

Minnesota Health Licensing Boards

Biennial Reports

July 1, 2008
To
June 30, 2010



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Cost of Report Preparation by Board

Board	Cost
Board of Barber Examiners	\$500
Board of Behavioral Health and Therapy	\$575
Board of Chiropractic Examiners	\$500
Board of Cosmetologist Examiners	\$500
Board of Dentistry	\$500
Board of Dietetics and Nutrition Practice	\$175
Board of Marriage and Family Therapy	\$450
Board of Medical Practice	\$2,200
Board of Nursing	\$2,608
Board of Examiners for Nursing Home Administrators	\$425
Board of Optometry	\$175
Board of Pharmacy	\$300
Board of Physical Therapy	\$960
Board of Podiatric Medicine	\$300
Board of Psychology	\$900
Board of Social Work	\$750
Board of Veterinary Medicine	\$420
Health Professionals Services Program	\$400
Administrative Services Unit	

Thank you to Maggie Meyers, for invaluable assistance in design, layout and text.

Who are we?

The Health and Health-Related Licensing Boards of Minnesota.

Each Board—comprised of governor appointed members —oversees the regulation of health-related professions in Minnesota. These Board members, who work in the Minnesota community outside of state government in addition to their role on these boards, put in extra hours to offer public and professional expertise to Minnesota state government.

In collaboration with each Board’s staff, these individuals are entrusted with the protection of public health and safety through licensing of health-related professionals, and through administration of complaints regarding health-related practitioners.

The Boards are:

- Minnesota Board of Barber Examiners
- Minnesota Board of Behavioral Health and Therapy
- Minnesota Board of Chiropractic Examiners
- Minnesota Board of Cosmetologist Examiners
- Minnesota Board of Dentistry
- Minnesota Board of Dietetics and Nutrition Practice
- Minnesota Board of Marriage and Family Therapy
- Minnesota Board of Medical Practice
- Minnesota Board of Nursing
- Minnesota Board of Examiners for Nursing Home Administrators
- Minnesota Board of Optometry
- Minnesota Board of Pharmacy
- Minnesota Board of Physical Therapy
- Minnesota Board of Podiatric Medicine
- Minnesota Board of Psychology
- Minnesota Board of Social Work
- Minnesota Board of Veterinary Medicine

Also included are the Emergency Medical Services Regulatory Board, the Health Professionals Services Program, and the Office of Complementary and Alternative Health Care.

Minnesota Health Licensing Boards Quick Fact Index

Number of Health and Health-Related Licensing Boards	17
Newest Health-Related Licensing Board in Minnesota	Board of Behavioral Health and Therapy
Total Number of Persons Licensed by Health-Related Boards 2010	252,724
Date the Board of Nursing was established	April 12, 1907
Number of Employees of all Health-Related Licensing Boards	160
Date that licensure established for traditional midwives	1999
Number of Licensed Barbers	3,071
Number of Licensed Cosmetologists	40,146
Number of Boards funded through license and other fees collected	15



MINNESOTA HEALTH-RELATED LICENSING BOARDS

Mission

The Health-Related Licensing Boards of Minnesota make it their mission, and were created by the Legislature, to protect the public's health and safety by providing reasonable assurance that the people who practice are competent, ethical practitioners with the necessary knowledge and skills to successfully fulfill their title and role.

The Boards achieve this mission by...

- Ensuring that educational standards for prospective licensees and continuing education for licensees are maintained.
- Licensing qualified individuals so that Minnesotans seeking to use their services will be able to identify those working in the field with skills necessary to provide services in compliance with Minnesota Statutes and Rules.
- Implementing disciplinary and compliance actions when licensees do not perform in compliance with standards.
- Educating the public on health-related professions, practitioners, and standards.

HEALTH-RELATED LICENSING BOARDS SUMMARY

Number of Credentials Issued (All Boards)

- As of June 30, 2010, a total of 252,724 persons were licensed or registered by the Health-Related Licensing Boards.
- A total of 260,158 credentials were issued or renewed during the biennium ending June 30, 2010.

The Boards have successfully utilized online services to efficiently provide licensing and renewal services, as well as to provide many other advanced services through technological improvements.

Complaints Activity (All Boards)

The Health-Related Licensing Boards received a total of 6,650 complaints during the period July 1, 2008 through June 30, 2010.

A total of 6,584 complaints were closed during the same period.

(See Table 4 for age of complaints)

Receipts and Disbursements (All Boards)

Total receipts FY 2010: \$20,669,788.69

Total disbursements FY 2010: \$20,685,012.80

In addition to supporting the public protection functions provided by the Health-Related Licensing Boards, the Legislature has also designated programs that receive funds from the Health-Related Licensing Boards' fees, totaling \$24,481,882 for FY 2005-2011. This includes the following programs and their funding Board:

- Department of Health HIV/HBV/HCV Program (Dentistry, Medical Practice, Nursing)
- Office of Mental Health Practice (BBHT, MFT, Medical Practice, Nursing, Social Work, Psychology) (Office of Mental Health Practice Sunset Date: 6/30/2009)
- Volunteer Health Care Provider Program (Dentistry, Medical Practice, Nursing)
- Department of Human Services Community Scholarship Program (Nursing)
- Department of Health Loan Forgiveness Program (Medical Practice, Nursing)
- Department of Health Oral Health Pilot Project (Dentistry)
- Department of Health Rural Pharmacy Program (Pharmacy)
- Transfer to General Fund (all HLBs)
- Office of Enterprise Technology (OET) E-Licensing Initiative/Collection and Transfer to OET

HEALTH-RELATED LICENSING BOARDS SUMMARY

Cooperative Activities for the Biennium ending June 30, 2010

- Council of Health Boards

The health-related licensing boards may establish a Council of Health Boards consisting of representatives of the health-related licensing boards and the Emergency Medical Services Regulatory Board. When reviewing legislation or legislative proposals relating to the regulation of health occupations, the council shall include the commissioner of health or a designee. M.S. §214.001, Subd. 4

During the biennium, legislative requests were made to the Council to review proposed legislation, and the Council sent the Legislature reports regarding the following:

Body Artists

Laboratory Technicians

Massage Therapists

Genetic Counselors

Review of Criminal Sexual Conduct as consideration in denial or revocation of professional license

Review of Minnesota Chapter 214 for process improvement

- Executive Directors Forum

The Executive Directors of each independent board meet monthly to collaborate and to address issues of shared concern, including policy development, legislation and technological improvements. The Forum establishes committees to develop recommendations for consideration by the Forum. These committees include the Policy Committee and the Management Committee. To assure fiscal efficiency, boards review general objectives and promote cooperation among the boards through the Executive Director Forum in an effort to eliminate duplication.

- Administrative Services Unit

The Administrative Services Unit (ASU) is funded by all the independent boards and consists of 7.12 FTE staff members who perform shared administrative and business services for all the boards. ASU provides shared service to the Boards in the areas of finance, budgeting, accounting, purchasing, human resources, professional and technical contracts, information technology, policy development and payroll. ASU also facilitates the Boards' cooperative policy and planning efforts, and coordinates the Voluntary Health Care Provider Program (which provides malpractice coverage for physicians, physician assistants, dentists, dental hygienists, and nurses serving in a voluntary capacity at a charitable organization). ASU's annual budget is determined by the Executive Directors Forum, and the oversight of ASU is assigned on a rotating basis to one of the health-related boards; the current ASU oversight Board is the Minnesota Board of Examiners for Nursing Home Administrators. ASU is managed through the Executive Directors Forum's Management Committee.

HEALTH-RELATED LICENSING BOARDS SUMMARY

- **Information Technology Workgroup**
Under the auspices of the Executive Director Forum, an Information Technology Work group has been in operation for several years, and this group is responsible for coordination of HLB technological projects and implementation of technological improvements.

- **Health Professionals Services Program (HPSP)**
Each health-related licensing board, including the emergency medical services regulatory board under chapter 144E, shall either conduct a health professionals service program under sections 214.31 to 214.37 or contract for a diversion program under section 214.28.

At present, all Health Licensing Boards, the Emergency Medical Services Regulatory Board, and additional professions regulated by the Department of Health, participate in HPSP.

- **Voluntary Health Care Provider Program**
Effective July 1, 2002 Minnesota Statutes, section 214.40 required the Administrative Services Unit to create procedures to allow volunteer dentists, dental hygienists, physicians, physician assistants, and nurses to apply for medical professional liability insurance while volunteering at community charitable organizations.

Emerging Issues

During the 2008-2010 biennium, the health-related licensing boards faced a number of common emerging issues, which are described below.

- **Staffing/funding issues.** As a result of state practices and requirements regarding budgets and expenditures of the health-related licensing boards, as well as ongoing State budgetary issues and revenue shortfalls, a number of the boards are facing salary constraints and possible budget shortfalls that affect staffing levels and service delivery, including ability to investigate complaints and process contested cases for disciplinary action.
- **The Boards continue to make technology/communication improvements, refinements, and to expand and refine services through technology.** Providing easy and timely access to accurate public data remains an area to which the Boards are committed. The Boards continue to make their web sites increasingly interactive, including on-line renewals, license verifications, and disciplinary tracking. The Boards are seeking to increase electronic recordkeeping.
- **The Boards are facing increased costs of disciplinary actions, due to increased legal costs, as well as increased complexity of complaints that require additional legal involvement, and a trend toward increased, and more substantial, and extended involvement by licensees' legal representatives.**
- **Applicants and the general population are becoming increasingly diverse, including cultural and language diversity.** The licensing boards continue to examine matters pertaining to possible barriers in licensure, as well as issues surrounding working with clients and patients from diverse populations.
- **Some Boards report a shortage, or shrinking pool of licensed practitioners, aging pools of health practitioners, as well as possible increased workload due to aging population, which carries implications for ensuring public health care access.**
- **The possibility of additional newly established health regulatory boards exists, subject to legislative activity.**

CREDENTIALS ISSUED OR RENEWED

Table 1: Number of Credentials issued or renewed

Board	Total Number of persons licensed or registered as of June 30, 2010	Number and Type of Credentials Issued or Renewed during biennium ending June 30, 2010	Number of Credentials renewed online (# and percent) during biennium ending June 30, 2010
Barber	3,071	Not available	0
Behavioral Health and Therapy	3,012	5,112	Not available
Chiropractic	4,217	4,295	Form online: 3489 (87%) Fees online: 3355 (84%)
Cosmetology	40,146	40,146	33%*
Dentistry	16,417	16,298	11,148 (74%)
Dietetics / Nutrition	1,378	1,398	512 (38%)
Marriage / Family Therapy	1675	3,100	1689 (74%)
Medical Practice	25,946	49,494	41,697
Nursing	107,736	65,332	42,749 (89.8%)
Nursing Home Administrators	851	851 (44 new)	715 (90.5%)
Optometry	1023 (optometrist)	1029	477 (47%)
Pharmacy	22,806	43,355	Pharmacists 7564 (93%) Technicians 8618 (75%)
Physical Therapy	5,422	11,334	Physical Therapists 7,205 (92%) Physical Therapist Assistant 2,093 (82%)
Podiatric Medicine	262	262	2011 biennial renewals will be online
Psychology	3,450	3,540	Zero
Social Work	12,198	11,489	9,580 (72.5%)
Veterinary Medicine	3,114	3123 (276 new)	2,278 (80%)
TOTAL	252,724	260,158	139,680 (% ranges from 33% per Board to 90.5% per Board)

*Limited information available

RECEIPTS, DISBURSEMENTS AND MAJOR FEES

Table 2: Receipts and Disbursements Fiscal Year 2010

Board	Receipts FY 2010	Disbursements FY 2010
Barber	212,306	175,671
BBHT	751,272	939,478
Chiropractic	775,755	639,885.80
Cosmetology	1,371,947	691,000
Dentistry	1,414,181	1,320,187
Dietetics / Nutrition	71,185	88,612
MFT	272,389	278,433
Medical Practice	4,923,175	7,770,120
Nursing	5,663,406	3,287,000
BENHA	196,995	180,024
Optometry	119,134	104,044
Pharmacy	1,887,345	1,738,930
Podiatric	95,858	76,872
PT	441,835	747,775
Psychology	1,163,825	1,483,109
Social Work	984,915	994,778
Veterinary Medicine	324,265	169,094
TOTAL	20,669,788	20,685,012.80

**Table 3: Number of Complaints Received in Biennium
Ending June 30, 2010**

Board	Number of complaints received (opened) in biennium ending June 30, 2010
Barber	9
BBHT	165
Chiropractic	142
Office of Unlicensed Complementary and Alternative Health Care Practice	31
Cosmetology	162
Dentistry	501
Dietetics / Nutrition	4
MFT	68
Medical Practice	1,707
Nursing	2935
Nursing Home Administrators	78
Optometry	5
Pharmacy	190
PT	104
Podiatric	21
Psychology	261
Social Work	119
Veterinary Medicine	148
TOTAL	4,708

COMPLAINT ACTIVITY

Table 4: Number and Age of complaints open as of June 30, 2010

Board	Number of complaints closed in biennium ending June 30, 2010	Number of complaints open as of June 30, 2010 [Listed by < one year or > One year]
Barber	9	Unavailable
Behavioral Health and Therapy	207	TOTAL: 78 Open < 1 year = 67 Open > 1 year = 11
Chiropractic	416	TOTAL: 106 Open < 1 year = 83 Open > 1 year = 23
Cosmetology	88	44
Dentistry	611	TOTAL: 124 Open < 1 year = 101 Open > 1 year = 23
Dietetics / Nutrition	4	0
Marriage and Family Therapy	50	53
Medical Practice	1,529	Open < 1 year = 197 Open > 1 year = 128
Nursing	2,806	Open < 1 year = 514 Open > 1 year = 80
Board of Examiners for Nursing Home Administrators	78	TOTAL: 6 Open < 1 year = 6 Open > one year = 0
Optometry	13	TOTAL: 3 Open < 1 year = 1 Open > 1 year = 2
Pharmacy	149	Open < 1 year = 21 Open > 1 year = 25
Physical Therapy	79	Open < 1 year = 21 Open > 1 year = 4
Podiatric	21	Open < 1 year = 5 Open > 1 year = 3
Psychology	295	Open < 1 year = 57 Open > 1 year = 27
Social Work	106	Open < 1 year = 83 Open > 1 year = 0
Veterinary Medicine	113	Open < 1 year = 111 Open > 1 year = 2
Office of Unlicensed Complementary and Alternative Health Care Practice*	10	Open < 1 year = 3 Open > 1 year = 46

*The Office of Unlicensed Complementary and Alternative Health Care Practice operations were suspended September 1, 2009 through June 30 2010, due to unallotment, therefore, no investigative activity occurred on pending complaints during the remaining 10 months of FY 2010.

BOARD OF BARBER EXAMINERS

“The mission of the Board is to promote public health and safety by assuring that barbers are appropriately trained and demonstrate the skills necessary to conduct barber services in a safe, sanitary, and appropriate environment through the regulation and licensing of barbers and barber shops. The board’s licensing and inspection processes assure that barbers and barber shops meet or exceed the legislative and Board established criteria designed to protect public health and safety.”

Board Members

Current Members

- Frances R. Plant, Fridley, MN, Barber Member
(Term: BBCE: 9/18/06-1/5/09; BBE: current appointment 7/1/09, term expires 1/7/2013)
- Douglas Klemenhausen, Farmington, MN, Barber Member
(Term: BBCE: 1/3/07—6/28/08; current appointment 7/1/09, term expires 1/3/2012)
- Jon C. Stone, Detroit Lakes, MN, Barber Member
(Term: BBE: 1/3/10, term expires 1/6/2014)
- Michael M. Vekich, St. Louis Park, MN, Public Member
(Term: BBE: 6/15/09, term expires 1/3/2011)

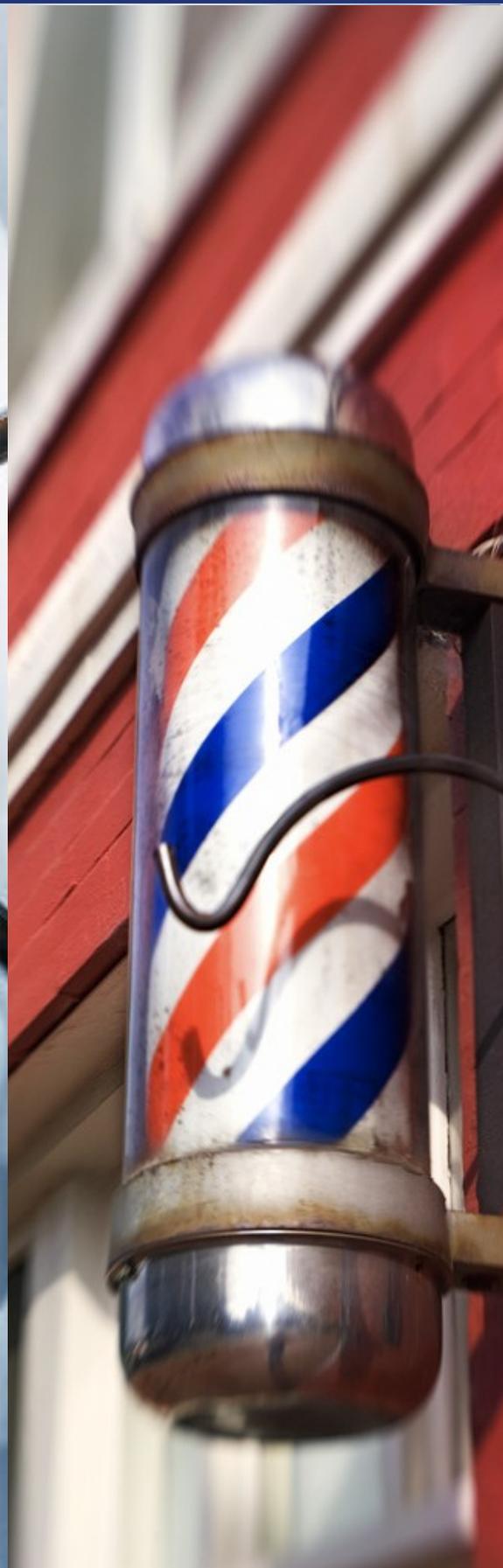
Former Members

- Theresa Iliff, Little Canda, MN

Board Staff

- Thora G. Fisko, *Executive Secretary*
Jason Lawson, *Law Compliance Representative (Inspector)*

Minnesota Board of Barber Examiners
University Park Plaza Building
2829 University Avenue South East; Suite 315
Minneapolis, MN 55414
Office telephone: 651.201.2820 Office Fax: 612.617.2248
Office e-mail: bbe.board@state.mn.us
Board Website: www.barbers.state.mn.us



Letter from the Executive Secretary

The Board of Barber Examiners was initially established in 1927; it was re-established under Minnesota Statute Chapter 154 as of July 1, 2009 by the separation of the Board of Barber and Cosmetologist Examiners (created in 2004) into two distinct boards. The Board is a licensing agency, responsible for the licensing and regulation of individuals, establishments, and schools related to barbering.

The mission of the Board is to promote public health and safety by assuring that barbers are appropriately trained and demonstrate the skills necessary to conduct barber services in a safe, sanitary, and appropriate environment through the regulation and licensing of barbers and barber shops. The board's licensing and inspection processes assure that barbers and barber shops meet or exceed the legislative and Board established criteria designed to protect public health and safety.

Creating an independent board and administrative office proved a difficult task with budget constraints and staffing issues there was a great deal of confusion and disarray in the initial months. Budget constraints resulted in the Inspector position being vacant and eventually staff layoffs. Matters were compounded by the resignation of the Executive Secretary in February leaving the office unstaffed until a new Executive Secretary could be hired. Many barbers have reported difficulty reaching staff, licenses they had paid for were not received, and general confusion and difficulty with processes during these initial months.

By the end of the biennium and initial fiscal year of operations the office of the Board of Barber Examiners has overcome many challenges. The board now successfully functions as an independent Board with a staff of two employees, one Executive Director and one Inspector. Procedures have been put in place to assure timely processing of license applications, inspections have begun, paper files have been moved from boxes to file cabinets, and processing the backlog of applications and unissued licenses completed. The current year barber shop license renewal process has been completed in a timely manner and the apprentice and registered barber license renewal process has begun.

Many important tasks remain to be done. It is a goal of the Board to continue to develop a regulatory agency that is both responsive and reliable in its role of protecting the public and supporting the licensees. To that end the development of a process for managing complaints and licensee discipline that assures that law and rule violations are identified and violators are held accountable is underway. The Board's complaint committee is meeting on a regular basis and with assistance from the Attorney General's Office policy and procedure for the management of complaints, investigation and licensee discipline are being developed.

The Board must also seek ways to streamline operations while managing cost. Since splitting from the combined board the Barber Board has been unable to provide on-line services for licensees and the public. The Board now has an independent website and work is underway to include on-line services such as license look up and on line license renewal. Efforts will continue to develop efficient and effective services to the public and barbers of Minnesota.

Respectfully,
Thora G. Fisko, Ed.S., Executive Secretary
Minnesota Board of Barber Examiners

June 30, 2010

Total licensed or registered as of June 30, 2010	Credentials Issued or Renewed	
3071	<u>Type</u>	<u>#</u>
	Barber Shop Licenses	835
	Barber School Licenses	5
	Student Barber Permits	114
	Apprentice Barber Licenses	145
	Registered (Master) Barber Licenses	1962
	Barber Instructor Licenses	10

Biennium ending June 30, 2010

Complaints Received and Opened by Category	Number
Unlicensed activity	4
Sanitation	2
Miscellaneous	3

The Minnesota Barber Board was created (re-created) July 1, 2009 upon the separation of the Minnesota Board of Barber and Cosmetology Examiners into two distinct Boards. The initial fiscal year for the Barber Board (fiscal 2010) as an independent board proved to be a difficult year due to budgetary constraints and staffing issues for the new board. The board was unable to maintain the original staffing levels of one Executive Secretary, two Administrative Office Support staff, and one vacant Inspector position due to budgetary constraints. These difficulties culminated in the office being unstaffed, with no board employees, for much of the months of February and March 2010 and only one part time staff (Executive Secretary) from March 22 to June 1, 2010. Much of the information regarding the Barber Board, particularly correspondence during the first half of the reported biennium is difficult to separate from the Cosmetology Board information. There is a general lack of information available for the period of initial transition to March when current staffing took effect.

At this time the Barber Board employs one full time Executive Secretary and one full time Inspector. It is anticipated that the functions of the board office will be accomplished.

The Minnesota Board of Barber Examiners and the Minnesota Board of Cosmetologist Examiners were separated from a Combined Board of Barber and Cosmetologist Examiners (created in 2004) into two separate Boards during the biennium effective July 1, 2009.

Legislative changes during the biennium, below. There were no proposed or adopted Rule changes proposed or adopted during the reporting period.

Session law 2009, Chapter 101, Article 2, Section 59.	Office of Enterprise Technology Licensing surcharge adding 10% surcharge to all new and renewal licensing fees.
Session law 2009, Chapter 78, Article 1, Section 16	Budget Allocation
Session law 2009, Chapter 78, Article 6, Section 9	Creation of the Board of Barber Examiners separate from the Board of Cosmetologist Examiners
Session Law 2010, Chapter 215, Article 8, Section 3 Section 4	Barber Board Officers Increases fees

The Minnesota Board of Barber Examiners regulates the profession of Barbering within the state of Minnesota. The Board is responsible for the certification, licensure, and discipline of barber students, apprentice barbers, registered (master) barbers, barber schools, barber instructors, and barber shops pursuant to Minnesota Statutes chapter 154 and Minnesota Rules chapter 2100. In addition the Board oversees the administration, enforcement, regulation and adoption of rules related to the barber profession. The Board meets regularly and administers no less than four examinations to applicants seeking licensure as apprentice and registered (master) barbers annually. No more than two times per year the Board administers an examination for licensure of instructors of barbering.

BOARD OF BEHAVIORAL HEALTH AND THERAPY

“The mission of the Board of Behavioral Health and Therapy is to protect the public through effective licensure and enforcement of the statutes and rules governing its licensees to ensure a standard of competent and ethical practice.”

Board Members

Current Members

- Barbara Carlson, LADC, New Ulm, MN, Professional Member
(Term: 6/28/2006—6/22/2010)
- Marlae Cox-Kolek, LADC, Mankato, MN, Professional Member
(Term: 3/16/2009—)
- Freddie Davis-English, Plymouth, MN, Public Member
(Term: 4/28/2005—3/16/2009)
- Douglas Frisk, New Brighton, MN, Public Member
(Term: 6/14/2004—7/28/2008)
- Judy Gordon, LADC, St. Paul, MN, Professional Member
(Term: 4/28/2005—3/16/2009)
- Yvonne Hudshamer, St. Paul, MN, Public Member
(Term: 6/22/2010—)
- Kristen Piper, LPC, St. Louis Park, MN, Professional Member
(Term: 6/28/2006—6/22/2010)
- Duane Reynolds, LADC, New Hope, MN, Professional Member
(Term: 6/14/2004—7/28/2008)
- Walter Roberts, Jr., LPC, North Mankato, MN, Professional Member
(Term: 6/14/2004—7/28/2008)
- Nicholas Ruiz, LPC, Inver Grove Heights, MN, Professional Member
(Term: 11/21/2003—7/28/2008)
- Robert Schmillen, LADC, Granite Falls, MN, Professional Member
(Term: 3/16/2009—)
- Judy Sherwood, LPC, St. Paul, MN, Professional Member
(Term: 8/4/2008—)
- Nona Wilson, LPC, St. Cloud, MN, Professional Member
(Term: 1/31/2006—3/16/2009)

Board Staff

Kari Rechtzigel, Executive Director

Minnesota Board of Behavioral Health and Therapy

University Park Plaza Building

2829 University Avenue Southeast, Suite 210

Minneapolis, MN 55414

Office telephone: 612-617-2178 Office Fax: 612.617.2187

Email: bbht.board@state.mn.us Web: <http://www.bbht.state.mn.us>

Office e-mail: bbht.board@state.mn.us Board Website: <http://www.bbht.state.mn.us/>



Letter from the Executive Director

The Board of Behavioral Health and Therapy (BBHT) was created in 2003 and it regulates professional counselors and alcohol and drug counselors in Minnesota. Professional counselors are master's level mental health counselors employed in a variety of settings who provide mental health counseling services to adults, families, and children in Minnesota. Alcohol and drug counselors provide counseling services to persons relative to the abuse of or the dependency on alcohol or other drugs.

Since its creation, the Board has struggled with complex regulatory requirements, budget issues, and a staffing level that is barely able to provide good customer service and quality protection to the public. Despite these challenges, the Board has successfully moved forward with legislation to improve licensure processes, has instituted office policies and procedures to keep administrative expenses at a minimum, and has developed regulatory processes that are efficient and cost effective. If revenue estimates are realized, both programs will be out of debt by 2015.

With the help of the Legislature, changes were made in 2004, 2005, 2007, and 2009 to set fees, streamline licensing requirements, create a clinical level of professional counselor licensure, and define LPCCs as mental health professionals. The first LPC licenses were issued in June 2004. Through the rulemaking process the board adopted 4 sets of rules related to license renewal, continuing education, supervision, and professional conduct. The rules were adopted by the summer of 2005 and expedited rules clarifying continuing education requirements were adopted in 2006. The Board plans to pursue legislation in 2011 that will improve the regulation and licensure process for LADCs.

In 2006 the Board participated in a task force ordered by the legislature to make recommendations on common licensing standards for mental health professionals. The task force report was issued on January 15, 2007, and the LPCC license was created that same year and is based on recommendations in that report. The first LPCC licenses were issued in March 2008. Since licensure was created LPCs and LPCCs have struggled for recognition, employment, and reimbursement despite the rigorous education and supervision standards they have to meet to obtain licensure. Unfortunately, legislation to make LPCCs mental health professionals failed in 2007 and 2008 preventing them from being Medical Assistance program providers. On May 15, 2009, Governor Pawlenty signed into law a bill making LPCCs mental health professionals. Effective January 1, 2010, the Minnesota Department of Human Services received federal approval for the Medicaid State Plan Amendment making LPCCs eligible for reimbursement for services provided to Medical Assistance and MinnesotaCare clients.

Similar to the other health licensing boards, the BBHT is funded through fees paid by applicants and licensees which are deposited in the Special Revenue Fund. The BBHT base budgets are small: a \$144,000 annual budget for the LPC program; and a \$250,000 annual budget for the LADC program. The majority of the budgets are used for staff salaries, office rent, equipment and supplies. In 2008, legislation was passed [Session Laws chapter 363, Art 18, section 5, subd. 1] requiring that \$3.219 million be transferred from the Special Revenue Fund to the General Fund to fund other programs. The BBHT share was \$90,000 even though the BBHT does not have a positive balance in the Special Revenue Fund. This loss of funds is crippling to a small board like BBHT which has worked so diligently to be fiscally responsible and to retire its debts. Legislation passed in 2010 resulted in several million more dollars being transferred from the Special Revenue Fund to the General Fund to fund other programs. The seizing of Special Revenue Fund resources to fund other programs reduces the ability of health licensing boards to protect the public, does not serve the licensees who pay the fees to regulate their professions, and may increase costs for consumers who receive services from licensed health professionals.

The goals of the Board in the next five years include retiring program debt, utilizing its website and online services to improve the efficiency of regulation and licensing processes, and maintaining an adequate staffing level of skilled personnel to provide high quality services to applicants, licensees, and the public.

CREDENTIALS

Year	Type of License	Number of persons licensed	New Licenses Issued	Credentials Renewed
7/1/2008-6/30/2010	Licensed Alcohol and Drug Counselor (LADC)	2142	504	2500
	Temporary Permit (Temp)	132	257	532
	Licensed Professional Counselor (LPC)	557	229	970
	Licensed Professional Clinical Counselor (LPCC)	170	57	63
	Total	3,001	1047	4,065
7/1/2006-6/30/2008	LADC	1757	403	Data not available
	Temp	296	356	Data not available
	LPC	539	272	Data not available
	LPCC	12	12	Data not available
	Total	2,604	1,043	
7/1/2004-6/30/2006	LADC	1464	142	Data not available
	Temp	203	149	Data not available
	LPC	373	360	Data not available
	Total	2,040	651	

As of July 1, 2005, the Board began regulating Licensed Alcohol and Drug Counselors when the program was transferred to the Board from the Department of Health (MDH). In addition to BBHT inheriting a program debt from MDH of \$1,044,000, MDH also transferred 263 open complaint files. Over the past five years, BBHT has reduced the number of open complaint files to only 62 (52 of which have been open for less than one year), reduced the LADC program debt to \$367,000, and is on target to retire the debt by 2013 or earlier. BBHT has accomplished this with only 2 full time equivalent employees for the LADC program while MDH had 3.33 full time equivalent employees assigned to the LADC program.

The Board has 3.0 full-time equivalent positions. In the past biennium the Board has on two occasions utilized temporary workers during staff member family leaves of absence. The full time staff members include an executive director, a licensing coordinator for the LPC/LPCC program and a licensing coordinator for the LADC program. Every staff member of the Board must have a broad base of knowledge and skills. While each staff member has a specialty (e.g. licensure expert for each program and executive director who must have overall knowledge and skills related to all regulatory and administrative duties of the Board), the needs of the Board, the professionals regulated by the Board, and the recipients of counseling services require that all employees have a basic knowledge of all Board operations in order to answer questions and provide information to applicants, licensees, and members of the public. Because of its small staff, the Board relies heavily on the detailed information on its website to assist applicants, licensees, and the public.

The staffing level and base budget have not changed in the last four years, but the number of regulatory duties has increased along with the number of applicants and licensees. The base budget that was reduced by approximately 42% in 2007 will need to be increased in the very near future to allow the Board to have an adequate number of staff members to regulate the LADC and LPC/LPCC professions.

In 2008, the Board established a Public Advisory Committee to assist the Board's Legislative Committee in rewriting regulations for LADCs in order to remove confusing, obsolete, repetitive, and unnecessary language. The Board has continued to work with the Advisory Committee and other interested persons to improve the regulations related to alcohol and drug counseling. The Board's Legislative Committee convened 16 times between March 2008 and February 2010 to develop a legislative proposal. The Board intends to move forward with legislation in the 2011 session to accomplish the goals set in 2008. The legislation, if passed, will make LADC regulation and licensing processes more efficient and cost effective.

In June 2009, the Board hired a consultant to construct a regulation and licensing database system to consolidate all previous BBHT databases into a single licensing and regulation database system. The single database will streamline regulation and licensing processes and enable the Board to issue and renew licenses and perform its other regulatory duties in a more efficient and cost effective manner. The project is scheduled to be finished by June 30, 2011. Online services will include, at a minimum, license renewals, license verifications, and data requests (mailing lists and reports).

One of the emerging issues of great concern to the Board relates to legislation passed in 2009. Minnesota Statutes section 16E.22 created a statewide electronic licensing system. The statute requires that the Board collect a ten percent surcharge of initial license and renewal fees for six years beginning July 1, 2009, and continuing through June 30, 2015. In FY 10, BBHT collected surcharge fees from its licensees in the amount of \$55,428 and transferred those funds to an electronic licensing account for use by the Office of Enterprise Technology (OET). The six year total of funds to OET will exceed \$330,000. It is unknown to the Board how OET is using the funds, and it is uncertain how this initiative will improve the critical functionality of the regulation database that the Board will already have in place. If BBHT is required to pay for the costs to connect to a statewide electronic licensing system without an increase in its base budget, it will have a significant impact on the Board's ability to regulate the professions it is charged with regulating. The Board cannot afford to pay any costs out of its operating budget to connect to the OET statewide system, and any fee increases to fund the connection will make LADC and LPC/LPCC licensure fees some of the highest in the country.

COMPLAINTS

Year	Type of Complaint	Complaints Received	Complaints Closed
2010	LADC	138	184
	LPC	27	23
	Total	165	207
2008	LADC	157	248
	LPC	21	8
	Total	178	256
2006	LADC	52	99
	LPC	8	7
	Total	60	106

Complaints Open as of June 30, 2010:

62 – LADC (52 open for less than 1 yr.; 10 open for more than 1 yr.)

16 – LPC (15 open for less than 1 yr.; 1 open for more than 1 yr.)

RECEIPTS AND DISBURSMENTS

Year	LPC Receipts	LADC Receipts	LPC Disburse- ments	LADC Disburse- ments	Total Bd. Re- ceipts	Total Bd. Disb.
FY 2009 and FY 2010	\$460,042	\$947,156	\$313,156	\$626,322	\$1,407,208	\$939,478
FY 2007 and FY 2008	\$270,715	\$901,679	\$202,433	\$529,213	\$1,172,394	\$731,646
FY 2005 and FY 2006	\$149,966	\$719,030	\$528,060	\$600,883	\$868,996	\$1,128,943

FEE INFORMATION

LADC Fees	Amount
Application for licensure	\$295
Biennial Renewal Fee (Active)	\$295
Biennial Renewal Fee (Inactive)	\$150
Temp. Permit Application Fee	\$100
Temp. Permit Renewal Fee	\$150
Late Renewal Fee	25% of renewal fee
License Verification	\$25
Surcharge Fee (Lic. App. & Renewal)	\$99
Approved Supervisor App. Fee	\$30
Continuing Education Sponsor Fee	\$60
Duplicate Certificate Fee	\$25
Board Order Copy Fee	\$10
Renewal Fee After Expiration	Renewal fee, late fee, and \$100 for CE review
Penalty Fee (Practice w/o license after expiration or before re- newal)	Renewal fee for any part of first month, plus renewal fee for any part of any subsequent month up to 36 months
Penalty Fee (applicant practice w/o license)	Lic. app. fee for any part of first month, plus lic. app fee for any part of any subsequent month up to 36 months
Penalty Fee Related to Late CE Reporting or Insufficient CE	\$100 for late report; \$20 for each missing clock hour

LPC and LPCC Fees	Amount
LPC and LPCC Application Fee	\$150
LPC and LPCC Initial License Fee	\$250
LPC/LPCC Renewal Fee (Active)	\$250
LPC/LPCC Renewal Fee (Inactive)	\$125
LPC and LPCC Late Renewal Fee	\$100
Board Order Copy	\$10
License Verification	\$25
Duplicate Certificate Fee	\$25
Supervisor Application Fee	\$30
CE Course Sponsor Fee	\$60
Professional Firm Renewal Fee	\$25
Initial Registration Fee	\$50
Annual Registration Renewal Fee	\$25

BOARD OF CHIROPRACTIC EXAMINERS

“The mission of the Minnesota Board of Chiropractic Examiners (MBCE) is to protect the public through effective licensure and enforcement of the statutes and rules governing the practice of chiropractic to ensure a standard of competent and ethical practice in the profession.”

Board Members

Matt Anderson, DC, Bloomington, MN, Professional Member
(Term: 5/21/2007—)

Robert Daschner, DC, Waseca, MN, Professional Member
(Term: 4/22/2008—)

Howard Fidler, DC, St. Louis Park, MN, Professional Member
(Term: 4/28/2004, reappt: 4/22/2008)

Teresa Marshall, DC, President / Professional Member
(Term: 1/11/2002, reappt: 3/31/2006, 1/19/2010)

Ralph Stouffer, Roseville, MN, Public Member
(term: 3/31/2006; reappt: 5/21/2007)

Kay Strobel, Red Wing, MN, Public Member
(Term: 10/4/2010—)

Richard Tollefson, DC, Coon Rapids, MN, Professional Member
(Term: 5/10/2005, reappt: 2/24/2009)

Board Staff

Larry Spicer, DC, Executive Director
Anne Braam, Office Manager
John Burbey, Office and Administrative Specialist
Lori Blanski, Office and Administrative Specialist
Micki King, Health Program Representative

Minnesota Board of Chiropractic Examiners
University Park Plaza Building
2829 University Avenue Southeast, Suite 300
Minneapolis, MN 55414

Office telephone: 651-201-2850 Office Fax: 651-201-2852
Office e-mail: chiropractic.board@state.mn.us
Board Website: <http://www.chiroboard.state.mn.us>

Letter from the Executive Director

The Minnesota Board of Chiropractic Examiners (MBCE) was established by legislative act on 3-13-1919. Minnesota Statutes 148.01-148.108 and Minnesota Rules 2500 give the board authority to regulate, to license by examination and renewal, and to investigate complaints. The mission of the MBCE is to protect the public through effective licensure and enforcement of the statutes and rules governing the practice of chiropractic to ensure a standard of competent and ethical practice in the profession.

Licensing/Credentialing Services: The purpose of regulation through licensing is to set and enforce standards of competence and ethical practice, and to ensure that persons licensed as doctors of chiropractic meet educational, examination, and continuing education standards. Staff process applications, verify compliance with statutory requirements, provide assistance and information



To meet these functions, the MBCE operates under five key service strategies:

- maintain an integrated database of licensee information, registrations, discipline, and complaints
- publish information on the web, including licensure information, disciplinary orders, and rulemaking efforts
- conduct regular board meetings where citizens have input into the review of operations and rulemaking efforts
- respond to public requests for information on chiropractors, continuing education sponsors, and licensee's status
- manage funds soundly

The Board accomplishes its core public safety and regulatory mission of doctors of chiropractic by:

- Administering minimum educational and examination requirements for initial licensure as a doctor of chiropractic and administering requirements and processes for renewal of licensure
- Enforcing standards of ethical practice; and responding to inquiries, complaints and or reports regarding applicants, or licensees
- Investigating complaints of alleged violations of statutes, holding educational and disciplinary conferences, and taking legal action when appropriate against licensees who fail to meet minimum standards of practice or who may otherwise constitute a harm to the public as a result of improper/unethical practice
- Approving continuing education providers
- Providing information about licensure and standards of practice, through professional education outreach efforts, the Board's website, online license verification services, and telephone, mail or email inquiries

The Board provides core public safety services through the regulatory oversight of doctors of chiropractic, as noted in the strategies listed above, to ensure both high standards of chiropractic practice and excellent customer service. Services are provided to the general public, consumers of chiropractic services, applicants and licensees, students and faculty in chiropractic academic programs, other state and local agencies, state and national professional chiropractic associations and finally the national testing organization as well as the Federation of Chiropractic Licensing Boards.

Discipline/Complaint Resolution Services: Staff, Board Members, and the Office of the Attorney General work collaboratively to review, investigate, and take action, as appropriate, in alleged complaint cases against licensed doctors of chiropractic. When a licensee is determined to have engaged in conduct which is a violation of the statutes or rules the Board is empowered to enforce, an appearance before Board Members may occur. Licensee's may enter into an agreement for corrective action with the Board's complaint panel, or may become subject to disciplinary action, with such final action determined by the full Board. Either of these two remedies is public once completed. In addition, staff provide informational services to a variety of customers regarding the Board's statutory requirements and standards of practice, including how to file a complaint and the complaint resolution process. The Board also works with the Health Professionals Services Program (HPSP), the state's diversion program for regulated professionals who are impaired, as an additional method to ensure public protection.

Online Services: the board maintains a very robust web site which includes: information on Board structure, meetings, and policies; licensing information, applications and renewal forms for nearly all licenses/registrations; information on continuing education programs and sponsors; access to specific statutes and rules directly impacting the profession; information on current emerging issues impacting the profession; information on access to the Health Professional Services Program, and links to many other related sites, and online license renewal. The Chiropractic Board was the first among the Health-Related Licensing Boards to provide online license renewal capability. The board renewed well in excess of 4000 licenses and registrations last fiscal year, and generally appreciates approximately a 90%+ online application renewal rate.

Key Activity Goals & Measures

The MBCE works to meet the MN Milestone of access to government information 24x7x365 through its self-service website. The MBCE works to protect the public from access to impaired practitioners by prompt investigation of complaints and resolution of disciplinary matters through educational conferences, corrective action agreements, board orders and/or contested case proceedings as deemed required based on the severity of the infractions reported. The MBCE collaborates with other licensing boards and state agencies to create an efficient state government.

Larry Spicer, DC, Executive Director
Minnesota Board of Chiropractic Examiners

CREDENTIALS

Year	Type of License	Persons Licensed	Credentials Renewed	New Licenses Issued	Credential Renewed Online	
7/1/2009-6/30/2010	Doctor of Chiropractic (DC) License	2816	158	2715	2393	89%
	Acupuncture Registration	631	23	624	534	86%
	Animal Chiropractic Registration	20	0	20	n/a	n/a
	Independent Examiner Registration	51	7	48	40	84%
	Professional Firm Registration	665	68	614	522	85%
	Graduate Preceptor Registration	34	18	n/a	n/a	n/a
	Totals		4217	274	4021	3489
7/1/2008-6/30/2009	Doctor of Chiropractic (DC) License	2750	2665	115	2356	89%
	Acupuncture Registration	627	620	22	539	87%
	Animal Chiropractic Registration	12	12	0	n/a	n/a
	Independent Examiner Registration	49	49	3	40	82%
	Professional Firm Registration	623	589	68	545	93%
	Graduate Preceptor Registration	28	n/a	16	n/a	n/a
	Totals		4089	3935	224	3480

Year	Type of License	Persons Licensed	Credentials Renewed	New Licenses Issued	Credential Renewed Online	
7/1/07-6/30/08	Doctor of Chiropractic (DC) License	2719	2625	153	2269	87%
	Acupuncture Registration	608	597	33	532	90%
	Animal Chiropractic Registration	0	0	0	n/a	n/a
	Independent Examiner Registration	53	51	2	44	87%
	Professional Firm Registration	577	534	64	467	88%
	Graduate Preceptor Registration	36	n/a	24	n/a	n/a
	Totals	3993	3807	276	3312	87%
7/1/06-6/30/07	Doctor of Chiropractic (DC) License	2613	2517	134	2144	86%
	Acupuncture Registration	600	591	19	486	83%
	Animal Chiropractic Registration	0	0	0	n/a	n/a
	Independent Examiner Registration	55	54	1	46	86%
	Professional Firm Registration	538	494	70	432	88%
	Graduate Preceptor Registration	22	n/a	11	n/a	n/a
	Totals	3827	3656	235	3108	85%
7/1/05-6/30/06	Doctor of Chiropractic (DC) License	2560	2474	129	2055	83%
	Acupuncture Registration	600	589	20	489	83%
	Animal Chiropractic Registration	0	0	0	n/a	n/a
	Independent Examiner Registration	61	61	2	54	89%
	Professional Firm Registration	487	447	60	341	77%
	Graduate Preceptor Registration	19	n/a	9	n/a	n/a
	Totals	3727	3571	220	2939	83%

Year Complaints Opened	Received and Opened	Complaints Closed
7/1/09-6/30/10	142	Total Cases Closed: 200 Total Resulting in Board Actions: 21
7/1/08-6/30/09	272	Total Cases Closed: 216 Total Resulting in Board Actions: 12
7/1/07-6/30/08	169	Total Cases Closed: 172 Total Resulting in Board Actions: 13
7/1/06-6/30/07	176	Total Cases Closed: 164 Total Resulting in Board Actions: 11
7/1/05-6/30/06	185	Total Cases Closed: 170 Total Resulting in Board Actions: 13.

COMPLAINTS BY TYPE

Allegation	2006	2007	2008	2009	2010
Acupuncture violations	4	3	4	1	0
Address/phone change failure to notify Board	1	0	1	2	2
Advertising	51	22	51	86	24
Aiding or abetting unlicensed practice, & delegating	4	4	4	22	1
Application disclosure (DWI, conviction, etc.)	14	4	14	14	15
Billing dispute	3	2	3	13	7
Conviction of a crime of moral turpitude or felony	10	10	10	10	3
Disciplinary action in another state/jurisdiction	2	2	2	4	2
Exercising influence on a patient or client for financial gain	9	17	8	24	22
Failure to make a report or cooperate w/investigation	1	1	1	21	4
Fraud-deception in applying for a license	1	1	1	0	0
Graduate Preceptorship program violation	1	0	1	0	3
Gross or repeated mal practice	11	8	11	12	7
Habitual intemperance in alcohol or drugs	13	8	13	11	13
HPSP violation, noncompliance	3	1	3	2	1
Independent exams, false or misleading	0	3	0	8	5
Improper management of records (lost or release of)	5	11	6	13	6
Other, not chiropractic, i.e. taxes, child support, federal law	9	7	9	20	8
Petition for end of discipline	4	7	4	3	10
Practice outside scope	3	4	3	4	4
Practicing w/o a license, revoked, suspended, prior to licensure, etc.	8	7	8	12	11
Professional corporation registration violation	3	4	3	4	1
Poor recordkeeping-documentation of care	5	10	5	9	9
Splitting fees, runners, cappers	3	0	3	21	4
Unable to practice illness, incompetence, drugs, etc	7	9	7	9	6
Unethical practices, runners making direct contact-new law	0	0	0	30	5
Unprofessional conduct, unethical or deceptive practices	8	4	8	17	12
Unprofessional, sexual misconduct	5	8	5	9	11
Unprofessional, providing unnecessary services	1	6	1	5	2
Unprofessional, charging unconscionable fees	8	7	8	20	10
Unprofessional, threatening or dishonest fee collection	5	10	4	19	21
Unprofessional, fraud on patients or insurance	4	4	4	9	11
Unprofessional, waving deductible or co-pay	1	0	1	2	0
Violation of a Board Order	2	2	2	8	5

RECEIPTS

Year	Fee Type	Amount of Fee	Total \$ Received	Terms
7/1/2009-6/30/2010 Most Recent Year	Professional Firm Renewal	\$25.00	\$22,515.00	annual
	Exam / Applicant Fee	\$250.00	\$45,250.00	upon application
	Exam Regrade	\$30.00	\$0	as needed
	Graduate Preceptorship	\$100.00	\$3,200.00	upon request
	Active DC License Renewal	\$200.00	\$510,000.00	annual
	Renewal Penalty Fee	\$150.00	\$16,320.00	accrued monthly
	Inactive DC License Renewal	\$150.00	\$23,250.00	annual
	Inactive DC Reinstatement	\$100.00	\$500.00	upon request
	Independent Examiner Registration	\$150.00	\$1,150.00	upon request
	Independent Examiner Renewal	\$100.00	\$4,850.00	annual
	Acupuncture Registration	\$100.00	\$2,750.00	upon request
	Acupuncture Renewal (Active or Inactive)	\$25.00 or \$50.00	\$31,175.00	annual
	Disciplinary Fee / Civil Penalty	up to \$10,000.00	\$26,775.94	as assessed
	Printing of Board Orders	\$10.00	\$10.00	upon request
	Continuing Education Sponsorship	\$100.00 or \$500.00	\$17,000.00	upon application
	Certificate of Standing or License Verification	\$10.00	\$840.00	upon request
	Printing of Lawbooks	\$10.00	\$0	upon request
	Lists of Chiropractors (partial or complete)	\$10.00 or \$100.00	\$3,500.00	upon request
	Printing of Miscellaneous Items	\$.25 / page	\$504.25	upon request
	Prior Year Renewals	\$150.00 or \$200.00	\$6,825.00	upon request
	Prior Year Penalty Fee	\$150.00	\$840.00	accrued monthly
	Continuing Education Audit Penalty	\$900.00	\$58,500.00	as assessed
	Subtotal Receipts	---	---	\$775,755.19
OET E-Licensing Surcharge	---	---	\$(57,770.00)	---
TOTAL RECEIPTS	---	---	\$717,985.19	---

DISBURSMENTS AND EXPENDITURES

Year	Category	Total Amount \$
7/1/2009-6/30/2010 Most Recent Year	Salaries, Benefits, & Per Diems	\$310,520.16
	Office Rental, Maintenance, Utilities	\$41,564.32
	Computer, Communications, Printing & Advertising	\$10,108.15
	Professional / Technical Services	\$28,443.90
	Supplies & Equipment	\$3,620.75
	Travel – In State & Out of State	\$6,520.52
	Other Operating Costs	\$8,970.33
	Legal Costs	\$192,301.40
	Health Professionals Service Program (HPSP)	\$13,606.55
	Unspecified Indirect Costs	\$24,229.72
	TOTAL	\$639,885.80

RECEIPTS AND DISBURSEMENTS

Year	Total \$ Received	Total Disbursements and Expenditures
7/1/2008-6/30/2009	\$699,661.43	\$627,415.60
7/1/2007-6/30/2008	\$678,458.43	\$614,312.11
7/1/2006-6/30/2007	\$689,992.04	\$614,868.86
7/1/2005-6/30/2006	\$628,784.20	\$519,478.61

BOARD OF COSMETOLOGIST EXAMINERS

Mission

The Board's core mission is to constantly strive to serve and care for our licensees, applicants, and the public by being committed to public protection, superior service, excellence, and continuous improvement.

Vision

The Board is dedicated to public protection while encouraging industry development. The Board believes that leading with a vision and making sound decisions results in quality outcomes and successful operations.

Board Member	Residence	Occupation	Reappointment
Laurie Boggess	Minnetonka	Cosmetologist Professional	July 1, 2009
Kurt Deile	Andover	Attorney Public	July 1, 2009
Mary Finnegan	Aitkin	Esthetician Professional	July 1, 2009
Robert Salmonson	Rice	Cosmetologist Professional	July 1, 2009

Board Staff

Gina Stauss Fast, Executive Director

Rebecca Gaspard, Compliance and Inspection Division Manager

Billi Jo Rygg, Licensing Division Manager

Diane Anderson, Inspector

James Dubois, Licensing Specialist

Claudia Ettesvold, Licensing Specialist

Christine Goanue, Licensing and

Complaint Specialist

Raeoun Jacobson, Inspector

Lene Kiser (Jensen), Compliance Specialist

Nancy Mayberry, Receptionist

Maggie Meyer, Student Worker

Sheila Peters, Licensing Specialist

Frank Weiland, Inspector

University Park Plaza Building

2829 University Avenue Southeast, Suite 710

Minneapolis, MN 55414

Office telephone: 651-201-2742 Office Fax: 612-617-2601

Board e-mail: bce.board@state.mn.us

Board website: <http://www.bceboard.state.mn.us>



Letter from the Executive Director

The Board of Cosmetologist Examiners' core mission is to constantly strive to serve and care for our licensees, applicants and the public by being committed to public protection, superior service, excellence, and continuous improvement. Minnesota Statutes 155A.20-155A.35 provides the legislative authority for the Board of Cosmetologist Examiners to regulate cosmetology practice in the State of Minnesota for the purpose of health and safety of the public.

To accomplish the Board's mission, the BCE office is being divided internally into four divisions. The divisions are as follows: 1) Licensing Division, 2) Inspection Division, 3) Compliance Division, and 4) Administrative Division. As the Board has continued to grow, it has been important to have staff specialize in their respective area in order to provide optimal, efficient, and excellent service.

The BCE has had a busy last few years, in particular since July of 2009 when it became its own Board by the legislative separation of the Board of Barber and Cosmetologist Examiners.

The most significant change for the Board in recent time is the alteration of the expiration dates of all licenses. This alteration will create a rolling renewal cycle to renew licenses throughout the year. Further, the application and renewal application process is designed to verify the credentials and experience required to obtain the license applied for and to process all licenses within 15 business days or less. In order to accommodate the licensing changes and continued growth of the profession, the BCE has had the ability to add more staff. The growth is great news as we want to be able to provide better services to our licensees, applicants and the public.

The Inspection and Compliance Division has also grown to include three full-time inspectors and two Compliance Specialists. Inspections have been redesigned to be an educational experience to ensure compliance with licensure, sanitation, and disinfection standards. The BCE has also distributed a "Scrub the Tubs" pedicure guide for licensees and the public in both English and Vietnamese. We continue to publish resources for both the public and licensees to promote salon safety.

The BCE also takes every advantage to maximize the use of technology to create more public awareness, protection, and streamlined service to our licensees and the public. All license applications and renewals are available online, with our most popular applications available as enterable applications. Further, the Board has an online license lookup site that is in real-time and can be accessed 24 hours a day to verify license holders. The BCE also displays final enforcement action orders online and will soon be placing inspection reports online as well. Lastly, the BCE offers licensees the ability to renew their license online, creating a location where they can renew their license 24 hours a day.

The Minnesota Board of Cosmetologist Examiners is dedicated to public protection while encouraging industry development. The Board believes that leading with a vision and making sound decisions results in quality outcomes and succession operations.

The Board has five meetings set for 2011 and encourage the public and licensees to attend as these meetings are very informative and open to the public. I encourage all licensees and applicants to go online to www.bceboard.state.mn.us to get the most up to date information and check out the latest version of The Cut, the BCE newsletters.

Warm Wishes,
Gina Stauss Fast, JD, Executive Director
Minnesota Board of Cosmetologist Examiners

CREDENTIALS

Previous Years	Type of License	Number of persons licensed	Percent Renewed Online
7/1/2009-6/30/2010 Most Recent Year	Operator Licenses	18,100	
	Manager Licenses	15,840	
	Instructor Licenses	460	
	Salon Licenses	5,200	
	School Licenses	51	
	Other Licenses	500	
	Totals	46,741	33%
7/1/2008-6/30/2009 (Renewals only)	Operator	6,462	
	Manager	5,529	
	Instructor	177	
	Salon	2,013	
	School	9	
	Total	14,190	13%
7/1/2007-6/30/2008 (Renewals only)	Operator	5,197	
	Manager	5,230	
	Instructor	119	
	Salon	2,114	
	School	15	
	Total	12,675	

Major Board Functions

Licensing Division – Responsible for credentialing over 14 different license types to ensure each applicant has met the requisite education and competence required to practice cosmetology or to operate a cosmetology salon or school.

- Set cosmetology licensure requirements through the rules process.
- Review individual applicant/licensee documentation to determine if they have completed the appropriate requirements for the license type they are obtaining.
- Review and approve continuing education provider applications and programs.
- Review academic programs to determine if they meet requirements to prepare students for cosmetology careers.

Inspection Division – Responsible to inspect all licensed salons and schools in the state to ensure public safety is met and salons are demonstrating sanitation and disinfection practices that adhere to statutes and rules regulation as well as practice standards.

- Inspect all salons located in the state of Minnesota to ensure compliance with all state statutes and rules relating to delivery of cosmetology services to the public.
- Inspect all individuals working in salons in the state of Minnesota to ensure compliance with the state statutes and rules relating to cosmetology and proper licensure.
- Inspect all cosmetology schools located in the state of Minnesota to ensure compliance with all state statutes and rules relating the education of future cosmetologist.

Compliance Division – Responsible to investigate complaints and take action against cosmetologist, salons, or schools that violate laws and rules the Board is empowered to enforce.

- Accept complaints and reports from the public.
- Determining whether the complaint is properly submitted and if the Board has jurisdiction, and if so, what type of action is needed.
- Refer inquires and complaints to inspectors, investigators, complaint committees, and other agencies, if necessary.
- Respond to complainants and agency reports by informing the complainants of action taken to resolve their complaints, while observing provisions of the data practices act regarding the legal status of data obtained during the course of an investigation and disciplinary proceedings.

Administrative Division – Responsible to organize and manage the other three divisions to work in harmony to accomplish the goals, mission, and vision of the Board in order to protect the health and safety of the public.

- Provide information to the public and applicants concerning requirements for licensure including an online license look-up system.
- Improve the practice of cosmetology by providing information to licensees to prevent inappropriate practice.

Board Meetings

12 Board Meetings during Biennium. Each Board meeting is approximately 4 hours.

14 Complaint Meetings during Biennium. Each Complaint meeting is approximately 6 hours.

COMPLAINTS

Year	Type of Complaint	Complaints Received	Complaints Closed	Cases Left Open
2010 Most Recent Year	Total	107	63	44
	Public Safety Related	79		
	Jurisdictional	95		
2009	Total	55	25	30
	Public Safety Related	39		
	Jurisdictional	47		
2008	Cosmetology and Barber Complaints Combined	54	15	19
2007	Cosmetology and Barber Complaints Combined	48	39	9
2006	Cosmetology and Barber Complaints Combined	36		

RECEIPTS AND DISBURSMENTS

Year	Receipts	Disbursements
FY 2010	\$1,376,099	\$691,000
FY 2009	\$1,284,558	\$561,000
FY 2008	\$1,244,450	\$524,000
FY 2007	\$1,190,030	\$569,000
FY 2006	\$1,242,459	\$409,645

FEE INFORMATION

Fee	Amount
Initial Operator	\$130
Operator Renewal	\$75
Initial Salon Manager	\$160
Manager Renewal	\$105
Initial Instructor	\$160
Instructor Renewal	\$105
Initial School Manager	\$160
School Manager Renewal	\$105
Salon License	\$230
Salon Renewal	\$150
School License	\$2,500
Salon Renewal	\$2,000
Certificate of Identification	\$20.00
Hair Braiding Registration	\$20.00

“The Mission of the Minnesota Board of Dentistry is to ensure that Minnesota citizens receive quality dental health care from competent dental health care professionals.”

Board Members

- Neal Benjamin, DDS, Lino Lakes, MN, Dentist
(Term Exp: 2013)
- Kristin Heebner, JD, Minneapolis, MN, Public Member
(Term Exp: 2011)
- Nancy Kearns, DH Wyoming, MN, Dental Hygienist
(Term Exp: 2013)
- David A. Linde, DDS, Prior Lake, MN, Dentist
(Term Exp: 2012)
- Candace A. Mensing, DDS, Rochester, MN, Dentist
(Term Exp: 2014)
- Allen Rasmussen, International Falls, MN, Public Member
(Term Exp: 2012)
- Freeman Rosenblum, DDS, Burnsville, MN, Dentist
(Term Exp: 2011)
- Joan A. Sheppard, DDS, Bloomington, MN, Dentist
(Term Exp: 2011)
- Teri M. Youngdahl, DA, Elk River, MN, Licensed Dental Assistant
(Term Exp: 2014)

Board Staff

- Judith Bonnell, Complaint Analyst
- Deborah Endly, Compliance Officer
- Sheryl Herrick, Office Manager
- Amy Johnson, Licensing & Professional Development Analyst
- Kathy T Johnson, Legal Analyst
- Linda A Johnson, Administrative Assistant
- Paul Kukla, Dental Consultant
- Mary Liesch, Director of Complaints & Compliance
- Joyce Nelson, Licensing Administrator
- Marshall Shragg, Executive Director
- Cynthia Thompson, Administrative Assistant

Minnesota Board of Dentistry
University Park Plaza Building
2829 University Avenue Southeast, Suite 450
Minneapolis, MN 55414-3246
Office telephone: 612-617-2250 Office Fax: 612-617-2260
Office e-mail: dental.board@state.mn.us
Board Website: <http://www.dentalboard.state.mn.us>



Letter from the Executive Director

The Board of Dentistry's mission is "to ensure that Minnesota citizens receive quality dental care from competent dental health care professionals." The Board accomplishes its mission through services that include: establishing the educational and examination and other qualification standards for **initial licensure** as dentists, dental hygienists, dental therapists, and dental assistants; determining requirements for **license renewal**, such as professional development (continuing education); accepting, investigating, and **resolving complaints** regarding licensed dental professionals; tracking **compliance** of those licensees who are under corrective or disciplinary action of the Board; registering **professional firms**; disseminating **public information**; and engaging in **policy initiatives** to ensure that related statutes and rules that protect the public through regulating dental professions remain relevant.

Major activities recently engaged in by the Board of Dentistry have included:

- operationalizing the recommendations from its strategic plan, the framework for providing improved services to the public and to licensees
- maintaining a comprehensive web site that provides on-demand public information. The web site (www.dentalboard.state.mn.us) now offers on-line renewals, license verification, address changes, and other interactive features
- contracting with Prometric to develop and administer both the Jurisprudence Exam and the State Dental Assisting Licensure Exam in secure testing facilities
- establishing program requirements for instruction of developing clinical examinations for Dental Therapists and Advanced Dental Therapists, the first such mid-level dental providers in the country
- ensuring access to dental health services for all Minnesota citizens remains an issue that the Board is exploring ways to address. The Board has been working with many government organizations, community groups and professional associations to address access from a regulatory perspective.

Marshall Shragg, Executive Director
Minnesota Board of Dentistry

CREDENTIALS

Year	Type of License	Number of New Licenses	Number of Re-newed Licenses	Online Renewals		
7/1/2009-6/30/2010	Dentist	172	3,728	2,908	78%	
	Dental Hygienist	351	4,688	3,704	79%	
	Licensed Dental Assistant	628	6,480	4,536	70%	
	Full Faculty Dentist	4	21	N/A		
	Limited Faculty Dentist	1	12			
	Guest Dentist	11	40			
	Guest Dental Assist	2	7			
	Limited General Dentist	2	0			
	Resident Dentist	40	81			
	Specialty Dentist	5	21			
	Limited Registration	0	4			
	TOTAL: 19,417	1,216	15,082			11,148
7/1/2008-6/30/2009	Dentist	226	3,716			2,787
	Dental Hygienist	454	4,550	3,413	75%	
	Licensed Dental Assistant	679	6,367	4,202	66%	
	Full Faculty Dentist	4	19	N/A	N/A	
	Limited Faculty Dentist	1	14	N/A	N/A	
	TOTAL: 16,117	1,412	14,807	10,402	10,402	

Year	Type of License	Number of New Licenses	Number of Re-newed Licenses	Online Renewals	
7/1/2007-6/30/2008	Dentist	280	3,726	2,645 (71%)	
	Dental Hygienist	493	4,496	3,147 (70%)	
	Licensed Dental Assistant	759	6,330	3,925 (62%)	
	Full Faculty Dentist	6	16	N/A	
	Limited Faculty Dentist	7	12	N/A	
	TOTAL: 15,791	1,609	14,714	9,717	66%
7/1/2006-6/30/2007	Dentist	322	2,874		
	Dental Hygienist	468	3,467		
	Licensed Dental Assistant	771	4,790		
	Full Faculty Dentist	12	9	N/A	
	Limited Faculty Dentist	9	11	N/A	
	TOTAL: 15,651	1,662	11,275	7,068	63%
7/1/2005-6/30/2006	Dentist	303	4,692	891 (19%)	
	Dental Hygienist	453	5,479	986 (18%)	
	Licensed Dental Assistant	800	7,943	1,191 (15%)	
	Full Faculty Dentist	9	17	N/A	
	Limited Faculty Dentist	9	11	N/A	
	TOTAL: 15,384	1,656	18,276	3,068	17%

COMPLAINTS

Action Taken on Complaint	FY 06	FY 07	FY 08	FY 09	FY 10
Revocation	0	0	1	0	0
Voluntary surrender	5	6	2	6	3
Suspension with or without stay	2	2	12	5	1
Restricted /limited /conditional license	5	3	1	10	12
<i>Civil penalties*</i>	2	1	2	3	2
Reprimand	0	0		3	1
Agreement for corrective action	31	18	23	16	33
<i>Referral to HPSP *</i>	13	16	26	10	14
Dismissal or closure	177	259	197	206	315
Other	27	2	0	0	0

Year	Complaint Type	Number of Complaints	Complaints Closed	Complaints Left Open
Current Fiscal Year 7/1/2009-6/30/2010	Competency	121		
	Licensure	13		
	Prescription or drugs	11		
	Sexual misconduct	4		
	Auxiliary misuse	10		
	Sanitary/safety	3		
	Advertising	5		
	Unprofessional conduct	62		
	Fraud	13		
	Other	8		
	TOTAL FY10	250		
7/1/2008- 6/30/2009	Competency	125		
	Licensure	12		
	Prescription or drugs	19		
	Sexual misconduct	2		
	Auxiliary misuse	8		
	Sanitary/safety	3		
	Advertising	3		
	Unprofessional conduct	53		
	Fraud	6		
	Other	20		
	TOTAL FY09	251		

Year	Complaint Type	Number of Complaints	Complaints Closed	Complaints Left Open
7/1/2007-6/30/2008	Competency	90	225	139
	Licensure	19		
	Prescription or drugs	13		
	Sexual misconduct	0		
	Auxiliary misuse	7		
	Sanitary/safety	5		
	Advertising	16		
	Unprofessional conduct	55		
	Fraud	11		
	Other	16		
	TOTAL FY08	232		
7/1/2006-6/30/2007	Competency	87	290	120
	Licensure	20		
	Prescription or drugs	14		
	Sexual misconduct	1		
	Auxiliary misuse	5		
	Sanitary/safety	26		
	Advertising	13		
	Unprofessional conduct	68		
	Fraud	20		
	Other	12		
	TOTAL FY07	239		
7/1/2005-6/30/2006	Competency	73	247	109
	Licensure	11		
	Prescription or drugs	11		
	Sexual misconduct	0		
	Auxiliary misuse	8		
	Sanitary/safety	37		
	Advertising	9		
	Unprofessional conduct	67		
	Fraud	9		
	Other	14		
	TOTAL FY06	239		

RECEIPTS AND DISBURSMENTS

Fiscal Year	Receipts	Disbursements
FY 2010	\$ 1,414,181	\$ 1,320,187
FY 2009	\$ 1,301,642	\$ 1,545,397

FEE INFORMATION

Fee	Amount
Dentist Initial Application	\$ 140
Dentist Biennial Renewal Application*	\$ 310
Dentist Credential Application	\$ 725
Dental Hygienist Initial Application	\$55
Dental Hygienist Biennial Renewal Application	\$100
Dental Hygienist Credential Application	\$175
Licensed Dental Assistant Initial Application	\$35
Licensed Dental Assistant Biennial Renewal Application	\$70
Resident Dentist Initial Application	\$55
Resident Dentist Annual Renewal Application	\$50
Guest Licensure (DDS, DH, RDA) Initial Application	\$50
Limited Registered Dental Assistant Initial Application	\$15
Limited Registered Dental Assistant Biennial Renewal Application	\$24
Limited General Licensed Dentists Initial Application	\$140
Limited General Licensed Dentists Annual Renewal Application	\$155

* Those who failed to renew their credential by their expiration date were subject to a 25% late fee if biennial renewal or 50% late fee if an annual renewal.

BOARD OF DIETETICS AND NUTRITION PRACTICE

“The Mission of the Minnesota Board of Dietetics and Nutrition Practice is to:

- Promote public interest in receiving quality dietetic and nutrition services from competent licensed dietitians and nutritionist
- Protecting the public by ensuring that all licensed dietitians and nutritionists meet the educational and practical requirements specified in law.
- Protecting the public by setting standards for quality dietetic and nutrition service”

Board Members

Jennifer Nelson, Rochester, MN, Professional Member
(Appt Date: 2003; Reappt: 2007)

Marnie Moore, St. Paul, MN, Public Member
(Appt Date: 2004; Reappt: 2007)

Janelle Peterson, Minneapolis, MN, Professional Member
(Appt Date: 2005; Reappt: 2009)

Darlene Kvist, St. Paul, MN, Professional Member
(Appt Date: 2006; Reappt: 2009)

Carol Haggerty, St. Paul, MN, Public Member
(Appt Date: 2007; Reappt: 2009)

Stacey Millett, St. Paul, MN, Public Member,
(Appt: 2010)

Susan Parks, Mendota Heights, MN, Professional Member
(Appt: 2010)

Board Staff

Laurie Mickelson, Executive Director

Anna Hartsel, Office and Administrative Specialist

Minnesota Board of Dietetics and Nutrition

University Park Plaza Building

2829 University Avenue Southeast, Suite 555

Minneapolis, MN 55414

Office telephone: 651-201-2764 Office Fax: 651-201-2763

Office e-mail: board.dietetics-nutrition@state.mn.us

Board Website: <http://www.dieteticsnutritionboard.state.mn.us>



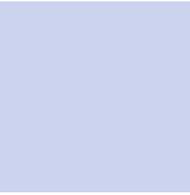
Letter from the Executive Director

The mission of the Board is public protection by striving to ensure Minnesota citizens receive quality dietetic/nutrition care from competent professionals. Public protection through licensure and regulation underlies every activity and all functions of the Board.

The Board continues collaborative efforts for online services shared between the group of seven small health licensing boards banded together to leverage limited resources. This group of small boards has worked cooperatively for 9 years to successfully develop, maintain, and advance an integrated licensing and regulatory system, web applications, and database in an extremely functional but cost effective and efficient manner.

The Board continues to provide high quality, customer focused, efficient, and cost effective services. Board members and staff are to be commended for exceptional dedication and hard work to meet the increasing demands and continue to provide service excellence.

Laurie Mickelson, Executive Director
Minnesota Board of Dietetics and Nutrition Practice

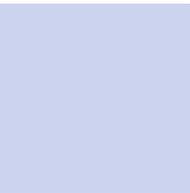


Annual license renewal fees were reduced to \$45.00 in fiscal year 2005 and have remained at that reduced amount.



During this biennium a 10% surcharge, imposed by legislation, on dietitian and nutritionist licenses and renewals for the Minnesota Office of Enterprise Technology to develop a statewide electronic licensing system was funded by the Board in FY 10 with a transfer from the special revenue fund in lieu of imposing this surcharge on the licensees.

Beginning in FY 11 the surcharge will be collected directly from applicants and licensees



The Board website (www.dieteticsnutritionboard.state.mn.us) provides ready access to Online Annual License Renewals, Online address//phone change, Online reporting of continuing education, information about the status of individual Licensees, Complaint Forms, and dietetic/nutrition Statutes and Rules.

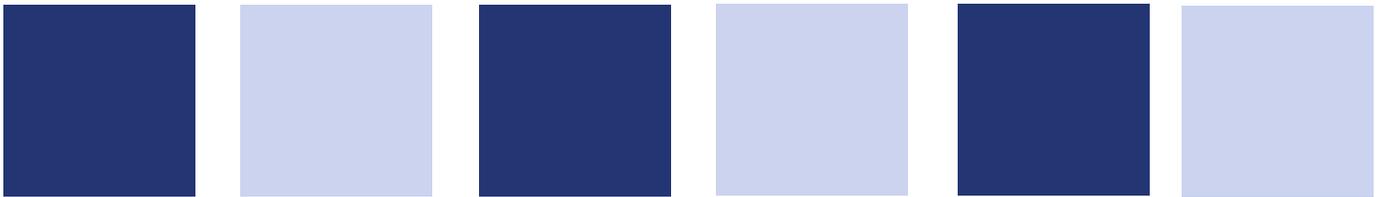
The Board staff consists of 0.8 FTE employees in the positions of Executive Director and Office Administrative Specialist.



The Board continues to be proud of creating a shared electronic licensing model with other small boards. Significant work has been completed in this biennium to create online applications with possible roll out in the next biennium.



Previous Years	Type of License	New Licenses Issued	Licenses Reinstated	Licenses Renewed	Licenses Renewed Online	
7/1/2009-6/30/2010 Most Recent Year	Dietitian	78	5	1,256		
	Nutritionist	0	1	58		
	Total: 1,378	78	6	1,314	512	38%
7/1/2008-6/30/2009	Dietitian	90	8	1,237		
	Nutritionist	0	0	58		
	Total: 1,299	90	8	1,295	457	35%
7/1/2007-6/30/2008	Dietitian	98	8	1,150		
	Nutritionist	1	0	59		
	Total: 1,295	99	8	1,209	353	29%
7/1/2006-6/30/2007	Dietitian	86	10	1,102		
	Nutritionist	1	0	59		
	Total: 1,199	87	10	1,161	232	19%
7/1/2005-6/30/2006	Dietitian	89	8	1,103		
	Nutritionist	2	0	61		
	Total: 1,205	91	8	1164		



COMPLAINTS

Year	Type of Complaint	Complaint Received	Complaints Closed
7/1/2009-6/30/2010	Unlicensed Practice	4	4
7/1/2008-6/30/2009	No Complaints Filed	0	3
7/1/2007-6/30/2008	Unlicensed Practice	2	1
	Unprofessional Conduct	1	
7/1/2006-6/30/2007	Unlicensed Practice	2	3
7/1/2005-6/30/2006	Unlicensed Practice	3	1

RECEIPTS AND DISBURSMENTS

Year	Fee Receipts	Disbursements
7/1/2009-6/30/2010	\$80,784	\$88,612
7/1/2008-6/30/2009	\$81,132	\$99,406
7/1/2007-6/30/2008	\$80,747	\$87,535
7/1/2006-6/30/2007	\$75,972	\$99,403
7/1/2005-6/30/2006	\$74,255	\$81,022

FEE INFORMATION

Fees	Amount
Dietitian Application by Petition	\$200
Dietitian Application without CDR registration	\$175
Dietitian Application with CDR Registration	\$100
Initial Dietitian License Fee	\$150
Nutritionist Application by Petition	\$200
Nutritionist Application Fee	\$175
Nutritionist Initial License Fee	\$150
Reinstatement Fee	\$92.50
Annual Renewal Fee	\$45

**All renewals are subject to OET surcharge fees whether renewed online or paper process. A late fee equal to half the renewal fee (\$22.50) will be charged for individuals who do not renew in a timely manner*

BOARD OF MARRIAGE AND FAMILY THERAPY

“The Board of Marriage and Family Therapy was established by the Minnesota Legislature in 1987 in MS 148B. The Board's mission is to protect the public through effective licensure and enforcement of the statutes and rules governing the practice of marriage and family therapists to ensure a standard of competent and ethical practice.”

Board Members

Herb Grant, Ph.D., MA, LMFT, Minneapolis, MN, Professional Member
(Appt Date: 6/29/2006; Reappt: 1/4/2010)

Mark Flaten, MS, LMFT, Golden Valley, MN, Professional Member
(Appt Date: 6/30/2008)

Sara Wright, Ph.D, LMFT, Minneapolis, MN, Professional Member
(Appt Date: 6/30/2008)

Manijeh Daneshpour, Ph.D., LMFT, St. Cloud, MN, Professional Member
(Appt Date: 7/8/2003; Reappt: 1/30/2007)

John Seymour, Ph.D., LMFT, Mankato, MN, Professional Member
(Appt Date: 6/29/2006; Reappt: 1/4/2010)

Kay Ek, St. Paul, MN, Public Member
(Appt Date: 6/29/06; Reappt Date: 1/4/2010)

Rebekah McDonald, Woodbury, MN, Public Member
(Appt Date: 4/15/09—6/30/10)

Board Staff

Jennifer Mohlenhoff, Executive Director

Nancy O'Brien, Office Manager

Minnesota Board of Marriage and Family Therapy

University Park Plaza Building

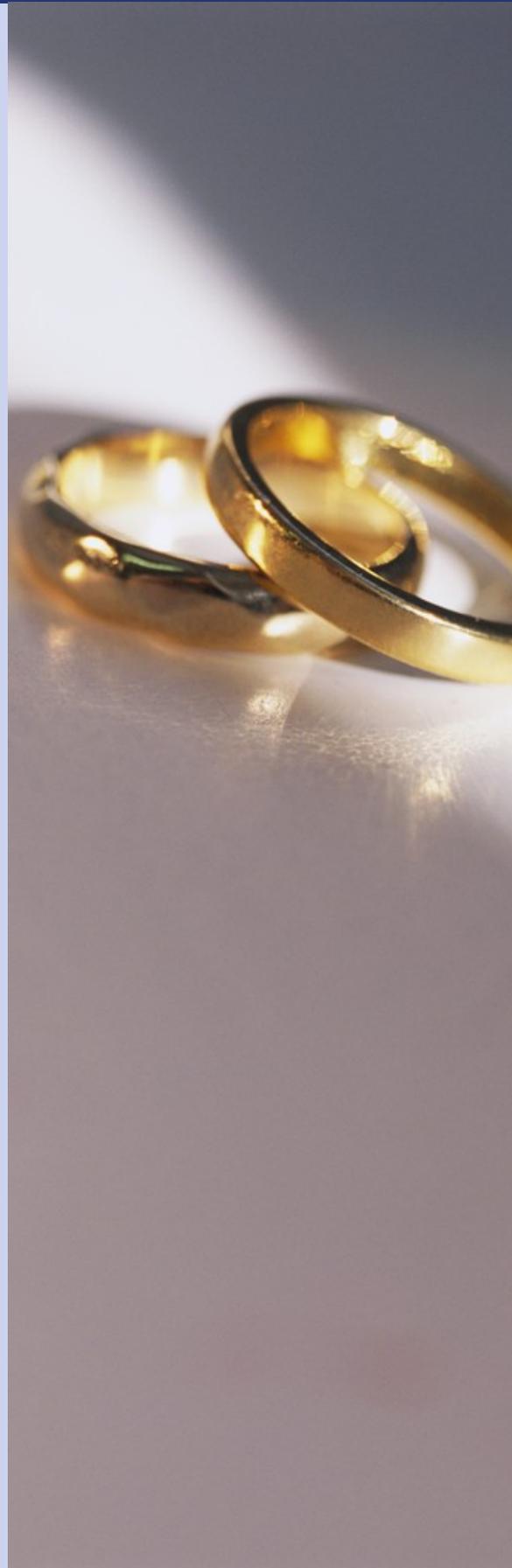
2829 University Avenue Southeast, Suite 330

Minneapolis, MN 55414

Phone: 612-617-2220

Office email: mft.board@state.mn.us

Board Website: <http://www.bmft.state.mn.us>



Letter from the Executive Director

The Board of Marriage and Family Therapy's mission is to protect the public through effective licensure and enforcement of the statutes and rules governing the practice of marriage and family therapists to ensure a standard of competent and ethical practice. The Board fulfills its mission through provision of the following services:

- Issuance of initial license and renewal of licenses for qualified professionals.
- Respond to public and agency inquiries, complaints, and reports regarding licensure and conduct of applicants and licensees.
- Take disciplinary or corrective action against an applicant or licensee for misconduct.
- Set standards of practice and professional conduct for licensees.
- Set educational standards for initial licensure and continuing education requirements for maintaining licensure.
- Review applicant's education and training to determine compliance with the board's licensure requirements.
- Provide information about licensure requirements and standards of practice to citizens and other interested persons or agencies.

In the past biennium, the Board continued to handle a growing number of licensure applications and now reviews and processes over 200 licensure applications per year. With this growth, come additional service requirements in the areas of complaint review and investigation, continuing education course approval, and post-graduate supervision oversight. As the number of marriage and family therapy graduate programs continues to increase, the Board must ensure these graduate programs meet the educational standards set forth in statute.

The Board continues to focus on effective utilization of technology. Online renewal for LMFT licenses was instituted in November 2004 and is now used by nearly 75% of licensees. All application, continuing education and complaint forms are available on the Board's website. Online license verification became available in 2009, allowing citizens to verify licensure status of all LMFTs and LAMFTs in Minnesota. The Board collaborates with seven small health licensing boards to develop and maintain its licensing system, database, and web applications. This collaboration allows the Board to maximize its technology output in a cost-effective manner.

The Board is proceeding with a major rule revision set for completion in 2011. The proposed new rules will update and clarify education requirements, post-graduate supervision and supervisor responsibilities and Board licensing standards.

Board members continue to show great dedication to maintaining the high level of training and professionalism denoted by Minnesota MFTs. Board staff continue to provide customer-focused and cost-effective services. Should the growth in the industry and license applications continue to increase, staffing levels will need to be adjusted to better meet growing demand and fulfill the Board's statutory responsibilities.

Jennifer Mohlenhoff, Executive Director
Minnesota Board of Marriage and Family Therapy

CREDENTIALS

Year	Type of License	New Licenses Issued	Credentials Renewed	Online Renewals	
7/1/2008-6/30/2010	LMFT	252	2,274	1,689	74%
	LAMFT	186	388		
	Total licenses:	1,675			
7/1/2006-6/30/2008	LMFT	215	1,930	1,223	63%
	LAMFT	212	336		
	Total licenses:	1,301			
7/1/2004-6/30/206	LMFT	207	1,640	786	48%
	LAMFT	191	252		
	Total licenses:	1,145			
7/1/2002-6/30/2004	LMFT	123	1,441		
	LAMFT	98	221		
	Total licenses:	957			
7/1/2000-6/30/2002	LMFT	101	1,282		
	LAMFT	162	77		
	Total licenses:	866			

- The Board of Marriage and Family Therapy issues two primary licenses: Licensed Marriage and Family Therapy (LMFT) and Licensed Associate Marriage and Family Therapy (LAMFT). The LAMFT license was instituted in 2000.
- License applications continue to increase, with the Board issuing over 200 licenses per year. Board staffing remains unchanged at one full-time office manager and a part-time (.6) director.
- Minnesota continues to have the highest number of applicants annually take the national MFT licensure exam; 48 states require passage of the national exam for licensure.
- Online license renewal for LMFTs was instituted November 1, 2004.
- Online license verification was made available during the past biennium.

COMPLAINTS

Year	Complaint Type	Complaints Received	Complaints Closed	Cases Left Open
7/1/2008-6/30/2010	Total	68	50	53
7/1/2006-6/30/2008	Violation of confidentiality	14		
	Lack of professional competence	9		
	Physical contact with client, supervisee or student	6		
	Other dual relationship	31		
	Total	60	44	60
7/1/2004-6/30/2006	Violation if confidentiality	12		
	Lack of professional competence	22		
	Physical contact with client, supervisee or student	3		
	Other dual relationship	9		
	Total	46	37	22
7/1/2002-6/30/2004	Violation if confidentiality	6		
	Lack of professional competence	17		
	Physical contact with client, supervisee or student	3		
	Other dual relationship	10		
	Total	36	26	23
7/1/2000-6/30/2002	Violation if confidentiality	6		
	Lack of professional competence	17		
	Physical contact with client, supervisee or student	1		
	Other dual relationship	10		
	Total	34	23	20

RECEIPTS AND DISBURSEMENTS

Fiscal Year	Receipts	Disbursements
2010	\$515,954	\$278,433
2008	\$458,510	\$249,149
2006	\$388,992	\$237,829
2004	\$324,440	\$223,590
2002	\$265,271	\$205,819

FEES

Item	Fee
Application for written examination	\$220
Application for licensure (LMFT)	\$110
Annual renewal (LMFT)	\$125
Application for licensure (LAMFT)	\$75
Annual renewal (LAMFT)	\$75
Licensure by reciprocity	\$340
CE sponsor program approval	\$60

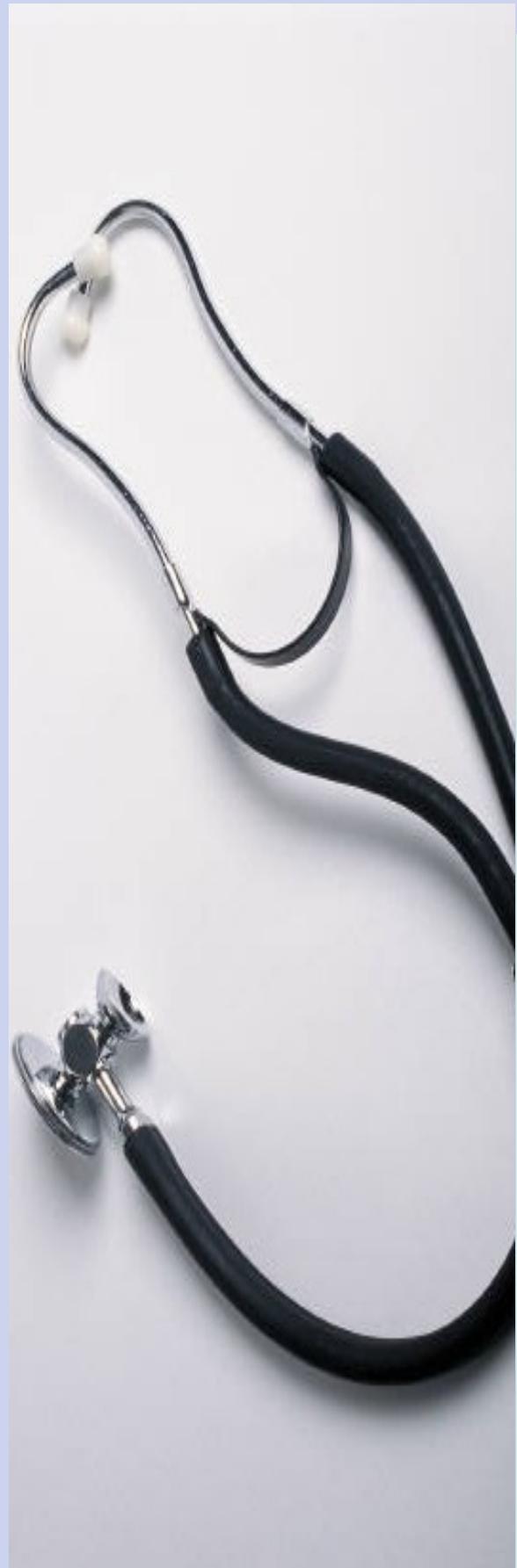
- Licensure fees were last increased effective FY2002.

BOARD OF MEDICAL PRACTICE

“The board's mission is to protect the public by extending the privilege to practice to qualified applicants, and investigating complaints relating to the competency or behavior of individual licensees or registrants.”

Board Members

- Alfred Anderson, MD, DC, Prior Lake, MN, Professional Member
(Appt Date: 09/03; Reappt Date: 04/07)
- Keith Berge, MD, Rochester, MN, Professional Member
(Appt Date: 09/08)
- Debbie Boe, Chaska, MN, Public Member
(Appt Date: 03/10)
- Robert Brown, PhD, Roseville, MN, Public Member
(Appt Date: 07/06)
- Mark Eggen, MD, Shoreview, MN, Professional Member
(Appt Date: 04/09)
- V. John Ella, JD, Robbinsdale, MN, Public Member
(Appt Date: 03/10)
- Sarah Evenson, JD, MBA, Plymouth, MN, Public Member
(Appt Date: 03/10)
- Jack Geller, Ph.D, Mankato, MN, Public Member
(Appt date: 07/06)
- Rebecca Hafner-Fogarty, MD, MBA, Avon, MN, Professional Member
(Appt Date: 03/04; Reappt: 6/06)
- Subbarao Inampudi, MD, Minnetonka, MN, Professional Member
(Appt Date: 04/09)
- Bradley S. Johnson, MD, Woodbury, MN, Professional Member
(Appt Date: 03/04)
- Kelli Johnson, MBA, St Paul, Public Member
(Appt: 08/08)
- Ernest Lampe, II, MD, Mankato, MN, Professional Member
(Appt: 03/04; Reappt: 08/08)
- James Langland, MD, Thief River Falls, MN, Professional Member
(Appt: 04/07)
- Tammy McGee, MBA, Maple Grove, MN, Public Member
(Appt: 04/07)
- James Mona, DO, Hutchinson, MN, Professional Member
(Appt: 07/03; Reappt: 04/07)
- Gregory Snyder, MD, Minnetrista, MN, Professional Member
(Appt: 06/06; Reappt: 03/10)
- Jon Thomas, MD, MBA, Vadnais Heights, MN, Professional Member
(Appt: 04/05; Reappt: 3/9/10)
- Tracy Tomac, MD, Duluth, MN, Professional Member
(Appt: 04/09)
- Linda Lee Van Etta, MD, Duluth, MN, Professional Member
(Appt 02/01; Reappt: 04/05)



Letter from the Executive Director

In 2008, the Minnesota Board of Medical Practice culminated 1 ½ years effort by adopting a new strategic plan. I am proud to report that in this biennium, we were able to achieve a number of goals which were set forth in that plan.

Over the past two years, we have increased the training and educational opportunities for board members and board staff. We have provided educational outreach for the practicing clinician in the area of the use of Opioids in the treatment of chronic pain. We generated surveys for both credentialed professionals who had been subjects of complaints and disciplinary actions as well as for members of the public who filed complaints with our office. These surveys provided valuable feedback on the kind of job we were doing from both perspectives.

I am also proud to report that we were once again successful in having two of our board members elected to office with the Federation of State Medical Boards, the national organization of state medical regulatory agencies. In addition, another board member was appointed to serve on the Federation of State Medical Boards Foundation. These elections and appointments continue a long history of leadership at the national level for our board.

The Board's Taskforce on Continuing Competency and Maintenance of Licensure continued its work to achieve a proactive approach to medical regulation. The Taskforce issued its report on the future of continuing competency in Minnesota written by Taskforce Chair Dr. Linda Van Etta, M.D., F.A.C.P. The Taskforce findings were presented at the Federation of State Medical Boards' Annual Meeting in Chicago, Illinois in April 2009. The Taskforce will continue in its efforts to find ways to ensure physician competency and public protection as a compliment to the historical reactive approach of complaint review and discipline.

Robert A. Leach, J.D., Executive Director
Minnesota Board of Medical Practice

Staff Members

David Anderson, Network Administrator
Richard Auld, Assistant Director
Wendy Boswell, Licensure Specialist
Vicki Chelgren, Licensure Specialist
Mark Chu, Database Administrator
Barb Dressel, Receptionist
Mary Erickson, Senior Medical Regulation Analyst
Pat Hayes, Licensure Coordinator
Jeanne Hoffman, Licensure Supervisor
Polly Hoye, Legal Analyst
Elizabeth Huntley, Senior Medical Regulations Analyst
Hilary Huntley, Student Worker

Lois Kauppila, Office Manager
Cheryl Kohanek, ED Administrative Assistant
Rob Leach, Executive Director
Maura LeClair, CRU Assistant
Paul Luecke, Licensure Specialist
Bill Marczewski, Medical Regulations Analyst
Ruth Martinez, Complaint Review Unit Supervisor
Debbie Milla, Accounting Officer
Helen Patrikus, Medical Regulations Analyst
Rachel Prokop, Licensure Specialist
Karen Stuart, CRU Assistant
Tony Wijesinha, Medical Regulations Analyst

Minnesota Board of Medical Practice
University Park Plaza Building
2829 University Avenue Southeast, Suite 500
Minneapolis, MN 55414
Telephone: 612-617-2130

Office e-mail: medical.board@state.mn.us
Board Website: www.medical.board@state.mn.us

CREDENTIALS

Year	Type of License	New Licenses Issued	Credentials Renewed	Credentials Renewed Online
7/6/2008- 6/30/2010 Most Recent Year	Acupuncturist	95	796	623 (83.23%)
	Athletic Trainer	134	1,288	993 (81.33%)
	Traditional Midwife	3	27	N/A
	Naturopathic Doctor	21	21	N/A
	Physician Assistant	321	2,862	2,553 (94.5%)
	Physician and Surgeon	2,233	38,882	34,559 (91.51%)
	Respiratory Therapist	202	3,454	2,768 (82.55%)
	Telemedicine	165	533	201 (44.62%)
	Resident Permit	1,630	1,630	N/A
	Totals: 55,427	5,958	49,469	41,697 (84.28%)

Year	Type	Newly Issued	Active Licensed/ Renewed	Online Renewals	
7/1/2006-6/30/2008	Acupuncturist	81	667	507	76.01%
	Athletic Trainer	156	1,189	828	69.64%
	Traditional Midwife	2	29	N/A	N/A
	Physician Assistant	303	2,359	2,023	85.76%
	Physician and Surgeon	2,293	37,062	30,377	81.96%
	Respiratory Therapist	244	3,291	2,768	84.11%
	Telemedicine	103	414	N/A	N/A
	Resident Permit	1,676	0	N/A	N/A
	Total: 49,869	4,858	45,011	36,503	81.01%
7/1/2004-6/30/2006	Acupuncturist	80	560	411	79.04%
	Athletic Trainer	140	1,059	703	71.08%
	Traditional Midwife	7	25	N/A	N/A
	Physician Assistant	243	1,929	1,536	84.98%
	Physician and Surgeon	1,969	35,362	22,970	66.82%
	Respiratory Therapist	217	3,079	2,371	79.82%
	Telemedicine	102	299	N/A	N/A
	Resident Permit	1,618	0	N/A	N/A
	Total: 46,689	4,376	42,313	27,991	66.15%
7/1/2002-6/30/2004	Acupuncturist	70	401	N/A	N/A
	Athletic Trainer	137	857	N/A	N/A
	Traditional Midwife	1	15	N/A	N/A
	Physician Assistant	169	1555	N/A	N/A
	Physician and Surgeon	2,113	33,864	N/A	N/A
	Respiratory Therapist	169	2,738	N/A	N/A
	Telemedicine	86	135	N/A	N/A
	Resident Permit	1,451	N/A	N/A	N/A
	Total: 43,761	4,196	39,565	N/A	N/A
7/1/2000-6/30/2002	Acupuncturist	65	332	N/A	N/A
	Athletic Trainer	130	818	N/A	N/A
	Traditional Midwife	7	18	N/A	N/A
	Physician Assistant	198	1,346	N/A	N/A
	Physician and Surgeon	2,151	32,305	N/A	N/A
	Respiratory Therapist	205	3,454	N/A	N/A
	Resident Permit	1,452	N/A	N/A	N/A
	Total: 42,481	4,208	38,273	N/A	N/A

COMPLAINTS

Year	Type of Complaint	Complaints Received	Complaints Closed
Most recent Biennium: 7/1/2008-6/30/2010	Actions by another jurisdiction	100	
	Incompetency/Unethical Conduct	1415	
	Unprofessional Conduct	1233	
	Illness	162	
	Non-Jurisdictional	42	
	Medical Records	253	
	Becoming Addicted	79	
	Prescribing	662	
	Sexual Misconduct	73	
	Miscellaneous	324	
	Total	1707	

Year	Type of Complaint	Complaints Received	Complaints Closed
7/1/2006-6/30/2008	Actions by another jurisdiction	67	
	Incompetency/Unethical Conduct	1461	
	Unprofessional Conduct	1432	
	Illness	145	
	Non-Jurisdictional	39	
	Medical Records	212	
	Becoming Addicted	67	
	Prescribing	568	
	Sexual Misconduct	82	
	Miscellaneous	381	
	Total	1691	
7/1/2004-6/30/2006	Actions by another jurisdiction	68	
	Incompetency/Unethical Conduct	1407	
	Unprofessional Conduct	1291	
	Illness	117	
	Non-Jurisdictional	44	
	Medical Records	161	
	Becoming Addicted	57	
	Prescribing	376	
	Sexual Misconduct	67	
	Miscellaneous	443	
	Total	1550	
7/1/2002-6/30/2004	Actions by another jurisdiction	68	
	Incompetency/Unethical Conduct	1260	
	Unprofessional Conduct	1320	
	Illness	154	
	Non-Jurisdictional	22	
	Medical Records	111	
	Becoming Addicted	32	
	Prescribing	181	
	Sexual Misconduct	83	
	Miscellaneous	407	
	Total	1831	
7/1/2000-6/30/2002	Actions by another jurisdiction	48	
	Incompetency/Unethical Conduct	488	
	Unprofessional Conduct	1088	
	Illness	121	
	Non-Jurisdictional	50	
	Medical Records	123	
	Becoming Addicted	21	
	Prescribing	191	
	Sexual Misconduct	85	
	Miscellaneous	328	
	Total	1610	

FEES AND DISBURSEMENTS*

Fiscal Year	Receipts	Disbursements
2010	\$9,335,076	\$7,770,120
2008	\$9,084,669	\$7,310,960
2006	\$8,687,292	\$7,545,914
2004	\$8,323,026	\$8,307,901
2002	\$7,976,400	\$6,202,554

*See Appendix for complete fee list

“The mission of the Minnesota Board of Nursing is to protect the public’s health and safety by providing reasonable assurance that the people who practice nursing are competent, ethical practitioners with the necessary knowledge and skills appropriate to their title and role.”

Board Members

- Jessie Daniels, Professional Member
(Appt Date: 4/22/2001; Reappt Date: 6/21/2005)
- Jacqueline Dickie, Professional Member
(Appt Date: 7/8/2008, Resigned 1/16/2009)
- Marcia Farinacci, Public Member
(Appt Date: 6/21/05; Reappt Date: 8/31/2009)
- Kathleen Haberman, Professional Member
(Appt Date: 1/30/06; Reappt Date: 7/8/2008)
- Michelle Harker, Public Member
(Appt Date: 7/2/2007)
- Bradley Haugen, Professional Member
(Appt Date: 7/2/2007)
- Doris Hill, Professional Member
(Appt Date: 7/8/2003; Reappt Date: 7/2/2007)
- Sandra Johnson, Professional Member
(Appt Date: 5/5/2004-7/7/2008)
- Kimberly Keilholtz, Public Member
(Appt Date: 1/18/2002; Reappt Date: 7/6/2006)
- Gregory Langason, Professional Member
(Appt Date: 7/8/2003; Reappt Date: 7/2/2007)
- Lynne Linden, Professional Member
(Appt Date: 7/8/2008)
- Kristina Malone, Professional Member
(Appt Date: 4/22/2001; Reappt Date: 6/21/2005)
- Linda Matson, Professional Member
(Appt Date: 5/5/2004—7/7/2008)
- Glenda Moyers, Professional Member
(Appt Date: 10/22/2001; Reappt Date: 7/6/2006)
- Marybeth O’Neil, Professional Member
(Appt Date: 5/5/2004—7/7/2008)
- James Peterson, Public Member
(Appt Dat: 7/8/2008)
- Darin Prescott, Professional Member
(Appt Date: 6/21/2005)
- Maria Raines, Professional Member
(Appt Date: 7/8/2008)
- Karen Trettel, Professional Member
(Appt Date: 1/18/2002; Reappt Date: 7/6/2006)



Letter from the Executive Director

The Board's mission is to protect the public's health and safety by providing reasonable assurance that the persons who practice nursing in Minnesota are competent, ethical practitioners with the necessary knowledge and skills appropriate to their title and role. Minnesota Statutes sections 148.171-148.285 provide the Board of Nursing with authority to regulate nursing practice for the purpose of public protection.

To accomplish this mission, the Board conducts business through four major service areas: credentialing, education, discipline/complaint resolution and nursing practice. However, there has been a significant increased demand for aggregate and individual licensure and disciplinary data for purposes of emergency preparedness planning, workforce planning, shifting demographics, and increased demand for nursing services. Licensure and disciplinary data must be reported to several national and federal data banks. Thus, data services are quickly becoming an important service area.

The Board has committed to its obligation of public protection by developing and implementing the following strategic initiatives:

- Assuring an ethical and competent nursing workforce through comprehensive credentials review and provision of a legally defensible nurse licensure examination.
- Establishing and conducting a complaint investigation process that is expedient, just and commensurate with the risk to public safety.
- Upholding standards for nursing education approval through consultation and survey.
- Interfacing with state, national and federal agencies, information systems and national nurse and regulatory organizations to analyze, utilize and disseminate data for evidence informed regulatory decisions.
- Collaborating in statewide initiatives on nursing practice, education, and patient safety.

Investigating and resolving complaints against nurses who violate the law or risk harm to patients continues to utilize the majority of fiscal and human resources. Nearly 3,000 complaints were processed in the FY2009-2010 biennium. Approximately half of the complaints are related to substance use disorders and diversion of narcotics, as well as abuse of prescription drugs. An increased number of imposters and fraud requires greater scrutiny to process applications for licensure. The Board collaborates with organizations which facilitate licensure of non-US educated nurses and other enforcement agencies. A Board Task Force recommended that the Board seek legislative authority to require federal criminal background checks for licensure.

Nurse licenses are issued within 24 hours of receipt of all evidence of requirements. In June 2010, the Board met the challenge of assuring the public of an adequate nurse workforce pending a strike of over 12,000 metro area hospital nurses by processing over 5,000 applications for licensure by endorsement in approximately six weeks. This compared to an annual average of about 1,800 applications. The Board approved five new nursing education programs in FY 2009-2010, which also serves to increase the nurse workforce in Minnesota.

The Board strives for excellence in regulation and to improve efficiencies. Benchmarks were established to reduce complaint resolution cycle time by 10% and reduce open cases by 20%. Both goals have been exceeded. A Task Force was convened to review the nursing education program approval rules and has recommended a major revision of the rules to assure currency and clarity and to address the appropriate public protection role of the Board. The Board conducted or partnered in three peer-review funded research projects related to transition to practice, RN delegation in long term care, and comparison of traditional and non-traditional nursing education programs. These research efforts provide evidence for informed regulatory decisions.

Letter from the Executive Director (Continued)

Maximizing technology to assure public safety is a sincere effort of the Board. Today, virtually all licensure services are available on-line, and approximately 90% of all license transactions are conducted online. Board disciplinary action data is available on the Board website within 24 hours. Verification of licensure is available 24x7. Employers receive reports on the up to date license status of their nurse employees through an automatic verification service. Thus, the public and employers are assured of a nurse's authority to practice and public protection is enhanced.

The Minnesota Board of Nursing is committed to public protection through proactive leadership in patient safety, evidence-informed regulation, congruence of education, practice and regulation for all levels of nursing practice, dissemination of data, and efficient, customer-centric delivery of services.

Shirley Brekken, Executive Director
Minnesota Board of Nursing

Staff Members

Susan Barr	Ann Jones
Susan Bennett	Eileen Kapaun
Kay Buchanan	Roselynn Kowalczyk
Mee Chang	Sue LaMotte
Joy Christensen	Carrie Larson
Rene Cronquist	Pattie Maguire
Barbara Damchik-Dykes	Sheryl Meyer
Rebecca Elmasry	Kimberly Miller
Mariclaire England	Kathy Rekow
Melissa Fure	Judy Reeve
Sharon Goettert	Anne Ringquist
Julia Greil	Sharon Ridgeway
Marney Halligan	Beth Schultz
Matthew Heffron	Barry Smith
David Jacobsen	Mary Squires
Sandi Johnson	Laura Young

Minnesota Board of Nursing
University Park Plaza Building
2829 University Avenue Southeast, Suite 200
Minneapolis, MN 55414
Telephone: 612-617-2270 FAX: 612-617-2190
Office e-mail: nursing.board@state.mn.us
Board Website: <http://www.nursingboard.state.mn.us>

COMPLAINTS

Year	Type of Complaint	Complaints Received	Total Complaints Closed
7/1/2009-6/30/2010	RN	993	1,368
	LPN	457	
	Total	1450	
7/1/2008-6/30/2009	RN	903	1,438
	LPN	582	
	Total	1485	
7/1/2007-6/30/2008	RN	810	1,152
	LPN	514	
	Total	1324	
7/1/2006-6/30/2007	RN	765	1,168
	LPN	476	
	Total	1241	
7/1/2005-6/30/2006	RN	796	1,029
	LPN	524	
	Total	1320	

CREDENTIALS

Year	Type of License	New Licenses Issued	Credentials Re-newed	Online Renewals	
2010 RN 83,728 LPN 24,008 Total 107,736	RN	6,042	37,131	33,934	91.4%
	LPN	1,688	10,491	8,815	84.0%
	RN Permit	4,959			
	LPN Permit	175			
	PHN Certificates	700			
	Certified Nurse Practitioners	2,542			
	Certified Registered Nurse Anesthetists	1,576			
	Clinical Nurse Specialists	511			
	Certified Nurse Midwives	217			
	Total: 66,032	18,410	47,622	42,749	89.8%
2009 RN 80,325 LPN 23,966 Total 104,291	RN	5,124	37,046	33,307	89.9%
	LPN	1,853	10,520	8,607	81.8%
	RN Permit	922			
	LPN Permit	207			
	PHN Certificates	602			
	Certified Nurse Practitioners	2,386			
	Certified Registered Nurse Anesthetists	1,537			
	Clinical Nurse Specialists	510			
	Certified Nurse Midwives	218			
	Total: 60,925	13,359	47,566	41,914	88.1%

Year	Type of License	New Licenses Issued	Credentials Renewed	Online Renewals	
				Count	Percentage
2008 RN 77,950 LPN 23,642 Total 101,592	RN	5,245	34,830	30,799	88.4%
	LPN	1,688	10,378	8,205	79.1%
	RN Permit	1,276			
	LPN Permit	276			
	PHN Certificates	493			
	Certified Nurse Practitioners	2,312			
	Certified Registered Nurse Anesthetists	1,547			
	Clinical Nurse Specialists	499			
	Certified Nurse Mid-wives	214			
	Total: 56,585	13,550	43,035	39,004	86.3%
2007 RN 75,508 LPN 23,493 Total 99,001	RN	5,628	34,045	29,424	86.4%
	LPN	1,651	10,315	7,880	76.4%
	RN Permit	1,885			
	LPN Permit	325			
	PHN Certificates	507			
	Certified Nurse Practitioners	2,170			
	Certified Registered Nurse Anesthetists	1,643			
	Clinical Nurse Specialists	498			
	Certified Nurse Mid-wives	214			
	Total: 58,781	14,521	44,260	37,304	84.1%
2006 RN 72,328 LPN 23,393 Total 95,721	RN	5,153	32,273	51,629	80.2%
	LPN	1,843	10,229	13,891	67.8%
	RN Permit	1,354			
	LPN Permit	378			
	PHN Certificates	473			
	Certified Nurse Practitioners	1,922			
	Registered Nurse Anesthetists	1,268			
	Clinical Nurse Specialists	442			
	Certified Nurse Mid-wives	191			
	Total: 55,526	13,024	42,502	65,520	77.2%

RECEIPTS AND DISBURSEMENTS

Year	Receipts	Appropriation	Disbursements	Surplus (Shortfall)	Transfers
2010	\$5,663,406	\$3,287,000	Direct: \$3,098,483	1,415,429	General Fund: \$235,836
			Indirect: \$1,149,494		OET for E-Licensing: \$540,361
			Total: \$4,247,977		
2009	\$5,250,288	\$3,216,000	Direct: \$3,214,457	\$625,557	DHS long term home and community based care employee scholarship fund: \$930,000
			Indirect: \$1,410,272		General Fund: \$920,442
			Total: 4,624,729		
2008	\$5,064,959	\$3,055,000	Direct: \$2,776,070	\$1,237,800	DHS long term home and community based care employee scholarship fund: \$930,000
			Indirect: \$1,051,089		
			Total: \$3,827,159		
2007	\$4,967,292	\$2,567,000	Direct: \$2,043,869	\$1,484,067	DHS long term home and community based care employee scholarship fund: \$864,000
			Indirect: \$1,439,358		Dept. of Health Education Loan Forgiveness Program: \$200,000
			Total: \$3,483,227		Drive to Excellence: \$1,514
2006	\$4,690,154	\$2,356,000	Direct: \$2,011,121	\$1,691,327	DHS long term home and community based care employee scholarship fund: \$392,000
			Indirect: \$987,706		Dept. of Health Education Loan Forgiveness Program: \$125,000
			Total: \$2,998,827		

FEES

License/Service	Term	RN	LPN
Licensure by examination	Lifetime	\$105	\$105
Re-examination	N/A	\$60	\$60
Permit fee (exam applicants only)	60 days	\$60	\$60
Licensure by endorsement	Lifetime	\$105	\$105
Registration renewal	Two years	\$85	\$85
Late renewal	N/A	\$60	\$60
Public Health Nurse certification	Lifetime	\$30	N/A
Verification to DEA for APRNs	N/A	\$50	N/A
Replacement license certificate	N/A	\$20	\$20
Replacement registration certificate	N/A	\$5	\$5
Verification of licensure status	N/A	\$20	\$20
Verification of examination scores	N/A	\$20	\$20
Copy of microfilmed licensure application materials	N/A	\$20	\$20
Nursing business registration:	One year	Initial: \$100 Annual \$25	N/A
Practicing nursing without current registration	Two times the amount of the current registration renewal fee (\$85) for any part of the first calendar month, plus the current registration renewal fee (\$85) for any part of any subsequent month up to 24 months.		
Practicing without current APRN certification	\$200 the first month or any part of and \$100 each subsequent month or part thereof.		

Data/Service		
Auto Verification Service subscription	One year	The fee is set according to a sliding scale based on the number of records included in the subscription, from \$100 for 1-100 records to \$1000 for a subscription consisting of over 5000 records.
Data requests	One cent per each record included in the file, plus a \$5 file creation fee.	
eLicensing surcharge	Ten percent of the application fee for initial licensure by examination or endorsement (\$10.50), renewal of RN or LPN registration (\$8.50), and RN and LPN reregistration (\$8.50).	

NURSING EDUCATION PROGRAMS

Number of Approved Licensure-Preparing Programs	
Practical Nursing	26
Associate Degree – Professional	21
Baccalaureate Degree – Professional	18
Master’s Degree – Professional	2

Report of Persons Completing Licensure-Preparing Nursing Programs FY 2009	
Practical Nursing	1788
Associate Degree – Professional	2008
Baccalaureate Degree - Professional	943

On-site surveys, collection and review of annual reports, review of improvement plans submitted by programs, and analysis of the National Council Licensure Exam (NCLEX®) data were used to evaluate each nursing education programs’ compliance with statutes and rules. Analysis of all available data provides a basis for the education reports submitted to the Board for decision-making.

The Board requires oversight of programs that have first-time licensure exam (NCLEX®) success rates at 75% or below for a calendar year. Eleven nursing programs were below the minimum standard (75% or below) for first-time NCLEX® candidate success rates during calendar years 2008 and 2009 consecutive periods (2007 and 2008). One practical nursing program was below minimum standard for three consecutive periods (2006, 2007, and 2008).

Table 1. **Programs below minimum standard NCLEX®** (National Council Licensure Exam)

Programs at 75% or below for first time licensure exam success rates	CY 2006	Cy 2007	CY 2008	CY 2009
First time below minimum standard	3 (2 ADN & 1 PN)	5 (4 ADN & 1 PN)	3 (2 BSN & 1 PN)	5 (1 BSN, 3 ADN, 1 PN)
Second consecutive time below minimum standard	0	1 (1 PN)	2 (2 ADN)	0
Third consecutive time below minimum standard	0	0	1	0
Total below minimum standard	3	6	6	5

All programs with first-time NCLEX® candidate success rates of 75% or below for one calendar year were required to submit plans of corrective action. For programs below minimum standard for two consecutive calendar years, the Board required a revised plan of corrective action and conducted an on-site survey. An on-site survey for compliance of all applicable rules and for the implementation of the plan for corrective action was required for the program below minimum standard for three consecutive calendar years. As of calendar year 2009, all of these programs were above the minimum standard. The Board summarized data from the plans of corrective action and shared data with administrators from the Minnesota State Colleges and Universities’ Chancellor’s office as well as the directors of the nursing programs.

Table 2. Approval of new licensure-preparing nursing programs

Approval of New Programs	FY 07 - FY 08	FY 09 - FY 10
Practical Nursing	1	0
Professional Nursing – Associate Degree (ADN)	3	3
Professional Nursing – Baccalaureate Degree (BSN)	2	2
Professional Nursing- Master’s Degree (MN)	1	1
Total	7	6

The Board granted new program approval to the following six nursing education programs during FY 2009 through 2010:

- Lake Superior Generic Professional Associate Degree Nursing Program, Duluth, MN
- National American University Baccalaureate Degree Nursing Program, Bloomington, MN
- Herzing University Baccalaureate Nursing Program, Crystal, MN
- Metropolitan State University Entry-Level Master of Science Nursing Program, St. Paul, MN
- Rasmussen College Associate Degree Nursing Program, Mankato, MN
- South Central College Professional Nursing Associate Degree Program, Mankato, MN

Approval of New Programs	FY 07 - FY 08	FY 09 - FY 10
Practical Nursing	7	4
Professional Nursing – Associate Degree Professional Nursing – Baccalaureate Degree Professional Nursing- Master’s Degree	11	8
Total	18	12

BOARD OF EXAMINERS FOR NURSING HOME ADMINISTRATORS

Mission

“The mission of the Board of Examiners for Nursing Home Administrators is to promote the public’s interest in quality care and effective services for residents of nursing facilities by ensuring that licensed administrators are qualified to perform their administrative duties.”

Board Members

- James Birchem, LNHA, Little Falls, MN, Professional Member
(Term: 3/1/2004 ; Reappt: 4/18/2008 to 1/2/2012)
- Thomas Pollock, LNHA Maple Grove, MN, Professional Member
(Appt: 5/15/2007to 1/3/2011)
- Kyle Nordine, LNHA Northfield, MN, Professional Member
(Appt: 4/19/2005 ; Reappt: 2/3/2009 to 1/7/2013)
- Jennifer Pfeffer, LNHA, Mankato, Professional Member
(Appt: 6/30/2006; Reappt:1/28/2010 to 1/6/2014)
- Dr. Jane Pederson, MD Woodbury, MN, Professional Member
(Appt: 7/15/1996; Reappt:2/3/2009 (5th term) to 1/7/2013)
- Nancy Tuders, RN Grand Rapids, MN, Professional Member
(Appt: 5/15/2007 to 1/3/2011)
- Christine Rice, Lake Elmo , MN, Public Member
(Appt: 6/25/2004; Reappt: 4/18/2008 to 1/2/2012)
- Ann Tagtmeyer, Mendota Heights, Public Member
(Appt: 12/30/1999 ; Reappt: 4/18/2008 (3rd term) to 1/2/2012)
- Chandra Mehrotra, Ph.D., Duluth, Public Member
(Appt: 5/15/2003 ; Reappt: 5/15/2007 to 1/3/2011)

Board Staff

- Randy Snyder, Executive Director
Jan Strum, Office Manager

Minnesota Board of Examiners for Nursing Home Administrators
University Park Plaza Building
2829 University Avenue Southeast, Suite 440
Minneapolis, MN 55414
Office e-mail: benha@state.mn.us
Board Website: <http://www.benha.state.mn.us>
Telephone: 651-201-2730 FAX: 612-617-2125



Letter from the Executive Director

Dear Citizens of the Great State of Minnesota:

The Board of Examiners for Nursing Home Administrators (BENHA) fulfilled its mission for this biennium by *investing* in its future through thoughtful planning. As the only federally required health occupation board in Minnesota, the legislative requirement mandates a majority of board members be comprised of non-licensees. The board continues to influence better models of care in safe environments for tomorrow's elder care continuum.

Highlights for the past two years include the investment with the National Board of Long Term Care Administrators (NAB). This important relationship continued with the recent election of a Minnesota licensee to the Chair of the NAB Board and the Executive Director being elected as the Chair Elect of the National Association of Boards (NAB). Members of the BENHA also served on various national committees including the preparation of the national examination.

The board continues to invest in the state approved Long Term Care Centers of Academic Excellence. Currently, six Minnesota colleges and UW-Eau Claire carry national recognition for their work in creating leaders for new models of elder care throughout the upper Midwest and nationally.

The board takes seriously its role of assuring leaders at the helm of Minnesota long term care centers are ethical and resident centered in their decision making practices. Continued investment to cultivate new leaders for tomorrow's service delivery remains critical, even more so as challenging economic environments requires a continued strong investment and commitment. Quality leadership creates efficient and effective communities that care for our state's aging population.

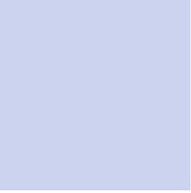
Randy Snyder, Executive Director
Minnesota Board of Examiners for Nursing Home Administrators

CREDENTIALS

Year ending
June 30, 2010

Total licensed or registered	Credentials Renewed Online	New Licensed Granted
851	90.5% licensees renewed in Biennium	44

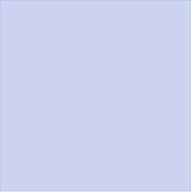
Previous Years Ending in this Year	Total licensed or registered	Credentials Renewed Online	New Licenses Granted
2009	846	89.3% (711 licenses)	46
2008	831	89.3% (698 licenses)	43
2007	821	87.5% (677 licenses)	37
2006	840	81.5% (622 licenses)	36



The board initiated online renewals on May 1, 2002. The licensees trust in the relationship created by the board members who provided insight in the creation of the electronic model. BENHA licensees were early adaptors to online services with nearly 50% of renewals completed online the first year to a consistent 88% to 90% in the past four years.



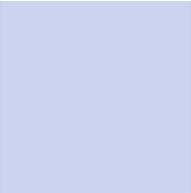
The online Administrator of Record data enhancement automatically notifies the BENHA board, the Minnesota Department of Health and Department of Human Services of changes when administrators begin or end their employment.



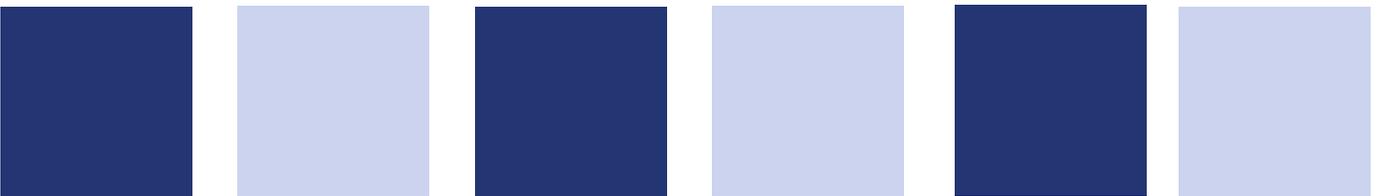
In 2010, the initial licensure process received a customer service rating of 9.28 out of 10 in measuring staff availability, knowledge, and response to information requests about licensure requirements and process. The office also had a rating of 9.6/10 to BENHA service and assistance during the application process.



The Board continues to be proud of creating a shared electronic licensing model with other small boards. The cost and function are unequalled in comparison with models from other States. This year, 90.5% of renewing licensees renewed online. Significant work has been completed in this biennium to create online applications scheduled for roll out in the next biennium.



The board has maintained its customer service standard of a phone, email or limited mailed response within 48 hours of any applicant/licensee request for information at above a 95% service level with its current staffing of 2.0 FTE.



COMPLAINTS

Fiscal Year Ending	Complaint Received	Complaints Closed
June 30, 2010	78	78
June 30, 2009	69	69
June 30, 2008	78	78
June 30, 2007	102	102
June 30, 2006	108	206

The Standards of Practice Committee is comprised of two long term care administrators with one non-administrator serving on this committee. They work diligently to assure the blending of public safety and licensee accountability in a timely and direct manner for both complainants and the subject of the complaint, the LNHA. In over 95% of the time, the complaint is resolved within two meetings or approximately six months. As only board members serving on the complaint panel make the processing decision, the first meeting typically reviews the preliminary information and in a great majority of those cases is either dismissed or additional information is sought before the committee feels comfortable in dismissing or closing the case at the second meeting. The Standards of Practice Committee now meets on the same day as the regular quarterly board meeting to reduce travel, lodging and per diem expense. This past year, two additional SOPC meetings were held to assure timely processing.

The committee has incorporated 'just culture' principles whereas many of the complaints are resolved with professional quality improvement standards and educational re-direction, without escalating to a contested case. With many of the complaints, the corrective action is working towards better operational systems and therefore don't warrant formal individual administrative action. The committee holds the administrator accountable for willful disregard in areas of resident safety. Administrative coaching and directed education is the approach used for a majority of cases involving unintentional, yet actual resident harm as a result of an employees' action. The administrator is held accountable for continuous quality improvement and root cause analysis to minimize future sentinel events.

RECEIPTS AND DISBURSEMENTS

Fiscal Year	Receipts	Disbursements
2010	\$196,995	\$180,024
2009	\$199,055	\$184,061
2008	\$196,030	\$173,404
2007	\$187,90	\$174,912
2006	\$189,917	\$159,313

FEES

Item	Fee
Application	\$150
Original License	\$200
Annual renewal	\$200
Acting Administrator Permit	\$250

The Minnesota Board of Examiners for Nursing Home Administrators' fees were last increased in 1995. Until recently, board members were committed to operational efficiency knowing that unspent budget was placed in the surplus account to delay fee increases or for litigation expense involving a contested case. The surplus or savings account amounted to delaying fee increases projected to 2015, however, BENHA may now be required to seek a fee increase in the next biennium due to the recent transfer, or sweeping, of funds. The board cannot support the transfer of funds totaling \$116,084.00 to the General Fund for such things as the duplicative e-licensing system offered by the Office of Enterprise Technology. These actions do not instill fiduciary trust for the licensee community nor build confidence of board members. The Board resolved that fees collected should be spent on board operation or fees should be lowered.

“It is the mission of the Board of Optometry to:

Promote public interest in receiving quality optometric health care from competent licensed optometrists

Protect the public by ensuring that all licensed optometrists meet the educational and practical requirements specified in law.

Protect the public by setting standards for quality optometric health care.”

Board Members

Jeanette Taylor Jones, Medina, MN, Public Member
(Appt: 2003; Reappt: 2007)

Timothy Neitzke, OD, Frazee, MN, Professional Member
(Appt: 2004; Reappt: 2008)

Marlene Reid, St Paul, MN, Public Member
(Appt: 6/30/2006; Reappt: 1/28/2010 to 1/6/2014)

Roger Pabst, OD, Redwood Falls MN, Professional Member
(Appt: 72005; Reappt: 2009)

Beth DeSpieglaere, OD, Bloomington, MN, Professional Member
(Appt: 2007)

Patrick O'Neill, OD, Northfield, MN, Professional Member
(Appt: 2010)

Michelle Shih-Ming Falk, OD, Woodbury, MN, Professional Member
(Appt: 2010)

Patrick O'Neill, OD, Northfield, MN, Professional Member
(Appt: 2010)

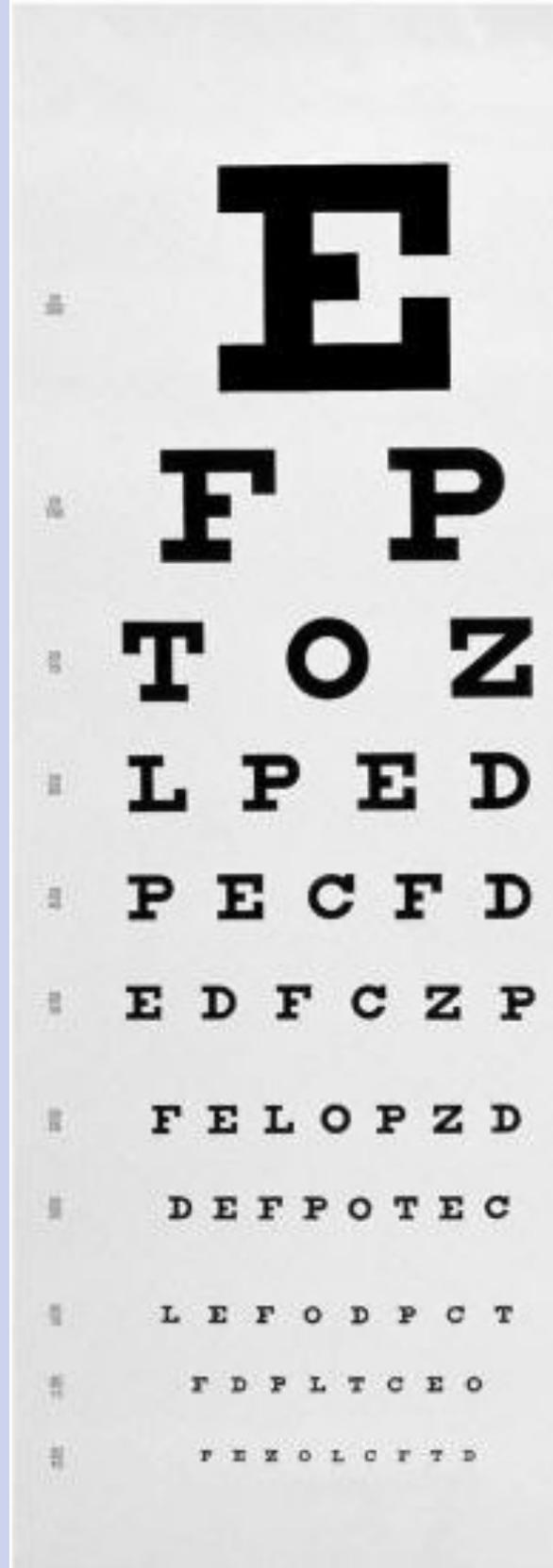
Michelle Shih-Ming Falk, OD, Woodbury, MN, Professional Member
(Appt: 2010)

Board Staff

Laurie Mickelson, Executive Director

Anna Hartsel, Office and Administrative Specialist

Minnesota Board of Optometry
University Park Plaza Building
2829 University Avenue Southeast, Suite 550
Minneapolis, MN 55414
Office e-mail: optometry.board@state.mn.us



Letter from the Executive Director

The mission of the Board is public protection by striving to ensure Minnesota citizens receive quality optometric care from competent optometrists. Public protection through licensure and regulation underlies every activity and all functions of the Board.

The Board continues collaborative efforts for online services shared between the group of seven small health licensing boards banded together to leverage limited resources. This group of small boards has worked cooperatively for 9 years to successfully develop, maintain, and advance an integrated licensing and regulatory system, web applications, and database in an extremely functional but cost effective and efficient manner.

The Board continues to provide high quality, customer focused, efficient, and cost effective services. Board members and staff are to be commended for exceptional dedication and hard work to meet the increasing demands and continue to provide service excellence.

Laurie Mickelson, Executive Director
Minnesota Board of Optometry

CREDENTIALS

Year	Total number of persons licensed	New Licenses Issued	Credentials Renewed	Online Renewals	
7/1/2009-6/30/2010	1,023	23	1,006	477	47%
7/1/2008-6/30/2009	1,001	38	1,001	493	49%
7/1/2007-6/30/2008	1,004	74	972	444	45%
7/1/2006-6/30/2007	931	15	952	360	37%
7/1/2006-6/30/205	951	24	934	N/A	N/A

COMPLAINTS

Year	Complaints Received	Complaints Closed	Cases Left Open
2010	5	10	Less than one year: 2
			More than one year: 1
2009	10	3	Less than one year: 5
			More than one year: 8
2008	10	8	Less than one year: 8
			More than one year: 7
2007	10	4	Less than one year: 4
			More than one year: 3
2006	12	9	Less than one year: 6

RECEIPTS AND DISBURSEMENTS

Fiscal Year	Receipts	Disbursements
2010	\$117,174	\$104,044
2009	\$120,424	\$128,511
2008	\$117,381	\$107,151
2007	\$113,057	\$115,234
2006	\$107,460	\$98,229

FEES

Item	Fee
Professional Corporations	\$100 initial report \$25 annual report
Licensure Application	\$87
Annual License Renewal	\$105
Late Penalty Fee	1/3 renewal fee
Therapeutic Drug Certification	\$50
Duplicate/Replacement	Varies
CE Application	\$15
Emeritus Registration	\$10
Endorsement Application	\$87
Reinstatement Application	Varies

“The mission of the Minnesota Board of Pharmacy is to promote, preserve, and protect the public health, safety, and welfare by fostering the provision of quality pharmaceutical care to the citizens of Minnesota through the examination and licensure of pharmacists, the regulation of the practice of pharmacy, and the inspection of licensed pharmacies, wholesalers, and manufacturers. The Board strives to ensure that prescription drugs are provided to the public in a safe and effective manner by qualified licensees.”

Board Members

Carleton Crawford, Minneapolis, MN, Public Member
(Appt: 7/2003 Reappt: 5/2007)

Karen Bergrud, Stewartville, MN, Professional Member
(Appt: 5/2007)

Kay Hanson, Brooklyn Park, MN, Professional Member
(Appt: 7/2004; Reappt: 3/2008)

Stacey Jassey, Maple Grove, MN, Professional Member
(Appt: 3/2008)

James Koppen, Pine City, MN, Professional Member
(Appt: 4/2009)

Ikram-Ul-Huq, Apple Valley, MN, Public Member
(Appt: 4/2010)

Laura Schwartzwald, Aitkin, MN, Professional Member
(Appt: 4/2010)

Board Staff

Cody Wiberg, Executive Director	Les Kotek
Pat Eggers, Office Manager	Michele Mattila
Barbara Carter	LeeAnn Olson
Jennifer Fischer	Karen Schreiner
Candice Fleming	Stu Vandenberg
Keith Hovland	Colette Zelinsky
Sojourner Killingsworth	

Minnesota Board of Pharmacy
University Park Plaza Building
2829 University Avenue Southeast, Suite 530
Minneapolis, MN 55414
Office e-mail: pharmacy.board@state.mn.us
Board Website: <http://www.phcybrd.state.mn.us>
Telephone: 651-201-2825 FAX: 651-201-2837



Letter from the Executive Director

Board of Pharmacy Mission

The mission of the Minnesota Board of Pharmacy is to promote, preserve, and protect the public health, safety, and welfare by fostering the provision of quality pharmaceutical care to the citizens of Minnesota through the examination and licensure of pharmacists, the regulation of the practice of pharmacy, and the inspection of licensed pharmacies, wholesalers, and manufacturers. The Board strives to ensure that prescription drugs are provided to the public in a safe and effective manner by qualified licensees.

Board of Pharmacy Functions

Setting educational and examination standards for initial and continuing licensure:

- Set licensure and internship requirements through the rules process.
- Review academic programs to determine if they meet requirements.
- Develop the state's jurisprudence examination to determine candidate knowledge of Minnesota statutes and rules governing pharmacy practice.
- Review continuing education programs submitted by sponsors and individuals to determine if they meet requirements.
- Review individual applicant and licensee documentation of completion of requirements for initial and continuing licensure.

Conducting inspections of all pharmacies, drug wholesalers, drug manufacturers and controlled substance researchers in the state.

- Inspect all pharmacies located in the state of Minnesota to assure compliance with all statutes and rules relating to prescription drug distribution and the provision of pharmaceutical care.
- Inspect all wholesalers located in the state of Minnesota to assure compliance with all statutes and rules relating to the storage and distribution of prescription and non-prescription drugs.
- Inspect all manufacturers located in the state of Minnesota to assure compliance with Good Manufacturing Practices Standards.
- Inspect all controlled drug researchers located in the state of Minnesota to assure compliance with state and federal controlled substance statutes and regulations.

Responding to public and agency inquiries, complaints, and reports regarding licensure and conduct of applicants, registrants, and licensees.

- Accept complaints and reports from the public and health care providers and regulators.
- Decide whether a complaint or inquiry is jurisdictional and, if so, whether and what type of action to pursue to resolve the matter.
- Refer inquiries and complaints to other investigative, regulatory, or assisting agencies, as necessary.
- Respond to complainants and agency reports by informing the complainants/agencies of action taken to resolve their complaints, while observing provisions of the data practices act regarding the legal status of data obtained during the course of an investigation and disciplinary proceeding .

Letter from the Executive Director (Continued)

Setting standards of practice and conduct for licensees and pursuing educational or disciplinary action with licensees, to ensure that standards are met.

- Set standards of conduct and a basis for disciplinary action through the rules process.
- Seek information directly from the licensee and obtain evidence and relevant information from other agencies in response to complaints or inquiries.
- Hold conferences with licensees to identify their role and responsibility in a matter under investigation.
- Provide applicant and licensee education to improve practice and prevent recurrence of problems.
- Obtain voluntary agreement for disciplinary action or pursue disciplinary action through a due process, contested case hearing; defend disciplinary action in court if necessary.
- Referring cases, where appropriate, to the Health Professional Services Program.

Administering the State's new Prescription Monitoring Program (PMP)

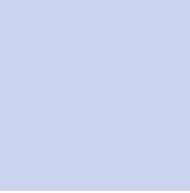
- Electronically collect data, on a daily basis, concerning controlled substance prescriptions from approximately 1,700 dispensers. (6 million prescriptions reported annually).
- Process applications from prescribers and pharmacists who want to access the PMP database through a secure Internet link.
- Cluster (i.e. link) profiles thought to be for a single individual who uses multiple names or addresses in an attempt to hide "doctor-shopping" behavior.
- Work with the Board's IT vendors to improve processes for the PMP.
- Make presentations to professional groups interested in learning about the PMP.

Cody Wiberg, Pharm.D., M.S., R.Ph., Executive Director
Minnesota Board of Pharmacy



Major activities during the biennium

The board accomplished the following major activities during the biennium:

- 
- Continuous updating of the web site to provide information about the board and its various functions to the public, applicants for licensure, and licensees of the board. The site provides links to other state and federal agencies that also help citizens interested in finding appropriate pharmacy services and to inform them of how to pursue complaints or concerns about their prescriptions. It also provides a variety of forms that the public, applicants for licensure and licensees of the board can download.
 - Began work on a general revision of the Board's Rules. Also adopted rule changes that added numerous drugs to the State's Schedules of controlled substances. Began work on a rule change that will add synthetic cannabinoids to the State's controlled substances Schedule I.
 - Updated an item pool of 2,000+ questions for the Multistate Pharmacy Jurisprudence Examination/Minnesota.
 - Implemented the Prescription Monitoring Program. Prescribers and pharmacists are able to access this data in order to identify individuals who might be fraudulently trying to obtain prescriptions.
 - Provided technical assistance to legislators and legislative staff on numerous pieces of legislation related to pharmaceuticals and the practice of pharmacy.
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CREDENTIALS

Year	Type of License	Credentials Renewed	Online Renewals	Total Persons Licensed
7/1/2009- 6/30/2010	Pharmacist	7,564	93%	7,546
	Technician	8,618	75%	8,552
	Pharmacy	1,706		1,701
	Wholesaler	1,075		1,067
	Manufacturer	408		401
	Medical Gas Distributor	71		68
	Controlled Substance Re- searchers	503		498
	Interns	1,440		1,436
	Prescription Monitoring Program Users	1,537		1,537
	Total	22,922		22,806
7/1/2008- 6/30/2009	Pharmacist	7,357	92%	7,294
	Technician	8,354	73%	8,288
	Pharmacy	1,695		1,693
	Wholesaler	1,030		1,018
	Manufacturer	371		361
	Medical Gas Distributor	60		56
	Controlled Substance Re- searcher	428		404
	Interns	1,435		1,435
	Total	19,295		19,114

Year	Type of License	Credentials Renewed	Online Renewals	Total Persons Licensed
7/1/2007- 6/30/2008	Pharmacist	6,980	90%	6,875
	Technician	8,157	71%	8,114
	Pharmacy	1,675		1,669
	Wholesaler	985		974
	Manufacturer	332		322
	Medical Gas Distributor	50		47
	Controlled Substance Re- searcher	391		387
	Interns	1,233		1,166
	Total	18,570		18,388
7/1/2006- 6/30/2007	Pharmacist	6,629	88%	6,547
	Technician	7,530	69%	7,336
	Pharmacy	1,654		1,649
	Wholesaler	946		936
	Manufacturer	297		288
	Medical Gas Distributor	41		39
	Controlled Substance Re- searcher	375		371
	Interns	6,629		1,006
	Total	17,472		17,166
7/1/2005- 6/30/2006	Pharmacist	6,484		6,502
	Technician	6,830		6,998
	Pharmacy	1,601		1,613
	Wholesaler	903		911
	Manufacturer	268		273
	Medical Gas Distributor	31		33
	Controlled Substance Re- searcher	375		375
	Interns	891		1,006
	Total	16,492		16,705

COMPLAINTS

Year	Complaints Received	Complaints Closed	Cases Left Open
2010	86	49	Less than one year: 21 More than one year: 25
2009	104	100	Less than one year: 17 More than one year: 5
2008	86		Less than one year: 19 More than one year: 2
2007	64		Less than one year: 41 More than one year: 0
2006	81		

Approximately 30% of the complaints that the Board receives involve alleged dispensing errors (e.g. – a wrong drug dispensed). Another 20% involve chemically dependent pharmacists and technicians. The remaining 50% involve a variety of allegations such as failing to follow health data privacy laws, failure to provide counseling, and failure to pay taxes or child support. During the biennium, the Board took disciplinary action against the licenses or registrations of 18 pharmacists, 13 pharmacy technicians, one pharmacy and one drug wholesaler.

RECEIPTS AND DISBURSEMENTS

Fiscal Year	Receipts	Disbursements
2010	\$1,887,345	\$1,738,930
2009	\$1,703,001	\$1,611,868
2008	\$1,579,581	\$1,519,978
2007	\$1,479,113	\$1,265,087
2006	\$1,442,545	\$996,505

Please note that receipts received during fiscal years 2006 – 2008 were relatively stable. The increase in receipts during the last biennium was largely due to federal grant money awarded to the Board for the implementation of the Prescription Monitoring Program. Increase in disbursements have occurred due to implementation of the PMP program, an increase in payments to the Attorney General's Office related to disciplinary actions, an increase in salary and benefits and a large increase in statewide indirect costs.

FEES

Item	Fee
Pharmacist Renewal	\$105.00
Practical Examination Application	\$125.00
Original Licensure	\$105.00
Reciprocity Application	\$205.00
Pharmacy New and Renewal	\$165.00
Wholesaler New & Renew—Prescription and Controlled Substance	\$180.00
Wholesaler - Non-Prescription and Veterinary Non-Prescription	\$155.00
Wholesaler – Medical Gases	\$130.00
Wholesaler – When licensed as a MN Pharmacy	\$105.00
Manufacturer – Prescription and Controlled Substance	\$180.00
Manufacturer - Non-Prescription and Veterinary Non-Prescription	\$155.00
Manufacturer – Medical Gases	\$130.00
Manufacturer – When licensed as a MN Pharmacy	\$105.00
Medical Gas Distributors	\$50.00
Controlled Substance Researchers	\$25.00
Interns	\$20.00
Technicians	\$20.00

BOARD OF PHYSICAL THERAPY

“The mission of the Board is public protection by striving to ensure Minnesota citizens receive quality physical therapy services from competent physical therapists and physical therapist assistants.”

Board Members

Timothy Fedje, Rochester, MN, Professional Member
(Appt: 12/27/1999; Reappt: to 1/1/2001, 1/3/2005, 3/5/2009)

Kathy Fleischaker, Eden Prairie, MN, Professional Member
(Appt: 12/27/1999; Reappt: 1/7/2003, 9/4/2007)

Linda Gustafson, Minnetonka, MN, Professional Member
(Appt: 3/5/2009)

Bruce Idelkope, Minneapolis, MN, Professional Member
(Appt: 8/28/2000 ; Reappt: 1/1/2001, 1/3/2005, 3/5/2009)

Barbara Liebenstein, Dundas, MN, Public Member
(Appt: 7/7/2005 Reappt: 3/5/2009)

Therese McDevitt, Brooklyn Center MN, Professional Member
(Appt: 12/27/1999, 3/5/2009; Reappt: 1/7/2002)

Sandra Marden-Lokken, Duluth, MN, Professional Member
(Appt: 7/7/2005; Reappt: 9/4/2007)

Debra Newel, St. Paul, MN, Public Member
(Appt: 10/19/2009)

Kathy Polhamus, North St. Paul, MN, Public Member
(Appt: 9/4/2007; Reappt: 5/5/2010)

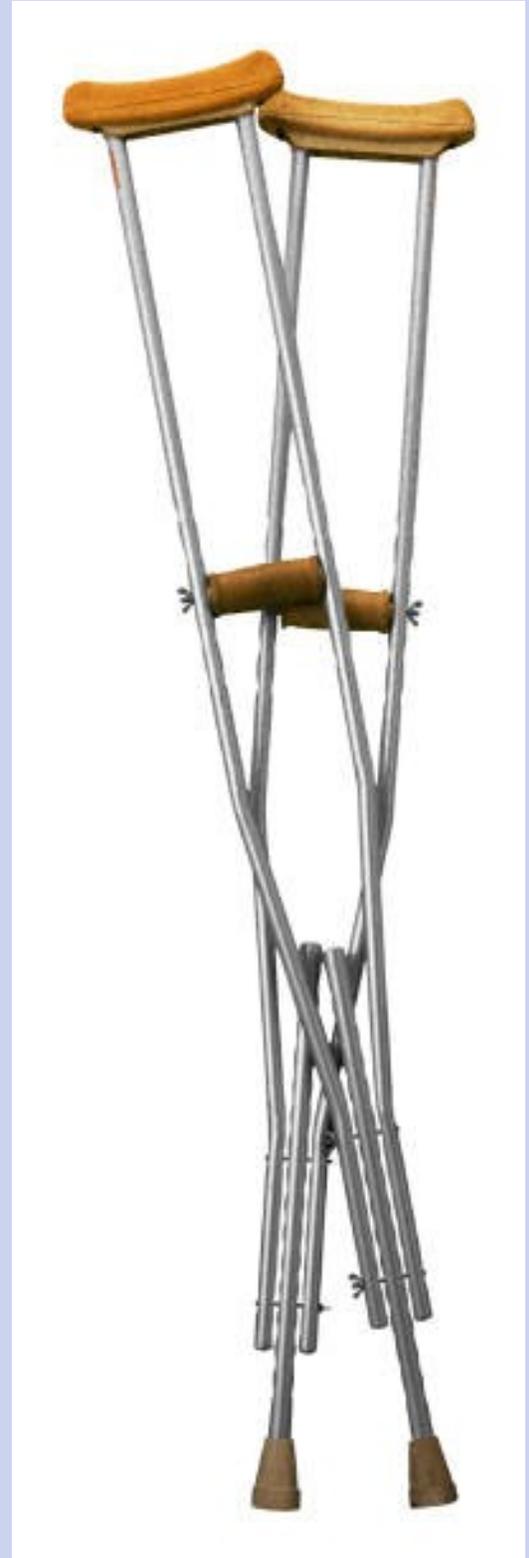
Elizabeth Schultz, Alden, MN, Professional Member
(Appt: 6/30/2006; Reappt: 5/5/2010)

Debra Sellheim, Maplewood, MN, Professional Member
(Appt: 5/5/2010)

Board Staff

Stephanie Lunning, Executive Director
Erin DeTomaso, Office Manager
Laura Moser, Administrative Support

Minnesota Board of Physical Therapy
University Park Plaza Building
2829 University Avenue Southeast, Suite 420
Minneapolis, MN 55414
Office e-mail: physical.therapy@state.mn.us
Board Website: <http://www.physicaltherapy.state.mn.us>
Telephone: 612-627-5406 FAX: 612-627-5403



Letter from the Executive Director

The mission of the Board is public protection by striving to ensure Minnesota citizens receive quality physical therapy services from competent physical therapists and physical therapist assistants. Public protection through licensure and regulation underlies every activity and all functions of the Board. The major functions of the Board are to ensure that applicants met the standards for licensure; to ensure that licensees meet the standards for license renewal; to identify licensees who fail to maintain minimum standards for the provision of safe and quality care, and when warranted to provide appropriate disciplinary or corrective action; and to provide information and education to the public.

The Board initiated an online initial license application service during this biennium. The online application service is shared with six other small health licensing boards. The group of small boards has worked cooperatively for 9 years to successfully develop, maintain, and advance an integrated licensing and Regulatory system, web applications, and database in an extremely functional, cost effective, and efficient manner.

Continuing Competence has been and will continue to be a significant focus for the Board. A Continuing Competence Task Force was appointed and met six times during this biennium to explore and research existing tools and models that support Continuing Competence. The Task Force recently recommended, and the Board approved initiation of rulemaking for continuing competence activities.

During this biennium, a Board member and a staff member served in elected positions with the Board of the Federation of State Boards of Physical Therapy (FSBPT), the national association of state physical therapy regulatory boards. This is a continuation of a long standing pattern of service in national positions of leadership on the FSBPT board, committees, and task forces.

The Board and staff have successfully met challenges of significant growth during this biennium. The numbers of licensees, the number of complaints, and the complexity of complaint investigations have increased significantly. The Board continues to provide high quality, customer focused, efficient, and cost effective services. Board members and staff are to be commended for their exceptional dedication and hard work to meet the increasing demands while continuing to provide service excellence.

Stephanie Lunning, PT, Executive Director
Minnesota Board of Physical Therapy

COMPLAINTS

Year	Type of Complaint	Complaints Received	Complaints Closed	Cases Left Open
7/1/2008-6/30/2010	Violation of a Board Order	1	79	Less than one year: 21 Greater than one year: 4
	Unprofessional conduct	83		
	Inappropriate delegation to a PTA or inappropriate task assignment to a PT aide, inadequate supervision of a student PT, PTA, student PTA, or a PT aide	8		
	Failing to comply with continuing education requirement	1		
	Conviction of a felony (issues of distrust)	1		
	Non Jurisdictional	2		
	Practicing under lapsed or non-renewed license	13		
	Failing to consult with referral source when treatment was altered from order	4		
	Treatment without a referral beyond 90 days or by a PT with less than 1 year of experience	1		
	Disqualification by Office of Health Facility Complaints	2		
	Use of title physical therapist or PT without a license	3		
	Unable to practice with reasonable skill and safety by reason of any mental or physical illness or condition	7		
	Total		104	
7/1/2006-6/30/2008	Unlicensed practice	5	52	Less than one year: 13 Greater than one year: 2
	Unprofessional conduct	36		
	Inappropriate delegation to a PTA or inappropriate task assignment to a PT aide, inadequate supervision of a student PT, PTA, student PTA, or a PT aide	3		
	Failing to comply with continuing education requirement	2		
	Gross negligence in practice of PT	1		
	Non Jurisdictional	5		
	Practicing under lapsed or non-renewed license	1		
	Failing to consult with referral source when treatment was altered from order	1		
	Treatment without a referral beyond 30 days or by a PT with less than 1 year of experience	2		
	Attempting to obtain a license by fraud or deception	1		
	Impairment	8		
Total		67		

Year	Type of Complaint	Complaints Received	Complaints Closed	Cases Left Open
7/1/2004-6/30/2006	Unlicensed practice	4	69	Less than one year: 4
	Conduct unbecoming a person licensed as a physical therapist or conduct detrimental to the best interests of the public.	32		Greater than one year: 14
	Inappropriate delegation to a PTA or inappropriate task assignment to a PT aide, inadequate supervision of a student PT, PTA, student PTA, or a PT aide	9		
	Failing to report other PTs who violate statute	2		
	Failing to comply with continuing education requirement	1		
	Total		36	
7/1/2002-6/30/2004	Unlicensed practice	5	60	Less than one year: 17
	Conduct unbecoming a person licensed as a physical therapist or conduct detrimental to the best interests of the public.	32		Greater than one year: 7
	Conviction of a felony	1		
	Noncompliance with Board Order	2		
	Total		40	
7/1/2000-6/30/2002	Unlicensed practice	4	36	Less than one year: 15
	Conduct unbecoming a person licensed as a physical therapist or conduct detrimental to the best interests of the public.	29		Greater than one year: 3
	Use of drugs or intoxicating liquors to an extent which affects professional competence	4		
	Civil commitment for mental illness	1		
	Nonpayment of State income taxes	1		
	Noncompliance with Board Order	1		
	Total		40	

RECEIPTS AND DISBURSEMENTS

Biennium Ends In	Receipts	Disbursements
2010	\$876,935	\$747,775
2008	\$828,155	\$562,095
2006	\$577,355	\$506,094
2004	\$569,955	\$519,529
2002	\$532,021	\$480,849

FEES

Item	Fee
PT and PTA Annual License Renewal	\$60
PT and PTA Late Fee for Annual Renewal	\$20
PT and PTA Initial Application	\$100
PT and PTA Examination	\$50
PT and PTA Temporary Permit Fee	\$25
PT and PTA Duplicate License	\$20
PT and PTA Certification of Licensure	\$25
Continuing Education Course Review	\$100

CREDENTIALS

Year	Type of License	New Li- censes Is- sued	Credentials Renewed	Online Renewals	
7/1/2008-6/30/2010	PT	452	7,832	7,205	92%
	PTA	497	2,553	2,093	82%
	Total Licensees 6/30/10: 5,442				
7/1/2006-6/30/2008	PT	389	7,436	6,312	85%
	PTA	874			
	Total Licensees 6/30/08: 4,670				
7/1/2004-6/30/206	PT	336	6,949	3,047	44%
	Total Licensees 6/30/06: 3,588				
7/1/2002-6/30/2004	PT	400	6,202	1,364	22%
	Total Licensees 6/30/04: 3,443				
7/1/2000-6/30/2002	PT	456	5,990		
	Total Licensees 6/30/02: 3,269			Not avail	Not avail

Electronic government services were initiated by the Board in FY03 with online renewal of licenses with online initial applications being implemented in FY10. During the first year availability of online initial license applications, 56% of applications were submitted online.

The Board began licensing physical therapist assistants during FY08, and completed the initial licensure process in FY09, with a 31% increase in the total number of licensees regulated by the Board. Physical therapist assistants renewed their licenses for the first time during FY09.

The Board provides excellent customer service and uses efficient and cost effective processes and technology to support Board functions, including ensuring that applicants meet the standards for initial licensure, and physical therapists and physical therapist assistants meet standards for annual license renewal.

“The mission of the Board of Podiatric Medicine is to protect the public by: 1) extending the privilege to practice to qualified applicants, and 2) investigating complaints relating to the competency or behavior of individual licensees or registrants. In addition, the Board responds to inquiries regarding scope of practice, provides license verification information to credentialing agencies, and initiates legislative changes, as needed to update the practice act for podiatric medicine.”

Board Members

Eugene Dela Cruz, DPM, Eagan, MN, Professional Member
(Appt: 3/20/2007; Reappt: to 1/3/2011)

Edward Lebrija, DPM, Morris, MN, Professional Member
(Appt: 3/16/2009; Reappt: 1/7/2013)

Schelli McCabe, DPM, St. Peter, MN, Professional Member
(Appt: 3/29/2010; Reappt: to 1/6/2014)

James Nack, DPM, Mankato, MN, Professional Member
(Appt: 3/19/2008 ; Reappt: to 1/2/2012)

Jennifer Pfeffer, LNHA, Mankato, MN, Professional Member
(Appt: 6/30/2006; Reappt:1/28/2010 to 1/6/2014)

Stephen Powless, DPM, Minneapolis, MN, Professional Member
(Appt: 3/20/2007; Reappt: to 1/3/2011)

Esther Newcome, White Bear Lake, MN, Public Member
(Appt: 3/16/2009; Reappt: to 1/7/2013)

Judy Swanholm, St. Paul, MN, Public Member
(Appt: 3/29/10; Reappt: to 1/6/2014)

Board Staff

Ruth Grendahl, Executive Director

Minnesota Board of Podiatric Medicine
University Park Plaza Building
2829 University Avenue Southeast, Suite 430
Minneapolis, MN 55414
Office e-mail: podiatric.medicine@state.mn.us
Board Website: <http://www.podiatricmedicine.state.mn.us>
Telephone: 612-548-2175 FAX: 612-617-2698



Letter from the Executive Director

The Board will celebrate its 100th anniversary this decade, having been created by the Legislature in 1917 for the purpose of licensing chiropodists. Since then many changes have occurred. In 1959 the term podiatry became synonymous in meaning with the word chiropody and in 1961 was substituted throughout the practice act. In 1987 a new practice act became law, establishing requirements for licensure. Podiatrists are licensed to diagnose and treat medically, mechanically, and surgically the ailments of the human hand, foot, ankle, and lower leg.

In 2003 approximately 180 doctors of podiatric medicine held active Minnesota licenses and 12 held temporary permits. Those numbers changed by the end of this biennium to 207 licensed podiatrists, an increase of 15%, and 15 temporary permits, an increase of 25%.

Currently, most of our license verifications are generated online and licensees in the next biennium will be able to renew their licenses online: A real change from 1917!

However, one thing that has not changed at the Board since 1917 is its mission to protect the public through licensure, regulation and education. The Complaint Resolution Committee (CRC) of the Board of Podiatric Medicine is authorized by Minnesota Statutes, M.S. chapter 214.10 and M.S. 214.103. The CRC is comprised of three Board members, two licensed doctors of podiatric medicine and a public member of the Board, who all take their responsibilities very seriously. If a complaint or other information obtained by the Board indicates that a licensee may have violated a statute or rule that the Board has authority to enforce, the Committee may conference with the licensee, provide education to improve a licensee's practices to prevent recurrence of problems, attempt to resolve the matter by an agreement for corrective action, obtain voluntary agreements for disciplinary actions, or pursue disciplinary action through a due process, contested case hearing or court action, as needed.

The dedication of Board members and the high professional standards for podiatrists are a credit to the State.

The Board is looking forward to the next 100 years!

Ruth Grendahl, Executive Director
Minnesota Board of Podiatric Medicine

Year	Type of License	Licenses Issued
7/1/2009-6/30/2010	Podiatrists	207
	Temporary Permits	15
	Professional Corporations	40
	Total	262
7/1/2008-6/30/2009	Podiatrists	203
	Temporary Permits	7
	Professional Corporations	37
	Total	247
7/1/2007-6/30/2008	Podiatrists	193
	Temporary Permits	9
	Professional Corporations	41
	Total	243
7/1/2006-6/30/2007	Podiatrists	190
	Temporary Permits	4
	Professional Corporations	41
	Total	235
7/1/2005-6/30/2006	Podiatrists	185
	Temporary Permits	6
	Professional Corporations	41
	Total	232

Since 2006 the Board of Podiatric Medicine has seen an increase of 12% licensed podiatrists, and a 150% increase of residents requesting temporary permits in the three Minnesota programs. The increase in temporary permits suggests strong residency programs are available in Minnesota.

Online license biennial renewals will be available for the 2011 cycle.

FEES

Item	Fee
Application for licensure	\$600
Biennial License Renewal Fee	\$600
Temporary Permit—Annual	\$250
Professional Corporation—Annual	\$50
License Verification	\$30

RECEIPTS AND DISBURSEMENTS

Fiscal Year	Receipts	Disbursements
2010	\$95,858	\$76,872
2009	\$89,291	\$81,454
2008	\$91,061	\$77,249
2007	\$79,475	\$75,785
2006	\$84,429	\$74,019

The Minnesota Board of Podiatric Medicine has not increased its fees since 1999. Board members were committed to operating efficiently, knowing the funds would be placed in a surplus account for costly future contested disciplinary actions and to delay fee increases. The Board was collecting more than it was appropriated until the past legislative session when spending authority was increased annually by \$15,000.

COMPLAINTS

Biennium Ending in June 30 in Year	Complaints Received	Complaints Closed	Cases Left open
2010	10	9	< One year: 5 > One year: 3
2009	11	19	< One year: 4 > One year: 0
2008	11	8	< One year: 6 > One year: 3
2007	9	9	< One year: 8 > One year: 0
2006	14	8	< One year: 8 > One year: 0

THE BOARD WAS CREATED BY THE LEGISLATURE IN 1917 for the purpose of licensing chiropodists. In 1959 the term podiatry became synonymous in meaning with the word chiropody and in 1961 was substituted throughout the practice act. In 1987 a new practice act became law, establishing requirements for licensure. Podiatrists are licensed to diagnose and treat medically, mechanically, and surgically the ailments of the human hand, foot, ankle, and lower leg. The seven-member board has five podiatrists and two public members. Meetings are held quarterly in March, June, September, and December at the location of the board office and are open to the public.

The Complaint Resolution Committee (CRC) of the Board of Podiatric Medicine is authorized by Minnesota Statutes, M.S. chapter 214.10 and M.S. 214.103 and it reviews complaints against licensees. The CRC is comprised of three Board members, two licensed doctors of podiatric medicine and a public member of the Board. The Executive Director processes complaints submitted to the Board and refers them to the Committee, as appropriate.

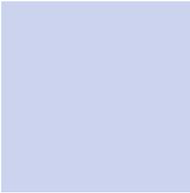
If a complaint or other information obtained by the Board indicates that a licensee may have violated a statute or rule that the Board has authority to enforce, the Committee may request the medical records of the patient, may request the licensee's written response to the allegations, may refer the matter to the Attorney General's Office for investigation and/or may schedule a conference with the licensee to discuss the allegations.

If the licensee's response, the investigation and/or the conference discussion show that the licensee has violated a statute or rule enforced by the Board:

- the Committee may dismiss the matter if it determines that the licensee's conduct does not warrant corrective or disciplinary action;
- may attempt to resolve the matter with the licensee by an agreement for corrective action;
- or may negotiate a stipulation for disciplinary action which must be approved by the full Board to become effective.

If the Committee believes that the licensee's conduct warrants disciplinary action and it is unable to resolve the matter with the licensee, the Committee will initiate a disciplinary proceeding against the licensee in accordance with the Minnesota Administrative Procedure Act.

The full Board meets on a quarterly basis with the CRC meeting more frequently.

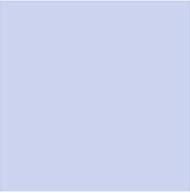


Setting and administering educational requirements and examination standards for podiatric licensure

- Reviewing podiatric functions and required knowledge, skills and abilities to aid in determining requirements for initial and continuing licensure
- Setting licensure requirements through statutes and administrative rules
- Developing and administering the state examination to determine candidate knowledge of Minnesota statutes and rules governing podiatric medicine
- Reviewing continuing education programs submitted by sponsors or individuals to determine if they meet requirements
- Reviewing individual applicant/licensee documentation for completion of requirements for initial and continuing licensure



Responding to public and agency inquiries, complaints and reports regarding licensure and conduct of applicants, permit holders, licensees and unlicensed practitioners

- 
- Accepting complaints and reports from the public and health care providers and regulators
 - Determining whether a complaint or inquiry is jurisdictional and deciding on the appropriate course of action to resolve the matter
 - Referring inquiries and complaints to other investigative, regulatory or assisting agencies
 - Responding to complainants and agency reports by informing the complainants/ agencies of action taken to resolve their complaints while observing provisions of the data practices act regarding the legal status of data obtained during the course of an investigation or disciplinary proceeding



Pursuing educational or disciplinary action with licensees as deemed necessary based upon results of investigations conducted in response to complaints/reports.

- 
- Setting standards of conduct and a basis for disciplinary action through statutes and administrative rules
 - Seeking information directly from the licensee as well as securing investigation and fact finding information from other agencies in response to complaints or inquiries
 - Holding conferences with licensees to identify their roles and responsibilities in a matter under investigation
 - Providing applicants and licensees with education to improve their respective practices and to prevent recurrence of problems
 - Obtaining voluntary agreements to disciplinary actions, or pursuing disciplinary action through a due process, contested case hearing or court action, as needed

Providing information and education about licensure requirements and procedures and standards of practice to the public and other interested audiences

- Providing information to the community concerning requirements for podiatric licensure
- Providing information about careers in podiatric medicine and licensure requirements to prospective applicants for licensure
- Providing information to licensees to prevent inappropriate practice and for improved practice resulting in higher quality podiatric health care
- Providing the public with licensure information about podiatrists and notification regarding disciplinary action taken against licensees
- Providing information to legislative committees on statute changes and biennial budgets
- Providing information and discussing legislation with the association representative
- Providing information at the Executive Director's Forum and the meetings of the Council of Health Boards

BOARD OF PSYCHOLOGY

“It is the mission of the Board of Psychology to protect the public from the practice of psychology by unqualified persons and from unethical and unprofessional conduct by persons licensed to practice psychology.”

Board Members

- Gerald Jensen, MA, Brainerd, MN, Professional Member
(Appt: 7/8/2003; Reappt: 2/27/2007)
- Susan Hayes, St. Louis Park, MN, Public Member
(Appt: 5/18/2001; Reappt: 7/8/2003, 2/26/2007)
- Ted Thompson, MEq, LP, Minneapolis, MN, Professional Member
(Appt: 8/27/2003; Reappt: 2/27/2007)
- Jean Wolf, Ph.D., St. Paul, MN, Professional Member
(Appt: 4/20/2004; Reappt: 3/16/2009)
- Susan Ward, Rochester, MN, Public Member
(Appt: 7/7/2006; 3/16/2009)
- Margaret Fulton, Ph.D., LP, St. Paul, MN, Professional Member
(Appt: 7/7/2006; Reappt: 6/28/2010)
- Chris Bonnell, JD, Buffalo, MN, Public Member
(Appt: 8/25/2008; Reappt: 6/28/2010)
- Jeffrey Allen Brown, Ph.D., LP, Eagan, MN, Professional Member
(Appt: 8/25/2008)
- Thanh Son Thi Nguyen-Kelly, Ph.D., LP, No. St. Paul, MN, Professional Member
(Appt: 7/7/2006)
- Joseph Lee, MA, LP, Burnsville, MN, Professional Member
(Appt: 8/25/2008; Resigned: 2/12/2010)

Board Staff

- Angelina M. Barnes, Executive Director
Leo Campero, Assistant Executive Director
Debby Sellin-Beckerleg, Office Manager
Michelle Elliott, Renewals Coordinator
Mary Seiger, Licensure Specialist
Paula Laudenbach, Licensure Specialist
Bendu Hallowanger, Student Worker
Patricia LaBrocca, Regulations Analyst
Gail Schiff, Regulations Analyst
Kelly Finn-Searles, Office Administrative Assistant
Robin Finger, Receptionist

Minnesota Board of Psychology
University Park Plaza Building
2829 University Avenue Southeast, Suite 320
Minneapolis, MN 55414
Office e-mail: psychology.board@state.mn.us
Board Website: <http://www.psychologyboard.state.mn.us>
Telephone: 612-617-2230 FAX: 612-617-2240



Letter from the Executive Director

The past two years have marked an exciting period of growth for the Minnesota Board of Psychology (Board). The Board is charged with providing public protection in an efficient and fiscally responsible manner through licensure and regulation of the practice of psychology.

Throughout fiscal year 2010, the Board reviewed internal operating, licensure, and complaint resolution processes and procedures. Specifically, in accordance with the Board's drive to protect the public, and to ensure excellence in licensure and in complaint resolution, the Board spent significant time repositioning the agency model to reduce application and complaint resolution cycle times and to ensure the most efficient use of the Board's limited resources.

The Board continues to examine ways to improve public services and is dedicated to the health, safety and welfare of the citizens of the State of Minnesota. The Board has taken steps to reduce the amount of paper resources consumed and thus, decrease environmental waste. In conjunction with that goal, the Board made significant investments towards improving the use of technology in the regulation and licensure of psychology. A highlight of the biennium is the completion of the final testing phase for the Board's implementation of the online renewal and verification services.

Moving into the future, the Board has shifted to a proactive approach to examine pressing issues within the practice of psychology. The Board is excited to explore critical issues as they present both locally and nationally including continuing competence and ensuring life long learning, telepsychology and distance education, and issues relating to scope of practice.

Finally, as a priority, the Board, through the Rules Committee continues to work diligently to finalize the proposed administrative rules in the areas of licensure, continuing education, rules of conduct and terminology.

Angelina Barnes, JD, Executive Director
Minnesota Board of Psychology

CREDENTIALS

Year	Type of License	Licenses Issued
7/1/2008-6/30/2010	Licensed Psychologist (LP)	3,471
	Licensed Psychological Practitioner (LPP)	69
	Total	3,450
7/1/2006-6/30/2008	LP	3,720
	LPP	143
	Total	3,863
7/1/2004-6/30/2006	LP	3,644
	LPP	51
	Total	3,695

EXAMINATIONS

Board Name	National Test [yes/no]	Number of persons taking examination in bien-nium ending June 30, 2010	Number of persons passing examination
Minnesota Board of Psychology			
EPPP (national)	Yes	223	184
PRE (state)		269	235

RECEIPTS AND DISBURSEMENTS

Fiscal Year Ending In	Receipts	Disbursements
2010	\$2,192,193.25	\$1,483,109.89
2008	\$2,227,570	\$1,791,165
2006	\$2,249,892	\$1,582,869

FEES AND REVENUES

Fees 2010	Fee Amount	FY 2009 and FY 2010 (receipts)
Application to EPPP	\$150.00	FY 2010: \$14,850 + FY 2009: \$16,650 = \$31,500
Application to PRE	\$150.00	FY 2010: \$15,750 + FY2009: \$23,350 = \$39,100
Application for LP licensure	\$500.00	FY2010: \$55,000 + FY 2009: \$69,150 = \$124,150
LP Renewal (biannual)	\$500.00	FY2010: \$910,500 + FY2009: \$815,000 = \$1,725,500
LP Late Renewal Fee	\$250.00	FY2010: \$8,500 + FY2009: \$7,250 = \$15,750
Application for LPP Licensure	\$250.00	FY2010: 0 + FY2009: \$5,750 = \$5,750
LPP Renewal (biannual)	\$250.00	FY2010: \$2,500 + FY2009: \$15,500 = \$18,000
LPP Late Renewal Fee	\$125.00	FY2010: \$125 + FY2009: \$125 = \$250
Application for Converting from master's to doctoral level LP licensure	\$150.00	FY2010: \$1,050 + FY2009: \$900 = \$1950
Application for Converting from LPP to LP licensure	\$500.00	FY2010: \$18,500 + FY2009: \$29,000 = \$47,500
Application for Guest Licensure	\$150.00	FY2010: \$300 + FY2009: \$300 = \$600
Emeritus Registration	\$150.00	FY2010: \$750 + FY2009: \$450 = \$1,200
Corporation Registration	\$100.00	
Corporation Annual Renewal	\$25.00	FY 2010: \$4,475.00 + FY2009: \$4,700 = \$9,175
Duplicate License	\$25.00	FY2010: \$250 + FY2009: \$125 = \$375
Statute and Rule book	\$10.00	FY2010: \$1,110 + FY2009: \$1,570 = \$2,680
License Verification	\$20.00	FY2010: \$108,800 + FY2009: \$108,010 = \$216,810
Continuing Education Sponsor Fee	\$80.00	FY2010: \$18,080 + FY2009: \$19,940 = \$38,020
Mailing/Duplication		FY2010: \$3,009 + FY2009: \$8,085 = \$11,094

BOARD ACTIONS

Board Name	Number of Revocations	Number of suspensions	Number of conditioned/ restricted	Reprimand	Unconditional	Non-Disciplinary
Minnesota Board of Psychology	3	3	10	4	5	2
Type of License Actions: Revocation; Surrender; Voluntarily Surrender; Suspension; Conditioned or Restricted; Conditional and Restricting; Reprimand; Unconditional; Non-Disciplinary; and Stip and Order.						

COMPLAINTS

Year	Type of Complaint	Complaints Received	Complaints Closed	Cases Left Open
7/1/2008-6/30/2010	MN Stat. 148.941 2a(1)	128	295	Less than one year: 57 More than one year: 27
	MN Stat. 148.941 2a(2)	2		
	MN Stat. 148.941 2a(3)	69		
	MN Stat. 148.941 2a(4)	19		
	MN Stat. 148.941 2a (5)	1		
	MN Stat. 148.941 2a(6)	3		
	MN Stat. 148.941 2a(7)	0		
	MN Stat. 148.941 2a(8)	4		
	MN Stat. 148.941 2a (9)	0		
	MN Stat. 148.941 2a (10)	2		
	MN Stat. 148.941 Subd. 6	3		
	MN Stat. 148.96	6		
	Non-jurisdictional	24		
	Total	261		

Year	Type of Complaint	Complaints Received	Complaints Closed	Cases Left Open
7/1/2006-6/30/2008	MN Stat. 148.941 2a(1)	165	207	Less than a year: 162 More than a year: 78
	MN Stat. 148.941 2a(2)	2		
	MN Stat. 148.941 2a(3)	50		
	MN Stat. 148.941 2a(4)	0		
	MN Stat. 148.941 2a (5)	0		
	MN Stat. 148.941 2a(6)	2		
	MN Stat. 148.941 2a(7)	0		
	MN Stat. 148.941 2a(8)	9		
	MN Stat. 148.941 2a (9)	0		
	MN Stat. 148.941 2a (10)	16		
	MN Stat. 148.941 Subd. 6	0		
	MN Stat. 148.96	5		
	Non-jurisdictional	24		
	Total	273		
7/1/2004-6/30/2006	MN Stat. 148.941 2a(1)	136	233	Less than one year: 163 More than one year: 44
	MN Stat. 148.941 2a(2)	4		
	MN Stat. 148.941 2a(3)	42		
	MN Stat. 148.941 2a(4)	1		
	MN Stat. 148.941 2a (5)	3		
	MN Stat. 148.941 2a(6)	1		
	MN Stat. 148.941 2a(7)	0		
	MN Stat. 148.941 2a(8)	16		
	MN Stat. 148.941 2a (9)	0		
	MN Stat. 148.941 2a (10)	6		
	MN Stat. 148.941 Subd. 6	7		
	MN Stat. 148.96	10		
	Non-jurisdictional	23		
	Total	249		

Letter from the Executive Director

It has been my privilege and a challenge to serve as the Executive Director of the Board of Social Work since February 2008. I wish to thank Board Members for their countless hours of volunteer service, expertise, leadership, and passion, and our extremely competent Board Staff, who are committed to carrying out the Board's mission of public protection and serving the residents of Minnesota.

The Board's mission is to *ensure residents of Minnesota quality social work services by establishing and enforcing professional standards*, and its vision is to *protect the public through licensure of qualified social workers and to provide timely and impartial resolution of complaints against social workers*.

At the close of this biennium it is exciting to take stock of the Board's many accomplishments and gather focus and momentum as new strategic goals are identified. Important goals realized in this recent biennium were:

- A licensing fee decrease of 10%, effective July 1, 2009, was enacted by the Legislature. This was in addition to the 20% reduction, effective January 1, 2006. The policy decision to decrease licensing fees was the culmination of a careful analysis to ensure fiscal responsibility, by better balancing revenues with expenditures and reducing expenditures, while still providing core public safety services.
- A "paperless" complaint resolution process was established in 2009, which has created enhanced record security, greater operational efficiencies, and cost savings.
- The Board completed 83% of the 100 goal initiatives from the 2007 strategic planning exercise, by the spring of 2010. A Strategic Plan Realignment Workshop was conducted in May 2010 to identify critical goals for the next few years.
- The utilization rate of online services has steadily increased from 52% in 2006, to 84% in 2010 for online applications; and from 4% in 2004, to 73% in 2010 for online license renewals; and 49,377 online license verifications have been recorded since 2006.
- The Board's Executive Director was recognized nationally for outstanding board service, and awarded the Association of Social Work Boards "Board Administrator of the Year" in 2009.

As the Board approaches a new biennium and decade, the Board must position itself to work collaboratively, to monitor state and national issues, and to respond effectively to emerging policy and social work practice issues, amidst ever changing demographics in our State, and the reality of diminishing resources. The following key goals were identified in the Board's strategic plan for the next biennium:

- The Board will embark on its most significant legislative initiative since the inception of social work licensing in Minnesota in 1987. At its September 17 meeting the Board approved its 2011 Legislative Proposal, to modify the current licensing exemptions for persons employed as "social workers" in 1) city, county, and state agencies, and in 2) private non-profit agencies whose primary service focus addresses ethnic minority populations, and who are themselves members of ethnic minority populations within those agencies.
- Implementation of the increased licensing standards, effective August 1, 2011, will also be a priority.
- Enhancement and creation of new online services continues to be an ongoing priority to better meet the needs of applicants and licensees, to offer greater access to all stakeholder groups, and to create greater operational efficiencies.

The Board and Staff are committed to the Board's mission of public protection and serving the residents of Minnesota.

Kate Zacher-Pate, LSW, Executive Director
Minnesota Board of Social Work

CREDENTIALS

Year	Type of License	Total Licenses Issued	New Licenses Issued	Credentials Renewed	Online Renewals
7/1/2009-6/30/2010	LSW	5,785	346	2,257	80%
	LGSW	1,576	334	502	
	LISW	793	32	317	
	LICSW	4,044	269	1,694	
	Total	12,198	981	4,770	
7/1/2008-6/30/2009	LSW	5,801	352	2,310	69%
	LGSW	1,534	305	523	
	LISW	805	21	337	
	LICSW	3,885	250	1,640	
	Total	12,025	928	4,810	
7/1/2007-6/30/2008	LSW	5,194	376	2,153	64%
	LGSW	1,291	300	470	
	LISW	697	24	326	
	LICSW	3,357	224	1,485	
	Total	10,539	924	4,434	
7/1/2006-6/30/2007	LSW	5,119	342	2,257	60%
	LGSW	1,086	291	498	
	LISW	708	20	358	
	LICSW	3,242	227	1,510	
	Total	10,155	880	4,623	
7/1/2005-6/30/2006	LSW	5,131	365	2,116	52%
	LGSW	1,103	221	420	
	LISW	741	43	331	
	LICSW	3,030	203	1,397	
	Total	10,005	799	4,264	

Type of Application	FY 2006	FY 2007	FY 2008	FY 2009	FY 2010
Applications Received	1,231	1,333	1,418	1,451	1,457
Licenses Granted	748	881	925	892	977
Licenses Renewed	4,400	3,945	4,604	4,849	4,510
Supervision Plans Reviewed	1,070	1,010	1,141	1,068	1,061
Supervision Verifications	1,726	1,686	1,719	1,835	1,610
Continuing Education	N/A	266	255	270	280



Licensed Social Worker (LSW)

- BSW (CSWE)
- ASWB Bachelors Exam
- Once licensed, 4000 hours supervised practice

Licensed Graduate Social Worker (LGSW)

- MSW (CSWE)
- ASWB Masters Exam
- Once licensed, 4000 hours supervised practice
- If clinical, requirement is ongoing, not to exceed 8000 hours
- May maintain LGSW indefinitely, if NOT engaged in clinical practice without, ongoing supervision

Licensed Independent Social Worker (LISW)

- MSW (CSWE) or DSW
- ASWB Advanced Generalist Exam
- 4000 hours post-LGSW supervised practice

Licensed Independent Clinical Social Worker (LICSW)

- MSW (CSWE) or DSW
- ASWB Clinical Exam
- 4000 hours post-LGSW supervised clinical practice

COMPLAINTS

Year	Type of Complaint	Complaints Received	Complaints Closed	Cases Left Open
7/1/2009-6/30/2010	Boundaries	2		
	Confidentiality	11		
	Failure to Report	1		
	Fee Payment Issue	2		
	Impairment	13		
	Licensure	2		
	Non-Jurisdictional	0		
	Other	1		
	Practice Issue	47		
	Sexual Conduct or Harassment	5		
	Unlicensed Practice Misrepresentation	5		Less than one year: 83
	Violation of Board Order	0	Board Action Taken: 20	More than one year: 0
	Total		106	108
7/1/2008-6/30/2009	Boundaries	6		
	Confidentiality	4		
	Failure to Report	0		
	Fee Payment Issue	0		
	Impairment	16		
	Licensure	6		
	Non-Jurisdictional	0		
	Other	0		
	Practice Issue	67		
	Sexual Conduct or Harassment	4		
	Unlicensed Practice Misrepresentation	9		Less than one year: 113
	Violation of Board Order	0	Board Action Taken: 6	More than one year: 10
	Total		123	138

Complaint Resolution Time:

- 50% of complaints are resolved in 3 months or less
- 75% of complaints are resolved in 6 months or less
- 90% of complaints are resolved in 9 months or less
- 3% of complaints are resolved in 9-18 months

Year	Type of Complaint	Complaints Received	Complaints Closed	Cases Left Open
7/1/2007-6/30/2008	Boundaries	6		
	Confidentiality	5		
	Failure to Report	2		
	Fee Payment Issue	3		
	Impairment	16		
	Licensure	3		
	Non-Jurisdictional	0		
	Other	0		
	Practice Issue	63		
	Sexual Conduct or Harassment	2		
	Unlicensed Practice Misrepresentation	10		Less than one year: 107
	Violation of Board Order	0	Board Action Taken: 8	More than one year: 7
	Total		116	111
7/1/2006-6/30/2007	Boundaries	4		
	Confidentiality	6		
	Failure to Report	1		
	Fee Payment Issue	1		
	Impairment	15		
	Licensure	6		
	Non-Jurisdictional	0		
	Other	0		
	Practice Issue	47		
	Sexual Conduct or Harassment	2		Less than one year: 87
	Unlicensed Practice Misrepresentation	11	Board Action Taken: 14	More than one year: 18
	Total		106	94
7/1/2005-6/30/2006	Boundaries	13		
	Confidentiality	7		
	Failure to Report	3		
	Fee Payment Issue	1		
	Impairment	10		
	Licensure	2		
	Non-Jurisdictional	0		
	Other	0		
	Practice Issue	49		
	Sexual Conduct or Harassment	0		Less than one year: 79
	Unlicensed Practice Misrepresentation	2	Board Action Taken: 24	More than one year: 12
	Total		91	113

RECEIPTS AND DISBURSEMENTS

Year	Receipts	Disbursements	Appropriation
2010	\$984,915	\$994,788	\$921,000
2009	\$1,088,602	\$1,100,579	\$1,022,000
2008	\$1,030,274	\$978,401	\$896,000
2007	\$1,038,962	\$865,972.00	\$873,000
2006	\$1,102,638	\$865,972.00	\$873,000

RECEIPTS AND DISBURSEMENTS

Item	Fee
Licensure by Endorsement Application	\$85.00
LSW, LGSW, LISW & LICSW Application	\$45.00
LSW Licensure and Renewal	\$81.00 (24 month fee)
LGSW Licensure and Renewal	\$144.00 (24 month fee)
LISW Licensure and Renewal	\$216.00 (24 month fee)
LICSW Licensure and Renewal	\$238.50 (24 month fee)

BOARD OF VETERINARY MEDICINE

“The mission of the Board is to promote, preserve, and protect the health, safety and welfare of the public and animals through the effective control and regulation of the practice of veterinary medicine.”

Board Members

Barbara Fischley, DVM, North Branch, MN, Professional Member
(Appt Date: 1/20/2010)

Jeremy Geske, New Prague, MN, Public Member
(Appt: 7/7/2005; Reappt: 2/3/2009)

Meg Glattly, DVM, Eagan, MN, Professional Member
(Appt: 2/17/1998; Reappt: 3/1/2007)

Delores Gockowski, DVM, Sturgeon Lake, MN, Professional Member
(Appt: 4/2/2008)

John Lawrence, DVM, Lonsdale, MN, Professional Member
(Appt: 7/8/2003; Reappt: 3/1/2007)

Joanne Schulman, DVM, Golden Valley, MN, Professional Member
(Appt: 2/8/2010; Reappt: 1/20/2010)

Sharon Todoroff, Columbus, MN, Public Member
(Appt: 4/2/2008)

Staff Members

John King, DVM, Executive Director
Donna Carolus, Office Manager

Minnesota Board of Veterinary Medicine
University Park Plaza Building
2829 University Avenue SE, Suite 540
Minneapolis, MN 55414
Telephone: 651-201-2844 Office FAX: 651-201-2842
Office e-mail: vet.med@state.mn.us
Office website: <http://www.vetmed.state.mn.us>



Letter from the Executive Director

Public protection and public safety continues to be the mission and top priority of the Minnesota Board of Veterinary Medicine. The board has effectively and efficiently met this mission with the resources derived from licensing fees and spending authority appropriated by the legislature and the Governor. The Minnesota Board of Veterinary Medicine and the 16 other allied health licensing boards in Minnesota are sole profession, collaborative state agencies that continue to be recognized nationally as a model for organizational structure and regulation. Several Board of Veterinary Medicine members also serve on national committees and boards that influence the regulation of veterinary medicine throughout North America.

Jon King, DVM, Executive Director
Minnesota Board of Veterinary Medicine

CREDENTIALS

Year	Credentials Renewed	New Licenses Issued	Total Licenses Issued	Online Renewals	
7/1/2008-6/30/2010	2,847	276	3,114	2,278	80%
7/1/2006-6/30/2008	3,046	304	2,758	1,783	65%
7/1/2004-6/30/2006	2,662	275	2,955	1,162	44%

COMPLAINTS

Year	Type of Complaint	Complaints Received	Complaints Closed	Cases Left Open
7/1/2008- 6/30/2010	Incompetence	66		Less than one year: 11 More than one year: 2
	Unprofessional Conduct	37		
	Chemical Dependency	5		
	Unlicensed Practice	32		
	Sanitation	4		
	Non-jurisdictional	4		
	Total		148	
7/1/2006- 6/30/2008	Incompetence	64		Less than one year: 111 More than one year: 8
	Unprofessional Conduct	35		
	Chemical Dependency	7		
	Unlicensed Practice	23		
	Sanitation	3		
	Non-jurisdictional	4		
	Total		134	
7/1/2004- 6/30/2006	Incompetence	57		Less than one year: 135 More than one year: 2
	Unprofessional Conduct	73		
	Chemical Dependency	2		
	Unlicensed Practice	40		
	Sanitation	4		
	Non-Jurisdictional	5		
	Total		182	

RECEIPTS AND DISBURSEMENTS

Fiscal Year Ending In	Receipts	Disbursements
2010		\$169,094
2008		\$164,289
2006		\$155,339

FEES

Fee	Amount
Jurisprudence Examination	\$50
Application	\$50
Initial License	\$200
Biennial Active License Renewal	\$200
Biennial Inactive License Renewal	\$100
Temporary Permit	\$50
Late fee (Inactive renewal)	\$50
Late fee (Active renewal)	\$100
Professional Firm Registration	\$100
Professional Firm Annual Report	\$25
Duplicate License	\$10
Mailing List	\$100
CE Sponsor Approval	\$50
License Verification	\$25

In addition to online license renewal the Minnesota Board of Veterinary Medicine website offers licensees the ability to update address and contact information online and allows citizens of Minnesota to check license verification of veterinarians and review disciplinary actions taken against veterinarians. The board website also provides access to complaint forms, continuing education sponsor forms and license application forms among others.

The development of additional diagnostic and therapeutic techniques in animal care and which groups of individuals are best suited to provide care to animals continues to be a challenge in the regulation of veterinary medicine. The public's desire to utilize alternative and complementary diagnostic and therapeutic services on their animals requires the board to continually evaluate scope of practice issues.

The number of complaints, the complexity of the complaints and the number of licensees regulated continues to increase. Board staff has continued to operate at 1.75 FTE in spite of additional workload demand through the evaluation and streamlining of board processes and procedures in addition to embracing, utilizing and expanding electronic government services. Prompt response to inquiries and service to the citizens of Minnesota continues to be a top priority along with public protection through the regulation of veterinary medicine.

HEALTH PROFESSIONALS SERVICES PROGRAM

“The mission of the Health Professionals Services Program (HPSP) is to enhance public safety in health care. Its goals are to promote early intervention, diagnosis and treatment for health professionals with illnesses, and to provide monitoring services as an alternative to board discipline. Early intervention enhances the likelihood of successful treatment, before clinical skills or public safety are compromised. “

Staff Members:

Monica Feider, Program Manager
Tracy Erfourth
Sheryl Jones
Caren Miller
Marilyn Miller
Mary Olympia
Kurt Roberts
Kimberly Zillmer

Minnesota Health Professionals Services Program
1380 Energy Lane, Suite 202
St. Paul, MN 55108
Telephone: 651-643-2120 Office FAX: 651-643-2163
Office e-mail: Sheryl.jones@state.mn.us
Office website: <http://www.hpsp.state.mn.us>



Letter from the Program Manager

Minnesota Statutes, section 214.31 to 214.37 charges the Health Professionals Services Program (HPSP) with the responsibility to “*protect the public from persons regulated by the [health licensing] boards [and the Emergency Medical Services Regulatory Board and the Dept. of Health] who are unable to practice with reasonable skill and safety by reason of illness, use of alcohol, drugs, chemicals or any other material, or as a result of any mental, physical or psychological condition.*”

The Health Professionals Services Program (HPSP) is a program of the health-licensing boards that provides monitoring services to health professionals with illnesses that may impact their ability to practice. HPSP implements Monitoring Plans to ensure that the health professionals obtain adequate treatment and do not cause patient harm. A plan may include the participant's agreement to comply with continuing care recommendations, practice restrictions, random drug screening, and support group participation.

When the HPSP started in August of 1994, five licensing boards participated in the program. Today all health-related licensing boards participate, as well as the Emergency Medical Services Regulatory Board and three professions administered by the Department of Health. This totals over 200,000 persons eligible for program services.

Monica Feider, Program Manager
Health Professionals Services Program

Program Committee

The Program Committee consists of one representative of each participating board. The Program Committee provides direction and assures the participating boards that HPSP is operating effectively and efficiently to achieve the purposes outlined in statute. Its goals are to ensure that the public is protected, participants are treated with respect, the program is well-managed, financially secure and operating consistently within the statute. The committee designates one of the health-related boards to act as an Administering Board to provide administrative support to HPSP. The Program Committee meets quarterly.

Judi Gordon, Behavioral Health and Therapy Board
Kim Hilll, Board of Chiropractic Examiners
Neal Benjamin, Dentistry
Kyle Renell, Department of Health
Janelle Peterson, Dietetics and Nutrition
Katherine Burke Moore, EMSRB
Marriage and Family Therapy
Keith Berge, Medical Practice
Maria Reines, Nursing

Judi Gordon, Behavioral Health and Therapy
Randy Snyder, Nursing Home Administrators
Marlene Reid, Optometry
Kathy Polhamus, Physical Therapy
Esther Newcombe, Podiatric Medicine
Susan Ward, Psychology
Rosemary Kassekert, Social Work
Sharon Todoroff, Veterinary Medicine

Advisory Committee

The Advisory Committee is required by statute to advise the Program Committee and the Program Manager. The Advisory Committee consists of one person appointed by each professional association by any means acceptable to them as identified in (Minn. Stat., section 214.32 subd. 1 (c) (1).) The Advisory Committee meets quarterly.

Jim Alexander, MN Pharmacists Association
Bruce Benson, MN Health Systems Pharmacists
Lois Cochran Schlutter, MN Psychological Association
Mary Ann Foldesi, MN Academy of Physician Assistants
Stephen Gulbrandsen, MN Dental Association
Jody Haggy, MN Nursing Association
Megan Hartigan, MN Ambulance Association
Randy Herman, MN Association of Social Workers
Rose Nelson, Ad Hoc Member

MN Society for Respiratory Care, not appointed
Todd Miller, Physicians Serving Physicians
Public Member, not appointed
Karen Sames, MN Occupational Therapy Association
Debra Sidd, MN Dental Hygienists Association
Karolyn Stirewalt, MN Medical Association
Sandy Swanson, MN Physical Therapy Association
Scott Wells, MN Veterinary Association

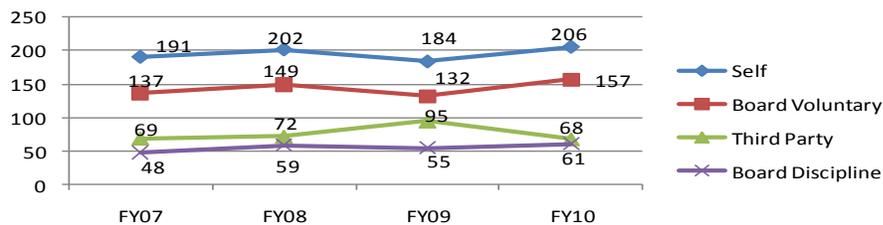
PARTICIPATION

When the HPSP started in August of 1994, five licensing boards participated in the program. Today all fifteen health-licensing boards participate, as well as the Emergency Medical Services Regulatory Board and three professions administered by the Department of Health. This totals over 200,000 persons eligible for program services.

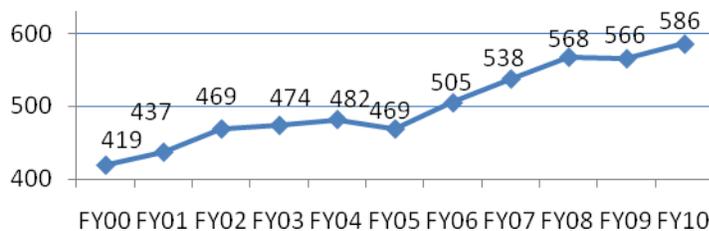
When the HPSP was conceived, it was not anticipated that health professionals would seek help and report themselves to the program at the current rate. While this is viewed as a positive response to program services, which enhances public safety in health care, participating boards are bearing the increased cost. Program growth puts financial stress on boards, which in turn, impacts the program.

Program resources need to be consistent with the rate of program growth. The current rate of growth threatens the ability of the program to provide quality services to health professionals who may be unable to practice safely.

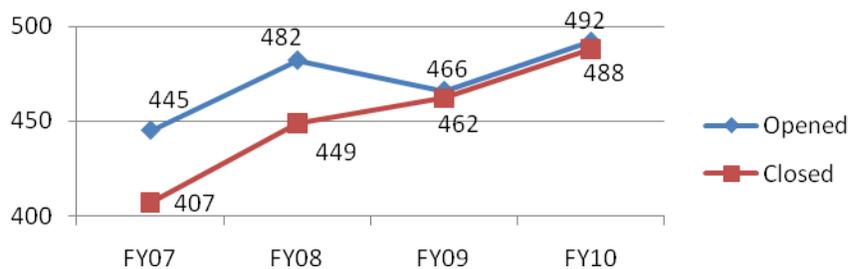
Number of Referrals by Referral Source and Fiscal Year



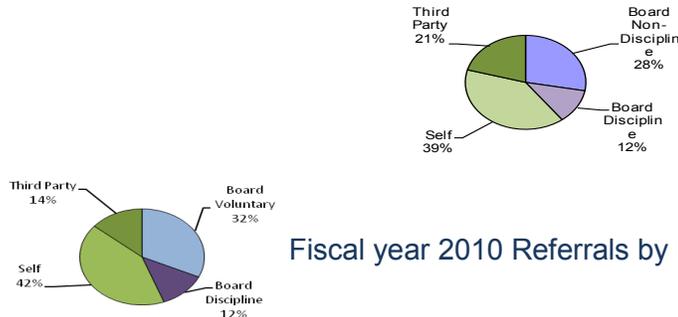
Number of Cases Open at End of Fiscal Year



Number of Cases Opened and Closed by Fiscal Year



Fiscal Year 2009 Referrals by First Referral Source: The following chart shows the percentage of referrals by first referral source from July 1, 2008 to June 30, 2009:



Fiscal year 2010 Referrals by First Referral Source

Referrals by First Referral Source and Board	Nursing Home Admin.				Behavioral Health & Therapy				Chiropractic				Dentistry				Dept. of Health				Dietetics & Nutritionists				EMSRB			
	07	08	09	10	07	08	09	10	07	08	09	10	07	08	09	10	07	08	09	10	07	08	09	10	07	08	09	10
Board Non-Discipline	0	0	2	0	3	5	0	8	14	9	11	12	16	23	26	44	2	6	3	3	0	0	0	0	4	18	3	7
Board Discipline	0	0	0	0	0	0	0	0	0	0	2	1	3	4	0	2	0	0	0	0	0	0	0	0	1	1	0	0
Self	0	0	0	0	6	2	1	10	4	0	1	3	3	7	5	2	2	1	3	0	0	0	0	0	7	8	2	3
Third Party	0	0	0	0	1	2	4	3	0	0	1	0	4	2	4	5	0	0	0	0	0	0	0	0	2	0	1	3
Sum	0	0	2	0	10	9	5	21	18	9	15	16	26	36	35	53	4	7	6	3	0	0	0	0	14	27	6	13
Referrals by First Referral Source and Board	Marriage & Family				Medical Practice				Nursing				Optometry				Pharmacy				Physical Therapy				Podiatric Medicine			
	07	08	09	10	07	08	09	10	07	08	09	10	07	08	09	10	07	08	09	10	07	08	09	10	07	08	09	10
Board Non-Discipline	0	0	0	1	20	15	23	21	70	60	50	49	0	0	0	0	2	3	5	3	3	4	3	3	0	0	0	0
Board Discipline	0	0	0	0	2	4	5	5	36	43	44	49	0	2	0	1	4	1	4	2	0	1	0	0	0	0	0	0
Self	2	1	3	1	35	34	32	28	113	128	125	136	0	0	0	0	13	5	4	9	0	1	4	3	0	0	0	0
Third Party	0	0	0	0	3	16	13	5	50	44	58	48	0	0	0	0	1	5	8	3	0	0	0	0	0	0	0	0
Sum	2	1	3	2	60	69	73	59	269	275	277	282	0	2	0	1	20	14	21	17	3	6	7	6	0	0	0	0
Referrals by First Referral Source and Board	Psychology				Social Work				Veterinary Medicine				TOTALS															
	07	08	09	10	07	08	09	10	07	08	09	10	07	08	09	10												
Board Non-Discipline	1	3	0	1	2	2	4	2	0	1	2	3	137	149	132	157												
Board Discipline	0	0	0	1	2	2	0	0	0	1	0	0	48	59	55	61												
Self	1	3	1	1	4	8	3	9	1	2	0	1	191	202	184	206												
Third Party	2	2	2	1	5	0	4	0	1	1	0	0	69	72	95	68												
Sum	4	8	3	4	13	12	11	11	2	5	2	4	445	482	466	492												

Discharges by Discharge Category – Fiscal

Discharges by Category and Board	Nursing Home Admin.				Behavioral Health & Therapy				Chiropractic				Dentistry				Dept. of Health				Dietetics & Nutritionists				EMSRB			
	Fiscal Year	07	08	09	10	07	08	09	10	07	08	09	10	07	08	09	10	07	08	09	10	07	08	09	10	07	08	09
Completion	0	0	0	0	3	1	1	1	2	5	3	3	7	6	5	5	0	1	1	1	0	0	0	0	2	1	6	2
Voluntary Withdraw	0	0	0	0	0	0	0	1	0	0	0	0	1	0	2	1	0	1	0	0	0	0	0	0	1	1	1	0
Non-Compliance	0	0	0	0	4	2	1	3	4	1	3	1	7	6	4	4	0	0	2	0	0	0	0	0	3	4	4	1
Deceased	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Ineligible - Monitored	0	0	0	0	0	1	1	0	0	0	0	1	2	0	2	0	0	0	0	0	0	0	0	0	0	1	0	0
Ineligible – Not Monitored	0	0	0	0	1	0	0	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0
No Contact	0	0	0	0	0	0	0	5	0	0	1	0	1	4	1	2	0	0	0	0	0	0	0	0	1	0	1	0
Non-Cooperation	0	0	0	0	2	0	3	3	2	0	1	0	1	3	1	3	0	1	1	0	0	0	0	0	1	4	3	4
Non-Jurisdictional	0	0	2	0	1	2	2	0	10	5	8	9	7	18	25	32	1	2	2	2	0	0	0	0	2	10	1	3
Sum	0	1	2	0	11	6	8	15	18	11	17	14	26	37	40	47	1	5	6	3	0	0	0	0	11	21	16	10
Discharges by Category and Board	Marriage & Family				Medical Practice				Nursing				Optometry				Pharmacy				Physical Therapy				Podiatric Medicine			
	Fiscal Year	07	08	09	10	07	08	09	10	07	08	09	10	07	08	09	10	07	08	09	10	07	08	09	10	07	08	09
Completion	0	0	0	0	33	24	33	39	60	73	85	98	1	0	0	0	7	3	8	12	3	1	1	3	1	0	0	0
Voluntary Withdraw	0	1	0	0	1	0	3	3	18	11	9	11	0	0	0	0	1	1	1	1	0	0	0	0	0	0	0	0
Non-Compliance	0	0	0	0	1	6	2	1	93	98	79	74	0	0	0	0	2	9	1	3	2	0	1	1	0	0	0	0
Deceased	0	0	0	0	1	0	2	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Ineligible - Monitored	0	0	0	0	6	6	4	2	9	10	13	16	0	0	0	0	0	1	0	3	0	0	0	0	0	0	0	0
Ineligible – Not Monitored	0	1	0	0	1	7	7	2	12	12	12	15	0	0	0	0	1	2	0	0	0	0	0	1	0	0	0	0
No Contact	0	0	0	0	3	2	5	0	5	4	12	11	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0
Non-Cooperation	1	0	0	0	4	5	3	2	22	27	20	32	0	0	1	0	2	2	5	4	0	0	0	0	0	0	0	0
Non-Jurisdictional	0	0	2	0	15	9	14	21	15	25	28	19	0	0	0	1	2	0	3	2	0	4	2	1	0	0	0	0
Sum	1	2	2	0	65	63	73	70	235	260	259	276	1	0	1	1	15	18	19	25	5	5	4	6	1	0	0	0

Discharges by Category and Board	Psychology				Social Work				Veterinary Medicine				Total			
	07	08	09	10	07	08	09	10	07	08	09	10	07	08	09	10
Completion	0	4	2	1	4	1	1	6	0	3	0	3	123	123	146	174
Voluntary Withdraw	0	0	0	0	1	2	0	1	0	1	0	0	23	18	16	18
Non-Compliance	1	1	0	0	0	1	1	1	1	0	0	1	118	128	98	90
Deceased	0	0	0	0	0	0	0	0	0	0	0	0	2	0	3	1
Ineligible - Monitored	0	0	0	1	1	1	0	0	0	0	1	0	18	20	23	23
Ineligible – Not Monitored	1	1	0	1	2	2	1	1	0	0	0	0	19	25	21	21
No Contact	0	0	0	0	1	1	0	1	0	0	0	0	12	11	21	19
Non-Cooperation	0	0	0	1	2	2	5	0	0	0	1	0	37	44	44	49
Non-Jurisdictional	1	2	1	0	1	2	0	2	0	1	0	1	55	80	90	93
Sum	3	8	3	4	12	12	18	12	1	5	2	5	407	449	462	488

OFFICE OF UNLICENSED COMPLEMENTARY AND ALTERNATIVE HEALTH CARE PRACTICE

“The purpose of this office, located in the Minnesota Department of Health (MDH) is to protect consumers who receive complementary and/or alternative health care services from practitioners who fall outside of state licensing authorities.”

Staff Members:

Richard Hnasko, Investigator

Health Occupations Program/OCAP
Minnesota Department of Health
PO Box 64882
St. Paul, MN 55164-0882

(651) 201-37231

Fax: (651) 201-3839

Office Website:

<http://www.health.state.mn.us/divs/hpsc/hop/ocap>

Office E-mail: Health.HOP@state.mn.us

The purpose of this office, located in the Minnesota Department of Health (MDH) is to protect consumers who receive complementary and/or alternative health care services from practitioners who fall outside of state licensing authorities. These practitioners include, but are not limited to, persons who provide massage therapy, bodywork, homeopathy, traditional naturopathy, herbology, healing practices utilizing food, food supplements and nutrients, healing touch, culturally traditional healing practices, and traditional Oriental practices. There are an estimated 2,700 practitioners in Minnesota.

Complementary and alternative health care modalities continue to be a widely accepted and accessed option for health care



consumers in Minnesota and across the nation. There is need for continuing regulatory oversight and personnel to disseminate information to practitioners, consumers and interested persons, along with reviewing research and studies of alternative and complementary modalities.

The office receives and investigates complaints against unlicensed complementary and alternative health care practitioners and may take civil enforcement action for violations of prohibited conduct. The office also acts as an information clearinghouse by providing the public, practitioners, and interested persons, with information about regulation of unlicensed complementary and alternative health care practitioners in Minnesota.

The office coordinates investigations involving matters within the jurisdiction of more than one regulatory agency by making appropriate referrals to other state boards, agencies, departments responsible for licensing health-related occupations, facilities and programs, and law enforcement personnel in this and other states.

OCAP continues to maintain a collaborative relationship with the local office of the Federal Food and Drug Administration (FDA). The FDA has continued to assist OCAP in understanding medical device regulation. OCAP and the FDA do not have overlapping jurisdictions, and such collaboration is necessary in order to be efficient and effective.

The office responded to 406 inquiries from practitioners, consumers, complainants, regulators and other interested persons during the biennium. These inquiries included responding to questions, providing information about disciplinary actions taken, and mailing out brochures/information and complaint packets.

The office continued to revise and update its website to include better consumer and practitioner information. Interested persons can now review all disciplinary actions taken by the office since inception in 2001.

During the 2007-2008 legislative session, the legislature passed a proposal for the registration of naturopathic doctors by the Minnesota Board of Medical Practice and instructed the Commissioner of Health to convene a work group, which included the Director of the MDH Health Occupations Program and an OCAP representative, to make recommendations about naturopath registration. This task was completed and the recommendations submitted in March 2009. At the close of the biennium, there were 22 persons listed as registered naturopaths with the Minnesota Board of Medical Practice. This registration will have little impact on the operations of OCAP as less than one percent of OCAP practitioners will meet the requirements for registration as naturopathic doctors. Traditional naturopaths, not registered with the Minnesota Board of Medical Practice, remain under the jurisdiction of OCAP.

During FY 2009 and the first two months of FY 2010, the office had one FTE investigator. The office had no staff 09/01/2009 through 06/30/2010 due to unallotment. The office resumed operations 07/01/2010 and currently has one .75 FTE investigator.

Richard Hnasko, Investigator
Office of Unlicensed Complementary and Alternative Health Care Practice

COMPLAINTS

Biennium ending	Complaints Received by Type		Complaints Closed	Cases Left Open
June 30, 2010	Sexual Misconduct	12	10	Less than one year: 3
	Harm to Public / Client	13		More than one year: 46*
	Misrepresentation	3		
	False Advertising	1		
	Failure to follow Order	2		
	Criminal conviction	0		
	Failure to furnish records	0		
	Failure to use client BOR	0		
	Other	0		
June 30, 2008	Sexual Misconduct	9	22	Less than one year: 8
	Harm to Public / Client	7		More than one year: 20
	Misrepresentation	2		
	False Advertising	0		
	Failure to follow Order	0		
	Criminal conviction	0		
	Failure to furnish records	0		
	Failure to use client BOR	0		
	Other	0		
June 30, 2006	Sexual Misconduct	5	32	Less than one year: 14
	Harm to Public / Client	13		More than one year: 20
	Misrepresentation	3		
	False Advertising	1		
	Failure to follow Order	1		
	Criminal conviction	2		
	Failure to furnish records	1		
	Failure to use client BOR	1		
	Other	1		
June 30, 2004	Sexual Misconduct	16	13	Less than one year: 18
	Harm to Public / Client	14		More than one year: 19
	Misrepresentation	4		
	False Advertising	1		
	Failure to follow Order	0		
	Criminal conviction	0		
	Failure to furnish records	0		
	Failure to use client BOR	0		
	Other	5		
June 30, 2002	Sexual Misconduct	3	6	Less than one year: 8
	Harm to Public / Client	7		More than one year: 1
	Misrepresentation	2		
	False Advertising	1		
	Failure to follow Order	0		
	Criminal conviction	0		
	Failure to furnish records	0		
	Failure to use client BOR	0		
	Other	4		

The Office of Unlicensed Complementary and Alternative Health Care Practice operations were suspended September 1, 2009 through June 30, 2010, due to unallotment, therefore, no investigative activity occurred on pending complaints during the remaining 10 months of FY 2010.

DISBURSEMENTS AND PENALTIES

Fiscal Year	Civil Penalties	Disbursements
FY 2009-2010	\$628	\$77,802 (Operations suspended due to unallotment 9/1/09—6/30/10)
FY 2007-2008	\$805	\$156,785 (includes \$22,845 in costs for the Attorney General's Office)
FY 2006	\$5,130	\$1114,834
FY 2004	0	\$33,332 (Investigator position vacant due to limited funding, FY 2004)
FY 2002	0	\$50,164



Minnesota Health Licensing Boards

Biennial Reports

July 1, 2008
To
June 30, 2010
Appendices



Historical Information and Additional
Board Data

Minnesota Health
Licensing Boards

Biennial Reports

July 1, 2008

To

June 30, 2010

Appendices

This appendix to the 2008-2010 Biennial Reports of the Health-Related Licensing Boards includes information provided by:

- Minnesota Board of Barber Examiners
- Minnesota Board of Behavioral Health and Therapy
- Minnesota Board of Chiropractic Examiners
- Minnesota Board of Cosmetologist Examiners
- Minnesota Board of Dentistry
- Minnesota Board of Dietetics and Nutrition Practice
- Minnesota Board of Marriage and Family Therapy
- Minnesota Board of Medical Practice
- Minnesota Board of Nursing
- Minnesota Board of Examiners for Nursing Home Administrators
- Minnesota Board of Optometry
- Minnesota Board of Pharmacy
- Minnesota Board of Physical Therapy
- Minnesota Board of Podiatric Medicine
- Minnesota Board of Psychology
- Minnesota Board of Social Work
- Minnesota Board of Veterinary Medicine
- Minnesota Health Professionals Services Program
- Minnesota Office of Complementary and Alternative Health Care Practice

This contains supplemental information submitted by each board, that was not included in the main body of the report.

Minnesota Board of Barber Examiners

Legislative change in Biennium

Session law 2009, Chapter 101, Article 2, Section 59.	Office of Enterprise Technology Licensing surcharge adding 10% surcharge to all new and renewal licensing fees.
Session law 2009, Chapter 78, Article 1 , Section 16	Budget Allocation
Session law 2009, Chapter 78, Article 6 , Section 9	Creation of the Board of Barber Examiners separate from the Board of Cosmetologist Examiners
Session Law 2010, Chapter 215, Article 8, Section 3 Section 4	Barber Board Officers Increases fees

There were no proposed or adopted Rule changes proposed or adopted during the reporting period.

Active Licenses as of June 30, 2010

The Minnesota Barber Board does not keep statistical data related to gender

Type of License	Age	Residency	Total
Barber Shop Licenses	N/A	N/A	835
Barber School Licenses	N/A	N/A	5
Student Barer Permits	Age 18-25- 38 Age 26-35- 47 Age 36-45- 19 Age 46-55- 9 Age 56+- 1	Minnesota 113 Other Location 1	114
Apprentice Barber Licenses	Age 19-25- 20 Age 26-35- 75 Age 36-45- 29 Age 46-55- 15 Age 56+- 2	Minnesota 141 Other Location 4	145
Registered (Master) Barber Licenses	21-35- 155 36-45- 263 46-55- 498 56 – 65- 493 66 – 75- 464 76+ - 115 No Data - 89	Minnesota 1938 Other Location 24	1962
Barber Instructor Licenses	36-45- 2 46-55- 2 56- 65 5 65+ 1	Minnesota 10 Other Location 0	10
TOTAL LICENSES Active 06/30/2010			3071

Examinations administered by the Board during the biennium. The exams are not national tests.

- August 4, 2008 Apprentice and Master Barber: Practical and Oral Examinations
Minnesota School of Barbering, 3615 East Lake Street, Minneapolis
- October 13, 2008 Apprentice Barber: Practical, Written, and Oral examinations
Moose Lake Correctional Facility, 1000 Lake Shore Drive, Moose Lake
- November 3, 2008 Apprentice and Master Barber: Practical and Oral Examinations
Moler Barber School, 2500 Central Avenue NE, Minneapolis
- February 2, 2009 Apprentice and Master Barber and Instructor: Practical and Oral Examinations
Minnesota School of Barbering, 3615 East Lake Street, Minneapolis,
- April 20, 2009 Apprentice Barber and Instructor: Practical, Written, and Oral examinations
Moose Lake Correctional Facility, 1000 Lake Shore Drive, Moose Lake
- May 4, 2009 Apprentice and Master Barber: Practical and Oral Examinations
Moler Barber School, 2500 Central Avenue NE, Minneapolis
- August 3, 2009 Apprentice and Master Barber: Written, Practical and Oral Examinations
Minnesota School of Barbering, 3615 East Lake Street, Minneapolis
- October 19, 2009 Apprentice Barber: Practical, Written, and Oral examinations
Moose Lake Correctional Facility, 1000 Lake Shore Drive, Moose Lake
- November 2, 2009 Apprentice and Master Barber: Written, Practical and Oral Examinations
Moler Barber School, 2500 Central Avenue NE, Minneapolis
- February 1, 2010 Apprentice and Master Barber: Written, Practical and Oral Examinations
Minnesota School of Barbering, 3615 East Lake Street, Minneapolis
- May 3, 2010 Apprentice and Master Barber and Instructor: Written, Practical and Oral Examinations
Moler Barber School, 2500 Central Avenue NE, Minneapolis

Minnesota Board of Barber Examiners (Continued)

Number of persons examined by the Board (age, gender, and residency data not available)

Number of persons licensed by the Board after taking the examination

Number of persons not licensed after taking the examination

Type of Examination	Passed Exam and Licensed (J)	Failed Exam Not Licensed (K)	Total Examinations (I)
Apprentice Exams	113	25	138
Registered (Master) Barber	80	56	136
Instructor	3	1	4
Totals	196	82	278

Number of persons licensed by the Board without examination 0

Number of persons previously licensed whose license was revoked, suspended. Or otherwise altered.

Twelve (12) licenses were suspended based on Minnesota Statutes §518A.66 for child support orders

Number of written and oral complaints and other communication received by the Executive Secretary and persons performing services for the board.	Summary of Dispositions
Summary by Category	Disposition
Four (4) written complaints regarding unlicensed activity	Reviewed by the complaint committee and closed due to incomplete information received.
Two (2) written complaints regarding sanitation issues	One closed by complaint committee for incomplete information. One referred for inspection which occurred, corrections recommended and all found in good order upon re-inspection one month later.
Three (3) miscellaneous written complaints	One referred for inspection and correction was ordered and completed per re-inspection follow-up. One was closed after review by complaint committee for incomplete information. One was closed as non-jurisdictional and referred to the Cosmetologist Board of Examiners.

Minnesota Board of Behavioral Health and Therapy

Minnesota Board of Behavioral Health and Therapy (BBHT)

Number and Type of Credentials Issued or Renewed:

Total Number of persons licensed as of June 30, 2010	Number and Type of Credentials Issued during biennium ending June 30, 2010	Total Credentials Renewed during biennium ending June 30, 2010	
2142 LADC 143 Temp. Permit 557 LPC 170 LPCC	<u>Type</u> LADC ADC Temp. Permit LPC LPCC	<u>Number Issued</u> 504 257 229 57	<u>Number Renewed</u> 2500 532 970 63

Total Number of persons licensed as of June 30, 2008	Number and Type of Credentials Issued during biennium ending June 30, 2008	Total Credentials Renewed during biennium ending June 30, 2008	
1757 LADC 296 Temp. Permit 539 LPC 12 LPCC	<u>Type</u> LADC ADC Temp. Permit LPC LPCC	<u>Number</u> 403 356 272 12	Not Available

Total Number of persons licensed as of June 30, 2006	Number and Type of Credentials Issued during biennium ending June 30, 2006	Total Credentials Renewed during biennium ending June 30, 2006	
1464 LADC 203 Temp. Permit 373 LPC	<u>Type</u> LADC ADC Temp. Permit LPC	<u>Number</u> 142 (FY 06 only) 149 (FY 06 only) 360	Not Available

Number of Complaints Received:

Number of Complaints Received (opened) by type in biennium ending June 30, 2010	Number of Complaints Received online
138 Complaints received – LADC 27 Complaints received– LPC	Not Applicable

Number of Complaints Received (opened) by type in biennium ending June 30, 2008	Number of Complaints Received online
157 Complaints received – LADC 21 Complaints received - LPC	Not Applicable

Number of Complaints Received (opened) by type in biennium ending June 30, 2006	Number of Complaints Received online
52 Complaints received - LADC (FY 06 only) 8 Complaints received - LPC	Not Applicable

Number and age of complaints open at the end of the period:

Number of Complaints Closed in biennium ending June 30, 2010	Number of Complaints Open as of June 30, 2010
184 – LADC (3 disciplinary actions taken) 23 - LPC	62 – LADC (52 open for less than 1 yr.; 10 open for more than 1 yr.) 16 – LPC (15 open for less than 1 yr.; 1 open for more than 1 yr.)

Number of Complaints Closed in biennium ending June 30, 2008	Number of Complaints Open as of June 30, 2008
248 – LADC 8 - LPC	Data not available

Number of Complaints Closed in biennium ending June 30, 2006	Number of Complaints Open as of June 30, 2006
99 – LADC 7 – LPC	Data not available

As of July 1, 2005, the Board began regulating Licensed Alcohol and Drug Counselors when the program was transferred to the Board from the Department of Health (MDH). In addition to BBHT inheriting a program debt from MDH of \$1,044,000, MDH also transferred 263 open complaint files. Over the past five years, BBHT has reduced the number of open complaint files to only 62 (52 of which have been open for less than one year), reduced the LADC program debt to \$367,000, and is on target to retire the debt by 2013 or earlier. BBHT has accomplished this with only 2 full time equivalent employees for the LADC program while MDH had 3.33 full time equivalent employees assigned to the LADC program.

Receipts, Disbursements and Major Fees

The LPC program has an annual base budget of \$144,000 and the LADC program has an annual base budget of \$250,000.

Item	FY 2009 and FY 2010
LPC Receipts	\$460,042
LADC Receipts	\$947,156
LPC Disbursements	\$313,156
LADC Disbursements	\$626,322
Total Bd. Receipts	\$1,407,208
Total Bd. Disb.	\$939,478

Legislation passed in 2007 reduced the annual base budget for the Board by approximately 42%. The LPC program annual base budget was reduced from \$350,000 to \$144,000, and the annual base budget for the LADC program was reduced from \$323,000 to \$250,000.

Item	FY 2007 and FY 2008
LPC Receipts	\$270,715
LADC Receipts	\$901,679
LPC Disbursements	\$202,433
LADC Disbursements	\$529,213
Total Bd. Receipts	\$1,172,394
Total Bd. Disb.	\$731,646

In FY 2005 and FY 2006, the LPC program had an annual base budget of \$350,000 and the LADC program had an annual base budget of \$323,000.

Item	FY 2005 and FY 2006
LPC Receipts	\$149,966
LADC Receipts	\$719,030
LPC Disbursements	\$528,060
LADC Disbursements	\$600,883
Total Bd. Receipts	\$868,996
Total Bd. Disb.	\$1,128,943

Board legislation in 2007 related to fees passed and created new application and licensure fees and established fees for continuing education sponsors and licensure supervisors.

LPC and LPCC Fees	Amount
LPC and LPCC Application Fee	150
LPC and LPCC Initial License Fee	250
LPC/LPCC Renewal Fee (Active)	250
LPC/LPCC Renewal Fee (Inactive)	125
LPC and LPCC Late Renewal Fee	100
Board Order Copy	10
License Verification	25
Duplicate Certificate Fee	25
Supervisor Application Fee	30
CE Course Sponsor Fee	60
Professional Firm Renewal Fee	25
Initial Registration Fee	50
Annual Registration Renewal Fee	25

LADC Fees	Amount
Application for licensure	295
Biennial Renewal Fee (Active)	295
Biennial Renewal Fee (Inactive)	150
Temp. Permit Application Fee	100
Temp. Permit Renewal Fee	150
Late Renewal Fee	25% of re- newal fee
License Verification	25
Surcharge Fee (Lic. App. & Renewal)	99
Approved Supervisor App. Fee	30
Continuing Education Sponsor Fee	60
Duplicate Certificate Fee	25
Board Order Copy Fee	10
Renewal Fee After Expiration	Renewal fee, late fee, and \$100 for CE review
Penalty Fee (Practice w/o license after expiration or before renewal)	Renewal fee for any part of first month, plus renewal fee for any part of any subsequent month up to 36 months
Penalty Fee (applicant practice w/o license)	Lic. app. fee for any part of first month, plus lic. app fee for any part of any sub- sequent month up to 36 months
Penalty Fee Related to Late CE Re- porting or Insufficient CE	\$100 for late report; \$20 for each missing clock hour

The State of Health Occupation Regulation

The Board has 3.0 full-time equivalent positions. In the past biennium the Board has on two occasions utilized temporary workers during staff member family leaves of absence. The full time staff members include an executive director, a licensing coordinator for the LPC/LPCC program and a licensing coordinator for the LADC program. Every staff member of the Board must have a broad base of knowledge and skills. While each staff member has a specialty (e.g. licensure expert for each program and executive director who must have overall knowledge and skills related to all regulatory and administrative duties of the Board), the needs of the Board, the professionals regulated by the Board, and the recipients of counseling services require that all employees have a basic knowledge of all Board operations in order to answer questions and provide information to applicants, licensees, and members of the public. Because of its small staff, the Board relies heavily on the detailed information on its website to assist applicants, licensees, and the public.

The staffing level and base budget have not changed in the last four years, but the number of regulatory duties has increased along with the number of applicants and licensees. The base budget that was reduced by approximately 42% in 2007 will need to be increased in the very near future to allow the Board to have an adequate number of staff members to regulate the LADC and LPC/LPCC professions.

In 2008, the Board established a Public Advisory Committee to assist the Board's Legislative Committee in rewriting regulations for LADCs in order to remove confusing, obsolete, repetitive, and unnecessary language. The Board has continued to work with the Advisory Committee and other interested persons to improve the regulations related to alcohol and drug counseling. The Board's Legislative Committee convened 16 times between March 2008 and February 2010 to develop a legislative proposal. The Board intends to move forward with legislation in the 2011 session to accomplish the goals set in 2008. The legislation, if passed, will make LADC regulation and licensing processes more efficient and cost effective.

In June 2009, the Board hired a consultant to construct a regulation and licensing database system to consolidate all previous BBHT databases into a single licensing and regulation database system. The single database will streamline regulation and licensing processes and enable the Board to issue and renew licenses and perform its other regulatory duties in a more efficient and cost effective manner. The project is scheduled to be finished by June 30, 2011. Online services will include, at a minimum, license renewals, license verifications, and data requests (mailing lists and reports).

One of the emerging issues of great concern to the Board relates to legislation passed in 2009. Minnesota Statutes section 16E.22 created a statewide electronic licensing system. The statute requires that the Board collect a ten percent surcharge of initial license and renewal fees for six years beginning July 1, 2009, and continuing through June 30, 2015. In FY 10, BBHT collected surcharge fees from its licensees in the amount of \$55,428 and transferred those funds to an electronic licensing account for use by the Office of Enterprise Technology (OET). The six year total of funds to OET will exceed \$330,000. It is unknown to the Board how OET is using the funds, and it is uncertain how this initiative will improve the critical functionality of the regulation database that the Board will already have in place. If BBHT is required to pay for the costs to connect to a statewide electronic licensing system without an increase in its base budget, it will have a significant impact on the Board's ability to regulate the professions it is charged with regulating. The Board cannot afford to pay any costs out of its operating budget to connect to the OET statewide system, and any fee increases to fund the connection will make LADC and LPC/LPCC licensure fees some of the highest in the country.

Board Members:

Pursuant to Minnesota Statutes section 148B.51, the Board is required to have thirteen members who are appointed by the Governor for four-year terms. Five of the members shall be professional counselors licensed or eligible for licensure under sections 148B.50 to 148B.593. Five of the members are to be alcohol and drug counselors licensed under chapter 148C. Three of the members shall be public members as defined in section 214.02.

The Board convened for 8 quarterly board meetings. The following committees of the Board met regularly to accomplish the duties of the Board: Legislative, Application and Licensure, Complaint Resolution, Personnel, Executive, and Examination Evaluation. The Application and Licensure Committee and the Complaint Resolution Committee meet monthly. Other committee meetings are scheduled as needed. The Board has been hampered by not having a full complement of board members for most of the last 6 years. Finally, as of June 2010, the Board has a full complement of Board members. The names of the persons holding the seats as of June 30, 2010 are as follows:

Board Member Name	Residence	Occupation	Professional Member / Public Member	Date of Appointment	Date of Reappointment
Barbara Carlson	New Ulm, MN	LADC	Professional	6.28.2006	6.22.2010
Marlae Cox-Kolek	Mankato, MN	LADC	Professional	3.16.2009	
Freddie Davis-English	Plymouth, MN		Public	4.28.2005	3.16.2009
Douglas Frisk	New Brighton, MN		Public	6.14.2004	7.28.2008
Judi Gordon	St. Paul, MN	LADC	Professional	4.28.2005	3.16.2009
Yvonne Hundshamer	St. Paul, MN		Public	6.22.2010	
Kristen Piper	St. Louis Park, MN	LPC	Professional	6.28.2006	6.22.2010
Duane Reynolds	New Hope, MN	LADC	Professional	6.14.2004	7.28.2008
Walter Roberts, Jr.	North Mankato, MN	LPC	Professional	6.14.2004	7.28.2008
Nicholas Ruiz	Inver Grove Heights, MN	LPC	Professional	11.21.2003	7.28.2008
Robert Schmillen	Granite Falls, MN	LADC	Professional	3.16.2009	
Judy Sherwood	St. Paul, MN	LPC	Professional	8.4.2008	
Nona Wilson	St. Cloud, MN	LPC	Professional	1.31.2006	3.16.2009

The BBHT was created in 2003 and it regulates professional counselors and alcohol and drug counselors in Minnesota. Professional counselors are master's level mental health counselors employed in a variety of settings who provide mental health counseling services to adults, families, and children in Minnesota. Alcohol and drug counselors provide counseling services to persons relative to the abuse of or the dependency on alcohol or other drugs.

Since its creation, the Board has struggled with complex regulatory requirements, budget issues, and a staffing level that is barely able to provide good customer service and quality protection to the public. Despite these challenges, the Board has successfully moved forward with legislation to improve licensure processes, has instituted office policies and procedures to keep administrative expenses at a minimum, and has developed regulatory processes that are efficient and cost effective. If revenue estimates are realized, both programs will be out of debt by 2015.

With the help of the Legislature, changes were made in 2004, 2005, 2007, and 2009 to set fees, streamline licensing requirements, create a clinical level of professional counselor licensure, and define LPCCs as mental health professionals. The

first LPC licenses were issued in June 2004. Through the rulemaking process the board adopted 4 sets of rules related to license renewal, continuing education, supervision, and professional conduct. The rules were adopted by the summer of 2005 and expedited rules clarifying continuing education requirements were adopted in 2006. The Board plans to pursue legislation in 2011 that will improve the regulation and licensure process for LADCs.

In 2006 the Board participated in a task force ordered by the legislature to make recommendations on common licensing standards for mental health professionals. The task force report was issued on January 15, 2007, and the LPCC license was created that same year and is based on recommendations in that report. The first LPCC licenses were issued in March 2008. Since licensure was created LPCs and LPCCs have struggled for recognition, employment, and reimbursement despite the rigorous education and supervision standards they have to meet to obtain licensure. Unfortunately, legislation to make LPCCs mental health professionals failed in 2007 and 2008 preventing them from being Medical Assistance program providers. On May 15, 2009, Governor Pawlenty signed into law a bill making LPCCs mental health professionals. Effective January 1, 2010, the Minnesota Department of Human Services received federal approval for the Medicaid State Plan Amendment making LPCCs eligible for reimbursement for services provided to Medical Assistance and MinnesotaCare clients.

Similar to the other health licensing boards, the BBHT is funded through fees paid by applicants and licensees which are deposited in the Special Revenue Fund. The BBHT base budgets are small: a \$144,000 annual budget for the LPC program; and a \$250,000 annual budget for the LADC program. The majority of the budgets are used for staff salaries, office rent, equipment and supplies. In 2008, legislation was passed [Session Laws chapter 363, Art 18, section 5, subd. 1] requiring that \$3.219 million be transferred from the Special Revenue Fund to the General Fund to fund other programs. The BBHT share was \$90,000 even though the BBHT does not have a positive balance in the Special Revenue Fund. This loss of funds is crippling to a small board like BBHT which has worked so diligently to be fiscally responsible and to retire its debts. Legislation passed in 2010 resulted in several million more dollars being transferred from the Special Revenue Fund to the General Fund to fund other programs. The seizing of Special Revenue Fund resources to fund other programs reduces the ability of health licensing boards to protect the public, does not serve the licensees who pay the fees to regulate their professions, and may increase costs for consumers who receive services from licensed health professionals.

The goals of the Board in the next five years include retiring program debt, utilizing its website and online services to improve the efficiency of regulation and licensing processes, and maintaining an adequate staffing level of skilled personnel to provide high quality services to applicants, licensees, and the public.

Minnesota Board of Cosmetologist Examiners

A. Non Health Board Biennial Report

Minnesota Board of Cosmetologist Examiners
 Number and Type of Credentials Issued or Renewed

Total Number of persons licensed or registered as of June 30, 2010	Number and Type of Credentials Issued or Renewed during biennium ending June 30, 2010	Number and Per Cent of Credentials Renewed Online during biennium ending June 30, 2010	
Licensed: 40,000+	<u>Type</u> Cosmetologist: Esthetician: Manicurist: Cosmetologist Manager: Esthetician Manager: Manicurist Manager: Cosmetologist Instructor: Esthetician Instructor: Manicurist Instructor: School Manager: Other <i>Cosmetologist Salon:</i> <i>Esthetician Salon:</i> <i>Manicurist Salon:</i> <i>School:</i> <u>BY CATEGORY</u> Operator: Manager: Instructor: Other: Salon: Schools:	<u>Number</u> 4,981 511 1,103 4,909 117 432 160 3 2 46 500 1,696 71 195 51 18,117 15,857 460 500 5,195 17	<u># / Per Cent</u> [list by type; if unavailable by type, list total only] Total 33%

Total Number of persons licensed or registered as of June 30, 2009	Number and Type of Credentials Issued or Renewed during biennium ending June 30, 2009	Number and Type of Credentials Renewed Online (# and per cent) during biennium ending June 30, 2009	
35,000+	<u>Type</u> Cosmetologist: Esthetician: Manicurist: Cosmetologist Manager: Esthetician Manager: Manicurist Manager: Cosmetologist Instructor: Esthetician Instructor: Manicurist Instructor: School Manager: Other <i>Cosmetologist Salon:</i> <i>Esthetician Salon:</i> <i>Manicurist Salon:</i> <i>School:</i>	<u>Number</u> 4,944 550 968 4,943 96 436 162 12 3 54 1,766 64 183 9	# / Per Cent [list by type; if unavailable by type, list total only] Total: 13%

Total Number of persons licensed or registered as of June 30, 2008	Number and Type of Credentials Issued or Renewed during biennium ending June 30, 2008	Number and Type of Credentials Renewed Online (# and per cent) during biennium ending June 30, 2008 [by type, if available]	
31,000+	<u>Type</u> Cosmetologist/Esthetician/ Manicurist: Cosmetologist Manager/ Esthetician/ Manicurist/ School Manager: Cosmetologist/Esthetician/Manicurist Instructor: Cosmetologist/Esthetician/Manicurist Salon: School:	<u>Number</u> <u>5,197</u> <u>5,230</u> <u>119</u> <u>2,114</u> <u>15</u>	# / Per Cent [list by type; if unavailable by type, list total only] Total: Not Available

Total Number of persons licensed or registered as of June 30, 2007	Number and Type of Credentials Issued or Renewed during biennium ending June 30, 2007		Number and Type of Credentials Renewed Online (# and per cent) during biennium ending June 30, 2007
30,000+	<u>Type</u> Cosmetologist/Esthetician/ Manicurist: Cosmetologist Manager/ Esthetician/ Manicurist/ School Manager: Cosmetologist/Esthetician/ Manicurist Instructor: Cosmetologist/Esthetician/ Manicurist Salon: School:	<u>Number</u>	# / Per Cent [list by type; if unavailable by type, list total only] Total: Not Available

Total Number of persons licensed or registered as of June 30, 2006	Number and Type of Credentials Issued or Renewed during biennium ending June 30, 2006		Number and Type of Credentials Renewed Online (# and per cent) during biennium ending June 30, 2006
32,000+	<u>Type</u> Cosmetologist/Esthetician/ Manicurist: Cosmetologist Manager/ Esthetician/ Manicurist/ School Manager: Cosmetologist/Esthetician/ Manicurist Instructor: Cosmetologist/Esthetician/ Manicurist Salon: School:	<u>Number</u>	# / Per Cent [list by type; if unavailable by type, list total only] Total: Not Available

Number of Complaints Received

Number of Complaints Received (opened) by type in biennium ending June 30, 2010	Number of Complaints Received online
107 Total Complaints 95 Jurisdictional 12 Non-Jurisdictional 79 Public Safety Related 28 Other	Not Available for online submission, but can email, fax or mail.

Number of Complaints Received (opened) by type in biennium ending June 30, 2009	Number of Complaints Received online
55 Total Complaints 47 Jurisdictional 8 Non Jurisdictional 39 Public Safety Related 16 Other	Not Available for online submission, but can email, fax or mail.

Number of Complaints Received (opened) by type in biennium ending June 30, 2008	Number of Complaints Received online
54 Total Complaints (Barber and Cosmetology Combined)	Not Available for online submission, but can email, fax or mail.

Number of Complaints Received (opened) by type in biennium ending June 30, 2007	Number of Complaints Received online
48 Total Complaints (Barber and Cosmetology Combined)	Not Available for online submission, but can email, fax or mail.

Number of Complaints Received (opened) by type in biennium ending June 30, 2006	Number of Complaints Received online
36 Total Complaints (Barber and Cosmetology Combined)	Not Available for online submission, but can email, fax or mail.

Number and age of complaints open at the end of the period

Number of Complaints Closed in biennium ending June 30, 2010	Number of Complaints Open as of June 30, 2010 [listed by < one year or > One year]
63 Complaints Closed	44 Open Complaints

Number of Complaints Closed in biennium ending June 30, 2009	Number of Complaints Open as of June 30, 2009 [listed by < one year or > One year]
25 Complaints Closed	30 Open Complaints

Number of Complaints Closed in biennium ending June 30, 2008	Number of Complaints Open as of June 30, 2008 [listed by < one year or > One year]
15 Closed Complaints	19 Open Complaints

Number of Complaints Closed in biennium ending June 30, 2007	Number of Complaints Open as of June 30, 2007 [listed by < one year or > One year]
39 Complaints Closed	9 Open Complaints

2006 unavailable

Fees 2010 [list by license type / renewal term (e.g., annual, biannual)]	Disbursements FY 2010
Initial Operator: \$90.00 Operator Renewal: \$60.00 Initial Salon Manager: \$120.00 Manager Renewal: \$90.00 Initial Instructor: \$120.00 Instructor Renewal: \$90.00 Initial School Manager: \$120.00 School Manager Renewal: \$90.00 Salon License: \$130.00 Salon Renewal: \$100.00 School License: \$1,500.00 Salon Renewal: \$100.00 Certificate of Identification: \$20.00 Hair braiding Registration: \$20.00	Receipts: \$1,376,099 Disbursements: \$691,000

Fees 2009 [list by license type / renewal term (e.g., annual, biannual)]	Disbursements FY 2009
Initial Operator: \$90.00 Operator Renewal: \$60.00 Initial Salon Manager: \$120.00 Manager Renewal: \$90.00 Initial Instructor: \$120.00 Instructor Renewal: \$90.00 Initial School Manager: \$120.00 School Manager Renewal: \$90.00 Salon License: \$130.00 Salon Renewal: \$100.00 School License: \$1,500.00 Salon Renewal: \$100.00 Certificate of Identification: \$20.00 Hair braiding Registration: \$20.00	Receipts: \$1,284,558 Disbursements: \$561,000

Fees 2008 [list by license type / renewal term (e.g., annual, biannual)]	Disbursements FY 2008
Initial Operator: \$90.00 Operator Renewal: \$60.00 Initial Salon Manager: \$120.00 Manager Renewal: \$90.00 Initial Instructor: \$120.00 Instructor Renewal: \$90.00 Initial School Manager: \$120.00 School Manager Renewal: \$90.00 Salon License: \$130.00 Salon Renewal: \$100.00 School License: \$1,500.00 Salon Renewal: \$100.00 Certificate of Identification: \$20.00 Hair braiding Registration: \$20.00	Receipts: \$1,244,450 Disbursements: \$524,000

Fees 2007 [list by license type / renewal term (e.g., annual, biannual)]	Disbursements FY 2007
Initial Operator: \$90.00 Operator Renewal: \$60.00 Initial Salon Manager: \$120.00 Manager Renewal: \$90.00 Initial Instructor: \$120.00 Instructor Renewal: \$90.00 Initial School Manager: \$120.00 School Manager Renewal: \$90.00 Salon License: \$130.00 Salon Renewal: \$100.00 School License: \$1,500.00 Salon Renewal: \$100.00 Certificate of Identification: \$20.00 Hair braiding Registration: \$20.00	Receipts: \$1,190,030 Disbursements: \$569,000

Fees 2006 [list by license type / renewal term (e.g., annual, biannual)]	Disbursements FY 2006
Initial Operator: \$90.00 Operator Renewal: \$60.00 Initial Salon Manager: \$120.00 Manager Renewal: \$90.00 Initial Instructor: \$120.00 Instructor Renewal: \$90.00 Initial School Manager: \$120.00 School Manager Renewal: \$90.00 Salon License: \$130.00 Salon Renewal: \$100.00 School License: \$1,500.00 Salon Renewal: \$100.00 Certificate of Identification: \$20.00 Hair braiding Registration: \$20.00	Receipts: \$1,242,459 Disbursements: \$409,645

Board Members

Board Member Name	Residence	Occupation	Professional Member / Public Member	Date of Reappointment
Laurie Boggess	Minnetonka	Cosmetologist	Professional	July 1, 2009
Kurt Deile	Andover	Attorney	Public	July 1, 2009
Mary Finnegan	Aitkin	Esthetician	Professional	July 1, 2009
Robert Salmonson	Rice	Cosmetologist	Professional	July 1, 2009

<p>a. General statement of board activities (Part 1, A)</p>	<p>Mission Statement: The Board’s core mission is to constantly strive to serve and care for our licensees, applicants, and the public by being committed to public protection, superior service, excellence, and continuous improvement.</p> <p>Vision Statement: The Board is dedicated to public protection while encouraging industry development. The Board believes that leading with a vision and making sound decisions results in quality outcomes and successful operations.</p> <p><u>Major Board Functions</u></p> <p>Licensing Division – Responsible for credential over 14 different license types to ensure each applicant has met the requisite education and competence required to practice cosmetology or to operate a cosmetology salon or school.</p> <ul style="list-style-type: none"> ○ Set cosmetology licensure requirements through the rules process. ○ Review individual applicant/licensee documentation to determine if they have completed the appropriate requirements for the license type they are obtaining. ○ Review and approve continuing education provider applications and programs. ○ Review academic programs to determine if they meet requirements to prepare students for cosmetology careers. <p>Inspection Division – Responsible to inspect all licensed salons and schools in the state to ensure public safety is met and salons are demonstrating sanitation and disinfection practices that adhere to statutes and rules regulation as well as practice standards.</p> <ul style="list-style-type: none"> ○ Inspect all salons located in the state of Minnesota to ensure compliance with all state statutes and rules relating to delivery of cosmetology services to the public. ○ Inspect all individuals working in salons in the state of Minnesota to ensure compliance with the state statutes and rules relating to cosmetology and proper licensure. ○ Inspect all cosmetology schools located in the state of Minnesota to ensure compliance with all state statutes and rules relating the education of future cosmetologist.
	<p>23</p>

Compliance Division – Responsible to investigate complaints and take action against cosmetologist, salons, or schools that violate laws and rules the Board is empowered to enforce.

- Accept complaints and reports from the public.
- Determining whether the complaint is properly submitted and if the Board has jurisdiction, and if so, what type of action is needed.
- Refer inquires and complaints to inspectors, investigators, complaint committees, and other agencies, if necessary.
- Respond to complainants and agency reports by informing the complainants of action taken to resolve their complaints, while observing provisions of the data practices act regarding the legal status of data obtained during the course of an investigation and disciplinary proceedings.

Administrative Division – Responsible to organize and manage the other three divisions to work in harmony to accomplish the goals, mission, and vision of the Board in order to protect the health and safety of the public.

- Provide information to the public and applicants concerning requirements for licensure including an online license look-up system.
- Improve the practice of cosmetology by providing information to licensees to prevent inappropriate practice.
- b. Number of Board meetings and hours spent on meetings and activity:
12 Board Meeting during Biennium. Each Board meeting is approximately 4 hours.

Complaint Meetings during Biennium. Each Complaint meeting is approximately 3 hours.

- c. Receipts and disbursements See above section.
- d. Board Members See above section.
- e. Board Employees

Gina Stauss Fast, Executive Director
Rebecca Gaspard, Compliance Program Manager
Billi Jo Rygg, Licensing Program Manager
Diane Anderson, Inspector
Sue Block, Licensing Assistant
James Dubois, Licensing Assistant
Claudia Ettesvold, Licensing Assistant
Christine Goanue, Licensing and Complaint Assistant
Raeoun Jacobson, Inspector
Lene Kiser (Jensen), Compliance Coordinator
Nancy Mayberry, Receptionist
Maggie Meyer, Student Worker
Sheila Peter, Licensing Assistant
Frank Weiland, Inspector

- f. Rules proposed and adopted during reporting period None.
- g. Number of licensees by type See above section.
- h. the locations and dates of the administration of examinations by the board;
Examinations are administered daily in Duluth, Rochester, Edina, Willmar, and West Fargo, ND.
- i. Demographic breakdown of persons examined Not Available
- j. Demographic breakdown of persons licensed after examination Not Available

- k. Demographic breakdown of persons not licensed after examination **Not Available**
- L. Demographic breakdown of persons who were licensed or denied licenses after application who were not examined :
None.
- 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; **63 Licensees and/or Applicants. All final disciplinary action can be found online at www.bceboard.state.mn.us under "Complaints and Enforcement Action."**
- n. Number of written and oral complaints received by the board members and staff **See above section.**
- o. A summary of the afore mentioned complaints by specific category, their substance and the reaction or disposition of the board in response **See above section.**

The Board's core mission is to constantly strive to serve and care for our licensees, applicants, and the public by being committed to public protection, superior service, excellence, and continuous improvement.

The BCE is dedicated to make all applications, forms, information available online. The BCE is daily updating the website to provide the most comprehensive information possible to applicants, licensees, and the public. Some features included online are; renewing online; sanitation procedures in English and Vietnamese, enterable-PDF applications, license lookup, inspection reports, and BCE news.

**Minnesota Board of Chiropractic Examiners
Number and Type of Credentials Issued or Renewed**

July 1, 2009 to June 30, 2010

Total Number of Persons licensed or registered as of June 30, 2010	Number and Type of Credentials Issued or Renewed during biennium fiscal year ending June 30, 2010		Number and Per Cent of Credentials Renewed Online during biennium ending June 30, 2010			
	Type	Annual 09-10 <u>Renewed</u>	<u>Is-</u> <u>sued</u>	FORM ONLINE # _____ %	FEES ONLINE # _____ %	
2816	Doctor of Chiropractic (DC) License	2715	158		2290	85%
631	Acupuncture Registration	624	23	2393	499	80%
20	Animal Chiropractic Registration	20	0	534	n/a	n/a
51	Independent Examiner Registration	48	7	n/a	37	77%
665	Professional Firm Registration	614	68	40	529	87%
34	Graduate Preceptor Registration	n/a	18	522	n/a	n/a
				n/a	n/a	n/a
Totals 4217		4021	274	3489	87%	3355 84%

July 1, 2008 to June 30, 2009

Total Number of persons licensed or registered as of June 30, 2009	Number and Type of Credentials Issued or Renewed during biennium fiscal year ending June 30, 2009		Number and Type of Credentials Renewed Online during biennium ending June 30, 2009			
	Type	Annual 08-09 <u>Renewed</u>	<u>Is-</u> <u>sued</u>	FORM ONLINE # _____ %	FEES ONLINE # _____ %	
2750	Doctor of Chiropractic (DC) License	2665	115	2356	2224	84%
627	Acupuncture Registration	620	22	539	504	82%
12	Animal Chiropractic Registration	12	0	n/a	n/a	n/a
49	Independent Examiner Registration	49	3	40	38	78%
623	Professional Firm Registration	589	68	545	500	85%
28	Graduate Preceptor Registration	n/a	16	n/a	n/a	n/a
Totals 4089		3935	224	3480	89%	3266 83%

July 1, 2007 to June 30, 2008

July 1, 2006 to June 30, 2007

Total # of persons licensed or registered as of June 30, 2007	Number and Type of Credentials Issued or Renewed during biennium fiscal year ending June 30, 2007		Number and Type of Credentials Renewed Online during biennium ending June 30, 2007				
	Type	Annual 06-07 <u>Renewed</u>	<u>Issued</u>	FORM ONLINE # %		FEES ONLINE # %	
2613	Doctor of Chiropractic (DC)	2517	134	2144	86%	2009	80%
600	License	591	19	486	83%	441	75%
0	Acupuncture	0	0	n/a	n/a	n/a	n/a
55	Registration	54	1	46	86%	41	76%
538	Animal Chiropractic Registration	494	70	432	88%	406	83%
22	Independent Examiner Registration	n/a	11	n/a	n/a	n/a	n/a
	Professional Firm Registration						
	Graduate Preceptor Registration						
Totals 3827		3656	235	3108	85%	2897	80%

Total Number of persons licensed or registered as of June 30, 2006	Number and Type of Credentials Issued or Renewed during biennium fiscal year ending June 30, 2006		Number and Type of Credentials Renewed Online during biennium ending June 30, 2006				
	Type	Annual 05-06 Renewed	Is-sued	FORM ONLINE # %		FEES ONLINE # %	
2560	Doctor of Chiropractic (DC) License	2474	129	2055	83%	1824	74%
600	Acupuncture Registration	589	20	489	83%	418	71%
0	Animal Chiropractic Registration	0	0	n/a	n/a	n/a	n/a
61	Independent Examiner Registration	61	2	54	89%	45	74%
487	Professional Firm Registration	447	60	341	77%	347	78%
19	Graduate Preceptor Registration	n/a	9	n/a	n/a	n/a	n/a
Totals 3727		3571	220	2939	83%	2634	74%

The Minnesota Board of Chiropractic Examiners issues one license: the Doctor of Chiropractic (DC) license. In addition to this a DC may obtain a registration in Acupuncture, Animal Chiropractic, Independent Examiner, Professional Firm and Graduate Preceptor; however these registrations are contingent upon an active and good-standing DC license and any services provided under such registrations must be to prepare for or complement Chiropractic adjustment and not provided as solitary service to patients. The registration for Animal Chiropractic was first established in this past biennium.

The MN Board of Chiropractic Examiners began using the Online Renewal System in the year 2000. MBCE was the first health-related licensing board to utilize an online renewal system in Minnesota. As shown above, the percentage of usage has steadily increased.

Minnesota Board of Chiropractic Examiners Number of Complaints Received

Number of Complaints Received in biennium fiscal year ending June 30, 2010	Number of Complaints Received online
July 1, 2009 to June 30, 2010 142 complaints were opened	The Chiropractic Board does not track this. The number would be very low, i.e. less than 10%
Number of Complaints Received in biennium fiscal year ending June 30, 2009	Number of Complaints Received online
July 1, 2008 to June 30, 2009 272 complaints were opened	The Chiropractic Board does not track this. The number would be very low, i.e. less than 10%
Number of Complaints Received in biennium fiscal year ending June 30, 2008	Number of Complaints Received online
July 1, 2007 to June 30, 2008 169 complaints were opened	The Chiropractic Board does not track this. The number would be very low, i.e. less than 10%
Number of Complaints Received in biennium fiscal year ending June 30, 2007	Number of Complaints Received online
July 1, 2006 to June 30, 2007 176 complaints were opened	The Chiropractic Board does not track this. The number would be very low, i.e. less than 10%
Number of Complaints Received in biennium fiscal year ending June 30, 2006	Number of Complaints Received online
July 1, 2005 to June 30, 2006 185 complaints were opened	The Chiropractic Board does not track this. The number would be very low, i.e. less than 10%

The majority of cases require a signed waiver from the complainant if it will be necessary for the licensee to respond to specific practice or patient related allegations or if we need to obtain patient records. We do not have the ability at this time to accept electronic signature, keeping at least part of the complaint process in paper versus online format.

Allegations per year by TYPE*

Allegation	2006	2007	2008	2009	2010
Acupuncture violations	4	3	4	1	0
Address/phone change failure to notify Board	1	0	1	2	2
Advertising	51	22	51	86	24
Aiding or abetting unlicensed practice, & delegating	4	4	4	22	1
Application disclosure (DWI, conviction, etc.)	14	4	14	14	15
Billing dispute	3	2	3	13	7
Conviction of a crime of moral turpitude or felony	10	10	10	10	3
Disciplinary action in another state/jurisdiction	2	2	2	4	2
Exercising influence on a patient or client for financial gain	9	17	8	24	22
Failure to make a report or cooperate w/investigation	1	1	1	21	4
Fraud-deception in applying for a license	1	1	1	0	0
Graduate Preceptorship program violation	1	0	1	0	3
Gross or repeated mal practice	11	8	11	12	7
Habitual intemperance in alcohol or drugs	13	8	13	11	13
HPSP violation, noncompliance	3	1	3	2	1
Independent exams, false or misleading	0	3	0	8	5
Improper management of records (lost or release of)	5	11	6	13	6
Other, not chiropractic, i.e. taxes, child support, federal law	9	7	9	20	8
Petition for end of discipline	4	7	4	3	10
Practice outside scope	3	4	3	4	4
Practicing w/o a license, revoked, suspended, prior to licensure, etc.	8	7	8	12	11
Professional corporation registration violation	3	4	3	4	1
Poor recordkeeping-documentation of care	5	10	5	9	9
Splitting fees, runners, cappers	3	0	3	21	4
Unable to practice illness, incompetence, drugs, etc	7	9	7	9	6
Unethical practices, runners making direct contact-new law	0	0	0	30	5
Unprofessional conduct, unethical or deceptive practices	8	4	8	17	12
Unprofessional, sexual misconduct	5	8	5	9	11
Unprofessional, providing unnecessary services	1	6	1	5	2
Unprofessional, charging unconscionable fees	8	7	8	20	10
Unprofessional, threatening or dishonest fee collection	5	10	4	19	21
Unprofessional, fraud on patients or insurance	4	4	4	9	11
Unprofessional, waving deductible or co-pay	1	0	1	2	0
Violation of a Board Order	2	2	2	8	5

* Many complaints have more than one allegation, i.e. application disclosure and DWI: or billing dispute and fraudulent or misleading billing practices and exploiting patient; or unlicensed practice and violation of Board order. The allegations may also not be related to each other, i.e. poor records, and habitual intemperance of alcohol.

Minnesota Board of Chiropractic Examiners
Number and age of complaints open at the end of the period

Number of Complaints Closed in biennium fiscal year ending June 30, 2010	Number of Complaints Open as of June 30, 2010 [listed by < one year or > one year]
There were 200 complaints closed in this year and of those 21 resulted in a Board Action	There were 106 complaints open at the end of this year. Of those 23 were older than 1 year, representing only 12 licensees. Therefore 83 were open for less than a year representing 63 licensees.

Number of Complaints Closed in biennium fiscal year ending June 30, 2009	Number of Complaints Open as of June 30, 2009 [listed by < one year or > one year]
There were 216 complaints closed in this year and of those 12 resulted in a Board Action	There were 204 complaints open at the end of this year. Due to limitations of the licensing system, information regarding the period of time complaints were open in previous fiscal years in not available.

Number of Complaints Closed in biennium fiscal year ending June 30, 2008	Number of Complaints Open as of June 30, 2008 [listed by < one year or > one year]
There were 172 complaints closed in this year and of those 13 resulted in a Board Action.	There were 155 complaints open at the end of this year. Due to limitations of the licensing system, information regarding the period of time complaints were open in previous fiscal years in not available.

Number of Complaints Closed in biennium fiscal year ending June 30, 2007	Number of Complaints Open as of June 30, 2007 [listed by < one year or > one year]
There were 164 complaints closed in this year and of those 11 resulted in a Board Action.	There were 166 complaints open at the end of this year. Due to limitations of the licensing system, information regarding the period of time complaints were open in previous fiscal years in not available.

Number of Complaints Closed in biennium fiscal year ending June 30, 2006	Number of Complaints Open as of June 30, 2006 [listed by < one year or > one year]
There were 170 complaints closed in this year and of those 13 resulted in a Board Action.	There were 161 complaints open at the end of this year. Due to limitations of the licensing system, information regarding the period of time complaints were open in previous fiscal years in not available.

The total number of complaints tends to stay fairly consistent with minor fluctuations, but the number of Board Actions (both disciplinary and corrective) has risen in the recent years. Also recent Board actions are tending toward financial exploitation of patients more than in the past. This type of allegation requires a more detailed record analysis to prove a violation than an allegation regarding advertising, impairment or sexual misconduct, thus being a greater drain on the Board's resources.

**Minnesota Board of Chiropractic Board
Receipts, Disbursements and Major Fees**

Fees & Receipts - July 1, 2009 to June 30, 2010			
Fee Type	Amount of Fee \$	Total \$ Received	Terms
Professional Firm Renewal	25.00	22,515.00	annual
Exam / Applicant Fee	250.00	45,250.00	upon application
Exam Regrade	30.00	0	as needed
Graduate Preceptorship	100.00	3,200.00	upon request
Active DC License Renewal	200.00	510,000.00	annual
Renewal Penalty Fee	150.00	16,320.00	accrued monthly
Inactive DC License Renewal	150.00	23,250.00	annual
Inactive DC Reinstatement	100.00	500.00	upon request
Independent Examiner Registration	150.00	1,150.00	upon request
Independent Examiner Renewal	100.00	4,850.00	annual
Acupuncture Registration	100.00	2,750.00	upon request
Acupuncture Renewal (Active or Inactive)	25.00 or 50.00	31,175.00	annual
Disciplinary Fee / Civil Penalty	up to 10,000.00	26,775.94	as assessed
Printing of Board Orders	10.00	10.00	upon request
Continuing Education Sponsorship	100.00 or 500.00	17,000.00	upon application
Certificate of Standing or License Verification	10.00	840.00	upon request
Printing of Lawbooks	10.00	0	upon request
Lists of Chiropractors (partial or complete)	10.00 or 100.00	3,500.00	upon request
Printing of Miscellaneous Items	.25 / page	504.25	upon request
Prior Year Renewals	150.00 or 200.00	6,825.00	upon request
Prior Year Penalty Fee	150.00	840.00	accrued monthly
Continuing Education Audit Penalty	900.00	58,500.00	as assessed
Subtotal Receipts	---	775,755.19	---
OET E-Licensing Surcharge	---	(57,770.00)	---
TOTAL RECEIPTS	---	\$717,985.19	---

Fees & Receipts - July 1, 2008 to June 30, 2009			
Fee Type	Amount of Fee \$	Total \$ Received	Terms
Professional Firm Renewal	25.00	21,620.00	annual
Exam / Applicant Fee	250.00	30,500.00	upon application
Exam Regrade	30.00	0	as needed
Graduate Preceptorship	100.00	2,800.00	upon request
Active DC License Renewal	200.00	500,900.00	annual
Renewal Penalty Fee	150.00	14,540.00	accrued monthly
Inactive DC License Renewal	150.00	25,600.00	annual
Inactive DC Reinstatement	100.00	800.00	upon request
Independent Examiner Registration	150.00	600.00	upon request
Independent Examiner Renewal	100.00	4,800.00	annual
Acupuncture Registration	100.00	2,250.00	upon request
Acupuncture Renewal (Active or Inactive)	25.00 or 50.00	30,950.00	annual
Disciplinary Fee / Civil Penalty	up to 10,000.00	15,529.93	as assessed
Printing of Board Orders	10.00	10.00	upon request
Continuing Education Sponsorship	100.00 or 500.00	16,100.00	upon application
Certificate of Standing or License Verification	10.00	1,090.00	upon request
Printing of Lawbooks	10.00	50.00	upon request
Lists of Chiropractors (partial or complete)	10.00 or 100.00	3,950.00	upon request
Printing of Miscellaneous Items	.25 / page	371.50	upon request
Prior Year Renewals	150.00 or 200.00	1,400.00	upon request
Prior Year Penalty Fee	150.00	750.00	accrued monthly
Continuing Education Audit Penalty	900.00	25,050.00	as assessed
TOTAL RECEIPTS	---	699,661.43	---

Fees & Receipts - July 1, 2007 to June 30, 2008			
Fee Type	Amount of Fee \$	Total \$ Received	Terms
Professional Firm Renewal	25.00	19,550.25	annual
Exam / Applicant Fee	250.00	36,000.00	upon application
Exam Regrade	30.00	0.00	as needed
Graduate Preceptorship	100.00	3,500.00	upon request
Active DC License Renewal	200.00	493,700.00	annual
Renewal Penalty Fee	150.00	15,325.00	accrued monthly
Inactive DC License Renewal	150.00	24,900.00	annual
Inactive DC Reinstatement	100.00	900.00	upon request
Independent Examiner Registration	150.00	600.00	upon request
Independent Examiner Renewal	100.00	5,000.00	annual
Acupuncture Registration	100.00	3,550.00	upon request
Acupuncture Renewal (Active or Inactive)	25.00 or 50.00	29,675.00	annual
Disciplinary Fee / Civil Penalty	up to 10,000.00	1,659.98	as assessed
Printing of Board Orders	10.00	40.00	upon request
Continuing Education Sponsorship	100.00 or 500.00	18,500.00	upon application
Certificate of Standing or License Verification	10.00	1,100.00	upon request
Printing of Lawbooks	10.00	40.00	upon request
Lists of Chiropractors (partial or complete)	10.00 or 100.00	6,015.00	upon request
Printing of Miscellaneous Items	.25 / page	888.20	upon request
Prior Year Renewals	150.00 or 200.00	3,625.00	upon request
Prior Year Penalty Fee	150.00	2,190.00	accrued monthly
Continuing Education Audit Penalty	900.00	11,700.00	as assessed
TOTAL RECEIPTS	---	678,458.43	---

Fees & Receipts - July 1, 2006 to June 30, 2007			
Fee Type	Amount of Fee \$	Total \$ Received	Terms
Professional Firm Renewal	25.00	20,120.00	annual
Exam / Applicant Fee	250.00	37,000.00	upon application
Exam Regrade	30.00	0	as needed
Graduate Preceptorship	100.00	2,200.00	upon request
Active DC License Renewal	200.00	471,548.50	annual
Renewal Penalty Fee	150.00	12,660.00	accrued monthly
Inactive DC License Renewal	150.00	25,800.00	annual
Inactive DC Reinstatement	100.00	600.00	upon request
Independent Examiner Registration	150.00	1,200.00	upon request
Independent Examiner Renewal	100.00	5,350.00	annual
Acupuncture Registration	100.00	2,250.00	upon request
Acupuncture Renewal (Active or Inactive)	25.00 or 50.00	29,175.00	annual
Disciplinary Fee / Civil Penalty	up to 10,000.00	44,587.73	as assessed
Printing of Board Orders	10.00	10.00	upon request
Continuing Education Sponsorship	100.00 or 500.00	16,900.00	upon application
Certificate of Standing or License Verification	10.00	1,060.00	upon request
Printing of Lawbooks	10.00	0	upon request
Lists of Chiropractors (partial or complete)	10.00 or 100.00	5,150.00	upon request
Printing of Miscellaneous Items	.25 / page	435.00	upon request
Prior Year Renewals	150.00 or 200.00	4,000.00	upon request
Prior Year Penalty Fee	150.00	1,210.00	accrued monthly
Continuing Education Audit Penalty	900.00	14,400.00	as assessed
credit card charge for online renewal	n/a	-5664.19	upon usage
TOTAL RECEIPTS	---	689,992.04	---

Fees & Receipts - July 1, 2006 to June 30, 2007			
Fee Type	Amount of Fee \$	Total \$ Received	Terms
Professional Firm Renewal	25.00	20,120.00	annual
Exam / Applicant Fee	250.00	37,000.00	upon application
Exam Regrade	30.00	0	as needed
Graduate Preceptorship	100.00	2,200.00	upon request
Active DC License Renewal	200.00	471,548.50	annual
Renewal Penalty Fee	150.00	12,660.00	accrued monthly
Inactive DC License Renewal	150.00	25,800.00	annual
Inactive DC Reinstatement	100.00	600.00	upon request
Independent Examiner Registration	150.00	1,200.00	upon request
Independent Examiner Renewal	100.00	5,350.00	annual
Acupuncture Registration	100.00	2,250.00	upon request
Acupuncture Renewal (Active or Inactive)	25.00 or 50.00	29,175.00	annual
Disciplinary Fee / Civil Penalty	up to 10,000.00	44,587.73	as assessed
Printing of Board Orders	10.00	10.00	upon request
Continuing Education Sponsorship	100.00 or 500.00	16,900.00	upon application
Certificate of Standing or License Verification	10.00	1,060.00	upon request
Printing of Lawbooks	10.00	0	upon request
Lists of Chiropractors (partial or complete)	10.00 or 100.00	5,150.00	upon request
Printing of Miscellaneous Items	.25 / page	435.00	upon request
Prior Year Renewals	150.00 or 200.00	4,000.00	upon request
Prior Year Penalty Fee	150.00	1,210.00	accrued monthly
Continuing Education Audit Penalty	900.00	14,400.00	as assessed
credit card charge for online renewal	n/a	-5664.19	upon usage
TOTAL RECEIPTS	---	689,992.04	---

NOTE: In the receipts above, the negative balance for credit card clearing represents fees collected and paid to US Bank for the usage of the Online Renewal System. This does not reflect the total cost for each fiscal year to the Board or licensees for online renewal.

Disbursements & Expenditures - July 1, 2009 to June 30, 2010	
Category	Total Amount \$
Salaries, Benefits, & Per Diems	310,520.16
Office Rental, Maintenance, Utilities	41,564.32
Computer, Communications, Printing & Advertising	10,108.15
Professional / Technical Services	28,443.90
Supplies & Equipment	3,620.75
Travel – In State & Out of State	6,520.52
Other Operating Costs	8,970.33
Legal Costs	192,301.40
Health Professionals Service Program (HPSP)	13,606.55
Unspecified Indirect Costs	24,229.72
TOTAL	\$639,885.80

Disbursements & Expenditures - July 1, 2008 to June 30, 2009	
Category	Total Amount \$
Salaries, Benefits, & Per Diems	329,634.52
Office Rental, Maintenance, Utilities	40,495.12
Computer, Communications, Printing & Advertising	11,151.78
Professional / Technical Services	14,357.41
Supplies & Equipment	19,506.74
Travel – In State & Out of State	8,483.17
Other Operating Costs	10,540.00
Legal Costs	143,833.10
Health Professionals Service Program (HPSP)	15,131.59
Unspecified Indirect Costs	34,282.17
TOTAL	627,415.60

Disbursements & Expenditures - July 1, 2007 to June 30, 2008	
Category	Total Amount \$
Salaries, Benefits, & Per Diems	347,167.51
Office Rental, Maintenance, Utilities	39,244.63
Computer, Communications, Printing & Advertising	10,914.47
Professional / Technical Services	9,740.69
Supplies & Equipment	5,768.99
Travel – In State & Out of State	9,230.10
Other Operating Costs	9,530.00
Legal Costs	140,061.10
Health Professionals Service Program (HPSP)	13,042.71
Unspecified Indirect Costs	29,611.91
TOTAL	614,312.11

Disbursements & Expenditures - July 1, 2006 to June 30, 2007	
Category	Total Amount \$
Salaries, Benefits, & Per Diems	334,824.43
Office Rental, Maintenance, Utilities	40,019.23
Computer, Communications, Printing & Advertising	16,185.99
Professional / Technical Services	36,199.64
Supplies & Equipment	13,399.25
Travel – In State & Out of State	10,006.42
Other Operating Costs	2,070.59
Legal Costs	117,913.30
Health Professionals Service Program (HPSP)	15,163.12
Unspecified Indirect Costs	29,086.89
TOTAL	614,868.86

Disbursements & Expenditures July 1, 2005 to June 30, 2006	
Category	Total Amount \$
Salaries, Benefits, & Per Diems	329,434.81
Office Rental, Maintenance, Utilities	37,770.39
Computer, Communications, Printing & Advertising	13,289.94
Professional / Technical Services	1,345.50
Supplies & Equipment	6,403.74
Travel – In State & Out of State	10,921.30
Other Operating Costs	4,165.31
Legal Costs	75,484.50
Health Professionals Service Program (HPSP)	11,688.06
Unspecified Indirect Costs	28,975.06
TOTAL	\$519,478.61

Budget Trends:

Direct expenditures include salaries, rent, costs for disciplinary/contested cases and operating expenditures. The board receives a direct appropriation for these costs. Indirect expenditures include costs of services received from the Attorney General’s Office, Health Professional Services Program, and the Administrative Services Unit. The board is responsible for collecting sufficient revenue to cover both direct and indirect expenditures.

All receipts collected are deposited as non-dedicated revenue into the state government special revenue fund. Revenue is collected from fees charged to applicants, licensees, and sponsors of continuing education programs. The net difference between the board’s expenses and revenues is maintained in the board’s reserve funds which assist in covering costly contested cases, or as was the case in fiscal year 2010, these reserve funds are transferred by the Legislature to the state’s general fund to cover non Board-related expenses.

NOTE: During FY 2011, the board is estimated to transfer funds from the state government special revenue fund to the general fund and to the Office of Enterprise Technology (OET) for a statewide electronic licensing system. This OET e-licensing surcharge was paid for out of the Board’s receipts in fiscal year 2010. However, beginning FY 2011, legislation requires that the board collect the electronic licensing surcharge directly from licensees at a rate of 10% of their renewal fee or application fee. This will be transferred to OET in an amount estimated to be equal to or more than the FY 2010 transfer (see details above).

External Factors Impacting Agency Operations:

The number of licensees regulated by the Board continues to rise, as do the number of complaints and the complexity of the cases. The Board has not had to raise fees for 18 years (since early 1993) as a result of sound fiscal management, and creative solutions for reducing costs; however, the Board anticipates that it will need to increase fees in the upcoming biennium. This is due in large part to three influences: 1) the increase in number and complexity of complaints previously mentioned; 2) continued transfers of the Board’s accumulated funds in the State Government Special Revenue Fund to the General Fund, totaling over \$83,757 for the three transfers that have been conducted; and the development of the Office of Enterprise Technology (OET) statewide “one-stop” e-licensing system, which requires the Board to pay the costs of developing and migrating to the new system, in spite of the fact that the Board has had a satisfactory system in place for over 10 years.

Minnesota Board of Chiropractic Examiners The State of Health Occupation Regulation

Features available on the Board's website include: License and registration renewal; information on obtaining a license and registration; information on renewal of licenses and registrations; public information such as disciplinary orders; information on how to file a complaint or resolve disputes; online change of address/phone number capability; Information on MBCE meetings and meeting content; information on emerging issues which may affect the profession

Emerging issues seen in regulation of licensees includes an increase in types and forms of fraudulent schemes to which doctors may be subjected; changes in health regulatory issues; management of impairment problems such as chemical dependency.

Awards received by the MBCE include:

- 1993 Outstanding Licensing Board
- 2005 Executive Director awarded the George Arvidson Award, the Federation of Chiropractic Boards highest honor (Note: the Executive Director is the only Executive Director of a Chiropractic Board to ever receive this award)
- 2009 Executive Director was appointed to the Board of the Federation of Chiropractic Licensing Boards

Current contested cases include topics and results such as:

- improper use of health care credit cards; 2 year suspension
- providing false reimbursement information to patients, resulting in very large outstanding bills to patients; 2 years suspension and civil penalty
- failing to register to perform acupuncture (for about 16 years); admonishment and requirement to register

Major program accomplishments for the MBCE in the past biennium include:

- Nearly 92% online renewal utilization
- Improved continuing education audits with reduced audit failures
- Establishment of the Animal Chiropractic registration

Issues which will need to be addressed in the next biennium include:

- budget
- changes to MS 214
- new licensing program and online renewals

The MBCE office is staffed with 4.75 full-time employees who on a daily basis work to:

- license applicants for Doctor of Chiropractic (DC)
- approve registrations for: acupuncture, animal chiropractic, professional firm, graduate preceptorship, and independent examiner
- renew the licenses and registrations listed above
- manage funds received
- manage continuing education
- investigate and resolve complaints and disciplinary actions

Rules adopted during the past biennium that affect the MBCE include:

- License Reinstatement M.R. 2500.1900, 2500.2040, 2500.2110, 2500.2130 effective 04/12/2010
- Animal Chiropractic M.R. 2500.7000, 2500.7090 effective 05/08/2010
- Currently pending are rules regarding pre-pay health plans

The MN Board of Chiropractic Examiners is comprised of seven members; five actively licensed Doctors of Chiropractic and two members of the public, each appointed by the Governor to serve four-year terms. The Board meets five times a year with additional meetings scheduled to handle disciplinary matters when necessary. The board operates through the following committees: Executive, Rules, three Complaint Panels and any additional committees formed to guide policy-making. Each committee meets on a pre-scheduled basis, and notices are published in accordance with the open meeting laws.

The function of the board is to manage professional licensing and renewals, oversee the agency budget, resolve complaints against chiropractors, and direct a staff of 4.75 full time employees.

In addition to the meetings and committees listed above, the President and Vice President serve as liaisons to two national chiropractic organizations: Federation of Chiropractic Licensing Boards (FCLB) and the National Board of Chiropractic Examiners (NBCE). The FCLB meets twice a year to discuss national practice trends, laws and regulatory matters, and to provide education in regulatory issues affecting all states. The NBCE provides national standardized testing for those seeking licensure in the chiropractic profession.

Finally, one board member serves as a representative to the Health Professionals Services Program (HPSP), an agency that assists the health licensing boards to monitor licensees with impairments such as addictions and mental illnesses, and also assists licensees in managing impairments.

Current Board Members are listed as follows:

Board Member Name	Residence	Occupation	Position on Board	Date of Appointment	Date of Reappointment
Anderson, Matt	Bloomington, MN	Doctor of Chiropractic	Professional Member	May 21, 2007	n/a
Daschner, Robert	Waseca, MN	Doctor of Chiropractic	Professional Member	April 22, 2008	n/a
Fidler, Howard	St. Louis Park, MN	Doctor of Chiropractic	Professional Member	April 28, 2004	April 22, 2008
Marshall, Teresa	Chaska, MN	Doctor of Chiropractic	President / Professional Member	January 11, 2002	March 31, 2006 & January 19, 2010
Stouffer, Ralph	Roseville, MN	Educator	Administrative Officer / Public Member	March 31, 2006	May 21, 2007
Strobel, Kay	Red Wing, MN	Retired Rehabilitation Specialist	Public Member	October 4, 2010	n/a
Tollefson, Richard	Coon Rapids, MN	Doctor of Chiropractic	Vice President / Professional Member	May 10, 2005	February 24, 2009

Executive Director Narrative

The Minnesota Board of Chiropractic Examiners (MBCE) was established by legislative act on 3-13-1919. Minnesota Statutes 148.01-148.108 and Minnesota Rules 2500 give the board authority to regulate, to license by examination and renewal, and to investigate complaints. The mission of the MBCE is to protect the public through effective licensure and enforcement of the statutes and rules governing the practice of chiropractic to ensure a standard of competent and ethical practice in the profession.

Licensing/Credentialing Services: The purpose of regulation through licensing is to set and enforce standards of competence and ethical practice, and to ensure that persons licensed as doctors of chiropractic meet educational, examination, and continuing education standards. Staff process applications, verify compliance with statutory requirements, provide assistance and information to a variety of customers, and work in collaboration with other agencies at the state, federal, and national levels.

To meet these functions, the MBCE operates under five key service strategies:
maintain an integrated database of licensee information, registrations, discipline, and complaints
publish information on the web, including licensure information, disciplinary orders, and rulemaking efforts
conduct regular board meetings where citizens have input into the review of operations and rulemaking efforts
respond to public requests for information on chiropractors, continuing education sponsors, and licensee's status
manage funds soundly

The Board accomplishes its core public safety and regulatory mission of doctors of chiropractic by:

Administering minimum educational and examination requirements for initial licensure as a doctor of chiropractic and administering requirements and processes for renewal of licensure
Enforcing standards of ethical practice; and responding to inquiries, complaints and or reports regarding applicants, or licensees
Investigating complaints of alleged violations of statutes, holding educational and disciplinary conferences, and taking legal action when appropriate against licensees who fail to meet minimum standards of practice or who may otherwise constitute a harm to the public as a result of improper/unethical practice
Approving continuing education providers
Providing information about licensure and standards of practice, through professional education outreach efforts, the Board's website, online license verification services, and telephone, mail or email inquiries

The Board provides core public safety services through the regulatory oversight of doctors of chiropractic, as noted in the strategies listed above, to ensure both high standards of chiropractic practice and excellent customer service. Services are provided to the general public, consumers of chiropractic services, applicants and licensees, students and faculty in chiropractic academic programs, other state and local agencies, state and national professional chiropractic associations and finally the national testing organization as well as the Federation of Chiropractic Licensing Boards.

Discipline/Complaint Resolution Services: Staff, Board Members, and the Office of the Attorney General work collaboratively to review, investigate, and take action, as appropriate, in alleged complaint cases against licensed doctors of chiropractic. When a licensee is determined to have engaged in conduct which is a violation of the statutes or rules the Board is empowered to enforce, an appearance before Board Members may occur. Licensee's may enter into an agreement for corrective action with the Board's complaint panel, or may become subject to disciplinary action, with such final action determined by the full Board. Either of these two remedies is public once completed. In addition, staff provide informational services to a variety of customers regarding the Board's statutory requirements and standards of practice, including how to file a complaint and the complaint resolution process. The Board also works with the Health Professionals Services Program (HPSP), the state's diversion program for regulated professionals who are impaired, as an additional method to ensure public protection.

Online Services: the board maintains a very robust web site which includes: information on Board structure, meetings, and policies; licensing information, applications and renewal forms for nearly all licenses/registrations; information on continuing education programs and sponsors; access to specific statutes and rules directly impacting the profession; information on current emerging issues impacting the profession; information on access to the Health Professional Services Program, and links to many other related sites, and online license renewal. The Chiropractic Board was the first among the Health Related Licensing Boards to provide online license renewal capability. The board renewed well in excess of 4000 licenses and registrations last fiscal year, and generally appreciates approximately a 90%+ online application renewal rate.

Key Activity Goals & Measures

The MBCE works to meet the MN Milestone of access to government information 24x7x365 through its self-service website. The MBCE works to protect the public from access to impaired practitioners by prompt investigation of complaints and resolution of disciplinary matters through educational conferences, corrective action agreements, board orders and/or contested case proceedings as deemed required based on the severity of the infractions reported. The MBCE collaborates with other licensing boards and state agencies to create an efficient state government.

Minnesota Board of Dentistry

1. Number and Type of Credentials Issued or Renewed

Total Number of Persons Licensed or Registered as of June 30, 2010: 16,417	Number and Type of Credentials Issued or Renewed During Biennium Ending June 30, 2010 (7/1/08 – 6/30/10)	Number and Percent Renewed Online During Biennium Ending June 30, 2010		
Type	# Issued	# Renewed	Number Renewed Online	Percentage Renewed Online
Dentist	172	3,728	2,908	78%
Dental Hygienist	351	4,688	3,704	79%
Licensed Dental Assistant	628	6,480	4,536	70%
Full Faculty Dentist	4	21	N/A	
Limited Faculty Dentist	1	12		
Guest Dentist	11	40		
Guest Dental Assist	2	7		
Limited General Dentist	2	0		
Resident Dentist	40	81		
Specialty Dentist	5	21		
Limited Registration	0	4		
TOTAL	1,216	15,082	11,148	74%

Total Number of Persons Licensed or Registered as of June 30, 2009: 16,117	Number and Type of Credentials Issued or Renewed During Biennium Ending June 30, 2009 (7/1/07 – 6/30/09)	Number and Percent Renewed Online During Biennium Ending June 30, 2009		
Type	# Issued	# Renewed	Number Renewed Online	Percentage Renewed Online
Dentist	226	3,716	2,787	75%
Dental Hygienist	454	4,550	3,413	75%
Licensed Dental Assistant	679	6,367	4,202	66%
Full Faculty Dentist	4	19	N/A	
Limited Faculty Dentist	1	14		
Guest Dentist	5	37		
Guest Dental Assist	2	8		
Limited General Dentist	0	0		
Resident Dentist	38	77		
Specialty Dentist	3	16		
Limited Registration	0	3		
TOTAL	1,412	14,807	10,402	70%

Total Number of Persons Licensed or Registered as of June 30, 2008: 15,791	Number and Type of Credentials Issued or Renewed During Biennium Ending June 30, 2008 (7/1/06 – 6/30/08)	Number and Percent Renewed Online During Biennium Ending June 30, 2008		
Type	# Issued	# Renewed	Number Renewed Online	Percentage Renewed Online
Dentist	280	3,726	2,645	71%
Dental Hygienist	493	4,496	3,147	70%
Licensed Dental Assistant	759	6,330	3,925	62%
Full Faculty Dentist	6	16	N/A	
Limited Faculty Dentist	7	12		
Guest Dentist	0	37		
Guest Dental Assist	1	7		
Guest Dental Hyg	1	2		
Limited General Dentist	0	0		
Resident Dentist	47	77		
Specialty Dentist	15	11		
TOTAL	1,609	14,714	9,717	66%

Total Number of Persons Licensed or Registered as of June 30, 2007: 15,651	Number and Type of Credentials Issued or Renewed During Biennium Ending June 30, 2007 (7/1/2005 – 6/30/07)		Number and Percent Renewed Online During Biennium Ending June 30, 2007	
Type	# Issued	# Renewed	Number Renewed Online	Percentage Renewed Online
Dentist	322	2,874	1,954	68%
Dental Hygienist	468	3,467	2,288	66%
Licensed Dental Assistant	771	4,790	2,826	59%
Full Faculty Dentist	12	9	N/A	
Limited Faculty Dentist	9	11		
Guest Dentist	2	38		
Guest Dental Assist	1	6		
Guest Dental Hyg	1	0		
Limited General Dentist	0	0		
Resident Dentist	63	77		
Specialty Dentist	13	3		
TOTAL	1,662	11,275		

Total Number of Persons Licensed or Registered as of June 30, 2006: 15,384	Number and Type of Credentials Issued or Renewed During Biennium ending June 30, 2006 (7/1/2004 – 6/30/06)	Number and Percent Renewed Online During Biennium Ending June 30, 2006		
Type	# Issued	# Renewed	Number Renewed Online	Percentage Renewed Online
Dentist	303	4,692	891	19%
Dental Hygienist	453	5,479	986	18%
Licensed Dental Assistant	800	7,943	1,191	15%
Full Faculty Dentist	9	17	N/A	
Limited Faculty Dentist	9	11		
Guest Dentist	4	40		
Guest Dental Assist	2	6		
Limited General Dentist	0	0		
Resident Dentist	70	86		
Specialty Dentist	6	2		
TOTAL	1,656	18,276	3,068	17%

The Minnesota Board of Dentistry...

began online renewals November 2004

changed from an annual renewal period to a *biennial*, staggered renewal period during biennium ending June 30, 2006 (7/1/2004 – 6/30/06)

anticipates increasing capacity to permit online renewal of *all* license types during coming biennium

Number of Complaints Received [note: **no** complaints received online]

Number of Complaints Received by type for CURRENT fiscal year:

	FY 10
a) competency	121
b) licensure	13
c) prescription or drugs	11
d) sexual misconduct	4
e) auxiliary misuse	10
f) sanitary/safety	3
g) advertising	5
h) unprofessional conduct	62
i) fraud	13
j) failure to cooperate w/Board	4
k) unconscionable fees	3
l) disability	0
m) mandatory reporting (<i>HPSP types</i>)	1
TOTAL FY10	250

Number of Complaints Received by type for PAST fiscal years:

	FY 09
a) competency	125
b) licensure	12
c) prescription or drugs	19
d) sexual misconduct	2
e) auxiliary misuse	8
f) sanitary/safety	3
g) advertising	3
h) unprofessional conduct	53
i) fraud	6
j) failure to cooperate w/Board	15
k) unconscionable fees	2
l) disability	2
m) mandatory reporting	1
TOTAL FY09	251

	FY 08
a) competency	90
b) licensure	19
c) prescription or drugs	13
d) sexual misconduct	0
e) auxiliary misuse	7
f) sanitary/safety	5
g) advertising	16
h) unprofessional conduct	55
i) fraud	11
j) failure to cooperate w/Board	6
k) unconscionable fees	6
l) disability	4
m) mandatory reporting (<i>HPSP types</i>)	0
TOTAL FY08	232

	FY 07
a) competency	87
b) licensure	20
c) prescription or drugs	14
d) sexual misconduct	1
e) auxiliary misuse	5
f) sanitary/safety	26
g) advertising	13
h) unprofessional conduct	68
i) fraud	20
j) failure to cooperate w/Board	2
k) unconscionable fees	5
l) disability	5
m) mandatory reporting (<i>HPSP types</i>)	0
TOTAL FY07	239

	FY 06
a) competency	73
b) licensure	11
c) prescription or drugs	11
d) sexual misconduct	0
e) auxiliary misuse	8
f) sanitary/safety	37
g) advertising	9
h) unprofessional conduct	67
i) fraud	9
j) failure to cooperate w/Board	5
k) unconscionable fees	3
l) disability	5
m) mandatory reporting (<i>HPSP types</i>)	1
TOTAL FY06	239

The quantity of complaints is relatively stable across recent years, and the complexity of complaint cases has steadily increased. The Board of Dentistry is committed to investigating every complaint received, and bringing each case to resolution. This involves a tremendous commitment of resources, by Board staff, Board members, investigators and attorneys at the Attorney General's Office, consulting experts, and others

Number and Age of Complaints by Fiscal Year

NUMBER OF COMPLAINTS <i>CLOSED</i> DURING FY2010	NUMBER OF COMPLAINTS <i>OPEN</i> AS OF JUNE 30, 2010
365	124

NUMBER OF COMPLAINTS <i>CLOSED</i> DURING FY2009	NUMBER OF COMPLAINTS <i>OPEN</i> AS OF JUNE 30, 2009
246	132

NUMBER OF COMPLAINTS <i>CLOSED</i> DURING FY2008	NUMBER OF COMPLAINTS <i>OPEN</i> AS OF JUNE 30, 2008
225	139

NUMBER OF COMPLAINTS <i>CLOSED</i> DURING FY2007	NUMBER OF COMPLAINTS <i>OPEN</i> AS OF JUNE 30, 2007
290	120

NUMBER OF COMPLAINTS <i>CLOSED</i> DURING FY2006	NUMBER OF COMPLAINTS <i>OPEN</i> AS OF JUNE 30, 2006
247	109

THE FOLLOWING TABLES PROVIDE ADDITIONAL DETAIL RELATED TO RESOLUTION OF COMPLAINTS RECEIVED.

	FY 06	FY 07	FY 08	FY 09	FY 10
1. Number of complaints closed	247	290	236	246	365
2. Disposition by type:					
a) revocation	0	0	1	0	0
b) voluntary surrender	5	6	2	6	3
c) suspension with or without stay	2	2	12	5	1
d) restricted /limited /conditional license	5	3	1	10	12
e) <i>civil penalties*</i>	2	1	2	3	2
f) reprimand	0	0		3	1
g) agreement for corrective action	31	18	23	16	33
h) <i>referral to HPSP *</i>	13	16	26	10	14
i) dismissal or closure	177	259	197	206	315
j) other	27	2	0	0	0

Subparts 2e and 2h, above, are not included in the total number of cases closed. Civil penalties and referrals to HPSP are not considered separate actions, but rather, they are included as part of disciplinary board orders].

OPEN COMPLAINTS ON JUNE 30 OF EACH FISCAL YEAR OF THE BIENNIUM

Note: The data below include complaints that were open at the end of each biennium. These data cannot be compared to the number of complaints listed under part A, above.

	FY 06	FY 07	FY 08	FY 09	FY 10
1. All complaints open on June 30th	109	120	139	132	124
2. Open less than 3 months	26	47	28	57	42
3. Open more than 3 mo, but less than 6 mo	5	11	32	24	24
4. Open more than 6 mo, but less than 9 mo	4	9	20	16	25
5. Open for more than 1 year	35	22	39	29	23

	FY 09	FY 10
* Number of cases closed that had been open for more than 1 year:	20	21

Note: The number of old cases that have been able to be resolved has improved dramatically, demonstrating the Board's commitment to protecting the public while balancing the due process rights of licensees. Those cases that remain open for protracted periods of time are typically the more complex, challenging cases involving significant investigations and negotiations. For example, 16 of the 23 cases that had been open for more than a year on June 30, 2010 involved investigations by the Attorney General's Office, four were involved in negotiations at that point, and five had pending conferences scheduled. All 29 of the cases open for more than a year at the end of FY2009 involved AGO investigations, and only six of those complaints (involving four separate licensees) were still unresolved at the end of the following year. In this past year, as in previous years, cases that proceed to the Office of Administrative Hearings as contested cases are included in these numbers of long-open cases.

Receipts, Disbursements and Major Fees Assessed by the Board

<u>Item</u>	<u>FY 2009</u>	<u>FY 2010</u>
Receipts	\$ 1,301,642	\$ 1,414,181
Disbursements	\$ 1,545,397	\$ 1,320,187

Fees: Dentists (including Specialty & Faculty Dentists)

	<u>FY 2009</u>	<u>FY 2010</u>
Initial Application	\$ 140	\$ 140
Biennial Renewal Application*	\$ 310	\$ 310
Credential Application	\$ 725	\$ 725

Fees: Dental Hygienists

Initial Application	\$ 55	\$ 55
Biennial Renewal Application*	\$ 100	\$ 100
Credential Application	\$ 175	\$ 175

Fees: Licensed Dental Assistants

Initial Application	\$ 35	\$ 35
Biennial Renewal Application*	\$ 70	\$ 70

FEES: RESIDENT DENTISTS

Initial Application	\$ 55	\$ 55
Annual Renewal Application	\$ 50	\$ 50

FEES: GUEST LICENSURE (DDS, DH, RDA)

Initial Application	\$ 50	\$ 50
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Fees: Limited Registered Dental Assistant

Initial Application	\$ 15	\$ 15
Biennial Renewal Application	\$ 24	\$ 24

FEES: LIMITED GENERAL LICENSED DENTISTS

Initial Application	\$ 140	\$ 140
Annual Renewal Application	\$ 155	\$ 155

* Those who failed to renew their credential by their expiration date were subject to a 25% late fee if biennial renewal or 50% late fee if an annual renewal.

*Note: The annual renewal fees were **reduced** in 1999 to the levels indicated above. Biennial renewals are now staggered throughout the year based on birth month and odd/even year). For the past 10 year period, the Board of Dentistry has operated under deficit spending in compliance with state directive to spend down reserve funds. Spending authority approved by the legislature over the decade has not kept pace with actual operating costs resulting from mandated salary and benefit costs for Board staff, costs of leased space, equipment and technology, on-line services and payments, etc. In addition, fees collected by the Board of Dentistry have been allocated to support HIV/HBV programming, the Volunteer Health Care Provider Program, the Minnesota Department of Health's Oral Health Pilot Project, Health Professional Services Program, a duplicative E-licensing initiative of the Office of Enterprise Technology, and significant transfers to the State's General Fund for miscellaneous services.*

A new license type, Limited General License, was created August 2008.

The Board of Dentistry's mission is "to ensure that Minnesota citizens receive quality dental care from competent dental health care professionals." The Board accomplishes its mission through services that include: establishing the educational and examination and other qualification standards for **initial licensure** as dentists, dental hygienists, dental therapists, and dental assistants; determining requirements for **license renewal**, such as professional development (continuing education); accepting, investigating, and **resolving complaints** regarding licensed dental professionals; tracking **compliance** of those licensees who are under corrective or disciplinary action of the Board; registering **professional firms**; disseminating **public information**; and engaging in **policy initiatives** to ensure that related statutes and rules that protect the public through regulating dental professions remain relevant.

Major activities recently engaged in by the Board of Dentistry have included: operationalizing the recommendations from its strategic plan, the framework for providing improved services to the public and to licensees

maintaining a comprehensive web site that provides on-demand public information. The web site (www.dentalboard.state.mn.us) now offers on-line renewals, license verification, address changes, and other interactive features

contracting with Prometric to develop and administer both the Jurisprudence Exam and the State Dental Assisting Licensure Exam in secure testing facilities

establishing program requirements for instruction of developing clinical examinations for Dental Therapists and Advanced Dental Therapists, the first such mid-level dental providers in the country

ensuring access to dental health services for all Minnesota citizens remains an issue that the Board is exploring ways to address. The Board has been working with many government organizations, community groups and professional associations to address access from a regulatory perspective.

Board Members

The Board is statutorily comprised of five licensed dentists, one licensed dental hygienist, one licensed dental assistant and two consumer members, all of whom are appointed by the Governor. Each member is appointed for a four-year term, and may be re-appointed to serve a second four-year term.

As of June 30, 2010, the following were members of the Board:

<u>Board Member</u>	<u>Profession</u>	<u>Term Exp.</u>	<u>Residence</u>
Neal Benjamin, DDS	Dentist	2013	Lino Lakes, MN
Kristin Heebner, JD	Public Member	2011	Minneapolis, MN
Nancy Kearn, DH	Dental Hygienist	2013	Wyoming, MN
David A. Linde, DDS	Dentist	2012	Prior Lake, MN
Candace A. Mensing, DDS	Dentist	2014	Rochester, MN
Allen Rasmussen	Public Member	2012	International Falls, MN
Freeman Rosenblum, DDS	Dentist	2011	Burnsville, MN
Joan A. Sheppard, DDS	Dentist	2011	Bloomington, MN
Teri M. Youngdahl, DA	Licensed Dental Assistant	2014	Elk River, MN

Board Staff

Judith Bonnell, Complaint Analyst
Deborah Endly, Compliance Officer
Sheryl Herrick, Office Manager
Amy Johnson, Licensing & Professional Dvlpt Analyst
Kathy T Johnson, Legal Analyst
Linda A Johnson, Administrative Assistant
Paul Kukla, Dental Consultant
Mary Liesch, Director of Complaints & Compliance
Joyce Nelson, Licensing Administrator
Marshall Shragg, Executive Director
Cynthia Thompson, Administrative Assistant

Minnesota Board of Dietetics and Nutrition Practice
 Number and Type of Credentials Issued or Renewed

Total Number of persons licensed or registered as of June 30, 2010	Number and Type of Credentials Issued or Renewed during biennium ending June 30, 2010	Number and Per Cent of Credentials Renewed Online during biennium ending June 30, 2010	
1378	<u>ISSUE</u> Licensed Dietitian Licensed Nutritionist <u>RENEW</u> Licensed Dietitian Licensed Nutritionist <u>REINSTATED</u> Licensed Dietitian Licensed Nutritionist	78 0 1256 58 5 1	512 – 38%

Total Number of persons licensed or registered as of June 30, 2009	Number and Type of Credentials Issued or Renewed during biennium ending June 30, 2009	Number and Type of Credentials Renewed Online (# and per cent) during biennium ending June 30, 2009	
1299	<u>ISSUE</u> Licensed Dietitian Licensed Nutritionist <u>RENEW</u> Licensed Dietitian Licensed Nutritionist <u>REINSTATED</u> Licensed Dietitian Licensed Nutritionist	90 0 1237 58 8 0	457 – 35%

The Board provides excellent customer service and uses efficient and cost effective processes and technology to support Board functions, including ensuring that all applicants meet the standards for initial licensure, and that dietitians and nutritionists meet standards for annual license renewal.

Minnesota Board of Dietetics and Nutrition Practice
Number of Complaints Received

Number of Complaints Received (opened) by type in biennium ending June 30, 2010	Number of Complaints Received online
4 – unlicensed practice	0

Number of Complaints Received (opened) by type in biennium ending June 30, 2009	Number of Complaints Received online
0	0

Number of Complaints Received (opened) by type in biennium ending June 30, 2008	Number of Complaints Received online
2 – unlicensed practice 1 – unprofessional conduct	0

Number of Complaints Received (opened) by type in biennium ending June 30, 2007	Number of Complaints Received online
2 – unlicensed practice	0

Number of Complaints Received (opened) by type in biennium ending June 30, 2006	Number of Complaints Received online
3 – unlicensed practice	0

Minnesota Board of Dietetics and Nutrition Practice
Number and age of complaints open at the end of the period

Number of Complaints Closed in biennium ending June 30, 2010	Number of Complaints Open as of June 30, 2010 [listed by < one year or > One year]
4	0

Number of Complaints Closed in bien- nium ending June 30, 2009	Number of Complaints Open as of June 30, 2009 [listed by < one year or > One year]
3	0

Number of Complaints Closed in bien- nium ending June 30, 2008	Number of Complaints Open as of June 30, 2008 [listed by < one year or > One year]
1	3 < 1 year

Number of Complaints Closed in bien- nium ending June 30, 2007	Number of Complaints Open as of June 30, 2007 [listed by < one year or > One year]
3	1 < 1 year

Number of Complaints Closed in bien- nium ending June 30, 2006	Number of Complaints Open as of June 30, 2006 [listed by < one year or > One year]
1	2 < 1 year

In support of the mission of public protection, the Board responds to complaints and investigates dietitians and nutritionists who are alleged to have failed to maintain minimum standards necessary for the provision of safe and quality care, and when warranted, the Board provided timely and appropriate discipline or corrective action. The Complaint Review Committee of the Board is comprised of 2 Board members.

The Committee determines if the complaint is jurisdictional, and whether the information submitted is sufficient to initiate a complaint, and if not, then may request additional information from the complainant. The Board also seeks information directly from the licensee, as well as obtaining investigation information from other agencies, and/or consultants. Confidentiality and due process are strictly observed throughout the complaint review process and after resolution. When appropriate, licensees may be provided with education to improve their practice and prevent recurrence of problems. When formal action is warranted for public protection then the Committee attempts to obtain a voluntary corrective action agreement or disciplinary action; and if necessary will pursue disciplinary action through a due process, contested case hearing, or potential court action.

Consumer complaint forms are available from the Board's website at www.dieteticsnutritionboard.state.mn.us

Minnesota Board of Dietetics and Nutrition Practice
Receipts, Disbursements and Major Fees

Minnesota Board of Medical Practice

Number of Complaints Received

Number of Complaints Received (opened) by type in biennium ending June 30, 2010	Number of Complaints Received online
Actions by another jurisdiction 100	N/A
Incompetency/Unethical Conduct 1415	
Unprofessional Conduct 1233	
Illness 162	
Non-Jurisdictional 42	
Medical Records 253	
Becoming Addicted 79	
Prescribing 662	
sexual Misconduct 73	
Miscellaneous 324	
Number of Complaints Received: FY 2009: 890 FY 2010: 817	

Number of Complaints Received (opened) by type in biennium ending June 30, 2008	Number of Complaints Received online
Actions by another jurisdiction 67	N/A
Incompetency/Unethical Conduct 1461	
Unprofessional Conduct 1432	
Illness 145	
Non-Jurisdictional 39	
Medical Records 212	
Becoming Addicted 67	
Prescribing 568	
sexual Misconduct 82	
Miscellaneous 381	
Number of Complaints Received: FY 2007: 823 FY 2008: 868	

Fees 2010 [list by license type / renewal term (e.g., annual, biannual)]	Disbursements FY 2010	
Nutritionist Application	350	88,61
Dietitian Application	7,900	
Licensing Fee	12,150	
Annual License Renewal	59,175	
Late Penalty Fee	562	
Reinstatement Fee	647	

Fees 2009 [list by license type / renewal term (e.g., annual, biannual)]	Disbursements FY 2009	
Nutritionist Application	.00	99,40
Dietitian Application	8,975	
Licensing Fee	13,350	
Annual License Renewal	57,465	
Late Penalty Fee	787	
Reinstatement Fee	555	

Fees 2008 [list by license type / renewal term (e.g., annual, biannual)]	Disbursements FY 2008	
Nutritionist Application	.00	87,53
Dietitian Application	9,700	
Licensing Fee	14,550	
Annual License Renewal	54,405	
Late Penalty Fee	1,260	
Reinstatement Fee	832	

Fees 2007 [list by license type / renewal term (e.g., annual, biannual)]	Disbursements FY 2007	
Nutritionist Application	175	99,40
Dietitian Application	8,800	
Licensing Fee	13,200	
Annual License Renewal	52,245	
Late Penalty Fee	720	
Reinstatement Fee	832	

Fees 2006 [list by license type / renewal term (e.g., annual, biannual)]	Disbursements FY 2006	
Nutritionist Application	175	81,02
Dietitian Application	8,900	
Licensing Fee	13,500	
Annual License Renewal	50,040	
Late Penalty Fee	855	
Reinstatement Fee	785	

Annual license renewal fees were reduced to \$45.00 in fiscal year 2005 and have remained at that reduced amount. During this biennium a 10% surcharge, imposed by legislation, on dietitian and nutritionist licenses and renewals for the Minnesota Office of Enterprise Technology to develop a statewide electronic licensing system was funded by the Board in FY 10 with a transfer from the special revenue fund in lieu of imposing this surcharge on the licensees. Beginning in FY 11 the surcharge will be collected directly from applicants and licensees

The State of Health Occupation Regulation

The Board website (www.dieteticsnutritionboard.state.mn.us) provides ready access to Online Annual License Renewals, Online address//phone change, Online reporting of continuing education, information about the status of individual Licensees, Complaint Forms, and dietetic/nutrition Statutes and Rules.

The Board staff consists of 0.8 FTE employees in the positions of Executive Director and Office Administrative Specialist.

The Board continues to be proud of creating a shared electronic licensing model with other small boards. Significant work has been completed in this biennium to create online applications with possible roll out in the next biennium.

Board Members

The Board consists of seven members; 2 licensed dietitians, 2 licensed nutritionists and 3 public members. Board member appointments are a four year commitment commencing immediately upon selection. Board members also serve on the Board’s Complaint Review, Continuing Education, and Legislative Committees. The Board members are individuals who are dedicated to public protection, volunteer significant personal time to review materials in advance of the meetings and to attend Board and Committee meetings.

The purpose of the Board is to ensure that the public health is protected and well served by persons with specific education requirements, by following the scope of practice defined in law. Primary duties of Board members are 1) review and evaluate applications for licensure, 2) review and investigate consumer complaints to determine if disciplinary action is needed. Secondary duties include actions on budget issues, fee structure, continuing education and rule writing. Most of the work of Board members is completed at Board meetings.

The full Board meets, at a minimum, quarterly. The board meetings are currently held at the board office in Minneapolis, MN. Additional committee meetings may be held at other times. Board members are paid a per diem and reimbursed for travel expenses.

Board Member Name	Residence	Occupation	Professional / Public Member	Date of Appointment	Date of Reappointment
Jennifer Nelson	Rochester	Dietitian	Professional	2003	2007
Marnie Moore	St. Paul	Attorney	Public	2004	2007
Janelle Peterson	Minneapolis	Dietitian	Professional	2005	2009
Darlene Kvist	St. Paul	Nutritionist	Professional	2006	2009
Carol Haggerty	St. Paul		Public	2007	2009
Stacey Millett	St. Paul		Public	2010	
Susan Parks	Mendota Heights	Nutritionist	Professional	2010	

The mission of the Board is public protection by striving to ensure Minnesota citizens receive quality dietetic/nutrition care from competent professionals. Public protection through licensure and regulation underlies every activity and all functions of the Board.

The Board continues collaborative efforts for online services shared between the group of seven small health licensing boards banded together to leverage limited resources. This group of small boards has worked cooperatively for 9 years to successfully develop, maintain, and advance an integrated licensing and regulatory system, web applications, and database in an extremely functional but cost effective and efficient manner.

The Board continues to provide high quality, customer focused, efficient, and cost effective services. Board members and staff are to be commended for exceptional dedication and hard work to meet the increasing demands and continue to provide service excellence.

Minnesota Board of Marriage and Family Therapy

Number and Type of Credentials Issued or Renewed

Total Number of persons licensed or registered as of June 30, 2010	Number and Type of Credentials Issued or Renewed during biennium ending June 30, 2010		Number and Per Cent of Credentials Renewed Online during biennium ending June 30, 2010
1675	<u>Type</u> LMFT Issued: LMFT Renewed: LAMFT Issued: LAMFT Renewed:	<u>Number</u> 252 2274 186 388	LMFT – 1689 / 74% LAMFT – 0

Total Number of persons licensed or registered as of June 30, 2008	Number and Type of Credentials Issued or Renewed during biennium ending June 30, 2008		Number and Type of Credentials Renewed Online (# and per cent) during biennium ending June 30, 2008
1301	<u>Type</u> LMFT Issued: LMFT Renewed: LAMFT Issued: LAMFT Renewed:	<u>Number</u> 215 1930 212 336	LMFT – 1223 / 63% LAMFT – 0

Total Number of persons licensed or registered as of June 30, 2006	Number and Type of Credentials Issued or Renewed during biennium ending June 30, 2006		Number and Type of Credentials Renewed Online (# and per cent) during biennium ending June 30, 2006
1145	<u>Type</u> LMFT Issued: LMFT Renewed: LAMFT Issued: LAMFT Renewed:	<u>Number</u> 207 1640 191 252	LMFT – 786 / 48% LAMFT – 0

Total Number of persons licensed or registered as of June 30, 2004	Number and Type of Credentials Issued or Renewed during biennium ending June 30, 2004	Number and Type of Credentials Renewed Online (# and per cent) during biennium ending June 30, 2004	
957	<u>Type</u> LMFT Issued: LMFT Renewed: LAMFT Issued: LAMFT Renewed:	<u>Number</u> 123 1441 98 221	LMFT – 0 LAMFT – 0

Total Number of persons licensed or registered as of June 30, 2002	Number and Type of Credentials Issued or Renewed during biennium ending June 30, 2002	Number and Type of Credentials Renewed Online (# and per cent) during biennium ending June 30, 2002	
866	<u>Type</u> LMFT Issued: LMFT Renewed: LAMFT Issued: LAMFT Renewed:	<u>Number</u> 101 1282 162 77	LMFT – 0 LAMFT – 0

- The Board of Marriage and Family Therapy issues two primary licenses: Licensed Marriage and Family Therapy (LMFT) and Licensed Associate Marriage and Family Therapy (LAMFT). The LAMFT license was instituted in 2000.
- License applications continue to increase, with the Board issuing over 200 licenses per year. Board staffing remains unchanged at one full-time office manager and a part-time (.6) director.
- Minnesota continues to have the highest number of applicants annually take the national MFT licensure exam; 48 states require passage of the national exam for licensure.
- Online license renewal for LMFTs was instituted November 1, 2004.
- Online license verification was made available during the past biennium.

Requirement (2): the number of complaints received
Minnesota Board of Marriage and Family Therapy
Number of Complaints Received

Number of Complaints Received (opened) by type in biennium ending June 30, 2010	Number of Complaints Received online
68 Complaints by type: Not yet tabulated	N/A

Number of Complaints Received (opened) by type in biennium ending June 30, 2008	Number of Complaints Received online
60 Complaints by type: A. Violation of confidentiality (14) B. Lack of professional competence (9) C. Physical contact with client, supervisee or student (6) D. Other dual relationship (31)	N/A

Number of Complaints Received (opened) by type in biennium ending June 30, 2006	Number of Complaints Received online
46 Complaints by type: A. Violation of confidentiality (12) B. Lack of professional competence (22) C. Physical contact with client, supervisee or student (3) D. Other dual relationship (9)	N/A

Number of Complaints Received (opened) by type in biennium ending June 30, 2004	Number of Complaints Received online
36 Complaints by type: A. Violation of confidentiality (6) B. Lack of professional competence (17) C. Physical contact with client, supervisee or student (3) D. Other dual relationship (10)	N/A

Number of Complaints Received (opened) by type in biennium ending June 30, 2002	Number of Complaints Received online
34 Complaints by type: A. Violation of confidentiality (6) B. Lack of professional competence (17) C. Physical contact with client, supervisee or student (1) D. Other dual relationship (10)	N/A

Number and age of complaints open at the end of the period

Number of Complaints Closed in biennium ending June 30, 2010	Number of Complaints Open as of June 30, 2010
50	53

Number of Complaints Closed in biennium ending June 30, 2008	Number of Complaints Open as of June 30, 2008
44	60

Number of Complaints Closed in biennium ending June 30, 2006	Number of Complaints Open as of June 30, 2006
37	22

Number of Complaints Closed in biennium ending June 30, 2004	Number of Complaints Open as of June 30, 2004
26	23

Number of Complaints Closed in biennium ending June 30, 2002	Number of Complaints Open as of June 30, 2002
23	20

Receipts, Disbursements and Major Fees

Fees 2010 [list by license type / renewal term (e.g., annual, biannual)]	Direct Disbursements FY 2010
Receipts \$515,954 Fees: Application for written examination \$220 Application for licensure (LMFT) \$110 Annual renewal (LMFT) \$125 Application for licensure (LAMFT) \$75 Annual renewal (LAMFT) \$75 Licensure by reciprocity \$340 CE sponsor program approval \$60	\$278,433

Fees 2008 [list by license type / renewal term (e.g., annual, biannual)]	Direct Disbursements FY 2008
Receipts \$458,510 Fees: Application for written examination \$220 Application for licensure (LMFT) \$110 Annual renewal (LMFT) \$125 Application for licensure (LAMFT) \$75 Annual renewal (LAMFT) \$75 Licensure by reciprocity \$340 CE sponsor program approval \$60	\$249,149

Fees 2006 [list by license type / renewal term (e.g., annual, biannual)]	Direct Disbursements FY 2006
Receipts \$388,992 Fees: Application for written examination \$220 Application for licensure (LMFT) \$110 Annual renewal (LMFT) \$125 Application for licensure (LAMFT) \$75 Annual renewal (LAMFT) \$75 Licensure by reciprocity \$340 CE sponsor program approval \$60	\$237,829

Fees 2004 [list by license type / renewal term (e.g., annual, biannual)]	Direct Disbursements FY 2004
Receipts \$324,440	\$223,590
Fees:	
Application for written examination	\$220
Application for licensure (LMFT)	\$110
Annual renewal (LMFT)	\$125
Application for licensure (LAMFT)	\$75
Annual renewal (LAMFT)	\$75
Licensure by reciprocity	\$340
CE sponsor program approval	\$60

Fees 2002 [list by license type / renewal term (e.g., annual, biannual)]	Direct Disbursements FY 2002
Receipts \$265,271	\$205,819
Fees: (Fees increased FY2001 to FY2002)	
Application for written examination	\$200/\$220
Application for licensure (LMFT)	\$100/\$110
Annual renewal (LMFT)	\$115/\$125
Application for licensure (LAMFT)	\$60/\$75
Annual renewal (LAMFT)	\$60/\$75
Licensure by reciprocity	\$300/ \$340
CE sponsor program approval	\$50/\$60

- Licensure fees were last increased effective FY2002.
- Fees collected are deposited as non-dedicated revenue into the state government special revenue fund.
- From this special revenue fund, the Board receives its current direct annual appropriation of \$159,000. The Board also pays statewide indirect costs through an open appropriation and utilizes fees to cover legal support (Attorney General), statewide e-licensing system surcharge (Office of Enterprise Technology), centralized administration support (Health Boards Administrative Services Unit), and funding for services to health professional (Health Professionals Services Program).

The Board of Marriage and Family Therapy continues to oversee a growing number of mental health professionals. Applicants for both the national examination and state oral exam increased steadily over the past biennium. Board staffing remains essentially unchanged over two decades: a full-time office manager with a part-time executive director. [Note: The Board’s executive director of 19 years retired in April 2010. The executive director position increased from .5 to .6 FTE at the hiring of a new director in September 2010.]

The Board continues to focus on effective utilization of technology. Online renewal for LMFT licenses was instituted in November 2004 and is now used by nearly 75% of licensees. All application, continuing education and complaint forms are available on the Board’s website. Online license verification became available in 2009, allowing citizens to verify licensure status of all LMFTs and LAMFTs in Minnesota.

The Board is proceeding with a major rule revision set for completion in 2011. The proposed new rules will update and clarify education requirements, post-graduate supervision and supervisor responsibilities and Board licensing standards.

Board Members

Statute requires the Board to have seven members who are appointed for four-year terms by the Governor. Of the seven, four must be Licensed Marriage and Family Therapists, one must be engaged in teaching marriage and family therapy and two must be public members who have no direct affiliation with the practice of marriage and family therapy. The Board meets twelve times per year. The Board also conducts oral examinations, the final step in the MFT state licensure process, twelve times per year. The Board members staff three standing committees: complaint, applications, continuing education.

Board Member Name	Residence	Occupation	Professional Member / Public Member	Date of Appointment	Date of Reappointment
Herb Grant, Chair	Minneapolis	MA, LMFT	Professional	6/29/06	1/4/10
Mark Flaten	Minneapolis	MS, LMFT	Professional	6/30/08	
Sara Wright	Minneapolis	Ph.D., LMFT	Professional	6/30/08	
Manijeh Daneshpour	Saint Cloud	Ph.D., LMFT	Professional	7/8/03	1/30/07
John Seymour	Mankato	Ph.D., LMFT	Professional	6/29/06	1/4/10
Kay Ek	Saint Paul		Public	6/29/06	1/4/10
Rebekah McDonald*	Woodbury		Public	4/15/09*	

*Ms. McDonald’s service to the Board ended June 2010. A new public board member, Dr. Dennis Morrow, was appointed to the Board effective December 2010.

Executive Director Narrative

The Board of Marriage and Family Therapy’s mission is to protect the public through effective licensure and enforcement of the statutes and rules governing the practice of marriage and family therapists to ensure a standard of competent and ethical practice. The Board fulfills its mission through provision of the following services:

- Issue initial license and renew licenses for qualified professionals.
- Ensure that only applicants who meet licensure requirements are granted a license.
- Respond to public and agency inquiries, complaints, and reports regarding licensure and conduct of applicants and licensees.
- Take disciplinary or corrective action against an applicant or licensee for misconduct.

- Set standards of practice and professional conduct for licensees.
- Set educational standards for initial licensure and continuing education requirements for maintaining licensure.
- Review applicant's education and training to determine compliance with the board's licensure requirements.
- Provide information about licensure requirements and standards of practice to citizens and other interested persons or agencies.

In the past biennium, the Board continued to handle the growing number of licensure applications and now reviews and processes well over 200 licensure applications per year. With this growth come additional service requirements in the areas of complaint review and investigation, continuing education course approval, and post-graduate supervision oversight. As the number of marriage and family therapy graduate programs continues to increase, the Board must ensure these graduate programs meet the educational standards set forth in statute.

The Board continues to work to maximize its use of technology in providing essential services. The Board collaborates with seven small health licensing boards to develop and maintain its licensing system, database, and web applications. This collaboration allows the Board to maximize its technology output in a cost-effective manner.

Board members continue to show great dedication to maintaining the high level of training and professionalism denoted by Minnesota MFTs. Board staff continue to provide customer-focused and cost-effective services. Should the growth in the industry and license applications continue to increase, staffing levels will need to be adjusted to better meet growing demand and fulfill the Board's statutory responsibilities.

Minnesota Board of Medical Practice

Number and Type of Credentials Issued or Renewed

T o t a l Number of persons licensed or regis- tered as of June 30, 2010	Number and Type of Credentials Is- sued or Renewed during biennium ending June 30, 2010	Number and Type of Credentials Re- newed Online (# and per cent) during biennium ending June 30, 2010																																																			
25,946	<table border="0"> <tr> <td>Type</td> <td></td> </tr> <tr> <td>Active Licensed/ Renewed</td> <td></td> </tr> <tr> <td>Newly Issued</td> <td></td> </tr> <tr> <td>Acupuncturist</td> <td align="right">796 95</td> </tr> <tr> <td>Athletic Trainer</td> <td align="right">1288 134</td> </tr> <tr> <td>Traditional Midwife</td> <td align="right">27 3</td> </tr> <tr> <td>Naturopathic Doctor</td> <td align="right">21 21</td> </tr> <tr> <td>Physician Assistant</td> <td align="right">2862 321</td> </tr> <tr> <td>Physician and Surgeon</td> <td align="right">38882 2233</td> </tr> <tr> <td>Respiratory Therapist</td> <td align="right">3454 202</td> </tr> <tr> <td>Telemedicine</td> <td align="right">533 165</td> </tr> <tr> <td>Resident Permit</td> <td align="right">1630 1630</td> </tr> </table>	Type		Active Licensed/ Renewed		Newly Issued		Acupuncturist	796 95	Athletic Trainer	1288 134	Traditional Midwife	27 3	Naturopathic Doctor	21 21	Physician Assistant	2862 321	Physician and Surgeon	38882 2233	Respiratory Therapist	3454 202	Telemedicine	533 165	Resident Permit	1630 1630	<table border="0"> <tr> <td>Type</td> <td></td> <td>Online Renewals %</td> </tr> <tr> <td>Acupuncturist</td> <td></td> <td align="right">623 83.23%</td> </tr> <tr> <td>Athletic Trainer</td> <td></td> <td align="right">993 81.33%</td> </tr> <tr> <td>Traditional Midwife</td> <td></td> <td align="right">N/A N/A</td> </tr> <tr> <td>Naturopathic Doctor</td> <td></td> <td align="right">N/A N/A</td> </tr> <tr> <td>Physician Assistant</td> <td></td> <td align="right">2553 94.50%</td> </tr> <tr> <td>Physician and Surgeon</td> <td></td> <td align="right">34559 91.51%</td> </tr> <tr> <td>Respiratory Therapist</td> <td></td> <td align="right">2768 82.55%</td> </tr> <tr> <td>Telemedicine</td> <td></td> <td align="right">201 44.62%</td> </tr> </table>	Type		Online Renewals %	Acupuncturist		623 83.23%	Athletic Trainer		993 81.33%	Traditional Midwife		N/A N/A	Naturopathic Doctor		N/A N/A	Physician Assistant		2553 94.50%	Physician and Surgeon		34559 91.51%	Respiratory Therapist		2768 82.55%	Telemedicine		201 44.62%
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Telemedicine		201 44.62%																																																			

Total Number of persons licensed or registered as of June 30, 2008	Number and Type of Credentials Issued or Renewed during biennium ending June 30, 2008	Number and Type of Credentials Renewed Online (# and per cent) during biennium ending June 30, 2008
24,724	Type Active Licensed/ Renewed Newly Issued Acupuncturist Athletic Trainer Traditional Midwife Physician Assistant Physician and Surgeon Respiratory Therapist Telemedicine Resident Permit	Type Online Renewals % Acupuncturist Athletic Trainer Traditional Midwife Physician Assistant Physician and Surgeon Respiratory Therapist Telemedicine N/A N/A
	667 81 1189 156 29 2 2359 303 37062 2293 3291 244 414 103 1676	507 76.01% 828 69.64% N/A N/A 2023 85.76% 30377 81.96% 2768 84.11% N/A N/A

Total Number of persons licensed or registered as of June 30, 2004	Number and Type of Credentials Issued or Renewed during biennium ending June 30, 2004	Number and Type of Credentials Renewed Online (# and per cent) during biennium ending June 30, 2004
21,466	<p>Type</p> <p>Active Licensed/ Renewed</p> <p>Newly Issued</p> <p>Acupuncturist</p> <p style="text-align: right;">401 70</p> <p>Athletic Trainer</p> <p style="text-align: right;">857 137</p> <p>Traditional Midwife</p> <p style="text-align: right;">15 1</p> <p>Physician Assistant</p> <p style="text-align: right;">1555 169</p> <p>Physician and Surgeon</p> <p style="text-align: right;">33864 2113</p> <p>Respiratory Therapist</p> <p style="text-align: right;">2738 169</p> <p>Telemedicine</p> <p style="text-align: right;">135 86</p> <p>Resident Permit</p> <p style="text-align: right;">1451</p>	N/A

Number of Complaints Received (opened) by type in biennium ending June 30, 2006	Number of Complaints Received online
Actions by another jurisdiction 68	N/A
Incompetency/Unethical Conduct 1407	
Unprofessional Conduct 1291	
Illness 117	
Non-Jurisdictional 44	
Medical Records 161	
Becoming Addicted 57	
Prescribing 376	
sexual Misconduct 67	
Miscellaneous 443	
Number of Complaints Received: FY 2005: 780 FY 2006: 770	

Number of Complaints Received (opened) by type in biennium ending June 30, 2004	Number of Complaints Received online
Actions by another jurisdiction 68	N/A
Incompetency/Unethical Conduct 1260	
Unprofessional Conduct 1320	
Illness 154	
Non-Jurisdictional 22	
Medical Records 111	
Becoming Addicted 32	
Prescribing 181	
sexual Misconduct 83	
Miscellaneous 407	
Number of Complaints Received: FY 2003: 941 FY 2004: 890	

Number of Complaints Received (opened) by type in biennium ending June 30, 2002	Number of Complaints Received online
Actions by another jurisdiction 48	N/A
Incompetency/Unethical Conduct 488	
Unprofessional Conduct 1088	
Illness 121	
Non-Jurisdictional 50	
Medical Records 123	
Becoming Addicted 21	
Prescribing 191	
sexual Misconduct 85	
Miscellaneous 328	
Number of Complaints Received: FY 2001: 775 FY 2002: 835	

Requirement (3) the number and age of complaints open at the end of the period

Minnesota Board of Medical Practice

Number and age of complaints open at the end of the period

Number of Complaints Closed in biennium ending June 30, 2010	Number of Complaints Open as of June 30, 2010 [listed by < one year or > One year]
FY2007: 750 FY2008: 779 Total: 1529	197 < 1 year 128 > 1 year

Number of Complaints Closed in biennium ending June 30, 2008	Number of Complaints Open as of June 30, 2008 [listed by < one year or > One year]
FY2007: 750 FY2008: 779 Total: 1529	436 < 1 year 168 > 1 year

Number of Complaints Closed in biennium ending June 30, 2006	Number of Complaints Open as of June 30, 2006 [listed by < one year or > One year]
FY2005: 716 FY2006: 621 Total: 1337	383 < 1 year 124 > 1 year

Number of Complaints Closed in biennium ending June 30, 2004	Number of Complaints Open as of June 30, 2004 [listed by < one year or > One year]
FY2003: 877 FY2004: 936 Total: 1813	299 < 1 year 73 > 1 year

Number of Complaints Closed in biennium ending June 30, 2002	Number of Complaints Open as of June 30, 2002 [listed by < one year or > One year]
FY2001: 863 FY2002: 805 Total: 1668	379 < 1 year 60 > 1 year

Requirement (4) receipts, disbursements, and major fees

Minnesota Board of Medical Practice
Receipts, Disbursements and Major Fees

Fees 2010 [list by license type / renewal term (e.g., annual, biannual)]	Disbursements FY 2010
\$9,335,076	\$7,770,120

Fees 2008 [list by license type / renewal term (e.g., annual, biannual)]	Disbursements FY 2008
\$9,084,669	\$7,310,960

Fees 2006 [list by license type / renewal term (e.g., annual, biannual)]	Disbursements FY 2006
\$8,687,292	\$7,545,914

Fees 2004 [list by license type / renewal term (e.g., annual, biannual)]	Disbursements FY 2004
\$8,323,026	\$8,307,901

Fees 2002 [list by license type / renewal term (e.g., annual, biannual)]	Disbursements FY 2002
\$7,976,400	\$6,202,554

Refer to next page for detail RECEIPT AND DISBURSEMENT OF BOARD FUNDS.

	<u>FY200</u> <u>1</u>	<u>FY200</u> <u>2</u>	<u>FY200</u> <u>3</u>	<u>FY2004</u>	<u>FY200</u> <u>5</u>	<u>FY200</u> <u>6</u>	<u>FY200</u> <u>7</u>	<u>FY200</u> <u>8</u>	<u>FY200</u> <u>9</u>	<u>FY201</u> <u>0</u>
TOTAL DISBURSEMENTS (DIRECT & INDIRECT COSTS)	3,105,100	3,097,454	4,749,117	3,558,784	3,950,965	3,594,949	4,029,415	3,281,545	4,392,310	3,377,810
TOTAL FEE RECEIPTS	3,864,224	4,112,176	4,105,064	4,217,962	4,383,653	4,303,639	4,427,542	4,657,127	4,843,566	4,491,510
DESCRIPTION	AC-TUAL RE-CEIPTS FY2002	AC-TUAL RE-CEIPTS FY2002	AC-TUAL RE-CEIPTS FY2003	ACTUAL RECEIPTS FY2004	AC-TUAL RE-CEIPTS FY2005	AC-TUAL RE-CEIPTS FY2006	AC-TUAL RE-CEIPTS FY2007	AC-TUAL RE-CEIPTS FY2008	AC-TUAL RE-CEIPTS FY2009	AC-TUAL RE-CEIPTS FY2010
TELEMEDICINE REGISTRATION	0		8,100	3,200	5,900	6,300	5,300	5,700	4,500	14,800
TELEMEDICINE CERTIFICATION	0		6,225	7,050	10,608	13,075	14,346	17,190	16,135	27,583
5194 MIDWIFERY CERTIFICATION	0		0	200	1,350	3,175	3,375	1,550	2,075	1,275
5195 MIDWIFERY LATE FEE	0	0	25	0	0	0	50	25	0	0
5196 MIDWIFERY TEMP PERMIT	0	0	75	0	225	150	75	75	150	150
5197 MIDWIFERY ANNUAL LICENSE	0	0	0	0	75	0	0	0	0	75
5198 MIDWIFERY INACTIVE STATUS	800	1,300	400	1,100	1,800	1,500	1,600	1,100	1,300	1,400
5199 MIDWIFERY APPLICATION	0	0	0	0	0	0	0	0	0	0
5200 MD ANNUAL REGISTRATION	200	100	0	300	300	200	100	0	200	300
5201 MD APPLICATION FEE	3,035,438	3,254,997	3,227,297	3,394,304	3,498,377	3,466,012	3,561,586	3,668,248	3,767,424	3,844,464
5202 EXAM ADMINISTRATIVE FEE	231,326	230,400	216,800	215,200	206,400	222,000	234,200	240,675	237,800	236,600
5203 MD TEMPORARY LICENSE	0	0	0	0	0	0	0	0	0	0
5204 MD ENDORSEMENT FEE	38,100	39,180	36,360	33,900	35,540	38,400	39,300	39,000	37,200	35,760
5205 MD CERTIFICATION	1,270	1,230	1,865	1,520	535	2,470	2,070	1,000	1,670	835
5206 MD VERIFICATION	55,900	54,660	57,605	60,045	54,680	52,950	48,440	58,235	60,895	65,760
5207 MD LATE FEES	0	0	0	0	0	0	0	0	0	0
5208 MD RESIDENCY PERMIT DEFERMENT FEE	43,800	42,480	36,000	32,660	28,860	31,472	35,040	33,180	30,960	27,420
5209 EMERITUS REGISTRATION	15,415	15,385	15,975	15,935	16,310	16,795	16,380	17,355	16,670	16,285
5210	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a
5211 PA ANNUAL REG w/PRES	450	850	700	650	1,050	650	750	900	1,242	850
5212 PA APPLICATION FEE	72,557	103,721	106,109	114,134	133,545	143,464	151,396	175,798	195,369	208,749
5216 PA CERTIFICATION FEE	10,920	13,680	8,520	11,550	14,040	17,400	16,320	21,120	19,680	22,440
5217 PA VERIFICATION FEE	1,725	1,550	1,325	1,200	1,950	1,450	1,575	1,700	1,750	3,050
5218 PA LATE FEE	0	0	0	0	0	0	0	0	0	0
5226 RT'S ANNUAL LICENSE RENEWAL	2,200	4,450	3,900	2,510	1,350	1,950	1,510	1,500	1,450	1,000
5227 RT'S APPLICATION FEE	118,860	135,360	136,019	131,260	144,402	138,127	146,166	156,186	157,003	160,369
5229 RT'S CERTIFICATION FEE	10,400	11,300	11,200	7,400	11,700	12,600	13,500	12,500	9,200	10,700
5230 RT'S TEMPORARY PERMIT	1,020	1,725	1,650	850	1,650	1,575	2,750	2,300	1,675	1,525
5231 RT'S LATE FEE	2,460	2,460	2,940	1,740	3,300	3,360	4,200	3,600	2,940	4,440

5233	AT APPLICATION FEE	34,131	57,232	51,137	48,101	57,002	53,628	53,991	64,500	65,064	62,680
5234	AT TEMPORARY PERMIT	3,600	3,313	4,000	3,400	3,200	4,450	3,300	4,500	3,050	3,400
5235	AT CERTIFICATION FEE	1,800	1,150	1,650	1,300	1,350	2,250	1,750	2,600	1,800	2,100
5236	AT LATE FEE	725	625	475	350	475	325	500	550	500	775
5237	CIVIL PENALTIES	900	1,425	895	720	645	915	945	1,215	855	765
5238	MISCELLANEOUS	29,379	42,482	75,573	37,340	73,670	28,801	25,569	14,161	94,368	41,712
5239	DUPLICATES	21,884	4,989	2,294	1,815	1,840	811	487	1,361	593	575
5240	EDUCATION APPROVAL	2,520	2,660	2,960	3,440	3,720	3,460	4,625	4,400	4,020	4,120
5241	COMPETIVE ATHL EVENT	0	0		0	0	0	0	0	0	0
5242	MEDICAL CORP ANNUAL	0	50	0	50	50	150	0	0	0	0
5243	CORP APPLICATION	12,575	12,350	12,725	9,425	12,950	12,825	13,025	12,300	10,925	11,700
5245	ACUPUNCTURE ANNUAL REG	2,500	2,600	3,300	2,200	3,700	2,800	2,020	2,300	3,000	3,000
5246	ACUPUNCTURE APPL	23,600	29,275	32,600	34,825	45,204	43,254	48,576	54,038	57,954	63,414
5247	ACUPUNCTURE CERTIFICATN	5,250	4,200	4,800	5,700	7,050	5,250	6,150	6,150	7,050	6,900
5248	ACUPUNCTURE LATE FEE	175	150	100	375	375	300	425	275	450	450
5249	ACUPUNCTURE TEMPORARY	450	450	650	300	310	600	900	1,250	1,400	1,050
5250	ACUPUNCTURE INACTIVE STATUS	1,020	1,080	1,260	1,620	2,040	1,380	2,040	2,220	2,400	2,280
5251	PA ANNUAL REG / NO PRES	150	200	100	50	50	50	0	0	0	0
5252	PA TEMPORARY PERMIT	5,368	6,594	5,520	5,694	1,419	1,110	5,002	2,415	854	3,450
5253	PA TEMPORARY REG	4,380	5,965	3,780	4,800	5,035	7,260	6,420	9,410	8,345	9,180
5254	PA LOCUM TENENS PERMIT	2,990	2,875	2,530	2,360	1,840	1,840	690	1,150	690	0
5255	RCP TEMP REGISTRATION	0	0	25	0	0	0	0	0	0	0
5256	RCP INACTIVE STATUS	1,650	1,830	2,310	2,610	3,480	2,970	2,340	3,690	2,340	900
5257	REPORT GENERATION	50	150	150	50	50	50	100	150	0	0
5258	AT TEMP REGISTRATION	0	11,655	14,330	9,780	10,127	8,180	5,875	5,980	8,020	7,795
5259	PRIMARY VERIFICATION	100	300	400	300	300	300	300	400	200	300
5265	NATUROPATHIC CERTIFICATION FEE	0					175	150	175	100	125
5266	NATUROPATHIC APPLICATION	0									0

5267	NATUROPATHIC ANNUAL REGISTRATION	0									5,200
5268	NATUROPATHIC LATE FEE	0									3,900
5269	NATUROPATHIC INACTIVE STATUS	0									0
5270	NATUROPATHIC TEMPORARY PERMIT	0									0
5271	NATUROPATHIC EMERITUS	0									125
8215	ENT LICENSURE SURCHARGE	0									(431,665)
8310	EZGOV FEE	0									0
8346	CRDT CRD CLR	0	0	0	0	(5,060)	(7,953)	(8,012)	0	0	0
		0	0	0	0	(23,566)	(48,717)	(52,692)	0	0	0
5244	SEMINAR/WORKSHOP	62,936									
	TOTAL FEE RECEIPTS	3,864,224	4,112,176	4,105,064	4,217,962	4,383,653	4,303,639	4,427,542	4,657,127	4,843,566	4,491,510

Minnesota Board of Medical Practice

BMP Mission

The board's mission is to protect the public by extending the privilege to practice to qualified applicants, and investigating complaints relating to the competency or behavior of individual licensees or registrants.

The Board of Medical Practice is made up of 11 physicians and 5 public members, all of whom are appointed by the governor. Approximately 17,100 physicians are licensed by the Board of Medical Practice and the board also regulates acupuncturists, athletic trainers, physician assistants, respiratory care practitioners, traditional midwives, and professional firms.

Currently, graduates from US medical schools must complete a one year residency program and pass the national standardized examination to be licensed in Minnesota. Foreign graduates must pass their examinations and complete two years of residency training in the United States or Canada. The board also considers other information provided by the applicant and may conduct interviews before a license is granted.

BMP Functions

Setting and administering educational and examination standards for initial and continuing licensure or registration for each health profession regulated by the Board

- ◆ Setting licensure requirements through the legislative process.
- ◆ Selecting the licensing examination to assure an adequate candidate knowledge base.
- ◆ Reviewing individual applicant/licensee documentation to determine eligibility for initial and continuing licensure.
- ◆ Constantly reviewing statutes as well as working with professional organizations to assure current, up-to-date-laws, keeping pace with new or continuously changing professions.
- ◆ Working with Advisory Councils to set standards for initial and continuing licensure for each health profession regulated.
- ◆ Ensuring that initial and continuing licensure activities comply with relevant federal laws (e.g. Americans with Disabilities Act).

Pursuing educational or disciplinary action with licensees as deemed necessary based upon results of investigations conducted in response to complaints/reports

- ◆ Providing applicants and licensees education to improve practice and assure compliance with the statutes.
- ◆ Conducting audits of continuing education to assure continuing competency as well as compliance with the law.
- ◆ Working with Advisory Councils to direct and review investigations and provide advice in resolving issues and enforcing the statutes.

Providing information and education about licensure requirements and procedures and standards of practice to the public, the health care community, and other interested clientele

- ◆ Providing information to the health care community and other interested clientele concerning licensure requirements as well as information on licensees.
- ◆ Providing information about licensure requirements to prospective applicants for licensure.
- ◆ Providing information to licensees to assure compliance with the law through newsletters, websites, and meetings.

- ◆ Providing information to licensees, health care community, the general public, and other interested clientele regarding licensure laws as well as related laws.
- ◆ Working with the Advisory Councils to disseminate information to licensees, general public, health care facilities and other interested clientele.

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Providing information to licensees to assure compliance with the law through newsletters, websites, and meetings.

Providing information to licensees, health care community, the general public, and other interested clientele regarding licensure laws as well as related laws.

Working with the Advisory Councils to disseminate information to licensees, general public, health care facilities and other interested clientele.

Responding to inquiries, complaints and reports from the public and other health care regulators regarding licensure and conduct of applicants, permit holders, licensees and unlicensed practitioners

Accepting complaints and reports from the public, health care providers, and regulators.

Deciding whether a complaint or inquiry is jurisdictional and, if so, whether and what type of action to pursue to resolve the matter.

Referring inquiries and complaints to other investigative, regulatory or assisting agencies.

Responding to complainants and agency reports by informing the complainants/agencies of action taken to resolve their complaints while observing provisions of the data practices act regarding the legal status of data obtained during the course of an investigation and disciplinary proceeding.

Pursuing educational or disciplinary action with licensees as deemed necessary based upon results of investigations conducted in response to complaints/reports

Setting standards of conduct and a basis for disciplinary action through the rules process.

Seeking information directly from the licensee and securing investigative and fact finding information from other agencies in response to complaints or inquiries.

Holding conferences with licensees to identify their role and responsibility in a matter under investigation.

Providing applicants and licensees education to improve practice and prevent recurrence of problems.

Obtaining disciplinary action through either voluntary agreement or through a due process, contested case hearing and potential court action.

BMP Major Activities During the Biennium

Stakeholder Surveys

As part of the Board's strategic plan, surveys of complainants and licensees who had been through the boards' complaint review and disciplinary process were conducted in 2009.

Board staff surveyed 100% of licensees who had licenses unconditionally reinstated from disciplinary action or who had satisfied Agreements for Corrective Action one to two years prior to the survey. Almost 50% of the licensees who received a survey submitted responses. Most responders agreed or strongly agreed that they were treated professionally and fairly throughout the investigative and compliance processes.

100% of licensees who participated in a Medical Coordinator Conference as a result of complaints were surveyed. 25% percent of licensees who received a survey submitted a response. Responders uniformly agreed or strongly agreed that they were treated professionally and fairly by the Medical Coordinator and board and the Attorney General's Office staff during the investigative process.

10% of licensees who were subject to a closed or dismissed complaint one to two years prior were randomly selected to be surveyed. Approximately 20% of licensees who received the surveys submitted a response. Most responders agreed or strongly agreed that they were treated professionally, had an adequate opportunity to address the complaints and found the overall process satisfactory.

10% of complainants whose complaints had been resolved one to two years prior were randomly selected to be surveyed. Almost 30% of complainants who received surveys submitted a response. Because of data practice limitations, which prevent the board from sharing complete investigative data and deliberative information with complainants, it was not surprising that some complainants criticized the board for failing to provide more detailed information. Some responders accused the board of protecting regulated professionals and implied or stated that the board fails to protect patients and the public. Half of the responders indicated that they were treated in a professional manner by board staff and the Attorney General's Office and some responders were highly complimentary of the board.

Educational Outreach

In this biennium, board members and staff have delivered six speaker bureau presentations on behalf of the Minnesota Board of Medical Practice on the topic of the use of Opioids in pain management. These Presentations were made in:

- July 2008 St. Luke's Hospital, Duluth, MN
- May 2009 Northpoint Medical Clinic, Minneapolis, MN
- October 2009 St. Luke's Hospital, Duluth, MN
- October 2009 Allina Clinic, Minneapolis, MN
- March 2010 Board Offices, Minneapolis, MN
- April 2010 Board Offices, Minneapolis, MN

Over 160 physicians attended these seminars.

The Board has undertaken educational outreach in this area because of the number of complaints and resulting disciplinary actions seen by its Complaint Review Committees resulting from the inappropriate use of Opioids in the treatment of chronic pain.

BMP Website features:

Health professional database online search, physician and physician assistant profile search with disciplinary action document posting, physician specialty search, online license renewal, online address update and profile update, physician license verification, physician initial application via FSMB (Federation State Medical Board), application forms download, news release, public board meeting announcement/meeting minutes posting, Statute and rules posting.

Emerging Issues

Although there is no data to show that physician incompetence is a real problem, there is a growing perception that physicians should be required to demonstrate competence on a regular basis and that the enforcement of this responsibility should be placed within the jurisdiction of state medical boards.

In 2003 the Federation of State Medical Boards authorized a Special Committee on Maintenance of Licensure to make recommendations on what requirements, other than the current CME requirements, should be placed on state medical boards for renewal of physician licenses.

In 2005 the Minnesota Board of Medical Practice formed a Taskforce on Continuing Competency and Maintenance of Licensure to address this issue. The Taskforce met eight times between August 2006 and October 2008. The Taskforce recommendations are set forth in a paper written by the Taskforce Chair, former Board Member Linda L. Van Etta, MD, FACP, entitled The Evolving Paradigm – Tying Physician Demonstration of Continuing Competency to Maintenance of Licensure: What Minnesota Learned. In that report, Dr. Van Etta stated the Taskforce recommendations. “The Taskforce recommended that no changes be made at present to the requirements for licensure in the State of Minnesota. Rather, the Minnesota Board should closely monitor and influence the ongoing maintenance of licensure initiatives at the Federation of State Medical Boards. Because no body of data currently exists showing that board recertification results in improved patient care and outcomes, any changes to maintenance of licensure requirements should be evolutionary, not revolutionary.”

The Minnesota Board of Medical Practice’s Taskforce on Maintenance of Licensure and Continuing Competency will continue to monitor and study this issue. The Taskforce is scheduled to meet in October 2010 to review the recommendations of the Federation of State Medical Boards’ Special Committee on Maintenance of Licensure. Once that meeting is held, the Taskforce will decide on future actions.

Contested Case Activity

The Board of Medical Practice began this biennium with eight contested cases on file with the Office of Administrative Hearings. During the biennium, the board filed an additional fourteen Notices of Hearing.

During the biennium, twelve of those cases resulted in a settlement for disciplinary action (stipulation and order) either prior to, or as a result of mediation.

Four cases received a hearing with the Office of Administrative Hearing and oral arguments before the board. Each of the four contested cases argued before the board resulted in a disciplinary order.

At the end of the biennium, three cases were pending with the Office of Administrative Hearings. The remaining three cases filed in the biennium are not yet scheduled for hearing.

National Leadership

The Minnesota Board of Medical Practice continues to provide leadership at the national level.

In 2009 board member Jon Thomas, MD, MBA was re-elected to the Board of Directors of the Federation of State Medical Boards for a three-year term. Board member Gregory Snyder, MD, DABR, was elected to the Federation of State Medical Boards’ Nominating Committee. Board member Steven Altchuler, MD, Ph.D, was appointed to the Board of Directors of the Federation of State Medical Boards’ Foundation. The Board’s Executive Director Robert A. Leach, JD, continued eight years of service on the National Board of Medical Examiners Committee on Irregular Behavior and Score Validity for the United States Medical Licensing Examination.

Board Members

The board is comprised of 16 members; ten members must be Minnesota licensed physicians with doctor of medicine degrees. One member must be a doctor of osteopathy, and the remaining five members are members of the public. Board members are appointed by the governor. Also, the overall make-up of the Board must reflect a state geographic balance, and the physician members must reflect the broad mix of expertise of physicians practicing in Minnesota. All members serve terms of four years; no member may serve more than eight consecutive years.

The Board holds regular business meetings every other month, with dates reserved on the alternate months for disposition of special legal issues. The full Board meets on Saturdays scheduled one year in advance.

Complaint Review Committee

Committee members review complaints filed against health professionals regulated by the Board, and make decisions regarding the investigation of the complaints and make decisions and recommendations regarding the proper disposition of the complaints. The Complaint Review Committees typically meet monthly on weekdays, with the specific dates of the meetings established by committee members. Complaint Review Committees are comprised of two physician members and one public member.

Licensure Committee

Committee members review applications for licensure or registration made by health professionals regulated by the Board, and make decisions and recommendations regarding the granting of licensure or registration. The Licensure Committee typically meets every other month on weekdays or weekday evenings. The Licensure Committee is comprised of four physician members and one public member.

Policy and Planning Committee

Committee members review and make decisions and recommendations regarding policy issues facing the Board, including legislative matters, promulgation of administrative rules, educational outreach, public information resources, etc. The Policy and Planning Committee meets quarterly, typically on weekday evenings. The Policy and Planning Committee is comprised of at least two physician members and at least two public members.

Designated Board Member Activities

Board members are asked to meet periodically with licenses that are under Board disciplinary orders. Responsibilities typically include:

- Meeting quarterly with the assigned licensee;
- Reviewing the Board Order with the licensee to ensure compliance, and;
- Completing appropriate report forms after each meeting, and providing the forms and information on any possible violations of the Order to the Board staff after each meeting.
- Board members typically serve on one committee and the total time commitment ranges from three to four days per month.

BMP Members Fiscal Years 2009 and 2010 (7/1/2008 through 6/30/10)

Board Member Name	Residence	Occupation	Professional Member / Public Member	Date of Appointment	Date of Reappointment
Alfred Anderson, MD, DC	Prior Lake	Medical Doctor	Physician	09/03	04/07
Keith Berge, MD	Rochester	Medical Doctor	Physician	09/08	Term not over
Debbie Boe	Chaska	Administrator	Public member	03/10	Term not over
Robert Brown, PhD	Roseville	Administrator	Public member	07/06	Did not apply for reappointment
Mark Eggen, MD	Shoreview	Medical Doctor	Physician	04/09	Term not over
V. John Ella, JD	Robbinsdale	Attorney	Public member	03/10	Term not over
Sarah Evenson, JD, MBA	Plymouth	Attorney	Public member	04/09	Term not over
Jack Geller, PhD	Mankato	Educator	Public member	07/06	Not reappointed
Rebecca Hafner-Fogarty, MD, MBA	Avon	Medical Doctor	Physician	06/06	1/10*
Subbarao Inampudi, MD	Minnetonka	Medical Doctor	Physician	04/09	Term not over
Bradley S. Johnson, MD	Woodbury	Medical Doctor	Physician	03/04	8/08
Kelli Johnson, MBA	St. Paul	Administrator	Public member	08/08	Term not over**
Ernest Lampe, II, MD	Mankato	Medical Doctor	Physician	03/04	8/08
James Langland, MD	Thief River Falls	Medical Doctor	Physician	07/04	08/08
Tammy McGee, MBA	Maple Grove	Administrator	Public member	04/07	Term not over
James Mona, DO	Hutchinson	Doctor of Osteopathy	Physician	07/03	04/07
Carl Smith, MD	Minnetonka	Medical Doctor	Physician	02/01	04/05
Gregory Snyder, MD	Minnetrista	Medical Doctor	Physician	06/06	03/10
Jon Thomas, MD, MBA	Vadnais Heights	Medical Doctor	Physician	04/05	3/9/10***
Tracy Tomac, MD	Duluth	Medical Doctor	Physician	04/09	Term not over
Linda Lee Van Etta, MD	Duluth	Medical Doctor	Physician	02/01	04/05

*Rebecca Hafner-Fogarty, MD, MBA, was initially appointed to the board in January of 1998 and was reappointed in January of 2002. Dr. Hafner Fogarty resigned from the board in September of 2003. Dr. Hafner-Fogarty was again appointed to the board in March of 2004 and was reappointed in June of 2006.

**Kelli Johnson was initially appointed to the board in July of 2004 and reappointed in August of 2008. Due to a move from Minneapolis to St. Paul, Ms. Johnson was no longer eligible to serve on the board effective November of 2008. Ms. Johnson was reappointed to the board in March of 2010 representing St. Paul.

***Jon Thomas, MD, MBA was initially appointed to the board in February of 2001 and reappointed in April of 2005 and served an eight year term. Dr. Thomas was again appointed to the board in March of 2010 serving.

BMP Staff

Total Number of Employees: 24

Board staff name and job title:

<u>NAME</u>	<u>TITLE</u>
Anderson, David	Network Administrator
Auld, Richard	Assistant Director
Boswell, Wendy	Licensure Specialist
Chelgren, Vicki	Licensure Specialist
Chu, Mark	Database Administrator
Dressel, Barb	Receptionist
Erickson, Mary	Senior Medical Regulation Analyst
Hayes, Pat	Licensure Coordinator
Hoffman, Jeanne	Licensure Supervisor
Hoye, Polly	Legal Analyst
Huntley, Elizabeth	Senior Medical Regulations Analyst
Huntley, Hilary	Student Worker
Kauppila, Lois	Office Manager
Kohanek, Cheryl	E.D. Administrative Assistant
Leach, Rob	Executive Director
LeClair, Maura	CRU Assistant
Luecke, Paul	Licensure Specialist
Marczewski, Bill	Medical Regulations Analyst
Martinez, Ruth	Complaint Review Unit Supervisor
Milla, Debbie	Accounting Officer
Patrikus, Helen	Medical Regulations Analyst
Prokop, Rachel	Licensure Specialist
Stuart, Karen	CRU Assistant
Wijesinha, Tony	Medical Regulations Analyst

Statement of the Executive Director
Minnesota Board of Medical Practice

In 2008, the Minnesota Board of Medical Practice culminated 1 ½ years effort by adopting a new strategic plan. I am proud to report that in this biennium, we were able to achieve a number of goals which were set forth in that plan.

Over the past two years, we have increased the training and educational opportunities for board members and board staff. We have provided educational outreach for the practicing clinician in the area of the use of Opioids in the treatment of chronic pain. We generated surveys for both credentialed professionals who had been subjects of complaints and disciplinary actions as well as for members of the public who filed complaints with our office. These surveys provided valuable feedback on the kind of job we were doing from both perspectives.

I am also proud to report that we were once again successful in having two of our board members elected to office with the Federation of State Medical Boards, the national organization of state medical regulatory agencies. In addition, another board member was appointed to serve on the Federation of State Medical Boards Foundation. These elections and appointments continue a long history of leadership at the national level for our board.

The Board's Taskforce on Continuing Competency and Maintenance of Licensure continued its work to achieve a proactive approach to medical regulation. The Taskforce issued its report on the future of continuing competency in Minnesota written by Taskforce Chair Dr. Linda Van Etta, M.D., F.A.C.P. The Taskforce findings were presented at the Federation of State Medical Boards' Annual Meeting in Chicago, Illinois in April 2009. The Taskforce will continue in its efforts to find ways to ensure physician competency and public protection as a compliment to the historical reactive approach of complaint review and discipline.

Robert A. Leach, J.D.
Executive Director
Minnesota Board of Medical Practice

October 2010 Biennial requirements
Due to ASU 10/15/2010

A. Health-Related Licensing Board Reports

Each health-related licensing board must prepare a report by October 15 of each even-numbered year. The report must be submitted to the administrative services unit serving the boards. The report must contain the following information for the two-year period ending the previous June 30:

Requirement (1): the number and type of credentials issued or renewed

Minnesota Board of Nursing

Number and Type of Credentials Issued or Renewed

Total Number of persons licensed or registered as of June 30, 2010	Number and Type of Credentials Issued or Renewed in the year ending June 30, 2010	Number and Per Cent of Credentials Renewed Online during biennium ending June 30, 2010	
RN 83,728 LPN 24,008 Total 107,736	<u>Type</u> Licenses RN LPN Total Permits RN LPN Total Renewals RN LPN Total PHN Certificates APRN Registration Certified Nurse Practitioners Certified Registered Nurse Anesthetists Clinical Nurse Specialists Certified Nurse-Midwives Total	<u>Number</u> 6,042 1,688 7,730 4,959 175 5,134 37,131 10,491 47,622 700 2,542 1,576 511 217 4,846	RN 33,934 91.4% LPN 8,815 84.0% Total 42,749 89.8%

Total Number of persons licensed or registered as of June 30, 2006	Number and Type of Credentials Issued or Renewed in the year ending June 30, 2006	Number and Type of Credentials Renewed Online (# and per cent) during biennium ending June 30, 2006	
RN 72,328 LPN 23,393 Total 95,721	<u>Type</u> Licenses RN LPN Total Permits RN LPN Total Renewals RN LPN Total PHN Certificates APRN Registration Certified Nurse Practitioners Certified Registered Nurse Anesthetists Clinical Nurse Specialists Certified Nurse-Midwives Total	<u>Number</u> 5,153 1,843 6,996 1,354 378 1,732 32,273 10,229 42,502 473 1,922 1,268 442 191 3,823	RN 51,629 80.2% LPN 13,891 67.8% Total 65,520 77.2%

Border state registry statistics

Li- cense	FY 2006	FY 2007	FY 2008	FY 2009	FY 2010
RN	102	136	181	212	171
LPN	44	28	55	48	56

The Board initiated online renewal of licensure applications in 2002 and applications for initial licensure in 2004. Additional online services are available to licensees, applicants for licensure, authorized users from approved nursing education programs and members of the public. Among the services is the ability of a user to create a login account in order to check the status of an application in progress. The Board also supports credentialing activities by electronically exchanging nurse examination data with Pearson/VUE, the organization contracted by the National Council of State Boards of Nursing (NCSBN) to administer the nursing examination for its member boards, and by providing information to Nursys, NCSBN's database of national nurse licensure information.

Number of Complaints Received

Number of Complaints Received (opened) by type in biennium ending June 30, 2010	Number of Complaints Received online
RN 993 LPN 457 Total 1,450	0

Number of Complaints Received (opened) by type in biennium ending June 30, 2009	Number of Complaints Received online
RN 903 LPN 582 Total 1,485	0

Number of Complaints Received (opened) by type in biennium ending June 30, 2008	Number of Complaints Received online
RN 810 LPN 514 Total 1,324	0

Number of Complaints Received (opened) by type in biennium ending June 30, 2007	Number of Complaints Received online
RN 765 LPN 476 Total 1,241	0

Number of Complaints Received (opened) by type in biennium ending June 30, 2006	Number of Complaints Received online
RN 796 LPN 524 Total 1,320	0

Approximately one-fifth of the complaint caseload has impaired practice as the primary grounds for discipline. When combined with the violations of board orders, impaired practice issues account for roughly one-third of the total caseload. Because of the risk to the public, the board seeks to act expeditiously in cases alleging impaired practice, particularly when the complaint alleges diversion of controlled substances.

Health Professionals Services Program

The Board operates the Health Professionals Services Program (HPSP), in collaboration with all health-related licensing boards and the Minnesota Department of Health occupational licensing division, for monitoring of licensees whose ability to practice may be impaired by the use of chemicals or as the result of a mental or physical condition.

The board had 282 referrals to the HPSP in FY2010 compared to 277 the previous year. One-third of the participants were board-referred with the remainder self-referred or referred by a third party. The total cost to the board for licensee's participation in the program was \$828,032 for the biennium. The increased cost of HPSP to the board is a continuing trend.

Number of nurses referred to HPSP in FY 09 and FY10

Nursing	2009	2010	TOTALS
REFERRALS			
Board Non-Discipline	50	49	99
Board Discipline	44	49	93
Self	125	136	261
Third Party	58	48	106
TOTAL	277	282	559

Minnesota experienced an increase in fraudulent activity related to individuals applying for licensure. The fraudulent activity includes:

- Reporting graduation from a non-existent nursing school or submitted forged documents attesting to graduation from an approved program.
- Reporting employment at a non-existent facility.
- Submitting forged documents attesting to nursing licensure in another jurisdiction.

The Board also received reports of individuals being employed or seeking employment as a nurse without a Minnesota nursing license or permit.

Number and age of complaints open at the end of the period

Number of Complaints Closed in biennium ending June 30, 2010	Number of Complaints Open as of June 30, 2010 [listed by < one year or > One year]
1,368	<514 >80

Number of Complaints Closed in biennium ending June 30, 2009	Number of Complaints Open as of June 30, 2009 [listed by < one year or > One year]
1,438	<589 >135

Number of Complaints Closed in biennium ending June 30, 2008	Number of Complaints Open as of June 30, 2008 [listed by < one year or > One year]
1,152	<625 >226

Number of Complaints Closed in biennium ending June 30, 2007	Number of Complaints Open as of June 30, 2007 [listed by < one year or > One year]
1,168	<614 >226
Number of Complaints Closed in biennium ending June 30, 2006	Number of Complaints Open as of June 30, 2006 [listed by < one year or > One year]
1,029	<739 >172

The Board received 2935 complaints in FY 2009 and 2010. This continues the trend of increasing numbers of complaints. To enhance public protection, the Board:

- Reduced the number of open complaints by more than 10%.
- Reduced the number of cases open for 12 months or less to more than 80% of the total cases.
- Reduced the average case processing time for RNs and LPNs to 194 days and APRNs to 266 days.
- Imposed 653 disciplinary and corrective actions in the biennium.

Age of Open Cases (A case may include one or more complaints against a licensee)

Months	FY06	FY07	FY08	FY09	FY10
<6	413	330	352	323	378
6-11	185	157	134	138	75
12-17	67	126	106	72	26
18-23	36	31	31	20	20
24-35	29	15	30	5	8
>36	15	6	7	4	1
Total Cases	745	665	660	562	508

Receipts and disbursements of board funds

Activity	FY2010
Receipts	\$5,663,406
Appropriation – amount legislature approved agency to spend	\$3,287,000
Disbursements	
• Direct Costs	\$3,098,483
• Indirect Costs – Administrative Services Unit	\$97,100
• Indirect Costs – Health Professionals Services Program	\$445,854
• Indirect Costs Attorney General’s Office	\$395,640
• Indirect Costs - HIV/HBV Department of Health Program	\$172,847
• Indirect Costs – Volunteer Health Care Providers Program	\$9,516
• Indirect Costs – Office of Mental Health Practice	\$0
• Indirect Costs – Statewide Indirect Costs – Department of Finance	\$28,537
Surplus (shortfall)	1,415,429
Transfer to DHS long term home and community based care employee scholarship fund	\$0
Transfer to Dept. of Health Education Loan Forgiveness Program	\$0
Transfer to Drive to Excellence	\$0
Transfer to General Fund	\$235,836
Transfer to OET for E-licensing	\$540,361
Activity	FY2009
Receipts	\$5,250,288
Appropriation – amount legislature approved agency to spend	\$3,216,000
Disbursements	
• Direct Costs	\$3,214,457
• Technology Project	\$300,000
• Indirect Costs – Administrative Services Unit	\$90,060
• Indirect Costs – Health Professionals Services Program	\$478,738
• Indirect Costs Attorney General’s Office	\$356,395
• Indirect Costs - HIV/HBV Department of Health Program	\$136,043
• Indirect Costs – Volunteer Health Care Providers Program	\$5,648
• Indirect Costs – Office of Mental Health Practice	\$1,468
• Indirect Costs – Statewide Indirect Costs – Department of Finance	\$41,920
Surplus (shortfall)	\$625,557
Transfer to DHS long term home and community based care employee scholarship fund	\$930,000
Transfer to Dept. of Health Education Loan Forgiveness Program	\$0
Transfer to Drive to Excellence	\$0
Transfer to General Fund	\$920,442
Transfer to OET for E-licensing	\$0

Activity	FY2008
Receipts	\$5,064,959
Appropriation – amount legislature approved agency to spend	\$3,055,000
Disbursements	
• Direct Costs	\$2,776,070
• Indirect Costs – Administrative Services Unit	\$83,758
• Indirect Costs – Health Professionals Services Program	\$389,399
• Indirect Costs Attorney General’s Office	\$422,973
• Indirect Costs - HIV/HBV Department of Health Program	125,832
• Indirect Costs – Volunteer Health Care Providers Program	\$451
• Indirect Costs – Office of Mental Health Practice	\$1,384
• Indirect Costs – Statewide Indirect Costs – Department of Finance	\$27,292
Surplus (shortfall)	\$1,237,800
Transfer to DHS long term home and community based care employee scholarship fund	\$930,000
Transfer to Dept. of Health Education Loan Forgiveness Program	\$0
Transfer to Drive to Excellence	\$0
Transfer to General Fund	\$0
Transfer to OET for E-licensing	\$0

Activity	FY2007
Receipts	\$4,967,292
Appropriation – amount legislature approved agency to spend	\$2,567,000
Disbursements	
• Direct Costs	\$2,043,869
• Nursing Operations Budget 1	\$390,000
• Indirect Costs – Administrative Services Unit	\$83,709
• Indirect Costs – Health Professionals Services Program	\$356,082
• Indirect Costs Attorney General’s Office	\$488,912
• Indirect Costs - HIV/HBV Department of Health Program	\$93,396
• Indirect Costs – Volunteer Health Care Providers Program	\$494
• Indirect Costs – Office of Mental Health Practice	\$905
• Indirect Costs – Statewide Indirect Costs – Department of Finance	\$25,860
Surplus (shortfall)	\$1,484,067
Transfer to DHS long term home and community based care employee scholarship fund	\$864,000
Transfer to Dept. of Health Education Loan Forgiveness Program	\$200,000
Transfer to Drive to Excellence	\$1,514
Transfer to General Fund	\$0
Transfer to OET for E-licensing	\$0

Activity	FY2006
Receipts	\$4,690,154
Appropriation – amount legislature approved agency to spend	\$2,356,000
Disbursements	
• Direct Costs	\$2,011,121
• Nursing Operations Budget 1	\$5,000
• Workshop budget	\$5,400
• Indirect Costs – Administrative Services Unit	\$78,844
• Indirect Costs – Health Professionals Services Program	\$299,452
• Indirect Costs Attorney General’s Office	\$474,688
• Indirect Costs - HIV/HBV Department of Health Program	\$84,003
• Indirect Costs – Volunteer Health Care Providers Program	\$392
• Indirect Costs – Office of Mental Health Practice	\$1,650
• Indirect Costs – Statewide Indirect Costs – Department of Finance	\$38,277
Surplus (shortfall)	\$1,691,327
Transfer to DHS long term home and community based care employee scholarship fund	\$392,000
Transfer to Dept. of Health Education Loan Forgiveness Program	\$125,000
Transfer to Drive to Excellence	\$0
Transfer to General Fund	\$0
Transfer to OET for E-licensing	\$0

The Board continues to collect more revenues than appropriated to spend resulting in a surplus each year.

Major Fees

Service	Term	RN	LPN
Licensure by examination	Lifetime	\$105	\$105
Re-examination	N/A	\$60	\$60
Permit fee (exam applicants only)	60 days	\$60	\$60
Licensure by endorsement	Lifetime	\$105	\$105
Registration renewal	Two years	\$85	\$85
Late renewal	N/A	\$60	\$60
Public Health Nurse certification	Lifetime	\$30	N/A
Verification to DEA for APRNs	N/A	\$50	N/A
Replacement license certificate	N/A	\$20	\$20
Replacement registration certificate	N/A	\$5	\$5
Verification of licensure status	N/A	\$20	\$20
Verification of examination scores	N/A	\$20	\$20
Copy of microfilmed licensure application materials	N/A	\$20	\$20
Nursing business registration: <ul style="list-style-type: none"> • Initial • Annual 	One year	<ul style="list-style-type: none"> • \$100 • \$25 	N/A
Practicing nursing without current registration	Two times the amount of the current registration renewal fee (\$85) for any part of the first calendar month, plus the current registration renewal fee (\$85) for any part of any subsequent month up to 24 months.		
Practicing without current APRN certification	\$200 the first month or any part of and \$100 each subsequent month or part thereof.		

Service	Term	
Auto Verification Service subscription	One year	The fee is set according to a sliding scale based on the number of records included in the subscription, from \$100 for 1-100 records to \$1000 for a subscription consisting of over 5000 records.
Data requests	One cent per each record included in the file, plus a \$5 file creation fee.	
eLicensing surcharge	Ten percent of the application fee for initial licensure by examination or endorsement (\$10.50), renewal of RN or LPN registration (\$8.50), and RN and LPN reregistration (\$8.50).	

The State of Health Occupation Regulation

Names and job classifications of board employees

Board	Number of Board Employees	Job Classifications
Nursing	1	Administrative Officer
	4	Customer Service Specialist, Intermediate
	1	Executive Director
	1	Information Technology Specialist, 3
	1	Information Technology Specialist, 4
	1	Investigator
	1	Investigator Senior
	1	Investigation Supervisor
	2	Legal Analyst
	2	Nursing Education Specialist
	3	Office & Administrative Specialist
	2	Office & Administrative Specialist, Intermediate
	1	Office & Administrative Specialist, Principal
	3	Office & Administrative Specialist, Senior
	1	Paralegal
	1	Registered Nurse, Advanced Practice
	5.5	Registered Nurse, Senior
	1	State Program Admin
	1	State Program Admin Manager
Total	33.5	

The Board of Nursing’s mission is accomplished through five service areas: credentialing, education, discipline/complaint resolution, nursing practice, and data services.

Credentialing Services: The Board licenses registered nurses, licensed practical nurses, advanced practice registered nurses, and public health nurses to assure the public that the individuals who practice nursing in Minnesota have the requisite education, competence, and ethical character to practice nursing safely and effectively.

Education Services: The Board promotes excellence of nursing education standards and approved nursing education programs by monitoring program graduation pass/fail rates on national nurse licensure examination; facilitating innovative approaches to address nursing workforce and nursing faculty shortages; providing consultation to nursing education programs regarding national nurse licensure examination pass rates; developing and conducting research to promote a safe, competent and sufficient nursing workforce; and advising prospective nursing students regarding educational tracks and scholarships.

Discipline/Complaint Resolution: The Board investigates complaints and takes action against nurses who violate the nurse practice act, removing nurses from practice who are a risk to patient safety and monitoring nurses whose practice requires remediation and oversight to assure public safety.

Nursing Practice Standards: The Board promotes standards of safe nursing practice by interpreting the laws and rules related to nursing practice for nurses, employers, and educators. The Board participates in nursing practice forums with nursing organizations and other state agencies to establish nursing performance guidelines so that employers and consumers can make informed decisions regarding the performance of nursing services.

Data Services: The Board responds to inquiries for aggregate and individual licensure and disciplinary data for purposes of emergency preparedness planning, a pending nurse shortage and increased demand for nursing services.

Nursing Education Program

Number of Approved Licensure-Preparing Programs	
Practical Nursing	26
Associate Degree – Professional	21
Baccalaureate Degree – Professional	18
Master’s Degree – Professional	2

Report of Persons Completing Licensure-Preparing Nursing Programs FY 2009	
Practical Nursing	1788
Associate Degree – Professional	2008
Baccalaureate Degree - Professional	943

On-site surveys, collection and review of annual reports, review of improvement plans submitted by programs, and analysis of the National Council Licensure Exam (NCLEX®) data were used to evaluate each nursing education programs’ compliance with statutes and rules. Analysis of all available data provides a basis for the education reports submitted to the Board for decision-making.

The Board requires oversight of programs that have first time licensure exam (NCLEX®) success rates at 75% or below for a calendar year. Eleven nursing programs were below the minimum standard (75% or below) for first-time NCLEX® candidate success rates during calendar years 2008 and 2009 consecutive periods (2007 & 2008). One practical nursing program was below minimum standard for three consecutive periods (2006, 2007, & 2008).

Table 1. **Programs below minimum standard NCLEX®**

Programs at 75% or below for first time licensure exam success rates	CY 2006	Cy 2007	CY 2008	CY 2009
First time below minimum standard	3 (2 ADN & 1 PN)	5 (4 ADN & 1 PN)	3 (2 BSN & 1 PN)	5
Second consecutive time below minimum standard	0	1 (1 PN)	2 (2 ADN)	0
Third consecutive time below minimum standard	0	0	1	0
Total below minimum standard	3	6	6	5

All programs with first-time NCLEX® candidate success rates of 75% or below for one calendar year were required to submit plans of corrective action. For programs below minimum standard for two consecutive calendar years, the Board required a revised plan of corrective action and conducted an on-site survey. An on-site survey for compliance of all applicable rules and for the implementation of the plan for corrective action was required for the program below minimum standard for three consecutive calendar years. As of CY 2009, all of these programs were above the minimum standard. The Board summarized data from the plans of corrective action and shared data with administrators from the MnSCU chancellor's office as well as the directors of the nursing programs.

The Board granted new program approval to the following five nursing education programs during FY 2009 through 2010:

1. Lake Superior Generic Professional Associate Degree Nursing Program, Duluth, MN
2. National American University Baccalaureate Degree Nursing Program, Bloomington, MN
3. Herzing University Baccalaureate Nursing Program, Crystal, MN
4. Metropolitan State University Entry-Level Master of Science Nursing Program, St. Paul, MN
5. Rasmussen College Associate Degree Nursing Program, Mankato, MN

Table 2. Approval of new licensure-preparing nursing programs

Approval of New Programs	FY 07 - FY 08	FY 09 - FY 10
Practical Nursing	1	0
Professional Nursing – Associate Degree (ADN)	3	2
Professional Nursing – Baccalaureate Degree (BSN)	2	2
Professional Nursing- Master's Degree (MN)	1	1
Total	7	5

Table 3. Continuing approval of approved licensure-preparing nursing programs

Approval of New Programs	FY 07 - FY 08	FY 09 - FY 10
Practical Nursing	7	4
Professional Nursing – Associate Degree Professional Nursing – Baccalaureate Degree Professional Nursing- Master’s Degree	11	5
Total	18	9

The board initiated the program approval review task force in August 2009 with the charge to address the appropriate public protection role of the Board in approving nursing education programs, the currency and clarity of the program approval rules, and to determine whether there are alternative methods of program education that would accomplish the goals of public protection. On June 3, 2010, the board passed a motion to concur with the recommendation of the Task Force to develop program approval rules for Chapter 6301 of Minnesota Rules (MR) that specify accreditation by a national nursing education accreditation agency officially recognized by the U.S. Department of Education (DOE) as one of the requirements for final new program approval and renewal of program approval.

Board Members

The Board of Nursing consists of 16 members appointed by the governor, each of whom must be a resident of this state. Eight members must be registered nurses, four members must be licensed practical nurses, and the remaining four members must be public members, as defined in *Minnesota Statutes 148.181*.

Current board committees and task forces:

- Criminal Background Check Task Force
- Executive Committee
- Medication Assistant Task Force
- Nursing Education Committee
- Nursing Practice Committee
- Program Approval Review Task Force

The Board meets six times in February, April, June, August, October, and December.

Board Member Name	Occupation	Professional Member / Public Member	Date of Appointment	Date of Reappointment
Jessie Daniels	Registered Nurse	Professional member	4/22/2001	6/21/2005
Jacqueline Dickie	Licensed Practical Nurse	Professional member	7/8/2008 Resigned 1/16/2009	
Marcia Farinacci	Retired	Public Member	6/21/2005	8/31/2009
Kathleen Haberman	Registered Nurse	Professional member	1/30/2006	7/8/2008
Michelle Harker	Retired	Public Member	7/2/2007	
Bradley Haugen	Registered Nurse	Professional member	7/2/2007	
Doris Hill	Registered Nurse	Professional member	7/8/2003	7/2/2007
Sandra Johnson	Registered Nurse	Professional member	5/5/2004 Served until 7/7/2008	
Kimberly Keilholtz	Workforce diversity consultant	Public member	1/18/2002	7/6/2006
Gregory Langason	Licensed Practical Nurse	Professional member	7/8/2003	7/2/2007
Lynne Linden	Registered Nurse	Professional member	7/8/2008	
Kristina Malone	Licensed Practical Nurse	Professional member	4/22/2001	6/21/2005
Linda Mattson	Licensed Practical Nurse	Professional member	5/5/2004 Served until 7/7/2008	
Glenda Moyers	Registered nurse	Professional member	10/22/2001	7/6/2006
Marybeth O'Neil	Registered Nurse	Professional member	5/5/2004 Served until 7/7/2008	
James Peterson	Attorney	Public member	7/8/2008	
Darin Prescott	Registered nurse	Professional member	6/21/2005	
Maria Raines	Registered Nurse in Advanced Practice	Professional member	7/8/2008	
Karen Trettel	Licensed Practical Nurse	Professional member	1/18/2002	7/6/2006

Executive Director Narrative

The Board's mission is to protect the public's health and safety by providing reasonable assurance that the persons who practice nursing in Minnesota are competent, ethical practitioners with the necessary knowledge and skills appropriate to their title and role. Minnesota Statutes sections 148.171-148.285 provide the Board of Nursing with authority to regulate nursing practice for the purpose of public protection.

To accomplish this mission, the Board conducts business through four major service areas: credentialing, education, discipline/complaint resolution and nursing practice. However, there has been a significant increased de-

mand for aggregate and individual licensure and disciplinary data for purposes of emergency preparedness planning, workforce planning, shifting demographics, and increased demand for nursing services. Licensure and disciplinary data must be reported several times a year. Thus, data services are quickly becoming an important service area.

The Board has committed to its obligation of public protection by developing and implementing the following strategic initiatives:

- Assuring an ethical and competent nursing workforce through comprehensive credentials review and provision of a legally defensible nurse licensure examination.
- Establishing and conducting a complaint investigation process that is expedient, just and commensurate with the risk to public safety.
- Upholding standards for nursing education approval through consultation and survey.
- Interfacing with state, national and federal agencies, information systems and national nurse and regulatory organizations to analyze, utilize and disseminate data for evidence informed regulatory decisions.
- Collaborating in statewide initiatives on nursing practice, education, and patient safety.

Investigating and resolving complaints against nurses who violate the law or risk harm to patients continues to utilize the majority of fiscal and human resources. Nearly 3,000 complaints were processed in the FY2009-2010 biennium. Approximately half of the complaints are related to substance use disorders and diversion of narcotics, as well as abuse of prescription drugs. An increased number of imposters and fraud requires greater scrutiny to process applications for licensure. The Board collaborates with organizations which facilitate licensure of non-US educated nurses and other enforcement agencies. A Board Task Force recommended that the Board seek legislative authority to require federal criminal background checks for licensure.

Nurse licenses are issued within 24 hours of receipt of all evidence of requirements. In June 2010, the Board met the challenge of assuring the public of an adequate nurse workforce pending a strike of over 12,000 metro-area hospital nurses by processing over 5,000 applications for licensure by endorsement in approximately six weeks. This compared to an annual average of about 1,800 applications. The Board approved five new nursing education programs in FY2009-2010, which also serves to increase the nurse workforce in Minnesota.

The Board strives for excellence in regulation and to improve efficiencies. Benchmarks were established to reduce complaint resolution cycle time by 10% and reduce open cases by 20%. Both goals have been exceeded. A Task Force was convened to review the nursing education program approval rules and has recommended a major revision of the rules to assure currency and clarity and to address the appropriate public protection role of the Board. The Board conducted or partnered in three peer-review funded research projects related to transition to practice, RN delegation in long term care, and comparison of traditional and non-traditional nursing education programs. These research efforts provide evidence for informed regulatory decisions.

Maximizing technology to assure public safety is a sincere effort of the Board. Today, virtually all licensure services are available on-line, and approximately 90% of all license transactions are conducted online. Board disciplinary action data is available on the Board website within 24 hours. Verification of licensure is available 24x7. Employers receive reports on the up to date license status of their nurse employees through an automatic verification service. Thus, the public and employers are assured of a nurse's authority to practice and public protection is enhanced.

The Minnesota Board of Nursing is committed to public protection through proactive leadership in patient safety, evidence-informed regulation, congruence of education, practice and regulation for all levels of nursing practice, dissemination of data, and efficient, customer-centric delivery of services.

A. Health-Related Licensing Board Reports

Statutory Requirement

214.07, Subd. 1b

Subdivision 1b. Health-related licensing board reports.

Each health-related licensing board must prepare a report by October 15 of each even-numbered year. The report must be submitted to the administrative services unit serving the boards. The report must contain the following information for the two-year period ending the previous June 30:

Requirement (1): the number and type of credentials issued or renewed

Minnesota Board of Examiners for Nursing Home Administrators

Number and Type of Credentials Issued or Renewed

Total Number of persons licensed or registered as of June 30, 2010	Number and Type of Credentials Issued or Renewed during biennium ending June 30, 2010. <i>(As we renew on 6/30 of each year, the persons licensed in the left column is the same number as those renewing. The # listed are new credentials issued)</i>	Number and Percent of Credentials Renewed Online during biennium ending June 30, 2010	
851	<u>Type</u> Nursing Home Administrator	<u>Number</u> 44	# / Percent 715 / 90.5%

Total Number of persons licensed or registered as of June 30, 2009	Number and Type of Credentials Issued or Renewed during biennium ending June 30, 2009	Number and Type of Credentials Renewed Online (# and percent) during biennium ending June 30, 2009	
846	<u>Type</u> Nursing Home Administrator	<u>Number</u> 46	# / Percent 711 / 89.3%

Total Number of persons licensed or registered as of June 30, 2008	Number and Type of Credentials Issued or Renewed during biennium ending June 30, 2008	Number and Type of Credentials Renewed Online (# and percent) during biennium ending June 30, 2008	
831	<u>Type</u> Nursing Home Administrator	<u>Number</u> 43	# / Percent 698 / 89.3%

Total Number of persons licensed or registered as of June 30, 2007	Number and Type of Credentials Issued or Renewed during biennium ending June 30, 2007	Number and Type of Credentials Renewed Online (# and percent) during biennium ending June 30, 2007	
821	<u>Type</u>	<u>Number</u> 37	# / Percent 677 / 87.5%

Total Number of persons licensed or registered as of June 30, 2006	Number and Type of Credentials Issued or Renewed during biennium ending June 30, 2006	Number and Type of Credentials Renewed Online (# and percent) during biennium ending June 30, 2006	
840	<u>Type</u>	<u>Number</u> 36	# / Percent 622 / 81.5%

The board initiated online renewals on May 1, 2002. The licensees trust in the relationship created by the board members who provided insight in the creation of the electronic model. BENHA licensees were early adaptors to online services with nearly 50% of renewals completed online the first year to a consistent 88% to 90% in the past four years. The online Administrator of Record data enhancement automatically notifies the BENHA board, the Minnesota Department of Health and Department of Human Services of changes when administrators begin or end their employment. In 2010, the initial licensure process received a customer service rating of 9.28 out of 10 in measuring staff availability, knowledge, and response to information requests about licensure requirements and process. The office also had a rating of 9.6/10 to BENHA service and assistance during the application process.

Minnesota Board of Examiners for Nursing Home Administrators
Number of Complaints Received

Number of Complaints Received (opened) by type in ending June 30, 2010	Number of Complaints Received online
78	zero

Number of Complaints Received (opened) by type in ending June 30, 2009	Number of Complaints Received online
69	zero

Number of Complaints Received (opened) by type in ending June 30, 2008	Number of Complaints Received online
78	zero

Number of Complaints Received (opened) by type in ending June 30, 2007	Number of Complaints Received online
102	zero

Number of Complaints Received (opened) by type in ending June 30, 2006	Number of Complaints Received online
108	zero

Minnesota Board of Examiners for Nursing Home Administrators

Number and age of complaints open at the end of the period

Number of Complaints Closed in biennium ending June 30, 2010	Number of Complaints Open as of June 30, 2010
78	6
1. Complaints Open	6
2. Open Less Than 3 Months	2
3. Open 3 to 6 Months	3
4. Open 6 to 12 Months	1
5. Open More Than 1 Year (explain)	0

Number of Complaints Closed in biennium ending June 30, 2009	Number of Complaints Open as of June 30, 2009
69	4
1. Complaints Open	4
2. Open Less Than 3 Months	3
3. Open 3 to 6 Months	1
4. Open 6 to 12 Months	0
5. Open More Than 1 Year (explain)	0

Number of Complaints Closed in biennium ending June 30, 2008	Number of Complaints Open as of June 30, 2008
78	6
1. Complaints Open	6
2. Open Less Than 3 Months	2
3. Open 3 to 6 Months	3
4. Open 6 to 12 Months	1
5. Open More Than 1 Year (explain)	0

Number of Complaints Closed in bien-nium ending June 30, 2007	Number of Complaints Open as of June 30, 2007
102	4
1. Complaints Open	4
2. Open Less Than 3 Months	3
3. Open 3 to 6 Months	1
4. Open 6 to 12 Months	0
5. Open More Than 1 Year (explain)	0

Number of Complaints Closed in bien-nium ending June 30, 2006	Number of Complaints Open as of June 30, 2006
106	9
1. Complaints Open	9
2. Open Less Than 3 Months	7
3. Open 3 to 6 Months	2
4. Open 6 to 12 Months	0
5. Open More Than 1 Year (explain)	0

Number of Complaints Closed in bien-nium ending June 30, 2005	Number of Complaints Open as of June 30, 2005
95	17
1. Complaints Open	17
2. Open Less Than 3 Months	12
3. Open 3 to 6 Months	5
4. Open 6 to 12 Months	0
5. Open More Than 1 Year (explain)	0

The Standards of Practice Committee is comprised of two long term care administrators with one non-administrator serving on this committee. They work diligently to assure the blending of public safety and licensee accountability in a timely and direct manner for both complainants and the subject of the complaint; LNHA. In over 95% of the time, the complaint is resolved within two meetings or approximately six months. As only board members serving on the complaint panel make the processing decision, the first meeting typically reviews the preliminary information and in a great majority of those cases is either dismissed or additional information is sought before the committee feels comfortable in dismissing or closing the case at the second meeting. The Standards of Practice Committee now meets on the same day as the regular quarterly board meeting to reduce travel, lodging and per diem expense. This past year, two additional SOPC meetings were held to assure timely processing.

The committee has incorporated 'just culture' principles whereas many of the complaints are resolved with professional quality improvement standards and educational re-direction, without escalating to a contested case. With many of the complaints, the corrective action is working towards better operational systems and therefore don't warrant formal individual administrative action. The committee holds the administrator accountable for willful disregard for resident safety. Administrative coaching and directed education is the approach used for a majority of cases involving unintentional, yet actual resident harm as a result of an employees' action. The administrator is held accountable for continuous quality improvement and root cause analysis to minimize future sentinel events.

In conjuncture with the Minnesota Department of Health liaison's role, the board studied two issues in this biennium: 1) the effect of the six month acting permit for a non-licensed administrator and 2) the initial review of the "Shared Administrator" for two or more facilities sharing the professional services of one administrator.

V. Trend Data as of June 30

Year	A. Persons Licensed	B. Complaints	C. Complaints Per 1,000 Licensees	D. Open Cases
2010	851	78	91	12
2009	846	69	81	10
2008	840	78	90	6
2007	821	106	120	4
2006	840	106	126	9
2005	852	95	111	17
2004	856	124	144	13
2003	862	114	132	10
2002	859	100	117	5
2001	890	150	168	1
2000	910	135	148	14
1999	894	127	142	32
1998	935	40	43	NA
1997	904	34	38	NA
1996	838	150	178	NA
1995	NA	98	NA	NA
1994	NA	NA	NA	NA
1993	NA	NA	NA	NA
1992	NA	122	NA	NA
1991	NA	115	NA	NA

Minnesota Board of Examiners for Nursing Home Administrators
 Receipts, Disbursements and Major Fees

FY 2010 Receipts	196,995
FY 2010 Disbursements	180,024

FY 2009 Receipts	199,055
FY 2009 Disbursements	184,061
FY 2008 Receipts	196,030
FY 2008 Disbursements	173,404

FY 2007 Receipts	187,900
FY 2007 Disbursements	174,912
FY 2006 Receipts	189,917
FY 2006 Disbursements	159,313

FY 2005 Receipts	193,424
FY 2005 Disbursements	164,064

Fee	Amount
Application	\$150
Original License	\$200
Annual Renewal	\$200
Acting Administrator Permit	\$250

The Minnesota Board of Examiners for Nursing Home Administrators' fees were last increased in 1995. Until recently, board members were committed to operational efficiency knowing that unspent budget was placed in the surplus account to delay fee increases or for litigation expense involving a contested case. The surplus or savings account amounted to delaying fee increases projected to 2015, however, BENHA may now be required to seek a fee increase in the next biennium due to the recent transfer, or sweeping, of funds. The board cannot support the transfer of funds totaling \$116,084.00 to the General Fund for such things as the duplicative e-licensing system offered by the Office of Enterprise Technology. These actions do not instill fiduciary trust for the licensee community nor build confidence of board members. The Board resolved that fees collected should be spent on board operation or fees should be lowered. The Board continues to be proud of creating a shared electronic licensing model with other small boards. The cost and function are unequal when completing a competitor's analysis. This year, 90.5% of renewing licensees renewed online. Significant work has been completed in this biennium to create online applications scheduled for roll out in the next biennium.

The board has maintained its customer service standard of a phone, email or limited mailed response within 48 hours of any applicant/licensee request for information at above a 95% service level with its current staffing of 2.0 FTE.

Strategic Planning Completion:

The BENHA Four Year Strategic Plan was completed in this past biennium with all four goals being met. The four identified areas included:

#1: Goals towards addressing Assisted Living Administrator Credentialing

The provider and elder coalition working on this issue did not drive this forward. The board worked with both entities with significant resources available on licensing models for future discussions.

#2: Goals directed towards initial academic training and practicum/field experience

An educational summit was held in this biennium with premier national leaders in long term care administration. Satisfaction is warranted that our models/requirements don't dissuade innovation while supporting academia. The state examination content was revised.

#3: Goals directed toward improving experienced administrators' continued competency

Online continuing education policies were reviewed with national (NAB) criteria used as the eventual standard. In 2010, the board completed 193 continuing education programs, from a high in 2004 of 211 reviewed programs, a decrease of 9%.

#4: Goals directed toward Board operations effectiveness

BENHA continued to serve in the coordinating role as the manager for the Administrative Services unit and coordinated the work of the Council of Health Boards. Four challenging reviews were completed with a full summary of the Council of Health Boards found on page.... BENHA plays an important coordinating role with emerging boards and those in transition.

Board Members

Statute requires the board to have 11 members. The names of persons holding the seats as of June 30, 2010, are as indicated below. The Board meets four times per year. The Standards of Practice Committee also meets quarterly. The Education, Exam, and Rules Committees meet only as needed at least once per year. The Education Committee also serves as the licensure committee reviewing course and practicum waiver requests as needed, along with the criteria used as approving academic centers for long term care administrators.

The following are appointed by the Governor for staggered four-year terms:

	<u>Appointment</u>	<u>Reappointment</u>	<u>To</u>
2 members engaged in management, operation, or ownership of proprietary nursing homes			
• James Birchem, LNHA Little Falls	3/1/2004	4/18/2008	to 1/2/2012
• Thomas Pollock, LNHA Maple Grove	5/15/2007		to 1/3/2011
2 members engaged in management or operation of nonprofit nursing homes			
• Kyle Nordine, LNHA Northfield	4/19/2005	2/3/2009	to 1/7/2013
• Jennifer Pfeffer, LNHA, Mankato	6/30/2006	1/28/2010	to 1/6/2014
1 member engaged in the practice of medicine			
• Dr. Jane Pederson, MD Woodbury	7/15/1996	2/3/2009 (5 th term)	to 1/7/2013
1 member engaged in the practice of professional nursing			
• Nancy Tuders, RN Grand Rapids	5/15/2007		to 1/3/2011
3 public members			
• Christine Rice, Lake Elmo	6/25/2004	4/18/2008	to 1/2/2012
• Ann Tagtmeyer, Mendota Heights	12/30/1999	4/18/2008 (3 rd term)	to 1/2/2012
• Chandra Mehrotra, Ph.D., Duluth	5/15/2003	5/15/2007	1/3/2011

The following are appointed by the commissioners of Health and of Human Services and serve as non-voting designees of those commissioners

- Darcy Miner, Minnesota Department of Health
- Robert Held, Department of Human Services

Executive Director Narrative

Dear Citizens of the Great State of Minnesota:

The Board of Examiners for Nursing Home Administrators (BENHA) fulfilled its mission for this biennium by *investing* in its future through thoughtful planning. As the only federally required health occupation board in Minnesota, the legislative requirement mandates a majority of board members be comprised of non-licensurees. The board continues to influence better models of care in safe environments for tomorrow's elder care continuum.

Highlights for the past two years include the investment with the National Board of Long Term Care Administrators (NAB). This important relationship continued with the recent election of a Minnesota licensee to the Chair of the NAB Board and the Executive Director being elected as the Chair Elect of the National Association of Boards (NAB). Members of the BENHA also served on various national committees including the preparation of the national examination.

The board continues to invest in the state approved Long Term Care Centers of Academic Excellence. Currently, six Minnesota colleges and UW-Eau Claire carry national recognition for their work in creating leaders for new models of elder care throughout the upper Midwest and nationally.

The board takes seriously its role of assuring leaders at the helm of Minnesota long term care centers are ethical and resident centered in their decision making practices. Continued investment to cultivate new leaders for tomorrow's service delivery remains critical, even more so as challenging economic environments requires a continued strong investment and commitment. Quality leadership creates efficient and effective communities that care for our states aging population.

A. Health-Related Licensing Board Reports
Minnesota Board of Optometry

Number and Type of Credentials Issued or Renewed

Total Number of persons licensed or registered as of June 30, 2010	Number and Type of Credentials Issued or Renewed during biennium ending June 30, 2010		Number and Type of Per Credentials Renewed Online (# and per cent) during biennium ending June 30, 2010
1023 optometrist	ISSUED RENEWED REINSTATED	23 1006 0	477 = 47%

Total Number of persons licensed or registered as of June 30, 2008	Number and Type of Credentials Issued or Renewed during biennium ending June 30, 2008		Number and Type of Credentials Renewed Online (# and per cent) during biennium ending June 30, 2008
1004 optometrist	ISSUED RENEWED REINSTATED	74 972 1	444 = 45%

Total Number of persons licensed or registered as of June 30, 2007	Number and Type of Credentials Issued or Renewed during biennium ending June 30, 2007		Number and Type of Credentials Renewed Online (# and per cent) during biennium ending June 30, 2007
931 optometrist	ISSUED RENEWED REINSTATED	15 952 4	360 = 37%

Total Number of persons licensed or registered as of June 30, 2006	Number and Type of Credentials Issued or Renewed during biennium ending June 30, 2006		Number and Type of Credentials Renewed Online (# and per cent) during biennium ending June 30, 2006
951 optometrist	ISSUED RENEWED REINSTATED	24 934 0	

Electronic government services were initiated by the Board in FY07 with online renewal of licenses. The Board provides excellent customer service and uses efficient and cost effective processes and technology to support Board functions, including ensuring that all applicants meet the standards for initial licensure, and that optometrists meet standards for annual license renewal.

Minnesota Board of Optometry
 Number of Complaints Received

Number of Complaints Received (opened) by type in biennium ending June 30, 2010	Number of Complaints Received online
5	0

Number of Complaints Received (opened) by type in biennium ending June 30, 2009	Number of Complaints Received online
10	0

Number of Complaints Received (opened) by type in biennium ending June 30, 2008	Number of Complaints Received online
10	0

Number of Complaints Received (opened) by type in biennium ending June 30, 2007	Number of Complaints Received online
10	0

Number of Complaints Received (opened) by type in biennium ending June 30, 2006	Number of Complaints Received online
12	0

Minnesota Board of Optometry
 Number and age of complaints open at the end of the period

Number of Complaints Closed in biennium ending June 30, 2010	Number of Complaints Open as of June 30, 2010
10	3 2 > 1 year 1 < 1 year

Number of Complaints Closed in biennium ending June 30, 2009	Number of Complaints Open as of June 30, 2009
3	13 5 > 1 year 8 < 1 year

Number of Complaints Closed in bien-nium ending June 30, 2008	Number of Complaints Open as of June 30, 2008
8	15 8< 1 year 7> 1 year

Number of Complaints Closed in bien-nium ending June 30, 2007	Number of Complaints Open as of June 30, 2007
4	7 4< 1 year 3> 1 year

Number of Complaints Closed in bien-nium ending June 30, 2006	Number of Complaints Open as of June 30, 2006
9	6 6< 1 year

In support of the mission of public protection, the Board responds to complaints and investigates optometrists who are alleged to have failed to maintain minimum standards necessary for the provision of safe and quality care, and when warranted, the Board provided timely and appropriate discipline or corrective action. The Complaint Review Committee of the Board is comprised of 2 Board members.

The Committee determines if the complaint is jurisdictional, and whether the information submitted is sufficient to initiate a complaint, and if not, then may request additional information from the complainant. The Board also seeks information directly from the licensee, as well as obtaining investigation information from other agencies, and/or consultants. Confidentiality and due process are strictly observed throughout the complaint review process and after resolution. When appropriate, licensees may be provided with education to improve their practice and prevent recurrence of problems. When formal action is warranted for public protection then the Committee attempts to obtain a voluntary corrective action agreement or disciplinary action; and if necessary will pursue disciplinary action through a due process, contested case hearing, or potential court action.

Consumer complaint forms are available from the Board's website at www.optometryboard.state.mn.us .

Minnesota Board of Optometry
Receipts, Disbursements and Major Fees

Fees 2010 [list by license type / renewal term	Disbursements FY 2010	
Professional Corporations	2,700	104,04
Licensure Application	1,875	
Licensure Registration	300	
Annual License Renewal	106,050	
Late Penalty Fee	560	
Therapeutic Drug Certification	1,600	
Duplicate/Replacement	1,904	
CE Application	345	
Emeritus Registration	20	
Reciprocity Application		
Reinstatement Application	1,820	

Fees 2009 [list by license type / renewal term]	Disbursements FY 2009	
Professional Corporations	2,550	128,51
Licensure Application	2,400	
Licensure Registration	420	
Annual License Renewal	105,210	
Late Penalty Fee	840	
Diagnostic Drug Certification	10	
Therapeutic Drug Certification	2,050	
Duplicate/Replacement	1,874	
CE Application	510	
Emeritus Registration	30	
Reciprocity Application	225	
Reinstatement Application	4,305	

Fees 2008 [list by license type / renewal term]	Disbursements FY 2008	
Professional Corporations	2,750	107,15
Licensure Application	4,050	
Licensure Registration	660	
Annual License Renewal	102,060	
Late Penalty Fee	1,225	
Diagnostic Drug Certification	570	
Therapeutic Drug Certification	2,800	
Duplicate/Replacement	1,936	
CE Application	405	
Emeritus Registration	10	
Reciprocity Application	75	
Reinstatement Application	840	

Fees 2007 [list by license type / renewal term	Disbursements FY 2007	
Professional Corporations	2,525	115,23
Licensure Application	2,700	
Licensure Registration	456	
Annual License Renewal	99,960	
Late Penalty Fee	560	
Diagnostic Drug Certification	580	
Therapeutic Drug Certification	2,700	
Duplicate/Replacement	1,746	
CE Application	390	
Emeritus Registration	30	
Reciprocity Application	150	
Reinstatement Application	1,260	

Fees 2006 [list by license type / renewal term	Disbursements FY 2006	
Professional Corporations	1,900	98,22
Licensure Application	1,650	
Licensure Registration	216	
Annual License Renewal	98,070	
Late Penalty Fee	560	
Diagnostic Drug Certification	280	
Therapeutic Drug Certification	1,500	
Duplicate/Replacement	1,824	
CE Application	390	
Emeritus Registration	50	
Reciprocity Application	75	
Reinstatement Application	945	

Board Fees are unchanged from the levels established in 1994. During this biennium a 10% surcharge, imposed by legislation, on optometry licenses and renewals for the Minnesota Office of Enterprise Technology to develop a statewide electronic licensing system was funded by the Board in FY 10 with a transfer from the special revenue fund in lieu of imposing this surcharge on the licensees. Beginning in FY 11 the surcharge will be collected directly from applicants and licensees.

Minnesota Board of Optometry

The State of Health Occupation Regulation

The Board website (www.optometryboard.state.mn.us) provides ready access to Online Annual License Renewals, Online address//phone change, Online reporting of continuing education, information about the status of individual Licensees, Complaint Forms, and Optometry Statutes and Rules.

The Board staff consists of 0.8 FTE employees in the positions of Executive Director and Office Administrative Specialist. The Board continues to be proud of creating a shared electronic licensing model with other small boards. Significant work has been completed in this biennium to create online applications with possible roll out in the next biennium.

Board Members

The Board of Optometry consists of seven members appointed by the Governor; five Minnesota licensed optometrists and two public members. The Board met eight times during the biennium. Board members also serve on the Board's Complaint Review, Continuing Education, and Legislative Committees. The Board members are individuals who are dedicated to public protection, volunteer significant personal time to review materials in advance of the meetings and to attend Board and Committee meetings.

The purpose of the Board is to ensure that the public health is protected and well served by persons with specific education requirements, by following the scope of practice defined in law. Primary duties of Board members are 1) review and evaluate applications for licensure, 2) review and investigate consumer complaints to determine if disciplinary action is needed. Secondary duties include actions on budget issues, fee structure, continuing education and rule writing. Most of the work of Board members is completed at Board meetings.

Board Member Name	Residence	Occupation	Professional Member / Public	Date of Appointment	Date of Reappointment
Jeanette Tay-	Medina	Attorney	Public	2003	2007
Timothy	Frazee	Optometrist	Professional	2004	2008
Marlene Reid	St. Paul		Public	2005	2009
Roger Pabst,	Redwood Falls	Optometrist	Professional	2005	2009
Beth DeS-	Bloomington	Optometrist	Professional	2007	
Vacant		Optometrist	Professional		
Vacant		Optometrist	Professional		

Executive Director Narrative

The mission of the Board is public protection by striving to ensure Minnesota citizens receive quality optometric care from competent optometrists. Public protection through licensure and regulation underlies every activity and all functions of the Board.

The Board continues collaborative efforts for online services shared between the group of seven small health licensing boards banded together to leverage limited resources. This group of small boards has worked cooperatively for 9 years to successfully develop, maintain, and advance an integrated licensing and regulatory system, web applications, and database in an extremely functional but cost effective and efficient manner.

The Board continues to provide high quality, customer focused, efficient, and cost effective services. Board members and staff are to be commended for exceptional dedication and hard work to meet the increasing demands and continue to provide service excellence.

Minnesota Board of Pharmacy

Number and Type of Credentials Issued or Renewed

Total Number of persons licensed or registered as of June 30, 2010	Number and Type of Credentials Issued or Renewed during fiscal year ending June 30, 2010	Per Cent of Credentials Renewed Online during biennium ending June 30, 2010	
	<u>Type</u>	<u>Number</u>	<u>Per Cent</u>
7546	Pharmacist	7564	93%
8552	Technician	8618	75%
1701	Pharmacy	1706	0%
1067	Wholesaler	1075	0%
401	Manufacturer	408	0%
68	Medical Gas Distributor	71	0%
498	Controlled Substance Researcher	503	0%
1436	Interns	1440	0%
1537	Prescription Monitoring Program Users	1537	0%

Total Number of persons licensed or registered as of June 30, 2009	Number and Type of Credentials Issued or Renewed during fiscal year ending June 30, 2009	Per Cent of Credentials Renewed Online during biennium ending June 30, 2009	
	<u>Type</u>	<u>Number</u>	<u>Per Cent</u>
7294	Pharmacist	7357	92%
8288	Technician	8354	73%
1693	Pharmacy	1695	0%
1018	Wholesaler	1030	0%
361	Manufacturer	371	0%
56	Medical Gas Distributor	60	0%
404	Controlled Substance Researcher	428	0%
1435	Interns	1435	0%

Total Number of persons licensed or registered as of June 30, 2008	Number and Type of Credentials Issued or Renewed during fiscal year ending June 30, 2008	Per Cent of Credentials Renewed Online during biennium ending June 30, 2008	
6875	<u>Type</u> Pharmacist	<u>Number</u> 6980	<u>Per Cent</u> 90%
8114	Technician	8157	71%
1669	Pharmacy	1675	0%
974	Wholesaler	985	0%
322	Manufacturer	332	0%
47	Medical Gas Distributor	50	0%
387	Controlled Substance Researcher	391	0%
1166	Interns	1233	0%
Total Number of persons licensed or registered as of June 30, 2007	Number and Type of Credentials Issued or Renewed during fiscal year ending June 30, 2007	Per Cent of Credentials Renewed Online during biennium ending June 30, 2007	
6547	<u>Type</u> Pharmacist	<u>Number</u> 6629	<u>Per Cent</u> 88%
7336	Technician	7530	69%
1649	Pharmacy	1654	0%
936	Wholesaler	946	0%
288	Manufacturer	297	0%
39	Medical Gas Distributor	41	0%
371	Controlled Substance Researcher	375	0%
1006	Interns	1046	0%

Total Number of persons licensed or registered as of June 30, 2006	Number and Type of Credentials Issued or Renewed during fiscal year ending June 30, 2006	Per Cent of Credentials Renewed Online during biennium ending June 30, 2006	
6484	<u>Type</u> Pharmacist	<u>Number</u> 6502	<u>Per Cent</u> 0%
6830	Technician	6998	0%
1601	Pharmacy	1613	0%
903	Wholesaler	911	0%
268	Manufacturer	273	0%
31	Medical Gas Distributor	33	0%
375	Controlled Substance Researcher	375	0%
891	Interns	1006	0%

During the past five fiscal years, the Board of Pharmacy has experienced a 31% increase in the total number of individuals and businesses licensed or registered. Approximately 9% is due to the number of users registered to access the new Prescription Monitoring Program (PMP) during fiscal year 2010. The remaining 22% represents growth in the license and registration types that have existed throughout the five year period. The Legislature appropriated money during the first 2010 Special Session so that the Board could hire staff for the PMP.

The Legislature also appropriated money during the 2007 Session to allow the Board to hire one additional licensing staff person and one additional Board Surveyor (i.e. inspector). However, since there has been no increase in appropriations since then and since the Board has had to transfer money to the Office of Enterprise Technology for an e-licensing Web portal, a Surveyor who retired in 2009 was not replaced. Consequently, the Board has not been able to keep up with the extra inspec-

tions that have been necessary due to the increase in licensed pharmacies, wholesalers, manufacturers, medical gas distributors and controlled substance researchers.

The Board has offered online renewals for pharmacists and technicians since 2007. The system that we have works quite well and we had planned on expanding online services to other license and registration types. Unfortunately, those plans were derailed when the Board was required to divert money to support OET's e-licensing Web portal. In addition, we have been told by OET that we will have to pay them additional money to link our existing licensing system to their Web portal.

Number of Complaints Received

Number of Complaints Received (opened) by type in fiscal year ending June 30, 2010	Number of Complaints Received online
86	0

Number of Complaints Received (opened) by type in fiscal year ending June 30, 2009	Number of Complaints Received online
104	0

Number of Complaints Received (opened) by type in fiscal year ending June 30, 2008	Number of Complaints Received online
86	0

Number of Complaints Received (opened) by type in fiscal year ending June 30, 2007	Number of Complaints Received online
64	0

Number of Complaints Received (opened) by type in fiscal year ending June 30, 2006	Number of Complaints Received online
81	0

Approximately 30% of the complaints that the Board receives involve alleged dispensing errors (e.g. – a wrong drug dispensed). Another 20% involve chemically dependent pharmacists and technicians. The remaining 50% involve a variety of allegations such as failing to follow health data privacy laws, failure to provide counseling, and failure to pay taxes or child support. During the biennium, the Board took disciplinary action against the licenses or registrations of 18 pharmacists, 13 pharmacy technicians, one pharmacy and one drug wholesaler.

Number and age of complaints open at the end of the period

Number of Complaints Closed in fiscal year ending June 30, 2010	Number of Complaints Open as of June 30, 2010
49	21 < One Year; 25 > One year

Number of Complaints Closed in fiscal year ending June 30, 2009	Number of Complaints Open as of June 30, 2009
100	17 < One Year; 5 > One Year

Number of Complaints Closed in fiscal year ending June 30, 2008	Number of Complaints Open as of June 30, 2008
	19 < One Year; 2 > One Year

Number of Complaints Closed in fiscal year ending June 30, 2007	Number of Complaints Open as of June 30, 2007
	41 < one year; 0 > One Year

Number of Complaints Closed in fiscal year ending June 30, 2006	Number of Complaints Open as of June 30, 2006
Was not tracked	Was not tracked

As mentioned above, the Legislature appropriated money during the 2007 Session to allow the Board to hire one additional Board Surveyor (i.e. inspector). However, since there have been no increase in appropriations since then and since the Board has had to transfer money to the Office of Enterprise Technology for an e-licensing Web portal, a Surveyor who retired in 2009 was not replaced. That has clearly had an impact on the ability of the Board to conduct complaint investigations. During fiscal year 2010, we have far more cases that have been open for over a year than we had in 2009, 2008 and 2007. We also have about twice as many total open complaints than we had in 2009 or 2008.

Receipts, Disbursements and Major Fees

Receipts FY 2010	Disbursements FY 2010
\$1,887,345	\$1,738,930

Receipts FY 2009	Disbursements FY 2009
\$1,703,001	\$1,611,868

Receipts FY 2008	Disbursements FY 2008
\$1,579,581	\$1,519,978

Receipts FY 2007	Disbursements FY 2007
\$1,479,113	\$1,265,087

Receipts FY 2006	Disbursements FY 2006
\$1,442,545	\$996,505

FEE NAME	FEE AMOUNT
Pharmacist Renewal	\$105.00
Practical Examination Application	\$125.00
Original Licensure	\$105.00
Reciprocity Application	\$205.00
Pharmacy New and Renewal	\$165.00
Wholesaler New & Renew–Prescription and Controlled Substance	\$180.00
Wholesaler - Non-Prescription and Veterinary Non-Prescription	\$155.00
Wholesaler – Medical Gases	\$130.00
Wholesaler – When licensed as a MN Pharmacy	\$105.00
Manufacturer – Prescription and Controlled Substance	\$180.00
Manufacturer - Non-Prescription and Veterinary Non-Prescription	\$155.00
Manufacturer – Medical Gases	\$130.00
Manufacturer – When licensed as a MN Pharmacy	\$105.00
Medical Gas Distributors	\$50.00
Controlled Substance Researchers	\$25.00
Interns	\$20.00
Technicians	\$20.00

Please note that receipts received during fiscal years 2006 – 2008 were relatively stable. The increase in receipts during the last biennium was largely due federal grant money awarded to the Board for the implementation of the Prescription Monitoring Program. Increase in disbursements have occurred due to implementation of the PMP program, an increase in payments to the Attorney General’s Office related to disciplinary actions, an increase in salary and benefits and a large increase in statewide indirect costs.

The State of Health Occupation Regulation

Emerging issues regarding the regulation of the practice of Pharmacy.

There are several emerging issues that the Board is tracking:

- Manufacturers and software developers are continually developing new devices and programs that automate pharmacy dispensing processes. Some of these devices may radically change how pharmacy is practiced and how drugs are dispensed to patients. The Board devotes a significant amount of resources to evaluating this new technology to ensure that it does not pose a threat to patients.

For example, one manufacturer has developed an automated dispensing machine that has video cameras and audio devices that allow for a two-way link between a closed door pharmacy and the machine. The machine can dispense medications to patients, with the pharmacist and the patient communicating through the two-way audiovisual link. Such devices could be used to provide pharmacy services in small towns in remote areas of the state. However, the manufacturer would also like to position them in urgent care cen

ters and emergency rooms in the Twin Cities metropolitan area. That could have a significant impact on the operations of traditional “bricks and mortars” pharmacies.

- More pharmacies, including some of the larger regional and national chains, are offering services such as immunizations and medication therapy management. This trend should result in improved public health by increasing the number of individuals who are immunized against various diseases and by helping to reduce adverse drug reactions and other medication-related problems. However, if these services are performed incorrectly, there can be a detrimental impact on patients.
- The Board has worked with the Minnesota Pollution Control Agency, the U.S. Drug Enforcement Agency and the Legislature to address the issue of pharmaceutical waste. The public seems to have become concerned that trace quantities of numerous pharmaceuticals have been detected in municipal water supplies. The Board has adopted a rule requiring pharmacies to comply with all of the rules and regulations of the PCA and has been involved in monitoring “take-back” efforts sponsored by pharmacies.
- Abuse of prescription drugs has grown at an alarming rate over the past several years. The Board has worked with the Minnesota Pharmacists Association, law enforcement agencies, the National Association of Boards of Pharmacy and other organizations in an effort to decrease such abuse. As mentioned above, during the Board has implemented the Prescription Monitoring Program, which is a tool that can be used to prevent “doctor-shopping” which is one source of illegitimately used prescription drugs. .

Board Members

Statute requires the Board to have seven members. The individuals who have been appointed by the Governor, for staggered four-year terms, as of June 30, 2010, are:

Board Member Name	Residence	Occupation	Professional Member / Public Member	Date of Appointment	Date of Reappointment
Carleton Crawford	Minneapolis	Architect	Public	7/2003	5/2007
Karen Bergud	Stewartville	Pharmacist	Professional	5/2007	
Kay Hanson	Brooklyn Park	Pharmacist	Professional	7/2004	3/2008
Stacey Jassey	Maple Grove	Pharmacist	Professional	3/2008	
James Koppen	Pine City	Pharmacist	Professional	4/09	
Ikram-Ul-Huq	Apple Valley	Businessman	Public	4/2010	
Laura Schwartzwald	Aitkin	Pharmacist	Professional	4/10	

Executive Director Narrative

◆ Board Mission and Major Functions

Board of Pharmacy Mission

The mission of the Minnesota Board of Pharmacy is to promote, preserve, and protect the public health, safety, and welfare by fostering the provision of quality pharmaceutical care to the citizens of Minnesota through the examination and licensure of pharmacists, the regulation of the practice of pharmacy, and the inspection of licensed pharmacies, wholesalers, and manufacturers. The Board strives to ensure that prescription drugs are provided to the public in a safe and effective manner by qualified licensees.

Board of Pharmacy Functions

Setting educational and examination standards for initial and continuing licensure:

- Set licensure and internship requirements through the rules process.
- Review academic programs to determine if they meet requirements.
- Develop the state's jurisprudence examination to determine candidate knowledge of Minnesota statutes and rules governing pharmacy practice.
- Review continuing education programs submitted by sponsors and individuals to determine if they meet requirements.
- Review individual applicant and licensee documentation of completion of requirements for initial and continuing licensure.

Conducting inspections of all pharmacies, drug wholesalers, drug manufacturers and controlled substance researchers in the state.

- Inspect all pharmacies located in the state of Minnesota to assure compliance with all statutes and rules relating to prescription drug distribution and the provision of pharmaceutical care.
- Inspect all wholesalers located in the state of Minnesota to assure compliance with all statutes and rules relating to the storage and distribution of prescription and non-prescription drugs.
- Inspect all manufacturers located in the state of Minnesota to assure compliance with Good Manufacturing Practices Standards.
- Inspect all controlled drug researchers located in the state of Minnesota to assure compliance with state and federal controlled substance statutes and regulations.

Respond to public and agency inquiries, complaints, and reports regarding licensure and conduct of applicants, registrants, and licensees.

- Accept complaints and reports from the public and health care providers and regulators.
- Decide whether a complaint or inquiry is jurisdictional and, if so, whether and what type of action to pursue to resolve the matter.
- Refer inquiries and complaints to other investigative, regulatory, or assisting agencies, as necessary.
- Respond to complainants and agency reports by informing the complainants/agencies of action taken to resolve their complaints, while observing provisions of the data practices act regarding the legal status of data obtained during the course of an investigation and disciplinary proceeding.

Setting standards of practice and conduct for licensees and pursuing educational or disciplinary action with licensees, to ensure that standards are met.

- Set standards of conduct and a basis for disciplinary action through the rules process.
- Seek information directly from the licensee and obtain evidence and relevant information from other agencies in response to complaints or inquiries.
- Hold conferences with licensees to identify their role and responsibility in a matter under investigation.
- Provide applicant and licensee education to improve practice and prevent recurrence of problems.
- Obtain voluntary agreement for disciplinary action or pursue disciplinary action through a due process, contested case hearing; defend disciplinary action in court if necessary.
- Referring cases, where appropriate, to the Health Professional Services Program.

Providing information and education about licensure requirements, standards of practice and Minnesota drug law to the public and to other interested audiences.

- Provide information to the pharmacy community concerning requirements for licensure.
- Provide information to licensees to prevent inappropriate practice and to improve the practice of pharmacy.
- Provide the public with information about pharmacy services and drug use issues through telephone, written, and e-mail communications.
- Provide the public and licensees with access to a wide variety of pharmacy related information sources through our web site.

Administering the State's new Prescription Monitoring Program (PMP)

- Electronically collect data, on a daily basis, concerning controlled substance prescriptions from approximately 1,700 dispensers. (6 million prescriptions reported annually).
- Process applications from prescribers and pharmacists who want to access the PMP database through a secure Internet link.
- Cluster (i.e. link) profiles thought to be for a single individual who uses multiple names or addresses in an attempt to hide "doctor-shopping" behavior.
- Work with the Board's IT vendors to improve processes for the PMP.
- Make presentations to professional groups interested in learning about the PMP.

◆ **Major activities during the biennium.**

The board accomplished the following major activities during the biennium:

- Continuous updating of the web site to provide information about the board and its various functions to the public, applicants for licensure, and licensees of the board. The site provides links to other state and federal agencies that also help citizens interested in finding appropriate pharmacy services and to inform them of how to pursue complaints or concerns about their prescriptions. It also provides a variety of forms that the public, applicants for licensure and licensees of the board can download.

- Began work on a general revision of the Board's Rules. Also adopted rule changes that added numerous drugs to the State's Schedules of controlled substances. Began work on a rule change that will add synthetic cannabinoids to the State's controlled substances Schedule I.
- Updated an item pool of 2,000+ questions for the Multistate Pharmacy Jurisprudence Examination/Minnesota.
- Implemented the Prescription Monitoring Program. Prescribers and pharmacists are able to access this data in order to identify individuals who might be fraudulently trying to obtain prescriptions.
- Provided technical assistance to legislators and legislative staff on numerous pieces of legislation related to pharmaceuticals and the practice of pharmacy.

Minnesota Board of Physical Therapy
 Number and Type of Credentials Issued or Renewed

Total Number of persons licensed or registered as of June 30, 2010	Number and Type of Credentials Issued or Renewed during biennium ending June 30, 2010		Number and Type of Credentials Renewed during biennium ending June 30, 2010
5,422	<u>Type</u> PT PTA	<u>Number</u> Renewed: 7,832 Issued: 452 Renewed: 2553 Issued: 497	<u>On-Line Renewals Total:</u> PT: 92% = 7,205 PTA: 82% = 2,093

Total Number of persons licensed or registered as of June 30, 2008	Number and Type of Credentials Issued or Renewed during biennium ending June 30, 2008		Number and Type of Credentials Renewed during biennium ending June 30, 2008
4,670	<u>Type</u> PT PTA	<u>Number</u> Renewed: 7,436 Issued: 389 Issued: 874	Total: PT: 85% = 6,312

Total Number of persons licensed or registered as of June 30, 2006	Number and Type of Credentials Issued or Renewed during biennium ending June 30, 2006		Number and Type of Credentials Renewed during biennium ending June 30, 2006
3,588	<u>Type</u> PT	<u>Number</u> Renewed: 6,949 Issued: 336	Total: PT: 44% = 3047

Total Number of persons licensed or registered as of June 30, 2004	Number and Type of Credentials Issued or Renewed during biennium ending June 30, 2004		Number and Type of Credentials Renewed during biennium ending June 30, 2006
3,443	<u>Type</u> PT	<u>Number</u> Renewed: 6,202 Issued: 400	Total: PT: 22% = 1,364

Total Number of persons licensed or registered as of June 30, 2002	Number and Type of Credentials Issued or Renewed during biennium ending June 30, 2002		Number and Type of Credentials Renewed Online during biennium ending June 30, 2002
3,269	<u>Type</u> PT	<u>Number</u> Renewed: 5,990 Issued: 456	Online renewals were not available during FY01-02 biennium

Electronic government services were initiated by the Board in FY03 with online renewal of licenses with online initial applications being implemented in FY10. During the first year availability of online initial license applications, 56% of applications were submitted online.

The Board began licensing physical therapist assistants during FY08, and completed the initial licensure process in FY09, with a 31% increase in the total number of licensees regulated by the Board. Physical therapist assistants renewed their licenses for the first time during FY09.

The Board provides excellent customer service and uses efficient and cost effective processes and technology to support Board functions, including ensuring that applicants meet the standards for initial licensure, and physical therapists and physical therapist assistants meet standards for annual license renewal.

Minnesota Board of Physical Therapy
Number of Complaints Received

Number of Complaints Received (opened) by type in biennium ending June 30, 2010	Number of Complaints Received online	
Complaints Received	104	0
Violation of a Board Order	1	
Unprofessional conduct or other conduct which has the potential for causing harm to the public, including any departure from or failure to conform to the minimum standards of acceptable and prevailing practice without actual injury having to be established	83	
Inappropriate delegation to a PTA or inappropriate task assignment to a PT aide, inadequate supervision of a student PT, PTA, student PTA, or a PT aide	8	
Failing to comply with continuing education requirement	1	
Conviction of a felony, an element of which is dishonesty or fraud	1	
Non Jurisdictional	2	
Practicing under lapsed or non-renewed license	13	
Failing to consult with referral source when treatment was altered from order	4	
Treatment without a referral beyond 90 days or by a PT with less than 1 year of experience	1	
Disqualification by Office of Health Facility Complaints	2	
Use of title physical therapist or PT without a license	3	
Unable to practice with reasonable skill and safety by reason of any mental or physical illness or condition	7	

Number of Complaints Received (opened) by type in biennium ending June 30, 2008	Number of Complaints Received online	
Complaints Received	67	0
No person shall provide physical therapy unless licensed as a physical therapist	5	
Conduct unbecoming a person licensed as a physical therapist or conduct detrimental to the best interests of the public; or engaging in unprofessional conduct	36	
Inappropriate delegation to a PTA or inappropriate task assignment to a PT aide, inadequate supervision of a student PT, PTA, student PTA, or a PT aide	3	
Failing to comply with continuing education requirement	2	
Gross negligence in practice of PT	1	
Non Jurisdictional	5	
Practicing under lapsed or non-renewed license	1	
Failing to consult with referral source when treatment was altered from order	1	
Treatment without a referral beyond 30 days or by a PT with less than 1 year of experience	2	
Attempting to obtain a license by fraud or deception	1	
Impairment	8	

Number of Complaints Received (opened) by type in biennium ending June 30, 2006	Number of Complaints Received online	
Complaints Received	36	0
No person shall provide physical therapy unless licensed as a physical therapist	4	
Conduct unbecoming a person licensed as a physical therapist or conduct detrimental to the best interests of the public.	32	
Inappropriate delegation to a PTA or inappropriate task assignment to a PT aide, inadequate supervision of a student PT, PTA, student PTA, or a PT aide	9	
Failing to report other PTs who violate statute	2	
Failing to comply with continuing education requirement	1	

Number of Complaints Received (opened) by type in biennium ending June 30, 2004	Number of Complaints Received online	
Complaints Received	40	0
No person shall provide physical therapy unless licensed as a physical therapist	5	
Conduct unbecoming a person licensed as a physical therapist or conduct detrimental to the best interests of the public.	32	
Conviction of a felony	1	
Noncompliance with Board Order	2	

Number of Complaints Received (opened) by type in biennium ending June 30, 2002	Number of Complaints Received online	
Complaints received	40	0
No person shall provide physical therapy unless licensed as a physical therapist	4	
Conduct unbecoming a person licensed as a physical therapist or conduct detrimental to the best interests of the public.	29	
Use of drugs or intoxicating liquors to an extent which affects professional competence	4	
Civil commitment for mental illness	1	
Nonpayment of State income taxes	1	
Noncompliance with Board Order	1	

In support of the mission of public protection, the Board responds to complaints and investigates physical therapists and physical therapist assistants who are alleged to have failed to maintain minimum standards necessary for the provision of safe and quality care, and when warranted, the Board provides timely and appropriate discipline or corrective action.

The volume of complaints received during FY2009 and 2010 is 155% the number received in the biennium ending June 30, 2008. There is also a 289% increase in number of complaints received during FY2009 and 2010 compared to the number received in the biennium ending June 30, 2006. The complexity of these complaints and investigations has also substantially increased. During this biennium the Board imposed discipline on 7 licensees, and entered into educational agreements for corrective action with 3 licensees. The Board monitored compliance with 18 licensees under discipline orders or corrective action agreements during this biennium.

Minnesota Board of Physical Therapy
 Number and age of complaints open at the end of the period

Number of Complaints Closed in bien- nium ending June 30, 2010	Number of Complaints Open as of June 30, 2010
79	Less than one year: 21 Greater than one year: 4

Number of Complaints Closed in bien- nium ending June 30, 2008	Number of Complaints Open as of June 30, 2008
52	Less than one year: 13 Greater than one year: 2

Number of Complaints Closed in bien- nium ending June 30, 2006	Number of Complaints Open as of June 30, 2006
69	Less than one year: 4 Greater than one year: 14

Number of Complaints Closed in bien- nium ending June 30, 2004	Number of Complaints Open as of June 30, 2004
60	Less than one year: 17 Greater than one year: 7

Number of Complaints Closed in bien- nium ending June 30, 2002	Number of Complaints Open as of June 30, 2002
36	Less than one year: 15 Greater than one year: 3

The Board is responsible for the regulation of physical therapy practice for the purpose of public protection. The Board's complaint review process opens with an allegation in the form of a complaint or report submitted by members of the public including patients and members of their families, licensees, other health care providers, payers, and regulators. The Complaint Review Committee of the Board is comprised of 3 Board members (2 physical therapists and 1 public member). The Board determines if the complaint is jurisdictional, and whether the information submitted is sufficient to initiate a complaint, and if not, then requesting additional information from the complainant. The Board also seeks information directly from the licensee, as well as obtaining investigation information from other agencies, and/or consultants. The investigation may include a conference with the licensee to identify their role and responsibility in the matter. Confidentiality and due process are strictly observed throughout the complaint review process and after resolution. When appropriate, applicants and licensees may be provided with education to improve their practice and prevent recurrence of problems. The Board endorsed and adopted the Minnesota Alliance for Patient Safety (MAPS) Statement of Support for a Statewide Culture of Learning, Justice and Accountability, and the concept of Just Culture. When formal action is warranted for public protection then the Board attempts to obtain a voluntary corrective action agreement or disciplinary action; and if necessary will pursue disciplinary action through a due process, contested case hearing, or potential court action.

Minnesota Board of Physical Therapy
 Receipts, Disbursements and Major Fees

Fees 2010	Disbursements FY 2009-10	
PT and PTA Annual License Renewal	\$60	\$747,775
PT and PTA Late Fee for Annual Renewal	\$20	
PT and PTA Initial Application	\$100	
PT and PTA Examination	\$50	
PT and PTA Temporary Permit Fee	\$25	
PT and PTA Duplicate License	\$20	
PT and PTA Certification of Licensure	\$25	
Continuing Education Course Review	\$100	

Fees 2008	Disbursements FY 2007-08	
PT and PTA Annual License Renewal	\$60	\$562,095
PT and PTA Late Fee for Annual Renewal	\$20	
PT and PTA Initial Application	\$100	
PT and PTA Examination	\$50	
PT and PTA Temporary Permit Fee	\$25	
PT and PTA Duplicate License	\$20	
PT and PTA Certification of Licensure	\$25	
Continuing Education Course Review	\$100	

Fees 2006	Disbursements FY 2005-06	
PT Annual License Renewal	\$60	\$506,094
PT Late Fee for Annual Renewal	\$20	
PT Initial Application	\$100	
PT Examination	\$50	
PT Temporary Permit Fee	\$25	
PT Duplicate License	\$20	
PT Certification of Licensure	\$25	
Continuing Education Course Review	\$100	

Fees 2004	Disbursements FY 2003-04	
PT Annual License Renewal	\$60	\$519,529
PT Late Fee for Annual Renewal	\$20	
PT Initial Application	\$100	
PT Examination	\$50	
PT Temporary Permit Fee	\$25	
PT Duplicate License	\$20	
PT Certification of Licensure	\$25	
Continuing Education Course Review	\$100	

Fees 2002	Disbursements FY 2001-02	
PT Annual License Renewal	\$60	\$480,849
PT Late Fee for Annual Renewal	\$20	
PT Initial Application	\$100	
PT Examination	\$50	
PT Temporary Permit Fee	\$25	
PT Duplicate License	\$20	
PT Certification of Licensure	\$25	
Continuing Education Course Review	\$100	

Board Fees are unchanged from the levels established in 1994. The fees collected each year exceed the approved spending authority and indirect costs of operations.

Receipts

FY 2009-10: \$876,935
FY 2007-08: \$828,155
FY 2005-06: \$577,355
FY 2003-04: \$569,955
FY 2001-02: \$532,021

During this biennium, the 10% surcharge on licenses for the Minnesota Office of Enterprise Technology to develop a state-wide electronic licensing system has been funded with transfers from the Board's special revenue fund in lieu of imposing this surcharge on the licensees.

Minnesota Board of Physical Therapy
The State of Health Occupation Regulation

The Board website (www.physicaltherapy.state.mn.us) provides ready access to Online Initial License Applications, Online Annual License Renewals, Online address//phone change, Information about the status of individual Licensees, Continuing Education information and course approval application forms, Complaint and Report Forms, complete text of all Disciplinary Orders, and Physical Therapy Statutes and Rules.

Awards received: the 2008 NASCIO Recognition Award Finalist in the Category of Business Continuity and Disaster Recovery to the Minnesota Health-Related Licensing Boards for the Continuation of Operations Plan.

Critical Issues to be Addressed by the Board in the Next Biennium include rulemaking for continuing competence, and a plan to seek statutory authority for license revocation for licensees who are convicted of felony-level criminal sexual conduct offenses.

The Board of Physical Therapy consists of eleven members appointed by the Governor; four physical therapists, two physical therapist assistants, one doctor of medicine, and three public members. The Board met twelve times during the biennium. Board members also serve on the Complaint Review, Licensure, Continuing Education, Administration, and Legislative Committees, and the Continuing Competence Task Force. The Licensure, Continuing Education, and Administration Committees each held 12 meetings during the biennium. The Complaint Review Committee met 20 times during the biennium. The Continuing Competence Task Force met 6 times during this biennium. The Board members are individuals who are dedicated to public protection, they volunteer significant personal time to review materials in advance of the meetings and to attend Board and Committee meetings.

The Board staff consists of 3.0 FTE employees in the positions of Executive Director, Office Administrative Specialist Principal, and Office Administrative Specialist Intermediate.

Board Members

Board Member Name	Residence	Occupation	Professional Member / Public Member	Date of Appointment	Date of Reappointment
Timothy Fedje	Rochester, MN	Physical Therapist	Professional Member	12/27/1999	1/1/2001, 1/3/2005, 3/5/2009
Kathy Fleischaker	Eden Prairie, MN	Physical Therapist	Professional Member	12/27/1999	1/7/2003, 9/4/2007
Linda Gustafson	Minnetonka, MN	Physical Therapist	Professional Member	3/5/2009	
Bruce Idelkope	Minneapolis, MN	Medical Doctor	Professional Member	8/28/2000	1/1/2001, 1/3/2005, 3/5/2009
Barbara Liebenstein	Dundas, MN	Dairy Farmer	Public Member	7/7/2005	3/5/2009
Therese McDevitt	Brooklyn Center, MN	Physical Therapist Assistant	Professional Member	12/27/1999 3/5/2009	1/7/2002
Sandra Marden-Lokken	Duluth, MN	Physical Therapist	Professional Member	7/7/2005	9/4/2007
Debra Newel	St. Paul, MN	Attorney	Public Member	10/19/2009	
Kathy Polhamus	North St. Paul, MN	Utilization Review Coordinator	Public Member	9/4/2007	5/5/2010
Elizabeth Schultz	Alden, MN	Physical Therapist Assistant	Professional Member	6/30/2006	5/5/2010
Debra Sellheim	Maplewood, MN	Physical Therapist	Professional Member	5/5/2010	

Executive Director Narrative

The mission of the Board is to public protection by striving to ensure Minnesota citizens receive quality physical therapy services from competent physical therapists and physical therapist assistants. Public protection through licensure and regulation underlies every activity and all functions of the Board. The major functions of the Board are to ensure that applicants met the standards for licensure; ensure that licensees meet the standards for license renewal; to identify licensees who fail to maintain minimum standards for the provision of safe and quality care, and when warranted to provide appropriate disciplinary or corrective action; and to provide information and education to the public.

The Board initiated an online initial license application service during this biennium. This online application service is being shared between the group of seven small health licensing boards, who have banded together to leverage limited resources. This group of small boards has worked cooperatively for 9 years to successfully develop, maintain, and advance an integrated licensing and regulatory system, web applications, and database in an extremely functional, cost effective, and efficient manner.

Continuing Competence has been and will continue to be a significant focus for the Board. A Continuing Competence Task Force was appointed and met six times during this biennium to explore and research existing tools and models that support Continuing Competence. The Task Force recently recommended, and the Board approved initiation of rulemaking for continuing competence activities.

During this biennium, a Board member and a staff member served in elected positions with the Board of the Federation of State Boards of Physical Therapy (FSBPT), the national association of state physical therapy regulatory boards. This is a continuation of a long standing pattern of service in national positions of leadership on the FSBPT board, committees, and task forces.

The Board and staff have successfully met challenges of significant growth during this biennium. The numbers of licensees, the number of complaints, and the complexity of complaint investigations have increased significantly. The Board continues to provide high quality, customer focused, efficient, and cost effective services. Board members and staff are to be commended for their exceptional dedication and hard work to meet the increasing demands while continuing to provide service excellence.

Sephanie Lunning, PT, Executive Director

Board of Podiatric Medicine

Requirement (1): the number and type of credentials issued or renewed

Total Number of persons licensed or registered as of June 30, 2010	Number and Type of Credentials Issued or Renewed during biennium ending June 30, 2010		Number and Per Cent of Credentials Renewed Online during biennium ending June 30, 2010
262	<u>Type</u> Podiatrists Temporary Permits Professional Corporations	<u>Number</u> 207 15 40	2011 biennial renewals will be available online

Total Number of persons licensed or registered as of June 30, 2009	Number and Type of Credentials Issued or Renewed during biennium ending June 30, 2009		Number and Type of Credentials Renewed Online during biennium ending June 30, 2009
247	<u>Type</u> Podiatrists Temporary Permits Professional Corporations	<u>Number</u> 203 7 37	0

Total Number of persons licensed or registered as of June 30, 2007	Number and Type of Credentials Issued or Renewed during biennium ending June 30, 2007		Number and Type of Credentials Renewed Online during biennium ending June 30, 2007
235	<u>Type</u> Podiatrists Temporary Permits Professional Corporations	<u>Number</u> 190 4 41	0

Total Number of persons licensed or registered as of June 30, 2006	Number and Type of Credentials Issued or Renewed during biennium ending June 30, 2006		Number and Type of Credentials Renewed Online during biennium ending June 30, 2006
232	<u>Type</u> Podiatrists Temporary Permits Professional Corporations	<u>Number</u> 185 6 41	0

Since 2006 the Board of Podiatric Medicine has seen an increase of 12% licensed podiatrists, and a 150% increase of residents requesting temporary permits in the three Minnesota programs. The increase in temporary permits suggests strong residency programs are available in Minnesota.

Online license biennial renewals will be available for the 2011 cycle.

Requirement (2): the number of complaints received

Minnesota Board of Podiatric Medicine

Number of Complaints Received (opened) by type in biennium ending June 30, 2010	Number of Complaints Received online
10	0

Number of Complaints Received (opened) by type in biennium ending June 30, 2009	Number of Complaints Received online
11	0

Number of Complaints Received (opened) by type in biennium ending June 30, 2008	Number of Complaints Received online
11	0

Number of Complaints Received (opened) by type in biennium ending June 30, 2007	Number of Complaints Received online
9	0

Number of Complaints Received (opened) by type in biennium ending June 30, 2006	Number of Complaints Received online
14	0

Requirement (3): Number and age of complaints open at the end of the period

Minnesota Board of Podiatric Medicine

Number of Complaints Closed in biennium ending June 30, 2010	Number of Complaints Open as of June 30, 2010
10	<One Year = 5 >One Year = 3

Number of Complaints Closed in biennium ending June 30, 2009	Number of Complaints Open as of June 30, 2009
11	<One Year = 4 >One Year = 0

Number of Complaints Closed in biennium ending June 30, 2008	Number of Complaints Open as of June 30, 2008
11	<One Year = 6 >One Year = 3

Number of Complaints Closed in biennium ending June 30, 2007	Number of Complaints Open as of June 30, 2007
9	<One Year = 8 >One Year = 0

Number of Complaints Closed in biennium ending June 30, 2006	Number of Complaints Open as of June 30, 2006
1	<One Year = 8 >One Year = 0

Requirement (4): Receipts, disbursements, and major fees
 Minnesota Board of Podiatric Medicine

Receipts FY10 \$95,858	Disbursements FY10 \$76,872
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Receipts FY 09 \$89,291	Disbursements FY09 \$81,454
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Receipts FY08 \$91,061	Disbursements FY08 \$77,249
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Receipts FY07 \$79,475	Disbursements FY07 \$75,785
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Receipts FY06 \$84,429	Disbursements FY06 \$74,019
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Fee	Amount
Application for Licensure	\$600
Biennial License Renewal Fee	\$600
Temporary Permit - Annual	\$250
Professional Corporation - Annual	\$50
License Verification	\$30

The Minnesota Board of Podiatric Medicine has not increased its fees since 1999. Board members were committed to operating efficiently, knowing the funds would be placed in a surplus account for costly future contested disciplinary actions and to delay fee increases. The Board was collecting more than it was appropriated until the past legislative session when spending authority was increased annually by \$15,000.

Board Composition

THE BOARD WAS CREATED BY THE LEGISLATURE IN 1917 for the purpose of licensing chiropodists. In 1959 the term podiatry became synonymous in meaning with the word chiropody and in 1961 was substituted throughout the practice act. In 1987 a new practice act became law, establishing requirements for licensure. Podiatrists are licensed to diagnose and treat medically, mechanically, and surgically the ailments of the human hand, foot, ankle, and lower leg. The seven-member board has five podiatrists and two public members. Meetings are held quarterly in March, June, September, and December at the location of the board office and are open to the public.

The Complaint Resolution Committee (CRC) of the Board of Podiatric Medicine is authorized by Minnesota Statutes, M.S. chapter 214.10 and M.S. 214.103 and it reviews complaints against licensees. The CRC is comprised of three Board members, two licensed doctors of podiatric medicine and a public member of the Board. The Executive Director processes complaints submitted to the Board and refers them to the Committee, as appropriate.

If a complaint or other information obtained by the Board indicates that a licensee may have violated a statute or rule that the Board has authority to enforce, the Committee may request the medical records of the patient, may request the licensee's written response to the allegations, may refer the matter to the Attorney General's Office for investigation and/or may schedule a conference with the licensee to discuss the allegations.

If the licensee's response, the investigation and/or the conference discussion show that the licensee has violated a statute or rule enforced by the Board:

- the Committee may dismiss the matter if it determines that the licensee's conduct does not warrant corrective or disciplinary action;
- may attempt to resolve the matter with the licensee by an agreement for corrective action;
- or may negotiate a stipulation for disciplinary action which must be approved by the full Board to become effective.

If the Committee believes that the licensee’s conduct warrants disciplinary action and it is unable to resolve the matter with the licensee, the Committee will initiate a disciplinary proceeding against the licensee in accordance with the Minnesota Administrative Procedure Act.

The full Board meets on a quarterly basis with the CRC meeting more frequently.

Employees

The Board has one half-time equivalent position filled by an Executive Director.

Board Member Name	Residence	Occupation	Professional Member / Public Member	Date of Appointment	Date of Reappointment
Eugene Dela Cruz, DPM	Eagan	Podiatrist	Professional Member	3/20/2007	1/3/2011
Edward Lebrija, DPM	Morris	Podiatrist	Professional Member	3/16/2009	1/7/2013
Schelli McCabe, DPM	St. Peter	Podiatrist	Professional Member	3/29/2010	1/6/2014
James Nack, DPM	Mankato	Podiatrist	Professional Member	3/19/2008	1/2/2012
Stephen Powless, DPM	Minneapolis	Podiatrist	Professional Member	3/20/2007	1/3/2011
Esther Newcome	White Bear Lake		Public Member	3/16/2009	1/7/2013
Judy Swanholm	St. Paul		Public Member	3/29/2010	1/6/2014

Board of Podiatric Medicine Mission

The Podiatric Medicine Board is the official podiatrist licensure agency of the state (M.S. 153.01-153.26). The mission of the Board is to protect the public by extending the privilege to practice to qualified applicants, and by investigating complaints relating to the competency or behavior of individual licensees or registrants. In addition, the Board responds to inquiries regarding scope of practice, provides license verification information to credentialing agencies and medical facilities, and initiates legislative changes, as needed to update the practice act for podiatric medicine.

Board of Podiatric Medicine Functions

Setting and administering educational requirements and examination standards for podiatric licensure:

- Reviewing podiatric functions and required knowledge, skills and abilities to aid in determining requirements for initial and continuing licensure
- Setting licensure requirements through statutes and administrative rules
- Developing and administering the state examination to determine candidate knowledge of Minnesota statutes and rules governing podiatric medicine
- Reviewing continuing education programs submitted by sponsors or individuals to determine if they meet requirements
- Reviewing individual applicant/licensee documentation for completion of requirements for initial and continuing licensure

Responding to public and agency inquiries, complaints and reports regarding licensure and conduct of applicants, permit holders, licensees and unlicensed practitioners

- Accepting complaints and reports from the public and health care providers and regulators
- Determining whether a complaint or inquiry is jurisdictional and deciding on the appropriate course of action to resolve the matter
- Referring inquiries and complaints to other investigative, regulatory or assisting agencies
- Responding to complainants and agency reports by informing the complainants/ agencies of action taken to resolve their complaints while observing provisions of the data practices act regarding the legal status of data obtained during the course of an investigation or disciplinary proceeding

Pursuing educational or disciplinary action with licensees as deemed necessary based upon results of investigations conducted in response to complaints/reports.

- Setting standards of conduct and a basis for disciplinary action through statutes and administrative rules
- Seeking information directly from the licensee as well as securing investigation and fact finding information from other agencies in response to complaints or inquiries
- Holding conferences with licensees to identify their roles and responsibilities in a matter under investigation
- Providing applicants and licensees with education to improve their respective practices and to prevent recurrence of problems
- Obtaining voluntary agreements to disciplinary actions, or pursuing disciplinary action through a due process, contested case hearing or court action, as needed

Providing information and education about licensure requirements and procedures and standards of practice to the public and other interested audiences

- Providing information to the community concerning requirements for podiatric licensure
- Providing information about careers in podiatric medicine and licensure requirements to prospective applicants for licensure
- Providing information to licensees to prevent inappropriate practice and for improved practice resulting in higher quality podiatric health care
- Providing the public with licensure information about podiatrists and notification regarding disciplinary action taken against licensees
- Providing information to legislative committees on statute changes and biennial budgets
- Providing information and discussing legislation with the association representative
- Providing information at the Executive Director's Forum and the meetings of the Council of Health Boards

Minnesota Board of Psychology

Number and Type of Credentials Issued or Renewed

Total Number of persons licensed or registered as of June 30, 2010	Number and Type of Credentials Issued or Renewed during biennium ending June 30, 2010		Number and Per Cent of Credential Renewed Online during biennium ending June 30, 2010
3,450	<u>Type</u> Licensed Psychologist (LP) Licensed Psychological Practitioner (LPP)	<u>Number</u> 3,471 69	<u># / Per Cent</u> [list by type; if unavailable by type, list total only] Total: 0 (online renewal not yet available)

Total Number of persons licensed or registered as of June 30, 2008	Number and Type of Credentials Issued or Renewed during biennium ending June 30, 2008		Number and Type of Credentials Renewed Online (# and per cent) during biennium ending June 30, 2008
3,863	<u>Type</u> Licensed Psychologist (LP) Licensed Psychological Practitioner (LPP)	<u>Number</u> 3,720 143	<u># / Per Cent</u> [list by type; if unavailable by type, list total only] Total: 0 (online renewal not yet available)

Total Number of persons licensed or registered as of June 30, 2006	Number and Type of Credentials Issued or Renewed during biennium ending June 30, 2006	Number and Type of Credentials Renewed Online (# and per cent) during biennium ending June 30, 2006	
3,695	<u>Type</u> Licensed Psychologist (LP) Licensed Psychological Practitioner (LPP)	<u>Number</u> 3,644 51	# / Per Cent [list by type; if unavailable by type, list total only] Total: 0 (online renewal not yet available)

Number of Complaints Received

Number of Complaints Received (opened) by type in biennium ending June 30, 2010	Type of complaint	Number of Complaints Received online
Total: 261		Total: 0
128	MN Stat. 148.941 2a(1)	
2	MN Stat. 148.941 2a(2)	
69	MN Stat. 148.941 2a(3)	
19	MN Stat. 148.941 2a(4)	
1	MN Stat. 148.941 2a (5)	
3	MN Stat. 148.941 2a(6)	
0	MN Stat. 148.941 2a(7)	
4	MN Stat. 148.941 2a(8)	
0	MN Stat. 148.941 2a (9)	
2	MN Stat. 148.941 2a (10)	
3	MN Stat. 148.941 Subd. 6	
6	MN Stat. 148.96	
24	Non-jurisdictional	

Number of Complaints Received (opened) by type in biennium ending June 30, 2008	Type of complaint	Number of Complaints Received online
Total: 273		Total: 0
165	MN Stat. 148.941 2a(1)	
2	MN Stat. 148.941 2a(2)	
50	MN Stat. 148.941 2a(3)	
0	MN Stat. 148.941 2a(4)	
0	MN Stat. 148.941 2a (5)	
2	MN Stat. 148.941 2a(6)	
0	MN Stat. 148.941 2a(7)	
9	MN Stat. 148.941 2a(8)	
0	MN Stat. 148.941 2a (9)	
16	MN Stat. 148.941 2a (10)	
0	MN Stat. 148.941 Subd. 6	
5	MN Stat. 148.96	
24	Non-jurisdictional	

Number of Complaints Received (opened) by type in biennium ending June 30, 2006		Number of Complaints Received online
Total: 249		Total: 0
136	MN Stat. 148.941 2a(1)	
4	MN Stat. 148.941 2a(2)	
42	MN Stat. 148.941 2a(3)	
1	MN Stat. 148.941 2a(4)	
3	MN Stat. 148.941 2a (5)	
1	MN Stat. 148.941 2a(6)	
0	MN Stat. 148.941 2a(7)	
16	MN Stat. 148.941 2a(8)	
0	MN Stat. 148.941 2a (9)	
6	MN Stat. 148.941 2a (10)	
7	MN Stat. 148.941 Subd. 6	
10	MN Stat. 148.96	
23	Non-jurisdictional	

The Board's Complaint Resolution Procedure begins with the Board's receipt of a complaint. Complaints are received by the Board in three ways: by telephone, mail and walk-in inquiries. When Board staff receives a telephone inquiry regarding an alleged violation of law or rule by a licensee or applicant of the Board, a complaint form and written instructions are sent to the caller. Complaints are often submitted to the Board in the form of a letter detailing a complaint that falls within the jurisdiction of the Board. These letters may be the basis to open a complaint file without the need for the completion of a complaint form. Walk-in inquiries are handled in the same manner as telephone inquiries except that the complaint form and instructions may be given to the complainant to either fill out in the Board office or take home and mail back at a later date. In order for the Board to open an investigation on a complaint, the complaint must be received in notarized and writing.

Number and age of complaints open at the end of the period

Number of Complaints Closed in biennium ending June 30, 2010	Number of Complaints Open as of June 30, 2010 [listed by < one year or > One year]
295	Total: 84 Open < 1 year = 57 Open > 1 year = 27

Number of Complaints Closed in biennium ending June 30, 2008	Number of Complaints Open as of June 30, 2008 [listed by < one year or > One year]
207	Total: 240 Open < 1 year = 162 Open > 1 year = 78

Number of Complaints Closed in biennium ending June 30, 2006	Number of Complaints Open as of June 30, 2006 [listed by < one year or > One year]
233	Total: 207 Open < 1 year = 163 Open > 1 year = 44

The purpose of the Board of Psychology is to protect the public as it relates to the practice of psychology. The Board has statutory authority to take action for the violation of specific laws and rules. Upon considering the law and the facts, if the Board determines a violation of the Psychology Practice Act has occurred the Board will take the action which best protects the public and which provides appropriate remediation. The Board utilizes a variety of actions, basing its decision on the nature and seriousness of the violation and the evidence to substantiate the violation. The Board also takes into consideration corrective measures that have already been implemented and the time that has elapsed since the alleged violation. The Board uses non-disciplinary approaches such as corrective action agreements, educational meetings, or referral to the Health Professionals Services Program, when appropriate. The Board seeks the cooperation and agreement of the licensee whenever possible. The Board seeks to treat all parties involved in the complaint resolution process with respect and courtesy and strives to operate its complaint resolution processes in a timely and fiscally responsible manner.

Minnesota Board of Psychology

Receipts, Disbursements and Major Fees

Fees 2010 [list by license type / renewal term (e.g., annual, biannual)]	Fee Amount	FY 2009 and FY 2010 (receipts)	Disbursements FY 2009 and FY 2010	Receipts FY year ending June 30, 2010
Application to EPPP	\$150.00	FY 2010: \$14,850 + FY 2009: \$16,650 = \$31,500	Total: \$1,483,109.89	Total:\$2,192,193.25
Application to PRE	\$150.00	FY 2010: \$15,750 + FY2009: \$23,350 = \$39,100		
Application for LP licensure	\$500.00	FY2010: \$55,000 + FY 2009: \$69,150 = \$124,150		
LP Renewal (biannual)	\$500.00	FY2010: \$910,500 + FY2009: \$815,000 = \$1,725,500		
LP Late Renewal Fee	\$250.00	FY2010: \$8,500 + FY2009: \$7,250 = \$15,750		
Application for LPP Licensure	\$250.00	FY2010: 0 + FY2009: \$5,750 = \$5,750		
LPP Renewal (biannual)	\$250.00	FY2010: \$2,500 + FY2009: \$15,500 = \$18,000		
LPP Late Renewal Fee	\$125.00	FY2010: \$125 + FY2009: \$125 = \$250		
Application for Converting from master's to doctoral level LP licensure	\$150.00	FY2010: \$1,050 + FY2009: \$900 = \$1950		
Application for Converting from LPP to LP licensure	\$500.00	FY2010: \$18,500 + FY2009: \$29,000 = \$47,500		
Application for Guest Licensure	\$150.00	FY2010: \$300 + FY2009: \$300 = \$600		
Emeritus Registration	\$150.00	FY2010: \$750 + FY2009: \$450 = \$1,200		
Corporation Registration	\$100.00			
Corporation Annual Renewal	\$25.00	FY 2010: \$4,475.00 + FY2009: \$4,700 = \$9,175		
Duplicate License	\$25.00	FY2010: \$250 + FY2009: \$125 = \$375		
Statute and Rule book	\$10.00	FY2010: \$1,110 + FY2009: \$1,570 = \$2,680		
License Verification	\$20.00	FY2010: \$108,800 + FY2009: \$108,010 = \$216,810		
Continuing Education Sponsor Fee	\$80.00	FY2010: \$18,080 + FY2009: \$19,940 = \$38,020		
Mailing/Duplication		FY2010: \$3,009 + FY2009: \$8,085 = \$11,094		

Fees 2008 [list by license type / renewal term (e.g., annual, biannual)]		Disbursements FY 2007 and FY 2008	Receipts FY ending June 30, 2008
Application to EPPP	\$150.00	Total: \$1,791,165	Total: \$2,227,570
Application to PRE	\$150.00		
Application for LP licensure	\$500.00		
LP Renewal (biannual)	\$500.00		
LP Late Renewal Fee	\$250.00		
Application for LPP Licensure	\$250.00		
LPP Renewal (biannual)	\$250.00		
LPP Late Renewal Fee	\$125.00		
Application for Converting from master's to doctoral level LP licensure	\$150.00		
Application for Converting from LPP to LP licensure	\$500.00		
Application for Guest Licensure	\$150.00		
Emeritus Registration	\$150.00		
Corporation Registration	\$100.00		
Corporation Annual Renewal	\$25.00		
Duplicate License	\$25.00		
Statute and Rule book	\$10.00		
License Verification	\$20.00		
Continuing Education Sponsor Fee	\$80.00		

Fees 2006 [list by license type / renewal term (e.g., annual, biannual)]		Disbursements FY 2005 and FY 2006	Receipts FY ending June 30 2006
Application to EPPP	\$150.00	Total: \$1,582,869	Total: \$2,249,892
Application to PRE	\$150.00		
Application for LP licensure	\$500.00		
LP Renewal (biannual)	\$500.00		
LP Late Renewal Fee	\$250.00		
Application for LPP Licensure	\$250.00		
LPP Renewal (biannual)	\$250.00		
LPP Late Renewal Fee	\$125.00		
Application for Converting from master's to doctoral level LP licensure	\$150.00		
Application for Converting from LPP to LP licensure	\$500.00		
Application for Guest Licensure	\$150.00		
Emeritus Registration	\$150.00		
Corporation Registration	\$100.00		
Corporation Annual Renewal	\$25.00		
Duplicate License	\$25.00		
Statute and Rule book	\$10.00		
License Verification	\$20.00		
Continuing Education Sponsor Fee	\$80.00		

Minnesota Board of Psychology

The State of Health Occupation Regulation

The Board continues to embrace the use of technology in health licensing and to streamline internal operating procedures. The Board is in the final testing phase for implementation of online renewal and verification services. Website modifications have been made to improve electronic communication with the public, applicants and licensees. The Board continues to update agency rules and to plan for a proactive legislative agenda.

Emerging issues regarding the regulation of licensed psychologists and licensed psychological practitioners include:

- Facilitation of mobility between jurisdictions. The Board worked towards creation and implementation of three new types of licensure including, Licensed Psychologist Licensure by Reciprocity, Licensure for Volunteer Practice, and Guest Licensure.
- Prescription privileges and scope of practice issues are being discussed on the international and national levels.
- The use of web-based technology for both online education and the provision of psychological services via electronic is a growing trend. Development of rules and or statutory language remains a consideration as the use of technology within the practice of psychology increases.
- Number of employees and employee responsibilities (included below)

Names and job classifications of board employees

Board Name	Name of Employee	Job Classification
Minnesota Board of Psychology		
	Angelina M. Barnes	Executive Secretary (1.00 FTE)
	Debby Sellin-Beckerleg	Management Analyst I (.80 FTE)
	Michelle Elliott	State Program Administrator (1.00 FTE)
	Bendu Hallowanger-Gray	Student Worker-Clerical (1.00 FTE)
	Natasha Johnson	Office & Administrative Specialist (.88 FTE)
	Patricia LaBrocca	Investigator (1.00 FTE)
	Paula Laudенbach	Office & Administrative Specialist (1.00 FTE)
	Robin Madsen	Office Specialist (1.00 FTE)
	Gail Schiff	Investigator (1.00 FTE)
	Mary Seiger	Office & Administrative Specialist (1.00 FTE)
	Eileen Spencer	Office & Administrative Specialist (1.00 FTE)

Brief summary of board rules proposed or adopted during the reporting period with appropriate citations to the State Register and published rules

Board Name	Legislative/Rule Change in Biennium by Board	No Legislative /Rule Change in Biennium by Board
Minnesota Board of Psychology		
	The proposed amendments and modifications to the permanent rules relating to terminology, licensure, continuing education, and rules of conduct. Minnesota Rules, 7200.0200 through 7200.3700; Minnesota Rules 7200.0110; Minnesota Rules 7200.3820 through 7200.3850 and Minnesota Rules 7200.4500 through 7200.5750. The rules promulgation process is ongoing.	

Locations and dates of the administration of examinations by the board

- **Location:** 2829 University Park Place, Minneapolis, MN 55414

Board Name	National Test [yes/no]	Number of persons taking examination in biennium ending June 30, 2010	Number of persons passing examination
Minnesota Board of Psychology			
EPPP (national)	Yes	223	184
PRE (state)		269	235

- 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 for the reasons for the revocation, suspension, or alteration.

Board Name	Number of Revocations	Number of suspensions	Number of conditioned/restricted	Reprimand	Unconditional	Non-Disciplinary
Minnesota Board of Psychology	3	3	10	4	5	2

Type of License Actions	Brief statement for the reason of revocation, suspension or conditioned/restricted licensure
Revocation/Surrender Revoked	Minn. Stat. sec. 148.941, subd 2(a) (4) (2008) conviction of a felony
Surrender	Minn. R. 7200.4810, subp.1 (impaired objectivity); Minn. R. 7200.4810, subp. 2.A (dual relationship with client)
Voluntarily Surrender	
Suspension Suspension	Minn. R. 7200.5700 (2005); (2) (10) (mental or physical illness or condition. Minn. R. 7200.4810, subps. 1(2005) (impaired objectivity and 2.D (sever physical or mental health problem)
Suspension	Amendment to original 2008 Order
Suspension	Minn. R. 7200.4900, subp. 8 (2005)
Conditional or Restricted Conditional	Removed suspension; (original 2007 order. Minn. R. 7200.4900, subp. 8 (2005))
Conditional	Minn. Stat., sec. 148.941, subd. 2a(6) (discipline in another jurisdiction)
Conditional	Minn. Stat., sec. 148.941, subd. 2a(6) (discipline in another jurisdiction)
Conditional	Re-licensed with conditions of original 2006 Order (suspension)
Conditional	Removed suspension; (original 2007 order. Minn. R. 7200.4900, subp. 8 (2005))
Conditional	Minn. Stat., sec. 148.941, subd. 2a(6) (discipline in another jurisdiction)
Conditional	Minn. R. 7200.4813, subp. 1 and 3 (impaired objectivity)
Conditional and Restricting Conditional and Restricting	Minn. R. 7200.7500 (unprofessional conduct)
Conditional and Restricting	Minn. R. 7200.4600, subps. 1 and 3 (competence)
Conditional and Restricting	Minn. R. 7200.4600, subp. 1 (failure to limit practice to area of competency),Minn. R. 7200.4900, subp failure to maintain accurate records. Minn. R. 7200.5000 subp. 1b administration and/or interpretation of psychological test.
Reprimand Reprimand	Minn. Stat., sec 148.941, subd. 2(a)(3) (2006), Minn. R. 7200.5700 (unprofessional conduct)
Reprimand	Minn. R. 7200.5700 (2005) (engaged in practice of psychology without a license
Reprimand	Minn. R. 7200.5700 (unprofessional conduct)
Reprimand	Minn. R. 7200.4810, Subp.1 (2008) (impaired objectivity) Minn. R. 7200.4810, Subp. 2.A. (2008) (dual relationship)
Unconditional Unconditional	Satisfied requirements/conditions of original 2006 Order
Unconditional	Original Order 2005 (Minn. Stat., sec. 148.941, subd. 2(a) (10) inability to practice with reasonable skill and safety to clients due to mental/physical illness /condition
Unconditional	Satisfied requirements/conditions of original 1995 Order
Unconditional	Satisfied remedies of original 2007 Order and 2008 Order for conditional license
Unconditional	Original 2008 Order
Non-Disciplinary	
Stip and Order	Stipulation and Consent Order to cease practice
Findings of Fact, conclusions and Final Order	Deny Licensure

Board Members

The Board of Psychology consists of eleven Board members who are appointed by the Governor. The Minnesota Psychology Practice Act (Minnesota Statutes, sections 148.88-148.99) requires that the Board consist of: three individuals licensed as licensed psychologists who have doctoral degrees in psychology, two individuals licensed as licensed psychologists who have master's degrees in psychology, two psychologists, not necessarily licensed, one with a doctoral degree in psychology representing different doctoral training programs in psychology, one individual licensed or qualified to be licensed as (i) through December 31, 2010, a licensed psychological practitioner; and (ii) after December 31, 2010, a licensed psychologist, and three public members.

Board Members

Board Member Name	Residence	Occupation	Professional Member / Public Member	Date of Appointment	Date of Reappointment
Gerald Jensen, MA, LP	Brainerd, MN	Licensed Psychologist	Professional Member	July 8, 2003	February 27, 2007
Susan Hayes	Saint Louis Park, MN	Vice President of the Lutheran Community Foundation and Director of Community Grants and Services	Public Member	May 18, 2001	July 8, 2003 February 27, 2007
Ted Thompson, MEq, LP	Minneapolis, MN	Licensed Psychologist	Professional Member	August 27, 2003	February 27, 2007
Jean Wolf, Ph.D., LP	Saint Paul, MN	Licensed Psychologist	Professional Member	April 20, 2004	August 25, 2008
Susan Ward	Rochester, MN	NONE	Public Member	June 21, 2005	March 16, 2009
Margaret Fulton, Ph.D., LP	Saint Paul, MN	Licensed Psychologist	Professional Member	July 7, 2006	June 28, 2010
Chris Bonnell, JD	Buffalo, MN	Government Affairs Manager, Capella University (Capella Education Company)	Public Member	August 25, 2008	June 28, 2010
Jeffrey Allen Brown, Ph.D., LP	Eagan, MN	Assistant Professor and Associate Director of Practicum Training, Clinical Psychology, Argosy University	Professional Members	August 25, 2008	1 st term
Thanh Son Thi Nguyen-Kelly, Ph.D., LP	North Saint Paul, MN	Licensed Psychologist	Professional Member	July 7, 2006	N/A
Joseph Lee, MA, LP	Burnsville, MN	Licensed Psychologist	Professional Member	August 25, 2008	Resigned: February 12, 2010

Executive Director Narrative

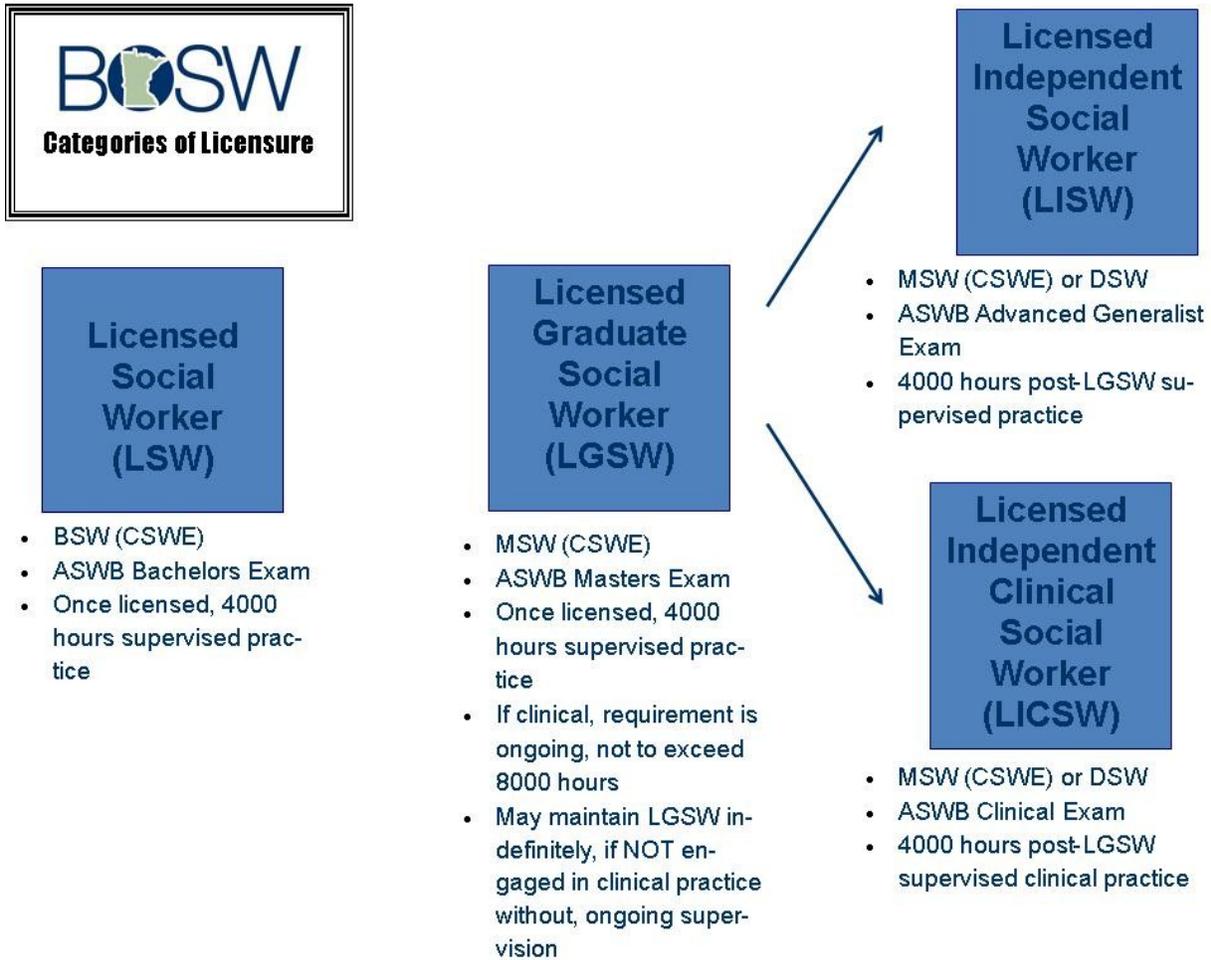
The past two years have marked an exciting period of growth for the Minnesota Board of Psychology (Board). The Board is charged with providing public protection in an efficient and fiscally responsible manner through licensure and regulation of the practice of psychology.

Throughout fiscal year 2010, the Board reviewed internal operating, licensure, and complaint resolution processes and procedures. Specifically, in accordance with the Board's drive to protect the public, and to ensure excellence in licensure and in complaint resolution, the Board spent significant time repositioning the agency model to reduce application and complaint resolution cycle times and to ensure the most efficient use of the Board's limited resources.

The Board continues to examine ways to improve public services and is dedicated to the health, safety and welfare of the citizens of the State of Minnesota. The Board has taken steps to reduce the amount of paper resources consumed and thus, decrease environmental waste. In conjunction with that goal, the Board made significant investments towards improving the use of technology in the regulation and licensure of psychology. A highlight of the biennium is the completion of the final testing phase for the Board's implementation of the online renewal and verification services. Moving into the future, the Board has shifted to a proactive approach to examine pressing issues within the practice of psychology. The Board is excited to explore critical issues as they present both locally and nationally including continuing competence and ensuring life long learning, telepsychology and distance education, and issues relating to scope of practice.

Finally, as a priority, the Board, through the Rules Committee continues to work diligently to finalize the proposed administrative rules in the areas of licensure, continuing education, rules of conduct and terminology.

Number and Type of Credentials Issued or Renewed



Agency Purpose

The Board of Social Work was established in 1987 and is mandated by Minnesota Statutes 214 and 148D.001-148D.290 (MS 148E.001-148E.290 effective August 1, 2011), to promote and protect the public health, safety, and welfare through the licensure and regulation of persons who practice social work in this state.

The Board's public safety mission is to *ensure residents of Minnesota quality social work services by establishing and enforcing professional standards*. The Board's vision is to *protect the public through licensure of qualified social workers and to provide timely and impartial resolution of complaints against social workers*.

The Board provides core public safety services through the regulatory oversight of social workers, to ensure both high standards of social work practice and excellent customer service. Services are provided to the general public, consumers of social work services, social work applicants and licensees, students and faculty in social work academic programs, employers, supervisors, other state and local agencies, and state and national professional social work associations.

Total Number of persons licensed or registered as of June 30, 2010	Number and Type of Credentials Issued or Renewed during biennium ending June 30, 2010	Number and Per Cent of Credentials Renewed Online during biennium ending June 30, 2010		
LSW 5785 LGSW 1576 LISW 793 LICSW 4044 Total 12198	<u>Type ISSUED</u> 346 334 32 269 981	<u>RENEWED</u> 2257 502 317 1694 4770	<u>ONLINE LICENSES Total</u> 80%	<u>ONLINE RENEWAL Total</u> 75%
Total Number of persons licensed or registered as of June 30, 2009	Number and Type of Credentials Issued or Renewed during biennium ending June 30, 2009	Number and Type of Credentials Renewed Online (# and per cent) during biennium ending June 30, 2009		
LSW 5801 LGSW 1534 LISW 805 LICSW 3885 Total 12025	<u>Type ISSUED</u> 352 305 21 250 928	<u>RENEWED</u> 2310 523 337 1640 4810	<u>Online Li- cense Total</u> 69%	<u>Online Renewal Total</u> 70%
Total Number of persons licensed or registered as of June 30, 2008	Number and Type of Credentials Issued or Renewed during biennium ending June 30, 2008	Number and Type of Credentials Renewed Online (# and per cent) during biennium ending June 30, 2008		
LSW 5194 LGSW 1291 LISW 697 LICSW 3357 Total 10539	<u>Type ISSUED</u> 376 300 24 224 924	<u>RENEWED</u> 2153 470 326 1485 4434	<u>Online Li- cense total</u> 64%	<u>Online Renewal Total</u> 65%

Total Number of persons licensed or registered as of June 30, 2007	Number and Type of Credentials Issued or Renewed during biennium ending June 30, 2007	Number and Type of Credentials Renewed Online (# and per cent) during biennium ending June 30, 2007		
	<u>Type ISSUED</u>	<u>RENEWED</u>	<u>Online License Total</u>	<u>Online Renewal Total</u>
LSW 5119	342	2257		
LGSW 1086	291	498		
LISW 708	20	358		62%
LICSW 3242	227	1510	60%	
Total 10155	880	4623		

Total Number of persons licensed or registered as of June 30, 2006	Number and Type of Credentials Issued or Renewed during biennium ending June 30, 2006	Number and Type of Credentials Renewed Online (# and per cent) during biennium ending June 30, 2006		
	<u>Type ISSUED</u>	<u>RENEWED</u>	<u>Online License Total</u>	<u>Online Renewal Total</u>
LSW 5131	365	2116		
LGSW 1103	221	420		
LISW 741	43	331		
LICSW 3030	203	1397	N/A	52%
Total 10005	799	4264		

24/7 Access to Online Services and Information: The Board has provided online services 24/7 to customers since 2004 via the Board's website at www.socialwork.state.mn.us. The Board has identified, as a key priority, the development and utilization of electronic methods to provide online customer services, decrease application processing time, and increase efficiencies throughout Board operations, as demonstrated in the data below.

These services include robust online application services for both initial licensure and license renewal for applicants and licensees. Online license verification services allow the general public, employers, licensees, and credentialing entities to verify licensure status and to find out if public disciplinary/adverse action has been taken against a licensee. A video on the Board's compliance process, current and timely information on laws and regulations, downloadable forms, reports and brochures, and FAQs are available at the Board's website.

Since the inception of online application services, the Board has paid the online credit card transaction fees from its direct operational budget, averaging \$13,000.00 yearly, rather than assessing the fees to applicants and licensees.

- Visits to the Board's website: 4000 per month
- Online License Verification/Lookup: 49,377 since 2006
- Online Board Action Search to View Public Disciplinary/Adverse Action: 10,458 since 2006
- Online License Application: 30,431 since 2006 (52% in 2006; increased to 84% in 2010)
- Online License Renewal: 49,069 since 2006 (4% in 2004; and increased to 73% in 2010)
- Downloadable Forms: 19,042 since 2007
- Online Streaming Compliance Process Video since 2008

Minnesota Board of Social Work

Number of Complaints Received

DATA IS COMPLAINTS OPENED

Number of Complaints Received (opened) by type in biennium ending June 30, 2010	Number of Complaints Received online
106 See allegation type for each year below in excel chart	N/A

Number of Complaints Received (opened) by type in biennium ending June 30, 2009	Number of Complaints Received online
123	N/A

Number of Complaints Received (opened) by type in biennium ending June 30, 2008	Number of Complaints Received online
116	N/A

Number of Complaints Received (opened) by type in biennium ending June 30, 2007	Number of Complaints Received online
106	N/A

Number of Complaints Received (opened) by type in biennium ending June 30, 2006	Number of Complaints Received online
91	N/A

Fiscal Year	FY 7/1/2009 - 6/30/2010	FY 7/1/2008 - 6/30/2009	FY 7/1/2007 - 6/30/2008	FY 7/1/2006 - 6/30/2007	FY 7/1/2005 - 6/30/2006
Boundaries	2	6	6	4	13
Confidentiality	11	4	5	6	7
Failure to Report	1	0	2	1	3
Fee Payment Issue	2	0	3	1	1
Impairment	13	16	16	15	10
Licensure	2	6	3	6	2
Non-Jurisdictional	0	0	0	0	0
Other	1	0	0	0	0
Practice Issue	47	67	63	47	49
Sexual Conduct or Harassment	5	4	2	2	0
Unlicensed Practice Misrepresentation	5	9	10	11	2
Violation of Board Order	0 Bottom of Form				

Bottom of Form

# Opened	# To Licensees	# To Non-licensees	# Per 1000 Licensees	
FY 7/1/2009 - 6/30/2010	106	93	14	8.7 Bottom of Form
# Opened	# To Licensees	# To Non-licensees	# Per 1000 Licensees	
FY 7/1/2008 - 6/30/2009	123	112	11	11.5 Bottom of Form
# Opened	# To Licensees	# To Non-licensees	# Per 1000 Licensees	
FY 7/1/2007 - 6/30/2008	116	110	9	12.4 Bottom of Form
# Opened	# To Licensees	# To Non-licensees	# Per 1000 Licensees	
FY 7/1/2006 - 6/30/2007	106	95	11	11.7 Bottom of Form
# Opened	# To Licensees	# To Non-licensees	# Per 1000 Licensees	
FY 7/1/2005 - 6/30/2006	91	89	3	11.7 Bottom of Form

Bottom of Form

Public Protection through Discipline/Complaint Resolution Services: Staff, Board Members, and the Office of the Attorney General work collaboratively to review, investigate, and take action, as appropriate, in alleged complaint cases against licensed social workers. When a licensee is determined to have engaged in conduct which is a violation of the Board's standards of practice, an appearance before Board Members occurs, with final action determined by the full Board. In addition, staff provide informational services to a variety of customers regarding the Board's statutory requirements and standards of practice, including how to file a complaint and the complaint resolution process. The Board also works with the Health Professionals Services Program (HPSP), the state's diversion program for regulated professionals who are impaired, as an additional method to ensure public protection.

Public Protection through Complaint Resolution:

	FY 2006	FY 2007	FY 2008	FY 2009	FY 2010
Complaints Received	89	107	121	120	101
Complaints Resolved	113	94	111	138	108
Board Action Taken	24	14	8	6	20

Measures demonstrate a trend in which complaints have remained fairly constant. However, recent complaints are reported to be more complex in nature. Two contested cases in the last biennium were resolved, which impact the budget. The Board has been proactive in presenting educational sessions on the standards of practice and ethical decision making to professionals and students, and created a compliance video which is accessible from the Board's website. Processing time has decreased in recent years as demonstrated in the data below; however, cases which require investigation by the Office of the Attorney General require more time to resolve. In addition, the creation of a second Compliance Panel was implemented in September 2009, allowing alleged complaints to be reviewed every month rather than every month. The Board's Statute specifies deadlines by which licensees, complainants must be notified, and deadlines by which complaints must be resolved.

Complaint Resolution Time:

- 50% of complaints are resolved in 3 months or less
- 75% of complaints are resolved in 6 months or less
- 90% of complaints are resolved in 9 months or less
- 3% of complaints are resolved in 9-18 months

e-Compliance Initiative: A strategic goal, implemented in 2009, was to improve the complaint review process and move from a "paper system" that was expensive, non-green, labor-intensive, and required copying and mailing reams of investigative data to Board Members, while ensuring that copied data was disposed of securely. Utilizing the new "e-Compliance system" allows all investigative data to be scanned and accessed by Board Members from laptop computers via a secure internet connection. The positive outcomes include increased security, decreased time to process complaints, greater efficiencies in record retention, and decreased costs.

Number and age of complaints open at the end of the period

Number of Complaints Closed in biennium ending June 30, 2010	Number of Complaints Open as of June 30, 2010 [listed by < one year or > One year]
108	106 cases opened July 1, 2009-June 30, 2010 25 cases not resolved at end of June 30,2010 83 cases resolved in one year or less 0 cases resolved for greater than one year

Number of Complaints Closed in biennium ending June 30, 2009	Number of Complaints Open as of June 30, 2009 [listed by < one year or > One year]
137	123 cases opened July 1, 2008-June 30,2009 37 case not resolved at end of June 30,2010 113 cases resolved in one year or less 10 cases resolved in greater than one year

Number of Complaints Closed in biennium ending June 30, 2008	Number of Complaints Open as of June 30, 2008 [listed by < one year or > One year]
110	116 cases opened July 1, 2007-June 30, 2008 47 cases not resolved at end of June 30,2008 107 cases resolved in one year or less 7 cases resolved in greater than one year

Number of Complaints Closed in biennium ending June 30, 2007	Number of Complaints Open as of June 30, 2007 [listed by < one year or > One year]
101	106 cases opened July 1, 2006-June 30,2007 43 cases not resolved at end of June 30, 2007 87 cases resolved in one year or less 18 cases resolved in greater than one year

Number of Complaints Closed in biennium ending June 30, 2006	Number of Complaints Open as of June 30, 2006 [listed by < one year or > One year]
116	91 cases opened July 1, 2005-June 30, 2006 34 cases not resolved end of June 30, 2007 79 cases resolved in one year or less 12 cases resolved in greater than one year

Disbursements (Indirect and Direct)		FY 2008	FY 2009	FY 2010
FY 2006	FY 2007			
\$865,972.00		\$974,098	\$978,401	\$1,100,579

Revenue		FY 2008	FY 2009	FY 2010
FY 2006	FY 2007			
\$1,102,638		\$1,038,962	\$1,030,274	\$1,088,602

Major Fees for FY 2006-FY 2009
(Reduced by 20% Effective January 1, 2006)

Application Fees

Licensure by Endorsement	\$85.00
LSW, LGSW, LISW & LICSW	\$45.00

Licensure and Renewal Fees
(payable every 2 years)

LSW	\$90.00
LGSW	\$160.00
LISW	\$240.00
LICSW	\$265.00

Major Fees for FY 2010 (Reduced by 10% Effective July 1, 2009)

Licensure by Endorsement	\$85.00
LSW, LGSW, LISW & LICSW	\$45.00

Licensure and Renewal Fees
(payable every 2 years)

LSW	\$81.00
LGSW	\$144.00
LISW	\$216.00
LICSW	\$238.50

Fees 2010 [list by license type / re-	Disbursements FY 2010				

The board is responsible for collecting sufficient revenue to cover both direct and indirect expenditures, which is deposited as non-dedicated revenue into the state government special revenue fund. From this fund, the board receives a direct appropriation to pay for agency activities such as salaries, rent, costs for disciplinary/contested cases and operating expenditures. It also pays statewide indirect costs through an open appropriation.

	FY 2009	FY 2010
Appropriation	\$1,022,000	\$921,000
Revenue	\$1,088,602	\$984,915
Direct & Indirect Expenditures	\$1,100,579	\$994,788

The Board of Social Work proposed a 20% licensing fee decrease during the 2005 Legislative Session which was enacted January 1, 2006, and an additional 10% licensing fee reduction during the 2009 Legislation Session which was enacted, and took effect July 1, 2009. The Board has been committed for years to holding down expenditures, such as, reducing the frequency of meetings, limiting travel, not filling staff positions due to attrition, successfully promoting online services, and moving to paperless meetings. The Board collects fees just sufficient to conduct business, minimizing the financial impact on applicants and licensees served, while providing an excellent level of customer service to the residents of Minnesota.

Board fees are also responsible for covering a prorated share of support functions provided outside of the Board itself. These include legal support (Attorney General), statewide e-licensing system development and operations (Office of Enterprise Technology), centralized administrative support (Health Boards Administrative Services Unit) and funding for services to health professionals (Health Professionals Services Program). Recently health related licensing boards' reserves in the state government special revenue fund were also transferred to the general fund.

Key Activity Goals & Measures

The Board's primary goal is to promote and ensure public safety for the residents of Minnesota. This goal can be measured by the following data which demonstrates positive output, outcome, and efficiency measures.

Public Protection through Licensing Professionals Who Demonstrate Licensure Standards:

	FY 2006	FY 2007	FY 2008	FY 2009	FY 2010
Applications Received	1231	1333	1418	1451	1457
Licenses Granted	748	881	925	892	977
Licenses Renewed	4400	3945	4604	4849	4510
Supervision Plans Reviewed	1070	1010	1141	1068	1061
Supervision Verifications	1726	1686	1719	1835	1610
Continuing Education	N/A	266	255	270	280

Measures demonstrate a trend in which there is a gradual increase in the number of licensees and applications processed. Staffing was decreased in 2006, and has remained constant, currently 10.6 FTE, even with the increase in services provided to customers, due to internal process improvements and increased utilization of online services.

Emerging Issues

Modify Current Licensing Exemptions – The Board identified a 10-year goal to modify the current social work licensing exemptions in MS 148D.065, to improve the Board's ability to ensure public safety and consistent standards for both private and public sector social work professionals, and to provide consumers of social work services access to the Board's complaint resolution process. A Legislative Task Force was convened in 2005 and charged with this initiative.

The Task Force has met with ten key stakeholder groups, and continues these meetings, and public forums. The Board plans to bring forward a legislative proposal in the 2011 Legislative Session. It is estimated there are approximately 2,000 unlicensed persons employed by Minnesota counties providing “social work” services.

Increased Licensing Standards - Changes enacted by the 2007 Legislature will increase standards for clinical practice, including academic coursework, supervision, licensing supervisors, and continuing education (CE). Additional changes will increase standards related to supervision, licensing supervisors, and continuing education for all other licensees. The new provisions are based on the Department of Human Services Task Force Report on Clinical Standards, and will take effect August 1, 2011.

Board Strategic Plan Initiative: The Board conducted a strategic planning exercise in August 2007, which resulted in a strategic action plan containing over 100 tasks, of which 83% were executed by early 2010. A follow-up Strategic Realignment Workshop was conducted in May 2010, to reassess and reprioritize the Board Strategic Plan. A new action plan is being developed to prioritize goals in order to further track outcomes.

External Factors Impacting Agency Operations

The number of licensees regulated by the Board continues to rise, as do the number of complaints and the complexity of the cases. Also, professional factors and trends include the growth of accredited Masters of Social Work degree programs in Minnesota; increased demand for third-party reimbursement for social work services; increased demands on licensing supervisors; and the emerging trend of social workers providing tele-mental health services to clients. Societal and demographic factors and trends include social work workforce shortages, particularly in underserved ethnic and racial minority communities, and greater and rural Minnesota; and an increasing need for persons from ethnic and racial minority communities to join the licensed social work professional workforce.

Outreach and Public Education: The Board provides information regarding licensing requirements and standards of practice to the public and stakeholder groups. Board members and staff provided approximately 86 public education programs during FY 2009 and FY 2010 at state and national conferences and to bachelors and masters social work academic programs throughout the state. During this time period the Board updated the “Minnesota Social Work Licensure: A Handbook for Students”, and created new brochures on topics such as the complaint resolution process, continuing education, supervised practice, and when a social work license is required. In addition, at the request of the Legislature, after 14 months of work, a report was provided to the Legislature in December 2008, regarding the need to increase the number of Social Workers serving underserved communities. The report also explored alternative options to obtain licensure rather than requiring a standardized examination.

Board Structure and Duties: The Board meets six times per year and consists of ten social work licensees and five public members appointed by the Governor to serve four-year terms. The Board develops legislative agendas to address policy issues, oversees the agency budget, acts to resolve complaints against social workers, and directs a staff of 10.6 FTEs. All meetings of the Board, its committees, and advisory committees are subject to the Minnesota Open Meeting Law, Minnesota Statutes, Chapter 13D. In addition, various Board committees meet regularly, including: Executive; Legislation and Rules; Finance; Compliance Committee; Nominating; Compliance Education Outreach; Ad Hoc Committees, as needed; Advisory Committee.

Minnesota Statutes, section 148D.025, subdivision 2, specifies that the Board consists of 15 members:

- 10 social workers licensed under sections 148D.055:
 - a social work member must have engaged in the practice of social work in Minnesota for at least one year during the ten years preceding their appointment;
 - five members must be licensed social workers at the baccalaureate level; and
 - five members must include a licensed graduate social worker, a licensed independent social worker, and at least two licensed independent clinical social workers.
- 5 public members as defined in section 214.02.
- In addition, at least five members must have expertise in communities of color, and at least six must reside outside of the 11-county metropolitan area.

Board Member Name	Residence	Occupation	Professional Member / Public Member	Date of Appointment	Date of Reappointment
Christine Black-Hughes, Board Vice Chair, LICSW	Mankato MN	Social Work Professor	Professional Member	April 2008	January 2012
David Hallman, LSW	Moorhead MN	County Social Worker	Professional Member	April 2008	January 2012
Rosemary Kassekert	Minneapolis MN	Retired	Public Member	March 2009	January 2013
Janna Kovach, LSW	Saint Paul MN	Director of Social Services	Professional Member	March 2009	January 2013
Mary Casey Ladd, LICSW, LMFT	Duluth MN	Clinical Social Worker, Family Therapist	Professional Member	April 2008	January 2012
Kenneth Middlebrooks, Board Chair	Minneapolis MN	Retired	Public Member	August 2007	January 2011
Carol Payne, LSW	Becker MN	Health Care Field Consultant	Professional Member	March 2009	January 2013
Ruth Richardson	St. Paul MN	Attorney	Public Member	March 2009	January 2013
Nicole Roiger, LSW	St. Peter MN	Forensic Social Worker	Professional Member	May 2010	January 2014
Tamerlee Ruebke, LSW	Hendrum MN	School Social Worker	Professional Member	May 2010	January 2014
Beverly Ryan, LISW	St. Paul MN	Hospital Social Worker	Professional Member	March 2009	January 2013
David Sandry, Board Secretary-Treasurer	Mankato MN	Small Business Owner Director	Public Member	August 2007	January 2011
Angie Stratig, LICSW	Minneapolis MN	Clinical Social Worker	Professional Member	April 2008	January 2011
Antonia Wilcoxon, MA	St. Paul MN	Project Manager, MN Department of Human Services	Public Member	March 2009	January 2013

Executive Director Narrative

At the close of this biennium it is exciting to take stock of the Board of Social Work's many accomplishments and gather focus and momentum as new strategic goals are identified. The Board's mission is to *ensure residents of Minnesota quality social work services by establishing and enforcing professional standards*, and its vision is to *protect the public through licensure of qualified social workers and to provide timely and impartial resolution of complaints against social workers*.

Important goals have been realized in this recent biennium, as highlighted by the following outcomes and accomplishments:

- A licensing fee decrease of 10%, effective July 1, 2009, was enacted by the Legislature. The policy decision to decrease licensing fees was the culmination of a careful analysis to ensure fiscal responsibility, by better balancing revenues with expenditures, reducing expenditures, while still providing core public safety services.
- A "paperless" complaint resolution process was established in 2009, which has created enhanced record security, greater operational efficiencies, and cost savings.
- The Board completed 83% of the 100 goal initiatives from the 2007 strategic planning exercise, by the spring of 2010. A Strategic Plan Realignment Workshop was conducted in May 2010 to identify critical goals for the next few years.
- The utilization rate of online services has steadily increased from 52% in 2006, to 84% in 2010 for online application services; and from 4% in 2004, to 73% in 2010 for online license renewal services; and 49,377 online license verifications have been recorded since 2006.
- During FY 2009 and FY 2010 Board members and staff provided approximately 86 public education programs regarding licensing requirements and standards of practice at state and national conferences, and to Minnesota bachelors and masters social work academic programs.
- The Board's Executive Director was recognized nationally for outstanding board service, and awarded the Association of Social Work Boards "Board Administrator of the Year" in 2009.

The Board has identified the following key goals in its strategic plan for the next biennium:

- The Board will be embarking on its most significant legislative initiative since the inception of social work licensing in Minnesota in 1987. At its September 17 meeting the Board approved its 2011 Legislative Proposal, to modify the current licensing exemptions for persons employed as "social workers" in 1) city, county, and state agencies, and in 2) private non-profit agencies whose primary service focus addresses ethnic minority populations, and who are themselves members of ethnic minority populations within those agencies.
- Implementation of the increased licensing standards, effective August 1, 2011, will also be a priority for staff and the Board over the next year.
- Enhancement and creation of new online services continues to be an ongoing priority to better meet the needs of applicants and licensees, to offer greater access to all stakeholder groups, and create greater operational efficiencies.

It has been my privilege and a challenge to serve as the Executive Director since February 2008. I wish to thank Board Members for their countless hours of volunteer service, expertise, leadership, and passion. I also wish to thank our extremely competent Board Staff, who are committed to carrying out the Board's mission.

As the Board approaches a new biennium and decade, challenges and opportunities will continue to present themselves. The Board must position itself to work collaboratively, to monitor state and national issues, and to respond effectively to emerging policy and social work practice issues, amidst ever changing demographics in our State, and the reality of diminishing resources. Board and Staff are committed to the Board's mission of public protection and serving the residents of Minnesota.

Minnesota Board of Veterinary Medicine
 Number and Type of Credentials Issued or Renewed

Total Number of persons licensed or registered as of June 30, 2010	Number and Type of Credentials Issued or Renewed during biennium ending June 30, 2010	Number and Per Cent of Credentials Renewed Online during biennium ending June 30, 2010	
3,114	<u>Type</u> Veterinarian	<u>Number</u> 2847 renewed 276 new	# / Per Cent [list by type; if unavailable by type, list total only] 80% Total 2,278

Total Number of persons licensed or registered as of June 30, 2008	Number and Type of Credentials Issued or Renewed during biennium ending June 30, 2008	Number and Type of Credentials Renewed Online (# and per cent) during biennium ending June 30, 2008 [by type, if available]	
3,046	<u>Type</u> Veterinarian	<u>Number</u> 2,758 renewed 304 new	# / Per Cent [list by type; if unavailable by type, list total only] 65% Total 1,783

Total Number of persons licensed or registered as of June 30, 2006	Number and Type of Credentials Issued or Renewed during biennium ending June 30, 2006	Number and Type of Credentials Renewed Online (# and per cent) during biennium ending June 30, 2006	
2,955	<u>Type</u> Veterinarian	<u>Number</u> 2,662 renewed 275 new	# / Per Cent [list by type; if unavailable by type, list total only] 44% Total 1162

The Board initiated online renewals in December 2003. 80 % of all licensees renew their veterinary license online using safe and user friendly electronic government services.

Minnesota Board of Veterinary Medicine
 Number of Complaints Received

Number of Complaints Received (opened) by type in biennium ending June 30, 2010	Number of Complaints Received online
66 Incompetence 37 Unprofessional Conduct 5 Chemical Dependency 32 Unlicensed Practice 4 Sanitation 4 Non-jurisdictional Total 148	N/A

Number of Complaints Received (opened) by type in biennium ending June 30, 2008	Number of Complaints Received online
64 Incompetence 35 Unprofessional Conduct 7 Chemical Dependency 23 Unlicensed Practice 3 Sanitation 4 Non-jurisdictional 134 Total	N/A

Number of Complaints Received (opened) by type in biennium ending June 30, 2006	Number of Complaints Received online
57 Incompetence 73 Unprofessional Conduct 2 Chemical Dependency 40 Unlicensed Practice 4 Sanitation 5 Non-Jurisdictional 182 Total	N/A

The majority of the complaints that the board receives involve allegations of veterinary incompetence and inappropriate professional behavior and conduct. In addition to these complaints a significant number involve allegations of unlicensed individuals engaging in the practice of veterinary medicine.

Minnesota Board of Veterinary Medicine
 Number and age of complaints open at the end of the period

Number of Complaints Closed in bien- nium ending June 30, 2010	Number of Complaints Open as of June 30, 2010 [listed by < one year or > One year]
111 2	<one year >one year

Number of Complaints Closed in bien- nium ending June 30, 2008	Number of Complaints Open as of June 30, 2008 [listed by < one year or > One year]
111 8	<one year >one year

Number of Complaints Closed in bien- nium ending June 30, 2006	Number of Complaints Open as of June 30, 2006 [listed by < one year or > One year]
135 2	< one year >one year

There are three complaint committees, one large animal and two companion animal, made up two board members per committee supported by board staff and an assistant attorney general. Only board members serving on the complaint committee determine the outcome of the complaint and possible remedy for the identified violations. These complaint committees work diligently to assure public safety and licensee accountability in a timely and direct manner for both complainants and the subject of the complaint.

Format for Requirement 4

Minnesota Board of Veterinary Medicine
 Receipts, Disbursements and Major Fees

Fees 2010 [list by license type / renewal term (e.g., annual, biannual)]		Disbursements FY 2010
		\$169,094
Fee	Amount	
Jurisprudence Examination	\$50	
Application	\$50	
Initial License	\$200	
Biennial Active License Renewal	\$200	
Biennial Inactive License Renewal	\$100	
Temporary Permit	\$50	
Late fee (Inactive renewal)	\$50	
Late fee (Active renewal)	\$100	
Professional Firm Registration	\$100	
Professional Firm Annual Report	\$25	
Duplicate License	\$10	
Mailing List	\$100	
CE Sponsor Approval	\$50	
License Verification	\$25	

Fees 2008 [list by license type / renewal term (e.g., annual, biannual)]		Disbursements FY 2008
		\$164,289
Fee	Amount	
Jurisprudence Examination	\$50	
Application	\$50	
Initial License	\$200	
Biennial Active License Renewal	\$200	
Biennial Inactive License Renewal	\$100	
Temporary Permit	\$50	
Late fee (Inactive renewal)	\$50	
Late fee (Active renewal)	\$100	
Professional Firm Registration	\$100	
Professional Firm Annual Report	\$25	
Duplicate License	\$10	
Mailing List	\$100	
CE Sponsor Approval	\$50	
License Verification	\$25	

Fees 2006 [list by license type / renewal term (e.g., annual, biennial)]		Disbursements FY 2006
		\$155,339
Fee	Amount	
Jurisprudence Examination	\$50	
Application	\$50	
Initial License	\$200	
Biennial Active License Renewal	\$200	
Biennial Inactive License Renewal	\$100	
Temporary Permit	\$50	
Late fee (Inactive renewal)	\$50	
Late fee (Active renewal)	\$100	
Professional Firm Registration	\$100	
Professional Firm Annual Report	\$25	
Duplicate License	\$10	
Mailing List	\$100	

The Minnesota Board of Veterinary Medicine is financed by licensee fees and receives no general fund dollars. License fees were last increased fees in 1997. A fiducially responsible and fiscally prudent board has consistently operated at or below budget expenditure projections. Budget appropriations not expended are held in the special revenue fund to be used for unbudgeted expenses for disciplinary actions and litigation costs in contested cases. In 2009 a 10% veterinary license surcharge was accessed to licensees to provide funding for Office of Enterprise Technology (OET). In FY 2010 greater than \$24,000 was collected from licensees and transferred to OET.

In addition to online license renewal the Minnesota Board of Veterinary Medicine website offers licensees the ability to update address and contact information online and allows citizens of Minnesota to check license verification of veterinarians and review disciplinary actions taken against veterinarians. The board website also provides access to complaint forms, continuing education sponsor forms and license application forms among others.

The development of additional diagnostic and therapeutic techniques in animal care and which groups of individuals are best suited to provide care to animals continues to be a challenge in the regulation of veterinary medicine. The public's desire to utilize alternative and complementary diagnostic and therapeutic services on their animals requires the board to continually evaluate scope of practice issues.

The number of complaints, the complexity of the complaints and the number of licensees regulated continues to increase. Board staff has continued to operate at 1.75 FTE in spite of additional workload demand through the evaluation and streamlining of board processes and procedures in addition to embracing, utilizing and expanding electronic government services. Prompt response to inquiries and service to the citizens of Minnesota continues to be a top priority along with public protection through the regulation of veterinary medicine.

Board membership is comprised of seven, governor appointed citizens who administer the Statutes and Rules that govern the practice of veterinary medicine. Three scheduled board meetings are held each year with complaint committee meetings and conferences held on an as needed basis. Most complaint committee review is conducted on a closed, secured, web based application thus reducing the need for travel and complaint committee meetings.

Board Member Name	Residence	Occupation	Professional Member / Public Member	Date of Appointment	Date of Reappointment
Barbara Fischley, DVM	North Branch	Veterinarian	Professional Member	1/20/2010	N/A
Jeremy Geske	New Prague		Public Member	7/7/2005	2/3/2009
Meg Glattly, DVM	Eagan	Veterinarian	Professional Member	2/17/1998	3/1/2007
Delores Gockowski, DVM	Sturgeon Lake	Veterinarian	Professional Member	4/2/2008	N/A
John Lawrence, DVM	Lonsdale	Veterinarian	Professional Member	7/8/2003	3/1/2007
Joanne Schulman, DVM	Golden Valley	Veterinarian	Professional Member	2/8/2010	1/20/2010
Sharon Todoroff	Columbus		Public Member	4/2/2008	N/A

Executive Director Narrative

Public protection and public safety continues to be the mission and top priority of the Minnesota Board of Veterinary Medicine. The board has effectively and efficiently met this mission with the resources derived from licensing fees and spending authority appropriated by the legislature and the Governor. The Minnesota Board of Veterinary Medicine and the 16 other allied health licensing boards in Minnesota are sole profession, collaborative state agencies that continue to be recognized nationally as a model for organizational structure and regulation. Several Board of Veterinary Medicine members also serve on national committees and boards that influence the regulation of veterinary medicine throughout North America.

Minnesota Office of Unlicensed Complementary and Alternative Health Care Practice

There are no licensing or registration activities in the Office of Unlicensed Complementary and Alternative Health Care Practice

Number of Complaints Received

Number of Complaints Received (opened) by type in biennium ending June 30, 2010	Number of Complaints Received online
Sexual Misconduct 12	
Harm to Public/Client 13	
Misrepresentation 3	
False Advertising 1	
Failure to follow Order 2	
Criminal conviction 0	
Failure to furnish records 0	
Failure to use client BOR 0	
Other 0	

Number of Complaints Received (opened) by type in biennium ending June 30, 2008	Number of Complaints Received online
Sexual Misconduct 9	
Harm to Public/Client 7	
Misrepresentation 2	
False Advertising 0	
Failure to follow Order 0	
Criminal conviction 0	
Failure to furnish records 0	
Failure to use client BOR 0	
Other 0	

Number of Complaints Received (opened) by type in biennium ending June 30, 2006	Number of Complaints Received online
Sexual Misconduct 5	
Harm to Public/Client 13	
Misrepresentation 3	
False Advertising 1	
Failure to follow Order 1	
Criminal conviction 2	
Failure to furnish records 1	
Failure to use client BOR 1	
Other 1	

Number of Complaints Received (opened) by type in biennium ending June 30, 2004	Number of Complaints Received online
Sexual Misconduct 16	
Harm to Public/Client 14	
Misrepresentation 4	
False Advertising 1	
Failure to follow Order 0	
Criminal conviction 0	
Failure to furnish records 0	
Failure to use client BOR 0	
Other 5	

Number of Complaints Received (opened) by type in biennium ending June 30, 2002	Number of Complaints Received online
Sexual Misconduct 3	
Harm to Public/Client 7	
Misrepresentation 2	
False Advertising 1	
Failure to follow Order 0	
Criminal conviction 0	
Failure to furnish records 0	
Failure to use client BOR 0	
Other 4	

Number and age of complaints open at the end of the period

Number of Complaints Closed in biennium ending June 30, 2010	Number of Complaints Open as of June 30, 2010 [listed by < one year or > One year]
10	3 Open less than one year 46 Open more than one year *

Number of Complaints Closed in biennium ending June 30, 2008	Number of Complaints Open as of June 30, 2008 [listed by < one year or > One year]
22	8 Open less than one year 20 Open more than one year

Number of Complaints Closed in biennium ending June 30, 2006	Number of Complaints Open as of June 30, 2006 [listed by < one year or > One year]
32	14 Open less than one year 20 Open more than one year

Number of Complaints Closed in biennium ending June 30, 2004	Number of Complaints Open as of June 30, 2004 [listed by < one year or > One year]
13	18 Open less than one year 19 Open more than one year

Number of Complaints Closed in biennium ending June 30, 2002	Number of Complaints Open as of June 30, 2002 [listed by < one year or > One year]
6	8 Open less than one year 1 Open more than one year

* The Office of Unlicensed Complementary and Alternative Health Care Practice operations were suspended September 1, 2009 through June 30, 2010, due to unallotment, therefore, no investigative activity occurred on pending complaints during the remaining 10 months of FY 2010.

Receipts, Disbursements and Major Fees

Fees FY 2009/2010 [list by license type / renewal term (e.g., annual, biannual)]	Disbursements FY 2009/2010
Civil Penalty \$628 in FY 2009	\$77,802 (Operations suspended due to unallotment 09/01/09-06/30/2010).

Fees FY 2007/2008 [list by license type / renewal term (e.g., annual, biannual)]	Disbursements FY 2007/2008
Civil Penalty \$805 in FY 2007	\$156,785 (includes \$22,845 in costs for the Attorney General's office).

Fees 2006 [list by license type / renewal term (e.g., annual, biannual)]	Disbursements FY 2005/2006
Civil Penalty \$4,425 in FY 2005; \$705 in FY 2006	\$114,834

Fees 2004 [list by license type / renewal term (e.g., annual, biannual)]	Disbursements FY 2003/2004
0	\$33,332 (Investigator position vacant due to limited funding, FY 2004).

Fees 2002 [list by license type / renewal term (e.g., annual, biannual)]	Disbursements FY 2001/2002
0	\$50,164

Minnesota Office of Unlicensed Complementary and Alternative Health Care Practice (OCAP)
The State of Health Occupation Regulation

The purpose of this office, located in the Minnesota Department of Health (MDH) is to protect consumers who receive complementary and/or alternative health care services from practitioners who fall outside of state licensing authorities. These practitioners include, but are not limited to, persons who provide massage therapy, bodywork, homeopathy, traditional naturopathy, herbology, healing practices utilizing food, food supplements and nutrients, healing touch, culturally traditional healing practices, and traditional Oriental practices. There are an estimated 2,700 practitioners in Minnesota.

Complementary and alternative health care modalities continue to be a widely accepted and accessed option for health care consumers in Minnesota and across the nation. There is need for continuing regulatory oversight and personnel to disseminate information to practitioners, consumers and interested persons, along with reviewing research and studies of alternative and complementary modalities.

The office receives and investigates complaints against unlicensed complementary and alternative health care practitioners and may take civil enforcement action for violations of prohibited conduct. The office also acts as an information clearinghouse by providing the public, practitioners, and interested persons, with information about regulation of unlicensed complementary and alternative health care practitioners in Minnesota.

The office coordinates investigations involving matters within the jurisdiction of more than one regulatory agency by making appropriate referrals to other state boards, agencies, departments responsible for licensing health-related occupations, facilities and programs, and law enforcement personnel in this and other states.

OCAP continues to maintain a collaborative relationship with the local office of the Federal Food and Drug Administration (FDA). The FDA has continued to assist OCAP in understanding medical device regulation. OCAP and the FDA do not have overlapping jurisdictions, and such collaboration is necessary in order to be efficient and effective. Additional items of interest

The office responded to 406 inquiries from practitioners, consumers, complainants, regulators and other interested persons during the biennium. These inquiries included responding to questions, providing information about disciplinary actions taken, and mailing out brochures/information and complaint packets.

The office continued to revise and update its website to include better consumer and practitioner information. Interested persons can now review all disciplinary actions taken by the office since inception in 2001.

During the 2007-2008 legislative session, the legislature passed a proposal for the registration of naturopathic doctors by the Minnesota Board of Medical Practice and instructed the Commissioner of Health to convene a work group, which included the Director of the MDH Health Occupations Program and an OCAP representative, to make recommendations about naturopath registration. This task was completed and the recommendations submitted in March 2009. At the close of the biennium, there were 22 persons listed as registered naturopaths with the Minnesota Board of Medical Practice. This registration will have little impact on the operations of OCAP as less than one percent of OCAP practitioners will meet the requirements for registration as naturopathic doctors. Traditional naturopaths, not registered with the Minnesota Board of Medical Practice, remain under the jurisdiction of OCAP.

During FY 2009 and the first two months of FY 2010, the office had one FTE investigator. The office had no staff 09/01/2009 through 06/30/2010 due to unallotment. The office resumed operations 07/01/2010 and currently has one .75 FTE investigator.

Board Members

The Minnesota Office of Unlicensed Complementary and Alternative Health Care Practice does not have Board Membership.

Health Professionals Services Program

BIENNIAL REPORT
JULY 1, 2008 TO JUNE 30, 2010

GENERAL INFORMATION

Minnesota Statutes, section 214.31 to 214.37 charges the Health Professionals Services Program (HPSP) with the responsibility to “*protect the public from persons regulated by the [health licensing] boards [and the Emergency Medical Services Regulatory Board and the Dept. of Health] who are unable to practice with reasonable skill and safety by reason of illness, use of alcohol, drugs, chemicals or any other material, or as a result of any mental, physical or psychological condition.*”

The Health Professionals Services Program (HPSP) is a program of the health-licensing boards that provides monitoring services to health professionals with illnesses that may impact their ability to practice. HPSP implements Monitoring Plans to ensure that the health professionals obtain adequate treatment and do not cause patient harm. A plan may include the participant's agreement to comply with continuing care recommendations, practice restrictions, random drug screening, and support group participation.

MISSION AND GOALS

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

MAJOR FUNCTIONS

Provide health professionals with services to determine if they have an illness that warrants monitoring:

- Evaluate symptoms, treatment needs, immediate safety and potential risk to patients
- Obtain substance, psychiatric, and medical histories along with social and occupational data
- Determine practice limitations, if necessary
- Secure records consistent with state and federal data practice regulations
- Collaborate with medical consultants and community providers concerning treatment

Create and implement monitoring contracts:

- Specify requirements for appropriate treatment and continuing care
- Determine illness-specific and practice-related limitations or conditions

Monitor the continuing care and compliance of program participants:

- Communicate monitoring procedures to treatment providers, supervisors and other collaborative parties
- Review records and reports from treatment providers, supervisors and other sources regarding the health professional's level of functioning and compliance with monitoring
- Coordinate toxicology screening process
- Intervene, as necessary, for non-compliance, inappropriate or inadequate treatment, or symptom exacerbation

Consult with licensees, licensing boards, health employers, practitioners, and medical communities:

- Provide information and set standards for early intervention and monitoring of impaired professionals;
- Refer inquiries to appropriate government or community resources;
- Provide outreach services to hospitals, clinics, and professional associations;
- Conduct research on professional impairment, appropriate care, and potential for harm; and
- Consult with health-licensing boards on illness related issues.

BOARD MEMBERS, STAFF AND BUDGET

Composition of Committees, Administration and staff:

Program Committee Members

The Program Committee consists of one representative of each participating board. The Program Committee provides direction and assures the participating boards that HPSP is operating effectively and efficiently to achieve the purposes outlined in statute. Its goals are to ensure that the public is protected, participants are treated with respect, the program is well-managed, financially secure and operating consistently within the statute. The committee designates one of the health-related boards to act as an Administering Board to provide administrative support to HPSP. The Program Committee meets quarterly. Current Program Committee members include:

Member Name	Representing the Board of:	Member Name	Representing the Board of:
Judi Gordon	Behavioral Health and Therapy	Kim Hill	Chiropractic Examiners
Kim Hill	Chiropractic Examiners	Randy Snyder	Nursing Home Administrators
Neal Benjamin	Dentistry	Marlene Reid	Optometry
Kyle Renell , Chair	Department of Health	Stacey Jassey	Pharmacy
Janelle Peterson	Dietetics and Nutrition	Kathy Polhamus	Physical Therapy
Katherine Burke-Moore	Emergency Services	Esther Newcombe	Podiatric Medicine
	Marriage and Family	Susan Ward	Psychology
Keith Berge	Medical Practice	Rosemary Kassekert	Social Work
Maria Reines	Nursing	Sharon Todoroff	Veterinary Medicine
Judi Gordon	Behavioral Health and Therapy		

Advisory Committee Members

The Advisory Committee is required by statute to advise the Program Committee and the Program Manager. The Advisory Committee consists of one person appointed by each professional association by any means acceptable to them as identified in (Minn. Stat., section 214.32 subd. 1 (c) (1).) The Advisory Committee meets quarterly. Current Advisory Committee members include:

Member Name	Representing the:	Member Name:	Representing the:
Jim Alexander, Vice Chair	MN Pharmacists Association	Not appointed	MN Society for Respiratory Care
Bruce Benson	MN Health Systems Pharmacists	Todd Miller	Physicians Serving Physicians
Lois Cochran Schlutter	MN Psychological Association	-open-	Public Member
Mary Ann Foldesi	MN Academy Of Physician Assist.	Karen Sames	MN Occupational Therapy Assoc.
Stephen Gulbrandsen	MN Dental Association	Debra Sidd	MN Dental Hygienists Association
Jody Haggy	MN Nurses Association	Karolyn Stirewalt, Chair	MN Medical Association
Megan Hartigan	MN Ambulance Association	Sandy Swanson	MN Physical Therapy Association
Randy Herman	MN Assoc. Of Social Workers	Scott Wells	MN Veterinary Association
Rose Nelson	Ad Hoc Member		

Administering Board

HPSP is not an independent State agency. By statute, one of the health licensing boards is designated to administer the program. The Emergency Services Regulatory Board (EMSRB) served as the Administering Board from 2001 to June 2008. The Board of Dentistry, under the leadership of Marshall Shragg, took over as HPSP's Administering Board in 2008.

Board Staff and HPSP Staff Work Group

Each board designates one or more representatives to meet regularly with program staff as part of a work group to discuss issues relating to HPSP policies, procedures and activities. The Program Manager solicits agenda items from all the members of the work group. Board representatives communicate the interests and concerns of their boards to the HPSP staff as well as obtain information to enhance the operations of the HPSP consistent with statute.

HPSP Staff

HPSP is staffed with seven employees; 5 case managers, 1 office manager, and 1 program manager. Two positions remain vacant due to budgetary restrictions.

Staff Member	Position	Position Classification
Monica Feider, MSW, LICSW	Program Manager	State Program Administrator Director
Tracy Erfourth, BS	Case Manager	State Program Administrator Principal
Marilyn Miller, MS, LICSW	Case Manager	State Program Administrator Principal
Mary Olympia, BS, LSW	Case Manager	State Program Administrator Principal
Kurt Roberts, EdD, LADC	Case Manager	State Program Administrator Principal
Kimberly Zillmer, BA, LADC	Case Manager	State Program Administrator Principal
Sheryl Jones	Office Manager	Office and Administrative Specialist Principal
Office Assistant	Vacant	Office Specialist
Case Management Assistant	Vacant	Office and Administrative Specialist Intermediate

Receipts and Disbursements

HPSP is a service program and does not generate revenue. Licensing fees fund 96% of HPSP. The remaining 3% comes is paid for by the general fund for persons regulated the EMSRB and the Department of Health. Each board pays an annual \$1,000 participation fee and a pro-rata share of program expenses based on the number of licensees they have in the program.

TREND DATA

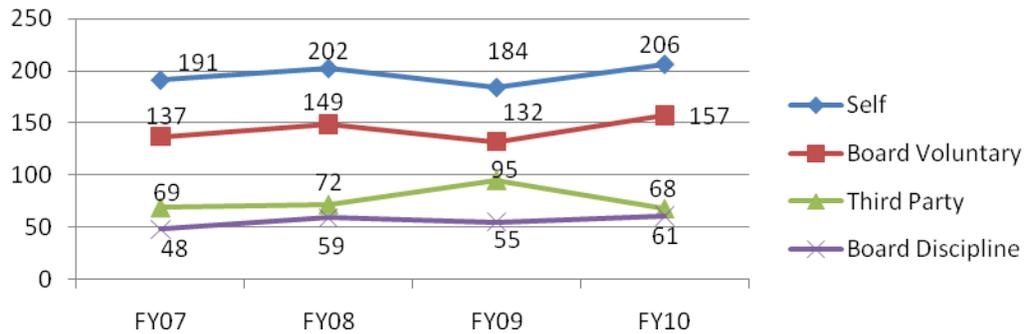
PARTICIPATION

When the HPSP started in August of 1994, five licensing boards participated in the program. Today all fifteen health-licensing boards participate, as well as the Emergency Medical Services Regulatory Board and three professions administered by the Department of Health. This totals over 200,000 persons eligible for program services.

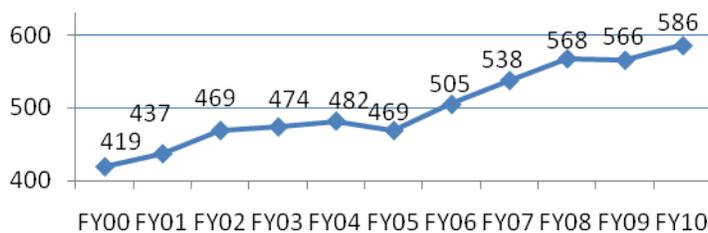
When the HPSP was conceived, it was not anticipated that health professionals would seek help and report themselves to the program at the current rate. While this is viewed as a positive response to program services, which enhances public safety in health care, participating boards are bearing the increased cost. Program growth puts financial stress on boards, which in turn, impacts the program.

Program resources need to be consistent with the rate of program growth. The current rate of growth threatens the ability of the program to provide quality services to health professionals who may be unable to practice safely.

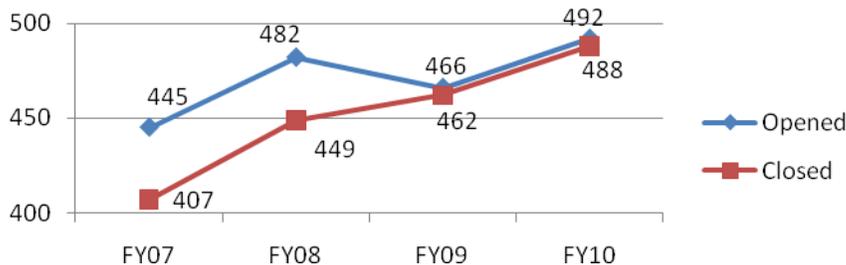
Number of Referrals by Referral Source and Fiscal Year



Number of Cases Open at End of Fiscal Year

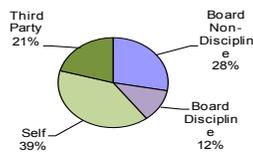


Number of Cases Opened and Closed by Fiscal Year

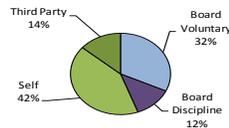


Fiscal Year 2009 Referrals by First Referral Source:

The following chart shows the percentage of referrals by first referral source from July 1, 2008 to June 30, 2009:



Fiscal year 2010 Referrals by First Referral Source



Comparing Referrals – Fiscal Years 2007 to 2010:

The tables below show the numbers of health professionals referred to HPSP by board and referral sources over the past four fiscal years.

Referrals by First Referral Source and Board	Nursing Home Admin.				Behavioral Health & Therapy				Chiropractic				Dentistry				Dept. of Health				Dietetics & Nutritionists				EMSRB			
	07	08	09	10	07	08	09	10	07	08	09	10	07	08	09	10	07	08	09	10	07	08	09	10	07	08	09	10
Board Non-Discipline	0	0	2	0	3	5	0	8	14	9	11	12	16	23	26	44	2	6	3	3	0	0	0	0	4	18	3	7
Board Discipline	0	0	0	0	0	0	0	0	0	0	2	1	3	4	0	2	0	0	0	0	0	0	0	0	1	1	0	0
Self	0	0	0	0	6	2	1	10	4	0	1	3	3	7	5	2	2	1	3	0	0	0	0	0	7	8	2	3
Third Party	0	0	0	0	1	2	4	3	0	0	1	0	4	2	4	5	0	0	0	0	0	0	0	0	2	0	1	3
Sum	0	0	2	0	10	9	5	21	18	9	15	16	26	36	35	53	4	7	6	3	0	0	0	0	14	27	6	13
Referrals by First Referral Source and Board	Marriage & Family				Medical Practice				Nursing				Optometry				Pharmacy				Physical Therapy				Podiatric Medicine			
	07	08	09	10	07	08	09	10	07	08	09	10	07	08	09	10	07	08	09	10	07	08	09	10	07	08	09	10
Board Non-Discipline	0	0	0	1	20	15	23	21	70	60	50	49	0	0	0	0	2	3	5	3	3	4	3	3	0	0	0	0
Board Discipline	0	0	0	0	2	4	5	5	36	43	44	49	0	2	0	1	4	1	4	2	0	1	0	0	0	0	0	0
Self	2	1	3	1	35	34	32	28	113	128	125	136	0	0	0	0	13	5	4	9	0	1	4	3	0	0	0	0
Third Party	0	0	0	0	3	16	13	5	50	44	58	48	0	0	0	0	1	5	8	3	0	0	0	0	0	0	0	0
Sum	2	1	3	2	60	69	73	59	269	275	277	282	0	2	0	1	20	14	21	17	3	6	7	6	0	0	0	0
Referrals by First Referral Source and Board	Psychology				Social Work				Veterinary Medicine				TOTALS															
	07	08	09	10	07	08	09	10	07	08	09	10	07	08	09	10												
Board Non-Discipline	1	3	0	1	2	2	4	2	0	1	2	3	137	149	132	157												
Board Discipline	0	0	0	1	2	2	0	0	0	1	0	0	48	59	55	61												
Self	1	3	1	1	4	8	3	9	1	2	0	1	191	202	184	206												
Third Party	2	2	2	1	5	0	4	0	1	1	0	0	69	72	95	68												
Sum	4	8	3	4	13	12	11	11	2	5	2	4	445	482	466	492												

Discharges by Category and Board	Nursing Home Admin.				Behavioral Health & Therapy				Chiropractic				Dentistry				Dept. of Health				Dietetics & Nutritionists				EMSRB			
	07	08	09	10	07	08	09	10	07	08	09	10	07	08	09	10	07	08	09	10	07	08	09	10	07	08	09	10
Completion	0	0	0	0	3	1	1	1	2	5	3	3	7	6	5	5	0	1	1	1	0	0	0	0	2	1	6	2
Voluntary Withdraw	0	0	0	0	0	0	0	1	0	0	0	0	1	0	2	1	0	1	0	0	0	0	0	0	1	1	1	0
Non-Compliance	0	0	0	0	4	2	1	3	4	1	3	1	7	6	4	4	0	0	2	0	0	0	0	0	3	4	4	1
Deceased	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Ineligible - Monitored	0	0	0	0	0	1	1	0	0	0	0	1	2	0	2	0	0	0	0	0	0	0	0	0	0	1	0	0
Ineligible – Not Monitored	0	0	0	0	1	0	0	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0
No Contact	0	0	0	0	0	0	0	5	0	0	1	0	1	4	1	2	0	0	0	0	0	0	0	0	1	0	1	0
Non-Cooperation	0	0	0	0	2	0	3	3	2	0	1	0	1	3	1	3	0	1	1	0	0	0	0	0	1	4	3	4
Non-Jurisdictional	0	0	2	0	1	2	2	0	1	5	8	9	7	18	25	32	1	2	2	2	0	0	0	0	2	10	1	3
Sum	0	1	2	0	11	6	8	15	18	11	17	14	26	37	40	47	1	5	6	3	0	0	0	0	11	21	16	10
Discharges by Category and Board	Marriage & Family				Medical Practice				Nursing				Optometry				Pharmacy				Physical Therapy				Podiatric Medicine			
	07	08	09	10	07	08	09	10	07	08	09	10	07	08	09	10	07	08	09	10	07	08	09	10	07	08	09	10
Completion	0	0	0	0	33	24	33	39	60	73	85	98	1	0	0	0	7	3	8	12	3	1	1	3	1	0	0	0
Voluntary Withdraw	0	1	0	0	1	0	3	3	18	11	9	11	0	0	0	0	1	1	1	1	0	0	0	0	0	0	0	0
Non-Compliance	0	0	0	0	1	6	2	1	93	98	79	74	0	0	0	0	2	9	1	3	2	0	1	1	0	0	0	0
Deceased	0	0	0	0	1	0	2	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Ineligible - Monitored	0	0	0	0	6	6	4	2	9	10	13	16	0	0	0	0	0	1	0	3	0	0	0	0	0	0	0	0
Ineligible – Not Monitored	0	1	0	0	1	7	7	2	12	12	12	15	0	0	0	0	1	2	0	0	0	0	0	1	0	0	0	0
No Contact	0	0	0	0	3	2	5	0	5	4	12	11	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0
Non-Cooperation	1	0	0	0	4	5	3	2	22	27	20	32	0	0	1	0	2	2	5	4	0	0	0	0	0	0	0	0
Non-Jurisdictional	0	0	2	0	15	9	14	21	15	25	28	19	0	0	0	1	2	0	3	2	0	4	2	1	0	0	0	0
Sum	1	2	2	0	65	63	73	70	235	260	259	276	1	0	1	1	15	18	19	25	5	5	4	6	1	0	0	0

Discharges by Category and Board	Psychology				Social Work				Veterinary Medicine				Total			
	07	08	09	10	07	08	09	10	07	08	09	10	07	08	09	10
Completion	0	4	2	1	4	1	1	6	0	3	0	3	123	123	146	174
Voluntary Withdraw	0	0	0	0	1	2	0	1	0	1	0	0	23	18	16	18
Non-Compliance	1	1	0	0	0	1	1	1	1	0	0	1	118	128	98	90
Deceased	0	0	0	0	0	0	0	0	0	0	0	0	2	0	3	1
Ineligible - Monitored	0	0	0	1	1	1	0	0	0	0	1	0	18	20	23	23
Ineligible – Not Monitored	1	1	0	1	2	2	1	1	0	0	0	0	19	25	21	21
No Contact	0	0	0	0	1	1	0	1	0	0	0	0	12	11	21	19
Non-Cooperation	0	0	0	1	2	2	5	0	0	0	1	0	37	44	44	49
Non-Jurisdictional	1	2	1	0	1	2	0	2	0	1	0	1	55	80	90	93
Sum	3	8	3	4	12	12	18	12	1	5	2	5	407	449	462	488