

2008 Legislative Services Update

<i>State</i>	<i>Issue</i>	<i>Status</i>	<i>LegType</i>	<i>Bill Number</i>	<i>Bill Summary</i>
Colorado	Telemedicine	Passed	SB	68	Authorizes the use of telemedicine for mental health services provided under Medicaid.
Colorado	Complementary and Alternative Medicine	Pending	HB	1158	Enacts the Health Freedom Act to allow practitioners of complementary and alternative health care to provide services subject to specified disclosures and a signed acknowledgement.
Colorado	Outpatient/Office-Based Surgery	Engrossed	HB	1234	Provides deemed status for an ambulatory surgical center that is applying for licensure from the Department of Public Health and Environment if it meets licensure requirements if the applicant is accredited by the Joint Commission, the American Accreditation Association for Ambulatory Health Care, or the American Association for Accreditation for Ambulatory Surgery Facilities.
Colorado	Scope of Practice	Pending	SB	185	States a pharmacist filling a prescription order for an immunosuppressant shall not interchange any drug product for the prescribed drug unless the pharmacist first obtains consent for the substitution from both the prescribing practitioner and the purchaser.
Colorado	Scope of Practice	Amended	SB	190	Requires pharmacists to redistribute certain unused medications. Previously, such redistribution was optional.
Colorado	Medical Malpractice	Amended	SB	164	Amends the definition of direct noneconomic loss or injury to exclude physical impairment or disfigurement in a medical malpractice action. Aligns limitations on damages for noneconomic loss or injury in a medical malpractice case with the limitations for noneconomic loss or injury in other civil cases.
Colorado	Managed Care	Amended	SB	138	Creates the Physician Designation Disclosure Act to address the practice of health care entities making physician designations. Entitles physicians to challenge designations and describes the processes by which physicians may challenge designations.
Colorado	Complementary and Alternative Medicine	Engrossed	HB	1150	Authorizes the implementation of a pilot program to allow an eligible person with a disability to receive complementary or alternative therapies to the extent authorized by a federal waiver.
Colorado	Complementary and Alternative Medicine	Pending	HB	1064	Establishes the Advisory Committee of Naturopathic Medicine to make recommendations concerning such practice to the Department of Regulatory Agencies, which shall require practitioners of naturopathic medicine to be licensed. Further, sets the scope of practice for naturopathic doctors.

<i>State</i>	<i>Issue</i>	<i>Status</i>	<i>LegType</i>	<i>Bill Number</i>	<i>Bill Summary</i>
Colorado	Extending Health Care Services to Underserved Patient Populations	Amended	SB	194	Specifies the duties of the Board of Health concerning public health. Directs each county to either establish a county public health agency or join other counties in the establishment of a district public health agency and specifies the duties of these agencies, including the preparation of a local public health plan. Establishes and clarifies the duties of county or district boards of health. Clarifies that health care practitioners employed by county or district health agencies are considered governmental employees for purposes of governmental immunity.
Colorado	Medical Errors/Patient Safety	Amended	SB	188	Creates the Pilot Program Implementation Committee to develop and implement a pilot program for hospitals and their direct-care nurses to model professional nursing practice involvement in the decision-making processes for staffing issues of importance to nursing that are related to patient care and nursing work environment.
Colorado	Miscellaneous	Passed	HB	1075	Authorizes the medical staff of an ambulatory surgical center to establish a professional review committee to review and evaluate the quality and appropriateness of patient care provided by, and the professional conduct of a physician providing patient care at, an ambulatory surgical center.
Colorado	Managed Care	Passed	SB	174	Requires a person or entity that presents a proposed health care contract for consideration by a health care provider to provide a summary disclosure form to the health care provider at the time the contract is presented.
Colorado	Physician Practice	Pending	SB	109	Requires health care providers to do one of the following: post, in a common area in plain view of the patients, a notice stating that Colorado law requires the reporting, without patient consent, of certain conditions and diseases; or inform the patient, if the health care provider knows the residence or location of the patient, that the report will be made. A person who makes a report of HIV infection shall inform the patient that the report will be made and shall include in the information provided to the patient the content of the report, the procedure the person follows in making the report, and information regarding the statutory authority or rule of the Board of Health that requires the report.
Colorado	Scope of Practice	Passed	EO	6	Commissions the collaborative scopes of care study to examine the potential collaborative roles of other health care providers in meeting the medical and dental needs in communities.
Colorado	Miscellaneous	Engrossed	SB	220	Allows a community mental health center currently licensed by the Department of Public Health and Environment, a federally qualified health center, or a rural health clinic to employ a physician as long as the center or clinic does not limit or exercise control over the physician's independent judgment and does not offer the physician any percentage of fees charged to patients by the center or clinic or any other financial incentive.
Colorado	Medical Errors/Patient Safety	Pending	HB	1393	Requires each licensed hospital to report annually to the association of hospitals the information necessary to allow the association to determine the charges for the twenty-five most common inpatient diagnostic-related groups for which there are at least ten cases rendered by the hospital during the calendar year immediately preceding the release of the hospital charge report.

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Colorado	Extending Health Care Services to Underserved Patient Populations	Pending	SB	217	Requires the State Department, in coordination with the Division of Insurance and a panel of expert advisors appointed by the Governor, to prepare a request for proposals to be issued to health insurance companies to design value benefit plans that approximate eighty percent of the actuarial value of a preferred provider organization plan offered to employees. A value benefit plan developed in response to this request shall, among other things, include benefits for participation in wellness programs, incentives for plan participants to engage in healthier behavior, and the appropriate use of primary care when available; encourage the use of health information technology and telemedicine, including electronic health records and electronic prescriptions; encourage the use of a pay-for-performance system for reimbursing health care providers; provide consumers with educational materials regarding how to access Internet-based health care tools; specify a network of providers available under the VBP; and assume that all residents would be required to purchase health insurance.
Idaho	Medical Board Organization & Authority	Failed	SB	1472	Requires the Board of Medicine to appoint a review panel to identify possible health care system issues which might be improved to decrease the risk of maternal death.
Idaho	Medical Board Organization & Authority	Passed	HB	665	Approves the budget for the Board of Medicine at \$1,512,300 for the period July 1, 2008, through June 30, 2009.
Idaho	Scope of Practice	Failed	HB	377	Creates a Chiropractic Formulary Council to establish a formulary for use by chiropractic physicians.
Idaho	Complementary and Alternative Medicine	Failed	SB	1364	Repeals the Naturopathic Physicians Licensing Act.
Illinois	Physician Profiling/Credentialing	Pending	HB	4448	Amends information required to be released in individual physician profiles, including information relating to criminal convictions for felonies, administrative disciplinary actions in any state, hospital privilege revocations, and medical education history. Licensees may elect to include additional information in the profile.
Illinois	Miscellaneous	Pending	HB	4486	States that during any calendar year, no physician shall intentionally solicit or accept any gift or gifts from a drug manufacturer having a cumulative total value of more than \$50.
Illinois	Scope of Practice	Pending	HB	4503	Enacts the Nurse Licensure Compact.
Illinois	Miscellaneous	Pending	SB	1610	Provides that an immediate danger to the public must be evidenced by a documented act or acts that directly threaten patient care in the hospital prior to a summary suspension of a person's medical staff membership or clinical privileges. Provides that when a medical staff member's license to practice has been suspended or revoked by a licensing authority, a hearing is not necessary.

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Illinois	Pain Management/Prescription Monitoring	Pending	HB	5938	Provides protections for the medical use of marijuana and states that a practitioner shall not be subject to arrest, prosecution, or penalty in any manner, or denied any right or privilege, including but not limited to civil penalty or disciplinary action by the Medical Disciplinary Board solely for providing written certifications or for otherwise stating that a patient is likely to receive therapeutic benefit from the medical use of marijuana.
Illinois	Complementary and Alternative Medicine	Amended	HB	498	Establishes the Naturopathic Medicine Licensing Board to license naturopathic physicians and defines naturopathic medicine.
Illinois	Emergency Preparedness	Amended	HB	3616	Amends the Good Samaritan Act. Provides that any person, including health care practitioners, who in good faith provides services as a disaster relief volunteer shall not be liable to any person to whom disaster relief services were rendered for any acts or omissions, except willful and wanton misconduct in providing disaster relief services.
Illinois	Pain Management/Prescription Monitoring	Pending	HB	5499	Provides protections for the medical use of marijuana and states that a practitioner shall not be subject to arrest, prosecution, or penalty in any manner, or denied any right or privilege, including but not limited to civil penalty or disciplinary action by the Medical Disciplinary Board solely for providing written certifications or for otherwise stating that a patient is likely to receive therapeutic benefit from the medical use of marijuana.
Illinois	Medical Board Organization & Authority	Pending	HB	4504	Changes the repeal date of the Medical Practice Act of 1987 from December 31, 2008 to January 1, 2019.
Illinois	Telemedicine	Pending	HB	3724	Excludes from the definition of telemedicine a consultation given by a licensed practitioner outside of the State with whom the referring physician has a professional relationship, evidenced by a letter of agreement, for the purpose of tailoring the medical actions that are taken in regard to the patient accordingly.
Illinois	Pain Management/Prescription Monitoring	Pending	SB	2865	Provides protections for the medical use of marijuana and states that a practitioner shall not be subject to arrest, prosecution, or penalty in any manner, or denied any right or privilege, including but not limited to civil penalty or disciplinary action by the Medical Disciplinary Board solely for providing written certifications or for otherwise stating that a patient is likely to receive therapeutic benefit from the medical use of marijuana.
Illinois	Medical Board Organization & Authority	Pending	SB	1869	Amends the Medical Practice Act of 1987 by removing the requirement that an applicant for initial renewal of a visiting physician/professor permit successfully pass a general competency examination. The Department may issue a temporary visiting physician permit without examination provided the person maintains an equivalent authorization to practice medicine in all of its branches or to practice the treatment of human ailments without the use of drugs and without operative surgery and is in good standing in his or her native licensing jurisdiction.

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Illinois	Telemedicine	Pending	HB	1953	Provides that telemedicine includes a consultation, with both the referring physician licensed under the Act and the patient whose case is being consulted upon, given by a licensed practitioner outside of the State with whom the referring physician has a professional relationship evidenced by a letter of agreement, for the purpose of tailoring the medical actions that are taken in regard to the patient accordingly.
Illinois	Complementary and Alternative Medicine	Pending	SB	22	Establishes the Naturopathic Medicine Licensing Board to license naturopathic physicians and defines naturopathic medicine.
Illinois	Scope of Practice	Pending	HB	4440	Creates the Certified Professional Midwife Licensure Act to define midwifery and require such practitioners to be licensed by the Licensed Midwife Council within the Department of Financial and Professional Regulation.
Illinois	Scope of Practice	Pending	HB	5063	Provides that a physician may enter into a collaborative agreement with no more than four advanced practice nurses at any one period of time.
Illinois	Scope of Practice	Pending	HB	5501	Provides for the licensure of a registered professional nurse as a certified registered nurse anesthetist who does not have the required graduate degree, provided that he or she meets certain other requirements.
Illinois	Scope of Practice	Pending	HB	4778	Allows a physician to delegate prescriptive authority to an advanced practice nurse or a licensed podiatrist for any Schedule III through V controlled substances.
Illinois	Scope of Practice	Engrossed	HB	5595	Provides coverage for habilitative services including, but not limited to occupational therapy, physical therapy, and speech therapy for children under the age of 19 with congenital or genetic defects existing at or from birth or with a defect acquired at a young age under specified insurance plans.
Illinois	Scope of Practice	Engrossed	SB	2499	Provides coverage for habilitative services including, but not limited to occupational therapy, physical therapy, and speech therapy for children under the age of 19 with congenital or genetic defects existing at or from birth or with a defect acquired at a young age under specified insurance plans.
Illinois	Extending Health Care Services to Underserved Patient Populations	Pending	SB	2549	Creates a deduction for taxpayers who provide physician services to an uninsured patient at a reduced rate, and creates a deduction for taxpayers who provide physician services to Medicaid patients.
Illinois	Miscellaneous	Pending	SB	2212	Amends the Good Samaritan Act relating to free clinics to provide an alternative for posting an explanation of its exemption from civil liability if the clinic provides an explanation of the exemption in writing to each person who is enrolled as a patient or member of that free clinic.
Illinois	Telemedicine	Pending	HB	5953	Requires the Department of Public Health to develop, publish and disseminate a brochure to educate the general public on the use and availability of telemedicine and the advantages of telemedicine in providing access to medical care in rural areas and in medically underserved areas.

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Illinois	Extending Health Care Services to Underserved Patient Populations	Amended	SB	243	States that no license shall be granted or renewed under the Ambulatory Surgical Treatment Center Act until the applicant submits and has approved a plan for providing service to Medicaid recipients and medically underserved populations in its service area.
Illinois	Electronic & Internet Prescribing	Engrossed	HB	4391	Creates the Internet Prescribing Prohibition Act to prohibit licensed prescribers from knowingly prescribing controlled substances for a patient via the Internet, World Wide Web, telephone, facsimile, or any other electronic means unless the prescriber has physically examined the patient or has been given a documented patient evaluation, including health history and a physical examination, to establish the diagnosis for which any legend drug is prescribed; the prescriber and patient have discussed treatment options and the risks and benefits of treatment; and the prescriber has maintained the patient's medical records. A person convicted of violating this act is guilty of a business offense and shall be fined not less than \$1,000 for the first violation and not less than \$2,000 for a second or subsequent violation. Further, a person convicted under this act will be reported to the Division for appropriate licensing board review. The medical practice act is changed to include as grounds for disciplinary action violating any provision of the Internet Prescribing Prohibition Act.
Illinois	Scope of Practice	Amended	SB	385	Establishes the Midwifery Board to license midwives and defines the practice of midwifery.
Illinois	Outpatient/Office-Based Surgery	Pending	SB	161	Requires an ambulatory surgical treatment center where abortions are performed to comply with all of the statutes, rules and regulations applicable to ambulatory surgical treatment centers generally.
Illinois	Pain Management/Prescription Monitoring	Pending	HB	384	Requires group or individual policies of accident and health insurance or managed care plans that provide coverage for prescription drugs to provide coverage for any pain medication prescribed or ordered by the insured's treating physician licensed to practice medicine in all its branches.
Illinois	Medical Board Organization & Authority	Pending	SB	1847	Amends the Medical Practice Act of 1987. Concerns licensure without examination. The Department may, in its discretion and upon certain conditions, issue a license without examination to any person who is currently licensed to practice medicine in all of its branches, or to practice the treatment of human ailments without the use of drugs or operative surgery. Provides that a continuous faculty appointment at a single Illinois institution for a period of at least 2 years without incident shall be deemed substantially equivalent to any clinical examination requirement for an applicant who seeks to practice medicine in all of its branches or treat human ailments without the use of drugs and without operative surgery.

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Illinois	Electronic & Internet Prescribing	Amended	HB	691	States that licensed prescribers may not knowingly prescribe controlled substances for a patient via the Internet, World Wide Web, telephone, facsimile, or any other electronic means unless the patient has been physically examined by the prescriber or has been given a documented patient evaluation, including history and physical examination, to establish the diagnosis for which any legend drug is prescribed; the prescriber and patient have discussed treatment options and the risks and benefits of treatment; and the prescriber has maintained the patient's medical records. A person convicted of violating this section is guilty of a business offense and shall be fined not less than \$1,000 for the first violation and not less than \$2,000 for a second or subsequent violation. Additionally, amends the medical practice act to allow the board to take disciplinary action against a licensee who has violated any provision of the Internet Prescribing Prohibition Act.
Illinois	Physician Profiling/Credentialing	Pending	HB	387	Provides for the public release of individual profiles on medical licensees relating to criminal charges, administrative disciplinary actions within the past 10 years, hospital privilege restrictions, and names of medical schools and dates of graduation. The licensee may elect to provide certain information as well.
Illinois	Physician Profiling/Credentialing	Amended	HB	477	Creates the Health Care Practitioner Profile Act to require health care practitioner profiles through an Internet website and in writing. Each profile shall contain the full name of the health care practitioner, a description of any criminal convictions for felonies and Class A misdemeanors within the most recent five years, a description of any final disciplinary actions within the most recent five years, a description of any final disciplinary actions by licensing boards in other states within the most recent five years, a description of revocation and involuntary restriction of health care facility privileges for reasons related to competence or character, all professional malpractice court judgments and all professional malpractice arbitration awards in which a payment was awarded to a complaining party during the most recent five years, names of medical schools attended and professional programs enrolled in with dates of attendance and graduation, graduate medical or other health care related education, specialty board certification if any, number of years in practice and locations, names of health care facilities where the practitioner has privileges, appointments to medical school or graduate program faculties, information regarding publications in peer-reviewed literature, information regarding professional or community service activities and awards, the location of the practitioner's primary practice setting, identification of any translating services that may be available, and an indication of whether the health care practitioner participates in the Medicaid program.
Illinois	Managed Care	Pending	HB	5315	States that no contract between a health care service plan and a physician, physician group, or other licensed health care practitioner shall contain any incentive plan that includes a specific payment made directly, in any type or form, to a physician, physician group, or other licensed health care practitioner as an inducement to prescribe a specific medication or type of medication or deny, reduce, limit, or delay specific, medically necessary and appropriate services provided with respect to a specific enrollee or groups of enrollees with similar medical conditions.

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Illinois	Scope of Practice	Pending	HB	1404	Establishes the Midwifery Board to license midwives and defines the practice of midwifery.
Illinois	Physician Profiling/Credentialing	Amended	HB	4554	Requires the Department of Financial and Professional Regulation to make physician profiles available to the public on or before September 1, 2008. Currently, there is no implementation date for physician profiles.
Illinois	Scope of Practice	Pending	HB	1429	Allows licensed practical nurses, registered professional nurses, and advanced practice nurses the authority to prescribe drugs and medicines, including Schedule III, IV or V controlled substances.
Illinois	Scope of Practice	Pending	HB	5616	Provides coverage for rehabilitative services including, but not limited to occupational therapy, physical therapy, and speech therapy for stroke victims under specified insurance plans.
Illinois	Physician Practice	Pending	HB	4666	States that a physician that practices in the area of plastic surgery must be directly affiliated with an accredited hospital or university.
Illinois	Scope of Practice	Engrossed	HB	4862	States that the Department of Healthcare and Family Services may provide for the legally authorized services of a licensed clinical psychologist or licensed clinical professional counselor in supplying medical assistance.
Illinois	Physician Practice	Pending	HB	4667	States that a Board-certified plastic surgeon shall be the only individuals permitted to perform laser surgeries, Botox injections, or chemical peels on patients. The Board-certified plastic surgeon may not delegate the performance of any of these procedures to any other individual. A violation of this section that results, directly or indirectly, in the death of a patient is punishable as a Class 1 felony with a minimum prison term of 10 years.
Illinois	Scope of Practice	Pending	HB	1077	Allows a pharmacist to initiate emergency contraception drug therapy in accordance with protocols developed by the pharmacist and an authorized prescriber.
Illinois	Scope of Practice	Pending	SB	1355	Allows a licensed, doctoral-level psychologist to be certified as a medical psychologist. A medical psychologist may prescribe and dispense drugs and shall maintain an ongoing collaborative relationship with the health care practitioner who oversees the patient's general medical care.
Illinois	Scope of Practice	Amended	HB	3679	Allows a physician to delegate the operation of an intense pulsed light system or laser for the purpose of epilation, photorejuvenation, or other non-medical cosmetic procedures to a physician assistant, advanced practice nurse, registered nurse, electrologist, or other personnel provided those persons have adequate training.
Illinois	Scope of Practice	Pending	HB	4673	Allows for the administration of anesthesia by a podiatrist with the authority to administer anesthesia under the Podiatric Medical Practice Act of 1987 in hospitals.
Illinois	Scope of Practice	Pending	SB	648	Allows a licensed, doctoral-level psychologist who has undergone specialized training to prescribe and dispense drugs. A prescribing clinical psychologist shall maintain an ongoing collaborative relationship with the health care practitioner who oversees the patient's general medical care.

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Illinois	Scope of Practice	Pending	SB	617	Defines manipulation and states that any unlicensed person who engages in osteopathic or chiropractic technique, including manipulation, is guilty of a crime.
Illinois	Scope of Practice	Pending	SB	1626	States that a licensed physical therapist may treat ailments of human beings independent of a documented referral or a documented current and relevant diagnosis from a physician, dentist, advanced practice nurse, physician assistant, or podiatrist.
Iowa	Scope of Practice	Failed	SB	2074	Repeals the July 1, 2008, sunset of the advanced practice registered nurse compact.
Iowa	Extending Health Care Services to Underserved Patient Populations	Pending	HSB	792	Establishes a pilot physician assistant mental health fellowship program to be administered by the Department of Public Health to determine the effect of making available specialized training and support for physician assistants in providing mental health services on efforts to address Iowa's shortage of mental health professionals.
Iowa	Extending Health Care Services to Underserved Patient Populations	Amended	HB	2539	States the intent of the general assembly to progress toward achievement of the goal that all Iowans have health care coverage that meets certain standards of quality and affordability with the initial priority being that all children have such health care coverage by December 31, 2010. Also creates an electronic health information commission to promote the adoption and use of health information technology in order to improve health care quality, increase patient safety, reduce health care costs, enhance public health, and empower individuals and health care professionals with comprehensive, real-time medical information to provide continuity of care and make the best health care decisions. States the Department of Health shall consult with specified groups and health care professionals whose scope of practice includes end-of-life care to develop educational and patient-centered information on end-of-life care for terminally ill patients and health care professionals.
Iowa	Miscellaneous	Pending	SSB	3003	Allows physician assistants to form a professional corporation.
Iowa	Scope of Practice	Pending	HSB	629	Allows a minor to consent for prevention, diagnosis and treatment for a sexually transmitted disease or infection. Requires a physician to notify the county or state medical examiner when there is a nonnatural cause of death.
Iowa	Scope of Practice	Pending	HSB	518	Amends the definition of the practice of pharmacy and authorizes a pharmacist-intern to transfer and receive the transfer of a prescription order from a pharmacist or a pharmacist-intern.

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Iowa	Resident Licensure/Minimum Standards for Postgraduate Training	Failed	HB	2605	Makes several changes to the regulation of health-related professions. Amends requirements related to renewal of a license, including requiring each board to establish rules for license renewal and concomitant fees. Further, a board may consider the past criminal record of an applicant, instead of just the past felony record of an applicant. States that members of a board shall receive actual expenses for their duties, and shall also be eligible to receive compensation within the limits of funds available. Grants boards the authority to enter into a reciprocal agreement with a licensing authority of another state for the purpose of recognizing licenses issued by the other state, provided that such licensing authority imposes licensure requirements substantially equivalent to those imposed in this state. Amends grounds for disciplinary action the conviction of a crime, instead of a felony, related to the profession or occupation of the licensee. Grants boards the authority to by rule establish fees for specified costs of sustaining the board and the actual costs of services. States the Board of Medicine may have a pool of up to ten alternate members to substitute for board members who are disqualified or become unavailable for any other reason for contested case hearings. Amends the application process for applicants for a license to practice medicine, temporary license, and special license. Makes changes to the procedures for licensee discipline. States the Board of Medicine may appoint investigators who have the powers and status of peace officers when enforcing the medical practice act. Amends the standards for a resident physician license to include graduates of colleges of osteopathic medicine and surgery.
Iowa	Resident Licensure/Minimum Standards for Postgraduate Training	Pending	SB	2370	Provides funding for hospitals located in the state to apply for funding of a psychiatric residency position within the hospital, and requires a person filling the position to practice in the state for a minimum of four years following completion of the residency program. Establishes a health care provider and retention endeavor to include a community grant and recruitment and retention program, a health care provider loan repayment program, and a health care provider community scholarship program, and other recruitment and retention health care provider programs as identified through funding opportunities and the Center for Rural Health and Primary Care Advisory Committee.
Iowa	Extending Health Care Services to Underserved Patient Populations	Pending	SB	2370	Provides funding for hospitals located in the state to apply for funding of a psychiatric residency position within the hospital, and requires a person filling the position to practice in the state for a minimum of four years following completion of the residency program. Establishes a health care provider and retention endeavor to include a community grant and recruitment and retention program, a health care provider loan repayment program, and a health care provider community scholarship program, and other recruitment and retention health care provider programs as identified through funding opportunities and the Center for Rural Health and Primary Care Advisory Committee.
Iowa	Scope of Practice	Passed	HB	2603	Authorizes certain advanced registered nurse practitioners to file certain periodic court reports on chronic substance abusers and persons with mental illness who do not require full-time placement in a treatment facility.
Iowa	Scope of Practice	Passed	HB	2166	Amends the definition of the practice of pharmacy as it relates to tech-check programs.

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Iowa	Medical Errors/Patient Safety	Pending	HB	2471	Instructs the Department of Public Health to establish an initiative to address patient safety through the identification of medical errors if federal funding is received. The initiative shall also address the option of establishing a statewide billing policy for health care made necessary by preventable medical errors.
Iowa	Resident Licensure/Minimum Standards for Postgraduate Training	Passed	SB	2338	Makes several changes to the regulation of health-related professions. Amends requirements related to renewal of a license, including requiring each board to establish rules for license renewal and concomitant fees. Further, a board may consider the past criminal record of an applicant, instead of just the past felony record of an applicant. States that members of a board shall receive actual expenses for their duties, and shall also be eligible to receive compensation within the limits of funds available. Grants boards the authority to enter into a reciprocal agreement with a licensing authority of another state for the purpose of recognizing licenses issued by the other state, provided that such licensing authority imposes licensure requirements substantially equivalent to those imposed in this state. Amends grounds for disciplinary action the conviction of a crime, instead of a felony, related to the profession or occupation of the licensee. Grants boards the authority to by rule establish fees for specified costs of sustaining the board and the actual costs of services. States the Board of Medicine may have a pool of up to ten alternate members to substitute for board members who are disqualified or become unavailable for any other reason for contested case hearings. Amends the application process for applicants for a license to practice medicine, temporary license, and special license. Makes changes to the procedures for licensee discipline. States the Board of Medicine may appoint investigators who have the powers and status of peace officers when enforcing the medical practice act. Amends the standards for a resident physician license to include graduates of colleges of osteopathic medicine and surgery.
Iowa	Scope of Practice	Pending	SB	2290	Amends provisions relating to both voluntary and involuntary civil commitment proceedings for chronic substance abusers and persons with mental illness. Provides a licensed physician, licensed psychiatrist, and psychiatric advanced registered nurse practitioner with the authority to receive and admit, examine, evaluate, provide reports including court-ordered reports, and detain and discharge a person who is impaired due to substance abuse or mental illness in a residential substance abuse or hospital mental health setting.
Iowa	Scope of Practice	Pending	HB	2475	Authorizes a psychiatric advanced registered nurse practitioner to file certain periodic court reports on persons with mental illness who do not require full-time placement in a treatment facility.
Iowa	Physician Practice	Failed	HB	2486	States that a minor shall have the legal capacity to act and give consent to provision of medical care or services to the minor for the prevention, diagnosis, or treatment of a sexually transmitted disease or infection by a hospital, clinic, or health care provider. Expands such medical care or treatment to include a physician or under the supervision of a physician a physician assistant or advanced registered nurse practitioner.

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Iowa	Resident Licensure/Minimum Standards for Postgraduate Training	Pending	HB	2285	Establishes a health care professional recruitment program to consist of a forgivable loan program and a rural community loan repayment program for health care professionals. Defines chief primary health clinician as the licensed physician, licensed psychiatrist, or psychiatric advanced registered nurse practitioner who has been designated as the primary health clinician for a patient. Provides funding for hospitals located in the state to apply for funding of a psychiatric residency position within the hospital, and requires a person filling the position to practice in the state for a minimum of four years following completion of the residency program. Requires the department to adopt rules to provide reimbursement for participating providers under the medical assistance program for utilization of telemedicine.
Iowa	Medical Errors/Patient Safety	Pending	HB	2485	States a health care worker, who reasonably believes a particular practice the health care worker has observed occurring at the health care worker's place of employment or at the health care entity where the worker is rendering health care services, based on the worker's professional standards of care, professional code of ethics, or established guidelines, is a material violation of health and safety laws or a breach of public safety that has caused serious harm to or creates a significant probability of serious harm to patients or health care recipients, may report the information within fourteen calendar days of its occurrence, in order that investigation can be undertaken and, if appropriate, corrective action be initiated.
Iowa	Physician Practice	Pending	SSB	3123	Extends the reporting requirement of treatment given for a gunshot wound, stab wound, or other serious injury which appears to have been received in connection with the commission of a criminal offense to emergency medical care providers and expands reportable incidents to include homicide or serious injury by motor vehicle. Failure to provide this report is a simple misdemeanor.
Iowa	Outpatient/Office-Based Surgery	Pending	HB	2478	Defines an outpatient surgical facility or ambulatory surgical facility to include any facility that provides for performing or inducing any second or third trimester abortions or five or more first trimester abortions per month, thereby making these establishments subject to certificate of need requirements. Further amends the definition of an outpatient surgical facility to exclude facilities that are owned wholly or in part by a hospital. Further requires that ambulatory surgical centers be licensed and meet the requirements of the centers for Medicare and Medicaid services of the United States Department of Health and Human Services for ambulatory surgical centers.
Iowa	Scope of Practice	Passed	HB	2151	Repeals the July 1, 2008, sunset of the advanced practice registered nurse compact.

<i>State</i>	<i>Issue</i>	<i>Status</i>	<i>LegType</i>	<i>Bill Number</i>	<i>Bill Summary</i>
Iowa	Extending Health Care Services to Underserved Patient Populations	Pending	HB	2285	Establishes a health care professional recruitment program to consist of a forgivable loan program and a rural community loan repayment program for health care professionals. Defines chief primary health clinician as the licensed physician, licensed psychiatrist, or psychiatric advanced registered nurse practitioner who has been designated as the primary health clinician for a patient. Provides funding for hospitals located in the state to apply for funding of a psychiatric residency position within the hospital, and requires a person filling the position to practice in the state for a minimum of four years following completion of the residency program. Requires the department to adopt rules to provide reimbursement for participating providers under the medical assistance program for utilization of telemedicine.
Iowa	Physician Practice	Passed	SB	2177	States that a minor shall have the legal capacity to act and give consent to provision of medical care or services to the minor for the prevention, diagnosis, or treatment of a sexually transmitted disease or infection by a hospital, clinic, or health care provider. Expands such medical care or treatment to include a physician or under the supervision of a physician a physician assistant or advanced registered nurse practitioner.
Minnesota	Emergency Preparedness	Pending	HB	842	Appropriates budget for the Board of Medical Practice for fiscal year 2008 and 2009. Appropriates money for pandemic influenza preparedness for fiscal year 2008 and 2009. Authorizes the Commissioner of Health to award grants to implement regional or community-based health information exchange organizations to implement or use interoperable electronic health records.
Minnesota	Medical Board Organization & Authority	Pending	SB	1615	Allows the governor to remove a board member for cause after giving the board member a 30-day notice. The board member may petition the district court for a hearing on the dismissal and present evidence to rebut the dismissal and offer evidence to the contrary. A decision by the district court is final on the matter. A board member must act with consistency in regards to matters before the board or may be subject to removal by the governor. The bill also requires judicial oversight in disciplinary matters. It states that after the board has conducted an investigation of a physician licensed by the Board and prior to imposing any disciplinary action, the board must present its evidence and recommended disciplinary action to the district court and the physician shall have the right to rebut the evidence and offer evidence to the contrary. The physician shall also have the right to call witnesses in the physician's defense. If the board determines that emergency circumstances are present, the board shall petition the court for a temporary suspension of the physician's license while an investigation is being conducted. The decision of the judge is final if a temporary license suspension is issued.
Minnesota	Physician Profiling/Credentialing	Pending	HB	212	Removes the requirement that foreign medical school graduates must use the Federation's Credential Verification Service as a condition of licensure. These graduates still may use FCVS.

<i>State</i>	<i>Issue</i>	<i>Status</i>	<i>LegType</i>	<i>Bill Number</i>	<i>Bill Summary</i>
Minnesota	Medical Board Organization & Authority	Pending	HB	2295	Allows the governor to remove a board member for cause after giving the board member a 30-day notice. The board member may petition the district court for a hearing on the dismissal and present evidence to rebut the dismissal and offer evidence to the contrary. A decision by the district court is final on the matter. A board member must act with consistency in regards to matters before the board or may be subject to removal by the governor. The bill also requires judicial oversight in disciplinary matters. It states that after the board has conducted an investigation of a physician licensed by the Board and prior to imposing any disciplinary action, the board must present its evidence and recommended disciplinary action to the district court and the physician shall have the right to rebut the evidence and offer evidence to the contrary. The physician shall also have the right to call witnesses in the physician's defense. If the board determines that emergency circumstances are present, the board shall petition the court for a temporary suspension of the physician's license while an investigation is being conducted. The decision of the judge is final if a temporary license suspension is issued.
Minnesota	Medical Board Organization & Authority	Pending	SB	1553	Allows the board to grant an extension to the time period and to the number of attempts permitted to pass the United States Medical Licensing Examination (USMLE) if an applicant has been diagnosed with a medical illness during the process of taking the USMLE but before passage of all steps, or fails to pass a step within three attempts due to the applicant's medical illness. Proof of the medical illness must be submitted to the board on forms and according to the timelines of the board.
Minnesota	Medical Board Organization & Authority	Pending	HB	2179	Allows the board to grant an extension to the time period and to the number of attempts permitted to pass the United States Medical Licensing Examination (USMLE) if an applicant has been diagnosed with a medical illness during the process of taking the USMLE but before passage of all steps, or fails to pass a step within three attempts due to the applicant's medical illness. Proof of the medical illness must be submitted to the board on forms and according to the timelines of the board.
Minnesota	Medical Board Organization & Authority	Pending	SB	2005	States that when a licensee has satisfied any disciplinary or corrective measures imposed by the board, the board shall vacate any related order for discipline, which shall become void and of no effect. The order restoring or reissuing an unconditional license or removing conditions or limitations on the license may detail the facts upon which the license was suspended, limited, or otherwise conditioned and the corrective action the licensee was required to take, but it shall make no other reference to the voided order for discipline.
Minnesota	Medical Board Organization & Authority	Pending	HB	2039	States that when a licensee has satisfied any disciplinary or corrective measures imposed by the board, the board shall vacate any related order for discipline, which shall become void and of no effect. The order restoring or reissuing an unconditional license or removing conditions or limitations on the license may detail the facts upon which the license was suspended, limited, or otherwise conditioned and the corrective action the licensee was required to take, but it shall make no other reference to the voided order for discipline.

<i>State</i>	<i>Issue</i>	<i>Status</i>	<i>LegType</i>	<i>Bill Number</i>	<i>Bill Summary</i>
Minnesota	Medical Board Organization & Authority	Amended	SB	44	Removes the requirement that foreign medical school graduates must use the Federation's Credential Verification Service as a condition of licensure. These graduates still may use FCVS. Requires applicants for medical licensure to pass Step three of the USMLE within five years of passing step two, or before the end of residency training. The Board may grant an extension to the time period and to the number of attempts permitted to pass the USMLE if an applicant has been diagnosed with a medical illness during the process of taking the examination but before passage of all steps, or fails to pass a step within three attempts due to the applicant's medical illness.
Minnesota	Medical Errors/Patient Safety	Pending	HB	2343	States that in any civil action brought by an alleged victim of an unanticipated outcome of medical care, or in any arbitration proceeding related to that civil action, statements, affirmations, gestures, or conduct expressing apology, sympathy, commiseration, condolence, compassion, or a general sense of benevolence, made by a health care provider or an employee of a health care provider to the alleged victim, a relative of the alleged victim, or a representative of the alleged victim and which relate to the discomfort, pain, suffering, injury, or death of the alleged victim as a result of the unanticipated outcome of medical care is inadmissible as evidence of an admission of liability or as evidence of an admission against interest or as an excited utterance.
Minnesota	Medical Board Organization & Authority	Pending	HB	2748	Requires the Administrative Services Unit to apportion between the Board of Medical Practice, the Board of Dentistry, and the Board of Nursing an amount to be raised through fees in the amount expended on medical professional liability insurance coverage purchased for the providers regulated by the respective board. The respective board may adjust the fees in which the board is required to collect to compensate for the amount apportioned to the board by the Administrative Services Unit.
Minnesota	Electronic & Internet Prescribing	Amended	HB	1849	States that a prescription or drug order for a legend drug is not valid unless it is issued for a legitimate medical purpose arising from a prescriber-patient relationship that includes a documented patient evaluation adequate to establish diagnoses and identify underlying conditions and contraindications to the treatment. Treatment, including issuing a prescription or drug order, based solely on an online questionnaire or consultation outside of an ongoing clinical relationship does not constitute a legitimate medical purpose.
Minnesota	Complementary and Alternative Medicine	Amended	HB	748	Allows physician prescribed naturopathic medicine to be administered with appropriate supervision in schools.
Minnesota	Extending Health Care Services to Underserved Patient Populations	Pending	SB	460	Creates the Universal Health Board for the purpose of providing a single, publicly financed, statewide program to provide comprehensive coverage for all necessary health care services for residents of the state.

<i>State</i>	<i>Issue</i>	<i>Status</i>	<i>LegType</i>	<i>Bill Number</i>	<i>Bill Summary</i>
Minnesota	Scope of Practice	Pending	HB	645	States that after January 1, 2008, an individual in a facility with x-ray equipment for use on humans may not operate, nor may the facility allow the individual to operate, x-ray equipment unless the individual has passed a national examination approved by the Commissioner of Health. The Commissioner may grant a variance of the scope of practice of an x-ray operator in cases where the scope of practice would impose an extreme hardship on the registrant.
Minnesota	Scope of Practice	Amended	SB	445	States that after January 1, 2008, an individual in a facility with x-ray equipment for use on humans may not operate, nor may the facility allow the individual to operate, x-ray equipment unless the individual has passed a national examination approved by the Commissioner of Health. The Commissioner may grant a variance of the scope of practice of an x-ray operator in cases where the delivery of health care would otherwise be compromised if a variance were not granted.
Minnesota	Complementary and Alternative Medicine	Amended	SB	1520	Establishes registration requirements and scope of practice guidelines for naturopathic physicians under the Board of Medical Practice.
Minnesota	Complementary and Alternative Medicine	Amended	HB	1724	Creates the Registered Naturopathic Doctor Advisory Council under the Board of Medical Practice. The bill also sets registration and scope of practice guidelines for Naturopathic Physicians.
Minnesota	Complementary and Alternative Medicine	Amended	SB	2002	Allows physician prescribed naturopathic medicine to be administered with appropriate supervision in schools.
Minnesota	Electronic & Internet Prescribing	Pending	SB	1819	States that a prescription or drug order for a legend drug is not valid unless it is issued for a legitimate medical purpose arising from a prescriber-patient relationship that includes a documented patient evaluation adequate to establish diagnoses and identify underlying conditions and contraindications to the treatment. Treatment, including issuing a prescription or drug order, based solely on an online questionnaire or consultation outside of an ongoing clinical relationship does not constitute a legitimate medical purpose.
Minnesota	Extending Health Care Services to Underserved Patient Populations	Amended	SB	3168	Creates the Health Insurance Exchange.
Minnesota	Emergency Preparedness	Pending	SB	2932	Enacts the Uniform Emergency Health Practitioners Act. Provides for the creation of a registration system that out-of-state practitioners may use before or during a disaster, that may coincide with existing state or federal registration systems, and allows, upon registration, a health practitioner to contribute professional skills to existing organized disaster efforts.
Minnesota	Physician Practice	Pending	HB	3947	States it is unlawful to perform or induce, or attempt to perform or induce, a saline amniocentesis abortion unless in the certified professional judgment of the attending or referring physician, such an abortion is necessary to save the life of the mother whose life is endangered by a physical disorder, physical illness, or physical injury caused by or arising from the pregnancy itself.

<i>State</i>	<i>Issue</i>	<i>Status</i>	<i>LegType</i>	<i>Bill Number</i>	<i>Bill Summary</i>
Minnesota	Physician Practice	Pending	SB	3575	States it is unlawful to perform or induce, or attempt to perform or induce, a saline amniocentesis abortion unless in the certified professional judgment of the attending or referring physician, such an abortion is necessary to save the life of the mother whose life is endangered by a physical disorder, physical illness, or physical injury caused by or arising from the pregnancy itself.
Minnesota	Physician Practice	Pending	HB	4054	States a physician may prescribe, administer, or dispense antibiotic therapy for a therapeutic purpose to a patient who has been diagnosed by the physician with having symptoms of Lyme disease.
Minnesota	Physician Practice	Pending	SB	3583	States a physician may prescribe, administer, or dispense antibiotic therapy for a therapeutic purpose to a patient who has been diagnosed by the physician with having symptoms of Lyme disease.
Minnesota	Scope of Practice	Amended	HB	3924	Amends the definition of optometry to include the prescription or administration of legend drugs for specified conditions.
Minnesota	Scope of Practice	Pending	HB	3937	Provides general restrictions on the use of lasers, intense pulsed light devices, and radio frequency devices. States that the use of a laser, intense pulsed light device, or radio frequency device for ablative treatments for the purpose of treating a physical disease, disorder, deformity, or injury shall constitute the practice of medicine and may only be performed by a physician. The use of a laser, intense pulsed light device, or radio frequency device for nonablative treatments may be performed by a health practitioner if the treatment has been delegated by a physician and the practitioner meets certain training requirements.
Minnesota	Scope of Practice	Pending	SB	3625	Provides general restrictions on the use of lasers, intense pulsed light devices, and radio frequency devices. States that the use of a laser, intense pulsed light device, or radio frequency device for ablative treatments for the purpose of treating a physical disease, disorder, deformity, or injury shall constitute the practice of medicine and may only be performed by a physician. The use of a laser, intense pulsed light device, or radio frequency device for nonablative treatments may be performed by a health practitioner if the treatment has been delegated by a physician and the practitioner meets certain training requirements.
Minnesota	Scope of Practice	Passed	SB	1018	Allows an advance practice nurse to refer patients for physical therapy under certain circumstances.
Minnesota	Physician Practice	Pending	HB	3946	States it is unlawful to perform or induce, or attempt to perform or induce, a saline amniocentesis abortion unless in the certified professional judgment of the attending or referring physician, such an abortion is necessary to save the life of the mother whose life is endangered by a physical disorder, physical illness, or physical injury caused by or arising from the pregnancy itself.
Minnesota	Extending Health Care Services to Underserved Patient Populations	Amended	HB	3222	Creates the Health Insurance Exchange.

<i>State</i>	<i>Issue</i>	<i>Status</i>	<i>LegType</i>	<i>Bill Number</i>	<i>Bill Summary</i>
Minnesota	Pain Management/Prescription Monitoring	Pending	SB	3507	Requires the Commissioner of Human Services to expand coverage under the medical assistance program for eligible children receiving palliative care consultation services and other core pain and palliative care services.
Minnesota	Managed Care	Pending	SB	3799	States that a health plan that covers physical therapy must include in that coverage physical therapy intended to prevent, reduce, or reduce the likelihood of deterioration in the enrollee's physical status due to a progressive illness, progressive disability, or other progressive condition. A health plan shall not cover such physical therapy less favorably in any way than physical therapy intended to improve a person's physical status.
Minnesota	Physician Practice	Amended	HB	3670	States that when a defendant is convicted of a crime, the court shall inquire whether the defendant is a veteran of the armed forces. If the defendant is a veteran and has been diagnosed with a mental illness by a qualified psychiatrist or clinical psychologist or physician, the court may, among other considerations, consider the treatment recommendations of any diagnosing or treating mental health professionals together with the treatment options available to the defendant as a veteran in imposing sentence.
Minnesota	Extending Health Care Services to Underserved Patient Populations	Pending	HB	4119	Establishes the Minnesota Health Plan under the new Minnesota Health Board to keep children healthy and provide the best quality and affordability of health care.
Minnesota	Extending Health Care Services to Underserved Patient Populations	Pending	HB	4154	Permits residents of the state to buy health coverage approved in other states and creates the Physician's Council on Health Care Policy to analyze health benefit mandates that have been enacted, to analyze the benefits and costs of specific health benefit mandates, and to report its findings to the legislature.
Minnesota	Complementary and Alternative Medicine	Pending	HB	4167	Requires the Commissioner of Health to appoint a working group to discuss the scope of practice of traditional or lay naturopaths. The working group shall be composed of members representing complementary and alternative health care providers, registered naturopaths, and representatives of health care professions, such as physicians, osteopaths, chiropractors, and registered nurses. The working group shall report its findings to the House Finance Committee by January 15, 2010.
Minnesota	Complementary and Alternative Medicine	Pending	HB	4172	Requires the Commissioner of Health in cooperation with the University of Minnesota medical research to conduct a study of the effectiveness of alternative medicine approaches to the treatment of diseases and chronic conditions. The Commissioner shall continue this study through January 15, 2011, and shall report to the legislature each year beginning January 15, 2010, as to the effectiveness of alternative medicine approaches, and make recommendations as to whether these treatments should be covered by health insurance plans.

<i>State</i>	<i>Issue</i>	<i>Status</i>	<i>LegType</i>	<i>Bill Number</i>	<i>Bill Summary</i>
Minnesota	Emergency Preparedness	Passed	SB	3135	Establishes the Minnesota Responds Medical Reserve Corps to provide for emergency use of volunteer health professionals in certain situations. The Commissioner of Health may maintain a registry of volunteers and obtain data on volunteers relevant to possible deployments within and outside the state. Further, a volunteer health practitioner registered with a system that complies with the ESAR-VHP system, who is licensed in good standing in the state in which the practitioner's registration is based, and who is requested for deployment by the state's authorized representative may practice in the state as if the practitioner were licensed in Minnesota.
Minnesota	Extending Health Care Services to Underserved Patient Populations	Pending	SB	3824	Permits residents of the state to buy health coverage approved in other states and creates the Physician's Council on Health Care Policy to analyze health benefit mandates that have been enacted, to analyze the benefits and costs of specific health benefit mandates, and to report its findings to the legislature.
Minnesota	Complementary and Alternative Medicine	Pending	HB	4183	Prohibits the practice of naturopathy except by individuals who are certified, registered, or licensed naturopaths.
Minnesota	Medical Malpractice	Pending	HB	4179	Requires an expert in a medical malpractice action to be board certified if board certification is available to that particular specialty and currently practicing in the specialty or specialty areas of practice from which the applicable standard of care arises. States that any hospital or any employee of the hospital working in a clinical area within the facility and providing patient care, and any person licensed to practice medicine who in good faith renders medical care and treatment necessitated by a sudden, unexpected situation or occurrence resulting in a serious medical condition demanding immediate medical attention, for which the patient enters the hospital through its emergency room or trauma center, is not held liable for any civil damages as a result of the care or treatment unless the damages result from providing, or failing to provide, medical care and treatment under circumstances demonstrating gross negligence.
Minnesota	Scope of Practice	Pending	SB	3620	Enacts the Nurse Licensure Compact.
Minnesota	Medical Board Organization & Authority	Amended	SB	3313	Requires an applicant for medical licensure who has failed to pass each of steps one, two and three of the USMLE within three attempts to pass each of the steps with passing scores as recommended by the USMLE program within four attempts, have a current license in another state, and must have a current certification by a specialty board of the American Board of Medical Specialties, of the American Osteopathic Association Bureau of Professional Education, of the Royal College of Physicians and Surgeons of Canada, or of the College of Family Physicians of Canada.
Minnesota	Emergency Preparedness	Pending	HB	3244	Enacts the Uniform Emergency Health Practitioners Act. Provides for the creation of a registration system that out-of-state practitioners may use before or during a disaster, that may coincide with existing state or federal registration systems, and allows, upon registration, a health practitioner to contribute professional skills to existing organized disaster efforts.

<i>State</i>	<i>Issue</i>	<i>Status</i>	<i>LegType</i>	<i>Bill Number</i>	<i>Bill Summary</i>
Minnesota	Physician Practice	Pending	HB	3419	Permits health practitioners to dispense or prescribe a medically appropriate oral antibiotic drug for the sexual partner or partners of a patient who has been diagnosed by the practitioner with a sexually transmitted Chlamydia or gonorrhea infection.
Minnesota	Physician Practice	Pending	SB	2879	Permits health practitioners to dispense or prescribe a medically appropriate oral antibiotic drug for the sexual partner or partners of a patient who has been diagnosed by the practitioner with a sexually transmitted Chlamydia or gonorrhea infection.
Minnesota	Emergency Preparedness	Pending	SB	888	Appropriates budget for the Board of Medical Practice for fiscal year 2008 and 2009. Appropriates money for pandemic influenza preparedness for fiscal year 2008 and 2009. Authorizes the Commissioner of Health to award grants to implement regional or community-based health information exchange organizations to implement or use interoperable electronic health records.
Minnesota	Electronic & Internet Prescribing	Amended	SB	2941	States that a prescription or drug order for specified drugs is not valid unless it can be established that the prescription or order was also based on a documented patient evaluation, including an examination, adequate to establish a diagnosis and identify underlying conditions and contraindications to treatment.
Minnesota	Scope of Practice	Pending	HB	3251	Amends the practice of psychology.
Minnesota	Extending Health Care Services to Underserved Patient Populations	Amended	HB	3391	Provides greater access to health insurance, both public and private, and seeks to increase affordability and continuity of care for state health programs.
Minnesota	Extending Health Care Services to Underserved Patient Populations	Amended	SB	3099	Creates the Public Health Improvement Fund to reduce the percent of citizens who are obese or overweight, use tobacco, use illegal drugs, or misuse alcohol. Beginning January 1, 2009, the Commissioner of Health shall require state health care program enrollees eligible for services under the fee-for-service system to select a primary care clinic or medical group. The Commissioner shall also increase reimbursements to primary care physicians and shall improve coordination between state health care programs and social service programs. Provides standards that a hospital or health care provider must meet when implementing an interoperable electronic health records system within their hospital system or clinical practice setting. Provides standards for electronic prescribing as well.
Minnesota	Physician Practice	Pending	SB	3619	States it is unlawful to perform or induce, or attempt to perform or induce, a saline amniocentesis abortion unless in the certified professional judgment of the attending or referring physician, such an abortion is necessary to save the life of the mother whose life is endangered by a physical disorder, physical illness, or physical injury caused by or arising from the pregnancy itself.

<i>State</i>	<i>Issue</i>	<i>Status</i>	<i>LegType</i>	<i>Bill Number</i>	<i>Bill Summary</i>
Minnesota	Medical Board Organization & Authority	Pending	HB	3611	Requires an applicant for medical licensure to have passed steps one, two and three of the USMLE within specified time limits. Step three must be passed within five years of passing step two, or before the end of residency training. The applicant must either pass each of the steps with passing scores as recommended by the USMLE program within three attempts or must have a current certification by a specialty board of the American Board of Medical Specialties, of the American Osteopathic Association Bureau of Professional Education, of the Royal College of Physicians and Surgeons of Canada, or of the College of Family Physicians of Canada.
Minnesota	Electronic & Internet Prescribing	Amended	HB	2639	States that a prescription or drug order for specified drugs is not valid unless it can be established that the prescription or order was also based on a documented patient evaluation, including an examination, adequate to establish a diagnosis and identify underlying conditions and contraindications to treatment.
Minnesota	Medical Board Organization & Authority	Pending	HB	3640	States that a member of the Board of Medical Practice may be removed by the appointing authority at any time for cause after notice and hearing, if the member fails to make a conflict of interest disclosure as required, if the board fails to prepare and submit a report as required, or after missing three consecutive meetings. In the case of a vacancy on the board, the appointing authority shall appoint a person to fill the vacancy for the remainder of the unexpired term.
Minnesota	Scope of Practice	Pending	HB	3501	Amends the definition of chiropractic.
Minnesota	Scope of Practice	Pending	SB	3240	Amends the definition of chiropractic.
Minnesota	Scope of Practice	Amended	HB	3526	Requires all benefits provided by a policy or contract relating to expenses for acupuncture services that are provided by a physician to also include acupuncture treatment and services of a licensed acupuncture practitioner to the extent that the acupuncture services and treatment are within the scope of acupuncture practitioner licensure.
Minnesota	Scope of Practice	Pending	HB	3595	States a licensed physician or a licensed psychologist is qualified to make a diagnosis and determination of attention deficit disorder or attention deficit hyperactivity disorder for purposes of identifying a child with a disability who is eligible for and in need of special instruction and services.
Minnesota	Scope of Practice	Pending	SB	3415	States a licensed physician or a licensed psychologist is qualified to make a diagnosis and determination of attention deficit disorder or attention deficit hyperactivity disorder for purposes of identifying a child with a disability who is eligible for and in need of special instruction and services.
Minnesota	Scope of Practice	Pending	SB	3416	Amends the practice of psychology.

<i>State</i>	<i>Issue</i>	<i>Status</i>	<i>LegType</i>	<i>Bill Number</i>	<i>Bill Summary</i>
Minnesota	Extending Health Care Services to Underserved Patient Populations	Pending	HB	3671	States that reimbursement rates to primary care physicians deemed to meet certain requirements may be increased by not more than fifty percent above the reimbursement rate that would otherwise be paid to the primary care provider on or after January 1, 2009. The Commission, in collaboration with the Office of Rural Health, shall determine areas of the state in need of primary care physicians. A primary care physician who agrees to practice in a designated area shall receive the increased reimbursement rates for at least a period of five years, unless the physician discontinues practicing in the designated area.
Minnesota	Extending Health Care Services to Underserved Patient Populations	Pending	SB	3470	Creates the Statewide Health Improvement Program to reduce the percent of citizens who are obese or overweight to less than half by the year 2020 and to reduce tobacco smoking by 2 percent annually starting in 2011. Beginning January 1, 2009, the Commissioner of Health shall award grants to community health boards to convene, coordinate, and lead locally developed programs targeted at achieving measurable health improvement goals. The Commission shall set performance measures and annually review the progress of local communities in meeting the performance measures. The Commissioner shall also increase reimbursements to primary care physicians who meet certain requirements. Appropriations are also scheduled for the University of Minnesota to increase the number of graduates of residency programs who practice primary care. Requires hospitals and health care providers to meet certain criteria when implementing an interoperable electronic health record system within their hospital system or clinical practice setting. Establishes an electronic prescription drug program to create standards for electronic prescribing. The Health Insurance Exchange is created to provide individuals with greater access, choice, portability, and affordability of health insurance products.
Minnesota	Medical Board Organization & Authority	Pending	SB	3670	States that a member of the Board of Medical Practice may be removed by the appointing authority at any time for cause after notice and hearing, if the member fails to make a conflict of interest disclosure as required, if the board fails to prepare and submit a report as required, or after missing three consecutive meetings. In the case of a vacancy on the board, the appointing authority shall appoint a person to fill the vacancy for the remainder of the unexpired term.
Minnesota	Medical Board Organization & Authority	Pending	SB	3199	Requires the Administrative Services Unit to apportion between the Board of Medical Practice, the Board of Dentistry, and the Board of Nursing an amount to be raised through fees in the amount expended on medical professional liability insurance coverage purchased for the providers regulated by the respective board. The respective board may adjust the fees in which the board is required to collect to compensate for the amount apportioned to the board by the Administrative Services Unit.

<i>State</i>	<i>Issue</i>	<i>Status</i>	<i>LegType</i>	<i>Bill Number</i>	<i>Bill Summary</i>
Nebraska	Physician Practice	Pending	LB	713	Includes within the grounds for disciplinary action of a license to practice medicine and surgery or osteopathic medicine and surgery the administration or authorization of phosphatidylcholine or sodium deoxycholate, or any combination of these substances, by subcutaneous injection for the purpose of eliminating or reducing localized fat accumulation. This act does not apply to an applicant or licensee that administers these substances with the approval of the United States Food and Drug Administration.
Nebraska	Scope of Practice	Amended	LB	308	Amends the definition of the practice of pharmacy.
Nebraska	Scope of Practice	Amended	LB	928	States that any person who holds a valid credential in a health care profession or occupation may consult with a licensed veterinarian who has contracted with a certain entity regarding an animal on behalf of the entity or perform collaborative animal health care tasks on an animal under the care of such veterinarian for such entity if all such tasks are performed under the immediate supervision of such veterinarian.
South Dakota	Scope of Practice	Passed	SB	34	Allows certified nurse midwives to attend out-of-hospital births in accordance with practice guidelines established by the regulatory boards.
South Dakota	Medical Board Organization & Authority	Failed	HB	1189	Requires a review of any proposal to establish a new board or the addition of duties to an existing board.
South Dakota	Scope of Practice	Failed	HB	1155	Establishes the scope of practice for licensed midwives and requires such practitioners to be licensed by the Board of Nursing.
Wisconsin	Physician Practice	Failed	AB	969	Requires a health care provider, blood bank, blood center or plasma center that must currently report to the state epidemiologist information concerning a test subject's positive, validated test result also to report to the state epidemiologist the mode by which HIV was transmitted to the test subject. Also authorizes a physician or advanced practice nurse prescriber of the subject of a positive, validated test result, after counseling and notifying the subject, to report to the state epidemiologist the name of any person likely to have been significantly exposed to the test subject.
Wisconsin	Physician Practice	Failed	AB	901	Requires a health care provider who diagnoses a patient with a condition, injury, or illness other than alcoholism, drug dependency, mental illness, or developmental disability, that requires further treatment, to provide the patient with a treatment plan and to provide any necessary and appropriate referral for further treatment or services.
Wisconsin	Scope of Practice	Failed	SB	488	Renames the Physical Therapists Affiliated Credentialing Board the Physical Therapy Examining Board and states the Board will no longer be attached to, or be advised by, the Medical Examining Board.
Wisconsin	Extending Health Care Services to Underserved Patient Populations	Failed	AB	263	The bill relates to the state agency status coverage under the Volunteer Health Care Provider Program (VHCPP) regardless of applicable health care liability insurance coverage. It states that VHCPP volunteers are state agents of the Department of Health and Family Services (DHFS) and specifies that any medical malpractice liability policy providing coverage for a health care provider's services may exclude coverage for services that the provider provides as a volunteer in the VHCPP.

<i>State</i>	<i>Issue</i>	<i>Status</i>	<i>LegType</i>	<i>Bill Number</i>	<i>Bill Summary</i>
Wisconsin	Scope of Practice	Passed	SB	409	Authorizes a pharmacist to dispense a prescribed drug or device at a location not licensed as a pharmacy pursuant to rules promulgated by the Board of Pharmacy.
Wisconsin	Medical Board Organization & Authority	Failed	SB	416	Grants a physician who is prosecuted for performing a partial-birth abortion the right to a hearing before the Medical Examining Board to determine if the partial-birth abortion was necessary to save the life of the mother.
Wisconsin	Medical Board Organization & Authority	Failed	AB	545	Changes the Physical Therapists Affiliated Credentialing Board to the Physical Therapy Examining Board. Except that the board will no longer be attached to, or be advised by, the Medical Examining Board, the Physical Therapy Examining Board's duties and responsibilities remain the same.
Wisconsin	Medical Board Organization & Authority	Failed	AB	710	Grants a physician who is prosecuted for performing a partial-birth abortion the right to a hearing before the Medical Examining Board to determine if the partial-birth abortion was necessary to save the life of the mother.
Wisconsin	Miscellaneous	Failed	AB	224	Provides for immunity from liability for any health care provider, health care facility, or employee of a health care provider or health care facility that in good faith does any of the following: 1. Reports any information, the disclosure of which is not expressly prohibited by law, relating to an allegation that another health care provider, health care facility, or employee has provided a health care service of a quality that violates any standard established by law or any health care provider or health care facility has committed a violation of the law or has provided a health care service of a quality that violates any standard established by law or any clinical or ethical standard and that poses a potential risk to public health or safety, has engaged in unprofessional conduct, or has acted negligently in treating a patient to any appropriate state agency; to any accrediting or standard setting body; or to any officer, director, or supervisor of the health care facility or health care provider. 2. Initiates, participates in, or testifies in any action or proceeding in which it is alleged that another health care provider, health care facility, or employee of a health care provider or health care facility has committed a violation of the law or has provided a health care service of a quality that violates any standard established by law or any clinical or ethical standard and that poses a potential risk to public health or safety, has engaged in unprofessional conduct, or has acted negligently in treating a patient. 3. Provides to any legislator or legislative committee any information relating to an allegation that another health care provider, health care facility, or employee of a health care provider or health care facility has committed a violation of the law or has provided a health care service of a quality that violates any standard established by law or any clinical or ethical standard and that poses a potential risk to public health or safety, has engaged in unprofessional conduct, or has acted negligently in treating a patient.
Wisconsin	Scope of Practice	Failed	SB	9	Prohibits the Dentistry Examining Board from creating a rule that prohibits a dentist from administering a dose of an oral medication to induce conscious sedation that exceeds the maximum recommended dose of the medication.

<i>State</i>	<i>Issue</i>	<i>Status</i>	<i>LegType</i>	<i>Bill Number</i>	<i>Bill Summary</i>
Wisconsin	Scope of Practice	Failed	AB	497	Allows certified advanced practice nurse prescribers to determine an illness or injury and complete forms for the purpose of granting assistance to needy veterans. They may also conduct medical review related to motor vehicle operator's licenses and to determine disability for the purpose of issuing certain hunting permits.
Wisconsin	Pain Management/Prescription Monitoring	Failed	SB	151	Allows a dying patient to make a written request for medication to end the patient's life and states that a person is not subject to civil or criminal liability or professional disciplinary action for participating in good faith compliance with this article.
Wisconsin	Pain Management/Prescription Monitoring	Failed	AB	298	Allows a dying patient to make a written request for medication to end the patient's life and states that a person is not subject to civil or criminal liability or professional disciplinary action for participating in good faith compliance with this article.
Wisconsin	Medical Errors/Patient Safety	Failed	AB	53	Establishes that a statement or gesture of a health care provider, or a health care provider's employee or agent, that expresses apology, benevolence, compassion, condolence, or sympathy to a patient or to his or her relative or representative is not admissible into evidence or subject to discovery in any civil action or administrative hearing regarding the health care provider as evidence of liability or as an admission against interest.
Wyoming	Extending Health Care Services to Underserved Patient Populations	Passed	HB	155	Establishes a physician recruitment grant program to solicit physician recruitment applications from hospitals, physicians and others seeking to recruit physicians, to be prioritized by need based on geographic area, then by medical need within the geographic area. Grant authorizations shall authorize the person or entity receiving it, for a period of one year, to make a firm offer of recruitment to a candidate, conditioned upon Wyoming licensure and the candidate's signed written agreement to the conditions of this section.
Wyoming	Emergency Preparedness	Passed	SB	36	Provides immunity from liability for volunteer health care providers who are retired, who have an inactive license or who are licensed in another state without a valid Wyoming license and while performing as a volunteer during a declared public health emergency. Requires licensing boards to provide by rule and regulations for the temporary licensure of health care providers during a public health emergency.