

Subject Higher education: opiate antagonists

Authors Schomacker and others

Analyst Nathan Hopkins

Date March 13, 2025

## Overview

This bill requires public postsecondary institutions to have opiate antagonists available on campus, and allows opiate antagonists to be administered by authorized employees of postsecondary institutions.

## Summary

Section	Description
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| 1 | <b>Opiate antagonist.</b><br>Requires Minnesota State Colleges and Universities and requests the University of Minnesota to maintain a supply of nasal opiate antagonist at each campus residential building. Requires the commissioner of health to assist postsecondary institutions with training and planning regarding opiate antagonists. |
| 2 | <b>Administration of opiate antagonists for drug overdose.</b><br>Allows a nurse or other personnel employed by a postsecondary institution to be authorized by a physician to administer opiate antagonists.   |

**Subject** Licensure of certified midwives

**Authors** Agbaje and others

**Analyst** Elisabeth Klarqvist

**Date** March 24, 2025

## Overview

This bill requires an individual to be licensed by the Board of Nursing as a certified midwife in order to engage in certified midwifery practice and establishes requirements for certified midwife licensure.

## Summary

Section	Description
1	<b>General.</b> Amends § 147D.03, subd. 1. Provides a certified midwife licensed under chapter 148G is not subject to regulation under chapter 147D (governing traditional midwives).
2	<b>Expenses.</b> Amends § 148.241. Requires the expenses of administering the Minnesota Certified Midwife Practice Act to be paid from appropriations made to the Board of Nursing, and adds administration of this act to the allowable uses of money appropriated to the Board of Nursing.
3	<b>Title.</b> Adds § 148G.01. Provides chapter 148G must be referred to as the Minnesota Certified Midwife Practice Act.
4	<b>Scope.</b> Adds § 148G.02. Provides chapter 148G applies to applicants for licensure as a certified midwife, individuals licensed as a certified midwife, and all persons who provide certified midwifery services to patients who reside in Minnesota unless an exemption applies.

Section	Description
5	<p><b>Definitions.</b></p> <p>Adds § 148G.03. Defines the following terms for this chapter: board, certification, certified midwife, certified midwifery practice, collaborating, consulting, encumbered, licensure period, licensed practitioner, midwifery education program, patient, prescribing, prescription, referral, supervision.</p>
6	<p><b>Certified midwife licensing.</b></p> <p>Adds § 148G.04. Requires a person practicing as a certified midwife or serving as faculty for a midwifery distance learning program to be licensed under this chapter, specifies eligibility for licensure, and requires certain applicants for licensure to complete a restorative plan.</p> <p><b>Subd. 1. Licensure.</b> Prohibits a person from practicing as a certified midwife or serving as faculty for clinical instruction in a midwifery distance learning program unless licensed under this chapter. Requires applicants for licensure to apply to the board and submit the required fee, and specifies eligibility requirements for licensure.</p> <p><b>Subd. 2. Clinical practice component.</b> If more than five years have passed since an applicant practiced in a certified midwife role, requires the applicant to complete a restorative plan that includes a clinical component with at least 500 hours of practice supervised by a licensed practitioner.</p>
7	<p><b>Licensure renewal; relicensure.</b></p> <p>Adds § 148G.05. Establishes requirements for license renewal and for relicensure for persons with a lapsed license.</p> <p><b>Subd. 1. Renewal; current applicants.</b> Requires a certified midwife to apply for license renewal before the certified midwife's licensure period ends, and requires an applicant for license renewal to submit with the renewal application, evidence of current certification by the American Midwifery Certification Board and the required fee.</p> <p><b>Subd. 2. Clinical practice component.</b> If more than five years have passed since an applicant practiced as a certified midwife, requires the applicant to complete a reorientation plan that includes a clinical component with at least 500 hours of practice supervised by a licensed practitioner.</p> <p><b>Subd. 3. Relicensure; lapsed applicants.</b> If a person whose licensure has lapsed wishes to resume practice, requires the person to apply for relicensure, comply with requirements established by the board, and pay a relicensure fee. Requires payment of a penalty fee by a person who practiced certified midwifery without a license.</p>

<b>Section</b>	<b>Description</b>
8	<p><b>Failure or refusal to provide information.</b></p> <p>Adds § 148G.06. Requires a certified midwife to notify the board upon certification renewal, and prohibits a licensee from practicing as a certified midwife if the licensee fails to provide notification. Allows the board to deny an applicant a license if the applicant fails to provide the information needed to determine the applicant’s qualifications, fails to demonstrate qualifications, or fails to satisfy the requirements for licensure.</p>
9	<p><b>Name change and change of address.</b></p> <p>Adds § 148G.07. Requires a certified midwife to maintain a current name and address with the board and to notify the board within 30 days of any change in name or address.</p>
10	<p><b>Identification of certified midwives.</b></p> <p>Adds § 148G.08. Requires a person to be licensed as a certified midwife in order to use the title certified midwife. Requires certified midwives to use the designation CM for professional identification and in documenting services provided.</p>
11	<p><b>Prescribing drugs and therapeutic devices.</b></p> <p>Adds § 148G.09. Authorizes certified midwives to diagnose, prescribe, and institute therapy or referrals; prescribe, administer, and dispense over-the-counter and legend drugs and controlled substances; and plan and initiate therapeutic regimens, including ordering and prescribing durable medical equipment and devices, nutrition, diagnostic services, and supportive services. Requires certified midwives to comply with Drug Enforcement Administration (DEA) requirements for controlled substances and to file the certified midwife’s DEA registrations and numbers with the board if applicable. Requires the board to maintain records of certified midwives with a DEA registration and number.</p>
12	<p><b>Fees.</b></p> <p>Adds § 148G.10. Provides the fees established in section 148G.11 are nonrefundable and must be deposited in the state government special revenue fund.</p>
13	<p><b>Fee amounts.</b></p> <p>Adds § 148G.11. Specifies fee amounts for licensure, license renewal, the penalty for practicing without a current certification or without a current certification on file, relicensure, and the penalty for practicing without current licensure. Authorizes collection of a service fee for dishonored checks.</p>

Section	Description
14	<p data-bbox="318 264 857 296"><b>Approved midwifery education program.</b></p> <p data-bbox="318 310 1417 422">Adds § 148G.12. Establishes procedures and standards for initial and continuing approval, loss of approval, and reinstatement of approval by the board for midwifery education programs.</p> <p data-bbox="367 457 1401 611"><b>Subd. 1. Initial approval.</b> Requires an institution wishing to operate a certified midwifery program to provide a program leading to eligibility for certification in midwifery, achieve accreditation by the American Commission for Midwifery Education, and meet other standards established in law and by the board.</p> <p data-bbox="367 646 1360 800"><b>Subd. 2. Continuing approval.</b> Requires the board to annually survey all midwifery programs in the state for current accreditation with the American Commission for Midwifery Education, and requires the board to approve the program if it continues to meet the standards for current accreditation.</p> <p data-bbox="367 835 1401 947"><b>Subd. 3. Loss of approval.</b> Requires the board to remove a program from its list of accredited programs if the program’s accreditation is revoked by the accrediting body.</p> <p data-bbox="367 982 1417 1087"><b>Subd. 4. Reinstatement of approval.</b> Requires the board to reinstate approval of a program when the program submits evidence that the program meets the accrediting body’s standards.</p>
15	<p data-bbox="318 1136 732 1167"><b>Grounds for disciplinary action.</b></p> <p data-bbox="318 1182 1409 1598">Adds § 148G.13. Lists grounds on which the board may deny, revoke, suspend, limit, or condition an individual’s license to practice certified midwifery, or otherwise discipline a licensee or applicant. Prohibits the board from granting or renewing a license to practice certified midwifery if the individual has been convicted of certain felony-level criminal sexual offenses, automatically revokes an individual’s license in those circumstances, and authorizes the board to establish criteria to allow individuals convicted of these offenses to become licensed in certain circumstances. Allows copies of judgments and administrative proceedings to be admitted into evidence, and permits the board to require a certified midwife to undergo a medical or physical examination in certain circumstances and to obtain medical data and health records relating to the certified midwife or applicant.</p>
16	<p data-bbox="318 1646 1308 1709"><b>Forms of disciplinary action; automatic suspension; temporary suspension; reissuance.</b></p> <p data-bbox="318 1724 1360 1871">Adds § 148G.14. Lists disciplinary actions the board may take. Specifies when a license to practice certified midwifery is automatically suspended or temporarily suspended, and allows the board to reinstate and reissue a license in certain circumstances.</p>

Section	Description
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**Subd. 1. Forms of disciplinary action.** If the board finds grounds for disciplinary action exist, allows the board to deny the license application or renewal application; revoke, suspend, limit, or condition the license; impose a civil penalty; order the provision of free services; censure or reprimand the certified midwife; or take any other action justified by the case.

**Subd. 2. Automatic suspension.** Provides a license to practice certified midwifery is automatically suspended if a guardian is appointed for the certified midwife, the certified midwife is civilly committed, or the certified midwife is determined mentally incompetent, mentally ill, chemically dependent, or dangerous to the public. Describes how the suspension may be terminated.

**Subd. 3. Temporary suspensions of license.** Allows the board to temporarily suspend a certified midwife's license without a hearing in certain circumstances, specifies how long this suspension remains in effect, and requires a hearing within 30 days after issuance of a suspension order.

**Subd. 4. Reissuance.** Allows the board to reinstate and reissue a certified midwife's license if the board determines such action is warranted. A person whose license is reinstated must pay certain fees.

17 **Reporting obligations.**

Adds § 148G.15. Permits or requires certain individuals and organizations to report to the board, conduct that is a ground for disciplinary action under this chapter and information on malpractice awards or settlements.

**Subd. 1. Permission to report.** Allows any person who knows of conduct that is a ground for discipline under this chapter to report the conduct to the board.

**Subd. 2. Institutions.** Requires certain individuals associated with a hospital, clinic, or other health care organization in the state to report any action taken by the organization that affects a certified midwife's privilege to practice with that organization, or if the certified midwife resigns before disciplinary proceedings are complete.

**Subd. 3. Licensed professionals.** Requires licensed health professionals to report to the board conduct by a certified midwife that constitutes a ground for discipline.

**Subd. 4. Insurers.** Requires insurers that provide professional liability insurance to certified midwives to report to the board, on a quarterly basis, information on certified midwives against whom malpractice awards were made or who were a party to a settlement.

Section	Description
	<p><b>Subd. 5. Courts.</b> Requires courts to report to the board a judgment or determination of the court that a certified midwife is mentally ill, mentally incompetent, chemically dependent, dangerous to the public, guilty of a felony or gross misdemeanor, or guilty of violating certain other laws; has had a guardian appointed; or has been civilly committed.</p> <p><b>Subd. 6. Deadlines; forms.</b> Specifies required reports must be submitted within 30 days after the reportable event or transaction, allows the board to provide forms to be used to submit reports, and requires the board to review all reports.</p> <p><b>Subd. 7. Failure to report.</b> Provides any person who fails to report if required to do so is subject to civil penalties.</p>
18	<p><b>Immunity.</b></p> <p>Adds § 148G.16. Provides immunity from civil liability or criminal prosecution for:</p> <ul style="list-style-type: none"><li>▪ any person who submits a good faith report to the board under section 148G.15 or reports alleged violations of this chapter in good faith. Classifies these reports as investigative data;</li><li>▪ board members, employees, and individuals who investigate violations or prepare charges on behalf of the board for actions related to their duties under this chapter; and</li><li>▪ board members, employees, and individuals who keep records and make reports on adverse health care events for actions related to their duties under this chapter.</li></ul>
19	<p><b>Certified midwife cooperation.</b></p> <p>Adds § 148G.17. Requires certified midwives being investigated by the board to cooperate fully with the investigation and specifies what cooperation includes. Requires patient identifying data to be deleted from patient health records before the board accesses the records, unless the patient consents to the board accessing the patient's records.</p>
20	<p><b>Disciplinary record on judicial review.</b></p> <p>Adds § 148G.18. When a court reviews disciplinary action taken by the board, requires the reviewing court to seal the administrative record, other than the board's final decision.</p>
21	<p><b>Exemptions.</b></p> <p>Adds § 148G.19. Provides this chapter does not prohibit providing certified midwifery assistance in an emergency, the practice of certified midwifery by a certified midwife of another state employed by the federal government or a federal agency, the practice of any other state-licensed profession by a person licensed to practice that</p>

Section	Description
	profession, the practice of traditional midwifery, certified midwifery practice by a student practicing under supervision, or certified midwifery practice by a certified midwife licensed in another jurisdiction who is in Minnesota temporarily for one of the listed purposes.
22	<b>Violations; penalty.</b> Adds § 148G.20. Lists unlawful acts related to certified midwifery practice and provides any person who commits one of these acts is guilty of a gross misdemeanor. In addition to the gross misdemeanor penalty, provides a certified midwife who practices without a current license and certification, or without a current certification on file with the board, is subject to penalties imposed by the board.
23	<b>Unauthorized practice of midwifery.</b> Adds § 148G.21. Provides the practice of certified midwifery by a person not licensed to practice certified midwifery is a public nuisance, and allows a district court in a county where such practice occurred to enjoin these acts and practice.
24	<b>Practitioner.</b> Amends § 151.01, subd. 23. Adds licensed certified midwives to the definition of practitioner in the Pharmacy Practice Act, to conform with the authority of certified midwives to prescribe legend drugs.
25	<b>Prescribing, dispensing, administering controlled substances in Schedules II through V.</b> Amends § 152.12, subd. 1. Adds licensed certified midwives to the list of practitioners who may prescribe, administer, and dispense controlled substances in Schedules II through V.
26	<b>Certified midwifery practice services.</b> Adds subd. 28c to § 256B.0625. Provides that medical assistance (MA) covers services of a licensed certified midwife if the service provided on an inpatient basis is not included in the facility payment, the service is otherwise covered under MA as a physician service, and the service is within the scope of practice for the certified midwife.
27	<b>Effective date.</b> Provides this act is effective July 1, 2026.



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**Subject** Practice of optometry

**Authors** Bierman and others

**Analyst** Elisabeth Klarqvist

**Date** March 24, 2025

## Overview

This bill modifies the scope of practice for optometrists related to the administration of legend drugs intramuscularly or by injection and the prescription or administration of oral steroids, oral antivirals, and oral carbonic anhydrase inhibitors.

## Summary

Section	Description
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1	<b>Optometry defined.</b>
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Amends § 148.56, subd. 1. Modifies optometrist scope of practice as follows:

Under current law optometrists are not permitted to administer legend drugs intramuscularly or by injection, except to treat anaphylaxis. The amendment to para. (b), cl. (1), would allow optometrists to administer legend drugs intramuscularly or by injection but would prohibit sub-Tenon injections (injection into the space between the white of the eye and the membrane that lines the eye socket), retrobulbar injections (injection of a local anesthetic into the area behind the eye globe), or intravitreal injections (injections into the vitreous humor, the gel that fills the inside of the eye).

Under current law optometrists are not permitted to administer or prescribe oral steroids. The amendment to para. (b), cl. (3) and (4), would allow optometrists to administer or prescribe oral steroids for up to 14 days; to administer or prescribe for more than 14 days a physician consultation would be required.

Under current law optometrists are not permitted to prescribe or administer oral antivirals for more than ten days or to prescribe or administer oral carbonic anhydrase inhibitors (medications for glaucoma and other diseases) for more than seven days. The amendment to para. (b), cl (4) and (5), would allow optometrists to prescribe or administer oral antivirals and oral carbonic anhydrase inhibitors without a limit on the number of days.



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**Subject** Limited license to practice medicine

**Authors** Mahamoud and others

**Analyst** Elisabeth Klarqvist

**Date** March 24, 2025

## Overview

This bill directs the Board of Medical Practice to issue a limited license to practice medicine to applicants who meet the requirements for a limited license, and establishes requirements for limited license holders, employers of limited license holders, and collaborating physicians. The bill also directs the board to issue a full license to practice medicine to limited license holders who meet the specified requirements.

## Summary

Section	Description
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1	<b>Remedies available.</b>
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Amends § 144.99, subd. 1. Authorizes the commissioner of health to use the Health Enforcement Consolidation Act to enforce requirements that a limited license holder's employer must pay the limited license holder at least as much as is paid to a medical resident in a comparable field and that the employer must carry medical malpractice insurance for the limited license holder during the limited license holder's employment.

Effective date: This section is effective January 1, 2026.

2	<b>Limited license.</b>
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Adds subd. 1b to § 147.037. Para. (a) requires the Board of Medical Practice to issue a limited license to practice medicine to an individual who meets the specified requirements for licensure to practice medicine, other than having completed one year of graduate clinical medical training; has practiced medicine for at least five of the past ten years outside the United States; submits evidence of an offer to practice within a collaborative agreement; provides services in a designated rural area or underserved urban community; and submits two letters of recommendation supporting the limited license.

Section	Description
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Para. (b) specifies what constitutes passing certain medical licensure examinations for purposes of this subdivision.

Para. (c) provides a person issued a limited license must not be required to submit evidence of completing one year of graduate clinical medical training in a program accredited by a national accrediting organization approved by the board.

Para. (d) requires a limited license holder's employer to pay the limited license holder at least as much as is paid to a medical resident in a comparable field, and to carry medical malpractice insurance for the limited license holder.

Para. (e) requires the board to issue a full, unrestricted license to practice medicine to a limited license holder in the specified circumstances.

Para. (f) requires a limited license holder to submit information to the board, every six months, on the limited license holder's employment and whether the limited license holder has been subject to professional discipline.

Para. (g) defines collaborative agreement for purposes of this subdivision.

Para. (h) requires a collaborating physician to submit a letter to the board attesting to the specified information after the limited license holder has practiced for 12 months.

Para. (i) prohibits the board from granting a license under this section unless the applicant possesses a federal immigration status that allows the applicant to practice as a physician in the United States.

Effective date: This section is effective January 1, 2026.



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