 4/2008, 4/2012)*
Jacqueline Johnson, LICSW, Rochester, MN, Professional Member
(*Appt: 4/2008; Reappt: 5/2010)*
Rosemary Kassekert, Minneapolis, MN, Public Member
(Appt: 7/2005; Reappt: 3/2009)
Janna Kovach, LSW, St. Paul, MN, Professional Member
(Appt: 3/2009)
Kenneth Middlebrooks, Plymouth, MN, Public Member
(Appt: 7/2003; Reappt: 8/2007; 6/2011)
Carol Payne, LSW, Clear Lake, MN, Professional Member
(Appt: 3/2009)
Ruth Richardson, Mendota Heights, MN, Public Member
(Appt: 3/2009)
Nicole Roiger, LSW, St. James, MN, Professional Member
(Appt: 5/2010)
Tamerlee Ruebke, LSW, Ada, MN, Professional Member
(Appt: 8/2007; Reappt: 5/2010)
Beverly Ryan, LISW, Lilydale, MN, Professional Member
(Appt: 7/2005; Reappt: 3/2009
David Sandry, Waldorf, MN, Public Member
(Appt: 8/2007; Reappt: 6/2011)
Angela Stratig, LICSW, Minneapolis, MN, Professional Member
(Appt: 4/2008; Reappt: 6/2011)
Antonia Wilcoxon, Hopkins, MN, Public Member
(Appt: 2/2002; Reappt: 7/2005; 3/2009)

Board Staff

Kate Zacher-Pate, Executive Director
Tralana Davis
Julia Geiger
Louis Hoffman
Michelle Kramer-Prevost
Brenda Mammenga
Sheryl McNair
Connie Oberle
Cheryl Pittelkow
Grace Rhee
Jessica Schultz

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Letter from the Executive Director

Board Members and Staff are committed to the Board's mission "to ensure residents of Minnesota quality social work services by establishing and enforcing professional standards". The Board ensures that licensed social workers are qualified, professional, ethical, and accountable.

As I assess the accomplishments and challenges of this last biennium, the Board of Social Work has achieved successful milestones.

- During the 2012 Legislative Session, the Board strengthened public protection for Minnesota residents by expanding a qualified and diverse social worker workforce, accomplishing its 10 year goal to modify the current licensing exemptions for (a) city, (b) state, and (c) private nonprofit, nontribal agencies whose primary service focus addresses ethnic minority populations.

- In 2011 the Board engaged in a comprehensive Self-Evaluation in preparation for review and evaluation by the Minnesota Sunset Advisory Commission during early 2012, which resulted in the continuation of the Board.

- Implementation of increased licensing standards and, particularly clinical licensing standards, occurred on August 1, 2011.

- In the summer of 2011 Board operations were successfully restored in less than 24 hours following the State Government Shutdown.

Effective public safety outcomes and efficient government services are accomplished through: licensing qualified professionals; resolving complaints in a fair and timely manner; promoting a diverse and qualified workforce by modifying licensing exemptions through 2012 legislation; increasing outreach and education to stakeholders, especially consumers and employers; maximizing technology with online services, and implementing "paperless" meetings and digital records; reducing fees by 30% since 2006; and streamlining business processes. The Board partners collaboratively with the 17 Health Licensing Boards and its Administrative Services Unit, MN Management and Budget, MN Department of Health and Human Services, Legislators, the Governor's Office, other state and federal regulatory entities, its Advisory Committee, and its stakeholder groups. Through regular Strategic Planning, the Board identifies strategic objectives and measures quantitative and qualitative performance outcomes, which are highlighted in this report.

Sincere thanks goes to our Board Members, who are true volunteers, contributing 1,300 hours per year of combined service, expertise, leadership, and passion. I also wish to thank our extremely competent Board Staff, who currently serve members of the public, 12,600 licensees, applicants, employers, credentialing entities, academic programs, and state and federal entities.

On the 25th anniversary of the enactment of licensing professional social workers in Minnesota, the Board takes stock of its many accomplishments and renews its commitment to provide excellent service and to ensure public safety to the residents of Minnesota.

Kate Zacher-Pate, Executive Director
Minnesota Board of Social Work

Year	Type of License	Total Licenses Issued	New Licenses Issued	Credentials Renewed	Online Renew-als / Licenses
7/1/2011-6/30/2012	LSW	5,724	390	2316	
	LGSW	1,658	429	552	
	LISW	768	34	292	
	LICSW	4,450	303	1,745	
	Total	12,600	1,160	4,905	78%/81%
7/1/2010-6/30/2011	LSW	5,698	387	2,488	
	LGSW	1,674	445	578	
	LISW	775	34	326	
	LICSW	4,324	309	1,826	
	Total	**12,471**	**1,175**	**5,218**	75%/76%
7/1/2009-6/30/2010	LSW	5,785	346	2,257	
	LGSW	1,576	334	502	
	LISW	793	32	317	
	LICSW	4,044	269	1,694	
	Total	**12,198**	**981**	**4,770**	75%/69%
7/1/2008-6/30/2009	LSW	5,801	352	2,310	
	LGSW	1,534	305	523	
	LISW	805	21	337	
	LICSW	3,885	250	1,640	
	Total	**12,025**	**928**	**4,810**	70%/69%
7/1/2007-6/30/2008	LSW	5,194	376	2,153	
	LGSW	1,291	300	470	
	LISW	697	24	326	
	LICSW	3,357	224	1,485	
	Total	**10,539**	**924**	**4,434**	65%/64%
7/1/2006-6/30/2007	LSW	5,119	342	2,257	
	LGSW	1,086	291	498	
	LISW	708	20	358	
	LICSW	3,242	227	1,510	
	Total	**10,155**	**880**	**4,623**	62%/60%
7/1/2005-6/30/2006	LSW	5,131	365	2,116	
	LGSW	1,103	265	420	
	LISW	741	32	331	
	LICSW	3,030	191	1,397	
	Total	**10,005**	**853**	**4,264**	52%/na

Year	Receipts	Disbursements
2012	$1,035,198	$1,055,986
2011	$1,071,936	$1,107,104
2010	$984,915	$994,788
2009	$1,088,602	$1,100,579
2008	$1,030,274	$978,401
2007	$1,038,962	$974.098
2006	$1,102,638	$865,972

Item*	Fee**
Licensure by Endorsement Application	$85.00
LSW, LGSW, LISW & LICSW Application	$45.00
Temporary License	$50.00
LSW License and Renewal	$81.00 (24 month fee)
LGSW License and Renewal	$144.00 (24 month fee)
LISW License and Renewal	$216.00 (24 month fee)
LICSW Licensure and Renewal	$238.50 (24 month fee)

*All licensing and renewal fees submitted on or after July 1,2010 through June 30, 2015 will be assessed the mandatory OET surcharge of 10% (not included in this table), by statute.
**Major fees reduced by 10% effective July 1, 2009)

Complaints Received by Type	FY 2005	FY 2006	FY 2007	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012
Boundaries	9	13	4	6	6	3	12	10
Confidentiality	2	7	6	5	4	11	9	6
Failure to Report	0	3	1	2	0	1	1	0
Fee Payment Issue	0	1	1	3	0	2	4	1
Impairment	11	10	15	16	16	17	15	7
Licensure	11	2	6	3	6	2	2	3
Non-Jurisdictional	1	0	0	0	0	0	0	0
Other	0	0	0	0	0	1	0	3
Practice Issue	52	49	47	63	68	47	43	45
Sexual Conduct or Harassment	4	0	2	2	4	5	7	10
Unlicensed Practice Misrepresentation	5	2	11	10	10	6	28	73
Violation of Board Order	0	0	0	0	0	0	0	0

COMPLAINTS

FY ending June 30	Complaints Rec'd (Opened)	Complaints closed	Complaints open	Complaints resolved by <1 year/>1 year
2012	173	164	71	<1 year: 103 >1 year: 0
2011	137	118	23	<1 year: 119 >1 year: 4
2010	106	108	25	<1 year: 83 >1 year: 0
2009	123	137	37	<1 year: 113 >1 year: 10
2008	116	110	47	<1 year: 107 >1 year: 7
2007	106	101	43	<1 year: 87 >1 year: 18
2006	91	116	34	<1 year: 79 >1 year: 12
2005	121	121	13	<1 year: 114 >1 year: 13

"The mission of the Board is to promote, preserve, and protect the health, safety and welfare of the public and animals through the effective control and regulation of the practice of veterinary medicine."

Board Members

Barbara Fischley, DVM, North Branch, MN, Professional Member
(Appt Date: 1/20/2010)
Jeremy Geske, New Prague, MN, Public Member
(Appt: 7/7/2005; Reappt: 2/2009)
Ronald Swiggum, DVM, St Charles, MN, Professional Member
(Appt: 6/30/2011; Reappt;: 3/2012)
Michelle Vaughn, DVM, Richfield, MN, Professional Member
(Appt: 6/30/2011)
John Lawrence, DVM, Lonsdale, MN, Professional Member
(Appt: 7/8/2003; Reappt: 3/2007)
Joanne Schulman, DVM, Golden Valley, MN, Professional Member
(Appt: 2/8/2010; Reappt: 1/2010)
Sharon Todoroff, Columbus, MN, Public Member
(Appt: 4/2/2008); reappt: 3/2012)

Board membership is comprised of seven, Gubernatorial- appointed citizens who administer the statutes and rules that govern the practice of veterinary medicine. Three scheduled board meetings are held each year with complaint committee meetings and conferences held on an as needed basis. Most complaint committee review is conducted on a closed, secured, web based application thus reducing the need for travel and complaint committee meetings.

Staff Members
John King, DVM, Executive Director
Donna Carolus, Office Manager

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Letter from the Executive Director

Public protection and public safety continues to be the mission and top priority of the Minnesota Board of Veterinary Medicine. The board has effectively and efficiently met this mission with the resources derived from licensing fees and spending authority appropriated by the legislature and the Governor. The Minnesota Board of Veterinary Medicine and the 16 other allied health licensing boards in Minnesota are sole profession, collaborative state agencies that continue to be recognized nationally as a model for organizational structure and regulation. Several Board of Veterinary Medicine members also serve on national committees and boards that influence the regulation of veterinary medicine throughout North America.

John King, DVM
Executive Director
Minnesota Board of Veterinary Medicine

Year Ending June 30	Type of Credentials	Total Number of persons licensed or registered
2012	Veterinarian	3,182
2010	Veterinarian	3,114
2008	Veterinarian	3,046
2006	Veterinarian	2,955

Biennium Year ending June 30	Credentials Renewed	New Licenses Issued	Online Renewals (# / %)	
2012	2,927	255	2,429	83%
2010	2,847	276	2,278	80%
2008	2,758	304	**1,783**	**65%**
2006	2,662	275	**1,162**	**44%**

The Board initiated online renewals in December 2003. As of June 30, 2012, 83 % of all licensees renew their veterinary license online using safe and user friendly electronic government services.

Biennium	Type of Complaint	Complaints Received	Complaints Closed	Complaints Open as of June 30
7/1-2010-6/30/2012	Incompetence	60	132	Less than one year: 14 More than one year: 0
	Unprofessional Conduct	43		
	Chemical Dependency	9		
	Unlicensed Practice	23		
	Sanitation	1		
	Non-jurisdictional	9		
7/1/2008-6/30/2010	Incompetence	66	111	
	Unprofessional Conduct	37		
	Chemical Dependency	5		
	Unlicensed Practice	32		
	Sanitation	4		Less than one year: 11
	Non-jurisdictional	4		More than one year: 2
	Total	**148**		**13**
7/1/2006-6/30/2008	Incompetence	64	111	
	Unprofessional Conduct	35		
	Chemical Dependency	7		
	Unlicensed Practice	23		
	Sanitation	3		Less than one year: 111
	Non-jurisdictional	4		More than one year: 8
	Total	**134**		**119**
7/1/2004-6/30/2006	Incompetence	57	135	
	Unprofessional Conduct	73		
	Chemical Dependency	2		
	Unlicensed Practice	40		
	Sanitation	4		Less than one year: 135
	Non-Jurisdictional	5		More than one year: 2
	Total	**182**		**137**

There are three complaint committees, one large animal and two companion animal, made up two board members per committee supported by board staff and an assistant attorney general. Only board members serving on the complaint committee determine the outcome of the complaint and possible remedy for the identified violations. These complaint committees work diligently to assure public safety and licensee accountability in a timely and direct manner for both complainants and the subject of the com-

RECEIPTS AND DISBURSEMENTS

Fiscal Year Ending In	Receipts	Disbursements
2012	$341,215	$178,495
2010	$324,525	$169,494
2008	$320,320	$164,289
2006	$306,891	$155,339

FEES

Fee	Amount
Jurisprudence Examination	$50
Application	$50
Initial License	$200
Biennial Active License Renewal	$200
Biennial Inactive License Renewal	$100
Temporary Permit	$50
Late fee (Inactive renewal)	$50
Late fee (Active renewal)	$100
Professional Firm Registration	$100
Professional Firm Annual Report	$25
Duplicate License	$10
Mailing List	$100
CE Sponsor Approval	$50
License Verification	$25

The Minnesota Board of Veterinary Medicine is financed by licensee fees and receives no general fund dollars. License fees were last increased fees in 1997. A fiducially responsible and fiscally prudent board has consistently operated at or below budget expenditure projections. Budget appropriations not expended are held in the special revenue fund to be used for unbudgeted expenses for disciplinary actions and litigation costs in contested cases. In 2009 a 10% veterinary license surcharge was accessed to licensees to provide funding for Office of Enterprise Technology (OET now MN.IT)). In FY 2012 greater than $24,000 was collected from licensees and transferred to MN.IT.

In addition to online license renewal the Minnesota Board of Veterinary Medicine website offers licensees the ability to update address and contact information online and allows citizens of Minnesota to check license verification of veterinarians and review disciplinary actions taken against veterinarians. In FY 2012 additional online services were made available. Online license application and online veterinarian license verifications are also available 24/7/365. The board website also provides access to complaint forms and continuing education sponsor forms among others.

The development of additional diagnostic and therapeutic techniques in animal care and which groups of individuals are best suited to provide care to animals continues to be a challenge in the regulation of veterinary medicine. The publics' desire to utilize alternative and complementary diagnostic and therapeutic services on their animals requires the board to continually evaluate scope of practice issues.

The number of complaints, the complexity of the complaints and the number of licensees regulated continues to increase. Board staff continues to operate at 2.0 FTE in spite of additional workload demand through the evaluation and streamlining of board processes and procedures in additional to embracing, utilizing and expanding electronic government services. Prompt response to inquiries and service to the citizens of Minnesota continues to be a top priority along with public protection through the regulation of veterinary medicine.

"The mission of the Health Professionals Services Program (HPSP) is to enhance public safety in health care. Its goals are to promote early intervention, diagnosis and treatment for health professionals with illnesses, and to provide monitoring services as an alternative to board discipline. Early intervention enhances the likelihood of successful treatment, before clinical skills or public safety are compromised. "

Staff Members:
Monica Feider, MSW, LICSW, Program Manager
Tracy Erfourth, BS, Case Manager
Marilyn Miller, MS, LICSW, Case Manager
Mary Olympia, BS, LSW, Case Manager
Kurt Roberts, BA, LADC, Case Manager
Kimberly Zillmer, BA, LADC, Case Manager
Sheryl Jones, Office Manager
Yer Vue, Student Worker

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St. Paul, MN
Telephone: 651-643-2120 Office FAX: 651-643-2163
Office website: http://www.hpsp.state.mn.us/

Letter from the Program Manager

Public protection is the core function and highest priority of the Health Professionals Services Program (HPSP). Minnesota Statutes, section 214.31 to 214.37 charges HPSP with the responsibility to "*protect the public from persons regulated by the* [health licensing] *boards* [and the Emergency Medical Services Regulatory Board and the Dept. of Health] *who are unable to practice with reasonable skill and safety by reason of illness, use of alcohol, drugs, chemicals or any other material, or as a result of any mental, physical or psychological condition*."

(HPSP) is a program of the health-licensing boards that provides monitoring services to health professionals with illnesses that may impact their ability to practice. HPSP implements Monitoring Plans to ensure health professionals obtain adequate treatment and do not cause patient harm. A plan may include the participant's agreement to comply with continuing care recommendations, practice restrictions, random drug screening, and support group participation.

Participation in HPSP continues to grow. Over the past six years, participation has increased by 22%. In the past year alone, the number of persons engaged in monitoring grew by 6%. While this is positive for public protection, it stresses program resources.

HPSP made significant technology improvements in the 2011-2012 biennium. A new case management database went live in November 2011. It was developed with support from IT staff from the Board of Medical Practice and a contracted programmer. The new database maximizes staff efficiency while enabling the program to more easily query data. Further enhancements will be made as funding becomes available.

HPSP is committed to public safety by promoting early intervention, diagnosis and treatment of health practitioners with potentially impairing illnesses.

Monica Feider, MSW, LICSW
Program Manager. Health Professionals Services Program

Program Committee

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

Yvonne Hunshamer, Behavioral Health and Therapy
Kay Strobel, Chiropractic Examiners
Allen Rasmussen, Dentistry
Kyle Renell, Department of Health
Susan Parks, Dietetics and Nutrition Practice
Jennifer Deschaine, Emergency Medical Services
Denny Morrow, Marriage and Family Therapy
Keith Berge, Medical Practice
Maria Raines, Nursing
Randy Snyder, Nursing Home Administrators
Michelle Falk, Optometry
James Koppen, Pharmacy
Kathy Polhamus, Physical Therapy
Esther Newcome, Podiatric Medicine
Susan Ward, Psychology
Rosemary Kassekert, Social Work
Sharon Todoroff, Veterinary Medicine

Advisory Committee

The Advisory Committee is required by statute to advise the Program Committee and the Program Manager. The Advisory Committee consists of one person appointed by each professional association by any means acceptable to them as identified in (Minn. Stat., section 214.32 subd. 1 (c) (1).) The Advisory Committee meets quarterly. Current Advisory Committee members include:

Terence Panvica, MN Academy of Physician Assist.
Megan Hartigan, MN Ambulance Association
Theresa Kelly McPartlin, MN Assoc. of Social Workers
Stephen Gulbrandsen, MN Dental Association
Sheryl Lundquist, MN Dietetic Association
Bruce Benson, MN Health Systems Pharmacists
Karolyn Stirewalt, MN Medical Association
Jody Haggy, MN Nurses Association
Jim Alexander, Chair, MN Pharmacists Association
Lois Cochran Schlutter, MN Psychological Association
Karen Sames, MN Occupational Therapy Association
Scott Wells, MN Veterinary Association
Jeff Morgan, MD, Physicians Serving Physicians
Rose Nelson, Ad hoc member

Administering Board

HPSP is not an independent State agency. By statute, one of the health licensing boards is designated to administer the program. The Emergency Services Regulatory Board (EMSRB) served as the Administering Board from 2001 to June 2008. The Board of Dentistry, under the leadership of Marshall Shragg, took over as HPSP's Administering Board in 2008.

Board Staff and HPSP Staff Work Group

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

The major functions of the Health Professionals Services Program are to:

Provide health professionals with services to determine if they have an illness that warrants monitoring:

- Evaluate symptoms, treatment needs, immediate safety and potential risk to patients
- Obtain substance, psychiatric, and medical histories along with social and occupational data
- Determine practice limitations, if necessary
- Secure records consistent with state and federal data practice regulations
- Collaborate with medical consultants and community providers concerning treatment

Create and implement monitoring contracts:

- Specify requirements for appropriate treatment and continuing care
- Determine illness-specific and practice-related limitations or conditions

Monitor the continuing care and compliance of program participants:

- Communicate monitoring procedures to treatment providers, supervisors and other collaborative parties
- Review records and reports from treatment providers, supervisors and other sources regarding the health professional's level of functioning and compliance with monitoring
- Coordinate toxicology screening process
- Intervene, as necessary, for non-compliance, inappropriate or inadequate treatment, or symptom exacerbation

Consult with licensees, licensing boards, health employers, practitioners, and medical communities:

- Provide information and set standards for early intervention and monitoring of health professional with potentially impairing illnesses;
- Provide outreach services to hospitals, clinics, and professional associations;
- Conduct research on professional impairment, appropriate care, and potential for harm; and
- Consult with health-licensing boards on illness related issues.

How HPSP Protects the Public

Employers report licensees to HPSP for:

- Stealing narcotics;
- Appearing intoxicated ;
- Appearing manic or psychotic; and
- Being unable to function due to brain damage or some other medical condition

Health professionals self-report to HPSP for:

- Being terminated or put on leave due to symptoms of mania, psychosis, dementia or other medical disorders;
- Being terminated for stealing drugs or showing up to work intoxicated;
- Seeking treatment for a substance disorder; and
- Being hospitalized for a suicide attempt or other psychiatric reasons

How HPSP responds:

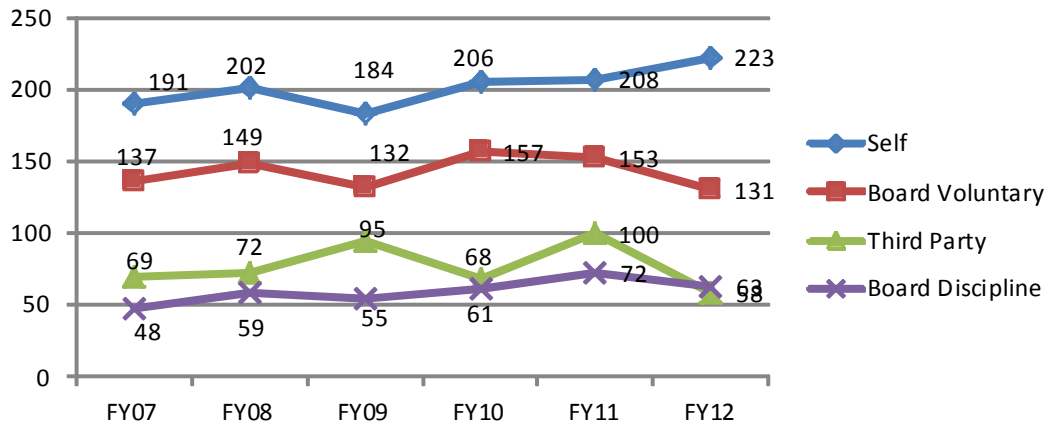
HPSP intervenes immediately. HPSP may request that the practitioner refrain from practice pending assessment and/or treatment to determine the appropriate level of care and whether the practitioner is safe to return to practice. After the assessment is completed, HPSP implements monitoring contracts and reviews the practitioner's compliance with the monitoring contract.

HPSP's enabling legislation went into effect in August of 1994. At that time, five licensing boards participated in the program. Today all fifteen health-licensing boards participate, as well as the Emergency Medical Services Regulatory Board and professions administered by the Department of Health. This totals over 200,000 persons eligible for program services.

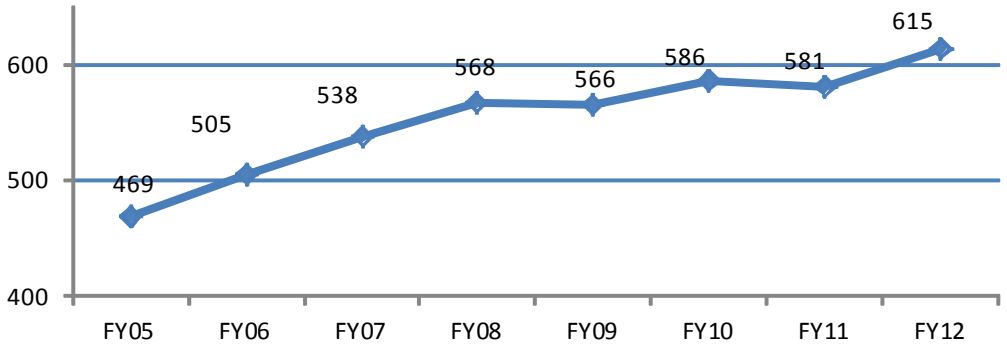
When HPSP was conceived, it was not anticipated that health professionals would seek help and report themselves to the program at the current rate. While this is viewed as a positive response to program services, which enhances public safety in health care, participating boards are bearing the increased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

Program resources need to be consistent with the rate of program growth. The current rate of growth threatens the ability of the program to provide effective services to health professionals with potentially impairing illnesses; thereby increasing risk to the public. With over 600 persons enrolled in the program, average caseloads are 120 licensees per case manager. Appropriate caseloads should be 100 licensees per case manager. In the fiscal year 2014-2015 biennial budget process, HPSP will request additional funds to address the increasing demand for program services.

Number of Referrals by Referral Source and Fiscal Year

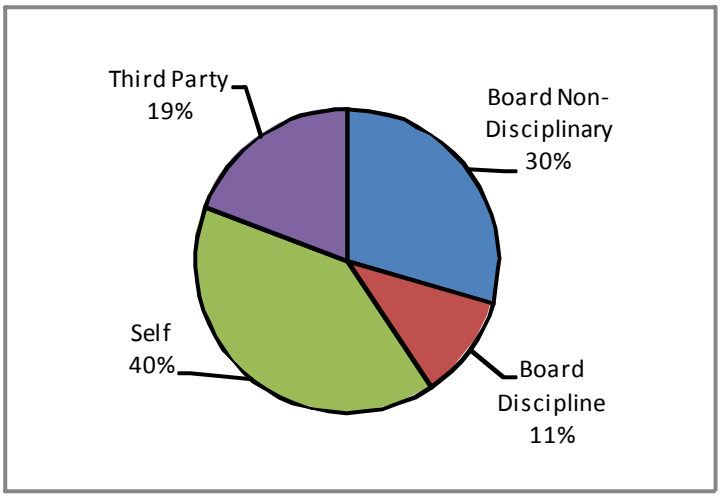


Number of Cases Open at End of Fiscal Year



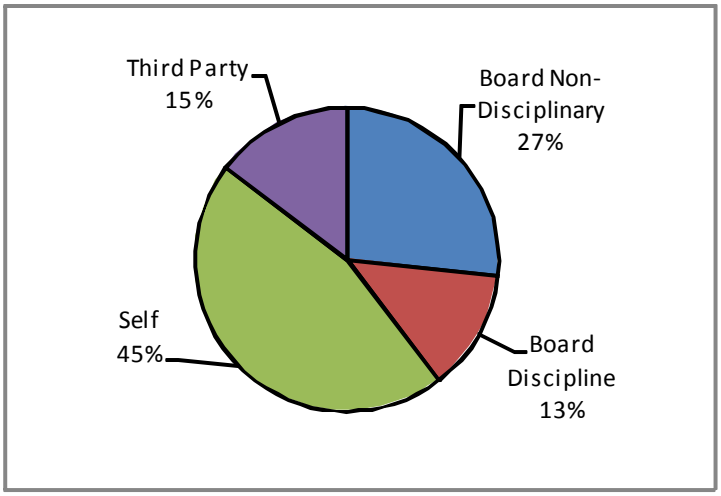
Fiscal Year 2011 Referrals by First Referral Source

The following chart shows the percentage of referrals by first referral source from July 1, 2010 to June 30, 2011:



Fiscal Year 2012 Referrals by First Referral Source

The following chart shows the percentage of referrals by first referral source from July 1, 2011 to June 30, 2012:



The high percentages of self and third party referrals can be attributed to the work HPSP has done to educate employers, employee health programs, treatment programs and providers about HPSP services. Treatment centers and providers understand that long-term monitoring improves patient outcomes. Employers also appreciate how quickly HPSP intervEnes to address potentially impaired practitioners.

Referrals Sources From Fiscal Year 2009 to 2012

The tables below show the numbers of health professionals referred to HPSP by board and referral sources over the past four fiscal years.

Referrals by First Referral Source and Board	Nursing Home Admin.				Behavioral Health & Therapy				Chiropractic				Dentistry				Dept. of Health				Dietetics & Nutritionists				EMSRB			
Fiscal Year	**09**	**10**	**11**	**12**	**09**	**10**	**11**	**12**	**09**	**10**	**11**	**12**	**09**	**10**	**11**	**12**	**09**	**10**	**11**	**12**	**09**	**10**	**11**	**12**	**09**	**10**	**11**	**12**
Board Non-Disciplinary	2	0	0	0	0	8	9	11	11	12	12	13	26	44	43	40	3	3	0	0	0	0	0	0	3	7	20	6
Board Discipline	0	0	0	0	0	0	0	1	2	1	0	3	0	2	1	0	0	0	0	0	0	0	0	0	0	0	0	0
Self	0	0	0	0	1	10	6	10	1	3	1	1	5	2	7	7	3	0	1	2	0	0	0	0	2	3	5	4
Third Party	0	0	0	0	4	3	4	4	1	0	1	0	4	5	6	1	0	0	0	0	0	0	0	0	1	3	5	2
SUM	2	0	0	0	5	21	19	26	15	16	14	17	35	53	57	48	6	3	1	2	0	0	0	0	6	13	30	12

Referrals by First Referral Source and Board	Marriage & Family				Medical Practice				Nursing				Optometry				Pharmacy				Physical Therapy				Podiatric Medicine			
Fiscal Year	**09**	**10**	**11**	**12**	**09**	**10**	**11**	**12**	**09**	**10**	**11**	**12**	**09**	**10**	**11**	**12**	**09**	**10**	**11**	**12**	**09**	**10**	**11**	**12**	**09**	**10**	**11**	**12**
Board Non-Disciplinary	0	1	0	1	23	21	14	20	50	49	32	30	0	0	0	0	5	3	3	3	3	3	8	3	0	0	0	0
Board Discipline	0	0	0	0	5	5	3	1	44	49	48	55	0	1	0	0	4	2	6	2	0	0	0	1	0	0	1	0
Self	3	1	2	2	32	28	37	40	125	136	133	133	0	0	0	0	4	9	9	10	4	3	4	6	0	0	0	0
Third Party	0	0	0	1	13	5	7	13	58	48	64	41	0	0	0	0	8	3	4	5	0	0	2	2	0	0	0	0
SUM	3	2	2	4	73	59	61	74	277	282	277	258	0	1	0	0	21	17	22	20	7	6	14	12	0	0	1	0

Referrals by First Referral Source and Board	Psychology				Social Work				Veterinary Medicine				TOTALS			
Fiscal Year	**09**	**10**	**11**	**12**	**09**	**10**	**11**	**12**	**09**	**10**	**11**	**12**	09	**10**	**11**	**12**
Board Non-Discipline	0	1	2	1	4	2	8	2	2	3	1	1	132	157	153	**131**
Board Discipline	0	1	0	0	0	0	0	0	0	0	0	0	55	61	58	**63**
Self	1	1	1	2	3	9	2	4	0	1	1	2	184	206	208	**223**
Third Party	2	1	2	0	4	0	4	2	0	0	1	1	95	68	100	**72**
SUM	3	4	5	3	11	11	14	8	2	4	3	4	466	492	519	489

Discharges From Fiscal Year 2009 to 2012

All discharges other than Completion or Non-Jurisdictional are reported to the licensing boards for further review. The tables below show the numbers of health professionals discharged from HPSP by board and discharge category over the past four fiscal years.

Discharges by Category and Board	Nursing Home Admin.				Behavioral Health & Therapy				Chiropractic				Dentistry				Dept. of Health				Dietetics & Nutritionists				EMSRB			
Fiscal Year	09	10	11	12	09	10	11	12	09	10	11	12	09	10	11	12	09	10	11	12	09	10	11	12	09	10	11	12
Completion	0	0	0	0	1	1	2	5	3	3	4	2	5	5	5	2	1	1	3	0	0	0	0	0	6	2	4	2
Voluntary Withdraw	0	0	0	0	0	1	3	2	0	0	0	0	2	1	1	0	0	0	0	0	0	0	0	0	1	0	1	1
Non-Compliance	0	0	0	0	1	3	1	6	3	1	1	1	4	4	4	1	2	0	0	2	0	0	0	0	4	1	4	3
Deceased	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Ineligible - Monitored	0	0	0	0	1	0	0	1	0	1	1	0	2	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1
Ineligible – Not Monitored	0	0	0	0	0	1	1	1	1	0	0	1	0	0	3	1	0	0	0	0	0	0	0	0	0	0	0	0
No Contact	0	0	0	0	0	5	3	2	1	0	0	1	1	2	4	1	0	0	0	0	0	0	0	0	1	0	8	0
Non-Cooperation	0	0	0	0	3	3	5	4	1	0	0	1	1	3	4	8	1	0	0	0	0	0	0	0	3	4	3	5
Non-Jurisdictional	2	0	0	0	2	0	1	3	8	9	9	8	25	32	37	24	2	2	0	1	0	0	0	0	1	3	7	3
SUM	2	0	0	0	8	15	16	22	17	14	15	14	40	47	59	37	6	3	3	3	0	0	0	0	16	10	27	15

Discharges by Category and Board	Marriage & Family				Medical Practice				Nursing				Optometry				Pharmacy				Physical Therapy				Podiatric Medicine			
Fiscal Year	09	10	11	12	09	10	11	12	09	10	11	12	09	10	11	12	09	10	11	12	09	10	11	12	09	10	11	12
Completion	0	0	2	0	33	39	28	28	85	98	111	90	0	0	1	0	8	12	9	2	1	3	3	3	0	0	0	0
Voluntary Withdraw	0	0	0	0	3	3	2	4	9	11	21	19	0	0	0	0	1	1	3	2	0	0	0	0	0	0	0	0
Non-Compliance	0	0	0	0	2	1	4	1	79	74	70	67	0	0	0	0	1	3	6	4	1	1	0	1	0	0	0	0
Deceased	0	0	0	0	2	0	1	0	1	0	1	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0
Ineligible - Monitored	0	0	0	0	4	2	2	4	13	16	20	17	0	0	0	0	0	3	0	1	0	0	1	2	0	0	0	0
Ineligible – Not Monitored	0	0	2	0	7	2	0	5	12	15	14	15	0	0	0	0	0	0	1	1	0	1	0	0	0	0	0	0
No Contact	0	0	0	0	5	0	0	3	12	11	6	9	0	0	0	0	1	0	0	0	0	0	0	2	0	0	0	0
Non-Cooperation	0	0	0	0	3	2	1	3	20	32	31	21	1	0	0	0	5	4	2	4	0	0	0	0	0	0	0	0
Non-Jurisdictional	2	0	0	0	14	21	11	14	28	19	24	21	0	1	0	0	3	2	0	0	2	1	5	2	0	0	1	0
SUM	2	0	4	0	73	70	49	62	259	276	298	259	1	1	1	0	19	25	21	15	4	6	9	10	0	0	1	0

Summary of Referrals and Discharges in Biennium

In the biennium, 1,008 health professionals were referred to HPSP and 979 were discharged. Of the referrals, 43% were self-referrals and 17% were referred by colleagues, employers and other concerned parties. The remaining 40% were referred by their boards. The sheer number of self and third party referrals is demonstrative of HPSP's success as it shows that health professionals are seeking treatment and monitoring prior to board involvement.

Of persons that engaged in monitoring, 52% successfully completed the conditions of their monitoring plans. While some may view this as a program failure, it is actually indicative of program effectiveness. HPSP is not a treatment program. Rather, the program monitors how health professionals manage their illnesses. When health professionals are not effectively managing their illnesses, HPSP reports them to their licensing boards for further action, which ultimately protects the public.

The health licensing boards and the Department of Health fund HPSP. The health licensing boards' income is generated through licensing fees and placed in the 171 State Government Special Revenue Fund. Each board pays an annual $1,000 fee and a pro-rata share of program expenses based on the number of participants they have in the program. Program participants pay for evaluations, treatment and costs associated with toxicology screening (if required).

HPSP is invested in providing the most cost effective service to the health licensing board and their licensees. Roughly 90% of the HPSP budget is directed to salaries and benefits. The remaining 10% covers rent and all other operational costs.

The legislature allocated $704,000 annually for HPSP to operate in fiscal years 2012 and 2013 (same as previous biennium). HPSP spending in fiscal year 2012 was very conservative, which resulted in approximately $20,000 in savings to be carried forward to fiscal year 2013. This money is needed to address increases in salaries/benefits and to put toward database enhancements.

Receipts and Disbursements

HPSP is a service program and does not generate revenue. Licensing fees fund 96% of HPSP. The remaining 3% comes is paid for by the general fund for persons regulated the EMSRB and the Department of Health. Each board pays an annual $1,000 participation fee and a pro-rata share of program expenses based on the number of licensees they have in the program.

"The purpose of this office, located in the Minnesota Department of Health (MDH) is to protect consumers who receive complementary and/or alternative health care services from practitioners who fall outside of state licensing authorities."

Staff Members:
Anne Kukowski

The Minnesota Office of Unlicensed Complementary and Alternative Health Care Practice does not have Board Membership, and does not have an Executive Director.

Minnesota Department of Health
Office of Complementary and Alternative Health Care Practitioners
PO Box 64882
St. Paul, MN 55164-0882

General Information: (651) 201-3721
Fax: (651) 201-3839

Office Website:
http://www.health.state.mn.us/divs/hpsc/hop/ocap
Office E-mail: Health.HOP@state.mn.us

The Office of Unlicensed Complementary and Alternative Health Care Practice (OCAP) is located within the Minnesota Department of Health (MDH). The purpose of OCAP is twofold: first, to protect consumers of alternative and complementary health care services and, second, to provide information about these services to the public. Complementary and alternative health care practices include, but are not limited to, massage therapy, bodywork, acupressure, homeopathy, traditional naturopathy, herbal medicine, healing practices utilizing food, food supplements and nutrients, healing touch, aroma therapy, culturally traditional healing practices, and traditional Oriental practices.

OCAP was created specifically to provide oversight of unlicensed health care practitioners. Because OCAP does not perform any licensing or registration functions, OCAP action in fulfillment of its protective purpose is limited to receiving and investigating complaints against unlicensed complementary and alternative health care practitioners. Prohibited conduct is set forth in statute (Minnesota Statutes section 146A.08). Disciplinary action may include civil penalties, revocation or suspension of the right to practice, censure, and imposition of costs incurred in an investigation leading to discipline.

The 2007 National Health Interview Survey (NHIS), released by the National Center for Complementary and Alternative Medicine (NCCAM) and the National Center for Health Statistics (part of the Centers for Disease Control and Prevention), found that approximately 38.3 percent of adults use complementary or alternative medicine. This is a 2.3 percent increase over the rate of use found five years earlier in the 2002 iteration of the NHIS. While no more recent survey is available, there is no reason to believe that rates of use have declined. Quantifying use is complicated by the fact that the boundaries between complementary and alternative medicine and mainstream medicine are not always well-defined and are in flux. Increasingly, conventional health care settings are incorporating modalities typically considered "alternative care" into their systems.

Regulation and oversight of these alternative and complementary health care is difficult because of the broad range of practices encompassed, the spiritual and bio psychosocial component of many of these practices, and the severe limitation of scientific evidence supporting many of these practices, and the wide variation in training between practitioners even within the same area of practice. Because of the potential for physical, psychological, and financial harm attendant to any healthcare practices, as well as variation in training there is need for continuing or even increased regulatory oversight of these practices. Consumers,
practitioners, and the public, generally, also need an objective source of accurate information, including reviews of emerging research and studies of alternative and complementary modalities.

When fully staffed, the office coordinates investigations involving matters within the jurisdiction of more than one regulatory agency by making appropriate referrals to other state boards, agencies, departments responsible for licensing health-related occupations, facilities and programs, and law enforcement personnel in this and other states.

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

Additional items of interest:

- The office responded to 386 calls from consumers, complainants, practitioners, regulators and other interested persons during the biennium. Of these calls, 324 were requests for information, 59 were allegations of misconduct, and three could not be classified.

- The office continued to revise and update its website to include better consumer and practitioner information.

- OCAP had one .75 FTE investigator from 7/1/2010 through 4/2/2012, when the investigator retired. Prior to retirement, the OCAP investigator completed investigatory work for and closed most open cases. From 4/3/2012 through the end of the biennium, calls were handled by staff in the Health Occupations Program. Investigation and enforcement duties were reassigned to existing staff in August of 2012, pending realignment of duties within the Program.

Biennium ending	Complaints Received by Type		Complaints Closed	Cases Open as of June 30
June 30, 20102	Sexual Misconduct Harm to Public / Client Misrepresentation False Advertising Failure to follow Order Criminal conviction Failure to furnish records Failure to use client BOR Other **TOTAL: 23**	8 9 1 1 0 0 0 1 3	61*	Less than one year: 3 More than one year: 9
June 30, 2010	Sexual Misconduct Harm to Public / Client Misrepresentation False Advertising Failure to follow Order Criminal conviction Failure to furnish records Failure to use client BOR Other **TOTAL: 33**	12 13 3 1 2 0 0 0 0	10	Less than one year: 3 More than one year: 46**
June 30, 2008	Sexual Misconduct Harm to Public / Client Misrepresentation False Advertising Failure to follow Order Criminal conviction Failure to furnish records Failure to use client BOR Other **TOTAL: 18**	9 7 2 0 0 0 0 0 0	22	Less than one year: 8 More than one year: 20
June 30, 2006	Sexual Misconduct Harm to Public / Client Misrepresentation False Advertising Failure to follow Order Criminal conviction Failure to furnish records Failure to use client BOR Other **TOTAL: 28**	5 13 3 1 1 2 1 1 1	32	Less than one year: 14 More than one year: 20
June 30, 2004	Sexual Misconduct Harm to Public / Client Misrepresentation False Advertising Failure to follow Order Criminal conviction Failure to furnish records Failure to use client BOR Other **TOTAL: 40**	16 14 4 1 0 0 0 0 5	13	Less than one year: 18 More than one year: 19

* The investigator assigned to the Office of Unlicensed Complementary and Alternative Care retired effective April 3, 2012. Prior to retirement, the investigator concluded investigation and closed most cases.

**The Office of Unlicensed Complementary and Alternative Health Care Practice operations were suspended September 1, 2009 through June 30, 2010, due to unallotment, therefore, no investigative activity occurred on pending complaints during the remaining 10 months of FY 2010.

DISBURSEMENTS AND PENALTIES

Biennium Ending	Civil Penalties	Disbursements	Notes
June 30, 2012	0	$116, 080	Investigator position vacant due to unallotment 4/3/2012 – 6/30/2012.
June 30, 2010	$628	$77,802	Operations suspended due to unallotment 09/01/09 - 06/30/2010.
June 30, 2008	$805 in FY2007	$156,785	Disbursement includes $22,845 in costs for the Attorney General's office.
June 30, 2006	$4,425 in FY 2005 $705 in FY 2006	$114,834	
June 30, 2004	0	$33,332	(Investigator position vacant due to limited funding, FY 2004)