CHAPTER 157–H.F.No. 1745

An act relating to health; requiring the commissioner of health to enroll pharmacies or pharmacists in the pediatric vaccine administration program; changing the age requirement for pharmacists administering influenza vaccines; changing certain requirements; modifying provisions in health occupations for speech language pathologists and occupational therapists; expanding definition of licensed health care professional; changing provisions for food, beverage, and lodging establishments; requiring the Department of Health to use rules and guidelines from the federal government to implement the minimum data set for resident reimbursement classification; establishing fees; changing licensing provisions for social work; amending Minnesota Statutes 2008, sections 148.512, 148.5193, subdivision 6a; 148.5194, subdivisions 2, 3, 7; subdivision 13; 148.6402, subdivisions 13, 22a; 148.6405; 148.6440, subdivision 2; 148D.010, by adding subdivisions; 148D.025, subdivisions 2, 3; subdivisions 9. 15. 148D.061, subdivisions 6, 8; 148D.062, subdivision 2; 148D.063, subdivision 2; 148D.125, subdivisions 1, 3; 148E.010, subdivisions 11, 17, by adding subdivisions; 148E.025, subdivisions 2, 3; 148E.055, subdivision 5; 148E.100, subdivisions 3, 4, 5, 6, 7, by adding a subdivision; 148E.105, subdivisions 1, 3, 5, 7, by adding a subdivision; 148E.106, subdivisions 1, 2, 3, 4, 5, 8, 9, by adding a subdivision; 148E.110, subdivisions 1, 2, by adding subdivisions; 148E.115, subdivision 1, by adding a subdivision; 148E.120; 148E.125, subdivisions 1, 3; 148E.130, subdivisions 2, 5, by adding a subdivision; 148E.165, subdivision 1; 151.01, subdivision 27; 157.16, subdivisions 2, 4; 214.103, subdivision 9; proposing coding for new law in Minnesota Statutes, chapter 145; repealing Minnesota Statutes 2008, sections 148D.062, subdivision 5: 148D.125. subdivision 2; 148D.180, subdivision 8; 148E.106, subdivision 6; 148E.125, subdivision 2; Minnesota Rules, parts 4610.0420; 4610.0500, subparts 1, 2, 3, 5; 4610.0600, subparts 1, 3, 4; 4610.0650.

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

ARTICLE 1

HEALTH-RELATED PROVISIONS

Section 1. [145.667] PEDIATRIC VACCINE ADMINISTRATION.

The commissioner of health shall enroll a licensed pharmacy or individual pharmacist as a program-registered provider in the pediatric vaccine administration program under section 13631 of the federal Omnibus Budget Reconciliation Act of 1993, Public Law 103-66, based on the program's infrastructure capacity to enroll the additional pharmacy providers in the program.

Sec. 2. [145.668] HEALTHY CHILDREN THROUGH IMMUNIZATION.

Pharmacies and pharmacists providing immunizations to children under private insurance or fee-for-service arrangements prior to June 1, 2009, that are not enrolled in the pediatric vaccine administration program under section 13631 of the federal Omnibus Budget Reconciliation Act of 1993, Public Law 103-66, must discontinue immunization services to children under private insurance or fee-for-service arrangements after December 31, 2009.

Sec. 3. Minnesota Statutes 2008, section 148.512, subdivision 13, is amended to read:

Subd. 13. **Practice of speech-language pathology.** The "practice of speech-language pathology" means:

(1) identification, assessment, and interpretation, diagnosis, habilitation, rehabilitation, treatment and prevention of disorders of speech, articulation, fluency, voice, and language;

(2) identification, assessment, and interpretation, diagnosis, habilitation, and rehabilitation of disorders of oral-pharyngeal function and related disorders;

(3) identification, assessment, and interpretation, diagnosis, habilitation, and rehabilitation of communication disorders associated with cognition;

(4) assessing, selecting, and developing augmentative and alternative communication systems and providing training in their use;

(5) aural habilitation and rehabilitation and related counseling for hearing impaired individuals and their families;

(6) enhancing speech-language proficiency and communication effectiveness;

(7) audiometric screening individuals for hearing loss or middle ear pathology for the purposes of speech-language evaluation or for the identification of possible hearing disorders; or

(8) supervision of the functions in clauses (1) to (7).

The practice of speech-language pathology does not include the practice of medicine and surgery, or osteopathic medicine and surgery, or medical diagnosis that is commonly performed by a physician.

Sec. 4. Minnesota Statutes 2008, section 148.5193, subdivision 6a, is amended to read:

Subd. 6a. Verification of attendance <u>Auditing continuing education reports</u>. An applicant for licensure renewal must submit verification of attendance as follows:

(1) a certificate of attendance from the sponsor with the continuing education course name, course date, and licensee's name. If a certificate of attendance is not available, the commissioner may accept other evidence of attendance such as a confirmation or statement of registration for regional or national annual conferences or conventions of professional associations, a copy of the continuing education courses indicating those attended, and an affidavit of attendance;

(2) a copy of a record of attendance from the sponsor of the continuing education course;

(3) a signature of the presenter or a designee at the continuing education activity on the continuing education report form, (4) a summary or outline of the educational content of an audio or video educational activity if a designee is not available to sign the continuing education report form;

(5) for self-study programs, a certificate of completion or other documentation indicating that the individual has demonstrated knowledge and has successfully completed the program, or

(6) for attendance at a university, college, or vocational course, an official transcript. (a) The commissioner may audit a percentage of the continuing education reports based on random selection. A licensee shall maintain all documentation required by this section for two years after the last day of the biennial licensure period in which the contact hours were earned.

(b) All renewal applications that are received after the expiration date may be subject to a continuing education report audit.

(c) Any licensee against whom a complaint is filed may be subject to a continuing education report audit.

(d) The licensee shall make the following information available to the commissioner for auditing purposes:

(1) a copy of the completed continuing education report form for the continuing education reporting period that is the subject of the audit including all supporting documentation required by subdivision 5;

(2) a description of the continuing education activity prepared by the presenter or sponsor that includes the course title or subject matter, date, place, number of program contact hours, presenters, and sponsors;

(3) documentation of self-study programs by materials prepared by the presenter or sponsor that includes the course title, course description, name of sponsor or author, and the number of hours required to complete the program;

(4) documentation of university, college, or vocational school courses by a course syllabus, listing in a course bulletin, or equivalent documentation that includes the course title, instructor's name, course dates, number of contact hours, and course content, objectives, or goals; and

(5) verification of attendance by:

(i) a signature of the presenter or a designee at the continuing education activity on the continuing education report form or a certificate of attendance with the course name, course date, and licensee's name;

(ii) a summary or outline of the educational content of an audio or video educational activity to verify the licensee's participation in the activity if a designee is not available to sign the continuing education report form;

(iii) verification of self-study programs by a certificate of completion or other documentation indicating that the individual has demonstrated knowledge and has successfully completed the program; or

(iv) verification of attendance at a university, college, or vocational course by an official transcript.

Sec. 5. Minnesota Statutes 2008, section 148.5194, subdivision 2, is amended to read:

Subd. 2. <u>Speech-language pathologist</u> biennial licensure fee. The fee for initial licensure and biennial licensure, clinical fellowship licensure, temporary licensure, or renewal for a speech-language pathologist is \$200.

Sec. 6. Minnesota Statutes 2008, section 148.5194, subdivision 3, is amended to read:

Subd. 3. **Biennial licensure fee for dual licensure as a speech-language pathologist and audiologist.** The fee for initial licensure and biennial licensure, clinical fellowship licensure, doctoral externship, temporary license, or renewal is \$200 \$435.

Sec. 7. Minnesota Statutes 2008, section 148.5194, subdivision 7, is amended to read:

Subd. 7. Audiologist surcharge biennial licensure fee. (a) The biennial surcharge licensure fee for audiologists is \$235. The commissioner shall prorate the fee for clinical fellowship, doctoral externship, temporary, and first time initial applicants and renewal licensees according to the number of months that have elapsed between the date the license is issued and the date the license expires or must be renewed under section 148.5191, subdivision 4 is \$435.

(b) The audiologist surcharge fee is for practical examination costs greater than audiologist exam fee receipts and <u>for</u> complaint investigation, enforcement action and consumer information, and assistance expenditures related to hearing instrument dispensing.

Sec. 8. Minnesota Statutes 2008, section 148.6402, subdivision 13, is amended to read:

Subd. 13. Licensed health care professional. "Licensed health care professional" means a person licensed in good standing in Minnesota to practice medicine, osteopathy, chiropractic, podiatry, advanced practice registered nursing, or dentistry, or is a person registered as a physician assistant in Minnesota.

Sec. 9. Minnesota Statutes 2008, section 148.6402, subdivision 22a, is amended to read:

Subd. 22a. Limited license. "Limited license" means a license issued according to section 148.6425, subdivision 3, paragraph (c), to persons who have allowed their license to lapse for four two years or more and did not apply for a license after meeting the requirements in section 148.6408 or 148.6410 or who choose a supervised practice as the method for renewing their license status allowed their license to lapse for four years or more.

Sec. 10. Minnesota Statutes 2008, section 148.6405, is amended to read:

148.6405 LICENSURE APPLICATION REQUIREMENTS: PROCEDURES AND QUALIFICATIONS.

(a) An applicant for licensure must comply with the application requirements in section 148.6420. To qualify for licensure, an applicant must satisfy one of the requirements in paragraphs (b) to (f) and not be subject to denial of licensure under section 148.6448.

(b) A person who applies for licensure as an occupational therapist and who has not been credentialed by the National Board for Certification in Occupational Therapy or another jurisdiction must meet the requirements in section 148.6408.

(c) A person who applies for licensure as an occupational therapy assistant and who has not been credentialed by the National Board for Certification in Occupational Therapy or another jurisdiction must meet the requirements in section 148.6410.

(d) A person who is certified by the National Board for Certification in Occupational Therapy may apply for licensure by equivalency and must meet the requirements in section 148.6412.

(e) A person who is credentialed in another jurisdiction may apply for licensure by reciprocity and must meet the requirements in section 148.6415.

(f) A person who applies for temporary licensure must meet the requirements in section 148.6418.

(g) A person who applies for licensure under paragraph (b), (c), or (f), more than two and less than four years after meeting the requirements in section 148.6408 or 148.6410 must submit the following:

(1) a completed and signed application for licensure on forms provided by the commissioner;

(2) the license application fee required under section 148.6445;

(3) if applying for occupational therapist licensure, proof of having met a minimum of 24 contact hours of continuing education in the two years preceding licensure application, or if applying for occupational therapy assistant licensure, proof of having met a minimum of 18 contact hours of continuing education in the two years preceding licensure application;

(4) verified documentation of successful completion of 160 hours of supervised practice approved by the commissioner under a limited license specified in section 148.6425, subdivision 3, paragraph (c); and

(5) additional information as requested by the commissioner to clarify information in the application, including information to determine whether the individual has engaged in conduct warranting disciplinary action under section 148.6448. The information must be submitted within 30 days after the commissioner's request.

(h) A person who applied for licensure under paragraph (b), (c), or (f), four years or more after meeting the requirements in section 148.6408 or 148.6410 must meet all the requirements in paragraph (g) except items (3) and (4), submit documentation of having retaken and passed the credentialing examination for occupational therapist or occupational therapy assistant, or of having completed an occupational therapy refresher program that contains both a theoretical and clinical component approved by the commissioner, and verified documentation of successful completion of 480 hours of supervised practice approved by the commissioner under a limited license specified in section 148.6425, subdivision 3, paragraph (c). Only refresher courses completed within one year prior to date of application qualify for approval.

Sec. 11. Minnesota Statutes 2008, section 148.6440, subdivision 2, is amended to read:

Subd. 2. Written documentation required. (a) An occupational therapist must provide to the commissioner documentation verifying that the occupational therapist has met the educational and clinical requirements described in subdivisions 3 to 5, depending on the modality or modalities to be used. Both theoretical training and clinical application objectives must be met for each modality used. Documentation must include

the name and address of the individual or organization sponsoring the activity; the name and address of the facility at which the activity was presented; and a copy of the course, workshop, or seminar description, including learning objectives and standards for meeting the objectives. In the case of clinical application objectives, teaching methods must be documented, including actual supervised practice. Documentation must include a transcript or certificate showing successful completion of the coursework. Coursework completed more than two years prior to date of application must be retaken. An occupational therapist who is a certified hand therapist shall document satisfaction of the requirements in subdivisions 3 to 5 by submitting to the commissioner a copy of a certificate issued by the Hand Therapy Certification Commission. Practitioners are prohibited from using physical agent modalities under supervision or independently until granted approval as provided in subdivision 7, except under the provisions in paragraph (b).

(b) If a practitioner has successfully completed a specific course previously reviewed and approved by the commissioner as provided for in subdivision 7, and has submitted the written documentation required in paragraph (a) within 30 calendar days from the course date, the practitioner awaiting written approval from the commissioner may use physical agent modalities under the supervision of a practitioner listed on the roster of persons approved to use physical agent modalities.

Sec. 12. Minnesota Statutes 2008, section 151.01, subdivision 27, is amended to read:

Subd. 27. Practice of pharmacy. "Practice of pharmacy" means:

(1) interpretation and evaluation of prescription drug orders;

(2) compounding, labeling, and dispensing drugs and devices (except labeling by a manufacturer or packager of nonprescription drugs or commercially packaged legend drugs and devices);

(3) participation in clinical interpretations and monitoring of drug therapy for assurance of safe and effective use of drugs;

(4) participation in drug and therapeutic device selection; drug administration for first dosage and medical emergencies; drug regimen reviews; and drug or drug-related research;

(5) participation in administration of influenza vaccines to all eligible individuals over ten years of age and older and all other vaccines to patients 18 years of age and older under standing orders from a physician licensed under chapter 147 or by written protocol with a physician provided that:

(i) the pharmacist is trained in a program approved by the American Council of Pharmaceutical Education for the administration of immunizations or graduated from a college of pharmacy in 2001 or thereafter; and

(ii) the pharmacist reports the administration of the immunization to the patient's primary physician or clinic;

(6) participation in the practice of managing drug therapy and modifying drug therapy, according to section 151.21, subdivision 1, according to a written protocol between the specific pharmacist and the individual dentist, optometrist, physician, podiatrist, or veterinarian who is responsible for the patient's care and authorized to

independently prescribe drugs. Any significant changes in drug therapy must be reported by the pharmacist to the patient's medical record;

(7) participation in the storage of drugs and the maintenance of records;

(8) responsibility for participation in patient counseling on therapeutic values, content, hazards, and uses of drugs and devices; and

(9) offering or performing those acts, services, operations, or transactions necessary in the conduct, operation, management, and control of a pharmacy.

Sec. 13. Minnesota Statutes 2008, section 157.16, subdivision 2, is amended to read:

Initial and renewal licenses for all food and beverage Subd 2 License renewal. service establishments, hotels, motels, lodging establishments, public pools, and resorts shall be issued for the calendar year for which application is made and shall expire on December 31 of such year on an annual basis. Any person who operates a place of business after the expiration date of a license or without having submitted an application and paid the fee shall be deemed to have violated the provisions of this chapter and shall be subject to enforcement action, as provided in the Health Enforcement Consolidation Act, sections 144.989 to 144.993. In addition, a penalty of \$50 shall be added to the total of the license fee for any food and beverage service establishment operating without a license as a mobile food unit, a seasonal temporary or seasonal permanent food stand, or a special event food stand, and a penalty of \$100 shall be added to the total of the license fee for all restaurants, food carts, hotels, motels, lodging establishments, public pools, and resorts operating without a license for a period of up to 30 days. A late fee of \$300 shall be added to the license fee for establishments operating more than 30 days without a license.

Sec. 14. Minnesota Statutes 2008, section 157.16, subdivision 4, is amended to read:

Subd. 4. **Posting requirements.** Every food and beverage service establishment, hotel, motel, lodging establishment, public pool, or resort must have the license posted in a conspicuous place at the establishment. <u>Mobile food units, food carts, and seasonal temporary food stands shall be issued decals with the initial license and each calendar year with license renewals. The current license year decal must be placed on the unit or stand in a location determined by the commissioner. Decals are not transferable.</u>

Sec. 15. Minnesota Statutes 2008, section 214.103, subdivision 9, is amended to read:

Subd. 9. **Information to complainant.** A board shall furnish to a person who made a complaint a written description of the board's complaint process, and actions of the board relating to the complaint. The written notice from the board must advise the complainant of the right to appeal the board's decision to the attorney general within 30 days of receipt of the notice.

EFFECTIVE DATE. This section is effective August 1, 2009.

Sec. 16. MINIMUM DATA SET, VERSION 3.0.

The commissioner of health shall implement the minimum data set, version 3.0 (MDS 3.0) for the resident reimbursement classification in Minnesota Statutes, section 144.0724, using the rules and guidelines when they are published by the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services. Implementation of MDS 3.0 must correspond to the implementation times specified in the

federal requirements. The commissioners of health and human services shall establish procedures for the transition from resource utilization groups (RUGs) to MDS 3.0 for resident reimbursement classification.

Sec. 17. <u>**REVISOR'S INSTRUCTION.</u>**</u>

The revisor of statutes shall renumber Minnesota Statutes, section 43A.312, as 62J.63 and make any cross-reference changes in Minnesota Statutes.

Sec. 18. **REPEALER.**

<u>Minnesota Rules, parts 4610.0420; 4610.0500, subparts 1, 2, 3, and 5; 4610.0600, subparts 1, 3, and 4; and 4610.0650, are repealed July 1, 2009.</u>

ARTICLE 2

AMENDMENTS TO CURRENT LICENSING STATUTE

Section 1. Minnesota Statutes 2008, section 148D.010, is amended by adding a subdivision to read:

<u>Subd.</u> 6a. <u>Clinical supervision.</u> <u>"Clinical supervision" means supervision, as</u> defined in subdivision 16, of a social worker engaged in clinical practice, as defined in <u>subdivision 6.</u>

Sec. 2. Minnesota Statutes 2008, section 148D.010, is amended by adding a subdivision to read:

<u>Subd.</u> 6b. <u>Graduate degree.</u> "Graduate degree" means a master's degree in social work from a program accredited by the Council on Social Work Education, the Canadian Association of Schools of Social Work, or a similar accreditation body designated by the board, or a doctorate in social work from an accredited university.

Sec. 3. Minnesota Statutes 2008, section 148D.010, subdivision 9, is amended to read:

Subd. 9. Practice of social work. (a) "Practice of social work" means working to maintain, restore, or improve behavioral, cognitive, emotional, mental, or social functioning of clients, in a manner that applies accepted professional social work knowledge, skills, and values, including the person-in-environment perspective, bv providing in person or through telephone, video conferencing, or electronic means one or more of the social work services described in paragraph (b), clauses (1) to (3). Social work services may address conditions that impair or limit behavioral, cognitive, emotional, mental, or social functioning. Such conditions include, but are not limited to, the following: abuse and neglect of children or vulnerable adults, addictions, developmental disorders, disabilities, discrimination, illness, injuries, poverty, and trauma. Practice of social work also means providing social work services in a position for which the educational basis is the individual's degree in social work described in subdivision 13.

(b) Social work services include:

(1) providing assessment and intervention through direct contact with clients, developing a plan based on information from an assessment, and providing services which include, but are not limited to, assessment, case management, client-centered advocacy, client education, consultation, counseling, crisis intervention, and referral;

(2) providing for the direct or indirect benefit of clients through administrative, educational, policy, or research services including, but not limited to:

(i) advocating for policies, programs, or services to improve the well-being of clients;

(ii) conducting research related to social work services;

(iii) developing and administering programs which provide social work services;

(iv) engaging in community organization to address social problems through planned collective action;

(v) supervising individuals who provide social work services to clients;

(vi) supervising social workers in order to comply with the supervised practice requirements specified in sections 148D.100 to 148D.125; and

(vii) teaching professional social work knowledge, skills, and values to students; and

(3) engaging in clinical practice.

Sec. 4. Minnesota Statutes 2008, section 148D.010, subdivision 15, is amended to read:

Subd. 15. **Supervisee.** "Supervisee" means an individual provided evaluation and supervision or direction by <u>a social worker</u> an individual who meets the requirements of section 148D.120.

Sec. 5. Minnesota Statutes 2008, section 148D.010, is amended by adding a subdivision to read:

<u>Subd. 17.</u> <u>Supervisor.</u> <u>"Supervisor" means an individual who provides evaluation</u> and direction through supervision as specified in subdivision 16, in order to comply with sections 148D.100 to 148D.125.

Sec. 6. Minnesota Statutes 2008, section 148D.025, subdivision 2, is amended to read:

Subd. 2. **Qualifications of board members.** (a) All social worker members must have engaged in the practice of social work in Minnesota for at least one year during the ten years preceding their appointments.

(b) Five social worker members must be licensed social workers according to section 148D.055, subdivision 2. The other five members must be include a licensed graduate social worker, a licensed independent social worker, or a and at least two licensed independent clinical social workers.

(c) Eight social worker members must be engaged at the time of their appointment in the practice of social work in Minnesota in the following settings:

(1) one member must be engaged in the practice of social work in a county agency;

(2) one member must be engaged in the practice of social work in a state agency;

(3) one member must be engaged in the practice of social work in an elementary, middle, or secondary school;

(4) one member must be employed in a hospital or nursing home licensed under chapter 144 or 144A;

(5) two members one member must be engaged in the practice of social work in a private agency;

(6) <u>one member two members</u> must be engaged in the practice of social work in a clinical social work setting; and

(7) one member must be an educator engaged in regular teaching duties at a program of social work accredited by the Council on Social Work Education or a similar accreditation body designated by the board.

(d) At the time of their appointments, at least six members must reside outside of the seven-county <u>11-county</u> metropolitan area.

(e) At the time of their appointments, at least five members must be persons with expertise in communities of color.

Sec. 7. Minnesota Statutes 2008, section 148D.025, subdivision 3, is amended to read:

Subd. 3. **Officers.** The board must <u>annually biennially</u> elect from its membership a chair, vice-chair, and secretary-treasurer.

Sec. 8. Minnesota Statutes 2008, section 148D.061, subdivision 6, is amended to read:

Subd. 6. **Evaluation by supervisor.** (a) After being issued a provisional license under subdivision 1, the <u>licensee's supervisor</u> must submit an evaluation by the <u>licensee's supervisor</u> every six months during the first 2,000 hours of social work practice. The evaluation must meet the requirements in section 148D.063. The supervisor must meet the eligibility requirements specified in section 148D.062.

(b) After completion of 2,000 hours of supervised social work practice, the licensee's supervisor must submit a final evaluation and attest to the applicant's ability to engage in the practice of social work safely and competently and ethically.

Sec. 9. Minnesota Statutes 2008, section 148D.061, subdivision 8, is amended to read:

Subd. 8. **Disciplinary or other action.** The board may take action according to sections 148D.260 to 148D.270 if:

(1) the licensee's supervisor does not submit an evaluation as required by section 148D.062 148D.063;

(2) an evaluation submitted according to section <u>148D.062</u> <u>148D.063</u> indicates that the licensee cannot practice social work competently and <u>safely ethically</u>; or

(3) the licensee does not comply with the requirements of subdivisions 1 to 7.

Sec. 10. Minnesota Statutes 2008, section 148D.062, subdivision 2, is amended to read:

Subd. 2. **Practice requirements.** The supervision required by subdivision 1 must be obtained during the first 2,000 hours of social work practice after the effective date of the provisional license. At least three hours of supervision must be obtained during every 160 hours of practice under a provisional license until a permanent license is issued.

Sec. 11. Minnesota Statutes 2008, section 148D.063, subdivision 2, is amended to read:

Subd. 2. **Evaluation.** (a) When a <u>supervisee licensee's supervisor</u> submits an evaluation to the board according to section 148D.061, subdivision 6, the supervisee and supervisor must provide the following information on a form provided by the board:

(1) the name of the supervisee, the name of the agency in which the supervisee is being supervised, and the supervisee's position title;

(2) the name and qualifications of the supervisor;

(3) the number of hours and dates of each type of supervision completed;

(4) the supervisee's position description;

(5) a declaration that the supervisee has not engaged in conduct in violation of the standards of practice in sections 148D.195 to 148D.240;

(6) a declaration that the supervisee has practiced competently and ethically according to professional social work knowledge, skills, and values; and

(7) on a form provided by the board, an evaluation of the licensee's practice in the following areas:

(i) development of professional social work knowledge, skills, and values;

(ii) practice methods;

(iii) authorized scope of practice;

(iv) ensuring continuing competence;

(v) ethical standards of practice; and

(vi) clinical practice, if applicable.

(b) The information provided on the evaluation form must demonstrate <u>supervisor</u> <u>must attest to the satisfaction of the board</u> that the supervisee has met or has made progress on meeting the applicable supervised practice requirements.

Sec. 12. Minnesota Statutes 2008, section 148D.125, subdivision 1, is amended to read:

Subdivision 1. **Supervision plan.** (a) A social worker must submit, on a form provided by the board, a supervision plan for meeting the supervision requirements specified in sections 148D.100 to 148D.120.

(b) The supervision plan must be submitted no later than 90_{60} days after the licensee begins a social work practice position after becoming licensed.

(c) For failure to submit the supervision plan within 90_{60} days after beginning a social work practice position, a licensee must pay the supervision plan late fee specified in section 148D.180 when the licensee applies for license renewal.

(d) A license renewal application submitted pursuant to section 148D.070, subdivision 3, must not be approved unless the board has received a supervision plan.

(e) The supervision plan must include the following:

(1) the name of the supervisee, the name of the agency in which the supervisee is being supervised, and the supervisee's position title;

(2) the name and qualifications of the person providing the supervision;

(3) the number of hours of one-on-one in-person supervision and the number and type of additional hours of supervision to be completed by the supervisee;

(4) the supervisee's position description;

(5) a brief description of the supervision the supervisee will receive in the following content areas:

(i) clinical practice, if applicable;

(ii) development of professional social work knowledge, skills, and values;

(iii) practice methods;

(iv) authorized scope of practice;

(v) ensuring continuing competence; and

(vi) ethical standards of practice; and

(6) if applicable, a detailed description of the supervisee's clinical social work practice, addressing:

(i) the client population, the range of presenting issues, and the diagnoses;

(ii) the clinical modalities that were utilized; and

(iii) the process utilized for determining clinical diagnoses, including the diagnostic instruments used and the role of the supervisee in the diagnostic process. An applicant for licensure as a licensed professional clinical counselor must present evidence of completion of a degree equivalent to that required in section 148B.5301, subdivision 1, clause (3).

(f) The board must receive a revised supervision plan within 90_{60} days of any of the following changes:

(1) the supervisee has a new supervisor;

(2) the supervisee begins a new social work position;

(3) the scope or content of the supervisee's social work practice changes substantially;

(4) the number of practice or supervision hours changes substantially; or

(5) the type of supervision changes as supervision is described in section 148D.100, subdivision 3, or 148D.105, subdivision 3, or as required in section 148D.115, subdivision 4.

(g) For failure to submit a revised supervision plan as required in paragraph (f), a supervisee must pay the supervision plan late fee specified in section 148D.180, when the supervisee applies for license renewal.

(h) The board must approve the supervisor and the supervision plan.

Sec. 13. Minnesota Statutes 2008, section 148D.125, subdivision 3, is amended to read:

Subd. 3. Verification of supervised practice. (a) In addition to receiving the attestation required pursuant to subdivision 2, The board must receive verification of supervised practice if when:

(1) the board audits the supervision of a supervisee licensee submits the license renewal application form pursuant to section 148D.070, subdivision 3; or

(2) an applicant applies for a license as a licensed independent social worker or as a licensed independent clinical social worker.

(b) When verification of supervised practice is required pursuant to paragraph (a), the board must receive from the supervisor the following information on a form provided by the board:

(1) the name of the supervisee, the name of the agency in which the supervisee is being supervised, and the supervisee's position title;

(2) the name and qualifications of the supervisor;

(3) the number of hours and dates of each type of supervision completed;

(4) the supervisee's position description;

(5) a declaration that the supervisee has not engaged in conduct in violation of the standards of practice specified in sections 148D.195 to 148D.240;

(6) a declaration that the supervisee has practiced ethically and competently in accordance with professional social work knowledge, skills, and values;

(7) a list of the content areas in which the supervisee has received supervision, including the following:

(i) clinical practice, if applicable;

(ii) development of professional social work knowledge, skills, and values;

(iii) practice methods;

(iv) authorized scope of practice;

(v) ensuring continuing competence; and

(vi) ethical standards of practice; and

(8) if applicable, a detailed description of the supervisee's clinical social work practice, addressing:

(i) the client population, the range of presenting issues, and the diagnoses;

(ii) the clinical modalities that were utilized; and

(iii) the process utilized for determining clinical diagnoses, including the diagnostic instruments used and the role of the supervisee in the diagnostic process.

(c) The information provided on the verification form must demonstrate to the board's satisfaction that the supervisee has met the applicable supervised practice requirements.

Sec. 14. **REPEALER.**

Minnesota Statutes 2008, sections 148D.062, subdivision 5; 148D.125, subdivision 2; and 148D.180, subdivision 8, are repealed.

Sec. 15. EFFECTIVE DATE.

This article is effective the day following final enactment.

ARTICLE 3

LICENSING STATUTE EFFECTIVE 2011

Section 1. Minnesota Statutes 2008, section 148E.010, is amended by adding a subdivision to read:

Subd. 5a. <u>Client system.</u> "Client system" means the client and those in the client's environment who are potentially influential in contributing to a resolution of the client's issues.

Sec. 2. Minnesota Statutes 2008, section 148E.010, is amended by adding a subdivision to read:

<u>Subd.</u> 7a. <u>Direct clinical client contact.</u> "Direct clinical client contact" means in-person or electronic media interaction with a client, including client systems and service providers, related to the client's mental and emotional functioning, differential diagnosis, and treatment, in subdivision 6.

Sec. 3. Minnesota Statutes 2008, section 148E.010, subdivision 11, is amended to read:

Practice of social work. (a) "Practice of social work" means working Subd. 11. to maintain, restore, or improve behavioral, cognitive, emotional, mental, or social functioning of clients, in a manner that applies accepted professional social work and values, including the person-in-environment perspective, knowledge. skills. bv providing in person or through telephone, video conferencing, or electronic means one or more of the social work services described in paragraph (b), clauses (1) to (3). Social work services may address conditions that impair or limit behavioral, cognitive, emotional. mental, or social functioning. Such conditions include, but are not limited to, the abuse and neglect of children or vulnerable adults, addictions, developmental following: disorders, disabilities, discrimination, illness, injuries, poverty, and trauma. Practice of social work also means providing social work services in a position for which the educational basis is the individual's degree in social work described in subdivision 13.

(b) Social work services include:

(1) providing assessment and intervention through direct contact with clients, developing a plan based on information from an assessment, and providing services which include, but are not limited to, assessment, case management, client-centered advocacy, client education, consultation, counseling, crisis intervention, and referral;

(2) providing for the direct or indirect benefit of clients through administrative, educational, policy, or research services including, but not limited to:

(i) advocating for policies, programs, or services to improve the well-being of clients;

(ii) conducting research related to social work services;

(iii) developing and administering programs which provide social work services;

(iv) engaging in community organization to address social problems through planned collective action;

(v) supervising individuals who provide social work services to clients;

(vi) supervising social workers in order to comply with the supervised practice requirements specified in sections 148E.100 to 148E.125; and

(vii) teaching professional social work knowledge, skills, and values to students; and

(3) engaging in clinical practice.

Sec. 4. Minnesota Statutes 2008, section 148E.010, subdivision 17, is amended to read:

Subd. 17. **Supervisee.** "Supervisee" means an individual provided evaluation and supervision or direction by <u>a social worker</u> an individual who meets the requirements <u>under section 148E.120</u>.

Sec. 5. Minnesota Statutes 2008, section 148E.010, is amended by adding a subdivision to read:

Subd. 19. Supervisor. "Supervisor" means an individual who provides evaluation and direction through supervision as described in subdivision 18 in order to comply with sections 148E.100 to 148E.125.

Sec. 6. Minnesota Statutes 2008, section 148E.025, subdivision 2, is amended to read:

Subd. 2. **Qualifications of board members.** (a) All social worker members must have engaged in the practice of social work in Minnesota for at least one year during the ten years preceding their appointments.

(b) Five social worker members must be licensed social workers <u>under section</u> <u>148E.055</u>, <u>subdivision 2</u>. The other five members must <u>be</u> include a licensed graduate social worker, a licensed independent social worker, <u>or a and at least two</u> licensed independent clinical social <u>worker workers</u>.

(c) Eight social worker members must be engaged at the time of their appointment in the practice of social work in Minnesota in the following settings:

(1) one member must be engaged in the practice of social work in a county agency;

(2) one member must be engaged in the practice of social work in a state agency;

(3) one member must be engaged in the practice of social work in an elementary, middle, or secondary school;

(4) one member must be employed in a hospital or nursing home licensed under chapter 144 or 144A;

(5) two members one member must be engaged in the practice of social work in a private agency;

(6) <u>one member two members</u> must be engaged in the practice of social work in a clinical social work setting; and

(7) one member must be an educator engaged in regular teaching duties at a program of social work accredited by the Council on Social Work Education or a similar accreditation body designated by the board.

(d) At the time of their appointments, at least six members must reside outside of the seven 11-county metropolitan area.

(e) At the time of their appointments, at least five members must be persons with expertise in communities of color.

Sec. 7. Minnesota Statutes 2008, section 148E.025, subdivision 3, is amended to read:

Subd. 3. **Officers.** The board must <u>annually biennially</u> elect from its membership a chair, vice-chair, and secretary-treasurer.

Sec. 8. Minnesota Statutes 2008, section 148E.055, subdivision 5, is amended to read:

Subd. 5. Licensure by examination; licensed independent clinical social worker. (a) To be licensed as a licensed independent clinical social worker, an applicant for licensure by examination must provide evidence satisfactory to the board that the applicant:

(1) has received a graduate degree in social work from a program accredited by the Council on Social Work Education, the Canadian Association of Schools of Social Work, or a similar accreditation body designated by the board, or a doctorate in social work from an accredited university;

(2) has completed 360 clock hours (one semester credit hour = 15 clock hours) in the following clinical knowledge areas:

(i) 108 clock hours (30 percent) in differential diagnosis and biopsychosocial assessment, including normative development and psychopathology across the life span;

(ii) 36 clock hours (ten percent) in assessment-based clinical treatment planning with measurable goals;

(iii) 108 clock hours (30 percent) in clinical intervention methods informed by research and current standards of practice;

(iv) 18 clock hours (five percent) in evaluation methodologies;

(v) 72 clock hours (20 percent) in social work values and ethics, including cultural context, diversity, and social policy; and

(vi) 18 clock hours (five percent) in culturally specific clinical assessment and intervention;

(3) has practiced clinical social work as defined in section 148E.010, including both diagnosis and treatment, and has met the supervised practice requirements specified in sections 148E.100 to 148E.125;

(4) has passed the clinical or equivalent examination administered by the Association of Social Work Boards or a similar examination body designated by the board. Unless an applicant applies for licensure by endorsement according to subdivision 7, an examination is not valid if it was taken and passed eight or more years prior to submitting a completed, signed application form provided by the board;

(5) has submitted a completed, signed application form provided by the board, including the applicable application fee specified in section 148E.180. For applications submitted electronically, a "signed application" means providing an attestation as specified by the board;

(6) has submitted the criminal background check fee and a form provided by the board authorizing a criminal background check according to subdivision 8;

(7) has paid the license fee specified in section 148E.180; and

(8) has not engaged in conduct that was or would be in violation of the standards of practice specified in sections 148E.195 to 148E.240. If the applicant has engaged in conduct that was or would be in violation of the standards of practice, the board may take action according to sections 148E.255 to 148E.270.

(b) The requirement in paragraph (a), clause (2), may be satisfied through: (1)a graduate degree program accredited by the Council on Social Work Education, the Canadian Association of Schools of Social Work, or a similar accreditation body designated by the board; or a doctorate in social work from an accredited university; (2) postgraduate graduate coursework from an accredited institution of higher learning; or (3) up to 90 continuing education hours, not to exceed 20 hours of independent study as specified in section 148E.130, subdivision 5. The continuing education must have a course description available for public review and must include a posttest. Compliance with this requirement must be documented on a form provided by the board. The board may conduct audits of the information submitted in order to determine compliance with the requirements of this section.

(c) An application which is not completed and signed, or which is not accompanied by the correct fee, must be returned to the applicant, along with any fee submitted, and is void.

(d) By submitting an application for licensure, an applicant authorizes the board to investigate any information provided or requested in the application. The board may request that the applicant provide additional information, verification, or documentation.

(e) Within one year of the time the board receives an application for licensure, the applicant must meet all the requirements specified in paragraph (a) and must provide all of the information requested by the board according to paragraph (d). If within one year the applicant does not meet all the requirements, or does not provide all of the information requested, the applicant is considered ineligible and the application for licensure must be closed.

(f) Except as provided in paragraph (g), an applicant may not take more than three times the clinical or equivalent examination administered by the Association of Social Work Boards or a similar examination body designated by the board. An applicant must receive a passing score on the clinical or equivalent examination administered by the Association of Social Work Boards or a similar examination body designated by the board administered by the Association of Social Work Boards or a similar examination body designated by the board administered by the Association of Social Work Boards or a similar examination body designated by the board no later than 18 months after the first time the applicant failed the examination.

(g) Notwithstanding paragraph (f), the board may allow an applicant to take, for a fourth or subsequent time, the clinical or equivalent examination administered by the Association of Social Work Boards or a similar examination body designated by the board if the applicant:

(1) meets all requirements specified in paragraphs (a) to (e) other than passing the clinical or equivalent examination administered by the Association of Social Work Boards or a similar examination body designated by the board;

(2) provides to the board a description of the efforts the applicant has made to improve the applicant's score and demonstrates to the board's satisfaction that the efforts are likely to improve the score; and

(3) provides to the board letters of recommendation from two licensed social workers attesting to the applicant's ability to practice social work competently and ethically according to professional social work knowledge, skills, and values.

(h) An individual must not practice social work until the individual passes the examination and receives a social work license under this section or section 148E.060. If the board has reason to believe that an applicant may be practicing social work without a

license, and the applicant has failed the clinical or equivalent examination administered by the Association of Social Work Boards or a similar examination body designated by the board, the board may notify the applicant's employer that the applicant is not licensed as a social worker.

Sec. 9. Minnesota Statutes 2008, section 148E.100, is amended by adding a subdivision to read:

<u>Subd.</u> 2a. <u>Supervised practice obtained prior to August 1, 2011. (a)</u> Notwithstanding the requirements in subdivisions 1 and 2, the board shall approve hours of supervised practice completed prior to August 1, 2011, which comply with sections 148D.100 to 148D.125. These hours must apply to supervised practice requirements in effect as specified in this section.

(b) Any additional hours of supervised practice obtained effective August 1, 2011, must comply with the increased requirements specified in this section.

Sec. 10. Minnesota Statutes 2008, section 148E.100, subdivision 3, is amended to read:

Subd. 3. **Types of supervision.** Of the 100 hours of supervision required under subdivision 1:

(1) 50 hours must be provided through one-on-one supervision, including: (i) a minimum of 25 hours of in-person supervision, and (ii) no more than 25 hours of supervision via eye-to-eye electronic media, while maintaining visual contact; and

(2) 50 hours must be provided through: (i) one-on-one supervision, or (ii) group supervision. The supervision may be in person, by telephone, or via eye-to-eye electronic media, while maintaining visual contact. The supervision must not be provided by e-mail. Group supervision is limited to six members not counting the supervisor or supervisors supervisees.

Sec. 11. Minnesota Statutes 2008, section 148E.100, subdivision 4, is amended to read:

Subd. 4. **Supervisor requirements.** The supervision required by subdivision 1 must be provided by a supervisor who meets the requirements specified in section 148E.120. The supervision must be provided by a:

(1) is a licensed social worker who has completed the supervised practice requirements;

(2) is a licensed graduate social worker, licensed independent social worker, or licensed independent clinical social worker; or

(3) <u>supervisor who</u> meets the requirements specified in section 148E.120, subdivision 2.

Sec. 12. Minnesota Statutes 2008, section 148E.100, subdivision 5, is amended to read:

Subd. 5. Supervisee requirements. The supervisee must:

(1) to the satisfaction of the supervisor, practice competently and ethically according to professional social work knowledge, skills, and values;

(2) receive supervision in the following content areas:

(i) development of professional values and responsibilities;

(ii) practice skills;

(iii) authorized scope of practice;

(iv) ensuring continuing competence; and

(v) ethical standards of practice;

(3) submit a supervision plan according to section 148E.125, subdivision 1; and

(4) if the board audits the supervisee's supervised practice, submit verification of supervised practice according to section 148E.125, subdivision 3, when a licensed social worker applies for the renewal of a license.

Sec. 13. Minnesota Statutes 2008, section 148E.100, subdivision 6, is amended to read:

Subd. 6. After completion of supervision requirements. A licensed social worker who fulfills the supervision requirements specified in subdivisions 1 to 5 this section is not required to be supervised after completion of the supervision requirements.

Sec. 14. Minnesota Statutes 2008, section 148E.100, subdivision 7, is amended to read:

Subd. 7. Attestation Verification of supervised practice. The social worker and the social worker's supervisor must attest submit verification that the supervisee has met or has made progress on meeting the applicable supervision requirements according to section 148E.125, subdivision $\frac{2}{2}$.

Sec. 15. Minnesota Statutes 2008, section 148E.105, subdivision 1, is amended to read:

Subdivision 1. **Supervision required after licensure.** After receiving a license from the board as a licensed graduate social worker, a licensed graduate social worker not engaged in clinical practice must obtain at least 100 hours of supervision according to the requirements of this section.

Sec. 16. Minnesota Statutes 2008, section 148E.105, is amended by adding a subdivision to read:

<u>Subd.</u> 2a. <u>Supervised practice obtained prior to August 1, 2011.</u> (a) Notwithstanding the requirements in subdivisions 1 and 2, the board shall approve hours of supervised practice completed prior to August 1, 2011, which comply with sections 148D.100 to 148D.125. These hours shall apply to supervised practice requirements in effect as specified in this section.

(b) Any additional hours of supervised practice obtained effective August 1, 2011, must comply with the increased requirements specified in this section.

Sec. 17. Minnesota Statutes 2008, section 148E.105, subdivision 3, is amended to read:

Subd. 3. **Types of supervision.** Of the 100 hours of supervision required under subdivision 1:

(1) 50 hours must be provided though one-on-one supervision, including: (i) a minimum of 25 hours of in-person supervision, and (ii) no more than 25 hours of supervision via eye-to-eye electronic media, while maintaining visual contact; and

(2) 50 hours must be provided through: (i) one-on-one supervision, or (ii) group supervision. The supervision may be in person, by telephone, or via eye-to-eye electronic

media, while maintaining visual contact. The supervision must not be provided by e-mail. Group supervision is limited to six supervisees.

Sec. 18. Minnesota Statutes 2008, section 148E.105, subdivision 5, is amended to read:

Subd. 5. Supervisee requirements. The supervisee must:

(1) to the satisfaction of the supervisor, practice competently and ethically according to professional social work knowledge, skills, and values;

(2) receive supervision in the following content areas:

(i) development of professional values and responsibilities;

(ii) practice skills;

(iii) authorized scope of practice;

(iv) ensuring continuing competence; and

(v) ethical standards of practice;

(3) submit a supervision plan according to section 148E.125, subdivision 1; and

(4) verify supervised practice according to section 148E.125, subdivision 3, if when:

(i) the board audits the supervisee's supervised practice a licensed graduate social worker applies for the renewal of a license; or

(ii) a licensed graduate social worker applies for a licensed independent social worker license.

Sec. 19. Minnesota Statutes 2008, section 148E.105, subdivision 7, is amended to read:

Subd. 7. Attestation Verification of supervised practice. A social worker and the social worker's supervisor must attest submit verification that the supervisee has met or has made progress on meeting the applicable supervision requirements according to section 148E.125, subdivision $\frac{2}{2}$.

Sec. 20. Minnesota Statutes 2008, section 148E.106, subdivision 1, is amended to read:

Subdivision 1. **Supervision required after licensure.** After receiving a license from the board as a licensed graduate social worker, a licensed graduate social worker engaged in clinical practice must obtain at least 200 hours of supervision according to the requirements of this section:

(1) a minimum of four hours and a maximum of eight hours of supervision must be obtained during every 160 hours of practice until the licensed graduate social worker is issued a licensed independent clinical social worker license;

(2) a minimum of 200 hours of supervision must be completed, in addition to all other requirements according to sections 148E.115 to 148E.125, to be eligible to apply for the licensed independent clinical social worker license; and

(3) the supervisee and supervisor are required to adjust the rate of supervision obtained, based on the ratio of four hours of supervision during every 160 hours of practice, to ensure compliance with the requirements in subdivision 2.

Sec. 21. Minnesota Statutes 2008, section 148E.106, subdivision 2, is amended to read:

Subd. 2. **Practice requirements.** The supervision required by subdivision 1 must be obtained during the first 4,000 hours of postgraduate social work practice authorized by law. At least:

(1) in no less than 4,000 hours and no more than 8,000 hours of postgraduate, clinical social work practice authorized by law, including at least 1,800 hours of direct clinical client contact; and

(2) a minimum of four hours and a maximum of eight hours of supervision must be obtained during every 160 hours of practice.

Sec. 22. Minnesota Statutes 2008, section 148E.106, is amended by adding a subdivision to read:

<u>Subd.</u> 2a. <u>Supervised practice obtained prior to August 1, 2011.</u> (a) Notwithstanding the requirements in subdivisions 1 and 2, the board shall approve hours of supervised practice completed prior to August 1, 2011, which comply with sections 148D.100 to 148D.125. These hours shall apply to supervised practice requirements in effect as specified in this section.

(b) Any additional hours of supervised practice obtained effective August 1, 2011, must comply with the increased requirements specified in this section.

(c) Notwithstanding the requirements in subdivision 2, clause (1), direct clinical client contact hours are (i) not required prior to August 1, 2011, and (ii) not required of a licensed graduate social worker engaged in clinical practice with a licensed graduate social worker license issue date prior to August 1, 2011.

Sec. 23. Minnesota Statutes 2008, section 148E.106, subdivision 3, is amended to read:

Subd. 3. **Types of supervision.** Of the 200 hours of supervision required under subdivision 1:

(1) 100 hours must be provided through one-on-one supervision, including: (i) a minimum of 50 hours of in-person supervision, and (ii) no more than 50 hours of supervision via eye-to-eye electronic media, while maintaining visual contact; and

(2) 100 hours must be provided through: (i) one-on-one supervision, or (ii) group supervision. The supervision may be in person, by telephone, or via eye-to-eye electronic media, while maintaining visual contact. The supervision must not be provided by e-mail. Group supervision is limited to six supervisees.

Sec. 24. Minnesota Statutes 2008, section 148E.106, subdivision 4, is amended to read:

Subd. 4. **Supervisor requirements.** The supervision required by subdivision 1 must be provided by a supervisor who meets the requirements specified in section 148E.120. The supervision must be provided by a:

(1) by a licensed independent clinical social worker; or

(2) by a supervisor who meets the requirements specified in section 148E.120, subdivision 2.

Sec. 25. Minnesota Statutes 2008, section 148E.106, subdivision 5, is amended to read:

Subd. 5. Supervisee requirements. The supervisee must:

(1) to the satisfaction of the supervisor, practice competently and ethically according to professional social work knowledge, skills, and values;

(2) receive supervision in the following content areas:

(i) development of professional values and responsibilities;

(ii) practice skills;

(iii) authorized scope of practice;

(iv) ensuring continuing competence; and

(v) ethical standards of practice;

(3) submit a supervision plan according to section 148E.125, subdivision 1; and

(4) verify supervised practice according to section 148E.125, subdivision 3, if when:

(i) the board audits the supervisee's supervised practice a licensed graduate social worker applies for the renewal of a license; or

(ii) a licensed graduate social worker applies for a licensed independent clinical social worker license.

Sec. 26. Minnesota Statutes 2008, section 148E.106, subdivision 8, is amended to read:

Subd. 8. Eligibility to apply for licensure as a licensed independent <u>clinical</u> social worker. Upon completion of <u>not less than 4,000</u> hours <u>and not more than 8,000</u> <u>hours of clinical social work practice, including at least 1,800 hours of direct clinical client contact and 200 hours of supervision according to the requirements of this section, a licensed graduate social worker is eligible to apply for a licensed independent clinical social worker license under section 148E.115, subdivision 1.</u>

Sec. 27. Minnesota Statutes 2008, section 148E.106, subdivision 9, is amended to read:

Subd. 9. Attestation Verification of supervised practice. A social worker and the social worker's supervisor must attest submit verification that the supervisee has met or has made progress on meeting the applicable supervision requirements according to section 148E.125, subdivision 23.

Sec. 28. Minnesota Statutes 2008, section 148E.110, subdivision 1, is amended to read:

Subdivision 1. **Supervision required before licensure.** Before becoming licensed as a licensed independent social worker, a person must have obtained at least 100 hours of supervision during 4,000 hours of postgraduate social work practice required by law according to the requirements of section 148E.105, subdivisions 3, 4, and 5. At least four hours of supervision must be obtained during every 160 hours of practice.

Sec. 29. Minnesota Statutes 2008, section 148E.110, is amended by adding a subdivision to read:

<u>Subd.</u> 1a. <u>Supervised practice obtained prior to August 1, 2011.</u> (a) Notwithstanding subdivision 1, the board shall approve supervised practice hours completed prior to August 1, 2011, which comply with sections 148D.100 to 148D.125. These hours must apply to supervised practice requirements in effect as specified in this section. (b) Any additional hours of supervised practice obtained on or after August 1, 2011, must comply with the increased requirements in this section.

Sec. 30. Minnesota Statutes 2008, section 148E.110, subdivision 2, is amended to read:

Subd. 2. Licensed independent social workers; clinical social work after licensure. After licensure, a licensed independent social worker must not engage in clinical social work practice except under supervision by a licensed independent clinical social worker who meets the requirements in section 148E.120, subdivision 1, or an alternate supervisor designated according to section 148E.120, subdivision 2.

Sec. 31. Minnesota Statutes 2008, section 148E.110, is amended by adding a subdivision to read:

<u>Subd.</u> 5. <u>Supervision; licensed independent social worker engaged in clinical</u> <u>social work practice.</u> (a) After receiving a license from the board as a licensed independent social worker, a licensed independent social worker engaged in clinical social work practice must obtain at least 200 hours of supervision according to the requirements of this section.

(b) A minimum of four hours and a maximum of eight hours of supervision must be obtained during every 160 hours of practice until the licensed independent social worker is issued a licensed independent clinical social worker license.

(c) A minimum of 200 hours of supervision must be completed, in addition to all other requirements according to sections 148E.115 to 148E.125, to be eligible to apply for the licensed independent clinical social worker license.

(d) The supervisee and supervisor are required to adjust the rate of supervision obtained based on the ratio of four hours of supervision during every 160 hours of practice to ensure compliance with the requirements in subdivision 1a.

Sec. 32. Minnesota Statutes 2008, section 148E.110, is amended by adding a subdivision to read:

Subd.6.Practice requirements after licensure as licensed independent socialworker; clinical social work practice.(a) The supervision required by subdivision 5must be obtained:

(1) in no less than 4,000 hours and no more than 8,000 hours of postgraduate clinical social work practice authorized by law, including at least 1,800 hours of direct clinical client contact; and

(2) a minimum of four hours and a maximum of eight hours of supervision must be obtained during every 160 hours of practice.

(b) Notwithstanding paragraph (a), clause (1), direct clinical client contact hours are (i) not required prior to August 1, 2011, and (ii) not required of a licensed independent social worker engaged in clinical practice with a licensed independent social worker license issue date prior to August 1, 2011.

Sec. 33. Minnesota Statutes 2008, section 148E.110, is amended by adding a subdivision to read:

Subd. 7. Supervision; clinical social work practice after licensure as licensed independent social worker. Of the 200 hours of supervision required under subdivision 5:

(1) 100 hours must be provided through one-on-one supervision, including:

(i) a minimum of 50 hours of in-person supervision; and

(ii) no more than 50 hours of supervision via eye-to-eye electronic media, while maintaining visual contact; and

(2) 100 hours must be provided through:

(i) one-on-one supervision; or

(ii) group supervision.

The supervision may be in person, by telephone, or via eye-to-eye electronic media, while maintaining visual contact. The supervision must not be provided by e-mail. Group supervision is limited to six supervisees.

Sec. 34. Minnesota Statutes 2008, section 148E.110, is amended by adding a subdivision to read:

<u>Subd.</u> 8. <u>Supervision; clinical social work practice after licensure.</u> The supervision required by subdivision 5 must be provided by a supervisor who meets the requirements specified in section 148E.120. The supervision must be provided by a:

(1) licensed independent clinical social worker; or

(2) supervisor who meets the requirements specified in section 148E.120, subdivision 2.

Sec. 35. Minnesota Statutes 2008, section 148E.110, is amended by adding a subdivision to read:

Subd. 9. Supervisee requirements; clinical social work practice after licensure.

(1) to the satisfaction of the supervisor, practice competently and ethically according to professional social work knowledge, skills, and values;

(2) receive supervision in the following content areas:

(i) development of professional values and responsibilities;

(ii) practice skills;

(iii) authorized scope of practice;

(iv) ensuring continuing competence; and

(v) ethical standards of practice;

(3) submit a supervision plan according to section 148E.125, subdivision 1; and

(4) verify supervised practice according to section 148E.125, subdivision 3, when:

(i) a licensed independent social worker applies for the renewal of a license; or

(ii) a licensed independent social worker applies for a licensed independent clinical social worker license.

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Sec. 36. Minnesota Statutes 2008, section 148E.110, is amended by adding a subdivision to read:

Subd. 10. Limit on practice of clinical social work. (a) Except as provided in paragraph (b), a licensed independent social worker must not engage in clinical social work practice under supervision for more than 8,000 hours. In order to practice clinical social work for more than 8,000 hours, a licensed independent social worker must obtain a licensed independent clinical social worker license.

(b) Notwithstanding the requirements of paragraph (a), the board may grant a licensed independent social worker permission to engage in clinical social work practice for more than 8,000 hours if the licensed independent social worker petitions the board and demonstrates to the board's satisfaction that for reasons of personal hardship the licensed independent social work under supervision for up to an additional 2,000 hours.

Sec. 37. Minnesota Statutes 2008, section 148E.110, is amended by adding a subdivision to read:

<u>Subd. 11.</u> <u>Eligibility for licensure; licensed independent clinical social worker.</u> <u>Upon completion of not less than 4,000 hours and not more than 8,000 hours of clinical social work practice, including at least 1,800 hours of direct clinical client contact and 200 hours of supervision according to the requirements of this section, a licensed independent social worker is eligible to apply for a licensed independent clinical social worker license under section 148E.115, subdivision 1.</u>

Sec. 38. Minnesota Statutes 2008, section 148E.110, is amended by adding a subdivision to read:

Subd. 12. Verification of supervised practice. A social worker and the social worker's supervisor must submit verification that the supervisee has met or has made progress on meeting the applicable supervision requirements according to section 148E.125, subdivision 3.

Sec. 39. Minnesota Statutes 2008, section 148E.115, subdivision 1, is amended to read:

Subdivision 1. Supervision required before licensure; licensed independent clinical social worker. Before becoming licensed as a licensed independent clinical social worker, a person must have obtained at least 200 hours of supervision during at the rate of a minimum of four and a maximum of eight hours of supervision for every 160 hours of practice, in not less than 4,000 hours and not more than 8,000 hours of postgraduate clinical practice required by law, including at least 1,800 hours of direct clinical client contact, according to the requirements of section 148E.106.

Sec. 40. Minnesota Statutes 2008, section 148E.115, is amended by adding a subdivision to read:

<u>Subd.</u> 1a. <u>Supervised practice obtained prior to August 1, 2011.</u> (a) <u>Notwithstanding subdivisions 1 and 2, applicants and licensees who have completed hours</u> of supervised practice prior to August 1, 2011, which comply with sections 148D.100 to 148D.125, may have that supervised practice applied to the licensing requirement.

(b) Any additional hours of supervised practice obtained on or after August 1, 2011, must comply with the increased requirements in this section.

(c) Notwithstanding subdivision 1, in order to qualify for the licensed independent clinical social work license, direct clinical client contact hours are:

(1) not required prior to August 1, 2011; and

(2) not required of either a licensed graduate social worker or a licensed independent social worker engaged in clinical practice with a license issued prior to August 1, 2011.

Sec. 41. Minnesota Statutes 2008, section 148E.120, is amended to read:

148E.120 REQUIREMENTS OF SUPERVISORS.

Subdivision 1. Supervisors licensed as social workers. (a) Except as provided in paragraph (b) (d), to be eligible to provide supervision under this section, a social worker must:

(1) have at least 2,000 hours of experience in authorized social work practice. If the person is providing clinical supervision, the 2,000 hours must include 1,000 hours of experience in clinical practice;

(2) have completed 30 hours of training in supervision through coursework from an accredited college or university, or through continuing education in compliance with sections 148E.130 to 148E.170;

(3) (2) be competent in the activities being supervised; and

(4) (3) attest, on a form provided by the board, that the social worker has met the applicable requirements specified in this section and sections 148E.100 to 148E.115. The board may audit the information provided to determine compliance with the requirements of this section.

(b) A licensed independent clinical social worker providing clinical licensing supervision to a licensed graduate social worker or a licensed independent social worker must have at least 2,000 hours of experience in authorized social work practice, including 1,000 hours of experience in clinical practice after obtaining a licensed independent clinical social worker license.

(c) A licensed social worker, licensed graduate social worker, licensed independent social worker, or licensed independent clinical social worker providing nonclinical licensing supervision must have completed the supervised practice requirements specified in section 148E.100, 148E.105, 148E.106, 148E.110, or 148E.115, as applicable.

(b) (d) If the board determines that supervision is not obtainable from an individual meeting the requirements specified in paragraph (a), the board may approve an alternate supervisor according to subdivision 2.

Subd. 2. Alternate supervisors. (a) The board may approve an alternate supervisor if:

(1) the board determines that supervision is not obtainable according to paragraph (b);

(2) the licensee requests in the supervision plan submitted according to section 148E.125, subdivision 1, that an alternate supervisor conduct the supervision;

(3) the licensee describes the proposed supervision and the name and qualifications of the proposed alternate supervisor; and

(4) the requirements of paragraph (d) are met.

(b) The board may determine that supervision is not obtainable if:

(1) the licensee provides documentation as an attachment to the supervision plan submitted according to section 148E.125, subdivision 1, that the licensee has conducted a thorough search for a supervisor meeting the applicable licensure requirements specified in sections 148E.100 to 148E.115;

(2) the licensee demonstrates to the board's satisfaction that the search was unsuccessful; and

(3) the licensee describes the extent of the search and the names and locations of the persons and organizations contacted.

(c) The requirements specified in paragraph (b) do not apply to obtaining <u>licensing</u> supervision for <u>clinical_social_work</u> practice if the board determines that there are five or fewer <u>licensed_independent_clinical_social_workers_supervisors_meeting_the_applicable</u> <u>licensure_requirements_in_sections_148E.100_to_148E.115</u> in the county where the licensee practices social work.

(d) An alternate supervisor must:

(1) be an unlicensed social worker who is employed in, and provides the supervision in, a setting exempt from licensure by section 148E.065, and who has qualifications equivalent to the applicable requirements specified in sections 148E.100 to 148E.115;

(2) be a social worker engaged in authorized practice in Iowa, Manitoba, North Dakota, Ontario, South Dakota, or Wisconsin, and has the qualifications equivalent to the applicable requirements specified in sections 148E.100 to 148E.115; or

(3) be a licensed marriage and family therapist or a mental health professional as established by section 245.462, subdivision 18, or 245.4871, subdivision 27, or an equivalent mental health professional, as determined by the board, who is licensed or credentialed by a state, territorial, provincial, or foreign licensing agency.

(e) In order to qualify to provide clinical supervision of a licensed graduate social worker or licensed independent social worker engaged in clinical practice, the alternate supervisor must be a mental health professional as established by section 245.462, subdivision 18, or 245.4871, subdivision 27, or an equivalent mental health professional, as determined by the board, who is licensed or credentialed by a state, territorial, provincial, or foreign licensing agency.

Sec. 42. Minnesota Statutes 2008, section 148E.125, subdivision 1, is amended to read:

Subdivision 1. **Supervision plan.** (a) A social worker must submit, on a form provided by the board, a supervision plan for meeting the supervision requirements specified in sections 148E.100 to 148E.120.

(b) The supervision plan must be submitted no later than 90_{60} days after the licensee begins a social work practice position after becoming licensed.

(c) For failure to submit the supervision plan within 90_{60} days after beginning a social work practice position, a licensee must pay the supervision plan late fee specified in section 148E.180 when the licensee applies for license renewal.

(d) A license renewal application submitted according to paragraph (a) must not be approved unless the board has received a supervision plan.

(e) The supervision plan must include the following:

(1) the name of the supervisee, the name of the agency in which the supervisee is being supervised, and the supervisee's position title;

(2) the name and qualifications of the person providing the supervision;

(3) the number of hours of one-on-one in-person supervision and the number and type of additional hours of supervision to be completed by the supervisee;

(4) the supervisee's position description;

(5) a brief description of the supervision the supervisee will receive in the following content areas:

(i) clinical practice, if applicable;

(ii) development of professional social work knowledge, skills, and values;

(iii) practice methods;

(iv) authorized scope of practice;

(v) ensuring continuing competence; and

(vi) ethical standards of practice; and

(6) if applicable, a detailed description of the supervisee's clinical social work practice, addressing:

(i) the client population, the range of presenting issues, and the diagnoses;

(ii) the clinical modalities that were utilized; and

(iii) the process utilized for determining clinical diagnoses, including the diagnostic instruments used and the role of the supervisee in the diagnostic process.

(f) The board must receive a revised supervision plan within 90_{60} days of any of the following changes:

(1) the supervisee has a new supervisor;

(2) the supervisee begins a new social work position;

(3) the scope or content of the supervisee's social work practice changes substantially;

(4) the number of practice or supervision hours changes substantially; or

(5) the type of supervision changes as supervision is described in section 148E.100, subdivision 3, or 148E.105, subdivision 3, or as required in section 148E.115.

(g) For failure to submit a revised supervision plan as required in paragraph (f), a supervisee must pay the supervision plan late fee specified in section 148E.180, when the supervisee applies for license renewal.

(h) The board must approve the supervisor and the supervision plan.

Sec. 43. Minnesota Statutes 2008, section 148E.125, subdivision 3, is amended to read:

Subd. 3. Verification of supervised practice. (a) In addition to receiving the attestation required under subdivision 2; The board must receive verification of supervised practice if when:

(1) the board audits the supervision of a supervisee licensee submits the license renewal application form; or

(2) an applicant applies for a license as a licensed independent social worker or as a licensed independent clinical social worker.

(b) When verification of supervised practice is required according to paragraph (a), the board must receive from the supervisor the following information on a form provided by the board:

(1) the name of the supervisee, the name of the agency in which the supervisee is being supervised, and the supervisee's position title;

(2) the name and qualifications of the supervisor;

(3) the number of hours and dates of each type of supervision completed;

(4) the supervisee's position description;

(5) a declaration that the supervisee has not engaged in conduct in violation of the standards of practice specified in sections 148E.195 to 148E.240;

(6) a declaration that the supervise has practiced ethically and competently according to professional social work knowledge, skills, and values;

(7) a list of the content areas in which the supervisee has received supervision, including the following:

(i) clinical practice, if applicable;

(ii) development of professional social work knowledge, skills, and values;

(iii) practice methods;

(iv) authorized scope of practice;

(v) ensuring continuing competence; and

(vi) ethical standards of practice; and

(8) if applicable, a detailed description of the supervisee's clinical social work practice, addressing:

(i) the client population, the range of presenting issues, and the diagnoses;

(ii) the clinical modalities that were utilized; and

(iii) the process utilized for determining clinical diagnoses, including the diagnostic instruments used and the role of the supervisee in the diagnostic process.

(c) The information provided on the verification form must demonstrate to the board's satisfaction that the supervisee has met the applicable supervised practice requirements.

Sec. 44. Minnesota Statutes 2008, section 148E.130, is amended by adding a subdivision to read:

Subd.1a.Increased clock hours required effective August 1, 2011. (a)Notwithstanding the requirements in subdivision 8, the clock hours specified insubdivisions 1 and 4 to 6 apply to all new licenses issued effective August 1, 2011, undersection 148E.055.

(b) Any licensee issued a license prior to August 1, 2011, under section 148D.055 must comply with the increased clock hours in subdivisions 1 and 4 to 6, and must document the clock hours at the first two-year renewal term after August 1, 2011.

Sec. 45. Minnesota Statutes 2008, section 148E.130, subdivision 2, is amended to read:

Subd. 2. **Ethics requirement.** At least two of the clock hours required under subdivision 1 must be in social work ethics, including at least one of the following:

(1) the history and evolution of values and ethics in social work;

(2) ethics theories;

(3) professional standards of social work practice, as specified in the ethical codes of the National Association of Social Workers, the Association of Canadian Social Workers, the Clinical Social Work Federation, and the Council on Social Work Education;

(4) the legal requirements and other considerations for each jurisdiction that registers, certifies, or licenses social workers; or

(5) the ethical decision-making process.

Sec. 46. Minnesota Statutes 2008, section 148E.130, subdivision 5, is amended to read:

Subd. 5. **Independent study.** Independent study must not consist of more than ten <u>15</u> clock hours of continuing education per renewal term. Independent study must be for publication, public presentation, or professional development. Independent study includes, but is not limited to, electronic study. For purposes of subdivision 6_4 , independent study includes consultation with an experienced supervisor regarding the practice of supervision or training regarding supervision with a licensed professional who has demonstrated supervisory skills.

Sec. 47. Minnesota Statutes 2008, section 148E.165, subdivision 1, is amended to read:

Subdivision 1. **Records retention; licensees.** For one year following the expiration date of a license, the licensee must maintain documentation of clock hours earned during the previous renewal term. The documentation must include the following:

(1) for educational workshops or seminars offered by an organization or at a conference, a copy of the certificate of attendance issued by the presenter or sponsor giving the following information:

(i) the name of the sponsor or presenter of the program;

(ii) the title of the workshop or seminar;

(iii) the dates the licensee participated in the program; and

(iv) the number of clock hours completed;

(2) for academic coursework offered by an institution of higher learning, a copy of a transcript giving the following information:

- (i) the name of the institution offering the course;
- (ii) the title of the course;
- (iii) the dates the licensee participated in the course; and
- (iv) the number of credits completed;

(3) for staff training offered by public or private employers, a copy of the certificate of attendance issued by the employer giving the following information:

(i) the name of the employer;

(ii) the title of the staff training;

- (iii) the dates the licensee participated in the program; and
- (iv) the number of clock hours completed; and

(4) for independent study, including electronic study, or consultation or training regarding supervision, a written summary of the study activity conducted, including the following information:

(i) the topics studied covered;

(ii) a description of the applicability of the study activity to the licensee's authorized scope of practice;

(iii) the titles and authors of books and articles consulted or the name of the organization offering the study activity, or the name and title of the licensed professional consulted regarding supervision;

(iv) the dates the licensee conducted the study activity; and

(v) the number of clock hours the licensee conducted the study activity.

Sec. 48. **REPEALER.**

Minnesota Statutes 2008, sections 148E.106, subdivision 6; and 148E.125, subdivision 2, are repealed August 1, 2011.

Sec. 49. EFFECTIVE DATE.

Sections 1 to 47 are effective August 1, 2011.

Presented to the governor May 20, 2009

Signed by the governor May 21, 2009, 4:52 p.m.