

Sec. 7. Minnesota Statutes, 1984, section 514.956, is amended by adding a subdivision to read:

Subd. 4. RULES. The secretary of state shall adopt rules for the filing, amending, termination, and removal of lien-notification statements.

Sec. 8. **EFFECTIVE DATE.**

This act is effective the day after enactment.

Approved May 28, 1985

CHAPTER 247 — S.F.No. 1130

An act relating to occupations and professions; changing the composition of the board of medical examiners and the method of appointing board members; authorizing the release of certain information by the board of medical examiners; requiring the board of medical examiners to adopt a written statement describing its procedures, and publish disciplinary actions; revising the standards for licensing and disciplining physicians; establishing reporting requirements for health professionals and granting immunity to those complying with reporting requirements; establishing special requirements for health-related licensing boards; recodifying certain provisions in Minnesota Statutes, chapter 147; amending Minnesota Statutes 1984, sections 147.01, subdivisions 1, 2, and 4; 147.02, subdivision 1, and by adding subdivisions; 147.021; 147.03; 147.073; 147.074; 147.09; 147.10; 155A.08, subdivision 2; 176.011, subdivision 9; 214.07, subdivision 1; and 214.10, subdivision 1, and by adding a subdivision; proposing coding for new law in Minnesota Statutes, chapter 147; repealing Minnesota Statutes 1984, sections 147.02, subdivision 2; 147.06; 147.07; 147.072; 147.101; 147.11; 147.12; 147.13; 147.16; 147.17; 147.18; 147.19; 147.20; and 147.23.

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

Section 1. Minnesota Statutes 1984, section 147.01, subdivision 1, is amended to read:

Subdivision 1. **CREATION; TERMS.** The board of medical examiners ~~shall consist~~ consists of 11 members, residents of the state of Minnesota, appointed by the governor as hereinafter provided ~~(a)~~. ~~Seven of whom shall board members must~~ hold a degree of doctor of medicine and be licensed to practice medicine under this chapter, ~~(b)~~. ~~One of whom shall board member must~~ hold a degree of doctor of osteopathy and either be licensed to practice osteopathy under Minnesota Statutes 1961, Sections 148.11 to 148.16; prior to May 1, 1963, or be licensed to practice medicine under this chapter ~~and (c)~~. ~~Three of whom shall board members must~~ be public members as defined by section 214.02. One of the public members must represent a mental health and consumer advocacy organization. A member may serve more than one term but shall not serve more than two terms consecutively. Membership terms, compen-

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sation of members, removal of members, the filling of membership vacancies, and fiscal year and reporting requirements shall be are as provided in sections 214.07 to 214.09. The provision of staff, administrative services and office space; the review and processing of complaints; the setting of board fees; and other provisions relating to board operations shall be are as provided in chapter 214 and Laws 1976, Chapter 222, Sections 2 to 7.

Sec. 2. Minnesota Statutes 1984, section 147.01, subdivision 2, is amended to read:

Subd. 2. **RECOMMENDATIONS FOR APPOINTMENT.** Each year in which the terms of doctors of medicine expire the council of the Minnesota state medical association shall recommend to the governor three doctors of medicine qualified to serve on the board with respect to each membership which is then filled by a doctor of medicine. Each year in which the term of a doctor of osteopathy expires, the Minnesota state osteopathic association shall recommend to the governor three doctors of osteopathy qualified to serve on the board. From the list of persons so recommended the governor may appoint one member to the board for the above prescribed term of four years. Within 60 days after the occurrence of any vacancy in the board, the council of the Minnesota state medical association, if the vacancy be with respect to a membership vacated by a doctor of medicine, or the Minnesota state osteopathic association, if the vacancy be with respect to a membership vacated by a doctor of osteopathy, shall recommend to the governor three doctors of medicine qualified to serve on the board if the recommendation be by the Minnesota state medical association or three doctors of osteopathy qualified to serve on the board if the recommendation be by the Minnesota state osteopathic association. From the list of persons so recommended the governor, within 30 days after receiving such recommendation, may appoint one member to the board for the unexpired term occasioned by such vacancy and any appointment thereto to fill a vacancy shall be made within 90 days after the occurrence of such vacancy for the balance of the unexpired term. Prior to the end of the term of a doctor of medicine or public member on the board, or within 60 days after a doctor of medicine or public member position on the board becomes vacant, the state medical association, the mental health association of Minnesota, and other interested persons and organizations may recommend to the governor doctors of medicine and public members qualified to serve on the board. Prior to the end of the term of a doctor of osteopathy, or within 60 days after a doctor of osteopathy membership becomes vacant, the Minnesota osteopathic medical society may recommend to the governor three doctors of osteopathy qualified to serve on the board. The governor may appoint members to the board from the list of persons recommended or from among other qualified candidates.

Sec. 3. Minnesota Statutes 1984, section 147.01, subdivision 4, is amended to read:

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Subd. 4. **DISCLOSURE.** Subject to the exceptions listed in this subdivision, all communications or information received by or disclosed to the board relating to any person or matter subject to its regulatory jurisdiction, and all records of any action or proceedings thereon, except only a final decision of the board, which shall state the specific reason therefor shall be are confidential and privileged within the meaning of section 595.02, subdivision 1, paragraph (e), and shall not be public records within the meaning of section 15.17, subdivision 4; provided that and any disciplinary hearing shall be closed to the public.

(a) Upon application of a party in a proceeding before the board pursuant to under section 147.021, the board shall produce and permit the inspection and copying, by or on behalf of the moving party, of any designated documents or papers relevant to the proceedings, in accordance with the provisions of rule 34, Minnesota rules of civil procedure.

(b) If the board imposes disciplinary measures of any kind, the name and business address of the licensee, the nature of the misconduct, and the action taken by the board are public data.

(c) The board shall exchange information with other licensing boards, agencies, or departments within the state, as required under section 214.10, subdivision 8, paragraph (e), and may release information in the reports required under sections 147.02, subdivision 6, and 214.10, subdivision 8, paragraph (c).

Sec. 4. Minnesota Statutes 1984, section 147.02, subdivision 1, is amended to read:

Subdivision 1. **EXAMINATION UNITED STATES OR CANADIAN MEDICAL SCHOOL GRADUATES.** A person not authorized to practice medicine in the state and desiring so to do shall apply to the secretary of the state board of medical examiners and pay a fee set by the board, which in no case shall be refunded. At a time appointed, or at the next regular examination, he shall prove (a) that he is of good moral character; (b) that he is either a graduate of a medical or osteopathic school approved by the board after a study of its curriculum, faculty, facilities, accreditation, and other relevant data, or is currently enrolled in the final year of study at such school; and (c) that he has satisfactorily passed, within three years before, or five years after being granted the degree of M.D. or D.O., an examination prepared and graded by either the federation of state medical boards or the national board of medical examiners. Certification of passage by either the federation of state medical boards, the national board of medical examiners or the medical school from which the applicant graduated shall be accepted as evidence that the applicant has passed such examination. If the board determines that the applicant has not satisfactorily passed an examination within three years before, or five years after being granted the degree of M.D. or D.O., the board may require the applicant to take either of the examinations. The board may by rule establish fees for the renewal

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of licenses and permits authorized by this chapter. The board may assess a charge, to be set by rule, for the delinquent payment of a fee.

The board may issue a temporary permit to practice medicine to a physician eligible for licensure under section 147.03 upon payment of a fee set by the board. The permit shall be valid only until the next meeting of the board. The board shall, with the consent of six of its members, issue a license to practice medicine to a person who meets the following requirements:

(a) An applicant for a license shall file a written application on forms provided by the board, showing to the board's satisfaction that the applicant is of good moral character and satisfies the requirements of this section.

(b) The applicant shall present evidence satisfactory to the board that he or she is a graduate of a medical or osteopathic school located in the United States, its territories or Canada, and approved by the board based upon its faculty, curriculum, facilities, accreditation by a recognized national accrediting organization approved by the board, and other relevant data, or is currently enrolled in the final year of study at the school.

(c) The applicant must have passed an examination prepared and graded by the national board of medical examiners or the federation of state medical boards. The board shall by rule determine what constitutes a passing score in the examination.

(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.

(e) The applicant shall make arrangements with the executive director to appear in person before the board or its designated representative to show that he or she satisfies the requirements of this section. The board may establish as internal operating procedures the procedures or requirements for the applicant's personal presentation.

(f) The applicant shall pay a fee established by the board by rule. The fee may not be refunded.

(g) The applicant must not have engaged in conduct warranting disciplinary action against a licensee. If the applicant does not satisfy the requirements of this paragraph, the board may refuse to issue a license unless it determines that the public will be protected through issuance of a license with conditions and limitations the board considers appropriate.

Sec. 5. Minnesota Statutes 1984, section 147.02, is amended by adding a subdivision to read:

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Subd. 5. PROCEDURES. The board shall adopt a written statement of internal operating procedures describing procedures for receiving and investigating complaints, reviewing misconduct cases, and imposing disciplinary actions.

Sec. 6: Minnesota Statutes 1984, section 147.02, is amended by adding a subdivision to read:

Subd. 6. DISCIPLINARY ACTIONS MUST BE PUBLISHED. At least annually, the board shall publish and release to the public a description of all disciplinary measures taken by the board. The publication must include, for each disciplinary measure taken, the name and business address of the licensee, the nature of the misconduct, and the disciplinary measure taken by the board.

Sec. 7. Minnesota Statutes 1984, section 147.021, is amended to read:

147.021 ~~REFUSAL TO GRANT LICENSE, SUSPENSION OR REVOCATION OF LICENSE GROUNDS FOR DISCIPLINARY ACTION.~~

Subdivision 1. **GROUND LISTED.** The board shall ~~censure, shall may~~ refuse to grant a license to, ~~shall order re-examination, or shall suspend, revoke, condition, limit, qualify or restrict the license, whether granted under this chapter or under Minnesota Statutes 1961, Sections 148.11 to 148.16, prior to May 1, 1963, of any person whom such board, after a hearing, adjudges unqualified or who the board determines after such a hearing is any one or more of the following or may impose disciplinary action as described in section 17 against any physician.~~ The following conduct is prohibited and is grounds for disciplinary action:

(a) a person who fails Failure to demonstrate the qualifications or satisfy the standards requirements for a license contained in this chapter or rules of the board. The burden of proof shall be upon the applicant to demonstrate such qualifications or satisfaction of such ~~standards requirements.~~

(b) a person who makes misleading, deceptive, untrue or fraudulent representations in the practice of medicine or who employs a trick or scheme in the practice of medicine or fraud or deceit in obtaining a license to practice medicine Obtaining a license by fraud or cheating, or attempting to subvert the licensing examination process. Conduct which subverts or attempts to subvert the licensing examination process includes, but is not limited to: (1) conduct which violates the security of the examination materials, such as removing examination materials from the examination room or having unauthorized possession of any portion of a future, current, or previously administered licensing examination; (2) conduct which violates the standard of test administration, such as communicating with another examinee during administration of the examination, copying another examinee's answers, permitting another examinee to copy one's answers, or possessing unauthorized materials; or (3) impersonating an examinee or permitting an impersonator to take the examination on one's own behalf.

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(c) a person who at any time Conviction, during the previous five years was convicted, of a felony reasonably related to his the practice of medicine or osteopathy. Conviction as used in this subdivision shall include a conviction of an offense which if committed in this state would be deemed a felony without regard to its designation elsewhere, or a criminal proceeding where a finding or verdict of guilt is made or returned but the adjudication of guilt is either withheld or not entered thereon.

(d) a person whose license to practice medicine has been revoked, suspended, annulled or with regard to whom disciplinary action has been taken or whose application for a license has been denied by the proper licensing authority of another state, territory or country.

In clauses (c) and (d) a copy of the judgment or proceeding under the seal of the clerk of the court or of the administrative agency which entered the same shall be admissible into evidence without further authentication and shall constitute prima facie evidence of the contents thereof Revocation, suspension, restriction, limitation, or other disciplinary action against the person's medical license in another state or jurisdiction, failure to report to the board that charges regarding the person's license have been brought in another state or jurisdiction, or having been refused a license by any other state or jurisdiction.

(e) a person who advertises in any manner, either in his own name or under the name of another person or concern, actual or pretended, in any newspaper, pamphlet, circular, or other written or printed paper or document, professional superiority to or greater skill than that possessed by another doctor of medicine or another doctor of osteopathy licensed to practice medicine under this chapter, or the positive cure of any disease Advertising which is false or misleading, which violates any rule of the board, or which claims without substantiation the positive cure of any disease, or professional superiority to or greater skill than that possessed by another physician.

(f) a person who violates Violating a lawful rule promulgated by the board or violates a lawful an order of the board, previously entered by the board in a disciplinary hearing a state, or federal law which relates to the practice of medicine, or in part regulates the practice of medicine, or a state or federal narcotics or controlled substance law.

(g) a person who engages Engaging in any unethical, deceptive or deleterious conduct; conduct or practice harmful to likely to deceive, defraud, or harm the public, or who demonstrates demonstrating a willful or careless disregard for the health, welfare or safety of his patients a patient; or medical practice which is professionally incompetent, in that it 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.

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(h) a person who procures, aids, or abets in the procuring of a criminal abortion Failure to supervise a physician's assistant or failure to supervise a physician under any agreement with the board.

(i) a person who violates a statute or rule of this state or of any other state or of the United States which relates to the practice of medicine or in part regulates the practice of medicine Aiding or abetting an unlicensed person in the practice of medicine, except that it is not a violation of this paragraph for a physician to employ, supervise, or delegate functions to a qualified person who may or may not be required to obtain a license or registration to provide health services if that person is practicing within the scope of his or her license or registration or delegated authority.

(j) a person who has been adjudged Adjudication as mentally incompetent, mentally ill or mentally deficient, or adjudged to be as a drug dependent person, an inebriate person, a person dangerous to the public, or a person who has a psychopathic personality by a court of competent jurisdiction, within or without this state. Such adjudication shall automatically suspend a license for the duration thereof unless the board orders otherwise.

(k) a person who is guilty of Engaging in unprofessional conduct. Unprofessional conduct shall include any departure from or the failure to conform to the minimal standards of acceptable and prevailing medical practice in which proceeding actual injury to a patient need not be established.

(l) a person who is unable Inability to practice medicine with reasonable skill and safety to patients by reason of illness, professional incompetence, senility, drunkenness, use of drugs, narcotics, chemicals or any other type of material or as a result of any mental or physical condition, including deterioration through the aging process or loss of motor skills. If the board has probable cause to believe that a physician comes within this clause, it shall direct the physician to submit to a mental or physical examination. For the purpose of this clause, every physician licensed under this chapter shall be deemed to have given his consent to submit to a mental or physical examination when directed in writing by the board and further to have waived all objections to the admissibility of the examining physicians' testimony or examination reports on the ground that the same constitute a privileged communication. Failure of a physician to submit to such examination when directed shall constitute an admission of the allegations against him, unless the failure was due to circumstances beyond his control, in which case a default and final order may be entered without the taking of testimony or presentation of evidence. A physician affected under this clause shall at reasonable intervals be afforded an opportunity to demonstrate that he can resume the competent practice of medicine with reasonable skill and safety to patients.

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In any proceeding under this clause, neither the record of proceedings nor the orders entered by the board shall be used against a physician in any other proceeding.

(m) a person who willfully betrays a professional secret ~~Revealing a privileged communication from or relating to a patient except when otherwise required or permitted by law.~~

(n) Failure by a doctor of osteopathy who fails to identify his school of healing in the professional use of his name by one of the following terms: osteopathic physician and surgeon, doctor of osteopathy, or D.O.

(o) Improper management of medical records, including failure to maintain adequate medical records, to comply with a patient's request made pursuant to section 144.335 or to furnish a medical record or report required by law.

(p) Splitting fees, or promising to pay a portion of a fee or a commission, or accepting a rebate.

(q) Engaging in abusive or fraudulent billing practices, including violations of the federal Medicare and Medicaid laws or state medical assistance laws.

(r) Becoming addicted or habituated to a drug or intoxicant.

(s) Prescribing a drug for other than medically accepted therapeutic or experimental or investigative purposes authorized by a state or federal agency.

(t) Engaging 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.

(u) Failure to make reports as required by section 14 or to cooperate with an investigation of the board as required by section 16.

Subd. 2. **EFFECTIVE DATES.** A suspension, revocation, condition, limitation, qualification or restriction of a license shall be in effect pending determination of an appeal unless the court, upon petition and for good cause shown, shall otherwise order.

A license to practice medicine is automatically suspended if (1) a guardian of the person of a licensee is appointed by order of a probate court pursuant to sections 525.54 to 525.612, for reasons other than the minority of the licensee; or (2) the licensee is committed by order of a probate court pursuant to chapter 253B or sections 526.09 to 526.11. The license remains suspended until the licensee is restored to capacity by a court and, upon petition by the licensee, the suspension is terminated by the board after a hearing. ~~A license to practice medicine is also suspended when a licensee is convicted of the crime of abortion and remains suspended until, upon petition by the licensee, the suspension is terminated by the board after a hearing.~~

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When a probate court or other court of competent jurisdiction appoints a guardian of the person of a licensee pursuant to sections 525.54 to 525.612 for reasons other than the minority of the licensee or commits a licensee pursuant to chapter 253B or sections 526.09 to 526.11, the probate court or other court of competent jurisdiction shall promptly notify the board in writing of the fact.

Subd. 3. **CONDITIONS ON REISSUED LICENSE.** In its discretion, the board may restore and reissue a license to practice medicine, but as a condition thereof may impose any disciplinary or corrective measure which it might originally have imposed.

Subd. 4. **TEMPORARY SUSPENSION OF LICENSE.** In addition to any other remedy provided by law, the board may, without a hearing, temporarily suspend a the license for not more than 60 days of a physician if the board finds that a the physician has violated a statute or rule which the board is empowered to enforce and continued practice by the physician would create an imminent a serious risk of harm to others the public. The suspension shall take effect upon written notice to the physician, specifying the statute or rule violated. The suspension shall remain in effect until the board issues a final order in the matter after a hearing. At the time it issues the suspension notice, the board shall schedule a disciplinary hearing to be held pursuant to the administrative procedure act. The physician shall be provided with at least 20 days notice of any hearing held pursuant to this subdivision. The hearing shall be scheduled to begin no later than 30 days after the issuance of the suspension order.

Subd. 5. **EVIDENCE.** In disciplinary actions alleging a violation of subdivision 1, paragraph (c) or (d), a copy of the judgment or proceeding under the seal of the clerk of the court or of the administrative agency which entered the same shall be admissible into evidence without further authentication and shall constitute prima facie evidence of the contents thereof.

Subd. 6. **MENTAL EXAMINATION; ACCESS TO MEDICAL DATA.** (a) If the board has probable cause to believe that a physician comes under subdivision 1, paragraph (1), it may direct the physician to submit to a mental or physical examination. For the purpose of this subdivision every physician licensed under this chapter is deemed to have consented to submit to a mental or physical examination when directed in writing by the board and further to have waived all objections to the admissibility of the examining physicians' testimony or examination reports on the ground that the same constitute a privileged communication. Failure of a physician to submit to an examination when directed constitutes an admission of the allegations against the physician, unless the failure was due to circumstance beyond the physician's control, in which case a default and final order may be entered without the taking of testimony or presentation of evidence. A physician affected under this paragraph shall at reasonable intervals be given an opportunity to demonstrate that he or

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she can resume the competent practice of medicine with reasonable skill and safety to patients.

In any proceeding under this paragraph, neither the record of proceedings nor the orders entered by the board shall be used against a physician in any other proceeding.

(b) In addition to ordering a physical or mental examination, the board may, notwithstanding sections 13.42, 144.651, or any other law limiting access to medical or other health data, obtain medical data and health records relating to a licensee or applicant without the licensee's or applicant's consent if the board has probable cause to believe that a physician comes under subdivision 1, paragraph (1). The medical data may be requested from a provider, as defined in section 144.335, subdivision 1, paragraph (b), an insurance company, or a government agency, including the department of human services. A provider, insurance company, or government agency shall comply with any written request of the board under this subdivision and is not liable in any action for damages for releasing the data requested by the board if the data are released pursuant to a written request under this subdivision, unless the information is false and the provider giving the information knew, or had reason to believe, the information was false. Information obtained under this subdivision is classified as private under sections 13.01 to 13.87.

Sec. 8. Minnesota Statutes 1984, section 147.03, is amended to read:

147.03 LICENSES; BOARDS OF OTHER STATES, NATIONAL BOARD, MEDICAL COUNCIL OF CANADA LICENSURE BY ENDORSEMENT; RECIPROCITY.

The state board of medical examiners, either with or without examination, may grant a license to any physician licensed to practice by a similar board of another state, the national board of medical examiners, or the national board of examiners for osteopathic physicians and surgeons or the Licensure Medical Council of Canada. The physician must hold a certificate of registration showing that an examination has been made by the proper board, in which an average grade of not less than 75 percent was awarded to the holder and that the applicant and holder of the certificate was, at the time of the examination, the legal possessor of a diploma from a medical or osteopathic college in good standing in this state. In case the scope of the previous examination was less than that prescribed by this state, the applicant may be required to submit to an examination in any subjects not previously covered. The applicant shall pay a fee of \$100, which in no case shall be refunded.

A certificate of registration or license issued by the proper board of any state may be accepted as evidence of qualification for registration in this state, provided the holder thereof was, at the time of such registration, the legal possessor of a diploma issued by a medical or osteopathic college in good

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standing in this state and that the date thereof was prior to the legal requirements of the examination test in this state. The board, with the consent of six of its members, may issue a license to practice medicine to any person who satisfies the following requirements:

(a) The applicant shall satisfy all the requirements established in section 4, subdivision 1, paragraphs (a), (b), (d), (e), and (f).

(b) The applicant shall present evidence satisfactory to the board that he or she has a valid license to practice medicine issued by the proper agency in another state or by a province of Canada; or is a diplomate of the national board of medical examiners, the national board of examiners for osteopathic physicians and surgeons, or the licensure medical council of Canada.

(c) The applicant shall present evidence satisfactory to the board that he or she passed an examination as determined by the endorsing examining board or licensing agency. The board, at its discretion, may establish by rule passing grade levels higher than those determined by an examining board or agency or may require the applicant to be examined in subjects not previously covered in an examination.

(d) The applicant shall pay a fee established by the board by rule. The fee may not be refunded.

(e) The applicant must not have engaged in conduct warranting disciplinary action against a licensee, or have been subject to disciplinary action in another state. If an applicant does not satisfy the requirements stated in this clause, the board may refuse to issue a license unless it determines that the public will be protected through issuance of a license with conditions or limitations the board considers appropriate.

The board may issue a temporary permit to practice medicine to a physician eligible for licensure under this section upon payment of a fee set by the board. The permit remains valid only until the next meeting of the board.

Sec. 9. [147.037] LICENSING OF FOREIGN MEDICAL SCHOOL GRADUATES.

Subdivision 1. REQUIREMENTS. The board shall, with the consent of six of its members, issue a license to practice medicine to any person who satisfies the following requirements:

(a) The applicant shall satisfy all the requirements established in section 4, subdivision 1, paragraphs (a), (e), (f), and (g).

(b) The applicant shall present evidence satisfactory to the board that he or she 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.

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(c) The applicant shall present evidence satisfactory to the board that he or she has been awarded a certificate by the educational council for foreign medical graduates and that he or she has a working ability in the English language sufficient to communicate with patients and physicians and to engage in the practice of medicine.

(d) The applicant shall present evidence satisfactory to the board of the completion of two years of graduate, clinical medical training in a program located in the United States, its territories, or Canada and accredited by a national accrediting organization approved by the board or other graduate training approved in advance by the board as meeting standards similar to those of a national accrediting organization. This requirement shall not apply to an applicant who is admitted as a permanent immigrant to the United States as a person of exceptional ability in the sciences pursuant to rules of the United States department of labor and who has completed one year of the graduate, clinical medical training required by this paragraph.

(e) The applicant must have passed an examination prepared and graded by the federation of state medical boards, the licensure medical council of Canada, or shall establish eligibility through reciprocity with another state using an examination equivalent to Minnesota's at the time the applicant was licensed in that state.

Subd. 2. MEDICAL SCHOOL REVIEW. The board may contract with any qualified person or organization for the performance of a review or investigation, including site visits if necessary, of any medical or osteopathic school prior to approving the school under section 4, subdivision 1, paragraph (b), or subdivision 1, paragraph (b), of this section. To the extent possible, the board shall require the school being reviewed to pay the costs of the review or investigation.

Sec. 10. Minnesota Statutes 1984, section 147.073, is amended to read:

147.073 PHYSICIAN ACCOUNTABILITY.

Subdivision 1. **INVESTIGATION.** The board shall maintain and keep current a file containing the insurers reports and public complaints filed against physicians in the state, which shall be private information accessible, pursuant to ~~chapter 13,~~ to the physician who is the subject of the data. Each complaint filed with the board pursuant to section 214.10, subdivision 1, shall be investigated according to section 214.10, subdivision 2.

Whenever the files maintained by the board show that a medical malpractice settlement or award to the plaintiff has been made against a physician as reported by insurers pursuant to section ~~147.072~~ 9, the executive director of the board shall notify the board and the board may authorize a review of the physician's practice.

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Subd. 2. **ATTORNEY GENERAL INVESTIGATES.** When the board initiates a review of a physician's practice it shall notify the attorney general who shall investigate the matter in the same manner as provided in section 214.10. If an investigation is to be made, the attorney general shall notify the physician, and, if the incident being investigated occurred there, the administrator and chief of staff at the medical care facilities in which the physician serves.

Subd. 3. **ACCESS TO HOSPITAL RECORDS.** The board shall have access to hospital and medical records of a patient treated by the physician under review if the patient signs a written consent permitting such access. If no consent form has been signed, the hospital or physician shall first delete data in the record which identifies the patient before providing it to the board.

Sec. 11. Minnesota Statutes 1984, section 147.074, is amended to read:

147.074 PHYSICIAN'S LISTING OF MEDICAL CARE FACILITIES; FILING EXCLUSION.

Each physician shall file with the board a list of the in-patient and out-patient medical care facilities at which ~~they have~~ he or she has medical privileges. The list shall be updated when the physician applies for license renewal. Nothing in this chapter grants to any person the right to be admitted to the medical staff of a health care facility.

Sec. 12. Minnesota Statutes 1984, section 147.09, is amended to read:

147.09 EXEMPTIONS.

~~This chapter shall Section 13 does not apply to commissioned surgeons of the United States armed forces, to physicians apply to, control, prevent or restrict the practice, service, or activities of:~~

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

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

(3) A licensed or registered physician who ~~treat their~~ treats his or her homestate patients or other participating patients while the physicians and those patients are participating together in outdoor recreation in this state as defined by section 86A.03, subdivision 3, to students. A physician shall first register with the board on a form developed by the board for that purpose. The board shall not be required to promulgate the contents of that form by rule. No fee shall be charged for this registration.

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(4) A student practicing under the direct supervision of a preceptor while they are he or she is enrolled in and regularly attending a recognized medical school or to.

(5) A student who is in continuing training and performing the duties of an intern or resident or engaged in postgraduate work considered by the board to be the equivalent of an internship or residency in any hospital or institution approved for training by the board.

(6) A person employed in a scientific, sanitary or teaching personnel employed capacity by the state university, the state department of education, or by any public or private school, college, or other bona fide educational institution, or the state department of health, whose duties are entirely of a public health or educational character, while engaged in such duties.

These physicians shall first register with the board of medical examiners and shall complete a form provided by the board for that purpose. The board shall not be required to promulgate the contents of that form by rule. No fee shall be charged for this registration.

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

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

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

(10) A Christian Scientist or other person who endeavors to prevent or cure disease or suffering exclusively by mental or spiritual means or by prayer, or who practices ritual circumcision pursuant to the requirements or tenets of any established religion.

Sec. 13. Minnesota Statutes 1984, section 147.10, is amended to read:

147.10 PRACTICING WITHOUT LICENSE; PENALTY.

Every person not heretofore authorized by law so to do who shall practice medicine in this state without having obtained the license herein provided for, and every person who shall so practice contrary to any provision of this chapter, shall be guilty of a gross misdemeanor. Any person shall be regarded as practicing within the meaning of this chapter who shall append to his name any of the letters M.D., M.B. or D.O. or any of the words medical doctor, doctor of medicine, surgeon, physician, osteopath, doctor of osteopathy, or osteopathic

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physician or any other word or abbreviation when the use thereof is intended to indicate or does in fact indicate that he is authorized by law to engage in the practice of medicine as herein defined, if he is not in fact legally entitled to the use of such letters or words; or for a fee prescribe, direct, or recommend for the use of any person, any drug, or medicine or other agency for the treatment or relief of any wound, fracture, or bodily injury, infirmity, or disease. A doctor of osteopathy duly licensed by the state board of osteopathy under Minnesota Statutes 1961, Sections 148.11 to 148.16, prior to May 1, 1963, who has not been granted a license to practice medicine in accordance with section 147.031 shall not be considered as practicing medicine within the meaning of this section because he appends the letters D.O. to his name so long as he confines his activities within the scope of his license. This section shall not apply to any other persons legally authorized to practice healing or excepted from the practice of healing in this state so long as they confine their activities within the scope of their respective licenses, nor to Christian Scientists or other persons who endeavor to prevent or cure disease or suffering exclusively by mental or spiritual means or by prayer, nor to the practice of ritual circumcision performed pursuant to the requirements or tenets of any established religion; but this section shall apply to persons, other than psychologists certified or licensed by statutes, who use hypnosis for the treatment or relief of any wound, fracture, or bodily injury, infirmity, or disease.

Subdivision 1. UNLAWFUL PRACTICE OF MEDICINE. It is unlawful for any person not holding a valid license issued in accordance with this chapter to practice medicine as defined in subdivision 3 in this state.

Subd. 2. PENALTY. Any person violating the provisions of subdivision 1 is guilty of a gross misdemeanor.

Subd. 3. PRACTICE OF MEDICINE DEFINED. For purposes of this chapter, a person not exempted under section 147.09 is "practicing medicine" or engaged in the "practice of medicine" if the person does any of the following:

(1) advertises, holds out to the public, or represents in any manner that he or she is authorized to practice medicine in this state;

(2) offers or undertakes to prescribe, give, or administer any drug or medicine for the use of another;

(3) offers or undertakes to prevent or to diagnose, correct, or treat in any manner or by any means, methods, devices, or instrumentalities, any disease, illness, pain, wound, fracture, infirmity, deformity or defect of any person;

(4) offers or undertakes to perform any surgical operation upon any person;

(5) offers to undertake to use hypnosis for the treatment or relief of any wound, fracture, or bodily injury, infirmity, or disease; or

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(6) uses in the conduct of any occupation or profession pertaining to the diagnosis of human disease or conditions, the designation "doctor of medicine," "medical doctor," "doctor of osteopathy," "osteopath," "osteopathic physician," "physician," "surgeon," "M.D.," "D.O.," or any combination of these designations.

Sec. 14. [147.111] REPORTING OBLIGATIONS.

Subdivision 1. PERMISSION TO REPORT. A person who has knowledge of any conduct constituting grounds for discipline under sections 147.01 to 147.33 may report the violation to the board.

Subd. 2. INSTITUTIONS. Any hospital, clinic, prepaid medical plan, or other health care institution or organization located in this state shall report to the board any action taken by the institution or organization or any of its administrators or medical or other committees to revoke, suspend, restrict, or condition a physician's privilege to practice or treat patients in the institution, or as part of the organization, any denial of privileges, or any other disciplinary action. The institution or organization shall also report the resignation of any physicians prior to the conclusion of any disciplinary proceeding, or prior to the commencement of formal charges but after the physician had knowledge that formal charges were contemplated or in preparation. No report shall be required of a physician voluntarily limiting his or her practice at a hospital provided that the physician notifies all hospitals at which he or she has privileges of the voluntary limitation and the reasons for it.

Subd. 3. MEDICAL SOCIETIES. A state or local medical society shall report to the board any termination, revocation, or suspension of membership or any other disciplinary action taken against a physician. If the society has received a complaint which might be grounds for discipline under sections 147.01 to 147.33 against a member physician on which it has not taken any disciplinary action, the society shall report the complaint and the reason why it has not taken action on it or shall direct the complainant to the board of medical examiners.

Subd. 4. LICENSED PROFESSIONALS. A licensed health professional shall report to the board personal knowledge of any conduct which he or she reasonably believes constitutes grounds for disciplinary action under sections 147.01 to 147.33 by any physician, including any conduct indicating that the physician may be medically incompetent, or may have engaged in unprofessional conduct or may be medically or physically unable to engage safely in the practice of medicine. No report shall be required if the information was obtained in the course of a physician-patient relationship if the patient is another physician and the treating physician successfully counsels the other physician to limit or withdraw from practice to the extent required by the impairment.

Subd. 5. INSURERS. Four times each year as prescribed by the board, each insurer authorized to sell insurance described in section 60A.06, subdivision

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1, clause (13), and providing professional liability insurance to physicians shall submit to the board a report concerning the physicians against whom medical malpractice settlements or awards have been made to the plaintiff. The report must contain at least the following information:

(1) the total number of medical malpractice settlements or awards made to the plaintiff;

(2) the date the medical malpractice settlements or awards to the plaintiff were made;

(3) the allegations contained in the claim or complaint leading to the settlements or awards made to the plaintiff;

(4) the dollar amount of each medical malpractice settlement or award;

(5) the regular address of the practice of the physician against whom an award was made or with whom a settlement was made; and

(6) the name of the physician against whom an award was made or with whom a settlement was made.

The insurance company shall, in addition to the above information, report to the board any information it possesses which tends to substantiate a charge that a physician may have engaged in conduct violating sections 147.01 to 147.33.

Subd. 6. COURTS. The clerk of district court or any other court of competent jurisdiction shall report to the board any judgment or other determination of the court which adjudges or includes a finding that a physician is mentally ill, mentally incompetent, guilty of a felony, or guilty of a violation of federal or state narcotics laws or controlled substances act, guilty of an abuse or fraud under Medicare or Medicaid, appoints a guardian of the physician pursuant to sections 525.54 to 525.61 or commits a physician pursuant to chapter 253B or sections 526.09 to 526.11.

Subd. 7. SELF-REPORTING. A physician shall report to the board any action concerning himself or herself which would require that a report be filed with the board by any person, health care facility, business, or organization pursuant to subdivisions 2 to 6.

Subd. 8. DEADLINES; FORMS. Reports required by subdivisions 2 to 7 must be submitted not later than 30 days after the occurrence of the reportable event or transaction. The board may provide forms for the submission of reports required by this section, may require that reports be submitted on the forms provided, and may adopt rules necessary to assure prompt and accurate reporting.

Subd. 9. SUBPOENAS. The board may issue subpoenas for the production of any reports required by subdivisions 2 to 7 or any related documents.

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Sec. 15. [147.121] IMMUNITY.

Subdivision 1. REPORTING. Any person, health care facility, business, or organization is immune from civil liability or criminal prosecution for submitting a report to the board pursuant to section 14 or for otherwise reporting to the board violations or alleged violations of section 147.021. All such reports are confidential and absolutely privileged communications.

Subd. 2. INVESTIGATION. Members of the board and persons employed by the board or engaged in the investigation of violations and in the preparation and management of charges of violations of sections 147.01 to 147.33 on behalf of the board are immune from civil liability and criminal prosecution for any actions, transactions, or publications in the execution of, or relating to, their duties under sections 147.01 to 147.33.

Sec. 16. [147.131] PHYSICIAN COOPERATION.

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. The board shall pay for copies requested. If the board does not have a written consent from a patient permitting access to his or her records, the physician shall delete any data in the record which identifies the patient before providing it to the board. The board shall maintain any records obtained pursuant to this section as investigative data pursuant to chapter 13.

Sec. 17. [147.141] FORMS OF DISCIPLINARY ACTION.

When the board finds that a licensed physician has violated a provision or provisions of sections 147.01 to 147.33, 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's practice of medicine, including the limitation of 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;
- (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 of any economic advantage gained by reason of the violation charged or to reimburse the board for the cost of the investigation and proceeding;

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

(6) censure or reprimand the licensed physician.

Sec. 18. [147.151] DISCIPLINARY RECORD ON JUDICIAL REVIEW.

Upon judicial review of any board disciplinary action taken under sections 147.01 to 147.33, 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. 19. Minnesota Statutes 1984, section 155A.08, subdivision 2, is amended to read:

Subd. 2. **REQUIREMENTS.** The conditions and process by which a salon is licensed shall be established by the director by rule after consultation with the council. The rule shall include the following requirements:

(a) Compliance with all local and state laws, particularly relating to matters of sanitation, health, and safety;

(b) The employment of a manager, as defined in section 155A.03, subdivision 6;

(c) Inspection and licensing prior to the commencing of business; and

(d) Evidence of professional liability insurance coverage in an amount by claim and total coverage as established by rule. The rule shall authorize a licensed esthetician or manicurist who complies with the health, safety, sanitation, inspection, and insurance rules promulgated by the director to operate a salon solely for the performance of those personal services defined in section 155A.03, subdivision 4, in the case of an esthetician, or subdivision 5, in the case of a manicurist.

Sec. 20. Minnesota Statutes 1984, section 176.011, subdivision 9, is amended to read:

Subd. 9. **EMPLOYEE.** "Employee" means any person who performs services for another for hire including the following:

(1) an alien;

(2) a minor;

(3) a sheriff, deputy sheriff, constable, marshal, policeman, firefighter, county highway engineer, and peace officer while engaged in the enforcement of peace or in the pursuit or capture of any person charged with or suspected of crime and any person requested or commanded to aid an officer in arresting any

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person, or in retaking any person who has escaped from lawful custody, or in executing any legal process in which case, for purposes of calculating compensation payable under this chapter, the daily wage of the person requested or commanded to assist an officer or to execute a legal process shall be the prevailing wage for similar services where the services are performed by paid employees;

(4) a county assessor;

(5) an elected or appointed official of the state, or of any county, city, town, school district or governmental subdivision in it. An officer of a political subdivision elected or appointed for a regular term of office, or to complete the unexpired portion of a regular term, shall be included only after the governing body of the political subdivision has adopted an ordinance or resolution to that effect;

(6) an executive officer of a corporation, except an officer of a family farm corporation as defined in section 500.24, subdivision 1, clause (c), or an executive officer of a closely held corporation who is referred to in section 176.012;

(7) a voluntary uncompensated worker, other than an inmate, rendering services in state institutions under the commissioner of human services and state institutions under the commissioner of corrections similar to those of officers and employees of these institutions, and whose services have been accepted or contracted for by the commissioner of human services or the commissioner of corrections as authorized by law, shall be employees. In the event of injury or death of the voluntary uncompensated worker, the daily wage of the worker, for the purpose of calculating compensation payable under this chapter, shall be the usual going wage paid at the time of the injury or death for similar services in institutions where the services are performed by paid employees;

(8) a voluntary uncompensated worker engaged in peace time in the civil defense program when ordered to training or other duty by the state or any political subdivision of it, shall be an employee. The daily wage of the worker for the purpose of calculating compensation payable under this chapter, shall be the usual going wage paid at the time of the injury or death for similar services where the services are performed by paid employees;

(9) a voluntary uncompensated worker participating in a program established by a county welfare board shall be an employee. In the event of injury or death of the voluntary uncompensated worker, the wage of the worker, for the purpose of calculating compensation payable under this chapter, shall be the usual going wage paid in the county at the time of the injury or death for similar services where the services are performed by paid employees working a normal day and week;

(10) a voluntary uncompensated worker accepted by the commissioner of natural resources who is rendering services as a volunteer pursuant to section

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84.089 shall be an employee. The daily wage of the worker for the purpose of calculating compensation payable under this chapter, shall be the usual going wage paid at the time of injury or death for similar services where the services are performed by paid employees;

(11) a member of the military forces, as defined in section 190.05, while in state active service, as defined in section 190.05, subdivision 5a. The daily wage of the member for the purpose of calculating compensation payable under this chapter shall be based on the member's usual earnings in civil life. If there is no evidence of previous occupation or earning, the trier of fact shall consider the member's earnings as a member of the military forces;

(12) a voluntary uncompensated worker, accepted by the director of the Minnesota historical society, rendering services as a volunteer, pursuant to chapter 138, shall be an employee. The daily wage of the worker, for the purposes of calculating compensation payable under this chapter, shall be the usual going wage paid at the time of injury or death for similar services where the services are performed by paid employees;

(13) a voluntary uncompensated worker, other than a student, who renders services at the Minnesota School for the Deaf or the Minnesota Braille and Sight-Saving School, and whose services have been accepted or contracted for by the state board of education, as authorized by law, shall be an employee. In the event of injury or death of the voluntary uncompensated worker, the daily wage of the worker, for the purpose of calculating compensation payable under this chapter, shall be the usual going wage paid at the time of the injury or death for similar services in institutions where the services are performed by paid employees;

(14) a voluntary uncompensated worker, other than a resident of the veterans home, who renders services at a Minnesota veterans home, and whose services have been accepted or contracted for by the commissioner of veterans affairs, as authorized by law, is an employee. In the event of injury or death of the voluntary uncompensated worker, the daily wage of the worker, for the purpose of calculating compensation payable under this chapter, shall be the usual going wage paid at the time of the injury or death for similar services in institutions where the services are performed by paid employees;

(15) a worker who renders in-home attendant care services to a physically handicapped person, and who is paid directly by the commissioner of human services for these services, shall be an employee of the state within the meaning of this subdivision, but for no other purpose;

(16) those students enrolled in and regularly attending the medical school of the University of Minnesota, whether in the graduate school program or the post-graduate program, as ~~provided in section 147.20~~, notwithstanding that the students shall not be considered employees for any other purpose. In the event

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of the student's injury or death, the weekly wage of the student for the purpose of calculating compensation payable under chapter 176, shall be the annualized educational stipend awarded to the student, divided by 52 weeks. The institution in which the student is enrolled shall be considered the "employer" for the limited purpose of determining responsibility for paying benefits payable under chapter 176;

(17) a faculty member of the University of Minnesota employed for the current academic year is also an employee for the period between that academic year and the succeeding academic year if:

(a) the faculty member has a contract or reasonable assurance of a contract from the University of Minnesota for the succeeding academic year; and

(b) the personal injury for which compensation is sought arises out of and in the course of activities related to the faculty member's employment by the University of Minnesota; and

(18) a worker who performs volunteer ambulance driver or attendant services is an employee of the political subdivision, nonprofit hospital, nonprofit corporation, or other entity for which the worker performs the services. The daily wage of the worker for the purpose of calculating compensation payable under this chapter is the usual going wage paid at the time of injury or death for similar services if the services are performed by paid employees; and

(19) a voluntary uncompensated worker, accepted by the commissioner of administration, rendering services as a volunteer at the department of administration. In the event of injury or death of the voluntary uncompensated worker, the daily wage of the worker, for the purpose of calculating compensation payable under this chapter, shall be the usual going wage paid at the time of the injury or death for similar services in institutions where the services were performed by paid employees.

In the event it is difficult to determine the daily wage as provided in this subdivision, then the trier of fact may determine the wage upon which the compensation is payable.

Sec. 21. Minnesota Statutes 1984, section 214.07, subdivision 1, is amended to read:

Subdivision 1. **BOARD REPORTS.** The health related licensing boards and the non-health related licensing boards shall prepare reports by October 1 of each even numbered year on forms prepared by the commissioner of administration. Copies of the reports shall be delivered to the legislature in accordance with section 3.195, the governor and the commissioner of administration. Copies of the reports of the health related licensing boards shall be delivered to the commissioner of health. The reports shall contain the following information relating to the two year period ending the previous June 30:

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- (a) A general statement of board activities;
- (b) The number of meetings and approximate total number of hours spent by all board members in meetings and on other board activities;
- (c) The receipts and disbursements of board funds;
- (d) The names of board members and their addresses, occupations, and dates of appointment and reappointment to the board;
- (e) The names and job classifications of board employees;
- (f) A brief summary of board rules proposed or adopted during the reporting period with appropriate citations to the state register and published rules;
- (g) The number of persons having each type of license and registration issued by the board as of June 30 in the year of the report;
- (h) The locations and dates of the administration of examinations by the board;
- (i) The number of persons examined by the board with the persons subdivided into groups showing age categories, sex, and states of residency;
- (j) The number of persons licensed or registered by the board after taking the examinations referred to in clause (h) with the persons subdivided by age categories, sex, and states of residency;
- (k) The number of persons not licensed or registered by the board after taking the examinations referred to in clause (h) with the persons subdivided by age categories, sex, and states of residency;
- (l) The number of persons not taking the examinations referred to in clause (h) who were licensed or registered by the board or who were denied licensing or registration with the reasons for the licensing or registration or denial thereof and with the persons subdivided by age categories, sex, and states of residency;
- (m) The number of persons previously licensed or registered by the board whose licenses or registrations were revoked, suspended, or otherwise altered in status with brief statements of the reasons for the revocation, suspension or alteration;
- (n) The number of written and oral complaints and other communications received by the executive secretary of the board, a board member, or any other person performing services for the board (1) which allege or imply a violation of a statute or rule which the board is empowered to enforce and (2) which are forwarded to other agencies as required by section 214.10;

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(o) A summary, by specific category, of the substance of the complaints and communications referred to in clause (n) and, for each specific category, the responses or dispositions thereof pursuant to sections 214.10 or 214.11;

(p) Any other objective information which the board members believe will be useful in reviewing board activities.

Sec. 22. Minnesota Statutes 1984, section 214.10, subdivision 1, is amended to read:

Subdivision 1. **RECEIPT OF COMPLAINT.** The executive secretary of a board, a board member or any other person who performs services for the board who receives a complaint or other communication, whether oral or written, which complaint or communication alleges or implies a violation of a statute or rule which the board is empowered to enforce, shall promptly forward the substance of the communication on a form prepared by the attorney general to the designee of the attorney general responsible for providing legal services to the board. Before proceeding further with the communication, the designee of the attorney general may require the complaining party to state his complaint in writing on a form prepared by the attorney general. Complaints which relate to matters within the jurisdiction of another governmental agency shall be forwarded to that agency by the executive secretary. An officer of that agency shall advise the executive secretary of the disposition of that complaint. A complaint received by another agency which relates to a statute or rule which a licensing board is empowered to enforce shall be forwarded to the executive secretary of the board to be processed in accordance with this section. No complaint alleging a matter within the jurisdiction of the board shall be dismissed by a board unless at least two board members have reviewed the matter.

Sec. 23. Minnesota Statutes 1984, section 214.10, is amended by adding a subdivision to read:

Subd. 8. SPECIAL REQUIREMENTS FOR HEALTH-RELATED LICENSING BOARDS. In addition to the provisions of this section that apply to all examining and licensing boards, the requirements in this subdivision apply to all health-related licensing boards, except the board of veterinary medicine.

(a) If the executive secretary or consulted board member determines that a communication received alleges a violation of statute or rule that involves sexual contact with a patient or client, the communication shall be forwarded to the designee of the attorney general for an investigation of the facts alleged in the communication. If, after an investigation it is the opinion of the executive secretary or consulted board member that there is sufficient evidence to justify disciplinary action, the board shall conduct a disciplinary conference or hearing. If, after a hearing or disciplinary conference the board determines that misconduct involving sexual contact with a patient or client occurred, the board shall take disciplinary action. Notwithstanding section 214.10, subdivision 2, a board

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

(b) In addition to the information required under section 214.07, subdivision 1, each board shall include in its reports to the legislature summaries of each individual case that involved possible sexual contact with a patient or client. The summary must include a description of the alleged misconduct; the general results of the investigation; the nature of board activities relating to that case; the disposition of the case; and the reasons for board decisions concerning the disposition of the case. The information disclosed under this section must not include the name or specific identifying information about any person, agency, or organization.

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

(d) Each health-related licensing board shall establish procedures for exchanging information with other Minnesota state boards, agencies, and departments responsible for licensing health-related occupations, facilities, and programs, and for coordinating investigations involving matters within the jurisdiction of more than one licensing body. The procedures must provide for the forwarding to other licensing bodies of all information and evidence, including the results of investigations, that are relevant to matters within that licensing body's regulatory jurisdiction. Each health-related licensing board shall have access to any data of the department of human services relating to a person subject to the jurisdiction of the licensing board. The data shall have the same classification under sections 13.01 to 13.88, the Minnesota government data practices act, in the hands of the agency receiving the data as it had in the hands of the department of human services.

(e) Each health-related licensing board shall establish procedures for exchanging information with other states regarding disciplinary actions against licensees. The procedures must provide for the collection of information from other states about disciplinary actions taken against persons who are licensed to practice in Minnesota or who have applied to be licensed in this state and the dissemination of information to other states regarding disciplinary actions taken in Minnesota.

Sec. 24. REPORT TO LEGISLATURE.

By December 15, 1985, each health related licensing board, as defined in Minnesota Statutes, section 214.01, subdivision 2, shall submit a report to the legislature in the manner required by Minnesota Statutes, section 3.195. Each

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report shall describe (1) the method used by the board for acknowledging complaints that have been filed with that board; (2) the length of time taken to provide complaint forms to persons who request them and the length of time taken to acknowledge receipt of a complaint; (3) the method used to inform complainants of the status of a pending complaint; and (4) the information given to the complainant upon final disposition of a complaint.

Sec. 25. REVISOR'S INSTRUCTION.

In Minnesota Statutes 1986 and later editions of the statutes, the revisor shall renumber the sections listed in column A with the numbers in column B. The revisor shall also make necessary cross-reference changes consistent with the renumbering.

<u>Column A</u>	<u>Column B</u>
<u>147.021</u>	<u>147.091</u>
<u>147.05</u>	<u>147.01, subdivision 5</u>
<u>147.073</u>	<u>147.161</u>
<u>147.074</u>	<u>147.162</u>
<u>147.10</u>	<u>147.081</u>

In Minnesota Statutes 1986 and later editions of the statutes, the revisor shall substitute the term "director" for "secretary" where "secretary" refers to the executive secretary of a health-related licensing board as defined in section 214.01, subdivision 2.

Sec. 26. REPEALER.

Minnesota Statutes 1984, sections 147.02, subdivision 2; 147.06; 147.07; 147.072; 147.101; 147.11; 147.12; 147.13; 147.16; 147.17; 147.18; 147.19; 147.20; and 147.23, are repealed.

Approved May 28, 1985

CHAPTER 248 — S.F.No. 1363

An act relating to Minnesota Statutes; correcting erroneous, ambiguous, omitted, and obsolete references and text; eliminating certain redundant, conflicting, and superseded provisions; reenacting certain laws; providing instructions to the revisor; amending Minnesota Statutes 1984, sections 3C.12, subdivision 2; 8.31, subdivision 2; 13.37, subdivision 2; 14.47, subdivision 8; 16A.065; 16A.133, subdivision 1; 16B.64, subdivision 2; 21.92; 35.09, subdivision 1; 42.09, subdivision 9; 46.046, subdivision 1; 47.101, subdivisions 2 and 3; 47.29, subdivision 1; 47.30, subdivisions 2 and 3; 47.51; 48.89, subdivision 1; 60A.03, subdivision 2; 62D.04, subdivision 1; 62D.041, subdivision 5; 62D.09; 62H.06; 83.23, subdivision 3; 106.631, subdivisions 2 and 4; 116J.58, subdivision 4; 122.531, subdivisions 3a and 5; 124A.03, subdivision 3; 204B.14, subdivision 5; 214.13, subdivision 4; 240.16,

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