

Minnesota Board of Nursing

Report to the Legislature in Compliance with Minnesota Statutes section 3D.06 (Sunset Review) 2012

Kathleen Haberman, MS, RN
Board President

Shirley A. Brekken, MS, RN
Executive Director
phone: (612) 617-2296
fax: (612) 617-2190
shirley.brekken@state.mn.us

Minnesota Board of Nursing
2829 University Avenue SE, Suite #200
Minneapolis, Minnesota 55414
www.nursingboard.state.mn.us





MISSION STATEMENT

The Board of Nursing is a regulatory agency of the State of Minnesota whose mission is to protect the public's health and safety by providing reasonable assurance that the persons who practice nursing are competent, ethical practitioners with the necessary knowledge and skills appropriate to their title and role.

The Board strives to achieve its mission by:

- Carrying out activities authorized by Minnesota statutes and rules (licensing, discipline and program approval).
- Maintaining current knowledge relevant to the education and practice of nurses.
- Disseminating information to nurses and the public.
- Operating an agency which utilizes human and fiscal resources efficiently and effectively.

Vision

The Minnesota Board of Nursing will be a leader in effective nursing regulation by creating, administering and sharing innovative regulatory practices.

Core Values

Trust – integrating the obligation of confidence and authority expected of the Board by the public

Integrity – enforcing laws and rules ethically

Responsiveness – taking the initiative to communicate openly

Accountability – committing to public safety

Collaboration – pursuing alliances with internal and external stakeholders

Minnesota Board of Nursing 2012 Sunset Review

Table of Contents

A. Executive Summary	1
B. Sunset Criteria:	
(1) Mission, Goals and Objectives	6
(2) Efficiency and Effectiveness	11
(3) Authority for Additional Activities Not Specified in Statute	21
(4) Fees and Enforcement	24
(5) Less Restrictive or Alternative Methods	27
(6) Extent of Overlap with Other Agencies	29
(7) Promptness and Effectiveness of Complaint Resolution	30
(8) Assessment of Agency Rulemaking Process	38
(9) Compliance with Federal and State Laws Related to Employment and Purchasing	40
(10) Potential Conflicts of Interest	42
(11) Compliance with Data Practices and Requests for Information	44
(12) Effect of Federal Intervention and Funding	47
C. Additional Services and Collaboration	49
D. Priority-based Budget	51
E. Other Requirements	54
(1) Organizational Chart	55
(2) Organization's website	57
(3) Six-year history of full-time equivalent staffing levels	57
(4) Six-year history showing all funding	58
(5) List of all advisory councils whose primary function is to advise the organization	59
(6) Citation of the statute creating the organization and to other statutes governing or administered by the organization	59
(7) Citation to the administrative rules adopted by the organization	60
(8) Copy or link to any other governance documents adopted by the organization	60
(9) Costs to prepare this report	60
Appendices	
(1) Minnesota Board of Nursing Agency Actions	61
(2) Minnesota Board of Nursing Complaint Resolution Philosophy	62
(3) Summary of Case Types and Board Member Responsibilities	65
(4) Statutes Pertaining to Operation of the Board of Nursing and to Nurses	67
(5) Rules Pertaining to Nurses	70

List of Tables

B.(1) 1	Minnesota Board of Nursing 2011 Membership	7
B.(2) 1	Number of Nurses with Participation Agreements	14
B.(2) 2	Age of Open Cases	17
B.(4) 1	Fees	24
B.(7) 1	Complaints Received	31
B.(7) 2	Complaint Dispositions	36
B.(7) 3	Disciplinary Actions	37
B.(12) 1	The Data Bank at a Glance	47
D. 1	Board Appropriations and Costs	51
D. 2	Board Indirect Costs	52
D. 3	Overview of Funding Other Programs or Transfers for Previous 8 Fiscal Years	53

List of Figures

B.(2) 1	Current RN and LPN Licensure	11
B.(2) 2	Applications Processed for Licensure Renewal	12
B.(2) 3	APRN Registrants	12
B.(2) 4	Applications Processed for Licensure	13
B.(2) 5	Percentage of Cases Being Monitored by HPSP for All Participating Boards in FY2011	15
B.(2) 6	ASU Organizational Structure	16
B.(2) 7	Percent of Applications Submitted Online	18
B.(2) 8	Online Verifications	19
B.(7) 1	Minnesota Board of Nursing Informal Complaint Handling Process	32
B.(7) 2	Minnesota Board of Nursing Administrative Hearing Process	34
D. 1	2010-11 Expenditures by Program	53

A. Executive Summary

The Minnesota Legislature established the Board of Nursing in 1907 to protect the public's health and welfare by overseeing and ensuring the safe practice of nursing in Minnesota. Minnesota was the seventh state to enact such legislation. Today, there are boards of nursing in all U.S. states and territories.

Nursing regulation exists to protect the health, safety and welfare of the public in their receipt of nursing services, and involvement of nurses in nursing regulation is critical to public protection. Delegation of nursing regulation to the Board of Nursing, through legislation, permits the legislature to use the expertise of the board members and staff.

The Board of Nursing holds nurses accountable for conduct based on legal, ethical and professional standards. The Board achieves its mandate of public protection by outlining these standards and issuing licenses to practice nursing. Once a license is issued, the board's job continues by monitoring licensees' compliance to state laws and taking action against the licenses of those nurses who have exhibited unsafe nursing practice and present a risk of harm to the public.

Service Areas

Minnesota Statutes sections 148.171-48.285 provides the Minnesota Board of Nursing with authority to regulate nursing practice for the purpose of public protection. The Board's mission is accomplished through the following service areas:

- Credentialing
- Education
- Discipline/complaint resolution
- Nursing practice standards
- Data

Credentialing Services. The Board of Nursing 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. The Board has made licensure services available to the public 24x7 since 2002 and has been recognized as a state and national leader for efficient and effective online services.

- 87,100 Registered Nurses (15% increase since 2006)
- 24,100 Licensed Practical Nurses
- 5,400 Advanced Practice Registered Nurses
- 13,200 Public Health Nurse Registrations
- 260 Border State Registrations
- 300 DEA Verifications

Discipline Services. The Board investigates complaints and takes action against nurses who violate the Nurse Practice Act, including removing nurses from practice who are a risk to patient safety and monitoring nurses whose practice requires remediation and oversight to assure public safety.

- Investigate 2,100 complaints (25% increase since 2009)
- Resolve 1,600 complaints (10% increase since 2009)
- Impose 350 disciplinary actions

Education Services. The Board promotes excellence of nursing education standards and approves nursing education programs by monitoring program graduation pass/fail rates on the 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 (NCLEX®) 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.

- Monitor 70 nursing education programs (170% increase since 2001)
- Grant continuing approval to nursing education programs (6 programs in 2011)
- Monitor nursing education programs for below minimum NCLEX® pass rate (6 in 2011)
- Impose disciplinary action for non-compliance with applicable rules (1 reprimand in 2011)

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. Such collaboration on policy issues and education for nurses, employers and consumers of nursing care enhances patient safety prospectively rather than complete reliance on a complaint-driven system in which actual harm has already occurred.

Data Services. Data services are quickly becoming a new service area for the Board. There are increasing inquires for aggregate and individual licensure and disciplinary data for purposes of emergency preparedness, a pending nurse shortage, and increased demand for nursing services. Currently, over 25,000 nurse records are “pushed out”, through an on-line subscription service, to health care facilities to assure the authority of a nurse to practice. Additionally, data is submitted to required national and federal data bases and other county and state government agencies. The Board also participates in the collection of nursing workforce data to inform decision making related to sufficient workforce for the state’s needs and educational planning.

Strategies

The Board is mission-driven and engages in strategic thinking to focus on critical issues, explore ideas, and continuously align agenda items with the organizational priorities. Strategic planning has resulted in increased efficiencies and effectiveness by identifying desired outcomes and assignment of resources.

The Board approaches its goal of public protection by:

- 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 perceived risk to public safety.
- Upholding standards for nursing education approval through consultation and survey.
- Interfacing with state, national and federal agencies and information systems and national nurse and regulatory organizations to analyze and disseminate data for evidence-informed regulatory decisions.
- Collaborating in statewide initiatives on nursing practice, education, and patient safety.

Key Activity Goals & Measures for 2011-2012

Advance excellence in nursing regulation.

- Issue licenses within 24 hours of an applicant meeting all requirements.
 - 99.9% licenses issued within 24 hours
- Provide real time nurse licensure data on website resulting in employers and the public having assurance of a nurse's authority to work.
 - Online license renewal displays to public in real time.
 - All other licensure services completed display to public within 24 hours.
- Provide all licensure services online 24x7.
 - 91% of users conduct licensure services online.

Enhance the Board's proactive leadership in public protection.

- Decrease number of open discipline cases by 10% annually.
 - Number of open cases reduced 13% from 2009 to 2010.
- Decrease complaint cycle time by 20%.
 - Average length to resolve case decreased from 220 to 194 days from 2009 to 2010.
 - Number of cases older than 180 days decreased to 25% of total cases.
- Disseminate disciplinary action within 24 hours.
 - 99.9% of disciplinary actions available to public on website within 24 hours.
- Secure legislative authority to conduct applicant criminal background checks.
 - CBC bill did not pass out of 2011 legislative session.

Foster congruence of education, practice and regulation for all levels of nursing practice.

- Collaborate with organizations to facilitate licensure of non-US educated nurses and other enforcement agencies and to detect fraud and imposters.
 - Board submits data related to imposters to national data base.
 - Board runs nurse data base against the Social Security deceased data base and the national sex offenders data base.
- Disseminate nurse licensure examination success rates annually.
 - Nursing school licensure success rates available on Board's website.
- Partner with other health-related-licensing boards to secure legislative authority to access Prescription Monitoring Program data on licensees under active investigation for narcotic diversion and substance use disorder.
 - Target is enactment in 2012 legislative session.
- Secure legislative authority to adopt the national uniform licensure requirements.
 - Target is enactment in 2012 legislative session.

Excellence and Efficiencies

The Board strives for excellence in regulation and to improve efficiencies. The Board has 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. Additionally, the Board contributes data to a national project designed to identify a taxonomy of nursing practice breakdowns and the characteristics of those breakdowns to determine best practices to prevent those errors or poor judgments and increase patient safety. These research efforts provide evidence for informed regulatory decisions.

Efforts to increase efficiencies fall into two major categories, those related to agency operations and others related to cross-disciplinary collaboration. Efficiencies effected for board operations include maximization of technology for licensure services, access and data submission to national data bases, and paperless meeting; participation in National Council of State Boards of Nursing for trend analysis, research, streamlining interstate collaboration, and promotion of uniformity in nursing regulation; utilization of a national nurse licensure examination; and recent revision of rules to streamline nursing program approval.

Efficiencies related to cross-disciplinary collaboration are achieved through inter-board operation of the Health Professionals Services Program, a monitoring program for health professionals whose practice is impaired due to illness; and a voluntary cooperative administrative services unit to perform accounting, purchasing, human resources and technology functions common to all the boards.

The Board is committed to performance measurement and quality improvement and, for several years, has participated in a two-year cycle collection and analysis of data related to nursing regulation through the National Council of State Boards of Nursing Commitment to Ongoing Regulatory Excellence program (CORE). The Board uses the data to compare

performance to other like boards of nursing and determine areas for improvement. In the most recent CORE report, the Board ranked above average in 25 areas and ranked at the national level in all others. Some examples of above average comparison in the Board's service areas were: effectiveness of the disciplinary process in protecting the public; responsiveness of the Board to changes in practice; time to process licensure and renewal applications; nurse's perceptions regarding the Board's telephone system; and innovation in on-line services.

Collaboration

The Board values alliances with internal and external stakeholders to enable development and implementation of public policy that is well grounded, reasonable and attainable. The Board engages with other state agencies to assure congruence on issues involving health care delivery, patient safety organizations to address patient safety issues, and coalitions of health care providers and enforcement agencies to identify best practices for addressing violations of the law such as drug diversion and patient abuse.

Funding

The Board is funded by licensure fees and receives no general fund dollars. Minnesota Statutes section 214.06, subdivision 1(a) compels the Board to collect fees in the amount sufficient to cover direct and indirect expenditures. Funds are 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 expenses such as salaries, rent, costs for disciplinary/contested cases and operating expenditures. It also pays statewide indirect costs through an open appropriation. Fees have not been raised since 2001.

In addition to board operations, licensure fees support a number of other activities. Some of these are: the Administrative Services Unit (interboard), Health Professionals Services Program (interboard), HIV, HBV and HCV Prevention Program (Department of Health), Prescription Monitoring Program (Pharmacy Board), Attorney General's office and the Voluntary Healthcare Provider Program (interboard).

Staffing

The Board of Nursing is comprised of 16 members (8 registered nurses, 4 licensed practical nurses, and 4 public members) appointed by the Governor. The board staff is 33.5 FTE.

B.(1) MISSION, GOALS AND OBJECTIVES

Identification of the mission, goals and objectives intended for the agency or advisory committee and of the problem or need that the agency or advisory committee was intended to address and the extent to which the mission, goals, and objectives have been achieved and the problem or need has been addressed.

Mission. 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.

The Board strives to achieve its mission by:

Carrying out activities authorized by Minnesota statute and rules related to licensing, discipline, and program approval.

Fostering knowledge relevant to the needs of the public and to the education and practice of nursing.

Formulating and influencing effective public policy related to nursing practice.

Pursuing collaborative alliances with the public, including consumers of nursing care, nurses, employers, educators, state agencies, and legislators.

Disseminating information to the public and nurses.

Operating an agency which utilizes human and fiscal resources efficiently and effectively.

Statutory Authority. The Board's authority is generally provided in Minnesota Statutes sections 148.171-148.285, known as the Nurse Practice Act (NPA). Minnesota Statutes Chapter 214 prescribes further authority related to investigations and discipline procedures to the Board and all other health-related licensing boards. Chapters 13 (Government Data Practices), 14 (Administrative Procedures) and 15 (State Agencies in General) all provide further guidance to the Board's operation.

Board Composition. The Board of Nursing is comprised of eight registered nurses, four licensed practical nurses and four public members appointed by the Governor for a four-year term. The qualifications for nurse board members are defined in Minnesota Statutes section 148.181, subdivision 1 and for public board members in section 214.02. A member may be reappointed but may not serve more than two full terms consecutively. The Governor makes appointments reflective of the geography of the state.

Table B.(1) 1 Minnesota Board of Nursing 2011 Membership			
Board Member	Position	Residence	Term
David Brewer	LPN Member	Pine Island	Appointed: July 2010 Term expires: January 2014
Cindy DeJarlais	LPN Member	Pine City	Appointed: July 2010 Term expires: January 2014
Maria Farinacci	Public Member	Saint Paul	Appointed: August 31, 2009 Term expires: January 2013
Jason George	Public Member	Apple Valley	Appointed: June 2011 Term expires: January 2015
Deborah Haagenson	RN Member Board Secretary	Park Rapids	Appointed: August 2009 Term expires: January 2013
Kathleen Haberman	RN Member Board President	Heron Lake	Appointed: July 2008 Term expires: January 2012
Marilyn Krasowski	RN Member (Practical nursing education)	Minneapolis	Appointed July 2010 Term expires: January 2014
Lynne Linden	RN Member	Burnsville	Appointed: July 2008 Term expires: January 2012
Deborah Meyer	LPN Member	Virginia	Appointed: August 2009 Term expires: January 2012
Christine Norton	Public Member	Cottage Grove	Appointed: June 2011 Term expires: January 2015
Monica Parks	RN Member (Practicing in nursing home)	Hastings	Appointed: June 2011 Term expires: January 2015
Maria Raines	RN Member (Advanced practice registered nurse)	Lakeville	Appointed: July 2008 Term expires: January 2012
Julie Riportella	LPN Member	Minneapolis	Appointed: June 2011 Term expires: January 2015
Diane Scott	RN Member (Associate degree nursing Education)	Bemidji	Appointed: June 2011 Term expires: January 2015
Stuart Williams	Public Member Board Vice President	Minneapolis	Appointed: July 2010 Term expires: January 2014
Amy Witt	RN Member (Baccalaureate nursing education)	Lake Elmo	Appointed: August 2009 Term expires: January 2013

Per Diem and Travel Expense Reimbursement. In accordance with Minnesota Statutes section 15.0575, subdivision 3, members of the Board of Nursing are compensated at the rate of \$55 a day spent on board activities when authorized by the Board, plus expenses in the same manner and amount as authorized by the commissioner's plan adopted under Minnesota Statutes section 43A.18, subdivision 2.

The Board recognizes that board members may be required to travel or incur other expenses to conduct board business, such as attending meetings. The Board has adopted policies and procedures to ensure:

- Adequate cost controls are in place.
- Travel and other expenditures are appropriate.
- Uniform and consistent approach for timely reimbursement of authorized expenses incurred.

When incurring business expenses, the Board expects its members to:

- Exercise discretion and good business judgment with respect to expenses.
- Be cost conscious and spend the Board's money carefully and judiciously.
- Report expenses, supported by required documentation.

Powers of the Board. Minnesota Statutes section 148.191, subdivision 2 provides for the Board of Nursing to exercise all three powers of government to carry out its mission of public protection. The Board is an administrative agency within the executive branch of Minnesota government and enforces statutes enacted by the Legislature. It also has "quasi-legislative" authority in that it may adopt rules, not inconsistent with the law, necessary to carry out the Nurse Practice Act. Finally, it has adjudicatory capacity similar to the courts to discipline individuals who violate the law, including issuing subpoenas, requiring individuals to give testimony as witnesses, and producing evidentiary material.

Board Staff. The Board appoints and employs an executive director, who is the chief administrative officer for the Board, and staff to carry out its work. Minn. Stat. § 148.191, subd. 1. The executive director is required to maintain the records of the Board, account for all fees received by it, supervise and direct employees servicing the Board, and perform services as directed by the Board. Minn. Stat. § 214.04, subd. 3. Legal and investigative services are provided by employees of the attorney general. Thirty-four (33.5 FTE) board staff service the Board of Nursing in carrying out key functions.

Key Functions. The Board of Nursing is responsible for interpreting and enforcing nursing scopes of practice, including the determination of the appropriate education, training and experience necessary to support a given scope of practice. To accomplish this responsibility, the Board and staff perform certain key functions.

1. The regulation of nursing practice in Minnesota includes the following activities:
 - Assuring that individuals who are licensed as practical (LPN) or registered (RN) nurses have the minimum professional character and basic education preparation necessary to practice safely.
 - Approving qualified registered nurses for advanced practice registered nursing practice as a certified clinical nurse specialist (CNS), nurse midwife (CNM), nurse practitioner (CNP), or registered nurse anesthetist (CRNA).
 - Verifying advanced practice registered nurses qualifications to prescribe to the federal Drug Enforcement Agency (DEA).
 - Recognizing and registering the license of a nurse licensed by the states of Iowa, North Dakota, South Dakota, and Wisconsin as authority to practice nursing in Minnesota.
 - Certifying qualified registered nurses as public health nurses (PHN).
 - Establishing standards for monitoring compliance with the legal requirements within the authorized scope of practice.
 - Establishing standards for monitoring the continued competency for nurses practicing within their authorized scope of practice.
 - Facilitating public input regarding the rule-making process.
 - Making information about practice responsibilities of nurses available in a timely manner.
 - Investigating complaints in a timely manner.
 - Enforcing laws relating to the practice of nursing.
 - Imposing appropriate disciplinary action against nurses who are proven to have violated laws related to the practice of nursing.
 - Removing nurses from practice who are deemed a risk of harm to the public.
 - Providing information regarding public records and agency services, including license verification and disciplinary actions regarding licensees.
 - Collecting and disseminating reliable demographic and statistical data about licensees.

2. Approval of schools of nursing includes the following activities:
 - Establishing standards for nursing education.
 - Approving the development of new schools and extended campuses.
 - Surveying schools of nursing for compliance with program approval rules.
 - Holding schools accountable for graduates who are able to practice safe entry level nursing.
 - Providing consultation and guidance to school officials.
 - Imposing appropriate disciplinary action against schools of nursing that are proven to be in noncompliance with program approval statutes and rules.
 - Providing public information regarding approval, accreditation and disciplinary actions of schools of nursing.
 - Disseminating data related to schools of nursing pass-rates on the national nurse licensure examination.

- Collecting and analyzing education data useful in long-range planning for nursing education.

Minnesota has 44 approved professional nursing programs and 26 practical nursing programs. Between 2001 and 2011, 23 professional programs and 3 practical programs were granted new program approval. Continuing approval was granted to six programs (2 practical, 4 professional) during 2010-2011.

All Minnesota programs are monitored to ensure schools are above the 75% threshold for first time nurse licensure examination success rate, with increasing oversight implemented based on the ability of the program to respond to falling below this standard. During calendar year 2010, three schools (1 practical, 2 professional) were below minimum standard for one year. Plans of corrective action were required for these schools. Three schools (1 practical, 2 professional) were below minimum standard for two consecutive years. Partial on-site survey visits were conducted at the schools. No schools were below minimum standard for three consecutive years, which would have required a full on-site survey. In October 2010, the Board issued an Order of Reprimand to one practical nursing program for failure to comply with all applicable program approval rules.

Collaborative Alliances: The Nursing Community. To achieve its mission, the Board collaborates with the local, regional and national nursing communities. Nursing is a health care discipline with nationally established scope and standards of practice that directly inform the work of the Board. In addition to these guiding standards, the American Nurses Association, speaking for the profession, has established social policies identifying the unique accountability nurses have to those who receive their care and providing commentary about regulatory aspects of this social contract. Nurses rely on a shared code of ethics to guide decision making in practice. Dialogue and partnership with professional nursing groups is critical to effectively achieving Board objectives. The Board engages these stakeholders through participation in and collaboration with these groups to ensure that the work of the Board reflects relevant professional issues and practice standards.

B.(2) EFFICIENCY AND EFFECTIVENESS

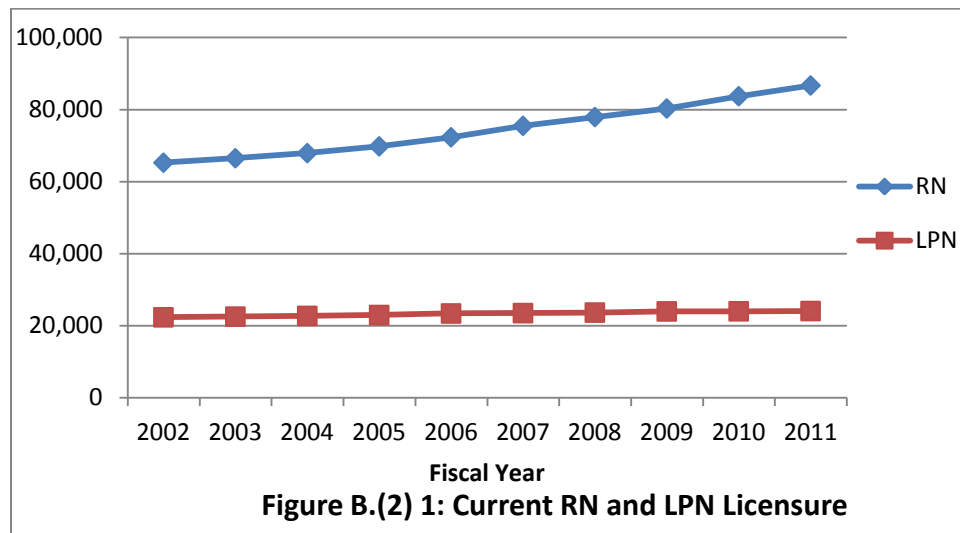
The efficiency and effectiveness with which the agency or the advisory committee operates.

The Board has adopted the following principles to guide its activities:

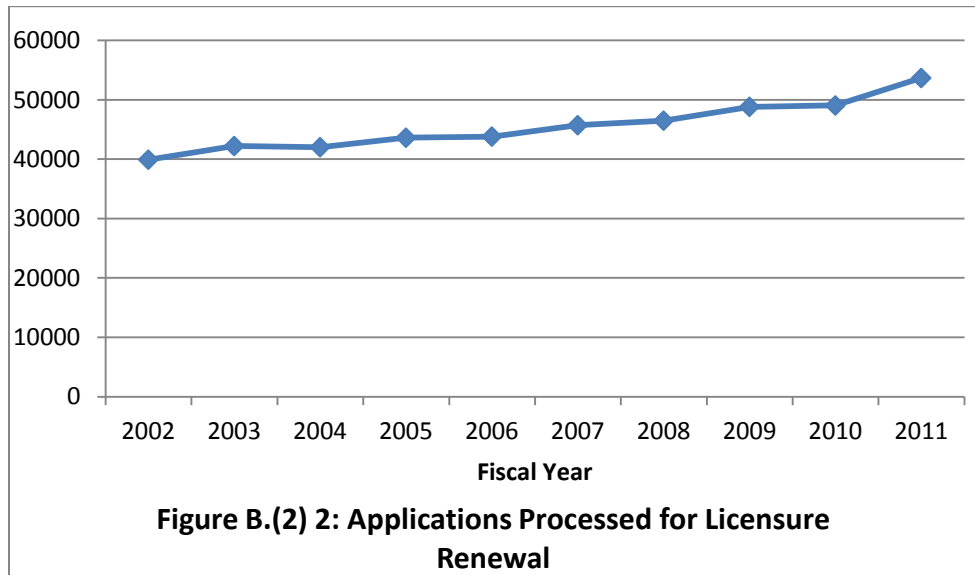
- Responsibility for public safety will be fulfilled with respect for due process and adherence to laws and rules;
- Customer services will be delivered in a respectful, responsive, timely, communicative, and nondiscriminatory manner;
- Government services will be accessible, purposeful, responsible and secure; and
- Business functions will be delivered with ***efficiency, accountability, innovation, maximization of technology and a willingness to collaborate.***

Efficiency Related to Board of Nursing Operations

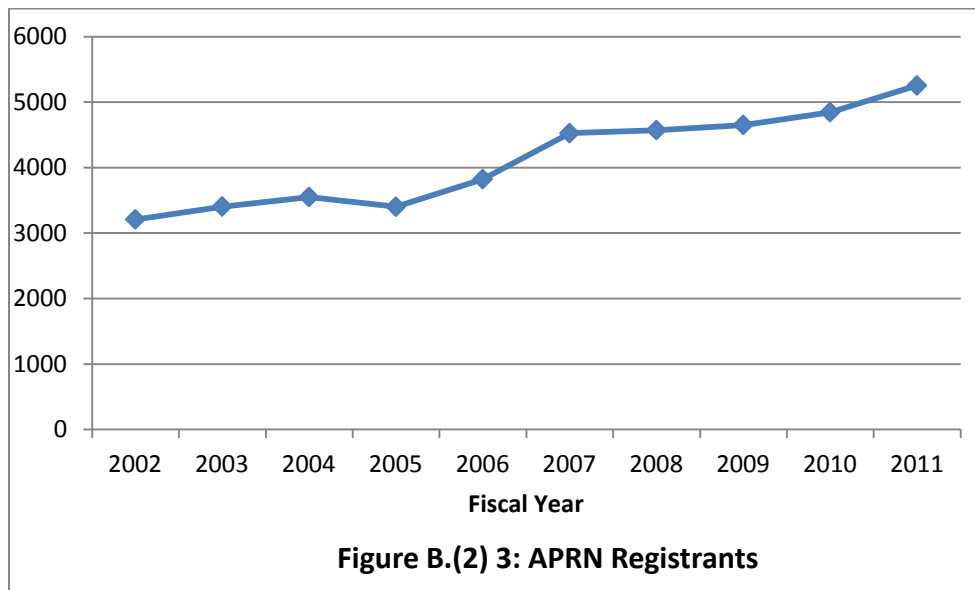
Operational Activities. The Minnesota Board of Nursing is responsible for licensing, regulating, and monitoring the status of approximately 111,000 licensed registered (RN) and practical nurses (LPN) and 5,300 advanced practice registered nurses (APRN). The Board investigates more than 2,000 complaints on nurses a year and received over 80,000 phone calls in FY2011. The Board accomplished its key functions in FY2011 with approximately 33 full time employees (FTE) at a cost of \$4,572,120 or about \$39 per licensee.



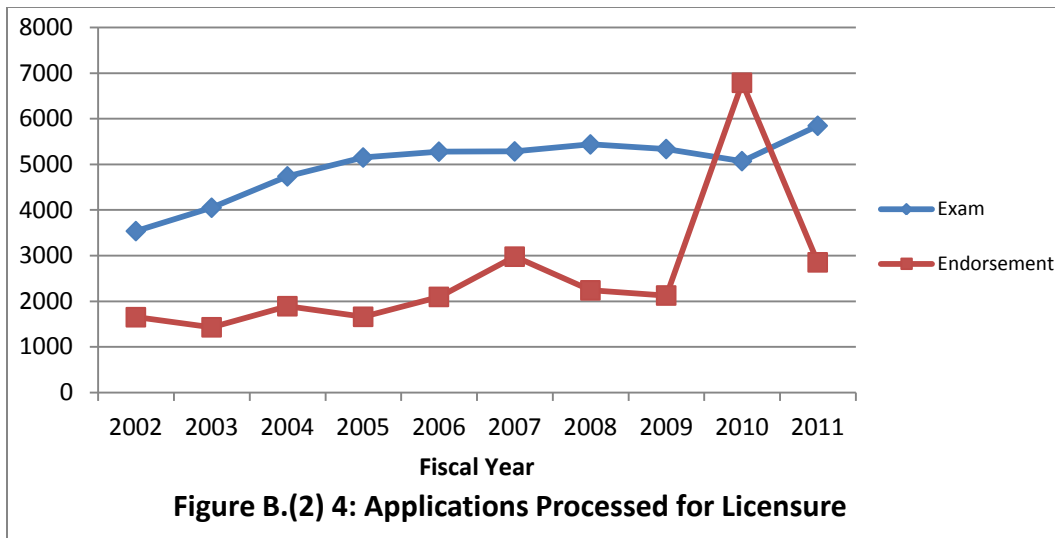
Nurses renew their licenses biannually, and in FY2011, the Board renewed 52,482 nurse licenses. Ninety-one percent of nurses renewed online, resulting in real-time processing.



The Board registers advanced practice registered nurses who are clinical nurse specialist, nurse anesthetists, nurse midwives, and nurse practitioners certified by a national nurse certifying organization.



Over 5,000 new licenses were issued by examination to new graduates, and nearly 3,000 licenses were issued by interstate endorsement. Licenses are issued to applicants within 24 hours of all requirements being met. Nurses who have experience with other state boards of nursing have provided feedback that the Minnesota Board of Nursing processes applications more expeditiously.



In FY2011, 2,007 jurisdictional complaints were received with 1,573 complaints resolved. The Board conducted 411 settlement conferences. Twenty-eight contested cases were heard by the Board, and 25 contested cases were processed by the Office of Administrative Hearings. The Board disciplined 353 licensees, with the disciplinary action ranging from reprimand to denial of license and revocation. Additionally, 39 Agreements for Corrective Action were issued, and 18 nurses agreed to a Stipulation to Cease Practicing Nursing. In a comparison to other boards of nursing, in 2009, Minnesota (194 days) ranked below the national average (214 days) for length of time to resolve a complaint (National Council of State Boards of Nursing Commitment to Ongoing Regulatory Excellence Report 2011).

National Council of State Boards of Nursing (NCSBN). The Minnesota Board of Nursing is a member of the NCSBN whose purpose is to provide an organization through which boards of nursing act and counsel together on matters of common interest and concern affecting the public health, safety and welfare, including development of licensure examinations in nursing. The membership consists of all states, the District of Columbia, and four U.S. territories. NCSBN also has international associate members.

The Board achieves efficiencies and enhances its effectiveness through its involvement with NCSBN through:

- Utilization of national nurse licensure examinations.
- Identification of trends in public policy, nursing practice and education.
- Promotion of uniformity in relationship to the regulation of nursing practice.
- Access to data related to the licensure of nurses.
- Research on nursing practice issues.
- Opportunity for information exchange with other state boards of nursing.
- Opportunities for collaboration with other boards of nursing and other nursing and health care organizations.
- Access to Nursys, the national database which coordinates publicly available nurse licensure information.

Nurse Licensure Examination. Minnesota Statutes section 148.191, subdivision 2(a) requires the Board to conduct an examination that measures the competencies needed to perform safely and effectively as a newly licensed, entry-level nurse. The National Council Licensure Examination for Registered Nurses (NCLEX-RN®) and the National Council Licensure Examination for Practical Nurses (NCLEX-PN®) are used by the Minnesota Board of Nursing and all other U.S. boards of nursing to assist in making licensure decisions. It would be cost prohibitive for the Board to develop a licensure examination that meets the rigorous standards and structured administration associated with NCLEX® examinations. Use of this national, valid, legally defensible examination efficiently standardizes the measurement of nurse knowledge and competence. It facilitates the mobility of nurses without requiring retesting.

Streamlining Program Approval and Decreasing Duplication. In 2011, the functions for approval of nursing education programs incorporated a requirement that all programs become accredited by a national nursing accrediting organization. This change increased effectiveness of the program approval process, acknowledging the need to reduce duplicative process and the importance of applying nationally recognized, authoritative statements endorsed by the nursing community into Minnesota's program approval process. It improved efficiency for the nursing education programs as programs could now focus on one set of uniform standards. It also increased the efficiency of board processes, as it eliminated the need for programs meeting national standards to be visited on a recurring schedule by staff, thereby allowing time to be concentrated on other areas of compliance. The importance of integrating accreditation by national nursing accrediting organizations has since been endorsed by the NCSBN, and Minnesota has been recognized again as a leader in providing effective and efficient rules.

Efficiencies Related to Cross-Disciplinary Collaboration

Health Professionals Services Program (HPSP). Pursuant to Minnesota Statutes sections 214.31-214.37, the Board collaborates with all health-related licensing boards and the Department of Health occupational licensing division to conduct the Health Professionals Services Program. The program's intent is to protect the public from persons regulated by the Boards who are unable to practice with reasonable skill and safety by reason of any psychological or physical condition or the use of alcohol and drugs. The HPSP monitors individuals based on a treatment plan and toxicology screens. Each board's share of operating costs is determined by the number of that board's regulated persons being monitored by the program.

FY2011 cost to the Board of Nursing: \$429,185

License Type	RN	LPN	TOTAL
Quarter 1	248	78	326
Quarter 2	245	75	320
Quarter 3	239	69	308
Quarter 4	248	65	313

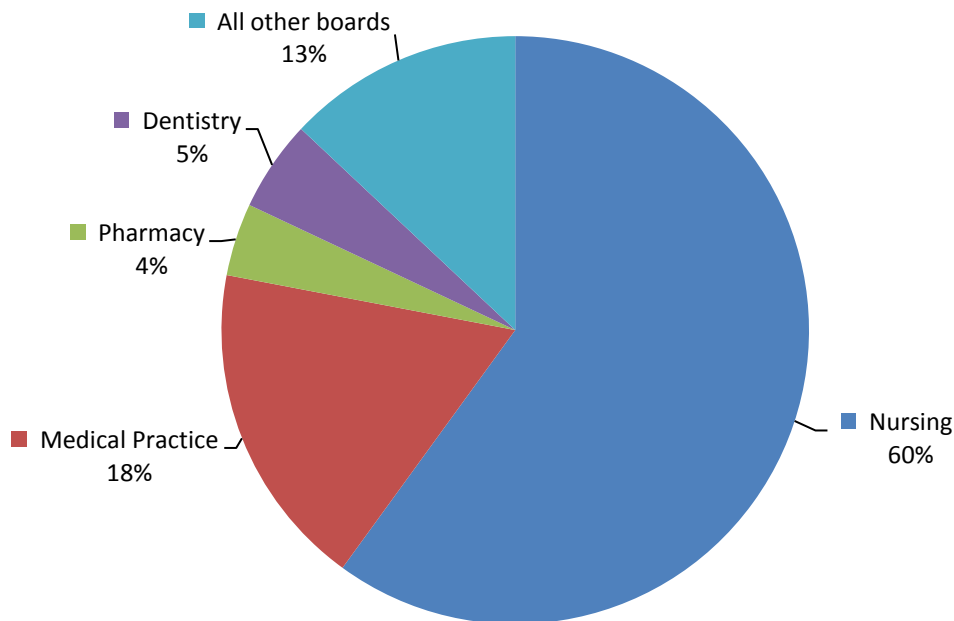


Figure B.(2) 5: Percentage of Cases Being Monitored by HPSP for All Participating Boards in FY 2011

Administrative Services Unit. The Board of Nursing, along with all other health-related licensing boards cooperatively and voluntarily operates an administrative services unit (ASU). The purpose of the ASU is to perform administrative, financial, and management functions common to all the boards in a manner that streamlines services, reduces expenditures, targets the use of state resources, and meets the mission of public protection. Minn. Stat. § 214.107. Oversight and management of the ASU is provided by the Executive Directors' Forum Management Committee. The annual budget is determined by the Executive Directors' Forum. Costs to employ 7.12 FTE and share operations are apportioned among the boards.

FY2011 cost to the Board of Nursing: \$137,528

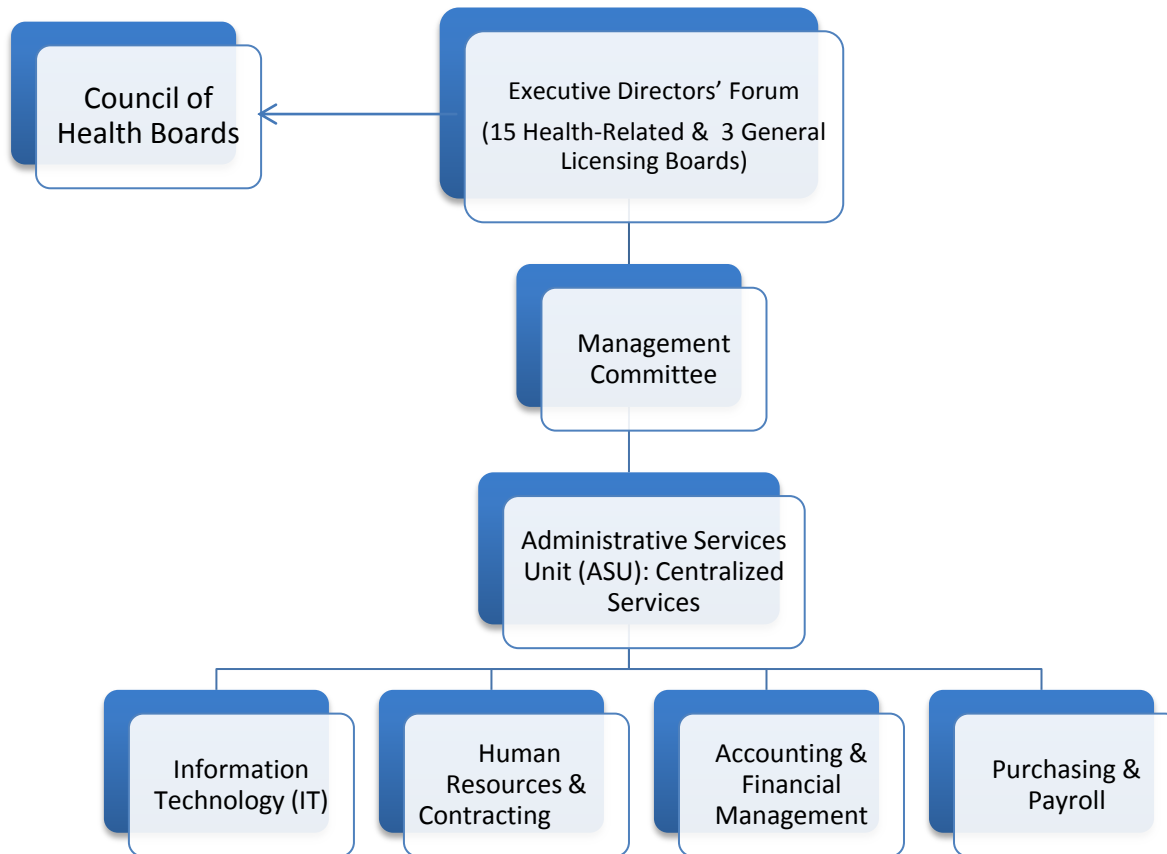


Figure B.(2) 6: ASU Organizational Structure

Accountability

Performance Measurement and Quality Improvement. The Minnesota Board of Nursing has consistently participated in a national survey of employers, education programs, and nurses conducted by the National Council of State Boards of Nursing (NCSBN) Commitment to Ongoing Regulatory Excellence (CORE). The purpose of CORE is to provide an ongoing performance measurement and benchmarking system for nursing regulation. Through CORE, the Board of Nursing receives data collected and analyzed by NCSBN every two years in the following functional areas: discipline, practice, education program approval, licensure and administration.

The Minnesota Board of Nursing uses the data to compare performance to other like boards of nursing and determine areas for improvement. For example, based on this comparison, the Minnesota Board of Nursing set a goal to reduce complaint resolution cycle time by 10% annually. Based on 2005, 2007, and 2009 performance measurement, the Board has met or exceeded this goal the last two years.

Table B.(2) 2: Age of Open Cases					
Months	FY07	FY08	FY09	FY10	FY11
<6	50%	53%	57%	74%	62%
6-11	24%	20%	25%	15%	27%
12-17	19%	16%	13%	5%	9%
18-23	4%	5%	4%	4%	1%
24-35	2%	1%	>1%	2%	1%
>36	1%	1%	>1%	>1%	0
Total Cases	665	660	562	508	579

In the 2011 CORE report, the Board ranked above average in 25 areas and ranked at the national average in all others. Some examples of above average comparison in the functional areas were: effectiveness of the disciplinary process in protecting the public; responsiveness of the Board to changes in practice; perceptions of sanctioned education programs of the Board's investigative process; time to process licensure and renewal applications; and nurses' perceptions regarding the Board's telephone system.

Transparency. The Board publishes annual reports regarding licensure, discipline and nursing education on its website. The Board's online nurse licensure verification service provides users with real-time information about nurse licensure status, and disciplinary action is posted within 24 hours of the Board taking action. The disciplinary documents are available to download.

Innovation

The Board's vision is to be a leader in effective nursing regulation by creating, administering and sharing innovative regulatory practices.

Paperless meetings. The Board has implemented an Electronic Document Management System (EDMS) that allows board members and staff access to documents via a secure, encrypted, Virtual Private Network (VPN) connection. This system eliminates document mailings for board meetings or disciplinary conferences. Previously, board meetings averaged 12,500 printed pages (more than 100,000 pages per year) including disciplinary conferences.

Board staff are able to upload meeting documents to the system as they are prepared rather than all at once, saving staff time as well as giving board members more time to review an ever increasing case load. This paperless process resulted in a savings of effort approximately equal to one full time equivalent (FTE) staff member. While total FTEs were not reduced, the systems enabled staff to handle a greatly expanded case load without staff increase. The system also increased the case load that board members are able to handle by increasing the preparation time available to them.

Auto Verification Subscription Service. Employers use the verification services to fulfill their obligation to verify current licensure status of their employees. The Board has implemented an automatic verification service which enhances public safety by providing automated data exchanges, allowing employers to integrate verification data with their own internal systems. The process avoids human errors inherent in manual processes for those organizations with large numbers of employees and for smaller facilities with limited resources. Subscribers may integrate data from the verification service with their scheduling systems to ensure nurses with expired licenses are not scheduled to work.

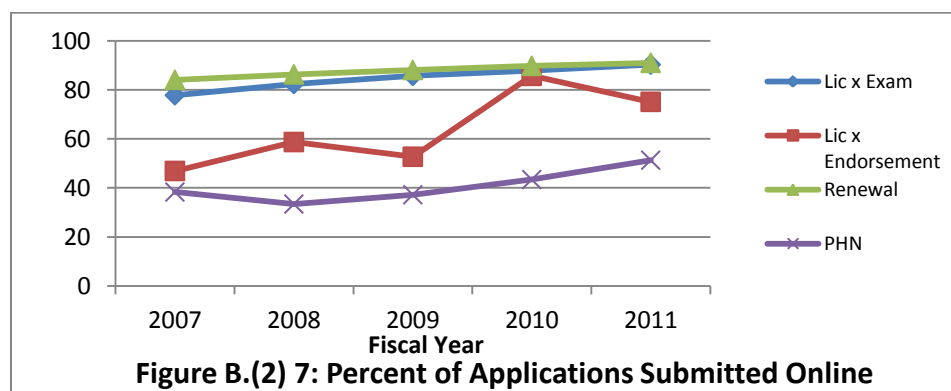
Some of the largest healthcare providers in the state, including Allina Hospitals and Clinics, the Mayo Clinic, and Children's Hospitals and Clinics of Minnesota, subscribe to this service. This service currently handles the verification process of more than 25,000 nurses. The Joint Commission (national accrediting body for hospitals) acknowledged the Board's auto verification service as ahead of the curve in a recent survey visit of the Allina Hospitals and Clinics. These business partnerships between the Board and health care systems exemplify the Board's commitment to provide innovative and accessible government services.

Maximization of Technology

The Board has been recognized as a state and national leader in offering online services and was a model for other health-related licensing boards in Minnesota and other states. Since 2002, the Board has consistently improved and enhanced its online services.

All licensure services are available online:

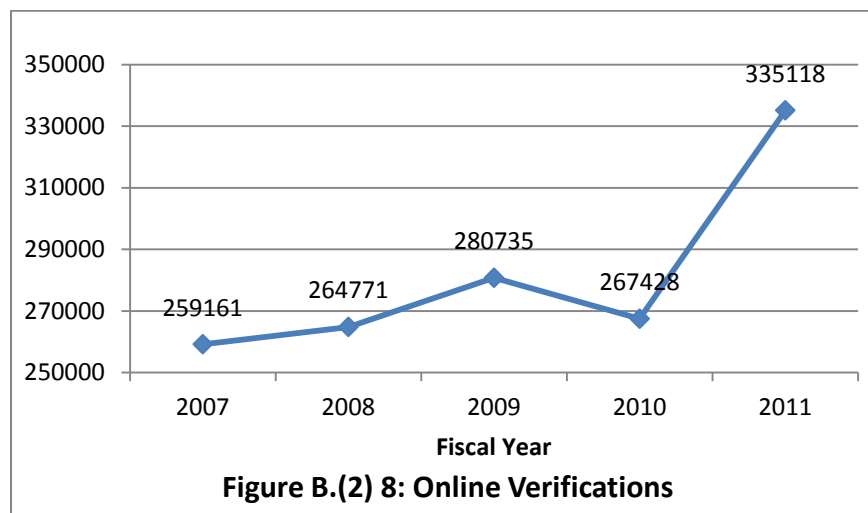
- Licensure by examination
- Licensure by endorsement
- Renewal of nurse licensure
- Public Health Nurse registration
- Name and address change requests
- Licensure verification
- Disciplinary action verification
- Replacement of documents as requested



Licensure by examination is virtually a paperless process that the applicant can monitor through all phases of the process:

- New graduates submit the application for licensure.
- Nursing school validates graduation.
- Board communicates eligibility to take the licensure examination to the test service.
- Applicant registers to take the licensure exam.
- Applicant takes the computer-adaptive licensure examination.
- Examination results are validated and transmitted from the test service to the Board.
- Board downloads examination results into the record.
- Board issues a license within 24 hours.
- Board staff review requirements and outcomes and finalize process.

Online Verification of Nurse Licensure. Employers are required to verify a nurse's authority to practice nursing in Minnesota. Failure to verify a license could result in a nurse whose license has been suspended, revoked or encumbered in some other manner, or expired to practice nursing illegally. If the authority to practice has been removed due to inability to practice nursing with reasonable skill and safety, the public would be at risk if the employer did not assure the nurse has the authority to practice nursing. The Board maintains an online verification system whereby an employer and the general public can access a nurse's licensure record 24/7. The online service increased access for employers and the public and decreased the need of the staff to verify licenses by paper, the equivalent of one FTE. In FY2011, the Board's verification service received over 335,000 hits.



Collaboration

The Board of Nursing values alliances with internal and external stakeholders to enable the development and implementation of public policy which is well grounded, reasonable and attainable. To that end, the Board engages with local, state, and national stakeholders to achieve its goals for public safety. Some examples are:

- Other state agencies. The Board collaborates with other state agencies in promulgating rules related to providing health services to individuals, families, and communities, such as the Department of Health Home Care Regulatory Workgroup and the Department of Human Services Continuing Care Quality Commission.
- Drug Diversion Coalition. The Board has joined with the Minnesota Hospital Association, Department of Health, the Drug Enforcement Agency (DEA), local police, the Boards of Medical Practice and Pharmacy, Mayo Clinic, and other health care providers to address the issue of narcotic drug diversion in the work place.
- Minnesota Action Coalition. The Board is a member of the Minnesota Action Coalition (MAC) recently recognized by the Robert Wood Johnson Foundation (RWJF) and American Association of Retired Persons (AARP) Foundation. MAC, co-led by the Minnesota Center for Nursing and HealthForce Minnesota will develop and implement goals within the framework of the landmark report issued by the Institute of Medicine's (IOM) on the *Future of Nursing: Leading Change, Advancing Health* to:
 - Improve leadership capacity and the influence of nursing.
 - Create and deliver clear messages on the IOM recommendations.
 - Expand the ability of nurses to come together and create needed change by creating a sustainable fiscal model with new stakeholders.
 - Collaborate with diverse constituencies for the purpose of identifying innovative health optimizing initiatives.
- Minnesota Alliance for Patient Safety. The Board is a member of the Minnesota Alliance for Patient Safety which is a partnership among the Minnesota Hospital Association, the Minnesota Medical Association, Department of Health and more than 50 other public-private health care or regulatory organizations. This diverse stakeholder coalition addresses patient safety issues for which collaborative action will advance the safest care possible for Minnesota health care consumers.

B.(3) AUTHORITY FOR ADDITIONAL ACTIVITIES NOT SPECIFIED IN STATUTE

Identification of any activities of the Board in addition to those granted by statute and of the authority for those activities and the extent to which those activities are needed.

Interpretation of Scopes of Practice

The Minnesota Board of Nursing plays a key role in assisting individuals and entities to understand nursing practice and the scope of practice of advanced practice registered nurses, registered nurses and licensed practical nurses. The Board addresses this need in a variety of ways, including:

- Responding to calls, letters and e-mail messages from persons in Minnesota and out-of-state seeking information about nursing practice in general and specific application of Minnesota law.
- Responding to calls, letters, and email messages from persons in Minnesota and out-of-state with questions about nursing education programs.
- Speaking to groups on a wide range of topics including scopes of practice, safe delegation, accountability for nursing practice, the Board's disciplinary process, Minnesota prescribing by protocol law, school nursing, and chemical dependency in nursing.
- Disseminating written materials developed by the Board on relevant topics including integrative therapies in nursing, telenursing, medication administration in schools, professional boundaries, justice, and registered nurse administration of anesthetics. The Board has also collaborated with the Board of Medical Practice and the Board of Pharmacy to develop the Joint Statement on Pain Management, which has become a national model. These materials are available on the Board's website and distributed during presentations and upon request.

Data Exchanges

The Board conducts automated data exchanges that are not mandated by the Nurse Practice Act but are required to perform the board's duties, meet federal reporting requirements, or support the requirements of other agencies.

Extensions of the Board's statutory duties.

- Automated upload of applicant authorization to test and download of nurse licensure testing results with the national testing service. This functionality streamlines processing of new licenses and allows the staff to issue a license within one working day of a successful exam result.
- Automated data exchanges with employers. These exchanges support the board's automatic verification service and enhances public safety by ensuring that employers have the most up to date data available on the licensure and disciplinary status of their employees.

- Automated exchanges with US Bank - the State's contracted credit card processing agent. The Board has implemented real time payment confirmations which allow nurses and applicant's to have their successful payments updated immediately. The real time updates allow renewals through online services to occur within minutes of the nurse submitting a payment. The Board also uses daily remittance file processing with the bank to ensure data accuracy.

Federal and national reporting requirements.

- The Board fulfills its requirement to report data to federal databanks through a daily automated upload of licensure data to the NCSBN Nursys system. NCSBN acts on the board's behalf to fulfill its reporting requirements to the Healthcare Integrity and Protection Data Bank and National Practitioner Data Bank.
- In addition to the automated upload of licensure data, the staff also enters disciplinary data as well as links to public documents regarding public disciplinary actions. Thus, cross-country, other boards of nursing, employers and the public have access to information.

Support to other agencies.

- The Board regularly provides a list of active licensees to the Minnesota Department of Revenue to support that department's tax collection and child support enforcement obligations. If the Department of Revenue finds individuals on the list are delinquent on either taxes or child support payments, the information is referred to the board for disciplinary action.
- The Board provides a listing of public licensee data to the Minnesota State Book Store for sale to the public with revenues to the Department of Management and Budget.
- The Board has integrated its online services with the online systems at the Minnesota Department of Health's (MDH) Office of Rural Health and Primary Care (ORHPC). This integration assists MDH in its requirement to gather workforce data on health practitioners. MDH reciprocates and provides collected workforce to the Board to include in the board's upload to NCSBN and federal databanks.
- The Board provides regularly updated licensee data to MDH to support the Minnesota Responds Medical Reserve Corps (Minnesota Responds). Minnesota Responds fulfills MDH's requirement through the federal Department of Homeland Security to maintain a database of medical professionals who are available for call up for emergency responses.
- On request, the Board responds to data requests from Minnesota county governments for data on nurses within their respective counties to support emergency response plans.

Prescription Monitoring Program. The Prescription Monitoring Program is operated by the Board of Pharmacy. Prescribers report prescriptions of Scheduled Drugs and may access the system prior to prescribing for an individual. The purpose is to monitor the prescriptions of individuals not the prescribing practices of providers. Advanced practice registered nurses are

authorized prescribers. The cost is apportioned to the Boards of Dentistry, Medical Practice, Nursing and Pharmacy.

FY2011 cost to the Board of Nursing: \$13,420

Voluntary Healthcare Provider Program. Minnesota Statutes section 214.40 establishes the Voluntary Health Care Provider Program to facilitate the provision of health care services by volunteers through certain facilities or organizations. The primary purpose of the facilities or organizations must be to provide health care services to the uninsured and underinsured. The program provides the purchase of medical professional liability insurance for these volunteer health care providers. The cost of the purchase of the insurance is apportioned to the Boards of Dentistry, Medical Practice, and Nursing.

FY2011 cost to the Board of Nursing: \$11,430

HIV, HBV, and HCV Prevention Program. Minnesota Statutes sections 214.17-214.25 establish the HIV, HBV, and HCV Prevention Program to promote the health and safety of patients and regulated persons by reducing the risk of infection in the provision of health care. The law requires the Board to enter into a contract with the Commissioner of Health to monitor the practice of regulated persons who are infected with HIV, HBV, and HCV when the commissioner determines that the practice constitutes an identifiable risk of transmission of HIV, HBV, or HCV from the regulated person to the patient. The cost is prorated based on number of individuals being monitored.

FY2011 cost to the Board of Nursing: \$173,265

B.(4) FEES AND ENFORCEMENTS

An assessment of authority of the Board relating to fees, inspections, enforcement, and penalties.

Fees

Minnesota Statutes section 148.243 (2011) authorizes the Board of Nursing to collect fees for licensure services. The fees are deposited in the special government revenue fund. The Legislature makes an appropriation from that fund to the Board of Nursing to pay the expenses of administering Minnesota Statutes sections 148.171 to 148.285. Licensure service fees have not been raised since 2001.

Table B.(4) 1: Fees	
Minnesota Statutes 2011 section 148.243 provides authority for the Board to assess fees for licensure services:	
Subdivision 1.	\$105.00 licensure by examination fee
Subdivision 2.	\$60.00 licensure reexamination fee
Subdivision 3.	\$105.00 licensure by endorsement
Subdivision 4.	\$85.00 registration renewal
Subdivision 5.	\$105.00 reregistration
Subdivision 6.	\$20.00 replacement license fee
Subdivision 7.	\$30.00 public health nurse certification
Subdivision 8.	\$50.00 Drug Enforcement Administration for Advanced Practice Nurse verification
Subdivision 9.	\$20.00 licensure verification for purposes of obtaining licensure in another state
Subdivision 10.	\$20.00 exam score verification
Subdivision 11.	\$20.00 copy of application materials if obtained from microfilm
Subdivision 12.	\$100.00 nursing business registration initial application
Subdivision 13.	\$25.00 nursing business registration annual application
Subdivision 14.	the fee for practicing without current registration is two times the amount of the current registration renewal fee for any part of the first calendar month, plus the current registration renewal fee for any part of any subsequent month up to 24 months
Subdivision 15.	the fee for practicing without current APRN certification is \$200 for the first month or any part thereof, plus \$100 for each subsequent month or part thereof
Subdivision 16.	\$30.00 dishonored check fee
Subdivision 17.	\$50.00 border state registry fee; the initial application fee is \$50.00 and any subsequent notice of employment change to remain or be reinstated on the registry is \$50.00

Inspections

Minnesota Statutes section 214.24 gives the Board the authority to inspect the clinical practice of licensed nurses with current registration who are monitored under the HIV, HBV, HCV Program to ensure that the nurse is following accepted and prevailing infection procedures. If the board determines infection control techniques are not being followed, the board may educate the nurse or take other actions.

Minnesota Statutes section 148.191, subdivision 2 gives the Board the authority to conduct or provide for surveys of such schools and courses at such times as it may deem necessary. Minnesota Statutes section 148.251, subdivision 3 specifies that from time to time as deemed necessary by the board, it shall be the duty of the board, through its representatives, to survey all nursing programs in the state.

Enforcements and Penalties

Disciplinary Action. Minnesota Statutes section 148.262 provides the Board with the authority to impose disciplinary action when the Board determines that grounds for disciplinary action exist under section 148.261, subdivision 1. This includes denial, revocation, suspension, limitations or conditions on the license, civil penalty, requiring the nurse to provide unremunerated service, reprimand, or any other action justified by the facts of the case. In addition, the Board is authorized to automatically suspend the license in cases where the nurse has been appointed a guardian, committed by a court, or adjudicated mentally incompetent, mentally ill, chemically dependent, or dangerous to the public. The Board may also temporarily suspend the license without a hearing if there is probable cause to believe the licensee has violated a statute or rule the board is empowered to enforce and continued practice by the licensee would create a serious risk of harm.

If a nurse is licensed in Minnesota through the border state registry, the nurse may be disciplined as described above and the Board can also issue a cease and desist order to limit or revoke a nurse's authority to practice in Minnesota. Minn. Stat. § 148.211, subd. 2a(c).

Agreement for Corrective Action. Minnesota Statutes section 214.103, subdivision 6, allows for an additional remedial action of an agreement between the executive director or a board member, and the licensee for corrective action. The agreement is non-disciplinary but is classified as public data.

Evaluations and Subpoena. The Board has the authority to compel the licensee to submit to a mental or physical examination or a chemical dependency evaluation when the Board has probable cause to believe that there has been a violation of Minnesota Statutes section 148.261, subdivision 1(9) or (10). If the licensee fails to comply with the request, the allegations are deemed admitted. Minn. Stat. § 148.261, subd. 5(a). Additionally, the Board may obtain medical data and health records without the licensee's consent. The provider or

agency holding the records must comply with the written request from the board. Minn. Stat. § 148.261, subd. 5(b). The Board also has the power to subpoena records that may assist in its investigation of licensees, such as patient records and employment records, under Minnesota Statutes section 148.191, subdivision 2 and section 214.10, subdivision 3.

Other Areas of Enforcement. Other areas of enforcement include the practice of nursing or holding oneself out as a nurse without a valid license, which are responded to with injunctive relief and criminal prosecution rather than disciplinary action. The Board does not currently have the authority to issue cease and desist orders for nursing practice that poses a significant risk to the public, but this power would further the board's charge to protect the public.

Administrative Penalty. Minnesota Statutes section 148.231, subdivision 5 provides that a penalty fee shall be required from a nurse who practiced nursing without current registration. The penalty is non-disciplinary and not public.

B.(5) LESS RESTRICTIVE OR ALTERNATIVE METHODS

Whether less restrictive or alternative methods of performing any function that the agency performs could adequately protect or provide service to the public.

Regulatory Authority. The Board, like all U.S. jurisdictions, licenses practical (LPN) and registered (RN) nurses and believes this is the appropriate level of regulation for nurses. Nurses work directly with vulnerable populations. Incompetent or unethical practitioners are a significant risk of harm to the patients for whom service is provided and to the general public.

The Board certifies public health nurses, a less restrictive and reasonable level of regulation. The Board also registers nursing firms pursuant to Minnesota Statutes section 319B.40. Registration is the appropriate level of regulation for this requirement.

Fiduciary Obligation. Minnesota Statutes section 214.06, subdivision 1 requires the Board to collect fees sufficient to cover expenditures. Fees collected are deposited in the Special Government Revenue Fund and appropriated by the Legislature. An alternative and less burdensome method would be for the Board to have fiscal authority without this legislative appropriation. Fees established by the Legislature and oversight by the Minnesota Management and Budget would provide external and internal audit control mechanisms and assurance to the public of compliance with Minnesota law and best accounting practices while deleting a layer of bureaucracy.

Legal Services. The Attorney General's Office (AGO) is required to provide legal services under Minnesota Statutes section 8.06 and to provide investigative services under Minnesota Statutes section 214.103, subdivision 4. The Boards of Dentistry, Medical Practice and Nursing have implemented a system in which board staff draft some required legal documents rather than the AGO. The AGO reviews the legal documents for accuracy and compliance with law. This practice has resulted in a 50% decrease in the time from receipt of complaint to a review before the Board. There was no change in the cost to the Board. A logical expansion of this practice would be for the health-related licensing boards to hire legal counsel and investigative staff rather than contracting with the AGO; thus, eliminating a layer of involvement. Legal and investigative services would be shared among the health-related licensing boards on a fee for use basis. Based on the experience with drafting legal documents, complaint resolution time would be reduced and public safety enhanced.

Nurse Licensure Compact. Enactment of the Nurse Licensure Compact would reduce redundancy in nurse licensure. Currently, 24 states are participants in an interstate compact whereby a nurse licensed in the state of residence is able to practice in the other 23 states without obtaining licensure in each and every state. Minnesota is surrounded by states (Iowa, North and South Dakota, and Wisconsin) which have all enacted the compact. Minnesota nurses would benefit by being able to practice in those states without obtaining additional licensure. Consumers of nursing services would have increased access, and health systems

which cross state borders would be able to move nurses to sister facilities, regardless of location.

Uniform Licensure Requirements. The National Council of State Boards of Nursing has adopted uniform licensure requirements which, if adopted by all states, would standardize the nurse licensure requirements nationally. Minnesota reflects the NCSBN uniform requirements with the exception of federal criminal background checks for applicants. Legislative authority to conduct criminal background checks would enhance public safety.

Prescription Monitoring Program. The Prescription Monitoring Program is operated by the Board of Pharmacy. Prescribers report prescriptions of Scheduled Drugs and may access the system prior to prescribing for an individual. The purpose is to monitor the prescriptions of individuals not the prescribing practices of providers. Currently, the health-related licensing boards do not have access to the data. It would be beneficial to have access to the data regarding a licensee under active investigation for substance abuse or diversion of narcotics.

B.(6) EXTENT OF OVERLAP WITH OTHER AGENCIES

The extent to which the jurisdiction of the Board and the programs administered by the Board overlap or duplicate those of other agencies, the extent to which the Board coordinates with those agencies, and the extent to which the programs administered by the Board can be consolidated with the programs of other state agencies.

The Board of Nursing's key functions do not overlap or duplicate those of another state or federal agency.

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, the Board of Nursing authorizes individuals to practice as:

- Registered nurses.
- Licensed practical nurses.
- Advanced practice registered nurses.
- Public health nurses.

The Board provides the following licensure services:

- Licensure by examination.
- Licensure by endorsement.
- Renewal of nurse licensure.
- Public health nurse registration.
- Border state recognition.
- Nursing firms' registration.
- Advanced practice registered nurse registration.
- Verification of compliance for drug enforcement administration registration.
- Name and address change requests.
- Licensure verification.
- Disciplinary action verification.
- Replacement of documents as requested.

The Board of Nursing is the only state agency vested with the responsibility to promulgate rules regarding the education and practice of nurses. The work of the Board is not duplicative of that conducted by any other agency or advisory committee. These mandatory rules represent a vital mechanism by which standards related to nursing education and to nursing practice are maintained for the benefit of the public.

B.(7) PROMPTNESS AND EFFECTIVENESS OF COMPLAINT RESOLUTION

The promptness and effectiveness with which the agency addresses complaints concerning entities or other persons affected by the agency, including an assessment of the agency's administrative hearings process.

Disciplinary Process

Minnesota Statutes section 148.262 provides the Board with the authority to impose disciplinary action when the Board determines that grounds for disciplinary action exist under section 148.261, subdivision 1. In addition, the Board is authorized to automatically suspend the license in cases where the nurse has been appointed a guardian, committed by a court, or adjudicated mentally incompetent, mentally ill, chemically dependent, or dangerous to the public. Minn. Stat. § 148.262, subd. 2. The Board may also temporarily suspend the license without a hearing if there is probable cause to believe the licensee has violated a statute or rule that the Board is empowered to enforce and if continued practice by the licensee would create a serious risk of harm to others. Minn. Stat. § 148.262, subd. 3. If a nurse is licensed in Minnesota through the border state registry, the nurse may be disciplined as described above and the Board can also issue a cease and desist order to limit or revoke a nurse's authority to practice in Minnesota. Minn. Stat. § 148.211, subd. 2a(c). The Board is required to suspend a nurse's license upon receipt of the required notice or order from the commissioner, court or magistrate or public authority pursuant to Minnesota Statutes sections 214.101, 268.0625, subdivision 1, 270C.72, subdivision 1, and 518A.66 related to failure to file tax returns or pay taxes, failure to pay child support, or spousal maintenance delinquency.

The Complaint. The Board requests that complaints be submitted in writing. Complaints to the Board are acknowledged upon receipt via letter to the complainant. The identity of the complainant is confidential. Each complaint is reviewed to determine if it is jurisdictional to the Board. The complaint must allege conduct which, if true, would provide grounds for action by the Board. In addition, the alleged conduct must have been committed by an individual the Board has authority to discipline. For example, the Board of Nursing has jurisdiction over individuals who are licensed, or who have applied for licensure, as a registered nurse or licensed practical nurse in Minnesota. The Board of Nursing does not have jurisdiction over nursing students or nursing assistants. The Board refers jurisdictional and non-jurisdictional complaints to other agencies, as allowed by law, when the other agency has jurisdiction over the reported conduct.

When a complaint is determined to be jurisdictional, board staff may gather additional information from the complainant or obtain written records, such as employment records, medical records and court records. The Office of the Attorney General maintains a team of investigators who serve the health-related licensing boards and, in some cases, the Board will ask these investigators to conduct field investigations which may include more extensive record review, interviews with relevant persons, or site inspections. In addition to outside information, the Board often requests a written response to the allegations from the licensee

as part of its investigation into the complaint. Following an investigation into the complaint, the Board may determine that no further action is warranted and the complaint may be dismissed. If not, the complaint may move to the conference stage.

Table B.(7) 1: Complaints Received					
	FY07	FY08	FY09	FY10	FY11
RN	765	810	903	993	1403
LPN	476	514	582	457	633
Total	1241	1324	1485	1450	2036

This table depicts the number of jurisdictional complaints received by the Board for each of the last five fiscal years. The trend shows an increase in the number of complaints received with an increase of 64% between FY2007 and FY2011.

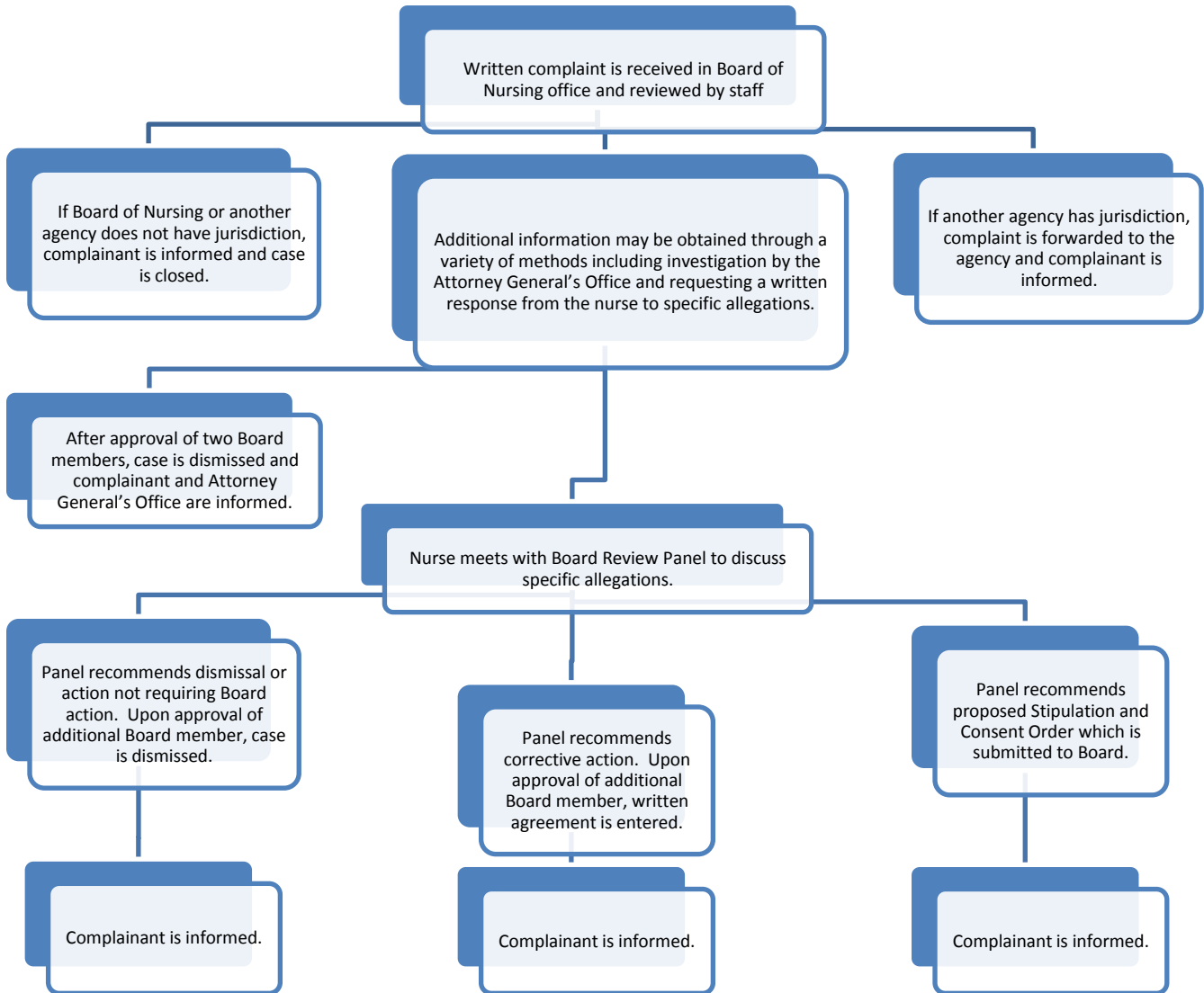
Conference with Board Review Panel. Based solely on the complaint or based on the complaint and the additional information obtained by the Board, the licensee may be asked to attend a conference with a Board Review Panel. Conferences are confidential proceedings and the Board conducts two types: Educational conferences and Disciplinary conferences. Licensees may be represented by legal counsel at their own expense at any point in the process, but are most likely to obtain counsel if requested to attend a disciplinary conference.

Educational conferences are less formal and are attended by the licensee and his or her attorney (if retained), board staff, and a board member. The Board will clarify information related to the complaint and may suggest ways in which the licensee may improve his or her practice. Most education conferences result in a dismissal of the complaint or an Agreement for Corrective Action.

Disciplinary conferences are more formal than educational conferences and are more likely to result in a recommendation for some type of disciplinary action, although they may also result in a dismissal or Agreement for Corrective Action. Disciplinary conferences are attended by the licensee and his or her attorney (if retained), board staff, a board member, and an Assistant Attorney General who acts as the attorney for the Board Review Panel.

Prior to a disciplinary conference, the licensee receives a Notice of Conference outlining the allegations in detail, describing the conference procedure, and detailing the licensee's rights and obligations. The licensee is asked to submit a written response to the allegations in the Notice of Conference prior to the conference. The written response and the conference are the licensee's opportunity to tell his or her side of the story. The licensee's response to the allegations is important to identifying the underlying issues and concerns and ensures the Board has a complete understanding of the situation.

Following the conference, the Board Review Panel makes a determination of findings and a recommendation to the Board.



Note: The informal process is used initially to process all written complaints received by the Board of Nursing. The process may change to a formal hearing process at any stage.

Figure B.(7) 1: Minnesota Board of Nursing Informal Complaint Handling Process

Possible Outcomes. There are several possible outcomes following a conference. These include: dismissal of the complaint; an Agreement for Corrective Action; disciplinary action; other administrative action such as, referral to the Health Professionals Services Program for monitoring; or initiation of a contested case proceeding (Appendix E. 1).

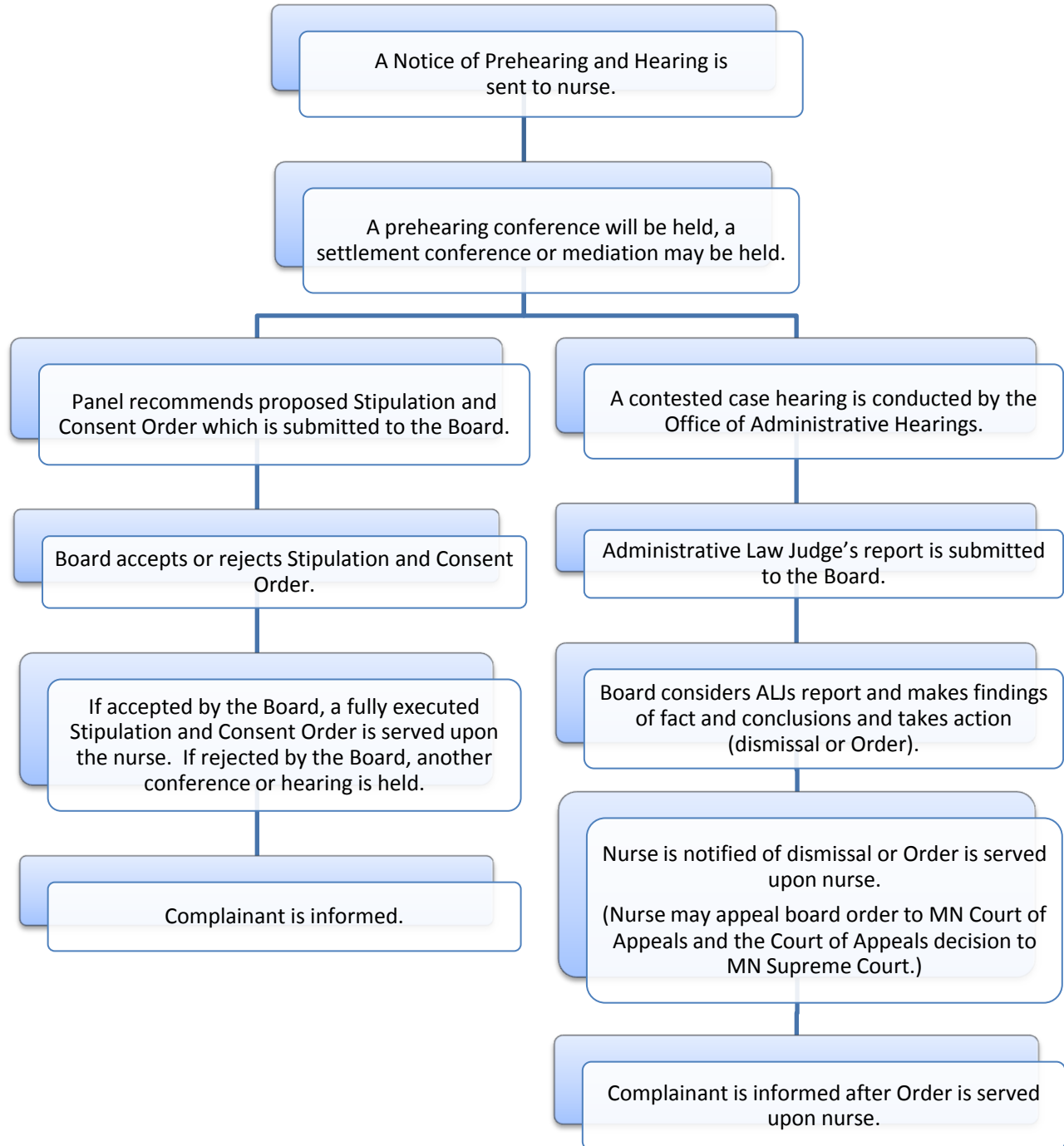
Agreements for Corrective Action are non-disciplinary, but they are public documents and are available on the Board's website. These agreements may include specific corrective measures such as, taking continuing education courses, meeting with a consultant or developing a procedure designed to correct a knowledge deficit of the licensee. The licensee will often also be required to submit a report to the Board documenting what they have learned.

Disciplinary actions are public and available on the Board's website. They are also reported to applicable data banks. The types of disciplinary actions include: denial of licensure; revocation; suspension; stay of suspension; conditions placed on the license; limitations or restrictions placed on the license; reprimand; and civil penalty.

If the licensee agrees with the outcome offered by the Board Review Panel, a Stipulation and Consent Order is drafted to reflect the agreement. The Order is signed by the licensee and, if approved at the board meeting, ends the complaint process. The complainant is then notified of the outcome of the complaint by letter.

Hearings. The Board will generally attempt to reach a mutually acceptable resolution to the complaint without initiating a contested case proceeding. However, if the parties are unable to reach a resolution, the Board cannot locate the licensee, or the allegations are of such a serious nature as to require swift action, the Board will initiate a hearing. The hearing process is dictated by the Administrative Procedures Act.

In the majority of cases, the Board is able to resolve the complaint by mutual agreement. In FY2011, the Board was able to resolve 1,939 cases without a contested hearing; and the Board held just 25 contested case hearings. The cost to the Board for those hearing cases was \$84,187. Of that cost, \$18,082 was assessed to the licensees. Contested case hearings took an average of 507 days to resolve, whereas all cases resolved in FY2011 took an average of 349 days to resolve. The Board is able to resolve the majority of cases more efficiently and at a lower cost when a case is resolved without a hearing.



Note: This hearing process is determined by the MN Administrative Procedures Act and conducted by the Minnesota Office of Administrative Hearings.

Figure B.(7) 2: Minnesota Board of Nursing Administrative Hearing Process

Action on Complaints without Conference

Temporary Suspension. In some particularly egregious cases, the Board will take action without a conference. For example, the Board received a report alleging a Minnesota nurse had communicated with several individuals via Internet chat rooms and encouraged those individuals to commit suicide. The Board took the uncommon step of issuing an Order of Temporary Suspension. Such an action suspends the license of a nurse prior to a hearing on the merits of the case. This extraordinary action was justified by the nature of the licensee's alleged conduct. The Board acted promptly to schedule a hearing on the matter before an Administrative Law Judge and subsequently issued an Order of Revocation.

Order of Cease and Desist. Another example of rapid action by the Board involved a nurse who was authorized to practice nursing in Minnesota based on licensure in Wisconsin and employment at a Minnesota facility. The Board learned the nurse had been arrested after the nurse attempted to siphon morphine from the intravenous pump of a hospital patient. The nurse was not employed at the facility but dressed and acted in a manner to appear to be an employee. Within four days the Board was able to obtain sufficient evidence to support a finding of a preponderance of evidence of a violation of the practice act and issued an Order to Cease and Desist. Subsequently, the Board was informed the nurse had been terminated from the nurse's Minnesota employer due to allegations of diversion of controlled substances. The Board reported its action to Wisconsin for possible action against the nurse's license.

Stipulation to Cease Practicing Nursing. In a third case, the Board received a report regarding a nurse alleged to have diverted a controlled substance from intravenous medication bags of hospital patients. The report alleged the nurse substituted saline for the controlled substances and contaminated the bags in the process, resulting in patients receiving diluted medication and becoming infected. In addition to reporting the matter to the Board, the hospital contacted the Minnesota Department of Health for assistance in investigating the infectious disease outbreak, as well as law enforcement when diversion became suspected. Recognizing the likelihood of a protracted criminal investigation and prosecution, the Board contacted the nurse to offer a Stipulation to Cease Practicing Nursing. A Stipulation to Cease Practicing Nursing is a public agreement between the nurse and the Board whereby the nurse agrees to refrain from practice for the duration of the agreement and the Board agrees to suspend disciplinary proceedings pending the outcome of the criminal matter. Such agreements protect the public by removing the nurse's ability to practice until the merits of the allegations can be determined. In this case, the Board was able to execute the Stipulation in less than three weeks after receipt of the complaint.

Compliance

Actions of the Board can only be effective if they are enforced. Board staff includes employees devoted to monitoring compliance with Board orders, investigating potential noncompliance or violations of orders and initiating enforcement actions when necessary. The Board has developed an efficient process to take action when a nurse is found to be in noncompliance. All

current Stipulation and Consent Orders issued by the Board include provisions permitting a hearing before the Board for allegations of noncompliance. In many cases, the Board Review Panel is able to negotiate an agreement with the nurse prior to the hearing before the Board. When this is not successful, the hearing is conducted. The nurse is afforded due process and given the opportunity to present evidence to refute the allegations or to demonstrate subsequent remedial measures. The Board considers this evidence along with the evidence of noncompliance and renders a decision.

In FY2011, there were a total of 2,027 nurses under a Board action. Of these, 286 required active monitoring by the Board. The remainders were under an order which had removed their authority to practice.

Complaint Disposition

Although the number of complaints has increased dramatically over the past five years, the Board has decreased the average age of open cases. Less than one percent of cases take longer than 18 months to resolve.

Action	FY07	FY08	FY09	FY10	FY11
Dismissed/Closed	59%	64%	76%	64%	73%
Disciplinary Actions	22%	19%	15%	22%	22%
Referred to HPSP	6%	4%	3%	2%	1%
Agreement for Corrective Action	3%	2%	2%	2%	2%
Stipulation to Cease Practicing Nursing	>1%	1%	1%	>1%	1%
Total Number of Actions	1291	1287	1480	1498	1573

The great majority of complaints to the Board are resolved through dismissal of the complaint. Approximately one-fifth of the Board's complaints are resolved through discipline.

The Board uses all forms of discipline at its disposal; suspensions and stayed suspensions are the most commonly used forms. The increase in discipline imposed corresponds with the increased number of complaints.

Table B.(7) 3: Disciplinary Actions					
	FY07	FY08	FY09	FY10	FY11
Reprimand	5%	18%	13%	9%	10%
Conditional License	6%	3%	11%	9%	4%
Limited License	3%	5%	4%	3%	3%
Stayed Suspension	14%	19%	9%	15%	16%
Voluntary Surrender/Inactive Status	13%	11%	15%	13%	11%
Suspension	54%	38%	41%	43%	51%
Revocation	1%	1%	6%	5%	2%
Denial of License/Registration/Petition	4%	4%	0%	3%	3%
Total Number of Actions	284	240	222	323	353

B.(8) ASSESSMENT OF AGENCY RULEMAKING PROCESS

An assessment of the agency's rulemaking process and the extent to which the agency has encouraged participation by the public in making its rules and decisions and the extent to which the public participation has resulted in rules that benefit the public.

The Board is authorized to adopt and revise rules not inconsistent with the law as may be necessary to enable it to carry into effect the provisions of the Nurse Practice Act. Minn. Stat. § 148.191, subd. 2.

Communication to Inform the Public. Extensive communication informs and engages the public at each step in the rulemaking process with the goal of insuring the concerns and best interests of the public are reflected in rule change. The most recent revision was to the rules governing the approval of nursing education programs. Website postings presented initial notice, progress and final rule draft as well as rationale for all proposed changes. Information and solicitation for comment was directed to a wide group of stakeholders including:

- All schools engaged in nursing education or who had expressed interest in developing a nursing education program.
- Professional nursing education associations at the practical, associate degree, and baccalaureate level.
- The hospital association, long term care associations and agencies.
- The Minnesota State Colleges and Universities.
- State-wide chapters of national nursing organizations, such as the Minnesota Organization of Leaders in Nursing.
- Collective bargaining organizations including the Minnesota Nurses Association and the Minnesota Licensed Practical Nurse Association.

Updates were provided throughout the process via presentations to stakeholder groups and at statewide health education conferences. Participation from the public was supported through creation of a task force charged with reviewing the rule and developing recommendations.

Benefit to the Public. Rules benefit the public by ensuring that the nurses who provide care for themselves, their families, and their communities are competent to provide needed services. For example, the program approval rules mandate national specialty accreditation as one aspect of regulatory oversight. National specialty accreditation is a process through which a program demonstrates ongoing excellence in assuring that students are provided with the knowledge and skills needed to meet professional nursing standards regarding practice as a nurse. This requirement is consistent with the recommendation of the National Council of State Boards of Nursing. By incorporation of the requirement into rule, the Board has served the public interest in assuring that nursing education programs in Minnesota meet the standards developed through national dialogue regarding best practices and professional standards.

Benefit to Nurses. Rule promulgation benefits nurses. Graduates from non-accredited programs experience limitations in admission to an advanced educational program and employment by some health care systems that employ only graduates of nationally accredited nursing programs. The revision of the program approval rules removed a barrier to further education. Without the opportunity to progress in his or her education, nurses are limited in their ability to pursue employment in specific roles of interest to them or that matches the specific needs of employers.

B.(9) COMPLIANCE WITH FEDERAL AND STATE LAWS RELATED TO EMPLOYMENT AND PURCHASING

The extent to which the agency has complied with federal and state laws and applicable rules regarding equality of employment opportunity and the rights and privacy of individuals, and state law and applicable rules of any state agency regarding purchasing guidelines and programs for historically underutilized businesses.

Employment. The Board complies fully with federal and state laws regarding equality of employment opportunity, and the rights and privacy of individuals. The executive director is entrusted with responsibility for ensuring that the Board complies with federal and state equal employment opportunity laws. The Board maintains and updates an affirmative action plan on a biannual basis. The current Affirmative Action Plan is on the board's website. The Board fully complies with the Minnesota Human Rights Act and applicable federal equal opportunity laws. This Board has received no complaints of violation of equal employment opportunity laws.

The Board conducts its hiring processes in accordance with all applicable collective bargaining agreements, and state and federal law. This is accomplished through consultation with the Board's affirmative action designee. The Board uses the State resume-base, skill-matching process. Resumes are evaluated against established minimum qualifications. Hiring processes are closely reviewed to insure compliance with equal employment opportunity. Interview questions are established based on knowledge, skills, and abilities required to perform the responsibilities of each position.

The Board's website contains an affirmative action/equal opportunity statement, lists the phone number for hearing/speech relay, and provides an e-mail address for comments on the webpage. The Board responds to all applicable State surveys regarding equal opportunity/affirmative action, including an Annual ADA Survey.

Purchasing and Contracting. The Board complies with all purchasing requirements, including the State Targeted Group/Economically Disadvantaged small business program. Contractual guidance is provided by the Administrative Services Unit (ASU). The ASU also provides the services of a buyer who has been trained in all state purchasing requirements, including Targeted Group/Economically Disadvantaged preferences in purchasing. The Board is also strongly supportive of Minncor purchasing.

The Board is aware of State contracting requirements regarding accessibility for IT services over \$25,000; assistance in these matters is provided by Administrative Services Unit IT and Contract staff. Training on these matters has been provided by the Department of Administration, Materials Management Division.

Data Privacy. Security profiles related to the Minnesota Accounting and Procurement System (MAPS), Statewide Employee Management System (SEMA4), Statewide Integrated Financial

Tools (SWIFT), Fiscal Notes, Budget, Payroll, Human Resources, and Warehouse data are regularly reviewed. Security profile statute reports are reviewed and are due to the Minnesota Department of Management and Budget every year. When profiles are added or changed, individual staff profiles are reviewed. Individual profiles are frequently maintained and reviewed by the Board and ASU to ensure compliance with statutes, rules, policies and procedures.

Financial Policies. The health-related licensing boards follow statutes, rules, policies and procedures related to financial operations. The Minnesota Management and Budget and the Minnesota Department of Administration provide policies and procedures and training related to financial activities that staff are required to maintain. The ASU assists the Board with complying with these policies and procedures.

Securing Records. The Board secures non-public data contained on physical materials. Files or application materials containing non-public data are secured at the end of every business day. During the business day, care is given by staff to ensure non-public data is observed only by authorized persons.

B.(10) POTENTIAL CONFLICTS OF INTEREST

The extent to which the Board issues and enforces rules relating to potential conflicts of interest of its employees.

Board Policy. The Board believes it is important to address potential or actual conflicts of interest between the interests of a board member and those of an applicant, licensee, nursing program, other regulated entity or the public, and has adopted a Policy for Conflict of Interest. (Appendix E. 2). The policy serves the following purposes:

- Removes one source of bias from Board decision making.
- Provides official public announcement of the Board’s concern and efforts to prevent actual as well as perceived conflicts of interest.
- Creates a guide for board members.

Of particular concern for board members is determining whether to participate in a disciplinary action decision. Minnesota Statutes section 10A.07 governs conflicts of interest. It provides that any public official who, in the discharge of official duties, would be required to take an action or make a decision which would substantially affect the official’s financial interests or those of an associated business, must follow specified procedures. Minnesota Statutes section 10A.01, subdivision 35 includes board members. All employees of the executive branch are subject to the requirements of section 43A.38. When faced with a potential conflict of interest, the public official must give notice and not participate in the action giving rise to the potential conflict of interest. Minn. Stat. § 10A.07 and 43A.38, subd. 7. The public official who has a potential conflict of interest should remove him or herself from the conflict. In the case of a decision made by a state board, a member cannot “chair a meeting, participate in any vote, or offer any motion or discussion on the matter giving rise to the potential conflict of interest. Minn. Admin. R. 4515.0500.

To assure compliance with the issue of conflict of interest statutory and policy requirements, the Board annually conducts training for board members and staff (Appendix E. 3).

Conflicts of interest. The Code of Ethics for State Employees with the State of Minnesota is reviewed at orientation with all new employees and is discussed regularly at Office Manager and Executive Director meetings. Questions regarding conflict of interest are directed to Administrative Services Unit staff who, when needed, seek additional guidance from Minnesota Management and Budget. Provisions regarding potential conflict of interest in regard to contracting are regulated by Minnesota Statutes. Provisions regarding institutional conflict of interest have been reviewed. Board staff receives training regarding appropriate purchasing and contracting procedures, including conflict of interest. Board and ASU staff adheres to state purchasing and contracting statutes and regulations.

Segregation of duties. The Board recognizes oversight is needed to mitigate risk. The board segregates duties so that duties are divided among different staff so no one person has control

over an entire transaction. This separation of incompatible duties provides for an independent check on work performed and reduces the risk of error or inappropriate actions. The Board's controls provide reasonable assurance that assets are safeguarded and financial transactions are proper, accurately recorded on the state's accounting system, and processed in accordance with management's authorization. The board performs periodic reviews to ensure that employees only have the system access necessary to fulfill their job responsibilities. The Board processes transactions in accordance with financial laws and procedures, including employee compensation plans. The Board performs independent reviews of expenditure transactions and restricts access to business systems and the safe. The Board performs independent reviews of the disbursement reconciliations.

B.(11) COMPLIANCE WITH DATA PRACTICES AND REQUESTS FOR INFORMATION

The extent to which the agency complies with Chapter 13 and follows records management practices that enable the agency to respond efficiently to requests for public information.

The Board has been successful at striking the proper balance between responding to the public's right to obtain information from state government, while protecting nonpublic. The board maintains records retention schedules as required by Minnesota Statutes section 138.17, subdivision 7 based on the type of data and nearly all public data the Board holds is available to any member of the public via the board's website. This data includes both public documents as well as data from the Board's extensive databases.

Communicating Public Meetings and Information. The Board uses its website to publish dates, times, and places for future public meetings such as board, committee, or other public meetings. Minutes for public meetings are also published on the website to ensure compliance with both the board's open meeting and data practices requirements. See Minn. Stat. § 13D.01. In addition to specific meetings, the board uses its web presence to provide public reports including:

- Frequently updated reports of disciplinary actions taken at each board meeting.
- A report of individuals under public disciplinary action. See Minn. Stat. § 13.41, subd. 5.
- Notifications to interested parties of proposed rule changes as well as information on procedures for public comment. See Minn. Stat. § 14.366.
- Report of current temporary permit holders.
- Information for the public regarding complaint submission procedures as well as an annual statistical report on the board's complaint processing performance.
- A daily report of high level licensure statistics including the total numbers of licensed nurses in a variety of categories. See Minn. Stat. § 13.41, subd. 5.

Online Verification of Licensure. In addition to the data available through documents published on its website, the Board also maintains a wide variety of online services that provide the public with 24/7 self-service access to public data. Services are equally available to all members of the public. While the board requires a user account and login to access services, members of the public are provided with the capability to create their own accounts and are not required to provide personally identifying data for this purpose. Publically accessible services include Verification Services and Data Services.

Verification services give public users the ability to retrieve public data on any nurse ever licensed in Minnesota. See Minn. Stat. § 13.03, subd. 1. Data retrieved via this method includes the individual nurse's licensure information as well as other certifications the individual holds such as Public Health Nurse or Advanced Practice Registered nurse. It also includes an Action History section that lists public disciplinary actions and a link to view the public documents associated with any actions. These services also provide employers with the means to fulfill their legal requirements to verify the current licensure of their nurse

employees. Employers may also subscribe to an automatic verification service that provides automated data exchanges that allow them to integrate verification data with their own internal systems.

Customized Queries and Reports. Data Services include raw data retrievals as well as compiled statistical data in an electronic format. These services provide public users with the ability to specify their own criteria to build custom data queries directly against the board's electronic databases and to download the data in spreadsheet formats. In addition to custom data retrievals, the board offers a series of pre-built files containing the most commonly requested data.

If the query cannot be fulfilled or is too large for download via online services, board staff will, on request, manually compile the requested data and provide it in the requested format.

Protection of Nonpublic Data. The Board has taken numerous steps to balance efficiently responding to the public's right to access data and the need to properly protect nonpublic data. The Board adheres to both State of Minnesota security and data protection policies and to IT industry best practices for data protection.

These measures include but are not limited to:

- The Board cooperates with the other health-related licensing boards to maintain industry standard firewalls, intrusion detection, and intrusion prevention systems as well as regular vulnerability scanning, automated system updating, and end point protection. These efforts protect the network and its systems as well as ensure separation between internal and public/internet accessible systems.
- The Board maintains separate databases for online services and internal activities with only limited and strictly controlled exchanges of data between the two. External users have no direct access to the internal database via the public Internet.
- Through publically accessible online services, not public personal information on individual nurses and applicants is available only to that individual. Each individual who wishes to access their personal data must obtain a login associated with their license or application for licensure in order to access the data. All licensees and applicants for licensure are provided with Tennessee Warning Notices to enable an individual to make an informed decision about whether to give data about her/himself to the board. The notices inform the users of the Board's statutory authority to collect the requested information and also provides information on which portions of the data will become public record upon licensure. See Minn. Stat. § 13.04, subd. 2.
- Not public disciplinary and other documents are never stored in a location accessible via the Internet. The Board operates an Electronic Document Management System (EDMS) that allows board members and staff access to documents via a secure, encrypted, Virtual Private Network (VPN) connection. In addition to the encrypted nature of the connection, user account controls further restrict board members to viewing only the documents to which they have specifically been granted access. The system also

enforces business rules to ensure board members may only access documents at the appropriate time in the disciplinary process.

- Access to not public information and all internal systems is further restricted to state issued computers only. This policy allows IT staff to ensure that access is only available through systems specifically configured to meet all state security standards including industry standard security software, group policy restrictions, and full disk encryption for all portable computers used for this purpose.

B.(12) EFFECT OF FEDERAL INTERVENTION AND FUNDING

The effect of federal intervention or loss of federal funds if the Board is abolished.

Federal Reporting Requirements

The Board of Nursing as a state licensing board is required to report its disciplinary actions to the National Practitioner Data Bank (NPDB) and the Healthcare Integrity and Protection Data Bank (HIPDB), collectively referred to as “The Data Bank”, within 30 days of the date of action. The Data Bank, is a confidential information clearinghouse created by Congress to improve health care quality, protect the public, and reduce health care fraud and abuse in the U.S. There are significant consequences for failing to report to the Data Bank in a timely manner. The Secretary of Health and Human Services (HHS) publishes a public report that identifies government agencies that have failed to report information on adverse actions as required.

Table B.(12) 1: The Data Bank at a Glance	
NPDB	HIPDB
Background	
The National Practitioner Data Bank was established under Title IV of Public Law 99-660, the <i>Health Care Quality Improvement Act of 1986</i> , and is expanded by Section 1921, as amended by section 5(b) of the <i>Medicare and Medicaid Patient and Program Protection Act of 1987</i> , and as amended by the <i>Omnibus Budget Reconciliation Act of 1990</i> . NPDB is an information clearinghouse to collect and release all licensure actions taken against all health care practitioners and health care entities, as well as any negative actions or findings taken against health care practitioners or organizations by Peer Review Organizations and Private Accreditation Organizations.	The Healthcare Integrity and Protection Data Bank was established under section 1128E of the <i>Social Security Act</i> as added by Section 221(A) of the <i>Health Insurance Portability and Accountability Act of 1996</i> . HIPDB was implemented to combat fraud and abuse in health insurance and health care delivery and to promote quality care. HIPDB alerts users that a more comprehensive review of past actions by a practitioner, provider or supplier may be prudent.
Who Reports?	
<ul style="list-style-type: none"> • Medical malpractice payers • State health care practitioner licensing and certification authorities (including medical and dental boards) • Hospitals • Other health care entities with formal peer review (HMOs, group practices, managed care organizations) • Professional societies with formal peer review • State entity licensing and certification authorities • Peer review organizations • Private accreditation organizations 	<ul style="list-style-type: none"> • Federal and State Government agencies • Health plans
What Information is Available?	
<ul style="list-style-type: none"> • Medical malpractice payments (all health care practitioners) 	<ul style="list-style-type: none"> • Licensing and certification actions <ul style="list-style-type: none"> ➤ Revocation, suspension, censure,

<ul style="list-style-type: none"> • Any adverse licensure actions (all practitioners or entities) <ul style="list-style-type: none"> ➤ revocation, reprimand, censure, suspension, probation ➤ any dismissal or closure of the proceedings by reason of the practitioner or entity surrendering the license or leaving the State or jurisdiction ➤ any other loss of license • Adverse clinical privileging actions • Adverse professional society membership actions • Any negative action or finding by a State licensing or certification authority • Peer review organization negative actions or finding against a health care practitioner or entity • Private accreditation organization negative actions or findings against a health care practitioner or entity 	<ul style="list-style-type: none"> reprimand, probation ➤ Any other loss of license - or right to apply for or renew - a license of the provider, supplier, or practitioner, whether by voluntary surrender, non-renewal, or otherwise ➤ Any negative action or finding by a Federal or State licensing and certification agency that is publicly available information • Civil judgments (health care-related) • Criminal convictions (health care-related) • Exclusions from Federal or State health care programs • Other adjudicated actions or decisions (formal or official actions, availability of due process mechanism and based on acts or omissions that affect or could affect the payment, provision, or delivery of a health care item or service)
--	--

Source: <http://www.npdb-hipdb.hrsa.gov/topNavigation/aboutUs.jsp>, accessed October 25, 2011.

An additional significant effect if the Board were to be abolished would be a disruption or discontinuation of Advanced Practice Registered Nurses' ability to obtain the Federal Drug Enforcement Agency (DEA) authorization required to prescribe controlled substances. By federal law, the Board of Nursing must verify nurse credentials prior to assignment of a DEA number.

Medicare Reimbursement

To be eligible for reimbursement from the Centers for Medicare Services (CMS), the services claimed must be provided by an individual who is authorized to perform such services. Claiming nursing services for reimbursement when performed by an unlicensed individual could result in fraud.

C. ADDITIONAL SERVICES AND COLLABORATION

Any other information that the agency considers appropriate or that is requested by the commission.

Participation in multiple committees, work groups and taskforces held and convened by stakeholders

Recent activities have included:

- The Minnesota Department of Health Home Care Regulatory Workgroup.
- The Minnesota Department of Health Office of Rural Health and Primary Care workforce data collection and analysis and rural health advisory committee, rural obstetrics work group.
- The Minnesota Department of Human Services Continuing Care Quality Commission.
- The Minnesota Department of Human Services Intensive Residential Treatment Services stakeholder group to comment on proposed rules.
- The Minnesota Department of Health and the Minnesota Hospital Association Controlled Substance Diversion Prevention Coalition.
- Action Coalition Planning Committee to plan an IOM presentation and to write an application for Minnesota to become an Action Coalition state, which was granted.
- Advanced Practice Registered Nursing Coalition to remove statutory, regulatory and institutional barriers to APRNs practicing to their highest level of education and training.
- Minnesota Alliance for Nursing Education addressing nursing program curricula.
- Minnesota Association of Colleges of Nursing updating on board activities and briefing on IOM report, *The Future of Nursing*.
- Minnesota Center for Nursing.
- National Council of State Boards of Nursing.
- Duke University, University of Minnesota School of Nursing, and University of North Carolina research project investigating RN delegation and LPN scope of practice.
- Robert Wood Johnson Regional Action Coalition proposal to develop Action Coalition application.

Participation in such activities and collaboration with other nursing and health-care oriented organizations is valuable both for the Board and the other parties. The Board is able to stay informed of issues and trends in nursing and healthcare, which better informs its decisions and actions. Furthermore, the Board is able to better achieve its mission of public protection by collaborating with other agencies and organizations. These activities are inherent in the mission and purpose of the Board. The Board is uniquely positioned to speak with authority on nursing practice issues with the primary objective of ensuring safe, competent nursing care.

Evidence-based Regulation

One of the Board's strategic initiatives is to "Advance excellence in nursing regulation by supporting evidence-based decision making to improve public safety." It is critical that Board policies, actions and activities be grounded in evidence which provides objective support for its decisions. To assist in development of this evidence and to ensure the Board is informed of current research and trends, the Board participates in relevant activities. These activities have included participation in the National Council of State Boards of Nursing's Commitment to Regulatory Excellence ("CORE") project, which seeks to improve organizational performance practices, capabilities and evidence-based results in provision of regulatory services. The Board also participates in the NCSBN's Taxonomy of Error, Root Cause Analysis and Practice ("TERCAP") study to evaluate causes of practice breakdown in nursing.

D. PRIORITY-BASED BUDGET

The Board's mission is accomplished through four service areas: credentialing, education, discipline/complaint resolution and nursing practice standards. The board estimates expenditures by program:

Discipline Service	53%
Credentialing Service	20%
Education Service	12%
Nursing Practice Service	8%
Administrative Services	7%

Fees Collected and Appropriation

Minnesota Statutes section 214.06, subdivision 1(a) compels the Board to collect fees in an amount sufficient to cover direct and indirect expenditures, including expenditures for programs authorized in sections 214.10, 214.103, 214.11, 214.17 to 214.24, 214.28 to 214.37, and 214.40.

The board collected \$10,769,000 in FY2010-2011 which was deposited as non-dedicated revenue into the state government special revenue fund. From this fund, the Board received a direct appropriation to pay for agency expenses such as salaries, rent, costs for disciplinary/contested cases and operating expenditures. It also paid statewide indirect costs through an open appropriation. In FY2010-11, total expenditures for these purposes were estimated at \$6,639,000.

Board's direct appropriations	\$6,576,000.00
Board's actual direct costs	\$6,399,846.85
surplus	\$176,153.15
Board's direct appropriations	\$6,576,000.00
Boards indirect costs budget	\$2,905,003.76
subtotal	9,481,003.76
Fees collected by Board	\$10,769,000.00
surplus	\$1,287,996.24

Support Functions Expenses

Board fees support the prorated shares of functions provided outside of the Board. These include legal support (Office of the Attorney General), statewide e-licensing system development and operations (Office of Enterprise Technology), centralized administrative support (Health-related Licensing Boards Administrative Services Unit), funding to health professionals monitoring (Health Professionals Services Program), malpractice insurance

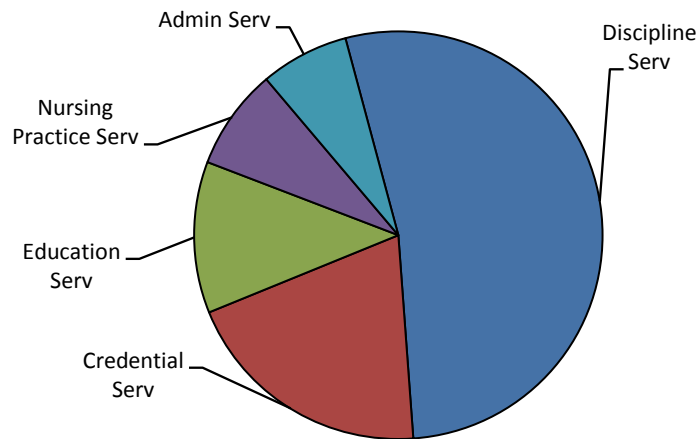
(Volunteer Health Care Provider Program), infection control monitoring program (Department of Health – HIV/HBV/HCV), and controlled substance program (Board of Pharmacy Prescription Monitoring Program). Additionally, in FY2010-2011 the Legislature transferred reserves in the state government special revenue fund to the General Fund.

Board's indirect costs budget	\$2,905,003.76
• Attorney General support	\$868,436.20
• E-licensing support	\$553,108.50
• Central administrative service unit	\$234,628.71
• Health professional services program	\$875,038.64
• General fund transfer	\$3,930,667.23
• Department of Health – HIV/HBV/HCV	\$346,111.89
• Volunteer Health Care Provider Program	\$20,946.40
• Prescription Electronic Reporting	\$13,420.30
surplus	\$546,421.62
• E-licensing support	\$560,000.00
• General fund transfer	\$3,931,000.00
Non-direct or indirect costs taken from reserve fund	

Compliant with Minnesota Statutes section 214.06, subdivision 1(a), fees collected are deposited in the health occupations licensing account in the state government special revenue fund. However, transfers to the General Fund, and unanticipated increases in the external support costs resulted in the Board's revenues not being sufficient to cover expenditures. The Board is authorized and did use accumulated surplus revenues from fees collected in a previous biennium.

Table D. 3: Overview of Funding Other Programs 2006-2011	
Department of Health HIV/HBV/HCV Program	\$1,021,356.47
Office of Mental Health Practice	\$5,407.60
Volunteer Health Care Provider Program	\$28,578.41
Department of Human Services Community Scholarship Program	\$3,116,000.00
Department of Health Loan Forgiveness Program	\$325,000.00
Office of Enterprise Technology (OET) E-licensing Initiative	\$1,514.00
Collection and Transfer to OET	\$1,006,931.00
Transfer to General Fund	\$4,851,109.25
Total taken from reserve fund in previous 8 years	\$10,369,317.03

The number of licensees regulated by the Board continues to rise, as do the number of complaints and the complexity of the cases. In most years Board fee revenues exceed direct expenditures and external support costs and as directed by law, the surplus is used to maintain a reserve in the state government special revenue fund. Transfers from the state government special revenue fund to the general fund in order to sustain projects and budgetary shortfalls in unrelated areas depletes the board reserve fund.



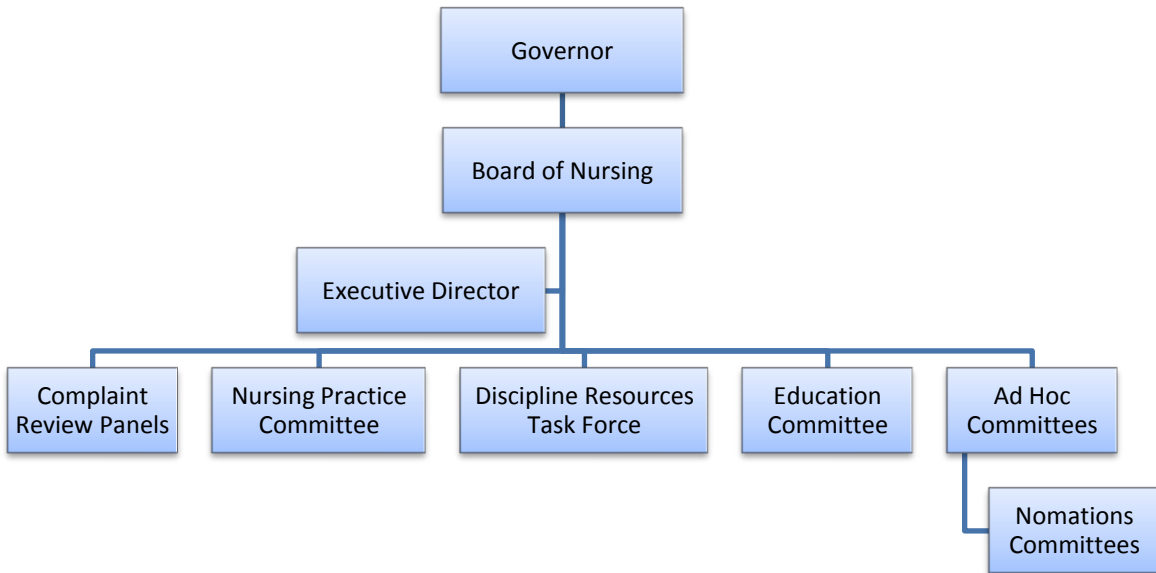
Source: Board expenses allocated to the services provided by the board.

Figure D. 1: 2010-11 Expenditures by Program

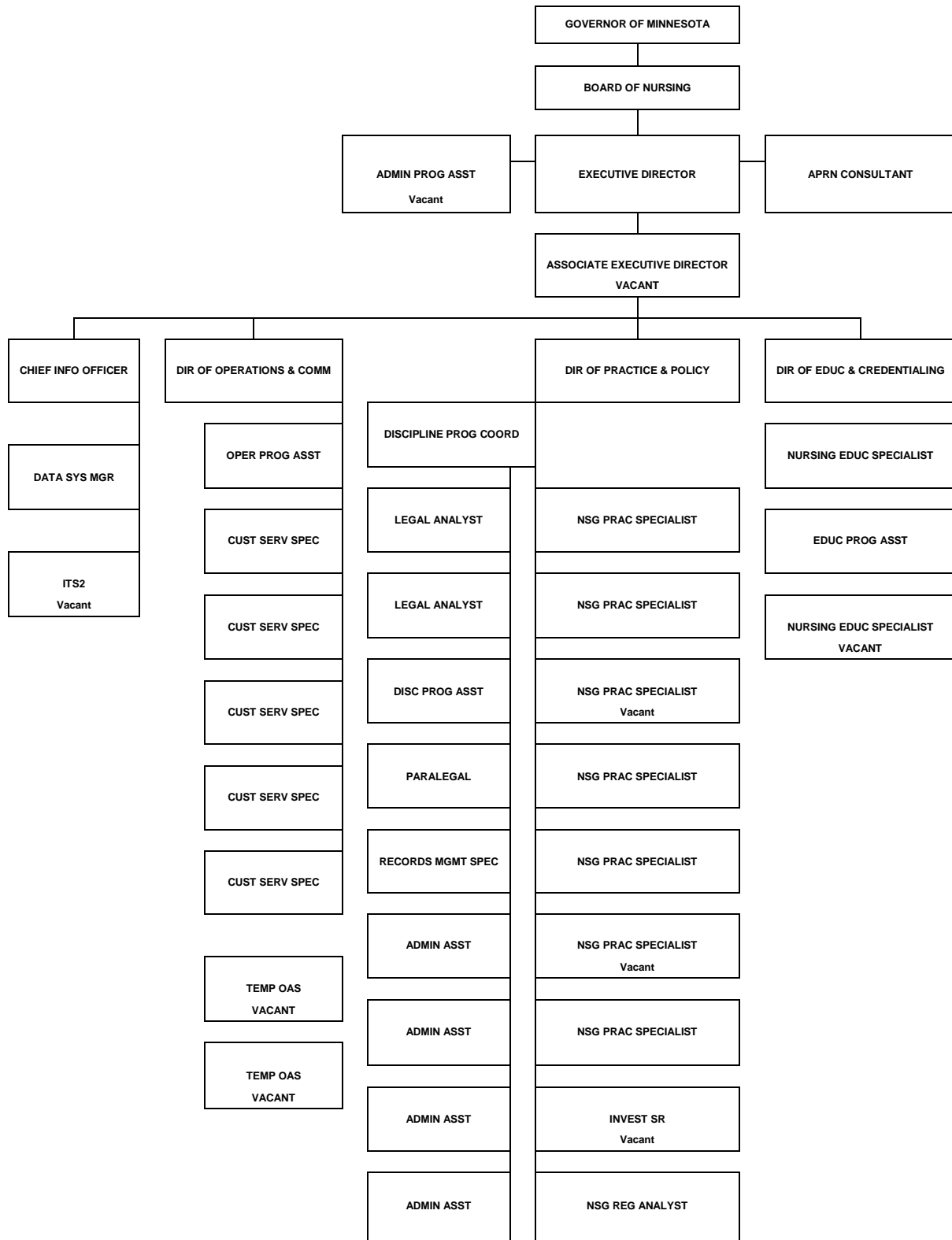
E. OTHER REQUIREMENTS

- (1) 1 Organizational chart: Governance
- (1) 2 Organizational chart: Staff
- (2) Organization's website
- (3) Six-year history of full-time equivalent staffing levels (FTE)
- (4) Six-year history showing all funding
- (5) List of all advisory councils whose primary function is to advise the organization
- (6) Citation of the statute creating the organization and to other statutes governing or administered by the organization
- (7) Citation to the administrative rules adopted by the organization
- (8) Copy or link to any other governance documents adopted by the organization
- (9) Costs to prepare this report

E.(1) 1: Minnesota Board of Nursing Governance



E.(1) 2: Minnesota Board of Nursing Organizational Chart – Staff



E. (2): Board's Website

www.nursingboard.state.mn.us

Minnesota BOARD OF NURSING Thursday, December 1, 2011
 minnesota.northstar

Advanced Search | Search Topics | All NorthStar | Nursing Board Site Only

Home | Online Services | Licensure | Practice | Education | Patient Safety | Laws and Rules | Data Resources | About Us | Site Map

Welcome to the Minnesota Board of Nursing

Minnesota Responds

MDH
Minnesota Department of Health

State of Minnesota
Health Professionals Services Program

2829 University Ave SE Suite 200
 Minneapolis, MN 55414
 (612) 617-2270
 FAX (612) 617-2190
 Hearing/Speech Relay: (800) 627-3529
 email: Nursing.Board@State.MN.US

Top User Links

LICENSEE	APPLICANT	PUBLIC USER
<ul style="list-style-type: none"> Online Licensure Renewal Download Forms Practice Topics Definitions (Scopes) of Practice Advanced Practice Nursing Continuing Education Online Licensure Renewal Help License Reregistration Military Exemption FAQ Nurse Practice Act CE Course 	<ul style="list-style-type: none"> Licensure by Exam Application Licensure by Endorsement Candidate Bulletin Border State Registry Download Forms Directions on How to Check Application Status Online 	<ul style="list-style-type: none"> Verification of Licenses (No Fee) List of Current Temporary Permit Holders List of Current Temporary Permit Holders (Excel File) Board Disciplinary Actions Approved Practical Nursing Programs Approved Professional Nursing Programs Complaint Information Auto Verification Service Nursing Assistant Registry DHS Criminal Background Studies

Alerts

ALERT to Nurses and Their Employers
 Other states' nursing licenses, including a license labeled "Multistate," are not valid in Minnesota, except under identified legal circumstances. For more information regarding Minnesota authorization to practice nursing, including requesting a licensure privilege, please see the information provided under the Licensure tab.

Proposed Rule Revision
 Proposed amendment to Minnesota Board of Nursing Rules Governing Professional and Practical Licensure (6305) and Registration (6310)

NOTICE: ALL FEES ARE NON-REFUNDABLE
 Any fees paid to the Minnesota Board of Nursing are non refundable as provided in the Board of Nursing Rules.

Meeting Notices

Board Meeting
 December 8-9, 2011

Discipline Task Force Meeting
 December 9, 2011

Nursing Practice Committee Meeting
 December 16, 2011

Education Committee Meeting
 January 27, 2011

Board Meeting
 February 2-3, 2012

Board Meeting
 April 5-6, 2012

Board Meeting
 June 7-8, 2012

Board Meeting
 August 2-3, 2012

Board Meeting
 October 4-5, 2012

Board Meeting
 December 6-7, 2012

Past meeting minutes

- Board Meeting Minutes August 2011
- Board Meeting Minutes June 2011

E.(3): Six-year history of full-time equivalent staffing levels

FY11	FY10	FY09	FY08	FY07	FY06
33.5	33.5	32.5	32.5	28	25

E.(4) 1: Six-year history showing all funding

	FY11	FY10	FY09	FY08	FY07	FY06
Appropriation	3,289,000	3,287,000	3,216,000	3,055,000	2,567,000	2,356,000
Revenue collected	5,779,051	5,663,406	5,250,288	5,064,960	4,967,293	4,690,155
Direct costs	3,301,363	3,098,483	3,214,457	2,776,070	2,433,869	2,016,121
Indirect costs						
• Administrative Services Unit	137,528	97,100	90,060	83,758	83,709	78,844
• Health Professional Services Program	429,185	445,854	478,738	389,399	356,081	299,452
• Attorney General	472,797	395,640	356,395	422,973	488,912	474,688
• HIV/HBV Department of Health	173,265	172,847	136,043	125,832	93,396	84,003
• Volunteer Health Care Provider	11,430	9,516	5,649	451	494	392
• Office of Mental Health Practice	0	0	1,468	1,384	905	1,650
• Prescription Electronic Reporting Program	13,420	0	0	0	0	0
• Statewide Indirect Costs	33,132	28,537	41,920	27,292	25,860	38,277
Indirect costs total	1,270,758	1,149,494	1,110,273	1,051,089	1,049,356	977,307
Total direct and indirect costs	4,572,121	4,247,977	4,624,730	3,827,159	3,483,225	2,998,827

E.(4) 2: Transfers to General Fund or Other Agency

	FY11	FY10	FY09	FY08	FY07	FY06
Accumulating surplus						
Legislative transfers from Board's surplus						
• Department of Human Services Community Scholarship Program	0	0	930,000	930,000	864,000	392,000
• Department of Health Loan Forgiveness Program	0	0	0	0	200,000	125,000
• Office of Enterprise Technology e-licensing initiative	0	0	0	1,514	0	0
• Office of Enterprise Technology transfer	12,748	540,361	0	0	0	0
• General Fund transfer	3,694,831	235,836	920,442	0	0	0
Subtotal	3,707,579	776,197	1,850,442	931,514	1,064,000	517,000
FY06-FY11 total transferred from surplus \$8,846,732						

E.(5): List of all advisory councils whose primary function is to advise the organization.

Not applicable. There are no advisory councils whose primary function is to advise the organization.

E.(6): Citation of the statute creating the organization and to other statutes governing or administered by the organization.

Minnesota Statutes sections 148.171-148.285 establishes the Board of Nursing and provides for its powers and obligations, as well as requirements for individuals who practice nursing. There are numerous other statutes pertaining to the operations of the Board or to nurses. See Appendix 4.

E.(7): Citation to the administrative rules adopted by the organization

The following Minnesota Rules have been adopted by the Board of Nursing.

- Chapter 6301 Program Approval
- Chapter 6305 Professional and Practical Nurse Licensure
- Chapter 6310 Professional and Practical Nursing Registration
- Chapter 6316 Public Health Nursing Registration
- Chapter 6321 Nursing Practice

The Board has identified several other rule citations that pertain to nurses. See Appendix 5.

E.(8): Copy or link to any other governance documents adopted by the organization.

Not applicable. The Board has not adopted any other governance documents.

E.(9): Costs to prepare this report.

This report to the Minnesota Legislature Sunset Advisory Commission is prepared pursuant to and compliant with Minnesota Statutes section 3D.06. Compliant with Minnesota Statutes 3.197, the Board of Nursing reports the costs to prepare this report were \$14,369.83.

Appendix 1: Minnesota Board of Nursing Agency Actions

Administrative Actions				Board Actions			
Orders	Agreements		Notices/Letters		Orders		Referrals
Disciplinary	Disciplinary	Non-Disciplinary	Disciplinary	Non-Disciplinary	Disciplinary	Non-Disciplinary	Non-Disciplinary
<ul style="list-style-type: none"> • Suspension • (Tax delinquency, maintenance, child support and paternity testing delinquency) • Automatic suspension • Temporary suspension • Partial removal of limitations or conditions • Complete removal of limitations or conditions • Grant or reinstate license following compliance with order • Order of Removal of Stay of Suspension 		<ul style="list-style-type: none"> • Agreement for Corrective Action • Stipulation to Cease Practicing Nursing 		<ul style="list-style-type: none"> • Referral to Health Professionals Services Program • Dismissal of a complaint • Dismissal of an agreement for corrective action 	<ul style="list-style-type: none"> • Revocation • Voluntary surrender • of license or registration • Inactive status • Suspension • Stayed suspension • Limited/restricted • Conditional • Reprimand/ Censure • Civil penalty • Unremunerated service • Amendment of current order • Reinstatement of registration without encumbrances • Grant a license • Denial of license, registration, or reregistration • Denial of petition for removal or amendment of terms of an order 	<ul style="list-style-type: none"> • Stipulated monitoring plan 	<ul style="list-style-type: none"> • Return of proposed order to Board Review Panel • Return of petition recommendation to Board Review Panel • Return of petition request to petitioner

Appendix 2: MINNESOTA BOARD OF NURSING COMPLAINT RESOLUTION PHILOSOPHY

Philosophy and Principles

The purpose of the Board of Nursing is to protect the public as it relates to nursing practice. The Board of Nursing is the only state agency charged with this responsibility. Because the public is vulnerable to unsafe and incompetent practitioners, the Board must have a process for intervening in situations where a nurse fails to practice in a competent and ethical manner, in order to fulfill its mission of public protection. The Board has statutory authority to take various types of action for the violation of specific laws and rules.

Therefore these principles or beliefs guide the Board's activities related to complaint resolution:

1. The Board is primarily accountable to the public. The focus of the Board's complaint resolution activity is protection of the public, rather than protection of the individual or the profession.
2. The Board obtains and utilizes data only to the extent necessary for a Board investigation. Data are classified consistent with the Minnesota Government Data Practices Act. The Board provides data regarding its processes and actions to the public to the extent permitted by law.
3. The Board acts only within its legal authority. All activities of the Board must be statutorily authorized and will be engaged in only for statutorily authorized reasons. The Board's processes must comply with legal principles of due process and equal protection. The Board values the recommendations and guidance provided by its legal counsel from the Office of the Attorney General.
4. The Board strives to resolve similar cases in a similar manner while considering the facts of each individual case in order to determine the appropriate remedy. The Board's decisions are designed to be fair, impartial and equitable.
5. Upon considering the law and the facts, if the Board determines a violation of the Nurse Practice Act has occurred, the Board will take the action which best protects the public. The primary purpose of this action is remediation.
6. 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 nurse whenever possible.
7. The Board uses minimal standards of acceptable and prevailing professional or practical nursing practice when evaluating a nurse's practice.
8. The Board supports and enforces individual accountability and therefore holds nurses responsible for their own nursing practice. Although the nurse may be performing

delegated medical functions and may be practicing within a system, the individual nurse is responsible to ensure he/she is accepting delegation appropriately, delegating to others appropriately and practicing safely within the practice setting and within the nurse's statutorily authorized scope of practice. The Board evaluates all reported incidents to determine the nurse(s) immediately involved and those whose practice contributed to the incident.

9. The Board seeks to treat all parties involved in the complaint resolution process with respect and courtesy.
10. The Board strives to operate its complaint resolution processes in a timely and fiscally responsible manner. The Board considers recovery of costs in all cases where it is authorized.
11. The Board communicates and cooperates with other state boards and agencies to ensure data are shared on matters of joint interest and jurisdiction for the protection of the public and to provide consistency of approaches among boards.
12. The Board will periodically evaluate the effectiveness of its processes.

MINNESOTA BOARD OF NURSING
COMPLAINT RESOLUTION PHILOSOPHY
Impaired Nurse Addendum

In conjunction with the philosophy and principles of complaint resolution adopted by the Board, the additional principles contained herein are intended to address issues unique to complaints concerning actual or potential inability to practice nursing with reasonable skill and safety due to physical condition(s), mental illness(es), and/or misuse or abuse of mood-altering chemicals. Therefore these principles or beliefs guide the Board's activities related to complaints regarding impaired nurses:

1. The Board recognizes that physical condition(s), mental illness(es), and misuse or abuse of mood-altering chemicals may affect a nurse's ability to provide safe and effective nursing care.
2. The Board recognizes there are various levels of impairment and the degree of risk to the public varies depending on the circumstances of each case.
3. The Board makes determinations regarding practice restrictions, monitoring, and removal of authority to practice based on the nurse's practice history, effective management of the nurse's condition/illness, and/or the nurse's compliant involvement in treatment/rehabilitation programs supported by research and congruent with the prevailing treatment modalities accepted within the treatment community.
4. The Board recognizes monitoring of management of a nurse's illness/condition through an alternative monitoring program, such as the Health Professionals Services Program, may be an acceptable alternative to action against the nurse's license.
5. The Board will periodically evaluate the effectiveness of its processes and the effectiveness of monitoring of nurses by the alternative monitoring program.
6. The Board supports the nurse's accountability for management of his/her illness/condition and may take action against the license of a nurse who demonstrates unwillingness or inability to comply with treatment recommendations and/or monitoring requirements.
7. The Board may take action against the license of a nurse for behaviors or conduct potentially associated with illness/condition which are additional violations of the Nurse Practice Act.

Appendix 3: Minnesota Board of Nursing
Summary of case types and Board member responsibilities

Board action

Case and document type	Summary	Board member role	Must Panel member abstain from voting? ¹
Initial action; Stipulation and Consent Order	Licensee and Review Panel have reached an agreement on facts (Stipulation) and remedy (Consent Order).	Review facts in Stipulation; Ask questions of licensee (if present) and Panel to obtain sufficient information to vote; Determine if remedy is appropriate to the facts.	No
Action following contested case hearing before an ALJ; Proposed Findings of Fact, Conclusions and Final Order ("Order")	Review Panel was been unable to reach an agreement with licensee or licensee did not participate in the proceedings ("default"). The Review Panel presented evidence of the licensee's violation of the NPA to an Administrative Law Judge to determine: 1) the facts of the case; 2) whether the facts constitute a violation of the NPA; and 3) whether the violations support a disciplinary action by the Board.	Review the entire record; Ask questions; Consider findings and conclusions on all material issues; Determine appropriate remedy.	Yes. Any Board member who has reviewed the case at an earlier stage should recuse themselves from deliberation and voting.
Stipulation and Consent Order for Reinstatement (petitions)	Licensee currently under discipline is seeking removal of all or part of the discipline.	Review evidence submitted by and on behalf of licensee; Ask questions; Determine whether evidence satisfies burden of proof. Avoid reevaluating current order.	No
Hearings before the Board; Proposed Findings of Fact, Conclusions and Final Order	Licensee currently under order is alleged to have violated the order, which includes a procedure for the Board to hear the allegations of noncompliance and determine the outcome. (NOHAN or NOROS)	Review entire record; Ask questions; Consider findings and conclusions on all material issues; Determine appropriate remedy.	Yes. Any Board member who has reviewed the case at an earlier stage should recuse themselves.

Administrative action

Case type	Summary	Documents to review	Required number of board members
Dismissal	Staff have investigated the allegations, and, based on the available information, recommend complaint be dismissed without action.	Complaint; Inquiry letter or notice of conference; Licensee's response; Conference summary form (if conference was held); Possibly other marked records or a summary of the records.	Two (will include Board member from conference, if conference was held).
Referral to HPSP	Staff have investigated the allegations, and, based on the available information, recommend licensee be referred for monitoring by the HPSP. Complaint will be dismissed after licensee enrolls in HPSP.	Complaint; Inquiry letter or notice of conference; Licensee's response; Conference summary form (if conference was held); Possibly other records.	Two (will include Board member from conference, if conference was held).
Proposed SCO (by mail)	Staff have investigated the allegations, and, based on the available information, recommend a Stipulation and Consent Order by mail (no conference). Typically the allegations are straight-forward and licensee has acknowledged the allegations.	Complaint; Inquiry letter or notice of conference; Licensee's response; Other records.	One to approve sending proposed SCO to licensee.
Agreements for Corrective Action	Staff have investigated the allegations, and, based on the available information, recommend an Agreement for Corrective Action.	Complaint; Inquiry letter or notice of conference; Licensee's response; Conference summary form (if conference was held); Possibly other records, Proposed ACA.	Two (will include Board member from conference, if conference was held).
Stipulations to Cease Practice	Board has received a complaint that alleges conduct or behavior of a Licensee that poses a significant risk of harm to the public. The licensee is unable or unwilling to participate in the complaint investigation and resolution process but agrees to refrain from practice.	Complaint; Notice of conference, if any; Licensee's response; Other records, Proposed Stip to Cease.	One

Appendix 4:

**MINNESOTA BOARD OF NURSING**

2829 University Avenue
 Minneapolis, Minnesota 55414-3253
 (612) 617-2270
 Toll Free: 1-888-234-2690 (IA, MN,ND,SD,WI)
www.nursingboard.state.mn.us

OTHER MINNESOTA STATUTES**Pertaining to the Operation of the Board of Nursing**

<u>Chapter/Section</u>	<u>Subject</u>
Chapter 13	Minnesota government data practices act
Section 13.41	Licensing data provision
Section 13D.01	Minnesota open meeting law
Chapter 14	Administrative Procedure Act
Chapter 15	State agencies in general
Section 144.051	Data relating to licensed and registered persons
Section 144.052	Use of data
Section 144.1485	Database on health personnel
Section 144.706 to 144.7069	Minnesota Adverse Health Care Events Reporting Act
Section 144A.61	Nursing assistant training
Chapter 214	Examining and licensing boards: General; License suspension for nonpayment of child support; Data collection; Health Care Provider Tax
Chapter 364	Criminal offenders, rehabilitation
Section 631.40 subd 2	Court to forward to the Board a copy of a nurse's conviction of a crime against a minor

Pertaining to Nurses

<u>Chapter/Section</u>	<u>Subject</u>
Chapter 12	Emergency management, including Emergency Health Powers Act and Out-of-state license holder's authority during an emergency
Section 13.32 subd 2	Student health data classification
Section 62A.15 subd 3a	Advanced nursing practice defined; Third party reimbursement required in accident and health and non-profit health service insurance policies
Section 62A.307	Reimbursement of APRN prescribing
Section 62A.3091	Reimbursement for APRN prescribing tests and x-rays
Section 62A.3092	Reimbursement of RN First Assistant
Section 62J.497	Electronic prescription drug program
Section 62M.09, subd 2	License required for health care utilization reviewers
Section 121A.21	School health services
Section 121A.22	Administration of drugs and medicine in public schools

Section 121A.2205	Possession and use of epinephrine injections-model policy
Section 121A.26	School preassessment teams
Section 122A.18	Board of Teaching to issue licenses (school nurses)
Section 125A.02	APRN may diagnose ADD/ADHD for purposes of identifying a child with a disability
Section 144.057	Background studies on Licensees
Section 144.121	Persons who may operate x-ray equipment
Section 144.125	Tests of infants for heritable and congenital disorders (nurse midwives)
Section 144.1487	Loan repayment program for health professionals
Section 144.29	Health records; children of school age (school nurse)
Section 144.292	Patient rights regarding health records
Section 144.4175	Reporting a person who is a health threat to others
Section 144.419	Isolation and quarantine of persons
Section 144.4195	Due process for isolation or quarantine of persons
Section 144.6503	Nursing home staff training in Alzheimer's disease or related disorder
Section 144.651	Health Care Bill of Rights
Section 144.6585	Name tags and professional designation required
Chapter 144A	Nursing homes, home care, and supplemental nursing services agencies
Section 144A.45	Regulation of Home Care Services
Chapter 144D	Housing with services
Section 144D.065	Housing with services staff training in Alzheimer's disease or related disorder
Chapter 144G	Assisted Living Services
Section 145.42	Abortions; no liability for refusal to perform
Sections 145.4711 – 145.4712	Emergency care to sexual assault victims
Section 145C.03 subd 2	Not serving as agent for health care directive
Chapter 146A	Complementary and alternative health care practices
Section 148.76, subd 2	APRN may order physical therapy
Section 148.975	Duty of a nurse who performs psychotherapy to predict, warn of or take reasonable precautions to provide protection from a patient's violent behavior; limitation on liability
Section 148B.50	Licensed professional counseling; Board of Behavioral Health and Therapy
Section 151.01 subd. 16 & 23	Definitions of prescription and of practitioners who may prescribe
Section 151.37	Legend drugs, who may prescribe, possess; application of practice guidelines or protocols
Section 152.12	Controlled substances, who may prescribe, possess
Section 152.126	Controlled substances prescription electronic reporting system
Section 154.04	Persons exempt from registration as a barber
Sections 157.17	Health supervision services in board and lodging facilities
Section 158.03	Officers (public health nurses) to report cases needing care at the University of Minnesota Hospitals
Section 176.135	Workers' compensation treatment; appliances; supplies
Section 181.275	Regulating nurses' overtime
Sections 182.6551 – 182.6554	Safe Patient Handling Act
Section 214.101	Suspension of professional license due to failure to pay child support
Sections 214.17-214.25	HIV, HBV, and HCV prevention program
Sections 214.31-214.37	Health Professionals Services Program

Section 214.40	Volunteer Health Care Provider Program
Section 243.251	Post-traumatic stress disorder in veteran nurses confined in adult correctional institutions
Section 245A.04, subd 12	Adult day care staff training in Alzheimer's disease or related disorders
Chapter 245B	Services for developmental disabilities
Chapter 245C	Background studies and disqualification criteria
Section 251.15	Student nurse contracting tuberculosis
Chapter 253B	Civil Commitment law
Section 256B.0651	Home Care Services
Section 256B.0659	Personal Care Assistance program
Section 256B.0911	Long term care consultation
Section 256B.0913	Alternative care program
Section 256B.0917 subd 8	Living-at-home/block nurse program
Section 261.22	Application by public health nurse for care of indigent person
Section 268.0625	Revocation of business licenses
Section 270C.72	Revocation of professional license due to tax delinquency
Section 295.52	MinnesotaCare tax
Chapter 319B	Professional Firms Act
Section 326.56	Licenses, certificates of registration, renewals by members of armed forces on active duty
Section 595.02 subd 1(g)	Privileged communication (registered nurse)
Sections 604.20 – 604.205	Action for sexual exploitation; psychotherapists
Section 604A.01	Good Samaritan Law
Section 609.2231 subd 6	Assault in the fourth degree; public employees with mandated duties (public health nurse)
Section 609.23	Mistreatment of persons confined
Section 609.231	Mistreatment of residents or patients
Section 609.341	Criminal sexual conduct; Psychotherapist definition includes a nurse.
Section 626.52	Reporting of suspicious wounds
Section 626.556 subd 3	Reporting of maltreatment of minors
Section 626.5561 subd 1	Reporting of prenatal exposure to controlled substances
Section 626.557 subd 3	Reporting of maltreatment of vulnerable adults
Section 626.5572.16	Definition of mandated reporter

This list contains references to most Minnesota statutes which pertain to the Board of Nursing and have relevance to the practice of nurses; however, it may not be complete. For statutes of specific interest, contact a reference library or access via the World Wide Web at: <http://www.leg.state.mn.us/leg/statutes.htm>

Updated: 12/5/2011

Appendix 5:

**MINNESOTA BOARD OF NURSING**

2829 University Avenue SE
 Minneapolis, Minnesota 55414-3253
 (612) 617-2270
 Toll Free: 1-888-234-2690 (IA, MN, ND, SD, WI)
www.nursingboard.state.mn.us

OTHER MINNESOTA RULES**Pertaining to Nurses**

<u>Chapter/Part</u>	<u>Subject</u>
2960	Licensure of Programs for Children
4655	Boarding Care Homes
4658	Nursing Homes, including administration of medications by unlicensed personnel
4665	Supervised Living Facilities
4668	Home Care, including Assisted Living Home Care Providers
4730.1530	Ordering Radiographic Examinations
6950	Infection Control Standards for HIV, HBV
8710.6100	Licensed School Nurse
9503	Child Care Centers
9505	Adult Day Care, Community Alternative Care, Pre-Admission Screening; Supervision of personal care attendants
9520	Mental Health Services
9530	Chemical Dependency Programs
9545	Facilities for Children
9555	Social Services for Adults, including Adult Foster Care

This list contains references to most Minnesota rules which have relevance to the practice of nurses; however, it may not be complete.

For rules of specific interest, contact a reference library or access via the World Wide Web at <http://www.revisor.leg.state.mn.us>.