1. Legislative Update
   a. 2019 S.F. 584/H.F. 636 BMP Renewal Cycle Conversion bill
   b. 2019 S.F. 583/H.F. 637 HLB modifications to chapters 214 & 364
   c. 2019 BMP bill (authors pending), modifying Board membership
      - 2018 Proposed amendment (S.F. 2310A-1)
   e. Other legislative updates

2. Update on Board of Medical Practice Advisory Council Codes of Conduct

3. Other Business

Remaining 2019 Meeting Dates (12:00 p.m.)

March 12, 2019
April 9, 2019
May 14, 2019
June 11, 2019
July 9, 2019
August 13, 2019
September 10, 2019
October 8, 2019
November 12, 2019
December 10, 2019
A bill for an act relating to health licensing; converting allied health professions to a birth month renewal cycle; making technical corrections; modifying certain fees; amending Minnesota Statutes 2018, sections 147.01, subdivision 7; 147.012; 147.02, by adding a subdivision; 147A.06; 147A.07; 147A.28; 147B.02, subdivision 9, by adding a subdivision; 147B.08; 147C.15, subdivision 7, by adding a subdivision; 147C.40; 147D.17, subdivision 6, by adding a subdivision; 147D.27, by adding a subdivision; 147E.15, subdivision 5, by adding a subdivision; 147E.40, subdivision 1; 147F.07, subdivision 5, by adding subdivisions; 147F.17, subdivision 1; 148.7815, subdivision 1; proposing coding for new law in Minnesota Statutes, chapters 147A; 147B; 147C; 147D; 147E; 147F; repealing Minnesota Rules, part 5600.0605, subparts 5, 8.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

ARTICLE 1

PHYSICIAN ASSISTANTS

Section 1. Minnesota Statutes 2018, section 147A.06, is amended to read:

147A.06 CANCELLATION OF LICENSE FOR NONRENEWAL.

Subdivision 1. Cancellation of license. The board shall not renew, reissue, reinstate, or restore a license that has lapsed on or after July 1, 1996, and has not been renewed within two annual renewal cycles starting July 1, 1997. A licensee whose license is canceled for nonrenewal must obtain a new license by applying for licensure and fulfilling all requirements then in existence for an initial license to practice as a physician assistant.

Subd. 2. Licensure following lapse of licensed status; transition. (a) A licensee whose license has lapsed under subdivision 1 before January 1, 2020, and who seeks to regain licensed status after January 1, 2020, shall be treated as a first-time licensee only for purposes...
of establishing a license renewal schedule, and shall not be subject to the license cycle
conversion provisions in section 147A.29.

(b) This subdivision expires July 1, 2022.

Sec. 2. Minnesota Statutes 2018, section 147A.07, is amended to read:

147A.07 RENEWAL.

(a) A person who holds a license as a physician assistant shall annually, upon notification
from the board, renew the license by:

(1) submitting the appropriate fee as determined by the board;

(2) completing the appropriate forms; and

(3) meeting any other requirements of the board.

(b) A licensee must maintain a correct mailing address with the board for receiving board
communications, notices, and license renewal documents. Placing the license renewal
application in first class United States mail, addressed to the licensee at the licensee's last
known address with postage prepaid, constitutes valid service. Failure to receive the renewal
documents does not relieve a licensee of the obligation to comply with this section.

(c) The name of a licensee who does not return a complete license renewal application,
annual license fee, or late application fee, as applicable, within the time period required by
this section shall be removed from the list of individuals authorized to practice during the
current renewal period. If the licensee's license is reinstated, the licensee's name shall be
placed on the list of individuals authorized to practice.

Sec. 3. [147A.29] LICENSE RENEWAL CYCLE CONVERSION.

Subdivision 1. Generally. The license renewal cycle for physician assistant licensees
is converted to an annual cycle where renewal is due on the last day of the licensee's month
of birth. Conversion pursuant to this section begins January 1, 2020. This section governs
license renewal procedures for licensees who were licensed before December 31, 2019. The
conversion renewal cycle is the renewal cycle following the first license renewal after
January 1, 2020. The conversion license period is the license period for the conversion
renewal cycle. The conversion license period is between six and 17 months and ends the
last day of the licensee's month of birth in either 2020 or 2021, as described in subdivision
2.
3.1 **Subd. 2. Conversion of license renewal cycle for current licensees.** For a licensee whose license is current as of December 31, 2019, the licensee's conversion license period begins on January 1, 2020, and ends on the last day of the licensee's month of birth in 2020, except that for licensees whose month of birth is January, February, March, April, May, or June, the licensee's renewal cycle ends on the last day of the licensee's month of birth in 2021.

3.2 Subd. 3. **Conversion of license renewal cycle for noncurrent licensees.** This subdivision applies to an individual who was licensed before December 31, 2019, but whose license is not current as of December 31, 2019. When the individual first renews the license after January 1, 2020, the conversion renewal cycle begins on the date the individual applies for renewal and ends on the last day of the licensee's month of birth in the same year, except that if the last day of the individual's month of birth is less than six months after the date the individual applies for renewal, then the renewal period ends on the last day of the individual's month of birth in the following year.

3.3 Subd. 4. **Subsequent renewal cycles.** After the licensee's conversion renewal cycle under subdivision 2 or 3, subsequent renewal cycles are annual and begin on the last day of the month of the licensee's birth.

3.4 Subd. 5. **Conversion period and fees.** (a) A licensee who holds a license issued before January 1, 2020, and who renews that license pursuant to subdivision 2 or 3, shall pay a renewal fee as required in this subdivision.

3.5 (b) A licensee shall be charged the annual license fee listed in section 147A.28 for the conversion license period.

3.6 (c) For a licensee whose conversion license period is six to 11 months, the first annual license fee charged after the conversion license period shall be adjusted to credit the excess fee payment made during the conversion license period. The credit is calculated by: (1) subtracting the number of months of the licensee's conversion license period from 12; and (2) multiplying the result of clause (1) by 1/12 of the annual fee rounded up to the next dollar.

3.7 (d) For a licensee whose conversion license period is 12 months, the first annual license fee charged after the conversion license period shall not be adjusted.

3.8 (e) For a licensee whose conversion license period is 13 to 17 months, the first annual license fee charged after the conversion license period shall be adjusted to add the annual license fee payment for the months that were not included in the annual license fee paid for the conversion license period. The added payment is calculated by: (1) subtracting 12 from...
the number of months of the licensee's conversion license period; and (2) multiplying the
result of clause (1) by 1/12 of the annual fee rounded up to the next dollar.

(f) For the second and all subsequent license renewals made after the conversion license
period, the licensee's annual license fee is as listed in section 147A.28.

Subd. 6. Expiration. This section expires July 1, 2022.

ARTICLE 2

ACUPUNCTURE PRACTITIONERS.

Section 1. Minnesota Statutes 2018, section 147B.02, subdivision 9, is amended to read:

Subd. 9. Renewal. (a) To renew a license an applicant must:

(1) annually, or as determined by the board, complete a renewal application on a form
provided by the board;

(2) submit the renewal fee;

(3) provide documentation of current and active NCCAOM certification; or

(4) if licensed under subdivision 5 or 6, meet the same NCCAOM professional
development activity requirements as those licensed under subdivision 7.

(b) An applicant shall submit any additional information requested by the board to clarify
information presented in the renewal application. The information must be submitted within
30 days after the board's request, or the renewal request is nullified.

(c) An applicant must maintain a correct mailing address with the board for receiving
board communications, notices, and license renewal documents. Placing the license renewal
application in first class United States mail, addressed to the applicant at the applicant's last
known address with postage prepaid, constitutes valid service. Failure to receive the renewal
documents does not relieve an applicant of the obligation to comply with this section.

(d) The name of an applicant who does not return a complete license renewal application,
annual license fee, or late application fee, as applicable, within the time period required by
this section shall be removed from the list of individuals authorized to practice during the
current renewal period. If the applicant's license is reinstated, the applicant's name shall be
placed on the list of individuals authorized to practice.
Sec. 2. Minnesota Statutes 2018, section 147B.02, is amended by adding a subdivision to read:

Subd. 12a. **Licensure following lapse of licensed status; transition.** (a) A licensee whose license has lapsed under subdivision 4 before January 1, 2020, and who seeks to regain licensed status after January 1, 2020, shall be treated as a first-time licensee only for purposes of establishing a license renewal schedule, and shall not be subject to the license cycle conversion provisions in section 147B.09.

(b) This subdivision expires July 1, 2022.

Sec. 3. [147B.09] LICENSE RENEWAL CYCLE CONVERSION.

Subdivision 1. **Generally.** The license renewal cycle for acupuncture practitioner licensees is converted to an annual cycle where renewal is due on the last day of the licensee's month of birth. Conversion pursuant to this section begins January 1, 2020. This section governs license renewal procedures for licensees who were licensed before December 31, 2019. The conversion renewal cycle is the renewal cycle following the first license renewal after January 1, 2020. The conversion license period is the license period for the conversion renewal cycle. The conversion license period is between six and 17 months and ends the last day of the licensee's month of birth in either 2020 or 2021, as described in subdivision 2.

Subd. 2. **Conversion of license renewal cycle for current licensees.** For a licensee whose license is current as of December 31, 2019, the licensee's conversion license period begins on January 1, 2020, and ends on the last day of the licensee's month of birth in 2020, except that for licensees whose month of birth is January, February, March, April, May, or June, the licensee's renewal cycle ends on the last day of the licensee's month of birth in 2021.

Subd. 3. **Conversion of license renewal cycle for noncurrent licensees.** This subdivision applies to an individual who was licensed before December 31, 2019, but whose license is not current as of December 31, 2019. When the individual first renews the license after January 1, 2020, the conversion renewal cycle begins on the date the individual applies for renewal and ends on the last day of the licensee's month of birth in the same year, except that if the last day of the individual's month of birth is less than six months after the date the individual applies for renewal, then the renewal period ends on the last day of the individual's month of birth in the following year.
Subd. 4. **Subsequent renewal cycles.** After the licensee's conversion renewal cycle under subdivision 2 or 3, subsequent renewal cycles are annual and begin on the last day of the month of the licensee's birth.

Subd. 5. **Conversion period and fees.** (a) A licensee who holds a license issued before January 1, 2020, and who renews that license pursuant to subdivision 2 or 3, shall pay a renewal fee as required in this subdivision.

(b) A licensee shall be charged the annual license fee listed in section 147B.08 for the conversion license period.

(c) For a licensee whose conversion license period is six to 11 months, the first annual license fee charged after the conversion license period shall be adjusted to credit the excess fee payment made during the conversion license period. The credit is calculated by: (1) subtracting the number of months of the licensee's conversion license period from 12; and (2) multiplying the result of clause (1) by 1/12 of the annual fee rounded up to the next dollar.

(d) For a licensee whose conversion license period is 12 months, the first annual license fee charged after the conversion license period shall not be adjusted.

(e) For a licensee whose conversion license period is 13 to 17 months, the first annual license fee charged after the conversion license period shall be adjusted to add the annual license fee payment for the months that were not included in the annual license fee paid for the conversion license period. The added payment is calculated by: (1) subtracting 12 from the number of months of the licensee's conversion license period; and (2) multiplying the result of clause (1) by 1/12 of the annual fee rounded up to the next dollar.

(f) For the second and all subsequent license renewals made after the conversion license period, the licensee's annual license fee is as listed in section 147B.08.

Subd. 6. **Expiration.** This section expires July 1, 2022.

**ARTICLE 3**

**RESPIRATORY CARE PRACTITIONERS**

Section 1. Minnesota Statutes 2018, section 147C.15, subdivision 7, is amended to read:

Subd. 7. **Renewal.** (a) To be eligible for license renewal a licensee must:

(1) annually, or as determined by the board, complete a renewal application on a form provided by the board;
7.1 (2) submit the renewal fee;

7.2 (3) provide evidence every two years of a total of 24 hours of continuing education approved by the board as described in section 147C.25; and

7.3 (4) submit any additional information requested by the board to clarify information presented in the renewal application. The information must be submitted within 30 days after the board's request, or the renewal request is nullified.

7.4 (b) Applicants for renewal who have not practiced the equivalent of eight full weeks during the past five years must achieve a passing score on retaking the credentialing examination.

7.5 (c) A licensee must maintain a correct mailing address with the board for receiving board communications, notices, and license renewal documents. Placing the license renewal application in first class United States mail, addressed to the licensee at the licensee's last known address with postage prepaid, constitutes valid service. Failure to receive the renewal documents does not relieve a licensee of the obligation to comply with this section.

7.6 (d) The name of a licensee who does not return a complete license renewal application, annual license fee, or late application fee, as applicable, within the time period required by this section shall be removed from the list of individuals authorized to practice during the current renewal period. If the licensee's license is reinstated, the licensee's name shall be placed on the list of individuals authorized to practice.

7.7 Sec. 2. Minnesota Statutes 2018, section 147C.15, is amended by adding a subdivision to read:

7.8 Subd. 12a. Licensure following lapse of licensed status; transition. (a) A licensee whose license has lapsed under subdivision 12 before January 1, 2020, and who seeks to regain licensed status after January 1, 2020, shall be treated as a first-time licensee only for purposes of establishing a license renewal schedule, and shall not be subject to the license cycle conversion provisions in section 147C.45.

7.9 (b) This subdivision expires July 1, 2022.

7.10 Sec. 3. [147C.45] LICENSE RENEWAL CYCLE CONVERSION.

7.11 Subdivision 1. Generally. The license renewal cycle for respiratory care practitioner licensees is converted to an annual cycle where renewal is due on the last day of the licensee's month of birth. Conversion pursuant to this section begins January 1, 2020. This section governs license renewal procedures for licensees who were licensed before December 31,
2019. The conversion renewal cycle is the renewal cycle following the first license renewal after January 1, 2020. The conversion license period is the license period for the conversion renewal cycle. The conversion license period is between six and 17 months and ends the last day of the licensee's month of birth in either 2020 or 2021, as described in subdivision 2.

Subd. 2. Conversion of license renewal cycle for current licensees. For a licensee whose license is current as of December 31, 2019, the licensee's conversion license period begins on January 1, 2020, and ends on the last day of the licensee's month of birth in 2020, except that for licensees whose month of birth is January, February, March, April, May, or June, the licensee's renewal cycle ends on the last day of the licensee's month of birth in 2021.

Subd. 3. Conversion of license renewal cycle for noncurrent licensees. This subdivision applies to an individual who was licensed before December 31, 2019, but whose license is not current as of December 31, 2019. When the individual first renews the license after January 1, 2020, the conversion renewal cycle begins on the date the individual applies for renewal and ends on the last day of the licensee's month of birth in the same year, except that if the last day of the individual's month of birth is less than six months after the date the individual applies for renewal, then the renewal period ends on the last day of the individual's month of birth in the following year.

Subd. 4. Subsequent renewal cycles. After the licensee's conversion renewal cycle under subdivision 2 or 3, subsequent renewal cycles are annual and begin on the last day of the month of the licensee's birth.

Subd. 5. Conversion period and fees. (a) A licensee who holds a license issued before January 1, 2020, and who renews that license pursuant to subdivision 2 or 3, shall pay a renewal fee as required in this subdivision.

(b) A licensee shall be charged the annual license fee listed in section 147C.40 for the conversion license period.

(c) For a licensee whose conversion license period is six to 11 months, the first annual license fee charged after the conversion license period shall be adjusted to credit the excess fee payment made during the conversion license period. The credit is calculated by: (1) subtracting the number of months of the licensee's conversion license period from 12; and (2) multiplying the result of clause (1) by 1/12 of the annual fee rounded up to the next dollar.
(d) For a licensee whose conversion license period is 12 months, the first annual license fee charged after the conversion license period shall not be adjusted.

(e) For a licensee whose conversion license period is 13 to 17 months, the first annual license fee charged after the conversion license period shall be adjusted to add the annual license fee payment for the months that were not included in the annual license fee paid for the conversion license period. The added payment is calculated by: (1) subtracting 12 from the number of months of the licensee's conversion license period; and (2) multiplying the result of clause (1) by 1/12 of the annual fee rounded up to the next dollar.

(f) For the second and all subsequent license renewals made after the conversion license period, the licensee's annual license fee is as listed in section 147C.40.

Subd. 6. **Expiration.** This section expires July 1, 2022.

**ARTICLE 4**

**TRADITIONAL MIDWIVES**

Section 1. Minnesota Statutes 2018, section 147D.17, subdivision 6, is amended to read:

Subd. 6. **Renewal.** (a) To be eligible for license renewal, a licensed traditional midwife must:

1. complete a renewal application on a form provided by the board;
2. submit the renewal fee;
3. provide evidence every three years of a total of 30 hours of continuing education approved by the board as described in section 147D.21;
4. submit evidence of an annual peer review and update of the licensed traditional midwife's medical consultation plan; and
5. submit any additional information requested by the board. The information must be submitted within 30 days after the board's request, or the renewal request is nullified.

(b) An licensee must maintain a correct mailing address with the board for receiving board communications, notices, and license renewal documents. Placing the license renewal application in first class United States mail, addressed to the licensee at the licensee's last known address with postage prepaid, constitutes valid service. Failure to receive the renewal documents does not relieve a licensee of the obligation to comply with this section.

(c) The name of a licensee who does not return a complete license renewal application, annual license fee, or late application fee, as applicable, within the time period required by
this section shall be removed from the list of individuals authorized to practice during the
current renewal period. If the licensee's license is reinstated, the licensee's name shall be
placed on the list of individuals authorized to practice.

Sec. 2. Minnesota Statutes 2018, section 147D.17, is amended by adding a subdivision to
read:

Subd. 11a. Licensure following lapse of licensed status; transition. (a) A licensee
whose license has lapsed under subdivision 11 before January 1, 2020, and who seeks to
regain licensed status after January 1, 2020, shall be treated as a first-time licensee only for
purposes of establishing a license renewal schedule, and shall not be subject to the license
cycle conversion provisions in section 147D.29.

(b) This subdivision expires July 1, 2022.

Sec. 3. [147D.29] LICENSE RENEWAL CYCLE CONVERSION.

Subdivision 1. Generally. The license renewal cycle for traditional midwife licensees
is converted to an annual cycle where renewal is due on the last day of the licensee's month
of birth. Conversion pursuant to this section begins January 1, 2020. This section governs
license renewal procedures for licensees who were licensed before December 31, 2019. The
conversion renewal cycle is the renewal cycle following the first license renewal after
January 1, 2020. The conversion license period is the license period for the conversion
renewal cycle. The conversion license period is between six and 17 months and ends the
last day of the licensee's month of birth in either 2020 or 2021, as described in subdivision
2.

Subd. 2. Conversion of license renewal cycle for current licensees. For a licensee
whose license is current as of December 31, 2019, the licensee's conversion license period
begins on January 1, 2020, and ends on the last day of the licensee's month of birth in 2020,
except that for licensees whose month of birth is January, February, March, April, May, or
June, the licensee's renewal cycle ends on the last day of the licensee's month of birth in
2021.

Subd. 3. Conversion of license renewal cycle for noncurrent licensees. This subdivision
applies to an individual who was licensed before December 31, 2019, but whose license is
not current as of December 31, 2019. When the individual first renews the license after
January 1, 2020, the conversion renewal cycle begins on the date the individual applies for
renewal and ends on the last day of the licensee's month of birth in the same year, except
that if the last day of the individual's month of birth is less than six months after the date
the individual applies for renewal, then the renewal period ends on the last day of the individual's month of birth in the following year.

Subd. 4. Subsequent renewal cycles. After the licensee's conversion renewal cycle under subdivision 2 or 3, subsequent renewal cycles are annual and begin on the last day of the month of the licensee's birth.

Subd. 5. Conversion period and fees. (a) A licensee who holds a license issued before January 1, 2020, and who renews that license pursuant to subdivision 2 or 3, shall pay a renewal fee as required in this subdivision.

(b) A licensee shall be charged the annual license fee listed in section 147D.27 for the conversion license period.

(c) For a licensee whose conversion license period is six to 11 months, the first annual license fee charged after the conversion license period shall be adjusted to credit the excess fee payment made during the conversion license period. The credit is calculated by: (1) subtracting the number of months of the licensee's conversion license period from 12; and (2) multiplying the result of clause (1) by 1/12 of the annual fee rounded up to the next dollar.

(d) For a licensee whose conversion license period is 12 months, the first annual license fee charged after the conversion license period shall not be adjusted.

(e) For a licensee whose conversion license period is 13 to 17 months, the first annual license fee charged after the conversion license period shall be adjusted to add the annual license fee payment for the months that were not included in the annual license fee paid for the conversion license period. The added payment is calculated by: (1) subtracting 12 from the number of months of the licensee's conversion license period; and (2) multiplying the result of clause (1) by 1/12 of the annual fee rounded up to the next dollar.

(f) For the second and all subsequent license renewals made after the conversion license period, the licensee's annual license fee is as listed in section 147D.27.

Subd. 6. Expiration. This section expires July 1, 2022.

ARTICLE 5

REGISTERED NATUROPATHIC DOCTORS

Section 1. Minnesota Statutes 2018, section 147E.15, subdivision 5, is amended to read:

Subd. 5. Renewal. (a) To be eligible for registration renewal a registrant must:
(1) annually, or as determined by the board, complete a renewal application on a form provided by the board;

(2) submit the renewal fee;

(3) provide evidence of a total of 25 hours of continuing education approved by the board as described in section 147E.25; and

(4) submit any additional information requested by the board to clarify information presented in the renewal application. The information must be submitted within 30 days after the board's request, or the renewal request is nullified.

(b) A registrant must maintain a correct mailing address with the board for receiving board communications, notices, and registration renewal documents. Placing the registration renewal application in first class United States mail, addressed to the registrant at the registrant's last known address with postage prepaid, constitutes valid service. Failure to receive the renewal documents does not relieve a registrant of the obligation to comply with this section.

(c) The name of a registrant who does not return a complete registration renewal application, annual registration fee, or late application fee, as applicable, within the time period required by this section shall be removed from the list of individuals authorized to practice during the current renewal period. If the registrant's registration is reinstated, the registrant's name shall be placed on the list of individuals authorized to practice.

Sec. 2. Minnesota Statutes 2018, section 147E.15, is amended by adding a subdivision to read:

Subd. 10a. Registration following lapse of registered status; transition. (a) A registrant whose registration has lapsed under subdivision 10 before January 1, 2020, and who seeks to regain registered status after January 1, 2020, shall be treated as a first-time registrant only for purposes of establishing a registration renewal schedule, and shall not be subject to the registration cycle conversion provisions in section 147E.45.

(b) This subdivision expires July 1, 2022.

Sec. 3. [147E.45] REGISTRATION RENEWAL CYCLE CONVERSION.

Subdivision 1. Generally. The registration renewal cycle for registered naturopathic doctors is converted to an annual cycle where renewal is due on the last day of the registrant's month of birth. Conversion pursuant to this section begins January 1, 2020. This section governs registration renewal procedures for registrants who were registered before December
31, 2019. The conversion renewal cycle is the renewal cycle following the first registration
renewal after January 1, 2020. The conversion registration period is the registration period
for the conversion renewal cycle. The conversion registration period is between six and 17
months and ends the last day of the registrant's month of birth in either 2020 or 2021, as
described in subdivision 2.

Subd. 2. Conversion of registration renewal cycle for current registrants. For a
registrant whose registration is current as of December 31, 2019, the registrant's conversion
registration period begins on January 1, 2020, and ends on the last day of the registrant's
month of birth in 2020, except that for registrants whose month of birth is January, February,
March, April, May, or June, the registrant's renewal cycle ends on the last day of the
registrant's month of birth in 2021.

Subd. 3. Conversion of registration renewal cycle for noncurrent registrants. This
subdivision applies to an individual who was registered before December 31, 2019, but
whose registration is not current as of December 31, 2019. When the individual first renews
the registration after January 1, 2020, the conversion renewal cycle begins on the date the
individual applies for renewal and ends on the last day of the registrant's month of birth in
the same year, except that if the last day of the individual's month of birth is less than six
months after the date the individual applies for renewal, then the renewal period ends on
the last day of the individual's month of birth in the following year.

Subd. 4. Subsequent renewal cycles. After the registrant's conversion renewal cycle
under subdivision 2 or 3, subsequent renewal cycles are annual and begin on the last day
of the month of the registrant's birth.

Subd. 5. Conversion period and fees. (a) A registrant who holds a registration issued
before January 1, 2020, and who renews that registration pursuant to subdivision 2 or 3,
shall pay a renewal fee as required in this subdivision.

(b) A registrant shall be charged the annual registration fee listed in section 147E.40 for
the conversion registration period.

(c) For a registrant whose conversion registration period is six to 11 months, the first
annual registration fee charged after the conversion registration period shall be adjusted to
credit the excess fee payment made during the conversion registration period. The credit is
calculated by: (1) subtracting the number of months of the registrant's conversion registration
period from 12; and (2) multiplying the result of clause (1) by 1/12 of the annual fee rounded
up to the next dollar.
(d) For a registrant whose conversion registration period is 12 months, the first annual registration fee charged after the conversion registration period shall not be adjusted.

(e) For a registrant whose conversion registration period is 13 to 17 months, the first annual registration fee charged after the conversion registration period shall be adjusted to add the annual registration fee payment for the months that were not included in the annual registration fee paid for the conversion registration period. The added payment is calculated by: (1) subtracting 12 from the number of months of the registrant's conversion registration period; and (2) multiplying the result of clause (1) by 1/12 of the annual fee rounded up to the next dollar.

(f) For the second and all subsequent registration renewals made after the conversion registration period, the registrant's annual registration fee is as listed in section 147E.40.

Subd. 6. Expiration. This section expires July 1, 2022.

ARTICLE 6
GENETIC COUNSELORS

Section 1. Minnesota Statutes 2018, section 147F.07, subdivision 5, is amended to read:

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

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

(2) the renewal fee required under section 147F.17;

(3) evidence of compliance with the continuing education requirements in section 147F.11; and

(4) any additional information requested by the board.

(b) A licensee must maintain a correct mailing address with the board for receiving board communications, notices, and license renewal documents. Placing the license renewal application in first class United States mail, addressed to the licensee at the licensee's last known address with postage prepaid, constitutes valid service. Failure to receive the renewal documents does not relieve a licensee of the obligation to comply with this section.

(c) The name of a licensee who does not return a complete license renewal application, annual license fee, or late application fee, as applicable, within the time period required by this section shall be removed from the list of individuals authorized to practice during the
current renewal period. If the licensee's license is reinstated, the licensee's name shall be
placed on the list of individuals authorized to practice.

Sec. 2. Minnesota Statutes 2018, section 147F.07, is amended by adding a subdivision to
read:

Subd. 6. Licensure following lapse of licensure status for two years or less. For any
individual whose licensure status has lapsed for two years or less, to regain licensure status,
the individual must:

(1) apply for license renewal according to subdivision 5;

(2) document compliance with the continuing education requirements of section 147F.11
since the licensed genetic counselor's initial licensure or last renewal; and

(3) submit the fees required under section 147F.17 for the period not licensed, including
the fee for late renewal.

Sec. 3. Minnesota Statutes 2018, section 147F.07, is amended by adding a subdivision to
read:

Subd. 6a. Licensure following lapse of licensed status; transition. (a) A licensee whose
license has lapsed under subdivision 6 before January 1, 2020, and who seeks to regain
licensed status after January 1, 2020, shall be treated as a first-time licensee only for purposes
of establishing a license renewal schedule, and shall not be subject to the license cycle
conversion provisions in section 147F.19.

(b) This subdivision expires July 1, 2022.

Sec. 4. [147F.19] LICENSE RENEWAL CYCLE CONVERSION.

Subdivision 1. Generally. The license renewal cycle for genetic counselor licensees is
converted to an annual cycle where renewal is due on the last day of the licensee's month
of birth. Conversion pursuant to this section begins January 1, 2020. This section governs
license renewal procedures for licensees who were licensed before December 31, 2019. The
conversion renewal cycle is the renewal cycle following the first license renewal after
January 1, 2020. The conversion license period is the license period for the conversion
renewal cycle. The conversion license period is between six and 17 months and ends the
last day of the licensee's month of birth in either 2020 or 2021, as described in subdivision
2.
Subd. 2. Conversion of license renewal cycle for current licensees. For a licensee whose license is current as of December 31, 2019, the licensee's conversion license period begins on January 1, 2020, and ends on the last day of the licensee's month of birth in 2020, except that for licensees whose month of birth is January, February, March, April, May, or June, the licensee's renewal cycle ends on the last day of the licensee's month of birth in 2021.

Subd. 3. Conversion of license renewal cycle for noncurrent licensees. This subdivision applies to an individual who was licensed before December 31, 2019, but whose license is not current as of December 31, 2019. When the individual first renews the license after January 1, 2020, the conversion renewal cycle begins on the date the individual applies for renewal and ends on the last day of the licensee's month of birth in the same year, except that if the last day of the individual's month of birth is less than six months after the date the individual applies for renewal, then the renewal period ends on the last day of the individual's month of birth in the following year.

Subd. 4. Subsequent renewal cycles. After the licensee's conversion renewal cycle under subdivision 2 or 3, subsequent renewal cycles are annual and begin on the last day of the month of the licensee's birth.

Subd. 5. Conversion period and fees. (a) A licensee who holds a license issued before January 1, 2020, and who renews that license pursuant to subdivision 2 or 3, shall pay a renewal fee as required in this subdivision.

(b) A licensee shall be charged the annual license fee listed in section 147F.17 for the conversion license period.

(c) For a licensee whose conversion license period is six to 11 months, the first annual license fee charged after the conversion license period shall be adjusted to credit the excess fee payment made during the conversion license period. The credit is calculated by: (1) subtracting the number of months of the licensee's conversion license period from 12; and (2) multiplying the result of clause (1) by 1/12 of the annual fee rounded up to the next dollar.

(d) For a licensee whose conversion license period is 12 months, the first annual license fee charged after the conversion license period shall not be adjusted.

(e) For a licensee whose conversion license period is 13 to 17 months, the first annual license fee charged after the conversion license period shall be adjusted to add the annual license fee payment for the months that were not included in the annual license fee paid for the conversion license period. The added payment is calculated by: (1) subtracting 12 from
the number of months of the licensee's conversion license period; and (2) multiplying the
result of clause (1) by 1/12 of the annual fee rounded up to the next dollar.

(f) For the second and all subsequent license renewals made after the conversion license
period, the licensee's annual license fee is as listed in section 147F.17.

Subd. 6. Expiration. This section expires July 1, 2022.

ARTICLE 7
TECHNICAL CORRECTIONS

Section 1. Minnesota Statutes 2018, section 147.01, subdivision 7, is amended to read:

Subd. 7. Physician application and license fees. (a) The board may charge the following
nonrefundable application and license fees processed pursuant to sections 147.02, 147.03,
147.037, 147.0375, and 147.38:

(1) physician application fee, $200;
(2) physician annual registration renewal fee, $192;
(3) physician endorsement to other states, $40;
(4) physician emeritus license, $50;
(5) physician temporary license, $60;
(6) physician late fee, $60;
(7) duplicate license fee, $20;
(8) certification letter fee, $25;
(9) education or training program approval fee, $100;
(10) report creation and generation fee, $60 per hour;
(11) examination administration fee (half day), $50;
(12) examination administration fee (full day), $80; and
(13) fees developed by the Interstate Commission for determining physician qualification
to register and participate in the interstate medical licensure compact, as established in rules
authorized in and pursuant to section 147.38, not to exceed $1,000;
(14) verification fee, $25; and
(15) criminal background check fee, $32.
(b) The board may prorate the initial annual license fee. All licensees are required to pay the full fee upon license renewal. The revenue generated from the fee must be deposited in an account in the state government special revenue fund.

Sec. 2. Minnesota Statutes 2018, section 147.012, is amended to read:

147.012 OVERSIGHT OF ALLIED HEALTH PROFESSIONS.

The board has responsibility for the oversight of the following allied health professions: physician assistants under chapter 147A, acupuncture practitioners under chapter 147B, respiratory care practitioners under chapter 147C, traditional midwives under chapter 147D, registered naturopathic doctors under chapter 147E, genetic counselors under chapter 147F, and athletic trainers under sections 148.7801 to 148.7815.

Sec. 3. Minnesota Statutes 2018, section 147.02, is amended by adding a subdivision to read:

Subd. 7. Additional renewal requirements. (a) The licensee must maintain a correct mailing address with the board for receiving board communications, notices, and licensure renewal documents. Placing the license renewal application in first class United States mail, addressed to the licensee at the licensee's last known address with postage prepaid, constitutes valid service. Failure to receive the renewal documents does not relieve a license holder of the obligation to comply with this section.

(b) The names of licensees who do not return a complete license renewal application, the annual license fee, or the late application fee within 30 days shall be removed from the list of individuals authorized to practice medicine and surgery during the current renewal period. Upon reinstatement of licensure, the licensee's name will be placed on the list of individuals authorized to practice medicine and surgery.

Sec. 4. Minnesota Statutes 2018, section 147A.28, is amended to read:

147A.28 PHYSICIAN ASSISTANT APPLICATION AND LICENSE FEES.

(a) The board may charge the following nonrefundable fees:

(1) physician assistant application fee, $120;

(2) physician assistant annual registration renewal fee (prescribing authority), $135;

(3) physician assistant annual registration renewal fee (no prescribing authority), $115;

(4) physician assistant temporary registration, $115;
(5) physician assistant temporary permit, $60;
(6) physician assistant locum tenens permit, $25;
(7) physician assistant late fee, $50;
(8) duplicate license fee, $20;
(9) certification letter fee, $25;
(10) education or training program approval fee, $100; and
(11) report creation and generation fee, $60 per hour;
(12) verification fee, $25; and
(13) criminal background check fee, $32.

(b) The board may prorate the initial annual license fee. All licensees are required to
pay the full fee upon license renewal. The revenue generated from the fees must be deposited
in an account in the state government special revenue fund.

Sec. 5. Minnesota Statutes 2018, section 147B.08, is amended to read:

147B.08 FEES.

Subd. 4. Acupuncturist application and license fees. (a) The board may charge the
following nonrefundable fees:

(1) acupuncturist application fee, $150;
(2) acupuncturist annual registration renewal fee, $150;
(3) acupuncturist temporary registration fee, $60;
(4) acupuncturist inactive status fee, $50;
(5) acupuncturist late fee, $50;
(6) duplicate license fee, $20;
(7) certification letter fee, $25;
(8) education or training program approval fee, $100; and
(9) report creation and generation fee, $60 per hour;
(10) verification fee, $25; and
(11) criminal background check fee, $32.
Sec. 6. Minnesota Statutes 2018, section 147C.40, is amended to read:

147C.40 FEES.

Subd. 5. Respiratory therapist application and license fees. (a) The board may charge the following nonrefundable fees:

(1) respiratory therapist application fee, $100;
(2) respiratory therapist annual registration renewal fee, $90;
(3) respiratory therapist inactive status fee, $50;
(4) respiratory therapist temporary registration fee, $90;
(5) respiratory therapist temporary permit, $60;
(6) respiratory therapist late fee, $50;
(7) duplicate license fee, $20;
(8) certification letter fee, $25;
(9) education or training program approval fee, $100; and
(10) report creation and generation fee, $60, per hour;
(11) verification fee, $25; and
(12) criminal background check fee, $32.

(b) The board may prorate the initial annual license fee. All licensees are required to pay the full fee upon license renewal. The revenue generated from the fees must be deposited in an account in the state government special revenue fund.

Sec. 7. Minnesota Statutes 2018, section 147D.27, is amended by adding a subdivision to read:

Subd. 5. Additional fees. The board may also charge the following nonrefundable fees:

(1) verification fee, $25;
(2) certification letter fee, $25;
(3) education or training program approval fee, $100;
Sec. 8. Minnesota Statutes 2018, section 147E.40, subdivision 1, is amended to read:

Subdivision 1. Fees. Fees are as follows:

(1) registration application fee, $200;

(2) renewal fee, $150;

(3) late fee, $75;

(4) inactive status fee, $50; and

(5) temporary permit fee, $25;

(6) emeritus registration fee, $50;

(7) duplicate license fee, $20;

(8) certification letter fee, $25;

(9) verification fee, $25;

(10) education or training program approval fee, $100; and

(11) report creation and generation fee, $60 per hour.

Sec. 9. Minnesota Statutes 2018, section 147F.17, subdivision 1, is amended to read:

Subdivision 1. Fees. Fees are as follows:

(1) license application fee, $200;

(2) initial licensure and annual renewal, $150; and

(3) late fee, $75;

(4) temporary license fee, $60;

(5) duplicate license fee, $20;

(6) certification letter fee, $25;

(7) education or training program approval fee, $100;

(8) report creation and generation fee, $60 per hour; and
(9) criminal background check fee, $32.

Sec. 10. Minnesota Statutes 2018, section 148.7815, subdivision 1, is amended to read:

Subdivision 1. Fees. The board shall establish fees as follows:

(1) application fee, $50; and

(2) annual license fee, $100;

(3) late fee, $15;

(4) duplicate license fee, $20;

(5) certification letter fee, $25;

(6) verification fee, $25;

(7) education or training program approval fee, $100; and

(8) report creation and generation fee, $60 per hour.

Sec. 11. REPEALER.

Minnesota Rules, part 5600.0605, subparts 5 and 8, are repealed.
5600.0605 LICENSE RENEWAL PROCEDURES.

Subp. 5. Service. The licensee must maintain a correct mailing address with the board for receiving board communications, notices, and licensure renewal documents. Placing the license renewal application in first class United States mail, addressed to the licensee at the licensee's last known address with postage prepaid, constitutes valid service. Failure to receive the renewal documents does not relieve a license holder of the obligation to comply with this part.

Subp. 8. Removal of name from list. The names of licensees who do not return a complete license renewal application, the annual license fee, or the late application fee within the time period listed in subpart 7, shall be removed from the list of individuals authorized to practice medicine and surgery during the current renewal period. Upon reinstatement of licensure, the licensee's name will be placed on the list of individuals authorized to practice medicine and surgery.
A bill for an act

relating to health licensing; converting allied health professions to a birth month
renewal cycle; making technical corrections; modifying certain fees; amending
Minnesota Statutes 2018, sections 147.01, subdivision 7; 147.012; 147.02, by
adding a subdivision; 147A.06; 147A.07; 147A.28; 147B.02, subdivision 9, by
adding a subdivision; 147B.08; 147C.15, subdivision 7, by adding a subdivision;
147C.40; 147D.17, subdivision 6, by adding a subdivision; 147D.27, by adding a
subdivision; 147E.15, subdivision 5, by adding a subdivision; 147E.40, subdivision
1; 147F.07, subdivision 5, by adding subdivisions; 147F.17, subdivision 1;
148.7815, subdivision 1; proposing coding for new law in Minnesota Statutes,
chapters 147A; 147B; 147C; 147D; 147E; 147F; repealing Minnesota Rules, part
5600.0605, subparts 5, 8.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

ARTICLE 1

PHYSICIAN ASSISTANTS

Section 1. Minnesota Statutes 2018, section 147A.06, is amended to read:

147A.06 CANCELLATION OF LICENSE FOR NONRENEWAL.

Subdivision 1. Cancellation of license. The board shall not renew, reissue, reinstate, or
restore a license that has lapsed on or after July 1, 1996, and has not been renewed within
two annual renewal cycles starting July 1, 1997. A licensee whose license is canceled for
nonrenewal must obtain a new license by applying for licensure and fulfilling all requirements
then in existence for an initial license to practice as a physician assistant.

Subd. 2. Licensure following lapse of licensed status; transition. (a) A licensee whose
license has lapsed under subdivision 1 before January 1, 2020, and who seeks to regain
licensed status after January 1, 2020, shall be treated as a first-time licensee only for purposes
of establishing a license renewal schedule, and shall not be subject to the license cycle
conversion provisions in section 147A.29.

(b) This subdivision expires July 1, 2022.

Sec. 2. Minnesota Statutes 2018, section 147A.07, is amended to read:

147A.07 RENEWAL.

(a) A person who holds a license as a physician assistant shall annually, upon notification
from the board, renew the license by:

(1) submitting the appropriate fee as determined by the board;

(2) completing the appropriate forms; and

(3) meeting any other requirements of the board.

(b) A licensee must maintain a correct mailing address with the board for receiving board
communications, notices, and license renewal documents. Placing the license renewal
application in first class United States mail, addressed to the licensee at the licensee's last
known address with postage prepaid, constitutes valid service. Failure to receive the renewal
documents does not relieve a licensee of the obligation to comply with this section.

(c) The name of a licensee who does not return a complete license renewal application,
annual license fee, or late application fee, as applicable, within the time period required by
this section shall be removed from the list of individuals authorized to practice during the
current renewal period. If the licensee's license is reinstated, the licensee's name shall be
placed on the list of individuals authorized to practice.

Sec. 3. [147A.29] LICENSE RENEWAL CYCLE CONVERSION.

Subdivision 1. Generally. The license renewal cycle for physician assistant licensees
is converted to an annual cycle where renewal is due on the last day of the licensee's month
of birth. Conversion pursuant to this section begins January 1, 2020. This section governs
license renewal procedures for licensees who were licensed before December 31, 2019. The
conversion renewal cycle is the renewal cycle following the first license renewal after
January 1, 2020. The conversion license period is the license period for the conversion
renewal cycle. The conversion license period is between six and 17 months and ends the
last day of the licensee's month of birth in either 2020 or 2021, as described in subdivision
2.
Subd. 2. Conversion of license renewal cycle for current licensees. For a licensee whose license is current as of December 31, 2019, the licensee's conversion license period begins on January 1, 2020, and ends on the last day of the licensee's month of birth in 2020, except that for licensees whose month of birth is January, February, March, April, May, or June, the licensee's renewal cycle ends on the last day of the licensee's month of birth in 2021.

Subd. 3. Conversion of license renewal cycle for noncurrent licensees. This subdivision applies to an individual who was licensed before December 31, 2019, but whose license is not current as of December 31, 2019. When the individual first renews the license after January 1, 2020, the conversion renewal cycle begins on the date the individual applies for renewal and ends on the last day of the licensee's month of birth in the same year, except that if the last day of the individual's month of birth is less than six months after the date the individual applies for renewal, then the renewal period ends on the last day of the individual's month of birth in the following year.

Subd. 4. Subsequent renewal cycles. After the licensee's conversion renewal cycle under subdivision 2 or 3, subsequent renewal cycles are annual and begin on the last day of the month of the licensee's birth.

Subd. 5. Conversion period and fees. (a) A licensee who holds a license issued before January 1, 2020, and who renews that license pursuant to subdivision 2 or 3, shall pay a renewal fee as required in this subdivision.

(b) A licensee shall be charged the annual license fee listed in section 147A.28 for the conversion license period.

(c) For a licensee whose conversion license period is six to 11 months, the first annual license fee charged after the conversion license period shall be adjusted to credit the excess fee payment made during the conversion license period. The credit is calculated by: (1) subtracting the number of months of the licensee's conversion license period from 12; and (2) multiplying the result of clause (1) by 1/12 of the annual fee rounded up to the next dollar.

(d) For a licensee whose conversion license period is 12 months, the first annual license fee charged after the conversion license period shall not be adjusted.

(e) For a licensee whose conversion license period is 13 to 17 months, the first annual license fee charged after the conversion license period shall be adjusted to add the annual license fee payment for the months that were not included in the annual license fee paid for the conversion license period. The added payment is calculated by: (1) subtracting 12 from
the number of months of the licensee's conversion license period; and (2) multiplying the 
result of clause (1) by 1/12 of the annual fee rounded up to the next dollar.

(f) For the second and all subsequent license renewals made after the conversion license 
period, the licensee's annual license fee is as listed in section 147A.28.

Subd. 6. Expiration. This section expires July 1, 2022.

ARTICLE 2

ACUPUNCTURE PRACTITIONERS.

Section 1. Minnesota Statutes 2018, section 147B.02, subdivision 9, is amended to read:

Subd. 9. Renewal. (a) To renew a license an applicant must:

(1) annually, or as determined by the board, complete a renewal application on a form 
provided by the board;

(2) submit the renewal fee;

(3) provide documentation of current and active NCCAOM certification; or

(4) if licensed under subdivision 5 or 6, meet the same NCCAOM professional 
development activity requirements as those licensed under subdivision 7.

(b) An applicant shall submit any additional information requested by the board to clarify 
information presented in the renewal application. The information must be submitted within 
30 days after the board's request, or the renewal request is nullified.

(c) An applicant must maintain a correct mailing address with the board for receiving 
board communications, notices, and license renewal documents. Placing the license renewal 
application in first class United States mail, addressed to the applicant at the applicant's last 
known address with postage prepaid, constitutes valid service. Failure to receive the renewal 
documents does not relieve an applicant of the obligation to comply with this section.

(d) The name of an applicant who does not return a complete license renewal application, 
annual license fee, or late application fee, as applicable, within the time period required by 
this section shall be removed from the list of individuals authorized to practice during the 
current renewal period. If the applicant's license is reinstated, the applicant's name shall be 
placed on the list of individuals authorized to practice.
Sec. 2. Minnesota Statutes 2018, section 147B.02, is amended by adding a subdivision to read:

Subd. 12a. **Licensure following lapse of licensed status; transition.** (a) A licensee whose license has lapsed under subdivision 4 before January 1, 2020, and who seeks to regain licensed status after January 1, 2020, shall be treated as a first-time licensee only for purposes of establishing a license renewal schedule, and shall not be subject to the license cycle conversion provisions in section 147B.09.

(b) This subdivision expires July 1, 2022.

Sec. 3. **[147B.09] LICENSE RENEWAL CYCLE CONVERSION.**

Subdivision 1. **Generally.** The license renewal cycle for acupuncture practitioner licensees is converted to an annual cycle where renewal is due on the last day of the licensee's month of birth. Conversion pursuant to this section begins January 1, 2020. This section governs license renewal procedures for licensees who were licensed before December 31, 2019. The conversion renewal cycle is the renewal cycle following the first license renewal after January 1, 2020. The conversion license period is the license period for the conversion renewal cycle. The conversion license period is between six and 17 months and ends the last day of the licensee's month of birth in either 2020 or 2021, as described in subdivision 2.

Subd. 2. **Conversion of license renewal cycle for current licensees.** For a licensee whose license is current as of December 31, 2019, the licensee's conversion license period begins on January 1, 2020, and ends on the last day of the licensee's month of birth in 2020, except that for licensees whose month of birth is January, February, March, April, May, or June, the licensee's renewal cycle ends on the last day of the licensee's month of birth in 2021.

Subd. 3. **Conversion of license renewal cycle for noncurrent licensees.** This subdivision applies to an individual who was licensed before December 31, 2019, but whose license is not current as of December 31, 2019. When the individual first renews the license after January 1, 2020, the conversion renewal cycle begins on the date the individual applies for renewal and ends on the last day of the licensee's month of birth in the same year, except that if the last day of the individual's month of birth is less than six months after the date the individual applies for renewal, then the renewal period ends on the last day of the individual's month of birth in the following year.
Subd. 4. **Subsequent renewal cycles.** After the licensee's conversion renewal cycle under subdivision 2 or 3, subsequent renewal cycles are annual and begin on the last day of the month of the licensee's birth.

Subd. 5. **Conversion period and fees.** (a) A licensee who holds a license issued before January 1, 2020, and who renews that license pursuant to subdivision 2 or 3, shall pay a renewal fee as required in this subdivision.

(b) A licensee shall be charged the annual license fee listed in section 147B.08 for the conversion license period.

(c) For a licensee whose conversion license period is six to 11 months, the first annual license fee charged after the conversion license period shall be adjusted to credit the excess fee payment made during the conversion license period. The credit is calculated by: (1) subtracting the number of months of the licensee's conversion license period from 12; and (2) multiplying the result of clause (1) by 1/12 of the annual fee rounded up to the next dollar.

(d) For a licensee whose conversion license period is 12 months, the first annual license fee charged after the conversion license period shall not be adjusted.

(e) For a licensee whose conversion license period is 13 to 17 months, the first annual license fee charged after the conversion license period shall be adjusted to add the annual license fee payment for the months that were not included in the annual license fee paid for the conversion license period. The added payment is calculated by: (1) subtracting 12 from the number of months of the licensee's conversion license period; and (2) multiplying the result of clause (1) by 1/12 of the annual fee rounded up to the next dollar.

(f) For the second and all subsequent license renewals made after the conversion license period, the licensee's annual license fee is as listed in section 147B.08.

Subd. 6. **Expiration.** This section expires July 1, 2022.

**ARTICLE 3**

**RESPIRATORY CARE PRACTITIONERS**

Section 1. Minnesota Statutes 2018, section 147C.15, subdivision 7, is amended to read:

Subd. 7. **Renewal.** (a) To be eligible for license renewal a licensee must:

(1) annually, or as determined by the board, complete a renewal application on a form provided by the board;
(2) submit the renewal fee;

(3) provide evidence every two years of a total of 24 hours of continuing education approved by the board as described in section 147C.25; and

(4) submit any additional information requested by the board to clarify information presented in the renewal application. The information must be submitted within 30 days after the board's request, or the renewal request is nullified.

(b) Applicants for renewal who have not practiced the equivalent of eight full weeks during the past five years must achieve a passing score on retaking the credentialing examination.

(c) A licensee must maintain a correct mailing address with the board for receiving board communications, notices, and license renewal documents. Placing the license renewal application in first class United States mail, addressed to the licensee at the licensee's last known address with postage prepaid, constitutes valid service. Failure to receive the renewal documents does not relieve a licensee of the obligation to comply with this section.

(d) The name of a licensee who does not return a complete license renewal application, annual license fee, or late application fee, as applicable, within the time period required by this section shall be removed from the list of individuals authorized to practice during the current renewal period. If the licensee's license is reinstated, the licensee's name shall be placed on the list of individuals authorized to practice.

Sec. 2. Minnesota Statutes 2018, section 147C.15, is amended by adding a subdivision to read:

Subd. 12a. **Licensure following lapse of licensed status; transition.** (a) A licensee whose license has lapsed under subdivision 12 before January 1, 2020, and who seeks to regain licensed status after January 1, 2020, shall be treated as a first-time licensee only for purposes of establishing a license renewal schedule, and shall not be subject to the license cycle conversion provisions in section 147C.45.

(b) This subdivision expires July 1, 2022.

Sec. 3. **[147C.45] LICENSE RENEWAL CYCLE CONVERSION.**

Subdivision 1. **Generally.** The license renewal cycle for respiratory care practitioner licensees is converted to an annual cycle where renewal is due on the last day of the licensee's month of birth. Conversion pursuant to this section begins January 1, 2020. This section governs license renewal procedures for licensees who were licensed before December 31,
2019. The conversion renewal cycle is the renewal cycle following the first license renewal after January 1, 2020. The conversion license period is the license period for the conversion renewal cycle. The conversion license period is between six and 17 months and ends the last day of the licensee's month of birth in either 2020 or 2021, as described in subdivision 2.

Subd. 2. Conversion of license renewal cycle for current licensees. For a licensee whose license is current as of December 31, 2019, the licensee's conversion license period begins on January 1, 2020, and ends on the last day of the licensee's month of birth in 2020, except that for licensees whose month of birth is January, February, March, April, May, or June, the licensee's renewal cycle ends on the last day of the licensee's month of birth in 2021.

Subd. 3. Conversion of license renewal cycle for noncurrent licensees. This subdivision applies to an individual who was licensed before December 31, 2019, but whose license is not current as of December 31, 2019. When the individual first renews the license after January 1, 2020, the conversion renewal cycle begins on the date the individual applies for renewal and ends on the last day of the licensee's month of birth in the same year, except that if the last day of the individual's month of birth is less than six months after the date the individual applies for renewal, then the renewal period ends on the last day of the individual's month of birth in the following year.

Subd. 4. Subsequent renewal cycles. After the licensee's conversion renewal cycle under subdivision 2 or 3, subsequent renewal cycles are annual and begin on the last day of the month of the licensee's birth.

Subd. 5. Conversion period and fees. (a) A licensee who holds a license issued before January 1, 2020, and who renews that license pursuant to subdivision 2 or 3, shall pay a renewal fee as required in this subdivision.

(b) A licensee shall be charged the annual license fee listed in section 147C.40 for the conversion license period.

(c) For a licensee whose conversion license period is six to 11 months, the first annual license fee charged after the conversion license period shall be adjusted to credit the excess fee payment made during the conversion license period. The credit is calculated by: (1) subtracting the number of months of the licensee's conversion license period from 12; and (2) multiplying the result of clause (1) by 1/12 of the annual fee rounded up to the next dollar.
(d) For a licensee whose conversion license period is 12 months, the first annual license fee charged after the conversion license period shall not be adjusted.

(e) For a licensee whose conversion license period is 13 to 17 months, the first annual license fee charged after the conversion license period shall be adjusted to add the annual license fee payment for the months that were not included in the annual license fee paid for the conversion license period. The added payment is calculated by: (1) subtracting 12 from the number of months of the licensee's conversion license period; and (2) multiplying the result of clause (1) by 1/12 of the annual fee rounded up to the next dollar.

(f) For the second and all subsequent license renewals made after the conversion license period, the licensee's annual license fee is as listed in section 147C.40.

Subd. 6. Expiration. This section expires July 1, 2022.

ARTICLE 4
TRADITIONAL MIDWIVES

Section 1. Minnesota Statutes 2018, section 147D.17, subdivision 6, is amended to read:

Subd. 6. Renewal. (a) To be eligible for license renewal, a licensed traditional midwife must:

(1) complete a renewal application on a form provided by the board;

(2) submit the renewal fee;

(3) provide evidence every three years of a total of 30 hours of continuing education approved by the board as described in section 147D.21;

(4) submit evidence of an annual peer review and update of the licensed traditional midwife's medical consultation plan; and

(5) submit any additional information requested by the board. The information must be submitted within 30 days after the board's request, or the renewal request is nullified.

(b) An licensee must maintain a correct mailing address with the board for receiving board communications, notices, and license renewal documents. Placing the license renewal application in first class United States mail, addressed to the licensee at the licensee's last known address with postage prepaid, constitutes valid service. Failure to receive the renewal documents does not relieve a licensee of the obligation to comply with this section.

(c) The name of a licensee who does not return a complete license renewal application, annual license fee, or late application fee, as applicable, within the time period required by
this section shall be removed from the list of individuals authorized to practice during the current renewal period. If the licensee's license is reinstated, the licensee's name shall be placed on the list of individuals authorized to practice.

Sec. 2. Minnesota Statutes 2018, section 147D.17, is amended by adding a subdivision to read:

Subd. 11a. Licensure following lapse of licensed status; transition. (a) A licensee whose license has lapsed under subdivision 11 before January 1, 2020, and who seeks to regain licensed status after January 1, 2020, shall be treated as a first-time licensee only for purposes of establishing a license renewal schedule, and shall not be subject to the license cycle conversion provisions in section 147D.29.

(b) This subdivision expires July 1, 2022.

Sec. 3. [147D.29] LICENSE RENEWAL CYCLE CONVERSION.

Subdivision 1. Generally. The license renewal cycle for traditional midwife licensees is converted to an annual cycle where renewal is due on the last day of the licensee's month of birth. Conversion pursuant to this section begins January 1, 2020. This section governs license renewal procedures for licensees who were licensed before December 31, 2019. The conversion renewal cycle is the renewal cycle following the first license renewal after January 1, 2020. The conversion license period is the license period for the conversion renewal cycle. The conversion license period is between six and 17 months and ends the last day of the licensee's month of birth in either 2020 or 2021, as described in subdivision 2.

Subd. 2. Conversion of license renewal cycle for current licensees. For a licensee whose license is current as of December 31, 2019, the licensee's conversion license period begins on January 1, 2020, and ends on the last day of the licensee's month of birth in 2020, except that for licensees whose month of birth is January, February, March, April, May, or June, the licensee's renewal cycle ends on the last day of the licensee's month of birth in 2021.

Subd. 3. Conversion of license renewal cycle for noncurrent licensees. This subdivision applies to an individual who was licensed before December 31, 2019, but whose license is not current as of December 31, 2019. When the individual first renews the license after January 1, 2020, the conversion renewal cycle begins on the date the individual applies for renewal and ends on the last day of the licensee's month of birth in the same year, except that if the last day of the individual's month of birth is less than six months after the date
the individual applies for renewal, then the renewal period ends on the last day of the
individual's month of birth in the following year.

Subd. 4. Subsequent renewal cycles. After the licensee's conversion renewal cycle
under subdivision 2 or 3, subsequent renewal cycles are annual and begin on the last day
of the month of the licensee's birth.

Subd. 5. Conversion period and fees. (a) A licensee who holds a license issued before
January 1, 2020, and who renews that license pursuant to subdivision 2 or 3, shall pay a
renewal fee as required in this subdivision.

(b) A licensee shall be charged the annual license fee listed in section 147D.27 for the
conversion license period.

(c) For a licensee whose conversion license period is six to 11 months, the first annual
license fee charged after the conversion license period shall be adjusted to credit the excess
fee payment made during the conversion license period. The credit is calculated by: (1)
subtracting the number of months of the licensee's conversion license period from 12; and
(2) multiplying the result of clause (1) by 1/12 of the annual fee rounded up to the next
dollar.

(d) For a licensee whose conversion license period is 12 months, the first annual license
fee charged after the conversion license period shall not be adjusted.

(e) For a licensee whose conversion license period is 13 to 17 months, the first annual
license fee charged after the conversion license period shall be adjusted to add the annual
license fee payment for the months that were not included in the annual license fee paid for
the conversion license period. The added payment is calculated by: (1) subtracting 12 from
the number of months of the licensee's conversion license period; and (2) multiplying the
result of clause (1) by 1/12 of the annual fee rounded up to the next dollar.

(f) For the second and all subsequent license renewals made after the conversion license
period, the licensee's annual license fee is as listed in section 147D.27.

Subd. 6. Expiration. This section expires July 1, 2022.

ARTICLE 5

REGISTERED NATUROPATHIC DOCTORS

Section 1. Minnesota Statutes 2018, section 147E.15, subdivision 5, is amended to read:

Subd. 5. Renewal. (a) To be eligible for registration renewal a registrant must:
(1) annually, or as determined by the board, complete a renewal application on a form provided by the board;

(2) submit the renewal fee;

(3) provide evidence of a total of 25 hours of continuing education approved by the board as described in section 147E.25; and

(4) submit any additional information requested by the board to clarify information presented in the renewal application. The information must be submitted within 30 days after the board's request, or the renewal request is nullified.

(b) A registrant must maintain a correct mailing address with the board for receiving board communications, notices, and registration renewal documents. Placing the registration renewal application in first class United States mail, addressed to the registrant at the registrant's last known address with postage prepaid, constitutes valid service. Failure to receive the renewal documents does not relieve a registrant of the obligation to comply with this section.

(c) The name of a registrant who does not return a complete registration renewal application, annual registration fee, or late application fee, as applicable, within the time period required by this section shall be removed from the list of individuals authorized to practice during the current renewal period. If the registrant's registration is reinstated, the registrant's name shall be placed on the list of individuals authorized to practice.

Sec. 2. Minnesota Statutes 2018, section 147E.15, is amended by adding a subdivision to read:

Subd. 10a. Registration following lapse of registered status; transition. (a) A registrant whose registration has lapsed under subdivision 10 before January 1, 2020, and who seeks to regain registered status after January 1, 2020, shall be treated as a first-time registrant only for purposes of establishing a registration renewal schedule, and shall not be subject to the registration cycle conversion provisions in section 147E.45.

(b) This subdivision expires July 1, 2022.

Sec. 3. [147E.45] REGISTRATION RENEWAL CYCLE CONVERSION.

Subdivision 1. Generally. The registration renewal cycle for registered naturopathic doctors is converted to an annual cycle where renewal is due on the last day of the registrant's month of birth. Conversion pursuant to this section begins January 1, 2020. This section governs registration renewal procedures for registrants who were registered before December
31, 2019. The conversion renewal cycle is the renewal cycle following the first registration renewal after January 1, 2020. The conversion registration period is the registration period for the conversion renewal cycle. The conversion registration period is between six and 17 months and ends the last day of the registrant's month of birth in either 2020 or 2021, as described in subdivision 2.

Subd. 2. Conversion of registration renewal cycle for current registrants. For a registrant whose registration is current as of December 31, 2019, the registrant's conversion registration period begins on January 1, 2020, and ends on the last day of the registrant's month of birth in 2020, except that for registrants whose month of birth is January, February, March, April, May, or June, the registrant's renewal cycle ends on the last day of the registrant's month of birth in 2021.

Subd. 3. Conversion of registration renewal cycle for noncurrent registrants. This subdivision applies to an individual who was registered before December 31, 2019, but whose registration is not current as of December 31, 2019. When the individual first renews the registration after January 1, 2020, the conversion renewal cycle begins on the date the individual applies for renewal and ends on the last day of the registrant's month of birth in the same year, except that if the last day of the individual's month of birth is less than six months after the date the individual applies for renewal, then the renewal period ends on the last day of the individual's month of birth in the following year.

Subd. 4. Subsequent renewal cycles. After the registrant's conversion renewal cycle under subdivision 2 or 3, subsequent renewal cycles are annual and begin on the last day of the month of the registrant's birth.

Subd. 5. Conversion period and fees. (a) A registrant who holds a registration issued before January 1, 2020, and who renews that registration pursuant to subdivision 2 or 3, shall pay a renewal fee as required in this subdivision.

(b) A registrant shall be charged the annual registration fee listed in section 147E.40 for the conversion registration period.

(c) For a registrant whose conversion registration period is six to 11 months, the first annual registration fee charged after the conversion registration period shall be adjusted to credit the excess fee payment made during the conversion registration period. The credit is calculated by: (1) subtracting the number of months of the registrant's conversion registration period from 12; and (2) multiplying the result of clause (1) by 1/12 of the annual fee rounded up to the next dollar.
(d) For a registrant whose conversion registration period is 12 months, the first annual registration fee charged after the conversion registration period shall not be adjusted.

(e) For a registrant whose conversion registration period is 13 to 17 months, the first annual registration fee charged after the conversion registration period shall be adjusted to add the annual registration fee payment for the months that were not included in the annual registration fee paid for the conversion registration period. The added payment is calculated by: (1) subtracting 12 from the number of months of the registrant's conversion registration period; and (2) multiplying the result of clause (1) by 1/12 of the annual fee rounded up to the next dollar.

(f) For the second and all subsequent registration renewals made after the conversion registration period, the registrant's annual registration fee is as listed in section 147E.40.

Subd. 6. Expiration. This section expires July 1, 2022.

ARTICLE 6
GENETIC COUNSELORS

Section 1. Minnesota Statutes 2018, section 147F.07, subdivision 5, is amended to read:

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

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

(2) the renewal fee required under section 147F.17;

(3) evidence of compliance with the continuing education requirements in section 147F.11; and

(4) any additional information requested by the board.

(b) A licensee must maintain a correct mailing address with the board for receiving board communications, notices, and license renewal documents. Placing the license renewal application in first class United States mail, addressed to the licensee at the licensee's last known address with postage prepaid, constitutes valid service. Failure to receive the renewal documents does not relieve a licensee of the obligation to comply with this section.

(c) The name of a licensee who does not return a complete license renewal application, annual license fee, or late application fee, as applicable, within the time period required by this section shall be removed from the list of individuals authorized to practice during the
current renewal period. If the licensee's license is reinstated, the licensee's name shall be
placed on the list of individuals authorized to practice.

Sec. 2. Minnesota Statutes 2018, section 147F.07, is amended by adding a subdivision to
read:

Subd. 6. Licensure following lapse of licensure status for two years or less. For any
individual whose licensure status has lapsed for two years or less, to regain licensure status,
the individual must:

1. apply for license renewal according to subdivision 5;
2. document compliance with the continuing education requirements of section 147F.11
since the licensed genetic counselor's initial licensure or last renewal; and
3. submit the fees required under section 147F.17 for the period not licensed, including
the fee for late renewal.

Sec. 3. Minnesota Statutes 2018, section 147F.07, is amended by adding a subdivision to
read:

Subd. 6a. Licensure following lapse of licensed status; transition. (a) A licensee whose
license has lapsed under subdivision 6 before January 1, 2020, and who seeks to regain
licensed status after January 1, 2020, shall be treated as a first-time licensee only for purposes
of establishing a license renewal schedule, and shall not be subject to the license cycle
conversion provisions in section 147F.19.

(b) This subdivision expires July 1, 2022.

Sec. 4. [147F.19] LICENSE RENEWAL CYCLE CONVERSION.

Subdivision 1. Generally, The license renewal cycle for genetic counselor licensees is
converted to an annual cycle where renewal is due on the last day of the licensee's month
of birth. Conversion pursuant to this section begins January 1, 2020. This section governs
license renewal procedures for licensees who were licensed before December 31, 2019. The
conversion renewal cycle is the renewal cycle following the first license renewal after
January 1, 2020. The conversion license period is the license period for the conversion
renewal cycle. The conversion license period is between six and 17 months and ends the
last day of the licensee's month of birth in either 2020 or 2021, as described in subdivision
2.
Subd. 2. Conversion of license renewal cycle for current licensees. For a licensee whose license is current as of December 31, 2019, the licensee's conversion license period begins on January 1, 2020, and ends on the last day of the licensee's month of birth in 2020, except that for licensees whose month of birth is January, February, March, April, May, or June, the licensee's renewal cycle ends on the last day of the licensee's month of birth in 2021.

Subd. 3. Conversion of license renewal cycle for noncurrent licensees. This subdivision applies to an individual who was licensed before December 31, 2019, but whose license is not current as of December 31, 2019. When the individual first renews the license after January 1, 2020, the conversion renewal cycle begins on the date the individual applies for renewal and ends on the last day of the licensee's month of birth in the same year, except that if the last day of the individual's month of birth is less than six months after the date the individual applies for renewal, then the renewal period ends on the last day of the individual's month of birth in the following year.

Subd. 4. Subsequent renewal cycles. After the licensee's conversion renewal cycle under subdivision 2 or 3, subsequent renewal cycles are annual and begin on the last day of the month of the licensee's birth.

Subd. 5. Conversion period and fees. (a) A licensee who holds a license issued before January 1, 2020, and who renews that license pursuant to subdivision 2 or 3, shall pay a renewal fee as required in this subdivision.

(b) A licensee shall be charged the annual license fee listed in section 147F.17 for the conversion license period.

(c) For a licensee whose conversion license period is six to 11 months, the first annual license fee charged after the conversion license period shall be adjusted to credit the excess fee payment made during the conversion license period. The credit is calculated by: (1) subtracting the number of months of the licensee's conversion license period from 12; and (2) multiplying the result of clause (1) by 1/12 of the annual fee rounded up to the next dollar.

(d) For a licensee whose conversion license period is 12 months, the first annual license fee charged after the conversion license period shall not be adjusted.

(e) For a licensee whose conversion license period is 13 to 17 months, the first annual license fee charged after the conversion license period shall be adjusted to add the annual license fee payment for the months that were not included in the annual license fee paid for the conversion license period. The added payment is calculated by: (1) subtracting 12 from...
the number of months of the licensee's conversion license period; and (2) multiplying the
result of clause (1) by 1/12 of the annual fee rounded up to the next dollar.

(f) For the second and all subsequent license renewals made after the conversion license
period, the licensee's annual license fee is as listed in section 147F.17.

Subd. 6. **Expiration.** This section expires July 1, 2022.

**ARTICLE 7**

**TECHNICAL CORRECTIONS**

Section 1. Minnesota Statutes 2018, section 147.01, subdivision 7, is amended to read:

Subd. 7. **Physician application and license fees.** (a) The board may charge the following
nonrefundable application and license fees processed pursuant to sections 147.02, 147.03,
147.037, 147.0375, and 147.38:

(1) physician application fee, $200;
(2) physician annual registration renewal fee, $192;
(3) physician endorsement to other states, $40;
(4) physician emeritus license, $50;
(5) physician temporary license, $60;
(6) physician late fee, $60;
(7) duplicate license fee, $20;
(8) certification letter fee, $25;
(9) education or training program approval fee, $100;
(10) report creation and generation fee, $60 per hour;
(11) examination administration fee (half day), $50;
(12) examination administration fee (full day), $80; and
(13) fees developed by the Interstate Commission for determining physician qualification
to register and participate in the interstate medical licensure compact, as established in rules
authorized in and pursuant to section 147.38, not to exceed $1,000;
(14) verification fee, $25; and
(15) criminal background check fee, $32.
The board may prorate the initial annual license fee. All licensees are required to pay the full fee upon license renewal. The revenue generated from the fee must be deposited in an account in the state government special revenue fund.

Sec. 2. Minnesota Statutes 2018, section 147.012, is amended to read:

**147.012 OVERSIGHT OF ALLIED HEALTH PROFESSIONS.**

The board has responsibility for the oversight of the following allied health professions:

- physician assistants under chapter 147A;
- acupuncture practitioners under chapter 147B;
- respiratory care practitioners under chapter 147C;
- traditional midwives under chapter 147D;
- registered naturopathic doctors under chapter 147E;
- genetic counselors under chapter 147F;
- and athletic trainers under sections 148.7801 to 148.7815.

Sec. 3. Minnesota Statutes 2018, section 147.02, is amended by adding a subdivision to read:

Subd. 7. Additional renewal requirements. (a) The licensee must maintain a correct mailing address with the board for receiving board communications, notices, and licensure renewal documents. Placing the license renewal application in first class United States mail, addressed to the licensee at the licensee's last known address with postage prepaid, constitutes valid service. Failure to receive the renewal documents does not relieve a license holder of the obligation to comply with this section.

(b) The names of licensees who do not return a complete license renewal application, the annual license fee, or the late application fee within 30 days shall be removed from the list of individuals authorized to practice medicine and surgery during the current renewal period. Upon reinstatement of licensure, the licensee's name will be placed on the list of individuals authorized to practice medicine and surgery.

Sec. 4. Minnesota Statutes 2018, section 147A.28, is amended to read:

**147A.28 PHYSICIAN ASSISTANT APPLICATION AND LICENSE FEES.**

(a) The board may charge the following nonrefundable fees:

1. physician assistant application fee, $120;
2. physician assistant annual registration renewal fee (prescribing authority), $135;
3. physician assistant annual registration renewal fee (no prescribing authority), $115;
4. physician assistant temporary registration, $115;
(5) physician assistant temporary permit, $60;
(6) physician assistant locum tenens permit, $25;
(7) physician assistant late fee, $50;
(8) duplicate license fee, $20;
(9) certification letter fee, $25;
(10) education or training program approval fee, $100; and
(11) report creation and generation fee, $60 per hour;
(12) verification fee, $25; and
(13) criminal background check fee, $32.

(b) The board may prorate the initial annual license fee. All licensees are required to pay the full fee upon license renewal. The revenue generated from the fees must be deposited in an account in the state government special revenue fund.

Sec. 5. Minnesota Statutes 2018, section 147B.08, is amended to read:

147B.08 FEES.
Subd. 4. Acupuncturist application and license fees. (a) The board may charge the following nonrefundable fees:
(1) acupuncturist application fee, $150;
(2) acupuncturist annual registration renewal fee, $150;
(3) acupuncturist temporary registration fee, $60;
(4) acupuncturist inactive status fee, $50;
(5) acupuncturist late fee, $50;
(6) duplicate license fee, $20;
(7) certification letter fee, $25;
(8) education or training program approval fee, $100; and
(9) report creation and generation fee, $60 per hour;
(10) verification fee, $25; and
(11) criminal background check fee, $32.
(b) The board may prorate the initial annual license fee. All licensees are required to pay the full fee upon license renewal. The revenue generated from the fees must be deposited in an account in the state government special revenue fund.

Sec. 6. Minnesota Statutes 2018, section 147C.40, is amended to read:

147C.40 FEES.

Subd. 5. Respiratory therapist application and license fees. (a) The board may charge the following nonrefundable fees:

(1) respiratory therapist application fee, $100;
(2) respiratory therapist annual registration renewal fee, $90;
(3) respiratory therapist inactive status fee, $50;
(4) respiratory therapist temporary registration fee, $90;
(5) respiratory therapist temporary permit, $60;
(6) respiratory therapist late fee, $50;
(7) duplicate license fee, $20;
(8) certification letter fee, $25;
(9) education or training program approval fee, $100; and
(10) report creation and generation fee, $60, per hour;
(11) verification fee, $25; and
(12) criminal background check fee, $32.

(b) The board may prorate the initial annual license fee. All licensees are required to pay the full fee upon license renewal. The revenue generated from the fees must be deposited in an account in the state government special revenue fund.

Sec. 7. Minnesota Statutes 2018, section 147D.27, is amended by adding a subdivision to read:

Subd. 5. Additional fees. The board may also charge the following nonrefundable fees:

(1) verification fee, $25;
(2) certification letter fee, $25;
(3) education or training program approval fee, $100;
Sec. 8. Minnesota Statutes 2018, section 147E.40, subdivision 1, is amended to read:

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

1. registration application fee, $200;
2. renewal fee, $150;
3. late fee, $75;
4. inactive status fee, $50; and
5. temporary permit fee, $25; and
6. emeritus registration fee, $50;
7. duplicate license fee, $20;
8. certification letter fee, $25;
9. verification fee, $25;
10. education or training program approval fee, $100; and
11. report creation and generation fee, $60 per hour.

Sec. 9. Minnesota Statutes 2018, section 147F.17, subdivision 1, is amended to read:

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

1. license application fee, $200;
2. initial licensure and annual renewal, $150; and
3. late fee, $75;
4. temporary license fee, $60;
5. duplicate license fee, $20;
6. certification letter fee, $25;
7. education or training program approval fee, $100; and
8. report creation and generation fee, $60 per hour; and
(9) criminal background check fee, $32.

Sec. 10. Minnesota Statutes 2018, section 148.7815, subdivision 1, is amended to read:

Subdivision 1. Fees. The board shall establish fees as follows:

(1) application fee, $50; and
(2) annual license fee, $100;
(3) late fee, $15;
(4) duplicate license fee, $20;
(5) certification letter fee, $25;
(6) verification fee, $25;
(7) education or training program approval fee, $100; and
(8) report creation and generation fee, $60 per hour.

Sec. 11. REPEALER.

Minnesota Rules, part 5600.0605, subparts 5 and 8, are repealed.
5600.0605 LICENSE RENEWAL PROCEDURES.

Subp. 5. Service. The licensee must maintain a correct mailing address with the board for receiving board communications, notices, and licensure renewal documents. Placing the license renewal application in first class United States mail, addressed to the licensee at the licensee's last known address with postage prepaid, constitutes valid service. Failure to receive the renewal documents does not relieve a license holder of the obligation to comply with this part.

Subp. 8. Removal of name from list. The names of licensees who do not return a complete license renewal application, the annual license fee, or the late application fee within the time period listed in subpart 7, shall be removed from the list of individuals authorized to practice medicine and surgery during the current renewal period. Upon reinstatement of licensure, the licensee's name will be placed on the list of individuals authorized to practice medicine and surgery.
A bill for an act

relating to health; modifying temporary license suspensions and background checks
for certain health-related professions; amending Minnesota Statutes 2018, sections
214.075, subdivisions 1, 3, 4, 5, 6; 214.077; 214.10, subdivision 8; 364.09;

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

Section 1. Minnesota Statutes 2018, section 214.075, subdivision 1, is amended to read:

Subdivision 1. Applications. (a) By January 1, 2018, each health-related licensing
board, as defined in section 214.01, subdivision 2, shall require applicants for initial licensure,
licensure by endorsement, or reinstatement or other relicensure after a lapse in licensure,
as defined by the individual health-related licensing boards, the following individuals to
submit to a criminal history records check of state data completed by the Bureau of Criminal
Apprehension (BCA) and a national criminal history records check, including a search of
the records of the Federal Bureau of Investigation (FBI):

(1) applicants for initial licensure or licensure by endorsement. An applicant is exempt
from this paragraph if the applicant submitted to a state and national criminal history records
check as described in this paragraph for a license issued by the same board;

(2) applicants seeking reinstatement or relicensure, as defined by the individual
health-related licensing board, if more than one year has elapsed since the applicant's license
or registration expiration date; or

(3) licensees applying for eligibility to participate in an interstate licensure compact.

(b) An applicant must complete a criminal background check if more than one year has
elapsed since the applicant last submitted a background check to the board. An applicant's
criminal background check results are valid for one year from the date the background check results were received by the board. If more than one year has elapsed since the results were received by the board, then an applicant who has not completed the licensure, reinstatement, or relicensure process must complete a new background check.

Sec. 2. Minnesota Statutes 2018, section 214.075, subdivision 3, is amended to read:

Subd. 3. Consent form; fees; fingerprints. (a) In order to effectuate the federal and state level fingerprint-based criminal background check, the applicant or licensee must submit a completed criminal history records check consent form and a full set of fingerprints or other biometric data to the respective health-related licensing board or a designee in the manner and form specified by the board.

(b) The applicant or licensee is responsible for all fees associated with preparation of the fingerprints or other biometric data, the criminal records check consent form, and the criminal background check. The fees for the criminal records background check shall be set by the BCA and the FBI and are not refundable. The fees shall be submitted to the respective health-related licensing board by the applicant or licensee as prescribed by the respective board.

(c) All fees received by the health-related licensing boards under this subdivision shall be deposited in dedicated accounts in the special revenue fund and are appropriated to health-related licensing boards to pay for the criminal background checks conducted by the Bureau of Criminal Apprehension and Federal Bureau of Investigation.

Sec. 3. Minnesota Statutes 2018, section 214.075, subdivision 4, is amended to read:

Subd. 4. Refusal to consent. (a) The health-related licensing boards shall not issue a license to any applicant who refuses to consent to a criminal background check or fails to submit fingerprints within 90 days after submission of an application for licensure. Any fees paid by the applicant to the board shall be forfeited if the applicant refuses to consent to the criminal background check or fails to submit the required fingerprints.

(b) The failure of a licensee to submit to a criminal background check as provided in subdivision 3 is grounds for disciplinary action by the respective health-related licensing board.

Sec. 4. Minnesota Statutes 2018, section 214.075, subdivision 5, is amended to read:

Subd. 5. Submission of fingerprints to the Bureau of Criminal Apprehension. The health-related licensing board or designee shall submit applicant or licensee fingerprints to
the BCA. The BCA shall perform a check for state criminal justice information and shall
forward the applicant's or licensee's fingerprints to the FBI to perform a check for national
criminal justice information regarding the applicant or licensee. The BCA shall report to
the board the results of the state and national criminal justice information history records
checks.

Sec. 5. Minnesota Statutes 2018, section 214.075, subdivision 6, is amended to read:

Subd. 6. Alternatives to fingerprint-based criminal background checks. The
health-related licensing board may require an alternative method of criminal history checks
for an applicant or licensee who has submitted at least three sets of fingerprints in
accordance with this section that have been unreadable by the BCA or the FBI.

Sec. 6. Minnesota Statutes 2018, section 214.077, is amended to read:

214.077 TEMPORARY LICENSE SUSPENSION; IMMINENT RISK OF SERIOUS
HARM.

(a) Notwithstanding any provision of a health-related professional practice act, when a
health-related licensing board receives a complaint regarding a regulated person and has
probable cause to believe that the regulated person has violated a statute or rule that the
health-related licensing board is empowered to enforce, and continued practice by the
regulated person presents an imminent risk of serious harm, the health-related licensing
board shall issue an order temporarily suspending the regulated person's authority to practice.
The temporary suspension order shall specify the reason for the suspension, including the
statute or rule alleged to have been violated. The temporary suspension order shall take
effect upon personal service on the regulated person or the regulated person's attorney, or
upon the third calendar day after the order is served by first class mail to the most recent
address provided to the health-related licensing board for the regulated person or the regulated
person's attorney.

(b) The temporary suspension shall remain in effect until the health-related licensing
board or the commissioner completes an investigation, holds a contested case hearing
pursuant to the Administrative Procedure Act, and issues a final order in the matter as
provided for in this section.

(c) At the time it issues the temporary suspension order, the health-related licensing
board shall schedule a contested case hearing, on the merits of whether discipline is
warranted, to be held pursuant to the Administrative Procedure Act. The regulated person
shall be provided with at least ten days' notice of any contested case hearing held pursuant
to this section. The contested case hearing shall be scheduled to begin no later than 30 days
after the effective service of the temporary suspension order.

(d) The administrative law judge presiding over the contested case hearing shall issue
a report and recommendation to the health-related licensing board no later than 30 days
after the final day of the contested case hearing. If the administrative law judge's report and
recommendations are for no action, the health-related licensing board shall issue a final
order pursuant to sections 14.61 and 14.62 within 30 days of receipt of the administrative
law judge's report and recommendations. If the administrative law judge's report and
recommendations are for action, the health-related licensing board shall issue a final order
pursuant to sections 14.61 and 14.62 within 60 days of receipt of the administrative law
judge's report and recommendations. Except as provided in paragraph (e), if the health-related
licensing board has not issued a final order pursuant to sections 14.61 and 14.62 within 30
days of receipt of the administrative law judge's report and recommendations for no action
or within 60 days of receipt of the administrative law judge's report and recommendations
for action, the temporary suspension shall be lifted.

(e) If the regulated person requests a delay in the contested case proceedings provided
for in paragraphs (c) and (d) for any reason, the temporary suspension shall remain in effect
until the health-related licensing board issues a final order pursuant to sections 14.61 and
14.62.

(f) This section shall not apply to the Office of Unlicensed Complementary and
Alternative Health Practice established under section 146A.02. The commissioner of health
shall conduct temporary suspensions for complementary and alternative health care
practitioners in accordance with section 146A.09.

Sec. 7. Minnesota Statutes 2018, section 214.10, subdivision 8, is amended to read:

Subd. 8. Special requirements for health-related licensing boards. In addition to the
provisions of this section that apply to all examining and licensing boards, the requirements
in this subdivision apply to all health-related licensing boards, except the Board of Veterinary
Medicine.

(a) If the executive director or consulted board member determines that a communication
received alleges a violation of statute or rule that involves sexual contact with a patient or
client, the communication shall be forwarded to the designee of the attorney general for an
investigation of the facts alleged in the communication. If, after an investigation it is the
opinion of the executive director or consulted board member that there is sufficient evidence
to justify disciplinary action, the board shall conduct a disciplinary conference or hearing.
If, after a hearing or disciplinary conference the board determines that misconduct involving
sexual contact with a patient or client occurred, the board shall take disciplinary action.
Notwithstanding subdivision 2, a board may not attempt to correct improper activities or
redress grievances through education, conciliation, and persuasion, unless in the opinion of
the executive director or consulted board member there is insufficient evidence to justify
disciplinary action. The board may settle a case by stipulation prior to, or during, a hearing
if the stipulation provides for disciplinary action.

(b) A board member who has a direct current or former financial connection or
professional relationship to a person who is the subject of board disciplinary activities must
not participate in board activities relating to that case.

(c) Each health-related licensing board shall establish procedures for exchanging
information with other Minnesota state boards, agencies, and departments responsible for
regulating health-related occupations, facilities, and programs, and for coordinating
investigations involving matters within the jurisdiction of more than one regulatory body.
The procedures must provide for the forwarding to other regulatory bodies of all information
and evidence, including the results of investigations, that are relevant to matters within that
licensing body's regulatory jurisdiction. Each health-related licensing board shall have access
to any data of the Department of Human Services relating to a person subject to the
jurisdiction of the licensing board. The data shall have the same classification under chapter
13, the Minnesota Government Data Practices Act, in the hands of the agency receiving the
data as it had in the hands of the Department of Human Services.

(d) Each health-related licensing board shall establish procedures for exchanging
information with other states regarding disciplinary actions against licensees. The procedures
must provide for the collection of information from other states about disciplinary actions
taken against persons who are licensed to practice in Minnesota or who have applied to be
licensed in this state and the dissemination of information to other states regarding
disciplinary actions taken in Minnesota. In addition to any authority in chapter 13 permitting
the dissemination of data, the board may, in its discretion, disseminate data to other states
regardless of its classification under chapter 13. Criminal history record information shall
not be exchanged. Before transferring any data that is not public, the board shall obtain
reasonable assurances from the receiving state that the data will not be made public.
Sec. 8. Minnesota Statutes 2018, section 364.09, is amended to read:

**364.09 EXCEPTIONS.**

(a) This chapter does not apply to the licensing process for peace officers; to law enforcement agencies as defined in section 626.84, subdivision 1, paragraph (f); to fire protection agencies; to eligibility for a private detective or protective agent license; to the licensing and background study process under chapters 245A and 245C; to the licensing and background investigation process under chapter 240; to eligibility for school bus driver endorsements; to eligibility for special transportation service endorsements; to eligibility for a commercial driver training instructor license, which is governed by section 171.35 and rules adopted under that section; to emergency medical services personnel, or to the licensing by political subdivisions of taxicab drivers, if the applicant for the license has been discharged from sentence for a conviction within the ten years immediately preceding application of a violation of any of the following:

1. sections 609.185 to 609.2114, 609.221 to 609.223, 609.342 to 609.3451, or 617.23, subdivision 2 or 3; or Minnesota Statutes 2012, section 609.21;

2. any provision of chapter 152 that is punishable by a maximum sentence of 15 years or more; or

3. a violation of chapter 169 or 169A involving driving under the influence, leaving the scene of an accident, or reckless or careless driving.

This chapter also shall not apply to eligibility for juvenile corrections employment, where the offense involved child physical or sexual abuse or criminal sexual conduct.

(b) This chapter does not apply to a school district or to eligibility for a license issued or renewed by the Professional Educator Licensing and Standards Board or the commissioner of education.

(c) Nothing in this section precludes the Minnesota Police and Peace Officers Training Board or the state fire marshal from recommending policies set forth in this chapter to the attorney general for adoption in the attorney general's discretion to apply to law enforcement or fire protection agencies.

(d) This chapter does not apply to a license to practice medicine that has been denied or revoked by the Board of Medical Practice pursuant to section 147.091, subdivision 1a.

(e) This chapter does not apply to any person who has been denied a license to practice chiropractic or whose license to practice chiropractic has been revoked by the board in accordance with section 148.10, subdivision 7.
(f) This chapter does not apply to any license, registration, or permit that has been denied or revoked by the Board of Nursing in accordance with section 148.261, subdivision 1a.

(g) (d) This chapter does not apply to any license, registration, permit, or certificate that has been denied or revoked by the commissioner of health according to section 148.5195, subdivision 5; or 153A.15, subdivision 2.

(h) (e) This chapter does not supersede a requirement under law to conduct a criminal history background investigation or consider criminal history records in hiring for particular types of employment.

(f) This chapter does not apply to the licensing or registration process for, or to any license, registration, or permit that has been denied or revoked by, a health-related licensing board listed in section 214.01, subdivision 2.

Sec. 9. REPEALER.

Minnesota Statutes 2018, section 214.075, subdivision 8, is repealed.

Sec. 10. EFFECTIVE DATE.

Sections 1 to 9 are effective the day following final enactment.
214.075 HEALTH-RELATED LICENSING BOARDS; CRIMINAL BACKGROUND CHECKS.

Subd. 8. Instructions to the board; plans. The health-related licensing boards, in collaboration with the commissioner of human services and the BCA, shall establish a plan for completing criminal background checks of all licensees who were licensed before the effective date requirement under subdivision 1. The plan must seek to minimize duplication of requirements for background checks of licensed health professionals. The plan for background checks of current licensees shall be developed no later than January 1, 2017, and may be contingent upon the implementation of a system by the BCA or FBI in which any new crimes that an applicant or licensee commits after an initial background check are flagged in the BCA's or FBI's database and reported back to the board. The plan shall include recommendations for any necessary statutory changes.
A bill for an act relating to health; modifying temporary license suspensions and background checks for certain health-related professions; amending Minnesota Statutes 2018, sections 214.075, subdivisions 1, 3, 4, 5, 6; 214.077; 214.10, subdivision 8; 364.09; repealing Minnesota Statutes 2018, section 214.075, subdivision 8.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

Section 1. Minnesota Statutes 2018, section 214.075, subdivision 1, is amended to read:

Subdivision 1. Applications. (a) By January 1, 2018, each health-related licensing board, as defined in section 214.01, subdivision 2, shall require applicants for initial licensure, licensure by endorsement, or reinstatement or other relicensure after a lapse in licensure, as defined by the individual health-related licensing boards, the following individuals to submit to a criminal history records check of state data completed by the Bureau of Criminal Apprehension (BCA) and a national criminal history records check, including a search of the records of the Federal Bureau of Investigation (FBI):

(1) applicants for initial licensure or licensure by endorsement. An applicant is exempt from this paragraph if the applicant submitted to a state and national criminal history records check as described in this paragraph for a license issued by the same board;

(2) applicants seeking reinstatement or relicensure, as defined by the individual health-related licensing board, if more than one year has elapsed since the applicant's license or registration expiration date; or

(3) licensees applying for eligibility to participate in an interstate licensure compact.

(b) An applicant must complete a criminal background check if more than one year has elapsed since the applicant last submitted a background check to the board.
criminal background check results are valid for one year from the date the background check results were received by the board. If more than one year has elapsed since the results were received by the board, then an applicant who has not completed the licensure, reinstatement, or relicensure process must complete a new background check.

Sec. 2. Minnesota Statutes 2018, section 214.075, subdivision 3, is amended to read:

Subd. 3. Consent form; fees; fingerprints. (a) In order to effectuate the federal and state level fingerprint-based criminal background check, the applicant or licensee must submit a completed criminal history records check consent form and a full set of fingerprints or other biometric data to the respective health-related licensing board or a designee in the manner and form specified by the board.

(b) The applicant or licensee is responsible for all fees associated with preparation of the fingerprints or other biometric data, the criminal records check consent form, and the criminal background check. The fees for the criminal records background check shall be set by the BCA and the FBI and are not refundable. The fees shall be submitted to the respective health-related licensing board by the applicant or licensee as prescribed by the respective board.

(c) All fees received by the health-related licensing boards under this subdivision shall be deposited in dedicated accounts in the special revenue fund and are appropriated to health-related licensing boards to pay for the criminal background checks conducted by the Bureau of Criminal Apprehension and Federal Bureau of Investigation.

Sec. 3. Minnesota Statutes 2018, section 214.075, subdivision 4, is amended to read:

Subd. 4. Refusal to consent. (a) The health-related licensing boards shall not issue a license to any applicant who refuses to consent to a criminal background check or fails to submit fingerprints within 90 days after submission of an application for licensure. Any fees paid by the applicant to the board shall be forfeited if the applicant refuses to consent to the criminal background check or fails to submit the required fingerprints.

(b) The failure of a licensee to submit to a criminal background check as provided in subdivision 3 is grounds for disciplinary action by the respective health-related licensing board.

Sec. 4. Minnesota Statutes 2018, section 214.075, subdivision 5, is amended to read:

Subd. 5. Submission of fingerprints to the Bureau of Criminal Apprehension. The health-related licensing board or designee shall submit applicant or licensee fingerprints to
the BCA. The BCA shall perform a check for state criminal justice information and shall
forward the applicant's or licensee's fingerprints to the FBI to perform a check for national
criminal justice information regarding the applicant or licensee. The BCA shall report to
the board the results of the state and national criminal justice information history records
checks.

Sec. 5. Minnesota Statutes 2018, section 214.075, subdivision 6, is amended to read:

Subd. 6. **Alternatives to fingerprint-based criminal background checks.** The
health-related licensing board may require an alternative method of criminal history checks
for an applicant or licensee who has submitted at least two sets of fingerprints in
accordance with this section that have been unreadable by the BCA or the FBI.

Sec. 6. Minnesota Statutes 2018, section 214.077, is amended to read:

214.077 TEMPORARY LICENSE SUSPENSION; IMMINENT RISK OF SERIOUS
HARM.

(a) Notwithstanding any provision of a health-related professional practice act, when a
health-related licensing board receives a complaint regarding a regulated person and has
probable cause to believe that the regulated person has violated a statute or rule that the
health-related licensing board is empowered to enforce, and continued practice by the
regulated person presents an imminent risk of serious harm, the health-related licensing
board shall issue an order temporarily suspending the regulated person's authority to practice.
The temporary suspension order shall specify the reason for the suspension, including the
statute or rule alleged to have been violated. The temporary suspension order shall take
effect upon personal service on the regulated person or the regulated person's attorney, or
upon the third calendar day after the order is served by first class mail to the most recent
address provided to the health-related licensing board for the regulated person or the regulated
person's attorney.

(b) The temporary suspension shall remain in effect until the health-related licensing
board or the commissioner completes an investigation, holds a contested case hearing
pursuant to the Administrative Procedure Act, and issues a final order in the matter as
provided for in this section.

(c) At the time it issues the temporary suspension order, the health-related licensing
board shall schedule a contested case hearing, on the merits of whether discipline is
warranted, to be held pursuant to the Administrative Procedure Act. The regulated person
shall be provided with at least ten days' notice of any contested case hearing held pursuant
to this section. The contested case hearing shall be scheduled to begin no later than 30 days
after the effective service of the temporary suspension order.

(d) The administrative law judge presiding over the contested case hearing shall issue
a report and recommendation to the health-related licensing board no later than 30 days
after the final day of the contested case hearing. If the administrative law judge's report and
recommendations are for no action, the health-related licensing board shall issue a final
order pursuant to sections 14.61 and 14.62 within 30 days of receipt of the administrative
law judge's report and recommendations. If the administrative law judge's report and
recommendations are for action, the health-related licensing board shall issue a final order
pursuant to sections 14.61 and 14.62 within 60 days of receipt of the administrative law
judge's report and recommendations. Except as provided in paragraph (e), if the health-related
licensing board has not issued a final order pursuant to sections 14.61 and 14.62 within 30
days of receipt of the administrative law judge's report and recommendations for no action
or within 60 days of receipt of the administrative law judge's report and recommendations
for action, the temporary suspension shall be lifted.

(e) If the regulated person requests a delay in the contested case proceedings provided
for in paragraphs (c) and (d) for any reason, the temporary suspension shall remain in effect
until the health-related licensing board issues a final order pursuant to sections 14.61 and
14.62.

(f) This section shall not apply to the Office of Unlicensed Complementary and
Alternative Health Practice established under section 146A.02. The commissioner of health
shall conduct temporary suspensions for complementary and alternative health care
practitioners in accordance with section 146A.09.

Sec. 7. Minnesota Statutes 2018, section 214.10, subdivision 8, is amended to read:

Subd. 8. Special requirements for health-related licensing boards. In addition to the
provisions of this section that apply to all examining and licensing boards, the requirements
in this subdivision apply to all health-related licensing boards, except the Board of Veterinary
Medicine.

(a) If the executive director or consulted board member determines that a communication
received alleges a violation of statute or rule that involves sexual contact with a patient or
client, the communication shall be forwarded to the designee of the attorney general for an
investigation of the facts alleged in the communication. If, after an investigation it is the
opinion of the executive director or consulted board member that there is sufficient evidence
to justify disciplinary action, the board shall conduct a disciplinary conference or hearing.
If, after a hearing or disciplinary conference the board determines that misconduct involving
sexual contact with a patient or client occurred, the board shall take disciplinary action.

Notwithstanding subdivision 2, a board may not attempt to correct improper activities or
redress grievances through education, conciliation, and persuasion, unless in the opinion of
the executive director or consulted board member there is insufficient evidence to justify
disciplinary action. The board may settle a case by stipulation prior to, or during, a hearing
if the stipulation provides for disciplinary action.

(b) A board member who has a direct current or former financial connection or
professional relationship to a person who is the subject of board disciplinary activities must
not participate in board activities relating to that case.

(c) Each health-related licensing board shall establish procedures for exchanging
information with other Minnesota state boards, agencies, and departments responsible for
regulating health-related occupations, facilities, and programs, and for coordinating
investigations involving matters within the jurisdiction of more than one regulatory body.
The procedures must provide for the forwarding to other regulatory bodies of all information
and evidence, including the results of investigations, that are relevant to matters within that
licensing body's regulatory jurisdiction. Each health-related licensing board shall have access
to any data of the Department of Human Services relating to a person subject to the
jurisdiction of the licensing board. The data shall have the same classification under chapter
13, the Minnesota Government Data Practices Act, in the hands of the agency receiving the
data as it had in the hands of the Department of Human Services.

(d) Each health-related licensing board shall establish procedures for exchanging
information with other states regarding disciplinary actions against licensees. The procedures
must provide for the collection of information from other states about disciplinary actions
taken against persons who are licensed to practice in Minnesota or who have applied to be
licensed in this state and the dissemination of information to other states regarding
disciplinary actions taken in Minnesota. In addition to any authority in chapter 13 permitting
the dissemination of data, the board may, in its discretion, disseminate data to other states
regardless of its classification under chapter 13. Criminal history record information shall
not be exchanged. Before transferring any data that is not public, the board shall obtain
reasonable assurances from the receiving state that the data will not be made public.
Sec. 8. Minnesota Statutes 2018, section 364.09, is amended to read:

364.09 EXCEPTIONS.

(a) This chapter does not apply to the licensing process for peace officers; to law enforcement agencies as defined in section 626.84, subdivision 1, paragraph (f); to fire protection agencies; to eligibility for a private detective or protective agent license; to the licensing and background study process under chapters 245A and 245C; to the licensing and background investigation process under chapter 240; to eligibility for school bus driver endorsements; to eligibility for special transportation service endorsements; to eligibility for a commercial driver training instructor license, which is governed by section 171.35 and rules adopted under that section; to emergency medical services personnel, or to the licensing by political subdivisions of taxicab drivers, if the applicant for the license has been discharged from sentence for a conviction within the ten years immediately preceding application of a violation of any of the following:

(1) sections 609.185 to 609.2114, 609.221 to 609.223, 609.342 to 609.3451, or 617.23, subdivision 2 or 3; or Minnesota Statutes 2012, section 609.21;

(2) any provision of chapter 152 that is punishable by a maximum sentence of 15 years or more; or

(3) a violation of chapter 169 or 169A involving driving under the influence, leaving the scene of an accident, or reckless or careless driving.

This chapter also shall not apply to eligibility for juvenile corrections employment, where the offense involved child physical or sexual abuse or criminal sexual conduct.

(b) This chapter does not apply to a school district or to eligibility for a license issued or renewed by the Professional Educator Licensing and Standards Board or the commissioner of education.

(c) Nothing in this section precludes the Minnesota Police and Peace Officers Training Board or the state fire marshal from recommending policies set forth in this chapter to the attorney general for adoption in the attorney general's discretion to apply to law enforcement or fire protection agencies.

(d) This chapter does not apply to a license to practice medicine that has been denied or revoked by the Board of Medical Practice pursuant to section 147.091, subdivision 1a.

(e) This chapter does not apply to any person who has been denied a license to practice chiropractic or whose license to practice chiropractic has been revoked by the board in accordance with section 148.10, subdivision 7.
(f) This chapter does not apply to any license, registration, or permit that has been denied 
or revoked by the Board of Nursing in accordance with section 148.261, subdivision 1a.

(g) This chapter does not apply to any license, registration, permit, or certificate that 
has been denied or revoked by the commissioner of health according to section 148.5195, 
subdivision 5; or 153A.15, subdivision 2.

(h) This chapter does not supersede a requirement under law to conduct a criminal 
history background investigation or consider criminal history records in hiring for particular 
types of employment.

(f) This chapter does not apply to the licensing or registration process for, or to any 
license, registration, or permit that has been denied or revoked by, a health-related licensing 
board listed in section 214.01, subdivision 2.

Sec. 9. **REPEALER.**

Minnesota Statutes 2018, section 214.075, subdivision 8, is repealed.

Sec. 10. **EFFECTIVE DATE.**

Sections 1 to 9 are effective the day following final enactment.
214.075 HEALTH-RELATED LICENSING BOARDS; CRIMINAL BACKGROUND CHECKS.

Subd. 8. Instructions to the board; plans. The health-related licensing boards, in collaboration with the commissioner of human services and the BCA, shall establish a plan for completing criminal background checks of all licensees who were licensed before the effective date requirement under subdivision 1. The plan must seek to minimize duplication of requirements for background checks of licensed health professionals. The plan for background checks of current licensees shall be developed no later than January 1, 2017, and may be contingent upon the implementation of a system by the BCA or FBI in which any new crimes that an applicant or licensee commits after an initial background check are flagged in the BCA's or FBI's database and reported back to the board. The plan shall include recommendations for any necessary statutory changes.
A bill for an act
relating to health; modifying membership of the Board of Medical Practice;
amending Minnesota Statutes 2018, section 147.01, subdivision 1.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

Section 1. Minnesota Statutes 2018, section 147.01, subdivision 1, is amended to read:

Subdivision 1. Creation; terms. (a) The Board of Medical Practice consists of 16 residents of the state of Minnesota appointed by the governor.

(b) Eleven board members must be licensed to practice medicine under this chapter. At least one board member must hold a degree of doctor of medicine, and at least one board member must hold a degree of doctor of osteopathic medicine.

Five board members must be public members as defined by section 214.02. The governor shall make appointments to the board which reflect the geography of the state. In making these appointments, the governor shall ensure that no more than one public member resides in each United States congressional district, and that

(c) At least one member who is not a public member resides must reside in each United States congressional district. The board members holding the degree of doctor of medicine or doctor of osteopathic medicine must, as a whole, reflect the broad mix of expertise of physicians practicing in Minnesota.

(d) Six board members must be public members as defined by section 214.02, including five geographically diverse public members and one at-large public member. The governor shall make appointments to the board which reflect the geography of the state. In making these appointments, the governor shall ensure that no more than one geographically diverse
public member resides in each United States congressional district. The at-large public member may reside in any United States congressional district.

(e) A member may be reappointed but shall not serve more than eight years consecutively.

Membership terms, compensation of members, removal of members, the filling of membership vacancies, and fiscal year and reporting requirements are as provided in sections 214.07 to 214.09. The provision of staff, administrative services and office space; the review and processing of complaints; the setting of board fees; and other provisions relating to board operations are as provided in chapter 214.
A bill for an act relating to health care; modifying licensure requirements for international medical graduates and eminent physicians; amending Minnesota Statutes 2016, sections 147.037, subdivision 1; 147.0375, subdivision 1.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

Section 1. Minnesota Statutes 2016, section 147.037, subdivision 1, is amended to read:

Subdivision 1. **Requirements.** The board shall issue a license to practice medicine to any person who satisfies the requirements in paragraphs (a) to (g).

(a) The applicant shall satisfy all the requirements established in section 147.02, subdivision 1, paragraphs (a), (c), (f), (g), and (h).

(b) The applicant shall present evidence satisfactory to the board that the applicant is a graduate of a medical or osteopathic school approved by the board as equivalent to accredited United States or Canadian schools based upon its faculty, curriculum, facilities, accreditation, or other relevant data. If the applicant is a graduate of a medical or osteopathic program that is not accredited by the Liaison Committee for Medical Education or the American Osteopathic Association, the applicant may use the Federation of State Medical Boards' Federation Credentials Verification Service (FCVS) or its successor. If the applicant uses this service as allowed under this paragraph, the physician application fee may be less than $200 but must not exceed the cost of administering this paragraph.

(c) The applicant shall present evidence satisfactory to the board that the applicant has been awarded a certificate by the Educational Council for Foreign Medical Graduates, and the applicant has a working ability in the English language sufficient to communicate with patients and physicians and to engage in the practice of medicine.
(d) The applicant shall present evidence satisfactory to the board of the completion of two years of graduate, clinical medical training in a program located in the United States, its territories, or Canada and accredited by a national accrediting organization approved by the board or other graduate training approved in advance by the board as meeting standards similar to those of a national accrediting organization. This requirement does not apply:

(1) to an applicant who is admitted as a permanent immigrant to the United States on or before October 1, 1991, as a person of exceptional ability in the sciences according to Code of Federal Regulations, title 20, section 656.22(d); or

(2) to an applicant holding a valid license to practice medicine in another country and issued a permanent immigrant visa after October 1, 1991, as a person of extraordinary ability in the field of science or as an outstanding professor or researcher according to Code of Federal Regulations, title 8, section 204.5(h) and (i), or a temporary nonimmigrant visa as a person of extraordinary ability in the field of science according to Code of Federal Regulations, title 8, section 214.2(o), provided that a person under clause (1) or (2) is admitted pursuant to rules of the United States Department of Labor; or

(3) to an applicant who is licensed in another state, has practiced five years without disciplinary action in the United States, its territories, or Canada, has completed one year of the graduate, clinical medical training required by this paragraph, and has passed the Special Purpose Examination of the Federation of State Medical Boards within three attempts in the 24 months before licensing.

(e) The applicant must:

(1) have passed an examination prepared and graded by the Federation of State Medical Boards, the United States Medical Licensing Examination program in accordance with section 147.02, subdivision 1, paragraph (c), clause (2), or the Medical Council of Canada; and

(2) have a current license from the equivalent licensing agency in another state or country and, if the examination in clause (1) was passed more than ten years ago, either:

(i) pass the Special Purpose Examination of the Federation of State Medical Boards with a score of 75 or better within three attempts; or
(ii) have a current certification by a specialty board of the American Board of Medical
Specialties, of the American Osteopathic Association, of the Royal College of Physicians
and Surgeons of Canada, or of the College of Family Physicians of Canada; or

(3) if the applicant fails to meet the requirement established in section 147.02, subdivision
1, paragraph (c), clause (2), because the applicant failed to pass each of steps one, two, and
three of the USMLE within the required three attempts, the applicant may be granted a
license provided the applicant:

(i) has passed each of steps one, two, and three with passing scores as recommended by
the USMLE program within no more than four attempts for any of the three steps;

(ii) is currently licensed in another state; and

(iii) has current certification by a specialty board of the American Board of Medical
Specialties, the American Osteopathic Association, the Royal College of Physicians and
Surgeons of Canada, or the College of Family Physicians of Canada.

(f) The applicant must not be under license suspension or revocation by the licensing
board of the state or jurisdiction in which the conduct that caused the suspension or revocation
occurred.

(g) The applicant must not have engaged in conduct warranting disciplinary action
against a licensee, or have been subject to disciplinary action other than as specified in
paragraph (f). If an applicant does not satisfy the requirements stated in this paragraph, the
board may issue a license only on the applicant's showing that the public will be protected
through issuance of a license with conditions or limitations the board considers appropriate.

Sec. 2. Minnesota Statutes 2016, section 147.0375, subdivision 1, is amended to read:

Subdivision 1. Requirements. The board shall issue a license to practice medicine to
any person who satisfies the requirements in paragraphs (a) to (d).

(a) The applicant must satisfy all the requirements established in section 147.02,
subdivision 1, paragraphs (a), (e), (f), (g), and (h).

(b) The applicant must present evidence satisfactory to the board that the applicant is a
graduate of a medical or osteopathic school approved by the board as equivalent to accredited
United States or Canadian schools based upon its faculty, curriculum, facilities, accreditation,
or other relevant data. If the applicant is a graduate of a medical or osteopathic program
that is not accredited by the Liaison Committee for Medical Education or the American
Osteopathic Association, the applicant may use the Federation of State Medical Boards'
Federation Credentials Verification Service (FCVS) or its successor. If the applicant uses this service as allowed under this paragraph, the physician application fee may be less than $200 but must not exceed the cost of administering this paragraph.

(c) The applicant must present evidence satisfactory to the board of the completion of two years of graduate, clinical medical training in a program located in the United States, its territories, or Canada and accredited by a national accrediting organization approved by the board or other graduate training approved in advance by the board as meeting standards similar to those of a national accrediting organization. This requirement does not apply:

(1) to an applicant who is admitted as a permanent immigrant to the United States on or before October 1, 1991, as a person of exceptional ability in the sciences according to Code of Federal Regulations, title 20, section 656.22 (d); or

(2) to an applicant holding a valid license to practice medicine in another state or country and issued a permanent immigrant visa after October 1, 1991, as a person of extraordinary ability in the field of science or as an outstanding professor or researcher according to Code of Federal Regulations, title 8, section 204.5(h) and (i), or a temporary nonimmigrant visa or status as a person of extraordinary ability in the field of science according to Code of Federal Regulations, title 8, section 214.2(o); or

(3) to an applicant who is licensed in another state, has practiced five years without disciplinary action in the United States, its territories, or Canada, has completed one year of the graduate, clinical medical training required by this paragraph, and has passed the Special Purpose Examination of the Federation of State Medical Boards within three attempts in the 24 months before licensing.

(d) The applicant must present evidence satisfactory to the board that the applicant has been appointed to serve as a faculty member of a medical school accredited by the Liaison Committee of Medical Education or an osteopathic medical school accredited by the American Osteopathic Association.
Senator .................... moves to amend S.F. No. 2310 as follows:

Delete everything after the enacting clause and insert:

"Section 1. Minnesota Statutes 2016, section 147.037, subdivision 1, is amended to read:

Subdivision 1. Requirements. The board shall issue a license to practice medicine to any person who satisfies the requirements in paragraphs (a) to (g).

(a) The applicant shall satisfy all the requirements established in section 147.02, subdivision 1, paragraphs (a), (e), (f), (g), and (h).

(b) The applicant shall present evidence satisfactory to the board that the applicant is a graduate of a medical or osteopathic school approved by the board as equivalent to accredited United States or Canadian schools based upon its faculty, curriculum, facilities, accreditation, or other relevant data. If the applicant is a graduate of a medical or osteopathic program that is not accredited by the Liaison Committee for Medical Education or the American Osteopathic Association, the applicant may use the Federation of State Medical Boards' Federation Credentials Verification Service (FCVS) or its successor. If the applicant uses this service as allowed under this paragraph, the physician application fee may be less than $200 but must not exceed the cost of administering this paragraph.

(c) The applicant shall present evidence satisfactory to the board that the applicant has been awarded a certificate by the Educational Council for Foreign Medical Graduates, and the applicant has a working ability in the English language sufficient to communicate with patients and physicians and to engage in the practice of medicine.

(d) The applicant shall present evidence satisfactory to the board of the completion of two years of graduate, clinical medical training in a program located in the United States, its territories, or Canada and accredited by a national accrediting organization approved by the board or other graduate training approved in advance by the board as meeting standards similar to those of a national accrediting organization. This requirement does not apply:

(1) to an applicant who is admitted as a permanent immigrant to the United States on or before October 1, 1991, as a person of exceptional ability in the sciences according to Code of Federal Regulations, title 20, section 656.22(d); or

(2) to an applicant holding a valid license to practice medicine in another country and issued a permanent immigrant visa after October 1, 1991, as a person of extraordinary ability in the field of science or as an outstanding professor or researcher according to Code of Federal Regulations, title 8, section 204.5(h) and (i), or a temporary nonimmigrant visa as
2.1 a person of extraordinary ability in the field of science according to Code of Federal
2.2 Regulations, title 8, section 214.2(o),
2.3 provided that a person under clause (1) or (2) is admitted pursuant to rules of the United
2.4 States Department of Labor, or
2.5 (3) to an applicant who is licensed in another state, has practiced five years without
2.6 disciplinary action in the United States, its territories, or Canada, has completed one year
2.7 of the graduate, clinical medical training required by this paragraph, and has passed the
2.8 Special Purpose Examination of the Federation of State Medical Boards within three attempts
2.9 in the 24 months before licensing.
2.10 (e) The applicant must:
2.11 (1) have passed an examination prepared and graded by the Federation of State Medical
2.12 Boards, the United States Medical Licensing Examination program in accordance with
2.13 section 147.02, subdivision 1, paragraph (c), clause (2), or the Medical Council of Canada;
2.14 and
2.15 (2) have a current license from the equivalent licensing agency in another state or country
2.16 and, if the examination in clause (1) was passed more than ten years ago, either:
2.17 (i) pass the Special Purpose Examination of the Federation of State Medical Boards with
2.18 a score of 75 or better within three attempts; or
2.19 (ii) have a current certification by a specialty board of the American Board of Medical
2.20 Specialties, of the American Osteopathic Association, of the Royal College of Physicians
2.21 and Surgeons of Canada, or of the College of Family Physicians of Canada; or
2.22 (3) if the applicant fails to meet the requirement established in section 147.02, subdivision
2.23 1, paragraph (c), clause (2), because the applicant failed to pass each of steps one, two, and
2.24 three of the USMLE within the required three attempts, the applicant may be granted a
2.25 license provided the applicant:
2.26 (i) has passed each of steps one, two, and three with passing scores as recommended by
2.27 the USMLE program within no more than four attempts for any of the three steps;
2.28 (ii) is currently licensed in another state; and
2.29 (iii) has current certification by a specialty board of the American Board of Medical
2.30 Specialties, the American Osteopathic Association, the Royal College of Physicians and
2.31 Surgeons of Canada, or the College of Family Physicians of Canada.
(f) The applicant must not be under license suspension or revocation by the licensing board of the state or jurisdiction in which the conduct that caused the suspension or revocation occurred.

(g) The applicant must not have engaged in conduct warranting disciplinary action against a licensee, or have been subject to disciplinary action other than as specified in paragraph (f). If an applicant does not satisfy the requirements stated in this paragraph, the board may issue a license only on the applicant's showing that the public will be protected through issuance of a license with conditions or limitations the board considers appropriate.

Sec. 2. Minnesota Statutes 2016, section 147.0375, subdivision 1, is amended to read:

Subdivision 1. **Requirements.** The board shall issue a license to practice medicine to any person who satisfies the requirements in paragraphs (a) to (d).

(a) The applicant must satisfy all the requirements established in section 147.02, subdivision 1, paragraphs (a), (e), (f), (g), and (h).

(b) The applicant must present evidence satisfactory to the board that the applicant is a graduate of a medical or osteopathic school approved by the board as equivalent to accredited United States or Canadian schools based upon its faculty, curriculum, facilities, accreditation, or other relevant data. If the applicant is a graduate of a medical or osteopathic program that is not accredited by the Liaison Committee for Medical Education or the American Osteopathic Association, the applicant may use the Federation of State Medical Boards' Federation Credentials Verification Service (FCVS) or its successor. If the applicant uses this service as allowed under this paragraph, the physician application fee may be less than $200 but must not exceed the cost of administering this paragraph.

(c) The applicant must present evidence satisfactory to the board of the completion of two years of graduate, clinical medical training in a program located in the United States, its territories, or Canada and accredited by a national accrediting organization approved by the board or other graduate training approved in advance by the board as meeting standards similar to those of a national accrediting organization. This requirement does not apply:

(1) to an applicant who is admitted as a permanent immigrant to the United States on or before October 1, 1991, as a person of exceptional ability in the sciences according to Code of Federal Regulations, title 20, section 656.22 (d); or

(2) to an applicant holding a valid license to practice medicine in another state or country and issued a permanent immigrant visa after October 1, 1991, as a person of extraordinary
ability in the field of science or as an outstanding professor or researcher according to Code of Federal Regulations, title 8, section 204.5(h) and (i), or a temporary nonimmigrant visa or status as a person of extraordinary ability in the field of science according to Code of Federal Regulations, title 8, section 214.2(o); or

(3) to an applicant who is licensed in another state, has practiced five years without disciplinary action in the United States, its territories, or Canada, has completed one year of the graduate, clinical medical training required by this paragraph, and has passed the Special Purpose Examination of the Federation of State Medical Boards within three attempts in the 24 months before licensing.

d) The applicant must present evidence satisfactory to the board that the applicant has been appointed to serve as a faculty member of a medical school accredited by the Liaison Committee of Medical Education or an osteopathic medical school accredited by the American Osteopathic Association."

Amend the title numbers accordingly
A bill for an act
relating to health care; modifying licensure requirements for international medical
graduates and eminent physicians; amending Minnesota Statutes 2016, sections
147.037, subdivision 1; 147.0375, subdivision 1.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

Section 1. Minnesota Statutes 2016, section 147.037, subdivision 1, is amended to read:

Subdivision 1. Requirements. The board shall issue a license to practice medicine to
any person who satisfies the requirements in paragraphs (a) to (g).

(a) The applicant shall satisfy all the requirements established in section 147.02,
subdivision 1, paragraphs (a), (c), (f), (g), and (h).

(b) The applicant shall present evidence satisfactory to the board that the applicant is a
graduate of a medical or osteopathic school approved by the board as equivalent to accredited
United States or Canadian schools based upon its faculty, curriculum, facilities, accreditation,
or other relevant data. If the applicant is a graduate of a medical or osteopathic program
that is not accredited by the Liaison Committee for Medical Education or the American
Osteopathic Association, the applicant may use the Federation of State Medical Boards' Federation Credentials Verification Service (FCVS) or its successor. If the applicant uses
this service as allowed under this paragraph, the physician application fee may be less than
$200 but must not exceed the cost of administering this paragraph.

(c) The applicant shall present evidence satisfactory to the board that the applicant has
been awarded a certificate by the Educational Council for Foreign Medical Graduates, and
the applicant has a working ability in the English language sufficient to communicate with
patients and physicians and to engage in the practice of medicine.
(d) The applicant shall present evidence satisfactory to the board of the completion of two years or one year of graduate, clinical medical training in a program located in the United States, its territories, or Canada and accredited by a national accrediting organization approved by the board or other graduate training approved in advance by the board as meeting standards similar to those of a national accrediting organization. This requirement does not apply:

   (1) to an applicant who is admitted as a permanent immigrant to the United States on or before October 1, 1991, as a person of exceptional ability in the sciences according to Code of Federal Regulations, title 20, section 656.22(d); or

   (2) to an applicant holding a valid license to practice medicine in another country and issued a permanent immigrant visa after October 1, 1991, as a person of extraordinary ability in the field of science or as an outstanding professor or researcher according to Code of Federal Regulations, title 8, section 204.5(h) and (i), or a temporary nonimmigrant visa as a person of extraordinary ability in the field of science according to Code of Federal Regulations, title 8, section 214.2(o), provided that a person under clause (1) or (2) is admitted pursuant to rules of the United States Department of Labor; or

   (3) to an applicant who is licensed in another state, has practiced five years without disciplinary action in the United States, its territories, or Canada, has completed one year of the graduate, clinical medical training required by this paragraph, and has passed the Special Purpose Examination of the Federation of State Medical Boards within three attempts in the 24 months before licensing.

(e) The applicant must:

   (1) have passed an examination prepared and graded by the Federation of State Medical Boards, the United States Medical Licensing Examination program in accordance with section 147.02, subdivision 1, paragraph (c), clause (2), or the Medical Council of Canada; and

   (2) have a current license from the equivalent licensing agency in another state or country and, if the examination in clause (1) was passed more than ten years ago, either:

      (i) pass the Special Purpose Examination of the Federation of State Medical Boards with a score of 75 or better within three attempts; or
3.1 (ii) have a current certification by a specialty board of the American Board of Medical
Specialties, of the American Osteopathic Association, of the Royal College of Physicians
and Surgeons of Canada, or of the College of Family Physicians of Canada; or

3.2 (3) if the applicant fails to meet the requirement established in section 147.02, subdivision
1, paragraph (c), clause (2), because the applicant failed to pass each of steps one, two, and
three of the USMLE within the required three attempts, the applicant may be granted a
license provided the applicant:

3.3 (i) has passed each of steps one, two, and three with passing scores as recommended by
the USMLE program within no more than four attempts for any of the three steps;

3.4 (ii) is currently licensed in another state; and

3.5 (iii) has current certification by a specialty board of the American Board of Medical
Specialties, the American Osteopathic Association, the Royal College of Physicians and
Surgeons of Canada, or the College of Family Physicians of Canada.

3.6 (f) The applicant must not be under license suspension or revocation by the licensing
board of the state or jurisdiction in which the conduct that caused the suspension or revocation
occurred.

3.7 (g) The applicant must not have engaged in conduct warranting disciplinary action
against a licensee, or have been subject to disciplinary action other than as specified in
paragraph (f). If an applicant does not satisfy the requirements stated in this paragraph, the
board may issue a license only on the applicant's showing that the public will be protected
through issuance of a license with conditions or limitations the board considers appropriate.

Sec. 2. Minnesota Statutes 2016, section 147.0375, subdivision 1, is amended to read:

Subdivision 1. Requirements. The board shall issue a license to practice medicine to
any person who satisfies the requirements in paragraphs (a) to (d).

(a) The applicant must satisfy all the requirements established in section 147.02,
subdivision 1, paragraphs (a), (e), (f), (g), and (h).

(b) The applicant must present evidence satisfactory to the board that the applicant is a
graduate of a medical or osteopathic school approved by the board as equivalent to accredited
United States or Canadian schools based upon its faculty, curriculum, facilities, accreditation,
or other relevant data. If the applicant is a graduate of a medical or osteopathic program
that is not accredited by the Liaison Committee for Medical Education or the American
Osteopathic Association, the applicant may use the Federation of State Medical Boards'
Federation Credentials Verification Service (FCVS) or its successor. If the applicant uses this service as allowed under this paragraph, the physician application fee may be less than $200 but must not exceed the cost of administering this paragraph.

(c) The applicant must present evidence satisfactory to the board of the completion of two years of graduate, clinical medical training in a program located in the United States, its territories, or Canada and accredited by a national accrediting organization approved by the board or other graduate training approved in advance by the board as meeting standards similar to those of a national accrediting organization. This requirement does not apply:

(1) to an applicant who is admitted as a permanent immigrant to the United States on or before October 1, 1991, as a person of exceptional ability in the sciences according to Code of Federal Regulations, title 20, section 656.22 (d); or

(2) to an applicant holding a valid license to practice medicine in another state or country and issued a permanent immigrant visa after October 1, 1991, as a person of extraordinary ability in the field of science or as an outstanding professor or researcher according to Code of Federal Regulations, title 8, section 204.5(h) and (i), or a temporary nonimmigrant visa or status as a person of extraordinary ability in the field of science according to Code of Federal Regulations, title 8, section 214.2(o); or

(3) to an applicant who is licensed in another state, has practiced five years without disciplinary action in the United States, its territories, or Canada, has completed one year of the graduate, clinical medical training required by this paragraph, and has passed the Special Purpose Examination of the Federation of State Medical Boards within three attempts in the 24 months before licensing.

(d) The applicant must present evidence satisfactory to the board that the applicant has been appointed to serve as a faculty member of a medical school accredited by the Liaison Committee of Medical Education or an osteopathic medical school accredited by the American Osteopathic Association.