The mission of the Minnesota Board of Medical Practice is to protect the public's health and safety by assuring that the people who practice medicine or as an allied health professional are competent, ethical practitioners with the necessary knowledge and skills appropriate to their title and role.

AGENDA FOR
THE MINNESOTA BOARD OF MEDICAL PRACTICE
BOARD MEETING
JANUARY 8, 2022 9:00 AM

THE BOARD WILL MEET ELECTRONICALLY BY WEBEX:
Go To: https://minnesota.webex.com/mw3300/mywebex/default.do?siteurl=minnesota
Meeting Number (access code): 2497 189 4483
Meeting Password: pB7uJM7sNp3

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Tap to call in from a mobile device (attendees only)
+1-415-655-0003 United States Toll
1-855-282-6330 United States Toll Free

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Dial 24971894483@minnesota.webex.com
You can also dial 173.243.2.68 and enter your meeting number.
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Public Session

President: Kimberly W. Spaulding, M.D., M.P.H. Board President

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b) Attorney – Client Privilege Items
# ROLL CALL
**JANUARY 8, 2022
BOARD MEETING**

<table>
<thead>
<tr>
<th>NAME</th>
<th>CONGRESSIONAL DISTRICT</th>
<th>APPOINTMENT FROM</th>
<th>TO</th>
</tr>
</thead>
<tbody>
<tr>
<td>SPAULDING, Kimberly W., M.D., M.P.H (President)</td>
<td>6</td>
<td>06/06/16</td>
<td>1/24</td>
</tr>
<tr>
<td>MANAHAN, John M. (Jake), J.D. (Vice President)</td>
<td>3</td>
<td>09/19/18</td>
<td>1/22</td>
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<tr>
<td>CHAWLA, Pamela Gigi M.D., M.B.A. (Secretary)</td>
<td>5</td>
<td>06/29/20</td>
<td>1/24</td>
</tr>
<tr>
<td>ANAND, Chaitanya, M.B.B.S.</td>
<td>2</td>
<td>03/03/21</td>
<td>1/23</td>
</tr>
<tr>
<td>BAILEY, Cheryl L., M.D.</td>
<td>4</td>
<td>9/19/18</td>
<td>1/25</td>
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<tr>
<td>BURKLE, Christopher M., M.D., J.D., FCLM</td>
<td>1</td>
<td>3/11/17</td>
<td>1/25</td>
</tr>
<tr>
<td>EMIRU, Tenbit, M.D., Ph.D., M.B.A.</td>
<td>At large</td>
<td>03/03/21</td>
<td>1/25</td>
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<tr>
<td>GUPTA, Anjali, M.B.B.S., M.P.H.</td>
<td>7</td>
<td>1/5/21</td>
<td>1/25</td>
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<tr>
<td>JAMES, Shauneca B., L.G.S.W.</td>
<td>6</td>
<td>6/29/20</td>
<td>1/23</td>
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<td>KENDALL THOMAS, Jennifer Y., D.O., FAOCMPM</td>
<td>6</td>
<td>6/29/20</td>
<td>1/23</td>
</tr>
<tr>
<td>LOMBARDO, Kathryn D., M.D.</td>
<td>At Large</td>
<td>03/11/17</td>
<td>1/22</td>
</tr>
<tr>
<td>RASMUSSEN, Allen G., M.A.</td>
<td>8</td>
<td>9/29/14</td>
<td>1/22</td>
</tr>
<tr>
<td>WILLIAMS, Stuart T., J.D.</td>
<td>5</td>
<td>9/19/18</td>
<td>1/22</td>
</tr>
<tr>
<td>ZACHARY, Cherie Y., M.D., ABAI</td>
<td>3</td>
<td>1/5/21</td>
<td>1/25</td>
</tr>
</tbody>
</table>
DATE: January 8, 2022  SUBJECT: Announcement & Introduction of Board Officers

SUBMITTED BY: Kimberly W. Spaulding, M.D., M.P.H., Board President

REQUEST FOR BOARD ACTION
MINNESOTA BOARD OF MEDICAL PRACTICE

REQUESTED ACTION:
For Information Only

MOTION BY:                        SECOND:

( ) PASSED  ( ) PASSED AMENDED  ( ) LAYED OVER  ( ) DEFEATED

BACKGROUND:

President:                         Kimberly W. Spaulding, M.D., M.P.H.
Vice President:                   John (Jake) Manahan, J.D.
Secretary:                        Pamela Gigi Chawla, M.D., M.H.A.
FSMB Voting Delegate:             Jennifer Y. Kendall Thomas, D.O., FACOPMR
DATE: January 8, 2022
SUBJECT: Approve the Minutes of the November 13, 2021 Board Meeting

SUBMITTED BY: Kimberly W. Spaulding, M.D., M.P.H. Board President

REQUEST FOR BOARD ACTION
MINNESOTA BOARD OF MEDICAL PRACTICE

REQUESTED ACTION:
Approve the minutes of the November 13, 2021 Board Meeting as Circulated.

MOTION BY: ____________________________________  SECOND: ____________________________________

( ) PASSED    ( ) PASSED AMENDED  ( ) LAYED OVER  ( ) DEFEATED

BACKGROUND:
See Attached Minutes
The Minnesota Board of Medical Practice met by WebEx on November 13, 2021. The public portion of the meeting was accessible to public attendees via WebEx.

The following board members were present for both Public and Executive Sessions, unless otherwise indicated; Kathryn D. Lombardo, M.D., President; Hugh Renier, M.D., FAAFP., Vice President.; Kimberly W. Spaulding, M.D., M.P.H., Secretary; Chaitanya Anand, M.B.B.S.; Cheryl Bailey, M.D.; Christopher M. Burkle, M.D., J.D., FCLM; Pamela Gigi Chawla, M.D., M.H.A.; Tenbit Emiru, M.D., Ph.D., M.B.A.; Anjali Gupta, M.B.B.S., M.P.H.; Jennifer Y. Kendall Thomas, D.O., FAOCPMR; John M. (Jake) Manahan, J.D.; Allen G. Rasmussen, M.A.; Stuart T. Williams, J.D.; Cherie Zachary, M.D., ABAI

Shaunequa B. James, MSW, LGSW, was absent from both the Public and Executive Sessions.

**Public Sessions**

**Agenda Item 1: Call to Order and Roll Call**

The meeting was called to order by Board President Kathryn D. Lombardo, M.D.

Dr. Lombardo determined that, due to the COVID-19 pandemic, the Board meeting will be conducted via WebEx, as authorized under Chapter 13D.021 of Minnesota Statutes.

Unanimous votes will be recorded as unanimous consent and will document all members present. If the vote is not unanimous, a roll call vote will be taken and recorded.

Dr. Lombardo conducted a roll call. Shaunequa B. James, MSW, LGSW, was absent from both the Public and Executive Sessions.

**Agenda Item 2: Draft Minutes of the September 11, 2021, Board Meeting**

The draft minutes of the September 11, 2021, Board meeting were received and a motion to approve passed with unanimous consent by the following board members.

Dr. Kathryn Lombardo, Dr. Hugh Renier, Dr. Kimberly Spaulding, Dr. Chaitanya Anand, Dr. Cheryl Bailey, Dr. Christopher Burkle, Dr. Pamela Gigi Chawla, Dr. Tenbit Emiru, Dr. Anjali Gupta, Dr. Kendall Thomas, Mr. John Manahan, Mr. Allen Rasmussen, Mr. Stuart Williams and Dr. Cherie Zachary

**Agenda Item 3: Public Comments**
Dr. Lombardo reminded Board members and all attendees to raise their hand or use the raised hand feature in WebEx and wait to be recognized before speaking, in order to assure respectful discussion.

Dr. Lombardo opened the floor to public comments on the current Board agenda. Public comments are limited to one minute per speaker.

A member of the public and licensee of the Board stated that he has appeared at several meetings and has shared that his license has been misregulated.

Dr. Lombardo informed the speaker that his comment exceeded the time allowed.

Members of the public commented about their previous comments and about a complaint filed with the Board.

There were no further public comments.

**Agenda item 4: Presentation by Monica Feider, MSW, LICSW, Program Manager for the Health Professionals Services Program (HPSP)**

Ms. Feider began her presentation by thanking Allen Rasmussen for his service, since May 2012, on the HPSP Program Committee, including as HPSP Program Committee Chair since August 2012. He’s been a great leader and source of support and encouragement to HPSP. Mr. Rasmussen will be receiving from Governor Walz a Certificate of Recognition for his service and commitment to HPSP.

Mr. Rasmussen thanked Ms. Feider for the recognition and for the great work of HPSP.

Ms. Feider provided a PowerPoint presentation:

**Health Professionals Services Program**

**Mission**

HPSP is a program of the Minnesota health related licensing boards that provides monitoring services to health professionals with illnesses that may impact their ability to practice safely.

- **Primary Focus: Public Protection**
  - Promote early intervention, diagnosis, treatment, and monitoring of health conditions
  - Confidential monitoring of illness management without board involvement whenever possible
  - Provide others with options to report to HPSP or board

**HPSP Functions** –

- Provide health professionals with services to determine if they have an illness that warrants monitoring:
  - Evaluate symptoms, treatment needs, immediate safety and potential risks to patients
  - Obtain substance, psychiatric, and/or medical histories, along with social and occupational data
  - Determine practice limitations, if necessary
  - Secure records consistent with state and federal data practices regulations
- Collaborate with medical consultants and community providers regarding treatment and monitoring to promote public safety

- **Create and implement Participation Agreements:**
  - Specify requirements for appropriate treatment and continuing care
  - Determine illness-specific and practice-related limitations or conditions

**HPSP Functions Continued** –
- **Monitor the continuing care and compliance of health professionals:**
  - Communicate monitoring procedures to treatment providers, supervisors and other collaborative parties
  - Review records and reports from treatment providers, supervisors, and other sources regarding the health professional’s level of functioning and compliance with monitoring
  - Coordinate toxicology screening process
  - Intervene, as necessary, for non-compliance, inappropriate or inadequate treatment, or symptom exacerbation

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

**Illnesses Monitored (based on July 1, 2021 caseload of 534 health professionals with signed Participation Agreements)** –

<table>
<thead>
<tr>
<th>Illness category</th>
<th>Percentage</th>
<th>Case Load</th>
</tr>
</thead>
<tbody>
<tr>
<td>Substance Use Disorders</td>
<td>81%</td>
<td>429</td>
</tr>
<tr>
<td>Psychiatric Disorders</td>
<td>78%</td>
<td>414</td>
</tr>
<tr>
<td>Medical Disorders</td>
<td>9%</td>
<td>50</td>
</tr>
</tbody>
</table>

**Rate of Participation (based on July 1, 2021 caseload)** –

<table>
<thead>
<tr>
<th>Board</th>
<th>Number Regulated</th>
<th>Number Active in HPSP</th>
<th>Number Active in HPSP per 1,000 Regulated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioral Health &amp; Therapy</td>
<td>7,385</td>
<td>25</td>
<td>3.39</td>
</tr>
<tr>
<td>Medical Practice</td>
<td>34,500</td>
<td>115</td>
<td>3.33</td>
</tr>
<tr>
<td>Psychology</td>
<td>3,731</td>
<td>12</td>
<td>3.22</td>
</tr>
<tr>
<td>Veterinary Medicine</td>
<td>3,296</td>
<td>8</td>
<td>2.43</td>
</tr>
<tr>
<td>Nursing</td>
<td>137,577</td>
<td>311</td>
<td>2.26</td>
</tr>
</tbody>
</table>
Referrals by Fiscal Year
- By first referral source –

Total Fiscal Year 2021 Referrals
Medical Practice Referrals
- By first referral source

**Medical Practice Referrals**

*by first referral source*

<table>
<thead>
<tr>
<th>Referral Source</th>
<th>FY18</th>
<th>FY19</th>
<th>FY20</th>
<th>FY21</th>
<th>SUM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Board Voluntary</td>
<td>16</td>
<td>18</td>
<td>33</td>
<td>23 (40%)</td>
<td>90 (34%)</td>
</tr>
<tr>
<td>Board Disciplinary</td>
<td>1</td>
<td>1</td>
<td>5</td>
<td>0</td>
<td>7 (3%)</td>
</tr>
<tr>
<td>Self</td>
<td>32</td>
<td>34</td>
<td>39</td>
<td>27 (47%)</td>
<td>132 (49%)</td>
</tr>
<tr>
<td>Third Party</td>
<td>15</td>
<td>12</td>
<td>5</td>
<td>7 (12%)</td>
<td>39 (15%)</td>
</tr>
<tr>
<td>Total</td>
<td>64</td>
<td>65</td>
<td>82</td>
<td>57</td>
<td>268</td>
</tr>
</tbody>
</table>
Total Fiscal Year 2021 Discharges
- % for those who engaged in monitoring –

<table>
<thead>
<tr>
<th>Discharge Category</th>
<th>FY21 #</th>
<th>FY21 %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completion</td>
<td>178</td>
<td>61%</td>
</tr>
<tr>
<td>Voluntary Withdraw</td>
<td>31</td>
<td>11%</td>
</tr>
<tr>
<td>Non-Compliance</td>
<td>68</td>
<td>23%</td>
</tr>
<tr>
<td>Deceased</td>
<td>1</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Ineligible-Monitored</td>
<td>17</td>
<td>6%</td>
</tr>
<tr>
<td>Ineligible Not-Monitored</td>
<td>14</td>
<td></td>
</tr>
<tr>
<td>No Contact</td>
<td>19</td>
<td></td>
</tr>
<tr>
<td>Non-Cooperation</td>
<td>37</td>
<td></td>
</tr>
<tr>
<td>Non-Jurisdictional</td>
<td>98</td>
<td></td>
</tr>
<tr>
<td>Sum</td>
<td>463</td>
<td></td>
</tr>
</tbody>
</table>

Medical Practice Discharges
- % for those engaged in monitoring –

<table>
<thead>
<tr>
<th>Discharge Category</th>
<th>FY18</th>
<th>FY19</th>
<th>FY20</th>
<th>FY21</th>
<th>Sum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completion</td>
<td>21</td>
<td>23</td>
<td>27</td>
<td>31 (89%)</td>
<td>102 (76%)</td>
</tr>
<tr>
<td>Voluntary Withdraw</td>
<td>0</td>
<td>3</td>
<td>3</td>
<td>1</td>
<td>7 (5%)</td>
</tr>
<tr>
<td>Non-Compliance</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>2 (1%)</td>
</tr>
<tr>
<td>Deceased</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1 (&lt;1%)</td>
</tr>
<tr>
<td>Ineligible-Monitored</td>
<td>8</td>
<td>4</td>
<td>8</td>
<td>2</td>
<td>22 (16%)</td>
</tr>
<tr>
<td>Ineligible Not-Monitored</td>
<td>5</td>
<td>6</td>
<td>1</td>
<td>2</td>
<td>14</td>
</tr>
<tr>
<td>No Contact</td>
<td>1</td>
<td>0</td>
<td>4</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>Non-Cooperation</td>
<td>4</td>
<td>6</td>
<td>3</td>
<td>4</td>
<td>17</td>
</tr>
<tr>
<td>Non-Jurisdictional</td>
<td>8</td>
<td>21</td>
<td>28</td>
<td>18</td>
<td>75</td>
</tr>
<tr>
<td>Sum</td>
<td>48</td>
<td>63</td>
<td>75</td>
<td>60</td>
<td>246</td>
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</tbody>
</table>
Ms. Feider completed her presentation and responded to questions from Board members, as follow.

- What prevents referrals, specifically third-party referrals? Does it have to do with education or awareness of the HPSP program by organizations and supervisors?

  Ms. Feider commented that health professionals may have a higher degree of shame and embarrassment about disorders, such as substance use, than other professions. Some physicians will take a leave of absence to seek treatment without ever participating in HPSP. Ms. Feider pointed out that there are multiple paths to recovery, including monitoring through HPSP.

- How does HPSP respond when a physician contacts the program to report a substance use issue that occurred in another state and they are interested in applying for licensure in Minnesota?

  Ms. Feider informed the Board that applicants are eligible for HPSP services, prior to licensure. Applicants go through the same general intake process as licensees. HPSP also coordinates with other states’ programs to identify where the individual is living and practicing, to determine which state should manage monitoring. Reports would then be shared by the monitoring state with the other state(s).

- What is the cost to participate in HPSP?

  Ms. Feider responded that the cost varies considerably, depending on the diagnosis, the participant’s insurance, and co-payments. She noted that some hospitals that employ health professionals will pay for the cost of toxicology screens for HPSP participants. Toxicology screens include separate fees for specimen collection and testing. There are also different test panels that may be required to detect specific substances of abuse. The cost of a screen typically ranges from $23 to $43.

- Does HPSP primarily rely on urine drug screening?
Ms. Feider responded affirmatively that urine drug screening is primarily required. HPSP does, at times, request that a participant undergo hair testing or PEth testing (PEth is a blood alcohol test).

- Was PEth implemented during the pandemic and is PEth testing more sensitive than urine drug screening?

Ms. Feider explained that PEth testing was implemented during the pandemic. It detects moderate to heavy alcohol consumption over a period of time prior to testing, rather than occasional alcohol use, such as a glass of wine. It is best used in combination with urine drug testing. Ms. Feider noted that PEth testing is also covered by insurance.

- How has the role of the work site monitor been impacted or changed during the pandemic, with more clinicians potentially being virtual or doing telehealth? How much information is shared with a work site monitor by HPSP versus what the participant shares directly with a work site monitor?

Ms. Feider stated that HPSP reviews records to confirm whether a participant is keeping appointments. Work site monitors are encouraged to report concerns about a participant’s punctuality or timeliness with appointments. HPSP discloses only the amount necessary for the work site monitor to adequately monitor a participant in the workplace and works with the work site monitor regarding any limitations that are required in the practice setting (such as limitations on access to medications or limitations on practice hours and call schedules). HPSP works with work site monitors to assure their understanding of how HPSP functions and expectations for the work site monitor role.

Dr. Lombardo thanked Ms. Feider for her presentation and commended HPSP on its work.

**Agenda Item 5: Report of New Credentials, September 1, 2021 to November 4, 2021**

An informational report was included in the Board agenda of licenses issued between September 1, 2021 through November 4, 2021.

**Agenda Item 6: Policy & Planning Committee Report**

Policy and Planning Committee (Committee) Chair Stuart Williams reported on the Committee’s work.

The Committee met on October 7, 2021 and reviewed the Board’s previous authorization to seek amendment during the 2022 legislative session to sections of practice acts enforced by the Board. Authorized amendments included minor amendment of the acupuncture practice act to eliminate required notarization and allow other acceptable forms of verification; added authority for imposing civil penalties; and technical clean up in the Medical Practice Act.

On October 7, 2021, the Committee also discussed changes to the Medical Practice Act proposed by the American Osteopathic Association in collaboration with the National Board of Osteopathic Medical Examiners (NBOME). The Committee decided to bring a motion to the full Board recommending approval of technical updates to osteopathic physician and organizational references, as well as to update references to the COMLEX USA licensing examination for osteopathic physicians. The Committee decided
to conduct further review of a proposal to add statutory acceptance of the Comprehensive Osteopathic Medical Variable – Purpose Examination (COMVEX).

On November 13, 2021, the Committee met to review additional information regarding the COMVEX examination. Present at the meeting was Douglas Murray, general counsel for the NBOME. After discussion, the Committee decided to bring a motion to the full Board to accept the COMVEX as equivalent to the Special Purpose Examination (SPEX) administered by the Federation of State Medical Boards (FSMB) and currently authorized in the Medical Practice Act. The motion specified that the total number of attempts for either COMVEX or SPEX cannot exceed three.

In his report to the Board, Mr. Williams provided updates on two items that did not require Board action, as follow:

- Board staff advised the Committee that it is working to implement previously authorized updates to application and renewal questions by January 2022.
- Efforts are underway by the FSMB to address and respond to dissemination of disinformation and misinformation by physicians regarding COVID-19 and vaccines. FSMB leadership has assigned the FSMB Ethics and Professionalism Committee to study and report back with recommendations.

Mr. Williams then presented motions from the Committee.

**Motion 1** – The Committee moves to further amend Minn. Stat. §147.03 to update references to the COMLEXUSA licensing examination and to update references to passage of steps or levels of qualifying licensing examinations.

Dr. Lombardo opened the floor for discussion.

Mr. Murray from the NBOME responded to a question about whether the COMLEX USA licensing examination is scored or pass-fail. Mr. Murray explained that the exam is currently scored, but that the NBOME is in the process of changing level 1 to be a pass-fail exam, although the level 2 and level 3 exams will continue to be scored exams. Mr. Murray confirmed that the passing rate for level 1 is 94%.

There being no further discussion, Dr. Lombardo called the vote with results as follow:

Dr. Renier – In Favor
Dr. Spaulding – In Favor
Dr. Anand – In Favor
Dr. Bailey – In Favor
Dr. Burkle – In Favor
Dr. Chawla – In Favor
Dr. Emiru – In Favor
Dr. Gupta – In Favor
Dr. Kendall – In Favor
Mr. Manahan – In Favor
Mr. Rasmussen – In Favor
Mr. Williams – In Favor
Dr. Zachary – In Favor
Dr. Lombardo – In Favor

Motion 1 passed unanimously.

**Motion 2** – The Committee moves to accept the COMVEX as equivalent to the SPEX; the total number of attempts for either COMVEX or SPEX cannot exceed three attempts.

Dr. Lombardo opened the floor for discussion.

Executive Director Ruth Martinez explained to the Board that both COMVEX and SPEX are general purpose exams that are typically administered to physicians coming from out of state who have not passed either the USMLE or the COMLEX exam within the last 10 years. SPEX has been authorized in statute for many years. COMVEX is administered by the NBOME to osteopathic physicians. It is deemed to be equivalent to the SPEX.

There being no further discussion, Dr. Lombardo called the vote with results as follow:

- Dr. Renier – In Favor
- Dr. Spaulding – In Favor
- Dr. Anand – In Favor
- Dr. Bailey – In Favor
- Dr. Burkle – In Favor
- Dr. Chawla – In Favor
- Dr. Emiru – In Favor
- Dr. Gupta – In Favor
- Dr. Kendall – In Favor
- Mr. Manahan – In Favor
- Mr. Rasmussen – In Favor
- Mr. Williams – In Favor
- Dr. Zachary – In Favor
- Dr. Lombardo – In Favor

Motion 2 passed unanimously.

**Agenda Item 7: Health Professionals Services Program (HPSP) Program Committee Report**

HPSP Program Committee (Program Committee) Chair Allen Rasmussen reported that the Program Committee met on Tuesday, November 9, 2021.

Kathy Polhamus from the Board of Physical Therapy was elected as the incoming Chair.

Judy Growth from the Board of Veterinary Medicine was elected as the incoming Vice Chair.

Representatives from the following three professional support groups provided presentations – Physicians Serving Physicians, Dentists concerned for Dentists, and the Nurse Peer Support Network.

All three programs support HPSP and health professionals.
Ms. Martinez provided the Program Committee with a report on the activities of the Executive Directors’ Forum.

Ms. Feider provided the Program Committee with a report on the results of the annual survey of executive directors from participating boards. Details on survey results are included in the HPSP Program Committee’s draft minutes.

Mr. Rasmussen invited questions.

There were none.

Dr. Lombardo thanked Mr. Rasmussen for his report and for his service and leadership on the HPSP Program Committee.

**Agenda Item 8: Federation of State Medical Boards (FSMB) 2022 Annual Meeting**

Ms. Martinez confirmed that travel restrictions have been lifted for the State of Minnesota, enabling Board members and staff to travel to the FSMB 2022 Annual Meeting in New Orleans, Louisiana, scheduled for April 28 – 30, 2022.

Ms. Martinez asked if the Board would, once again, like to host a Minnesota Welcome Reception the evening prior to the start of the FSMB Annual Meeting. Minnesota hosted a reception for many years prior to the COVID-19 pandemic. Ms. Martinez noted that the FSMB is holding a spot on the agenda and space for a reception on the evening of April 27, 2022.

Mr. Manahan moved to host a Minnesota Welcome Reception at the FSMB Annual Meeting in 2022. Mr. Rasmussen seconded that motion.

Dr. Lombardo opened the floor for discussion.

There being no further discussion, Dr. Lombardo called the vote with results as follow:

- Dr. Renier – In Favor
- Dr. Spaulding – In Favor
- Dr. Anand – In Favor
- Dr. Bailey – In Favor
- Dr. Burkle – In Favor
- Dr. Chawla – In Favor
- Dr. Emiru – In Favor
- Dr. Gupta – In Favor
- Dr. Kendall – In Favor
- Mr. Manahan – In Favor
- Mr. Rasmussen – In Favor
- Mr. Williams – In Favor
- Dr. Zachary – In Favor
- Dr. Lombardo – In Favor

The motion passed unanimously.
Agenda Item 9: Executive Director’s Report

Ms. Martinez reported that the office relocation from Minneapolis to St. Paul is now complete!

Board members and staff will continue to be updated on state guidance related to COVID-19. Effective September 8, 2021, all state employees and contracted vendors are required to show proof of vaccination or testing before coming in to perform work in any state agency location. Once the Board is allowed to resume in-person meetings, Board members will likely be required to show proof of vaccination or testing before coming to meetings.

Ms. Martinez reported that MNiT has modified and extended plans for the state domain migration. Board members will not be required to come to the Board office in December, as tentatively planned, for device replacement. Additional information about the status of the domain migration will be communicated as it becomes available.

Ms. Martinez reported on changes to the USMLE licensing examination, specifically to the clinical skills portion of the exam. She noted that the NBOME may be following suit and invited NBOME general counsel Douglas Murray to comment.

Mr. Murray stated the COMLEX USA level 2 clinical skills examination has been on hiatus due to the pandemic. Mr. Murray doesn’t think the clinical skills exam will be coming back. He noted that the NBOME continues to support the assessment of clinical skills. The NBOME has developed a special commission on osteopathic physician licensure that includes representatives from state boards, other licensing organizations and medical education programs to help them chart the future and assess the future of clinical skills assessment. The NBOME will keep the Board updated.

Ms. Martinez thanked Mr. Murray for his attendance at the Board meeting and for the information.

Ms. Martinez summarized highlights from the FSMB Annual Medical Board Survey. Priority topics included opioid prescribing, physician impairment, physician sexual misconduct, telemedicine and direct-to-consumer telemedicine, and physician wellness and burnout. Survey results suggested that a number of state boards have implemented procedural and regulatory changes in response to the COVID-19 pandemic. These include waivers and emergency procedures related to the pandemic, some of which may become permanent in some states. Many of the waivers and procedures involved changes to telemedicine rules and regulations, as well as regulations related to the administration of vaccines across the country.

30% of responding states noted that they have some regulations in place around vaccination complaints and actions related to COVID-19.

67% of responding states experienced an increase in complaints related to dissemination of false or misleading information.

21% of responding states have acted against a licensee for disseminating false or misleading information.

There has been significant media interest in COVID-19 related issues. Media inquiries have included question about regulatory responses to dissemination of misinformation and disinformation, use of
waivers related to COVID-19, and potential expansion of telemedicine or other pathways for bringing treatment to patients during the pandemic.

The survey results also identified Diversity, Equity and Inclusion (DEI) as a priority topic. There continues to be a great deal of need for ongoing initiatives to prevent and treat opioid addiction and abuse.

Mr. Williams suggested that it would be helpful and informative for the Board to review the complete survey questions and Minnesota’s responses.

Ms. Martinez invited Board members to share their achievements and initiatives related to their Board service.

- Dr. Lombardo stated that, in September 2021, she received the Minnesota Medical Association’s Distinguished Service Award, which was quite an honor.

- Dr. Burkle sits on the USMLE Advisory Panel and invited Board members to contact him with any questions or concerns related to the USMLE. He will also continue to report on any hot-button issues related to licensing exams.

Ms. Martinez thanked Board members who are completing terms of service for their outstanding work. Dr. Renier, Dr. Lombardo and Mr. Rasmussen are completing terms. She noted that recruiting efforts are underway to fill posted vacancies. Ms. Martinez looks forward to welcoming new and returning appointees.

**Agenda Item 10: Campaign Finance and Public Disclosure Form Completion Requirement**

Ms. Martinez reminded Board members that, as public officials, they will be receiving notice from the Campaign Finance and Public Disclosure Board. Board members are required to complete the online disclosures during the month of January. Failure to complete the form could result in a fine.

**Agenda Item 11: Election of Board Officers for Calendar Year 2022**

The Nominating Committee of Dr. Lombardo, Dr. Kendall Thomas and Mr. Rasmussen met on October 19, 2021. The Nominating Committee moves the following slate of candidates for elected office:

President: Kimberly W. Spaulding, M.D., M.P.H.
Vice President: John (Jake) Manahan, J.D.
Secretary: Pamela Gigi Chawla, M.D., M.H.A.
FSMB Voting Delegate: Jennifer Y. Kendall Thomas, D.O., FACOPMR

Dr. Lombardo opened the floor for further nominations and discussion.

Dr. Renier moved that nominations be closed.

Mr. Williams suggested review of the nominating process going forward.

There being no further discussion, Dr. Lombardo called the vote with results as follow:

Dr. Renier – In Favor
Dr. Spaulding – In Favor
Dr. Anand – In Favor
Dr. Bailey – In Favor
Dr. Burkle – In Favor
Dr. Chawla – In Favor
Dr. Emiru – In Favor
Dr. Gupta – In Favor
Dr. Kendall – In Favor
Mr. Manahan – In Favor
Mr. Rasmussen – In Favor
Mr. Williams – In Favor
Dr. Zachary – In Favor
Dr. Lombardo – In Favor

The motion passed unanimously.

All positions will become effective in January 2022.

**Agenda Item 12: Interstate Medical Licensure Compact Commissioner Appointments**

Dr. Lombardo invited a motion to recommend candidates for appointment by Governor Walz to the Interstate Medical Licensure Compact Commission (IMLCC). Mr. Rasmussen moved to support Mr. Manahan and Ms. Martinez for reappointment as Minnesota’s commissioners. Dr. Zachary seconded the motion.

Dr. Lombardo opened the floor for discussion.

Ms. Martinez and Mr. Manahan described their roles as Minnesota’s commissioners and their work on IMLCC committees. They noted that they would be departing the following day for the full IMLCC meeting in Denver, Colorado.

There being no further discussion, Dr. Lombardo called the vote with results as follow:

Dr. Renier – In Favor
Dr. Spaulding – In Favor
Dr. Anand – In Favor
Dr. Bailey – In Favor
Dr. Burkle – In Favor
Dr. Chawla – In Favor
Dr. Emiru – In Favor
Dr. Gupta – In Favor
Dr. Kendall – In Favor
Mr. Manahan – In Favor
Mr. Rasmussen – In Favor
Mr. Williams – In Favor
Dr. Zachary – In Favor
Dr. Lombardo – In Favor
The motion to recommend Mr. Manahan and Ms. Martinez for appointment to the IMLCC passed unanimously.

**Agenda Item 13: Appointees to Advisory Committees, Task Forces, and Workgroups**

*Prescription Monitoring Program (PMP) Advisory Task Force -*
Kathryn D. Lombardo, M.D., is currently the Board’s representative.

Dr. Lombardo will continue to serve until someone else replaces her.

*Health Professionals Services Program – Program Committee -*
Allen G. Rasmussen, M.A., is currently the board’s representative.

Mr. Rasmussen will continue to serve until someone else replaces him.

*State Opioid Oversight Project (SOOP) Work Group -*
Dr. Lombardo is currently the Board’s representative.

Dr. Lombardo will continue to serve until someone else replaces her.

*Council of Health Boards -*
Ms. Martinez currently represents the Board.

*Minnesota Healthcare-Associated Infection Prevention Advisory Group -*
Complaint Review Unit Manager Kate Van Etta-Olson, J.D., currently serves as the Board’s representative.
Ms. Van Etta-Olson will continue to represent the Board on this group.

*Mr. Manahan reminded Board members that interest in campaigning for elected office at the FSMB must be announced by December 31, 2021. Board members are encouraged to think about any resolutions they wish to being forward, as those must be identified by the January 2022 Board meeting. Board members should also consider their interest in appointment to FSMB work groups and committees*

**Agenda Item 14: Establish 2022 Board Meeting Dates**

The Board meets every second Saturday of the odd months for regular meetings and the second Saturday of even months for contested case hearings.

**REGULAR BOARD MEETINGS**
January 8  
March 12  
May 14  
July 9  
September 10  
November 12

**CONTESTED CASE BOARD MEETINGS**
February 12  
April 9  
June 11
August 13
October 8
December 10

Mr. Manahan moved to approve the proposed 2022 Board meeting dates. Mr. Rasmussen seconded the motion.

Dr. Lombardo opened the floor for discussion.

There being no further discussion, Dr. Lombardo called the vote with results as follow:

Dr. Renier – In Favor
Dr. Spaulding – In Favor
Dr. Anand – In Favor
Dr. Bailey – In Favor
Dr. Burkle – In Favor
Dr. Chawla – In Favor
Dr. Emiru – In Favor
Dr. Gupta – In Favor
Dr. Kendall – In Favor
Mr. Manahan – In Favor
Mr. Rasmussen – In Favor
Mr. Williams – In Favor
Dr. Zachary – In Favor
Dr. Lombardo – In Favor

The motion passed unanimously.

**Agenda Item 15: New Business**

No new business was discussed.

**Agenda Item 16: Corrective or Other Actions**

Corrective and other actions were presented for Board Information only.

Dr. Lombardo adjourned the public session. The Board will reconvene in a closed executive session to consider disciplinary actions and to conduct Board hearings.
The following board members were present for both Public and Executive Sessions, unless otherwise indicated; Kathryn D. Lombardo, M.D., President; Hugh Renier, M.D., FAAFP., Vice President.; Kimberly W. Spaulding, M.D., M.P.H., Secretary; Chaitanya Anand, M.B.B.S.; Cheryl Bailey, M.D.; Christopher M. Burkle, M.D., J.D., FCLM; Pamela Gigi Chawla, M.D., M.H.A.; Tenbit Emiru, M.D., Ph.D., M.B.A.; Anjali Gupta, M.B.B.S., M.P.H.; Jennifer Y. Kendall Thomas, D.O., FAOCPMR; John M. (Jake) Manahan, J.D.; Allen G. Rasmussen, M.A.; Stuart T. Williams, J.D.; Cherie Zachary, M.D., ABAI

Shaunequa B. James, MSW, LGSW; was absent from both the Public and Executive Sessions.

**William P. Aleman, P.A.**

On recommendation of the Complaint Review Committee, the Board approved the Order of Unconditional License.

**Raymond P. Allard, D.O.**

On recommendation of the Complaint Review Committee, the Board approved the Stipulation and Order for Voluntary Surrender of license, signed by Dr. Allard.

**Kevin J. Bjork, M.D.**

On recommendation of the Complaint Review Committee, the Board approved the Order of Unconditional license.

**Lian S. Chang, M.D.**

On recommendation of the Complaint Review Committee, the Board approved the Stipulation and Order for Reprimand and Conditioned license, signed by Dr. Chang.

**Kevin M. Coonan, M.D.**

On recommendation of the Complaint Review Committee, the Board approved the Stipulation and Order for stayed suspension, and conditioned and restricted license, signed by Dr. Coonan.

**Stephen P. England, M.D.**

On recommendation of the Complaint Review Committee, the Board approved the Order of Unconditional License.

**Sara T. Murray, M.D.**

On recommendation of the Complaint Review Committee, the Board approved the Order of Unconditional License.

**Thomas A. Niebeling, M.D.**

On recommendation of the Complaint Review Committee, the Board approved the Stipulation and Order for Voluntary Surrender of license, signed by Dr. Niebeling.
Kristen D. Sutley, M.D.

On recommendation of the Complaint Review Committee, the Board approved the Stipulation and Order for stayed suspension, and conditioned and restricted license, signed by Dr. Sutley.

Michael P. Walsh, M.D.

On recommendation of the Complaint Review Committee, the Board approved the Stipulation and Order for conditioned license, signed by Dr. Walsh.

Kyuhyun Wang, M.D.

On recommendation of the Complaint Review Committee, the Board approved the Stipulation and Order for Voluntary Surrender of license, signed by Dr. Wang.

Kimberly W. Spaulding, M.D., M.P.H
Secretary
MN Board of Medical Practice

Date: 12/29/2021
REQUESTED ACTION:
For Information Only

MOTION BY: ____________________________ SECOND: ____________________________
( ) PASSED  ( ) PASSED AMENDED  ( ) LAYED OVER  ( ) DEFEATED

BACKGROUND:

At each public Board Meeting, time is allowed for comments from members of the public regarding the current Board Agenda. Each member of the public is allowed one minute for comment.
REQUEST FOR BOARD ACTION
MINNESOTA BOARD OF MEDICAL PRACTICE

REQUESTED ACTION:
For informational purposes only.

MOTION BY: ___________________ SECOND: ___________________
( ) PASSED   ( ) PASSED AMENDED ( ) LAYED OVER ( ) DEFEATED

BACKGROUND:
For information only, attached are listings of new credentials issued from November 1, 2021 to December 29, 2021.
## Minnesota Board of Medical Practice
### New Credential Summary in November and December 2021

License Type: IMLC Physician & Surgeon

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## Minnesota Board of Medical Practice
### New Credential Summary for 11/29/2021

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Minnesota Board of Medical Practice  
New Credential Summary for  12/16/2021

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Minnesota Board of Medical Practice
New Credential Summary for 12/16/2021

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DATE: January 8, 2022  SUBJECT: Policy & Planning Committee Report

SUBMITTED BY: Stuart Williams, J.D.

REQUEST FOR BOARD ACTION
MINNESOTA BOARD OF MEDICAL PRACTICE

REQUESTED ACTION:

Motion from the Committee

MOTION BY: SECOND:

( ) PASSED ( ) PASSED AMENDED ( ) LAYED OVER ( ) DEFEATED

BACKGROUND:

The Committee moves that the Board take a position in support of proposed legislation to modify the naturopathic doctor practice act. [see attached].
The mission of the Minnesota Board of Medical Practice is to protect the public’s health and safety by assuring that the people who practice medicine or as an allied health professional are competent, ethical practitioners with the necessary knowledge and skills appropriate to their title and role.

THE POLICY & PLANNING COMMITTEE WILL MEET ELECTRONICALLY BY WEBEX:
Go To: https://minnesota.webex.com/mw3300/mywebex/default.do?siteurl=minnesota
Meeting number (access code): 2495 485 4953
Meeting password: dAYByhih355

Join by phone:
Tap to call in from a mobile device (attendees only)
+1-415-655-0003 United States Toll
1-855-282-6330 United States Toll Free

Join from a video system or application
Dial 24954854953@minnesota.webex.com
You can also dial 173.243.2.68 and enter your meeting number

Need help? Go to http://help.webex.com

AGENDA FOR
THE MINNESOTA BOARD OF MEDICAL PRACTICE
POLICY & PLANNING COMMITTEE
December 9, 2021
12:00 p.m.

1. Review draft language for proposed legislation, as follows:
   a. January 9, 2021 and November 13, 2021, the Board authorized amendments to Minn. Stat. 147, as follow:
      • Update references throughout the medical practice act to include acceptance of the United States Medical Licensing Examination (USMLE) or Comprehensive Osteopathic Medical Licensing Examination (COMLEX-USA)
      • Update references throughout the practice act to passage of steps or levels of qualifying licensing examinations
      • Update reference to the American Osteopathic Association
      • Incorporate acceptance of a passing score on either the Special Purpose Examination (SPEX) of the Federation of State Medical Boards or the Comprehensive Osteopathic Medical Variable-Purpose Examination (COMVEX) of the National Board of Osteopathic Medical Examiners (limit to a total of three attempts on either or a combination of SPEX and COMVEX)
   b. January 9, 2021 Board authorized amendment of Minn. Stat. 147B.02, as follows:
      • Amend to accept evidence satisfactory to the board of current NCCAOM certification
   c. January 9, 2021 Board authorized amendment of Minn. Stat. 147.141 & 147A.16, as follows:
      • Add authority to impose a civil penalty to discourage similar violations

2. Updates on proposed legislation:
   • Physician assistants
   • Naturopathic doctors
   • Athletic trainers
   • Other

3. 2022 Policy & Planning Committee Meeting Dates/Times

4. Other Business
A bill for an act
relating to health; modifying licensure requirements for the practice of medicine
and acupuncture; strengthening forms of disciplinary action for physicians and
physician's assistants; repealing professional corporation rules; amending Minnesota
Statutes 2020, sections 147.03, subdivision 1; 147.037, subdivision 1; 147A.16;
147B.02, subdivision 7; Minnesota Statutes 2021 Supplement, section 147.141;
repealing Minnesota Rules, parts 5610.0100; 5610.0200; 5610.0300.

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

Section 1. Minnesota Statutes 2020, section 147.03, subdivision 1, is amended to read:

Subdivision 1. Endorsement; reciprocity. (a) The board may issue a license to practice
medicine to any person who satisfies the requirements in paragraphs (b) to (e).

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

(c) The applicant shall:

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

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

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

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

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

(ii) is currently licensed in another state; and

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

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

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

(f) Upon the request of an applicant, the board may conduct the final interview of the applicant by teleconference.

Sec. 2. Minnesota Statutes 2020, section 147.037, subdivision 1, is amended to read:

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

(a) The applicant shall satisfy all the requirements established in section 147.02, subdivision 1, paragraphs (a), (e), (f), (g), and (h).
(b) The applicant shall present evidence satisfactory to the board that the applicant is a graduate of a medical or osteopathic school approved by the board as equivalent to accredited United States or Canadian schools based upon its faculty, curriculum, facilities, accreditation, or other relevant data. If the applicant is a graduate of a medical or osteopathic program that is not accredited by the Liaison Committee for Medical Education or the American Osteopathic Association, the applicant may use the Federation of State Medical Boards' Federation Credentials Verification Service (FCVS) or its successor. If the applicant uses this service as allowed under this paragraph, the physician application fee may be less than $200 but must not exceed the cost of administering this paragraph.

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

(d) The applicant shall present evidence satisfactory to the board of the completion of one year of graduate, clinical medical training in a program accredited by a national accrediting organization approved by the board or other graduate training approved in advance by the board as meeting standards similar to those of a national accrediting organization. This requirement does not apply to an applicant who is admitted pursuant to the rules of the United States Department of Labor and:

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

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

(e) The applicant must:

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

(2) if the examination in clause (1) was passed more than ten years ago, either:

(i) pass the Special Purpose Examination of the Federation of State Medical Boards with a score of 75 or better within three attempts SPEX or the Comprehensive Osteopathic Medical Variable-Purpose Examination of the National Board of Osteopathic Medical Examiners (COMVEX). The applicant must pass the SPEX or COMVEX within no more than three attempts of taking the SPEX, COMVEX, or a combination of the SPEX and COMVEX; or

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

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

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

(ii) is currently licensed in another state; and

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

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

(g) The applicant must not have engaged in conduct warranting disciplinary action against a licensee, or have been subject to disciplinary action other than as specified in paragraph (f). If an applicant does not satisfy the requirements stated in this paragraph, the board may issue a license only on the applicant's showing that the public will be protected through issuance of a license with conditions or limitations the board considers appropriate.
Sec. 3. Minnesota Statutes 2021 Supplement, section 147.141, is amended to read:

147.141 FORMS OF DISCIPLINARY ACTION.

When the board finds that a licensed physician or a physician registered under section 147.032 has violated a provision or provisions of sections 147.01 to 147.22, it may do one or more of the following:

1. revoke the license;
2. suspend the license;
3. revoke or suspend registration to perform interstate telehealth;
4. impose limitations or conditions on the physician's practice of medicine, including limiting the scope of practice to designated field specialties; the imposition of retraining or rehabilitation requirements; the requirement of practice under supervision; or the conditioning of continued practice on demonstration of knowledge or skills by appropriate examination or other review of skill and competence;
5. impose a civil penalty not exceeding $10,000 for each separate violation, the amount of the civil penalty to be fixed as to deprive the physician of any economic advantage gained by reason of the violation charged, to discourage similar violations, or to reimburse the board for the cost of the investigation and proceeding;
6. order the physician to provide unremunerated professional service under supervision at a designated public hospital, clinic, or other health care institution; or
7. censure or reprimand the licensed physician.

Sec. 4. Minnesota Statutes 2020, section 147A.16, is amended to read:

147A.16 FORMS OF DISCIPLINARY ACTION.

(a) When the board finds that a licensed physician assistant has violated a provision of this chapter, it may do one or more of the following:

1. revoke the license;
2. suspend the license;
3. impose limitations or conditions on the physician assistant's practice, including limiting the scope of practice to designated field specialties; imposing retraining or rehabilitation requirements; or limiting practice until demonstration of knowledge or skills by appropriate examination or other review of skill and competence;
(4) impose a civil penalty not exceeding $10,000 for each separate violation, the amount of the civil penalty to be fixed so as to deprive the physician assistant of any economic advantage gained by reason of the violation charged, to discourage similar violations, or to reimburse the board for the cost of the investigation and proceeding; or

(5) censure or reprimand the licensed physician assistant.

(b) Upon judicial review of any board disciplinary action taken under this chapter, the reviewing court shall seal the administrative record, except for the board's final decision, and shall not make the administrative record available to the public.

Sec. 5. Minnesota Statutes 2020, section 147B.02, subdivision 7, is amended to read:

Subd. 7. Licensure requirements. (a) After June 30, 1997, an applicant for licensure must:

(1) submit a completed application for licensure on forms provided by the board, which must include the applicant's name and address of record, which shall be public;

(2) unless licensed under subdivision 5 or 6, submit a notarized copy of a evidence satisfactory to the board of current NCCAOM certification;

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

(4) submit with the application all fees required; and

(5) sign a waiver authorizing the board to obtain access to the applicant's records in this state or any state in which the applicant has engaged in the practice of acupuncture.

(b) The board may ask the applicant to provide any additional information necessary to ensure that the applicant is able to practice with reasonable skill and safety to the public.

(c) The board may investigate information provided by an applicant to determine whether the information is accurate and complete. The board shall notify an applicant of action taken on the application and the reasons for denying licensure if licensure is denied.

Sec. 6. REPEALER.

Minnesota Rules, parts 5610.0100; 5610.0200; and 5610.0300, are repealed.
62D.09 INFORMATION TO ENROLLEES (Health Maintenance Organizations)

Subdivision 1. Marketing requirements.

[...]

(b) Detailed marketing materials must affirmatively disclose all exclusions and limitations in the organization’s services or kinds of services offered to the contracting party, including but not limited to the following types of exclusions and limitations:

[...]

(4) health care services that are or may be provided only by referral of a physician[, or] advanced practice registered nurse [OR PHYSICIAN ASSISTANT].

[...]

62E.06 MINIMUM BENEFITS OF QUALIFIED PLAN (Comprehensive Health Insurance)

Subdivision 1. Number three plan. — A plan of health coverage shall be certified as a number three qualified plan if it otherwise meets the requirements established by chapters 62A, 62C, and 62Q, and the other laws of this state, whether or not the policy is issued in Minnesota, and meets or exceeds the following minimum standards:

[...]

(b) Covered expenses shall be the usual and customary charges for the following services and articles when prescribed by a physician[, or] advanced practice registered nurse[ OR PHYSICIAN ASSISTANT]:

[...]

(2) professional services for the diagnosis or treatment of injuries, illnesses, or conditions, other than dental, which are rendered by a physician[, or] advanced practice registered nurse[ OR PHYSICIAN ASSISTANT] or at the physician’s[, or] advanced practice registered nurse’s[ OR PHYSICIAN ASSISTANT’S] direction;

(3) drugs requiring a physician’s[ , or] advanced practice registered nurse’s[ OR PHYSICIAN ASSISTANT’S] prescription;

[...]

(c) Covered expenses for the services and articles specified in this subdivision do not include the following:

[...]

(2) any charge for treatment for cosmetic purposes other than for reconstructive surgery when such service is incidental to or follows surgery resulting from injury, sickness, or other diseases of the involved part or when such service is performed on a covered dependent child because of
congenital disease or anomaly which has resulted in a functional defect as determined by the attending physician[,] [or] advanced practice registered nurse[, OR PHYSICIAN ASSISTANT];

[…] (4) any charge for confinement in a private room to the extent it is in excess of the institution’s charge for its most common semiprivate room, unless a private room is prescribed as medically necessary by a physician[,] [or] advanced practice registered nurse[, OR PHYSICIAN ASSISTANT], provided, however, that if the institution does not have semiprivate rooms, its most common semiprivate room charge shall be considered to be 90 percent of its lowest private room charge;

(5) that part of any charge for services or articles rendered or prescribed by a physician, advanced practice registered nurse, [PHYSICIAN ASSISTANT] dentist, or other health care personnel which exceeds the prevailing charge in the locality where the service is provided; and

[…] (f) Effective August 1, 1985, the minimum benefits of a qualified plan must include, in addition to the benefits specified in clauses (a), (d), and (e), coverage for special dietary treatment for phenylketonuria when recommended by a physician[,] [or] advanced practice registered nurse[, OR PHYSICIAN ASSISTANT].

[…]

62J.17 EXPENDITURE REPORTING (Health Care Cost Containment – Cost Controls)

Subd. 4a. Expenditure reporting. — Each hospital, outpatient surgical center, diagnostic imaging center, and physician[,] [or] advanced practice registered nurse[, OR PHYSICIAN ASSISTANT] clinic shall report annually to the commissioner on all major spending commitments, in the form and manner specified by the commissioner. The report shall include the following information:

[…]

62J.23 PROVIDER CONFLICTS OF INTEREST (Health Care Cost Containment – Cost Controls)

Subd. 2. Restrictions.

[…]

(b) Nothing in paragraph (a) shall be construed to prohibit an individual from receiving a discount or other reduction in price or a limited-time free supply or samples of a prescription drug, medical supply, or medical equipment offered by a pharmaceutical manufacturer, medical supply or device manufacturer, health plan company, or pharmacy benefit manager, so long as:

[…]

(4) the limited-time free supply or samples are provided by a physician, advanced practice registered nurse, [PHYSICIAN ASSISTANT,] or pharmacist, as provided by the federal Prescription Drug Marketing Act.

[…]


**62J.823 HOSPITAL PRICING TRANSPARENCY** (Health Care Cost Containment – Patient Protection Act)

Subd. 3. Applicability and scope. — Any hospital, as defined in section 144.696, subdivision 3, and outpatient surgical center, as defined in section 144.696, subdivision 4, shall provide a written estimate of the cost of a specific service or stay upon the request of a patient, doctor, advanced practice registered nurse, [PHYSICIAN ASSISTANT,] or the patient’s representative. The request must include:

[...]

**62Q.184 STEP THERAPY OVERRIDE** (Health Plan Companies)

Subdivision 1. Definitions.

[...]

(e) “Step therapy protocol” means a protocol or program that establishes the specific sequence in which prescription drugs for a specified medical condition, including self-administered drugs and drugs that are administered by a physician[,] [PHYSICIAN ASSISTANT] [or] advanced practice nurse practitioner are medically appropriate for a particular enrollee and are covered under a health plan.

[...]

**62Q.57 DESIGNATION OF PRIMARY CARE PROVIDER** (Health Plan Companies)


(a) If a health plan company offering a group health plan, or an individual health plan that is not a grandfathered plan, requires or provides for the designation by an enrollee of a participating primary care provider, the health plan company shall permit each enrollee to:

[...]

(2) for a child, designate any participating physician, [ PHYSICIAN ASSISTANT] [or] advanced practice registered nurse, who specializes in pediatrics as the child’s primary care provider and is available to accept the child.

[...]

**62Q.73 EXTERNAL REVIEW OF ADVERSE DETERMINATIONS** (Health Plan Companies – Complaint Resolution)

Subd. 7. Standards of review.

[...]

(d) For an external review of an adverse determination involving experimental or investigational treatment, the external review entity must base its decision on all documents submitted by the health plan company and enrollee, including medical records, the attending physician, [PHYSICIAN ASSISTANT,] advanced practice registered nurse, or health care professional’s recommendation, consulting reports from health care professionals, the terms of coverage, federal Food and Drug Administration approval, and medical or scientific evidence or evidence-based standards.

**62Q.733 DEFINITIONS** (Health Plan Companies – Minnesota Health Plan Contracting Act)
Subd. 3. Health care provider or provider. — “Health care provider” or “provider” means a physician, [PHYSICIAN ASSISTANT,] advanced practice registered nurse, chiropractor, dentist, podiatrist, or other provider as defined under section 62J.03, other than hospitals, ambulatory surgical centers, or freestanding emergency rooms.

62Q.74 NETWORK SHADOW CONTRACTING (Health Plan Companies – Minnesota Health Plan Contracting Act)

Subdivision 1. Definitions.

[…] (b) “Health care provider” or “provider” means a physician, [PHYSICIAN ASSISTANT,] advanced practice registered nurse, chiropractor, dentist, podiatrist, hospital, ambulatory surgical center, freestanding emergency room, or other provider, as defined in section 62J.03.

62S.08 COVERAGE OUTLINE (Qualified Long-Term Care Insurance Policies)

Subdivision 3. Mandatory format.

[…] (9) BENEFITS PROVIDED BY THIS POLICY.

[…] (Any benefit screens must be explained in this section. If these screens differ for different benefits, explanation of the screen should accompany each benefit description. If an attending physician, [PHYSICIAN ASSISTANT,] advanced practice registered nurse, or other specified person must certify a certain level of functional dependency in order to be eligible for benefits, this too must be specified. If activities of daily living (ADLs) are used to measure an insured’s need for long-term care, then these qualifying criteria or screens must be explained.)

62S.20 REQUIRED DISCLOSURE PROVISIONS (Qualified Long-Term Care Insurance Policies)

Subd. 5b. Benefit triggers. — Activities of daily living and cognitive impairment must be used to measure an insured’s need for long-term care and must be described in the policy or certificate in a separate paragraph and must be labeled “Eligibility for the Payment of Benefits.” Any additional benefit triggers must also be explained in this section. If these triggers differ for different benefits, explanation of the trigger must accompany each benefit description. If an attending physician, [PHYSICIAN ASSISTANT,] advanced practice registered nurse, or other specified person must certify a certain level of functional dependency in order to be eligible for benefits, this too shall be specified. IN ACCORDANCE WITH HOME HEALTH CERTIFICATION CHANGES FEDERALLY

62S.21 PROHIBITION AGAINST POSTCLAIMS UNDERWRITING (Qualified Long-Term Care Insurance Policies)

Subd. 2. Medication information required. — If an application for long-term care insurance contains a question which asks whether the applicant has had medication prescribed by a physician[.] [PHYSICIAN ASSISTANT,] OR advanced practice registered nurse, it must also ask the applicant to list the medication that has been prescribed. If the medications listed in the application were known by the insurer, or should have been known at the time of application, to be directly related to a medical condition for which
coverage would otherwise be denied, then the policy or certificate shall not be rescinded for that condition.

62S.268 ADDITIONAL STANDARDS FOR BENEFIT TRIGGERS FOR QUALIFIED LONG-TERM CARE INSURANCE CONTRACTS (Qualified Long-Term Care Insurance Policies)

Subdivision 1. Definitions. — For purposes of this section, the following terms have the meanings given them:

[…]

(c) “Licensed health care practitioner” means a physician, as defined in section 1861(r)(1) of the Social Security Act, [a physician assistant,] an advanced practice registered nurse, a registered professional nurse, licensed social worker, or other individual who meets requirements prescribed by the Secretary of the Treasury.

[…]

144.3345 INTERCONNECTED ELECTRONIC HEALTH RECORD GRANTS (Department of Health – Minnesota Health Records Act)

Subdivision 1. Definitions.

[…]

(c) “Eligible health care entity” means one of the following:

[…]

(3) physician[.] OR advanced practice registered nurse clinics located in a community with a population of less than 50,000 according to United States Census Bureau statistics and outside the seven-county metropolitan area;

[…]

144.3352 HEPATITIS B MATERNAL CARRIER DATA; INFANT IMMUNIZATION (Department of Health – Minnesota Health Records Act)

The commissioner of health or a community health board may inform the physician[.] OR advanced practice registered nurse attending a newborn of the hepatitis B infection status of the biological mother.

144.34 INVESTIGATION AND CONTROL OF OCCUPATIONAL DISEASES (Department of Health – Minnesota Health Records Act)

Any physician[.] OR advanced practice registered nurse having under professional care any person whom the physician[.] OR advanced practice registered nurse believes to be suffering from poisoning from lead, phosphorus, arsenic, brass, silica dust, carbon monoxide gas, wood alcohol, or mercury, or their compounds, or from anthrax or from compressed-air illness or any other disease contracted as a result of the nature of the employment of such
person shall within five days mail to the Department of Health a report stating the name, address, and occupation of such patient, the name, address, and business of the patient’s employer, the nature of the disease, and such other information as may reasonably be required by the department. The department shall prepare and furnish the physicians, and advanced practice registered nurses, AND PHYSICIAN ASSISTANTS of this state suitable blanks for the reports herein required. No report made pursuant to the provisions of this section shall be admissible as evidence of the facts therein stated in any action at law or in any action under the Workers’ Compensation Act against any employer of such diseased person. The Department of Health is authorized to investigate and to make recommendations for the elimination or prevention of occupational diseases which have been reported to it, or which shall be reported to it, in accordance with the provisions of this section. The department is also authorized to study and provide advice in regard to conditions that may be suspected of causing occupational diseases. Information obtained upon investigations made in accordance with the provisions of this section shall not be admissible as evidence in any action at law to recover damages for personal injury or in any action under the Workers’ Compensation Act. Nothing herein contained shall be construed to interfere with or limit the powers of the Department of Labor and Industry to make inspections of places of employment or issue orders for the protection of the health of the persons therein employed. When upon investigation the commissioner of health reaches a conclusion that a condition exists which is dangerous to the life and health of the workers in any industry or factory or other industrial institutions the commissioner shall file a report thereon with the Department of Labor and Industry.

144.441 TUBERCULOSIS SCREENING IN SCHOOLS (Department of Health – Tuberculosis)

Subd. 4. Screening of employees. — As determined by the commissioner under subdivision 2, a person employed by the designated school or school district shall submit to the administrator or other person having general control and supervision of the school one of the following:

(1) a statement from a physician, advanced practice registered nurse, [PHYSICIAN ASSISTANT,] or public clinic stating that the person has had a negative Mantoux test reaction within the past year, provided that the person has no symptoms suggestive of tuberculosis or evidence of a new exposure to active tuberculosis;

(2) a statement from a physician, advanced practice registered nurse, [PHYSICIAN ASSISTANT,] or public clinic stating that a person who has a positive Mantoux test reaction has had a negative chest roentgenogram (X-ray) for tuberculosis within the past year, provided that the person has no symptoms suggestive of tuberculosis or evidence of a new exposure to active tuberculosis;

(3) a statement from a physician, advanced practice registered nurse, [PHYSICIAN ASSISTANT,] or public health clinic stating that the person (i) has a history of adequately treated active tuberculosis; (ii) is currently receiving tuberculosis preventive therapy; (iii) is currently undergoing therapy for active tuberculosis and the person’s presence in a school building will not endanger the health of other people; or (iv) has completed a course of preventive therapy or was intolerant to preventive therapy, provided the person has no symptoms suggestive of tuberculosis or evidence of a new exposure to active tuberculosis; or

[...]

Subd. 5. Exceptions. — Subdivisions 3 and 4 do not apply to:

(1) a person with a history of either a past positive Mantoux test reaction or active tuberculosis who has a documented history of completing a course of tuberculosis therapy or preventive therapy when the school
or school district holds a statement from a physician, advanced practice registered nurse, [PHYSICIAN
ASSISTANT,] or public health clinic indicating that such therapy was provided to the person and that
the person has no symptoms suggestive of tuberculosis or evidence of a new exposure to active

[...]  

144.442 TESTING IN SCHOOL CLINICS (Department of Health – Tuberculosis)

Subdivision 1. Administration; notification. — In the event that the commissioner designates a school or
school district under section 144.441, subdivision 2, the school or school district or community health
board may administer Mantoux screening tests to some or all persons enrolled in or employed by the
designated school or school district. Any Mantoux screening provided under this section shall be under
the direction of a licensed physician[,] [or] advanced practice registered nurse[, OR PHYSICIAN
ASSISTANT].

[...]  

144.4803 DEFINITIONS (Department of Health – Tuberculosis Health Threat Act)

Subdivision 1. Active tuberculosis. — “Active tuberculosis” includes infectious and noninfectious
tuberculosis and means:

[...]  

(3) a condition in which clinical specimens are not available for culture, but there is radiographic
evidence of tuberculosis such as an abnormal chest x-ray, and clinical evidence such as a positive
skin test for tuberculosis infection, coughing, sputum production, fever, or other symptoms
compatible with pulmonary tuberculosis, that lead a physician[,] [or] advanced practice registered
nurse[, OR PHYSICIAN ASSISTANT] to reasonably diagnose active tuberculosis according to
currently accepted standards of medical practice and to initiate treatment for tuberculosis.

[...]  

Subd. 4. Clinically suspected of having active tuberculosis. — “Clinically suspected of having active
tuberculosis” means presenting a reasonable possibility of having active tuberculosis based upon
epidemiologic, clinical, or radiographic evidence, laboratory test results, or other reliable evidence as
determined by a physician[,] [or] advanced practice registered nurse[, OR PHYSICIAN ASSISTANT]
using currently accepted standards of medical practice.

[...]  

Subd. 10. Endangerment to the public health. — “Endangerment to the public health” means a carrier
who may transmit tuberculosis to another person or persons because the carrier has engaged or is
engaging in any of the following conduct:

(1) refuses or fails to submit to a diagnostic tuberculosis examination that is ordered by a
physician[,] [or] advanced practice registered nurse[, OR PHYSICIAN ASSISTANT] and is
reasonable according to currently accepted standards of medical practice;

(2) refuses or fails to initiate or complete treatment for tuberculosis that is prescribed by a
physician[,] [or] advanced practice registered nurse[, OR PHYSICIAN ASSISTANT] and is
reasonable according to currently accepted standards of medical practice;
(4) refuses or fails to provide the commissioner, upon request, with evidence showing the completion of a course of treatment for tuberculosis that is prescribed by a physician, advanced practice registered nurse, OR PHYSICIAN ASSISTANT and is reasonable according to currently accepted standards of medical practice;

(5) refuses or fails to initiate or complete a course of directly observed therapy that is prescribed by a physician, advanced practice registered nurse, OR PHYSICIAN ASSISTANT and is reasonable according to currently accepted standards of medical practice;

Subd. 15. Licensed health professional. — “Licensed health professional” means a person licensed by one of the health-related licensing boards listed in section 214.01, subdivision 2.

[Subd. 18. PHYSICIAN ASSISTANT. --- “PHYSICIAN ASSISTANT” MEANS A PERSON WHO IS LICENSED BY THE BOARD OF MEDICAL PRACTICE UNDER CHAPTER 147A AS A PHYSICIAN ASSISTANT.]

[Subd. 18.] [Subd. 19.] Respondent. — “Respondent” means a person or group of persons to whom the commissioner has issued a health order, excluding the carrier.

[Subd. 19.] [Subd. 20.] Treatment facility. — “Treatment facility” means a hospital or other treatment provider that is qualified to provide care, treatment, and appropriate contagion precautions for tuberculosis.

144.4806 PREVENTIVE MEASURES UNDER HEALTH ORDER (Department of Health – Tuberculosis Health Threat Act)

A health order may include, but need not be limited to, an order:

(1) requiring the carrier’s attending physician, advanced practice registered nurse, PHYSICIAN ASSISTANT, or treatment facility to isolate and detain the carrier for treatment or for a diagnostic examination for tuberculosis, pursuant to section 144.4807, subdivision 1, if the carrier is an endangerment to the public health and is in a treatment facility;

(3) requiring a carrier who is an endangerment to the public health to remain in or present at a treatment facility until the carrier has completed a course of treatment for tuberculosis that is prescribed by a physician, advanced practice registered nurse, OR PHYSICIAN ASSISTANT and is reasonable according to currently accepted standards of medical practice;

(4) requiring a carrier who is an endangerment to the public health to complete a course of treatment for tuberculosis that is prescribed by a physician, advanced practice registered nurse, OR PHYSICIAN ASSISTANT and is reasonable according to currently accepted standards of medical practice and, if necessary, to follow contagion precautions for tuberculosis;
(5) requiring a carrier who is an endangerment to the public health to follow a course of directly observed
therapy that is prescribed by a physician[,, OR PHYSICIAN ASSISTANT] and is reasonable according to currently accepted standards of medical practice;

[...]

144.4807 NOTICE OF OBLIGATION TO ISOLATE OR EXAMINE (Department of Health – Tuberculosis Health Threat Act)

Subdivision 1. Obligation to isolate. — If the carrier is in a treatment facility, the commissioner or a carrier’s attending physician[,, OR PHYSICIAN ASSISTANT] after obtaining approval from the commissioner, may issue a notice of obligation to isolate to a treatment facility if the commissioner or attending physician[,, OR PHYSICIAN ASSISTANT] has probable cause to believe that a carrier is an endangerment to the public health.

Subd. 2. Obligation to examine. — If the carrier is clinically suspected of having active tuberculosis, the commissioner may issue a notice of obligation to examine to the carrier’s attending physician[,, OR PHYSICIAN ASSISTANT] to conduct a diagnostic examination for tuberculosis on the carrier.

[...]

Subd. 4. Service of health order on carrier. — When issuing a notice of obligation to isolate or examine to the carrier’s physician[,, OR PHYSICIAN ASSISTANT] or a treatment facility, the commissioner shall simultaneously serve a health order on the carrier ordering the carrier to remain in the treatment facility for treatment or examination.

[...]

144.50 HOSPITALS, LICENSES; DEFINITIONS (Department of Health – Hospitals)

Subd. 2. Hospital, sanitarium, other institution; definition. — Hospital, sanitarium or other institution for the hospitalization or care of human beings, within the meaning of sections 144.50 to 144.56 shall mean any institution, place, building, or agency, in which any accommodation is maintained, furnished, or offered for five or more persons for: the hospitalization of the sick or injured; the provision of care in a swing bed authorized under section 144.562; elective outpatient surgery for preexamined, prediagnosed low risk patients; emergency medical services offered 24 hours a day, seven days a week, in an ambulatory or outpatient setting in a facility not a part of a licensed hospital; or the institutional care of human beings. Nothing in sections 144.50 to 144.56 shall apply to a clinic, a physician’s[,, OR PHYSICIAN ASSISTANT’S] office or to hotels or other similar places that furnish only board and room, or either, to their guests.

144.55 LICENSES; ISSUANCE, SUSPENSION AND REVOCATION (Department of Health – Hospitals)

Subd. 2. Definitions.

(a) For the purposes of this section, the terms in this subdivision have the meanings given them.

(b) “Outpatient surgical center” or “center” means a facility organized for the specific purpose of providing elective outpatient surgery for preexamined, prediagnosed, low-risk patients. An outpatient
surgical center is not organized to provide regular emergency medical services and does not include a physician’s, advanced practice nurse’s, [PHYSICIAN ASSISTANT’S,] or dentist’s office or clinic for the practice of medicine, the practice of dentistry, or the delivery of primary care.

[...]

Subd. 6. Suspension, revocation, and refusal to renew.

(a) The commissioner may refuse to grant or renew, or may suspend or revoke, a license on any of the following grounds:

[...]

(5) with respect to hospitals and outpatient surgical centers, if the commissioner determines that there is a pattern of conduct that one or more physicians[,] [or] advanced practice registered nurses[,] [OR PHYSICIAN ASSISTANTS] who have a “financial or economic interest,” as defined in section 144.6521, subdivision 3, in the hospital or outpatient surgical center, have not provided the notice and disclosure of the financial or economic interest required by section 144.6521.

[...]

144.6501 NURSING HOME ADMISSION CONTRACTS (Department of Health – Nursing Home Admission Contracts)

Subd. 7. Consent to treatment. — An admission contract must not include a clause requiring a resident to sign a consent to all treatment ordered by any physician[,] [or] advanced practice registered nurse[,] [OR PHYSICIAN ASSISTANT]. An admission contract may require consent only for routine nursing care or emergency care. An admission contract must contain a clause that informs the resident of the right to refuse treatment.

144.651 HEALTH CARE BILL OF RIGHTS (Department of Health – Patients Bill of Rights)

Subd. 7. Physician’s[,] [or] advanced practice registered nurse’s[,] [OR PHYSICIAN ASSISTANT’S] identity. — Patients and residents shall have or be given, in writing, the name, business address, telephone number, and specialty, if any, of the physician[,] [or] advanced practice registered nurse[,] [OR PHYSICIAN ASSISTANT] responsible for coordination of their care. In cases where it is medically inadvisable, as documented by the attending physician[,] [or] advanced practice registered nurse[,] [OR PHYSICIAN ASSISTANT] in a patient’s or resident’s care record, the information shall be given to the patient’s or resident’s guardian or other person designated by the patient or resident as a representative.

Subd. 8. Relationship with other health services. — Patients and residents who receive services from an outside provider are entitled, upon request, to be told the identity of the provider. Residents shall be informed, in writing, of any health care services which are provided to those residents by individuals, corporations, or organizations other than their facility. Information shall include the name of the outside provider, the address, and a description of the service which may be rendered. In cases where it is medically inadvisable, as documented by the attending physician[,] [or] advanced practice registered nurse[,] [OR PHYSICIAN ASSISTANT] in a patient’s or resident’s care record, the information shall be given to the patient’s or resident’s guardian or other person designated by the patient or resident as a representative.
Subd. 9. Information about treatment. — Patients and residents shall be given by their physicians, advanced practice registered nurses, or physician assistants complete and current information concerning their diagnosis, treatment, alternatives, risks, and prognosis as required by the physician’s, advanced practice registered nurse’s, or physician assistant’s legal duty to disclose. This information shall be in terms and language the patients or residents can reasonably be expected to understand. Patients and residents may be accompanied by a family member or other chosen representative, or both. This information shall include the likely medical or major psychological results of the treatment and its alternatives. In cases where it is medically inadvisable, as documented by the attending physician, advanced practice registered nurse, or physician assistant in a patient’s or resident’s medical record, the information shall be given to the patient’s or resident’s guardian or other person designated by the patient or resident as a representative. Individuals have the right to refuse this information.

Every patient or resident suffering from any form of breast cancer shall be fully informed, prior to or at the time of admission and during her stay, of all alternative effective methods of treatment of which the treating physician, advanced practice registered nurse, or physician assistant is knowledgeable, including surgical, radiological, or chemotherapeutic treatments or combinations of treatments and the risks associated with each of those methods.

Subd. 10. Participation in planning treatment; notification of family members.

(b) If a patient or resident who enters a facility is unconscious or comatose or is unable to communicate, the facility shall make reasonable efforts as required under paragraph (c) to notify either a family member or a person designated in writing by the patient as the person to contact in an emergency that the patient or resident has been admitted to the facility. The facility shall allow the family member to participate in treatment planning, unless the facility knows or has reason to believe the patient or resident has an effective advance directive to the contrary or knows the patient or resident has specified in writing that they do not want a family member included in treatment planning. After notifying a family member but prior to allowing a family member to participate in treatment planning, the facility must make reasonable efforts, consistent with reasonable medical practice, to determine if the patient or resident has executed an advance directive relative to the patient or resident’s health care decisions. For purposes of this paragraph, “reasonable efforts” include:

(3) inquiring of any emergency contact or family member contacted under this section whether the patient or resident has executed an advance directive and whether the patient or resident has a physician, advanced practice registered nurse, or physician assistant to whom the patient or resident normally goes for care; and

(4) inquiring of the physician, advanced practice registered nurse, or physician assistant to whom the patient or resident normally goes for care, if known, whether the patient or resident has executed an advance directive. If a facility notifies a family member or designated emergency contact or allows a family member to participate in treatment planning in accordance with this paragraph, the facility is not liable to the patient or resident for damages on the grounds that the notification of the family member or emergency contact or the participation of the family member was improper or violated the patient’s privacy rights.
Subd. 12. Right to refuse care. — Competent patients and residents shall have the right to refuse treatment based on the information required in subdivision 9. Residents who refuse treatment, medication, or dietary restrictions shall be informed of the likely medical or major psychological results of the refusal, with documentation in the individual medical record. In cases where a patient or resident is incapable of understanding the circumstances but has not been adjudicated incompetent, or when legal requirements limit the right to refuse treatment, the conditions and circumstances shall be fully documented by the attending physician[đ] [or] advanced practice registered nurse[đ] [OR PHYSICIAN ASSISTANT] in the patient’s or resident’s medical record.

Subd. 14. Freedom from maltreatment. — Patients and residents shall be free from maltreatment as defined in the Vulnerable Adults Protection Act. “Maltreatment” means conduct described in section 626.5572, subdivision 15, or the intentional and nontherapeutic infliction of physical pain or injury, or any persistent course of conduct intended to produce mental or emotional distress. Every patient and resident shall also be free from nontherapeutic chemical and physical restraints, except in fully documented emergencies, or as authorized in writing after examination by a patient’s or resident’s physician[đ] [or] advanced practice registered nurse[đ] [OR PHYSICIAN ASSISTANT] for a specified and limited period of time, and only when necessary to protect the resident from self-injury or injury to others.

Subd. 31. Isolation and restraints. — A minor patient who has been admitted to a residential program as defined in section 253C.01 has the right to be free from physical restraint and isolation except in emergency situations involving a likelihood that the patient will physically harm the patient’s self or others. These procedures may not be used for disciplinary purposes, to enforce program rules, or for the convenience of staff. Isolation or restraint may be used only upon the prior authorization of a physician, advanced practice registered nurse, [PHYSICIAN ASSISTANT,] psychiatrist, or licensed psychologist, only when less restrictive measures are ineffective or not feasible and only for the shortest time necessary.

Subd. 33. Restraints.

(b) Upon receiving a request for a physical restraint, a nursing home shall inform the resident, family member, or legal representative of alternatives to and the risks involved with physical restraint use. The nursing home shall provide a physical restraint to a resident only upon receipt of a signed consent form authorizing restraint use and a written order from the attending physician[đ] [or] advanced practice registered nurse[đ] [OR PHYSICIAN ASSISTANT] that contains statements and determinations regarding medical symptoms and specifies the circumstances under which restraints are to be used.

(c) A nursing home providing a restraint under paragraph (b) must:

(3) periodically, in consultation with the resident, the family, and the attending physician[đ] [or] advanced practice registered nurse[đ] [OR PHYSICIAN ASSISTANT], reevaluate the resident’s need for the restraint.
(c) For purposes of this subdivision, “medical symptoms” include:

(1) a concern for the physical safety of the resident; and

(2) physical or psychological needs expressed by a resident. A resident’s fear of falling may be the basis of a medical symptom.

A written order from the attending physician[ ,] [or] advanced practice registered nurse[ , OR PHYSICIAN ASSISTANT] that contains statements and determinations regarding medical symptoms is sufficient evidence of the medical necessity of the physical restraint.

(f) When determining nursing facility compliance with state and federal standards for the use of physical restraints, the commissioner of health is bound by the statements and determinations contained in the attending physician’s[ ,] [or] advanced practice registered nurse’s[ , OR PHYSICIAN ASSISTANT’S] order regarding medical symptoms. For purposes of this order, “medical symptoms” include the request by a competent resident, family member of a resident who is not competent, or legally appointed conservator, guardian, or health care agent as defined under section 145C.01, that the facility provide a physical restraint in order to enhance the physical safety of the resident.

144.652 BILL OF RIGHTS NOTICE TO PATIENT OR RESIDENT; VIOLATION (Department of Health – Patients Bill of Rights)

Subd. 2. Correction order; emergencies. — A substantial violation of the rights of any patient or resident as defined in section 144.651, shall be grounds for issuance of a correction order pursuant to section 144.653 or 144A.10. The issuance or nonissuance of a correction order shall not preclude, diminish, enlarge, or otherwise alter private action by or on behalf of a patient or resident to enforce any unreasonable violation of the patient’s or resident’s rights. Compliance with the provisions of section 144.651 shall not be required whenever emergency conditions, as documented by the attending physician[ ,] [or] advanced practice registered nurse[ , OR PHYSICIAN ASSISTANT] in a patient’s medical record or a resident’s care record, indicate immediate medical treatment, including but not limited to surgical procedures, is necessary and it is impossible or impractical to comply with the provisions of section 144.651 because delay would endanger the patient’s or resident’s life, health, or safety.

144.69 CLASSIFICATION OF DATA ON INDIVIDUALS (Department of Health – Cancer Surveillance System)

Notwithstanding any law to the contrary, including section 13.05, subdivision 9, data collected on individuals by the cancer surveillance system, including the names and personal identifiers of persons required in section 144.68 to report, shall be private and may only be used for the purposes set forth in this section and sections 144.671, 144.672, and 144.68. Any disclosure other than is provided for in this section and sections 144.671, 144.672, and 144.68, is declared to be a misdemeanor and punishable as such. Except as provided by rule, and as part of an epidemiologic investigation, an officer or employee of the commissioner of health may interview patients named in any such report, or relatives of any such patient, only after the consent of the attending physician, advanced practice registered nurse, [PHYSICIAN ASSISTANT,] or surgeon is obtained.

144.7402 CONDITIONS FOR APPLICABILITY OF PROCEDURES (Department of Health – Blood-Borne Pathogens; Emergency Medical Services Person)
Subd. 2. Conditions. — A facility shall follow the procedures outlined in sections 144.7401 to 144.7415 when all of the following conditions are met:

[...]

(2) the licensed physician[...][ or ] advanced practice registered nurse[...][ OR PHYSICIAN ASSISTANT] for the emergency medical services person needs the source individual’s blood-borne pathogen test results to begin, continue, modify, or discontinue treatment, in accordance with the most current guidelines of the United States Public Health Service, because of possible exposure to a blood-borne pathogen; and

[...]

144.7406 TESTING OF AVAILABLE BLOOD (Department of Health – Blood-Borne Pathogens; Emergency Medical Services Person)

Subd. 2. Procedures without consent. — If the source individual has provided a blood sample with consent but does not consent to blood-borne pathogen testing, the facility shall test for blood-borne pathogens if the emergency medical services person or emergency medical services agency requests the test, provided all of the following criteria are met:

[...]

(2) the facility has determined that a significant exposure has occurred and a licensed physician[...][ or ] advanced practice registered nurse[...][ OR PHYSICIAN ASSISTANT] for the emergency medical services person has documented in the emergency medical services person’s medical record that blood-borne pathogen test results are needed for beginning, modifying, continuing, or discontinuing medical treatment for the emergency medical services person under section 144.7414, subdivision 2;

[...]

144.7407 BLOOD SAMPLE COLLECTION FOR TESTING (Department of Health – Blood-Borne Pathogens; Emergency Medical Services Person)

Subd. 2. Procedures without consent.

[...]

(c) The court may order the source individual to provide a blood sample for blood-borne pathogen testing if:

[...]

(3) a licensed physician[...][ or ] advanced practice registered nurse[...][ OR PHYSICIAN ASSISTANT] for the emergency medical services person needs the test results for beginning, continuing, modifying, or discontinuing medical treatment for the emergency medical services person; and

[...]

144.7414 PROTOCOLS FOR EXPOSURE TO BLOOD-BORNE PATHOGENS (Department of Health – Blood-Borne Pathogens; Emergency Medical Services Person)

Subd. 2. Facility protocol requirements. — Every facility shall adopt and follow a postexposure protocol for emergency medical services persons who have experienced a significant exposure. The postexposure
protocol must adhere to the most current recommendations of the United States Public Health Service and include, at a minimum, the following:

[…]

(2) a process for an infectious disease specialist, or a licensed physician[\textit{\textsuperscript{1}}] or advanced practice registered nurse, \textit{\textsuperscript{2}} OR PHYSICIAN ASSISTANT\textit{\textsuperscript{3}} who is knowledgeable about the most current recommendations of the United States Public Health Service in consultation with an infectious disease specialist, (i) to determine whether a significant exposure to one or more blood-borne pathogens has occurred and (ii) to provide, under the direction of a licensed physician[\textit{\textsuperscript{1}}] or advanced practice registered nurse, \textit{\textsuperscript{2}} OR PHYSICIAN ASSISTANT\textit{\textsuperscript{3}} a recommendation or recommendations for follow-up treatment appropriate to the particular blood-borne pathogen or pathogens for which a significant exposure has been determined;

[…]

144.7415 PENALTIES AND IMMUNITY (Department of Health – Blood-Borne Pathogens; Emergency Medical Services Person)

Subd. 2. Immunity. — A facility, licensed physician, advanced practice registered nurse, [PHYSICIAN ASSISTANT\textit{\textsuperscript{1}}] and designated health care personnel are immune from liability in any civil, administrative, or criminal action relating to the disclosure of test results to an emergency medical services person or emergency medical services agency and the testing of a blood sample from the source individual for blood-borne pathogens if a good faith effort has been made to comply with sections 144.7401 to 144.7415.

144.9502 STATEWIDE LEAD SURVEILLANCE SYSTEM (Department of Health – Lead Poisoning Prevention Act)

Subd. 4. Blood lead analyses and epidemiologic information. — The blood lead analysis reports required in this section must specify:

[…]

(7) the full name, address, and phone number of the physician, advanced practice registered nurse, [PHYSICIAN ASSISTANT\textit{\textsuperscript{1}}] or facility requesting the analysis;

[…]

144.966 EARLY HEARING DETECTION AND INTERVENTION PROGRAM (Department of Health – Early Hearing Detection and Intervention Program)

Subd. 3. Early hearing detection and intervention programs. — All hospitals shall establish an early hearing detection and intervention (EHDI) program. Each EHDI program shall:

[…]

(7) inform the newborn’s or infant’s parents or parent, primary care physician[\textit{\textsuperscript{1}}] or advanced practice registered nurse, [OR PHYSICIAN ASSISTANT\textit{\textsuperscript{1}}] and the Department of Health according to recommendations of the Department of Health of the results of the hearing screening test or rescreening if conducted, or if the newborn or infant was not successfully tested. The hospital that discharges the newborn or infant to home is responsible for the screening; and
Subd. 6. Civil and criminal immunity and penalties.

(a) No physician, advanced practice registered nurse, [PHYSICIAN ASSISTANT,] or hospital shall be civilly or criminally liable for failure to conduct hearing screening testing.

(b) No physician, midwife, nurse, [PHYSICIAN ASSISTANT,] other health professional, or hospital acting in compliance with this section shall be civilly or criminally liable for any acts conforming with this section, including furnishing information required according to this section.

144A.135 TRANSFER AND DISCHARGE APPEALS (Nursing Home and Home Care)

(d) A resident who timely appeals a notice of discharge or transfer, and who resides in a certified nursing home or boarding care home, may not be discharged or transferred by the nursing home or boarding care home until resolution of the appeal. The commissioner can order the facility to readmit the resident if the discharge or transfer was in violation of state or federal law. If the resident is required to be hospitalized for medical necessity before resolution of the appeal, the facility shall readmit the resident unless the resident’s attending physician[, ] [or] advanced practice registered nurse[, OR PHYSICIAN ASSISTANT] documents, in writing, why the resident’s specific health care needs cannot be met in the facility.

144A.161 NURSING HOME AND BOARDING CARE HOME RESIDENT RELOCATION (Nursing Homes and Home Care)

Subd. 5. Licensee responsibilities related to sending the notice in subdivision 5a.

(b) Concurrent with the notice provided in subdivision 5a, the licensee shall provide an updated resident census summary document to the county social services agency, the Ombudsman for Long-Term Care, and the Ombudsman for Mental Health and Developmental Disabilities that includes the following information on each resident to be relocated:

(8) the name of and contact information for the resident’s physician[, ] [or] advanced practice registered nurse[, OR PHYSICIAN ASSISTANT];

Subd. 5a. Administrator and licensee responsibility to provide notice. — At least 60 days before the proposed date of closing, reduction, or change in operations as agreed to in the plan, the administrator shall send a written notice of closure, reduction, or change in operations to each resident being relocated, the resident’s responsible party, the resident’s managed care organization if it is known, the county social services agency, the commissioner of health, the commissioner of human services, the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities, the resident’s attending physician[, ] [or] advanced practice registered nurse[, OR PHYSICIAN ASSISTANT], and, in the case of a complete facility closure, the Centers for Medicare and Medicaid Services regional office designated representative. The notice must include the following:
Subd. 5e. Licensee responsibility for site visits. – The licensee shall assist residents desiring to make site visits to facilities with available beds or other appropriate living options to which the resident may relocate, unless it is medically inadvisable, as documented by the attending physician[,,] [or] advanced practice registered nurse[,, OR PHYSICIAN ASSISTANT] in the resident’s care record. The licensee shall make available to the resident at no charge transportation for up to three site visits to facilities or other living options within the county or contiguous counties.

Subd. 5g. Licensee responsibilities for final written discharge notice and records transfer.

(a) The licensee shall provide the resident, the resident’s responsible parties, the resident’s managed care organization, if known, and the resident’s attending physician[,,] [or] advanced practice registered nurse[,, OR PHYSICIAN ASSISTANT] with a final written discharge notice prior to the relocation of the resident. The notice must:

144A.75 DEFINITIONS; SERVICE REQUIREMENTS (Nursing Homes and Home Care – Hospice Care Licensing)

Subd. 3. Core services. — “Core services” means physician services, registered nursing services, advanced practice registered nurse services, [PHYSICIAN ASSISTANT SERVICES,] medical social services, and counseling services. A hospice must ensure that at least two core services are regularly provided directly by hospice employees. A hospice provider may use contracted staff if necessary to supplement hospice employees in order to meet the needs of patients during peak patient loads or under extraordinary circumstances.

Subd. 6. Hospice patient. — “Hospice patient” means an individual whose illness has been documented by the individual’s attending physician[,,] [or] advanced practice registered nurse[,, OR PHYSICIAN ASSISTANT] and hospice medical director, who alone or, when unable, through the individual’s family has voluntarily consented to and received admission to a hospice provider, and who:

(1) has been diagnosed as terminally ill, with a probable life expectancy of under one year; or

(2) is 21 years of age or younger; has been diagnosed with a chronic, complex, and life-threatening illness contributing to a shortened life expectancy; and is not expected to survive to adulthood.

144A.752 REGULATION OF HOSPICE CARE (Nursing Homes and Home Care – Hospice Care Licensing)

Subdivision 1. Rules. — The commissioner shall adopt rules for the regulation of hospice providers according to sections 144A.75 to 144A.755. The rules shall include the following:

(6) requirements for the involvement of a patient’s physician[,,] [or] advanced practice registered nurse[,, OR PHYSICIAN ASSISTANT]; documentation of physicians’[,,] [or] advanced practice registered
nurses’ orders, if required, and the patient’s hospice plan of care; and maintenance of accurate, current clinical records.

**145.853 DUTY OF LAW ENFORCEMENT OFFICER** (Public Health Provisions – Uniform Duties to Disabled Persons Act)

Subd. 5. Notification; medical care. — A law enforcement officer who determines or has reason to believe that a disabled person is suffering from an illness causing the person’s condition shall promptly notify the person’s physician, if practicable. If the officer is unable to ascertain the physician’s identity or to communicate with the physician, the officer shall make a reasonable effort to cause the disabled person to be transported immediately to a medical practitioner or to a facility where medical treatment is available. If the officer believes it unduly dangerous to move the disabled person, the officer shall make a reasonable effort to obtain the assistance of a medical practitioner.

**145.892 DEFINITIONS** (Public Health Provisions – Maternal and Child Health)

Subd. 3. Pregnant woman. — “Pregnant woman” means an individual determined by a licensed physician, advanced practice registered nurse, midwife, or appropriately trained registered nurse to have one or more fetuses in utero.

**145.94 EXPOSURE TO HAZARDOUS SUBSTANCE** (Public Health Provisions – Hazardous Substance Exposure)

Subd. 2. Disclosure of information. — The commissioner may disclose to individuals or to the community, information including data made nonpublic by law, relating to the hazardous properties and health hazards of hazardous substances released from a workplace if the commissioner finds:

1. evidence that a person requesting the information may have suffered or is likely to suffer illness or injury from exposure to a hazardous substance; or

2. evidence of a community health risk and if the commissioner seeks to have the employer cease an activity which results in release of a hazardous substance.

Nonpublic data obtained under subdivision 1 is subject to handling, use, and storage according to established standards to prevent unauthorized use or disclosure. If the nonpublic data is required for the diagnosis, treatment, or prevention of illness or injury, a personal physician or advanced practice registered nurse may be provided with this information if the physician agrees to preserve the confidentiality of the information, except for patient health records subject to sections 144.291 to 144.298. After the disclosure of any hazardous substance information relating to a particular workplace, the commissioner shall advise the employer of the information disclosed, the date of the disclosure, and the person who received the information.

**145B.13 REASONABLE MEDICAL PRACTICE REQUIRED** (Living Will)
In reliance on a patient’s living will, a decision to administer, withhold, or withdraw medical treatment after the patient has been diagnosed by the attending physician[;] [or] advanced practice registered nurse[;] OR PHYSICIAN ASSISTANT] to be in a terminal condition must always be based on reasonable medical practice, including:

[...]

(3) in the case of a living will of a patient that the attending physician[;] [or] advanced practice registered nurse[;] OR PHYSICIAN ASSISTANT] knows is pregnant, the living will must not be given effect as long as it is possible that the fetus could develop to the point of live birth with continued application of life-sustaining treatment.

**145C.02 HEALTH CARE DIRECTIVE** (Health Care Directives)

A principal with the capacity to do so may execute a health care directive. A health care directive may include one or more health care instructions to direct health care providers, others assisting with health care, family members, and a health care agent. A health care directive may include a health care power of attorney to appoint a health care agent to make health care decisions for the principal when the principal, in the judgment of the principal’s attending physician[;] [or] advanced practice registered nurse[;] OR PHYSICIAN ASSISTANT], lacks decision-making capacity, unless otherwise specified in the health care directive.

**145C.05 SUGGESTED FORM; PROVISIONS THAT MAY BE INCLUDED** (Health Care Directives)

Subd. 2. Provisions that may be included.

[...]

(b) A health care directive may include a statement of the circumstances under which the directive becomes effective other than upon the judgment of the principal’s attending physician[;] [or] advanced practice registered nurse[;] OR PHYSICIAN ASSISTANT] in the following situations:

(1) A principal who in good faith generally selects and depends upon spiritual means or prayer for the treatment or care of disease or remedial care and does not have an attending physician[;] [or] advanced practice registered nurse[;] OR PHYSICIAN ASSISTANT], may include a statement appointing an individual who may determine the principal’s decision-making capacity; and

(2) A principal who in good faith does not generally select a physician[;] [or] advanced practice registered nurse[;] OR PHYSICIAN ASSISTANT] or a health care facility for the principal’s health care needs may include a statement appointing an individual who may determine the principal’s decision-making capacity, provided that if the need to determine the principal’s capacity arises when the principal is receiving care under the direction of an attending physician[;] [or] advanced practice registered nurse[;] OR PHYSICIAN ASSISTANT] in a health care facility, the determination must be made by an attending physician[;] [or] advanced practice registered nurse[;] OR PHYSICIAN ASSISTANT] after consultation with the appointed individual.

If a person appointed under clause (1) or (2) is not reasonably available and the principal is receiving care under the direction of an attending physician[;] [or] advanced practice registered nurse[;] OR PHYSICIAN ASSISTANT] in a health care facility, an attending physician[;] [or]
advanced practice registered nurse[, OR PHYSICIAN ASSISTANT] shall determine the principal’s decision-making capacity.

[...]

**145C.06 WHEN EFFECTIVE** (Health Care Directives)

A health care directive is effective for a health care decision when:

1. it meets the requirements of section 145C.03, subdivision 1; and
2. the principal, in the determination of the attending physician[, OR Physician ASSISTANT] of the principal, lacks decision-making capacity to make the health care decision; or if other conditions for effectiveness otherwise specified by the principal have been met.

A health care directive is not effective for a health care decision when the principal, in the determination of the attending physician[, OR Physician ASSISTANT] of the principal, recovers decision-making capacity; or if other conditions for effectiveness otherwise specified by the principal have been met.

**145C.07 AUTHORITY AND DUTIES OF HEALTH CARE AGENT** (Health Care Directives)

Subdivision 1. Authority. — The health care agent has authority to make any particular health care decision only if the principal lacks decision-making capacity, in the determination of the attending physician[, OR Physician ASSISTANT], to make or communicate that health care decision; or if other conditions for effectiveness otherwise specified by the principal have been met. The physician, advanced practice registered nurse, [PHYSICIAN ASSISTANT], or other health care provider shall continue to obtain the principal’s informed consent to all health care decisions for which the principal has decision-making capacity, unless other conditions for effectiveness otherwise specified by the principal have been met. An alternate health care agent has authority to act if the primary health care agent is not reasonably available to act.

**145C.16 SUGGESTED FORM** (Health Care Directives)

The following is a suggested form of a health care directive and is not a required form.

[...]

In all circumstances, my doctors[, OR Physician ASSISTANTS] will try to keep me comfortable and reduce my pain. This is how I feel about pain relief if it would affect my alertness or if it could shorten my life: .

There are other things that I want or do not want for my health care, if possible:

Who I would like to be my doctor[, OR Physician ASSISTANT]: .

[...]

REMEMBER: Keep this document with your personal papers in a safe place (not in a safe deposit box). Give signed copies to your doctors[, OR Physician ASSISTANTS], family, close friends, health care agent, and alternate health care agent. Make sure your doctor or advanced practice registered nurse is willing to follow your wishes. This document should be
part of your medical record at your physician’s[,] [OR] advanced practice registered nurse’s[,] [OR PHYSICIAN ASSISTANT’S] office and at the hospital, home care agency, hospice, or nursing facility where you receive your care.

148.6438 RECIPIENT NOTIFICATION (Public Health Occupations – Occupational Therapists and Occupational Therapy Assistants)

Subdivision 1. Required notification. — In the absence of a physician[,] [OR] advanced practice registered nurse[,] [OR PHYSICIAN ASSISTANT] referral or prior authorization, and before providing occupational therapy services for remuneration or expectation of payment from the client, an occupational therapist must provide the following written notification in all capital letters of 12-point or larger boldface type, to the client, parent, or guardian:

“Your health care provider, insurer, or plan may require a physician[,] [OR] advanced practice registered nurse[,] [OR PHYSICIAN ASSISTANT] referral or prior authorization and you may be obligated for partial or full payment for occupational therapy services rendered.”

[…]

151.19 REGISTRATION; FEES (Pharmacy – Board of Pharmacy)


(a) The board may grant a license to any physician licensed under chapter 147[,] [OR] advanced practice registered nurse licensed under chapter 148[,] [OR PHYSICIAN ASSISTANT LICENSED UNDER CHAPTER 147A] who provides services in a health care facility located in a designated health professional shortage area authorizing the physician[,] [OR] advanced practice registered nurse[,] [OR PHYSICIAN ASSISTANT] to dispense drugs to individuals for whom pharmaceutical care is not reasonably available. The license may be renewed annually. Any physician[,] [OR] advanced practice registered nurse[,] [OR PHYSICIAN ASSISTANT] licensed under this subdivision shall be limited to dispensing drugs in a limited service pharmacy and shall be governed by the rules adopted by the board when dispensing drugs.

(b) For the purposes of this subdivision, pharmaceutical care is not reasonably available if the limited service pharmacy in which the physician[,] [OR] advanced practice registered nurse[,] [OR PHYSICIAN ASSISTANT] is dispensing drugs is located in a health professional shortage area, and no other licensed pharmacy is located within 15 miles of the limited service pharmacy.

(c) For the purposes of this subdivision, section 151.15, subdivision 2, shall not apply, and section 151.215 shall not apply provided that a physician[,] [OR] advanced practice registered nurse[,] [OR PHYSICIAN ASSISTANT] granted a license under this subdivision certifies each filled prescription in accordance with Minnesota Rules, part 6800.3100, subpart 3.

(d) Notwithstanding section 151.102, a physician[,] [OR] advanced practice registered nurse[,] [OR PHYSICIAN ASSISTANT] granted a license under this subdivision may be assisted by a pharmacy technician if the technician holds a valid certification from the Pharmacy Technician Certification Board or from another national certification body for pharmacy technicians that requires passage of a nationally recognized psychometrically valid certification examination for certification as determined by the board. The physician[,] [OR] advanced practice registered nurse[,] [OR PHYSICIAN ASSISTANT] may supervise the pharmacy technician as long as the physician[,] [OR] advanced practice registered nurse[,] [OR
PHYSICIAN ASSISTANT] assumes responsibility for all functions performed by the technician. For purposes of this subdivision, supervision does not require the physician[] [or] advanced practice registered nurse[, OR PHYSICIAN ASSISTANT] to be physically present if the physician, advanced practice registered nurse, [PHYSICIAN ASSISTANT] or a licensed pharmacist is available, either electronically or by telephone.

(e) Nothing in this subdivision shall be construed to prohibit a physician[,] [or] advanced practice registered nurse[, OR PHYSICIAN ASSISTANT] from dispensing drugs pursuant to section 151.37 and Minnesota Rules, parts 6800.9950 to 6800.9954.

151.21 SUBSTITUTION (Pharmacy – Board of Pharmacy)

Subd. 4a. Sign. — A pharmacy must post a sign in a conspicuous location and in a typeface easily seen at the counter where prescriptions are dispensed stating: “In order to save you money, this pharmacy will substitute whenever possible an FDA-approved, less expensive, generic drug product, which is therapeutically equivalent to and safely interchangeable with the one prescribed by your doctor[,] [or] advanced practice registered nurse[, OR PHYSICIAN ASSISTANT], unless you object to this substitution.”

152.32 PROTECTIONS FOR REGISTRY PROGRAM PARTICIPATION (Pharmacy – Pharmacy Practice Act)

Subd. 3. Discrimination prohibited.

[…]

(b) For the purposes of medical care, including organ transplants, a registry program enrollee’s use of medical cannabis under sections 152.22 to 152.37 is considered the equivalent of the authorized use of any other medication used at the discretion of a physician[,] [or] advanced practice registered nurse[, OR PHYSICIAN ASSISTANT] and does not constitute the use of an illicit substance or otherwise disqualify a patient from needed medical care.

[…]

245A.143 FAMILY ADULT DAY SERVICES (Human Services Licensing)

Subd. 2. Definitions

[…]

(d) “Consultation by a health care professional” means the review and oversight of the participant’s health-related services by a registered nurse, physician, [PHYSICIAN ASSISTANT,] or mental health professional.

[…]

Subd. 7. Health services.

(a) The license holder shall provide health services as specified in the service delivery plan under the direction of the designated caregiver or county or private case manager. Health services must include:

(1) monitoring the participant’s level of function and health while participating; taking appropriate action for a change in condition including immediately reporting changes to the participant’s caregiver,
physician, [PHYSICIAN ASSISTANT,] mental health professional, or registered nurse; and seeking consultation;

[...]

(b) Unless the person is a licensed health care practitioner qualified to administer medications, the person responsible for medication administration or assistance shall provide a certificate verifying successful completion of a trained medication aid program for unlicensed personnel approved by the Minnesota Department of Health or comparable program, or biennially provide evidence of competency as demonstrated to a registered nurse[[], [OR] physician[[], OR PHYSICIAN ASSISTANT].

[...]

Subd. 8. Nutritional services.

(a) The license holder shall ensure that food served is nutritious and meets any special dietary needs of the participants as prescribed by the participant’s physician, advanced practice registered nurse, [PHYSICIAN ASSISTANT,] or dietitian as specified in the service delivery plan.

[...]

245A.1435 REDUCTION OF RISK OF SUDDEN UNEXPECTED INFANT DEATH IN LICENSED PROGRAMS (Human Services Licensing)

(a) When a license holder is placing an infant to sleep, the license holder must place the infant on the infant’s back, unless the license holder has documentation from the infant’s physician[[], [OR] advanced practice registered nurse[[], OR PHYSICIAN ASSISTANT] directing an alternative sleeping position for the infant. The physician[[], [OR] advanced practice registered nurse[[], OR PHYSICIAN ASSISTANT] directive must be on a form approved by the commissioner and must remain on file at the licensed location. An infant who independently rolls onto its stomach after being placed to sleep on its back may be allowed to remain sleeping on its stomach if the infant is at least six months of age or the license holder has a signed statement from the parent indicating that the infant regularly rolls over at home.

[...]

245C.02 DEFINITIONS (Human Services Background Studies)

Subd. 18. Serious maltreatment. (a) “Serious maltreatment” means sexual abuse, maltreatment resulting in death, neglect resulting in serious injury which reasonably requires the care of a physician[[], [OR] advanced practice registered nurse[[], OR PHYSICIAN ASSISTANT] whether or not the care of a physician[[], [OR] advanced practice registered nurse[[], OR PHYSICIAN ASSISTANT] was sought, or abuse resulting in serious injury.

(b) For purposes of this definition, “care of a physician[[], [OR] advanced practice registered nurse[[], OR PHYSICIAN ASSISTANT] is treatment received or ordered by a physician, physician assistant, advanced practice registered nurse, or nurse practitioner, but does not include:

(1) Diagnostic testing, assessment, or observation;

(2) The application of, recommendation to use, or prescription solely for a remedy that is available over the counter without a prescription; or
(3) A prescription solely for a topical antibiotic to treat burns when there is no follow-up appointment.

[...]

245C.04 WHEN BACKGROUND STUDY MUST OCCUR (Human Services Background Studies)

Subdivision 1. Licensed programs; other child care programs.

[...]

(i) For purposes of this section, a physician licensed under chapter 147[.] [or] advanced practice registered nurse licensed under chapter 148[, OR PHYSICIAN ASSISTANT LICENSED UNDER CHAPTER 147A] is considered to be continuously affiliated upon the license holder’s receipt from the commissioner of health or human services of the physician’s[.] [or] advanced practice registered nurse’s[ OR PHYSICIAN ASSISTANT’S] background study results.

[...]

245D.02 DEFINITIONS (Home and Community-Based Services Standards)

Subd. 11. Incident. “Incident” means an occurrence which involves a person and requires the program to make a response that is not a part of the program’s ordinary provision of services to that person, and includes:

[...]

(3) Any medical emergency, unexpected serious illness, or significant unexpected change in an illness or medical condition of a person that requires the program to call 911, physician[., OR PHYSICIAN ASSISTANT] treatment, or hospitalization;

[...]

245D.22 FACILITY SANITATION AND HEALTH (Home and Community-Based Services Standards)

Subd. 7. Telephone and posted numbers —. A facility must have a non-coin-operated telephone that is readily accessible. A list of emergency numbers must be posted in a prominent location. When an area has a 911 number or a mental health crisis intervention team number, both numbers must be posted and the emergency number listed must be 911. In areas of the state without a 911 number, the numbers listed must be those of the local fire department, police department, emergency transportation, and poison control center. The names and telephone numbers of each person’s representative, physician[., OR PHYSICIAN ASSISTANT,] and dentist must be readily available.

245D.25 COMMUNITY RESIDENTIAL SETTINGS; FOOD AND WATER (Home and Community-Based Services Standards)

Subd. 2. Food. — Food served must meet any special dietary needs of a person as prescribed by the person’s physician, advanced practice registered nurse, [PHYSICIAN ASSISTANT.] or dietitian. Three nutritionally balanced meals a day must be served or made available to persons, and nutritious snacks must be available between meals.
Subd. 2. Procedures. — The applicant or license holder must have written procedures for obtaining a medical intervention for a client, that are approved in writing by a physician who is licensed under chapter 147[., OR PHYSICIAN ASSISTANT WHO IS LICENSED UNDER CHAPTER 147A], unless:

(1) the license holder does not provide a service under section 245G.21; and

(2) a medical intervention is referred to 911, the emergency telephone number, or the client’s physician[., OR PHYSICIAN ASSISTANT].

Subd. 3. Standing order protocol. — A license holder that maintains a supply of naloxone available for emergency treatment of opioid overdose must have a written standing order protocol by a physician who is licensed under chapter 147[., OR PHYSICIAN ASSISTANT WHO IS LICENSED UNDER CHAPTER 147A] that permits the license holder to maintain a supply of naloxone on site. A license holder must require staff to undergo training in the specific mode of administration used at the program, which may include intranasal administration, intramuscular injection, or both.

Subd. 5. Administration of medication and assistance with self-medication.

(c) A registered nurse must provide supervision as defined in section 148.171, subdivision 23. The registered nurse’s supervision must include, at a minimum, monthly on-site supervision or more often if warranted by a client’s health needs. The policies and procedures must include:

(3) a provision that a client may carry emergency medication such as nitroglycerin as instructed by the client’s physician[., OR PHYSICIAN ASSISTANT];

245G.21 REQUIREMENTS FOR LICENSED RESIDENTIAL TREATMENT (State-Operated Services)

Subd. 2. Visitors. — A client must be allowed to receive visitors at times prescribed by the license holder. The license holder must set and post a notice of visiting rules and hours, including both day and evening times. A client’s right to receive visitors other than a personal physician[., OR PHYSICIAN ASSISTANT] religious adviser, county case manager, parole or probation officer, or attorney may be subject to visiting hours established by the license holder for all clients. The treatment director or designee may impose limitations as necessary for the welfare of a client provided the limitation and the reasons for the limitation are documented in the client’s file. A client must be allowed to receive visits at all reasonable times from the client’s personal physician[., OR PHYSICIAN ASSISTANT] religious adviser, county case manager, parole or probation officer, and attorney.
Subd. 3. Client property management. — A license holder who provides room and board and treatment services to a client in the same facility, and any license holder that accepts client property must meet the requirements for handling client funds and property in section 245A.04, subdivision 13. License holders:

[...]

(4) must return all property held in trust to the client at service termination regardless of the client’s service termination status, except that:

[...]

(iii) a medication that was determined by a physician[,] [or] advanced practice registered nurse[, OR PHYSICIAN ASSISTANT] to be harmful after examining the client must be destroyed, except when the client’s personal physician or advanced practice registered nurse approves the medication for continued use.

245H.11 REPORTING (State-Operated Services)

[...]

(b) The certification holder must inform the commissioner within 24 hours of:

(1) the death of a child in the program; and

(2) any injury to a child in the program that required treatment by a physician[,] [or] advanced practice registered nurse[, OR PHYSICIAN ASSISTANT].

246.711 CONDITIONS FOR APPLICABILITY OF PROCEDURES (State-Operated Services – Blood-Borne Pathogens; Secure Treatment Facility Employees)

Subd. 2. Conditions. — The secure treatment facility shall follow the procedures in sections 246.71 to 246.722 when all of the following conditions are met:

(1) a licensed physician[,] [or] advanced practice registered nurse[, OR PHYSICIAN ASSISTANT] determines that a significant exposure has occurred following the protocol under section 246.721;

(2) the licensed physician[,] [or] advanced practice registered nurse[, OR PHYSICIAN ASSISTANT] for the employee needs the patient’s blood-borne pathogens test results to begin, continue, modify, or discontinue treatment in accordance with the most current guidelines of the United States Public Health Service, because of possible exposure to a blood-borne pathogen; and

[...]

246.715 TESTING OF AVAILABLE BLOOD (State-Operated Services – Blood-Borne Pathogens; Secure Treatment Facility Employees)

Subd. 2. Procedures without consent. — If the patient has provided a blood sample, but does not consent to blood-borne pathogens testing, the secure treatment facility shall ensure that the blood is tested for blood-borne pathogens if the employee requests the test, provided all of the following criteria are met:

[...]

(2) a licensed physician[,] [or] advanced practice registered nurse[, OR PHYSICIAN ASSISTANT] has determined that a significant exposure has occurred under section 246.711 and has documented that
blood-borne pathogen test results are needed for beginning, modifying, continuing, or discontinuing medical treatment for the employee as recommended by the most current guidelines of the United States Public Health Service;

[…]

246.716 BLOOD SAMPLE COLLECTION FOR TESTING (State-Operated Services – Blood-Borne Pathogens; Secure Treatment Facility Employees)

Subd. 2. Procedures without consent.

(a) A secure treatment facility or an employee of a secure treatment facility may bring a petition for a court order to require a patient to provide a blood sample for testing for blood-borne pathogens. The petition shall be filed in the district court in the county where the patient is receiving treatment from the secure treatment facility. The secure treatment facility shall serve the petition on the patient three days before a hearing on the petition. The petition shall include one or more affidavits attesting that:

[…]

(2) a licensed physician[. \[or\] advanced practice registered nurse[. OR PHYSICIAN ASSISTANT] knowledgeable about the most current recommendations of the United States Public Health Service has determined that a significant exposure has occurred to the employee of a secure treatment facility under section 246.721; and

(3) a physician[. \[or\] advanced practice registered nurse[. OR PHYSICIAN ASSISTANT] has documented that the employee has provided a blood sample and consented to testing for blood-borne pathogens and blood-borne pathogen test results are needed for beginning, continuing, modifying, or discontinuing medical treatment for the employee under section 246.721.

[…]

(c) The court may order the patient to provide a blood sample for blood-borne pathogen testing if:

[…]

(3) a licensed physician[. \[or\] advanced practice registered nurse[. OR PHYSICIAN ASSISTANT] for the employee of a secure treatment facility needs the test results for beginning, continuing, modifying, or discontinuing medical treatment for the employee; and

[…]

246.721 PROTOCOL FOR EXPOSURE TO BLOOD-BORNE PATHOGENS (State-Operated Services – Blood-Borne Pathogens; Secure Treatment Facility Employees)

[…]

(b) Every secure treatment facility shall adopt and follow a postexposure protocol for employees at a secure treatment facility who have experienced a significant exposure. The postexposure protocol must adhere to the most current recommendations of the United States Public Health Service and include, at a minimum, the following:

[…]


(2) a process for an infectious disease specialist, or a licensed physician[\_] [or] advanced practice registered nurse[\_ OR PHYSICIAN ASSISTANT] who is knowledgeable about the most current recommendations of the United States Public Health Service in consultation with an infectious disease specialist, (i) to determine whether a significant exposure to one or more blood-borne pathogens has occurred, and (ii) to provide, under the direction of a licensed physician[\_] [or] advanced practice registered nurse[\_ OR PHYSICIAN ASSISTANT], a recommendation or recommendations for follow-up treatment appropriate to the particular blood-borne pathogen or pathogens for which a significant exposure has been determined;

[…]

246.722 IMMUNITY (State-Operated Services – Blood-Borne Pathogens; Secure Treatment Facility Employees)

A secure treatment facility, licensed physician[\_] [or] advanced practice registered nurse[\_ OR PHYSICIAN ASSISTANT], and designated health care personnel are immune from liability in any civil, administrative, or criminal action relating to the disclosure of test results of a patient to an employee of a secure treatment facility and the testing of a blood sample from the patient for blood-borne pathogens if a good faith effort has been made to comply with sections 246.71 to 246.722.

251.043 FINDINGS, PAYMENT OF MEDICAL CARE AND COMPENSATION (Care of Tuberculous Persons)

Subdivision 1. Duty to seek treatment. — If upon the evidence mentioned in the preceding section, the workers’ compensation division finds that an employee is suffering from tuberculosis contracted in the institution or department by contact with inmates or patients therein or by contact with tuberculosis contaminated material therein, it shall order the employee to seek the services of a physician, advanced practice registered nurse, [PHYSICIAN ASSISTANT,] or medical care facility. There shall be paid to the physician, advanced practice registered nurse, [PHYSICIAN ASSISTANT,] or facility where the employee may be received, the same fee for the maintenance and care of the person as is received by the institution for the maintenance and care of a nonresident patient. If the employee worked in a state hospital or nursing home, payment for the care shall be made by the commissioner of human services. If employed in any other institution or department the payment shall be made from funds allocated or appropriated for the operation of the institution or department. If the employee dies from the effects of the disease of tuberculosis and if the tuberculosis was the primary infection and the authentic cause of death, the workers’ compensation division shall order payment to dependents as provided for under the general provisions of the workers’ compensation law.

252A.02 DEFINITIONS (Developmental Disability Protection)

Subd. 12. Comprehensive evaluation. — “Comprehensive evaluation” shall consist of:

(1) a medical report on the health status and physical condition of the proposed ward, prepared under the direction of a licensed physician[\_] [or] advanced practice registered nurse[\_ OR PHYSICIAN ASSISTANT];

[…]

252A.04 COMPREHENSIVE EVALUATION (Developmental Disability Protection)

Subd. 2. Medication; treatment. — A proposed ward who, at the time the comprehensive evaluation is to be performed, has been under medical care shall not be so under the influence or so suffer the effects of
drugs, medication, or other treatment as to be hampered in the testing or evaluation process. When in the opinion of the licensed physician, [or] advanced practice registered nurse, [OR PHYSICIAN ASSISTANT] attending the proposed ward, the discontinuance of medication or other treatment is not in the proposed ward’s best interest, the physician, [or] advanced practice registered nurse, [OR PHYSICIAN ASSISTANT] shall record a list of all drugs, medication or other treatment which the proposed ward received 48 hours immediately prior to any examination, test or interview conducted in preparation for the comprehensive evaluation.

252A.20 COSTS OF HEARINGS (Developmental Disability Protection)

Subdivision 1. Witness and attorney fees. — In each proceeding under sections 252A.01 to 252A.21, the court shall allow and order paid to each witness subpoenaed the fees and mileage prescribed by law; to each physician, advanced practice registered nurse, [PHYSICIAN ASSISTANT,] psychologist, or social worker who assists in the preparation of the comprehensive evaluation and who is not in the employ of the local agency or the state Department of Human Services, a reasonable sum for services and for travel; and to the ward’s counsel, when appointed by the court, a reasonable sum for travel and for each day or portion of a day actually employed in court or actually consumed in preparing for the hearing. Upon order the county auditor shall issue a warrant on the county treasurer for payment of the amount allowed.

253B.03 RIGHTS OF PATIENTS (Civil Commitment)

Subd. 4. Special visitation; religion. — A patient has the right to meet with or call a personal physician, [or] advanced practice registered nurse, [PHYSICIAN ASSISTANT,] spiritual advisor, and counsel at all reasonable times. The patient has the right to continue the practice of religion.

[…]

Subd. 6d. Adult mental health treatment.

[…]

(c) A declaration is effective only if it is signed by the declarant and two witnesses. The witnesses must include a statement that they believe the declarant understands the nature and significance of the declaration. A declaration becomes operative when it is delivered to the declarant’s physician, advanced practice registered nurse, [PHYSICIAN ASSISTANT,] or other mental health treatment provider. The physician, advanced practice registered nurse, [PHYSICIAN ASSISTANT,] or provider must comply with it to the fullest extent possible, consistent with reasonable medical practice, the availability of treatments requested, and applicable law. The physician, advanced practice registered nurse, [PHYSICIAN ASSISTANT,] or provider shall continue to obtain the declarant’s informed consent to all intrusive mental health treatment decisions if the declarant is capable of informed consent. A treatment provider may not require a person to make a declaration under this subdivision as a condition of receiving services.

(d) The physician, advanced practice registered nurse, [PHYSICIAN ASSISTANT,] or other provider shall make the declaration a part of the declarant’s medical record. If the physician, advanced practice registered nurse, [PHYSICIAN ASSISTANT,] or other provider is unwilling at any time to comply with the declaration, the physician, advanced practice registered nurse, [PHYSICIAN ASSISTANT,] or provider must promptly notify the declarant and document the notification in the declarant’s medical record. If the declarant has been committed as a patient under this chapter, the physician, advanced practice registered nurse, [PHYSICIAN ASSISTANT,] or provider may subject a declarant to intrusive treatment in a manner contrary to the declarant’s expressed wishes, only upon order of the committing court. If the declarant is not a committed patient under this chapter, the physician, advanced practice
registered nurse, [PHYSICIAN ASSISTANT,] or provider may subject the declarant to intrusive
treatment in a manner contrary to the declarant’s expressed wishes, only if the declarant is committed as
mentally ill or mentally ill and dangerous to the public and a court order authorizing the treatment has
been issued.

(e) A declaration under this subdivision may be revoked in whole or in part at any time and in any manner
by the declarant if the declarant is competent at the time of revocation. A revocation is effective when a
competent declarant communicates the revocation to the attending physician, advanced practice registered
nurse, [PHYSICIAN ASSISTANT,] or other provider. The attending physician, advanced practice
registered nurse, [PHYSICIAN ASSISTANT,] or other provider shall note the revocation as part of the
declarant’s medical record.

[...]

253B.06 INITIAL ASSESSMENT (Civil Commitment)

Subd. 2. Chemically dependent persons. — Patients hospitalized as chemically dependent pursuant to
section 253B.04 or 253B.05 shall also be examined within 48 hours of admission. At a minimum, the
examination shall consist of a physical evaluation by facility staff according to procedures established by
a physician[,[ or] advanced practice registered nurse[,[ OR PHYSICIAN ASSISTANT] and an evaluation
by staff knowledgeable and trained in the diagnosis of the alleged disability related to the need for
admission as a chemically dependent person.

253B.23 GENERAL PROVISIONS (Civil Commitment)

Subd. 4. Immunity. — All persons acting in good faith, upon either actual knowledge or information
thought by them to be reliable, who act pursuant to any provision of this chapter or who procedurally or
physically assist in the commitment of any individual, pursuant to this chapter, are not subject to any civil
or criminal liability under this chapter. Any privilege otherwise existing between patient and physician,
patient and advanced practice registered nurse, patient and registered nurse, [PATIENT AND
PHYSICIAN ASSISTANT,] patient and psychologist, patient and examiner, or patient and social worker,
is waived as to any physician, advanced practice registered nurse, registered nurse, [PHYSICIAN
ASSISTANT,] psychologist, examiner, or social worker who provides information with respect to a
patient pursuant to any provision of this chapter.

254A.08 DETOXIFICATION CENTERS (Treatment for Alcohol and Drug Abuse)

Subd. 2. Program requirements. — For the purpose of this section, a detoxification program means a
social rehabilitation program licensed by the Department of Human Services under chapter 245A, and
governed by the standards of Minnesota Rules, parts 9530.6510 to 9530.6590, and established for the
purpose of facilitating access into care and treatment by detoxifying and evaluating the person and
providing entrance into a comprehensive program. Evaluation of the person shall include verification by a
professional, after preliminary examination, that the person is intoxicated or has symptoms of substance
misuse or substance use disorder and appears to be in imminent danger of harming self or others. A
detoxification program shall have available the services of a licensed physician[,[ or] advanced practice
registered nurse[,[ OR PHYSICIAN ASSISTANT] for medical emergencies and routine medical
surveillance. A detoxification program licensed by the Department of Human Services to serve both
adults and minors at the same site must provide for separate sleeping areas for adults and minors.
Subd. 1a. Administrative reconsideration. — Notwithstanding section 256B.04, subdivision 15, the commissioner shall establish an administrative reconsideration process for appeals of inpatient hospital services determined to be medically unnecessary. A physician, advanced practice registered nurse, [PHYSICIAN ASSISTANT,] or hospital may request a reconsideration of the decision that inpatient hospital services are not medically necessary by submitting a written request for review to the commissioner within 30 days after receiving notice of the decision. The reconsideration process shall take place prior to the procedures of subdivision 1b and shall be conducted by the medical review agent that is independent of the case under reconsideration.

Subd. 1b. Appeal of reconsideration. Notwithstanding section 256B.72, the commissioner may recover inpatient hospital payments for services that have been determined to be medically unnecessary after the reconsideration and determinations. A physician, advanced practice registered nurse, [PHYSICIAN ASSISTANT] or hospital may appeal the result of the reconsideration process by submitting a written request for review to the commissioner within 30 days after receiving notice of the action. The commissioner shall review the medical record and information submitted during the reconsideration process and the medical review agent’s basis for the determination that the services were not medically necessary for inpatient hospital services. The commissioner shall issue an order upholding or reversing the decision of the reconsideration process based on the review.

Subd. 1c. Judicial review. — A hospital, physician, [or] advanced practice registered nurse[. OR PHYSICIAN ASSISTANT] aggrieved by an order of the commissioner under subdivision 1b may appeal the order to the district court of the county in which the physician, advanced practice registered nurse, [PHYSICIAN ASSISTANT,] or hospital is located by:

[...]
(d) Emergency admission to a nursing facility prior to screening is permitted when all of the following conditions are met:

[...]

(2) a physician[,] advanced practice registered nurse[. OR PHYSICIAN ASSISTANT] has determined that delaying admission until preadmission screening is completed would adversely affect the person’s health and safety;

[...]

(4) the attending physician[,] advanced practice registered nurse[. OR PHYSICIAN ASSISTANT] has authorized the emergency placement and has documented the reason that the emergency placement is recommended; and

[...]

Subd. 11. Regional and local dementia grants.

[...]

(b) The project areas for grants include:

(1) local or community-based initiatives to promote the benefits of physician[,] advanced practice registered nurse[. OR PHYSICIAN ASSISTANT] consultations for all individuals who suspect a memory or cognitive problem;

[...]

256B.04 DUTIES OF STATE AGENCY (Medical Assistance for Needy Persons)

256B.043 COST-CONTAINMENT EFFORTS (Medical Assistance for Needy Persons)

256B.055 ELIGIBILITY CATEGORIES (Medical Assistance for Needy Persons)


[...]

(f) The determination of the level of care needed by the child shall be made by the commissioner based on information supplied to the commissioner by the parent or guardian, the child’s physician or physicians[,] advanced practice registered nurse or advanced practice registered nurses[, PHYSICIAN ASSISTANT OR PHYSICIAN ASSISTANTS.] and other professionals as requested by the commissioner. The commissioner shall establish a screening team to conduct the level of care determinations according to this subdivision.

[...]

256B.0622 ASSERTIVE COMMUNITY TREATMENT AND INTENSIVE RESIDENTIAL TREATMENT SERVICES (Medical Assistance for Needy Persons)

Subd. 2b. Continuing stay and discharge criteria for assertive community treatment.

[...]
(b) Clients receiving assertive community treatment are eligible to be discharged if they meet at least one of the following criteria:

[...]

(4) the client has a demonstrated need for a medical nursing home placement lasting more than three months, as determined by a physician[.] [or] advanced practice registered nurse[, OR PHYSICIAN ASSISTANT];

[...]

256B.0623 ADULT REHABILITATIVE MENTAL HEALTH SERVICES COVERED (Medical Assistance for Needy Persons)

256B.0625 COVERED SERVICES (Medical Assistance for Needy Persons)


[...]

(b) For purposes of prescribing prosthetic and orthotic devices, “licensed practitioner” includes a physician, an advanced practice registered nurse, [A PHYSICIAN ASSISTANT,] or a podiatrist.

Subd. 13. Drugs.

[...]

Subd. 17. Transportation costs.

[...]

(g) The commissioner may use an order by the recipient’s attending physician, advanced practice registered nurse, [PHYSICIAN ASSISTANT,] or a medical or mental health professional to certify that the recipient requires nonemergency medical transportation services. Nonemergency medical transportation providers shall perform driver-assisted services for eligible individuals, when appropriate. Driver-assisted service includes passenger pickup at and return to the individual’s residence or place of business, assistance with admittance of the individual to the medical facility, and assistance in passenger securement or in securing of wheelchairs, child seats, or stretchers in the vehicle.

Nonemergency medical transportation providers must take clients to the health care provider using the most direct route, and must not exceed 30 miles for a trip to a primary care provider or 60 miles for a trip to a specialty care provider, unless the client receives authorization from the local agency.

Nonemergency medical transportation providers may not bill for separate base rates for the continuation of a trip beyond the original destination. Nonemergency medical transportation providers must maintain trip logs, which include pickup and drop-off times, signed by the medical provider or client, whichever is deemed most appropriate, attesting to mileage traveled to obtain covered medical services. Clients requesting client mileage reimbursement must sign the trip log attesting mileage traveled to obtain covered medical services.

[...]

Subd. 26. Special education services.
(a) Medical assistance covers evaluations necessary in making a determination for eligibility for individualized education program and individualized family service plan services and for medical services identified in a recipient’s individualized education program and individualized family service plan and covered under the medical assistance state plan. Covered services include occupational therapy, physical therapy, speech-language therapy, clinical psychological services, nursing services, school psychological services, school social work services, personal care assistants serving as management aides, assistive technology devices, transportation services, health assessments, and other services covered under the medical assistance state plan. Mental health services eligible for medical assistance reimbursement must be provided or coordinated through a children’s mental health collaborative where a collaborative exists if the child is included in the collaborative operational target population. The provision or coordination of services does not require that the individualized education program be developed by the collaborative. The services may be provided by a Minnesota school district that is enrolled as a medical assistance provider or its subcontractor, and only if the services meet all the requirements otherwise applicable if the service had been provided by a provider other than a school district, in the following areas: medical necessity, physician’s[, OR PHYSICIAN ASSISTANT’S] orders, documentation, personnel qualifications, and prior authorization requirements. The nonfederal share of costs for services provided under this subdivision is the responsibility of the local school district as provided in section 125A.74. Services listed in a child’s individualized education program are eligible for medical assistance reimbursement only if those services meet criteria for federal financial participation under the Medicaid program.

(b) Approval of health-related services for inclusion in the individualized education program does not require prior authorization for purposes of reimbursement under this chapter. The commissioner may require physician’s[ [, OR PHYSICIAN ASSISTANT] review and approval of the plan not more than once annually or upon any modification of the individualized education program that reflects a change in health-related services.

Subd. 60a. Community emergency medical technician services. […]

(b) A CEMT may provide a postdischarge visit, after discharge from a hospital or skilled nursing facility, when ordered by a treating physician’s[ [, OR PHYSICIAN ASSISTANT] The postdischarge visit includes: […]

256B.0654 PRIVATE DUTY NURSING (Medical Assistance for Needy Persons)

Subdivision 1. Definitions. […]

(b) “Home care nursing” means ongoing hourly nursing ordered by a physician’s[ [, OR PHYSICIAN ASSISTANT] and services performed by a registered nurse or licensed practical nurse within the scope of practice as defined by the Minnesota Nurse Practice Act under sections 148.171 to 148.285, in order to maintain or restore a person’s health.
Subd. 2a. Home care nursing services.

[...] 

(b) Home care nursing services must be:

(1) assessed by a registered nurse on a form approved by the commissioner;

(2) ordered by a physician[, OR PHYSICIAN ASSISTANT] and documented in a plan of care that is reviewed by the physician at least once every 60 days; and

(3) authorized by the commissioner under section 256B.0652.

[...] 

Subd. 3. Shared home care nursing option.

[...] 

(e) The recipient or the recipient’s legal representative, and the recipient’s physician[, OR PHYSICIAN ASSISTANT], in conjunction with the home care nursing agency, shall determine:

(1) whether shared home care nursing care is an appropriate option based on the individual needs and preferences of the recipient; and

(2) the amount of shared home care nursing services authorized as part of the overall authorization of nursing services.

[...] 

Subd. 4. Hardship criteria; home care nursing.

[...] 

(c) A parent, family foster parent, or a spouse may not be paid to provide home care nursing care if:

(1) the parent or spouse fails to pass a criminal background check according to chapter 245C;

(2) it has been determined by the home care nursing agency, the case manager, or the physician[, OR PHYSICIAN ASSISTANT] that the home care nursing provided by the parent, family foster parent, spouse, or legal guardian is unsafe; or

(3) the parent, family foster parent, spouse, or legal guardian does not follow physician[, OR PHYSICIAN ASSISTANT] orders.

[...]

256B.0659 PERSONAL CARE ASSISTANCE PROGRAM (Medical Assistance for Needy Persons)

Subd. 2. Personal care assistance services; covered services.

[...] 

(c) Effective January 1, 2010, for a personal care assistant to provide the health-related procedures and tasks of tracheostomy suctioning and services to recipients on ventilator support there must be:
(1) delegation and training by a registered nurse, advanced practice registered nurse, certified or licensed respiratory therapist, [PHYSICIAN ASSISTANT,] or a physician;

[…]

Subd. 4. Assessment for personal care assistance services; limitations.

[…]

(c) Assessment for complex health-related needs must meet the criteria in this paragraph. A recipient qualifies as having complex health-related needs if the recipient has one or more of the interventions that are ordered by a physician[,] [or] advanced practice registered nurse[,] OR PHYSICIAN ASSISTANT[, specified in a personal care assistance care plan or community support plan developed under section 256B.0911, and found in the following:

[…]

(7) neurological intervention, including:

(i) seizures more than two times per week and requiring significant physical assistance to maintain safety; or

(ii) swallowing disorders diagnosed by a physician[,] [or] advanced practice registered nurse[,] OR PHYSICIAN ASSISTANT[ and requiring specialized assistance from another on a daily basis; and

[…]

Subd. 8. Communication with recipient’s physician[,] [or] advanced practice registered nurse[,] OR PHYSICIAN ASSISTANT. The personal care assistance program requires communication with the recipient’s physician[,] [or] advanced practice registered nurse[,] OR PHYSICIAN ASSISTANT about a recipient’s assessed needs for personal care assistance services. The commissioner shall work with the state medical director to develop options for communication with the recipient’s physician[,] [or] advanced practice registered nurse[,] OR PHYSICIAN ASSISTANT.

[…]

Subd. 11. Personal care assistant; requirements.

(a) A personal care assistant must meet the following requirements:

[…]

(5) be able to provide covered personal care assistance services according to the recipient’s personal care assistance care plan, respond appropriately to recipient needs, and report changes in the recipient’s condition to the supervising qualified professional, physician, [or] advanced practice registered nurse[,] OR PHYSICIAN ASSISTANT[;]

[…]

Subd. 27. Personal care assistance provider agency.

(a) The personal care assistance provider agency is required to provide training for the personal care assistant responsible for working with a recipient who is ventilator dependent. All training must be
administered by a respiratory therapist, nurse, [PHYSICIAN ASSISTANT,] or physician. Qualified professional supervision by a nurse must be completed and documented on file in the personal care assistant’s employment record and the recipient’s health record. If offering personal care services to a ventilator-dependent recipient, the personal care assistance provider agency shall demonstrate and document the ability to:

[...]

256B.0913 ALTERNATIVE CARE PROGRAM (Medical Assistance for Needy Persons)

Subd. 8. Requirements for individual coordinated service and support plan.

(a) The case manager shall implement the coordinated service and support plan for each alternative care client and ensure that a client’s service needs and eligibility are reassessed at least every 12 months. The coordinated service and support plan must meet the requirements in section 256S.10. The plan shall include any services prescribed by the individual’s attending physician[,] [or] advanced practice registered nurse[, OR PHYSICIAN ASSISTANT] as necessary to allow the individual to remain in a community setting. In developing the individual’s care plan, the case manager should include the use of volunteers from families and neighbors, religious organizations, social clubs, and civic and service organizations to support the formal home care services. The lead agency shall be held harmless for damages or injuries sustained through the use of volunteers under this subdivision including workers’ compensation liability. The case manager shall provide documentation in each individual’s plan and, if requested, to the commissioner that the most cost-effective alternatives available have been offered to the individual and that the individual was free to choose among available qualified providers, both public and private, including qualified case management or service coordination providers other than those employed by any county; however, the county or tribe maintains responsibility for prior authorizing services in accordance with statutory and administrative requirements. The case manager must give the individual a ten-day written notice of any denial, termination, or reduction of alternative care services.

[...]

256B.73 DEMONSTRATION PROJECT FOR UNINSURED LOW-INCOME PERSONS (Medical Assistance for Needy Persons – Dental Access Grants)

Subd. 5. Enrollee benefits.

(a) Eligible persons enrolled by a demonstration provider shall receive a health services benefit package that includes health services which the enrollees might reasonably require to be maintained in good health, including emergency care, inpatient hospital and physician[,] [or] advanced practice registered nurse[, OR PHYSICIAN ASSISTANT] care, outpatient health services, and preventive health services.

[...]

256J.08 DEFINITIONS (Minnesota Family Investment Program)

Subd. 73a. Qualified professional.

(a) For physical illness, injury, or incapacity, a “qualified professional” means a licensed physician, a physician assistant, an advanced practice registered nurse, or a licensed chiropractor.

(b) For developmental disability and intelligence testing, a “qualified professional” means an individual qualified by training and experience to administer the tests necessary to make determinations, such as
tests of intellectual functioning, assessments of adaptive behavior, adaptive skills, and developmental functioning. These professionals include licensed psychologists, certified school psychologists, or certified psychometrists working under the supervision of a licensed psychologist.

(c) For learning disabilities, a “qualified professional” means a licensed psychologist or school psychologist with experience determining learning disabilities.

(d) For mental health, a “qualified professional” means a licensed physician or a qualified mental health professional. A “qualified mental health professional” means:

1. For children, in psychiatric nursing, a registered nurse or advanced practice registered nurse who is licensed under sections 148.171 to 148.285, and who is certified as a clinical specialist in child and adolescent psychiatric or mental health nursing by a national nurse certification organization or who has a master’s degree in nursing or one of the behavioral sciences or related fields from an accredited college or university or its equivalent, with at least 4,000 hours of post-master’s supervised experience in the delivery of clinical services in the treatment of mental illness;

2. For adults, in psychiatric nursing, a registered nurse or an advanced practice registered nurse who is licensed under sections 148.171 to 148.285, and who is certified as a clinical specialist in adult psychiatric and mental health nursing by a national nurse certification organization or who has a master’s degree in nursing or one of the behavioral sciences or related fields from an accredited college or university or its equivalent, with at least 4,000 hours of post-master’s supervised experience in the delivery of clinical services in the treatment of mental illness;

3. In clinical social work, a person licensed as an independent clinical social worker under chapter 148D, or a person with a master’s degree in social work from an accredited college or university, with at least 4,000 hours of post-master’s supervised experience in the delivery of clinical services in the treatment of mental illness;

4. In psychology, an individual licensed by the Board of Psychology under sections 148.88 through 148.98, who has stated to the Board of Psychology competencies in the diagnosis and treatment of mental illness;

5. In psychiatry, a physician licensed under chapter 147 and certified by the American Board of Psychiatry and Neurology or eligible for board certification in psychiatry;

6. In marriage and family therapy, the mental health professional must be a marriage and family therapist licensed under sections 148B.29 to 148B.39, with at least two years of post-master’s supervised experience in the delivery of clinical services in the treatment of mental illness; [and]

7. In licensed professional clinical counseling, the mental health professional shall be a licensed professional clinical counselor under section 148B.5301 with at least 4,000 hours of post-master’s supervised experience in the delivery of clinical services in the treatment of mental illness; [and]

[8] For a physician assistant, the mental health professional shall be a licensed physician assistant under sections 147A.001 to 147A.29 with at least 2080 hours of post-master’s supervised experience in the delivery of clinical services in the treatment of mental illness.
256R.44 RATE ADJUSTMENT FOR PRIVATE ROOMS FOR MEDICAL NECESSITY (Nursing Facilities – Adjustments and Add-Ons to the Total Payment Rate)

(a) The amount paid for a private room is 111.5 percent of the established total payment rate for a resident if the resident is a medical assistance recipient and the private room is considered a medical necessity for the resident or others who are affected by the resident’s condition, except as provided in Minnesota Rules, part 9549.0060, subpart 11, item C. Conditions requiring a private room must be determined by the resident’s attending physician[. OR PHYSICIAN ASSISTANT] and submitted to the commissioner for approval or denial by the commissioner on the basis of medical necessity.

[...]

256R.54 ANCILLARY SERVICES (Nursing Facilities – Adjustments and Add-Ons to the Total Payment Rate)

Subdivision 1. Setting payment; monitoring use of therapy services.

[...]

(c) Therapy services provided to a recipient must be medically necessary and appropriate to the medical condition of the recipient. If the vendor, nursing facility, or ordering physician[. OR PHYSICIAN ASSISTANT] cannot provide adequate medical necessity justification, as determined by the commissioner, the commissioner may recover or disallow the payment for the services and may require prior authorization for therapy services as a condition of payment or may impose administrative sanctions to limit the vendor, nursing facility, or ordering physician’s[. OR PHYSICIAN ASSISTANT’S] participation in the medical assistance program. If the provider number of a nursing facility is used to bill services provided by a vendor of therapy services that is not related to the nursing facility by ownership, control, affiliation, or employment status, no withholding of payment shall be imposed against the nursing facility for services not medically necessary except for funds due the unrelated vendor of therapy services as provided in subdivision 5. For the purpose of this subdivision, no monetary recovery may be imposed against the nursing facility for funds paid to the unrelated vendor of therapy services as provided in subdivision 5, for services not medically necessary.

[...]

Subd. 2. Certification that treatment is appropriate. — The physical therapist, occupational therapist, speech therapist, mental health professional, or audiologist who provides or supervises the provision of therapy services, other than an initial evaluation, to a medical assistance recipient must certify in writing that the therapy’s nature, scope, duration, and intensity are appropriate to the medical condition of the recipient every 30 days. The therapist’s statement of certification must be maintained in the recipient’s medical record together with the specific orders by the physician[. OR PHYSICIAN ASSISTANT] and the treatment plan. If the recipient’s medical record does not include these documents, the commissioner may recover or disallow the payment for such services. If the therapist determines that the therapy’s nature, scope, duration, or intensity is not appropriate to the medical condition of the recipient, the therapist must provide a statement to that effect in writing to the nursing facility for inclusion in the recipient’s medical record. The commissioner shall make recommendations regarding the medical necessity of services provided.
257.63 EVIDENCE RELATING TO PATERNITY (Children; Custody, Legitimacy – Parentage Act)

Subd. 3. Medical privilege. — Testimony of a physician[ or] advanced practice registered nurse[ or PHYSICIAN ASSISTANT] concerning the medical circumstances of the pregnancy itself and the condition and characteristics of the child upon birth is not privileged.

257B.01 DEFINITIONS (Standby Custodian; Designation; Guardian)

Subd. 3. Attending physician[ or] advanced practice registered nurse[ or PHYSICIAN ASSISTANT]. — “Attending physician[ or] advanced practice registered nurse[ or PHYSICIAN ASSISTANT]” means a physician[ or] advanced practice registered nurse[ or PHYSICIAN ASSISTANT] who has primary responsibility for the treatment and care of the designator. If physicians[ or] advanced practice registered nurses[ or PHYSICIAN ASSISTANTS] share responsibility, another physician[ or] advanced practice registered nurse[ or PHYSICIAN ASSISTANT] acting on the attending physician’s[ or] advanced practice registered nurse’s[ or PHYSICIAN ASSISTANT’S] behalf, or no physician[ or] advanced practice registered nurse[ or PHYSICIAN ASSISTANT] has primary responsibility, any physician[ or] advanced practice registered nurse[ or PHYSICIAN ASSISTANT] who is familiar with the designator’s medical condition may act as an attending physician[ or] advanced practice registered nurse[ or PHYSICIAN ASSISTANT] under this chapter.

Subd. 9. Determination of debilitation. — “Determination of debilitation” means a written finding made by an attending physician[ or] advanced practice registered nurse[ or PHYSICIAN ASSISTANT] which states that the designator suffers from a physically incapacitating disease or injury. No identification of the illness in question is required.

Subd. 10. Determination of incapacity. — “Determination of incapacity” means a written finding made by an attending physician[ or] advanced practice registered nurse[ or PHYSICIAN ASSISTANT] which states the nature, extent, and probable duration of the designator’s mental or organic incapacity.

257B.06 CUSTODIAN’S AUTHORITY (Standby Custodian; Designation; Guardian)

Subd. 7. Restored capacity. — If a licensed physician[ or] advanced practice registered nurse[ or PHYSICIAN ASSISTANT] determines that the designator has regained capacity, the co-custodian’s authority that commenced on the occurrence of a triggering event becomes inactive. Failure of a co-custodian to immediately return the child(ren) to the designator’s care entitles the designator to an emergency hearing within five days of a request for a hearing.

Additional Provisions Requiring Amendment Due to PA Practice Act Updates in S.F. 13

97B.055 DISCHARGING FIREARMS AND BOWS AND ARROWS (Hunting Restrictions and Requirements)

Subd. 3. Hunting from vehicle by disabled hunters.

(b) The permanent physical disability must be established by medical evidence verified in writing by a licensed physician, chiropractor, or certified nurse practitioner or certified physician assistant acting under the direction of a licensed physician. The commissioner may request additional information from the physician[ or] chiropractor[ or Nurse Practitioner, or PHYSICIAN
if needed to verify the applicant’s eligibility for the permit. Notwithstanding section 97A.418, the commissioner may, in consultation with appropriate advocacy groups, establish reasonable minimum standards for permits to be issued under this section. In addition to providing the medical evidence of a permanent disability, the applicant must possess a valid disability parking certificate authorized by section 169.345 or licensed plates issued under section 168.021.

[…]

(f) A person who knowingly makes a false application or assists another in making a false application for a permit under this section is guilty of a misdemeanor. A physician, certified nurse practitioner, [certified] [LICENSED] physician assistant, or chiropractor who fraudulently certifies to the commissioner that a person is permanently disabled as described in this section is guilty of a misdemeanor.

[…]

97B.106 CROSSBOW PERMITS FOR HUNTING AND FISHING (Hunting Restrictions and Requirements)

Subd. 1. Qualifications for crossbow permits.

[…]

(b) To qualify for a crossbow permit under this section, a temporary disability must render the person unable to hunt or fish by archery for a minimum of two years after application for the permit is made. The permanent or temporary disability must be established by medical evidence, and the inability to hunt or fish by archery for the required period of time must be verified in writing by (1) a licensed physician or a certified nurse practitioner or [certified] [LICENSED] physician assistant [acting under the direction of a licensed physician]; or (2) a licensed chiropractor. A person who has received a special permit under this section because of a permanent disability is eligible for subsequent special permits without providing medical evidence and verification of the disability.

[…]

97B.1115 USE OF MECHANICAL OR ELECTRONIC ASSISTANCE TO HOLD AND DISCHARGE FIREARMS OR BOWS BY A PERSON WITH A PHYSICAL DISABILITY (Hunting Restrictions and Requirements)

(a) Notwithstanding sections 97B.035, subdivision 1, 97B.321, and 97B.701, subdivision 2, the commissioner may issue a special permit to take big game and small game, without a fee, to a person with a physical disability who has a verified statement of the disability from a licensed physician or a certified nurse practitioner or [certified] [LICENSED] physician assistant [acting under the direction of a licensed physician] to use a swivel or otherwise mounted firearm or bow or any electronic or mechanical device to discharge a firearm or bow as long as the participant is physically present at the site.

[…]

144.1483 RURAL HEALTH INITIATIVES (Rural Health)

The commissioner of health, through the Office of Rural Health, and consulting as necessary with the commissioner of human services, the commissioner of commerce, the Minnesota Office of Higher Education, and other state agencies, shall

[…]

The commissioner of health, through the Office of Rural Health, and consulting as necessary with the commissioner of human services, the commissioner of commerce, the Minnesota Office of Higher Education, and other state agencies, shall
(2) develop recommendations regarding health education and training programs in rural areas, including but not limited to a physician assistants’ training program, continuing education programs for rural health care providers, and rural outreach programs for nurse practitioners within existing training programs;

[…]

(4) develop and administer technical assistance programs to assist rural communities in: (i) planning and coordinating the delivery of local health care services; and (ii) hiring physicians, nurse practitioners, public health nurses, physician assistants, and other health personnel;

(5) study and recommend changes in the regulation of health care personnel, such as nurse practitioners and physician assistants, related to scope of practice, the amount of on-site physician supervision, and dispensing of medication, to address rural health personnel shortages;

[…]

144G.08 DEFINITIONS (Assisted Living Licensure)

Subd. 9. Assisted living services. – “Assisted living services” includes one or more of the following:

[…]

(6) Services of an advanced practice registered nurse, [PHYSICIAN ASSISTANT,] registered nurse, licensed practical nurse, physical therapist, respiratory therapist, occupational therapist, speech-language pathologist, dietitian or nutritionist, or social worker;

[…]

[SUBD. 53 PHYSICIAN ASSISTANT. – “PHYSICIAN ASSISTANT MEANS A PERSON WHO IS LICENSED UNDER CHAPTER 147A.]}

147.091 GROUNDS FOR DISCIPLINARY ACTION (Board of Medical Practice)

Subd. 1. Grounds listed. – The board may refuse to grant a license, may refuse to grant registration to perform interstate telemedicine services, or may impose disciplinary action as described in section 147.141 against any physician. The following conduct is prohibited and is grounds for disciplinary action:

[…]

(h) Failure to provide proper supervision, including but not limited to supervision of a:

    [(1) physician assistant;]

    [(2)] licensed or unlicensed health care provider; and

    [(3)] physician under any agreement with the board.

[…]

151.37 LEGEND DRUGS, WHO MAY PRESCRIBE, POSSESS (Pharmacy – Pharmacy Practice Act)

[Subd. 2a. Delegation. — A supervising physician may delegate to a physician assistant who is registered with the Board of Medical Practice and certified by the National Commission on Certification of Physician Assistants and who is under the supervising physician’s supervision, the authority to prescribe,
dispense, and administer legend drugs and medical devices, subject to the requirements in chapter 147A and other requirements established by the Board of Medical Practice in rules.]

256B.0625 COVERED SERVICES (Medical Assistance for Needy Persons)

Subd. 28a. Licensed physician assistant services.

[…]

(b) Licensed physician assistants[, who are supervised by a physician certified by the American Board of Psychiatry and Neurology or eligible for board certification in psychiatry,] may bill for medication management and evaluation and management services provided to medical assistance enrollees in inpatient hospital settings, consistent with their [authorized scope of practice, as defined in section 147A.09, with the exception of performing psychotherapy, diagnostic assessments, or providing clinical supervision][EDUCATION, TRAINING, AND EXPERIENCE].

[…]

Other Provisions Where PAs Should be Included

13.83 MEDICAL EXAMINER DATA (Government Data Practices)

Subd. 2. Public data. — Unless specifically classified otherwise by state statute or federal law, the following data created or collected by a medical examiner or coroner on a deceased individual are public: name of the deceased; date of birth; date of death; address; sex; race; citizenship; height; weight; hair color; eye color; build; complexion; age, if known, or approximate age; identifying marks, scars and amputations; a description of the decedent’s clothing; marital status; location of death including name of hospital where applicable; name of spouse; whether or not the decedent ever served in the armed forces of the United States; occupation; business; father’s name (also birth name, if different); mother’s name (also birth name, if different); birthplace; birthplace of parents; cause of death; causes of cause of death; whether an autopsy was performed and if so, whether it was conclusive; date and place of injury, if applicable, including work place; how injury occurred; whether death was caused by accident, suicide, homicide, or was of undetermined cause; certification of attendance by physician[.], OR PHYSICIAN ASSISTANT] name and address; certification by coroner or medical examiner; name and signature of coroner or medical examiner; type of disposition of body; burial place name and location, if applicable; date of burial, cremation or removal; funeral home name and address; and name of local register or funeral director.

62A.3091 NONDISCRIMINATE COVERAGE OF TESTS (Accident and Health Insurance – Policies, Rates, and Coverages)

Subdivision 1. Scope of requirement. — This section applies to any of the following if issued or renewed to a Minnesota resident or to cover a Minnesota resident:

(1) a health plan, as defined in section 62A.011;

(2) coverage described in section 62A.011, subdivision 3, clauses (2), (3), or (6) to (12); and

(3) a policy, contract, or certificate issued by a community integrated service network licensed under chapter 62N.
Subd. 2. Requirement. — Coverage described in subdivision 1 that covers laboratory tests, diagnostic tests, and x-rays must provide the same coverage, without requiring additional signatures, for all such tests ordered by an advanced practice nurse operating pursuant to chapter 148[OR PHYSICIAN ASSISTANT PRACTICING PURSUANT TO CHAPTER 147A]. Nothing in this section shall be construed to interfere with any written agreement between a physician and an advanced practice nurse[ OR PHYSICIAN ASSISTANT].

62J.48 CRITERIA FOR REIMBURSEMENT (Health Care Cost Containment – Data Collection and Research Initiatives)

All ambulance services licensed under section 144E.10 are eligible for reimbursement under health plan companies. The commissioner shall require health plan companies to adopt the following reimbursement policies.

(1) All scheduled or prearranged air and ground ambulance transports must be reimbursed if requested by an attending physician, [PHYSICIAN ASSISTANT] or nurse, and, if the person is an enrollee in a health plan company, if approved by a designated representative of a health plan company who is immediately available on a 24-hour basis. The designated representative must be a registered nurse or a physician assistant with at least three years of critical care or trauma experience, or a licensed physician.

(2) Reimbursement must be provided for all emergency ambulance calls in which a patient is transported or medical treatment rendered.

(3) Special transportation services must not be billed or reimbursed if the patient needs medical attention immediately before transportation.

62S.02 QUALIFIED LONG-TERM CARE INSURANCE POLICY (Qualified Long-Term Care Insurance Policies)

Subd. 5. Activities of daily living. — A qualified long-term care insurance policy shall take into account at least five of the activities of daily living in making the determination of whether an individual is chronically ill. Assessments of activities of daily living and cognitive impairment must be performed by a licensed or certified professional, such as a physician, [PHYSICIAN ASSISTANT] nurse, or social worker.

125A.02 CHILD WITH A DISABILITY DEFINED (Special Education and Special Programs – Special Education; Infant to Adult)

Subdivision 1. Child with a disability. — “Child with a disability” means a child identified under federal and state special education law as deaf or hard of hearing, blind or visually impaired, deafblind, or having a speech or language impairment, a physical impairment, other health disability, developmental cognitive disability, an emotional or behavioral disorder, specific learning disability, autism spectrum disorder, traumatic brain injury, or severe multiple impairments, and who needs special education and related services, as determined by the rules of the commissioner. A licensed physician, an advanced practice nurse, [A PHYSICIAN ASSISTANT] or a licensed psychologist is qualified to make a diagnosis and determination of attention deficit disorder or attention deficit hyperactivity disorder for purposes of identifying a child with a disability.

144.4807 NOTICE OF OBLIGATION TO ISOLATE OR EXAMINE (Department of Health – Tuberculosis Health Threat Act)
Subd. 7. Court order extending 72-hour hold. — The court may extend the hold under subdivision 5 by up to six days, excluding Saturdays, Sundays, and legal holidays, if the court finds that there is probable cause to believe that the carrier is an endangerment to the public health. The court may find probable cause to detain, examine, and isolate the carrier based upon a written statement by facsimile or upon an oral statement by telephone from the carrier’s attending physician, nurse, or public health physician, nurse, other licensed health professional, or disease prevention officer, stating the grounds and facts that demonstrate that the carrier is an endangerment to the public health, provided that an affidavit from such witness is filed with the court within 72 hours, excluding Saturdays, Sundays, and legal holidays. The order may be issued orally by telephone, or by facsimile, provided that a written order is issued within 72 hours, excluding Saturdays, Sundays, and legal holidays. The oral and written order shall contain a notice of the carrier’s rights contained in section 144.4805, subdivision 3, clause (6). A carrier may not be released prior to the hold extended under this subdivision without the express consent of the commissioner.

144A.471 HOME CARE PROVIDER AND HOME CARE SERVICES (Home Care Program)

Subd. 7. Comprehensive home care license provider. — Home care services that may be provided with a comprehensive home care license include any of the basic home care services listed in subdivision 6, and one or more of the following:

(1) services of an advanced practice nurse, registered nurse, licensed practical nurse, physical therapist, respiratory therapist, occupational therapist, speech-language pathologist, dietitian or nutritionist, or social worker;

(2) tasks delegated to unlicensed personnel by a registered nurse or assigned by a licensed health professional within the person’s scope of practice;

(3) medication management services;

(4) hands-on assistance with transfers and mobility;

(5) treatment and therapies;

(6) assisting clients with eating when the clients have complicating eating problems as identified in the client record or through an assessment such as difficulty swallowing, recurrent lung aspirations, or requiring the use of a tube or parenteral or intravenous instruments to be fed; or

(7) providing other complex or specialty health care services.

144A.4791 HOME CARE PROVIDER RESPONSIBILITIES WITH RESPECT TO CLIENTS (Home Care Program)


[...]

(b) Upon being informed of a request for termination of treatment, the home care provider shall promptly:

(1) inform the client that the request will be made known to the physician, advanced practice registered nurse, or other health professional who ordered the client’s treatment;
(2) inform the physician[.] [or] advanced practice registered nurse[, OR PHYSICIAN ASSISTANT] of the client’s request; and

(3) work with the client and the client’s physician[.] [or] advanced practice registered nurse[, OR PHYSICIAN ASSISTANT] to comply with the provisions of the Health Care Directive Act in chapter 145C.

[...]

144G.70 SERVICES (Assisted Living Services – Services)

Subd 7 Request for discontinuation of life-sustaining treatment.

[...]

(b) Upon being informed of a request for discontinuance of treatment, the facility shall promptly:

(1) inform the resident that the request will be made known to the physician[.] [or] advanced practice registered nurse[, OR PHYSICIAN ASSISTANT] who ordered the resident's treatment;

(2) inform the physician[.] [or] advanced practice registered nurse[, OR PHYSICIAN ASSISTANT] of the resident's request; and

(3) work with the resident and the resident's physician[.] [or] advanced practice registered nurse[, OR PHYSICIAN ASSISTANT] to comply with chapter 145C.

[...]

148.234 STATE BOUNDARIES CONSIDERATION (Public Health Occupations – Nurses)

A nurse may perform patient care procedures and techniques at the direction of a physician, [PHYSICIAN ASSISTANT], a podiatrist, a dentist, or an advanced practice registered nurse licensed in another state, United States territory, or Canadian province if the physician, podiatrist, dentist, or advanced practice registered nurse gave the direction after examining the patient and issued the direction in that state, United States territory, or Canadian province.

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

151.01 DEFINITIONS (Board of Pharmacy)

Subd. 27. Practice of pharmacy. – “Practice of pharmacy” means:

[...]

(5) drug administration, through intramuscular and subcutaneous administration used to treat mental illnesses as permitted under the following conditions:

(i) upon the order of a prescriber and the prescriber is notified after administration is complete; or

(ii) pursuant to a protocol or collaborative practice agreement as defined by section 151.01, subdivisions 27b and 27c, and participation in the initiation, management, modification, administration, and discontinuation of drug therapy is according to the protocol or collaborative practice agreement between the pharmacist and a dentist, optometrist, physician, podiatrist, or veterinarian, or an advanced practice registered nurse authorized to prescribe, dispense, and
administer under section 148.235[. OR A PHYSICIAN ASSISTANT AS DEFINED IN
SECTION 147A.01, SUBDIVISION 18]. Any changes in drug therapy or medication
administration made pursuant to a protocol or collaborative practice agreement must be
documented by the pharmacist in the patient’s medical record or reported by the pharmacist to a
practitioner responsible for the patient’s care;

[…]

176.011 DEFINITIONS (Workers’ Compensation – Definitions)

Subd. 12a. Health care provider. – “Health care provider” means a physician, podiatrist, chiropractor,
dentist, optometrist, osteopath, psychologist, psychiatric social worker, [PHYSICIAN ASSISTANT,] or
any other person who furnishes a medical or health service to an employee under this chapter but does not
include a qualified rehabilitation consultant or approved vendor.

245.50 INTERSTATE CONTRACTS, MENTAL HEALTH, CHEMICAL HEALTH,
DETOXIFICATION SERVICES (Department of Human Services – Children’s Mental Health
Integrated Fund)

Subd. 5. Special contracts; bordering states.

[…]

(f) If a Minnesota resident is admitted to a facility in a bordering state under this chapter, a physician,
licensed psychologist who has a doctoral degree in psychology, [or an] advance practice registered nurse
certified in mental health [OR A PHYSICIAN ASSISTANT], who is licensed in the bordering state, may
act as an examiner under sections 253B.07, 253B.08, 253B.092, 253B.12, and 253B.17 subject to the
same requirements and limitations in section 253B.02, subdivision 7. Such examiner may initiate an
emergency hold under section 253B.05 on a Minnesota resident who is in a hospital that is under contract
with a Minnesota governmental entity under this section provided the resident, in the opinion of the
examiner, meets the criteria in section 253B.05.

[…]

245F.02 DEFINITIONS (Withdrawal Management Programs)

Subd. 13. Medical director. — “Medical director” means an individual licensed in Minnesota as a doctor
of osteopathy or physician, [or] an individual licensed in Minnesota as an advanced practice registered
nurse by the Board of Nursing and certified to practice as a clinical nurse specialist or nurse practitioner
by a national nurse organization acceptable to the board[. OR AN INDIVIDUAL LICENSED IN
MINNESOTA AS A PHYSICIAN ASSISTANT BY THE BOARD OF MEDICAL PRACTICE]. The
medical director must be employed by or under contract with the license holder to direct and supervise
health care for patients of a program licensed under this chapter.

245F.09 PROTECTIVE PROCEDURES (Withdrawal Management Programs)

Subd. 2. Protective procedures plan. — A license holder must have a written policy and procedure that
establishes the protective procedures that program staff must follow when a patient is in imminent danger
of harming self or others. The policy must be appropriate to the type of facility and the level of staff
training. The protective procedures policy must include:
(9) standards governing emergency use of seclusion. Seclusion must be used only when less restrictive measures are ineffective or not feasible. The standards in items (i) to (vii) must be met when seclusion is used with a patient:

(iii) seclusion must be authorized by the program director, a licensed physician, a registered nurse, [or] a licensed physician assistant. If one of these individuals is not present in the facility, the program director or a licensed physician, [or] registered nurse, must be contacted and authorization must be obtained within 30 minutes of initiating seclusion, according to written policies;

(10) physical holds may only be used when less restrictive measures are not feasible. The standards in items (i) to (iv) must be met when physical holds are used with a patient:

(ii) physical holds must be authorized by the program director, a licensed physician, a registered nurse, [or] a licensed physician assistant. If one of these individuals is not present in the facility, the program director or a licensed physician, [or] a registered nurse, must be contacted and authorization must be obtained within 30 minutes of initiating a physical hold, according to written policies;

253.02 DEFINITIONS (Hospitals for Persons with Mental Illness)

Subd. 9. Health officer. – “Health officer” means:

(1) a licensed physician;
(2) a mental health professional as defined in section 245.462, subdivision 18, clauses (1) to (6);
(3) a licensed social worker;
(4) a registered nurse working in an emergency room of a hospital;
(5) an advanced practice registered nurse (APRN) as defined by section 148.171, subdivision 3;
(6) a physician assistant as defined in section 147A.01, subdivision 18;
(7) a mental health practitioner as defined in section 245.462, subdivision 17, providing mental health mobile crisis intervention services as described under section 256B.0624 with the consultation and approval by a mental health professional; or
(8) a formally designated member of a prepetition screening unit established by section 253B.07.

253B.02 DEFINITIONS (Civil Commitment)

Subd. 9. Health officer. — “Health officer” means:
(1) a licensed physician;
(2) a mental health professional as defined in section 245.462, subdivision 18, clauses (1) to (6);
(3) a licensed social worker;
(4) a registered nurse working in an emergency room of a hospital;
(5) an advanced practice registered nurse (APRN) as defined in section 148.171, subdivision 3;
(6) a mental health practitioner as defined in section 245.462, subdivision 17, providing mental health mobile crisis intervention services as described under section 256B.0624 with the consultation and approval by a mental health professional; or
(7) a formally designated member of a prepetition screening unit established by section 253B.07.

256B.0575 AVAILABILITY OF INCOME FOR INSTITUTIONALIZED PERSONS (Medical Assistance for Needy Persons)

Subdivision 1. Income deductions. — When an institutionalized person is determined eligible for medical assistance, the income that exceeds the deductions in paragraphs (a) and (b) must be applied to the cost of institutional care.

[...]

(b) Income shall be allocated to an institutionalized person for a period of up to three calendar months, in an amount equal to the medical assistance standard for a family size of one if:

(1) a physician, advanced practice registered nurse, or physician assistant certifies that the person is expected to reside in the long-term care facility for three calendar months or less;

[...]

256B.0595 PROHIBITIONS ON TRANSFER; EXCEPTIONS (Medical Assistance for Needy Persons)

Subd. 3. Homestead exception to transfer prohibition.

(a) An institutionalized person is not ineligible for long-term care services due to a transfer of assets for less than fair market value if the asset transferred was a homestead and:

(1) title to the homestead was transferred to the individual’s:

[...]

(v) son or daughter who was residing in the individual’s home for a period of at least two years immediately before the date the individual became an institutionalized person, and who provided care to the individual that, as certified by the individual’s attending physician, advanced practice registered nurse, or physician assistant, permitted the individual to reside at home rather than receive care in an institution or facility;

[...]
Subd. 2. Skilled and intermediate nursing care.

(b) Medical assistance also covers up to ten days of nursing care provided to a patient in a swing bed if:

1. the patient’s physician or advanced practice registered nurse certifies that the patient has a terminal illness or condition that is likely to result in death within 30 days and that moving the patient would not be in the best interests of the patient and patient’s family;
2. no open nursing home beds are available within 25 miles of the facility; and
3. no open beds are available in any Medicare hospice program within 50 miles of the facility. The daily medical assistance payment for nursing care for the patient in the swing bed is the statewide average medical assistance skilled nursing care per diem as computed annually by the commissioner on July 1 of each year.

Subd. 49. Community health worker.

(a) Medical assistance covers the care coordination and patient education services provided by a community health worker if the community health worker has:

(2) at least five years of supervised experience with an enrolled physician, registered nurse, advanced practice registered nurse, mental health professional as defined in section 245.462, subdivision 18, clauses (1) to (6), and section 245.4871, subdivision 27, clauses (1) to (5), or dentist, or at least five years of supervised experience by a certified public health nurse operating under the direct authority of an enrolled unit of government.

Community health workers eligible for payment under clause (2) must complete the certification program by January 1, 2010, to continue to be eligible for payment.

(b) Community health workers must work under the supervision of a medical assistance enrolled physician, registered nurse, advanced practice registered nurse, mental health professional as defined in section 245.462, subdivision 18, clauses (1) to (6), and section 245.4871, subdivision 27, clauses (1) to (5), or dentist, or work under the supervision of a certified public health nurse operating under the direct authority of an enrolled unit of government.

256B.0631 MEDICAL ASSISTANCE CO-PAYMENTS (Medical Assistance for Needy Persons)

Subdivision 1. Cost-sharing.

(a) Except as provided in subdivision 2, the medical assistance benefit plan shall include the following cost-sharing for all recipients, effective for services provided on or after September 1, 2011:

1. $3 per nonpreventive visit, except as provided in paragraph (b). For purposes of this subdivision, a visit means an episode of service which is required because of a recipient’s symptoms, diagnosis, or established illness, and which is delivered in an ambulatory setting by a physician or physician ancillary, chiropractor, podiatrist, nurse midwife, advanced practice nurse, audiologist, optician, or optometrist;
256B.0947 INTENSIVE REHABILITATIVE MENTAL HEALTH SERVICES (Medical Assistance for Needy Persons)

Subd. 3a. Required service components.

(b) Intensive nonresidential rehabilitative mental health services, supports, and ancillary activities covered by the single daily rate per client must include the following, as needed by the individual client:

(4) Medication management provided by a physician[ or ] an advanced practice registered nurse with certification in psychiatric and mental health care[ OR A PHYSICIAN ASSISTANT ];

256B.0949 EARLY INTENSIVE DEVELOPMENT AND BEHAVIORAL INTERVENTION BENEFIT (Medical Assistance for Needy Persons)

Subd. 4. Diagnosis.

(a) A diagnosis of ASD or a related condition must:

(1) be based upon current DSM criteria including direct observations of the person and information from the person’s legal representative or primary caregivers;

(2) be completed by either (i) a licensed physician[ or ] advanced practice registered nurse[ OR PHYSICIAN ASSISTANT ] or (ii) a mental health professional;

(3) meet the requirements of Minnesota Rules, part 9505.0372, subpart 1, items B and C.

(b) Additional assessment information may be considered to complete a diagnostic assessment including specialized tests administered through special education evaluations and licensed school personnel, and from professionals licensed in the fields of medicine, speech and language, psychology, occupational therapy, and physical therapy. A diagnostic assessment may include treatment recommendations.

Subd. 5. Comprehensive multidisciplinary evaluation.

(a) A CMDE must be completed to determine medical necessity of EIDBI services. For the commissioner to authorize EIDBI services, the CMDE provider must submit the CMDE to the commissioner and the person or the person’s legal representative as determined by the commissioner. Information and assessments must be performed, reviewed, and relied upon for the eligibility determination, treatment and services recommendations, and treatment plan development for the person.

(b) The CMDE provider must review the diagnostic assessment to confirm the person has an eligible diagnosis and the diagnostic assessment meets standards required under subdivision 4. If the CMDE provider elects to complete the diagnostic assessment at the same time as the CMDE, the CMDE provider must certify that the CMDE meets all standards as required under subdivision 4.

(c) The CMDE must:
(1) include an assessment of the person’s developmental skills, functional behavior, needs, and capacities based on direct observation of the person which must be administered by a CMDE provider, include medical or assessment information from the person’s physician[or advanced practice registered nurse, OR PHYSICIAN ASSISTANT], and may also include input from family members, school personnel, child care providers, or other caregivers, as well as any medical or assessment information from other licensed professionals such as rehabilitation or habilitation therapists, licensed school personnel, or mental health professionals;

(2) include and document the person’s legal representative’s or primary caregiver’s preferences for involvement in the person’s treatment; and

(3) provide information about the range of current EIDBI treatment modalities recognized by the commissioner.

Subd. 5a. Comprehensive multidisciplinary evaluation provider qualification. — A CMDE provider must:

(1) be a licensed physician, advanced practice registered nurse, [PHYSICIAN ASSISTANT,] a mental health professional, or a mental health practitioner who meets the requirements of a clinical trainee as defined in Minnesota Rules, part 9505.0371, subpart 5, item C;

(2) have at least 2,000 hours of clinical experience in the evaluation and treatment of people with ASD or a related condition or equivalent documented coursework at the graduate level by an accredited university in the following content areas: ASD or a related condition diagnosis, ASD or a related condition treatment strategies, and child development; and

(3) be able to diagnose, evaluate, or provide treatment within the provider’s scope of practice and professional license.

256P.01 DEFINITIONS (Eligibility for Diversionary Work Program)

Subd. 6a. Qualified professional.

(a) For illness, injury, or incapacity, a “qualified professional” means a licensed physician, physician assistant, advanced practice registered nurse, physical therapist, occupational therapist, or licensed chiropractor, according to their scope of practice.

(b) For developmental disability, learning disability, and intelligence testing, a “qualified professional” means a licensed physician, physician assistant, advanced practice registered nurse, licensed independent clinical social worker, licensed psychologist, certified school psychologist, or certified psychometrist working under the supervision of a licensed psychologist.

(c) For mental health, a “qualified professional” means a licensed physician, advanced practice registered nurse, [PHYSICIAN ASSISTANT] or qualified mental health professional under section 245.462, subdivision 18, clauses (1) to (6).

(d) For substance use disorder, a “qualified professional” means a licensed physician, [A PHYSICIAN ASSISTANT,] a qualified mental health professional under section 245.462, subdivision 18, clauses (1) to (6), or an individual as defined in section 245G.11, subdivision 3, 4, or 5.

259.24 CONSENTS (Adoption)

Subd. 2. Parents, guardian. — If an unmarried parent who consents to the adoption of a child is under 18 years of age, the consent of the minor parent’s parents or guardian, if any, also shall be required; if either
or both the parents are disqualified for any of the reasons enumerated in subdivision 1, the consent of
such parent shall be waived, and the consent of the guardian only shall be sufficient; and, if there be
neither parent nor guardian qualified to give such consent, the consent may be given by the commissioner.
The agency overseeing the adoption proceedings shall ensure that the minor parent is offered the
opportunity to consult with an attorney, a member of the clergy, a physician, [A PHYSICIAN
ASSISTANT], or an advanced practice registered nurse before consenting to adoption of the child. The
advice or opinion of the attorney, clergy member, physician, [PHYSICIAN ASSISTANT], or advanced
practice registered nurse shall not be binding on the minor parent. If the minor parent cannot afford the
cost of consulting with an attorney, a member of the clergy, a physician, [PHYSICIAN ASSISTANT], or
an advanced practice registered nurse, the county shall bear that cost.

260C.007 DEFINITIONS (Child Protection – General Provisions)

Subd. 6. Child in need of protection or services. — “Child in need of protection or services” means a
child who is in need of protection or services because the child:

 […]

(5) is medically neglected, which includes, but is not limited to, the withholding of medically indicated
treatment from an infant with a disability with a life-threatening condition. The term “withholding of
medically indicated treatment” means the failure to respond to the infant’s life-threatening conditions by
providing treatment, including appropriate nutrition, hydration, and medication which, in the treating
physician’s, [or] advanced practice registered nurse’s, [OR PHYSICIAN ASSISTANT’S] reasonable
medical judgment, will be most likely to be effective in ameliorating or correcting all conditions, except
that the term does not include the failure to provide treatment other than appropriate nutrition, hydration,
or medication to an infant when, in the treating physician’s, [or] advanced practice registered nurse’s,
[OR PHYSICIAN ASSISTANT’S] reasonable medical judgment:

(i) the infant is chronically and irreversibly comatose;

(ii) the provision of the treatment would merely prolong dying, not be effective in ameliorating or
correcting all of the infant’s life-threatening conditions, or otherwise be futile in terms of the
survival of the infant; or

(iii) the provision of the treatment would be virtually futile in terms of the survival of the infant
and the treatment itself under the circumstances would be inhumane;

 […]

352.91 COVERED CORRECTIONAL SERVICE (State Retirement)

Subd. 3c. Nursing personnel.

(a) “Covered correctional service” means service by a state employee in one of the employment positions
at a correctional facility, in the state-operated forensic services program, or in the Minnesota sex offender
program that are specified in paragraph (b) if at least 75 percent of the employee’s working time is spent
in direct contact with inmates or patients and the fact of this direct contact is certified to the executive
director by the appropriate commissioner.

(b) The employment positions are as follows:

(1) registered nurse — senior;
(2) registered nurse;
(3) registered nurse — principal;
(4) licensed practical nurse;
(5) registered nurse advance practice; and
(6) psychiatric advance practice registered nurse.

[7) PHYSICIAN ASSISTANT]

Subd. 3d. Other correctional personnel.

(a) “Covered correctional service” means service by a state employee in one of the employment positions at a correctional facility or in the state-operated forensic services program specified in paragraph (b) if at least 75 percent of the employee’s working time is spent in direct contact with inmates or patients and the fact of this direct contact is certified to the executive director by the appropriate commissioner.

(b) The employment positions are:

(1) automotive mechanic;
(2) baker;
(3) central services administrative specialist, intermediate;
(4) central services administrative specialist, principal;
(5) chaplain;
(6) chief cook;
(7) clinical program therapist 1;
(8) clinical program therapist 2;
(9) clinical program therapist 3;
(10) clinical program therapist 4;
(11) cook;
(12) cook coordinator;
(13) corrections inmate program coordinator;
(14) corrections transitions program coordinator;
(15) corrections security caseworker;
(16) corrections security caseworker career;
(17) corrections teaching assistant;
(18) delivery van driver;
(19) dentist;
(20) electrician supervisor;
(21) general maintenance worker lead;
(22) general repair worker;
(23) library/information research services specialist;
(24) library/information research services specialist senior;
(25) library technician;
(26) painter lead;
(27) plant maintenance engineer lead;
(28) plumber supervisor;
(29) psychologist 1;
(30) psychologist 3;
(31) recreation therapist;
(32) recreation therapist coordinator;
(33) recreation program assistant;
(34) recreation therapist senior;
(35) sports medicine specialist;
(36) work therapy assistant;
(37) work therapy program coordinator; and
(38) work therapy technician.

360.0753 TESTING PROCEDURES (Aeronautics – Aircraft Use Violations)

Subd. 6. Manner of making test; additional test.

(a) Only a physician, [PHYSICIAN ASSISTANT], medical technician, physician’s trained mobile intensive care paramedic, registered nurse, medical technologist, or laboratory assistant acting at the request of a peace officer may withdraw blood for the purpose of determining the presence or amount of alcohol, controlled substances, or intoxicating substances. This limitation does not apply to the taking of a breath or urine sample. The person tested has the right to have someone of the person’s own choosing administer a chemical test or tests in addition to any administered at the direction of a peace officer; provided, that the additional test sample on behalf of the person is obtained at the place where the person is in custody, after the test administered at the direction of a peace officer, and at no expense to the state.

(b) The failure or inability to obtain an additional test or tests by a person shall not preclude the admission in evidence of the test taken at the direction of a peace officer unless the additional test was prevented or denied by the peace officer.

(c) The physician, medical technician, physician’s trained mobile intensive care paramedic, medical technologist, laboratory assistant, or registered nurse drawing blood at the request of a peace officer for
the purpose of determining the presence or concentration of alcohol, controlled substances, or intoxicating substances shall in no manner be liable in any civil or criminal action except for negligence in drawing the blood. The person administering a breath test shall be fully trained in the administration of breath tests pursuant to training given by the commissioner of public safety or the commissioner of transportation.

383A.13 PARAMEDICS (Ramsey County)

Subd. 3. May do these actions. — Paramedics may do any of the following:

(a) perform regular rescue, first aid and resuscitation services;

(b) during training administer parenteral medications under the direct supervision of a licensed physician[., PHYSICIAN ASSISTANT] or a registered nurse;

(c) perform cardiopulmonary resuscitation and defibrillation in a pulseless, nonbreathing patient;

(d) administer intravenous saline or glucose solutions;

(e) administer parenteral injections in any of the following classes of drugs;

   (i) antiarrhythmic agents;

   (ii) vagolytic agents;

   (iii) chronotropic agents;

   (iv) analgesic agents;

   (v) alkalinizing agents;

   (vi) vasopressor agents;

   (vii) diuretics;

(f) administer, perform and apply all other procedures, drugs and skills in which they have been trained and are certified to give, apply and dispense.

[...]

Subd. 6. No civil liability of doctors and nurses; conditions. — No licensed physician[., PHYSICIAN ASSISTANT] or registered nurse, who in good faith and in the exercise of reasonable care gives emergency instructions to a certified paramedic at the scene of an emergency, or while in transit to and from the scene of such emergency, shall be liable for any civil damages as a result of issuing such instructions.

609.341 DEFINITIONS (Criminal Code)

Subd. 17. Psychotherapist. — “Psychotherapist” means a person who is or purports to be a physician, psychologist, nurse, [PHYSICIAN ASSISTANT] chemical dependency counselor, social worker, marriage and family therapist, licensed professional counselor, or other mental health service provider; or any other person, whether or not licensed by the state, who performs or purports to perform psychotherapy.
**Pharmacy Provisions**

**Minn. Stat. § 151.01, subd. 27:**

Subd. 27. Practice of pharmacy. – “Practice of pharmacy” means:

[…]

(5) drug administration, through intramuscular and subcutaneous administration used to treat mental illnesses as permitted under the following conditions:

(i) upon the order of a prescriber and the prescriber is notified after administration is complete; or

(ii) pursuant to a protocol or collaborative practice agreement as defined by section 151.01, subdivisions 27b and 27c, and participation in the initiation, management, modification, administration, and discontinuation of drug therapy is according to the protocol or collaborative practice agreement between the pharmacist and a dentist, optometrist, physician, podiatrist, or veterinarian, or an advanced practice registered nurse authorized to prescribe, dispense, and administer under section 148.235[. OR A PHYSICIAN ASSISTANT AS DEFINED IN SECTION 147A.01, SUBDIVISION 18]. Any changes in drug therapy or medication administration made pursuant to a protocol or collaborative practice agreement must be documented by the pharmacist in the patient’s medical record or reported by the pharmacist to a practitioner responsible for the patient’s care;

**Minn. Stat. § 151.19, subd. 4:**

Subd. 4. Licensing of physicians[,] [and] advanced practice registered nurses[,] [AND PHYSICIAN ASSISTANTS] to dispense drugs; renewals.

(a) The board may grant a license to any physician licensed under chapter 147[,] [OR] advanced practice registered nurse licensed under chapter 148[,] [OR PHYSICIAN ASSISTANT LICENSED UNDER CHAPTER 147A] who provides services in a health care facility located in a designated health professional shortage area authorizing the physician[,] [OR] advanced practice registered nurse[,] [OR PHYSICIAN ASSISTANT] to dispense drugs to individuals for whom pharmaceutical care is not reasonably available. The license may be renewed annually. Any physician[,] [OR] advanced practice registered nurse[,] [OR PHYSICIAN ASSISTANT] licensed under this subdivision shall be limited to dispensing drugs in a limited service pharmacy and shall be governed by the rules adopted by the board when dispensing drugs.

(b) For the purposes of this subdivision, pharmaceutical care is not reasonably available if the limited service pharmacy in which the physician[,] [OR] advanced practice registered nurse[,] [OR PHYSICIAN ASSISTANT] is dispensing drugs is located in a health professional shortage area, and no other licensed pharmacy is located within 15 miles of the limited service pharmacy.

(c) For the purposes of this subdivision, section 151.15, subdivision 2, shall not apply, and section 151.215 shall not apply provided that a physician[,] [OR] advanced practice registered nurse[,] [OR PHYSICIAN ASSISTANT] granted a license under this subdivision certifies each filled prescription in accordance with Minnesota Rules, part 6800.3100, subpart 3.
(d) Notwithstanding section 151.102, a physician[\text{,} OR
PHYSICIAN ASSISTANT] granted a license under this subdivision may be assisted by a pharmacy
technician if the technician holds a valid certification from the Pharmacy Technician Certification Board
or from another national certification body for pharmacy technicians that requires passage of a nationally
recognized psychometrically valid certification examination for certification as determined by the board.
The physician[\text{,} OR PHYSICIAN ASSISTANT] may supervise
the pharmacy technician as long as the physician[\text{,} OR PHYSICIAN ASSISTANT] assumes responsibility for all functions performed by the technician. For
purposes of this subdivision, supervision does not require the physician[\text{,} OR PHYSICIAN ASSISTANT] to be physically present if the physician, advanced
practice registered nurse, [PHYSICIAN ASSISTANT] or a licensed pharmacist is available, either
electronically or by telephone.

(e) Nothing in this subdivision shall be construed to prohibit a physician[\text{,} OR PHYSICIAN ASSISTANT] from dispensing drugs pursuant to section 151.37 and
Minnesota Rules, parts 6800.9950 to 6800.9954.

\textbf{Minn. Stat. § 151.21:}

Subd. 4a. Sign. — A pharmacy must post a sign in a conspicuous location and in a typeface
easily seen at the counter where prescriptions are dispensed stating: “In order to save you money,
this pharmacy will substitute whenever possible an FDA-approved, less expensive, generic drug
product, which is therapeutically equivalent to and safely interchangeable with the one
prescribed by your doctor[\text{,} OR PHYSICIAN ASSISTANT] unless you object to this substitution.”

\textbf{Minn. Stat. § 151.23:}

It shall be unlawful for any person to sell at retail any poison without affixing to the package or
receptacle containing the same a label conspicuously bearing the word “poison,” and the name
and the business address of the seller, and being satisfied that such poison is to be legitimately
used. This section shall not apply to the sale of poison on a physician’s [LICENSED
PRESCRIBER’S ] written prescription or in the original package of the manufacturer.

\textbf{Minn. Stat. § 151.24:}

It shall be unlawful:

1) for any person, either acting independently or while in the employ of another, to sell or give
away any poison, as designated by the board, without first recording in a book to be kept for that
purpose with an indelible pencil or ink the date, the name and address of the person to whom,
and the amount and kind of poison, delivered, except when such poison is sold on the written
prescription of a physician, [LICENSED PRESCRIBER]

2) to give a false name to be recorded;

3) for any person having custody of any such record book to refuse to produce it on demand for
the inspection of any authorized agent of the board or other duly authorized officer.
Minn. Stat. § 151.37, subd. 2(a):

(a) A licensed practitioner in the course of professional practice only, may prescribe, administer, and dispense a legend drug, and may cause the same to be administered by a nurse, a physician assistant, or medical student or resident under the practitioner’s direction and supervision, and may cause a person who is an appropriately certified, registered, or licensed health care professional to prescribe, dispense, and administer the same within the expressed legal scope of the person’s practice as defined in Minnesota Statutes. A licensed practitioner may prescribe a legend drug, without reference to a specific patient, by directing a licensed dietitian or licensed nutritionist, pursuant to section 148.634; a nurse, pursuant to section 148.235, subdivisions 8 and 9; physician assistant; medical student or resident; or pharmacist according to section 151.01, subdivision 27, to adhere to a particular practice guideline or protocol when treating patients whose condition falls within such guideline or protocol, and when such guideline or protocol specifies the circumstances under which the legend drug is to be prescribed and administered. An individual who verbally, electronically, or otherwise transmits a written, oral, or electronic order, as an agent of a prescriber, shall not be deemed to have prescribed the legend drug. This paragraph applies to a physician assistant only if the physician assistant meets the requirements of section 147A.18.

Minn. Stat. § 151.37, subd. 2a:

A supervising physician may delegate to a physician assistant who is registered with the Board of Medical Practice and certified by the National Commission on Certification of Physician Assistants and who is under the supervising physician’s supervision, the authority to prescribe, dispense, and administer legend drugs and medical devices, subject to the requirements in chapter 147A and other requirements established by the Board of Medical Practice in rules.

Minn. Stat. § 151.37, subd. 12:

(a) A licensed physician, a licensed advanced practice registered nurse authorized to prescribe drugs pursuant to section 148.235, or a licensed physician assistant authorized to prescribe drugs pursuant to section 147A.18-09 may authorize the following individuals to administer opiate antagonists, as defined in section 604A.04, subdivision 1:

(1) an emergency medical responder registered pursuant to section 144E.27;

(2) a peace officer as defined in section 626.84, subdivision 1, paragraphs (c) and (d);

(3) correctional employees of a state or local political subdivision;

(4) staff of community-based health disease prevention or social service programs;

(5) a volunteer firefighter; and

(6) a licensed school nurse or certified public health nurse employed by, or under contract with, a school board under section 121A.21.

(b) For the purposes of this subdivision, opiate antagonists may be administered by one of these individuals only if:
(1) the licensed physician, licensed physician’s assistant, or licensed advanced practice registered nurse has issued a standing order to, or entered into a protocol with, the individual; and

(2) the individual has training in the recognition of signs of opiate overdose and the use of opiate antagonists as part of the emergency response to opiate overdose.

c) Nothing in this section prohibits the possession and administration of naloxone pursuant to section 604A.04.

**Minn. Stat. § 152.22, subd. 4:**

Subd. 4. Health care practitioner. — “Health care practitioner” means a Minnesota licensed doctor of medicine, a Minnesota licensed physician assistant acting within the scope of authorized practice, or a Minnesota licensed advanced practice registered nurse who has the primary responsibility for the care and treatment of the qualifying medical condition of a person diagnosed with a qualifying medical condition.

**Minn. Stat. § 152.32, subd. 3:**

Subd. 3. Discrimination prohibited.

(a) No school or landlord may refuse to enroll or lease to and may not otherwise penalize a person solely for the person’s status as a patient enrolled in the registry program under sections 152.22 to 152.37, unless failing to do so would violate federal law or regulations or cause the school or landlord to lose a monetary or licensing-related benefit under federal law or regulations.

(b) For the purposes of medical care, including organ transplants, a registry program enrollee’s use of medical cannabis under sections 152.22 to 152.37 is considered the equivalent of the authorized use of any other medication used at the discretion of a physician, [PHYSICIAN ASSISTANT] or advanced practice registered nurse and does not constitute the use of an illicit substance or otherwise disqualify a patient from needed medical care.
A bill for an act

relating to health professions; requiring licensure of naturopathic doctors; modifying
scope of practice; amending Minnesota Statutes 2020, sections 146A.01, subdivision
4; 147.012; 147E.01, subdivisions 2, 7, 10; 147E.05; 147E.06; 147E.10; 147E.15;
147E.20; 147E.25, subdivisions 1, 2, 4, 5, 7, 8; 147E.30; 147E.35; 147E.40,
subdivisions 1, 2, 3; 319B.02, subdivision 19; 319B.40.

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

Section 1. Minnesota Statutes 2020, section 146A.01, subdivision 4, is amended to read:

Subd. 4. Complementary and alternative health care practices. (a) "Complementary
and alternative health care practices" means the broad domain of complementary and
alternative healing methods and treatments, including but not limited to: (1) acupressure;
(2) anthroposophy; (3) aroma therapy; (4) ayurveda; (5) cranial sacral therapy; (6) culturally
traditional healing practices; (7) detoxification practices and therapies; (8) energetic healing;
(9) polarity therapy; (10) folk practices; (11) healing practices utilizing food, food
supplements, nutrients, and the physical forces of heat, cold, water, touch, and light; (12)
Gerson therapy and colostrum therapy; (13) healing touch; (14) herbology or herbalism;
(15) homeopathy; (16) nondiagnostic iridology; (17) body work, massage, and massage
therapy; (18) meditation; (19) mind-body healing practices; (20) naturopathy; (21)
noninvasive instrumentalities; and (22) traditional Oriental practices, such as Qi Gong
energy healing.

(b) Complementary and alternative health care practices do not include surgery, x-ray
radiation, administering or dispensing legend drugs and controlled substances, practices
that invade the human body by puncture of the skin, setting fractures, the use of medical
devices as defined in section 147A.01, any practice included in the practice of dentistry as
defined in section 150A.05, subdivision 1, or the manipulation or adjustment of articulations
of joints or the spine as described in section 146.23 or 148.01.

(c) Complementary and alternative health care practices do not include practices that
are permitted under section 147.09, clause (11), or 148.271, clause (5).

(d) This chapter does not apply to, control, prevent, or restrict the practice, service, or
activity of lawfully marketing or distributing food products, including dietary supplements
as defined in the federal Dietary Supplement Health and Education Act, educating customers
about such products, or explaining the uses of such products. Under Minnesota law, an
unlicensed complementary and alternative health care practitioner may not provide a medical
diagnosis or recommend discontinuance of medically prescribed treatments.

EFFECTIVE DATE. This section is effective July 1, 2023.

Sec. 2. Minnesota Statutes 2020, section 147.012, is amended to read:

147.012 OVERSIGHT OF ALLIED HEALTH PROFESSIONS.

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

EFFECTIVE DATE. This section is effective July 1, 2023.

Sec. 3. Minnesota Statutes 2020, section 147E.01, subdivision 2, is amended to read:

Subd. 2. Advisory council. "Advisory council" means the Registered Naturopathic
Doctor Advisory Council established under section 147E.35.

EFFECTIVE DATE. This section is effective July 1, 2023.

Sec. 4. Minnesota Statutes 2020, section 147E.01, subdivision 7, is amended to read:

Subd. 7. Registered Naturopathic doctor. "Registered Naturopathic doctor" means an
individual registered licensed under this chapter.

EFFECTIVE DATE. This section is effective July 1, 2023.
Sec. 5. Minnesota Statutes 2020, section 147E.01, subdivision 10, is amended to read:

Subd. 10. **Naturopathic medicine.** "Naturopathic medicine" means a system of primary health care for the prevention, assessment, and treatment of human health conditions, injuries, and diseases that uses:

1. services, procedures, and treatments as described in section 147E.05, and
2. natural health procedures and treatments in section 146A.01, subdivision 4.

**EFFECTIVE DATE.** This section is effective July 1, 2023.

Sec. 6. Minnesota Statutes 2020, section 147E.05, is amended to read:

147E.05 SCOPE OF PRACTICE.

Subdivision 1. **Practice parameters.** (a) The practice of naturopathic medicine includes, but is not limited to, the following services:

1. ordering, administering, prescribing, or dispensing for preventive and therapeutic purposes: food, extracts of food, nutraceuticals, vitamins, minerals, amino acids, enzymes, botanicals and their extracts, botanical medicines, herbal remedies, homeopathic medicines, dietary supplements and nonprescription drugs as defined by the Federal Food, Drug, and Cosmetic Act, glandulars, protomorphogens, lifestyle counseling, hypnotherapy, biofeedback, dietary therapy, electrotherapy, galvanic therapy, oxygen, therapeutic devices, barrier devices for contraception, and minor office procedures, including obtaining specimens to assess and treat disease;

2. performing or ordering physical examinations and physiological function tests;

3. ordering clinical laboratory tests and performing waived tests as defined by the United States Food and Drug Administration Clinical Laboratory Improvement Amendments of 1988 (CLIA);

4. referring a patient for diagnostic imaging including x-ray, CT scan, MRI, ultrasound, mammogram, and bone densitometry to an appropriately licensed health care professional to conduct the test and interpret the results;

5. prescribing nonprescription medications and therapeutic devices or ordering noninvasive diagnostic procedures commonly used by physicians in general practice; and

6. prescribing or performing naturopathic physical medicine.
(b) A registered naturopathic doctor may admit patients to a hospital if the naturopathic doctor meets the hospital's governing body requirements regarding credentialing and privileging process.

Subd. 2. Prohibitions on practice. (a) The practice of naturopathic medicine does not include:

(1) administering therapeutic ionizing radiation or radioactive substances;
(2) administering general or spinal anesthesia;
(3) prescribing, dispensing, or administering legend drugs or controlled substances including chemotherapeutic substances; or
(4) performing or inducing abortions.

(b) A naturopathic doctor registered under this chapter shall not perform surgical procedures using a laser device or perform surgical procedures beyond superficial tissue.

(c) A naturopathic doctor shall not practice or claim to practice as a medical doctor, surgeon, osteopathic physician, dentist, podiatrist, optometrist, psychologist, advanced practice professional nurse, physician assistant, chiropractor, physical therapist, acupuncturist, dietician, nutritionist, or any other health care professional, unless the naturopathic physician also holds the appropriate license or registration for the health care practice profession.

EFFECTIVE DATE. This section is effective July 1, 2023.

Sec. 7. Minnesota Statutes 2020, section 147E.06, is amended to read:

147E.06 PROFESSIONAL CONDUCT.

Subdivision 1. Informed consent. (a) The naturopathic doctor shall present treatment facts and options to the patient or to the individual responsible for the patient's care and make treatment recommendations according to the practice standards of naturopathic medicine.

(b) The registered naturopathic doctor shall obtain a signed informed consent from the patient or the individual responsible for the patient's care prior to initiating treatment and after advising the patient of the naturopathic doctor's qualifications including education and registration information; and outlining of the scope of practice of registered naturopathic doctors in Minnesota. This information must be supplied to the patient in writing before or at the time of the initial visit. The registrant shall present treatment facts and options accurately to the patient or to the individual responsible for the patient's care and make treatment recommendations according to standards of good naturopathic medical practice.
(b) Upon request, the registered naturopathic doctor must provide a copy of the informed consent form to the board.

Subd. 2. Patient records. (a) A registered naturopathic doctor shall maintain a record for seven years for each patient treated, including:

(1) a copy of the signed informed consent;

(2) evidence of a patient interview concerning the patient's medical history and current physical condition;

(3) evidence of an examination and assessment;

(4) record of the treatment provided to the patient; and

(5) evidence of evaluation and instructions given to the patient, including acknowledgment by the patient in writing that, if deemed necessary by the registered naturopathic doctor, the patient has been advised to consult with another health care provider.

(b) A registered naturopathic doctor shall maintain the records of minor patients for seven years or until the minor's 19th birthday, whichever is longer.

Subd. 3. Data practices. All records maintained on a naturopathic patient by a registered naturopathic doctor are subject to sections 144.291 to 144.298.

Subd. 4. State and municipal public health regulations. A registered naturopathic doctor shall comply with all applicable state and municipal requirements regarding public health.

EFFECTIVE DATE. This section is effective July 1, 2023.

Sec. 8. Minnesota Statutes 2020, section 147E.10, is amended to read:

147E.10 UNAUTHORIZED PRACTICE; PROTECTED TITLES; RESTRICTIONS.

Subdivision 1. Designation. (a) No individual may use the title "registered naturopathic doctor," "naturopathic doctor," "doctor of naturopathic medicine," "naturopath," or use, in connection with the individual's name, the letters "R.N.D.," "N.D.," or "N.M.D.,” or any other titles, words, letters, abbreviations, nicknames, or insignia indicating or implying that the individual is a licensed naturopathic doctor unless the individual has been registered as a licensed naturopathic doctor according to this chapter.
(b) No individual shall use the title "naturopathic medical doctor," or "naturopathic physician" unless the individual is licensed as a naturopathic doctor according to this chapter and is licensed to practice medicine according to chapter 147.

After July 1, 2009, (c) Individuals who are registered licensed under this chapter and who represent themselves as practicing naturopathic medicine by use of a term in paragraph (a) shall conspicuously display the registration license in the place of practice.

Subd. 1a. Unlicensed practice prohibited. Effective July 1, 2023, no individual shall engage in the practice of naturopathic medicine as defined under section 147E.05, subdivision 1, paragraph (a), unless the individual is licensed as a naturopathic doctor according to this chapter.

Subd. 2. Other health care practitioners. Nothing in this chapter may be construed to prohibit or to restrict:

(1) the practice of a profession by individuals who are licensed, certified, or registered under other laws of this state and are performing services within their authorized scope of practice;

(2) the provision of the complementary and alternative healing methods and treatments, including naturopathy, as described in chapter 146A, except that an individual shall not represent themselves as a naturopath, a naturopathic doctor, or a provider of naturopathic medicine unless the individual is licensed according to this chapter;

(3) the practice of naturopathic medicine by an individual licensed, registered, or certified in another state and employed by the government of the United States while the individual is engaged in the performance of duties prescribed by the laws and regulations of the United States; or

(4) the practice by a naturopathic doctor duly licensed, registered, or certified in another state, territory, or the District of Columbia when incidentally called into this state for consultation with a Minnesota licensed physician or Minnesota registered licensed naturopathic doctor; or

(5) individuals not registered by this chapter from the use of individual modalities which comprise the practice of naturopathic medicine.

Subd. 3. Penalty. A person violating subdivision 1 of this section is guilty of a misdemeanor and may be subject to sanctions or actions according to section 214.11.

EFFECTIVE DATE. This section is effective July 1, 2023.
Sec. 9. Minnesota Statutes 2020, section 147E.15, is amended to read:

147E.15 REGISTRATION LICENSURE REQUIREMENTS.

Subdivision 1. General requirements for registration for licensure. To be eligible for registration licensure as a naturopathic doctor, an applicant must:

1. submit a completed application on forms provided by the board along with all fees required under section 147E.40 that includes:
   a. the applicant's name, Social Security number, home address and telephone number, and business address and telephone number;
   b. the name and location of the naturopathic medical program the applicant completed;
   c. a list of degrees received from other educational institutions;
   d. a description of the applicant's professional training;
   e. a list of registrations, certifications, and licenses held in other jurisdictions;
   f. a description of any other jurisdiction's refusal to credential the applicant;
   g. a description of all professional disciplinary actions initiated against the applicant in any jurisdiction; and
   h. any history of drug or alcohol abuse, and any misdemeanor or felony conviction;

2. submit a copy of a diploma from an approved naturopathic medical education program;

3. have successfully passed the Naturopathic Physicians Licensing Examination, a competency-based national naturopathic licensing examination administered by the North American Board of Naturopathic Examiners or successor agency as recognized by the board; passing scores are determined by the Naturopathic Physicians Licensing Examination;

4. submit additional information as requested by the board, including providing any additional information necessary to ensure that the applicant is able to practice with reasonable skill and safety to the public;

5. sign a statement that the information in the application is true and correct to the best of the applicant's knowledge and belief; and

6. sign a waiver authorizing the board to obtain access to the applicant's records in this or any other state in which the applicant has completed an approved naturopathic medical program or engaged in the practice of naturopathic medicine.
Subd. 1a. Transition from registration to licensure. (a) A naturopathic doctor registered by the board may be granted a license if the individual:

(1) holds a valid registration as a naturopathic doctor that has been issued by the board; and

(2) is in good standing with the board.

(b) For purposes of this subdivision, "good standing" means that the registered naturopathic doctor is not currently under investigation by the board as the result of a complaint, or subject to disciplinary proceedings by the board.

Subd. 2. Registration Licensure by endorsement; reciprocity. (a) To be eligible for registration licensure by endorsement or reciprocity, the applicant must hold a current naturopathic license, registration, or certification in another state, Canadian province, the District of Columbia, or territory of the United States, whose standards for licensure, registration, or certification are at least equivalent to those of Minnesota, and must:

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

(2) have successfully passed either:

(i) the Naturopathic Physicians Licensing Examination; or

(ii) if prior to 1986, the state or provincial naturopathic board licensing examination required by that regulating state or province;

(3) provide a verified copy from the appropriate government body of a current license, registration, or certification for the practice of naturopathic medicine in another jurisdiction that has initial licensing, registration, or certification requirements equivalent to or higher than the requirements in subdivision 1; and

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

(b) An applicant applying for license, registration, or certification by endorsement must be licensed, registered, or certified in another state or Canadian province prior to January 1, 2005, and have completed a 60-hour course and examination in pharmacotherapeutics.
Subd. 3. Temporary registration. The board may issue a temporary registration to practice as a registered naturopathic doctor to an applicant who is licensed, registered, or certified in another state or Canadian province and is eligible for registration under this section, if the application for registration is complete, all applicable requirements in this section have been met, and a nonrefundable fee has been paid. The temporary registration remains valid only until the meeting of the board at which time a decision is made on the registered naturopathic doctor’s application for registration.

Subd. 4. Registration License expiration. Registrations Licenses issued under this chapter expire annually.

Subd. 5. Renewal. (a) To be eligible for registration license renewal a registrant licensee must:

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

(2) submit the renewal fee;

(3) provide evidence of a total of 25 30 hours of continuing education approved by the board as described in section 147E.25; and

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

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

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

Subd. 6. Change of address. A registrant licensee who changes addresses must inform the board within 30 days, in writing, of the change of address. All notices or other
correspondence mailed to or served on a registrant licensee by the board are considered as having been received by the registrant licensee.

Subd. 7. Registration License renewal notice. At least 45 days before the registration license renewal date, the board shall send out a renewal notice to the last known address of the registrant licensee on file. The notice must include a renewal application and a notice of fees required for renewal or instructions for online renewal. It must also inform the registrant licensee that the registration license will expire without further action by the board if an application for registration license renewal is not received before the deadline for renewal. The registrant licensee's failure to receive this notice does not relieve the registrant licensee of the obligation to meet the deadline and other requirements for registration license renewal. Failure to receive this notice is not grounds for challenging expiration of registration licensure status.

Subd. 8. Renewal deadline. The renewal application and fee must be postmarked on or before December 31 of the year of renewal the deadline established by the board. If the postmark is illegible, the application is considered timely if received by the third working day after the deadline.

Subd. 9. Inactive status and return to active status. (a) A registrant licensee may be placed in inactive status upon application to the board by the registrant licensee and upon payment of an inactive status fee.

(b) Registrants Licensees seeking restoration to active from inactive status must pay the current renewal fees and all unpaid back inactive fees. They must meet the criteria for renewal specified in subdivision 5, including continuing education hours.

(c) Registrants Licensees whose inactive status period has been five years or longer must additionally have a period of no less than eight weeks of advisory council-approved supervision by another registered licensed naturopathic doctor.

Subd. 10. Registration Licensure following lapse of registration licensure status for two years or less. For any individual whose registration licensure status has lapsed for two years or less, to regain registration status a license, the individual must:

1. apply for registration license renewal according to subdivision 5;

2. document compliance with the continuing education requirements of section 147E.25 since the registrant licensee's initial registration licensure or last renewal; and

3. submit the fees required under section 147E.40 for the period not registered licensed, including the fee for late renewal.
Subd. 10a. Registration following lapse of registered status; transition. (a) A registrant whose registration has lapsed under subdivision 10 before January 1, 2020, and who seeks to regain registered status after January 1, 2020, shall be treated as a first-time registrant only for purposes of establishing a registration renewal schedule, and shall not be subject to the registration cycle conversion provisions in section 147E.45.

(b) This subdivision expires July 1, 2022.

Subd. 11. Cancellation due to nonrenewal. The board shall not renew, reissue, reinstate, or restore a registration license that has lapsed and has not been renewed within two annual registration renewal cycles starting January 2009. A registrant licensee whose registration license is canceled for nonrenewal must obtain a new registration license by applying for registration licensure and fulfilling all requirements then in existence for initial registration licensure as a registered naturopathic doctor.

Subd. 12. Cancellation of registration licensure in good standing. (a) A registrant licensee holding an active registration license as a registered naturopathic doctor in the state may, upon approval of the board, be granted registration license cancellation if the board is not investigating the person as a result of a complaint or information received or if the board has not begun disciplinary proceedings against the registrant licensee. Such action by the board must be reported as a cancellation of registration licensure in good standing.

(b) A registrant licensee who receives board approval for registration licensure cancellation is not entitled to a refund of any registration fees paid for the registration licensure year in which cancellation of the registration occurred.

(c) To obtain registration licensure after cancellation, a registrant licensee must obtain a new registration license by applying for registration submitting an application and fulfilling the requirements then in existence for obtaining initial registration licensure as a registered naturopathic doctor.

Subd. 13. Emeritus status of registration. A registrant licensee may change the status of the registration license to "emeritus" by filing the appropriate forms and paying the onetime fee of $50 to the board. This status allows the registrant licensee to retain the title of registered naturopathic doctor but restricts the registrant licensee from actively seeing patients.

EFFECTIVE DATE. This section is effective July 1, 2023.
Sec. 10. Minnesota Statutes 2020, section 147E.20, is amended to read:

147E.20 BOARD ACTION ON APPLICATIONS FOR LICENSURE.

(a) The board shall act on each application for registration licensure according to paragraphs (b) to (d).

(b) The board shall determine if the applicant meets the requirements for registration licensure under section 147E.15. The board or advisory council may investigate information provided by an applicant to determine whether the information is accurate and complete.

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

(d) Applicants denied registration licensure may make a written request to the board, within 30 days of the board's notice, to appear before the advisory council or the board and for the advisory council to review the board's decision to deny the applicant's registration licensure. After reviewing the denial, the advisory council shall make a recommendation to the board as to whether the denial shall be affirmed. Each applicant is allowed only one request for review each yearly registration licensure period.

EFFECTIVE DATE. This section is effective July 1, 2023.

Sec. 11. Minnesota Statutes 2020, section 147E.25, subdivision 1, is amended to read:

Subdivision 1. Number of required contact hours. (a) A registrant licensee applying for registration license renewal must complete a minimum of 25 contact hours of board-approved continuing education in the year preceding registration license renewal, with the exception of the registrant's licensee's first incomplete year, and attest to completion of continuing education requirements by reporting to the board.

(b) Of the 25 contact hours of continuing education requirement in paragraph (a), at least five hours of continuing education must be in pharmacotherapeutics.

EFFECTIVE DATE. This section is effective July 1, 2023.

Sec. 12. Minnesota Statutes 2020, section 147E.25, subdivision 2, is amended to read:

Subd. 2. Approved programs. The board shall approve continuing education programs that have been approved for continuing education credit by the American Association of Naturopathic Physicians or any of its constituent state associations, the North American
Naturopathic Continuing Education Accreditation Council (NANCEAC), the American Chiropractic Association or any of its constituent state associations, the American Osteopathic Association Bureau of Professional Education, the American Pharmacists Association or any of its constituent state associations, or an organization approved by the Accreditation Council for Continuing Medical Education, or an organization defined in section 5605.0300 or section 5605.0700.

**EFFECTIVE DATE.** This section is effective July 1, 2023.

Sec. 13. Minnesota Statutes 2020, section 147E.25, subdivision 4, is amended to read:

Subd. 4. **Accumulation of contact hours.** A registrant licensee may not apply contact hours acquired in one one-year reporting period to a future continuing education reporting period.

**EFFECTIVE DATE.** This section is effective July 1, 2023.

Sec. 14. Minnesota Statutes 2020, section 147E.25, subdivision 5, is amended to read:

Subd. 5. **Verification of continuing education credits.** The board shall periodically select a random sample of registrants licensees and require those registrants licensees to supply the board with evidence of having completed the continuing education to which they attested. Documentation may come directly from the registrants licensees from state or national organizations that maintain continuing education records.

**EFFECTIVE DATE.** This section is effective July 1, 2023.

Sec. 15. Minnesota Statutes 2020, section 147E.25, subdivision 7, is amended to read:

Subd. 7. **Restriction on continuing education topics.** (a) A registrant licensee may apply no more than five hours of practice management to a one-year reporting period.

(b) A registrant licensee may apply no more than 15 hours to any single subject area.

**EFFECTIVE DATE.** This section is effective July 1, 2023.

Sec. 16. Minnesota Statutes 2020, section 147E.25, subdivision 8, is amended to read:

Subd. 8. **Continuing education exemptions.** The board may exempt any person holding a registration license under this chapter from the requirements of subdivision 1 upon application showing evidence satisfactory to the board of inability to comply with the requirements because of physical or mental condition or because of other unusual or
extenuating circumstances. However, no person may be exempted from the requirements of subdivision 1 more than once in any five-year period.

**EFFECTIVE DATE.** This section is effective July 1, 2023.

Sec. 17. Minnesota Statutes 2020, section 147E.30, is amended to read:

**147E.30 DISCIPLINE; REPORTING.**

For purposes of this chapter, registered naturopathic doctors and applicants are subject to sections 147.091 to 147.162, including the reporting obligations included in section 147.111.

**EFFECTIVE DATE.** This section is effective July 1, 2023.

Sec. 18. Minnesota Statutes 2020, section 147E.35, is amended to read:

**147E.35 REGISTERED NATUROPATHIC DOCTOR ADVISORY COUNCIL.**

Subdivision 1. **Membership.** The board shall appoint a seven-member Registered Naturopathic Doctor Advisory Council consisting of one public member as defined in section 214.02, five registered naturopathic doctors who are residents of the state, and one licensed physician or osteopathic physician with experience working with naturopathic doctors and expertise in natural medicine.

Subd. 1a. **Transition to licensed members.** The five naturopathic doctors appointed to and serving on the advisory council must apply for and be issued a license under this chapter by January 1, 2024 to remain a member of the advisory council. If any of the five members required to be licensed is not licensed by January 1, 2024, the board shall appoint a licensed naturopathic doctor to replace the member.

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

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

(1) advise the board regarding standards for registered licensed naturopathic doctors;

(2) provide for distribution of information regarding registered licensed naturopathic doctors standards;

(3) advise the board on enforcement of sections 147.091 to 147.162;
(4) review applications and recommend granting or denying registration licensure or registration license renewal;

(5) advise the board on issues related to receiving and investigating complaints, conducting hearings, and imposing disciplinary action in relation to complaints against registered naturopathic doctors;

(6) advise the board regarding approval of continuing education programs using the criteria in section 147E.25, subdivision 3; and

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

**EFFECTIVE DATE.** This section is effective July 1, 2023.

Sec. 19. Minnesota Statutes 2020, section 147E.40, subdivision 1, is amended to read:

Subdivision 1. **Fees.** (a) Fees are as follows:

(1) registration license application fee, $200;

(2) renewal fee, $150;

(3) late fee, $75;

(4) inactive status fee, $50;

(5) temporary permit fee, $25;

(6) naturopathic doctor certification fee, $25;

(7) naturopathic doctor duplicate license fee, $20;

(8) naturopathic doctor emeritus registration licensure fee, $50;

(9) naturopathic doctor certification fee, $25;

(10) duplicate license or registration fee, $20;

(11) certification letter fee, $25;

(12) verification fee, $25;

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

(14) report creation and generation fee, $60 per hour billed in quarter-hour increments with a quarter-hour minimum.

(b) The revenue generated from the fees must be deposited in an account in the state government special revenue fund.
EFFECTIVE DATE. This section is effective July 1, 2023.

Sec. 20. Minnesota Statutes 2020, section 147E.40, subdivision 2, is amended to read:

Subd. 2. Proration of fees. The board may prorate the initial annual registration license fee. All registrants licensees are required to pay the full fee upon registration license renewal.

EFFECTIVE DATE. This section is effective July 1, 2023.

Sec. 21. Minnesota Statutes 2020, section 147E.40, subdivision 3, is amended to read:

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

EFFECTIVE DATE. This section is effective July 1, 2023.

Sec. 22. Minnesota Statutes 2020, section 319B.02, subdivision 19, is amended to read:

Subd. 19. Professional services. "Professional services" means services of the type required or permitted to be furnished by a professional under a license, registration, or certificate issued by the state of Minnesota to practice medicine and surgery under sections 147.01 to 147.22, as a physician assistant pursuant to sections 147A.01 to 147A.27, naturopathic medicine under sections 147E.01 to 147E.45, chiropractic under sections 148.01 to 148.105, registered nursing under sections 148.171 to 148.285, optometry under sections 148.52 to 148.62, psychology under sections 148.88 to 148.98, social work under chapter 148E, marriage and family therapy under sections 148B.29 to 148B.39, professional counseling under sections 148B.50 to 148B.593, dentistry and dental hygiene under sections 150A.01 to 150A.12, pharmacy under sections 151.01 to 151.40, podiatric medicine under sections 153.01 to 153.25, veterinary medicine under sections 156.001 to 156.14, architecture, engineering, surveying, landscape architecture, geoscience, and certified interior design under sections 326.02 to 326.15, accountancy under chapter 326A, or law under sections 481.01 to 481.17, or under a license or certificate issued by another state under similar laws. Professional services includes services of the type required to be furnished by a professional pursuant to a license or other authority to practice law under the laws of a foreign nation.

EFFECTIVE DATE. This section is effective July 1, 2023.
Sec. 23. Minnesota Statutes 2020, section 319B.40, is amended to read:

319B.40 PROFESSIONAL HEALTH SERVICES.

(a) Individuals who furnish professional services pursuant to a license, registration, or certificate issued by the state of Minnesota to practice medicine pursuant to sections 147.01 to 147.22, as a physician assistant pursuant to sections 147A.01 to 147A.27, naturopathic medicine pursuant to sections 147E.01 to 147E.45, chiropractic pursuant to sections 148.01 to 148.106, registered nursing pursuant to sections 148.171 to 148.285, optometry pursuant to sections 148.52 to 148.62, psychology pursuant to sections 148.88 to 148.98, social work pursuant to chapter 148D, marriage and family therapy pursuant to sections 148B.29 to 148B.39, dentistry pursuant to sections 150A.01 to 150A.12, pharmacy pursuant to sections 151.01 to 151.40, or podiatric medicine pursuant to sections 153.01 to 153.26 are specifically authorized to practice any of these categories of services in combination if the individuals are organized under this chapter.

(b) This authorization does not authorize an individual to practice any profession, or furnish a professional service, for which the individual is not licensed, registered, or certified, but otherwise applies regardless of any contrary provision of a licensing statute or rules adopted pursuant to that statute, related to practicing and organizing in combination with other health services professionals.

EFFECTIVE DATE. This section is effective July 1, 2023.
REQUEST FOR BOARD ACTION
MINNESOTA BOARD OF MEDICAL PRACTICE

REQUESTED ACTION:

For Information Only

MOTION BY: ___________________________  SECOND: ___________________________

( ) PASSED   ( ) PASSED AMENDED   ( ) LAYED OVER   ( ) DEFEATED

BACKGROUND:

Please identify the designated representative to the program committee.

The next meeting of the HPSP Program Committee is February 8, 2022.
DATE: January 8, 2022  SUBJECT: Executive Director Report

SUBMITTED BY: Ruth Martinez, MA, CMBE, Executive Director

REQUEST FOR BOARD ACTION
MINNESOTA BOARD OF MEDICAL PRACTICE

REQUESTED ACTION:

For Information Only

MOTION BY:         SECOND:

( ) PASSED      ( ) PASSED AMENDED     ( ) LAYED OVER     ( ) DEFEATED

BACKGROUND:

Attached is the Executive Director’s Report of activities since the last Board meeting.
COVID-19 TESTING UPDATE
Effective September 8, 2021, all employees and contracted vendors were required to show proof of vaccination or testing before coming in to perform work in any state agency location. We are very grateful for the cooperation and compliance of Board of Medical Practice staff and consultants.

The capitol complex testing site is closing in January 2022 and employees who need to participate in COVID-19 testing are now required to undergo a PCA saliva test through a state approved vendor. Of note, agencies will now be responsible for the cost of testing. Tests are $59.90 each, including a bulk delivery of test kits to the agency location and return shipping of individual tests. The Small Agency Resource Team (SmART) that provides administrative services to the Board is coordinating implementation of the new testing protocols for agencies it serves.

Please see the enclosed HR/LR Policy, particularly at pages 7 - 9:

Board members will likely be asked to show similar vaccination or testing documentation when we resume in-person meetings. At this time, in-person meetings are not advised and we will continue with virtual meetings.

TECHNOLOGY UPDATES
ALIMS database upgrade:
The Board of Medical Practice Board staff are participating in testing of upgrades to our database. We anticipate that the new database features will be implemented in mid-February or early March. We are very grateful to all Board staff for taking the time to test the new features and provide feedback to the development team. Testing is essential to assuring a smooth transition to the new database.

DOMAIN Migration:
MNiT recently provided an update on the planned domain migration, confirming that the migration has been protracted for good reason. The timeline has been extended to assure comprehensive testing of all hardware and software applications that may be impacted during the migration, including but not limited to conversion to the new ALIMS database. MNiT continues to evaluate a migration schedule that will not significantly interfere with Board operations. We have not been provided with a migration timeline, but will communicate additional information as it becomes available.

ENGAGEMENT
On December 28, 2021, I met virtually with the Tick-Borne Disease Working Group (TBDWG), established by Congress in 2016 as part of the 21st Century Cures Act. The TBDWG requested a presentation and discussion of the Board’s complaint and disciplinary processes. Following is a link that provides additional details about the TBDWG’s work:

https://www.hhs.gov/ash/advisory-committees/tickborendisease/index.html

LEGISLATIVE UPDATE
The Minnesota Legislature will convene for the 2022 legislative session on January 31, 2022.

As authorized by the Board of Medical Practice, the Office of the Revisor of Statutes has drafted a bill that includes amendments to the Medical Practice Act, Physician Assistant Practice Act and
Acupuncture Practice Act. The draft language has been reviewed by the Governor’s policy advisor and by House and Senate leaders. We are working with the legislature to secure bi-partisan bill authors.

As noted in the Policy and Planning Committee report, we are also monitoring bills that impact professions regulated by the Board and we will continue to monitor bill introductions to track other bills that impact the Board or its regulated professionals.

BOARD MEMBERS IN THE SPOTLIGHT!
Minnesota’s Board members continue to demonstrate leadership and initiative in a variety of settings. Board members are invited to share updates on their regulatory leadership assignments and activities during the Board’s business meetings.

Thank you for your exceptional representation of the Board and its role in public protection through health care regulation!

OTHER BUSINESS
DATE: January 8, 2022  
SUBJECT: 2022 Board Member Committee Assignments

SUBMITTED BY: Kathryn Lombardo, M.D., 2021 Board President

REQUEST FOR BOARD ACTION
MINNESOTA BOARD OF MEDICAL PRACTICE

REQUESTED ACTION:
For Information Only

MOTION BY:     SECOND:

( ) PASSED     ( ) PASSED AMENDED     ( ) LAYED OVER     ( ) DEFEATED

BACKGROUND:

Listed below are the 2022 Committee Assignments:

CRC #1
Dr. Christopher Burkle (Chair)
Dr. Kathryn Lombardo
Mr. Stuart Williams

CRC #2
Dr. Cheryl Bailey((Chair)
Dr. Gigi Chawla
Mr. Jake Manahan

Licensure
Dr. Cherie Zachary((Chair)
Mr. Allen Rasmussen
Ms. Shaunequa James
Dr. Tenbit Emiru

Policy & Planning
Mr. Stuart Williams (Chair)
Dr. Anjali Gupta
Dr. Jennifer Kendall Thomas
Mr. Allen Rasmussen
DATE: January 8, 2022

SUBJECT: Campaign Finance and Public Disclosure Form Completion Requirement Reminder

SUBMITTED BY: Ruth Martinez, MA., CMBE., Executive Director

REQUEST FOR BOARD ACTION
MINNESOTA BOARD OF MEDICAL PRACTICE

REQUESTED ACTION:

MOTION BY:  SECOND:

( ) PASSED  ( ) PASSED AMENDED  ( ) LAYED OVER  ( ) DEFEATED

BACKGROUND:

Board members are required to complete a Campaign Finance and Public Disclosure form online between January 1 and January 31, 2022. Board members will receive a notice from the Campaign Finance and Public Disclosure Board prior to January 2022. Failure to complete the form could result in a fine.
DATE: January 8, 2022
SUBJECT: Federation of State Medical Boards - Call for Resolutions

SUBMITTED BY: Ruth M. Martinez, MA, CMBE, Executive Director

REQUEST FOR BOARD ACTION
MINNESOTA BOARD OF MEDICAL PRACTICE

REQUESTED ACTION:
Submit resolutions by February 23, 2022.

MOTION BY:                        SECOND:

( ) PASSED   ( ) PASSED AMENDED   ( ) LAYED OVER   ( ) DEFEATED

BACKGROUND:

Please identify any resolutions for submission to the FSMB. Resolutions will be considered at the Annual Meeting.
DATE: January 8, 2022

SUBJECT: Federation of State Medical Boards - Engagement

SUBMITTED BY: Ruth M. Martinez., MA., CMBE., Executive Director

REQUEST FOR BOARD ACTION
MINNESOTA BOARD OF MEDICAL PRACTICE

REQUESTED ACTION:

For Information Only

MOTION BY: ___________________________ SECOND: ___________________________

( ) PASSED ( ) PASSED AMENDED ( ) LAYED OVER ( ) DEFEATED

BACKGROUND:

See Attachment
GET INVOLVED

The FSMB’s member boards are made up of hundreds of knowledgeable and dedicated individuals who are committed to strengthening the field of medical regulation and enhancing public protection. Each year, we invite members of the medical regulatory community to submit nominations to serve in leadership positions on the FSMB Board of Directors and standing/special committees and workgroups. We are currently seeking nominations and applications for the leadership positions below. To learn more about the nomination and submission process, please click the respective links below:

- Nominations for Elected Positions to the FSMB Board of Directors and Nominating Committee (Deadline to submit: December 31, 2021) View Details

- Nominations for Staff Fellows to the FSMB Board of Directors (Deadline to submit: December 31, 2021) View Details
We are also soliciting involvement from our member boards and others in the FSMB’s policy-making process. Your involvement in this process can make a real impact in the direction and policy of the FSMB, and will allow us to celebrate those who have played a vital role in health care regulation. If you are interested in submitting a resolution for the FSMB House of Delegates, please click the link below.

- Submission of Resolutions for the FSMB House of Delegates *(Deadline to submit: February 23, 2022)* [View Details](#)

The submission deadline for all leadership positions is **December 31, 2021**. Resolutions are due by **February 23, 2022**. For more information, please contact Pat McCarty, Director of FSMB Leadership Services, at [pmccarty@fsmb.org](mailto:pmccarty@fsmb.org).
The *Journal of Medical Regulation* (JMR) is a peer-reviewed publication published by the Federation of State Medical Boards since 1913. JMR’s scholarly content examines trends and topics of interest to the international community of medical regulators who protect the public’s health and safety through the licensing and discipline of physicians and other health care professionals.
JMR Seeks Focus Group Participants

In January 2022, the FSMB is planning to conduct focus group interviews as part of strategic planning for its peer-reviewed quarterly publication, the *Journal of Medical Regulation* (JMR).

FSMB is recruiting interested state medical board members and staff to participate in a structured 60-minute group conversation focused on JMR. The conversation will include reviewing results from a recent JMR readership survey, discussing strategic considerations for JMR (e.g., print vs. online editions) and providing individual reaction to strengths, weaknesses and opportunities for improving the value of JMR to the medical regulatory community.

If you are a state medical board member or staff member and would be interested in participating, please contact Roxanne Huff at rhuff@fsmb.org for more information. The number of focus group slots is limited, so please do not delay if you are interested.

Wanted: Book Reviewers

JMR is seeking interested writers among state medical board members and staff to review recently published books on current issues impacting medical regulation. Topics of recently reviewed books include *Medical Ethics and Professionalism*, *Physician-assisted Death* and *Medical Marijuana*.

These reviews represent another tool providing medical regulators with helpful information and scholarship on current ethical, medical and legal developments in health care. If you are interested and would like to learn more, please email editor@fsmb.org.
Readers can access all new and archived JMR articles for free, with no password required on our recently revamped open-access website at www.JMRonline.org.
REQUEST FOR BOARD ACTION  
MINNESOTA BOARD OF MEDICAL PRACTICE

REQUESTED ACTION:
For Information Only

MOTION BY: SECOND:

( ) PASSED   ( ) PASSED AMENDED ( ) LAYED OVER ( ) DEFEATED

BACKGROUND: The Minnesota Welcome Reception will be held on April 27, 2022 at 5:30 PM. The annual meeting of the FSMB will be held April 28-30, 2022 at the:

New Orleans Marriott  
555 Canal Street  
New Orleans, LA  
Phone - Toll Free: 1-888-236-2427

1. Those Board members planning to attend should contact Eden Young at 612-548-2164, Eden.Scarver@state.mn.us. Ms. Young will register you for the conference (YOU’RE RESPONSIBLE FOR MAKING YOUR OWN HOTEL RESERVATION) and pay the conference fees.

2. Please make your room reservation by calling 1-888-236-2427 early, as only a limited number of hotel rooms will be available at the FSMB group rate of $251.00. The cut off date is April 4, 2022.

3. **Airline reservations must be made through TRAVE LEADERS (State Vendor), in order to be reimbursed by the State of Minnesota.** The travel agent assigned to the state of Minnesota is Zoey at 763-231-8445, 1-800-215-2762 or Zoey@TVLLLeaders.com or stateofmntravel@tvllleaders.com. Please let her know you are traveling on behalf of the State of Minnesota. She will ask you what agency (MN Board of Medical Practice). An itinerary will be sent to you with a $25.00 charge, the board will reimburse you for this charge when you submit your expense report. If you are planning to bring a guest, Zoey can assist with airline reservations however the government rate will not apply. If you have questions regarding airfare booking, please contact Eden Young at 612-548-2164 or Eden.Scarver@state.mn.us. The Board will reimburse you for airfare (coach) based on a day advance purchase.

4. If you have additional questions please visit the link below along with the FSMB Covid protocols.

https://web.cvent.com/event/045042e3-740a-40b2-baeb-fb468e0b7a98/summary
REQUEST FOR BOARD ACTION
MINNESOTA BOARD OF MEDICAL PRACTICE

REQUESTED ACTION:
Identify topics to be considered for 2022 Board meetings.

MOTION BY: ____________________  SECOND: ____________________

( ) PASSED  ( ) PASSED AMENDED  ( ) LAYED OVER  ( ) DEFEATED

BACKGROUND:
Discussion informational topics for presentations at the 2022 Board meetings.

If any board members has suggestions or interest in a particular topic, please let us know at the board meeting.
DATE: January 8, 2022
SUBJECT: New Business

SUBMITTED BY: Kimberly W. Spaulding, M.D., M.P.H. Board President

REQUEST FOR BOARD ACTION
MINNESOTA BOARD OF MEDICAL PRACTICE

REQUESTED ACTION:

For Information Only

MOTION BY: ____________________ SECOND: ____________________

( ) PASSED ( ) PASSED AMENDED ( ) LAYED OVER ( ) DEFEATED

BACKGROUND:

Any other new business to be discussed.
DATE: January 8, 2022

SUBMITTED BY: Complaint Review Committees

REQUEST FOR BOARD ACTION
MINNESOTA BOARD OF MEDICAL PRACTICE

REQUESTED ACTION:

For Information Only

MOTION BY: SECOND:

( ) PASSED ( ) PASSED AMENDED ( ) LAYED OVER ( ) DEFEATED

BACKGROUND:

For Information only, attached are copies of Corrective or Other Actions that were implemented since the November 13, 2021, Board Meeting.
BEFORE THE MINNESOTA
BOARD OF MEDICAL PRACTICE

In the Matter of the
Physician Assistant License of
Kristen M. Finnegan, P.A.
Year of Birth: 1990
License Number: 11852

AGREEMENT FOR CORRECTIVE ACTION

This Agreement for Corrective Action ("Agreement") is entered into by and between Kristen Marie Finnegan, P.A. ("Respondent"), and the Complaint Review Committee of the Minnesota Board of Medical Practice ("Committee") pursuant to the authority of Minnesota Statutes section 214.103, subdivision 6(a) (2020). Respondent has been advised by Board representatives that she may choose to be represented by legal counsel in this matter. Respondent elected to be represented by Mark R. Whitmore, Bassford Remele, 100 South 5th Street, Suite 1500, Minneapolis, MN 55402. The Committee was represented by Daniel S. Schueppert, Assistant Attorney General, 445 Minnesota Street, Suite 1400, St. Paul, Minnesota 55101, (651) 728-7238. Respondent and the Committee hereby agree as follows:

FACTS

1. The Board may consider the following facts as true:
   a. Respondent was licensed by the Board to practice as a physician assistant in the State of Minnesota on July 18, 2015.
   b. In May 2020, the Board received a complaint stating that Patient #1 presented to Respondent's clinic on December 4, 2018, complaining of pain in his lower left back, left testicle, and left leg. The complaint stated that Respondent examined Patient #1's back but did not examine Patient #1's testicle or ask any additional questions about the pain in his left testicle.
c. Based upon the complaint, the Board initiated an investigation into Respondent’s care. The investigation revealed that Patient #1's medical record indicates that he saw Respondent in an urgent care clinic on December 4, 2018 for a complaint of "pain ... irradiating down to his left testicle and left leg." Respondent stated that she was not aware of Patient #1’s complaint of testicular pain at the time of the appointment and that, when asked to describe his symptoms, Patient #1 did not mention testicular pain. Respondent did not examine Patient #1’s left testicle. Respondent diagnosed Patient #1 with “acute left-sided low back pain with left-sided sciatica” and prescribed cyclobenzaprine (Flexeril). Respondent’s treatment plan also included alternating ice and heat and taking ibuprofen for pain relief. Respondent’s only differential diagnosis was musculoskeletal pain.

   d. On June 24, 2021, Respondent appeared before the Committee. During her conference, Respondent acknowledged that she did not consider testicular torsion as a differential diagnosis.

2. Based on the discussion, the Committee views Respondent’s conduct as inappropriate under Minnesota Statutes section 147A.13, subdivision 1(10) (engaged in unprofessional conduct, including conduct that departs from or fails to conform to the minimal standards of acceptable and prevailing practice) (2020); Respondent agrees that the conduct cited above constitutes a reasonable basis in law and fact to justify corrective action under these statutes.

**CORRECTIVE ACTION**

3. Respondent agrees to address the concerns referred to in paragraphs 1 and 2 by taking the following corrective action:
   
   a. Within six months of the date of this Agreement, Respondent shall successfully complete pre-approved coursework in triaging and diagnosing urgent care patients.
b. Within three months of successful completion of the above-referenced coursework and reading, Respondent shall write a paper, for Committee approval, documenting what she has learned from the coursework, and how she would have handled this patient differently.

4. This Agreement shall become effective upon execution by the Committee and shall remain in effect until Respondent successfully completes the term of the Agreement. Successful completion shall be determined by the Committee. Upon Respondent’s signature and the Committee’s execution of this Agreement, the Committee agrees to close the complaint resulting in the information referred to in paragraphs 1 and 2. Respondent understands and further agrees that if, after the matter has been closed, the Committee receives additional complaints similar to the information in paragraphs 1 and 2, the Committee may reopen the closed complaint.

5. If Respondent fails to satisfy the terms of the Agreement the Committee may, in its discretion, reopen the investigation and proceed according to Minnesota Statutes chapters 14, 147A, and 214. Failure to satisfy the terms of the Agreement constitutes failure to cooperate under Minnesota Statutes section 147A.13, subdivision 1(20). In any subsequent proceeding, the Committee may use this Agreement as proof that Respondent’s conduct, cited in the Facts above, justified action under these statutes.

6. Respondent understands that this Agreement does not constitute disciplinary action. Respondent further understands and acknowledges that this Agreement and any letter of satisfaction are classified as public data.

7. Respondent acknowledges reading and understanding this Agreement and entering into it voluntarily. This Agreement contains the entire agreement between the Committee and
Respondent, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this Agreement.

Dated: 9/9/2021

KRISTEN M. FINNEGAN, P.A.
Respondent

Dated: 11/10/21

FOR THE COMMITTEE
BEFORE THE MINNESOTA
BOARD OF MEDICAL PRACTICE

In the Matter of the
Medical License of
Sanjeev K. Arora, M.B., B.S.
Year of Birth: 1966
License Number: 46,656

FINDINGS OF FACT,
CONCLUSIONS,
AND FINAL ORDER

The above-entitled matter came on for an evidentiary hearing on February 1 and 2, 2021, before Administrative Law Judge ("ALJ") James E. LaFave. The matter was initiated pursuant to the Notice and Order for Prehearing Conference and Hearing ("Notice of Hearing") issued by the Minnesota Board of Medical Practice ("Board") Complaint Review Committee ("Committee") on October 4, 2019. Daniel S. Schueppert, Assistant Attorney General, represented the Committee. Sanjeev K. Arora, M.B., B.S. ("Respondent"), was represented at the hearing by Henry M. Helgen, III, of Kutak Rock LLP, Minneapolis, Minnesota.

On June 11, 2021, the ALJ issued a Findings of Fact, Conclusions of Law, and Recommendation with attached Memorandum ("ALJ’s Report"), recommending that the Board take disciplinary action against Respondent’s medical license. (A true and correct copy of the ALJ’s Report is attached hereto and incorporated as Exhibit A.)

The Board convened to consider the matter on November 13, 2021, via WebEx videoconference. The Board’s office is located at 335 Randolph Avenue, Suite 140, St. Paul, Minnesota 55102. The following Board members were present: Chaitanya Anand, M.B., B.S.; Cheryl L. Bailey, M.D.; Pamela Gigi Chawla, M.D., M.H.A.; Tenbit Emiru, M.D., Ph.D., M.B.A.; Anjali Gupta, M.B., B.S, M.P.H.; Kathryn D. Lombardo, M.D.; John M. (Jake) Manahan, J.D.; Hugh P. Renier, M.D., FAAFP; Jennifer Y. Kendall Thomas, D.O., FAOCPMR; and Cherie Zachary, M.D., ABAI. Daniel S. Schueppert, Assistant Attorney General, appeared and presented
oral argument on behalf of the Committee. Henry M. Helgen, III, of Kutak Rock, LLP, appeared and presented oral argument on behalf of Respondent. Gregory J. Schaefer, Assistant Attorney General, was present as legal advisor to the Board.

The following Board members were present and did not participate in deliberations: Christopher Burkle, M.D., J.D., FCLM.; Allen G. Rasmussen, M.A.; Kimberly W. Spaulding, M.D., M.P.H.; and Stuart T. Williams, J.D.

**FINDINGS OF FACT**

The Board has reviewed the record of this proceeding and hereby adopts and incorporates by reference the Findings of Fact therein.\(^1\) Accordingly, the Board finds as follows:\(^2\)

1. Respondent has been licensed by the Board to practice medicine in the State of Minnesota since 2004 and is board-certified in physical medicine and rehabilitation.

2. Respondent owns a clinic ("Clinic") that has locations in Roseville and Burnsville, Minnesota.\(^3\) Respondent’s Clinic provides medication management, physical therapy, and some injections for pain care. Respondent is the sole physician working at the Clinic, and his practice is focused on pain management. Respondent primarily treats neck and back pain, but also addresses pain in the shoulders and hips.

3. Respondent is the sole physician working at the Clinic, although the Clinic also employs other licensed health professionals and unlicensed staff.\(^4\)

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\(^1\) Findings in the ALJ’s Memorandum are adopted and incorporated into the findings of fact. ALJ’s Report at 9.

\(^2\) The Board modified the format of the findings of fact from the ALJ’s Report to conform to the standard format the Board uses for findings of fact and for ease of reading. In doing so, the Board reformatted and numbered paragraphs and removed the ALJ’s citations to the record.

\(^3\) The Clinic’s name has been removed, consistent with Board policy and past orders.

\(^4\) This revision is a non-substantive change made for clarity.
4. In 2017, a 24-year-old woman ("Patient") presented to Respondent for acute neck and lower back pain following an automobile accident. Patient was referred to Respondent by the attorney representing her in a lawsuit related to her car accident.

5. In the beginning, Patient felt that Respondent acted professionally toward her, but over the course of several appointments, that changed. During one appointment, Patient was in pain and crying. Respondent reached over and wiped a tear off her face.

6. During another appointment, Respondent gave Patient medicinal injections to help with her back and neck pain. These injections are painful. Respondent hugged Patient three times during this appointment.

7. These occurrences made Patient feel "uncomfortable." Thereafter, Patient started recording her interactions with Respondent on her cell phone.

8. According to Patient, Respondent often reached underneath Patient’s clothes to listen to her heartbeat, sometimes without a stethoscope. On at least one occasion, Respondent cupped her breast.

9. Patient testified credibly that Respondent inappropriately touched her breast.\(^5\) Patient's recordings support her testimony. In one recording, Patient tells Respondent: "I mean, I think you can put your hand----, because your hand is like touching my chest area again.\(^6\) Yeah." Later, during the same appointment, she tells him: "I think, if you could just stay, on top of my shirt. Keep (inaudible) on top of my shirt."\(^7\)

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\(^5\) The Board notes that the record also contains transcripts of an investigative interview of Patient conducted on behalf of the Board and Respondent's deposition of Patient.

\(^6\) The Board notes, as does the ALJ’s Report at page 15, that Respondent stated, "Oh, like this?" in response to Patient.

\(^7\) ALJ’s Report at 14.
10. The record is replete with sexually charged comments that Respondent made to Patient:

   a. As a patient, but I would like to be friends with you after your case is done.

   b. I mean I like hugging, because you know? I feel like it's okay, as long as you're okay.

   c. And I know you are a young girl and I don't want to have any problem with you or other things.

   d. And feel you a hug if I need to, if I need to, I don't want you to feel like I'm trying to approach you with a sexual intention.

   e. And I call you, the reason I call you is I somehow, I will say honestly, like I get a little more attached than what I should.

   f. If you cry I will hug you.

   g. Like if I hug for three times, you say three is enough.

   h. I mean I have some personal needs that I need from you, you'll help me, right?

   i. I just like to touch you. I just need to be a (inaudible).

   j. As a person you have something very unique.

   k. Looks like you have a shirt on. Can you take this off?

   l. Why don't you call me?

11. During the recordings, Respondent often lowers his voice and speaks to Patient with a seductive tone.

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8 The ALJ's Report contains lengthy quotes from the record that are not recited in their entirety to conform to the Board's customary style and formatting. Id.
12. During the Board's investigation, Respondent denied putting his hands under Patient's shirt, denied hugging Patient, denied telling Patient that he wanted to be friends with her, denied that he said anything to Patient about sexual intention or that he was sensitive and got too attached, and denied that he 'cared about' Patient. During an investigative interview conducted on behalf of the Board, Respondent told the investigator that he does not put his hands under a patient's shirt and that he listens to the "stethoscope over the shirt." Respondent provided a written statement to the Board that his "exams for this patient did not necessitate nor involve any contact with the patient's chest other than listening to the patient's heart and lungs which took place over her clothing and away from her breasts."\(^9\)

13. Respondent often asked Patient to see him at the Burnsville Clinic, which made her feel like "he wanted [them] to be in a private room together [because] [h]e wanted to take things further." Patient thought Respondent wanted to touch her more and kiss her, and possibly have sex with her.

14. Patient testified that while bending her during an examination, Respondent's "privates would come in contact with [her] back side."

15. Respondent's sexual advances were not merely "touching" based, but rather encompassed his entire approach to Patient, including his verbiage and tone.\(^10\)

16. Respondent demonstrated a willful disregard for Patient's welfare.\(^11\)

17. Respondent denies engaging in inappropriate conduct with Patient.

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\(^9\) The Committee filed an exception to modify this finding to reflect that Respondent provided verbal and written responses throughout the Board's investigation, including an investigative interview on behalf of the Board, in a formal written response to the Notice of Conference, and during a conference with the Committee. The Board agrees and finds that the modification is supported by the record.

\(^10\) ALJ's Report at 16.

\(^11\) Id. at 17.
18. Respondent's testimony in this regard is not credible.

CONCLUSIONS

Based upon the foregoing Findings of Fact, the Board makes the following Conclusions:

1. The Board has jurisdiction under Minnesota Statutes sections 147.091, subdivision 1; 214.10; and 214.103. The Minnesota Medical Practice Act sets forth standards to which physicians licensed in Minnesota must adhere. Minnesota Statutes section 147.091 describes the grounds for disciplinary action.

2. The Board accepts the ALJ's Report and accordingly adopts and incorporates the Conclusions of Law and Memorandum sections as Conclusions of Law.

MINNESOTA STATUTES SECTION 147.091, SUBDIVISION 1(T)

3. On page 10 of the ALJ's Report, the ALJ concludes:

The Board may discipline licensees who engage in conduct prohibited by Minn. Stat. § 147.091 (2020). Among the listed prohibitions, a physician may not engage "in conduct with a patient which is sexual or may reasonably be interpreted by the patient as sexual, or in any verbal behavior which is seductive or sexually demeaning to a patient." [Minn. Stat. § 147.091, subd. 1(t)].

The statute does not distinguish between sexual conduct that is welcome or unwelcome, and it does not permit consensual sexual activities between a doctor and patient. Seductive sexual communications, such as emails and texts, are also prohibited.

The Committee has met its burden of proving that Respondent engaged in inappropriate sexual behavior with a Patient.

4. On pages 14 through 17 of the ALJ's Report, the ALJ provided the following reasoning in support of the conclusion:

The record supports a conclusion, by a preponderance of the evidence, that Respondent engaged in sexual conduct with Patient, both physically and verbally. First, Patient testified credibly that Respondent inappropriately touched her breast. Patient's recordings support her testimony....
In addition, the record is replete with sexually charged comments that Respondent made to Patient ....

These are not appropriate things for a doctor to say to a patient. And even more troubling is the way that Respondent said them. In the recordings, when discussing treatment, Respondent speaks in a loud, clear voice. However, during the statements noted above, Respondent frequently lowers his voice to a quiet, seductive tone.

[A] patient should not need to request that a doctor stop hugging her. She should never have to ask him to keep his hands off her chest. And she should not be expected to clarify that she wants to keep their relationship one of a doctor and patient. When Respondent’s conduct is considered together with his tone of voice, it is clear his conduct towards Patient was sexually motivated and that Patient could reasonably interpret Respondent’s actions as sexual.

....

Even assuming for a moment that Respondent had no sexual intent, Patient was more than reasonable in her belief to the contrary. And that is all the statute requires.

....

...The problem here was not with Patient’s perception, but rather Respondent’s actions. As noted above, Respondent’s sexual advances were not merely “touching” based, but rather encompassed his entire approach to Patient, including his verbiage and tone. Moreover, Respondent conceded that a doctor is in a position of power over a patient. That is even more true when the patient is a young girl in pain, and the doctor is significantly older. And yet, Respondent gave Patient hugs without any thought to her comfort level.

....

...[P]atients are not required to bring witnesses to doctor’s appointments to avoid being sexually harassed. Patient’s alleged hypersensitivity to touch, her decision not to seek another doctor, and her choice to enter the examination room alone were not the concern here. It is Respondent’s conduct that is the issue. Moreover, Respondent’s contention begs the question: if he knew that Patient was uncomfortable with his examinations, why didn’t he ask someone else to be in the room?

In sum, despite Respondent’s insinuations to the contrary, Patient is not to blame for what happened here. She did not cause Respondent to act inappropriately. In fact, Patient repeatedly complained to Respondent about getting too close to her. Nonetheless, Respondent continued to speak to, and touch, Patient
in a sexual manner. Moreover, part of the problem was not what Respondent said to Patient, but rather the way that he said it.

**MINNESOTA STATUTES SECTION 147.091, SUBDIVISION 1(G)**

5. On pages 10 and 11 of the ALJ’s Report, the ALJ concludes:

The Board may discipline physicians for engaging in “any unethical or improper conduct.” The relevant statute contains a non-exclusive list enumerating certain types of unethical or improper conduct that are specifically prohibited, such as conduct likely to deceive or defraud the public, likely to harm the public, or demonstrating a willful or careless disregard for the health, welfare or safety of a patient. [Minn. Stat. § 147.091, subd. 1(g)(1)-(3).]

“Minnesota courts have previously affirmed medical-license revocations for ‘unethical conduct’ under subdivision 1(g) where a physician engaged in sexual conduct with a patient.”

The Committee has met its burden of proving that Respondent engaged in unethical behavior.

6. On page 17 of the ALJ’s Report, the ALJ provided the following reasoning in support of his conclusion:

Respondent engaged in sexually inappropriate conduct with Patient. This conduct was both verbal and physical and demonstrated a willful disregard for Patient’s welfare. Patient was in her 20s. Respondent was significantly older. She believed that her doctor would alleviate pain following a car accident. Instead, Respondent sexually harassed and abused her. In addition to Patient’s distress, this conduct has the potential to harm the public. There is no reason to believe that Respondent will refrain from engaging in similar conduct in the future, and he therefore remains a threat to other patients. The Committee has met its burden of proving that Respondent’s conduct was unethical.

**MINNESOTA STATUTES SECTION 147.091, SUBDIVISION 1(K)**

7. On page 11 of the ALJ’s Report, the ALJ concludes:

Physicians may be disciplined for “[c]onduct that departs from or fails to conform to the minimal standards of acceptable and prevailing medical practice in which case proof of actual injury need not be established.” [Minn. Stat. § 147.091, subd. 1(k).]
The Committee has met its burden to prove that Respondent engaged in conduct that failed to conform to the minimal standards of acceptable and prevailing medical practice.

8. On page 17 of the ALJ’s Report, the ALJ states that “the Minnesota Court of Appeals has upheld license discipline based on a conclusion that sexual conduct failed to comport with the minimal standards of practice,” and that the ALJ “is not willing to conclude that sexual conduct with a patient could ever be acceptable practice.”

**MINNESOTA STATUTES SECTION 147.091, SUBDIVISION 1(u)**

9. On page 11 of the ALJ’s Report, the ALJ concludes:

“A physician who is the subject of an investigation by or on behalf of the board shall cooperate fully with the investigation. Cooperation includes responding fully and promptly to any question raised by or on behalf of the board relating to the subject of the investigation and providing copies of patient medical records, as reasonably requested by the board, to assist the board in its investigation.” [Minn. Stat. § 147.131.]

Pursuant to Minn. Stat. § 147.091, subd. 1(u), failure to cooperate with an investigation of the board as required by Minn. Stat. § 147.131 is grounds for discipline.

The Committee established, by a preponderance of the evidence, that Respondent failed to cooperate with an investigation of the Board.

10. On page 18 of the ALJ’s Report, the ALJ provided the following reasoning to support his conclusion:

Respondent was knowingly untruthful; therefore, he did not respond “fully” to the Board’s investigation.

11. On pages 11 and 12 of the ALJ’s Order, the ALJ concludes:

When the Board finds that a licensed physician has violated a provision or provisions of Minn. Stat. §§ 147.01-.22 (2020), it may impose discipline, by revoking, suspending or imposing conditions upon a license, assessing a civil penalty of not more than $10,000 per violation, or censuring or reprimanding the licensee. [Minn. Stat. § 147.141].

Sanctions against Respondent’s license are appropriate.
The imposition of disciplinary action by the Board against the Respondent is in the public interest.

12. The Committee has demonstrated that Respondent violated Minnesota Statutes section 147.091, subdivisions 1(i), (g), (k), and (u). The Board has authority to impose disciplinary action against Respondent’s license to practice medicine and surgery in the State of Minnesota, as set forth in section 147.091.

ORDER

Based on the foregoing Findings of Fact and Conclusions and upon the recommendation of the ALJ, the Board issues the following Order:

1. Respondent is **REPRIMANDED.**

2. Respondent’s license to practice medicine and surgery in the State of Minnesota is **SUSPENDED** from December 13, 2021 to January 11, 2022. After his suspension, Respondent must contact Board staff to request that the suspension be administratively removed and Respondent shall then be issued a restricted license subject to the terms of this Order

3. Respondent shall pay a civil penalty in the amount of $39,797.70 within 90 days from the date of this Order.

4. Within six months from the date of this Order, Respondent shall successfully complete the following pre-approved coursework:
   
   a. A professional boundaries course; and
   
   b. An ethics course.

5. Following Respondent’s completion of the above-referenced coursework and within nine months of the date of this Order, Respondent shall write and submit a paper, for review
and approval by the Committee, describing what he has learned from the coursework and how he will implement this knowledge into his practice.

6. Respondent shall practice in a pre-approved setting.

7. Respondent shall not engage in conduct with patients that is sexual or may reasonably be interpreted by a patient as sexual.

8. Respondent shall have a female staff member present during all consultations and physical examinations of female patients, and document in the patient chart the name of the staff member.

9. Respondent may petition for reinstatement of an unconditional license no sooner than two years from the date of this Order and upon submission of satisfactory evidence of successful completion of the terms of the Order. Upon hearing Respondent's petition, the Committee may recommend that the Board continue, modify, or impose additional conditions and restrictions as deemed necessary.

10. Respondent's violation of this Order shall constitute a violation of Minnesota Statutes section 147.091, subdivision 1(f), and provide grounds for further disciplinary action.

Dated: November 26, 2021

MINNESOTA BOARD OF MEDICAL PRACTICE

[Signature]
KATRYN D. LOMBARDO, M.D.
President
In the Matter of the
Medical License of
Herbert William Jones, M.D.
Year of Birth: 1957
License Number: 41,941

On October 15, 2021, the Complaint Review Committee ("Committee") of the Board of Medical Practice ("Board") issued to Herbert William Jones, M.D. ("Respondent"), an Order of Removal of Stay of Suspension pursuant to the Stipulation and Order adopted by the Board on September 14, 2019 ("September 2019 Order"), and the Committee Order Amending the Board’s Stipulation and Order, issued May 9, 2020 ("2020 Committee Order"). (True and correct copies of the September 2019 Order and 2020 Committee Order are attached hereto and incorporated herein as Exhibit A.) Subsequently, the above-entitled matter came on for a hearing at a regularly scheduled meeting of the Board on November 13, 2021, via Webex videoconference. The Board’s office is located at 335 Randolph Avenue, Suite 140, St. Paul, Minnesota 55102.

The following Board members were present: Chaitanya Anand, M.B., B.S.; Cheryl L. Bailey, M.D.; Pamela Gigi Chawla, M.D., M.H.A.; Tenbit Emiru, M.D., Ph.D., M.B.A.; Anjali Gupta, M.B., B.S., M.P.H.; John M. (Jake) Manahan, J.D.; Allen G. Rasmussen, M.A.; Hugh P. Renier, M.D., FAAFP; Jennifer Y. Kendall Thomas, D.O., FAOCPMR; and Cherie Zachary, M.D., ABAI. Daniel S. Schueppert, Assistant Attorney General, appeared and presented oral argument on behalf of the Committee. Respondent appeared on behalf of himself and presented oral argument. Gregory J. Schaefer, Assistant Attorney General, was present as legal advisor to the Board.

The following Board members were present and did not participate in deliberations: Christopher Burkle, M.D., J.D., FCLM; Kathryn D. Lombardo, M.D.; Kimberly W. Spaulding,
M.D., M.P.H; and Stuart T. Williams, J.D. Board staff who assisted the Committee did not participate in the deliberations.

**FINDINGS OF FACT**

The Board has reviewed the record of this proceeding and hereby issues the following Findings of Fact:

1. Respondent was licensed by the Board to practice medicine and surgery in the State of Minnesota on September 11, 1999. Respondent is board-certified in radiology with a sub-certification in diagnostic radiology.

2. On December 4, 2018, Respondent signed a Stipulation to Cease Practicing Medicine with the Board.

3. On February 14, 2019, Respondent met with the Committee and discussed his substance use history and recovery efforts. Respondent acknowledged practicing medicine while under the influence of substances and failing to complete chart reviews because of his substance use.

4. By Stipulation and Order dated May 11, 2019 ("May 2019 Order"), Respondent’s license to practice medicine and surgery in the State of Minnesota was suspended by the Board based upon Respondent’s unethical or improper conduct, inability to practice medicine by reason of illness, addiction to a drug, and violation of a Health Professionals Services Program ("HPSP") Participation Agreement. Under the terms of the May 2019 Order, Respondent was required to refrain from practicing medicine until he could submit satisfactory evidence that he was fit and competent to resume practice with reasonable skill and safety.

5. On August 6, 2019, Respondent submitted a petition for reinstatement of his license with supporting documentation.
6. On August 15, 2019, Respondent met with the Committee to discuss his petition, progress in recovery, and practice plans. Respondent provided the Committee with the results of his substance use monitoring and explained his therapy and use of community support groups. Respondent’s treating providers reported that Respondent had made excellent progress in treatment and was abstinent from substance use.

7. By Stipulation and Order dated September 14, 2019 ("September 2019 Order"), the Board reinstated Respondent’s license to practice medicine and surgery subject to a stayed suspension with conditions and restrictions. Reinstatement of Respondent’s license to practice medicine and surgery was contingent upon Respondent’s compliance with the September 2019 Order, including participation in HPSP and fully complying with his HPSP Participation Agreement. The September 2019 Order included statutory violations of Minnesota Statutes sections 147.091, subdivision 1(g)(2)-(5) (engaged in unethical or improper conduct, including, but not limited to, conduct likely to harm the public; conduct that demonstrates a willful or careless disregard for the health, welfare, or safety of a patient; medical practice that is professionally incompetent; and conduct that may create unnecessary danger to any patient’s life, health, or safety, in any of which cases, proof of actual injury need not be established), (k) (conduct that departs from or fails to conform to the minimal standards of acceptable and prevailing medical practice), (l) (inability to practice medicine due to illness), (r) (became addicted to a drug or intoxicant), and 214.355 (violating HPSP Participation Agreement).

8. On October 1, 2019, Respondent signed a Participation Agreement with HPSP for monitoring.

9. On May 9, 2020, Respondent’s September 2019 Order was modified by Committee Order ("2020 Committee Order") to increase his practice hours to a maximum of 80 hours per
week including call and to reduce the frequency of Respondent’s work-site monitor reports to at least quarterly. The 2020 Committee Order did not otherwise modify the September 2019 Order.

10. In the event that the Committee has probable cause to believe Respondent has failed to comply with any of the requirements for staying the suspension of his license as set forth in paragraph 5 of the September 2019 Order or has failed to comply with his HPSP Participation Agreement, paragraph 8 of the September 2019 Order sets forth the procedures pursuant to which the Committee may remove the stay of suspension and suspend Respondent’s license.

11. On May 14, 2021, Respondent submitted a toxicology screen required by HPSP that tested positive for alcohol use with a PEth value of 297 ng/mL, in violation of Respondent’s HPSP Participation Agreement. HPSP requested that Respondent refrain from practice and complete an updated substance use assessment.

12. On June 4, 2021, Respondent temporarily returned to practice, in violation of his HPSP Participation Agreement. Respondent attributed his return to practice to a miscommunication after he agreed to go forward with the assessment. Respondent again agreed to refrain from practice.

13. On August 10, 2021, Respondent withdrew from HPSP without fulfilling the terms for successful completion of the program as set forth in his Participation Agreement. HPSP notified the Board of Respondent’s withdrawal.

14. On August 11, 2021, HPSP discharged Respondent based on his decision to withdraw from the program.

15. On October 15, 2021, Respondent was served with a Notice of Removal of Stay of Suspension, Imposition of Suspension, and Hearing. The Notice informed Respondent of the alleged violations and of the hearing.

16. The Committee had probable cause to remove the Stay of Suspension.
CONCLUSIONS

Based upon the foregoing Findings of Fact, the Board makes the following Conclusions:

1. The Board has jurisdiction to consider this matter under Minnesota Statutes sections 147.091, subdivision 1; 214.10; and 214.103 (2020).

2. The Committee gave Respondent proper notice of the alleged violations in this matter pursuant to paragraphs 8 and 9 of the September 2019 Order.

3. The Committee has proven by a preponderance of the evidence that Respondent violated an order of the Board, in violation of Minnesota Statutes section 147.091, subdivision 1(f).

4. As a result of the violation set forth above, the Board has the authority to impose additional disciplinary action against Respondent’s license to practice medicine and surgery in the State of Minnesota as set forth in Minnesota Statutes section 147.091, subdivision 1, and the September 2019 Order.

ORDER

Based on the foregoing Findings of Fact and Conclusions, the Board issues the following Order:

NOW, THEREFORE, IT IS HEREBY ORDERED:

1. Respondent’s license to practice medicine and surgery in the State of Minnesota is INDEFINITELY SUSPENDED.

2. During the period of suspension, Respondent shall not, in any manner, practice medicine and surgery in Minnesota.

   a. Respondent may petition for reinstatement of his license upon submission of satisfactory evidence that he is fit and competent to resume practice as a physician with reasonable skill and safety to patients. Satisfactory evidence shall include, but is not limited to, 12 months of documented and uninterrupted recovery from the date of this Order as documented
by 12 random toxicology screens per quarter, and written statements from all treating health care professionals, that he is fit and competent to resume practice with reasonable skill and safety to patients. Respondent's license may be reinstated, if at all, as the evidence dictates and based upon the need to protect the public. The burden of proof shall be upon Respondent.

b. During the petition process, Respondent shall sign all necessary releases to allow the Board access to all medical, mental health, evaluation, therapy, chemical dependency, or other records from any treating health professional or evaluator. Respondent shall allow the Board or its designee to communicate with all treating health professionals.

3. Upon petitioning for reinstatement, Respondent shall appear before the Committee to discuss his petition, progress in recovery, and practice plans. Upon hearing his petition, the Committee may recommend that the Board continue, modify, or remove the suspension or impose conditions or restrictions as deemed necessary.

4. Respondent's violation of this Order shall constitute violation of a Board order for purposes of Minnesota Statutes section 147.091, subdivision 1(f), and provide grounds for further disciplinary action.

Dated: December 2, 2021

MINNESOTA BOARD OF
MEDICAL PRACTICE

Hugh P. Renier, M.D., FAAFP
Vice President
BEFORE THE MINNESOTA
BOARD OF MEDICAL PRACTICE

In the Matter of the
Medical License of
Herbert W. Jones, M.D.
Year of Birth: 1957
License Number: 41,941

STIPULATION AND ORDER

IT IS HEREBY STIPULATED AND AGREED, by and between Herbert William Jones, M.D. ("Respondent"), and the Complaint Review Committee ("Committee") of the Minnesota Board of Medical Practice ("Board") as follows:

1. During all times herein, Respondent has been and now is subject to the jurisdiction of the Board from which he holds a license to practice medicine and surgery in the State of Minnesota.

2. Respondent has been advised by Board representatives that he may choose to be represented by legal counsel in this matter. Although aware of this opportunity, Respondent has elected not to be represented by counsel at the conference. Respondent is currently represented by Mike Hatch, Swanson Hatch P.A., 431 Seventh Street South, Suite 2545, Minneapolis, Minnesota 55415, (612) 315-3137. The Committee was represented by Keriann L. Riehle, Assistant Attorney General, 445 Minnesota Street, Suite 1400, St. Paul, Minnesota 55101, (651) 757-1449.

FACTS

3. For the purpose of this Stipulation, the Board may consider the following facts as true:
a. Respondent was licensed by the Board to practice medicine and surgery in the State of Minnesota on September 11, 1999. Respondent is board-certified in diagnostic radiology.

b. On December 4, 2018, Respondent signed a Stipulation to Cease Practice with the Board.

c. On February 14, 2019, Respondent met with the Committee and discussed his substance use history and recent recovery efforts. Respondent acknowledged practicing medicine while under the influence of substances and failing to complete chart reviews because of his substance use.

d. By Stipulation and Order dated May 11, 2019 ("May 2019 Order"), Respondent’s license to practice medicine and surgery in the State of Minnesota was suspended by the Board based upon Respondent’s unethical or improper conduct, inability to practice medicine by reason of illness, addiction to a drug, and violation of a Health Professionals Services Program ("HPSP") participation agreement. Under the terms of the May 2019 Order, Respondent was required to refrain from practicing medicine until he could submit satisfactory evidence that he was fit and competent to resume practice with reasonable skill and safety.

c. On August 6, 2019, Respondent submitted a petition for reinstatement of his Minnesota medical license with supporting documentation.

f. On August 15, 2019, Respondent met with the Committee to discuss his petition, progress in recovery, and practice plans. Respondent provided the Committee with the results of his substance use monitoring and explained his ongoing therapy and use of community support groups. Respondent’s treating providers reported that Respondent has made excellent progress in treatment and remains abstinent from substance use.
STATUTES

4. The Committee views Respondent's practices as inappropriate in such a way as to require Board action under Minn. Stat. § 147.091, subd. 1 (g)(2)-(5) (engaged in unethical or improper conduct, including, but not limited to conduct likely to harm the public; conduct that demonstrates a willful or careless disregard for the health, welfare, or safety of a patient; medical practice that is professionally incompetent; and conduct that may create unnecessary danger to any patient's life, health, or safety, in any of which cases, proof of actual injury need not be established), (k) (conduct that departs from or fails to conform to the minimal standards of acceptable and prevailing medical practice), (l) (inability to practice medicine with reasonable skill and safety to patients due to illness), and (r) (became addicted or habituated to a drug or intoxicant), and Minn. Stat. § 214.355 (violating HPSP participation agreement) (2018). Respondent agrees that the conduct cited above constitutes a reasonable basis in law and fact to justify the disciplinary action under these statutes.

REMEDY

5. Upon this Stipulation and all of the files, records, and proceedings herein, Respondent does hereby consent that the Board may make and enter an Order SUSPENDING Respondent's license to practice medicine and surgery in the State of Minnesota, but the suspension is STAYED contingent upon Respondent's compliance with the following terms and conditions:

a. Respondent shall participate in HPSP and fully comply with all terms and conditions of his HPSP Participation Agreement. A violation of his HPSP Participation Agreement will constitute a violation of this Order.
b. Respondent shall successfully complete, within six months of the date of this Order, pre-approved coursework in professional boundaries.

c. Respondent shall practice in a pre-approved practice setting.

d. Respondent shall limit his practice hours to 40 per week including call.

e. Respondent shall obtain a worksite monitor, approved in advance, and Respondent shall ensure the worksite monitor provides monthly reports to the Board.

f. Respondent shall sign all necessary releases to allow the Board access to all medical, mental health, evaluation, therapy, chemical dependency, or other records from any treating health professional or evaluator. Respondent shall allow the Board or its designee to communicate with all treating health professionals.

g. No sooner than six months from the date of this Order, Respondent may submit a written petition for an increase in work hours and/or decrease in the frequency of worksite monitor reports. Upon reviewing the petition, the Committee, at its discretion and by its own Order, may increase Respondent's work hours and/or decrease the frequency of worksite monitor reports, in accordance with the terms and conditions of this Order.

h. Respondent may petition for reinstatement of an unconditional license no sooner than five years from the date of this Order. Upon petitioning, he shall submit evidence satisfactory to the Board, of a minimum of five years of documented, uninterrupted substance use recovery and mental health stability commencing no sooner than the date of this Order. Upon hearing Respondent's petition, the Complaint Review Committee may recommend that the Board continue, modify, or remove the suspension or impose conditions and restrictions as deemed necessary.
6. Within ten days of signing the Stipulation to this Order, Respondent shall provide
the Board with a list of all hospitals and skilled nursing facilities at which Respondent currently
has medical privileges, a list of all states in which Respondent is licensed or has applied for
licensure, and the addresses and telephone numbers of Respondent’s residences and all work sites.
Within seven (7) days of any change, Respondent shall provide the Board with new address and
telephone number information. The information shall be sent to Executive Director, Minnesota
Board of Medical Practice, University Park Plaza, 2829 University Avenue S.E., Suite 500,
Minneapolis, Minnesota 55414-3246.

7. In the event Respondent resides or practices outside the State of Minnesota,
Respondent shall promptly notify the Board in writing of the location of his residence and all work
sites. Periods of residency or practice outside of Minnesota will not be credited toward any period
of Respondent’s suspended, limited, or conditioned license in Minnesota unless Respondent
demonstrates that practice in another state conforms completely with Respondent’s Minnesota
license to practice medicine.

8. If the Complaint Review Committee has probable cause to believe that Respondent
has failed to comply with any of the requirements for staying the suspension of his license as set
forth in paragraph 5 above, or has failed to comply with the HPSP Participation Agreement, the
Complaint Review Committee may remove the stay of suspension and suspend Respondent’s
license pursuant to the procedures outlined below:

a. The removal of the stayed suspension shall take effect upon service of an
Order of Removal of Stayed Suspension (“Order of Removal”). Respondent agrees that the
Complaint Review Committee is authorized to issue an Order of Removal, which shall remain in
effect and shall have the full force and effect of an order of the Board until the Board makes a final
determination pursuant to the procedures outlined in paragraph 9 below, or until the suspension is
dismissed and the order is rescinded by the Complaint Review Committee. The Order of Removal
shall confirm the Complaint Review Committee has probable cause to believe Respondent has
failed to comply with or has violated one or more of the requirements for staying the suspension of
Respondent's license.

b. Respondent further agrees an Order of Removal issued pursuant to this
paragraph shall be deemed a public document under the Minnesota Government Data Practices
Act. Respondent waives any right to a hearing before removal of the stayed suspension.

c. The Complaint Review Committee shall schedule a hearing before the
Board pursuant to paragraph 9 below to be held within 60 days of service of the Order of Removal.

9. If the Complaint Review Committee issues an Order of Removal pursuant to
paragraph 8 above, the following shall apply:

a. The Complaint Review Committee shall mail Respondent a notice of the
violation alleged by the Complaint Review Committee and of the time and place of the hearing
referred to in paragraph 8.c. above. Respondent shall submit a response to the allegations at least
three days prior to the hearing. If Respondent does not submit a timely response to the Board, the
allegations may be deemed admitted.

b. At the hearing before the Board, the Complaint Review Committee and
Respondent may submit affidavits made on personal knowledge and argument based on the record
in support of their positions. The evidentiary record before the Board shall be limited to such
affidavits and this Stipulation and Order. Respondent waives a hearing before an administrative
law judge and waives discovery, cross-examination of witnesses, and other procedures governing
administrative hearings or civil trials.
c. At the hearing, the Board will determine whether to impose additional
disciplinary action, including additional conditions or limitations on Respondent’s practice, or
revocation of Respondent’s license.

d. The Complaint Review Committee, at its discretion, may schedule a
conference with Respondent prior to the hearing before the Board to discuss the allegations and to
attempt to resolve the allegations through agreement.

10. In the event the Board in its discretion does not approve this settlement, this
Stipulation is withdrawn and shall be of no evidentiary value and shall not be relied upon nor
introduced in any disciplinary action by either party hereto except that Respondent agrees that
should the Board reject this Stipulation and if this case proceeds to hearing, Respondent will assert
no claim that the Board was prejudiced by its review and discussion of this Stipulation or of any
records relating hereto.

11. Respondent waives any further hearings on this matter before the Board to which
Respondent may be entitled by Minnesota or United States constitutions, statutes, or rules and
agrees that the Order to be entered pursuant to the Stipulation shall be the final Order herein.

12. Respondent hereby acknowledges that he has read and understands this Stipulation
and has voluntarily entered into the Stipulation without threat or promise by the Board or any of its
members, employees, or agents. This Stipulation contains the entire agreement between the
parties, there being no other agreement of any kind, verbal or otherwise, which varies the terms of
this Stipulation.

Dated: 9/9/2019

HERBERT W. JONES, M.D.
Respondent

Dated: 9/14/19

FOR THE COMMITTEE
ORDER

Upon consideration of this Stipulation and all the files, records, and proceedings herein,

IT IS HEREBY ORDERED the May 2019 Order is rescinded and that the terms of this Stipulation are adopted and implemented by the Board this 14th day of September, 2019.

MINNESOTA BOARD OF
MEDICAL PRACTICE

By: [Signature]
BEFORE THE MINNESOTA
BOARD OF MEDICAL PRACTICE

In the Matter of the
Medical License of
Herbert W. Jones, M.D.
Year of Date: 1957
License Number: 41,941

COMMITTEE ORDER
AMENDING THE BOARD’S
STIPULATION AND ORDER

FACTS

1. During all times herein, Herbert William Jones, M.D. ("Respondent") has been and now is subject to the jurisdiction of the Minnesota Board of Medical Practice ("Board"), from which he holds a license to practice medicine and surgery in the State of Minnesota.

2. By Stipulation and Order dated September 14, 2019 ("September 2019 Order"), the Board reinstated Respondent’s license subject to a stayed suspension with conditions and restrictions. The September 2019 Order required, in part, that Respondent limit his practice to no more than 40 hours per week, including call, and obtain a worksite monitor to complete monthly reports to the Board.

3. On April 9, 2020, the Board received a written petition from Respondent requesting modification of the September 2019 Order to increase the practice hour limit and decrease the frequency of worksite monitor reports.

4. The Complaint Review Committee, having convened on April 23, 2020, to review and consider the above-referenced matter, issues the following:

ORDER

1. IT IS HEREBY ORDERED that paragraph 5(d) of the September 2019 Order is amended to reflect that Respondent shall limit his practice hours to 80 per week including call.
2. IT IS FURTHER ORDERED that paragraph 5(e) of the September 2019 Order is amended to reflect that Respondent's worksite monitor shall provide quarterly reports to the Board.

3. IT IS FURTHER ORDERED that the remainder of the terms and conditions of the September 2019 Order shall remain in full force and effect.

4. IT IS FURTHER ORDERED that this Committee Order, amending the Board's September 2019 Order, is hereby adopted and implemented on this ___ day of ___, 2020.

MINNESOTA BOARD OF
MEDICAL PRACTICE
COMPLAINT REVIEW COMMITTEE

By: [Signature]
BEFORE THE MINNESOTA
BOARD OF MEDICAL PRACTICE

In the Matter of the
Medical License of
Thomas A. Lohstreter, M.D.
Year of Birth: 1950
License Number: 33400

ORDER FOR
AUTOMATIC REVOCATION

1. The Minnesota Board of Medical Practice ("Board") is authorized pursuant to Minn. Stat. §§ 147.001 through 147.381 (2020) to license, regulate, and discipline persons who apply for, petition, or hold licenses to practice medicine and surgery in the State of Minnesota and is further authorized pursuant to Minn. Stat. §§ 214.10 and 214.103 (2020) to review complaints against physicians, to investigate such complaints, and to initiate appropriate disciplinary action.

2. Thomas Arnold Lohstreter, M.D. ("Respondent") has been and now is subject to the jurisdiction of the Board from which he holds a license to practice medicine and surgery in the State of Minnesota.

3. Respondent entered into a Stipulation to Cease Practicing Medicine with the Board on April 30, 2020, in which the Respondent agreed to cease practicing medicine in Minnesota until pending allegations against him were resolved.

4. Pursuant to Minn. Stat. § 147.091, subd. 1a. (b) and (d) (2020), a license to practice medicine is automatically revoked if the licensee is convicted of a felony-level criminal sexual conduct offense in Minnesota or a similar statute in another jurisdiction.

5. On December 2, 2021, in case number 2020 CF 005119 NC in the Circuit Court of the Twelfth Judicial Circuit in Sarasota County, Florida, Respondent pleaded guilty to felony-
level criminal sexual conduct in violation of Florida Statute sections 794.011(5)(b) and 825.1025(3)(a).

6. NOW THEREFORE, pursuant to the above recitals, the Board issues the following:

ORDER

1. IT IS HEREBY ORDERED that Respondent's license to practice medicine and surgery in the State of Minnesota shall be REVOKED pursuant to Minn. Stat. § 147.091, subd. 1a. (b) (2020), effective December 2, 2021. The revocation shall take place immediately and shall rescind and supersede any previous Orders issued by the Board and the Stipulation to Cease Practicing Medicine dated April 30, 2020.

2. Should Respondent seek re-licensure in Minnesota, the Board may re-open its investigation into Respondent's conduct.

Dated: December 14, 2021

MINNESOTA BOARD OF MEDICAL PRACTICE

RUTH M. MARTINEZ
Executive Director
BEFORE THE MINNESOTA
BOARD OF MEDICAL PRACTICE

ORDER OF SUSPENSION

In the Matter of the
Respiratory Therapy License of
Clarence J. Waite, R.T.
Year of Birth: 1960
License Number: 4668

1. The Minnesota Board of Medical Practice ("Board") is authorized pursuant to Minn. Stat. §§ 147.001 through 147.381 and 147C.01 through 147C.45 (2020) to license, regulate, and discipline persons who apply for, petition, or hold licenses to practice respiratory therapy in the State of Minnesota and is further authorized pursuant to Minn. Stat. §§ 214.10 and 214.103 (2020) to review complaints against respiratory therapists, to investigate such complaints, and to initiate appropriate disciplinary action.

2. Clarence James Waite, R.T. ("Respondent") has been and now is subject to the jurisdiction of the Board from which he holds a license to practice respiratory therapy in the State of Minnesota.

3. Pursuant to Minn. Stat. § 214.101, subds. 1 and 4 (2020), the license of a respiratory therapist must be suspended if the licensee is found by a court, administrative law judge, or public authority to be in arrears in child support or maintenance payments or both.

4. On December 2, 2021, the Board received a Notice to Suspend Occupational or Professional License(s) from Benton County Human Services, Foley, Minnesota, which advised the Board that Respondent is not in compliance with a court order for child support; and that under Minn. Stat. §§ 214.101 and 518A.66, the Board must suspend Respondent’s license to practice as a respiratory therapist in the State of Minnesota.
5. The authority to sign automatic suspension orders has been delegated to the Executive Director of the Board.

ORDER


2. IT IS FURTHER ORDERED that the suspension shall remain in effect until such time as the Board receives notification from the court, administrative law judge, or public authority that referred this matter to the Board confirming that Respondent is in compliance with his court order for child support, or confirmation that he is in compliance with a written payment plan regarding both current support and arrearages.

Dated: December 15, 2021

MINNESOTA BOARD OF MEDICAL PRACTICE

RUTH M. MARTINEZ
Executive Director