

Biennial requirements  
Due to ASU 10/15/2012

A. Health-Related Licensing Board Reports

Statutory Requirement

214.07, Subd. 1b

**Subdivision 1b. Health-related licensing board reports.**

Each health-related licensing board must prepare a report by October 15 of each even-numbered year. The report must be submitted to the administrative services unit serving the boards. The report must contain the following information for the two-year period ending the previous June 30:

Requirement (1): the number and type of credentials issued or renewed

**Minnesota Board of Medical Practice**

Number and Type of Credentials Issued or Renewed

Total Number of persons licensed or registered as of June 30, 2012	Number and Type of Credentials Issued or Renewed during biennium ending June 30, 2012			Number and Type of Credentials Renewed Online (# and per cent) during biennium ending June 30, 2012		
	Type	Active Licensed/ Renewed	Newly Issued	Type	Online Renewals	%
26,530	Acupuncturist	910	88	Acupuncturist	740	85.45%
	Athletic Trainer	1412	175	Athletic Trainer	1182	89.27%
	Traditional Midwife	30	5	Traditional Midwife	N/A	N/A
	Naturopathic Doctor	61	16	Naturopathic Doctor	N/A	N/A
	Physician Assistant	3395	387	Physician Assistant	3096	96.68%
	Physician and Surgeon	40441	2346	Physician and Surgeon	36646	93.32%
	Respiratory Therapist	3597	198	Respiratory Therapist	3209	91.73%
	Telemedicine	854	197	Telemedicine	612	80.95%
	Resident Permit	1717	1717			

Total Number of persons licensed or registered as of June 30, 2010	Number and Type of Credentials Issued or Renewed during biennium ending June 30, 2010			Number and Type of Credentials Renewed Online (# and per cent) during biennium ending June 30, 2010		
25,946	Type	Active Licensed/ Renewed	Newly Issued	Type	Online Renewals	%
	Acupuncturist	796	95	Acupuncturist	623	83.23%
	Athletic Trainer	1288	134	Athletic Trainer	993	81.33%
	Traditional Midwife	27	3	Traditional Midwife	N/A	N/A
	Naturopathic Doctor	21	21	Naturopathic Doctor	N/A	N/A
	Physician Assistant	2862	321	Physician Assistant	2553	94.50%
	Physician and Surgeon	38882	2233	Physician and Surgeon	34559	91.51%
	Respiratory Therapist	3454	202	Respiratory Therapist	2768	82.55%
	Telemedicine	533	165	Telemedicine	201	44.62%
	Resident Permit	1630	1630			

Total Number of persons licensed or registered as of June 30, 2008	Number and Type of Credentials Issued or Renewed during biennium ending June 30, 2008			Number and Type of Credentials Renewed Online (# and per cent) during biennium ending June 30, 2008		
24,724	Type	Active Licensed/ Renewed	Newly Issued	Type	Online Renewals	%
	Acupuncturist	667	81	Acupuncturist	507	76.01%
	Athletic Trainer	1189	156	Athletic Trainer	828	69.64%
	Traditional Midwife	29	2	Traditional Midwife	N/A	N/A
	Physician Assistant	2359	303	Physician Assistant	2023	85.76%
	Physician and Surgeon	37062	2293	Physician and Surgeon	30377	81.96%
	Respiratory Therapist	3291	244	Respiratory Therapist	2768	84.11%
	Telemedicine	414	103	Telemedicine	N/A	N/A
	Resident Permit		1676			

Total Number of persons licensed or registered as of June 30, 2006	Number and Type of Credentials Issued or Renewed during biennium ending June 30, 2006			Number and Type of Credentials Renewed Online (# and per cent) during biennium ending June 30, 2006		
<b>23,273</b>	Type	Active Licensed/Renewed	Newly Issued	Type	Online Renewals	%
	Acupuncturist	560	80	Acupuncturist	411	79.04%
	Athletic Trainer	1059	140	Athletic Trainer	703	71.08%
	Traditional Midwife	25	7	Traditional Midwife	N/A	N/A
	Physician Assistant	1929	243	Physician Assistant	1536	84.98%
	Physician and Surgeon	35362	1969	Physician and Surgeon	22970	66.82%
	Respiratory Therapist	3079	217	Respiratory Therapist	2371	79.82%
	Telemedicine	299	102	Telemedicine	N/A	N/A
	Resident Permit		1618			

Total Number of persons licensed or registered as of June 30, 2004	Number and Type of Credentials Issued or Renewed during biennium ending June 30, 2004			Number and Type of Credentials Renewed Online (# and per cent) during biennium ending June 30, 2004		
<b>21,466</b>	Type	Active Licensed/Renewed	Newly Issued	N/A		
	Acupuncturist	401	70			
	Athletic Trainer	857	137			
	Traditional Midwife	15	1			
	Physician Assistant	1555	169			
	Physician and Surgeon	33864	2113			
	Respiratory Therapist	2738	169			
	Telemedicine	135	86			
	Resident Permit		1451			

**Requirement (2): the number of complaints received  
Minnesota Board of Medical Practice**

Number of Complaints Received

Number of Complaints Received (opened) by type in biennium ending June 30, 2012	Number of Complaints Received online
Actions by another jurisdiction 105 Incompetency/Unethical Conduct 1450 Unprofessional Conduct 1401 Illness 157 Non-Jurisdictional 43 Medical Records 290 Becoming Addicted 67 Prescribing 699 sexual Misconduct 70 Miscellaneous 331	N/A
Number of Complaints Received: FY 2011: 828 FY 2012: 869	

Number of Complaints Received (opened) by type in biennium ending June 30, 2010	Number of Complaints Received online
Actions by another jurisdiction 100 Incompetency/Unethical Conduct 1415 Unprofessional Conduct 1233 Illness 162 Non-Jurisdictional 42 Medical Records 253 Becoming Addicted 79 Prescribing 662 sexual Misconduct 73 Miscellaneous 324	N/A
Number of Complaints Received: FY 2009: 890 FY 2010: 817	

Number of Complaints Received (opened) by type in biennium ending June 30, 2008	Number of Complaints Received online
Actions by another jurisdiction 67 Incompetency/Unethical Conduct 1461 Unprofessional Conduct 1432 Illness 145 Non-Jurisdictional 39 Medical Records 212	N/A

Becoming Addicted	67	
Prescribing	568	
sexual Misconduct	82	
Miscellaneous	381	
Number of Complaints Received:		
FY 2007: 823		
FY 2008: 868		

Number of Complaints Received (opened) by type in biennium ending June 30, 2006	Number of Complaints Received online
Actions by another jurisdiction 68 Incompetency/Unethical Conduct 1407 Unprofessional Conduct 1291 Illness 117 Non-Jurisdictional 44 Medical Records 161 Becoming Addicted 57 Prescribing 376 sexual Misconduct 67 Miscellaneous 443	N/A
Number of Complaints Received:	
FY 2005: 780	
FY 2006: 770	

Number of Complaints Received (opened) by type in biennium ending June 30, 2004	Number of Complaints Received online
Actions by another jurisdiction 68 Incompetency/Unethical Conduct 1260 Unprofessional Conduct 1320 Illness 154 Non-Jurisdictional 22 Medical Records 111 Becoming Addicted 32 Prescribing 181 sexual Misconduct 83 Miscellaneous 407	N/A
Number of Complaints Received:	
FY 2003: 941	
FY 2004: 890	

Requirement (3) the number and age of complaints open at the end of the period

**Minnesota Board of Medical Practice**

Number and age of complaints open at the end of the period

Number of Complaints Closed in biennium ending June 30, 2012	Number of Complaints Open as of June 30, 2012 [listed by < one year or > One year]
FY2011: 792 FY2012: 792 Total: 1529	255 < 1 year 84 > 1 year

Number of Complaints Closed in biennium ending June 30, 2010	Number of Complaints Open as of June 30, 2010 [listed by < one year or > One year]
FY2009: 750 FY2010: 779 Total: 1529	197 < 1 year 128 > 1 year

Number of Complaints Closed in biennium ending June 30, 2008	Number of Complaints Open as of June 30, 2008 [listed by < one year or > One year]
FY2007: 750 FY2008: 779 Total: 1529	436 < 1 year 168 > 1 year

Number of Complaints Closed in biennium ending June 30, 2006	Number of Complaints Open as of June 30, 2006 [listed by < one year or > One year]
FY2005: 716 FY2006: 621 Total: 1337	383 < 1 year 124 > 1 year

Number of Complaints Closed in biennium ending June 30, 2004	Number of Complaints Open as of June 30, 2004 [listed by < one year or > One year]
FY2003: 877 FY2004: 936 Total: 1813	299 < 1 year 73 > 1 year

**Requirement (4) receipts, disbursements, and major fees**

**Minnesota Board of Medical Practice**

Receipts, Disbursements and Major Fees

Fees Received FY 2011-2012	Disbursements FY 2011-2012
\$10,181,278*	\$7,449,684

\*Including 10% license/application fees for MN OET elicensing surcharge.

Fees Received FY 2009-2010	Disbursements FY 2009-2010
\$9,335,076	\$7,770,120

Fees Received FY 2007-2008	Disbursements FY 2007-2008
\$9,084,669	\$7,310,960

Fees Received FY 2005-2006	Disbursements FY 2005-2006
\$8,687,292	\$7,545,914

Fees Received FY 2003-2004	Disbursements FY 2003-2004
\$8,323,026	\$8,307,901

Refer to next page for detail RECEIPT AND DISBURSEMENT OF BOARD FUNDS.

ACCOUNT CODES	DESCRIPTION	ACTUAL RECEIPTS FY2003	ACTUAL RECEIPTS FY2004	ACTUAL RECEIPTS FY2005	ACTUAL RECEIPTS FY2006	ACTUAL RECEIPTS FY2007	ACTUAL RECEIPTS FY2008	ACTUAL RECEIPTS FY2009	ACTUAL RECEIPTS FY2010	ACTUAL RECEIPTS FY2011	ACTUAL RECEIPTS FY2012
635000	TELEMEDICINE APPLICATION	8,100	3,200	5,900	6,300	5,300	5,700	4,500	14,800	11,000	9,500
635001	TELEMEDICINE REGISTRATION	6,225	7,050	10,608	13,075	14,346	17,190	16,135	27,583	29,271	35,210
635002	TELEMEDICINE CERTIFICATION	0	200	1,350	3,175	3,375	1,550	2,075	1,275	1,525	300
635003	MIDWIFERY CERTIFICATION	25	0	0	0	50	25	0	0	0	25
635004	MIDWIFERY LATE FEE	75	0	225	150	75	75	150	150	75	75
635005	MIDWIFERY TEMP PERMIT	0	0	75	0	0	0	0	75	75	150
635006	MIDWIFERY ANNUAL LICENSE	400	1,100	1,800	1,500	1,600	1,100	1,300	1,400	1,600	1,567
635007	MIDWIFERY INACTIVE STATUS	0	0	0	0	0	0	0	0	0	0
635008	MIDWIFERY APPLICATION	0	300	300	200	100	0	200	300	200	200
635009	MD ANNUAL REGISTRATION	3,227,297	3,394,304	3,498,377	3,466,012	3,561,586	3,668,248	3,767,424	3,844,464	4,409,022	3,511,107
635010	MD APPLICATION FEE	216,800	215,200	206,400	222,000	234,200	240,675	237,800	236,600	247,400	253,200
635011	EXAM ADMINISTRATIVE FEE	0	0	0	0	0	0	0	0	0	0
635012	MD TEMPORARY LICENSE	36,360	33,900	35,540	38,400	39,300	39,000	37,200	35,760	38,760	40,560
635013	MD ENDORSEMENT FEE	1,865	1,520	535	2,470	2,070	1,000	1,670	835	440	480
635014	MD CERTIFICATION	57,605	60,045	54,680	52,950	48,440	58,235	60,895	65,760	68,148	49,240
635015	MD VERIFICATION	0	0	0	0	0	0	0	0	0	0
635016	MD LATE FEES	36,000	32,660	28,860	31,472	35,040	33,180	30,960	27,420	28,080	22,860
635017	MD RESIDENCY PERMIT	15,975	15,935	16,310	16,795	16,380	17,355	16,670	16,285	17,770	17,110
635018	EMERITUS REGISTRATION	700	650	1,050	650	750	900	1,242	850	850	1,000
635019	PA ANNUAL REG w/PRES	106,109	114,134	133,545	143,464	151,396	175,798	195,369	208,749	229,890	250,943
635020	PA APPLICATION FEE	8,520	11,550	14,040	17,400	16,320	21,120	19,680	22,440	22,080	26,760
635021	PA CERTIFICATION FEE	1,325	1,200	1,950	1,450	1,575	1,700	1,750	3,050	2,350	2,350
635022	PA VERIFICATION FEE	0	0	0	0	0	0	0	0	0	0
635023	PA LATE FEE	3,900	2,510	1,350	1,950	1,510	1,500	1,450	1,000	1,250	1,200
635024	RT'S ANNUAL LICENSE RENEWAL	136,019	131,260	144,402	138,127	146,166	156,186	157,003	160,369	164,945	156,490
635025	RT'S APPLICATION FEE	11,200	7,400	11,700	12,600	13,500	12,500	9,200	10,700	10,600	11,400
635026	RT'S CERTIFICATION FEE	1,650	2,450	1,650	1,575	2,750	2,300	1,675	1,525	1,450	1,350
635027	RT'S TEMPORARY PERMIT	2,940	1,740	3,300	3,360	4,200	3,600	2,940	4,440	4,740	5,100
635028	RT'S LATE FEE	2,410	3,050	2,450	2,100	3,036	3,000	2,300	1,450	1,150	1,850
635029	AT ANNUAL REGISTRATION	51,137	48,101	57,002	53,628	53,991	64,500	65,064	62,680	76,568	70,059
635030	AT APPLICATION FEE	4,000	3,400	3,200	4,450	3,300	4,500	3,050	3,400	4,100	5,200
635031	AT TEMPORARY PERMIT	1,650	1,300	1,350	2,250	1,750	2,600	1,800	2,100	2,450	3,400
635032	AT CERTIFICATION FEE	475	350	475	325	500	550	500	775	600	600
635033	AT LATE FEE	895	720	645	915	945	1,215	855	765	945	750
635034	CIVIL PENALTIES	75,573	37,340	73,670	28,801	25,569	14,161	94,368	41,712	29,079	35,684
635035	MISCELLANEOUS	2,294	1,815	1,840	811	487	1,361	593	575	345	519
635036	DUPLICATES	2,960	3,440	3,720	3,460	4,625	4,400	4,020	4,120	3,830	3,460
635037	EDUCATION APPROVAL		0	0	0	0	0	0	0	0	0
635038	COMPETIVE ATHL EVENT	0	50	50	150	0	0	0	0	150	0

635039	MEDICAL CORP ANNUAL	12,725	9,425	12,950	12,825	13,025	12,300	10,925	11,700	11,700	11,300
635040	CORP APPLICATION	3,300	2,200	3,700	2,800	2,020	2,300	3,000	3,000	3,100	3,600
635042	ACUPUNCTURE ANNUAL REG	32,600	34,825	45,204	43,254	48,576	54,038	57,954	63,414	70,350	68,859
635043	ACUPUNCTURE APPL	4,800	5,700	7,050	5,250	6,150	6,150	7,050	6,900	6,750	7,950
635044	ACUPUNCTURE CERTIFICATN	100	375	375	300	425	275	450	450	275	275
635045	ACUPUNCTURE LATE FEE	650	300	310	600	900	1,250	1,400	1,050	1,500	1,400
635046	ACUPUNCTURE TEMPORARY	1,260	1,620	2,040	1,380	2,040	2,220	2,400	2,280	2,580	2,400
635047	ACUPUNCTURE INACTIVE STATUS	100	50	50	50	0	0	0	0	0	50
635048	PA ANNUAL REG / NO PRES	5,520	5,694	1,419	1,110	5,002	2,415	854	3,450	2,875	2,571
635049	PA TEMPORARY PERMIT	3,780	4,800	5,035	7,260	6,420	9,410	8,345	9,180	8,400	10,140
635050	PA TEMPORARY REG	2,530	2,360	1,840	1,840	690	1,150	690	0	0	0
635051	PA LOCUM TENENS PERMIT	25	0	0	0	0	0	0	0	0	0
635052	RCP TEMP REGISTRATION	2,310	2,610	3,480	2,970	2,340	3,690	2,340	900	0	0
635053	RCP INACTIVE STATUS	150	50	50	50	100	150	0	0	0	0
635054	REPORT GENERATION	14,330	9,780	10,127	8,180	5,875	5,980	8,020	7,795	12,625	10,550
635055	AT TEMP REGISTRATION	400	300	300	300	300	400	200	300	400	0
635056	PRIMARY VERIFICATION				175	150	175	100	125	125	75
635057	NATUROPATHIC CERTIFICATION								0	0	0
635058	NATUROPATHIC APPLICATION								5,200	600	1,800
635059	NATUROPATHIC ANNUAL REGISTRATION								3,900	3,120	5,148
635060	NATUROPATHIC LATE FEE								0	75	225
635061	NATUROPATHIC INACTIVE STATUS								0	0	0
635062	NATUROPATHIC TEMP PERMIT								125	0	25
635063	NATUROPATHIC EMERITUS STATUS								0	0	0
513122	ENT LICENSURE SURCHARGE								0	0	0
N/A	EZGOV FEE	0	0	(5,060)	(7,953)	(8,012)	0	0	0	0	0
553094	CRDT CRD CLR	0	0	(23,566)	(48,717)	(52,692)	0	0	0	0	0
<b>REVENUE RECEIPTS TOTAL</b>		4,105,064	4,217,962	4,383,653	4,303,639	4,427,542	4,657,127	4,843,566	4,923,176	5,535,213	4,646,066
<b>TOTAL DISBURSEMENTS</b>		4,749,117	3,558,784	3,950,965	3,594,949	4,029,415	3,281,545	4,392,310	3,377,810	3,936,710	3,512,974

## **Minnesota Board of Medical Practice**

### **BMP Mission**

The board's mission is to protect the public by extending the privilege to practice to qualified applicants, and investigating complaints relating to the competency or behavior of individual licensees or registrants.

The Board of Medical Practice is made up of 11 physicians and 5 public members, all of whom are appointed by the governor. Approximately 20,405 physicians are licensed by the Board of Medical Practice and the board also regulates acupuncturists, athletic trainers, physician assistants, respiratory care practitioners, traditional midwives, and professional firms.

Currently, graduates from US medical schools must complete a one year residency program and pass the national standardized examination to be licensed in Minnesota. Foreign graduates must pass their examinations and complete two years of residency training in the United States or Canada. The board also considers other information provided by the applicant and may conduct interviews before a license is granted.

### **BMP Functions**

#### **Setting and administering educational and examination standards for initial and continuing licensure or registration for each health profession regulated by the Board**

- ◆ Setting licensure requirements through the legislative process.
- ◆ Selecting the licensing examination to assure an adequate candidate knowledge base.
- ◆ Reviewing individual applicant/licensee documentation to determine eligibility for initial and continuing licensure.
- ◆ Constantly reviewing statutes as well as working with professional organizations to assure current, up-to-date-laws, keeping pace with new or continuously changing professions.
- ◆ Working with Advisory Councils to set standards for initial and continuing licensure for each health profession regulated.
- ◆ Ensuring that initial and continuing licensure activities comply with relevant federal laws (e.g. Americans with Disabilities Act).

#### **Pursuing educational or disciplinary action with licensees as deemed necessary based upon results of investigations conducted in response to complaints/reports**

- ◆ Providing applicants and licensees education to improve practice and assure compliance with the statutes.
- ◆ Conducting audits of continuing education to assure continuing competency as well as compliance with the law.
- ◆ Working with Advisory Councils to direct and review investigations and provide advice in resolving issues and enforcing the statutes.

#### **Providing information and education about licensure requirements and procedures and standards of practice to the public, the health care community, and other interested clientele**

- ◆ Providing information to the health care community and other interested clientele concerning licensure requirements as well as information on licensees.
- ◆ Providing information about licensure requirements to prospective applicants for licensure.
- ◆ Providing information to licensees to assure compliance with the law through newsletters, websites, and meetings.

- ◆ Providing information to licensees, health care community, the general public, and other interested clientele regarding licensure laws as well as related laws.
- ◆ Working with the Advisory Councils to disseminate information to licensees, general public, health care facilities and other interested clientele.

### **Responding to inquiries, complaints and reports from the public and other health care regulators regarding licensure and conduct of applicants, permit holders, licensees and unlicensed practitioners**

- ◆ Accepting complaints and reports from the public, health care providers, and regulators.
- ◆ Deciding whether a complaint or inquiry is jurisdictional and, if so, whether and what type of action to pursue to resolve the matter.
- ◆ Referring inquiries and complaints to other investigative, regulatory or assisting agencies.
- ◆ Responding to complainants and agency reports by informing the complainants/agencies of action taken to resolve their complaints while observing provisions of the data practices act regarding the legal status of data obtained during the course of an investigation and disciplinary proceeding.

### **Pursuing educational or disciplinary action with licensees as deemed necessary based upon results of investigations conducted in response to complaints/reports**

- ◆ Setting standards of conduct and a basis for disciplinary action through the rules process.
- ◆ Seeking information directly from the licensee and securing investigative and fact finding information from other agencies in response to complaints or inquiries.
- ◆ Holding conferences with licensees to identify their role and responsibility in a matter under investigation.
- ◆ Providing applicants and licensees education to improve practice and prevent recurrence of problems.
- ◆ Obtaining disciplinary action through either voluntary agreement or through a due process, contested case hearing and potential court action.

## **BMP Major Activities during the Biennium**

### **State Shutdown**

In July 2011, the office was closed for 21 days due to the shutdown of state government.

During this period of time, many of our credentialed professionals were unable to renew their licenses and registrations.

The two July Complaint Review Committee meetings were cancelled as was the July meeting of the full board.

### **Sunset Report**

In 2011, the Minnesota Legislature passed a law which requires all state agencies to undergo periodic sunset review. The Board of Medical Practice, along with the other health licensing boards, were among the agencies up for review during the 2012 legislative session. Our report to the Sunset Advisory Commission was submitted in November 2011. The 65 page report addressed all of the requirements contained in the law and provided a detailed description of the board's mission, policies and procedures.

During the 2012 legislative session, the Minneapolis Star Tribune published a series of articles implying that the Board of Medical Practice was lax in its responsibility to discipline physicians who were not practicing up to standard. As a result, the legislation, which continued the operations of the board, required that the board

undergo two reviews. The first was a review by the Office of the Legislative Auditor to address the allegations contained in the newspaper articles. The second required the Commissioner of Health to assemble a workgroup of health care professionals, legislators, and members of the public for the purpose of assessing the Minnesota Medical Practice Act.

In July 2012, the Office of the Legislative Auditor conducted a month long review of the board. The audit included reviewing the cases referred to in the newspaper articles, observing meetings of the two board Complaint Review Committees, as well as the July board meeting, and conducting interviews with board members and staff. I am pleased to report that following this extensive review, the Legislative Auditor reported that they could find nothing which would require any further action and that the Board of Medical Practice was utilizing due diligence in fulfilling its mission to protect the citizens of Minnesota.

The Commissioner of Health's workgroup to study the Medical Practice Act convened in August 2012 and, as of this writing, has held two meetings and, so far, the only recommended changes to the Act are relatively minor 'Housekeeping' issues.

### **Educational Outreach**

In this biennium, board members and staff have delivered three speaker bureau presentations on behalf of the Minnesota Board of Medical Practice on the topic of the use of Opioids in pain management. These presentations were made in:

- September 2010 MeritCare, Mankato, MN
- October 2011 St. Luke's Hospital, Duluth, MN
- October 2011 Verizon Wireless Center, Mankato, MN

Over 120 physicians attended these seminars.

The Board has undertaken educational outreach in this area because of the number of complaints and resulting disciplinary actions seen by its Complaint Review Committees resulting from the inappropriate use of Opioids in the treatment of chronic pain.

### **BMP Website features:**

Health professional database online search, physician and physician assistant profile search with disciplinary action document posting, physician specialty search, online license renewal, online address update and profile update, physician license verification, physician initial application via the Federation of State Medical Board (FSMB), application forms download, news release, public board meeting announcement/meeting minutes posting, statute and rules posting.

### **Contested Case Activity**

The Board of Medical Practice began this biennium with six contested cases on file with the Office of Administrative Hearings. During the biennium, the board filed an additional 26 Notices of Hearing. During the biennium, 13 cases resulted in a settlement for disciplinary action (Stipulation and Order) either prior to, or as a result of mediation. Four cases were settled without discipline either prior to, or as a result of mediation. Six cases received a Hearing with the Office of Administrative Hearings. Of those cases, five resulted in oral arguments before the board. Each of the five contested cases argued before the board resulted in a disciplinary order. One case was resolved without action following a Hearing at the Office of Administrative Hearings but prior to an oral argument before the board. At the end of the biennium, nine cases remained pending with the

Office of Administrative Hearings. Of the nine pending cases, seven had not yet been scheduled for a Hearing. Each Contested Case is related to one or more complaints filed against a licensee.

## **National Leadership**

The Minnesota Board of Medical Practice continues to provide leadership at the national level.

In April 2011, former public board member Tammy McGee was elected to a non-physician seat on the Federation of State Medical Boards' Board of Directors. In April 2012, Board President, Jon Thomas, MD, MBA, was elected Chair-Elect at the Federation of State Medical Boards' Board of Directors. Also, board member Gregory Snyder, MD, DABR, was elected to the Federation of State Medical Boards' Board of Directors and board member Mark Eggen, MD, was elected to the Federation of State Medical Boards' Nominating Committee. Board member Rebecca Hafner-Fogarty, MD, MBA, continues to serve on the Federation of State Medical Boards' Foundation Board.

In November 2010 Executive Director, Robert A. Leach, JD completed eight years of service on the National Board of Medical Examiners Committee on Irregular Behavior and Score Validity for the United States Medical Licensure Exam.

## **Board Members**

The board is comprised of 16 members; ten members must be Minnesota licensed physicians with doctor of medicine degrees. One member must be a doctor of osteopathy, and the remaining five members are members of the public. Board members are appointed by the governor. Also, the overall make-up of the Board must reflect a state geographic balance, and the physician members must reflect the broad mix of expertise of physicians practicing in Minnesota. All members serve terms of four years; no member may serve more than eight consecutive years.

The Board holds regular business meetings every other month, with dates reserved on the alternate months for disposition of special legal issues. The full Board meets on Saturdays scheduled one year in advance.

### Complaint Review Committee

Committee members review complaints filed against health professionals regulated by the Board, and make decisions regarding the investigation of the complaints and make decisions and recommendations regarding the proper disposition of the complaints. The Complaint Review Committees typically meet monthly on weekdays, with the specific dates of the meetings established by committee members. Complaint Review Committees are comprised of two physician members and one public member.

### Licensure Committee

Committee members review applications for licensure or registration made by health professionals regulated by the Board, and make decisions and recommendations regarding the granting of licensure or registration. The Licensure Committee typically meets every other month on weekdays or weekday evenings. The Licensure Committee is comprised of four physician members and one public member.

### Policy and Planning Committee

Committee members review and make decisions and recommendations regarding policy issues facing the Board, including legislative matters, promulgation of administrative rules, educational outreach, public information

resources, etc. The Policy and Planning Committee meets quarterly, typically on weekday evenings. The Policy and Planning Committee is comprised of at least two physician members and at least two public members.

#### Designated Board Member Activities

Board members are asked to meet periodically with licensees that are under Board disciplinary orders. Responsibilities typically include:

- Meeting quarterly with the assigned licensee;
- Reviewing the Board Order with the licensee to ensure compliance, and;
- Completing appropriate report forms after each meeting, and providing the forms and information on any possible violations of the Order to the Board staff after each meeting.
- Board members typically serve on one committee and the total time commitment ranges from three to four days per month.

BMP Members Fiscal Years 2011 and 2012 (7/1/2010 through 6/30/12)

Board Member Name	Residence	Occupation	Professional Member / Public Member	Date of Appointment	Date of Reappointment/Term End Date
Alfred Anderson, MD, DC	Prior Lake	Medical Doctor	Physician	09/03 04/07	01/11 (term over)
Keith Berge, MD	Rochester	Medical Doctor	Physician	09/08	01/13
Ahsan Bhatti, M.D., FACP	Willmar	Medical Doctor	Physician	06/12	01/16
Debbie Boe	Chaska	Administrator	Public member	03/10	01/14
Mark Eggen, MD	Shoreview	Medical Doctor	Physician	04/09	01/13
V. John Ella, JD	Robbinsdale	Attorney	Public member	03/10	01/14
Sarah Evenson, JD, MBA	Plymouth	Attorney	Public member	04/09	01/16
Rebecca Hafner-Fogarty, MD, MBA	Avon	Medical Doctor	Physician	06/12	01/16
Subbarao Inampudi, MD, FACR	Minnetonka	Medical Doctor	Physician	04/09	01/13
Bradley S. Johnson, MD	Woodbury	Medical Doctor	Physician	03/04	01/12 (term over)
Kelli Johnson, MBA	St. Paul	Administrator	Public member	03/10	01/14
Gerald Kaplan, MA, LP	Minneapolis	Psychologist	Public member	03/11	01/15
Ernest Lampe, II, MD	Mankato	Medical Doctor	Physician	03/04	01/12 (term over)
James Langland, MD	Thief River Falls	Medical Doctor	Physician	07/04	01/12 (term over)
Tammy McGee, MBA	Maple Grove	Administrator	Public member	04/07	01/11 (term over)
Charles Moldow, MD	Minneapolis	Medical Doctor	Physician	06/12	01/16
James Mona, DO	Hutchinson	Doctor of Osteopathy	Physician	07/03	01/11 (term over)
Gregory Snyder, MD, DABR	Minnetrista	Medical Doctor	Physician	06/06	01/14
Jon Thomas, MD, MBA	Vadnais Heights	Medical Doctor	Physician	03/10	01/14
Tracy Tomac, MD	Duluth	Medical Doctor	Physician	04/09	01/13
Joseph Willett, DO, FACOI	Marshall	Doctor of Osteopathy	Physician	03/11	01/15

## **BMP Staff**

Total Number of Employees: 23

Board staff name and job title:

<u><b>NAME</b></u>	<u><b>TITLE</b></u>
Auld, Richard	Assistant Director
Boswell, Wendy	Licensure Specialist
Chelgren, Vicki	Licensure Specialist
Chu, Mark	Database Administrator
Danielson, Ian	Network Administrator
Dressel, Barb	Receptionist
Erickson, Mary	Senior Medical Regulation Analyst
Hayes, Pat	Licensure Coordinator
Hoffman, Jeanne	Licensure Supervisor
Hoye, Polly	Legal Analyst
Huntley, Elizabeth	Senior Medical Regulations Analyst
Kauppila, Lois	Office Manager
Kohanek, Cheryl	E.D. Administrative Assistant
Leach, Rob	Executive Director
LeClair, Maura	CRU Assistant
Luecke, Paul	Licensure Specialist
Marczewski, Bill	Medical Regulations Analyst
Martinez, Ruth	Complaint Review Unit Supervisor
Milla, Debbie	Accounting Officer
Patrikus, Helen	Medical Regulations Analyst
Prokop, Rachel	Licensure Specialist
Stuart, Karen	CRU Assistant
Wijesinha, Tony	Medical Regulations Analyst

Statement of the Executive Director  
Minnesota Board of Medical Practice

Executive Director Narrative

This past biennium was extremely challenging for the Board of Medical Practice. The 21 day state government shutdown in July 2011 resulted in some licenses and registrations not being renewed in a timely manner. Despite board staff's efforts in making adjustments to the board's on-line renewal system and posting notification of the potential shutdown on its website, many of our regulated health care professionals were unaware of the situation and failed to renew their credentials prior to the shutdown. As a result, some were unable to practice their professions during the period of the shutdown until board operations resumed. In addition, investigations of disciplinary matters were delayed.

In early 2012, unwarranted media criticism of the board's disciplinary process by a local newspaper coincided with the board's first review by the state's newly created Sunset Advisory Commission. The result was legislation which mandated a two-part review of the Board of Medical Practice. The first review, by the Office of the Legislative Auditor into the media allegations, was completed in July 2012. We are pleased to report that this review found no problems with the board's disciplinary process and stated that the board utilized "due diligence" in conducting its complaint review process.

The second review required the Commissioner of Health to convene a working group for the purpose of evaluating the Minnesota Medical Practice Act (Minn. Stat. Chapter 147) and its ability to adequately protect the citizens of Minnesota. As of this writing, after three months and three meetings of the working group, no flaws in the Medical Practice Act have been identified. The working group's report to the Legislature is due in January 2013.

We are also pleased to report that, in April 2012, the Federation of State Medical Boards (FSMB) celebrated its centennial anniversary and the Minnesota Board of Medical Practice was recognized as a charter member of the organization. The FSMB is the national organization of state medical boards. The FSMB's constitution identified its primary mission as facilitating "high and uniform standards" for medical licensure and envisioned an organization of progressive boards acting as a national force pushing all states to seek excellence in medical regulation. Minnesota has a long and distinguished history in providing leadership to that organization and continues to do so.

In 2011, former public Board Member, Tammy McGee was elected to the non-physician seat on the FSMB Board of Directors. In April 2012, current Board President Jon Thomas, MD, MBA, became Chair-Elect of the FSMB and Board Member Gregory Snyder, MD, was elected to the FSMB's Board of Directors. Current Board Member Mark Eggen, MD, was elected to the FSMB Nominating Committee in April 2012, as well.

With Dr. Thomas' election to Chair-elect of the FSMB, Minnesota has now had the most board members of any state elected to lead that organization in its 100 year history. Congratulations to Dr. Thomas.

Robert A. Leach JD  
Executive Director  
Minnesota Board of Medical Practice  
October 2012