

**Agency Purpose**

Minnesota Statutes sections 148.171-148.285 provide the Board of Nursing with authority to regulate nursing practice for the purpose of public protection.

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

The Board's mission is accomplished through four service areas: credentialing, education, discipline/complaint resolution and nursing practice standards in addition to responding to increased inquiries for aggregate and individual licensure and disciplinary data for purposes of emergency preparedness planning, a pending nurse shortage and increased demand for nursing services.

**At a Glance**

**Credentialing Services**

- 84,500 Registered Nurses (15% increase)
- 24,500 Licensed Practical Nurses
- 4,800 Advanced Practice Registered Nurses
- 12,000 Public Health Nurses
- 225 Border State Registry Nurses
- 35 Nursing Registered Firms
- 265 DEA Verifications

**Education Services**

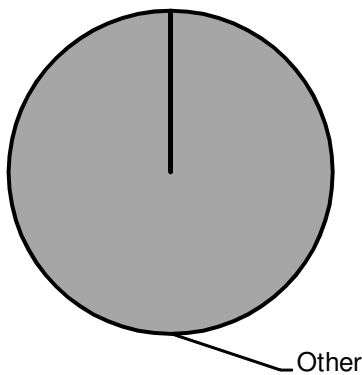
- 68 nursing education programs (7% increase)

**Discipline Services**

- Investigate 3,000 jurisdictional complaints (25% increase)
- Resolve 2,500 disciplinary actions
- Remove from practice 275 nurses who are at risk to public safety
- Monitor 400 Nurses under discipline order
- Assure monitoring of 450 nurses in Health Professionals Services Program

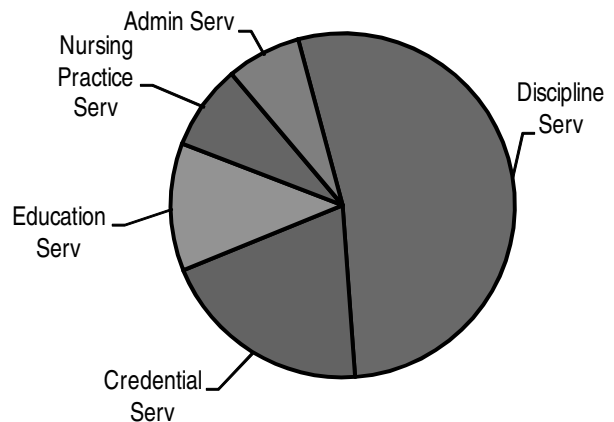
**Staff:** 33 Full-time equivalent employees

**Est. FY 2010-11 Expenditures by Fund**



Source: Consolidated Fund Statement.

**Est. FY 2010-11 Expenditures by Service**



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

## Strategies

The Board achieves its goal of public protection by:

- Assuring an ethical and competent nursing workforce through comprehensive credentials review and provision of a legally defensible nurse licensure examination.
- Establishing and conducting a complaint investigation process that is expedient, just and commensurate with the risk to public safety.
- Upholding standards for nursing education approval through consultation and survey.
- Interfacing with state, national and federal agencies, information systems and national nurse and regulatory organizations to analyze, utilize and disseminate data for evidence informed regulatory decisions.
- Collaborating in statewide initiatives on nursing practice, education, and patient safety.

## Operations

### *Credentialing Services*

The Board of Nursing licenses registered nurses, licensed practical nurses, advanced practice registered nurses, and public health nurses to assure the public that the individuals who practice nursing in Minnesota have the requisite education, competence, and ethical character to practice nursing safely and effectively.

### *Education Services*

The Board promotes excellence of nursing education standards and approved nursing education programs by monitoring program graduation pass/fail rates on national nurse licensure examination; facilitating innovative approaches to address nursing workforce and nursing faculty shortages; providing consultation to nursing education programs regarding national nurse licensure examination pass rates; developing and conducting research to promote a safe, competent and sufficient nursing workforce; and advising prospective nursing students regarding educational tracks and scholarships.

### *Discipline/Complaint Resolution*

The Board investigates complaints and takes action against nurses who violate the nurse practice act, removing nurses from practice who are a risk to patient safety and monitoring nurses whose practice requires remediation and oversight to assure public safety.

### *Nursing Practice Standards*

The Board promotes standards of safe nursing practice by interpreting the laws and rules related to nursing practice for nurses, employers, and educators. The Board participates in nursing practice forums with nursing organizations and other state agencies to establish nursing performance guidelines so that employers and consumers can make informed decisions regarding the performance of nursing services.

## Key Activity Goals & Measures

Advance excellence in nursing regulation.

- Issue licenses within 24 hours of an applicant meeting all requirements.
- Real time nurse licensure data is available on website resulting in employers and the public having assurance of a nurse's authority to practice.
- 90% of users employ licensure services online.

Enhance the Board's proactive leadership in public protection.

- Decrease number of open discipline cases by 10% annually.
- Decrease complaint cycle time by 20%.
- Disseminate disciplinary action within 24 hours.
- Secure legislative authority to conduct applicant criminal background checks.
- Secure amendments to Chapter 214 regarding criminal sexual misconduct through partnership with other health related licensing boards.
- Detect fraud and imposters through collaboration with organizations which facilitate licensure of non-US educated nurses and other enforcement agencies.

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

- Disseminate nurse licensure examination success rates information about approved pre-licensure nursing programs.
- Publish interpretive briefings regarding practice and education.

**Budget Trends Section**

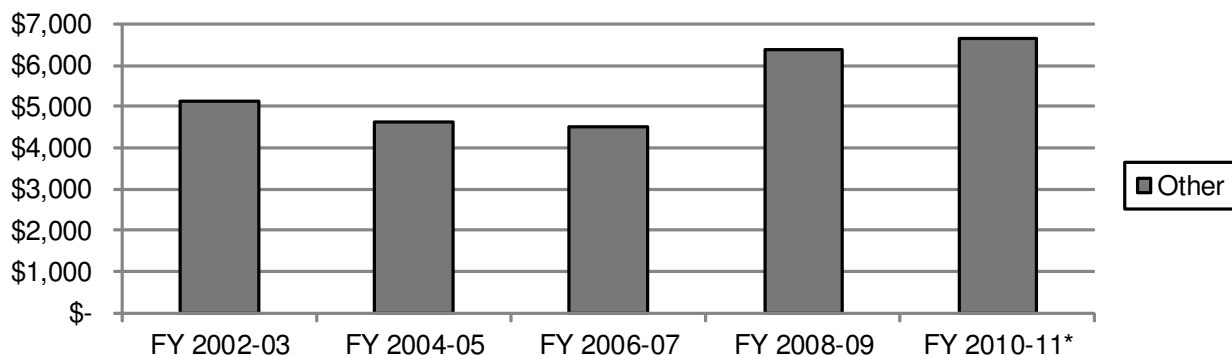
The board is responsible for collecting sufficient revenue to cover both direct and indirect expenditures. The board is estimated to collect \$10.769 million in FY 2010-11, which is deposited as non-dedicated revenue into the state government special revenue fund.

From this fund, the board receives a direct appropriation to pay for agency activities such as salaries, rent, costs for disciplinary/contested cases and operating expenditures. It also pays statewide indirect costs through an open appropriation. In FY 2010-11, total expenditures for these purposes are estimated at \$6.639 million. The chart below shows funding trends over the last five biennia for the direct and open appropriation.

- Increased demand for nurses has increased number of imposters; thus, greater scrutiny needed to process applications.
- Technology advancements and access to national data banks resulting in more information to process and increased obligation to report data.
- National trend to require criminal background check for licensure resulting in increased work load and expense.
- Pending nurse shortage resulting in increased demand for nursing education programs.
- National standardization of nurse licensure requirements necessitating review and revision of statutory authority.
- Broad impact of healthcare reform resulting in need to evaluate and define scopes of practice.
- Increased interstate and multistate practice resulting in alternative regulatory models and interstate nurse licensure compact.
- Substance use disorders by nurses reflects general societal trend to abuse of prescription drugs.

**Budget Trends**

**Total Expenditures by Fund  
\$ in Thousands**



*\*FY 2010-11 is estimated, not actual*

*Source data for the previous chart is the Minnesota Accounting and Procurement System (MAPS) as of 07/31/10.*

Board fees are also responsible for covering a prorated share of support functions provided outside of the Board itself. These include legal support (Attorney General), statewide e-licensing system development and operations (Office of Enterprise Technology), centralized administrative support (Health Boards Administrative Services Unit), funding for services to health professionals (Health Professionals Services Program), malpractice insurance

(Volunteer Health Care Provider Program), monitoring program (Dept of Health-HIV/HBV/HCV), and controlled substance program (Prescription Electronic Reporting). In FY 2010-11, some of the health boards' reserves in the state government special revenue fund were also transferred to the general fund. The table below displays direct and open appropriation expenditures, external support costs (prorated share), and the general fund transfers (prorated share) estimated in FY 2010-11.

	FY 2010-11 (in thousands)
Board's Direct and Open Appropriations	\$ 6,639
Board's External Support Costs and Transfers (prorated Share)	
• Attorney General support	1,081
• E-licensing support	560
• Central administrative service unit	234
• Health professional service program	845
• General fund transfer	3,931
• Dept of Health-HIV/HBV/HCV	347
• Volunteer Health Care Provider Program	19
• Prescription Electronic Reporting	48
Total	13,704
Fees Collected by Board	\$10,769
Prorated Surplus/(Deficit)	(2,935)

In most years, Board fee revenues exceed direct expenditures and external support costs, and as directed by law, the surplus is used to maintain a reserve in the state government special revenue fund. It should be noted here that the FY 2010-11 transfers to the General Fund, along with unanticipated increases in the support costs discussed above, have resulted in the Board's fee revenue not covering its prorated costs and transfers.

**External Factors Impacting Agency Operations**

The number of licensees regulated by the Board continues to rise, as do the number of complaints and the complexity of the cases.

**Contact**

Minnesota Board of Nursing  
 2829 University Ave Southeast, Suite 200  
 Minneapolis Minnesota 55414-3253  
[www.nursingboard.state.mn.us](http://www.nursingboard.state.mn.us)  
 Email: [nursingboard@state.mn.us](mailto:nursingboard@state.mn.us)  
 Phone: (612) 617-2270; Fax: (612) 617-2190  
 Shirley A. Brekken, Executive Director