

Policy & Planning Committee  
August 10, 2016  
4:30 p.m.  
5th Floor Board of Medical Practice  
Conference Room  
Agenda

1. Federal Legislation – **National Defense Authorization Act for Fiscal Year 2017 (S. 2943)**  
The US Senate passed the **National Defense Authorization Act for Fiscal Year 2017, which includes Sec. 705. Enhancement of Use of Telehealth Services in Military Health System, (d) Location of Care.**
  - Attached is an e-mail forwarded to Board members on July 7, 2016, from the Federation of State Medical Boards' Chief Advocacy Officer Lisa A. Robins containing **Sec. 705. Enhancement of use of Telehealth Services in Military Health System.** This legislation was also discussed at the July 9, 2016, Board meeting.
  - Determine if the Policy & Planning Committee recommends opposing this legislation. If so, determine if executive director Ruth Martinez should write a letter referencing a recommendation to oppose, since the Board would not take a formal position until September 2016. [Attached is a sample letter from the American Medical Association (AMA), American Osteopathic Association (AOA), and the Federation of State Medical Boards (FSMB) and an e-mail and sample letter from the FSMB Director of Federal Government Relations Jonathan Jagoda. Also attached is a listing of the Congressional Conferees who will negotiate the language between the Senate and House.]
  
2. POLST: Provider Orders for Life Sustaining Treatment  
The Minnesota Medical Association has asked the Board to endorse the attached Provider Orders for Life Sustaining Treatment statement.
  - Determine whether to recommend that the Board take a position on the revised POLST statement. A previous POLST statement and a revised draft are enclosed.
  
3. Board Outreach to Licensees  
The Minnesota Medical Association (MMA) has invited the Board to provide an exhibit at the MMA Annual Meeting on September 23 and 24, 2016, at the DoubleTree Park Place in St. Louis Park (agenda attached.)
  - Discuss financial implications:  
Cost to exhibit (see attached):
    - E-mail from MMA's Sponsorship Manager Scott Wilson and Administrative Assistant Sandy Nentwig regarding costs for an exhibit booth.
    - MMA's 2016 Sponsorship Program with information regarding exhibit costs.
    - Members: \$149 (\$134 prior to August 15)
    - Non-members \$199 (179 prior to August 15)
  
4. State Legislation
  - a) Title Protection
    - Attached is an e-mail from Attorney General Brian Williams regarding sample statutory language for title protection of the term "physician."
    - Attached is New York Board language regarding title protection.
  - b) Grounds for Discipline
    - Attached is Minnesota Statute 147.091
  - c) Public at Large Seat
    - Determine if the Committee should recommend to the Board to create a public at large seat (Attached are Minnesota Statutes 147.01 and 214.09.)

**From:** Johnston, Cheryl (HLB)

**Sent:** Thursday, July 07, 2016 11:15 AM

**To:** Allen Rasmussen, MA; 'Gerald Kaplan, MA, LP'; 'Gerald Kaplan, MA, LP'; Irshad H. Jafri, M.B., B.S., FACP; 'Jon Thomas, MD, MBA'; Joseph Willett, DO, FACOI; 'Keith Berge, MD'; 'Kelli Johnson, MBA'; 'Kelli Johnson, MBA'; Kimberly Spaulding, MD, MPH; M. B. B. S. FACR Subbarao Inampudi; 'Maria Statton, MD, Ph.D.'; Mark Eggen, MD; Patricia Lindholm, MD, FAAFP; Patricia Lindholm, MD, FAAFP; Patrick Townley, MD, JD; 'V. John Ella, JD'

**Cc:** Williams, Brian (AG); Schwanz, Molly (HLB); Elizabeth Huntley; Erickson, Mary K (HLB); Trinkka, Tami (HLB); Ruth Martinez

**Subject:** Legislation of Concern

**Importance:** High

Ruth asked that I forward the below e-mail from Lisa Robin, Federation of State Medical Boards' Chief Advocacy Officer, regarding legislation of concern. This legislation will be discussed at the July 9, 2016, Board meeting.

Thanks! - Cheryl

Cheryl Johnston  
Administrative Assistant  
Minnesota Board of Medical Practice

**From:** Lisa A. Robin (FSMB)

**Sent:** Wednesday, July 06, 2016 1:34 PM

**To:** Lisa A. Robin (FSMB); Jonathan Jagoda

**Subject:** Legislation of concern

Dear Executive Directors,

Recently, the U.S. Senate passed the ***National Defense Authorization Act for Fiscal Year 2017 (S. 2943)***, which includes ***SEC. 705. Enhancement of Use of Telehealth Services in Military Health System, (d) Location of Care***. This section would, for the purposes of reimbursement, licensure, and professional liability, redefine the practice of medicine as occurring at the location of the provider, rather than the patient. The provision further applies this expansion of state licensure exceptions to the TRICARE program, affecting 9.4 million TRICARE beneficiaries around the world. We are very concerned that this provision would significantly undermine patient safety and state boards' ability to regulate physicians providing patient care in their state.

The legislation will soon be considered in conference committee, though the House-passed version of the bill (*H.R. 4909*) does not include the language. Working with other stakeholders, **the FSMB is working to omit this language by ensuring that (d): Location of Care be stricken from Sec. 705 during conference.** Please consider raising these concerns with your federal legislators. If you or a member of your board are willing to contact your Congressional delegation, please contact Jonathan Jagoda, Director of Federal Government Relations, at [jjagoda@fsmb.org](mailto:jjagoda@fsmb.org). For your reference, I have included the legislation language, as follows:

**SEC. 705. ENHANCEMENT OF USE OF TELEHEALTH SERVICES IN MILITARY HEALTH SYSTEM.**

(a) INCORPORATION OF TELEHEALTH.—

(1) IN GENERAL.—Not later than one year after the date of the enactment of this Act, the Secretary of Defense shall incorporate, throughout the direct care and purchased care components of the military health system, the use of telehealth services, including mobile health applications—

(A) to improve access to primary care, urgent care, behavioral health care, and specialty care;

(B) to perform health assessments;

(C) to provide diagnoses, interventions, and supervision;

(D) to monitor individual health outcomes of covered beneficiaries with chronic diseases or conditions;

(E) to improve communication between health care providers and patients; and

(F) to reduce health care costs for covered beneficiaries and the Department of Defense.

(2) TYPES OF TELEHEALTH SERVICES.—The telehealth services required to be incorporated under paragraph (1) shall include those telehealth services that—

(A) provide real-time interactive communications and remote patient monitoring;

(B) allow covered beneficiaries to schedule appointments and communicate with health care providers; and

(C) allow health care providers, through video conference, telephone or tablet applications, or home health monitoring devices—

(i) to assess and evaluate disease signs and symptoms;

(ii) to diagnose diseases;

(iii) to supervise treatments; and

(iv) to monitor health outcomes.

(b) COVERAGE OF ITEMS OR SERVICES.—An item or service furnished to a covered beneficiary via a telecommunications system shall be covered under the TRICARE program to the same extent as the item or service would be covered if furnished in the location of the covered beneficiary.

(c) REIMBURSEMENT RATES FOR TELEHEALTH SERVICES.—The Secretary shall develop standardized payment methods to reimburse health care providers for telehealth services provided to covered beneficiaries in the purchased care component of the TRICARE program, including by using reimbursement rates that incentivize the provision of telehealth services.

(d) LOCATION OF CARE.—For purposes of reimbursement, licensure, professional liability, and other purposes relating to the provision of telehealth services under this section, providers of such services shall be considered to be furnishing such services at their location and not at the location of the patient.

(e) REDUCTION OR ELIMINATION OF COPAYMENTS.—The Secretary shall reduce or eliminate, as the Secretary considers appropriate, copayments or cost shares for covered beneficiaries in connection with the receipt of telehealth services under the purchased care component of the TRICARE program.

(f) REPORTS.—

(1) INITIAL REPORT.—

(A) IN GENERAL.—Not later than 180 days after the date of the enactment of this Act, the Secretary shall submit to the Committees on Armed Services of the Senate and the House of Representatives a report describing the full range of telehealth services to be available in the direct care and purchased care components of the military health system and the copayments and cost shares, if any, associated with those services.

(B) REIMBURSEMENT PLAN.—The report required under subparagraph (A) shall include a plan to develop standardized payment methods to reimburse health care providers for telehealth services provided to covered beneficiaries in the purchased care component of the TRICARE program, as required under subsection (c).

(2) FINAL REPORT.—

(A) IN GENERAL.—Not later than three years after the date on which the Secretary begins incorporating, throughout the direct care and purchased care components of the military health system, the use of telehealth services as required under subsection (a), the Secretary shall submit to the Committees on Armed Services of the Senate and the House of Representatives a report describing the impact made by the use of telehealth services, including mobile health applications, to carry out the actions specified in subparagraphs (A) through (F) of subsection (a)(1).

(B) ELEMENTS.—The report required under subparagraph (A) shall include an assessment of the following:

(i) The satisfaction of covered beneficiaries with telehealth services furnished by the Department of Defense.

(ii) The satisfaction of health care providers in providing telehealth services furnished by the Department.

(iii) The effect of telehealth services furnished by the Department on the following:

(I) The ability of covered beneficiaries to access health care services in the direct care and purchased care components of the military health system.

(II) The frequency of use of telehealth services by covered beneficiaries.

(III) The productivity of health care providers providing care furnished by the Department.

(IV) The reduction, if any, in the use by covered beneficiaries of health care services in military treatment facilities or medical facilities in the private sector.

(V) The number and types of appointments for the receipt of telehealth services furnished by the Department.

(VI) The savings, if any, realized by the Department by furnishing telehealth services to covered beneficiaries.

(g) DEFINITIONS.—In this section, the terms “covered beneficiary” and “TRICARE program” have the meaning given those terms in section 1072 of title 10, United States Code.

Thank you for your attention in this matter.

Sincerely,  
Lisa

**Lisa Robin**  
Chief Advocacy Officer

**Federation of State Medical Boards**

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July 11, 2016

The Honorable John McCain  
Chairman  
Senate Committee on Armed Services  
228 Russell Senate Office Building  
Washington, DC 20510

The Honorable Mac Thornberry  
Chairman  
House Committee on Armed Services  
2216 Rayburn House Office Building  
Washington, DC 20515

The Honorable Jack Reed  
Ranking Member  
Senate Committee on Armed Services  
228 Russell Senate Office Building  
Washington, DC 20510

The Honorable Adam Smith  
Ranking Member  
House Committee on Armed Services  
2216 Rayburn House Office Building  
Washington, DC 20515

Dear Chairmen McCain and Thornberry, and Ranking Members Reed and Smith:

On behalf of the undersigned organizations, we appreciate your efforts to expand access to quality medical care, improve health outcomes, and promote patient safety as our organizations and membership have long been committed to these goals. It is in this spirit that we are writing to convey our strong opposition to *SEC. 705, Enhancement of Use of Telehealth Services in Military Health System, (d) Location of Care*, as incorporated into the Senate-passed version of the *National Defense Authorization Act for Fiscal Year 2017 (S. 2943)*, which would undermine and weaken essential patient safety measures that ensure patients receive quality care.

We commend the Armed Services Committees for recognizing the capability of telemedicine to expand access to care, especially in rural and underserved communities. Our organizations have dedicated significant efforts to removing barriers and accelerating access to telemedicine services over the past two years in order to drive health care transformations that improve patient health outcomes and safeguard patient safety. It is for the foregoing reasons that we strongly oppose *(d) Location of Care* that would, for the purposes of reimbursement, licensure, and professional liability, redefine the practice of medicine as occurring at the location of the provider, rather than the patient.

On behalf of patients and public safety, we have regularly affirmed that the practice of medicine occurs where the patient is located, rather than where the provider is located. This patient-centered model is both time-tested and practice-proven, and is the nationwide standard that ensures that state medical boards have the legal capacity and practical capability to regulate physicians treating patients within the borders of their state, and to attest that those physicians meet the qualifications necessary to safely practice medicine.

Though well-intentioned, *(d) Location of Care* would significantly undermine state boards' ability to protect patients receiving medical care in their state and discipline physicians for unprofessional conduct. Each state establishes its own licensing and medical practice standards, regulations, and laws that meet the needs of the individuals receiving care within the state's borders. This provision

would compromise patient safety by making it exceedingly difficult and potentially impossible for patients and state medical boards where the care was rendered to address improper or unprofessional care. This provision will hinder the ability of patients to quickly and accurately identify and report adverse actions to the state medical board of jurisdiction, and actively support the medical board investigation. This provision would create an ambiguous medical regulatory structure, as it is unclear if the provider must adhere to the Medical Practice Acts (laws and standards) of their state of licensure, or the state of the patient's location. The latter would embroil patients, state medical boards, and health care providers in costly conflicts of law litigation ancillary to the issue of whether appropriate medical care was provided.

In the time-tested system of state-based medical licensure, patients and others may file a complaint with the state medical board where they received medical care in the event of an adverse action by a physician. Redefining the practice of medicine at the location of the provider, in the event of such an adverse action, would place the burden solely on the patient to navigate through the complaint filing and investigatory process (including identifying the state of licensure of the physician and applicable state medical practice laws) across one or more state lines.

This legislative provision would create an inefficient and unworkable system where each individual state board would be required to regulate medical practice across the nation, affecting 9.4 million TRICARE beneficiaries around the world. Generally, state boards' legal authority does not expand beyond their state borders – investigations and application of state medical practice laws stop at their border's edge.

The current fee structure of the state board licensing and renewal system allows state boards to use their limited resources to fund investigations and subsequent prosecutions of physicians suspected of unprofessional medical conduct in the state where the medical care was rendered. This proposal would create a significant and unsustainable financial burden on the state board where the physician is licensed, forcing the board to conduct its disciplinary proceedings and utilize their limited resources, at a much greater cost, to be able to conduct investigations in other states.

We are supportive of telemedicine, and have sought to develop and implement policies, rules and mechanisms that would expand access to care via telemedicine in a safe and accountable manner. Since 2015, as an example, seventeen states have enacted legislation to participate in the Interstate Medical Licensure Compact, a new pathway to expedite the licensing of qualified physicians seeking to practice medicine in multiple jurisdictions. Additional U.S. states and territories are expected to join the Compact in the years ahead.

The Compact provides for the key component of regulation at the point of care – a fundamental principle of medical regulation that must remain in place – while dramatically streamlining the licensing process. It accomplishes the major goals that telemedicine advocates promote: faster licensure, reduced barriers, and a system that can be applied nationwide, creating an enhanced environment for multi-state practice.

It is imperative that the U.S. Congress implement strategies and mechanisms to expand and enhance health care, but must do so in a safe manner that is not at the expense of quality. By not affording TRICARE beneficiaries with the same protections afforded to the public in terms of state licensure and regulatory oversight, we would be doing a disservice to their extraordinary sacrifice. While the stated goal of this provision is to improve access, the end result will be the loss of protections afforded to patients.

**Recommendation**

We commend the Senate and House Armed Services Committees for its leadership in expanding access to telehealth services, but respectfully request that only **(d), Location of Care, of Section 705, be stricken** from the Senate version of *National Defense Authorization Act for Fiscal Year 2017*, and thereby not be included in the conference legislation. We welcome the opportunity to meet with you and Committee staff during conference to further elaborate on the aforementioned concerns.

Sincerely,

American Medical Association (AMA)  
American Osteopathic Association (AOA)  
Federation of State Medical Boards (FSMB)

cc: U.S. Senate Committee on Armed Services  
U.S. House of Representatives Committee on Armed Services

## **House Conferees for National Defense Authorization Act (NDAA), 2017**

### **Republican Members**

- Rep. Mac Thornberry (R-TX), Chairman of the House Armed Services Committee
- Rep. J. Randy Forbes (R-VA)
- Rep. Jeff Miller (R-FL)
- Rep. Joe Wilson (R-SC)
- Rep. Frank LoBiondo (R-NJ)
- Rep. Rob Bishop (R-UT)
- Rep. Mike Turner (R-OH)
- Rep. John Kline (R-MN)
- Rep. Mike Rogers (R-AL)
- Rep. Trent Franks (R-AZ)
- Rep. Bill Shuster (R-PA)
- Rep. Mike Conaway (R-TX)
- Rep. Doug Lamborn (R-CO)
- Rep. Rob Wittman (R-VA)
- Rep. Chris Gibson (R-NY)
- Rep. Vicky Hartzler (R-MO)
- Rep. Joe Heck (R-NV)
- Rep. Elise Stefanik (R-NY)

### **Democratic Members**

- Rep. Adam Smith (D-WA), Ranking Member, House Armed Services Committee
- Rep. Loretta Sanchez (D-CA)
- Rep. Susan Davis (D-CA)
- Rep. James Langevin (D-RI)
- Rep. Rick Larsen (D-WA)
- Rep. Jim Cooper (D-TN)
- Rep. Madeleine Bordallo (D-GU)
- Rep. Joe Courtney (D-CT)
- Rep. Niki Tsongas (D-MA)
- Rep. John Garamendi (D-CA)
- Rep. Hank Johnson (D-GA)
- Rep. Jackie Speier (D-CA)
- Rep. Scott Peters (D-CA)

## Senate Armed Services Members/NDAA Conferees

### Republican Members:

McCain, John (AZ) , Chairman  
Inhofe, James M. (OK)  
Sessions, Jeff (AL)  
Wicker, Roger F. (MS)  
Ayotte, Kelly (NH)  
Fischer, Deb (NE)  
Cotton, Tom (AR)  
Rounds, Mike (SD)  
Ernst, Joni (IA)  
Tillis, Thom (NC)  
Sullivan, Dan (AK)  
Lee, Mike (UT)  
Graham, Lindsey (SC)  
Cruz, Ted (TX)

### Democratic Members:

Reed, Jack (RI), Ranking Member  
Nelson, Bill (FL)  
McCaskill, Claire (MO)  
Manchin, Joe (WV)  
Shaheen, Jeanne (NH)  
Gillibrand, Kirsten E. (NY)  
Blumenthal, Richard (CT)  
Donnelly, Joe (IN)  
Hirono, Mazie K. (HI)  
Kaine, Tim (VA)  
King, Angus S. (ME)  
Heinrich, Martin (NM)

## Martinez, Ruth (HLB)

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**From:** Jonathan Jagoda [REDACTED]  
**Sent:** Monday, July 11, 2016 1:03 PM  
**To:** Jonathan Jagoda  
**Cc:** Lisa A. Robin (FSMB); John Bremer  
**Subject:** Model Letter - NDAA - Sec. 705(d)  
**Attachments:** Model NDAA Letter.docx

**Importance:** High

Dear Colleagues,

Thank you for expressing interest in contacting your U.S. Representatives and Senators to oppose *Sec. 705. Enhancement of Use of Telehealth Services in Military Health System, (d) Location of Care* of the *National Defense Authorization Act for Fiscal Year 2017*. This section would, for the purposes of reimbursement, licensure, and professional liability, redefine the practice of medicine as occurring at the location of the provider, rather than the patient. The provision further applies this expansion of state licensure exceptions to the TRI-CARE program, affecting 9.4 million TRICARE beneficiaries around the world.

I am providing you with a model letter that you may customize and send to your U.S. Representatives and Senators. I encourage you to personalize the letter, and expand upon how this provision would specifically affect your state board's ability to regulate medicine and protection patients in the state.

As a reminder, this provision was included in the Senate version of the bill, but not the House version of the bill. The bill is now in conference committee. The U.S. House of Representatives have named their conferees: <http://www.speaker.gov/press-release/house-moves-fund-military-increase-troop-pay>. The Senate has not yet named their conferees, but most likely will be comprised of Senators serving on the Senate Armed Services Committee: <http://www.armed-services.senate.gov/about/members>. As these individuals will be most influential during the conference process, I encourage you to focus your outreach efforts to those Members listed from your state.

When preparing your letters, you should mail a hard copy to the Washington, D.C. Office of the Representative/Senator, though it will take several weeks to process through security. Congressional websites with office locations are available at: <http://www.house.gov/representatives/> and <http://www.senate.gov/senators/contact/>. You should also email the letters to the Health and Military Legislative Assistants. If you need assistance with email addresses, please let me know.

The FSMB plans to send its letter of opposition in the next few days.

Please let me know if you have any questions. Thank you again for your support.

Sincerely,

**Jonathan Jagoda**  
Director, Federal Government Relations

**Federation of State Medical Boards**  
[REDACTED]

July 1, 2016

The Honorable [redacted]  
U.S. House of Representatives/U.S. Senate  
[redacted] House Office Building/Senate Office Building  
Washington, DC 20515/20510

Dear Congress(wo)man/Senator [redacted]:

On behalf of the (State Medical Board), I am contacting you in regards to S. 2943, the National Defense Authorization Act for Fiscal Year 2017, specifically Sec. 705. Enhancement of Use of Telehealth Services in Military Health System, (d) Location of Care. While we commend the Senate for recognizing the capability of telemedicine to expand access to care, especially in rural and underserved communities, we strongly oppose Sec. 705(d) and urge for it to be stricken.

As passed by the Senate, Sec. 705(d) would, for the purposes of reimbursement, licensure, and professional liability, redefine the practice of medicine as occurring at the location of the provider, rather than the patient. Though well-intentioned, it would significantly undermine state boards' ability to protect their own citizens and discipline physicians for unprofessional conduct. It would also inadvertently create an inefficient and unworkable system where each individual state board would be required to regulate medical practice across the nation, affecting 9.4 million TRICARE beneficiaries around the world.

To protect patients and the public, the (State Medical Board) believes that the practice of medicine occurs where the patient is located, rather than where the provider is located. This patient-centered model is both time-tested and practice-proven, and is the nationwide standard that ensures that state medical boards have the legal capacity and practical capability to regulate physicians treating patients within the borders of their state.

Each state determines its own licensing and medical practice standards that meet the individual needs of its citizens. This provision would compromise patient safety by making it less likely that improper or unprofessional care will be identified, properly reported to the state medical board of jurisdiction, and made subject of an investigation. Moreover, this provision would create an ambiguous medical regulatory structure, as it is unclear if the provider must adhere to the Medical Practice Acts (laws and standards) of their state of licensure, or the state of the patient's location.

It is imperative that Congress implement strategies and mechanisms to expand and enhance health care, but must do so in a safe manner that is not at the expense of quality. By not affording TRICARE beneficiaries with the same protections afforded to the public, Congress would be doing a disservice to their extraordinary sacrifice. While the stated goal of this provision is to improve access, the end result will be the loss of patient protections.

Again, thank you for the opportunity to express my concerns.

Sincerely,

# POLST: Provider Orders for Life Sustaining Treatment **POLST**

HIPAA PERMITS DISCLOSURE OF POLST TO OTHER HEALTH CARE PROVIDERS AS NECESSARY

## PROVIDER ORDERS FOR LIFE-SUSTAINING TREATMENT (POLST)

FIRST follow these orders, THEN contact the patient's provider. This is a provider order sheet based on the patient's medical condition and wishes. POLST translates an advance directive into provider orders. Any section not completed implies the most aggressive treatment for that section. Patients should always be treated with dignity and respect.

Last Name \_\_\_\_\_

First/Middle Initial \_\_\_\_\_

Date of Birth \_\_\_\_\_

Primary Care Provider/Phone \_\_\_\_\_

### **A** CARDIOPULMONARY RESUSCITATION (CPR):

Patient has no pulse and is not breathing.

Check One

CPR/ATTEMPT RESUSCITATION

DNR/DO NOT ATTEMPT RESUSCITATION (Allow Natural Death)

When not in cardiopulmonary arrest, follow orders in B and C.

An automatic external defibrillator (AED) should not be used for a patient who has chosen "Do Not Attempt Resuscitation."

### **B** GOALS OF TREATMENT:

Patient has pulse and/or is breathing. See Section A regarding CPR if pulse is lost.

Check One Goal

COMFORT CARE — Do not intubate but use medication, oxygen, oral suction, and manual clearing of airways, etc. as needed for immediate comfort.

*Check all that apply:*

In an emergency, call \_\_\_\_\_ (e.g. hospice)

If possible, do not transport to ER (when patient can be made comfortable at residence)

If possible, do not admit to the hospital from the ER (e.g. when patient can be made comfortable at residence)

LIMIT INTERVENTIONS AND TREAT REVERSIBLE CONDITIONS — Provide interventions aimed at treatment of new or reversible illness / injury or non-life threatening chronic conditions. Duration of invasive or uncomfortable interventions should generally be limited. (Transport to ER presumed)

*Check one:*

Do not intubate

Trial of intubation (e.g. \_\_\_\_\_ days) or other instructions: \_\_\_\_\_

PROVIDE LIFE SUSTAINING TREATMENT

Intubate, cardiovert, and provide medically necessary care to sustain life. (Transport to ER presumed)

Additional Orders (e.g. dialysis, etc.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **C** INTERVENTIONS AND TREATMENT

Check All That Apply

ANTIBIOTICS (*check one*):

No Antibiotics (Use other methods to relieve symptoms whenever possible.)

Oral Antibiotics Only (No IV/IM)

Use IV/IM Antibiotic Treatment

NUTRITION/HYDRATION (*check all that apply*):

Offer food and liquids by mouth (Oral fluids and nutrition must always be offered if medically feasible)

Tube feeding through mouth or nose

Tube feeding directly into GI tract

IV fluid administration

Other: \_\_\_\_\_

Additional Orders:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Provider Name (MD/DO/APRN/PA when delegated, are acceptable)

Provider Signature

Date

FAXED COPIES AND PHOTOCOPIES OF THIS FORM ARE VALID.

TO VOID THIS FORM, DRAW A LINE ACROSS SECTIONS A - D AND WRITE "VOID" IN LARGE LETTERS.

**POLST**



MINNESOTA

# Provider Orders for Life-Sustaining Treatment (POLST)

Follow these orders until orders change. These medical orders are based on the patient's current medical condition and preferences. Any section not completed does not invalidate the form and implies full treatment for that section. With significant change of condition new orders may need to be written. Patients should always be treated with dignity and respect.

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE INITIAL \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

PRIMARY MEDICAL CARE PROVIDER NAME \_\_\_\_\_ PRIMARY MEDICAL CARE PROVIDER PHONE (WITH AREA CODE) \_\_\_\_\_

## A

CHECK ONE

### CARDIOPULMONARY RESUSCITATION (CPR) *Patient has no pulse and is not breathing.*

- Attempt Resuscitation / CPR** (Note: selecting this requires selecting "Full Treatment" in Section B).
- Do Not Attempt Resuscitation / DNR (Allow Natural Death).**

*When not in cardiopulmonary arrest, follow orders in B.*

## B

CHECK ONE  
(NOTE REQUIREMENTS)

### MEDICAL TREATMENTS *Patient has pulse and/or is breathing.*

- Full Treatment.** Use intubation, advanced airway interventions, and mechanical ventilation as indicated. Transfer to hospital and/or intensive care unit if indicated. All patients will receive comfort-focused treatments.  
**TREATMENT PLAN:** Full treatment including life support measures in the intensive care unit.
- Selective Treatment.** Use medical treatment, antibiotics, IV fluids and cardiac monitor as indicated. No intubation, advanced airway interventions, or mechanical ventilation. May consider less invasive airway support (e.g. CPAP, BiPAP). Transfer to hospital if indicated. Generally avoid the intensive care unit. All patients will receive comfort-focused treatments.  
**TREATMENT PLAN:** Provide basic medical treatments aimed at treating new or reversible illness.
- Comfort-Focused Treatment (Allow Natural Death).** Relieve pain and suffering through the use of any medication by any route, positioning, wound care and other measures. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. Patient prefers no transfer to hospital for life-sustaining treatments. Transfer if comfort needs cannot be met in current location.  
**TREATMENT PLAN:** Maximize comfort through symptom management.

## C

CHECK ALL THAT APPLY

### DOCUMENTATION OF DISCUSSION

- Patient** (*Patient has capacity*)     **Court-Appointed Guardian**     **Other Surrogate**
- Parent of Minor**     **Health Care Agent**     **Health Care Directive**

### SIGNATURE OF PATIENT OR SURROGATE

SIGNATURE (STRONGLY RECOMMENDED) \_\_\_\_\_ NAME (PRINT) \_\_\_\_\_

RELATIONSHIP (IF YOU ARE THE PATIENT, WRITE "SELF") \_\_\_\_\_ PHONE (WITH AREA CODE) \_\_\_\_\_

*Signature acknowledges that these orders reflect the patient's treatment wishes. Absence of signature does not negate the above orders.*

## D

### SIGNATURE OF PHYSICIAN / APRN / PA

*My signature below indicates to the best of my knowledge that these orders are consistent with the patient's current medical condition and preferences.*

NAME (PRINT) (REQUIRED) \_\_\_\_\_ LICENSE TYPE (REQUIRED) \_\_\_\_\_ PHONE (WITH AREA CODE) \_\_\_\_\_

SIGNATURE (REQUIRED) \_\_\_\_\_ DATE (REQUIRED) \_\_\_\_\_

SEND FORM WITH PATIENT WHENEVER TRANSFERRED OR DISCHARGED. FAXED, PHOTOCOPIED OR ELECTRONIC VERSIONS OF THIS FORM ARE VALID.

# INFORMATION FOR

PATIENT NAMED ON THIS FORM

## HIPAA PERMITS DISCLOSURE TO HEALTH CARE PROVIDERS AS NECESSARY FOR TREATMENT

### **E** ADDITIONAL PATIENT PREFERENCES (OPTIONAL)

CHECK  
ONE  
FROM  
EACH  
SECTION

#### **ARTIFICIALLY ADMINISTERED NUTRITION** *Offer food by mouth if feasible.*

- Long-term artificial nutrition by tube.
- Defined trial period of artificial nutrition by tube.
- No artificial nutrition by tube.

#### **ANTIBIOTICS**

- Use IV/IM antibiotic treatment.
- Oral antibiotics only (no IV/IM).
- No antibiotics. Use other methods to relieve symptoms when possible.

#### **ADDITIONAL PATIENT PREFERENCES** (e.g. dialysis, duration of intubation).

## HEALTH CARE PROVIDER WHO PREPARED DOCUMENT

PREPARER NAME (REQUIRED)

PREPARER TITLE (REQUIRED)

PREPARER PHONE (WITH AREA CODE) (REQUIRED)

DATE PREPARED (REQUIRED)

### NOTE TO PATIENTS AND SURROGATES

The POLST form is always voluntary and is for persons with advanced illness or frailty. POLST records your wishes for medical treatment in your current state of health. Once initial medical treatment is begun and the risks and benefits of further therapy are clear, your treatment wishes may change. Your medical care and this form can be changed to reflect your new wishes at any time. However, no form

can address all the medical treatment decisions that may need to be made. A Health Care Directive is recommended for all capable adults, regardless of their health status. A Health Care Directive allows you to document in detail your future health care instructions and/or name a Health Care Agent to speak for you if you are unable to speak for yourself.

### DIRECTIONS FOR HEALTH CARE PROVIDERS

#### Completing POLST

- Completing a POLST is always voluntary and cannot be mandated for a patient.
- POLST should reflect current preferences of persons with advanced illness or frailty. Also, encourage completion of a Health Care Directive.
- Verbal / phone orders are acceptable with follow-up signature by physician/APRN/PA in accordance with facility/community policy.
- A surrogate may include a court appointed guardian, Health Care Agent designated in a Health Care Directive, or a person whom the patient's health care provider believes best knows what is in the patient's best interest and will make decisions in accordance with the patient's expressed wishes and values to the extent known, such as a verbally designated surrogate, spouse, registered domestic partner, parent of a minor, or closest available relative.

#### Reviewing POLST

This POLST should be reviewed periodically, and if:

- The patient is transferred from one care setting or care level to another, or
- There is a substantial change in the patient's health status, or
- The patient's treatment preferences change, or
- The patient's Primary Medical Care Provider changes.

#### Voiding POLST

- A person with capacity, or the valid surrogate of a person without capacity, can void the form and request alternative treatment.
- Draw line through sections A through E and write "VOID" in large letters if POLST is replaced or becomes invalid.
- If included in an electronic medical record, follow voiding procedures of facility/community.

SEND FORM WITH PATIENT WHENEVER TRANSFERRED OR DISCHARGED. FAXED, PHOTOCOPIED OR ELECTRONIC VERSIONS OF THIS FORM ARE VALID.

**Johnston, Cheryl (HLB)**

---

**From:** Scott Wilson [REDACTED]  
**Sent:** Wednesday, August 03, 2016 11:59 AM  
**To:** Johnston, Cheryl (HLB)  
**Subject:** FW: MMA Annual Conference Sponsor Opportunities

Hi Cheryl,

I wanted to reach out to let you know that we can offer you the state agency discount of \$75 off an exhibit booth (\$920 for a booth) or 10% off any larger sponsorship (Silver, Gold or Platinum level). Please let me know if you or anyone on the committee has any questions.

All the best,  
Scott Wilson | Sponsorship Manager  
Minnesota Medical Association

[REDACTED]

---

**From:** Sandy Nentwig  
**Sent:** Wednesday, August 03, 2016 11:48 AM  
**To:** Scott Wilson  
**Subject:** FW: MMA Annual Conference Sponsor Opportunities

MN Board of Medical Practice is going to discuss sponsorship at their 8/13 meeting

---

**From:** Johnston, Cheryl (HLB) [<mailto:cheryl.johnston@state.mn.us>]  
**Sent:** Wednesday, August 03, 2016 11:29 AM  
**To:** Sandy Nentwig  
**Subject:** RE: MMA Annual Conference Sponsor Opportunities

Thank you for the information. It will be discussed at the Board's Policy and Planning Committee meeting on August 13, 2016.

Sincerely,

Cheryl Johnston  
Administrative Assistant  
Minnesota Board of Medical Practice

[REDACTED]

---

**From:** Sandy Nentwig [[mailto:\[REDACTED\]](mailto:[REDACTED])]  
**Sent:** Wednesday, August 03, 2016 11:24 AM  
**To:** Johnston, Cheryl (HLB)  
**Subject:** MMA Annual Conference Sponsor Opportunities

Here is the information you requested. We look forward to working with you!

Sandy Nentwig | Administrative Assistant for Health Policy and State and Federal Legislation Department  
Minnesota Medical Association | [mnmed.org](http://mnmed.org)

612-362-3755 office | [snentwig@mnmed.org](mailto:snentwig@mnmed.org)  
612-362-3755 office | [snentwig@mnmed.org](mailto:snentwig@mnmed.org)

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**INNOVATE.**

# MMA ANNUAL CONFERENCE 2016



MINNESOTA  
MEDICAL  
ASSOCIATION

**2016  
SPONSORSHIP  
PROGRAM**  
DOUBLETREE  
PARK PLACE HOTEL  
ST. LOUIS PARK, MN

**SEPT  
23+24  
2016**  
**EXHIBIT  
HALL  
OPEN  
9/23  
ONLY**

## **REACH MINNESOTA PHYSICIANS – MULTIPLE TIMES**

In addition to reaching Annual Conference participants, sponsors will be viewed by as many as 16,500 member and non-member physicians, more than a dozen times through September 2016, as MMA uses a multi-touch marketing and communications effort to promote the event. These touches include: monthly emails, weekly online newsletters, monthly magazine advertising and two targeted printed, direct mail invitations.

## **HUNDREDS OF ATTENDEES**

MMA's Annual Conference will bring together up to 300 physicians and physicians-in-training from across Minnesota for a day-and-a-half of education, policy discussion, networking and celebrating medicine.

## **IT'S A CONFERENCE FOR ALL MINNESOTA PHYSICIANS!**

DoubleTree Park Place Hotel  
1500 Park Place Boulevard  
St. Louis Park, MN 55416



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2016

# SPONSORSHIP OPPORTUNITIES



**Premier, Platinum, Gold and Silver packages include a booth location.**

## PREMIER | Inauguration | \$15,000

### SOLD TO MMIC GROUP

Exclusive sponsorship of the Inauguration.

- Special personal recognition at dinner
- Four tickets to dinner
- Your logo appears on signage leading into your sponsored event
- Preferential booth location
- Your logo appears on all Annual Conference promotional material
- Your logo appears on signage at registration table and two other locations
- Four full page ads in *Minnesota Medicine* — use by September 2017
- Four MMA website ads — use by December 2016
- Your logo appears in MMA print and email marketing materials sent to all Minnesota practicing and retired physicians, residents, fellows and medical students (as many as 16,500, twelve times).



## PLATINUM | MMA Keynote Speakers | \$5,000

ZDoggMD and Damon Tweedy, MD

### (ONE AVAILABLE FOR ZDOGGMD AND ONE AVAILABLE FOR DAMON TWEEDY, MD)

Sponsorship of Friday's morning or evening keynote speakers (estimated attendance of 200+ at either event).

- Representative can introduce the keynote speaker (some restrictions apply)
- Two tickets to keynote presentations
- Premier booth location
- Your logo appears on signage leading into your sponsored event
- Your logo appears on all Annual Conference promotional material
- Your logo appears on signage at registration table and two other locations
- One full page ad in *Minnesota Medicine* — use by September 2017
- Three MMA website ads — use by December 2016
- Opportunity to sponsor one MMA "in-person" event during the year (October 2016 to September 2017) at 50 percent discount (excluding the MMA Annual Conference)
- Your logo appears in MMA print and email marketing materials sent to all Minnesota practicing and retired physicians, residents, fellows and medical students (as many as 16,500, twelve times).

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# SPONSORSHIP OPPORTUNITIES



**Premier, Platinum, Gold and Silver packages include a booth location.**

MMA ANNUAL  
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## GOLD

Friday luncheon

\$2,750

### (ONE AVAILABLE)

- Sponsor recognition from MMA speaker at luncheon
- Two tickets to Friday evening's keynote presentation featuring ZDoggMD
- Your logo appears on signage at luncheon
- Premier booth location
- Your logo appears on all Annual Conference promotional material
- Your logo appears on signage at registration table and two other locations
- One half-page ad in *Minnesota Medicine* — use by September 2017
- One MMA website ad — use by December 2017
- Your logo appears in MMA print and email marketing materials sent to all Minnesota practicing and retired physicians, residents, fellows and medical students (as many as 16,500, twelve times).



## SATURDAY EDUCATION BREAKOUT SESSIONS

(each track offers two programs)

\$2,750

### (THREE AVAILABLE)

Sponsorship of one of Saturday's education tracks (estimated attendance of 50 to 75+ in each program).

- Representative can introduce each program (some restrictions apply)
- Two tickets to Friday evening's keynote presentation featuring ZDoggMD
- Your logo appears on signage leading into your sponsored event
- Premier booth location
- Your logo appears on all Annual Conference promotional material
- Your logo appears on signage at registration table and two other locations
- One half-page ad in *Minnesota Medicine* — use by September 2017
- One MMA website ad — use by December 2016
- Your logo appears in MMA print and email marketing materials sent to all Minnesota practicing and retired physicians, residents, fellows and medical students (as many as 16,500, twelve times).

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# SPONSORSHIP OPPORTUNITIES

\*

*Premier, Platinum,  
Gold and Silver  
packages include a  
booth location.*

## SILVER | Hippocrates Cafe | \$2,500

**(THREE AVAILABLE)**

Hippocrates Cafe is a theatrical production that explores complex health care topics using equal measures of humor and reflection. Join host Jon Hallberg, MD, as he and the cast of professional actors will read from a variety of sources, including selections from *Minnesota Medicine* while musicians perform instrumental interludes. This Thursday evening event will be an opportunity to network with as many as 100 physicians and physicians-in-training. The program will include hors d'oeuvres.

- Your logo appears on signage at the event
- Premier booth location at the conference plus a booth at the Hippocrates Cafe event on Thursday evening
- Your logo appears on all Annual Conference promotional materials
- Your logo appears on signage at registration table and two other locations
- Pre-event time to meet and greet attendees
- One MMA website ad — use by December 2016
- Your logo appears in MMA print and email marketing materials sent to all Minnesota practicing and retired physicians, residents, fellows and medical students (as many as 16,500, twelve times).
- Representative can introduce the program



## SILVER | MMA's Got Talent | \$2,500 **(THREE AVAILABLE)**

Following the Friday evening Keynote featuring ZDoggMD will be an exciting first time MMA event in which physicians, residents, medical students, and health care teams will be invited to showcase their talents in a fun-spirited competitive talent show. A panel of judges, including ZDoggMD, will offer running commentary. A grand-prize winner will be chosen by the audience, and awarded with a stethoscope trophy and special prizes from sponsors of this fun event. This showcase will run on Friday evening, approximately 8:45pm - 10:30pm. Sponsorship will include:

- Your logo appears on signage at the Friday's MMA's Got Talent showcase (some restrictions apply)
- Premier booth location
- Your logo appears on all Annual Conference promotional materials
- Your logo appears on signage at registration table and two other locations
- Two tickets to Friday evening's keynote presentation featuring ZDoggMD
- One MMA website ad — use by December 2016
- Your logo appears in MMA print and email marketing materials sent to all Minnesota practicing and retired physicians, residents, fellows and medical students (as many as 16,500, twelve times).
- You can provide a prize (Minimum \$250 value) and a representative can present it to the winner of the MMA's Got Talent Showcase.

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# SPONSORSHIP OPPORTUNITIES



*Premier, Platinum, Gold and Silver packages include a booth location.*

## EXHIBITOR BOOTH | \$995 (SPACE IS LIMITED)

You can add to the value of your booth by sponsoring one of the Annual Conference programs.

- Booth location
- Your logo appears on all Annual Conference promotional material
- Your logo appears on signage at registration table and two other locations
- Your logo appears in MMA print and email marketing materials sent to all Minnesota practicing and retired physicians, residents, fellows and medical students (as many as 16,500, twelve times).

## SOCIAL RECEPTION\POSTER SESSION | \$1,000 (ONE AVAILABLE)

Sponsor the Friday evening social hour reception.

- Premier booth location (cost of exhibitor booth not included)
- Your logo appears on signage at the reception
- Your promotional materials displayed at the reception
- Sponsor will present the Poster Session winner with the \$500 prize at the inauguration.

## BREAKFAST SPONSOR | Friday or Saturday | \$750 (TWO AVAILABLE)

Sponsor breakfast on Friday or Saturday morning (each breakfast will have an estimated audience of 150-200).

- Your logo appears on signage at breakfast table

## BREAK SPONSORS | Saturday | \$500 (THREE AVAILABLE)

Sponsor food and beverage service at three breaks (each break will have an estimated audience of 150-200).

- Your logo appears on signage at break table
- Your promotional materials displayed at the break

## CAN'T ATTEND? SUPPORT MMA WITH THESE SPONSORSHIPS!

### Program Sponsorship

Logo recognition on all Annual Conference promotional materials — \$750

- Your logo appears on signage at registration table and two other locations
- Name recognition on all Annual Conference promotional materials — \$350
- Your name appears on signage at registration table and two other locations

### Other customized sponsorships

If you are looking for a more customized sponsorship opportunity, consider these options or call Scott Wilson at 612-632-3748.

#### Item Sponsors

- Lanyards — \$1,500 (sponsor supplies 300 lanyards)
- Flash Drives with Conference Materials — \$3,000
- Pens — \$1,000 (sponsor supplies 300 pens)
- Centerpiece sponsorship for the Inauguration — \$1,500
- Name tags — \$1,000

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CONFERENCE  
2016**

# ANNUAL CONFERENCE SCHEDULE

*(tentative)*

## THURSDAY, SEPTEMBER 22

7 - 9 pm  
Hippocrates Cafe  
7 - 9 pm  
Early exhibitor setup

## FRIDAY, SEPTEMBER 23

6 am  
Exhibit hall open for setup  
7 am  
Registration opens  
7:30-8:30 am  
Breakfast in exhibit hall  
8:30 am  
Opening Keynote  
Damon Tweedy, MD  
9 am  
Exhibits must be set up  
9:30 - 10 am  
Break with exhibitors  
10-11 am  
Policy Session #1 and Education Session #1  
11-11:30 am  
Break with exhibitors  
11:30 am  
Luncheon  
MMA update and awards  
1-1:30 pm  
Break with exhibitors  
1:30-2:30 pm  
Education Sessions #2

2:45-3:15 pm  
Break with exhibitors  
3:15-5pm  
Open issues forum  
4:30-6:30 pm  
Exhibits open  
5-6 pm  
Poster session in exhibit area  
5:30-6:30 pm  
Inaugural reception in exhibit area  
6:30-7:30 pm  
Inauguration  
7:30 - 8:45 pm  
Keynote Speaker  
ZDoggMD  
8:45-10:30pm  
MMA's Got Talent Showcase

## SATURDAY, SEPTEMBER 24

Exhibit hall not open for Saturday events



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# SPONSORSHIP REGISTRATION

## SPONSORSHIP REGISTRATION

You have two options to complete the sponsorship registration:

- Online: visit [Annual Conference Exhibitor Application](#) and pay by credit card; *OR*
- Print out the attached registration, fill out and return it with payment to MMA.

Important dates to remember:

- July 20, 2016 — to have your logo/name included on the printed Annual Conference brochure that will be sent to as many as 16,500 Minnesota physicians
  - August 3, 2016 — to be recognized in the Annual Conference program
- Space will not be assigned without full payment. Visit [mnmed.org/AC2016](http://mnmed.org/AC2016).



## BOOTH SPECIFICATIONS

All exhibit tables will be eight feet long, skirted in white and be accompanied by two chairs. A company may opt to replace the table with their display provided it fits in the space. No space may be reserved except through the MMA exhibitor coordinator, Sandy Nentwig. Once reserved, no booth may be subleased except with the consent of the coordinator.

## NETWORKING OPPORTUNITIES

In addition to meeting with Annual Conference participants in your booths, there are several other opportunities to meet and talk with physicians. These include:

- Exhibitors are welcome to attend the policy forums and the educational programs.
- Exhibitors may purchase tickets for the Inauguration, or Friday's keynote speakers. See the registration form for further details.
- The September 23 inaugural reception and poster symposium, 5-6:30 p.m., will be held in the exhibit area. This is an excellent time to visit with attendees. Please be available.
- Break service for Annual Conference attendees also will be in the exhibit area.

## ASSIGNMENT OF BOOTHS

Exhibit spaces will be located in high traffic areas, with preferential sponsors receiving the best locations. No assignments will be made until a completed application and full payment are received. Booth numbers will be assigned and communicated 10 days prior to the Annual Conference. Organizations requesting placement next to, or away from, other organizations will be accommodated to our best ability. MMA reserves the right to assign all space in the best interest of the conference. MMA reserves the right to reassign booths when necessary. Booths must be completed and ready to show at 7:30am on Friday and must remain intact until 6:30pm on Friday.

## RELOCATION

The MMA exhibitor coordinator retains the right to change exhibit locations for reasons beyond the control of MMA or if it becomes advisable in the best judgment of the exhibitor coordinator. All such changes will be discussed with the exhibitor in advance, if possible.

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CONFERENCE  
2016**

# SPONSORSHIP REGISTRATION

## ELECTRICITY AND INTERNET ACCESS

**Electrical forms will be sent upon request.** There is internet access throughout the property. Contact Sandy Nentwig at 612-362-3755 for assistance.

## SPACE CANCELLATION

Cancellations must be sent in writing to [snentwig@mnmed.org](mailto:snentwig@mnmed.org). Cancellations received by August 1 will receive a full refund, minus a \$100 per booth administrative fee. Cancellations received after August 1 will receive a full refund, minus a \$100 per booth administrative fee, if it can be resold. If the booth cannot be resold, the MMA will retain 100 percent of the exhibitor's payment.

## SHIPPING

Shipments should be sent, no earlier than September 22, to:

DoubleTree Park Place

1500 Park Place Blvd

Minneapolis, MN 55416

Hold for: <Your Company Name>

Minnesota Medical Association Conference 9/23-24, 2016

**Please note:** If pallets of boxes are delivered, there is a \$150 hotel charge to move each pallet.

## SECURITY

MMA will take all reasonable precautions against damage or loss by fire, theft, strikes or other accidents. MMA cannot, however, guarantee exhibitors against loss or damage. Small and valuable materials should be removed or packed away each night.

## REGISTRATION

**Online:** Visit [Annual Conference Exhibitor Application](#) and pay by credit card.

**Mail:** Send the completed exhibit application and fee to:

MMA Annual Conference

Attn: Scott Wilson

1300 Godward St. NE, Suite 2500

Minneapolis, MN 55413

For questions concerning exhibit applications or additional information, contact Scott Wilson at 612-362-3748 or [swilson@mnmed.org](mailto:swilson@mnmed.org).

## EXHIBIT REGULATIONS

- All exhibits must be set up by 9 am on September 23. Exhibits must be removed by 1 pm, September 26.
- Orders may be taken, but no sales (money exchanged) during the meeting.
- MMA reserves the right to deny booth space to any organization whose products do not contribute directly to the meeting registrants' medical practices.
- Gifts distributed from the exhibitors must be of minimal value, practice-related and provide a benefit to patients. Textbooks and other gifts are appropriate if they serve a genuine educational function. The law stipulates that physicians are not allowed to accept gifts worth more than \$50 per year from manufacturers, wholesale drug distributors and their agents. We expect that exhibitors will follow these requirements.
- Raffles, lotteries or games of chance of any kind are expressly prohibited. Drawings will be allowed.
- Exhibitors will receive an attendee list during the conference. This list is for a one-time use. In any communications, MMA only can be named as presenting the Annual Conference and cannot be presented as endorsing a product or service.

# MINNESOTA MEDICAL ASSOCIATION EXHIBITOR APPLICATION

## 2016 ANNUAL CONFERENCE

September 23 • DoubleTree Park Place Hotel

Organization name (as it will appear in our program)

Parent Organization (if applicable)

Contact name (receives all correspondence)

Other conference attendee, first and last name

Other conference attendee, first and last name

Street address

City, state, zip

Phone Fax

E-mail

**Electricity:** Please contact Sandy Nentwig at 612-362-3755.  
**Internet service is available throughout the property.**

**If applicable, list organizations that you wish to be located near, or not near, your booth.**

Near

Not Near



**PLEASE EMAIL A COMPANY LOGO TO  
SNENTWIG@MINNED.ORG**

**MMA STAFF USE ONLY**

Date received:

Date paid:

Booth # assigned

Logo attached

**Sponsorship level** (check one):

- Platinum **\$5,000**
- Gold **\$3,000**
- Silver (Hippocrates Cafe) **\$2,500**
- Silver (MMA's Got Talent) **\$2,500**
- Exhibit **\$995**

**Meal/networking tickets**

	# tickets	Total Cost
<b>Friday keynote with Damon Tweedy, MD</b> (\$30 each)		
<b>Friday evening keynote with ZDoggMD</b> (\$50 each)		
<b>Total</b>		

**Payment**

Full payment, or request for payment arrangements, must be received by September 1, 2016, for booths to be assigned. Booths will be assigned 10 days prior to event.

**Online Registration**

Visit [Annual Conference Exhibitor Application](#) and pay by credit card.

**Pay by credit card**

Name on Card: \_\_\_\_\_

- M/C     Visa     Discover     American Express

Card Number: \_\_\_\_\_

Exp.: \_\_\_\_\_ Security code: \_\_\_\_\_

**Mail-in registration/Pay by check**

Print and mail this form with payment to:

MMA Annual Conference  
Attn: Sandy Nentwig  
1300 Godward St. NE  
Suite 2500  
Minneapolis, MN 55413

**Rules**

The exhibitor agrees to abide by all rules, regulations and restrictions outlined in this document.

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**DoubleTree by Hilton Hotel  
Minneapolis - Park Place**  
St. Louis Park, Minnesota

# MMA ANNUAL CONFERENCE 2016



MINNESOTA  
MEDICAL  
ASSOCIATION

[WWW.MNMEMED.ORG/AC2016](http://WWW.MNMEMED.ORG/AC2016)  
#MNMEMED16

**FRIDAY  
AND  
SATURDAY**

**SEPT  
23+24  
2016**



## Note from the MMA's President

I hope you can join us for the MMA 2016 Annual Conference! It will be an excellent opportunity to meet your colleagues from around the state, learn about the latest innovations in health care, and hear how the work you do is changing lives. Come prepared to share best practices, ask questions, and interact with the people involved in developing the resources and services to help you succeed. Tell us what we can do to support you in your work, so that together, we can make Minnesota the best state to practice medicine.

A handwritten signature in black ink, appearing to read "David C. Thorson, MD".

David C. Thorson, MD  
MMA President

## AGENDA OVERVIEW

Conference attendees will have the opportunity to meet and share ideas with colleagues from throughout the state. They also will be able to interact with product and service providers essential to the industry.

### The MMA Annual Conference includes:

- National and local speakers who will discuss the future of health care, emerging technology, health disparities, opioid prescribing, and much more!
- A preconference Hippocrates Cafe performance with MPR's Jon Hallberg, MD
- Educational sessions
- Policy forums
- Networking opportunities

### Who Should Attend

Physicians and physicians-in-training from all specialties and all parts of Minnesota are encouraged to attend.

### Contact Us

Have questions? Contact Sandy Nentwig at [am@mnmed.org](mailto:am@mnmed.org) or call (612) 362-3755.

# CONFERENCE SCHEDULE

PRECONFERENCE SESSION:

Thursday, Sept. 22

7-9pm Hippocrates Cafe

Friday, Sept. 23

- 7am-8pm Registration
- 7am-8:30am Exhibitors Open
- 7:30-8:30 Breakfast
- 7:30-8:30 **Breakfast with**  
Damon Tweedy,  
MD (ticketed  
event)
- 8:30-9:30 **GENERAL SESSION:** "Is there a  
Black Doctor in the House?" *Damon  
Tweedy, MD*
- 9:30-10 Break time with Exhibitors
- 10-11:20 CONCURRENT SESSIONS
- Future Trends-Mayo Center for  
Innovation
  - Physician Aid-in-Dying
  - Turning the Tide on Physician  
Burnout
- 11-11:30 Break time with Exhibitors
- 11:30-1pm **Welcome/Awards Lunch**
- 1-1:30 Break time with Exhibitors
- 1:30-2:30 CONCURRENT SESSIONS
- Diagnostic Errors
  - Implicit Bias
  - The Changing Landscape of  
Opioid Prescribing
- 2:30-3 Break time with Exhibitors
- 3-4:30 **Open Issues Forum**
- 4:30-5:30 **MEDPAC Reception**
- 4:30-6:30 **Exhibits Open**
- 5-6 **Poster Symposium**
- 5:30-6:30 **Inaugural Reception**
- 6:30-7:30 **President's Inauguration**
- 7:30-9 **GENERAL SESSION:** *Health Care,  
Remixed* **Zubin Damania, MD**  
(a.k.a. ZDoggMD)
- 9-10:30 **MMA's Got Talent**

Saturday, Sept. 24

- 7am-1pm Registration
- 7-7:45 SECTION MEETINGS
- Medical Students
  - Residents/Fellows
  - Young Physicians
- 7:45-9:15 Breakfast
- 7:45-9:15 **House of Delegates**
- 9:30-10:50 CONCURRENT SESSIONS
- Health Disparities Panel Discussion
  - Quality Measurement
  - Resiliency: Your Guide to Stress-Free Living
- 11-12 **GENERAL SESSION:** "Make Medicine Great Again!" *The  
Stevie Ray's Comedy Troupe*
- 12pm Adjourn

## DO YOU HAVE AN ISSUE TO DISCUSS?

### ***Here's your opportunity***

The MMA Policy Council is seeking physician input for its Open Issues Policy Forum.

### ***Sharing your idea is easy.***

Visit [www.mnmed.org/issues](http://www.mnmed.org/issues)

and complete the form by **Aug. 1.**

Submissions received after that date may not be considered at the conference.

# GENERAL SESSIONS



## “IS THERE A BLACK DOCTOR IN THE HOUSE?”

*Damon Tweedy, MD*

Dr. Tweedy, author of the *New York Times* best seller, *Black Man in a White Coat*, will look at why such a small percentage of physicians in the United States are black and the implications for doctors and patients.



## HEALTH CARE, REMIXED

*Zubin Damania, MD (a.k.a. ZDoggMD)*

Dr. Damania is a Las Vegas physician who mixes medicine and music to entertain and educate. Best known for his ZDoggMD videos, he'll discuss two topics he's passionate about—health care reform and preventing physician burnout—and give a live performance.



## MAKE MEDICINE GREAT AGAIN!

*The Stevie Ray's Comedy Troupe*

One candidate proposes we build a wall around Zika (and make Brazil pay for it) and another uses an unsecure server to talk about Zika. Who will win your vote? Join professional comedians for a hilarious session on the current state of medicine. Sense of humor required.

# CONCURRENT SESSIONS

## Diagnostic Errors

*Laurie Drill-Mellum, MD, MPH*

Diagnostic errors are the leading cause of medical malpractice claims in the United States. Because these errors can be hard to detect and measure, they have escaped the level of scrutiny received by more visible errors. Dr. Drill-Mellum will address factors that contribute to diagnostic errors and present strategies to minimize their impact.

## Future Trends – Mayo Center for Innovation

*Doug Wood, MD*

What does the future hold for health care? Join Dr. Wood for a stimulating discussion on topics such as participatory health care, wearables, and more.

## Health Disparities Panel Discussion

*Brooke Cunningham, MD, PhD, Christopher Reif, MD, and Stephen C. Nelson, MD*

Minnesota consistently scores high in state health rankings, but those numbers don't tell the whole story. Certain racial and ethnic groups in the state fare much worse than the general population on a variety of health indicators. Panel members will discuss why these disparities exist and what physicians can do to close the gap.

## Implicit Bias

*Stephen C. Nelson, MD*

Research suggests that implicit or unconscious bias may influence a clinician's behavior resulting in differences in care provided to members of certain racial and ethnic groups as compared with the general population. Join Dr. Nelson to learn about implicit bias, review factors that affect health outcomes among Minnesotans and discover tools to help us move towards health equity.

## Open Issues Forum

What are the concerns in your practice that keep you awake at night? How can the MMA address these issues? Join your colleagues for a discussion on a variety of timely and relevant topics. Submissions must be received by Aug. 1.



## Physician Aid-in-Dying

This controversial topic continues to generate debate across the country. Although the MMA has long opposed physician aid-in-dying, it recognizes that physicians' opinions on the matter may be changing. Help inform the MMA's position on this important issue.

## Quality Measurement

Measurement drives quality improvement. But how much is too much? Are the various measurement efforts by payers and the state and federal government accomplishing their goals? Is there a better approach? Share your thoughts and opinions.

## Resiliency: Your Guide to Stress-Free Living

*Amit Sood, MD*

Would you like to be more resilient, decrease your level of stress and anxiety, and enhance your well-being? Then this is the session for you! Dr. Sood has developed an innovative approach to mind-body medicine by incorporating concepts within neurosciences, psychology, philosophy and spirituality. Participants will leave refreshed and with strategies they can use in everyday life.

## The Changing Landscape of Opioid Prescribing

*Charles Reznikoff, MD*

Prince's death from an opioid overdose made headlines around the world. It also brought home the problem of opioid abuse and addiction. Opioids can be useful medications when used properly, but how is a physician to know where to draw the line? This session will explore the history of opioids, the prevalence of addiction, and how physicians can help curb the epidemic.

## Turning the Tide on Physician Burnout

*Martin Stillman, MD, JD, and Sandra Shallcross, PhD, LP*

Join this engaging duo from HCMC's Office of Professional Work/Life to learn about the signs and symptoms of burnout, best practices for responding to it, and interventions you and your organization can take to promote resiliency.

# CONTINUING MEDICAL EDUCATION

## Learning Objectives

*The MMA 2016 Annual Conference attendees will:*

- Discuss current issues, innovations and trends in the field of medicine
- Discover operational and clinical approaches to optimize patient care
- Participate in an environment of peer networking and collaboration

## Online Conference Evaluations and Verification of Attendance

Attendees will complete the evaluation and verify attendance for continuing medical education (CME) credits online after the conference.

## CME Requirements

CME credits are available for participants who attend the sessions and then complete and submit the online evaluation. Attendees will receive an email following the meeting to verify attendance and complete evaluations for all sessions attended. Upon completion of the online evaluation, attendees will receive a Certificate of Attendance via email stating the number of education credits earned. Please retain this email for your records.

## Deadline

CME credits will only be awarded to those who submit the required evaluation by Oct.15, 2016. Credits will not be issued after this date.

## Accreditation and Credit Statements

The Minnesota Medical Association (MMA) is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The Minnesota Medical Association designates this live activity for a maximum of 6.5 *AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.



# REGISTRATION

Registration at the MMA Annual Conference includes attendance at all general, educational and policy sessions (unless otherwise noted), as well as meals during scheduled conference activities.

## Registration Fees

- **Members \$149** (\$134 before Aug. 15)
- **Non-members \$199** (\$179 before Aug. 15)
- **Retired \$99** (\$89 before Aug. 15)
- **Students and Residents \$25**
- **Sponsor a student or resident \$99**

Daily registration rates are also available. Visit [www.mnmed.org/AC2016](http://www.mnmed.org/AC2016) for more information.



## Important Dates

- **Aug. 15** *Early Registration Discount Ends*
- **Sept. 1** *Last Day for DoubleTree Hotel Rate*
- **Sept. 1** *Online Registration Closes*

## Register Online

To complete the quick and easy registration, visit [www.mnmed.org/AC2016](http://www.mnmed.org/AC2016) and click Register Now. You will receive an email confirmation of your registration and a summary of your selected itinerary once you complete registration.

*Attendees must provide a credit card (VISA or MasterCard) or mail a check to the address below for meeting registration fees:*

Minnesota Medical Association  
Attn: Annual Conference  
1300 Godward St. N.E. Suite 2500  
Minneapolis, MN 55413

## Cancellations

The Minnesota Medical Association requires written notification in order to process a cancellation. Registration fees will be refunded in full for cancellations received by the MMA on or before Sept 1, 2016. After this date, no registration refunds will be provided for cancellations. Send cancellation requests to: [am@mnmed.org](mailto:am@mnmed.org). Please note, guests are responsible for cancelling their own hotel and any travel reservations.

## Badge and Registration Materials

MMA Annual Conference registration materials, including attendee badges and optional event tickets, will only be available for pick up on site at the DoubleTree Park Place meeting venue.

# SPECIAL EVENTS

## Breakfast with Damon Tweedy, MD (\$89, Separate Ticketed Event)

Limited to 20 participants, this intimate gathering will give each participant a chance to speak to Dr. Tweedy about racial health disparities and his thoughts about the future.

## Hippocrates Cafe

Developed by Jon Hallberg, MD, Hippocrates Cafe uses professional actors and musicians to explore health topics through song and story. The performers will present selected readings from *Minnesota Medicine*.

## Poster Symposium

A poster symposium will feature the work of our medical student, resident and fellow members. Take this opportunity to view the posters, talk with the participants and vote for a "People's Choice" award winner. **Submit your abstract at [www.mnmed.org/AC2016](http://www.mnmed.org/AC2016).**

## President's Inauguration

Join us as President David Thorson, MD, passes the Presidential Medallion to David Agerter, MD, as the 150th president of the MMA. We will also announce the MMA's highest honor, the Distinguished Service Award.

## MMA Foundation Awards

The awards lunch on Friday will recognize our colleagues as the MMA Foundation presents the President's Award and Community Service Award.

## MMA's Got Talent

MMA members are talented! Whether you sing, play piano, tell jokes, juggle or do imitations, we want you to perform. Prizes will be awarded to first, second and third place. **Submit an audition video at [www.mnmed.org/AC2016](http://www.mnmed.org/AC2016).**



# GENERAL CONFERENCE INFORMATION

## ADA Accessibility/Accommodations

The Minnesota Medical Association is committed to ensuring that the Annual Conference is fully accessible to all persons. If you have a specific dietary need or accessibility requirement please indicate this when you register and every effort will be made to accommodate your request. If you require auxiliary aids or services identified in the Americans with Disabilities Act, please submit a request for this when you register.

## Conference Presentation Materials

Presentation materials will be available for downloading at the MMA website after the conference.

## Family Fun

You'll find shopping, dining, arts, parks, zoos, museums and college and professional sports just minutes away. Downtown Minneapolis is 10 minutes to the east, The Mall of America is 25 minutes to the southeast and The Shops at West End are across the street from the conference hotel. There are activities for kids and adults (in-room babysitting is available).

## Lodging

Lodging is available at the DoubleTree Park Place at the discounted rate of \$112/night for single or double occupancy standard rooms (including tax and service fees). Contact the DoubleTree at 952-542-8600, click on the link below, or visit the Annual Conference Website ([www.mnmed.org/AC2016](http://www.mnmed.org/AC2016)) to reserve your room. Make sure to mention that you are with the Minnesota Medical Association. You must book your room by Sept. 1 to receive the MMA rate.

**DoubleTree online reservations**

## Name Badges

Attendee name badges must be displayed for admittance to all conference sessions and social events. Name badges will be available for pick up at the MMA registration desk at the DoubleTree Park Place.

## Photography Release

As part of your registration for the MMA 2016 Annual Conference, the MMA reserves the right to use photographs taken during the conference for future MMA marketing purposes.

## Sponsor Exhibits

Representatives from sponsoring organizations will be available to discuss their products and services.

**Schedule:** Friday, Sept. 23 7am-8pm



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# MMA ANNUAL CONFERENCE 2016



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BRONZE



## Martinez, Ruth (HLB)

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**From:** Williams, Brian [REDACTED]  
**Sent:** Wednesday, June 22, 2016 6:29 PM  
**To:** Martinez, Ruth (HLB)  
**Subject:** The Term "Physician" - Statutory Language used by MN Board of Chiropractic Examiners

Ruth,

Following up on a possible legislative fix re: use of the term "physician", I thought the approach of the Minnesota Board of Chiropractic Examiners was one to consider as well.

### 148.105 VIOLATION.

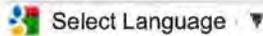
#### Subdivision 1. **Generally.**

Any person who practices, or attempts to practice, chiropractic or who uses any of the terms or letters "Doctors of Chiropractic," "Chiropractor," "DC," or any other title or letters under any circumstances as to lead the public to believe that the person who so uses the terms is engaged in the practice of chiropractic, without having complied with the provisions of sections 148.01 to 148.104, is guilty of a gross misdemeanor; and, upon conviction, fined not less than \$1,000 nor more than \$10,000 or be imprisoned in the county jail for not less than 30 days nor more than six months or punished by both fine and imprisonment, in the discretion of the court. It is the duty of the county attorney of the county in which the person practices to prosecute. Nothing in sections 148.01 to 148.105 shall be considered as interfering with any person:

- (1) licensed by a health-related licensing board, as defined in section 214.01, subdivision 2, including psychological practitioners with respect to the use of hypnosis;
- (2) registered or licensed by the commissioner of health under section 214.13; or
- (3) engaged in other methods of healing regulated by law in the state of Minnesota; provided that the person confines activities within the scope of the license or other regulation and does not practice or attempt to practice chiropractic.

Brian

Brian L. Williams  
Manager, Health Occupations Division  
Assistant Attorney General  
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Google Translate Disclaimer



## Education Law

### Article 131, Medicine

Effective June 18, 2010

[§6520. Introduction.](#) | [§6521. Definition of practice of medicine.](#) | [§6522. Practice of medicine and use of title "physician".](#) | [§6523. State board for medicine.](#) | [§6524. Requirements for a professional license.](#) | [§6525. Limited permits.](#) | [§6526. Exempt persons.](#) | [§6527. Special provisions.](#) | [§ 6528. Qualification of certain applicants for licensure.](#) | [§6529. Power of board of regents regarding certain physicians.](#)

#### §6520. Introduction.

This article applies to the profession of medicine. The general provisions for all professions contained in article one hundred thirty of this title apply to this article.

#### §6521. Definition of practice of medicine.

The practice of the profession of medicine is defined as diagnosing, treating, operating or prescribing for any human disease, pain, injury, deformity or physical condition.

#### §6522. Practice of medicine and use of title "physician".

Only a person licensed or otherwise authorized under this article shall practice medicine or use the title "physician".

#### §6523. State board for medicine.

A state board for medicine shall be appointed by the board of regents on recommendation of the commissioner for the purpose of assisting the board of regents and the department on matters of professional licensing in accordance with section sixty-five hundred eight of this title. The board shall be composed of not less than twenty physicians licensed in this state for at least five years, two of whom shall be doctors of osteopathy. The board shall also consist of not less than two physician's assistants licensed to practice in this state. The participation of physician's assistant members shall be limited to matters relating to article one hundred thirty-one-B of this chapter. An executive secretary to the board shall be appointed by the board of regents on recommendation of the commissioner and shall be either a physician licensed in this state or a non-physician, deemed qualified by the commissioner and board of regents.

#### §6524. Requirements for a professional license.

To qualify for a license as a physician, an applicant shall fulfill the following requirements:

1. Application: file an application with the department;
2. Education: have received an education, including a degree of doctor of medicine, "M.D.", or doctor of osteopathy, "D.O.", or equivalent degree in accordance with the commissioner's regulations;
3. Experience: have experience satisfactory to the board and in accordance with the commissioner's regulations;
4. Examination: pass an examination satisfactory to the board and in accordance with the commissioner's regulations;
5. Age: be at least twenty-one years of age; however, the commissioner may waive the age requirement for applicants who have attained the age of eighteen and will be in a residency program until the age of twenty-one;
6. Citizenship or immigration status: be a United States citizen or an alien lawfully admitted for permanent residence in the United States; provided, however that the board of regents may grant a three year waiver for an alien physician to practice in an area which has been designated by the department as medically underserved, except that the board of regents may grant an additional extension not to exceed six years to an alien physician to enable him or her to secure citizenship or permanent resident status, provided such status is being actively pursued; and provided further that

(10) A person who practices ritual circumcision pursuant to the requirements or tenets of any established religion.

(11) A Christian Scientist or other person who endeavors to prevent or cure disease or suffering exclusively by mental or spiritual means or by prayer.

(12) A physician licensed to practice medicine in another state who is in this state for the sole purpose of providing medical services at a competitive athletic event. The physician may practice medicine only on participants in the athletic event. A physician shall first register with the board on a form developed by the board for that purpose. The board shall not be required to adopt the contents of the form by rule. The physician shall provide evidence satisfactory to the board of a current unrestricted license in another state. The board shall charge a fee of \$50 for the registration.

(13) A psychologist licensed under section 148.907 or a social worker licensed under chapter 148D who uses or supervises the use of a penile or vaginal plethysmograph in assessing and treating individuals suspected of engaging in aberrant sexual behavior and sex offenders.

(14) Any person issued a training course certificate or credentialed by the Emergency Medical Services Regulatory Board established in chapter 144E, provided the person confines activities within the scope of training at the certified or credentialed level.

(15) An unlicensed complementary and alternative health care practitioner practicing according to chapter 146A.

**History:** (5716) *RL s 2299; 1971 c 485 s 4; 1980 c 567 s 1; 1981 c 23 s 4; 1985 c 247 s 12; 1986 c 444; 1987 c 384 art 1 s 17; 1990 c 542 s 5; 1990 c 576 s 4; 1991 c 255 s 19; 1993 c 21 s 8; 1993 c 326 art 8 s 2; 1Sp1995 c 3 art 16 s 13; 1996 c 324 s 3; 1996 c 424 s 1; 1999 c 54 s 1; 2000 c 260 s 24; 2000 c 460 s 21; 2003 c 130 s 12; 2005 c 147 art 1 s 5; 2009 c 159 s 13*

#### **147.091 GROUNDS FOR DISCIPLINARY ACTION.**

Subdivision 1. **Grounds listed.** The board may refuse to grant a license, may refuse to grant registration to perform interstate telemedicine services, or may impose disciplinary action as described in section 147.141 against any physician. The following conduct is prohibited and is grounds for disciplinary action:

(a) Failure to demonstrate the qualifications or satisfy the requirements for a license contained in this chapter or rules of the board. The burden of proof shall be upon the applicant to demonstrate such qualifications or satisfaction of such requirements.

(b) Obtaining a license by fraud or cheating, or attempting to subvert the licensing examination process. Conduct which subverts or attempts to subvert the licensing examination process includes, but is not limited to: (1) conduct which violates the security of the examination materials, such as removing examination materials from the examination room or having unauthorized possession of any portion of a future, current, or previously administered licensing examination; (2) conduct which violates the standard of test administration, such as communicating with another examinee during administration of the examination, copying another examinee's answers, permitting another examinee to copy one's answers, or possessing unauthorized materials; or (3) impersonating an examinee or permitting an impersonator to take the examination on one's own behalf.

(c) Conviction, during the previous five years, of a felony reasonably related to the practice of medicine or osteopathy. Conviction as used in this subdivision shall include a conviction of an offense which if committed in this state would be deemed a felony without regard to its designation elsewhere, or a criminal proceeding where a finding or verdict of guilt is made or returned but the adjudication of guilt is either withheld or not entered thereon.

(d) Revocation, suspension, restriction, limitation, or other disciplinary action against the person's medical license in another state or jurisdiction, failure to report to the board that charges regarding the person's license have been brought in another state or jurisdiction, or having been refused a license by any other state or jurisdiction.

(e) Advertising which is false or misleading, which violates any rule of the board, or which claims without substantiation the positive cure of any disease, or professional superiority to or greater skill than that possessed by another physician.

(f) Violating a rule promulgated by the board or an order of the board, a state, or federal law which relates to the practice of medicine, or in part regulates the practice of medicine including without limitation sections 604.201, 609.344, and 609.345, or a state or federal narcotics or controlled substance law.

(g) Engaging in any unethical conduct; conduct likely to deceive, defraud, or harm the public, or demonstrating a willful or careless disregard for the health, welfare or safety of a patient; or medical practice which is professionally incompetent, in that it may create unnecessary danger to any patient's life, health, or safety, in any of which cases, proof of actual injury need not be established.

(h) Failure to supervise a physician assistant or failure to supervise a physician under any agreement with the board.

(i) Aiding or abetting an unlicensed person in the practice of medicine, except that it is not a violation of this paragraph for a physician to employ, supervise, or delegate functions to a qualified person who may or may not be required to obtain a license or registration to provide health services if that person is practicing within the scope of that person's license or registration or delegated authority.

(j) Adjudication as mentally incompetent, mentally ill or developmentally disabled, or as a chemically dependent person, a person dangerous to the public, a sexually dangerous person, or a person who has a sexual psychopathic personality by a court of competent jurisdiction, within or without this state. Such adjudication shall automatically suspend a license for the duration thereof unless the board orders otherwise.

(k) Engaging in unprofessional conduct. Unprofessional conduct shall include any departure from or the failure to conform to the minimal standards of acceptable and prevailing medical practice in which proceeding actual injury to a patient need not be established.

(l) Inability to practice medicine with reasonable skill and safety to patients by reason of illness, drunkenness, use of drugs, narcotics, chemicals or any other type of material or as a result of any mental or physical condition, including deterioration through the aging process or loss of motor skills.

(m) Revealing a privileged communication from or relating to a patient except when otherwise required or permitted by law.

(n) Failure by a doctor of osteopathy to identify the school of healing in the professional use of the doctor's name by one of the following terms: osteopathic physician and surgeon, doctor of osteopathy, or D.O.

(o) Improper management of medical records, including failure to maintain adequate medical records, to comply with a patient's request made pursuant to sections 144.291 to 144.298 or to furnish a medical record or report required by law.

(p) Fee splitting, including without limitation:

(1) paying, offering to pay, receiving, or agreeing to receive, a commission, rebate, or remuneration, directly or indirectly, primarily for the referral of patients or the prescription of drugs or devices;

(2) dividing fees with another physician or a professional corporation, unless the division is in proportion to the services provided and the responsibility assumed by each professional and the physician has disclosed the terms of the division;

(3) referring a patient to any health care provider as defined in sections 144.291 to 144.298 in which the referring physician has a "financial or economic interest," as defined in section 144.6521, subdivision 3, unless the physician has disclosed the physician's financial or economic interest in accordance with section 144.6521; and

(4) dispensing for profit any drug or device, unless the physician has disclosed the physician's own profit interest.

The physician must make the disclosures required in this clause in advance and in writing to the patient and must include in the disclosure a statement that the patient is free to choose a different health care provider. This clause does not apply to the distribution of revenues from a partnership, group practice, nonprofit corporation, or professional corporation to its partners, shareholders, members, or employees if the revenues consist only of fees for services performed by the physician or under a physician's direct supervision, or to the division or distribution of prepaid or capitated health care premiums, or fee-for-service withhold amounts paid under contracts established under other state law.

(q) Engaging in abusive or fraudulent billing practices, including violations of the federal Medicare and Medicaid laws or state medical assistance laws.

(r) Becoming addicted or habituated to a drug or intoxicant.

(s) Prescribing a drug or device for other than medically accepted therapeutic or experimental or investigative purposes authorized by a state or federal agency or referring a patient to any health care provider as defined in sections 144.291 to 144.298 for services or tests not medically indicated at the time of referral.

(t) Engaging in conduct with a patient which is sexual or may reasonably be interpreted by the patient as sexual, or in any verbal behavior which is seductive or sexually demeaning to a patient.

(u) Failure to make reports as required by section 147.111 or to cooperate with an investigation of the board as required by section 147.131.

(v) Knowingly providing false or misleading information that is directly related to the care of that patient unless done for an accepted therapeutic purpose such as the administration of a placebo.

(w) Aiding suicide or aiding attempted suicide in violation of section 609.215 as established by any of the following:

(1) a copy of the record of criminal conviction or plea of guilty for a felony in violation of section 609.215, subdivision 1 or 2;

(2) a copy of the record of a judgment of contempt of court for violating an injunction issued under section 609.215, subdivision 4;

(3) a copy of the record of a judgment assessing damages under section 609.215, subdivision 5; or

(4) a finding by the board that the person violated section 609.215, subdivision 1 or 2. The board shall investigate any complaint of a violation of section 609.215, subdivision 1 or 2.

(x) Practice of a board-regulated profession under lapsed or nonrenewed credentials.

(y) Failure to repay a state or federally secured student loan in accordance with the provisions of the loan.

(z) Providing interstate telemedicine services other than according to section 147.032.

**Subd. 1a. Conviction of a felony-level criminal sexual conduct offense.** (a) The board may not grant a license to practice medicine to any person who has been convicted of a felony-level criminal sexual conduct offense.

(b) A license to practice medicine is automatically revoked if the licensee is convicted of a felony-level criminal sexual conduct offense.

(c) A license that has been denied or revoked pursuant to this subdivision is not subject to chapter 364.

(d) For purposes of this subdivision, "conviction" means a plea of guilty, a verdict of guilty by a jury, or a finding of guilty by the court, and "criminal sexual conduct offense" means a violation of sections 609.342 to 609.345 or a similar statute in another jurisdiction.

**Subd. 1b. Utilization review.** The board may investigate allegations and impose disciplinary action as described in section 147.141 against a physician performing utilization review for a pattern of failure to exercise that degree of care that a physician reviewer of ordinary prudence making utilization review determinations for a utilization review organization would use under the same or similar circumstances. As part of its investigative process, the board shall receive consultation or recommendation from physicians who are currently engaged in utilization review activities. The internal and external review processes under sections 62M.06 and 62Q.73 must be exhausted prior to an allegation being brought under this subdivision. Nothing in this subdivision creates, modifies, or changes existing law related to tort liability for medical negligence. Nothing in this subdivision preempts state peer review law protection in accordance with sections 145.61 to 145.67, federal peer review law, or current law pertaining to complaints or appeals.

**Subd. 2. Automatic suspension.** (a) A license to practice medicine is automatically suspended if (1) a guardian of a licensee is appointed by order of a court pursuant to sections 524.5-101 to 524.5-502, for reasons other than the minority of the licensee; or (2) the licensee is committed by order of a court pursuant to chapter 253B. The license remains suspended until the licensee is restored to capacity by a court and, upon petition by the licensee, the suspension is terminated by the board after a hearing.

(b) Upon notice to the board of a judgment of, or a plea of guilty to, a felony reasonably related to the practice of patient care, the credentials of the regulated person shall be automatically suspended by the board. The credentials shall remain suspended until, upon petition by the regulated person and after a hearing, the suspension is terminated by the board. The board shall indefinitely suspend or revoke the credentials of the regulated person if, after a hearing, the board finds that the felonious conduct would cause a serious risk of harm to the public.

(c) For credentials that have been suspended or revoked pursuant to paragraphs (a) and (b), the regulated person may be reinstated to practice, either with or without restrictions, by demonstrating clear and convincing evidence of rehabilitation, as provided in section 364.03. If the regulated person's conviction is subsequently overturned by court decision, the board shall conduct a hearing to review the suspension within 30 days after receipt of the court decision. The regulated person is not required to prove rehabilitation if the subsequent court decision overturns previous court findings of public risk.

(d) The board may, upon majority vote of a quorum of its members, suspend the credentials of a regulated person without a hearing if the regulated person fails to maintain a current name and address with the board, as described in paragraph (e), while the regulated person is: (1) under board investigation, and a notice of conference has been issued by the board; (2) party to a contested case with the board; (3) party to an agreement for corrective action with the board; or (4) under a board order for disciplinary action. The suspension shall remain in effect until lifted by the board pursuant to the board's receipt of a petition from the regulated person, along with the regulated person's current name and address.

(e) A person regulated by the board shall maintain a current name and address with the board and shall notify the board in writing within 30 days of any change in name or address. If a name change only is requested, the regulated person must request revised credentials and return the current credentials to the board. The board may require the regulated person to substantiate the name change by submitting official documentation from a court of law or agency authorized under law to receive and officially record a name change. If an address change only is requested, no request for revised credentials is required. If the regulated person's current credentials have been lost, stolen, or destroyed, the person shall provide a written explanation to the board.

Subd. 2a. **Effective dates.** A suspension, revocation, condition, limitation, qualification, or restriction of a license or registration shall be in effect pending determination of an appeal unless the court, upon petition and for good cause shown, shall otherwise order. A revocation of a license pursuant to subdivision 1a is not appealable and shall remain in effect indefinitely.

Subd. 3. **Conditions on reissued license.** In its discretion, the board may restore and reissue a license to practice medicine, but as a condition thereof may impose any disciplinary or corrective measure which it might originally have imposed.

Subd. 4. **Temporary suspension of license.** In addition to any other remedy provided by law, the board may, without a hearing, temporarily suspend the license of a physician if the board finds that the physician has violated a statute or rule which the board is empowered to enforce and continued practice by the physician would create a serious risk of harm to the public. The suspension shall take effect upon written notice to the physician, specifying the statute or rule violated. The suspension shall remain in effect until the board issues a final order in the matter after a hearing. At the time it issues the suspension notice, the board shall schedule a disciplinary hearing to be held pursuant to the Administrative Procedure Act. The physician shall be provided with at least 20 days' notice of any hearing held pursuant to this subdivision. The hearing shall be scheduled to begin no later than 30 days after the issuance of the suspension order.

Subd. 5. **Evidence.** In disciplinary actions alleging a violation of subdivision 1, paragraph (c) or (d), a copy of the judgment or proceeding under the seal of the court administrator or of the administrative agency which entered the same shall be admissible into evidence without further authentication and shall constitute prima facie evidence of the contents thereof.

Subd. 6. **Mental examination; access to medical data.** (a) If the board has probable cause to believe that a regulated person comes under subdivision 1, paragraph (1), it may direct the person to submit to a

mental or physical examination. For the purpose of this subdivision every regulated person is deemed to have consented to submit to a mental or physical examination when directed in writing by the board and further to have waived all objections to the admissibility of the examining physicians' testimony or examination reports on the ground that the same constitute a privileged communication. Failure of a regulated person to submit to an examination when directed constitutes an admission of the allegations against the person, unless the failure was due to circumstance beyond the person's control, in which case a default and final order may be entered without the taking of testimony or presentation of evidence. A regulated person affected under this paragraph shall at reasonable intervals be given an opportunity to demonstrate that the person can resume the competent practice of the regulated profession with reasonable skill and safety to the public.

In any proceeding under this paragraph, neither the record of proceedings nor the orders entered by the board shall be used against a regulated person in any other proceeding.

(b) In addition to ordering a physical or mental examination, the board may, notwithstanding section 13.384, 144.651, or any other law limiting access to medical or other health data, obtain medical data and health records relating to a regulated person or applicant without the person's or applicant's consent if the board has probable cause to believe that a regulated person comes under subdivision 1, paragraph (1). The medical data may be requested from a provider, as defined in section 144.291, subdivision 2, paragraph (h), an insurance company, or a government agency, including the Department of Human Services. A provider, insurance company, or government agency shall comply with any written request of the board under this subdivision and is not liable in any action for damages for releasing the data requested by the board if the data are released pursuant to a written request under this subdivision, unless the information is false and the provider giving the information knew, or had reason to believe, the information was false. Information obtained under this subdivision is classified as private under sections 13.01 to 13.87.

**Subd. 7. Tax clearance certificate.** (a) In addition to the provisions of subdivision 1, the board may not issue or renew a license if the commissioner of revenue notifies the board and the licensee or applicant for a license that the licensee or applicant owes the state delinquent taxes in the amount of \$500 or more. The board may issue or renew the license only if (1) the commissioner of revenue issues a tax clearance certificate and (2) the commissioner of revenue or the licensee or applicant forwards a copy of the clearance to the board. The commissioner of revenue may issue a clearance certificate only if the licensee or applicant does not owe the state any uncontested delinquent taxes.

(b) For purposes of this subdivision, the following terms have the meanings given.

(1) "Taxes" are all taxes payable to the commissioner of revenue, including penalties and interest due on those taxes.

(2) "Delinquent taxes" do not include a tax liability if (i) an administrative or court action that contests the amount or validity of the liability has been filed or served, (ii) the appeal period to contest the tax liability has not expired, or (iii) the licensee or applicant has entered into a payment agreement to pay the liability and is current with the payments.

(c) In lieu of the notice and hearing requirements of subdivision 1, when a licensee or applicant is required to obtain a clearance certificate under this subdivision, a contested case hearing must be held if the licensee or applicant requests a hearing in writing to the commissioner of revenue within 30 days of the date of the notice provided in paragraph (a). The hearing must be held within 45 days of the date the commissioner of revenue refers the case to the Office of Administrative Hearings. Notwithstanding any law to the contrary, the licensee or applicant must be served with 20 days' notice in writing specifying the time

and place of the hearing and the allegations against the licensee or applicant. The notice may be served personally or by mail.

(d) The board shall require all licensees or applicants to provide their Social Security number and Minnesota business identification number on all license applications. Upon request of the commissioner of revenue, the board must provide to the commissioner of revenue a list of all licensees and applicants, including the name and address, Social Security number, and business identification number. The commissioner of revenue may request a list of the licensees and applicants no more than once each calendar year.

Subd. 8. **Limitation.** No board proceeding against a regulated person shall be instituted unless commenced within seven years from the date of the commission of some portion of the offense or misconduct complained of except for alleged violations of subdivision 1, paragraph (t).

**History:** 1971 c 485 s 3; 1974 c 31 s 1; 1975 c 213 s 1; 1976 c 222 s 34; 1981 c 83 s 1; 1982 c 581 s 24; 1985 c 21 s 1; 1985 c 247 s 7,25; 1986 c 444; 1Sp1986 c 1 art 7 s 7; 1Sp1986 c 3 art 1 s 82; 1987 c 384 art 2 s 1; 1988 c 557 s 2; 1989 c 184 art 2 s 3; 1992 c 559 art 1 s 3; 1992 c 577 s 1; 1Sp1994 c 1 art 2 s 3,4; 1995 c 18 s 4-8; 1996 c 334 s 4; 1997 c 103 s 1; 1999 c 227 s 22; 2001 c 137 s 7; 2002 c 361 s 3; 2004 c 146 art 3 s 6; 2004 c 198 s 16; 2005 c 56 s 1; 2007 c 147 art 10 s 15; 2014 c 291 art 4 s 58

#### **147.0911 DIVERSIONARY PROGRAM.**

A person licensed under this chapter who is unable to practice with reasonable skill and safety by reason of illness; use of alcohol, drugs, chemicals, or any other materials; or as a result of a mental, physical, or psychological condition may participate in the health professional services program under sections 214.31 to 214.36 if the person meets the eligibility requirements.

**History:** 2013 c 44 s 4

#### **147.092 PROBABLE CAUSE HEARING; SEXUAL MISCONDUCT.**

(a) In any contested case in which a violation of section 147.091, subdivision 1, paragraph (t), is charged all parties shall be afforded an opportunity for a probable cause hearing before an administrative law judge. The motion for a hearing must be made to the Office of Administrative Hearings within 20 days of the filing date of the contested case and served upon the board upon filing. Any hearing shall be held within 30 days of the motion. The administrative law judge shall issue a decision within 20 days of completion of the probable cause hearing. If there is no request for a hearing, the portion of the notice of and order for hearing relating to allegations of sexual misconduct automatically becomes public.

(b) The scope of the probable cause hearing is confined to a review of the facts upon which the complaint review committee of the board based its determination that there was a reasonable belief that section 147.091, subdivision 1, paragraph (t), was violated. The administrative law judge shall determine whether there is a sufficient showing of probable cause to believe the licensee committed the violations listed in the notice of and order for hearing, and shall receive evidence offered in support or opposition. Each party may cross-examine any witnesses produced by the other. A finding of probable cause shall be based upon the entire record including reliable hearsay in whole or in part and requires only a preponderance of the evidence. The burden of proof rests with the board.

(c) Upon a showing of probable cause, that portion of the notice of and order for hearing filed by the board that pertains to the allegations of sexual misconduct, including the factual allegations that support the charge, become public data. In addition, the notice of and order for hearing may be amended. A finding of

**147.01 BOARD OF MEDICAL PRACTICE.**

Subdivision 1. **Creation; terms.** The Board of Medical Practice consists of 16 residents of the state of Minnesota appointed by the governor. Ten board members must hold a degree of doctor of medicine and be licensed to practice medicine under this chapter. Not less than one board member must hold a degree of doctor of osteopathy and either be licensed to practice osteopathy under Minnesota Statutes 1961, sections 148.11 to 148.16; prior to May 1, 1963, or be licensed to practice medicine under this chapter. Five board members must be public members as defined by section 214.02. The governor shall make appointments to the board which reflect the geography of the state. In making these appointments, the governor shall ensure that no more than one public member resides in each United States congressional district, and that at least one member who is not a public member resides in each United States congressional district. The board members holding the degree of doctor of medicine must, as a whole, reflect the broad mix of expertise of physicians practicing in Minnesota. A member may be reappointed but shall not serve more than eight years consecutively. Membership terms, compensation of members, removal of members, the filling of membership vacancies, and fiscal year and reporting requirements are as provided in sections 214.07 to 214.09. The provision of staff, administrative services and office space; the review and processing of complaints; the setting of board fees; and other provisions relating to board operations are as provided in chapter 214.

Subd. 2. **Recommendations for appointment.** Prior to the end of the term of a doctor of medicine or public member on the board, or within 60 days after a doctor of medicine or public member position on the board becomes vacant, the State Medical Association, the Mental Health Association of Minnesota, and other interested persons and organizations may recommend to the governor doctors of medicine and public members qualified to serve on the board. Prior to the end of the term of a doctor of osteopathy, or within 60 days after a doctor of osteopathy membership becomes vacant, the Minnesota Osteopathic Medical Society may recommend to the governor three doctors of osteopathy qualified to serve on the board. The governor may appoint members to the board from the list of persons recommended or from among other qualified candidates.

Subd. 3. **Board administration.** The board shall elect from among its number a president, a vice-president, and a secretary-treasurer, who shall each serve for one year, or until a successor is elected and qualifies. The board shall have authority to adopt rules as may be found necessary to carry out the purposes of this chapter. The members of the board shall have authority to administer oaths and the board, in session, to take testimony as to matters pertaining to the duties of the board. Nine members of the board shall constitute a quorum for the transaction of business. The board shall have a common seal, which shall be kept by the executive director, whose duty it shall be to keep a record of all proceedings of the board, including a register of all applicants for license under this chapter, giving their names, addresses, ages, educational qualifications, and the result of their examination. These books and registers shall be prima facie evidence of all the matters therein recorded.

Subd. 4. **Disclosure.** Subject to the exceptions listed in this subdivision, all communications or information received by or disclosed to the board relating to any person or matter subject to its regulatory jurisdiction are confidential and privileged and any disciplinary hearing shall be closed to the public.

(a) Upon application of a party in a proceeding before the board under section 147.091, the board shall produce and permit the inspection and copying, by or on behalf of the moving party, of any designated documents or papers relevant to the proceedings, in accordance with the provisions of rule 34, Minnesota Rules of Civil Procedure.

(b) If the board takes corrective action or imposes disciplinary measures of any kind, whether by contested case or by settlement agreement, the name and business address of the licensee, the nature of the misconduct, and the action taken by the board are public data. If disciplinary action is taken by settlement agreement, the entire agreement is public data. The board shall decide disciplinary matters, whether by settlement or by contested case, by roll call vote. The votes are public data.

(c) The board shall exchange information with other licensing boards, agencies, or departments within the state, as required under section 214.10, subdivision 8, paragraph (c), and may release information in the reports required under section 147.02, subdivision 6.

(d) The board shall upon request furnish to a person who made a complaint, or the alleged victim of a violation of section 147.091, subdivision 1, paragraph (t), or both, a description of the activities and actions of the board relating to that complaint, a summary of the results of an investigation of that complaint, and the reasons for actions taken by the board.

(e) A probable cause hearing held pursuant to section 147.092 shall be closed to the public, except for the notices of hearing made public by operation of section 147.092.

(f) Findings of fact, conclusions, and recommendations issued by the administrative law judge, and transcripts of oral arguments before the board pursuant to a contested case proceeding in which an administrative law judge found a violation of section 147.091, subdivision 1, paragraph (t), are public data.

**Subd. 5. Expenses; staff.** The Board of Medical Practice shall provide blanks, books, certificates, and such stationery and assistance as is necessary for the transaction of the business pertaining to the duties of such board. The expenses of administering this chapter shall be paid from the appropriations made to the Board of Medical Practice. The board shall employ an executive director subject to the terms described in section 214.04, subdivision 2a.

**Subd. 6.** [Repealed, 1997 c 225 art 2 s 63]

**Subd. 7. Physician application fee.** The board may charge a physician application fee of \$200. The revenue generated from the fee must be deposited in an account in the state government special revenue fund.

**History:** (5706) RL s 2295; 1921 c 68 s 1; 1927 c 188 s 1; 1963 c 45 s 1; 1967 c 416 s 1; 1969 c 927 s 1; 1973 c 638 s 6; 1975 c 136 s 5; 1976 c 2 s 65; 1976 c 222 s 32; 1976 c 239 s 53; 1984 c 588 s 1; 1985 c 247 s 1-3,25; 1986 c 444; 1Sp1986 c 3 art 1 s 22; 1987 c 86 s 1; 1990 c 576 s 1-3; 1991 c 105 s 1; 1991 c 106 s 6; 1991 c 199 art 1 s 40; 1992 c 513 art 7 s 9; 1Sp1993 c 1 art 5 s 6; 1995 c 186 s 44; 1995 c 207 art 9 s 38; 1996 c 334 s 3; 2000 c 284 s 2; 2004 c 270 s 1; 2004 c 279 art 11 s 2; 2012 c 278 art 2 s 8; 2013 c 44 s 2

**214.02 PUBLIC MEMBER, DEFINED.**

"Public member" means a person who is not, or never was, a member of the profession or occupation being licensed or regulated or the spouse of any such person, or a person who does not have or has never had, a material financial interest in either the providing of the professional service being licensed or regulated or an activity directly related to the profession or occupation being licensed or regulated.

**History:** *1973 c 638 s 61*

**214.09 MEMBERSHIP; COMPENSATION; REMOVAL; VACANCIES.**

Subdivision 1. **General.** The following standard provisions shall apply to the health-related and non-health-related licensing boards and to agencies created after July 1, 1975 in the executive branch, other than departments, whose primary functions include licensing, registration or certification of persons in specified professions or occupations.

Subd. 2. **Membership terms.** An appointment to a board must be made in the manner provided in section 15.0597. The terms of the members shall be four years with the terms ending on the first Monday in January. The appointing authority shall appoint as nearly as possible one-fourth of the members to terms expiring each year. If the number of members is not evenly divisible by four, the greater number of members, as necessary, shall be appointed to terms expiring in the year of commencement of the governor's term and the year or years immediately thereafter. If the number of terms which can be served by a member of a board is limited by law, a partial term must be counted for this purpose if the time served by a member is greater than one-half of the duration of the regular term. If the membership is composed of categories of members from occupations, industries, political subdivisions, the public or other groupings of persons, and if the categories have two or more members each, the appointing authority shall appoint as nearly as possible one-fourth of the members in each category at each appointment date. Members may serve until their successors are appointed and qualify. If the appointing authority fails to appoint a successor by July 1 of the year in which the term expires, the term of the member for whom a successor has not been appointed shall extend until the first Monday in January four years after the scheduled end of the original term.

Subd. 3. **Compensation.** (a) Members of health-related licensing boards may be compensated at the rate of \$75 a day spent on board activities and members of non-health-related licensing boards may be compensated at the rate of \$55 a day spent on board activities when authorized by the board, plus expenses in the same manner and amount as authorized by the commissioner's plan adopted under section 43A.18, subdivision 2. Members who, as a result of time spent attending board meetings, incur child care expenses that would not otherwise have been incurred, may be reimbursed for those expenses upon board authorization.

(b) Members who are state employees or employees of the political subdivisions of the state must not receive the daily payment for activities that occur during working hours for which they are also compensated by the state or political subdivision. However, a state or political subdivision employee may receive the daily payment if the employee uses vacation time or compensatory time accumulated in accordance with a collective bargaining agreement or compensation plan for board activity. Members who are state employees or employees of the political subdivisions of the state may receive the expenses provided for in this subdivision unless the expenses are reimbursed by another source. Members who are state employees or employees of political subdivisions of the state may be reimbursed for child care expenses only for time spent on board activities that are outside their working hours.

(c) Each board must adopt internal standards prescribing what constitutes a day spent on board activities for purposes of making daily payments under this subdivision.

Subd. 4. **Removal; vacancies.** A member may be removed by the appointing authority at any time (1) for cause after notice and hearing, (2) if the board fails to prepare and submit the report required by section 214.07, or (3) after missing three consecutive meetings. The chair of the board shall inform the appointing authority of a member missing the three consecutive meetings. After the second consecutive missed meeting and before the next meeting, the secretary of the board shall notify the member in writing that the member may be removed for missing the next meeting. In the case of a vacancy on the board, the appointing authority shall appoint a person to fill the vacancy for the remainder of the unexpired term.

Subd. 5. **Health-related boards.** No current member of a health-related licensing board may seek a paid employment position with that board.

**History:** 1975 c 136 s 51; 1976 c 222 s 205; 1984 c 571 s 3; 1986 c 444; 1987 c 354 s 5; 1990 c 506 art 2 s 20; 1993 c 80 s 6; 2001 c 61 s 3; 1Sp2001 c 10 art 2 s 70; 2012 c 278 art 4 s 1; 2014 c 291 art 4 s 47