MINNESOTA
BOARD OF MARRIAGE
AND FAMILY THERAPY

335 Randolph Avenue, Suite 260
St. Paul, MN 55102
Main Telephone: 612-617-2220
Hearing/Speech Relay: 1-800-627-3529
mft.board@state.mn.us
mn.gov/boards/marriage-and-family

November 20, 2026 - 8:30 a.m. – **Application Review Committee – Big Stone Conference Room (Room 119) –** Meeting will be conducted in person and electronically according to the requirements of Minn. Stat. 13D.015.

November 20, 2026 - 9:30 a.m. – **Board Meeting – Big Stone Conference Room (Room 119) –** Meeting will be conducted in person and electronically according to the requirements of Minn. Stat. 13D.015.

**Remote Meeting Access:** Members of the public wishing to join the 9:30 a.m. Board meeting using video and audio:
https://minnesota.webex.com/minnesota/j.php?MTID=m83dc32db9f26832e365ed086c8e48cb3
Meeting number: 2494 388 7625 / Password: 2QQnPskpw54
+Audio only: Dial 1-415-655-0003 or 1-855-282-6330 (Toll Free) / Meeting Number: 2494 388 7625
**Please turn off your camera and mute your speaker/telephone upon entry to the meeting.**

## Proposed Regular Board Meeting Agenda – November 20, 2026

1. Call to Order

2. Consider and approve Proposed Agenda

3. Introductions / Roll Call

4. Consent Agenda: (**ACTION ITEM – All items will be considered for approval in one motion)**
    a. Minutes – September 25, 2026 Board Meeting
    b. Financial Reports (as of November 1, 2026)
    c. Application and Licensure Reports (September and October 2026)

5. Executive Director's Report
    a. MFT National Exam Report (September and October 2026)
    b. HPSP Reports
        i. September and October data reports
        ii. FY2026 Annual Report
        iii. Program Committee Minutes – November 10, 2026
    c. MN MFT Jurisprudence Exam – Update
    d. Rule Revision - Update
    e. Board Member Appointments – Application open at the MN Office of the Secretary of State: https://commissionsandappointments.sos.mn.gov/agency/details/26#openpositions – LMFT board seats (1); Public member seat (1)
    f. MN House Research – State Regulation of Health-Related Occupations – October 2026

6. **9:45 a.m.** BMFT Financial Report & Budget Request (FY2028-2029) - Tracey Sigstad, SmART Director, MN Dept. of Administration

7. Committee Reports:

    a. Outreach & Education Committee – Chilah Brown
    b. Policy, Legislation & Rules Committee – Katy Graves
    c. Complaint Review Panel – Shonda Craft
    d. Application Review – Thad Shunkwiler / Chilah Brown

8. Variances **(ACTION ITEM)**
    a. V-2026-15: Request for two-year extension of maximum LAMFT licensure term (Minn. Rule 5300.0320, subp. 2)
    b. V-2026-16: Request for permission to take the AMFTRB National Examination in MFT for a sixth time (Minn. Rule 5300.0240, subp. 7)
    c. V-2026-17: Request for extension of time required to obtain LMFT licensure beyond 7-year maximum (Minn. Rule 5300.0155, subp. 3)
    d. V-2026-18: Request for extension of time required to obtain LMFT licensure beyond 7-year maximum (Minn. Rule 5300.0155, subp. 3)
    e. V-2026-19: Request for extension of time required to obtain LMFT licensure beyond 7-year maximum (Minn. Rule 5300.0155, subp. 3)
    f. V-2026-20: Request for extension of time required to obtain LMFT licensure beyond 7-year maximum (Minn. Rule 5300.0155, subp. 3)
    g. V-2026-21: Request for extension of time required to obtain LMFT licensure beyond 7-year maximum (Minn. Rule 5300.0155, subp. 3)
    h. V-2026-22: Request for extension of time required to obtain LMFT licensure beyond 7-year maximum (Minn. Rule 5300.0155, subp. 3)

DRAFT

i. V-2026-23: Request for extension of time required to obtain LMFT licensure beyond 7-year maximum (Minn. Rule 5300.0155, subp. 3)
j. V-2026-24: Request for extension of time required to obtain LMFT licensure beyond 7-year maximum (Minn. Rule 5300.0155, subp. 3)
k. V-2026-25: Request for extension of time required to obtain LMFT licensure beyond 7-year maximum (Minn. Rule 5300.0155, subp. 3)

9. Public Comment

10. Other Items / Announcements

11. **EXECUTIVE SESSION (Closed Session; public must exit the meeting) –**

    a. Disciplinary Orders for Board Review
    b. Jurisprudence Exam Content Review

12. Adjournment

DRAFT

MINNESOTA
BOARD OF MARRIAGE
AND FAMILY THERAPY

**Minutes of the Regular Board Meeting**
**September 25, 2026**

**MEMBERS PRESENT:**
Chilah Brown
Anna Clavin, Secretary/Treasurer
Shonda Craft,
Jessie Everts
Katy Graves
Thad Shunkwiler, Chair

**STAFF:**
Jennifer Mohlenhoff, Executive Director
Donna Maki, Administrative Specialist
Jorge Marin, Compliance Coordinator

## 1. CALL TO ORDER

Chair Thad Shunkwiler called the meeting to order at 9:33 a.m., conducted in person and electronically pursuant to Minn. Stat. 13D.015.

## 2. CONSIDER AND APPROVE PROPOSED AGENDA

The agenda was approved as presented on a motion by Shonda Craft and seconded by Anna Clavin. The motion passed (6-0) on a voice vote. Member Adam Arnold absent.

## 3. INTRODUCTIONS / ROLL CALL

Board member roll call and introductions were made. Members of the public were present online only.

## 4. HEALTH PROFESSIONAL SERVICES PROGRAM (HPSP) ANNUAL PRESENTATION

Kimberly Navarre, HPSP Program Director, gave the annual HPSP presentation.

## 5. CONSENT AGENDA

A. JULY 17, 2026 BOARD MEETING MINUTES
B. FINANCIAL REPORTS (AS OF September 1, 2026) (BUDGET/REVENUE/VENDOR PAYMENT)
C. JULY AND AUGUST 2026 APPLICATION AND LICENSURE REPORTS (See Attachment A.)

Chilah Brown made a motion to approve the Consent Agenda items. Katy Graves seconded the motion. The motion passed (6-0) on a voice vote.

## 6. EXECUTIVE REPORT

Members reviewed the Executive Director's Report as prepared by ED Mohlenhoff.

a. MFT National Exam Report (July and August 2026)
b. HPSP Monthly Reports (July and August 2026)
c. MN MFT Jurisprudence Exam – New Exam Rollout
d. Rule Revision Update
e. Christian Counselors Freedom Alliance vs. MN Attorney General / MN Board of Behavioral Health and Therapy / MN Board of Marriage and Family Therapy – Update.
f. MN Board of Psychology – Proposed AI Legislation

7. **VARIANCES**

V-2026-14: Request to count hours logged more than six months before filling of initial application. (Minn. Rule 5300.0155, Subp. 2.) – Jessie Everts made a motion to deny request. Anna Calvin seconded the motion. Motion approved (6-0) by roll call vote.

8. **AMFTRB ANNUAL MEETING REPORT**

Anna Clavin, Board Delegate, reported on the 2026 AMFTRB Annual Meeting, held September 14, 2026, in Portland, Oregon. Shonda Craft, Alternate Delegate, and Jennifer Mohlenhoff, Executive Director, also attended and provided feedback on various meeting sessions.

9. **CLEAR FALL CONFERENCE 2026 REPORT**

Shonda Craft, Board Delegate, reported on the 2026 CLEAR Fall Conference, held September 15-17, 2026, in Portland, Oregon. Jennifer Mohlenhoff, Executive Director, also attended the CLEAR Conference and provided feedback on various conference sessions.

10. **BOARD COMMITTEE APPOINTMENTS – 2026-2027**

Thad Shunkwiler, Board Chair, announced committee appointments for 2026-2027

11. **PROPOSED 2027 BOARD AND COMMITTEE MEETING SCHEDULE – Action Item**

The proposed 2027 Board and committee meeting schedule was reviewed and considered. Shonda Craft made a motion to approve. Jessie Everts seconded the motion. Motion approved (6-0) on a voice vote.

12. **PUBLIC COMMENT –** None

13. **OTHER ITEMS/ANNOUNCEMENTS** – Thad Shunkwiler and Shonda Craft will present on behalf of the Board on October 9, 2026, at the MAMFT Fall Conference. The title of the presentation is “What Happens Next? Understanding the Complaint Process of the Minnesota Board of Marriage and Family Therapy”

14. **EXECUTIVE SESSION –** There was no closed executive session.

15. **Adjournment –** Chilah Brown made a motion to adjourn the meeting. Katy Graves seconded the motion. The motion passed (6-0) on a voice vote.

Chair Thad Shunkwiler adjourned the meeting at 11:33 a.m.

I hereby attest that these minutes were read and approved by the Board of Marriage and Family Therapy on November 20, 2026.

_____

Anna Clavin, Board Secretary

**ATTACHMENT A**

**APPLICATION REVIEW COMMITTEE REPORT**:

The Application Review Committee met on July 17 and August 21, 2026.

- Final Applications for LMFT Licensure approved: 16
- Initial Applications (Non-COAMFTE or COAMFTE requiring Committee review) approved:10
- Initial Applications (COAMFTE) approved by Board staff per delegated authority: 10
- Applications approved for LMFT licensure by Reciprocity: 8
- English Language Learner Special Arrangement Request: 0
- Guest License Applications: 7

**LMFT Licenses Issued (July and August 2026):**

1. Althoff, Echo
2. Buganski, Phillip
3. Dilley, Rebecca
4. Eshaghian, Shimon
5. Ferris, Tara
6. Flottmeier, Nicholas
7. Fox, Anna
8. Gleason, Maria
9. Grindland, Shianne
10. Hammer, Elizabeth
11. Hierlinger, Emily
12. Kline, Tara
13. Kopp, Emma
14. Lammar-Binder, Laura
15. Le, Ashley
16. Macho-Gagner, Marisa
17. Meyer-Mueller, Isabel
18. Miller, Robert
19. Murphy, Megan
20. Myhre, Sean
21. Osgood, Madeleine
22. Petersen, Caleb
23. Simon, Kaja
24. Strumbell-Grabanski, Jada
25. Struthers, Sandra
26. Sumner, Brock
27. Thingvold, Brooke Lynn
28. Troemel, Samantha
29. Von Kampen, Kathleen
30. Weaver, Mason

**LAMFT Licenses Issued (July and August 2026):**

1. Anderson, Emanuel
2. Brausen, Joslin
3. Brocato, Emily
4. Byram, Brianna
5. D'Amour, Katie
6. Fredrickson, Amanda
7. Kopp, Justina

8. Layne, Benjamin
9. Limberg, Trevor
10. Moberg, Kathrine
11. Nagel, Megan
12. Pool, Erika
13. Prouty, Ryan
14. Randall, Mary
15. Tarr, Janet
16. Wollman, Alexandra

**LMFT Guest Licenses Issued (July and August 2026):**

1. Boyd, David
2. Hurlebaus, Miranda
3. Kinney, Stephanie
4. Lewis, Kai
5. Neubauer, James
6. Polk, Christi
7. Rommel-Eichorn, Jane

MINNESOTA

MANAGER'S FINANCIAL REPORT

Run DateTime: 11/1/2026 5:08 AM
Source Report #: KK002
As of Date: 11/01/2026

Selection Criteria: Budget Period - 2027, Fund - 1000 to 9000, DeptID - H7M30000 to H7M3ZZZZ, AppropID - H7M0000 to H7MZZZZ

Break On: Budget Period, Fund, DeptID, AppropID

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Budget Period:** | **2027** | **Fund:** | **1201**<br>Health Related Boards | **DeptID:** | **H7M30000**<br>Marriage & Family Therapy Boar | **AppropID:** | **H7M1111**<br>Marriage & Family Therapy Oper |

| | | | | |
|---|---|---|---|---|
| **Remaining Payroll Projection** | **Full-Time (41000): $327,070.34** | **Part-Time (41030): $0.00** | | **Total: $327,070.34** |

| Account Class and Description | Current Budget | Pre-Encumbered | Encumbered/ Committed | Expended | Unobligated | Unexpended |
|---|---|---|---|---|---|---|
| 41000 Full Time - Salary | 370,000.00 | 0.00 | 259,778.62 | 110,221.38 | 0.00 | 259,778.62 |
| 41030 Part-Time-Seasonal-Labor Serv | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 41050 Overtime and Premium Pay | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 41070 Other Employee Cost | 10,000.00 | 0.00 | 8,330.00 | 1,670.00 | 0.00 | 8,330.00 |
| 41100 Space Rental And Utilities | 31,000.00 | 0.00 | 20,339.92 | 9,969.62 | 690.46 | 21,030.38 |
| 41110 Printing And Advertising | 2,000.00 | 0.00 | 1,648.13 | 0.00 | 351.87 | 2,000.00 |
| 41130 Prof-Tech Serv-Outside Vend | 10,000.00 | 0.00 | 4,450.00 | 0.00 | 5,550.00 | 10,000.00 |
| 41150 Computer and System Services | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 41155 Communications | 5,100.00 | 0.00 | 4,868.87 | 231.13 | 0.00 | 4,868.87 |
| 41160 Trav-Sub-InState-Border Comm | 3,700.00 | 0.00 | 3,371.68 | 328.32 | 0.00 | 3,371.68 |
| 41170 Trav/Sub-OutOfState-BorderComm | 8,300.00 | 0.00 | 6,481.95 | 4,536.31 | -2,718.26 | 3,763.69 |
| 41180 Employee Development | 2,300.00 | 0.00 | 1,300.00 | 900.00 | 100.00 | 1,400.00 |
| 41190 State Agcy-Prov Prof-Tech Serv | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 41196 Rate-Based MNIT Services | 17,000.00 | 0.00 | 12,690.79 | 2,309.21 | 2,000.00 | 14,690.79 |
| 41197 Agency-Specific MNIT Services | 20,000.00 | 0.00 | 17,081.83 | 2,918.17 | 0.00 | 17,081.83 |
| 41300 Supplies | 1,000.00 | 0.00 | 500.00 | 145.27 | 354.73 | 854.73 |
| 41400 Equipment | 0.00 | 0.00 | 604.31 | 0.00 | -604.31 | 0.00 |
| 41500 Repairs To Equip and Furn | 0.00 | 0.00 | 384.56 | 0.00 | -384.56 | 0.00 |
| 43000 Other Operating Costs | 93,959.95 | 0.00 | 2,605.68 | 642.45 | 90,711.82 | 93,317.50 |
| 47060 Equipment-Capital | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 47160 Equipment-Non Capital | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| **Total** | **574,359.95** | **0.00** | **344,436.34** | **133,871.86** | **96,051.75** | **440,488.09** |

Selection Criteria: Budget Period - 2027, Fund - 1000 to 9000, DeptID - H7M30000 to H7M3ZZZZ, AppropID - H7M0000 to H7MZZZZ

Break On: Budget Period, Fund, DeptID, AppropID

| Budget Period: | Fund: | DeptID: | AppropID: |
|---|---|---|---|
| 2027 | 2000<br>Restrict Misc Special Revenue | H7M30000<br>Marriage & Family Therapy Boar | H7M9210<br>Criminal Background Check Rec |

| Remaining Payroll Projection | Full-Time (41000): | Part-Time (41030): | Total: |
|---|---|---|---|
| | $0.00 | $0.00 | $0.00 |

| Account Class and Description | Current Budget | Pre-Encumbered | Encumbered/ Committed | Expended | Unobligated | Unexpended |
|---|---|---|---|---|---|---|
| 41190 State Agcy-Prov Prof-Tech Serv | 8,662.00 | 0.00 | 6,000.00 | 1,184.00 | 1,478.00 | 7,478.00 |
| **Total** | **8,662.00** | **0.00** | **6,000.00** | **1,184.00** | **1,478.00** | **7,478.00** |

Selection Criteria: Budget Period - 2027, Fund - 1000 to 9000, DeptID - H7M30000 to H7M3ZZZZ, AppropID - H7M0000 to H7MZZZZ

Break On: Budget Period, Fund, DeptID, AppropID

| **Budget Period:** | **2027** | **Fund:** | **6401**<br>Payroll Clearing | **DeptID:** | **H7M3PAYC**<br>Payroll Clearing | **AppropID:** | **H7MPAYC**<br>Payroll Clearing |
|---|---|---|---|---|---|---|---|

| **Remaining Payroll Projection** | **Full-Time (41000):** | **$0.00** | **Part-Time (41030):** | **$0.00** | **Total:** | **$0.00** |
|---|---|---|---|---|---|---|

| Account Class and Description | Current Budget | Pre-Encumbered | Encumbered/ Committed | Expended | Unobligated | Unexpended |
|---|---|---|---|---|---|---|
| 41000 Full Time - Salary | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 41160 Trav-Sub-InState-Border Comm | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| **Total** | **0.00** | **0.00** | **0.00** | **0.00** | **0.00** | **0.00** |
| **Report Total** | **583,021.95** | **0.00** | **350,436.34** | **135,055.86** | **97,529.75** | **447,966.09** |

Budget Year (All)

| Sum of Amount | | | | Years / Posted Dt | | | | |
|---|---|---|---|---|---|---|---|---|
| | | | | 2026 | | | | Grand Total |
| Fund | Approp | Account Desc | Account | Jul | Aug | Sep | Oct | |
| 1201 | H7M1000 | Duplicate Renewal Cards | 634516 | 50.00 | 80.00 | 100.00 | 60.00 | 290.00 |
| | | H7M Professional Firm Initial | 608258 | 100.00 | 100.00 | 300.00 | 600.00 | 1,100.00 |
| | | LAMFT Late Fee | 634572 | 500.00 | | | | 500.00 |
| | | Licensed Associate M-FT Renew | 634514 | 2,100.00 | | | | 2,100.00 |
| | | M-FT - Licensed Associate | 634513 | 825.00 | 450.00 | 825.00 | 750.00 | 2,850.00 |
| | | M-FT: App By Reciprocity | 634502 | 1,100.00 | | 2,013.25 | 1,320.00 | 4,433.25 |
| | | M-FT: App For Licensure | 634501 | 880.00 | 880.00 | 1,870.00 | 1,540.00 | 5,170.00 |
| | | M-FT: App For Written Exam | 634500 | 550.00 | 1,210.00 | 2,200.00 | 1,320.00 | 5,280.00 |
| | | M-FT: Cont. Ed. Sponsor Apprvl | 634506 | 2,580.00 | 2,820.00 | 3,540.00 | 3,060.00 | 12,000.00 |
| | | M-FT: Label Processing Fee | 634507 | 180.00 | 60.00 | | | 240.00 |
| | | M-FT: Prorated Init. Lic. Fee | 634505 | 1,190.00 | 440.00 | 595.00 | 365.00 | 2,590.00 |
| | | H7M - Guest License | 634521 | 450.00 | 600.00 | 750.00 | 450.00 | 2,250.00 |
| | | M-FT - Emeritus | 634512 | 175.00 | | | | 175.00 |
| | | M-FT Duplicate Certificate Fee | 634508 | 25.00 | 25.00 | 50.00 | | 100.00 |
| | | H7M Professional Firm Annual R | 608259 | | | 25.00 | 25.00 | 75.00 |
| | **H7M1000 Total** | | | **10,705.00** | **6,690.00** | **12,268.25** | **9,490.00** | **39,153.25** |
| 2000 | H7M9210 | H7M Criminal Background Fee | 634520 | 417.25 | 481.25 | 1,066.00 | 712.25 | 2,676.75 |
| | **H7M9210 Total** | | | **417.25** | **481.25** | **1,066.00** | **712.25** | **2,676.75** |

| MFT EXPENSES PAID | | | | |
|---|---|---|---|---|
| Vendor Name | Line Desc | Acctg Dt | Account Desc | Amount |
| ADMINISTRATION DEPT | WC FY27 direct pay | 07/01/26 | St Pd Insurance - Workers Comp | 170.00 |
| ADMINISTRATION DEPT | FY27 CENTRAL MAIL | 08/31/26 | Postal Mailing-Shipping Ser | 112.93 |
| ADMINISTRATION DEPT | FY27 CENTRAL MAIL | 07/31/26 | Postal Mailing-Shipping Ser | 118.20 |
| ADMINISTRATION DEPT | FY27 RISK INSURANCE | 07/01/26 | Bonds And Insurance | 588.00 |
| ARNOLD ADAM | per diem | 07/08/26 | Board/Council Member Comp | 75.00 |
| ARNOLD ADAM | Per Diem | 07/17/26 | Board/Council Member Comp | 75.00 |
| ARNOLD ADAM | per diem | 08/12/26 | Board/Council Member Comp | 75.00 |
| ARNOLD ADAM | per diem | 08/21/26 | Board/Council Member Comp | 75.00 |
| ARNOLD ADAM | FY27 mileage | 07/17/26 | Private Auto Mileage In State | 13.68 |
| BROWN CHILAH | Per Diem | 07/17/26 | Board/Council Member Comp | 75.00 |
| BROWN CHILAH | per diem | 08/12/26 | Board/Council Member Comp | 75.00 |
| BROWN CHILAH | Per Diem | 08/18/26 | Board/Council Member Comp | 75.00 |
| BROWN CHILAH | per diem | 08/21/26 | Board/Council Member Comp | 75.00 |
| CLAVIN ANNA | per diem | 07/08/26 | Board/Council Member Comp | 75.00 |
| CLAVIN ANNA | Per Diem | 07/17/26 | Board/Council Member Comp | 75.00 |
| CLAVIN ANNA | per diem | 08/12/26 | Board/Council Member Comp | 75.00 |
| CLAVIN ANNA | per diem | 08/21/26 | Board/Council Member Comp | 75.00 |
| CLAVIN ANNA | FY27 mileage | 09/15/26 | Private Auto Mileage Out State | 124.64 |
| CLAVIN ANNA | FY27 Council member outstate r | 09/15/26 | Board Member Reimb – Out-State | 1,472.65 |
| CLEAR | FY27 Outstate Registrations | 09/01/26 | Regist Fees-Conf-Sem Out StP | 900.00 |
| CRAFT SHONDA M | Per Diem | 07/16/26 | Board/Council Member Comp | 75.00 |
| CRAFT SHONDA M | FY27 mileage | 07/17/26 | Private Auto Mileage In State | 17.48 |
| CRAFT SHONDA M | FY27 mileage | 09/25/26 | Private Auto Mileage In State | 17.48 |
| CRAFT SHONDA M | FY27 mileage | 10/30/26 | Private Auto Mileage Out State | 12.92 |
| CRAFT SHONDA M | FY27 Council member outstate r | 10/30/26 | Board Member Reimb – Out-State | 220.69 |
| EVERTS JESSIE | per diem | 07/08/26 | Board/Council Member Comp | 75.00 |
| EVERTS JESSIE | Per Diem | 07/17/26 | Board/Council Member Comp | 75.00 |
| EVERTS JESSIE | PER DIEM | 08/18/26 | Board/Council Member Comp | 75.00 |
| EVERTS JESSIE | FY27 mileage | 07/17/26 | Private Auto Mileage In State | 18.24 |
| GRAVES KATHRYN A | Per Diem | 07/17/26 | Board/Council Member Comp | 75.00 |
| GRAVES KATHRYN A | per diem | 08/12/26 | Board/Council Member Comp | 75.00 |
| INNOVATIVE OFFICE SOLUTIONS LLC | BATTERY,3V WATCH & ELEC | 07/23/26 | Supplies, Materials, And Parts | 5.03 |
| INNOVATIVE OFFICE SOLUTIONS LLC | LABEL,SHIPPING,300/BX,WH | 07/23/26 | Supplies, Materials, And Parts | 54.36 |
| INNOVATIVE OFFICE SOLUTIONS LLC | PAPER,20#,LTR,92 BRT | 07/23/26 | Supplies, Materials, And Parts | 54.37 |
| INNOVATIVE OFFICE SOLUTIONS LLC | PENCIL,PMATE,EVERSTRONG | 07/23/26 | Supplies, Materials, And Parts | 17.27 |
| INNOVATIVE OFFICE SOLUTIONS LLC | REMOVER,STAPLE,HVY DTY | 07/23/26 | Supplies, Materials, And Parts | 14.24 |
| MN IT SERVICES | 411960 MNIT Services (Voice, W | 07/31/26 | Rate-Based MNIT Services | 199.36 |
| MN IT SERVICES | 411960 MNIT Services (Voice, W | 07/31/26 | Rate-Based MNIT Services | 957.16 |
| MN IT SERVICES | 411960 MNIT Services (Voice, W | 07/31/26 | Rate-Based MNIT Services | 96.99 |
| MN IT SERVICES | 411960 MNIT Services (Voice, W | 08/31/26 | Rate-Based MNIT Services | 199.36 |
| MN IT SERVICES | 411960 MNIT Services (Voice, W | 08/31/26 | Rate-Based MNIT Services | 96.99 |
| MN IT SERVICES | 411960 MNIT Services (Voice, W | 08/31/26 | Rate-Based MNIT Services | 759.35 |

| | | | | |
|---|---|---|---|---|
| MN IT SERVICES | 411970 MNIT Services (at IT Se | 07/31/26 | Agency-Specific MNIT Services | 1,695.01 |
| MN IT SERVICES | 411970 MNIT Services (at IT Se | 08/31/26 | Agency-Specific MNIT Services | 1,223.16 |
| Not Available | - | 10/20/26 | Travel Expense Out Of State | 1,259.20 |
| PUBLIC SAFETY DEPT | FY27 FINGERPRINT BACKGROUND FO | 07/31/26 | State Agency Other Service | 448.00 |
| PUBLIC SAFETY DEPT | FY27 FINGERPRINT BACKGROUND FO | 08/31/26 | State Agency Other Service | 736.00 |
| RANDOLPH SQUARE LLC FKA LEEF SOUTH LLC | FY27 Rent + Storage | 07/01/26 | Rent - Non State Owned Space | 2,475.71 |
| RANDOLPH SQUARE LLC FKA LEEF SOUTH LLC | FY27 Rent + Storage | 08/31/26 | Rent - Non State Owned Space | 2,475.71 |
| RANDOLPH SQUARE LLC FKA LEEF SOUTH LLC | FY27 Rent + Storage | 09/01/26 | Rent - Non State Owned Space | 2,475.71 |
| RANDOLPH SQUARE LLC FKA LEEF SOUTH LLC | FY27 Rent + Storage | 10/31/26 | Rent - Non State Owned Space | 2,542.49 |
| SHRED RIGHT | FY27 Shredding of Confidential | 09/17/26 | Other Purchased Services | 54.45 |
| SHUNKWILER THAD M | Per Diem | 07/16/26 | Board/Council Member Comp | 75.00 |
| SHUNKWILER THAD M | Per Diem | 07/17/26 | Board/Council Member Comp | 75.00 |
| SHUNKWILER THAD M | FY27 mileage | 07/17/26 | Private Auto Mileage In State | 130.72 |
| SHUNKWILER THAD M | FY27 mileage | 09/25/26 | Private Auto Mileage In State | 130.72 |
| US BANK | AGENT FEE 8900936682829 | 09/15/26 | Travel Expense Out Of State | 30.00 |
| US BANK | DELTA AIR 0067550041400 | 09/15/26 | Travel Expense Out Of State | 654.06 |
| US BANK | MARRIOTT PORTLAND OR | 10/02/26 | Travel Expense Out Of State | 762.15 |

# MINNESOTA HEALTH PROFESSIONALS SERVICES PROGRAM

# 2026 YEAR END REPORT

**2026 YEAR END REPORT**
**COVERING: JULY 1, 2025 - JUNE 30, 2026**

# WHAT'S INSIDE

## Who We Are

Our mission, values, goals, teams and committees



## Trends

Referral, participation and discharge trends



## Budget

Funding, expenses and our goals for the fiscal year ahead



**REPORT SUBMITTED TO:**
**THE HEALTH LICENSING BOARDS**
**THE HEALTH PROFEESIONALS SERVICES'**
**PROGRAM'S PROGRAM AND ADVISORY COMMITTEES**
**AND THE PUBLIC**

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# OVERVIEW

The Health Professionals Services Program (HPSP) is a program of the Minnesota Health Licensing Boards. HPSP was created in 1994 to protect the public by offering health professionals and others the opportunity to report themselves or other health professionals with potentially impairing illnesses to HPSP in lieu of licensing boards. HPSP serves as the alternative to discipline program for all Minnesota Health Licensing Boards. HPSP also monitors health professionals with illnesses pursuant to board orders.

Most states have an alternative to discipline program for physicians and another program for nurses. HPSP is one of a handful of programs nationally that offers services to all health licensing boards and, therefore, all regulated health professionals. This enables all regulated health professionals with potentially impairing illnesses to access services that promote early intervention, diagnosis, and treatment. Early intervention is essential for public safety. Monitoring has been proven to enhance long-term illness management and recovery. More states have started to add professionals to their programs in past year. The Federation of State Physician Health Programs and National Organization for Alternative Programs bring together the organizations across the country to set standards and provide support. HPSP continues to learn from national programs. Having one program that works with all regulated health professionals has additional benefits. HPSP staff are familiar with occupational health programs, treatment programs and providers throughout the state and vice versa. If a concern is identified, regardless of profession, there is one number to call. Expertise is centralized and this simplifies reporting.

HPSP is pleased to provide this report to the Health Licensing Boards, the HPSP Program Committee and Advisory Committee, legislators and the citizens of Minnesota. The document provides information about program participation and activities that took place in fiscal year 2026.

# MISSION

HPSP protects the public by providing monitoring services to regulated health care professionals whose illnesses may impact their ability to practice safely.

# GOAL

The goal of HPSP is to promote early intervention, diagnosis, and treatment for health care professionals with illnesses, and to provide monitoring services as an alternative to board discipline or pursuant to board discipline. Early intervention enhances the likelihood of successful treatment before clinical skills or public safety are compromised.

# VALUES

**INTEGRITY** We live our values. People and organizations with integrity are dependable, honest, and trustworthy. They have an uncompromising commitment to honor, moral, and ethical values and can be counted on to behave honorably. We are honest, trustworthy, and transparent in all we do. We strive to do the right thing to achieve the best possible outcomes.

**RESPECT** We uphold a standard of conduct that recognizes and values the contributions of people with different perspectives, different cultures and different backgrounds. We foster a working environment in which listening to and understanding our differences is encouraged. It's a commitment to seek to understand before seeking to be understood. It's a commitment to generously apply our experience, skill, and knowledge to help improve the experience and quality of life of our coworkers, program participants and everyone we engage with.

**INFORMED** We use the best data and methods available to guide our processes and actions to promote the best possible outcomes. We rely on objective facts of evidence-based data to build a strong foundation of effective monitoring.

**ACCOUNTABILITY** The assumption of responsibility for our actions and decisions. As a core value of the program, accountability reflects our willingness to keep our commitments, to honestly assess our strengths and liabilities, and to acknowledge and learn from our mistakes and actions.

**EXCELLENCE** We challenge ourselves to do our best and set high standards of professionalism and competence in our work. Striving for Excellence reflects passion for our work because what we do matters, and it matters that we do it the best way possible.

# FUNCTIONS

HPSP promotes public safety in health care by implementing Participation Agreements that oversee the health professional's illness management and professional practice, both of which are tied to patient safety. A Participation Agreement may include the health professional's agreement to comply with continuing care recommendations, practice restrictions, random toxicology screening, work site monitoring, and support group participation. HPSP's primary functions are described below.

1. **Provide health professionals with services to determine if they have an illness that warrants monitoring:**
    a. Evaluate symptoms, treatment needs, immediate safety, and potential risks to patients
    b. Obtain substance, psychiatric, and medical histories, along with social and occupational data
    c. Determine practice limitations due to safety concerns and with treating provider expertise, if applicable
    d. Secure records consistent with state and federal data practices regulations
    e. Collaborate with medical consultants and treating providers regarding treatment and monitoring that promotes public safety

2. **Create and implement Participation Agreements:**
    a. Specify requirements for appropriate treatment and continuing care
    b. Determine illness-specific and practice-related limitations or conditions, if applicable

3. **Monitor the continuing care and compliance of health professionals:**
    a. Communicate monitoring procedures to treatment providers, supervisors/worksite monitors, and other collaborative parties
    b. Review records and reports from treatment providers, supervisors, and other sources regarding the health professional's level of functioning and compliance with monitoring
    c. Coordinate toxicology screening process
    d. Intervene, as necessary, for non-compliance, inappropriate or inadequate treatment, or symptom exacerbation

4. **Act as a resource for health professionals, licensing boards, health care employers, practitioners, medical communities, and state policy makers.**

**QUOTE FROM A FORMER HPSP PARTICIPANT**

*I think about how we have dealt with addiction historically in society and in professions, and I'm grateful and proud to have been a participant in HPSP.*

# PARTICIPATION

## REFERRALS

### DEFINITIONS OF REFERRAL SOURCES

HPSP's intake process is consistent, regardless of how health professionals are referred for monitoring. The program is responsible for determining the health professional's eligibility for services and whether the health professional has an illness that warrants monitoring. When it is determined that a health professional has an illness that warrants monitoring, an individualized Participation Agreement is developed, and monitoring is initiated.

Health professionals can be referred to HPSP in the following ways:

**First Referral Source Explained**

The term first referral source refers to the initial way practitioners are referred to HPSP. For example, a professional may self-report (first referral source) and while actively being monitored, HPSP may receive a report from their board, which is considered a second referral source.

1. **Self-Referrals:** Health professionals refer themselves directly to the program. Health professionals report themselves to HPSP at various points during illness(es). Some call directly from a hospital or treatment center, while others call after they have been sent home from work for exhibiting illness-related symptoms, as well as for other reasons.

2. **Third-Party Referrals:** Third-party referrals come from persons concerned about a health professional's ability to practice safely because of illness. The most common

third-party referrals are from employers including, but not limited, to employee health systems, supervisors, and colleagues. The identity of all third-party reporters is confidential. Reports by third parties are subject to immunity if the report is made in good faith.

3. **Board Referrals:** Participating boards have three options for referring health professionals to HPSP:

    a. **Determine Eligibility (Board Voluntary):** The board refers because there appears to be information that supports the possibility of an illness that warrants monitoring, but a diagnosis is not known to the board.

    b. **Follow-up to Diagnosis and Treatment (Board Voluntary):** The board has determined or been informed that the health professional has an illness and refers the health professional to HPSP for assessment of the need for monitoring of the illness(es).

    c. **Discipline (Board Discipline):** The board has determined that there is illness(es) to monitor and then refers the health professional to HPSP as part of a disciplinary action (i.e., Stipulation and Order). The Order may dictate monitoring requirements.

**For the purposes of this report, the two voluntary board referral sources (Determine Eligibility and Follow- Up to Diagnosis and Treatment) are combined.*

## Referrals by Fiscal Year, Primary Referral Source, Board and Occupation

**Referral Data for the Board of Behavioral Health and Therapy by Fiscal Year, Occupation and Referral Source**

**Fiscal Year 2026**
**Total Referrals for FY26:** 39
(**21** Licensed Alcohol and Drug Counselor (LADC), **5** Alcohol and Drug Counselor–Trainee (ADC-T), **2** Licensed Professional Counselor (LPC), **11** Licensed Professional Clinical Counselor (LPCC))

| Referral Source ▸ Occupation ▾ | Self | Third | Eligibility | Board Order |
|---|---|---|---|---|
| **LADC** | 3 | 4 | 9 | 4 |
| **ADC-T** | 2 | 0 | 3 | 0 |
| **LPC** | 0 | 0 | 2 | 0 |
| **LPCC** | 1 | 3 | 7 | 0 |

## Referral Data for the Board of Behavioral Health and Therapy (continued)
### by Fiscal Year, Occupation and Referral Source

**Fiscal Year 2025**
**Total Referrals for FY25:** 46
(26 LADC, 5 ADC-T, 2 LPC, 13 LPCC)

| Referral Source ▶ Occupation ▼ | Self | Third | Eligibility | Board Order |
|---|---|---|---|---|
| **LADC** | 7 | 5 | 10 | 4 |
| **ADC-T** | 1 | 3 | 1 | 0 |
| **LPC** | 2 | 0 | 0 | 0 |
| **LPCC** | 4 | 3 | 5 | 1 |

**Fiscal Year 2024**
**Total Referrals for FY24:** 37
(21 LADC, 5 ADC-T, 0 LPC, 11 LPCC)

| Referral Source ▶ Occupation ▼ | Self | Third | Eligibility | Board Order |
|---|---|---|---|---|
| **LADC** | 7 | 6 | 6 | 2 |
| **ADC-T** | 3 | 0 | 1 | 1 |
| **LPC** | 0 | 0 | 0 | 0 |
| **LPCC** | 2 | 2 | 7 | 0 |

## Referral Data for the Board of Executives for Long Term Services and Supports
### by Fiscal Year, Occupation and Referral Source

**Fiscal Year 2026**
**Total Referrals for FY26:** 26
(**24** Licensed Assisted Living Director (LALD), **2** Admin)

| Referral Source ▶ Occupation ▼ | Self | Third | Eligibility | Board Order |
|---|---|---|---|---|
| **LALD** | 2 | 0 | 22 | 0 |
| **Admin** | 0 | 0 | 2 | 0 |

## Referral Data for the Board of Executives for Long Term Services and Supports (continued)
### by Fiscal Year, Occupation and Referral Source

**Fiscal Year 2025**
**Total Referrals for FY25:** 24
(21 LALD, 3 Admin)

| Referral Source ▶ Occupation ▼ | Self | Third | Eligibility | Board Order |
|---|---|---|---|---|
| LALD | 0 | 0 | 21 | 0 |
| Admin | 0 | 0 | 3 | 0 |

**Fiscal Year 2024**
**Total Referrals for FY24:** 20
(16 LALD, 4 Admin)

| Referral Source ▶ Occupation ▼ | Self | Third | Eligibility | Board Order |
|---|---|---|---|---|
| LALD | 0 | 0 | 16 | 0 |
| Admin | 0 | 0 | 4 | 0 |

## Referral Data for the Board of Chiropractic Examiners
### by Fiscal Year, Occupation and Referral Source

**Fiscal Year 2026**
**Total Referrals for FY26:** 6

| Referral Source ▶ Occupation ▼ | Self | Third | Eligibility | Board Order |
|---|---|---|---|---|
| All licenses | 1 | 0 | 5 | 0 |

**Fiscal Year 2025**
**Total Referrals for FY25:** 6

| Referral Source ▶ Occupation ▼ | Self | Third | Eligibility | Board Order |
|---|---|---|---|---|
| All licenses | 1 | 0 | 5 | 0 |

**Fiscal Year 2024**
**Total Referrals for FY24:** 10

| Referral Source ▶ Occupation ▼ | Self | Third | Eligibility | Board Order |
|---|---|---|---|---|
| All licenses | 0 | 0 | 6 | 4 |

## Referral Data for the Dentistry
### by Fiscal Year, Occupation and Referral Source

**Fiscal Year 2026**
**Total Referrals for FY26:** 29
(**14** Dentist, **4** Dental Assistant, **9** Dental Hygienist, **2** Dental Therapist)

| Referral Source ▸ Occupation ▾ | Self | Third | Eligibility | Board Order |
|---|---|---|---|---|
| **Dentist** | 1 | 1 | 10 | 2 |
| **Dental Assistant** | 1 | 1 | 1 | 1 |
| **Dental Hygienist** | 1 | 0 | 3 | 5 |
| **Dental Therapist** | 0 | 0 | 2 | 0 |

**Fiscal Year 2025**
**Total Referrals for FY25:** 26
(11 Dentist, 12 Dental Assistant, 3 Dental Hygienist, 0 Dental Therapist)

| Referral Source ▸ Occupation ▾ | Self | Third | Eligibility | Board Order |
|---|---|---|---|---|
| **Dentist** | 2 | 2 | 6 | 1 |
| **Dental Assistant** | 1 | 0 | 9 | 2 |
| **Dental Hygienist** | 0 | 0 | 2 | 1 |
| **Dental Therapist** | 0 | 0 | 0 | 0 |

**Fiscal Year 2024**
**Total Referrals for FY24:** 20
(10 Dentist, 7 Dental Assistant, 2 Dental Hygienist, 0 Dental Therapist, Radio Registrant)

| Referral Source ▸ Occupation ▾ | Self | Third | Eligibility | Board Order |
|---|---|---|---|---|
| **Dentist** | 4 | 1 | 1 | 4 |
| **Dental Assistant** | 0 | 1 | 6 | 0 |
| **Dental Hygienist** | 0 | 0 | 1 | 1 |
| **Dental Therapist** | 0 | 0 | 0 | 0 |
| **Radio Registrant** | 0 | 0 | 1 | 0 |

## Referral Data for the Department of Health
### by Fiscal Year, Occupation and Referral Source

**Fiscal Year 2026**
**Total Referrals for FY26:** 0

**Fiscal Year 2025**
**Total Referrals for FY25:** 0

**Fiscal Year 2024**
**Total Referrals for FY24:** 0

## Referral Data for the Dietetics & Nutrition
### by Fiscal Year, Occupation and Referral Source

| Fiscal Year 2026<br>Total Referrals for FY26: 0 | | | | |
|---|---|---|---|---|
| **Referral Source ▸<br>Occupation ▾** | **Self** | **Third** | **Eligibility** | **Board Order** |
| **All licenses** | 0 | 0 | 0 | 0 |
| **Fiscal Year 2025<br>Total Referrals for FY25:** 2 | | | | |
| **Referral Source ▸<br>Occupation ▾** | **Self** | **Third** | **Eligibility** | **Board Order** |
| **All licenses** | 1 | 0 | 1 | 0 |
| **Fiscal Year 2024<br>Total Referrals for FY24:** 1 | | | | |
| **Referral Source ▸<br>Occupation ▾** | **Self** | **Third** | **Eligibility** | **Board Order** |
| **All licenses** | 1 | 0 | 0 | 0 |

## Referral Data for the Office of Emergency Medical Services
### by Fiscal Year, Occupation and Referral Source

| Fiscal Year 2026<br>Total Referrals for FY26: 18<br>(**4** Paramedic, **3** Emergency Medical Responder (EMR), **11** Emergency Medical Technician (EMT)) | | | | |
|---|---|---|---|---|
| **Referral Source ▸<br>Occupation ▾** | **Self** | **Third** | **Eligibility** | **Board Order** |
| **Paramedic** | 1 | 2 | 1 | 0 |
| **EMR** | 0 | 1 | 2 | 0 |
| **EMT** | 0 | 0 | 7 | 4 |
| **Fiscal Year 2025<br>Total Referrals for FY25:** 32<br>(10 Paramedic, 6 EMR, 16 EMT) | | | | |
| **Referral Source ▸<br>Occupation ▾** | **Self** | **Third** | **Eligibility** | **Board Order** |
| **Paramedic** | 4 | 3 | 1 | 2 |
| **EMR** | 0 | 0 | 6 | 0 |
| **EMT** | 4 | 2 | 8 | 2 |

## Referral Data for the Office of Emergency Medical Services (continued)
### by Fiscal Year, Occupation and Referral Source

**Fiscal Year 2024**
**Total Referrals for FY24:** 23
(7 Paramedic, 4 EMR, 12 EMT)

| Referral Source ▶ Occupation ▼ | Self | Third | Eligibility | Board Order |
|---|---|---|---|---|
| **Paramedic** | 1 | 1 | 2 | 3 |
| **EMR** | 0 | 0 | 3 | 1 |
| **EMT** | 2 | 2 | 4 | 4 |

## Referral Data for the Board of Marriage and Family Therapy
### by Fiscal Year, Occupation and Referral Source

**Fiscal Year 2026**
**Total Referrals for FY26:** 6
(**5** Licensed Marriage and Family Therapist (LMFT), **1** Licensed Associate Marriage and Family Therapist (LAMFT))

| Referral Source ▶ Occupation ▼ | Self | Third | Eligibility | Board Order |
|---|---|---|---|---|
| **LMFT** | 2 | 2 | 1 | 0 |
| **LAMFT** | 0 | 1 | 0 | 0 |

**Fiscal Year 2025**
**Total Referrals for FY25:** 3
(3 LMFT, 0 LAMFT)

| Referral Source ▶ Occupation ▼ | Self | Third | Eligibility | Board Order |
|---|---|---|---|---|
| **LMFT** | 3 | 0 | 0 | 0 |
| **LAMFT** | 0 | 0 | 0 | 0 |

**Fiscal Year 2024**
**Total Referrals for FY24:** 1
(1 LMFT, 0 LAMFT)

| Referral Source ▶ Occupation ▼ | Self | Third | Eligibility | Board Order |
|---|---|---|---|---|
| **LMFT** | 1 | 0 | 0 | 0 |
| **LAMFT** | 0 | 0 | 0 | 0 |

## Referral Data for the Board of Medical Practice
### by Fiscal Year, Occupation and Referral Source

**Fiscal Year 2026**
**Total Referrals for FY26:** 75
(**3** Acupuncturist, **3** Athletic Trainer, **9** Physician's Assistant (PA), **8** Respiratory Care Practitioner (RCP), **2** Resident, **50** Physician)

| Referral Source ▸ Occupation ▾ | Self | Third | Eligibility | Board Order |
|---|---|---|---|---|
| **Acupuncturist** | 0 | 0 | 3 | 0 |
| **Athletic Trainer** | 0 | 0 | 3 | 0 |
| **PA** | 0 | 1 | 8 | 0 |
| **RCP** | 0 | 1 | 7 | 0 |
| **Resident** | 0 | 2 | 0 | 0 |
| **Physician** | 16 | 10 | 21 | 3 |

**Fiscal Year 2025**
**Total Referrals for FY25:** 60
(2 Acupuncturist, 0 Athletic Trainer, 7 PA, 5 RCP, 1 Resident, 44 Physician, 1Traditional Midwife)

| Referral Source ▸ Occupation ▾ | Self | Third | Eligibility | Board Order |
|---|---|---|---|---|
| **Acupuncturist** | 0 | 0 | 2 | 0 |
| **Athletic Trainer** | 0 | 0 | 0 | 0 |
| **PA** | 2 | 1 | 4 | 0 |
| **RCP** | 0 | 0 | 5 | 0 |
| **Resident** | 0 | 1 | 0 | 0 |
| **Physician** | 5 | 10 | 28 | 1 |
| **Traditional Midwife** | 0 | 0 | 1 | 0 |

**Fiscal Year 2024**
**Total Referrals for FY24:** 50
(2 Acupuncturist, 1 Athletic Trainer, 10 PA, 4 RCP, 2 Resident, 29 Physician)

| Referral Source ▸ Occupation ▾ | Self | Third | Eligibility | Board Order |
|---|---|---|---|---|
| **Acupuncturist** | 0 | 0 | 2 | 0 |
| **Athletic Trainer** | 0 | 0 | 1 | 0 |
| **PA** | 3 | 0 | 7 | 2 |
| **RCP** | 0 | 0 | 4 | 0 |
| **Resident** | 2 | 0 | 0 | 0 |
| **Physician** | 14 | 2 | 12 | 1 |

## Referral Data for the Board of Nursing
### by Fiscal Year, Occupation and Referral Source

**Fiscal Year 2026**
**Total Referrals for FY26:** 286
(**13** Advanced Practice Registered Nurse (APRN)/Certified Nurse Practitioner (CNP), **234** Registered Nurse (RN), **39** Licensed Practical Nurse (LPN))

| Referral Source ▸ Occupation ▾ | Self | Third | Eligibility | Board Order |
|---|---|---|---|---|
| **APRN/CNP** | 5 | 5 | 2 | 1 |
| **RN** | 52 | 22 | 109 | 51 |
| **LPN** | 4 | 3 | 20 | 12 |

**Fiscal Year 2025**
**Total Referrals for FY25:** 292
(12 APRN/CNP, 223 RN, 57 LPN)

| Referral Source ▸ Occupation ▾ | Self | Third | Eligibility | Board Order |
|---|---|---|---|---|
| **APRN/CNP** | 3 | 2 | 4 | 3 |
| **RN** | 50 | 35 | 78 | 60 |
| **LPN** | 8 | 3 | 29 | 17 |

**Fiscal Year 2024**
**Total Referrals for FY24:** 223
(4 APRN/CNP, 177 RN, 42 LPN)

| Referral Source ▸ Occupation ▾ | Self | Third | Eligibility | Board Order |
|---|---|---|---|---|
| **APRN/CNP** | 1 | 1 | 1 | 1 |
| **RN** | 49 | 23 | 75 | 30 |
| **LPN** | 11 | 3 | 23 | 5 |

## Referral Data for the Board of Occupational Therapy
### by Fiscal Year, Occupation and Referral Source

**Fiscal Year 2026**
**Total Referrals for FY26:** 2
(**2** Occupational Therapist Assistant (OTA), **0** Occupational Therapist (OT))

| Referral Source ▸ Occupation ▾ | Self | Third | Eligibility | Board Order |
|---|---|---|---|---|
| **OTA** | 0 | 0 | 2 | 0 |
| **OT** | 0 | 0 | 0 | 0 |

## Referral Data for the Board of Occupational Therapy (continued)
### by Fiscal Year, Occupation and Referral Source

| **Fiscal Year 2025**<br>**Total Referrals for FY25:** 4<br>(2 OTA, 2 OT) | | | | |
|---|---|---|---|---|
| **Referral Source ▸<br>Occupation ▾** | **Self** | **Third** | **Eligibility** | **Board Order** |
| **OTA** | 0 | 0 | 2 | 0 |
| **OT** | 1 | 1 | 0 | 0 |
| **Fiscal Year 2024**<br>**Total Referrals for FY24:** 3<br>(2 OTA, 1 OT) | | | | |
| **Referral Source ▸<br>Occupation ▾** | **Self** | **Third** | **Eligibility** | **Board Order** |
| **OTA** | 0 | 0 | 1 | 1 |
| **OT** | 1 | 0 | 0 | 0 |

## Referral Data for the Board of Optometry
### by Fiscal Year, Occupation and Referral Source

| **Fiscal Year 2026**<br>**Total Referrals for FY26:** 1 | | | | |
|---|---|---|---|---|
| **Referral Source ▸<br>Occupation ▾** | **Self** | **Third** | **Eligibility** | **Board Order** |
| **Optometrist** | 1 | 0 | 0 | 0 |
| **Fiscal Year 2025**<br>**Total Referrals for FY25:** 0 | | | | |
| **Referral Source ▸<br>Occupation ▾** | **Self** | **Third** | **Eligibility** | **Board Order** |
| **Optometrist** | 0 | 0 | 0 | 0 |
| **Fiscal Year 2024**<br>**Total Referrals for FY24:** 1 | | | | |
| **Referral Source ▸<br>Occupation ▾** | **Self** | **Third** | **Eligibility** | **Board Order** |
| **Optometrist** | 0 | 0 | 1 | 0 |

## Referral Data for the Board of Pharmacy
### by Fiscal Year, Occupation and Referral Source

**Fiscal Year 2026**
**Total Referrals for FY26: 20**
(**5** Intern, **11** Pharmacy Technician, **4** Pharmacist)

| Referral Source ▶ Occupation ▼ | Self | Third | Eligibility | Board Order |
|---|---|---|---|---|
| **Intern** | 1 | 0 | 3 | 1 |
| **Pharmacy Technician** | 2 | 6 | 2 | 1 |
| **Pharmacist** | 3 | 1 | 0 | 0 |

**Fiscal Year 2025**
**Total Referrals for FY25: 20**
(2 Intern, 10 Pharmacy Technician, 8 Pharmacist)

| Referral Source ▶ Occupation ▼ | Self | Third | Eligibility | Board Order |
|---|---|---|---|---|
| **Intern** | 0 | 0 | 1 | 1 |
| **Pharmacy Technician** | 3 | 3 | 2 | 2 |
| **Pharmacist** | 5 | 1 | 1 | 1 |

**Fiscal Year 2024**
**Total Referrals for FY24: 15**
(1 Intern, 8 Pharmacy Technician, 6 Pharmacist)

| Referral Source ▶ Occupation ▼ | Self | Third | Eligibility | Board Order |
|---|---|---|---|---|
| **Intern** | 1 | 0 | 0 | 0 |
| **Pharmacy Technician** | 3 | 3 | 1 | 1 |
| **Pharmacist** | 2 | 2 | 0 | 2 |

## Referral Data for the Board of Physical Therapy
### by Fiscal Year, Occupation and Referral Source

**Fiscal Year 2026**
**Total Referrals for FY26:** 8
(**2** Physical Therapy Assistant (PTA), **6** Physical Therapist (PT))

| Referral Source ▶ Occupation ▼ | Self | Third | Eligibility | Board Order |
|---|---|---|---|---|
| **PTA** | 0 | 0 | 2 | 0 |
| **PT** | 3 | 1 | 2 | 0 |

## Referral Data for the Board of Physical Therapy (continued)
### by Fiscal Year, Occupation and Referral Source

| **Fiscal Year 2025**<br>**Total Referrals for FY25:** 5<br>(1 PTA, 4 PT) | | | | |
|---|---|---|---|---|
| **Referral Source ▸**<br>**Occupation ▾** | **Self** | **Third** | **Eligibility** | **Board Order** |
| **PTA** | 0 | 0 | 1 | 0 |
| **PT** | 1 | 0 | 3 | 0 |
| **Fiscal Year 2024**<br>**Total Referrals for FY24:** 8<br>(2 PTA, 6 PT) | | | | |
| **Referral Source ▸**<br>**Occupation ▾** | **Self** | **Third** | **Eligibility** | **Board Order** |
| **PTA** | 0 | 0 | 2 | 0 |
| **PT** | 2 | 0 | 1 | 3 |

## Referral Data for the Board of Podiatric Medicine
### by Fiscal Year, Occupation and Referral Source

| **Fiscal Year 2026**<br>**Total Referrals for FY26:** 0 | | | | |
|---|---|---|---|---|
| **Referral Source ▸**<br>**Occupation ▾** | **Self** | **Third** | **Eligibility** | **Board Order** |
| **All licenses** | 0 | 0 | 0 | 0 |
| **Fiscal Year 2025**<br>**Total Referrals for FY25:** 0 | | | | |
| **Referral Source ▸**<br>**Occupation ▾** | **Self** | **Third** | **Eligibility** | **Board Order** |
| **All licenses** | 0 | 0 | 0 | 0 |
| **Fiscal Year 2024**<br>**Total Referrals for FY24:** 1 | | | | |
| **Referral Source ▸**<br>**Occupation ▾** | **Self** | **Third** | **Eligibility** | **Board Order** |
| **All licenses** | 0 | 0 | 0 | 1 |

## Referral Data for the Board of Psychology
### by Fiscal Year, Occupation and Referral Source

**Fiscal Year 2026**
**Total Referrals for FY26:** 5
(**5** Licensed Psychologist (LP), **0** Licensed Behavior Analyst (LBA))

| Referral Source ▸ Occupation ▾ | Self | Third | Eligibility | Board Order |
|---|---|---|---|---|
| **LP** | 0 | 4 | 0 | 1 |
| **LBA** | 0 | 0 | 0 | 0 |

**Fiscal Year 2025**
**Total Referrals for FY25:** 2
(1 LP, 1 LBA)

| Referral Source ▸ Occupation ▾ | Self | Third | Eligibility | Board Order |
|---|---|---|---|---|
| **LP** | 0 | 0 | 1 | 0 |
| **LBA** | 0 | 0 | 1 | 0 |

**Fiscal Year 2024**
**Total Referrals for FY24:** 3
(3 LP, 0 LBA)

| Referral Source ▸ Occupation ▾ | Self | Third | Eligibility | Board Order |
|---|---|---|---|---|
| **LP** | 1 | 1 | 1 | 0 |
| **LBA** | 0 | 0 | 0 | 0 |

## Referral Data for the Board of Social Work
### by Fiscal Year, Occupation and Referral Source

**Fiscal Year 2026**
**Total Referrals for FY26:** 35
(**15** Licensed Independent Clinical Social Worker (LICSW), **11** Licensed Graduate Social Worker (LGSW), **9** Licensed Social Worker (LSW))

| Referral Source ▸ Occupation ▾ | Self | Third | Eligibility | Board Order |
|---|---|---|---|---|
| **LICSW** | 4 | 6 | 3 | 2 |
| **LGSW** | 1 | 1 | 8 | 1 |
| **LSW** | 1 | 1 | 4 | 3 |

## Referral Data for the Board of Social Work (continued)
### by Fiscal Year, Occupation and Referral Source

| **Fiscal Year 2025**<br>**Total Referrals for FY25:** 23<br>(8 LICSW, 6 LGSW, 8 LSW, 1 Licensed Independent Social Worker (LISW)) | | | | |
|---|---|---|---|---|
| **Referral Source ▸**<br>**Occupation ▾** | **Self** | **Third** | **Eligibility** | **Board Order** |
| **LICSW** | 1 | 1 | 5 | 1 |
| **LGSW** | 0 | 3 | 3 | 0 |
| **LSW** | 2 | 0 | 6 | 0 |
| **LISW** | 1 | 0 | 0 | 0 |
| **Fiscal Year 2024**<br>**Total Referrals for FY24:** 25<br>(11 LICSW, 10 LGSW, 4 LSW) | | | | |
| **Referral Source ▸**<br>**Occupation ▾** | **Self** | **Third** | **Eligibility** | **Board Order** |
| **LICSW** | 6 | 4 | 1 | 0 |
| **LGSW** | 8 | 1 | 1 | 0 |
| **LSW** | 1 | 0 | 3 | 0 |

## Referral Data for the Board of Veterinary Medicine
### by Fiscal Year, Occupation* and Referral Source

| **Fiscal Year 2026**<br>**Total Referrals for FY26:** 3 | | | | |
|---|---|---|---|---|
| **Referral Source ▸**<br>**Occupation ▾** | **Self** | **Third** | **Eligibility** | **Board Order** |
| **Veterinarian** | 2 | 0 | 1 | 0 |
| **Fiscal Year 2025**<br>**Total Referrals for FY25:** 1 | | | | |
| **Referral Source ▸**<br>**Occupation ▾** | **Self** | **Third** | **Eligibility** | **Board Order** |
| **All licenses** | 0 | 0 | 1 | 0 |
| **Fiscal Year 2024**<br>**Total Referrals for FY24:** 3 | | | | |
| **Referral Source ▸**<br>**Occupation ▾** | **Self** | **Third** | **Eligibility** | **Board Order** |
| **All licenses** | 0 | 0 | 3 | 0 |

**FY27 Veterinary Medicine's board will also license Veterinary Technicians*

All Referrals by First Referral Source and Fiscal Year

| Fiscal Year ▸ Referral Source ▾ | FY18 | FY19 | FY20 | FY21 | FY22 | FY23 | FY24 | FY25 | **FY26** |
|---|---|---|---|---|---|---|---|---|---|
| **Self** | 156 | 181 | 179 | 128 | 121 | 94 | 110 | 110 | **110** |
| **Third Party** | 102 | 77 | 73 | 66 | 63 | 61 | 54 | 82 | **81** |
| **Eligibility** | 146 | 138 | 161 | 160 | 152 | 201 | 197 | 254 | **277** |
| **Board Order** | 82 | 61 | 68 | 62 | 48 | 40 | 65 | 94 | **91** |
| **Sum** | 404 | 396 | 413 | 354 | 336 | 356 | 361 | 446 | **468** |

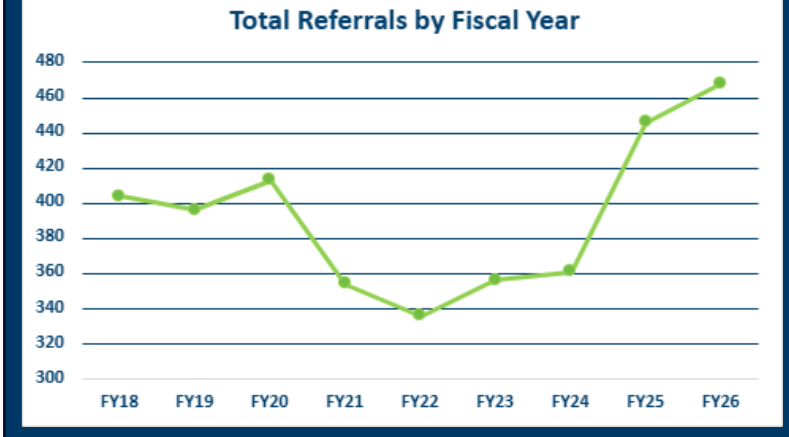
# TAKE A CLOSER LOOK...

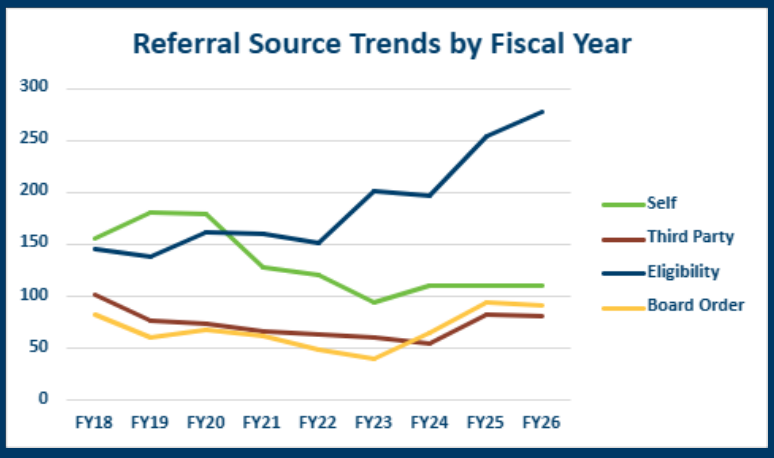
## Over the past 8 years, HPSP has seen a...

**57%**
INCREASE IN ELIGIBILITY REFERRALS

**22%**
INCREASE IN REFERRALS

**18%**
DECREASE IN SELF REFERRALS



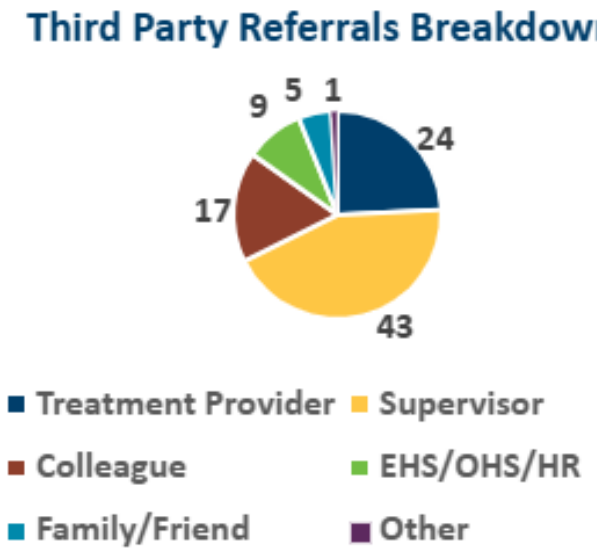



## *Quote from HPSP Participant*

*As unhappy as I was in the beginning, and along the way, now on the other side of it, I am forever grateful. It was a pain, adjusting foods I ate to make sure I wouldn't test positive, the inconvenience of testing when I wanted to travel or just have a day off...all those things made me resentful and angry at times through the process. But ALL those things held me accountable.*

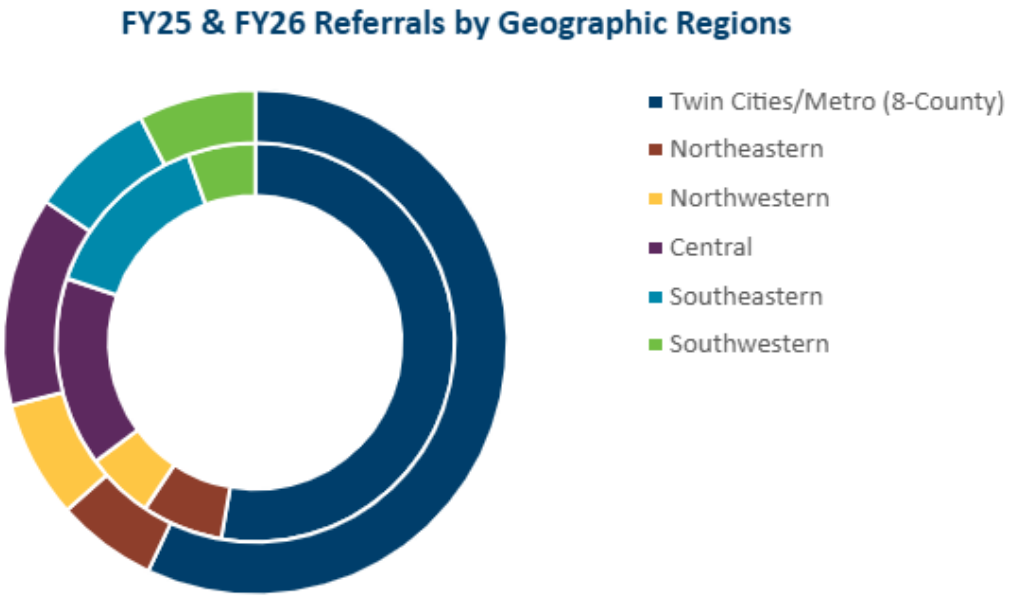
## Fiscal Year 2026 Third Party Referrals Sources

In Fiscal Year 2026, HPSP experienced a 25% increase in third-party referrals compared to the average of the previous three years. While we did not see a significant uptick from FY25—which had already shown a substantial rise—we are pleased that third-party reporting has remained stable this fiscal year. Supervisor reports accounted for 43% of all referrals, up from 29% last year. All other referral sources followed similar patterns to previous years.



## FY26 Referrals by Geographic Regions

The chart below illustrates referrals to HPSP for Minnesota-licensed health professionals in fiscal years 2025 (inner circle) and 2026 (outer circle). Overall, the data shows a steady and consistent trend across both years.




| |
|---|
| **Northeastern (NE):** Aitkin, Carlton, Cook, Itasca, Koochiching, Lake, and St. Louis counties |
| **Northwestern (NW):** Becker, Beltrami, Cass, Clay, Clearwater, Crow Wing, Hubbard, Kittson, Lake of the Woods, Mahnomen, Marshall, Norman, Otter Tail, Pennington, Polk, Red Lake, Roseau, Wadena and Wilkin counties |
| **Twin Cities Metro Areas (TC):** Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, Washington, and Wright counties |
| **Southeastern (SE):** Dodge, Fillmore, Freeborn, Goodhue, Houston, Le Sueur, Mower, Olmsted, Rice, Steele, Wabasha, Waseca, and Winona counties |
| **Southwestern (SW):** Blue Earth, Brown, Chippewa, Cottonwood, Faribault, Jackson, Lac qui Parle, Lincoln, Lyon, Martin, McLeod, Murray, Nicollet, Nobles, Pipestone, Redwood, Renville, Rock, Sibley, Watonwan, and Yellow Medicine counties |
| **Central MN (CE):** Benton, Chisago, Douglas, Grant, Isanti, Kanabec, Kandiyohi, Meeker, Mille Lacs, Morrison, Pine, Pope, Sherburne, Stearns, Stevens, Swift, Todd, and Traverse counties |

# PARTICIPATION

## PARTICIPATION AGREEMENTS

HPSP continues to focus on meeting its goal of completing the intake process and establishing Participation Agreements (PA), when appropriate, within 60 days of a health professional's initial contact with the program. The initial contact by a case manager begins the assessment and intervention phase of intake. As in prior years, case managers may ask health professionals to voluntarily refrain from practice when needed to protect the public until appropriate assessments and monitoring can be arranged.

| Fiscal Year ▸<br>Days to Sign ▾ | FY23 | FY24 | FY25 | FY26 |
|---|---|---|---|---|
| **0-7** | 6 | 12 | 6 | 2 |
| **8 14** | 15 | 18 | 20 | 10 |
| **15-30** | 36 | 52 | 48 | 37 |
| **31-60** | 71 | 88 | 111 | 108 |
| **61-90** | 29 | 32 | 49 | 51 |
| **91+** | 43 | 18 | 28 | 27 |
| **Total # of PAs Signed** | **200** | **220** | **262** | **235** |

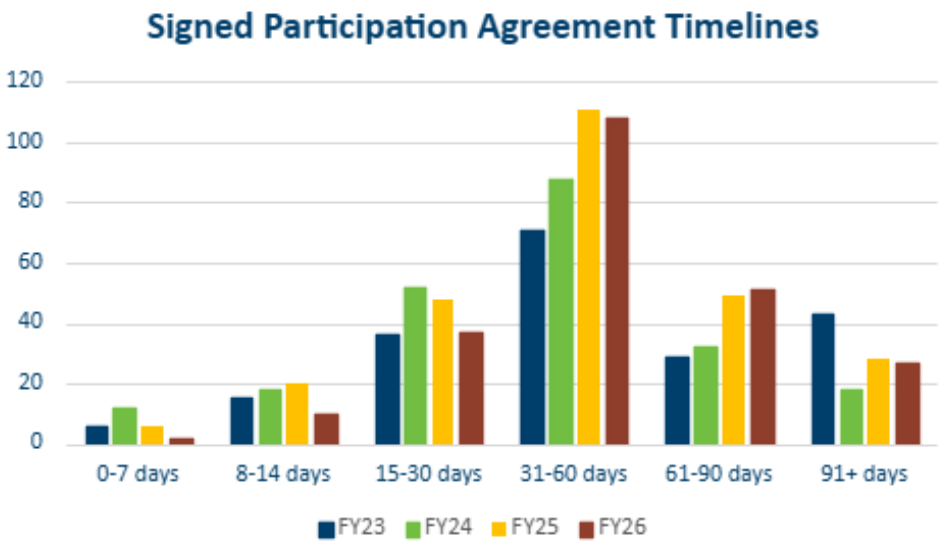
Despite the reduction in total agreements, the distribution of days-to-sign shows a meaningful shift in several time categories. The most significant change was a reduction in the number of Participation Agreements signed within the first 30 days. FY26 saw fewer agreements completed in the 0–7, 8–14, and 15–30-day ranges compared to FY25.

The program largely maintained its performance in the 31–60-day timeframe, which continues to represent most agreements. The number of agreements signed within this window remained relatively stable.

There was also a slight increase in agreements requiring 61–90 days, while agreements extending beyond 91 days decreased minimally. These shifts suggest that although some cases required additional time, fewer extended into the longest completion range compared to last year.

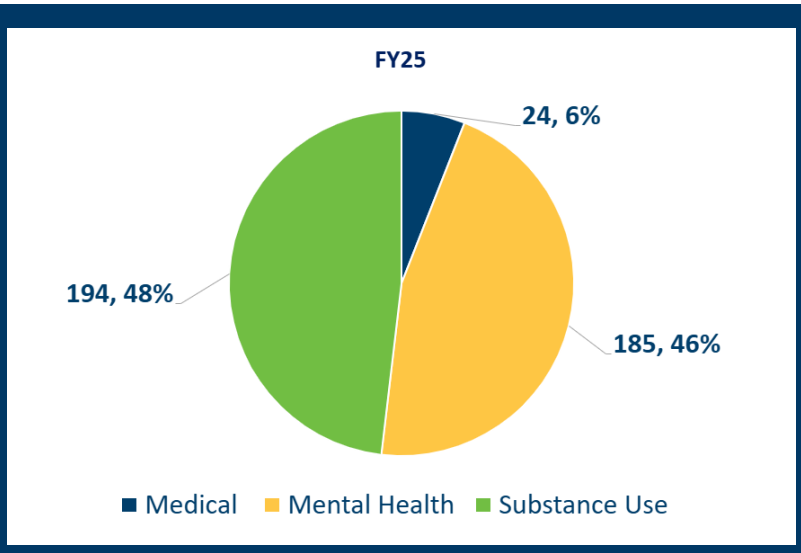
As in previous years, factors such as obtaining medical records, arranging specialized assessments, and variability in participant cooperation contributed to delays. These elements continue to influence the time from referral to signed Participation Agreement.
HPSP remains committed to timely, thorough intake processes that balance public protection with effective participant engagement.

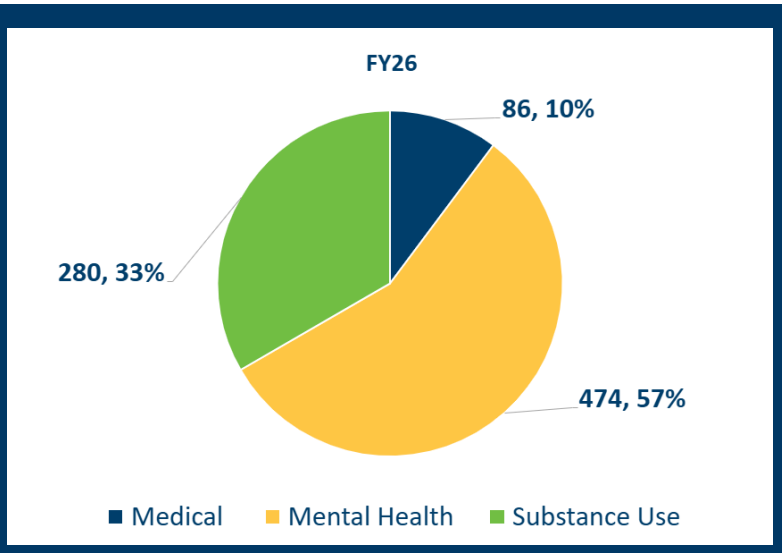
## PARTICIPATION AGREEMENTS (continued)




## ILLNESSES MONITORED

In Fiscal Year 2026, the distribution of illnesses monitored by HPSP shows a clear shift from the prior year. Mental health conditions make up a larger share of monitored cases this year, increasing to over half of all participants. Participants may be monitored for multiple conditions simultaneously, including mental health, medical, substance use, or co-occurring disorders within the same category.



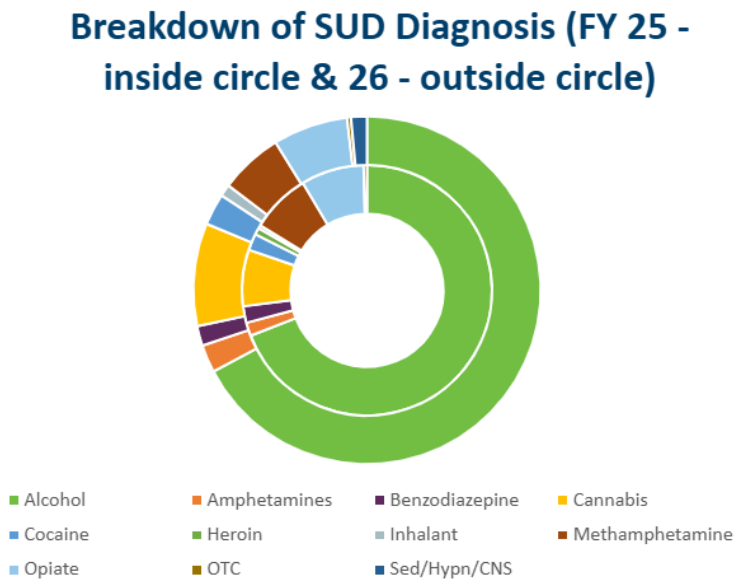

Substance use concerns, while still a substantial portion, represent a smaller percentage than in FY25. Medical conditions also grew proportionally, moving from a very small segment to a more noticeable share of participants.

Overall, the trend in FY26 reflects a continued rise in mental health-related monitoring, a proportional decline in substance-use cases, and steady growth in medical conditions. This shift highlights changing participant needs and the increasing prominence of mental health concerns within the program.

## Illnesses By Diagnosis

| Substance Use Disorder Diagnosis | Number of Participants in Fiscal Year 25 | Number of Participants in Fiscal Year 26 |
|---|---|---|
| **Alcohol** | 161 | 183 |
| **Amphetamines** | 4 | 7 |
| **Benzodiazepine** | 5 | 5 |
| **Cannabis** | 17 | 26 |
| **Cocaine** | 5 | 8 |
| **Heroin** | 2 | 3 |
| **Inhalant** | 1 | 0 |
| **Methamphetamine** | 18 | 16 |
| **Opiate** | 19 | 19 |
| **OTC** | 1 | 1 |
| **Sed/Hypn/CNS** | 0 | 4 |

In summary, FY26 reflects a modest rise in diversity across substance use diagnoses, with alcohol maintaining its strong majority and several smaller categories becoming slightly more prominent.



## *Quote from a former HPSP Participant*

*When I started with HPSP my plan was to do what I had to do, say what I had to say to complete the requirements and then return to my drinking when I was finished. Somewhere along the way I realized I could do recovery and be happy – it wasn't impossible like I thought. I am forever grateful to HPSP and my employer for encouraging participation.*

### Illnesses By Diagnosis (continued)

| Mental Health Diagnosis | Number of Participants in Fiscal Year 25 | Number of Participants in Fiscal Year 26 |
|---|---|---|
| **Adjustment** | 10 | 11 |
| **Anxiety** | 28 | 146 |
| **ADHD** | 21 | 48 |
| **Bipolar** | 18 | 27 |
| **Depression** | 25 | 139 |
| **Anxiety/Depression*** | 108 | 0 |
| **Eating Disorder** | 5 | 5 |
| **Gambling** | 2 | 0 |
| **OCD** | 4 | 5 |
| **Personality** | 3 | 6 |
| **PTSD** | 40 | 64 |
| **Schizoaffective** | 1 | 2 |
| **Sexual Disorders** | 2 | 0 |
| **Other (MH)** | 7 | 9 |
| **Panic** | 0 | 8 |
| **Postpartum** | 0 | 1 |

*HPSP is moving away from Anxiety/Depression as a Diagnosis in our reporting

In FY26, HPSP transitioned away from using the combined Anxiety/Depression diagnosis, instead categorizing conditions separately. This change is reflected clearly in the data and helps explain several of the year-over-year shifts.

As a result of this reclassification, anxiety and depression diagnoses make up a much larger share in FY26. Anxiety becomes the most prominent diagnosis, followed by depression—together capturing the participants who previously fell under the combined category. ADHD,

bipolar disorder, PTSD, and several smaller diagnostic categories also show proportional upward movement, indicating broader growth across a range of mental health concerns.

With the combined Anxiety/Depression category no longer in use, its proportional decline to zero is expected and reflects a change in reporting practice rather than a reduction in participant needs. Other categories that show slight growth—such as OCD, personality disorders, panic, and postpartum disorders—contribute to a more diversified mental health profile.

Overall, the FY26 distribution highlights both the reporting transition and the increasing complexity of mental health presentations, with the most notable shifts occurring among diagnoses that now stand alone rather than being grouped together. Let me know if you'd like this in a more formal,  narrative, or bullet-point format for your report.

*HPSP saved my life. It was a very difficult journey. I have heard very scary stories about other states' monitoring programs- and I cannot be more thankful for Minnesota's program.*

*Quote from a former HPSP Participant*

# DISCHARGES

| DEFINITIONS OF DISCHARGE CATERGORIES<br>***Represents discharges that will result in a report to the licensing board*** |
|---|
| **Completion** |
| Participant satisfactorily completes the terms of the Participation Agreement. |

## DEFINITIONS OF DISCHARGE CATERGORIES (continued)

***Represents discharges that will result in a report to the licensing board***

### Non-Compliance*

Participant violates the conditions of the Participation Agreement; case manager closes case and files a report with health care professional's regulatory board. Sub-categories of this include:

- Non-Compliance – Diversion
- Non-Compliance – Monitoring
- Non-Compliance Positive Screens
- Non-Compliance – Problem Screens
- Non-Compliance – Treatment

### Voluntary Withdrawal*

Participant chooses to withdraw from the program prior to completion of the Participation Agreement; case manager closes case and files a report with the health care professional's regulatory board.

### Ineligible, Monitored*

During monitoring, if the program determines that the health care professional is not eligible for program services as specified in statute, case manager files report with health care professional's regulatory board.

Sub-categories of this include**:**

Ineligible, Monitored (continued)

- Ineligible Monitored – Illness too severe
- Ineligible Monitored – License suspended/surrendered/revoked
- Ineligible Monitored – No active Minnesota license
- Ineligible Monitored – Violation of practice act

## DEFINITIONS OF DISCHARGE CATERGORIES (continued)

***Represents discharges that will result in a report to the licensing board***

### Ineligible, Not Monitored*

At time of intake, if the program determines that the health care professional is not eligible for program services as specified in statute, case manager files report with health care professional's regulatory board. Subcategories of this include:

- Ineligible Not Monitored – Illness too severe
- Ineligible Not Monitored – License suspended/surrendered/revoked
- Ineligible Not Monitored – No active Minnesota license
- Ineligible Not Monitored – Violation of practice act
- Ineligible Not Monitored – Previously discharged to the regulatory board

### No contact*

Health care professional fails to contact HPSP following initial report received from third-party or board; case manager closes case and files a report with health care professional's regulatory board.

### Non-Cooperation*

Health care professional cooperates initially but then ceases to cooperate before the Participation Agreement is signed; case manager closes case and files a report with health care professional's regulatory board.

### Non-Jurisdictional

No diagnostic eligibility established; the case is closed. This can include no illness(es) or management of illness(es).

## Discharges by Fiscal Year, Discharge Category and Board

| Board | BBHT | | | BELTSS | | | CHIROPRACTIC | | |
|---|---|---|---|---|---|---|---|---|---|
| Fiscal Year ▸ / Discharge Category ▾ | FY24 | FY25 | FY26 | FY24 | FY25 | FY26 | FY24 | FY25 | FY26 |
| Complete | 9 | 11 | 12 | 1 | 0 | 3 | 2 | 2 | 0 |
| Ineligible Monitored | 1 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| Ineligible Not Monitored | 0 | 2 | 1 | 0 | 0 | 1 | 1 | 1 | 0 |
| No Contact | 3 | 2 | 4 | 3 | 1 | 3 | 1 | 1 | 0 |
| Non-Compliance | 5 | 5 | 9 | 1 | 0 | 0 | 0 | 0 | 0 |
| Non-Cooperative | 6 | 7 | 9 | 1 | 3 | 2 | 2 | 2 | 0 |
| Non-Jurisdictional | 6 | 4 | 5 | 13 | 13 | 15 | 6 | 6 | 2 |
| Voluntary Withdrawal | 2 | 4 | 1 | 0 | 2 | 2 | 0 | 0 | 1 |
| Deceased | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Totals** | **32** | **36** | **42** | **19** | **19** | **26** | **12** | **12** | **3** |

| Board | DENTISTRY | | | DEPT OF HEALTH | | | DIETETICS & NUTRITION | | |
|---|---|---|---|---|---|---|---|---|---|
| Fiscal Year ▸ / Discharge Category ▾ | FY24 | FY25 | FY26 | FY24 | FY25 | FY26 | FY24 | FY25 | FY26 |
| Complete | 7 | 6 | 2 | - | - | - | 0 | 0 | 0 |
| Ineligible Monitored | 0 | 0 | 1 | - | - | - | 0 | 0 | 0 |
| Ineligible Not Monitored | 0 | 0 | 1 | - | - | - | 0 | 0 | 0 |
| No Contact | 2 | 5 | 0 | - | - | - | 0 | 0 | 0 |
| Non-Compliance | 5 | 6 | 5 | - | - | - | 0 | 0 | 0 |
| Non-Cooperative | 3 | 4 | 5 | - | - | - | 0 | 1 | 0 |
| Non-Jurisdictional | 4 | 3 | 8 | - | - | - | 1 | 0 | 0 |
| Voluntary Withdrawal | 0 | 1 | 3 | - | - | - | 0 | 0 | 0 |
| Deceased | 0 | 0 | 0 | - | - | - | 0 | 0 | 0 |
| **Totals** | **21** | **25** | **25** | **-** | **-** | **-** | **1** | **1** | **0** |

| Board | OFFICE OF EMS | | | MFT | | | MEDICAL PRACTICE | | |
|---|---|---|---|---|---|---|---|---|---|
| Fiscal Year ▸ / Discharge Category ▾ | FY24 | FY25 | FY26 | FY24 | FY25 | FY26 | FY24 | FY25 | FY26 |
| Complete | 3 | 0 | 9 | 1 | 0 | 2 | 27 | 39 | 29 |
| Ineligible Monitored | 2 | 2 | 1 | 0 | 0 | 0 | 2 | 3 | 2 |
| Ineligible Not Monitored | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 1 |
| No Contact | 3 | 5 | 4 | 0 | 0 | 2 | 4 | 2 | 3 |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Non-Compliance | 4 | 2 | 2 | 0 | 0 | 0 | 0 | 1 | 0 |
| Non-Cooperative | 5 | 4 | 5 | 0 | 0 | 0 | 1 | 9 | 6 |
| Non-Jurisdictional | 8 | 5 | 6 | 1 | 0 | 1 | 24 | 25 | 21 |
| Voluntary Withdrawal | 3 | 3 | 3 | 0 | 0 | 0 | 2 | 2 | 6 |
| Deceased | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Totals** | **28** | **21** | **30** | **2** | **0** | **5** | **61** | **82** | **68** |

| **Board** | **NURSING** | | | **OCCUPATIONAL THERAPY** | | | **OPTOMETRY** | | |
|---|---|---|---|---|---|---|---|---|---|
| **Fiscal Year ▸** / **Discharge Category ▾** | **FY24** | **FY25** | **FY26** | **FY24** | **FY25** | **FY26** | **FY24** | **FY25** | **FY26** |
| Complete | 84 | 77 | 93 | 1 | 1 | 0 | 0 | 0 | 2 |
| Ineligible Monitored | 10 | 13 | 8 | 0 | 0 | 0 | 0 | 0 | 0 |
| Ineligible Not Monitored | 6 | 6 | 5 | 0 | 0 | 0 | 0 | 0 | 0 |
| No Contact | 17 | 8 | 12 | 0 | 0 | 0 | 0 | 0 | 0 |
| Non-Compliance | 35 | 29 | 47 | 0 | 0 | 0 | 0 | 0 | 0 |
| Non-Cooperative | 31 | 26 | 35 | 1 | 0 | 2 | 0 | 0 | 0 |
| Non-Jurisdictional | 73 | 53 | 85 | 1 | 1 | 1 | 0 | 0 | 1 |
| Voluntary Withdrawal | 14 | 12 | 10 | 1 | 0 | 0 | 0 | 0 | 0 |
| Deceased | 3 | 2 | 2 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Totals** | **273** | **236** | **297** | **4** | **2** | **3** | **0** | **0** | **3** |

| **Board** | **PHARMACY** | | | **PHYSICAL THERAPY** | | | **PODIATRIC MEDICINE** | | |
|---|---|---|---|---|---|---|---|---|---|
| **Fiscal Year ▸** / **Discharge Category ▾** | **FY24** | **FY25** | **FY26** | **FY24** | **FY25** | **FY26** | **FY24** | **FY25** | **FY26** |
| Complete | 4 | 3 | 6 | 3 | 1 | 3 | 0 | 0 | 0 |
| Ineligible Monitored | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| Ineligible Not Monitored | 1 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| No Contact | 2 | 0 | 3 | 1 | 0 | 0 | 0 | 0 | 0 |
| Non-Compliance | 1 | 2 | 3 | 2 | 2 | 0 | 0 | 0 | 0 |
| Non-Cooperative | 1 | 1 | 4 | 1 | 1 | 0 | 1 | 0 | 0 |
| Non-Jurisdictional | 3 | 3 | 3 | 4 | 1 | 6 | 0 | 0 | 0 |
| Voluntary Withdrawal | 1 | 2 | 1 | 0 | 1 | 0 | 0 | 0 | 0 |
| Deceased | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Totals** | **14** | **13** | **21** | **11** | **6** | **9** | **1** | **0** | **0** |

| Board | PSYCHOLOGY | | | SOCIAL WORK | | | VET MED | | |
|---|---|---|---|---|---|---|---|---|---|
| Fiscal Year ▸ / Discharge Category ▾ | FY24 | FY25 | FY26 | FY24 | FY25 | FY26 | FY24 | FY25 | FY26 |
| Complete | 1 | 3 | 1 | 6 | 4 | 6 | 4 | 0 | 1 |
| Ineligible Monitored | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 |
| Ineligible Not Monitored | 0 | 0 | 1 | 0 | 1 | 2 | 0 | 1 | 1 |
| No Contact | 0 | 0 | 0 | 4 | 0 | 3 | 0 | 1 | 0 |
| Non-Compliance | 1 | 0 | 0 | 4 | 2 | 5 | 0 | 0 | 0 |
| Non-Cooperative | 0 | 1 | 1 | 2 | 5 | 2 | 0 | 2 | 1 |
| Non-Jurisdictional | 1 | 1 | 0 | 5 | 8 | 3 | 1 | 3 | 0 |
| Voluntary Withdrawal | 0 | 0 | 0 | 2 | 2 | 2 | 0 | 1 | 0 |
| Deceased | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 |
| **Totals** | **5** | **3** | **3** | **23** | **23** | **25** | **8** | **5** | **3** |

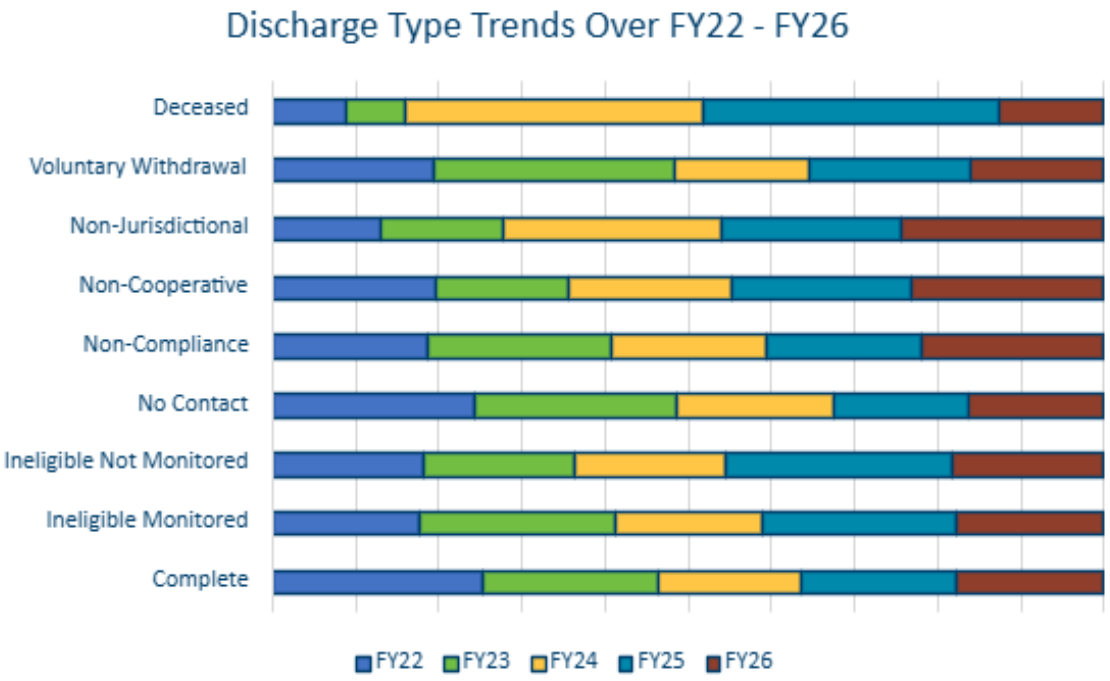
*Quote from a former HPSP Participant*

*I had reached the point where my stress level was unmanageable. I was exhausted and could not bring myself to stop and examine what I needed to do to meet my needs. I am not sure I would have ever dealt with my life stressors and mental health without having an external brain, HPSP, gently pressuring me.*

## Overall Discharges by Discharge Category for FY22-FY26

Across the five fiscal years, the proportion of Complete discharges declines from 43% in FY22 to 30% in FY26, though it remains the most frequent discharge type. Ineligible categories remain relatively stable, while No Contact decreases slightly over time. Non-Compliance and non-cooperative discharges show modest increases, each rising to 13% in FY26. The most notable shift occurs in non-jurisdictional discharges, which grew from 15% in FY22 to 28% in FY26. Voluntary Withdrawals fluctuate but remain low overall, and Deceased cases stay minimal across all years.

| DISCHARGES | FY22 | FY23 | FY25 | FY24 | FY26 |
|---|---|---|---|---|---|
| **Complete** | 168 | 166 | 149 | 148 | **169** |
| **Ineligible Monitored** | 11 | 17 | 19 | 15 | **15** |
| **Ineligible Not Monitored** | 6 | 10 | 13 | 11 | **13** |
| **No Contact** | 35 | 39 | 26 | 37 | **34** |
| **Non-Compliance** | 41 | 61 | 53 | 57 | **71** |
| **Non-Cooperative** | 44 | 43 | 58 | 58 | **72** |
| **Non-Jurisdictional** | 58 | 79 | 117 | 154 | **157** |
| **Voluntary Withdrawal** | 24 | 41 | 29 | 26 | **28** |
| **Deceased** | 1 | 0 | 3 | 4 | **2** |
| **Total Discharges in the FY** | **388** | **456** | **467** | **510** | **562** |




# PARTICIPANT FEEDBACK

HPSP includes a Participant Survey in discharge letters and emails sent to participants upon both successful and unsuccessful discharge. The survey is also available on our website for participants to complete at any time. In FY26, 5.5% of discharged participants completed the survey.

While the survey covers a variety of topics, several key findings include:

- 65% completely agreed that HPSP staff were timely and professional.
- 64% completely agreed that HPSP helped them.
- 68% said they would recommend HPSP to others.

Beginning in FY27, we made changes to the survey to gather more comprehensive feedback about the participant's experience. We also plan to survey Treatment Providers and Worksite Monitors to better understand their experiences and gather feedback on their roles in the monitoring process.

# BUDGET

HPSP is funded through a combination of annual board fees and board contributions based on program participation. Each participating licensing board pays an annual fee of $1,000, which equates to approximately $83.33 per month. In addition, each board contributes a proportional share of HPSP expenditure based on the number of HPSP enrollees and participants licensed with that board.

In FY26, the Board of Nursing and Board of Medical Practice accounted for 68.5% of HPSP funding due to the larger numbers of licensees. Behavioral Health and Therapy (BBHT), Social Work, Pharmacy, and Dentistry, collectively accounted for approximately 19% of program expenditures.

Total HPSP expenditures for FY26 were $1,295,739.76, representing an increase of $180,770.40 compared to FY25. Personnel costs continue to comprise the majority of the program budget, with 86% of expenditures dedicated to HPSP staff. Other significant expenses included lease costs (4%), MNIT/ALIMS technology and information systems support (4%), employee development and training (1.7%), and medical consultant services (1%).

The FY26 expenditure distribution reflects HPSP's continued commitment to public protection through effective participant monitoring, case management, and program oversight.

# COMMITTEE MEMBERS AND STAFF

## ADMINISTERING BOARD

The Board of Psychology and their Executive Director Sam Sands has served as the administering board for HPSP since FY24.

## PROGRAM COMMITTEE

The Program Committee consists of one member from each participating board. By law, the Program Committee provides HPSP with guidance to ensure that the direction of HPSP is in accordance with its statutory authority. In 1997 the Program Committee established the following five goals to meet this responsibility:

1. The public is protected;
2. Individual clients are treated with respect;
3. The program is well-managed;
4. The program is financially secure; and
5. The program is operating consistently within its statutory authority.

| REPRESENTING THE… | NAME |
|---|---|
| Board of Behavioral Health and Therapy | Bharati Acharya |
| Board of Chiropractic Examiners | Mary Noble (CHAIR) |
| Board of Dentistry | Samuel Ankrah |
| Board of Dietetics and Nutrition Practice | Susan Estes |
| Office of EMS | Amber Lage |
| Board of Occupational Therapy | Christine Hoepner |
| Board of  Executives for Long Term Services and Supports | Deb Stock |
| Department of Health | Robert Dehler/Daphne Ponds |
| Board of Marriage and Family Therapy | Jennifer Mohlenhoff |
| Board of Medical Practice | Averi M. Turner |
| Board of Nursing | Tracy Sonterre-Rieger |
| Board of Optometry | Britt Heglund |
| Board of Pharmacy | Ben Maisenbach |
| Board of Physical Therapy | Allen Rasmussen |
| Board of Podiatric Medicine | Cyndee Fields |

| REPRESENTING THE… | NAME |
|---|---|
| Board of Psychology | Michael Thompson |
| Board of Social Work | Linda Gustafson |
| Board of Veterinary Medicine | Jody Grote (VICE CHAIR) |

## 2025-2027 ADVISORY COMMITTEE

The Advisory Committee appointments are renewed on the odd numbered years beginning on February 1st. The Advisory Committee consists of people appointed by various health-related professional associations and two public members appointed by the Chair of the Program Committee.

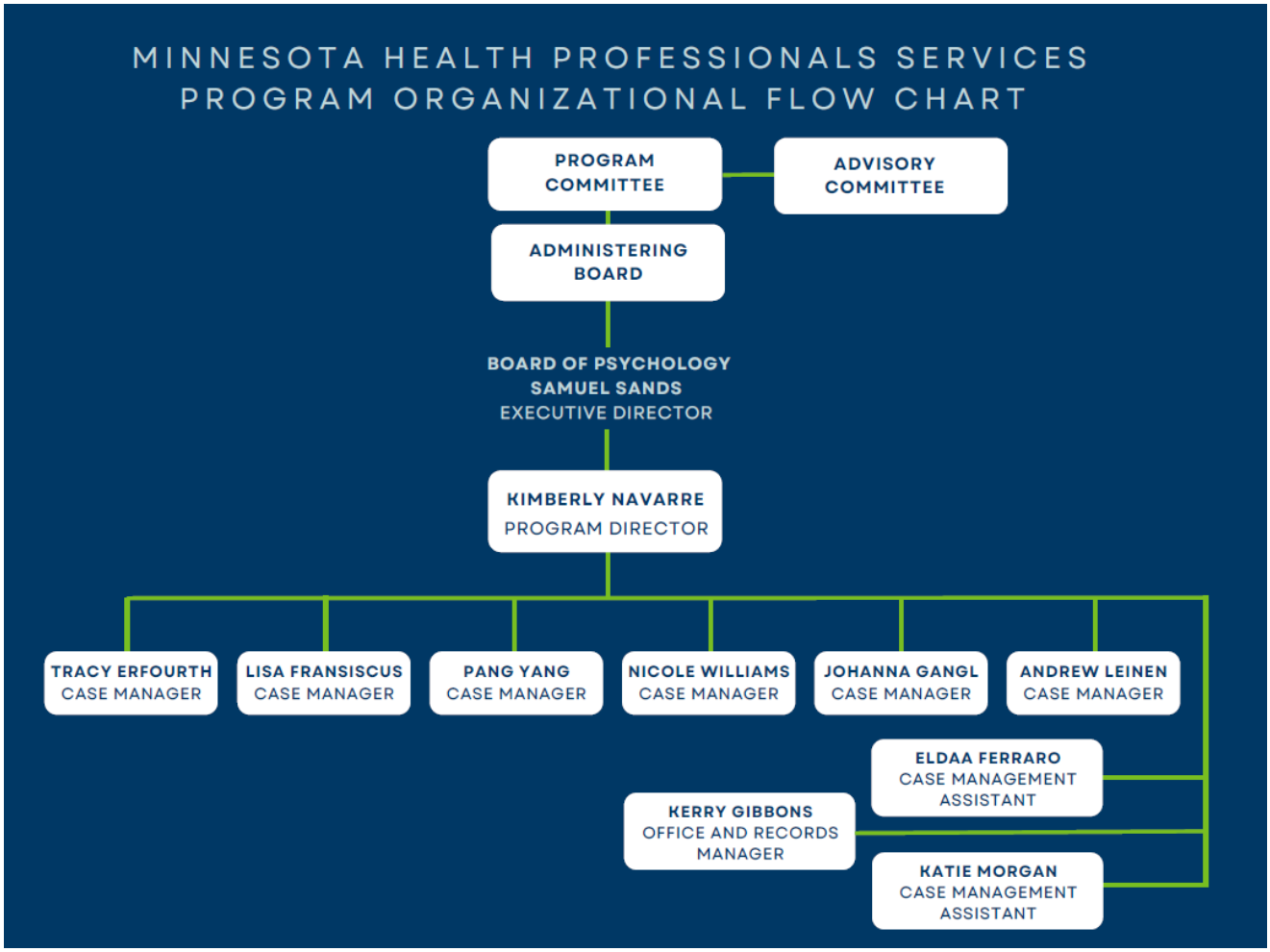
The Advisory Committee established the following goals:

1. Promote early intervention, diagnosis, treatment and monitoring for potentially impaired health care professionals;
2. Provide expertise to HPSP staff and Program Committee; and
3. Act as a liaison with membership.

| ASSOCIATION | NAME |
|---|---|
| Dentist Concerned for Dentists | Charles Wilkinson |
| MN Academy of Nutrition and Dietetics | Lindsay Heidelberger |
| Minnesota Academy of Physician Assistants | Tracy Keizer |
| MN Acupuncture Association | Zuobiao Yuan |
| Minnesota Ambulance Association | Joe Newton |
| Minnesota Association of Marriage and Family Therapy | Calvin Hauer |
| Minnesota Association of Naturopathic Physicians | Dr. Aidanne MacDonald-Milewski |
| MN Chap. of National Assoc. of Social Workers | Michael Arieta |
| Minnesota Association of Veterinary Technicians | Jenny Glock |
| MN Chiropractic Association | Dr. Jake Dalbec |
| Minnesota Dental Association | Dr. James Omlie |

| ASSOCIATION | NAME |
|---|---|
| MN Society of Health Systems Pharmacists | S. Bruce Benson |
| Minnesota Licensed Practical Nurse Association (LPN) | Trisha Jensen |
| MN Medical Association | Stephanie Lindgren |
| Minnesota Nurses Association | OPEN |
| MN Occupational Therapy Association | Karen Sames |
| Minnesota Optometric Association | Georgiann Jensen Bohn |
| MN Organization of Leaders in Nursing | Lucy Furlong |
| MN Organization of Registered Nurses | Niki Gjere |
| Minnesota Pharmacists Association | Sue Anderson |
| Pharmacy Recovery Network | Laura Mahlendorf |
| Minnesota Podiatric Medicine Association | Dr. Kari Prescott |
| Minnesota Psychological Association | Ann Schissel |
| Minnesota Society of Addiction Medicine | Sandy Clark |
| MN Veterinary Association | Dr. Marcia Brower |
| MN Nurse Peer Support Network | Katy Callaway |
| Public Member | Joanne Kronstedt |
| Public Member | OPEN |

## HPSP STAFF




# PROGRAM GOALS

In FY27, HPSP will focus on strengthening its team, enhancing the participant experience, and improving program operations. Priorities include pursuing staff expansion, supporting employee development through training and professional conferences, and improving caseload management practices.

To better support participants, HPSP will increase transparency through website enhancements, including FAQ page, resources, and how-to guides designed to improve understanding of various program aspects. Additional efforts will focus on improving portal access and use and advancing collection site accessibility initiatives.

Program goals include exploring committee operations, developing resources for new committee members, reviewing policies and workflows, and maintaining responsible fiscal stewardship. Together, these efforts support HPSP's commitment to its mission and values (integrity, excellence, accountability, respect, informed).

MINNESOTA
HEALTH PROFESSIONALS
SERVICES PROGRAM

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**PROGRAM COMMITTEE MEETING MINUTES**

**Date:** Tuesday, November 10, 2026
**Location:** Virtual and In-Person at 335 Randolph in Big Stone Conference Room
**Time:** 10:00 AM CST

I. **Meeting called to begin at 10:00AM by Chair Mary Noble**

II. **Introductions:**

| Board | Name | In Attendance? |
|---|---|---|
| Behavioral Health and Therapy | Bharati Acharya | Present |
| Chiropractic Examiners | Mary Noble | Present |
| Dentistry | Samuel Ankrah | Present |
| Dept of Health | Robert Dehler/Daphne Ponds/Debbie Thao | - |
| Dietetics & Nutrition | Susan Estes | Ruth Grendahl, ED |
| Long Term Services & Supports | Deb Stock | Present |
| Marriage & Family Therapy | Jennifer Mohlenhoff | Present |
| Medical Practice | Averi M. Turner | - |
| Nursing | Tracy Sonterre-Rieger | Kate Reimers |
| Occupational Therapy | Christine Hoepner | Present |
| Office of Emergency Medical Services | Amber Lage | Tanya Armstrong and Pattie Forsberg, OEMS staff |
| Optometry | Britt Heglund | - |
| Pharmacy | Ben Maisenbach | Present |
| Physical Therapy | Allen Rasmussen | Present |
| Podiatry | Cyndee Fields | - |
| Psychology | Michael Thompson | Present |
| Social Work | Linda Gustafson | Present |
| Veterinary Medicine | Jody Grote | - |

Other Attendees: Kim Navarre (HPSP – Director), Kerry Gibbons (HPSP – Office Manager), Tracy Erfourth (HPSP – Case Manager), Nicky Williams (HPSP – Case Manager), Johanna Gangl (HPSP – Case Manager),

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Pang Yang (HPSP – Case Manager), Valare Falkner (ED Board of Dentistry), Samuel Sands (ED Board of Psychology).

III. **Review: Minutes from meeting (Chair) –** Motion to approve minutes by **Allen Rasmussen.** Seconded by **Linda Gustafson.**

IV. **Review: Proposed agenda (Chair) –** Motion to approve agenda **by Ruth Grendahl.** Seconded by **Allen Rasmussen.**

V. **Public comments (Chair) – None**

VI. **HPSP Annual Report (Kim Navarre, Program Director)**
See Full PowerPoint here (https://mn.gov/boards/assets/FY26%20Report%20Presentation_tcm21-774155.pptx)
See Full Written Report here (https://mn.gov/boards/assets/FY26%20REPORT_tcm21-773377.pdf)

### Executive Summary –

The Health Professionals Services Program (HPSP) continued to demonstrate growth, stability, and effectiveness during Fiscal Year 2026 (FY26). The program maintained a 10-member team, implemented several technology enhancements, and continued to support healthcare professionals through monitoring, case management, and recovery-focused services. Nearly 80% of participants now utilize the participant portal, improving communication and operational efficiency.

Program activity increased throughout FY26, with referrals rising across several professions and geographic regions. Third-party referrals increased, particularly from supervisors and colleagues, reflecting continued awareness of and confidence in the program. Enrollment remained strong among professions with the largest regulated populations, including nursing, medical practice, social work, and behavioral health disciplines.

HPSP continued to provide monitoring and support for participants with substance use disorders, mental health conditions, and other health-related concerns. Data showed growing recognition of co-occurring medical conditions, reinforcing the importance of a comprehensive approach to participant well-being and public protection.

The program discharged 562 participants during FY26, exceeding the previous year by 52 discharges. Approximately 60% of participants successfully completed their agreements, indicating strong outcomes while maintaining accountability standards. Participant survey feedback showed improved engagement, with response rates doubling from FY25 and providing valuable insight into participant experiences and opportunities for program improvement.

Financially, HPSP experienced increased operating expenditures as program demands continued to grow. In response, leadership developed a biennial budget proposal that includes additional staffing resources to address increasing caseloads, enhance participant support, and strengthen the program's public protection mission.

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Looking ahead, FY27 priorities include expanding staff capacity, improving transparency and participant resources, strengthening committee operations, enhancing training opportunities, and ensuring the program remains responsive to the evolving needs of Minnesota's regulated health professionals and licensing boards.

VII. **New Chair and Vice Chair for February 2027**

I. **Linda Gustafson** was nominated by **Bharati Acharya**. **Linda Gustafson** declined nomination and nominated **Jody Grote**. **Jody Grote** voted for Vice Chair.

II. **Mary Noble** was nominated by **Bharati Acharya. Mary Noble** voted in for Chair.

VIII. **Adjourn: Chair, Mary Noble,** at **11:00AM.** Motion to adjourn approved by **Allen Rasmussen**, seconded by **Michael Thompson.**

**Next Meetings:**

**February 09, 2027**

**PLEASE RSVP** - Please call Kim 612-548-3126 or email her at kimberly.navarre@state.mn.us to verify whether you will need an accommodation to fully participate in the meeting.

**May 11, 2027**
**August 10, 2027 (TBD with elections)**
**November 09, 2027(TBD with elections)**

MN HOUSE RESEARCH

# State Regulation of Health-Related Occupations

October 2026

## Overview

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


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


## Entities that Regulate Health-Related Occupations

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

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

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


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

# Methods of Regulation for Health-Related Occupations

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

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

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

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

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

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

# Factors for Determining whether an Occupation Is Regulated

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

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

# Information that Must Be Submitted to the Legislature

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

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

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

# Interstate Licensure Compacts

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

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

# State-Regulated Health Occupations

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

## Health-Related Licensing Boards

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

- Nursing home administrators
- Assisted living directors

### Board of Medical Practice (Ch. 147)

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

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

### Board of Nursing (§§ 148.171 to 148.285)

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

### Board of Chiropractic Examiners (§§ 148.01 to 148.108)

### Board of Optometry (§§ 148.52 to 148.62)

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

- Occupational therapists
- Occupational therapy assistants

### Board of Physical Therapy (§§ 148.65 to 148.78)

- Physical therapists
- Physical therapist assistants

### Board of Psychology (§§ 148.88 to 148.99)

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

### Board of Social Work (Ch. 148E)

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

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

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

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

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

- Dietitians
- Nutritionists

### Board of Dentistry (Ch. 150A)

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

### Board of Pharmacy (Ch. 151)

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

### Board of Podiatric Medicine (Ch. 153)

### Board of Veterinary Medicine (Ch. 156)

- Veterinarians
- Veterinary technicians

## MDH-Regulated Health Professions[1]

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

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

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

## MDH-Regulated Environmental Health and Mortuary Science Professions

### Asbestos mitigation professions

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

### Lead mitigation professions (§ 144.9505)

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

### Mortuary science professions (Ch. 149A)

- Morticians
- Transfer care specialists

### Radon mitigation professions (§ 144.4961)

- Radon measurement professionals
- Radon mitigation professionals

### Other professions

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

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

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

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# BMFT COMMITTEE / WORKGROUP REPORTING FORM

This form is intended to provide a high-level summary of committee / workgroup activity. Committee / workgroup chair or designee MAY / ARE EXPECTED TO complete this report following each scheduled meeting.

1. Your Name:

2. Committee or Workgroup

- ◯ Application Review Committee
- ◯ CE Review Committee
- ◯ Complaint Review Panel
- ◯ Executive
- ◯ Outreach & Education Committee
- ◯ Policy, Legislation & Rules Committee
- ◯ Other

3. Meeting Date:

4. Meeting Attendees:

5. Summary of topics discussed and/or actions taken at this meeting:

6. Identify challenges or barriers to the committee / workgroup accomplishing its work at this meeting:

7. Does your work require input or action from the Board?

- ◯ Yes
- ◯ No
- ◯ Unsure

8. What input or action is needed from the Board to advance the work of your committee / workgroup?

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