
Health Licensing Boards

Chiropractic - Dentistry - Dietetics & Nutrition Practice - Marriage & Family Therapy - Medical Practice - Nursing -
Nursing Home Administrators - Optometry - Pharmacy - Podiatric Medicine - Psychology - Social Work - Veterinary Medicine

January 22, 1999

Roger Brooks, Deputy Legislative Auditor
Office of the Legislative Auditor
1st Floor South, Centennial Building
658 Cedar Street
St Paul MN 55155

Dear Mr. Brooks:

I am writing on behalf of the Executive Directors of the 13 health-related licensing boards to commend you on your report on *Occupational Regulation*. The boards are always interested in obtaining new information and perspectives to improve our efforts to fulfill our primary mission of public protection, and we believe that your report offers constructive comments and suggestions to help us do so.

We fully endorse the great majority of the observations and recommendations you make. We want to particularly highlight our support for the following conclusions.

- The state's policy on occupational regulation articulated in Chapter 214 is not applied consistently or effectively.
- The legislature should improve the process by which it handles proposals for occupational regulation. One way to do so, the report suggests, would be for committees hearing bills proposing new occupational regulation to require proponents to submit specific information as a condition for obtaining a hearing. Your itemization in Figure 3.2 of the kind of information needed is excellent.
- Communication between the boards and the legislature should be improved. One way to do so would be for the boards' biennial reports to contain information more useful to the legislature.

While we consider your report to be objective and balanced, we have concerns about the following items.

- The report suggests administratively consolidating small boards. Three of the boards specifically mentioned—Marriage & Family Therapy, Nursing Home Administrators, and Podiatric Medicine—are already cooperating among themselves and with the boards' Administrative Services Unit to save costs and provide better staffing. We

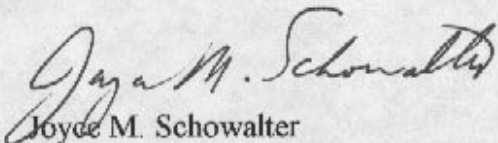
believe that the best approach is to strengthen the boards' cooperative efforts to identify and address specific problems.

- The report recommends using consistent terminology, so that terms such as "licensure" and "registration" have the same meanings for all regulated occupations in Minnesota. We agree that consistency is important, but we think that the use of terms within the report is confusing, because the meanings used are not consistent with the meanings commonly used in Minnesota. We are particularly troubled by your use of the term "certification" to mean what we commonly refer to as "registration" in Minnesota. The misunderstanding this can lead to is illustrated in Table 2.1, where, for example, athletic trainers, physical therapists, physician assistants, and respiratory care practitioners are described as being "certified," whereas in fact, under Minnesota law, they are registered. We support the Pew Health Professions Commission's recommendation that "states should decline to use the term 'certification,' leaving it to the exclusive use of private sector credentialing bodies." (*Reforming Health Care Workforce Regulation*, December 1995, page 4)

We are heartened by the report's endorsement of the cooperative steps the boards have already begun. We believe that our continuing efforts to strengthen our collaborative process and structure will "achieve greater administrative efficiency, collaboration on common challenges, and improved relations with the Legislature and the public." (p 77)

We appreciate your efforts to discuss with us your findings and to give us the opportunity to comment on your report. We look forward to working with you and with the Legislature to continue to strengthen what is already an effective system of occupational regulation.

Sincerely,



Joyce M. Schowalter
Executive Director, Board of Nursing
Chair, Executive Directors Forum