



Health Occupations Program

- [Home](#)
- [General Information](#)
- [Audiologists Licensing](#)
- [Doula Registry](#)
- [Hearing Instrument Dispensers Certification](#)
- [Interpreters: Spoken Language in Health Care Settings](#)
- [Occupational Therapy Practitioner Licensing](#)
- [Office of Unlicensed Complementary and Alternative Health Care Practice](#)
- [Speech Language Pathologists Licensing](#)
- [Tattoo Information](#)

Health Occupations Program

FREQUENTLY ASKED QUESTIONS Office of Unlicensed Complementary and Alternative Health Care Practice

Questions:

1. Q: What is the Office of Unlicensed Complementary and Alternative Health Care Practice and what does it do?

A: The Minnesota legislature enacted a law creating this office within the Department of Health to investigate complaints and take enforcement actions against unlicensed complementary and alternative health care practitioners for violations of prohibited conduct. The Department of Health will also provide objective information to consumers about unlicensed complementary and alternative health care practices.

2. Q: Who is an "unlicensed complementary and alternative health care practitioner"?

A: The Minnesota statute contains a partial list of the types of practices that are included in these statutory requirements. Some of these are massage therapy, aromatherapy, acupuncture, healing touch, Qi Gong energy healing, healing practices utilizing food, food supplements, nutrients and the physical forces of heat, cold, water, touch and light, detoxification therapy, herbalism, homeopathy and naturopathy. The statute is designed to cover all unlicensed complementary and alternative healing methods and treatments.

3. Q: I am licensed by a city and I have a certification issued by a private certifying organization. The statute covers unlicensed complementary and alternative health care practitioners. Aren't I exempt from the requirements?

A: No. Having a city-issued license or a private certification does not exempt you from these requirements. The term "unlicensed" is defined in the statute and means either 1) a person who is not licensed by a health-related licensing board in Minnesota or the Department of Health, or 2) a person who is licensed by a board other than podiatry, dentistry, chiropractic examiners, and medical practice and who does not hold themselves out as being licensed by a health-related licensing board while performing complementary or alternative health care. "Health-related licensing boards" are listed out in Minnesota Statutes, sec. 214.01, subd. 2. City licensing and private certifications are not included in the statutory definition of "health-related licensing board".

4. Q: What if I am licensed by either the Board of Dentistry, Podiatry, Medical Practice or Chiropractic Examiners and I want to provide complementary or alternative health care?

A: Practitioners who are licensed by these Boards in Minnesota are under the jurisdiction of those Boards for their practices and should contact their Board if they are contemplating practicing complementary and alternative health care. Likewise, clients who have complaints against anyone licensed by these Boards should make a complaint with these offices, not OCAP. Please find a list of these Boards for your reference at the end of these pages.

5. Q: I am a licensed Nurse. What if I provide complementary and alternative health care?

A: Nurses licensed by the Board of Nursing are included within the OCAP's jurisdiction, if they engage in complementary and alternative health care and do not hold themselves out as being licensed by the Board of Nursing when providing the complementary and alternative health care practice. If nurses licensed by the Board of Nursing "hold themselves out" as such when conducting the complementary and alternative health care practice service, then they are subject to the Board of Nursing's jurisdiction. Clients with complaints can file a complaint with either the Board of Nursing or OCAP and staff will decide which office has jurisdiction.

6. Q: What is meant by "holding oneself out" as being a nurse licensed by the Board of Nursing?

A: Examples of acts which would be considered "holding oneself out" as being licensed by the Board of Nursing are telling clients that one is licensed by the Board of Nursing knowing that the client would rely on the licensed or registered status when accepting complementary and alternative health care services, using titles defined in the Nurse Practice Act while providing complementary and alternative health care services, or disclosing licensure or registered status on the client bill of rights.

7. Q: If there is a violation of law, who is held accountable by the Department?

A: The complementary and alternative health care law regulates individuals, not organizations. Each individual practitioner is responsible for complying with the law. Even if your organization has policies that conflict with the law, as a regulatee, you are still responsible for your conduct. Please provide a copy of the law to your employer or you can also direct your employer to our office for information about the law.

8. Q: What is the Client Bill of Rights Requirement?

A: The last section of the new law requires each practitioner to provide each client with a client bill of rights prior to service. (Minn. Stat. Sec. 146A.11) A client bill of rights must also be posted in a prominent location in the office. The purpose of the client bill of rights is to give all clients access to relevant information about the complementary and/or alternative service they will receive, and information about how to file a complaint if they are dissatisfied. There is specific statutory language which must be copied identically from the statute. This language is in quotations. Also, each client must sign a statement showing that s/he received the bill of rights.

9. Q: Do you have a form that shows how to do a bill of rights?

A: No, OCAP will not be providing a form. The language in the statute states what information needs to be provided and how it is provided to each client. It would be impossible for OCAP to anticipate all possible practice types and develop a form that would fit everyone. Without a form, practitioners can fit the statutory requirements to their practice. Some practitioners work in organizations with over 100 employees and their format will probably be different from a solo practitioner. You can change the order of the information required in the bill of rights from what appears in the statute. If you change the order, make sure to include all the required statements and information as required in statute.

10. Q: What address and phone number do I use for OCAP?

A: The correct address and telephone number is: Office of Complementary and Alternative Health Care Practice, Health Occupations Program, Minnesota Department of Health, P.O. Box 64882, 85 East 7th Place, Suite 300, St. Paul, MN, 55164-0882, 651-201-3728.

11. Q: What about repeat clients. Do I have to keep giving the client bill of

rights each time a repeat client comes in even if it is several times a week?

A: The statute does not address this issue. OCAP has been telling callers that it is not necessary to keep giving the same client the client bill of rights every time they come in. However, if the information on the client bill of rights changes or some period of time has passed since the client last received a bill of rights, you should hand it out again. The purpose is to make sure every one of your clients has easy and direct access to this information. Giving a client bill of rights to every client even if they are repeat clients is the safest course of action. If the OCAP were reviewing your compliance with the bill of rights requirement, we would consider whether all of your clients were treated the same, had the same easy access to the bill of rights, whether the posted bill of rights was located in a prominent location, whether repeat clients would feel free to ask for another client bill of rights if they had misplaced their original one, and other issues related to client rights to information about your services.

12. Q: What are the prohibited acts?

A: The OCAP law specifies a list of prohibited acts for all practitioners. Some of these are engaging in sexual contact with a client or former client or contact that may be reasonably interpreted by the client as sexual, false or misleading advertising, inability to provide care with reasonable safety, habitual overindulgence in use of or dependence on intoxicating liquors, engaging in fraudulent billing practices, obtaining money from a client through use of undue influence, harassment or deception, undertaking a relationship with a client in which the objectivity of the practitioner would be impaired, and failure to comply with the bill of rights requirements.

13. Q: What action can OCAP take against a practitioner?

A: The Commissioner of Health has the authority to revoke or suspend the right to practice complementary and alternative health care practice, impose limitations or conditions on the practice, require supervision, censure or reprimand the practitioner, impose a civil penalty not exceeding \$10,000 for each violation, and any other action justified by the case. As part of the investigatory authority, the OCAP may also order a physical or mental or chemical dependency evaluation. Every practitioner choosing to provide complementary and alternative health care services, and therefore subject to the jurisdiction of OCAP, is deemed to have consented to submit to these examinations when ordered to do so.

14. Q: Is there a requirement to cooperate during an investigation?

A: Yes, just like many other regulatory programs, there is a statutory requirement that every practitioner cooperate with investigations of their conduct by OCAP. Failing to cooperate could itself be a reason for disciplinary sanctions, including suspension or revocation of the right to practice.

15. Q: Are there reporting obligations?

A: Yes, every complementary practitioner is required to self-report and failure to do so could lead to a disciplinary sanction. Licensed practitioners, state or local professional societies, state agencies, private agencies, hospitals, clinics, prepaid medical plans, other insurers, and courts are also required to report to OCAP conduct they reasonably believe to be a violation of law.

Minnesota Health-Related Licensing Boards

Board of Dentistry
2829 University Avenue SE, Suite 450
Minneapolis, MN 55414
612/617-2250

Board of Podiatry
2829 University Avenue SE, Suite 430
Minneapolis, MN 55414
612/617-2698

MN Board of Medical Practice
2829 University Avenue SE, Suite 400
Minneapolis, MN 55414-3246
612/617-2130

Board of Chiropractic Examiners
2829 University Avenue SE, Suite 300
Minneapolis, MN 55414
612/617-2224

MN Board of Nursing
2829 University Avenue SE, Suite 500
Minneapolis, MN 55414-3239
612/617-2182

For further information, please contact the Minnesota Department of Health's Division of Compliance Monitoring, Health Occupations Program, The Office of Unlicensed Complementary and Alternative Health Care Practice at 651-201-3728, or by e-mail at health.hop@state.mn.us.

[MDH HOME](#) | [ABOUT US](#) | [LIBRARY](#) | [NORTH STAR](#)

MAIN CATEGORIES: [Health Data & Statistics](#) | [Diseases & Conditions](#) | [Emergency Preparedness, Response and Recovery](#) | [Facilities & Professions](#) | [Health Care & Coverage](#) | [People & Environment](#) | [Policy, Economics & Legislation](#)

[Comments and Questions](#) | [Phone Number, Address and Directions](#) | [Privacy Statement and Disclaimer](#)

Updated Thursday, 01-Mar-2007 08:49:58 CST