

1.1 A bill for an act

1.2 relating to occupations and professions; creating licensure for physician
1.3 assistants; amending Minnesota Statutes 2008, sections 144.1501, subdivision 1;
1.4 144E.001, subdivisions 3a, 9c; 147.09; 147A.01; 147A.02; 147A.03; 147A.04;
1.5 147A.05; 147A.06; 147A.07; 147A.08; 147A.09; 147A.11; 147A.13; 147A.16;
1.6 147A.18; 147A.19; 147A.20; 147A.21; 147A.23; 147A.24; 147A.26; 147A.27;
1.7 169.345, subdivision 2; 253B.02, subdivision 7; 253B.05, subdivision 2;
1.8 256B.0625, subdivision 28a; 256B.0751, subdivision 1; repealing Minnesota
1.9 Statutes 2008, section 147A.22.

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

1.11 Section 1. Minnesota Statutes 2008, section 144.1501, subdivision 1, is amended to
1.12 read:

1.13 Subdivision 1. **Definitions.** (a) For purposes of this section, the following definitions
1.14 apply.

1.15 (b) "Dentist" means an individual who is licensed to practice dentistry.

1.16 (c) "Designated rural area" means:

1.17 (1) an area in Minnesota outside the counties of Anoka, Carver, Dakota, Hennepin,
1.18 Ramsey, Scott, and Washington, excluding the cities of Duluth, Mankato, Moorhead,
1.19 Rochester, and St. Cloud; or

1.20 (2) a municipal corporation, as defined under section 471.634, that is physically
1.21 located, in whole or in part, in an area defined as a designated rural area under clause (1).

1.22 (d) "Emergency circumstances" means those conditions that make it impossible for
1.23 the participant to fulfill the service commitment, including death, total and permanent
1.24 disability, or temporary disability lasting more than two years.

1.25 (e) "Medical resident" means an individual participating in a medical residency in
1.26 family practice, internal medicine, obstetrics and gynecology, pediatrics, or psychiatry.

2.1 (f) "Midlevel practitioner" means a nurse practitioner, nurse-midwife, nurse
2.2 anesthetist, advanced clinical nurse specialist, or physician assistant.

2.3 (g) "Nurse" means an individual who has completed training and received all
2.4 licensing or certification necessary to perform duties as a licensed practical nurse or
2.5 registered nurse.

2.6 (h) "Nurse-midwife" means a registered nurse who has graduated from a program of
2.7 study designed to prepare registered nurses for advanced practice as nurse-midwives.

2.8 (i) "Nurse practitioner" means a registered nurse who has graduated from a program
2.9 of study designed to prepare registered nurses for advanced practice as nurse practitioners.

2.10 (j) "Pharmacist" means an individual with a valid license issued under chapter 151.

2.11 (k) "Physician" means an individual who is licensed to practice medicine in the areas
2.12 of family practice, internal medicine, obstetrics and gynecology, pediatrics, or psychiatry.

2.13 (l) "Physician assistant" means a person ~~registered~~ licensed under chapter 147A.

2.14 (m) "Qualified educational loan" means a government, commercial, or foundation
2.15 loan for actual costs paid for tuition, reasonable education expenses, and reasonable living
2.16 expenses related to the graduate or undergraduate education of a health care professional.

2.17 (n) "Underserved urban community" means a Minnesota urban area or population
2.18 included in the list of designated primary medical care health professional shortage areas
2.19 (HPSAs), medically underserved areas (MUAs), or medically underserved populations
2.20 (MUPs) maintained and updated by the United States Department of Health and Human
2.21 Services.

2.22 Sec. 2. Minnesota Statutes 2008, section 144E.001, subdivision 3a, is amended to read:

2.23 Subd. 3a. **Ambulance service personnel.** "Ambulance service personnel" means
2.24 individuals who are authorized by a licensed ambulance service to provide emergency
2.25 care for the ambulance service and are:

2.26 (1) EMTs, EMT-Is, or EMT-Ps;

2.27 (2) Minnesota registered nurses who are: (i) EMTs, are currently practicing
2.28 nursing, and have passed a paramedic practical skills test, as approved by the board
2.29 and administered by a training program approved by the board; (ii) on the roster of an
2.30 ambulance service on or before January 1, 2000; or (iii) after petitioning the board,
2.31 deemed by the board to have training and skills equivalent to an EMT, as determined on
2.32 a case-by-case basis; or

2.33 (3) Minnesota ~~registered~~ licensed physician assistants who are: (i) EMTs, are
2.34 currently practicing as physician assistants, and have passed a paramedic practical skills
2.35 test, as approved by the board and administered by a training program approved by the

3.1 board; (ii) on the roster of an ambulance service on or before January 1, 2000; or (iii) after
3.2 petitioning the board, deemed by the board to have training and skills equivalent to an
3.3 EMT, as determined on a case-by-case basis.

3.4 Sec. 3. Minnesota Statutes 2008, section 144E.001, subdivision 9c, is amended to read:

3.5 Subd. 9c. **Physician assistant.** "Physician assistant" means a person ~~registered~~
3.6 licensed to practice as a physician assistant under chapter 147A.

3.7 Sec. 4. Minnesota Statutes 2008, section 147.09, is amended to read:

3.8 **147.09 EXEMPTIONS.**

3.9 Section 147.081 does not apply to, control, prevent or restrict the practice, service,
3.10 or activities of:

3.11 (1) A person who is a commissioned medical officer of, a member of, or employed
3.12 by, the armed forces of the United States, the United States Public Health Service, the
3.13 Veterans Administration, any federal institution or any federal agency while engaged in
3.14 the performance of official duties within this state, if the person is licensed elsewhere.

3.15 (2) A licensed physician from a state or country who is in actual consultation here.

3.16 (3) A licensed or registered physician who treats the physician's home state patients
3.17 or other participating patients while the physicians and those patients are participating
3.18 together in outdoor recreation in this state as defined by section 86A.03, subdivision 3.
3.19 A physician shall first register with the board on a form developed by the board for that
3.20 purpose. The board shall not be required to promulgate the contents of that form by rule.
3.21 No fee shall be charged for this registration.

3.22 (4) A student practicing under the direct supervision of a preceptor while the student
3.23 is enrolled in and regularly attending a recognized medical school.

3.24 (5) A student who is in continuing training and performing the duties of an intern or
3.25 resident or engaged in postgraduate work considered by the board to be the equivalent of
3.26 an internship or residency in any hospital or institution approved for training by the board,
3.27 provided the student has a residency permit issued by the board under section 147.0391.

3.28 (6) A person employed in a scientific, sanitary, or teaching capacity by the state
3.29 university, the Department of Education, a public or private school, college, or other
3.30 bona fide educational institution, a nonprofit organization, which has tax-exempt status
3.31 in accordance with the Internal Revenue Code, section 501(c)(3), and is organized and
3.32 operated primarily for the purpose of conducting scientific research directed towards
3.33 discovering the causes of and cures for human diseases, or the state Department of Health,
3.34 whose duties are entirely of a research, public health, or educational character, while

4.1 engaged in such duties; provided that if the research includes the study of humans, such
4.2 research shall be conducted under the supervision of one or more physicians licensed
4.3 under this chapter.

4.4 (7) ~~Physician's~~ Physician assistants ~~registered~~ licensed in this state.

4.5 (8) A doctor of osteopathy duly licensed by the state Board of Osteopathy under
4.6 Minnesota Statutes 1961, sections 148.11 to 148.16, prior to May 1, 1963, who has not
4.7 been granted a license to practice medicine in accordance with this chapter provided that
4.8 the doctor confines activities within the scope of the license.

4.9 (9) Any person licensed by a health-related licensing board, as defined in section
4.10 214.01, subdivision 2, or registered by the commissioner of health pursuant to section
4.11 214.13, including psychological practitioners with respect to the use of hypnosis; provided
4.12 that the person confines activities within the scope of the license.

4.13 (10) A person who practices ritual circumcision pursuant to the requirements or
4.14 tenets of any established religion.

4.15 (11) A Christian Scientist or other person who endeavors to prevent or cure disease
4.16 or suffering exclusively by mental or spiritual means or by prayer.

4.17 (12) A physician licensed to practice medicine in another state who is in this state
4.18 for the sole purpose of providing medical services at a competitive athletic event. The
4.19 physician may practice medicine only on participants in the athletic event. A physician
4.20 shall first register with the board on a form developed by the board for that purpose. The
4.21 board shall not be required to adopt the contents of the form by rule. The physician shall
4.22 provide evidence satisfactory to the board of a current unrestricted license in another state.
4.23 The board shall charge a fee of \$50 for the registration.

4.24 (13) A psychologist licensed under section 148.907 or a social worker licensed
4.25 under chapter 148D who uses or supervises the use of a penile or vaginal plethysmograph
4.26 in assessing and treating individuals suspected of engaging in aberrant sexual behavior
4.27 and sex offenders.

4.28 (14) Any person issued a training course certificate or credentialed by the Emergency
4.29 Medical Services Regulatory Board established in chapter 144E, provided the person
4.30 confines activities within the scope of training at the certified or credentialed level.

4.31 (15) An unlicensed complementary and alternative health care practitioner practicing
4.32 according to chapter 146A.

4.33 Sec. 5. Minnesota Statutes 2008, section 147A.01, is amended to read:

4.34 **147A.01 DEFINITIONS.**

5.1 Subdivision 1. **Scope.** For the purpose of this chapter the terms defined in this
5.2 section have the meanings given them.

5.3 ~~Subd. 2. **Active status.** "Active status" means the status of a person who has met all~~
5.4 ~~the qualifications of a physician assistant, has a physician-physician assistant agreement in~~
5.5 ~~force, and is registered.~~

5.6 Subd. 3. **Administer.** "Administer" means the delivery by a physician assistant
5.7 authorized to prescribe legend drugs, a single dose of a legend drug, including controlled
5.8 substances, to a patient by injection, inhalation, ingestion, or by any other immediate
5.9 means, and the delivery by a physician assistant ordered by a physician a single dose of a
5.10 legend drug by injection, inhalation, ingestion, or by any other immediate means.

5.11 Subd. 4. **Agreement.** "Agreement" means the document described in section
5.12 147A.20.

5.13 Subd. 5. **Alternate supervising physician.** "Alternate supervising physician"
5.14 means a Minnesota licensed physician listed in the physician-physician assistant
5.15 delegation agreement, or supplemental listing, who is responsible for supervising
5.16 the physician assistant when the ~~main~~ primary supervising physician is unavailable.
5.17 The alternate supervising physician shall accept full medical responsibility for the
5.18 performance, practice, and activities of the physician assistant while under the supervision
5.19 of the alternate supervising physician.

5.20 Subd. 6. **Board.** "Board" means the Board of Medical Practice or its designee.

5.21 Subd. 7. **Controlled substances.** "Controlled substances" has the meaning given it
5.22 in section 152.01, subdivision 4.

5.23 ~~Subd. 8. **Delegation form.** "Delegation form" means the form used to indicate the~~
5.24 ~~categories of drugs for which the authority to prescribe, administer, and dispense has been~~
5.25 ~~delegated to the physician assistant and signed by the supervising physician, any alternate~~
5.26 ~~supervising physicians, and the physician assistant. This form is part of the agreement~~
5.27 ~~described in section 147A.20, and shall be maintained by the supervising physician and~~
5.28 ~~physician assistant at the address of record. Copies shall be provided to the board upon~~
5.29 ~~request. "Addendum to the delegation form" means a separate listing of the schedules~~
5.30 ~~and categories of controlled substances, if any, for which the physician assistant has been~~
5.31 ~~delegated the authority to prescribe, administer, and dispense. The addendum shall be~~
5.32 ~~maintained as a separate document as described above.~~

5.33 Subd. 9. **Diagnostic order.** "Diagnostic order" means a directive to perform
5.34 a procedure or test, the purpose of which is to determine the cause and nature of a
5.35 pathological condition or disease.

6.1 Subd. 10. **Drug.** "Drug" has the meaning given it in section 151.01, subdivision 5,
6.2 including controlled substances as defined in section 152.01, subdivision 4.

6.3 Subd. 11. **Drug category.** "Drug category" means one of the categories listed on the
6.4 physician-physician assistant delegation form agreement.

6.5 Subd. 12. **Inactive status.** "Inactive status" means ~~the status of a person who has~~
6.6 ~~met all the qualifications of a physician assistant, and is registered, but does not have a~~
6.7 ~~physician-physician assistant agreement in force~~ a licensed physician assistant whose
6.8 license has been placed on inactive status under section 147A.05.

6.9 ~~Subd. 13. **Internal protocol.** "Internal protocol" means a document written by~~
6.10 ~~the supervising physician and the physician assistant which specifies the policies and~~
6.11 ~~procedures which will apply to the physician assistant's prescribing, administering,~~
6.12 ~~and dispensing of legend drugs and medical devices, including controlled substances~~
6.13 ~~as defined in section 152.01, subdivision 4, and lists the specific categories of drugs~~
6.14 ~~and medical devices, with any exceptions or conditions, that the physician assistant~~
6.15 ~~is authorized to prescribe, administer, and dispense. The supervising physician and~~
6.16 ~~physician assistant shall maintain the protocol at the address of record. Copies shall be~~
6.17 ~~provided to the board upon request.~~

6.18 Subd. 14. **Legend drug.** "Legend drug" has the meaning given it in section 151.01,
6.19 subdivision 17.

6.20 Subd. 14a. **Licensed.** "Licensed" means meeting the qualifications in section
6.21 147A.02 and being issued a license by the board.

6.22 Subd. 14b. **Licensure.** "Licensure" means the process by which the board
6.23 determines that an applicant has met the standards and qualifications in this chapter.

6.24 ~~Subd. 15. **Locum tenens permit.** "Locum tenens permit" means time specific~~
6.25 ~~temporary permission for a physician assistant to practice as a physician assistant in~~
6.26 ~~a setting other than the practice setting established in the physician-physician assistant~~
6.27 ~~agreement.~~

6.28 Subd. 16. **Medical device.** "Medical device" means durable medical equipment and
6.29 assistive or rehabilitative appliances, objects, or products that are required to implement
6.30 the overall plan of care for the patient and that are restricted by federal law to use upon
6.31 prescription by a licensed practitioner.

6.32 Subd. 16a. **Notice of intent to practice.** "Notice of intent to practice" means
6.33 a document sent to the board by a licensed physician assistant that documents the
6.34 adoption of a physician-physician assistant delegation agreement and provides the names,
6.35 addresses, and information required by section 147A.20.

7.1 Subd. 17. **Physician.** "Physician" means a person currently licensed in good
7.2 standing as a physician or osteopath under chapter 147.

7.3 Subd. 17a. **Physician-physician assistant delegation agreement.**

7.4 "Physician-physician assistant delegation agreement" means the document prepared and
7.5 signed by the physician and physician assistant affirming the supervisory relationship and
7.6 defining the physician assistant scope of practice. Alternate supervising physicians must be
7.7 identified on the delegation agreement or a supplemental listing with signed attestation that
7.8 each shall accept full medical responsibility for the performance, practice, and activities of
7.9 the physician assistant while under the supervision of the alternate supervising physician.
7.10 The physician-physician assistant delegation agreement outlines the role of the physician
7.11 assistant in the practice, describes the means of supervision, and specifies the categories of
7.12 drugs, controlled substances, and medical devices that the supervising physician delegates
7.13 to the physician assistant to prescribe. The physician-physician assistant delegation
7.14 agreement must comply with the requirements of section 147A.20, be kept on file at the
7.15 address of record, and be made available to the board or its representative upon request.

7.16 A physician-physician assistant delegation agreement may not authorize a physician
7.17 assistant to perform a chiropractic procedure.

7.18 Subd. 18. **Physician assistant or ~~registered~~ licensed physician assistant.**

7.19 "Physician assistant" or "~~registered~~ licensed physician assistant" means a person ~~registered~~
7.20 licensed pursuant to this chapter who ~~is qualified by academic or practical training or~~
7.21 ~~both to provide patient services as specified in this chapter, under the supervision of a~~
7.22 ~~supervising physician meets the qualifications in section 147A.02.~~

7.23 ~~Subd. 19. **Practice setting description.** "Practice setting description" means a~~
7.24 ~~signed record submitted to the board on forms provided by the board, on which:~~

7.25 ~~(1) the supervising physician assumes full medical responsibility for the medical~~
7.26 ~~care rendered by a physician assistant;~~

7.27 ~~(2) is recorded the address and phone number of record of each supervising~~
7.28 ~~physician and alternate, and the physicians' medical license numbers and DEA number;~~

7.29 ~~(3) is recorded the address and phone number of record of the physician assistant~~
7.30 ~~and the physician assistant's registration number and DEA number;~~

7.31 ~~(4) is recorded whether the physician assistant has been delegated prescribing,~~
7.32 ~~administering, and dispensing authority;~~

7.33 ~~(5) is recorded the practice setting, address or addresses and phone number or~~
7.34 ~~numbers of the physician assistant; and~~

7.35 ~~(6) is recorded a statement of the type, amount, and frequency of supervision.~~

8.1 Subd. 20. **Prescribe.** "Prescribe" means to direct, order, or designate by means of a
8.2 prescription the preparation, use of, or manner of using a drug or medical device.

8.3 Subd. 21. **Prescription.** "Prescription" means a signed written order, ~~or~~ an oral
8.4 order reduced to writing, or an electronic order meeting current and prevailing standards
8.5 given by a physician assistant authorized to prescribe drugs for patients in the course
8.6 of the physician assistant's practice, issued for an individual patient and containing the
8.7 information required in the physician-physician assistant delegation form agreement.

8.8 ~~Subd. 22. **Registration.** "Registration" is the process by which the board determines~~
8.9 ~~that an applicant has been found to meet the standards and qualifications found in this~~
8.10 ~~chapter.~~

8.11 Subd. 23. **Supervising physician.** "Supervising physician" means a Minnesota
8.12 licensed physician who accepts full medical responsibility for the performance, practice,
8.13 and activities of a physician assistant under an agreement as described in section 147A.20.
8.14 The supervising physician who completes and signs the delegation agreement may be
8.15 referred to as the primary supervising physician. A supervising physician shall not
8.16 supervise more than ~~two~~ five full-time equivalent physician assistants simultaneously.
8.17 With the approval of the board, or in a disaster or emergency situation pursuant to section
8.18 147A.23, a supervising physician may supervise more than five full-time equivalent
8.19 physician assistants simultaneously.

8.20 Subd. 24. **Supervision.** "Supervision" means overseeing the activities of, and
8.21 accepting responsibility for, the medical services rendered by a physician assistant. The
8.22 constant physical presence of the supervising physician is not required so long as the
8.23 supervising physician and physician assistant are or can be easily in contact with one
8.24 another by radio, telephone, or other telecommunication device. The scope and nature of
8.25 the supervision shall be defined by the individual physician-physician assistant delegation
8.26 agreement.

8.27 Subd. 25. **Temporary registration license.** ~~"Temporary registration" means the~~
8.28 ~~status of a person who has satisfied the education requirement specified in this chapter,~~
8.29 ~~is enrolled in the next examination required in this chapter, or is awaiting examination~~
8.30 ~~results, has a physician-physician assistant agreement in force as required by this chapter,~~
8.31 ~~and has submitted a practice setting description to the board. Such provisional registration~~
8.32 ~~shall expire 90 days after completion of the next examination sequence, or after one year,~~
8.33 ~~whichever is sooner, for those enrolled in the next examination, and upon receipt of the~~
8.34 ~~examination results for those awaiting examination results. The registration shall be~~
8.35 ~~granted by the board or its designee.~~ "Temporary license" means a license granted to a

9.1 physician assistant who meets all of the qualifications for licensure but has not yet been
9.2 approved for licensure at a meeting of the board.

9.3 Subd. 26. **Therapeutic order.** "Therapeutic order" means an order given to another
9.4 for the purpose of treating or curing a patient in the course of a physician assistant's
9.5 practice. Therapeutic orders may be written or verbal, but do not include the prescribing
9.6 of legend drugs or medical devices unless prescribing authority has been delegated within
9.7 the physician-physician assistant delegation agreement.

9.8 Subd. 27. **Verbal order.** "Verbal order" means an oral order given to another for
9.9 the purpose of treating or curing a patient in the course of a physician assistant's practice.
9.10 Verbal orders do not include the prescribing of legend drugs unless prescribing authority
9.11 has been delegated within the physician-physician assistant delegation agreement.

9.12 Sec. 6. Minnesota Statutes 2008, section 147A.02, is amended to read:

9.13 **147A.02 QUALIFICATIONS FOR ~~REGISTRATION~~ LICENSURE.**

9.14 Except as otherwise provided in this chapter, an individual shall be ~~registered~~
9.15 licensed by the board before the individual may practice as a physician assistant.

9.16 The board may grant ~~registration~~ a license as a physician assistant to an applicant
9.17 who:

9.18 (1) submits an application on forms approved by the board;

9.19 (2) pays the appropriate fee as determined by the board;

9.20 (3) has current certification from the National Commission on Certification of
9.21 Physician Assistants, or its successor agency as approved by the board;

9.22 (4) certifies that the applicant is mentally and physically able to engage safely in
9.23 practice as a physician assistant;

9.24 (5) has no licensure, certification, or registration as a physician assistant under
9.25 current discipline, revocation, suspension, or probation for cause resulting from the
9.26 applicant's practice as a physician assistant, unless the board considers the condition
9.27 and agrees to licensure;

9.28 (6) submits any other information the board deems necessary to evaluate the
9.29 applicant's qualifications; and

9.30 (7) has been approved by the board.

9.31 All persons registered as physician assistants as of June 30, 1995, are eligible for
9.32 continuing ~~registration~~ license renewal. All persons applying for ~~registration~~ licensure
9.33 after that date shall be ~~registered~~ licensed according to this chapter.

10.1 Sec. 7. Minnesota Statutes 2008, section 147A.03, is amended to read:

10.2 **147A.03 PROTECTED TITLES AND RESTRICTIONS ON USE.**

10.3 Subdivision 1. **Protected titles.** No individual may use the titles "Minnesota
10.4 ~~Registered Licensed~~ Physician Assistant," "~~Registered Licensed~~ Physician Assistant,"
10.5 "Physician Assistant," or "PA" in connection with the individual's name, or any other
10.6 words, letters, abbreviations, or insignia indicating or implying that the individual is
10.7 ~~registered with~~ licensed by the state unless they have been ~~registered~~ licensed according
10.8 to this chapter.

10.9 Subd. 2. **Health care practitioners.** Individuals practicing in a health care
10.10 occupation are not restricted in the provision of services included in this chapter as long as
10.11 they do not hold themselves out as physician assistants by or through the titles provided in
10.12 subdivision 1 in association with provision of these services.

10.13 ~~Subd. 3. **Identification of registered practitioners.** Physician assistants in~~
10.14 ~~Minnesota shall wear name tags which identify them as physician assistants.~~

10.15 Subd. 4. **Sanctions.** Individuals who hold themselves out as physician assistants by
10.16 or through any of the titles provided in subdivision 1 without prior ~~registration~~ licensure
10.17 shall be subject to sanctions or actions against continuing the activity according to section
10.18 214.11, or other authority.

10.19 Sec. 8. Minnesota Statutes 2008, section 147A.04, is amended to read:

10.20 **147A.04 TEMPORARY ~~PERMIT~~ LICENSE.**

10.21 The board may issue a temporary ~~permit~~ license to practice to a physician assistant
10.22 eligible for ~~registration~~ licensure under this chapter only if the application for ~~registration~~
10.23 licensure is complete, all requirements have been met, and a nonrefundable fee set by
10.24 the board has been paid. The ~~permit~~ temporary license remains valid only until the
10.25 next meeting of the board at which a decision is made on the application for ~~registration~~
10.26 licensure.

10.27 Sec. 9. Minnesota Statutes 2008, section 147A.05, is amended to read:

10.28 **147A.05 INACTIVE ~~REGISTRATION~~ LICENSE.**

10.29 Physician assistants who notify the board in writing ~~on forms prescribed by the board~~
10.30 may elect to place their ~~registrations~~ license on an inactive status. Physician assistants
10.31 with an inactive ~~registration~~ license shall be excused from payment of renewal fees and
10.32 shall not practice as physician assistants. Persons who engage in practice while their
10.33 ~~registrations are~~ license is lapsed or on inactive status shall be considered to be practicing

11.1 without ~~registration~~ a license, which shall be grounds for discipline under section 147A.13.
11.2 Physician assistants who provide care under the provisions of section 147A.23 shall not
11.3 be considered practicing without a license or subject to disciplinary action. Physician
11.4 assistants ~~requesting restoration from inactive status~~ who notify the board of their intent to
11.5 resume active practice shall be required to pay the current renewal fees and all unpaid back
11.6 fees and shall be required to meet the criteria for renewal specified in section 147A.07.

11.7 Sec. 10. Minnesota Statutes 2008, section 147A.06, is amended to read:

11.8 **147A.06 CANCELLATION OF ~~REGISTRATION~~ LICENSE FOR**
11.9 **NONRENEWAL.**

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

11.16 Sec. 11. Minnesota Statutes 2008, section 147A.07, is amended to read:

11.17 **147A.07 RENEWAL.**

11.18 A person who holds a ~~registration~~ license as a physician assistant shall annually,
11.19 upon notification from the board, renew the ~~registration~~ license by:

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

11.21 (2) completing the appropriate forms; and

11.22 (3) meeting any other requirements of the board;

11.23 ~~(4) submitting a revised and updated practice setting description showing evidence~~
11.24 ~~of annual review of the physician-physician assistant supervisory agreement.~~

11.25 Sec. 12. Minnesota Statutes 2008, section 147A.08, is amended to read:

11.26 **147A.08 EXEMPTIONS.**

11.27 (a) This chapter does not apply to, control, prevent, or restrict the practice, service,
11.28 or activities of persons listed in section 147.09, clauses (1) to (6) and (8) to (13), persons
11.29 regulated under section 214.01, subdivision 2, or persons defined in section 144.1501,
11.30 subdivision 1, paragraphs (f), (h), and (i).

11.31 (b) Nothing in this chapter shall be construed to require ~~registration~~ licensure of:

12.1 (1) a physician assistant student enrolled in a physician assistant ~~or surgeon assistant~~
12.2 educational program accredited by the ~~Committee on Allied Health Education and~~
12.3 Accreditation Review Commission on Education for the Physician Assistant or by its
12.4 successor agency approved by the board;

12.5 (2) a physician assistant employed in the service of the federal government while
12.6 performing duties incident to that employment; or

12.7 (3) technicians, other assistants, or employees of physicians who perform delegated
12.8 tasks in the office of a physician but who do not identify themselves as a physician
12.9 assistant.

12.10 Sec. 13. Minnesota Statutes 2008, section 147A.09, is amended to read:

12.11 **147A.09 SCOPE OF PRACTICE, DELEGATION.**

12.12 Subdivision 1. **Scope of practice.** (a) Physician assistants shall practice medicine
12.13 only with physician supervision. Physician assistants may perform those duties and
12.14 responsibilities as delegated in the physician-physician assistant delegation agreement
12.15 and delegation forms maintained at the address of record by the supervising physician
12.16 and physician assistant, including the prescribing, administering, and dispensing of drugs,
12.17 controlled substances, and medical devices ~~and drugs~~, excluding anesthetics, other than
12.18 local anesthetics, injected in connection with an operating room procedure, inhaled
12.19 anesthesia and spinal anesthesia.

12.20 Patient service must be limited to:

12.21 (1) services within the training and experience of the physician assistant;

12.22 (2) services customary to the practice of the supervising physician or alternate
12.23 supervising physician;

12.24 (3) services delegated by the supervising physician or alternate supervising physician
12.25 under the physician-physician assistant delegation agreement; and

12.26 (4) services within the parameters of the laws, rules, and standards of the facilities
12.27 in which the physician assistant practices.

12.28 (b) Nothing in this chapter authorizes physician assistants to perform duties
12.29 regulated by the boards listed in section 214.01, subdivision 2, other than the Board of
12.30 Medical Practice, and except as provided in this section.

12.31 (c) Physician assistants may not engage in the practice of chiropractic.

12.32 Subd. 2. **Delegation.** Patient services may include, but are not limited to, the
12.33 following, as delegated by the supervising physician and authorized in the delegation
12.34 agreement:

12.35 (1) taking patient histories and developing medical status reports;

- 13.1 (2) performing physical examinations;
- 13.2 (3) interpreting and evaluating patient data;
- 13.3 (4) ordering or performing diagnostic procedures, including ~~radiography~~ the use of
- 13.4 radiographic imaging systems in compliance with Minnesota Rules 2007, chapter 4732;
- 13.5 (5) ordering or performing therapeutic procedures including the use of ionizing
- 13.6 radiation in compliance with Minnesota Rules 2007, chapter 4732;
- 13.7 (6) providing instructions regarding patient care, disease prevention, and health
- 13.8 promotion;
- 13.9 (7) assisting the supervising physician in patient care in the home and in health
- 13.10 care facilities;
- 13.11 (8) creating and maintaining appropriate patient records;
- 13.12 (9) transmitting or executing specific orders at the direction of the supervising
- 13.13 physician;
- 13.14 (10) prescribing, administering, and dispensing ~~legend~~ drugs, controlled substances,
- 13.15 and medical devices if this function has been delegated by the supervising physician
- 13.16 pursuant to and subject to the limitations of section 147A.18 and chapter 151. For
- 13.17 physician assistants who have been delegated the authority to prescribe controlled
- 13.18 substances shall maintain a separate addendum to the delegation form which lists all
- 13.19 schedules and categories such delegation shall be included in the physician-physician
- 13.20 assistant delegation agreement, and all schedules of controlled substances which the
- 13.21 physician assistant has the authority to prescribe. This addendum shall be maintained with
- 13.22 the physician-physician assistant agreement, and the delegation form at the address of
- 13.23 record shall be specified;
- 13.24 (11) for physician assistants not delegated prescribing authority, administering
- 13.25 legend drugs and medical devices following prospective review for each patient by and
- 13.26 upon direction of the supervising physician;
- 13.27 (12) functioning as an emergency medical technician with permission of the
- 13.28 ambulance service and in compliance with section 144E.127, and ambulance service rules
- 13.29 adopted by the commissioner of health;
- 13.30 (13) initiating evaluation and treatment procedures essential to providing an
- 13.31 appropriate response to emergency situations; ~~and~~
- 13.32 (14) certifying a ~~physical disability~~ patient's eligibility for a disability parking
- 13.33 certificate under section 169.345, subdivision 2a 2;
- 13.34 (15) assisting at surgery; and
- 13.35 (16) providing medical authorization for admission for emergency care and
- 13.36 treatment of a patient under section 253B.05, subdivision 2.

14.1 Orders of physician assistants shall be considered the orders of their supervising
14.2 physicians in all practice-related activities, including, but not limited to, the ordering of
14.3 diagnostic, therapeutic, and other medical services.

14.4 Sec. 14. Minnesota Statutes 2008, section 147A.11, is amended to read:

14.5 **147A.11 EXCLUSIONS OF LIMITATIONS ON EMPLOYMENT.**

14.6 Nothing in this chapter shall be construed to limit the employment arrangement of a
14.7 physician assistant ~~registered~~ licensed under this chapter.

14.8 Sec. 15. Minnesota Statutes 2008, section 147A.13, is amended to read:

14.9 **147A.13 GROUNDS FOR DISCIPLINARY ACTION.**

14.10 Subdivision 1. **Grounds listed.** The board may refuse to grant ~~registration~~ licensure
14.11 or may impose disciplinary action as described in this subdivision against any physician
14.12 assistant. The following conduct is prohibited and is grounds for disciplinary action:

14.13 (1) failure to demonstrate the qualifications or satisfy the requirements for
14.14 ~~registration~~ licensure contained in this chapter or rules of the board. The burden of proof
14.15 shall be upon the applicant to demonstrate such qualifications or satisfaction of such
14.16 requirements;

14.17 (2) obtaining ~~registration~~ a license by fraud or cheating, or attempting to subvert
14.18 the examination process. Conduct which subverts or attempts to subvert the examination
14.19 process includes, but is not limited to:

14.20 (i) conduct which violates the security of the examination materials, such as
14.21 removing examination materials from the examination room or having unauthorized
14.22 possession of any portion of a future, current, or previously administered licensing
14.23 examination;

14.24 (ii) conduct which violates the standard of test administration, such as
14.25 communicating with another examinee during administration of the examination, copying
14.26 another examinee's answers, permitting another examinee to copy one's answers, or
14.27 possessing unauthorized materials; and

14.28 (iii) impersonating an examinee or permitting an impersonator to take the
14.29 examination on one's own behalf;

14.30 (3) conviction, during the previous five years, of a felony reasonably related to the
14.31 practice of physician assistant. Conviction as used in this subdivision includes a conviction
14.32 of an offense which if committed in this state would be deemed a felony without regard to
14.33 its designation elsewhere, or a criminal proceeding where a finding or verdict of guilt is
14.34 made or returned but the adjudication of guilt is either withheld or not entered;

15.1 (4) revocation, suspension, restriction, limitation, or other disciplinary action against
15.2 the person's physician assistant credentials in another state or jurisdiction, failure to
15.3 report to the board that charges regarding the person's credentials have been brought in
15.4 another state or jurisdiction, or having been refused ~~registration~~ licensure by any other
15.5 state or jurisdiction;

15.6 (5) advertising which is false or misleading, violates any rule of the board, or claims
15.7 without substantiation the positive cure of any disease or professional superiority to or
15.8 greater skill than that possessed by another physician assistant;

15.9 (6) violating a rule adopted by the board or an order of the board, a state, or federal
15.10 law which relates to the practice of a physician assistant, or in part regulates the practice
15.11 of a physician assistant, including without limitation sections 148A.02, 609.344, and
15.12 609.345, or a state or federal narcotics or controlled substance law;

15.13 (7) engaging in any unethical conduct; conduct likely to deceive, defraud, or harm
15.14 the public, or demonstrating a willful or careless disregard for the health, welfare, or
15.15 safety of a patient; or practice which is professionally incompetent, in that it may create
15.16 unnecessary danger to any patient's life, health, or safety, in any of which cases, proof
15.17 of actual injury need not be established;

15.18 (8) failure to adhere to the provisions of the physician-physician assistant delegation
15.19 agreement;

15.20 (9) engaging in the practice of medicine beyond that allowed by the
15.21 physician-physician assistant delegation agreement, ~~including the delegation form or~~
15.22 ~~the addendum to the delegation form~~, or aiding or abetting an unlicensed person in the
15.23 practice of medicine;

15.24 (10) adjudication as mentally incompetent, mentally ill or developmentally disabled,
15.25 or as a chemically dependent person, a person dangerous to the public, a sexually
15.26 dangerous person, or a person who has a sexual psychopathic personality by a court of
15.27 competent jurisdiction, within or without this state. Such adjudication shall automatically
15.28 suspend a ~~registration~~ license for its duration unless the board orders otherwise;

15.29 (11) engaging in unprofessional conduct. Unprofessional conduct includes any
15.30 departure from or the failure to conform to the minimal standards of acceptable and
15.31 prevailing practice in which proceeding actual injury to a patient need not be established;

15.32 (12) inability to practice with reasonable skill and safety to patients by reason of
15.33 illness, drunkenness, use of drugs, narcotics, chemicals, or any other type of material, or
15.34 as a result of any mental or physical condition, including deterioration through the aging
15.35 process or loss of motor skills;

16.1 (13) revealing a privileged communication from or relating to a patient except when
16.2 otherwise required or permitted by law;

16.3 (14) any ~~use of~~ identification of a physician assistant by the title "Physician,"
16.4 "Doctor," or "Dr." in a patient care setting or in a communication directed to the general
16.5 public;

16.6 (15) improper management of medical records, including failure to maintain
16.7 adequate medical records, to comply with a patient's request made pursuant to sections
16.8 144.291 to 144.298, or to furnish a medical record or report required by law;

16.9 (16) engaging in abusive or fraudulent billing practices, including violations of the
16.10 federal Medicare and Medicaid laws or state medical assistance laws;

16.11 (17) becoming addicted or habituated to a drug or intoxicant;

16.12 (18) prescribing a drug or device for other than medically accepted therapeutic,
16.13 experimental, or investigative purposes authorized by a state or federal agency or referring
16.14 a patient to any health care provider as defined in sections 144.291 to 144.298 for services
16.15 or tests not medically indicated at the time of referral;

16.16 (19) engaging in conduct with a patient which is sexual or may reasonably be
16.17 interpreted by the patient as sexual, or in any verbal behavior which is seductive or
16.18 sexually demeaning to a patient;

16.19 (20) failure to make reports as required by section 147A.14 or to cooperate with an
16.20 investigation of the board as required by section 147A.15, subdivision 3;

16.21 (21) knowingly providing false or misleading information that is directly related
16.22 to the care of that patient unless done for an accepted therapeutic purpose such as the
16.23 administration of a placebo;

16.24 (22) aiding suicide or aiding attempted suicide in violation of section 609.215 as
16.25 established by any of the following:

16.26 (i) a copy of the record of criminal conviction or plea of guilty for a felony in
16.27 violation of section 609.215, subdivision 1 or 2;

16.28 (ii) a copy of the record of a judgment of contempt of court for violating an
16.29 injunction issued under section 609.215, subdivision 4;

16.30 (iii) a copy of the record of a judgment assessing damages under section 609.215,
16.31 subdivision 5; or

16.32 (iv) a finding by the board that the person violated section 609.215, subdivision 1 or
16.33 2. The board shall investigate any complaint of a violation of section 609.215, subdivision
16.34 1 or 2; or

16.35 (23) failure to maintain annually reviewed and updated physician-physician
16.36 assistant delegation agreements, ~~internal protocols, or prescribing delegation forms~~ for

17.1 each physician-physician assistant practice relationship, or failure to provide copies of
17.2 such documents upon request by the board.

17.3 Subd. 2. **Effective dates, automatic suspension.** A suspension, revocation,
17.4 condition, limitation, qualification, or restriction of a registration license shall be in effect
17.5 pending determination of an appeal unless the court, upon petition and for good cause
17.6 shown, orders otherwise.

17.7 A physician assistant registration license is automatically suspended if:

17.8 (1) a guardian of a registrant licensee is appointed by order of a court pursuant to
17.9 sections 524.5-101 to 524.5-502, for reasons other than the minority of the registrant
17.10 licensee; or

17.11 (2) the registrant licensee is committed by order of a court pursuant to chapter
17.12 253B. The registration license remains suspended until the registrant licensee is restored
17.13 to capacity by a court and, upon petition by the registrant licensee, the suspension is
17.14 terminated by the board after a hearing.

17.15 Subd. 3. **Conditions on reissued registration license.** In its discretion, the board
17.16 may restore and reissue a physician assistant registration license, but may impose as a
17.17 condition any disciplinary or corrective measure which it might originally have imposed.

17.18 Subd. 4. **Temporary suspension of registration license.** In addition to any other
17.19 remedy provided by law, the board may, without a hearing, temporarily suspend the
17.20 registration license of a physician assistant if the board finds that the physician assistant has
17.21 violated a statute or rule which the board is empowered to enforce and continued practice
17.22 by the physician assistant would create a serious risk of harm to the public. The suspension
17.23 shall take effect upon written notice to the physician assistant, specifying the statute or
17.24 rule violated. The suspension shall remain in effect until the board issues a final order
17.25 in the matter after a hearing. At the time it issues the suspension notice, the board shall
17.26 schedule a disciplinary hearing to be held pursuant to the Administrative Procedure Act.

17.27 The physician assistant shall be provided with at least 20 days' notice of any hearing
17.28 held pursuant to this subdivision. The hearing shall be scheduled to begin no later than 30
17.29 days after the issuance of the suspension order.

17.30 Subd. 5. **Evidence.** In disciplinary actions alleging a violation of subdivision
17.31 1, clause (3) or (4), a copy of the judgment or proceeding under the seal of the court
17.32 administrator or of the administrative agency which entered it shall be admissible into
17.33 evidence without further authentication and shall constitute prima facie evidence of the
17.34 contents thereof.

17.35 Subd. 6. **Mental examination; access to medical data.** (a) If the board has
17.36 probable cause to believe that a physician assistant comes under subdivision 1, clause

18.1 (1), it may direct the physician assistant to submit to a mental or physical examination.
18.2 For the purpose of this subdivision, every physician assistant ~~registered~~ licensed under
18.3 this chapter is deemed to have consented to submit to a mental or physical examination
18.4 when directed in writing by the board and further to have waived all objections to the
18.5 admissibility of the examining physicians' testimony or examination reports on the ground
18.6 that the same constitute a privileged communication. Failure of a physician assistant to
18.7 submit to an examination when directed constitutes an admission of the allegations against
18.8 the physician assistant, unless the failure was due to circumstance beyond the physician
18.9 assistant's control, in which case a default and final order may be entered without the
18.10 taking of testimony or presentation of evidence. A physician assistant affected under this
18.11 subdivision shall at reasonable intervals be given an opportunity to demonstrate that
18.12 the physician assistant can resume competent practice with reasonable skill and safety
18.13 to patients. In any proceeding under this subdivision, neither the record of proceedings
18.14 nor the orders entered by the board shall be used against a physician assistant in any
18.15 other proceeding.

18.16 (b) In addition to ordering a physical or mental examination, the board may,
18.17 notwithstanding sections 13.384, 144.651, or any other law limiting access to medical or
18.18 other health data, obtain medical data and health records relating to a ~~registrant~~ licensee or
18.19 applicant without the ~~registrant's~~ licensee's or applicant's consent if the board has probable
18.20 cause to believe that a physician assistant comes under subdivision 1, clause (1).

18.21 The medical data may be requested from a provider, as defined in section 144.291,
18.22 subdivision 2, paragraph (h), an insurance company, or a government agency, including
18.23 the Department of Human Services. A provider, insurance company, or government
18.24 agency shall comply with any written request of the board under this subdivision and is not
18.25 liable in any action for damages for releasing the data requested by the board if the data
18.26 are released pursuant to a written request under this subdivision, unless the information
18.27 is false and the provider giving the information knew, or had reason to believe, the
18.28 information was false. Information obtained under this subdivision is classified as private
18.29 under chapter 13.

18.30 **Subd. 7. Tax clearance certificate.** (a) In addition to the provisions of subdivision
18.31 1, the board may not issue or renew a ~~registration~~ license if the commissioner of revenue
18.32 notifies the board and the ~~registrant~~ licensee or applicant for ~~registration~~ license that the
18.33 ~~registrant~~ licensee or applicant owes the state delinquent taxes in the amount of \$500 or
18.34 more. The board may issue or renew the ~~registration~~ license only if:

18.35 (1) the commissioner of revenue issues a tax clearance certificate; and

19.1 (2) the commissioner of revenue, the ~~registrant~~ licensee, or the applicant forwards a
19.2 copy of the clearance to the board.

19.3 The commissioner of revenue may issue a clearance certificate only if the ~~registrant~~
19.4 licensee or applicant does not owe the state any uncontested delinquent taxes.

19.5 (b) For purposes of this subdivision, the following terms have the meanings given:

19.6 (1) "Taxes" are all taxes payable to the commissioner of revenue, including penalties
19.7 and interest due on those taxes, and

19.8 (2) "Delinquent taxes" do not include a tax liability if:

19.9 (i) an administrative or court action that contests the amount or validity of the
19.10 liability has been filed or served;

19.11 (ii) the appeal period to contest the tax liability has not expired; or

19.12 (iii) the licensee or applicant has entered into a payment agreement to pay the
19.13 liability and is current with the payments.

19.14 (c) When a ~~registrant~~ licensee or applicant is required to obtain a clearance certificate
19.15 under this subdivision, a contested case hearing must be held if the ~~registrant~~ licensee or
19.16 applicant requests a hearing in writing to the commissioner of revenue within 30 days of
19.17 the date of the notice provided in paragraph (a). The hearing must be held within 45 days
19.18 of the date the commissioner of revenue refers the case to the Office of Administrative
19.19 Hearings. Notwithstanding any law to the contrary, the licensee or applicant must be
19.20 served with 20 days' notice in writing specifying the time and place of the hearing and
19.21 the allegations against the registrant or applicant. The notice may be served personally or
19.22 by mail.

19.23 (d) The board shall require all ~~registrants~~ licensees or applicants to provide their
19.24 Social Security number and Minnesota business identification number on all ~~registration~~
19.25 license applications. Upon request of the commissioner of revenue, the board must
19.26 provide to the commissioner of revenue a list of all ~~registrants~~ licensees and applicants,
19.27 including their names and addresses, Social Security numbers, and business identification
19.28 numbers. The commissioner of revenue may request a list of the ~~registrants~~ licensees and
19.29 applicants no more than once each calendar year.

19.30 Subd. 8. Limitation. No board proceeding against a licensee shall be instituted
19.31 unless commenced within seven years from the date of commission of some portion of the
19.32 offense except for alleged violations of subdivision 1, paragraph (19), or subdivision 7.

19.33 Sec. 16. Minnesota Statutes 2008, section 147A.16, is amended to read:

19.34 **147A.16 FORMS OF DISCIPLINARY ACTION.**

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

20.3 (1) revoke the ~~registration~~ license;

20.4 (2) suspend the ~~registration~~ license;

20.5 (3) impose limitations or conditions on the physician assistant's practice, including
20.6 limiting the scope of practice to designated field specialties; impose retraining or
20.7 rehabilitation requirements; require practice under additional supervision; or condition
20.8 continued practice on demonstration of knowledge or skills by appropriate examination
20.9 or other review of skill and competence;

20.10 (4) impose a civil penalty not exceeding \$10,000 for each separate violation, the
20.11 amount of the civil penalty to be fixed so as to deprive the physician assistant of any
20.12 economic advantage gained by reason of the violation charged or to reimburse the board
20.13 for the cost of the investigation and proceeding;

20.14 (5) order the physician assistant to provide unremunerated professional service
20.15 under supervision at a designated public hospital, clinic, or other health care institution; or

20.16 (6) censure or reprimand the ~~registered~~ licensed physician assistant.

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

20.20 Sec. 17. Minnesota Statutes 2008, section 147A.18, is amended to read:

20.21 **147A.18 DELEGATED AUTHORITY TO PRESCRIBE, DISPENSE, AND**
20.22 **ADMINISTER DRUGS AND MEDICAL DEVICES.**

20.23 Subdivision 1. **Delegation.** (a) A supervising physician may delegate to a
20.24 physician assistant who is ~~registered with~~ licensed by the board, certified by the National
20.25 Commission on Certification of Physician Assistants or successor agency approved by the
20.26 board, and who is under the supervising physician's supervision, the authority to prescribe,
20.27 dispense, and administer legend drugs, ~~medical devices, and~~ controlled substances, and
20.28 medical devices subject to the requirements in this section. The authority to dispense
20.29 includes, but is not limited to, the authority to request, receive, and dispense sample drugs.
20.30 This authority to dispense extends only to those drugs described in the written agreement
20.31 developed under paragraph (b).

20.32 (b) The delegation agreement between the physician assistant and supervising
20.33 physician ~~and any alternate supervising physicians~~ must include a statement by the
20.34 supervising physician regarding delegation or nondelegation of the functions of
20.35 prescribing, dispensing, and administering ~~of~~ legend drugs, controlled substances, and

21.1 medical devices to the physician assistant. The statement must include ~~a protocol~~
21.2 ~~indicating~~ categories of drugs for which the supervising physician delegates prescriptive
21.3 and dispensing authority including controlled substances when applicable. The delegation
21.4 must be appropriate to the physician assistant's practice and within the scope of the
21.5 physician assistant's training. Physician assistants who have been delegated the authority
21.6 to prescribe, dispense, and administer legend drugs, controlled substances, and medical
21.7 devices shall provide evidence of current certification by the National Commission
21.8 on Certification of Physician Assistants or its successor agency when ~~registering or~~
21.9 ~~reregistering~~ applying for licensure or license renewal as physician assistants. Physician
21.10 assistants who have been delegated the authority to prescribe controlled substances must
21.11 ~~present evidence of the certification and also~~ hold a valid DEA ~~certificate~~ registration.
21.12 Supervising physicians shall retrospectively review the prescribing, dispensing, and
21.13 administering of legend ~~and controlled~~ drugs, controlled substances, and medical devices
21.14 by physician assistants, when this authority has been delegated to the physician assistant as
21.15 part of the physician-physician assistant delegation agreement ~~between the physician and~~
21.16 ~~the physician assistant. This review must take place as outlined in the internal protocol.~~
21.17 The process and schedule for the review must be outlined in the physician-physician
21.18 assistant delegation agreement.

21.19 (c) The board may establish by rule:

21.20 (1) a system of identifying physician assistants eligible to prescribe, administer, and
21.21 dispense legend drugs and medical devices;

21.22 (2) a system of identifying physician assistants eligible to prescribe, administer, and
21.23 dispense controlled substances;

21.24 (3) a method of determining the categories of legend ~~and controlled~~ drugs, controlled
21.25 substances, and medical devices that each physician assistant is allowed to prescribe,
21.26 administer, and dispense; and

21.27 (4) a system of transmitting to pharmacies a listing of physician assistants eligible to
21.28 prescribe legend ~~and controlled~~ drugs, controlled substances, and medical devices.

21.29 Subd. 2. **Termination and reinstatement of prescribing authority.** ~~(a)~~ The
21.30 authority of a physician assistant to prescribe, dispense, and administer legend drugs,
21.31 controlled substances, and medical devices shall end immediately when:

21.32 (1) the physician-physician assistant delegation agreement is terminated;

21.33 (2) the authority to prescribe, dispense, and administer is terminated or withdrawn
21.34 by the supervising physician; ~~or~~

22.1 (3) the physician ~~assistant reverts to~~ assistant's license is placed on inactive status;
22.2 ~~loses National Commission on Certification of Physician Assistants or successor agency~~
22.3 ~~certification, or loses or terminates registration status;~~

22.4 (4) the physician assistant loses National Commission on Certification of Physician
22.5 Assistants or successor agency certification; or

22.6 (5) the physician assistant loses or terminates licensure status.

22.7 (b) ~~The physician assistant must notify the board in writing within ten days of the~~
22.8 ~~occurrence of any of the circumstances listed in paragraph (a).~~

22.9 (c) ~~Physician assistants whose authority to prescribe, dispense, and administer~~
22.10 ~~has been terminated shall reapply for reinstatement of prescribing authority under this~~
22.11 ~~section and meet any requirements established by the board prior to reinstatement of the~~
22.12 ~~prescribing, dispensing, and administering authority.~~

22.13 Subd. 3. **Other requirements and restrictions.** ~~(a) The supervising physician and~~
22.14 ~~the physician assistant must complete, sign, and date an internal protocol which lists each~~
22.15 ~~category of drug or medical device, or controlled substance the physician assistant may~~
22.16 ~~prescribe, dispense, and administer. The supervising physician and physician assistant~~
22.17 ~~shall submit the internal protocol to the board upon request. The supervising physician~~
22.18 ~~may amend the internal protocol as necessary, within the limits of the completed delegation~~
22.19 ~~form in subdivision 5. The supervising physician and physician assistant must sign and~~
22.20 ~~date any amendments to the internal protocol. Any amendments resulting in a change to~~
22.21 ~~an addition or deletion to categories delegated in the delegation form in subdivision 5 must~~
22.22 ~~be submitted to the board according to this chapter, along with the fee required.~~

22.23 (b) ~~The supervising physician and physician assistant shall review delegation of~~
22.24 ~~prescribing, dispensing, and administering authority on an annual basis at the time of~~
22.25 ~~reregistration. The internal protocol must be signed and dated by the supervising physician~~
22.26 ~~and physician assistant after review. Any amendments to the internal protocol resulting in~~
22.27 ~~changes to the delegation form in subdivision 5 must be submitted to the board according~~
22.28 ~~to this chapter, along with the fee required.~~

22.29 (c) ~~(a)~~ (a) Each prescription initiated by a physician assistant shall indicate the
22.30 following:

22.31 (1) the date of issue;

22.32 (2) the name and address of the patient;

22.33 (3) the name and quantity of the drug prescribed;

22.34 (4) directions for use; and

22.35 (5) the name and address of the prescribing physician assistant.

23.1 ~~(d) (b)~~ In prescribing, dispensing, and administering legend drugs, controlled
23.2 substances, and medical devices, ~~including controlled substances as defined in section~~
23.3 ~~152.01, subdivision 4~~, a physician assistant must conform with the agreement, chapter
23.4 151, and this chapter.

23.5 ~~Subd. 4. Notification of pharmacies.~~ (a) The board shall annually provide to the
23.6 Board of Pharmacy and to registered pharmacies within the state a list of those physician
23.7 assistants who are authorized to prescribe, administer, and dispense legend drugs and
23.8 medical devices, or controlled substances.

23.9 ~~(b)~~ The board shall provide to the Board of Pharmacy a list of physician assistants
23.10 authorized to prescribe legend drugs and medical devices every two months if additional
23.11 physician assistants are authorized to prescribe or if physician assistants have authorization
23.12 to prescribe withdrawn.

23.13 ~~(c)~~ The list must include the name, address, telephone number, and Minnesota
23.14 registration number of the physician assistant, and the name, address, telephone number,
23.15 and Minnesota license number of the supervising physician.

23.16 ~~(d)~~ The board shall provide the form in subdivision 5 to pharmacies upon request.

23.17 ~~(e)~~ The board shall make available prototype forms of the physician-physician
23.18 assistant agreement, the internal protocol, the delegation form, and the addendum form.

23.19 ~~Subd. 5. Delegation form for physician assistant prescribing.~~ The delegation
23.20 form for physician assistant prescribing must contain a listing by drug category of the
23.21 legend drugs and controlled substances for which prescribing authority has been delegated
23.22 to the physician assistant.

23.23 Sec. 18. Minnesota Statutes 2008, section 147A.19, is amended to read:

23.24 **147A.19 IDENTIFICATION REQUIREMENTS.**

23.25 Physician assistants ~~registered~~ licensed under this chapter shall keep their
23.26 ~~registration~~ license available for inspection at their primary place of business and shall,
23.27 when engaged in their professional activities, wear a name tag identifying themselves as
23.28 a "physician assistant."

23.29 Sec. 19. Minnesota Statutes 2008, section 147A.20, is amended to read:

23.30 **147A.20 PHYSICIAN AND PHYSICIAN PHYSICIAN-PHYSICIAN**
23.31 **ASSISTANT AGREEMENT DOCUMENTS.**

23.32 Subdivision 1. Physician-physician assistant delegation agreement. (a) A
23.33 physician assistant and supervising physician must sign ~~an~~ a physician-physician assistant

24.1 ~~delegation~~ agreement which specifies scope of practice ~~and amount~~ and manner of
24.2 supervision as required by the board. The agreement must contain:

24.3 (1) a description of the practice setting;

24.4 (2) ~~a statement of practice type/specialty;~~

24.5 ~~(3)~~ a listing of categories of delegated duties;

24.6 ~~(4)~~ (3) a description of supervision type, ~~amount, and frequency;~~ and

24.7 ~~(5)~~ (4) a description of the process and schedule for review of prescribing,
24.8 dispensing, and administering legend and controlled drugs and medical devices by the
24.9 physician assistant authorized to prescribe.

24.10 (b) The agreement must be maintained by the supervising physician and physician
24.11 assistant and made available to the board upon request. If there is a delegation of
24.12 prescribing, administering, and dispensing of legend drugs, controlled substances, and
24.13 medical devices, the agreement shall include ~~an internal protocol and delegation form~~ a
24.14 description of the prescriptive authority delegated to the physician assistant. Physician
24.15 assistants shall have a separate agreement for each place of employment. Agreements
24.16 must be reviewed and updated on an annual basis. The supervising physician and
24.17 physician assistant must maintain the physician-physician assistant delegation agreement;
24.18 ~~delegation form, and internal protocol~~ at the address of record. ~~Copies shall be provided to~~
24.19 ~~the board upon request.~~

24.20 (c) Physician assistants must provide written notification to the board within 30
24.21 days of the following:

24.22 (1) name change;

24.23 (2) address of record change; and

24.24 (3) telephone number of record change; ~~and~~

24.25 ~~(4) addition or deletion of alternate supervising physician provided that the~~
24.26 ~~information submitted includes, for an additional alternate physician, an affidavit of~~
24.27 ~~consent to act as an alternate supervising physician signed by the alternate supervising~~
24.28 ~~physician.~~

24.29 ~~(d) Modifications requiring submission prior to the effective date are changes to the~~
24.30 ~~practice setting description which include:~~

24.31 ~~(1) supervising physician change, excluding alternate supervising physicians; or~~

24.32 ~~(2) delegation of prescribing, administering, or dispensing of legend drugs,~~
24.33 ~~controlled substances, or medical devices.~~

24.34 ~~(e) The agreement must be completed and the practice setting description submitted~~
24.35 ~~to the board before providing medical care as a physician assistant.~~

25.1 (d) Any alternate supervising physicians must be identified in the physician-physician
25.2 assistant delegation agreement, or a supplemental listing, and must sign the agreement
25.3 attesting that they shall provide the physician assistant with supervision in compliance
25.4 with this chapter, the delegation agreement, and board rules.

25.5 Subd. 2. Notification of intent to practice. A licensed physician assistant shall
25.6 submit a notification of intent to practice to the board prior to beginning practice. The
25.7 notification shall include the name, business address, and telephone number of the
25.8 supervising physician and the physician assistant. Individuals who practice without
25.9 submitting a notification of intent to practice shall be subject to disciplinary action under
25.10 section 147A.13 for practicing without a license, unless the care is provided in response to
25.11 a disaster or emergency situation pursuant to section 147A.23.

25.12 Sec. 20. Minnesota Statutes 2008, section 147A.21, is amended to read:

25.13 **147A.21 RULEMAKING AUTHORITY.**

25.14 The board shall adopt rules:

- 25.15 (1) setting ~~registration~~ license fees;
- 25.16 (2) setting renewal fees;
- 25.17 (3) ~~setting fees for locum tenens permits;~~
- 25.18 ~~(4)~~ setting fees for temporary ~~registration~~ licenses; and
- 25.19 ~~(5)~~ (4) establishing renewal dates.

25.20 Sec. 21. Minnesota Statutes 2008, section 147A.23, is amended to read:

25.21 **147A.23 RESPONDING TO DISASTER SITUATIONS.**

25.22 (a) A ~~registered physician assistant or a~~ physician assistant duly licensed or
25.23 credentialed in a United States jurisdiction or by a federal employer who is responding
25.24 to a need for medical care created by an emergency according to section 604A.01, or a
25.25 state or local disaster may render such care as the physician assistant is ~~able~~ trained to
25.26 provide, under the physician assistant's license, ~~registration~~, or credential, without the
25.27 need of a ~~physician and physician~~ physician-physician assistant delegation agreement or
25.28 a notice of intent to practice as required under section 147A.20. ~~Physician supervision,~~
25.29 ~~as required under section 147A.09, must be provided under the direction of a physician~~
25.30 ~~licensed under chapter 147 who is involved with the disaster response. The physician~~
25.31 ~~assistant must establish a temporary supervisory agreement with the physician providing~~
25.32 ~~supervision before rendering care. A physician assistant may provide emergency care~~
25.33 without physician supervision or under the supervision that is available.

26.1 (b) The physician who provides supervision to a physician assistant while the
26.2 physician assistant is rendering care ~~in a disaster~~ in accordance with this section may do
26.3 so without meeting the requirements of section 147A.20.

26.4 (c) The supervising physician who otherwise provides supervision to a physician
26.5 assistant under a ~~physician and physician~~ physician-physician assistant delegation
26.6 agreement described in section 147A.20 shall not be held medically responsible for the
26.7 care rendered by a physician assistant pursuant to paragraph (a). Services provided by
26.8 a physician assistant under paragraph (a) shall be considered outside the scope of the
26.9 relationship between the supervising physician and the physician assistant.

26.10 Sec. 22. Minnesota Statutes 2008, section 147A.24, is amended to read:

26.11 **147A.24 CONTINUING EDUCATION REQUIREMENTS.**

26.12 Subdivision 1. **Amount of education required.** Applicants for registration license
26.13 renewal ~~or reregistration~~ must either meet standards for continuing education through
26.14 current certification by the National Commission on Certification of Physician Assistants,
26.15 or its successor agency as approved by the board, or attest to and document provide
26.16 evidence of successful completion of at least 50 contact hours of continuing education
26.17 within the two years immediately preceding registration license renewal, reregistration,
26.18 ~~or attest to and document taking the national certifying examination required by this~~
26.19 ~~chapter within the past two years.~~

26.20 Subd. 2. **Type of education required.** ~~Approved~~ Continuing education is approved
26.21 if it is equivalent to category 1 credit hours as defined by the American Osteopathic
26.22 Association Bureau of Professional Education, the Royal College of Physicians and
26.23 Surgeons of Canada, the American Academy of Physician Assistants, or by organizations
26.24 that have reciprocal arrangements with the physician recognition award program of the
26.25 American Medical Association.

26.26 Sec. 23. Minnesota Statutes 2008, section 147A.26, is amended to read:

26.27 **147A.26 PROCEDURES.**

26.28 The board shall establish, in writing, internal operating procedures for receiving and
26.29 investigating complaints, accepting and processing applications, granting ~~registrations~~
26.30 licenses, and imposing enforcement actions. The written internal operating procedures
26.31 may include procedures for sharing complaint information with government agencies in
26.32 this and other states. Procedures for sharing complaint information must be consistent
26.33 with the requirements for handling government data under chapter 13.

27.1 Sec. 24. Minnesota Statutes 2008, section 147A.27, is amended to read:

27.2 **147A.27 PHYSICIAN ASSISTANT ADVISORY COUNCIL.**

27.3 Subdivision 1. **Membership.** (a) The Physician Assistant Advisory Council is
27.4 created and is composed of seven persons appointed by the board. The seven persons
27.5 must include:

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

27.7 (2) three physician assistants ~~registered~~ licensed under this chapter who meet the
27.8 criteria for a new applicant under section 147A.02; and

27.9 (3) two licensed physicians with experience supervising physician assistants.

27.10 (b) No member shall serve more than ~~a total of two~~ consecutive terms. If a member
27.11 is appointed for a partial term and serves more than half of that term it shall be considered
27.12 a full term. ~~Members serving on the council as of July 1, 2000, shall be allowed to~~
27.13 ~~complete their current terms.~~

27.14 Subd. 2. **Organization.** The council shall be organized and administered under
27.15 section 15.059.

27.16 Subd. 3. **Duties.** The council shall advise the board regarding:

27.17 (1) physician assistant ~~registration~~ licensure standards;

27.18 (2) enforcement of grounds for discipline;

27.19 (3) distribution of information regarding physician assistant ~~registration~~ licensure
27.20 standards;

27.21 (4) applications and recommendations of applicants for ~~registration~~ licensure or
27.22 ~~registration~~ license renewal; ~~and~~

27.23 (5) complaints and recommendations to the board regarding disciplinary matters and
27.24 proceedings concerning applicants and ~~registrants~~ licensees according to sections 214.10;
27.25 214.103; and 214.13, subdivisions 6 and 7; and

27.26 (6) issues related to physician assistant practice and regulation.

27.27 The council shall perform other duties authorized for the council by chapter 214
27.28 as directed by the board.

27.29 Sec. 25. Minnesota Statutes 2008, section 169.345, subdivision 2, is amended to read:

27.30 Subd. 2. **Definitions.** (a) For the purpose of section 168.021 and this section, the
27.31 following terms have the meanings given them in this subdivision.

27.32 (b) "Health professional" means a licensed physician, ~~registered~~ licensed physician
27.33 assistant, advanced practice registered nurse, or licensed chiropractor.

27.34 (c) "Long-term certificate" means a certificate issued for a period greater than 12
27.35 months but not greater than 71 months.

28.1 (d) "Organization certificate" means a certificate issued to an entity other than a
28.2 natural person for a period of three years.

28.3 (e) "Permit" refers to a permit that is issued for a period of 30 days, in lieu of the
28.4 certificate referred to in subdivision 3, while the application is being processed.

28.5 (f) "Physically disabled person" means a person who:

28.6 (1) because of disability cannot walk without significant risk of falling;

28.7 (2) because of disability cannot walk 200 feet without stopping to rest;

28.8 (3) because of disability cannot walk without the aid of another person, a walker, a
28.9 cane, crutches, braces, a prosthetic device, or a wheelchair;

28.10 (4) is restricted by a respiratory disease to such an extent that the person's forced
28.11 (respiratory) expiratory volume for one second, when measured by spirometry, is less
28.12 than one liter;

28.13 (5) has an arterial oxygen tension (PAO₂) of less than 60 mm/Hg on room air at rest;

28.14 (6) uses portable oxygen;

28.15 (7) has a cardiac condition to the extent that the person's functional limitations are
28.16 classified in severity as class III or class IV according to standards set by the American
28.17 Heart Association;

28.18 (8) has lost an arm or a leg and does not have or cannot use an artificial limb; or

28.19 (9) has a disability that would be aggravated by walking 200 feet under normal
28.20 environmental conditions to an extent that would be life threatening.

28.21 (g) "Short-term certificate" means a certificate issued for a period greater than six
28.22 months but not greater than 12 months.

28.23 (h) "Six-year certificate" means a certificate issued for a period of six years.

28.24 (i) "Temporary certificate" means a certificate issued for a period not greater than
28.25 six months.

28.26 Sec. 26. Minnesota Statutes 2008, section 253B.02, subdivision 7, is amended to read:

28.27 Subd. 7. **Examiner.** "Examiner" means a person who is knowledgeable, trained, and
28.28 practicing in the diagnosis and assessment or in the treatment of the alleged impairment,
28.29 and who is:

28.30 (1) a licensed physician;

28.31 (2) a licensed psychologist who has a doctoral degree in psychology or who became
28.32 a licensed consulting psychologist before July 2, 1975; or

28.33 (3) an advanced practice registered nurse certified in mental health or a licensed

28.34 physician assistant, except that only a physician or psychologist meeting these

28.35 requirements may be appointed by the court as described by sections 253B.07, subdivision

29.1 3; 253B.092, subdivision 8, paragraph (b); 253B.17, subdivision 3; 253B.18, subdivision
29.2 2; and 253B.19, subdivisions 1 and 2, and only a physician or psychologist may conduct
29.3 an assessment as described by Minnesota Rules of Criminal Procedure, rule 20.

29.4 Sec. 27. Minnesota Statutes 2008, section 253B.05, subdivision 2, is amended to read:

29.5 Subd. 2. **Peace or health officer authority.** (a) A peace or health officer may take a
29.6 person into custody and transport the person to a licensed physician or treatment facility if
29.7 the officer has reason to believe, either through direct observation of the person's behavior,
29.8 or upon reliable information of the person's recent behavior and knowledge of the person's
29.9 past behavior or psychiatric treatment, that the person is mentally ill or developmentally
29.10 disabled and in danger of injuring self or others if not immediately detained. A peace or
29.11 health officer or a person working under such officer's supervision, may take a person
29.12 who is believed to be chemically dependent or is intoxicated in public into custody and
29.13 transport the person to a treatment facility. If the person is intoxicated in public or is
29.14 believed to be chemically dependent and is not in danger of causing self-harm or harm to
29.15 any person or property, the peace or health officer may transport the person home. The
29.16 peace or health officer shall make written application for admission of the person to the
29.17 treatment facility. The application shall contain the peace or health officer's statement
29.18 specifying the reasons for and circumstances under which the person was taken into
29.19 custody. If danger to specific individuals is a basis for the emergency hold, the statement
29.20 must include identifying information on those individuals, to the extent practicable. A
29.21 copy of the statement shall be made available to the person taken into custody.

29.22 (b) As far as is practicable, a peace officer who provides transportation for a person
29.23 placed in a facility under this subdivision may not be in uniform and may not use a vehicle
29.24 visibly marked as a law enforcement vehicle.

29.25 (c) A person may be admitted to a treatment facility for emergency care and
29.26 treatment under this subdivision with the consent of the head of the facility under the
29.27 following circumstances: (1) a written statement shall only be made by the following
29.28 individuals who are knowledgeable, trained, and practicing in the diagnosis and treatment
29.29 of mental illness or developmental disability; the medical officer, or the officer's designee
29.30 on duty at the facility, including a licensed physician, a ~~registered~~ licensed physician
29.31 assistant, or an advanced practice registered nurse who after preliminary examination has
29.32 determined that the person has symptoms of mental illness or developmental disability
29.33 and appears to be in danger of harming self or others if not immediately detained; or (2) a
29.34 written statement is made by the institution program director or the director's designee
29.35 on duty at the facility after preliminary examination that the person has symptoms

30.1 of chemical dependency and appears to be in danger of harming self or others if not
30.2 immediately detained or is intoxicated in public.

30.3 Sec. 28. Minnesota Statutes 2008, section 256B.0625, subdivision 28a, is amended to
30.4 read:

30.5 Subd. 28a. **Registered Licensed physician assistant services.** Medical assistance
30.6 covers services performed by a ~~registered~~ licensed physician assistant if the service is
30.7 otherwise covered under this chapter as a physician service and if the service is within the
30.8 scope of practice of a ~~registered~~ licensed physician assistant as defined in section 147A.09.

30.9 Sec. 29. Minnesota Statutes 2008, section 256B.0751, subdivision 1, is amended to
30.10 read:

30.11 Subdivision 1. **Definitions.** (a) For purposes of sections 256B.0751 to 256B.0753,
30.12 the following definitions apply.

30.13 (b) "Commissioner" means the commissioner of human services.

30.14 (c) "Commissioners" means the commissioner of humans services and the
30.15 commissioner of health, acting jointly.

30.16 (d) "Health plan company" has the meaning provided in section 62Q.01, subdivision
30.17 4.

30.18 (e) "Personal clinician" means a physician licensed under chapter 147, a physician
30.19 assistant ~~registered~~ licensed and practicing under chapter 147A, or an advanced practice
30.20 nurse licensed and registered to practice under chapter 148.

30.21 (f) "State health care program" means the medical assistance, MinnesotaCare, and
30.22 general assistance medical care programs.

30.23 Sec. 30. **REPEALER.**

30.24 Minnesota Statutes 2008, section 147A.22, is repealed.

30.25 Sec. 31. **EFFECTIVE DATE.**

30.26 Sections 1 to 30 are effective July 1, 2009.