The mission of the Minnesota Board of Medical Practice is to protect the public's health and safety by assuring that the people who practice medicine or as an allied health professional are competent, ethical practitioners with the necessary knowledge and skills appropriate to their title and role.

AGENDA FOR
THE MINNESOTA BOARD OF MEDICAL PRACTICE
BOARD MEETING
NOVEMBER 14, 2026, 9:00 AM

THE BOARD WILL MEET IN PERSON AT:
335 RANDOLPH AVENUE
BOARD ROOM 104
SAINT PAUL, MN 55102
AND ELECTRONICALLY BY WEBEX:
Go To: https://minnesota.webex.com/minnesota/j.php?MTID=m55d7f79ea549bacd4a84c3cf84d633c8
Meeting Number (access code): 2487 963 5899
Meeting Password: yNu4dJJPp66

Join by Phone
Tap to call in from a mobile device (attendees only)
+1-415-655-0003 United States Toll

Join from a video system or application
Dial 24879635899@minnesota.webex.com
You can also dial 173.243.2.68 and enter your meeting number.

Need Help? Go to http://help.webex.com

President: Chaitanya Anand, M.B., B.S.

9:00 – 9:05 1. Call to Order and Roll Call
9:05 – 9:10 2. Approve
   a. November 14, 2026, Board Meeting Agenda
   b. September 12, 2026, Board Meeting Minutes
   c. July 11, 2026, Revised Board Meeting Minutes
9:10 – 10:10 3. Presentation by Brian Lefchak, M.D., MPH. - AI Readiness in Healthcare
10:10 – 10:15 4. Report of New Credentials, September 1, 2026, to October 31, 2026
10:15 – 10:30 5. October 14, 2026, Policy & Planning Committee Meeting Report & Motion
10:30 – 10:35 6. November 10, 2026, Health Professionals Program, Program Committee Report
10:35 – 10:45 7. Election of Board Officers for Calendar Year 2027
10:45 – 10:50 8. Campaign Finance & Public Disclosure Form Completion Requirement
10:50 – 10:55 9. IMLCC 2026 Annual Report
10:55 – 11:00 10. Nominations for FSMB Elected Office Positions
11:00 – 11:05 11. PA Compact Commission Annual Report
11:05 – 11: 15 12. Executive Director's Report
11:15 – 11:20 13. Confirm 2027 and Select 2028 Board Meeting Dates
11:20 – 11:25 14.New Business
11:25 - 11:30 15. Corrective or Other Actions

Executive Session – Closed to Public

A) Review Proposed Disciplinary Actions
B) Request for Reconsideration

Minnesota Board of Medical Practice

ROLL CALL
NOVEMBER 14, 2026
BOARD MEETING

NAME	CONGRESSIONAL DISTRICT	APPOINTMENT FROM	TO
ANAND, Chaitanya, M.B.B.S. (**President)**	2	03/03/21	1/27
SUTOR, Bruce, M.D. **(Vice President)**	1	06/22/22	1/29
WILLETT, Jane, D.O. **(Secretary)**	7	03/14/23	1/27
ANDERSON, Bruce	6	03/14/23	1/27
ARKO IV, LEOPOLD, M.D., MS, FAANS	4	02/26/25	1/29
CARTER, Sarah, M.D.	6	06/19/24	1/28
CHAWLA, Pamela Gigi, M.D., MHA	5	06/29/20	1/28
HENRY, Peter, M.D.	8	06/22/22	1/30
PAZDERNIK, Julie A, M.D.	7	09/25/24	1/29
PEREIRA, Anne, M.D., MPH., FACP	At Large	02/04/26	1/30
RASMUSSEN, Allen, MA	8	06/19/24	1/28
THULLNER, Karen, MFA	4	06/22/22	1/30
TURNER, Averi M.	5	06/22/22	1/30
WALLACE, Duane, R. Ph.	7	02/04/26	1/30
ZACHARY, Cherie Y., M.D., ABAI	3	01/05/21	1/29

DATE: November 14, 2026 SUBJECT: Approve the November 14, Board Agenda

SUBMITTED BY: **Chaitanya Anand, M.B.B.S., Board President**

REQUEST FOR BOARD ACTION
MINNESOTA BOARD OF MEDICAL PRACTICE

REQUESTED ACTION:

Approve the November 14, 2026, Board Meeting Agenda

MOTION BY: SECOND:

( ) PASSED ( ) PASSED AMENDED ( ) LAYED OVER ( ) DEFEATED

BACKGROUND:

DATE: November 14, 2026 SUBJECT: Approve the September 12, 2026, Board Meeting Minutes

SUBMITTED BY: **Chaitanya Anand, M.B.B.S., Board President**

REQUEST FOR BOARD ACTION
MINNESOTA BOARD OF MEDICAL PRACTICE

REQUESTED ACTION:

Approve the September 12, 2026, Board Meeting minutes as Circulated

MOTION BY: SECOND:

( ) PASSED ( ) PASSED AMENDED ( ) LAYED OVER ( ) DEFEATED

BACKGROUND:

See Attached Minutes

Minnesota Board of Medical Practice
Board Meeting
In Person and Via Webex
335 Randolph Avenue, Suite 140
St. Paul, MN 55102
September 12, 2026 * 9:00 a.m.

The Minnesota Board of Medical Practice met in person and via Webex at 335 Randolph Avenue, Board Room 104, St. Paul, MN, 55102, on September 12, 2026. The public portion of the meeting was accessible to public attendees both in-person and via Webex.

The following Board members were present for both Public and Executive Sessions, unless otherwise indicated: Chaitanya Anand, M.B.B.S., (President); Bruce Sutor, M.D., (Vice President); Jane Willett, D.O., (Secretary); Bruce Anderson; Sarah Carter, M.D.; Peter Henry, M.D.; Julie Pazdernik, M.D.; Anne Pereira, M.D., MPH., FACP; Allen Rasmussen, M.A.; Karen Thullner, MFA.; Miss Averi Turner; Duane Wallace, R. Ph.

Leopold Arko IV, M.D., MS., FAANS.; Pamela Gigi Chawla, M.D., MHA.; and Cherie Zachary, M.D., ABAI., were absent from both the Public and Executive Sessions.

Public Session

Agenda Item 1: Call to Order and Roll Call

The meeting was called to order by Board President, Chaitanya Anand, M.B.B.S.

Unanimous votes will be recorded as unanimous consent for all members present. A roll-call vote will be taken if a vote is not unanimous.

Dr. Anand conducted a roll call.

Board Members, Bruce Anderson; Leopold Arko IV, M.D., MS., FAANS; Pamela Gigi Chawla, M.D., MHA.; Miss Averi Turner, and Cherie Zachary, M.D., ABAI, were absent at roll call.

Agenda Item 2: Approve

A) September 12, 2026, Board Meeting Agenda

A motion to approve the agenda for the September 12, 2026, Board meeting was made and seconded. The motion passed with unanimous consent by the following Board members:

Dr. Anand, Dr. Sutor, Dr. Willett, Dr. Carter, Dr. Henry, Dr. Pazdernik, Dr. Pereira, Mr. Rasmussen, Ms. Thullner and Mr. Wallace.

B) July 11, 2026, Board Meeting Minutes

A motion to approve the minutes from the July 11, 2026, Board meeting was made and seconded. The motion passed with unanimous consent by the following Board members:

Dr. Anand, Dr. Sutor, Dr. Willett, Dr. Carter, Dr. Henry, Dr. Pazdernik, Dr. Pereira, Mr. Rasmussen, Ms. Thullner and Mr. Wallace.

Agenda Item 3: Report of New Credentials, June 30, 2026, to August 31, 2026

The Board reviewed an informational report of the 920 new credentials issued between June 30, 2026, and August 31, 2026.

Agenda Item 5 (taken out of order): September 3, 2026, Policy & Planning Committee Report

It was noted for the record that both Mr. Bruce Anderson and Miss Turner joined the meeting.

Ms. Huntley presented the Committee's report including the motion from that meeting.

Motion #1 – Changes to Attestation Questions

Adopt the following changes to the attestation questions asked on applications at time of initial licensure or registration.

The Board requested a legal review to ensure these changes would not prohibit the Board from acting against a credential and no legal concerns were identified.

A motion to adopt the changes to the attestation questions asked on applications at time of initial licensure or registration was made and seconded. The motion passed with unanimous consent.

Agenda Item 6: Nominating Committee

Dr. Anand invited Board members interested in serving on the Nominating Committee or as an officer in 2027 to please contact him by mail or phone no later than September 24, 2026. Officer elections will include President, Vice President and Secretary. Board members who need his contact information should reach out to Eden Young.

Agenda Item 7: Executive Director's Report

Ms. Huntley presented her Executive Director's Report.

Operational Updates

The Board recently completed and submitted the internal control assessment tool and agency risk assessment plan.

Board staff are preparing the biennial report. This is a collective report with the health regulatory Boards. Ms. Huntley recognized Mark Chu, Tiernee Murphy, Kita Nelson and Eden Young for helping with the preparation of this report.

Ms. Huntley continues to work with the SMART team through the Department of Administration to prepare the agency's budget for submission by the end of the year.

Partnerships

FSMB

The results of the FSMB strategic planning survey Board members completed will be shared in the coming weeks along with potential Board engagement opportunities.

Ms. Huntley recently attended the Advisory Council of State Board Executives meeting where discussions were held regarding the role of a staff fellow and updates were provided on the Ethics and Professionalism Committee and the Workgroup on Artificial Intelligence.

The FSMB is offering a webinar on September 23, 2026, titled *Trauma-Informed Care for Clinicians and Regulators.* Ms. Huntley encouraged Board members to attend.

IMLCC

The IMLCC released its annual new license volume data report comparing licensees issued through the Compact with total new licensees issued in all member jurisdictions. The number of medical licenses issued has grown steadily since the report was first issued in 2019.

A few numbers were highlighted including that in 2019, with 24 member jurisdictions,10% of all new licenses were issued through the Compact and by 2025, that number grew to just over 41% across 36 member jurisdictions. Specific to Minnesota, in 2019, 14% of new medical licenses issued through the Compact and by 2025, that number had grown to 44%.

PA Compact

Tiernee Murphy is now serving as Minnesota's Delegate to that compact and Ms. Huntley serves as the alternate.

Other Business

Ms. Huntley continues to work with the Governor's Office to fill the current Board member vacancy.

Agenda Item 8: IMLCC New License Volume Data Report – September 2026

Ms. Huntley discussed this report in her Executive Director Report.

Agenta Item 9: New Business

No new business was discussed.

Agenda Item 4 (taken out of order): August 18, 2026, Health Professionals Services Program, Program Committee Report

Miss Averi Turner presented a summary of the Health Professionals Service Program, Program Committee meeting from August 18, 2026.

The meeting focused on an introduction of the program's case managers, learning about their role and reviewing how they handle different scenarios throughout the monitoring process. Miss Turner recognized the proactive and intentional nature of the work of the case managers and recommended they present at a future Board meeting.

Agenda Item 10: Corrective or Other Actions

Corrective or other actions implemented since the last Board meeting were presented for Board information purposes only.

Dr. Anand adjourned the public session.

The Board reconvened in a closed session to consider proposed disciplinary actions.

The following Board members were present for the Executive Sessions, unless otherwise indicated: Chaitanya Anand, M.B.B.S., (President); Bruce Sutor, M.D., (Vice President); Jane Willett, D.O., (Secretary); Bruce Anderson; Sarah Carter, M.D.; Peter Henry, M.D.; Julie Pazdernik, M.D.; Anne Pereira, M.D., MPH., FACP; Allen Rasmussen, M.A.; Karen Thullner, MFA.; Miss Averi Turner.; Duane Wallace, R. Ph.

Leopold Arko IV, M.D., MS., FAANS; Pamela Gigi Chawla, M.D., MHA.; and Cherie Zachary, M.D., ABAI, were absent from the Executive Session.

Hannah G. Johnson, P.A.

On recommendation of the Complaint Review Committee, the Board approved the Stipulation and Order disciplining her license to practice in Minnesota that includes a stayed suspension, signed by Ms. Johnson.

Trung N. Nguyen, D.O.

On recommendation of the Complaint Review Committee, the Board approved the Stipulation and Order for Reprimand, signed by Dr. Nguyen.

***** Mr. Anderson and Miss Turner opposed *****

Judah A. Askew, M.D.

On recommendation of the Complaint Review Committee, the Board approved the Order of Unconditional License.

***** Dr. Henry and Dr. Pazdernik recused *****

Asad K. Niazi, M. D.

On recommendation of the Complaint Review Committee, the Board approved the Stipulation and Order for Reprimand, signed by Dr. Niazi.

***** Mr. Anderson, Dr. Carter, Dr. Pereira, Miss Turner and Dr. Willett opposed *****

Jon M. Banas, D.O.

On recommendation of the Complaint Review Committee, the Board approved the Stipulation and Order for a Reprimand and Conditioned license, signed by Dr. Banas.

***** Mr. Anderson abstained *****

Tina Hogan (Dreger), M.D.

On recommendation of the Complaint Review Committee, the Board approved the Stipulation and Order for Reprimand, signed by Dr. Hogan (Dreger).

Robert J. Zajac, M.D.

On recommendation of the Complaint Review Committee, the Board approved the Stipulation and Order for a Reprimand and Conditioned license, signed by Dr. Zajac.

***** Mr. Anderson, Miss Turner and Dr. Willett opposed *****



Jane Willett, D.O. 11/2/2026
Secretary
Minnesota Board of Medical Practice

DATE: November 14, 2026 SUBJECT: Approve the Revised July 11, 2026 Board Meeting Minutes

SUBMITTED BY: **Chaitanya Anand, M.B.B.S., Board President**

REQUEST FOR BOARD ACTION
MINNESOTA BOARD OF MEDICAL PRACTICE

REQUESTED ACTION:

Approve the Revised July 11, 2026, Board Meeting minutes.

MOTION BY: SECOND:

( ) PASSED ( ) PASSED AMENDED ( ) LAYED OVER ( ) DEFEATED

BACKGROUND:

See the Below Changes

Minnesota Board of Medical Practice
Board Meeting
In Person and Via Webex
335 Randolph Avenue, Suite 140
St. Paul, MN 55102
July 11, 2026 * 9:00 a.m.

The Minnesota Board of Medical Practice met in person and via Webex at 335 Randolph Avenue, Board Room 104, St. Paul, MN, 55102, on July 11, 2026. The public portion of the meeting was accessible to public attendees both in-person and via Webex.

The following Board members were present for both Public and Executive Sessions, unless otherwise indicated: Chaitanya Anand, M.B.B.S., (President); Bruce Sutor, M.D., (Vice President); Jane Willett, D.O., (Secretary); Bruce Anderson; Leopold Arko IV, M.D., MS., FAANS; Sarah Carter, M.D.; Pamela Gigi Chawla, M.D., MHA; Peter Henry, M.D.; Julie Pazdernik, M.D.; Anne Pereira, M.D., MPH., FACP; Allen Rasmussen, M.A.; Miss Averi Turner.; Duane Wallace, R. Ph.; and Cherie Zachary, M.D., ABAI.

Karen Thullner, M.F.A., was absent from both the Public and Executive Sessions.

Public Session

Agenda Item 1: Call to Order and Roll Call

The meeting was called to order by Board President, Chaitanya Anand, M.B.B.S.

Unanimous votes will be recorded as unanimous consent for all members present. Roll-call votes will be taken if a vote is not unanimous.

Dr. Anand conducted a roll call.

Board Members Pamela Gigi Chawla, M.D., MHA., Miss Averi Turner and Jane Willett, D.O., were absent from roll call.

Agenda Item 2: Approve

A) July 11, 2026, Board Meeting Agenda

A motion to approve the agenda for July 11, 2026, Board meeting was made, a second to the motion was offered and the motion was passed with unanimous consent by the following Board members:

Dr. Anand, Dr. Sutor, Mr. Anderson, Dr. Arko, Dr. Carter, Dr. Henry, Dr. Pazdernik, Dr. Pereira, Mr. Rasmussen, Mr. Wallace, and Dr. Zachary.

B) Minutes of the May 9, 2026, Board Meeting

A motion to approve the minutes from May 9, 2026, Board meeting was made, a second to the motion was offered and the motion was passed with unanimous consent by the following Board members:

Dr. Anand, Dr. Sutor, Mr. Anderson, Dr. Arko, Dr. Carter, Dr. Henry, Dr. Pazdernik, Dr. Pereira, Mr. Rasmussen, Mr. Wallace and Dr. Zachary.

Pamela Gigi Chawla, M.D., MHA., joined the meeting after the minutes were approved.

Agenda Item 3: Presentation by the Health Professionals Services Program

DRAFT

Dr. Anand introduced Kimberly Navarre, LFMT, Program Director, and Sheila Specker, M.D., Medical Consultant. They presented the Board with an overview of physician health, including stigma and reporting and program data on Board of Medical Practice participants.

During and following the presentation Ms. Navarre and Dr. Specker responded to questions from Board Members.

Miss Averi Turner and Jane Willett, D.O., joined the meeting during this presentation.

Agenda Item 4: Report of New Credentials, April 25, 2026, to June 29, 2026

The Board reviewed an informational report of the 763 new credentials issued between April 25, 2026, and June 29, 2026.

Agenda Item 5: May 20, 2026, Policy & Planning Committee Report & Motions

Dr. Arko, Chair of the Policy & Planning Committee ("Committee"), presented the Committee's report from its May 20, 2026, meeting and the two motions from that meeting.

Motion #1 - Changes to Attestation Questions

Approve the proposed changes to the attestation questions #1 and #2 as asked on applications at time of initial licensure or registration.

After discussion, including the request for a legal review, a motion was proposed to table the initial licensure application questions a second to the motion was offered and the motion was passed with unanimous consent.

Dr. Arko presented the proposed changes questions #1, #2 and #3 on the annual renewal applications.

A motion to adopt the changes to questions #1, #2 and #3 asked on the annual renewal was made, a second to the motion was offered and the motion was passed with unanimous consent.

Motion #2 - Verification of Postgraduate Medical Training Form

A motion passed requesting that the full Board discuss adding a time frame to the Verification of Postgraduate Medical Training form used for physicians applying for initial licensure.

It was noted the question under consideration for modification is: "Did the individual take a leave of absence or break during training?"

The Board discussed the ambiguity of what is considered a "break" and discussion further explored if the question needs to be asked at all.

A motion to remove the question in its entirety was made, a second to the motion was offered and the motion was passed with unanimous consent.

Dr. Arko concluded the Committee report.

Agenda Item 6: May 12, 2026, Health Professionals Services Program, Program Committee Report

Ms. Huntley presented the Program Committee Report and noted that the materials from the meeting were included in the agenda.

In summary, Dr. Hannah Brown from Hennepin Healthcare, provided a presentation on the process for toxicology collection and analysis. Board members requested presentation at a future meeting.

Agenda Item 7: Executive Director's Report

DRAFT

Ms. Huntley shared her Executive Director's Report.

Operational Updates

Ms. Huntley thanked Eden Young for managing fiscal year-end process, serving as Board liaison to Board members, and processing initial and renewal applications for the IMLCC.

Planning is underway for the next biennium. Ms. Huntley has started working with the SmART financial management team at the Department of Administration for the development of proposed budgets for FY2028 and 2029.

Legislative Updates

Modernization updates to both the Acupuncture and Athletic Trainer Practice Acts passed in the Health and Human Services Scope and Licensure bill.

Ms. Huntley thanked Dr. Arko for serving as Policy & Planning Committee Chair.

Ms. Huntley shared that the Licensure Committee approved the first physician Limited License application.

Other Business

Ms. Huntley recognized Dr. Emiru for her exceptional contributions to the Licensure Committee and the Board during her years of service. Dr. Emiru submitted her resignation earlier in week and her seat has been posted on the Secretary of State's website.

Ms. Huntley concluded her report.

Agenda Item 8: New Business

No new business was discussed.

Agenda Item 9: Corrective or Other Actions

Corrective or other actions implemented since the last Board meeting were presented for Board information purposes only.

Dr. Anand adjourned the public session.

The Board reconvened in a closed session to consider proposed disciplinary actions.

DRAFT

The following Board members were present for the Executive Sessions, unless otherwise indicated: Chaitanya Anand, M.B.B.S., (President); Bruce Sutor, M.D., (Vice President); Jane Willett, D.O., (Secretary); Bruce Anderson; Leopold Arko IV, M.D., MS., FAANS; Sarah Carter, M.D.; Pamela Gigi Chawla, M.D., MHA; Peter Henry, M.D.; Julie Pazdernik, M.D.; Anne Pereira, M.D., MPH., FACP; Allen Rasmussen, M.A.; Miss Averi Turner.; Duane Wallace, R. Ph.; and Cherie Zachary, M.D., ABAI.

Julie Pazdernik, M.D., and Karen Thullner, M.F.A., were absent from the Executive Session.

Todd A. Leonard, M.D.

On recommendation of the Complaint Review Committee, the Board approved the Order of Unconditional License.
***** Dr. Chawla recused. Miss. Turner opposed *****

Seth W. Gregory, M.D.

On recommendation of the Complaint Review Committee, the Board approved the Order of Unconditional License.
***** Miss Turner opposed *****

Roland K. Tang, M.D.

On recommendation of the Complaint Review Committee, the Board approved the Stipulation and Order disciplining his license to practice in Minnesota that includes a voluntary surrender, signed by Dr. Tang.

Willard C. Hurley, M.D.

On recommendation of the Complaint Review Committee, the Board approved the Stipulation and Order for Reprimand, signed by Dr. Hurley.
***** Dr. Pereira, Dr. Zachary and Mr. Anderson abstained *****

Edilberto D. Atienza, M.D.

On recommendation of the Complaint Review Committee, the Board approved the Stipulation and Order for Reprimand, signed by Dr. Atienza.

Christopher J. Johnson, M.D.

On recommendation of the Licensure Committee, the Board approved the Stipulation and Order for a Reprimand and Conditioned license, signed by Dr. Johnson.
***** Miss. Tuner and Dr. Willett opposed *****

Azber A. Ansar, M.B., B.S.

On recommendation of the Complaint Review Committee, the Board approved the Order of Unconditional License.
***** Dr. Anand recused *****

DRAFT

Jane Willett, D.O. 8/27/2026

Secretary
Minnesota Board of Medical Practice

DRAFT

DATE: November 14, 2026 SUBJECT: AI Readiness in Healthcare

SUBMITTED BY: **Brian Lefchak, M.D., MPH**

REQUEST FOR BOARD ACTION
MINNESOTA BOARD OF MEDICAL PRACTICE

REQUESTED ACTION:

For Informational Purposes Only

MOTION BY: SECOND:

( ) PASSED ( ) PASSED AMENDED ( ) LAYED OVER ( ) DEFEATED

BACKGROUND:

Brian Lefchak, MD, MPH is a Pediatric Emergency Medicine Physician and Clinical Informaticist at Children's Minnesota. He completed his residency at New York Presbyterian Weill Cornell, a Pediatric Emergency Medicine fellowship with a Point-of-Care Ultrasound concentration at Children's Minnesota, and a Clinical Informatics fellowship at the University of Minnesota-Hennepin Healthcare. His professional interests include applied informatics, artificial intelligence, clinical decision support, and research. Outside of the hospital, he is a lifelong musician.

DATE: November 14, 2026 SUBJECT: Report of New Credentials

SUBMITTED BY: **Licensure Committee**

REQUEST FOR BOARD ACTION
MINNESOTA BOARD OF MEDICAL PRACTICE

REQUESTED ACTION:

For Informational Purposes Only

MOTION BY: SECOND:

( ) PASSED ( ) PASSED AMENDED ( ) LAYED OVER ( ) DEFEATED

BACKGROUND:

Attached are the listings of new credentials issued from September 1, 2026, to October 31, 2026.

Board of Medical Practice

New Licensee List - 09/01/2026 to 10/31/2026

License Type	Count
Acupuncturist	4
Athletic Trainer	18
Genetic Counselor	12
Medical Faculty Physician	1
Naturopathic Doctor	3
Physician and Surgeon	160
Physician and Surgeon - IMLC	228
Physician Assistant	111
Respiratory Therapist	25
Telemedicine	10
Traditional Midwife	1
TOTAL	**573**

License Type	Name	License Number	Grant Date	Expire Date
Acupuncturist	Medeiros, Christina Elizabeth	2149	10/09/2026	08/31/2027
Acupuncturist	Murch, April	2150	10/09/2026	05/31/2027
Acupuncturist	Nelson, Varinia Nicole	2148	09/17/2026	03/31/2027
Acupuncturist	Reichenberger, Katie Olivia	2147	09/17/2026	02/29/2028
Athletic Trainer	Benes, Maggy Marie	4013	10/01/2026	06/30/2027
Athletic Trainer	Bouldin, Abby Marie	4011	09/24/2026	06/30/2027
Athletic Trainer	Butterfield Emineth, Kari Kaye	4017	10/19/2026	06/30/2027
Athletic Trainer	Herold, Ashley Marie	4012	10/01/2026	06/30/2027
Athletic Trainer	Hicks-Eisenbacher, Kayla Marie	4006	09/16/2026	06/30/2027
Athletic Trainer	Hinojosa, Chloe	4014	10/07/2026	06/30/2027
Athletic Trainer	Hughes, Avery Robert	4021	10/27/2026	06/30/2027
Athletic Trainer	Kline, Laura Elise	4019	10/22/2026	06/30/2027
Athletic Trainer	Lentz, Sarah Grace	4007	09/17/2026	06/30/2027
Athletic Trainer	Markert, Katherine Elizabeth	4009	09/22/2026	06/30/2027
Athletic Trainer	Martinez-Scharber, Arianna Lea	4005	09/10/2026	06/30/2027
Athletic Trainer	Nguyen, Nancy	4015	10/09/2026	06/30/2027
Athletic Trainer	Partida, Alexis J	4018	10/21/2026	06/30/2027
Athletic Trainer	Perrucci, Haleigh Ann	4004	09/03/2026	06/30/2027
Athletic Trainer	Roman-Kastler, Osvaldo	4020	10/26/2026	06/30/2027

New Licensee List - 09/01/2026 to 10/31/2026

Athletic Trainer	Satariano, Joseph Anthony	4008	09/21/2026	06/30/2027
Athletic Trainer	Schlottman, Clarissa Lynn	4016	10/12/2026	06/30/2027
Athletic Trainer	Traeger, Megan Lynn	4010	09/24/2026	06/30/2027
Genetic Counselor	Anderson, Katherine Christine	1790	09/03/2026	01/31/2028
Genetic Counselor	Anderson, Samantha K	1788	09/01/2026	10/31/2027
Genetic Counselor	Arnone, Sophie Marie	1789	09/01/2026	06/30/2027
Genetic Counselor	Benson, Michelle Kay	1796	09/24/2026	12/31/2027
Genetic Counselor	Eraquam, Mikayla Ann	1794	09/21/2026	10/31/2027
Genetic Counselor	Feuer, Ofir	1791	09/09/2026	10/31/2027
Genetic Counselor	Forster, Brigitte Linda	1795	09/24/2026	09/30/2027
Genetic Counselor	Holter, Carlotta Jo	1797	10/01/2026	03/31/2028
Genetic Counselor	Johnson, Victoria Rose	1792	09/14/2026	08/31/2027
Genetic Counselor	Rogers, Rosemary Patricia	1793	09/17/2026	05/31/2027
Genetic Counselor	Yantes, Gabriella Olsen	1799	10/12/2026	01/31/2028
Genetic Counselor	Yusuf, Yusra Yassin	1798	10/12/2026	04/30/2027
Medical Faculty Physician	Hecht, Idan	1045	10/16/2026	10/31/2027
Naturopathic Doctor	Kamwee, Paw	1173	09/14/2026	01/31/2028
Naturopathic Doctor	Musser, Nathaniel Robert	1175	10/14/2026	08/31/2027
Naturopathic Doctor	Vinholi, Tayah Marie Lindsay	1174	09/24/2026	08/31/2027
Physician and Surgeon	Adinaro, David Joseph M.D.	83762	09/16/2026	07/31/2027
Physician and Surgeon	Aduna, Eyasu Getu M.D.	83856	09/30/2026	05/31/2027
Physician and Surgeon	Aguilar Gallardo, Jose Salvador M.D.	83904	10/07/2026	10/31/2027
Physician and Surgeon	Alamri, Ayedh Khalaf A MB, BS	83808	09/22/2026	01/31/2028
Physician and Surgeon	Almasude, Eden Esther M.D.	83924	10/09/2026	07/31/2027
Physician and Surgeon	Altman, Nicholas Dodge M.D.	83867	10/01/2026	09/30/2027
Physician and Surgeon	Andrie, Rachel LeeVan M.D.	84008	10/22/2026	12/31/2027
Physician and Surgeon	Anyadike, Nnaemeka Uchendu M.D.	83724	09/10/2026	12/31/2027
Physician and Surgeon	Armstead Baez, Phyllis M.D.	83950	10/14/2026	06/30/2027
Physician and Surgeon	Arnold, Stacy J M.D.	83772	09/17/2026	06/30/2027
Physician and Surgeon	Aziz, Khawaja Talha M.B., B.S.	83850	09/28/2026	10/31/2027
Physician and Surgeon	Baek, James Jaewoo M.D.	83726	09/10/2026	09/30/2027
Physician and Surgeon	Bapary, Alia Melissa M.D.	83874	10/01/2026	01/31/2028
Physician and Surgeon	Barrett, Christopher David M.D.	83794	09/21/2026	06/30/2027
Physician and Surgeon	Beck, Anna Dolores M.D.	83828	09/24/2026	09/30/2027

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Physician and Surgeon	Beck, Cynthia Maxine M.D.	83783	09/17/2026	07/31/2027
Physician and Surgeon	Bianchi, Athanasia Aphrodite MB, BCh, BAO	83875	10/01/2026	02/29/2028
Physician and Surgeon	Bloomsburg, Samuel Jesse M.D.	83847	09/25/2026	07/31/2027
Physician and Surgeon	Bright, Nicole Jasmyn D.O.	83961	10/15/2026	01/31/2028
Physician and Surgeon	Brown, Arielle VanSyckel M.D.	83993	10/19/2026	08/31/2027
Physician and Surgeon	Brown, Brandon Patrick M.D.	83730	09/10/2026	08/31/2027
Physician and Surgeon	Buckles, Joseph Matthew M.D.	83760	09/15/2026	03/31/2027
Physician and Surgeon	Burks, Michael Lundy M.D.	83983	10/16/2026	11/30/2027
Physician and Surgeon	Burner, Kimberly Dawn M.D.	83689	09/03/2026	09/30/2027
Physician and Surgeon	Carlsen, David Ray M.D.	83953	10/14/2026	09/30/2027
Physician and Surgeon	Carson, Therese Marie M.D.	83691	09/03/2026	09/30/2027
Physician and Surgeon	Catton, Raymond Manuel M.D.	84010	10/22/2026	11/30/2027
Physician and Surgeon	Chalfoun, Maria M.D.	83967	10/16/2026	08/31/2027
Physician and Surgeon	Choudry, Abdussalam M.B., B.S.	83764	09/16/2026	09/30/2027
Physician and Surgeon	Collier, Christopher Raymond M.D.	83868	10/01/2026	05/31/2027
Physician and Surgeon	Cowles, Alicia Aho M.D.	84043	10/29/2026	12/31/2027
Physician and Surgeon	Crichlow, Nicolette Carlyn M.B., B.S.	83813	09/24/2026	09/30/2027
Physician and Surgeon	Culp, Jeffrey Alan M.D.	83954	10/14/2026	10/31/2027
Physician and Surgeon	Curnow, Randall Thomas M.D.	83814	09/24/2026	05/31/2027
Physician and Surgeon	Datz, Kurt Gerard D.O.	83985	10/16/2026	06/30/2027
Physician and Surgeon	Deshpande, Aakash M.D.	83692	09/03/2026	09/30/2027
Physician and Surgeon	Dib, Marwan M.D.	59114	10/22/2026	08/31/2027
Physician and Surgeon	Dryer, Kathryn Ann M.D.	83968	10/16/2026	10/31/2027
Physician and Surgeon	Eickhoff, Isaac William M.D.	83722	09/09/2026	11/30/2027
Physician and Surgeon	Elsenheimer, Max William D.O.	83822	09/24/2026	05/31/2027
Physician and Surgeon	Erickson, Melissa Maria M.D.	54408	10/16/2026	08/31/2027
Physician and Surgeon	Ewing, Travis Dow D.O.	84011	10/22/2026	10/31/2027
Physician and Surgeon	Farmer, Derrick L M.D.	83823	09/24/2026	11/30/2027
Physician and Surgeon	Fawole, Rasheedat Yetunde M.B., B.S.	83693	09/03/2026	11/30/2027
Physician and Surgeon	Fishman, Andrew J M.D.	83694	09/03/2026	10/31/2027
Physician and Surgeon	Fleming, Zachary John M.D.	83815	09/24/2026	05/31/2027
Physician and Surgeon	Fogel, Bradley Joseph D.O.	83746	09/14/2026	07/31/2027
Physician and Surgeon	Frazier, Stacey Anne M.D.	83747	09/14/2026	05/31/2027
Physician and Surgeon	Garber, Jay Wesley M.D.	84012	10/22/2026	10/31/2027

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Physician and Surgeon	Gersten, Gregory David M.D.	83763	09/16/2026	05/31/2027
Physician and Surgeon	Gilliland, Amelia Helen D.O.	83695	09/03/2026	12/31/2027
Physician and Surgeon	Gupta, Rita K D.O.	83869	10/01/2026	07/31/2027
Physician and Surgeon	Hanover, Erin Emmanuel M.D.	83955	10/14/2026	03/31/2028
Physician and Surgeon	Hassan, Abdirahman Mohamed M.B., Ch.B.	84044	10/29/2026	09/30/2027
Physician and Surgeon	Hawkins, Clare Arnot M.D.	83969	10/16/2026	07/31/2027
Physician and Surgeon	Hooks, Gregory Michael M.D.	83816	09/24/2026	09/30/2027
Physician and Surgeon	Hubbs, Jessica Louise M.D.	62319	10/29/2026	12/31/2027
Physician and Surgeon	Huberty, Serra Brandes M.D.	83956	10/14/2026	05/31/2027
Physician and Surgeon	Huynh, Minh Tue M.D.	83854	09/28/2026	11/30/2027
Physician and Surgeon	Iqbal, Tasnia M.D.	83817	09/24/2026	05/31/2027
Physician and Surgeon	Isaac Maximo, Larissa Maria M.D.	83818	09/24/2026	02/29/2028
Physician and Surgeon	Jaramillo, Alexandria Sydney D.O.	83770	09/16/2026	08/31/2027
Physician and Surgeon	Joseph, Bobby D.O.	83767	09/16/2026	02/29/2028
Physician and Surgeon	Kala, Margaret Hunter Sights M.D.	83748	09/14/2026	12/31/2027
Physician and Surgeon	Kamga, Larisa M.D.	84013	10/22/2026	05/31/2027
Physician and Surgeon	Kaminsky, Philip Jerome M.D.	84045	10/29/2026	06/30/2027
Physician and Surgeon	Kapoor, Mukesh M.B., B.S.	83749	09/14/2026	03/31/2027
Physician and Surgeon	Kasprzak, Victoria Sabina D.O.	84046	10/29/2026	07/31/2027
Physician and Surgeon	Kemp, Darryl Samuel M.D.	83765	09/16/2026	06/30/2027
Physician and Surgeon	Kenfack, Eve Esperance M.D.	83766	09/16/2026	08/31/2027
Physician and Surgeon	Kern, Matthew Carl M.D.	83819	09/24/2026	04/30/2027
Physician and Surgeon	Khan, Asiya ASIM M.D.	83855	09/28/2026	04/30/2027
Physician and Surgeon	Kim, Hongsun M.D.	83696	09/03/2026	08/31/2027
Physician and Surgeon	Kim, Stacy Juyeh M.D.	83697	09/03/2026	08/31/2027
Physician and Surgeon	Kimball, Seth Sol M.D.	83903	10/07/2026	06/30/2027
Physician and Surgeon	Kinnamon, Kaley Dell M.D.	84047	10/29/2026	08/31/2027
Physician and Surgeon	KIZILGUL, MUHAMMED M.D.	83698	09/03/2026	07/31/2027
Physician and Surgeon	Kopyt, Nelson Paul D.O.	83941	10/12/2026	11/30/2027
Physician and Surgeon	Kowal, Daniel Jonathan M.D.	84014	10/22/2026	03/31/2028
Physician and Surgeon	Kuball, Philip Thomas M.D.	84015	10/22/2026	07/31/2027
Physician and Surgeon	Kucharik, Alison Haley M.D.	83820	09/24/2026	06/30/2027
Physician and Surgeon	Lababidi, Hani Mohamad Souhail M.D.	83773	09/17/2026	09/30/2027
Physician and Surgeon	Landis, Ian Phillip M.D.	83881	10/01/2026	03/31/2028

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Physician and Surgeon	Lang, William Leonard M.D.	83945	10/14/2026	04/30/2027
Physician and Surgeon	Langley, David Michael D.O.	83988	10/16/2026	10/31/2027
Physician and Surgeon	Latchman, Chandroutie D.O.	83946	10/14/2026	08/31/2027
Physician and Surgeon	Lee, Michael Martin D.O.	83700	09/03/2026	01/31/2028
Physician and Surgeon	Lenth, Gerri Lynn D.O.	83774	09/17/2026	04/30/2027
Physician and Surgeon	Leon Albarran, Miguel Angel M.D.	84019	10/23/2026	11/30/2027
Physician and Surgeon	Liveringhouse, Casey Lee M.D.	84039	10/28/2026	11/30/2027
Physician and Surgeon	Louderman-Roll, Jacqueline Amber D.O.	83701	09/03/2026	02/29/2028
Physician and Surgeon	Lukose, Kevin M.D.	83702	09/03/2026	03/31/2027
Physician and Surgeon	Ly, Nathalie Yingya M.D.	84020	10/23/2026	12/31/2027
Physician and Surgeon	Mahoney, Matthew Joseph D.O.	83857	09/30/2026	05/31/2027
Physician and Surgeon	Mallek, Ellie Elizabeth M.D.	83703	09/03/2026	04/30/2027
Physician and Surgeon	Manivannan, Alan Vinith M.D.	83805	09/22/2026	05/31/2027
Physician and Surgeon	Marin Salcedo, Manuela D.O.	83866	09/30/2026	09/30/2027
Physician and Surgeon	McGeady, Caehla Elizabeth M.D.	83858	09/30/2026	06/30/2027
Physician and Surgeon	Mehl, Mathieu Cameron D.O.	83851	09/28/2026	01/31/2028
Physician and Surgeon	Menzel Daberkow, Claudia M.D.	83925	10/09/2026	10/31/2027
Physician and Surgeon	Mieritz, Page Ann M.D.	83809	09/22/2026	11/30/2027
Physician and Surgeon	Miller, Austin Michael D.O.	83750	09/14/2026	12/31/2027
Physician and Surgeon	Momeni, Arash Keshmiri M.D.	83841	09/25/2026	09/30/2027
Physician and Surgeon	montesano, yordano	83775	09/17/2026	05/31/2027
Physician and Surgeon	Montgomery, Grace Elizabeth M.D.	83852	09/28/2026	04/30/2027
Physician and Surgeon	Moua, Linda M.D.	83751	09/14/2026	09/30/2027
Physician and Surgeon	Mutasa, Simukai Taiziveyi M.D.	83846	09/25/2026	05/31/2027
Physician and Surgeon	Naqvi, Syed Ali Shawn D.O.	83704	09/03/2026	10/31/2027
Physician and Surgeon	Nelson, Jessica Sally D.O.	83705	09/03/2026	03/31/2027
Physician and Surgeon	Nielsen, Annabelle Dorothy M.D.	83710	09/08/2026	10/31/2027
Physician and Surgeon	Norden, Carly Marie M.D.	83947	10/14/2026	06/30/2027
Physician and Surgeon	Norton, Noah James D.O.	83706	09/03/2026	03/31/2027
Physician and Surgeon	Novak, Ryan Thayer M.D.	55735	10/30/2026	04/30/2027
Physician and Surgeon	Onik, Casey Francis D.O.	83768	09/16/2026	08/31/2027
Physician and Surgeon	Park, Lydia Somi M.D.	83811	09/23/2026	07/31/2027
Physician and Surgeon	Patterson, Samuel Holden M.D.	83859	09/30/2026	09/30/2027
Physician and Surgeon	Patterson, Sydney Colleen M.D.	83948	10/14/2026	09/30/2027

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Physician and Surgeon	Perkowski, David Joseph M.D.	83949	10/14/2026	07/31/2027
Physician and Surgeon	Peterson, Eileen Kathryn M.D.	83727	09/10/2026	11/30/2027
Physician and Surgeon	Pfeiffer, Joshua David M.D.	84005	10/22/2026	12/31/2027
Physician and Surgeon	Pitino, Lisa Marie Morawski D.O.	83777	09/17/2026	01/31/2028
Physician and Surgeon	Puri, Rajshree M.B., B.S.	84006	10/22/2026	02/29/2028
Physician and Surgeon	Raskin, Elizabeth Rachael M.D.	50559	09/17/2026	05/31/2027
Physician and Surgeon	Raymer, Charles Augustus M.D.	83905	10/07/2026	12/31/2027
Physician and Surgeon	Redemann, Maximilian Yamashiro M.D.	83987	10/16/2026	11/30/2027
Physician and Surgeon	Renberg, Ingrid Kathleen M.D.	83848	09/25/2026	04/30/2027
Physician and Surgeon	Renteria, Miguel Angel M.D.	83776	09/17/2026	07/31/2027
Physician and Surgeon	Ring, Sydney Elizabeth M.D.	83812	09/23/2026	06/30/2027
Physician and Surgeon	Roberts, Caroline Edman Loftus M.D.	83707	09/03/2026	07/31/2027
Physician and Surgeon	Rodgers Biebuyck, Emma Elizabeth D.O.	83729	09/10/2026	05/31/2027
Physician and Surgeon	Rodriguez, Allen Raymond M.D.	84007	10/22/2026	03/31/2028
Physician and Surgeon	Rozeboom, Brett James M.D.	84002	10/21/2026	01/31/2028
Physician and Surgeon	Sabih, Ahmed Samih M.B., Ch.B.	83917	10/08/2026	01/31/2028
Physician and Surgeon	Sabra, Mark Ziad M.D.	83687	09/03/2026	05/31/2027
Physician and Surgeon	See, Reiner Henson Barrios M.D.	83688	09/03/2026	02/29/2028
Physician and Surgeon	Segun-Omosehin, Omotayo Ayomide M.B., B.S.	84024	10/26/2026	06/30/2027
Physician and Surgeon	Shortreed, Jordan June M.D.	83878	10/01/2026	04/30/2027
Physician and Surgeon	Sibley, Andrew Christopher M.D.	84009	10/22/2026	01/31/2028
Physician and Surgeon	Singh, Arshjot D.O.	83826	09/24/2026	05/31/2027
Physician and Surgeon	Spann, Aaron Michel M.D.	83940	10/12/2026	04/30/2027
Physician and Surgeon	Spence, Robin Elizabeth D.O.	83892	10/05/2026	03/31/2028
Physician and Surgeon	Stark, Christopher Myles M.D.	83918	10/08/2026	01/31/2028
Physician and Surgeon	Storts, Samantha Lee D.O.	83786	09/17/2026	05/31/2027
Physician and Surgeon	Tadros, Thomas Michael M.D.	83827	09/24/2026	09/30/2027
Physician and Surgeon	Tredennick, Trevor Doyle M.D.	83876	10/01/2026	06/30/2027
Physician and Surgeon	Tubridy, Sean Elliott M.D.	83986	10/16/2026	01/31/2028
Physician and Surgeon	Tucker, Christopher Garrison M.D.	83796	09/21/2026	08/31/2027
Physician and Surgeon	Urena, Eddy Alberto D.O.	83893	10/05/2026	02/29/2028
Physician and Surgeon	Valente, William Joseph M.D.	83785	09/17/2026	07/31/2027
Physician and Surgeon	Vargas, Jake Michael M.D.	84025	10/26/2026	03/31/2028
Physician and Surgeon	Vest, Amanda Rose M.D.	83690	09/03/2026	03/31/2027

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Physician and Surgeon	Vu, Nhu Quynh M.D.	83784	09/17/2026	10/31/2027
Physician and Surgeon	Vullo, Samantha Lynn Biltz M.D.	83728	09/10/2026	12/31/2027
Physician and Surgeon	Wagner , James Allen D.O.	83782	09/17/2026	05/31/2027
Physician and Surgeon	WARDA, ALI HASSAN ALI M.B., B.Ch.	83962	10/15/2026	03/31/2028
Physician and Surgeon	Ware, Abigail Rose M.D.	83877	10/01/2026	04/30/2027
Physician and Surgeon	Weiner, Steven L M.D.	83795	09/21/2026	07/31/2027
Physician and Surgeon	Weir, Jayson A M.D.	83787	09/17/2026	03/31/2027
Physician and Surgeon	Williams, Wendol Arthur M.D.	83984	10/16/2026	11/30/2027
Physician and Surgeon	Xiong, Pa Ta M.D.	83963	10/15/2026	11/30/2027
Physician and Surgeon - IMLC	Abuzaanona , Ahmed M.D.	84049	10/29/2026	07/31/2027
Physician and Surgeon - IMLC	Abuzeid, Fouad Assad M.D.	83895	10/05/2026	10/31/2027
Physician and Surgeon - IMLC	Adewale, Samson O M.D.	83769	09/16/2026	12/31/2027
Physician and Surgeon - IMLC	Ahmad, Asima M.D.	83708	09/08/2026	05/31/2027
Physician and Surgeon - IMLC	Ahmed, Tanvir M.D.	83771	09/16/2026	11/30/2027
Physician and Surgeon - IMLC	Aidoo, Rita Constance D.O.	63867	09/02/2026	07/31/2027
Physician and Surgeon - IMLC	Aje, Kent Tokunbo M.D.	83923	10/08/2026	08/31/2027
Physician and Surgeon - IMLC	Al-Deek, Jumana Haitham D.O.	84022	10/26/2026	09/30/2027
Physician and Surgeon - IMLC	Aleman, Ashley Varnon M.D.	83831	09/24/2026	08/31/2027
Physician and Surgeon - IMLC	Alkashash, Ahmad Mahmoud Ahmad Ali M.B., B.Ch.	83979	10/16/2026	06/30/2027
Physician and Surgeon - IMLC	Alkhafaji, Maasal M.B., Ch.B.	83931	10/09/2026	02/29/2028
Physician and Surgeon - IMLC	Almasri, Basem	83780	09/17/2026	05/31/2027
Physician and Surgeon - IMLC	Amador, Renan	83754	09/14/2026	08/31/2027
Physician and Surgeon - IMLC	Aquino de La Cruz, Diorca Angelina	83879	10/01/2026	09/30/2027
Physician and Surgeon - IMLC	Atencio, Karen Schloemer M.D.	84001	10/21/2026	05/31/2027
Physician and Surgeon - IMLC	Ayala, Tomas Henrique M.D.	83915	10/08/2026	11/30/2027
Physician and Surgeon - IMLC	Azzazy, Suzanne D.O.	83840	09/25/2026	06/30/2027
Physician and Surgeon - IMLC	Bali, Bhavna M.B.B.S.	83994	10/19/2026	07/31/2027
Physician and Surgeon - IMLC	Ballack, David D.O.	83742	09/12/2026	12/31/2027
Physician and Surgeon - IMLC	Barigala, Ravikiran Abraham M.D.	83860	09/30/2026	05/31/2027
Physician and Surgeon - IMLC	Barney, David Nathan M.D.	84031	10/27/2026	06/30/2027
Physician and Surgeon - IMLC	Battula, Sahithi M.D.	83929	10/09/2026	10/31/2027
Physician and Surgeon - IMLC	Bhat, Mallika M.B.B.S.	83837	09/25/2026	05/31/2027
Physician and Surgeon - IMLC	Boeta, Ivonne	84035	10/27/2026	12/31/2027
Physician and Surgeon - IMLC	Bostrom, Courtney Lyn M.D.	83897	10/05/2026	02/29/2028

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Physician and Surgeon - IMLC	Bowser, Amber Rose D.O.	83838	09/25/2026	12/31/2027
Physician and Surgeon - IMLC	Boyd, Amy Whitmire M.D.	84026	10/26/2026	03/31/2028
Physician and Surgeon - IMLC	Boyer, Frederick Austin D.O.	83890	10/02/2026	09/30/2027
Physician and Surgeon - IMLC	Boyes, Christopher William M.D.	83934	10/12/2026	11/30/2027
Physician and Surgeon - IMLC	Bratulich, Keith M.D.	83919	10/08/2026	09/30/2027
Physician and Surgeon - IMLC	Braunstein, Jared Marc D.O.	83982	10/16/2026	02/29/2028
Physician and Surgeon - IMLC	Brown, Cathleen Marie D.O.	83716	09/09/2026	09/30/2027
Physician and Surgeon - IMLC	Browning, Stewart Redfearn M.D.	83789	09/17/2026	08/31/2027
Physician and Surgeon - IMLC	Buns, Mary M.D.	83871	10/01/2026	01/31/2028
Physician and Surgeon - IMLC	Chalabi, Dahlia M.D.	83997	10/19/2026	07/31/2027
Physician and Surgeon - IMLC	Chan, Jon M.D.	83755	09/14/2026	06/30/2027
Physician and Surgeon - IMLC	Chastant, Lisa Renee M.D.	83738	09/11/2026	02/29/2028
Physician and Surgeon - IMLC	Chellappa, Parkavi M.B.B.S.	83944	10/14/2026	07/31/2027
Physician and Surgeon - IMLC	Chen, Julia Fayanne M.D.	84051	10/29/2026	05/31/2027
Physician and Surgeon - IMLC	Chen, Yulong M.D.	83713	09/08/2026	07/31/2027
Physician and Surgeon - IMLC	Cherrington, Steven Brent D.O.	83980	10/16/2026	02/29/2028
Physician and Surgeon - IMLC	Chirimunj, Krishan M.B.B.S.	83977	10/16/2026	09/30/2027
Physician and Surgeon - IMLC	Cintron, John M.D.	83913	10/08/2026	06/30/2027
Physician and Surgeon - IMLC	Coleman, Stephanie Lyn M.D.	83951	10/14/2026	03/31/2028
Physician and Surgeon - IMLC	Crichlow-Baker, Candice Danielle Marilyn M.D.	83886	10/02/2026	08/31/2027
Physician and Surgeon - IMLC	Crozier, Joseph M.D.	83733	09/10/2026	10/31/2027
Physician and Surgeon - IMLC	Davis, Maxwell M.D.	84037	10/27/2026	08/31/2027
Physician and Surgeon - IMLC	De Leon, Marilin D.O.	83908	10/07/2026	12/31/2027
Physician and Surgeon - IMLC	Denham, Sean Christopher M.D.	83829	09/24/2026	08/31/2027
Physician and Surgeon - IMLC	Desrosiers, Florence	83939	10/12/2026	02/29/2028
Physician and Surgeon - IMLC	Devani, Atul M.D.	83731	09/10/2026	02/29/2028
Physician and Surgeon - IMLC	Diamond, Scott David D.O.	83883	10/02/2026	06/30/2027
Physician and Surgeon - IMLC	Diaz, Fernando Antonio M.D.	83964	10/15/2026	05/31/2027
Physician and Surgeon - IMLC	Dobozi, Brian M.D.	83790	09/17/2026	02/29/2028
Physician and Surgeon - IMLC	Dooley, John Thomas M.D.	83995	10/19/2026	09/30/2027
Physician and Surgeon - IMLC	Dorfsman, Michele M.D.	83999	10/21/2026	02/29/2028
Physician and Surgeon - IMLC	Dorta-Duque, Jorge J M.D.	83802	09/21/2026	03/31/2027
Physician and Surgeon - IMLC	Dowling, Heather Nicole M.D.	83863	09/30/2026	10/31/2027
Physician and Surgeon - IMLC	Duong, Tommy D.O.	83844	09/25/2026	05/31/2027

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Physician and Surgeon - IMLC	Eddy, Orin M.D.	84034	10/27/2026	01/31/2028
Physician and Surgeon - IMLC	El Masry, Peter Raouf M.D.	83835	09/24/2026	04/30/2027
Physician and Surgeon - IMLC	Eliopoulos, Vassily Theodore M.D.	83721	09/09/2026	04/30/2027
Physician and Surgeon - IMLC	Erdos, Brandon Zakary M.D.	83973	10/16/2026	10/31/2027
Physician and Surgeon - IMLC	Evans, Jamie Lorraine M.D.	83684	09/02/2026	09/30/2027
Physician and Surgeon - IMLC	Farag, Ahmed Aly M.D.	84033	10/27/2026	07/31/2027
Physician and Surgeon - IMLC	Fischer, Kimberly M.D.	83744	09/12/2026	03/31/2027
Physician and Surgeon - IMLC	Folstad, Melissa Nicole M.D.	83791	09/17/2026	08/31/2027
Physician and Surgeon - IMLC	Fraser, Grant Ernest M.D.	83800	09/21/2026	02/29/2028
Physician and Surgeon - IMLC	Gadodia, Gaurav M.D.	84040	10/28/2026	09/30/2027
Physician and Surgeon - IMLC	Gegenheimer, Alan P D.O.	83901	10/06/2026	12/31/2027
Physician and Surgeon - IMLC	George, William Samuel D.O.	83843	09/25/2026	05/31/2027
Physician and Surgeon - IMLC	Giacobbe, Lauren Elisabeth M.D.	53331	09/08/2026	04/30/2027
Physician and Surgeon - IMLC	GIbbs, Robert Charles M.D.	84016	10/23/2026	01/31/2028
Physician and Surgeon - IMLC	Glenn, Robert Clifton M.D.	83709	09/08/2026	07/31/2027
Physician and Surgeon - IMLC	Godin, Nilufar D.O.	83902	10/06/2026	11/30/2027
Physician and Surgeon - IMLC	Goldstein, Robert Bruce M.D.	83906	10/07/2026	09/30/2027
Physician and Surgeon - IMLC	Govil, Niraj M.D.	83699	09/03/2026	08/31/2027
Physician and Surgeon - IMLC	Groom , Rhianon Michele M.D.	83998	10/20/2026	06/30/2027
Physician and Surgeon - IMLC	Habib, Christine Mary M.D.	83957	10/14/2026	12/31/2027
Physician and Surgeon - IMLC	Hanna, Sherif M.B., B.Ch.	83743	09/12/2026	01/31/2028
Physician and Surgeon - IMLC	Haugen, Christine M.D.	83894	10/05/2026	08/31/2027
Physician and Surgeon - IMLC	Hazlewood, Shawn A M.D.	84048	10/29/2026	12/31/2027
Physician and Surgeon - IMLC	Hegge, Ryan M.D.	83824	09/24/2026	03/31/2027
Physician and Surgeon - IMLC	Heugel, Judson M.D.	83715	09/08/2026	01/31/2028
Physician and Surgeon - IMLC	Irfan, Bismah M.B.B.S.	74911	10/29/2026	06/30/2027
Physician and Surgeon - IMLC	Ironnah, Almighty D.O.	84023	10/26/2026	11/30/2027
Physician and Surgeon - IMLC	Islam, Nayyer Ul M.B.B.S.	52796	10/08/2026	12/31/2027
Physician and Surgeon - IMLC	Istephan, Steven Asaad M.D.	83798	09/21/2026	07/31/2027
Physician and Surgeon - IMLC	Jackson, Audra Meyers M.D.	83836	09/24/2026	04/30/2027
Physician and Surgeon - IMLC	James, Stephen Anthony M.D.	84050	10/29/2026	05/31/2027
Physician and Surgeon - IMLC	Johnson, Jana M.D.	47336	10/15/2026	12/31/2027
Physician and Surgeon - IMLC	Juiris, Tahira M.B.B.S.	83757	09/15/2026	09/30/2027
Physician and Surgeon - IMLC	Kajoian, Armineh Babaian M.D.	53805	09/25/2026	06/30/2027

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Physician and Surgeon - IMLC	Kamel, Edouard M.D.	83936	10/12/2026	04/30/2027
Physician and Surgeon - IMLC	Kane, Patrick Martin M.D.	83912	10/08/2026	11/30/2027
Physician and Surgeon - IMLC	Kendall, Eric Paul M.D.	83899	10/06/2026	06/30/2027
Physician and Surgeon - IMLC	Khan, Samad Hassan M.D.	83734	09/10/2026	01/31/2028
Physician and Surgeon - IMLC	Khokhar, Naveed Riaz M.B.B.S.	83942	10/13/2026	08/31/2027
Physician and Surgeon - IMLC	Kiriluk, Randy M M.D.	83965	10/15/2026	10/31/2027
Physician and Surgeon - IMLC	Klein, Jeffrey Allen M.D.	83779	09/17/2026	04/30/2027
Physician and Surgeon - IMLC	Kodali, Vallisitaram Prasad M.D.	83914	10/08/2026	07/31/2027
Physician and Surgeon - IMLC	Komic, Amel M.D.	83737	09/11/2026	08/31/2027
Physician and Surgeon - IMLC	Koprivnikar, Jamie Lynn M.D.	83745	09/14/2026	11/30/2027
Physician and Surgeon - IMLC	Kore, Idil M.D.	84017	10/23/2026	12/31/2027
Physician and Surgeon - IMLC	Kornfeld, Bruce M.D.	83898	10/05/2026	09/30/2027
Physician and Surgeon - IMLC	Kotov, Petio	84028	10/27/2026	02/29/2028
Physician and Surgeon - IMLC	Kubhar, Dineeta M.D.	83920	10/08/2026	09/30/2027
Physician and Surgeon - IMLC	Laudito, Antonio M.D.	55692	09/02/2026	09/30/2027
Physician and Surgeon - IMLC	Laufer, Michelle M.D.	84027	10/26/2026	05/31/2027
Physician and Surgeon - IMLC	LeBoeuf, Matthew Henry M.D.	83682	09/01/2026	06/30/2027
Physician and Surgeon - IMLC	Lee, Joseph Bokum M.D.	83761	09/15/2026	09/30/2027
Physician and Surgeon - IMLC	Lee, Joseph Robert M.D.	83739	09/11/2026	08/31/2027
Physician and Surgeon - IMLC	Lee, Stanley Szu-Chi M.D.	83717	09/09/2026	12/31/2027
Physician and Surgeon - IMLC	Lee, Steven Michael M.D.	83711	09/08/2026	05/31/2027
Physician and Surgeon - IMLC	Lenter, Leslie M.D.	83971	10/16/2026	10/31/2027
Physician and Surgeon - IMLC	Levy, Jonathan L M.D.	83916	10/08/2026	10/31/2027
Physician and Surgeon - IMLC	Liska, Laurene D.O.	83853	09/28/2026	01/31/2028
Physician and Surgeon - IMLC	Liu, Amy Wei M.D.	83911	10/07/2026	12/31/2027
Physician and Surgeon - IMLC	Lowell, Anna Marie D.O.	83873	10/01/2026	09/30/2027
Physician and Surgeon - IMLC	Luthra, Gauri MB, BCh, BAO	57599	09/21/2026	08/31/2027
Physician and Surgeon - IMLC	Ma, Marcus M.D.	83910	10/07/2026	06/30/2027
Physician and Surgeon - IMLC	Mack, Ronald D.O.	83996	10/19/2026	02/29/2028
Physician and Surgeon - IMLC	Mahajan, Varun K M.D.	83907	10/07/2026	12/31/2027
Physician and Surgeon - IMLC	Maniam, Nivethietha M.D.	83714	09/08/2026	08/31/2027
Physician and Surgeon - IMLC	Manjunatha, FNU M.B.B.S.	83938	10/12/2026	04/30/2027
Physician and Surgeon - IMLC	Marte, Yessenia Maria	83900	10/06/2026	04/30/2027
Physician and Surgeon - IMLC	McDermott, Rena M.D.	83759	09/15/2026	09/30/2027

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Physician and Surgeon - IMLC	Meadows, Rhianna Michele D.O.	84004	10/21/2026	06/30/2027
Physician and Surgeon - IMLC	Meier, Ryan Bjorn M.D.	83801	09/21/2026	03/31/2027
Physician and Surgeon - IMLC	Mejia, Sergio Shavit M.D.	83799	09/21/2026	10/31/2027
Physician and Surgeon - IMLC	Mena, Shayla M.D.	83778	09/17/2026	10/31/2027
Physician and Surgeon - IMLC	Miles, Philip James Kass M.D.	83719	09/09/2026	04/30/2027
Physician and Surgeon - IMLC	Mitzel, Derek James D.O.	83740	09/11/2026	08/31/2027
Physician and Surgeon - IMLC	Moore, Shannon Renee M.D.	83870	10/01/2026	03/31/2028
Physician and Surgeon - IMLC	Morales Leon, Janella D.O.	83792	09/21/2026	09/30/2027
Physician and Surgeon - IMLC	Mraz, Robin M.D.	83834	09/24/2026	04/30/2027
Physician and Surgeon - IMLC	Musetti, Alessandra M.D.	59392	10/16/2026	09/30/2027
Physician and Surgeon - IMLC	Musselman Haas, Emily D.O.	83885	10/02/2026	05/31/2027
Physician and Surgeon - IMLC	Naveed Ahmad, Junid M.D.	83753	09/14/2026	12/31/2027
Physician and Surgeon - IMLC	Nazario, Hector M.D.	83966	10/15/2026	09/30/2027
Physician and Surgeon - IMLC	Ngare, Esther Mwiyeria M.B., Ch.B.	83872	10/01/2026	07/31/2027
Physician and Surgeon - IMLC	Nixon, Rachel A D.O.	83932	10/09/2026	02/29/2028
Physician and Surgeon - IMLC	Nnaji, Ifeoma M.D.	83793	09/21/2026	04/30/2027
Physician and Surgeon - IMLC	O'Donnell, Carmel D.O.	83833	09/24/2026	07/31/2027
Physician and Surgeon - IMLC	O'Rourke, Brian Donovan M.D.	83830	09/24/2026	09/30/2027
Physician and Surgeon - IMLC	Oczkos, Patrick Andrew M.D.	83839	09/25/2026	02/29/2028
Physician and Surgeon - IMLC	Oparaji, Nneoma Benedicta M.B.B.S.	83781	09/17/2026	02/29/2028
Physician and Surgeon - IMLC	Orschel, Catlin Nicolle M.D.	83880	10/01/2026	10/31/2027
Physician and Surgeon - IMLC	Pacheco, Esperanza	84038	10/27/2026	08/31/2027
Physician and Surgeon - IMLC	Pai, Vidya M.B.B.S.	83981	10/16/2026	12/31/2027
Physician and Surgeon - IMLC	Paige, Jeremy Samuel M.D.	83989	10/19/2026	09/30/2027
Physician and Surgeon - IMLC	Paluri, Mouctika Lakshmi M.D.	83991	10/19/2026	10/31/2027
Physician and Surgeon - IMLC	Pandya, Sunil Ramesh M.D.	83959	10/15/2026	03/31/2028
Physician and Surgeon - IMLC	Parker, Jason Dilton D.O.	83887	10/02/2026	05/31/2027
Physician and Surgeon - IMLC	Partee, Yakisha Maree M.D.	83937	10/12/2026	07/31/2027
Physician and Surgeon - IMLC	Patrick, Taylor Halisha M.D.	83736	09/11/2026	05/31/2027
Physician and Surgeon - IMLC	Patterson, Derek M.D.	83803	09/21/2026	12/31/2027
Physician and Surgeon - IMLC	Paulson, Stephen Myhre M.D.	83927	10/09/2026	06/30/2027
Physician and Surgeon - IMLC	Paydar, Amir M.D.	83861	09/30/2026	09/30/2027
Physician and Surgeon - IMLC	Pendleton, Dionna Marie M.D.	83686	09/03/2026	06/30/2027
Physician and Surgeon - IMLC	Perez, Rolando M.D.	83909	10/07/2026	08/31/2027

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Physician and Surgeon - IMLC	Perry, Seth R M.D.	83756	09/15/2026	02/29/2028
Physician and Surgeon - IMLC	Pinkhasov, Ruben M M.D.	83862	09/30/2026	10/31/2027
Physician and Surgeon - IMLC	Plott, Ronald Todd M.D.	83921	10/08/2026	12/31/2027
Physician and Surgeon - IMLC	Powell, Sovan Latoya M.D.	83723	09/09/2026	08/31/2027
Physician and Surgeon - IMLC	Propst, Tobe M.D.	83788	09/17/2026	09/30/2027
Physician and Surgeon - IMLC	Radawski, Jeffrey Daniel M.D.	83712	09/08/2026	10/31/2027
Physician and Surgeon - IMLC	Ragland, Eric M.D.	84003	10/21/2026	11/30/2027
Physician and Surgeon - IMLC	Rahn, Kristen Rae M.D.	83889	10/02/2026	10/31/2027
Physician and Surgeon - IMLC	Rampton, Joshua William M.D.	52339	09/02/2026	10/31/2027
Physician and Surgeon - IMLC	Rashed, Mohammed M.D.	83804	09/21/2026	09/30/2027
Physician and Surgeon - IMLC	Reddy, Brijesh Vangala M.D.	83922	10/08/2026	10/31/2027
Physician and Surgeon - IMLC	Reddy, Padi Kalyan M.B.B.S.	83735	09/11/2026	11/30/2027
Physician and Surgeon - IMLC	Relvas, Monica De Stefani	83943	10/13/2026	07/31/2027
Physician and Surgeon - IMLC	Rhoads, Phillip M.D.	84018	10/23/2026	01/31/2028
Physician and Surgeon - IMLC	Riaz, Sabeen J M.B.B.S.	83864	09/30/2026	11/30/2027
Physician and Surgeon - IMLC	Richards, India C M.D.	83958	10/14/2026	12/31/2027
Physician and Surgeon - IMLC	Richardson, Claire M.D.	83752	09/14/2026	05/31/2027
Physician and Surgeon - IMLC	Riesberg, Jamie M.D.	83990	10/19/2026	05/31/2027
Physician and Surgeon - IMLC	Rizwan, Raheel M.B.B.S.	83806	09/22/2026	02/29/2028
Physician and Surgeon - IMLC	Rommel, Erwin M.B.B.S.	83976	10/16/2026	05/31/2027
Physician and Surgeon - IMLC	Rosell, John Francis M.D.	84036	10/27/2026	03/31/2028
Physician and Surgeon - IMLC	Runnels, Sean Torin M.D.	83758	09/15/2026	02/29/2028
Physician and Surgeon - IMLC	Rusnak, William Joseph M.D.	83933	10/09/2026	07/31/2027
Physician and Surgeon - IMLC	Rutkowski, Magdalena M.D.	83741	09/12/2026	09/30/2027
Physician and Surgeon - IMLC	Sahar, Christoph Anthony M.D.	83884	10/02/2026	08/31/2027
Physician and Surgeon - IMLC	Samuels, Brian Ross M.D.	83935	10/12/2026	07/31/2027
Physician and Surgeon - IMLC	Sareen, Pooja M.B.B.S.	83960	10/15/2026	02/29/2028
Physician and Surgeon - IMLC	Sarka, Andrew Griffin M.D.	83888	10/02/2026	03/31/2028
Physician and Surgeon - IMLC	Sauther, Cassandra M.D.	84029	10/27/2026	03/31/2028
Physician and Surgeon - IMLC	Scott, Stephen M.D.	83821	09/24/2026	02/29/2028
Physician and Surgeon - IMLC	Segarra, Daniel M.D.	83992	10/19/2026	09/30/2027
Physician and Surgeon - IMLC	Shah, Akash M.D.	83891	10/02/2026	06/30/2027
Physician and Surgeon - IMLC	Shah, Ujas Harshad M.D.	83718	09/09/2026	12/31/2027
Physician and Surgeon - IMLC	Shaikh, Imran Baseer	84030	10/27/2026	12/31/2027

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Physician and Surgeon - IMLC	Sharma, Sanjay M.D.	83975	10/16/2026	06/30/2027
Physician and Surgeon - IMLC	Siegel, Ashleigh D.O.	83681	09/01/2026	03/31/2027
Physician and Surgeon - IMLC	Simsir, Sinan Ali	40427	09/12/2026	10/31/2027
Physician and Surgeon - IMLC	Sinada, Musadag Mamoun M.D.	83732	09/10/2026	04/30/2027
Physician and Surgeon - IMLC	Sivakumar, Haran M.D.	83972	10/16/2026	12/31/2027
Physician and Surgeon - IMLC	Skidmore, Frank Michael M.D.	83970	10/16/2026	03/31/2028
Physician and Surgeon - IMLC	Sobieszczyk, Michal Jan M.D.	84000	10/21/2026	05/31/2027
Physician and Surgeon - IMLC	Sookoor, Endra Wilhelm D.O.	83952	10/14/2026	12/31/2027
Physician and Surgeon - IMLC	Sreden, Hal Ian M.D.	36722	09/10/2026	04/30/2027
Physician and Surgeon - IMLC	Stabo, Nicholas John M.D.	83849	09/28/2026	11/30/2027
Physician and Surgeon - IMLC	Staum, Matthew Stephen M.D.	83842	09/25/2026	07/31/2027
Physician and Surgeon - IMLC	Sung, Irene M.D.	84021	10/26/2026	12/31/2027
Physician and Surgeon - IMLC	Sy, Albert Ling M.D.	83978	10/16/2026	07/31/2027
Physician and Surgeon - IMLC	Talukder, Nafee Tahmidul D.O.	83926	10/09/2026	03/31/2028
Physician and Surgeon - IMLC	Talya, Edward M.D.	83882	10/01/2026	08/31/2027
Physician and Surgeon - IMLC	Tanguilan, Mary Grace Simangan M.D.	83974	10/16/2026	02/29/2028
Physician and Surgeon - IMLC	Tarar, Shafaq M.B.B.S.	83865	09/30/2026	03/31/2027
Physician and Surgeon - IMLC	Thomas, Matthew Allen M.D.	83930	10/09/2026	10/31/2027
Physician and Surgeon - IMLC	Tims, Allison Mae D.O.	83807	09/22/2026	03/31/2027
Physician and Surgeon - IMLC	Toufexis, Andi D.O.	84041	10/29/2026	06/30/2027
Physician and Surgeon - IMLC	Ulatowski, Chanteil Deshon M.D.	83896	10/05/2026	07/31/2027
Physician and Surgeon - IMLC	Uppalapati, Sri Venkata Surya Nagendra Vijaya Varma M.B.B.S.	83810	09/23/2026	10/31/2027
Physician and Surgeon - IMLC	Ussui, Vivian	84042	10/29/2026	07/31/2027
Physician and Surgeon - IMLC	Varghese, Mary Reena M.D.	84032	10/27/2026	12/31/2027
Physician and Surgeon - IMLC	Wagenaar, Robert Scott M.D.	83725	09/10/2026	01/31/2028
Physician and Surgeon - IMLC	Waguespack, Roland M.D.	83928	10/09/2026	12/31/2027
Physician and Surgeon - IMLC	Walsh, Matthew Robert M.D.	83683	09/01/2026	02/29/2028
Physician and Surgeon - IMLC	Walters, David Michael M.D.	83825	09/24/2026	09/30/2027
Physician and Surgeon - IMLC	Wanta, Jonathon M.D.	83845	09/25/2026	11/30/2027
Physician and Surgeon - IMLC	Watson, Dustin Rideout M.D.	83832	09/24/2026	05/31/2027
Physician and Surgeon - IMLC	Wong, Jason Huei-Chiang M.D.	83685	09/03/2026	11/30/2027
Physician and Surgeon - IMLC	Yelich, Susan Michele M.D.	83797	09/21/2026	04/30/2027
Physician and Surgeon - IMLC	Yepez Kuri, Jazmin Ivette M.D.	83720	09/09/2026	01/31/2028
Physician Assistant	Adams, Taylor Lynne	15969	09/30/2026	11/30/2027

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Physician Assistant	Anderson , Nancy Ann	15967	09/30/2026	10/31/2027
Physician Assistant	Bailey, Lillian Powell	15931	09/15/2026	06/30/2027
Physician Assistant	Barre, Aisha Osman	16014	10/22/2026	11/30/2027
Physician Assistant	Bartels, Brenna Licheng	15939	09/21/2026	04/30/2027
Physician Assistant	Benyamin, Daniel John	15933	09/15/2026	01/31/2028
Physician Assistant	Bianchi, Lucienne Elisabeth	15916	09/03/2026	12/31/2027
Physician Assistant	Boerema, Taylar Marie	15932	09/15/2026	07/31/2027
Physician Assistant	Brunelle, Olivia Anne	15993	10/12/2026	02/29/2028
Physician Assistant	Cardinal, Clair Cecile	15970	09/30/2026	10/31/2027
Physician Assistant	Carlblom, Jackson Dennis	15923	09/09/2026	10/31/2027
Physician Assistant	Christensen, Carly Jane	15983	10/07/2026	06/30/2027
Physician Assistant	Clifton, Larry Paul	15924	09/09/2026	08/31/2027
Physician Assistant	Delikowski, Forrest Jeffrey	15999	10/14/2026	09/30/2027
Physician Assistant	Doering, Jennifer Christine	15972	10/01/2026	06/30/2027
Physician Assistant	Donovan, Shan Liang Dang	16005	10/16/2026	09/30/2027
Physician Assistant	Dorn, Preston Drew	15962	09/25/2026	12/31/2027
Physician Assistant	Ecklund, Allison Kaye	16000	10/14/2026	10/31/2027
Physician Assistant	Eibensteiner, Ella Elizabeth	15918	09/03/2026	01/31/2028
Physician Assistant	Ewald, Matthew Kurtis	16001	10/14/2026	01/31/2028
Physician Assistant	Francis, Kelly Lynne	15973	10/01/2026	12/31/2027
Physician Assistant	Frick, Samuel James	15944	09/24/2026	11/30/2027
Physician Assistant	Fritz, Julie Ireland	15966	09/28/2026	08/31/2027
Physician Assistant	Gadon, Nicole Anne Remulla	15945	09/24/2026	08/31/2027
Physician Assistant	Gallagher, Amanda Mae	15984	10/07/2026	03/31/2028
Physician Assistant	Gardner, Sarah Jean	16002	10/14/2026	09/30/2027
Physician Assistant	Garner, Jennifer Gale	16015	10/22/2026	01/31/2028
Physician Assistant	Ginter, Grace Elizabeth	15974	10/01/2026	08/31/2027
Physician Assistant	Ginter, Kailey Marie	16003	10/14/2026	04/30/2027
Physician Assistant	Gott, Ellen Alyse	15919	09/03/2026	08/31/2027
Physician Assistant	Greely, Noelle Renae	15946	09/24/2026	11/30/2027
Physician Assistant	Griffith, Abbey Nicole	15985	10/07/2026	04/30/2027
Physician Assistant	Grisim, Ashlynn K	15947	09/24/2026	03/31/2027
Physician Assistant	Hall, Tiffany Sue	10653	09/24/2026	12/31/2027
Physician Assistant	Hartzler, Steven Mitchell	15925	09/10/2026	08/31/2027

New Licensee List - 09/01/2026 to 10/31/2026

Physician Assistant	Hayes, Cameron Lee	15948	09/24/2026	06/30/2027
Physician Assistant	Herrera, Cynthia	15953	09/24/2026	03/31/2027
Physician Assistant	Hillman, Gabriella Natanya	15986	10/07/2026	09/30/2027
Physician Assistant	Hilmes, Alexander Daniel	16006	10/16/2026	07/31/2027
Physician Assistant	Holland, Taylor Ann	15949	09/24/2026	06/30/2027
Physician Assistant	Huhner, MaLaney Michelle	15950	09/24/2026	01/31/2028
Physician Assistant	Ickert, Alexa Leone	15954	09/24/2026	06/30/2027
Physician Assistant	Johnson, Braelyn Alohilani	15941	09/21/2026	12/31/2027
Physician Assistant	Jones, Chrishanity Jakira	16016	10/22/2026	01/31/2028
Physician Assistant	Kalonick, Matthew James	15975	10/01/2026	01/31/2028
Physician Assistant	Kamrowski, Skylar Rose	15951	09/24/2026	05/31/2027
Physician Assistant	Keenan, Mikayla Lee	15998	10/13/2026	09/30/2027
Physician Assistant	Kelly, Mary Callie	16019	10/29/2026	01/31/2028
Physician Assistant	Kim, Abraham Jong-Il	15952	09/24/2026	07/31/2027
Physician Assistant	Kirchner, Alexandrea Marie	15987	10/07/2026	01/31/2028
Physician Assistant	Kulick, Kristyn A	15988	10/07/2026	08/31/2027
Physician Assistant	LaMott, Gavin Lawrence	15934	09/17/2026	10/31/2027
Physician Assistant	Letkeman, Megan Alexandra	16008	10/16/2026	06/30/2027
Physician Assistant	Mahlum, Ellery Savanna	15964	09/28/2026	03/31/2027
Physician Assistant	Mara, Emma Margaret	15922	09/08/2026	02/29/2028
Physician Assistant	Martin, Joshua Adam	15980	10/02/2026	03/31/2028
Physician Assistant	Mentz, Emma Rae	15968	09/30/2026	06/30/2027
Physician Assistant	Miller, Mara Colleen	16020	10/30/2026	09/30/2027
Physician Assistant	Mittlestadt, Lauren Elizabeth	15942	09/22/2026	03/31/2027
Physician Assistant	Mohamed, Eman Rasheed	15990	10/09/2026	01/31/2028
Physician Assistant	Moritz, Stacie Lee	15920	09/03/2026	02/29/2028
Physician Assistant	Muindi, Rosemary Ndulu	16021	10/30/2026	11/30/2027
Physician Assistant	Mullinix, Matthew Glenn	16013	10/22/2026	11/30/2027
Physician Assistant	Munsterman, Madeline Rose	15965	09/28/2026	06/30/2027
Physician Assistant	Nguyen, Anna Van	15914	09/01/2026	05/31/2027
Physician Assistant	Nsengiyumva, Innocent	15926	09/10/2026	09/30/2027
Physician Assistant	Oberg, Adelyn Gust	15936	09/17/2026	11/30/2027
Physician Assistant	Olson, Caitlin Traci	15971	10/01/2026	02/29/2028
Physician Assistant	Pasker, Jensina Frances	16018	10/27/2026	09/30/2027

New Licensee List - 09/01/2026 to 10/31/2026

Physician Assistant	Petersen, Elle Elizabeth	15915	09/01/2026	04/30/2027
Physician Assistant	Pierret, Nicholas Alois	15991	10/09/2026	12/31/2027
Physician Assistant	Rhodes, Katlyn Eloshway	15928	09/10/2026	05/31/2027
Physician Assistant	Rice, Susan Marie	15921	09/03/2026	05/31/2027
Physician Assistant	Riley, Sophia Cynthia	15927	09/10/2026	06/30/2027
Physician Assistant	Ring, Shaun Matthew	15935	09/17/2026	10/31/2027
Physician Assistant	Rodgers, Hannah Dea	16022	10/30/2026	01/31/2028
Physician Assistant	Rohrscheib, Morgan Elizabeth	15989	10/07/2026	05/31/2027
Physician Assistant	Rolen, Sampson Joseph	15943	09/23/2026	04/30/2027
Physician Assistant	Sande, Anna Sophia	15976	10/01/2026	02/29/2028
Physician Assistant	Schelling, Kristin Linnea	10206	09/24/2026	03/31/2027
Physician Assistant	Schlafer, Hannah Elizabeth	15956	09/24/2026	05/31/2027
Physician Assistant	Schmidt, Christopher John	15938	09/21/2026	12/31/2027
Physician Assistant	Schmitt, Natalie Marie	15961	09/24/2026	03/31/2027
Physician Assistant	Smith, Heidi Lynn	15959	09/24/2026	02/29/2028
Physician Assistant	Spears, Allison Revell	16011	10/19/2026	01/31/2028
Physician Assistant	Stewart, Amy Rose	15977	10/01/2026	03/31/2028
Physician Assistant	Stoltman, Kathleen Elizabeth	15958	09/24/2026	09/30/2027
Physician Assistant	Stuart, Justin James	16009	10/19/2026	07/31/2027
Physician Assistant	Syata, Jan Margaret	15994	10/12/2026	08/31/2027
Physician Assistant	Tartabini, Sarah Grace	15929	09/10/2026	06/30/2027
Physician Assistant	Tefft, Tyler Robert	15963	09/28/2026	05/31/2027
Physician Assistant	Teichmiller, Elizabeth Danielle Mae	15930	09/10/2026	03/31/2027
Physician Assistant	Tersavich, Chelsea Lynn	15978	10/01/2026	07/31/2027
Physician Assistant	Thielman, Cory Christopher	15957	09/24/2026	07/31/2027
Physician Assistant	Thomson, Keara Jean	15981	10/05/2026	05/31/2027
Physician Assistant	THURLOW, KYLA JUNE	15940	09/21/2026	08/31/2027
Physician Assistant	Tomassetti, Gianna Marie	15992	10/12/2026	09/30/2027
Physician Assistant	Unsworth, Anika Brynn Isom	15996	10/12/2026	01/31/2028
Physician Assistant	Uzpen, Keith Robert	16004	10/15/2026	05/31/2027
Physician Assistant	Van Erp, Faith Donelle	16017	10/26/2026	06/30/2027
Physician Assistant	Vanchugova, Iryna Anatoliyivna	16012	10/19/2026	01/31/2028
Physician Assistant	Virtue, Grace Kennidy	15997	10/12/2026	12/31/2027
Physician Assistant	Wangen, Haley Marie	15917	09/03/2026	04/30/2027

New Licensee List - 09/01/2026 to 10/31/2026

Physician Assistant	Wells, Joseph Francis	15982	10/05/2026	01/31/2028
Physician Assistant	Wiese, Erin Rose	15995	10/12/2026	05/31/2027
Physician Assistant	Winslow, Steven Glenn	16010	10/19/2026	11/30/2027
Physician Assistant	Witte, Abby Madison	16007	10/16/2026	08/31/2027
Physician Assistant	Wolff, Cyrus Lincoln	15955	09/24/2026	01/31/2028
Physician Assistant	Yockers, Sarah Jane	15960	09/24/2026	09/30/2027
Physician Assistant	Youngdahl, Olivia Paige	15979	10/01/2026	06/30/2027
Physician Assistant	Ziwicki, Landrie Alyse	15937	09/17/2026	06/30/2027
Respiratory Therapist	Beaulieu, Michelle Theresa	6053	09/29/2026	10/31/2027
Respiratory Therapist	Cortez, Raymond James	6059	10/16/2026	08/31/2027
Respiratory Therapist	Deoraj , Stephanie Sarojini	6051	09/24/2026	10/31/2027
Respiratory Therapist	Duncan, Danny Ray	6049	09/24/2026	09/30/2027
Respiratory Therapist	Eagon, Julius Chadwick	6063	10/29/2026	12/31/2027
Respiratory Therapist	Foreshaw, Lincoln Edward	6064	10/29/2026	09/30/2027
Respiratory Therapist	Forest, Kaylan Tiara	6054	10/01/2026	10/31/2027
Respiratory Therapist	Gray, Savanna Noelle	6050	09/24/2026	12/31/2027
Respiratory Therapist	Hedden, Dayna Renae	6062	10/22/2026	02/29/2028
Respiratory Therapist	Jerome, Brooke Kristine	6057	10/14/2026	04/30/2027
Respiratory Therapist	Killam, Sherri Lyn	6046	09/10/2026	12/31/2027
Respiratory Therapist	Landeros Duarte, German Bernardo	6044	09/03/2026	10/31/2027
Respiratory Therapist	Macalino, Mi Kyong	6060	10/21/2026	10/31/2027
Respiratory Therapist	Ohlhues, Kailey Jo	6047	09/10/2026	10/31/2027
Respiratory Therapist	Renli, Cassondra Lee	6052	09/28/2026	03/31/2027
Respiratory Therapist	Romo, Yesenia Monique Miranda	6045	09/08/2026	09/30/2027
Respiratory Therapist	Salisbury , Stacey Anne	6058	10/15/2026	08/31/2027
Respiratory Therapist	Schreffler, Stacy Rogers	6056	10/01/2026	01/31/2028
Respiratory Therapist	Skeldon-Egi, Esther Marie	6043	09/03/2026	01/31/2028
Respiratory Therapist	Speidel, Ryan Thomas	6042	09/03/2026	07/31/2027
Respiratory Therapist	Thoring, Julie Ann	6055	10/01/2026	04/30/2027
Respiratory Therapist	Vang, Peng	6048	09/17/2026	05/31/2027
Respiratory Therapist	Webber, LaTony Sanchez	4710	10/15/2026	07/31/2027
Respiratory Therapist	Witt, Jamie Cristine	1995	10/12/2026	07/31/2027
Respiratory Therapist	Zimmerman, Richard Willie	6061	10/22/2026	06/30/2027
Telemedicine	Amundson, Cole Thomas	3236	09/14/2026	12/31/2027

New Licensee List - 09/01/2026 to 10/31/2026

Telemedicine	Carey, Kevin Matthew	3239	09/24/2026	12/31/2027
Telemedicine	Goldbloom, Ellie Paige	3235	09/09/2026	12/31/2027
Telemedicine	Hurwit, Kiley Jo	3238	09/21/2026	12/31/2027
Telemedicine	Love, Cooper Joseph	3243	10/26/2026	12/31/2027
Telemedicine	Luthar, Jay Raj	3237	09/17/2026	12/31/2027
Telemedicine	Mathews, Jeane Maria	3234	09/03/2026	12/31/2027
Telemedicine	Nguyen, Khang An	3242	10/09/2026	12/31/2027
Telemedicine	Njoku, Ihuoma Odonna	3240	10/01/2026	12/31/2027
Telemedicine	Santoro, Rachel Rose	3241	10/08/2026	12/31/2027
Traditional Midwife	Stancliffe, Samantha Caitlin	1125	09/21/2026	05/31/2027
TOTAL		**573**		

DATE: November 14, 2026

SUBJECT: October 14, 2026, Policy & Planning Committee Meeting Report & Motion

SUBMITTED BY: **Leopold Arko, IV., M.D. MS, FAANS, Committee Chair**

REQUEST FOR BOARD ACTION
MINNESOTA BOARD OF MEDICAL PRACTICE

REQUESTED ACTION:

At the October 14, 2026, meeting of the Board's Policy & Planning Committee ("Committee"), the Minnesota Athletic Trainers' Association presented legislation for introduction next year to join the Athletic Trainer Compact ("AT Compact"), HF5079 as introduced last legislative session.

MOTION BY: SECOND:

( ) PASSED ( ) PASSED AMENDED ( ) LAYED OVER ( ) DEFEATED

BACKGROUND:

The Committee brings a motion offering a position in support of the model legislation for Minnesota to join the AT Compact.

The mission of the Minnesota Board of Medical Practice is to protect the public's health and safety by assuring that the people who practice medicine or as an allied health professional are competent, ethical practitioners with the necessary knowledge and skills appropriate to their title and role.

THE POLICY & PLANNING COMMITTEE OF THE MINNESOTA BOARD OF MEDICAL PRACTICE WILL MEET ELECTRONICALLY BY WEBEX:
To join the meeting, go to:
https://minnesota.webex.com/minnesota/j.php?MTID=m71061d66e0676a531d6c64b483f11282
Meeting number (access code): 2485 460 7458
Meeting password: G64FvsaGHF7

Join by phone:
Tap to call in from a mobile device (attendees only)
+1-415-655-0003 United States Toll

Join from a video system or application
Dial
You can also dial 173.243.2.68 and enter your meeting number

Need help? Go to http://help.webex.com

AGENDA FOR
THE MINNESOTA BOARD OF MEDICAL PRACTICE
POLICY & PLANNING COMMITTEE
OCTOBER 14, 2026
3:30 P.M. – CST

3:30 p.m. 1. Roll Call of Policy & Planning Committee members

2. Approval of agenda for the October 14, 2026, meeting

3. Approval of minutes from the September 3, 2026, meeting

3:35 p.m. 4. Presentation by the MN Athletic Trainers' Association: Interstate Compact

a. Model Compact legislative language: HF5079

4:00 p.m. 5. Other business

4:10 p.m. 6. Adjourn

MINNESOTA BOARD OF MEDICAL PRACTICE
POLICY & PLANNING COMMITTEE MINUTES
September 3, 2026 * 11:00 a.m.

The Board's Policy and Planning Committee ("Committee") met on September 3, 2026, at 11:00 a.m. via Webex.

Committee Members Present:
Leopold Arko IV, M.D.; Julie Pazdernik, M.D.; Anne Pereira, M.D.; Miss Averi M. Turner; and Duane Wallace, R.Ph.

Staff Present:
Elizabeth Huntley and Eden Young

1. Call to Order
The meeting of the Committee was called to order at 11:00 a.m.

2. Adoption of the Agenda
A motion was made and seconded to approve the agenda for the September 3, 2026, Committee meeting. The motion passed unanimously by members present. Dr. Pazdernik was absent.

3. Approval of Minutes
A motion was made and seconded to approve the minutes of the May 20, 2025, Policy and Planning Committee meeting. The motion passed unanimously by members present. Dr. Pazdernik was absent.

4. Follow-Up Discussion: Changes to Initial Application Questions #1 and #2

The Committee received an update that the Attorney General's Office (Office) reviewed the proposed changes to initial application questions #1 and #2 as presented and discussed at the Committee's May 20, 2026, meeting and the July 11, 2026, Board Meeting. The conclusion was that from a legal perspective, the Office did not find any impact the changes would have on the Board's ability to take disciplinary action under Minn. Stat. §147.091. A motion was made and seconded to move forward with the proposed changes to initial application questions #1 and #2. Dr. Pazdernik abstained.

5. Other Business
The Committee scheduled meetings for the following dates: October 14 at 3:30, November 10 at 4:00, and December 8 at 3:30.

6. Adjournment
There being no further business, the meeting adjourned.

DRAFT

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in alternative formats upon request

State of Minnesota

HOUSE OF REPRESENTATIVES

NINETY-FOURTH SESSION

H. F. No. 5079

04/27/2026 Authored by Huot
The bill was read for the first time and referred to the Committee on Health Finance and Policy

A bill for an act

relating to health occupations; establishing an interstate licensure compact for athletic trainers; proposing coding for new law in Minnesota Statutes, chapter 148.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

Section 1. **[148.785] DEFINITIONS.**

(a) As used in this compact, unless the context requires otherwise, the following definitions shall apply.

(b) "Active military member" means any individual with full-time duty status in the active armed forces of the United States, including members of the National Guard and Reserve.

(c) "Adverse action" means any administrative, civil, equitable or criminal action permitted by a state's laws that is imposed by a licensing authority or other authority against a licensee, including actions against an individual's license or compact privilege such as revocation, suspension, probation, monitoring of the licensee, limitation on the licensee's practice, or any other encumbrance on licensure affecting a licensee's authorization to practice.

(d) "Alternative program" means a nondisciplinary monitoring or practice remediation process applicable to an athletic trainer approved by a state licensing authority of a member state in which the athletic trainer is licensed. This includes but is not limited to programs to which licensees with substance use, addiction, or mental health conditions are referred in lieu of adverse action.

(e) "Athletic training" means the prevention, examination, assessment, treatment, and rehabilitation of emergent, acute, or chronic injuries and medical conditions as defined by applicable member state laws and regulations.

(f) "Athletic Trainer Compact Commission" or "compact commission" means the government agency whose membership consists of all states that have enacted this compact, as described herein and which shall operate as an instrumentality of the member states to administer and implement the compact according to its terms.

(g) "BOC" means the Board of Certification, Incorporated or any successor organization thereto.

(h) "CAATE" means the Commission on Accreditation of Athletic Training Education or any successor organization thereto.

(i) "Charter member state" means any member state that enacted and made effective this compact by law before the compact effective date specified herein.

(j) "Commissioner" means the individual appointed by a member state to serve as the member of the commission for that member state.

(k) "Compact privilege" means the legal authorization granted by a remote state, equivalent to a license, allowing a licensee from another member state to provide athletic training services in a remote state.

(l) "Compact qualifying license" means a license that is not an encumbered license issued by a member state to practice athletic training that qualifies the licensee to exercise a compact privilege pursuant to section 148.7852.

(m) "Continuing competence" means a requirement, as a condition of license renewal, to provide evidence of successful participation, and completion of, educational and professional activities relevant to practice or area of work. For purposes of this compact, evidence of active BOC certification may satisfy the meaning of continuing competence as set forth herein.

(n) "Current significant investigative information" means the existence of:

(1) investigative information that a licensing authority, after a preliminary inquiry that includes notification and an opportunity for the subject licensee to respond, if required by state law, has reason to believe is not groundless and, if proven true, would indicate more than a minor infraction; or

(2) investigative information that indicates that the subject licensee represents an immediate threat to public health and safety regardless of whether the subject licensee has been notified and had an opportunity to respond.

(o) "Criminal background check" means the submission of fingerprints or other biometric-based information for a license applicant for the purpose of obtaining that applicant's criminal history record information, as defined in Code of Federal Regulations, title 28, section 20.3(d), from the Federal Bureau of Investigation and the state's criminal history record repository as defined in Code of Federal Regulations, title 28, section 20.3(f).

(p) "Data system" means the commission's repository of information about licensees, including but not limited to examination, licensure, investigative, compact privilege, adverse action, and alternative program.

(q) "Encumbrance" or "encumbered" means a revocation or suspension of, or any limitation or condition on, the full and unrestricted practice of athletic training.

(r) "Executive committee" means a group of commissioners elected or appointed to act on behalf of, and within the powers granted to them by, the compact and commission.

(s) "Investigative information" means information, records, and documents received or generated by a licensing authority pursuant to an investigation.

(t) "Jurisprudence requirement" means the assessment of an individual's knowledge of the laws and rules governing the practice of athletic training, as applicable, in a state.

(u) "License" means current authorization by a member state to engage in the practice of athletic training.

(v) "Licensee" or "licensed athletic trainer" means an individual who currently holds an active, unrestricted license and who meets all of the requirements outlined in section 148.7852.

(w) "Licensing authority" means the board or agency of a state, or equivalent, that is responsible for the licensing and regulation of athletic trainers.

(x) "Model compact language" means the model language for the Athletic Trainer Compact on file with the Council of State Governments or other entity as designated by the commission to which all member states must substantively adhere and adopt.

(y) "Member state" means a state that has enacted the compact.

(z) "Remote state" means a member state other than the state of qualifying licensure.

(aa) "Rule" means a regulation promulgated by an authorized entity that has the force of law.

(bb) "Scope of practice" means the procedures, actions, and processes an athletic trainer licensed in a state is permitted to undertake in that state and the circumstances under which the licensee is permitted to undertake those procedures, actions, and processes. Such procedures, actions, and processes and the circumstances under which they may be undertaken may be established through means including but not limited to statute, regulations, case law, and other processes available to the state licensing authority or other government agency. Scope of practice shall include any state requirements regarding supervision or direction, if required by such state and as further defined by such state's statutes and regulations.

(cc) "Single state license" means a license issued by any state that authorizes practice only within the issuing state.

(dd) "State" means any state, commonwealth, district, or territory of the United States of America.

(ee) "State of qualifying licensure" means the member state that has issued a compact qualifying license to a licensee pursuant to this compact.

(ff) "Unencumbered license" means a license that authorizes a licensee to engage in the full and unrestricted practice of athletic training.

Sec. 2. **[148.7851] STATE PARTICIPATION IN THE COMPACT.**

(a) To be eligible to join this compact and to maintain eligibility as a member state, a state must:

(1) enact and maintain a statute that is not materially different from the model compact language;

(2) license and regulate the practice of athletic training;

(3) require that licensees in that state maintain continuing competence standards as part of their state practice act or rules;

(4) have a mechanism in place for receiving and investigating complaints about licensees;

(5) grant the compact privilege to a licensee who meets all the requirements outlined in section 148.7852 in accordance with the terms of the compact and any rules promulgated thereunder;

(6) participate fully in the compact commission's data system, including using the unique identifier as defined in rules;

(7) notify the compact commission, in compliance with the terms of the compact and rules, of any adverse action or the availability of current significant investigative information regarding a licensee;

(8) within a time frame established by rule, implement or utilize procedures for considering the criminal history records of applicants for a compact qualifying license which includes receiving the results of the Federal Bureau of Investigation record search and shall use those results in making licensure decisions. These procedures shall include the submission of fingerprints or other biometric-based information by applicants for the purpose of obtaining an applicant's criminal history record information from the Federal Bureau of Investigation and the agency responsible for retaining that state's criminal records and:

(i) a member state must fully implement a criminal background check requirement in order to participate in the issuance and acceptance of compact privileges; and

(ii) communication between a member state and the compact commission or among member states regarding the verification of eligibility for licensure through the compact shall not include any information received from the Federal Bureau of Investigation relating to a federal criminal records check performed by a member state; and

(9) comply with and enforce the rules of the compact commission.

(b) Member states may set and collect a fee for issuance and renewal of a compact privilege to applicants.

(c) Individuals without a compact qualifying license shall continue to be able to apply for a member state's single state license as provided under the laws of each member state.

(d) Nothing in this compact shall affect the requirements established by a member state for the issuance of a single state license.

(e) A compact qualifying license shall be recognized by each remote state as authorizing that licensee to engage in the practice of athletic training, under a compact privilege, in another member state in accordance with the requirements in section 148.7852.

Sec. 3. **[148.7852] COMPACT PRIVILEGE.**

(a) To be eligible for a compact privilege under the terms and provisions of the compact, the licensee shall complete a criminal background check performed by the licensing authority in the state of qualifying licensure prior to entry in the compact and shall:

(1) satisfy one of the following two pathways:

(i) hold a valid current active certification through the BOC, or its successor organization; or

(ii) if a licensee does not meet the requirements of item (i), the following must be completed:

(A) an education program which is either:

1. at least a bachelor's degree with a major course of study in athletic training, or an equivalent course of study from a college or university accredited at the time of graduation by CAATE, or its successor organization;

2. an academic degree from a college or university in a foreign country equivalent to the degree described in 1 of this subitem with a major course of study as described in 1 of this subitem that is accredited by CAATE, or its successor organization; or

3. the substantial equivalent of the foregoing which the commission may determine by rule; and

(B) successful completion of the exam administered by the BOC, or its successor organization, preceding the date of the licensee's application for licensure in their state of qualifying licensure or the substantial equivalent of the foregoing requirement which the commission may determine by rule;

(2) hold a compact qualifying license;

(3) have not had any encumbrance against any license or compact privilege to practice athletic training within the previous two years;

(4) be eligible for a compact privilege in any member state in accordance with this section;

(5) notify the compact commission that the licensee is seeking the compact privilege within a remote state or states;

(6) pay any applicable fees, including any state fee, for the compact privilege;

(7) meet only the continuing competence requirements established by the state of qualifying licensure;

(8) comply with any requirements of the state of qualifying licensure as set forth in section 148.7851;

(9) meet any jurisprudence requirements established by the remote state or states in which the licensee is seeking a compact privilege; and

(10) report to the compact commission any adverse action, encumbrance, or restriction on a license taken by any nonmember state within 30 days from the date the action is taken.

(b) The compact privilege is valid until the expiration date of the compact qualifying license. To maintain a compact privilege, renewal of the compact privilege shall be congruent with the renewal of the compact qualifying license as the compact commission may define by rule. The licensee must comply with the requirements of this section to maintain the compact privilege in the remote state. A licensee may apply for and hold compact privileges in multiple member states.

(c) A licensed athletic trainer must follow the scope of practice of the member state where the patient is located. A licensee engaging in the practice of athletic training in a remote state under the compact privilege shall adhere to the scope of practice laws and regulations of the remote state. Licensees shall be responsible for educating themselves on, and complying with, any and all scope of practice laws and regulations and state laws relating to the remote practice of athletic training, as applicable.

(d) A licensee engaging in the practice of athletic training in a remote state is subject to that state's regulatory authority. A remote state may, in accordance with due process and that state's laws, remove a licensee's compact privilege in the remote state for a specific period of time, impose fines, or take any other necessary actions to protect the health and safety of its citizens. Any member state that undertakes such an action shall promptly notify the member state and the commission as specified in the rules. The licensee may be deemed to be ineligible to exercise the compact privilege by any member state until the specific time for removal has passed and all fines are paid.

(e) All member state disciplinary orders that impose adverse action against a compact qualifying license shall result in deactivation of the licensee's compact privilege in all member states during the pendency of the order. If a compact qualifying license is encumbered, the licensee shall lose the compact privilege in any remote state until the following occur:

(1) the compact qualifying license is no longer encumbered; and

(2) the licensee has not had any encumbrance or restriction against any license, compact qualifying license, or compact privilege within the previous two years.

(f) Once an encumbered license is restored to good standing as a compact qualifying license, as certified by the licensing authority, the licensee must meet the requirements of this section to obtain a compact privilege in any remote state.

(g) If a licensee's compact privilege in any remote state is removed, that licensee may also lose the compact privilege in other remote states, as each member state shall determine in its sole authority, until the following occur:

(1) the specific period of time for which the compact privilege was removed has ended;

(2) all fines have been paid; and

(3) the licensee has not had any encumbrance or restriction against any license or compact privilege within the previous two years.

(h) Once the requirements of paragraph (g) have been met, the licensee must meet the requirements in paragraph (a) to obtain a compact privilege in a remote state.

Sec. 4. **[148.7853] COMPACT QUALIFYING LICENSE.**

(a) A licensee may only designate one license as their compact qualifying license at a time. The procedures for such designation may be further defined by compact commission rule.

(b) Nothing in this section shall require that the state of qualifying licensure be the state of primary residence or state of primary practice for the licensee.

(c) Nothing in this compact shall interfere with a licensee's ability to hold a single state license in multiple states.

(d) Nothing in this compact shall affect the requirements established by a member state for the issuance of a single state license.

Sec. 5. **[148.7854] ACTIVE MILITARY MEMBER OR THEIR SPOUSES.**

An active military member or their spouse shall not be required to pay a fee to the commission for a compact privilege. If a member state chooses to charge a member state fee, it may choose to charge a reduced fee or no fee to an active military member or their spouse for a compact privilege.

Sec. 6. **[148.7855] ADVERSE ACTIONS.**

(a) A member state in which a licensee is issued a compact qualifying license shall have the exclusive authority to impose adverse action against the compact qualifying license issued by that member state.

(b) A member state may take adverse action based on current significant investigative information of a remote state, so long as the member state follows its own procedures for imposing adverse action.

(c) Nothing in this compact shall override a member state's decision that participation in an alternative program may be used in lieu of adverse action and that such participation shall remain nonpublic if required by the member state's laws or rules.

(d) A remote state shall have the authority to:

(1) take adverse actions as set forth herein against a licensee's compact privilege in that state; and

(2) issue subpoenas for both hearings and investigations that require the attendance and testimony of witnesses as well as the production of evidence:

(i) subpoenas may be issued by a member state athletic training licensing authority for the attendance and testimony of witnesses and the production of evidence;

(ii) a member state that issues a subpoena may request service of that subpoena by another member state. The member state receiving the request to serve a subpoena shall serve the subpoena if it is deemed enforceable by a court of competent jurisdiction according to the practice and procedure in the receiving member state; and

(iii) the issuing authority shall pay any witness fees, travel expenses, mileage, and other fees required by the service statutes of the state where the witnesses or evidence are located.

(e) For purposes of taking adverse action, a member state shall give the same priority and effect to reported conduct received from another member state as it would if the conduct had occurred within that state. In so doing, the investigating member state shall apply its own state laws to determine appropriate action.

(f) A member state, if otherwise permitted by state law, may recover from the affected licensee the costs of investigations and dispositions of cases resulting from any adverse action taken against that licensee.

(g) Joint investigations:

(1) in addition to the authority granted to a member state by its respective state law, any member state may participate with other member states in joint investigations of licensees;

(2) member states shall share any current significant investigative information, litigation, or compliance materials in furtherance of any joint or individual investigation initiated under the compact. In sharing such information between member state athletic trainer licensing authorities, all information obtained shall be kept confidential, except as otherwise mutually agreed upon by the sharing and receiving member state or states; and

(3) a remote state may issue subpoenas on behalf of a member state for both hearings and investigations that require the attendance and testimony of witnesses as well as the production of evidence.

(h) If a member state takes adverse action, it shall promptly notify the administrator of the data system. The administrator of the data system shall promptly notify all member states of any adverse actions by remote states.

(i) Nothing in this compact may permit a member state to take any adverse action against a licensee or holder of a compact privilege for conduct or practice occurring in another member state that was legal in the member state at the time it was undertaken.

Sec. 7. **[148.7856] ESTABLISHMENT AND OPERATION OF THE COMMISSION.**

(a) The compact member states hereby create and establish a joint government agency whose membership consists of all member states that have enacted the compact known as the Athletic Trainer Compact Commission. The compact commission is an instrumentality of the member states acting jointly and not an instrumentality of any one state. The compact commission shall come into existence on or after the effective date of the compact as set forth in section 148.786.

(b) Membership, voting, and meetings:

(1) each member state shall have and be limited to one commissioner selected by that member state's licensing authority within 60 days of the member state's effective date;

(2) the commissioner shall be an administrator or their designated staff or current board member of the licensing authority;

(3) the compact commission may recommend removal or suspension of any commissioner from office;

(4) a member state's licensing authority shall fill any vacancy of its commissioner occurring on the compact commission within 60 days of the vacancy;

(5) each commissioner shall be entitled to one vote on all matters before the compact commission requiring a vote by the commissioners; and

(6) the compact commission shall meet at least once during each calendar year. Additional meetings may be held as set forth in the commission bylaws. A commissioner shall vote in person or by such other means as provided in the bylaws. The bylaws may provide for commissioners to meet by telecommunication, videoconference, or other means of communication.

(c) The compact commission shall have the following powers:

(1) promulgate, adopt, and amend rules and bylaws;

(2) establish code of conduct, confidentiality, and conflict of interest policies for commissioners;

(3) establish the fiscal year of the compact commission;

(4) maintain its financial records in accordance with the bylaws;

(5) purchase and maintain insurance and insurance bonds;

(6) accept or contract for services of personnel, including but not limited to employees of a member state;

(7) conduct a financial review or audit;

(8) hire employees, elect or appoint officers, fix compensation, define duties, grant such individuals appropriate authority to carry out the purposes of the compact, and establish the compact commission's personnel policies and programs relating to conflicts of interest, qualifications of personnel, and other related personnel matters;

(9) enter into contracts or arrangements for the management of the affairs of the commission;

(10) assess and collect fees;

(11) accept any and all appropriate gifts, donations, grants of money, other sources of revenue, equipment, supplies, materials, and services, and receive, utilize, and dispose of the same, provided that at all times the compact commission shall avoid any appearance of impropriety or conflict of interest;

(12) lease, purchase, retain, own, hold, improve, invest, or use any real, personal, or mixed property or any undivided interest therein;

(13) sell, convey, mortgage, pledge, lease, exchange, abandon, or otherwise dispose of any real, personal, or mixed property;

(14) establish a budget and make expenditures;

(15) borrow and invest money;

(16) meet and take such actions as are consistent with the provisions of this compact, the compact commission's rules, and the bylaws;

(17) initiate and conclude legal proceedings or actions in the name of the compact commission, provided that the standing of any licensing authority to sue or be sued under applicable law shall not be affected;

(18) maintain and certify records and information provided to a member state as the authenticated business records of the compact commission and designate an agent to do so on the compact commission's behalf;

(19) provide and receive information from, and cooperate with, law enforcement agencies;

(20) determine whether a state's adopted language is materially different from the model compact language such that the state would not qualify for participation in the compact;

(21) establish and elect an executive committee, including a chair and a vice chair, secretary, treasurer, and such other offices as the commission shall establish by rule or bylaw;

(22) appoint committees, including standing committees, composed of member state commissioners, state regulators, state legislators or their representatives, and consumer representatives, and such other interested persons as may be designated in this compact and the bylaws; and

(23) perform such other functions as may be necessary or appropriate to achieve the purposes of this compact.

(d) The executive committee:

(1) the executive committee shall have the power to act on behalf of the compact commission according to the terms of this compact. The powers, duties, and responsibilities of the executive committee shall include:

(i) exercise the powers and duties of the compact commission during the interim between compact commission meetings, except for adopting or amending rules, adopting or amending bylaws, and exercising any other powers and duties expressly reserved to the compact commission by rule or bylaw;

(ii) oversee the day-to-day activities of the administration of the compact, including enforcement and compliance with the provisions of the compact, its rules and bylaws, and other such duties as deemed necessary;

(iii) recommend to the compact commission changes to the rules or bylaws, changes to this compact legislation, fees charged to compact member states, fees charged to licensees, and other fees;

(iv) ensure compact administration services are appropriately provided, including by contract;

(v) prepare and recommend the budget;

(vi) maintain financial records on behalf of the compact commission;

(vii) monitor compact compliance of member states and provide compliance reports to the compact commission;

(viii) establish additional committees as necessary; and

(ix) other duties as provided in the rules or bylaws of the compact commission;

(2) the executive committee shall be composed of five voting members, elected by the compact commission:

(i) the chair and vice chair of the compact commission shall be voting members of the executive committee;

(ii) the compact commission shall elect up to three additional voting members from the current membership of the compact commission to include the offices of treasurer, secretary, and one member-at-large; and

(iii) up to four ex-officio, nonvoting members from recognized national athletic trainer organizations;

(3) the compact commission may remove any member of the executive committee as provided in the compact commission's bylaws; and

(4) the executive committee shall meet at least annually:

(i) executive committee meetings shall be open to the public, except that the executive committee may meet in a closed, nonpublic meeting as provided in this section;

(ii) the executive committee shall give advance notice of its meetings, posted on its website and as determined by rule or bylaw to provide notice to persons with an interest in the business of the compact commission; and

(iii) the executive committee may hold a special meeting in accordance with this section.

(e) The compact commission shall adopt and provide to the member states an annual report.

(f) Meetings of the compact commission:

(1) all meetings shall be open to the public, except that the compact commission may meet in a closed, nonpublic meeting as provided in this section;

(2) public notice for all meetings of the full compact commission shall be given in the same manner as required under the rulemaking provisions in this compact, except that the compact commission may hold a special meeting as provided in this section;

(3) the compact commission may hold a special meeting when it must meet to conduct emergency business by giving 24 hours' notice to all commissioners on the compact commission's website and other means as provided in the compact commission's rules. The compact commission's legal counsel shall certify that the compact commission's need to meet qualifies as an emergency;

(4) the compact commission or the executive committee or other committees of the compact commission may convene in a closed, nonpublic meeting for the compact commission or executive committee or other committees of the compact commission to receive legal advice or to discuss:

(i) noncompliance of a member state with its obligations under the compact;

(ii) the employment, compensation, discipline, or other matters, practices, or procedures related to specific employees;

(iii) current or threatened discipline of a licensee by a member state's licensing authority;

(iv) current, threatened, or reasonably anticipated litigation;

(v) negotiation of contracts for the purchase, lease, or sale of goods, services, or real estate;

(vi) accusing any person of a crime or formally censuring any person;

(vii) trade secrets or commercial or financial information that is privileged or confidential;

(viii) information of a personal nature where disclosure would constitute a clearly unwarranted invasion of personal privacy;

(ix) investigative records compiled for law enforcement purposes;

(x) information related to any investigative reports prepared by or on behalf of or for use of the compact commission or other committee charged with responsibility of investigation or determination of compliance issues pursuant to the compact;

(xi) matters specifically exempted from disclosure by federal or member state law; or

(xii) other matters as specified in rules of the compact commission; and

(5) if a meeting, or portion of a meeting, is closed, the compact commission's legal counsel or designee shall certify that the meeting will be closed and reference each relevant exempting provision, and such reference shall be recorded in the minutes. All minutes and documents of a closed meeting shall remain under seal, subject to release only by a majority vote of the compact commission or order of a court of competent jurisdiction.

(g) Financing of the compact commission:

(1) the compact commission shall pay, or provide for the payment of, the reasonable expenses of its establishment, organization, and ongoing activities;

(2) the compact commission may accept any and all appropriate revenue sources as provided in this section;

(3) the compact commission may levy on and collect an annual assessment from each member state and impose fees on licensees of member states to whom it grants a compact privilege to cover the cost of the operations and activities of the compact commission and its staff, which must be in a total amount sufficient to cover its annual budget as approved each year for which revenue is not provided by other sources. The aggregate annual assessment amount for member states shall be allocated based upon a formula that the compact commission shall promulgate by rule;

(4) the compact commission shall not incur obligations of any kind prior to securing the funds or a loan adequate to meet the same; nor shall the compact commission pledge the credit of any of the member states, except by and with the authority of the member state; and

(5) the compact commission shall keep accurate accounts of all receipts and disbursements. The receipts and disbursements of the compact commission shall be subject to the financial review or audit and accounting procedures established under its bylaws. However, all receipts and disbursements of funds handled by the compact commission shall be subject to an annual financial review or audit by a certified or licensed public accountant, and the report of the financial review or audit shall be included in and become part of the annual report of the compact commission.

(h) Qualified immunity, defense, and indemnification:

(1) the members, officers, executive director, employees, and representatives of the compact commission shall be immune from suit and liability, both personally and in their official capacity, for any claim for damage to or loss of property or personal injury or other civil liability caused by or arising out of any actual or alleged act, error, or omission that occurred, or that the person against whom the claim is made had a reasonable basis for believing occurred within the scope of compact commission employment, duties, or responsibilities, provided that nothing in this paragraph shall be construed to protect any such person from suit or liability for any damage, loss, injury, or liability caused by the intentional or willful or wanton misconduct of that person. The procurement of insurance of any type by the compact commission shall not in any way compromise or limit the immunity granted hereunder;

(2) the compact commission shall defend any member, officer, executive director, employee, and representative of the compact commission in any civil action seeking to impose liability arising out of any actual or alleged act, error, or omission that occurred within the scope of compact commission employment, duties, or responsibilities, or as determined by the compact commission that the person against whom the claim is made had a reasonable basis for believing occurred within the scope of compact commission employment, duties, or responsibilities, provided that nothing herein shall be construed to prohibit that person from retaining their own counsel at their own expense, and provided further that the actual or alleged act, error, or omission did not result from that person's intentional or willful or wanton misconduct;

(3) the compact commission shall indemnify and hold harmless any member, officer, executive director, employee, and representative of the compact commission for the amount of any settlement or judgment obtained against that person arising out of any actual or alleged act, error, or omission that occurred within the scope of compact commission employment, duties, or responsibilities, or that such person had a reasonable basis for believing occurred within the scope of compact commission employment, duties, or responsibilities, provided that the actual or alleged act, error, or omission did not result from the intentional or willful or wanton misconduct of that person;

(4) nothing herein shall be construed as a limitation on the liability of any licensee for professional malpractice or misconduct, which shall be governed solely by any other applicable state laws;

(5) nothing in this compact shall be interpreted to waive or otherwise abrogate a member state's state action immunity or state action affirmative defense with respect to antitrust claims under the Sherman Act, Clayton Act, or any other state or federal antitrust or anticompetitive law or regulation; and

(6) nothing in this compact shall be construed to be a waiver of sovereign immunity by the member states or by the compact commission.

Sec. 8. **[148.7857] DATA SYSTEM.**

(a) The commission shall provide for the development, maintenance, operation, and utilization of a coordinated data system and reporting system containing licensure, compact privileges, adverse action, and the presence of current significant investigative information on all licensees and applicants for a license in member states.

(b) Notwithstanding any other provision of state law to the contrary, a member state shall submit a uniform data set to the data system on all licensees, applicants, and others to whom this compact is applicable as required by the rules of the compact commission, including:

(1) personally identifying information;

(2) licensure data;

(3) adverse actions against a licensee, license applicant, or compact privilege and information related thereto;

(4) nonconfidential information related to alternative program participation, the beginning and ending dates of such participation, and other information related to such participation;

(5) any denial of an application for licensure and the reasons for such denial, excluding the reporting of any criminal history record information where prohibited by law;

(6) a binary determination regarding the presence of current significant investigative information; and

(7) other information that may facilitate the administration of this compact or the protection of the public, as determined by the rules of the commission.

(c) The records and information provided to a member state pursuant to this compact or through the data system, when certified by the commission or an agent thereof, shall constitute the authenticated business records of the commission and shall be entitled to any associated hearsay exception in any relevant judicial, quasi-judicial, or administrative proceedings in a member state.

(d) Current significant investigative information pertaining to a licensee in any member state will only be available to other member states.

(e) It is the responsibility of the member states to monitor the data system to determine whether adverse action has been taken against a licensee or license applicant. Adverse action information pertaining to a licensee or license applicant in any member state will be available to any other member state.

(f) Member states contributing information to the data system may designate information that may not be shared with the public without the express permission of the contributing state.

(g) Any information submitted to the data system that is subsequently expunged pursuant to federal law or the laws of the member state contributing the information shall be removed from the data system.

Sec. 9. **[148.7858] RULEMAKING.**

(a) The compact commission shall promulgate reasonable rules in order to effectively and efficiently implement and administer the purposes and provisions of the compact. A rule shall be invalid and have no force or effect only if a court of competent jurisdiction holds that the rule is invalid because the compact commission exercised its rulemaking authority in a manner that is beyond the scope and purposes of the compact, or the powers granted hereunder, or based upon another applicable standard of review.

(b) The rules of the compact commission shall have the force of law in each member state, provided however that where the rules conflict with the laws or regulations of a member state that relate to the scope of practice a licensed athletic trainer is permitted to undertake in that state and the circumstances under which they may do so, as held by a court of competent jurisdiction, the rules of the compact commission shall be ineffective in that state to the extent of the conflict.

(c) The compact commission shall exercise its rulemaking powers pursuant to the criteria set forth in this section and the rules adopted thereunder. Rules of this compact shall become binding on the day following adoption or as of the date specified in the rule or amendment, whichever is later.

(d) If a majority of the legislatures of the member states rejects a rule or portion of a rule by enactment of a statute or resolution in the same manner used to adopt the compact within four years of the date of adoption of the rule, then such rule shall have no further force and effect in any member state.

(e) Rules shall be adopted at a regular or special meeting of the compact commission.

(f) Prior to adoption of a proposed rule, the compact commission shall hold a public hearing and allow persons to provide oral and written comments, data, facts, opinions, and arguments. At least 30 days in advance of the public hearing on the proposed rule, the compact commission shall provide a notice of proposed rulemaking:

(1) on the website of the compact commission or other publicly accessible platform;

(2) to persons who have requested notice of the compact commission's notices of proposed rulemaking; and

(3) in such other ways as the compact commission may by rule specify.

(g) The notice of proposed rulemaking shall include:

(1) the time, date, and location of the public hearing at which the compact commission will hear public comments on the proposed rule and, if different, the time, date, and location of the meeting where the compact commission will consider and vote on the proposed rule;

(2) if the hearing is held via telecommunication, videoconference, or other electronic means, the mechanism for access to the hearing;

(3) the text of the proposed rule and the reason therefore;

(4) a request for comments on the proposed rule from any interested person; and

(5) the manner in which interested persons may submit written comments.

(h) All hearings will be recorded. A copy of the recording and all written comments and documents received by the compact commission in response to the proposed rule shall be available to the public.

(i) Nothing in this section shall be construed as requiring a separate hearing on each rule. Rules may be grouped for the convenience of the compact commission at hearings required by this section.

(j) The compact commission shall, by majority vote of all members, take final action on the proposed rule based on the rulemaking record and the full text of the rule:

(1) the compact commission may adopt changes to the proposed rule provided the changes do not enlarge the original purpose of the proposed rule;

(2) the compact commission shall provide an explanation of the reasons for substantive changes made to the proposed rule as well as reasons for substantive changes not made that were recommended by commenters; and

(3) the compact commission shall determine a reasonable effective date for the rule. Except for an emergency as provided in this section, the effective date of the rule shall be no sooner than 30 days after issuing the notice that it adopted or amended the rule.

(k) Upon determination that an emergency exists, the compact commission may consider and adopt an emergency rule with 24 hours' notice, with opportunity to comment, provided that the usual rulemaking procedures provided in the compact and in this section shall be retroactively applied to the rule as soon as reasonably possible, in no event later than 90 days after the effective date of the rule. For the purposes of this provision, an emergency rule is one that must be adopted immediately in order to:

(1) meet an imminent threat to public health, safety, or welfare;

(2) prevent a loss of compact commission or member state funds;

(3) meet a deadline for the promulgation of a rule that is established by federal law or rule; or

(4) protect public health and safety.

(l) The compact commission or an authorized committee of the compact commission may direct revisions to a previously adopted rule for purposes of correcting typographical errors, errors in format, errors in consistency, or grammatical errors. Public notice of any revisions shall be posted on the website of the compact commission. The revision shall be subject to challenge by any person for a period of 30 days after posting. The revision may be challenged only on grounds that the revision results in a material change to a rule. A challenge shall be made in writing and delivered to the compact commission prior to the end of the notice period. If no challenge is made, the revision will take effect without further action. If the revision is challenged, the revision may not take effect without the approval of the compact commission.

(m) No member state's rulemaking requirements shall apply under this compact.

Sec. 10. **[148.7859] OVERSIGHT, DISPUTE RESOLUTION, AND ENFORCEMENT.**

(a) Oversight:

(1) the executive and judicial branches of state government in each member state shall enforce this compact and take all actions necessary and appropriate to implement the compact;

(2) except as otherwise provided in this compact, venue is proper and judicial proceedings by or against the compact commission shall be brought solely and exclusively in a court of

competent jurisdiction where the principal office of the compact commission is located. The compact commission may waive venue and jurisdictional defenses to the extent it adopts or consents to participate in alternative dispute resolution proceedings. Nothing herein shall affect or limit the selection or propriety of venue in any action against a licensee for professional malpractice, misconduct, or any such similar matter; and

(3) the compact commission shall be entitled to receive service of process in any proceeding regarding the enforcement or interpretation of the compact and shall have standing to intervene in such a proceeding for all purposes. Failure to provide the compact commission service of process shall render a judgment or order void as to the compact commission, this compact, or promulgated rules.

(b) Default, technical assistance, and termination:

(1) if the compact commission determines that a member state has defaulted in the performance of its obligations or responsibilities under this compact or the promulgated rules, the commission shall provide written notice to the defaulting state. The notice of default shall describe the default, the proposed means of curing the default, and any other action that the compact commission may take and shall offer training and specific technical assistance regarding the default; and

(2) the compact commission shall provide a copy of the notice of default to the other member states.

(c) If a state in default fails to cure the default, the defaulting state may be terminated from the compact upon an affirmative vote of a majority of the commissioners of the member states, and all rights, privileges, and benefits conferred on that state by this compact may be terminated on the effective date of termination. A cure of the default does not relieve the offending state of obligations or liabilities incurred during the period of default.

(d) Termination of membership in the compact shall be imposed only after all other means of securing compliance have been exhausted. Notice of intent to suspend or terminate shall be given by the compact commission to the governor, the majority and minority leaders of the defaulting state's legislature, the defaulting state's licensing authority, and each of the member states' licensing authority.

(e) A state that has been terminated is responsible for all assessments, obligations, and liabilities incurred through the effective date of termination, including obligations that extend beyond the effective date of termination.

(f) Upon the termination of a state's membership from this compact, that state shall immediately provide notice to all licensees within that state of such termination. The terminated state shall continue to recognize all licenses and compact privileges granted pursuant to this compact for a minimum of 180 days after the date of said notice of termination.

(g) The compact commission shall not bear any costs related to a state that is found to be in default or that has been terminated from the compact, unless agreed upon in writing between the compact commission and the defaulting state.

(h) The defaulting state may appeal the action of the compact commission by petitioning the United States District Court for the District of Columbia or the federal district where the compact commission has its principal offices. The prevailing party shall be awarded all costs of such litigation, including reasonable attorney fees.

(i) Dispute resolution:

(1) upon request by a member state, the compact commission shall attempt to resolve disputes related to the compact that arise among member states and between member and nonmember states; and

(2) the compact commission shall promulgate a rule providing for both mediation and binding dispute resolution for disputes as appropriate.

(j) Enforcement:

(1) by two-thirds majority vote, the compact commission may initiate legal action against a member state in default in the United States District Court for the District of Columbia or the federal district where the compact commission has its principal offices to enforce compliance with the provisions of the compact and its promulgated rules. The relief sought may include both injunctive relief and damages. In the event judicial enforcement is necessary, the prevailing party shall be awarded all costs of such litigation, including reasonable attorney fees. The remedies herein shall not be the exclusive remedies of the compact commission. The compact commission may pursue any other remedies available under federal or the defaulting member state's law;

(2) a member state may initiate legal action against the compact commission in the United States District Court for the District of Columbia or the federal district where the compact commission has its principal offices to enforce compliance with the provisions of the compact and its promulgated rules. The relief sought may include both injunctive relief

and damages. In the event judicial enforcement is necessary, the prevailing party shall be awarded all costs of such litigation, including reasonable attorney fees; and

(3) no person other than a member state shall enforce this compact against the compact commission.

Sec. 11. **[148.786] EFFECTIVE DATE, WITHDRAWAL, AND AMENDMENT.**

(a) The compact shall come into effect on the date on which the compact statute is enacted into law in the seventh member state:

(1) on or after the effective date of the compact, the compact commission shall convene and review the enactment of each of the first seven member states ("charter member states") to determine if the statute enacted and made effective by each such charter member state is materially different than the model compact statute:

(i) a charter member state whose enactment is found to be materially different from the model compact language shall be entitled to the default process set forth in section 148.7859; and

(ii) if any member state is later found to be in default, or is terminated or withdraws from the compact, the compact commission shall remain in existence and the compact shall remain in effect even if the number of member states should be fewer than seven;

(2) member states enacting the compact subsequent to the seven initial charter member states shall be subject to the process set forth in this section to determine if their enactments are materially different from the model compact statute and whether they qualify for participation in the compact;

(3) all actions taken for the benefit of the compact commission or in furtherance of the purposes of the administration of the compact prior to the effective date of the compact or the compact commission coming into existence shall be considered to be actions of the compact commission unless specifically repudiated by the compact commission; and

(4) any state that joins the compact subsequent to the compact commission's initial adoption of the rules and bylaws shall be subject to the rules and bylaws as they exist on the date on which the compact becomes law in that state. Any rule that has been previously adopted by the compact commission shall have the full force and effect of law on the day the compact becomes law in that state.

(b) Any member state may withdraw from this compact by enacting a statute repealing the same:

(1) a member state's withdrawal shall not take effect until 180 days after enactment of the repealing statute;

(2) withdrawal shall not affect the continuing requirement of the withdrawing state's licensing authority to comply with the investigative and adverse action reporting requirements of this compact prior to the effective date of withdrawal;

(3) upon the enactment of a statute withdrawing from this compact, a state shall immediately provide notice of such withdrawal to all licensees and privilege holders within that state. Notwithstanding any subsequent statutory enactment to the contrary, such withdrawing state shall continue to recognize all compact privileges granted pursuant to this compact for a minimum of 180 days after the date of such notice of withdrawal;

(4) nothing contained in this compact shall be construed to invalidate or prevent any licensure agreement or other cooperative arrangement between a member state and a nonmember state that does not conflict with the provisions of this compact; and

(5) this compact may be amended by the member states. No amendment to this compact shall become effective and binding upon any member state until it is enacted into the laws of all member states.

Sec. 12. **[148.7861] CONSTRUCTION AND SEVERABILITY.**

(a) This compact and the compact commission's rulemaking authority shall be liberally construed so as to effectuate the purposes and the implementation and administration of the compact. Provisions of the compact expressly authorizing or requiring the promulgation of rules shall not be construed to limit the compact commission's rulemaking authority solely for those purposes.

(b) The provisions of this compact shall be severable and if any phrase, clause, sentence, or provision of this compact is held by a court of competent jurisdiction to be contrary to the constitution of any member state, a state seeking participation in the compact, or the United States, or the applicability thereof to any government, agency, person, or circumstance is held to be unconstitutional by a court of competent jurisdiction, the validity of the remainder of this compact and the applicability thereof to any other government, agency, person, or circumstance shall not be affected thereby.

(c) Notwithstanding the foregoing, the compact commission may deny a state's participation in the compact or terminate a member state's participation in the compact if it determines that a constitutional requirement of a member state is a material departure from the compact. Otherwise, if this compact shall be held to be contrary to the constitution of

any member state, the compact shall remain in full force and effect as to the remaining member states and in full force and effect as to the member state affected as to all severable matters.

Sec. 13. **[148.7862] CONSISTENT EFFECT AND CONFLICT WITH OTHER STATE LAWS.**

(a) Nothing herein shall prevent or inhibit the enforcement of any other law of a member state that is not inconsistent with the compact.

(b) Any laws, statutes, regulations, or other legal requirements in a member state in conflict with the compact are superseded to the extent of the conflict.

(c) All permissible agreements between the compact commission and the member states are binding in accordance with their terms.

DATE: November 14, 2026

SUBJECT: November 10, 2026, Health Professionals Services Program, Program Committee Report

SUBMITTED BY: **Elizabeth A. Huntley, JD, CMBE, Executive Director**

REQUEST FOR BOARD ACTION
MINNESOTA BOARD OF MEDICAL PRACTICE

REQUESTED ACTION:

For Informational Purposes Only

MOTION BY: SECOND:

( ) PASSED ( ) PASSED AMENDED ( ) LAYED OVER ( ) DEFEATED

BACKGROUND:

Please see the attached materials.

MINNESOTA
HEALTH PROFESSIONALS
SERVICES PROGRAM

1360 Energy Park Drive, Suite 220
St. Paul, MN 55108
651-642-0487 | 651-797-1380 (Fax)
mn.gov/boards/hpsp

PROGRAM COMMITTEE MEETING MINUTES

Date: Tuesday, November 10, 2026
Location: Virtual and In-Person at 335 Randolph in Big Stone Conference Room
Time: 10:00 AM CST

I. **Meeting called to begin at 10:00AM by Chair Mary Noble**

II. **Introductions:**

Board	Name	In Attendance?
Behavioral Health and Therapy	Bharati Acharya	Present
Chiropractic Examiners	Mary Noble	Present
Dentistry	Samuel Ankrah	Present
Dept of Health	Robert Dehler/Daphne Ponds/Debbie Thao	-
Dietetics & Nutrition	Susan Estes	Ruth Grendahl, ED
Long Term Services & Supports	Deb Stock	Present
Marriage & Family Therapy	Jennifer Mohlenhoff	Present
Medical Practice	Averi M. Turner	-
Nursing	Tracy Sonterre-Rieger	Kate Reimers
Occupational Therapy	Karoline Pierson	Christine Hoepner
Office of Emergency Medical Services	Amber Lage	Tanya Armstrong and Pattie Forsberg, OEMS staff
Optometry	Britt Heglund	-
Pharmacy	Ben Maisenbach	Present
Physical Therapy	Allen Rasmussen	Present
Podiatry	Cyndee Fields	-
Psychology	Michael Thompson	Present
Social Work	Linda Gustafson	Present
Veterinary Medicine	Jody Grote	-

Other Attendees: Kim Navarre (HPSP – Director), Kerry Gibbons (HPSP – Office Manager), Tracy Erfourth (HPSP – Case Manager), Nicky Williams (HPSP – Case Manager), Johanna Gangl (HPSP – Case Manager),

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mn.gov/boards/hpsp

Pang Yang (HPSP – Case Manager), Valare Falkner (ED Board of Dentistry), Samuel Sands (ED Board of Psychology).

III. **Review: Minutes from meeting (Chair) –** Motion to approve minutes by **Allen Rasmussen.** Seconded by **Linda Gustafson.**

IV. **Review: Proposed agenda (Chair) –** Motion to approve agenda **by Ruth Grendahl.** Seconded by **Allen Rasmussen.**

V. **Public comments (Chair) – None**

VI. **HPSP Annual Report (Kim Navarre, Program Director)**
See Full PowerPoint here (https://mn.gov/boards/assets/FY26%20Report%20Presentation_tcm21-774155.pptx)
See Full Written Report here (https://mn.gov/boards/assets/FY26%20REPORT_tcm21-773377.pdf)

Executive Summary –

The Health Professionals Services Program (HPSP) continued to demonstrate growth, stability, and effectiveness during Fiscal Year 2026 (FY26). The program maintained a 10-member team, implemented several technology enhancements, and continued to support healthcare professionals through monitoring, case management, and recovery-focused services. Nearly 80% of participants now utilize the participant portal, improving communication and operational efficiency.

Program activity increased throughout FY26, with referrals rising across several professions and geographic regions. Third-party referrals increased, particularly from supervisors and colleagues, reflecting continued awareness of and confidence in the program. Enrollment remained strong among professions with the largest regulated populations, including nursing, medical practice, social work, and behavioral health disciplines.

HPSP continued to provide monitoring and support for participants with substance use disorders, mental health conditions, and other health-related concerns. Data showed growing recognition of co-occurring medical conditions, reinforcing the importance of a comprehensive approach to participant well-being and public protection.

The program discharged 562 participants during FY26, exceeding the previous year by 52 discharges. Approximately 60% of participants successfully completed their agreements, indicating strong outcomes while maintaining accountability standards. Participant survey feedback showed improved engagement, with response rates doubling from FY25 and providing valuable insight into participant experiences and opportunities for program improvement.

Financially, HPSP experienced increased operating expenditures as program demands continued to grow. In response, leadership developed a biennial budget proposal that includes additional staffing resources to address increasing caseloads, enhance participant support, and strengthen the program's public protection mission.

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Looking ahead, FY27 priorities include expanding staff capacity, improving transparency and participant resources, strengthening committee operations, enhancing training opportunities, and ensuring the program remains responsive to the evolving needs of Minnesota's regulated health professionals and licensing boards.

VII. **New Chair and Vice Chair for February 2027**

I. **Linda Gustafson** was nominated by **Bharati Acharya**. **Linda Gustafson** declined nomination and nominated **Jody Grote**. **Jody Grote** voted for Vice Chair.

II. **Mary Noble** was nominated by **Bharati Acharya. Mary Noble** voted in for Chair.

VIII. **Adjourn: Chair, Mary Noble,** at **11:00AM.** Motion to adjourn approved by **Allen Rasmussen**, seconded by **Michael Thompson.**

Next Meetings:

February 09, 2027

PLEASE RSVP - Please call Kim 612-548-3126 or email her at kimberly.navarre@state.mn.us to verify whether you will need an accommodation to fully participate in the meeting.

May 11, 2027
August 10, 2027 (TBD with elections)
November 09, 2027(TBD with elections)

MINNESOTA HEALTH PROFESSIONALS SERVICES PROGRAM

2026 YEAR END REPORT

2026 YEAR END REPORT
COVERING: JULY 1, 2025 - JUNE 30, 2026

WHAT'S INSIDE

Who We Are

Our mission, values, goals, teams and committees



Trends

Referral, participation and discharge trends



Budget

Funding, expenses and our goals for the fiscal year ahead



REPORT SUBMITTED TO:
THE HEALTH LICENSING BOARDS
THE HEALTH PROFEESIONALS SERVICES'
PROGRAM'S PROGRAM AND ADVISORY COMMITTEES
AND THE PUBLIC

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OVERVIEW

The Health Professionals Services Program (HPSP) is a program of the Minnesota Health Licensing Boards. HPSP was created in 1994 to protect the public by offering health professionals and others the opportunity to report themselves or other health professionals with potentially impairing illnesses to HPSP in lieu of licensing boards. HPSP serves as the alternative to discipline program for all Minnesota Health Licensing Boards. HPSP also monitors health professionals with illnesses pursuant to board orders.

Most states have an alternative to discipline program for physicians and another program for nurses. HPSP is one of a handful of programs nationally that offers services to all health licensing boards and, therefore, all regulated health professionals. This enables all regulated health professionals with potentially impairing illnesses to access services that promote early intervention, diagnosis, and treatment. Early intervention is essential for public safety. Monitoring has been proven to enhance long-term illness management and recovery. More states have started to add professionals to their programs in past year. The Federation of State Physician Health Programs and National Organization for Alternative Programs bring together the organizations across the country to set standards and provide support. HPSP continues to learn from national programs. Having one program that works with all regulated health professionals has additional benefits. HPSP staff are familiar with occupational health programs, treatment programs and providers throughout the state and vice versa. If a concern is identified, regardless of profession, there is one number to call. Expertise is centralized and this simplifies reporting.

HPSP is pleased to provide this report to the Health Licensing Boards, the HPSP Program Committee and Advisory Committee, legislators and the citizens of Minnesota. The document provides information about program participation and activities that took place in fiscal year 2026.

MISSION

HPSP protects the public by providing monitoring services to regulated health care professionals whose illnesses may impact their ability to practice safely.

GOAL

The goal of HPSP is to promote early intervention, diagnosis, and treatment for health care professionals with illnesses, and to provide monitoring services as an alternative to board discipline or pursuant to board discipline. Early intervention enhances the likelihood of successful treatment before clinical skills or public safety are compromised.

VALUES

INTEGRITY We live our values. People and organizations with integrity are dependable, honest, and trustworthy. They have an uncompromising commitment to honor, moral, and ethical values and can be counted on to behave honorably. We are honest, trustworthy, and transparent in all we do. We strive to do the right thing to achieve the best possible outcomes.

RESPECT We uphold a standard of conduct that recognizes and values the contributions of people with different perspectives, different cultures and different backgrounds. We foster a working environment in which listening to and understanding our differences is encouraged. It's a commitment to seek to understand before seeking to be understood. It's a commitment to generously apply our experience, skill, and knowledge to help improve the experience and quality of life of our coworkers, program participants and everyone we engage with.

INFORMED We use the best data and methods available to guide our processes and actions to promote the best possible outcomes. We rely on objective facts of evidence-based data to build a strong foundation of effective monitoring.

ACCOUNTABILITY The assumption of responsibility for our actions and decisions. As a core value of the program, accountability reflects our willingness to keep our commitments, to honestly assess our strengths and liabilities, and to acknowledge and learn from our mistakes and actions.

EXCELLENCE We challenge ourselves to do our best and set high standards of professionalism and competence in our work. Striving for Excellence reflects passion for our work because what we do matters, and it matters that we do it the best way possible.

FUNCTIONS

HPSP promotes public safety in health care by implementing Participation Agreements that oversee the health professional's illness management and professional practice, both of which are tied to patient safety. A Participation Agreement may include the health professional's agreement to comply with continuing care recommendations, practice restrictions, random toxicology screening, work site monitoring, and support group participation. HPSP's primary functions are described below.

1. **Provide health professionals with services to determine if they have an illness that warrants monitoring:**
    a. Evaluate symptoms, treatment needs, immediate safety, and potential risks to patients
    b. Obtain substance, psychiatric, and medical histories, along with social and occupational data
    c. Determine practice limitations due to safety concerns and with treating provider expertise, if applicable
    d. Secure records consistent with state and federal data practices regulations
    e. Collaborate with medical consultants and treating providers regarding treatment and monitoring that promotes public safety

2. **Create and implement Participation Agreements:**
    a. Specify requirements for appropriate treatment and continuing care
    b. Determine illness-specific and practice-related limitations or conditions, if applicable

3. **Monitor the continuing care and compliance of health professionals:**
    a. Communicate monitoring procedures to treatment providers, supervisors/worksite monitors, and other collaborative parties
    b. Review records and reports from treatment providers, supervisors, and other sources regarding the health professional's level of functioning and compliance with monitoring
    c. Coordinate toxicology screening process
    d. Intervene, as necessary, for non-compliance, inappropriate or inadequate treatment, or symptom exacerbation

4. **Act as a resource for health professionals, licensing boards, health care employers, practitioners, medical communities, and state policy makers.**

QUOTE FROM A FORMER HPSP PARTICIPANT

I think about how we have dealt with addiction historically in society and in professions, and I'm grateful and proud to have been a participant in HPSP.

PARTICIPATION

REFERRALS

DEFINITIONS OF REFERRAL SOURCES

HPSP's intake process is consistent, regardless of how health professionals are referred for monitoring. The program is responsible for determining the health professional's eligibility for services and whether the health professional has an illness that warrants monitoring. When it is determined that a health professional has an illness that warrants monitoring, an individualized Participation Agreement is developed, and monitoring is initiated.

Health professionals can be referred to HPSP in the following ways:

First Referral Source Explained

The term first referral source refers to the initial way practitioners are referred to HPSP. For example, a professional may self-report (first referral source) and while actively being monitored, HPSP may receive a report from their board, which is considered a second referral source.

1. **Self-Referrals:** Health professionals refer themselves directly to the program. Health professionals report themselves to HPSP at various points during illness(es). Some call directly from a hospital or treatment center, while others call after they have been sent home from work for exhibiting illness-related symptoms, as well as for other reasons.

2. **Third-Party Referrals:** Third-party referrals come from persons concerned about a health professional's ability to practice safely because of illness. The most common

third-party referrals are from employers including, but not limited, to employee health systems, supervisors, and colleagues. The identity of all third-party reporters is confidential. Reports by third parties are subject to immunity if the report is made in good faith.

3. **Board Referrals:** Participating boards have three options for referring health professionals to HPSP:

    a. **Determine Eligibility (Board Voluntary):** The board refers because there appears to be information that supports the possibility of an illness that warrants monitoring, but a diagnosis is not known to the board.

    b. **Follow-up to Diagnosis and Treatment (Board Voluntary):** The board has determined or been informed that the health professional has an illness and refers the health professional to HPSP for assessment of the need for monitoring of the illness(es).

    c. **Discipline (Board Discipline):** The board has determined that there is illness(es) to monitor and then refers the health professional to HPSP as part of a disciplinary action (i.e., Stipulation and Order). The Order may dictate monitoring requirements.

**For the purposes of this report, the two voluntary board referral sources (Determine Eligibility and Follow- Up to Diagnosis and Treatment) are combined.*

Referrals by Fiscal Year, Primary Referral Source, Board and Occupation

Referral Data for the Board of Behavioral Health and Therapy by Fiscal Year, Occupation and Referral Source

Fiscal Year 2026
Total Referrals for FY26: 39
(**21** Licensed Alcohol and Drug Counselor (LADC), **5** Alcohol and Drug Counselor–Trainee (ADC-T), **2** Licensed Professional Counselor (LPC), **11** Licensed Professional Clinical Counselor (LPCC))

Referral Source ▸ Occupation ▾	Self	Third	Eligibility	Board Order
LADC	3	4	9	4
ADC-T	2	0	3	0
LPC	0	0	2	0
LPCC	1	3	7	0

Referral Data for the Board of Behavioral Health and Therapy (continued)
by Fiscal Year, Occupation and Referral Source

Fiscal Year 2025
Total Referrals for FY25: 46
(26 LADC, 5 ADC-T, 2 LPC, 13 LPCC)

Referral Source ▶ Occupation ▼	Self	Third	Eligibility	Board Order
LADC	7	5	10	4
ADC-T	1	3	1	0
LPC	2	0	0	0
LPCC	4	3	5	1

Fiscal Year 2024
Total Referrals for FY24: 37
(21 LADC, 5 ADC-T, 0 LPC, 11 LPCC)

Referral Source ▶ Occupation ▼	Self	Third	Eligibility	Board Order
LADC	7	6	6	2
ADC-T	3	0	1	1
LPC	0	0	0	0
LPCC	2	2	7	0

Referral Data for the Board of Executives for Long Term Services and Supports
by Fiscal Year, Occupation and Referral Source

Fiscal Year 2026
Total Referrals for FY26: 26
(**24** Licensed Assisted Living Director (LALD), **2** Admin)

Referral Source ▶ Occupation ▼	Self	Third	Eligibility	Board Order
LALD	2	0	22	0
Admin	0	0	2	0

Referral Data for the Board of Executives for Long Term Services and Supports (continued)
by Fiscal Year, Occupation and Referral Source

Fiscal Year 2025
Total Referrals for FY25: 24
(21 LALD, 3 Admin)

Referral Source ▶ Occupation ▼	Self	Third	Eligibility	Board Order
LALD	0	0	21	0
Admin	0	0	3	0

Fiscal Year 2024
Total Referrals for FY24: 20
(16 LALD, 4 Admin)

Referral Source ▶ Occupation ▼	Self	Third	Eligibility	Board Order
LALD	0	0	16	0
Admin	0	0	4	0

Referral Data for the Board of Chiropractic Examiners
by Fiscal Year, Occupation and Referral Source

Fiscal Year 2026
Total Referrals for FY26: 6

Referral Source ▶ Occupation ▼	Self	Third	Eligibility	Board Order
All licenses	1	0	5	0

Fiscal Year 2025
Total Referrals for FY25: 6

Referral Source ▶ Occupation ▼	Self	Third	Eligibility	Board Order
All licenses	1	0	5	0

Fiscal Year 2024
Total Referrals for FY24: 10

Referral Source ▶ Occupation ▼	Self	Third	Eligibility	Board Order
All licenses	0	0	6	4

Referral Data for the Dentistry
by Fiscal Year, Occupation and Referral Source

Fiscal Year 2026
Total Referrals for FY26: 29
(**14** Dentist, **4** Dental Assistant, **9** Dental Hygienist, **2** Dental Therapist)

Referral Source ▸ Occupation ▾	Self	Third	Eligibility	Board Order
Dentist	1	1	10	2
Dental Assistant	1	1	1	1
Dental Hygienist	1	0	3	5
Dental Therapist	0	0	2	0

Fiscal Year 2025
Total Referrals for FY25: 26
(11 Dentist, 12 Dental Assistant, 3 Dental Hygienist, 0 Dental Therapist)

Referral Source ▸ Occupation ▾	Self	Third	Eligibility	Board Order
Dentist	2	2	6	1
Dental Assistant	1	0	9	2
Dental Hygienist	0	0	2	1
Dental Therapist	0	0	0	0

Fiscal Year 2024
Total Referrals for FY24: 20
(10 Dentist, 7 Dental Assistant, 2 Dental Hygienist, 0 Dental Therapist, Radio Registrant)

Referral Source ▸ Occupation ▾	Self	Third	Eligibility	Board Order
Dentist	4	1	1	4
Dental Assistant	0	1	6	0
Dental Hygienist	0	0	1	1
Dental Therapist	0	0	0	0
Radio Registrant	0	0	1	0

Referral Data for the Department of Health
by Fiscal Year, Occupation and Referral Source

Fiscal Year 2026
Total Referrals for FY26: 0

Fiscal Year 2025
Total Referrals for FY25: 0

Fiscal Year 2024
Total Referrals for FY24: 0

Referral Data for the Dietetics & Nutrition
by Fiscal Year, Occupation and Referral Source

Fiscal Year 2026 Total Referrals for FY26: 0				
Referral Source ▸ Occupation ▾	**Self**	**Third**	**Eligibility**	**Board Order**
All licenses	0	0	0	0
Fiscal Year 2025 Total Referrals for FY25: 2				
Referral Source ▸ Occupation ▾	**Self**	**Third**	**Eligibility**	**Board Order**
All licenses	1	0	1	0
Fiscal Year 2024 Total Referrals for FY24: 1				
Referral Source ▸ Occupation ▾	**Self**	**Third**	**Eligibility**	**Board Order**
All licenses	1	0	0	0

Referral Data for the Office of Emergency Medical Services
by Fiscal Year, Occupation and Referral Source

Fiscal Year 2026 Total Referrals for FY26: 18 (**4** Paramedic, **3** Emergency Medical Responder (EMR), **11** Emergency Medical Technician (EMT))				
Referral Source ▸ Occupation ▾	**Self**	**Third**	**Eligibility**	**Board Order**
Paramedic	1	2	1	0
EMR	0	1	2	0
EMT	0	0	7	4
Fiscal Year 2025 Total Referrals for FY25: 32 (10 Paramedic, 6 EMR, 16 EMT)				
Referral Source ▸ Occupation ▾	**Self**	**Third**	**Eligibility**	**Board Order**
Paramedic	4	3	1	2
EMR	0	0	6	0
EMT	4	2	8	2

Referral Data for the Office of Emergency Medical Services (continued)
by Fiscal Year, Occupation and Referral Source

Fiscal Year 2024
Total Referrals for FY24: 23
(7 Paramedic, 4 EMR, 12 EMT)

Referral Source ▶ Occupation ▼	Self	Third	Eligibility	Board Order
Paramedic	1	1	2	3
EMR	0	0	3	1
EMT	2	2	4	4

Referral Data for the Board of Marriage and Family Therapy
by Fiscal Year, Occupation and Referral Source

Fiscal Year 2026
Total Referrals for FY26: 6
(**5** Licensed Marriage and Family Therapist (LMFT), **1** Licensed Associate Marriage and Family Therapist (LAMFT))

Referral Source ▶ Occupation ▼	Self	Third	Eligibility	Board Order
LMFT	2	2	1	0
LAMFT	0	1	0	0

Fiscal Year 2025
Total Referrals for FY25: 3
(3 LMFT, 0 LAMFT)

Referral Source ▶ Occupation ▼	Self	Third	Eligibility	Board Order
LMFT	3	0	0	0
LAMFT	0	0	0	0

Fiscal Year 2024
Total Referrals for FY24: 1
(1 LMFT, 0 LAMFT)

Referral Source ▶ Occupation ▼	Self	Third	Eligibility	Board Order
LMFT	1	0	0	0
LAMFT	0	0	0	0

Referral Data for the Board of Medical Practice
by Fiscal Year, Occupation and Referral Source

Fiscal Year 2026
Total Referrals for FY26: 75
(**3** Acupuncturist, **3** Athletic Trainer, **9** Physician's Assistant (PA), **8** Respiratory Care Practitioner (RCP), **2** Resident, **50** Physician)

Referral Source ▸ Occupation ▾	Self	Third	Eligibility	Board Order
Acupuncturist	0	0	3	0
Athletic Trainer	0	0	3	0
PA	0	1	8	0
RCP	0	1	7	0
Resident	0	2	0	0
Physician	16	10	21	3

Fiscal Year 2025
Total Referrals for FY25: 60
(2 Acupuncturist, 0 Athletic Trainer, 7 PA, 5 RCP, 1 Resident, 44 Physician, 1Traditional Midwife)

Referral Source ▸ Occupation ▾	Self	Third	Eligibility	Board Order
Acupuncturist	0	0	2	0
Athletic Trainer	0	0	0	0
PA	2	1	4	0
RCP	0	0	5	0
Resident	0	1	0	0
Physician	5	10	28	1
Traditional Midwife	0	0	1	0

Fiscal Year 2024
Total Referrals for FY24: 50
(2 Acupuncturist, 1 Athletic Trainer, 10 PA, 4 RCP, 2 Resident, 29 Physician)

Referral Source ▸ Occupation ▾	Self	Third	Eligibility	Board Order
Acupuncturist	0	0	2	0
Athletic Trainer	0	0	1	0
PA	3	0	7	2
RCP	0	0	4	0
Resident	2	0	0	0
Physician	14	2	12	1

Referral Data for the Board of Nursing
by Fiscal Year, Occupation and Referral Source

Fiscal Year 2026
Total Referrals for FY26: 286
(**13** Advanced Practice Registered Nurse (APRN)/Certified Nurse Practitioner (CNP), **234** Registered Nurse (RN), **39** Licensed Practical Nurse (LPN))

Referral Source ▸ Occupation ▾	Self	Third	Eligibility	Board Order
APRN/CNP	5	5	2	1
RN	52	22	109	51
LPN	4	3	20	12

Fiscal Year 2025
Total Referrals for FY25: 292
(12 APRN/CNP, 223 RN, 57 LPN)

Referral Source ▸ Occupation ▾	Self	Third	Eligibility	Board Order
APRN/CNP	3	2	4	3
RN	50	35	78	60
LPN	8	3	29	17

Fiscal Year 2024
Total Referrals for FY24: 223
(4 APRN/CNP, 177 RN, 42 LPN)

Referral Source ▸ Occupation ▾	Self	Third	Eligibility	Board Order
APRN/CNP	1	1	1	1
RN	49	23	75	30
LPN	11	3	23	5

Referral Data for the Board of Occupational Therapy
by Fiscal Year, Occupation and Referral Source

Fiscal Year 2026
Total Referrals for FY26: 2
(**2** Occupational Therapist Assistant (OTA), **0** Occupational Therapist (OT))

Referral Source ▸ Occupation ▾	Self	Third	Eligibility	Board Order
OTA	0	0	2	0
OT	0	0	0	0

Referral Data for the Board of Occupational Therapy (continued)
by Fiscal Year, Occupation and Referral Source

Fiscal Year 2025 **Total Referrals for FY25:** 4 (2 OTA, 2 OT)				
Referral Source ▸ Occupation ▾	**Self**	**Third**	**Eligibility**	**Board Order**
OTA	0	0	2	0
OT	1	1	0	0
Fiscal Year 2024 **Total Referrals for FY24:** 3 (2 OTA, 1 OT)				
Referral Source ▸ Occupation ▾	**Self**	**Third**	**Eligibility**	**Board Order**
OTA	0	0	1	1
OT	1	0	0	0

Referral Data for the Board of Optometry
by Fiscal Year, Occupation and Referral Source

Fiscal Year 2026 **Total Referrals for FY26:** 1				
Referral Source ▸ Occupation ▾	**Self**	**Third**	**Eligibility**	**Board Order**
Optometrist	1	0	0	0
Fiscal Year 2025 **Total Referrals for FY25:** 0				
Referral Source ▸ Occupation ▾	**Self**	**Third**	**Eligibility**	**Board Order**
Optometrist	0	0	0	0
Fiscal Year 2024 **Total Referrals for FY24:** 1				
Referral Source ▸ Occupation ▾	**Self**	**Third**	**Eligibility**	**Board Order**
Optometrist	0	0	1	0

Referral Data for the Board of Pharmacy
by Fiscal Year, Occupation and Referral Source

Fiscal Year 2026
Total Referrals for FY26: 20
(**5** Intern, **11** Pharmacy Technician, **4** Pharmacist)

Referral Source ▶ Occupation ▼	Self	Third	Eligibility	Board Order
Intern	1	0	3	1
Pharmacy Technician	2	6	2	1
Pharmacist	3	1	0	0

Fiscal Year 2025
Total Referrals for FY25: 20
(2 Intern, 10 Pharmacy Technician, 8 Pharmacist)

Referral Source ▶ Occupation ▼	Self	Third	Eligibility	Board Order
Intern	0	0	1	1
Pharmacy Technician	3	3	2	2
Pharmacist	5	1	1	1

Fiscal Year 2024
Total Referrals for FY24: 15
(1 Intern, 8 Pharmacy Technician, 6 Pharmacist)

Referral Source ▶ Occupation ▼	Self	Third	Eligibility	Board Order
Intern	1	0	0	0
Pharmacy Technician	3	3	1	1
Pharmacist	2	2	0	2

Referral Data for the Board of Physical Therapy
by Fiscal Year, Occupation and Referral Source

Fiscal Year 2026
Total Referrals for FY26: 8
(**2** Physical Therapy Assistant (PTA), **6** Physical Therapist (PT))

Referral Source ▶ Occupation ▼	Self	Third	Eligibility	Board Order
PTA	0	0	2	0
PT	3	1	2	0

Referral Data for the Board of Physical Therapy (continued)
by Fiscal Year, Occupation and Referral Source

Fiscal Year 2025 **Total Referrals for FY25:** 5 (1 PTA, 4 PT)				
Referral Source ▸ **Occupation ▾**	**Self**	**Third**	**Eligibility**	**Board Order**
PTA	0	0	1	0
PT	1	0	3	0
Fiscal Year 2024 **Total Referrals for FY24:** 8 (2 PTA, 6 PT)				
Referral Source ▸ **Occupation ▾**	**Self**	**Third**	**Eligibility**	**Board Order**
PTA	0	0	2	0
PT	2	0	1	3

Referral Data for the Board of Podiatric Medicine
by Fiscal Year, Occupation and Referral Source

Fiscal Year 2026 **Total Referrals for FY26:** 0				
Referral Source ▸ **Occupation ▾**	**Self**	**Third**	**Eligibility**	**Board Order**
All licenses	0	0	0	0
Fiscal Year 2025 **Total Referrals for FY25:** 0				
Referral Source ▸ **Occupation ▾**	**Self**	**Third**	**Eligibility**	**Board Order**
All licenses	0	0	0	0
Fiscal Year 2024 **Total Referrals for FY24:** 1				
Referral Source ▸ **Occupation ▾**	**Self**	**Third**	**Eligibility**	**Board Order**
All licenses	0	0	0	1

Referral Data for the Board of Psychology
by Fiscal Year, Occupation and Referral Source

Fiscal Year 2026
Total Referrals for FY26: 5
(**5** Licensed Psychologist (LP), **0** Licensed Behavior Analyst (LBA))

Referral Source ▸ Occupation ▾	Self	Third	Eligibility	Board Order
LP	0	4	0	1
LBA	0	0	0	0

Fiscal Year 2025
Total Referrals for FY25: 2
(1 LP, 1 LBA)

Referral Source ▸ Occupation ▾	Self	Third	Eligibility	Board Order
LP	0	0	1	0
LBA	0	0	1	0

Fiscal Year 2024
Total Referrals for FY24: 3
(3 LP, 0 LBA)

Referral Source ▸ Occupation ▾	Self	Third	Eligibility	Board Order
LP	1	1	1	0
LBA	0	0	0	0

Referral Data for the Board of Social Work
by Fiscal Year, Occupation and Referral Source

Fiscal Year 2026
Total Referrals for FY26: 35
(**15** Licensed Independent Clinical Social Worker (LICSW), **11** Licensed Graduate Social Worker (LGSW), **9** Licensed Social Worker (LSW))

Referral Source ▸ Occupation ▾	Self	Third	Eligibility	Board Order
LICSW	4	6	3	2
LGSW	1	1	8	1
LSW	1	1	4	3

Referral Data for the Board of Social Work (continued)
by Fiscal Year, Occupation and Referral Source

Fiscal Year 2025 **Total Referrals for FY25:** 23 (8 LICSW, 6 LGSW, 8 LSW, 1 Licensed Independent Social Worker (LISW))				
Referral Source ▸ **Occupation ▾**	**Self**	**Third**	**Eligibility**	**Board Order**
LICSW	1	1	5	1
LGSW	0	3	3	0
LSW	2	0	6	0
LISW	1	0	0	0
Fiscal Year 2024 **Total Referrals for FY24:** 25 (11 LICSW, 10 LGSW, 4 LSW)				
Referral Source ▸ **Occupation ▾**	**Self**	**Third**	**Eligibility**	**Board Order**
LICSW	6	4	1	0
LGSW	8	1	1	0
LSW	1	0	3	0

Referral Data for the Board of Veterinary Medicine
by Fiscal Year, Occupation* and Referral Source

Fiscal Year 2026 **Total Referrals for FY26:** 3				
Referral Source ▸ **Occupation ▾**	**Self**	**Third**	**Eligibility**	**Board Order**
Veterinarian	2	0	1	0
Fiscal Year 2025 **Total Referrals for FY25:** 1				
Referral Source ▸ **Occupation ▾**	**Self**	**Third**	**Eligibility**	**Board Order**
All licenses	0	0	1	0
Fiscal Year 2024 **Total Referrals for FY24:** 3				
Referral Source ▸ **Occupation ▾**	**Self**	**Third**	**Eligibility**	**Board Order**
All licenses	0	0	3	0

**FY27 Veterinary Medicine's board will also license Veterinary Technicians*

All Referrals by First Referral Source and Fiscal Year

Fiscal Year ▸ Referral Source ▾	FY18	FY19	FY20	FY21	FY22	FY23	FY24	FY25	**FY26**
Self	156	181	179	128	121	94	110	110	**110**
Third Party	102	77	73	66	63	61	54	82	**81**
Eligibility	146	138	161	160	152	201	197	254	**277**
Board Order	82	61	68	62	48	40	65	94	**91**
Sum	404	396	413	354	336	356	361	446	**468**

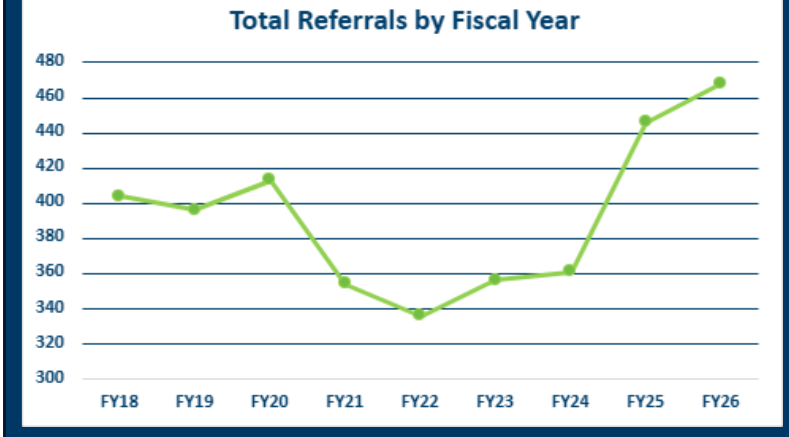
TAKE A CLOSER LOOK...

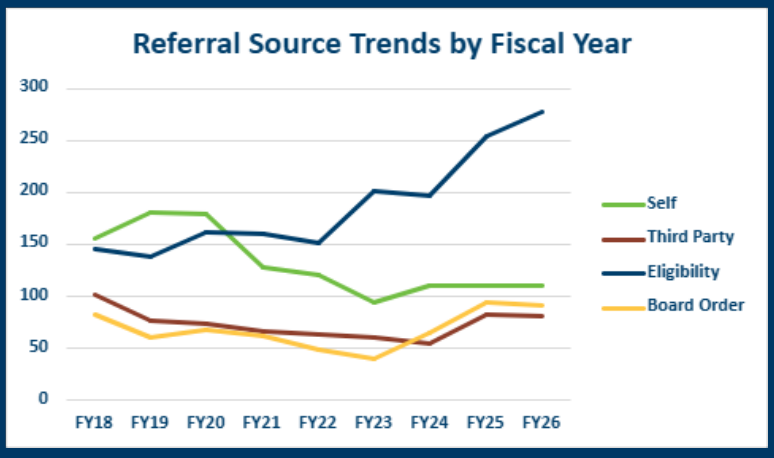
Over the past 8 years, HPSP has seen a...

57%
INCREASE IN ELIGIBILITY REFERRALS

22%
INCREASE IN REFERRALS

18%
DECREASE IN SELF REFERRALS



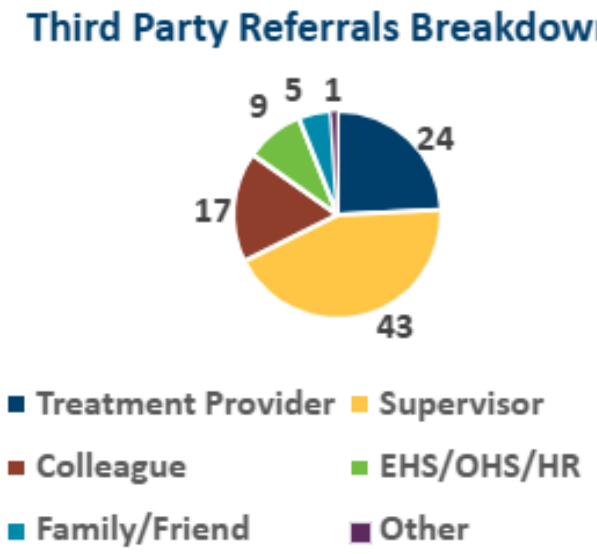


Quote from HPSP Participant

As unhappy as I was in the beginning, and along the way, now on the other side of it, I am forever grateful. It was a pain, adjusting foods I ate to make sure I wouldn't test positive, the inconvenience of testing when I wanted to travel or just have a day off...all those things made me resentful and angry at times through the process. But ALL those things held me accountable.

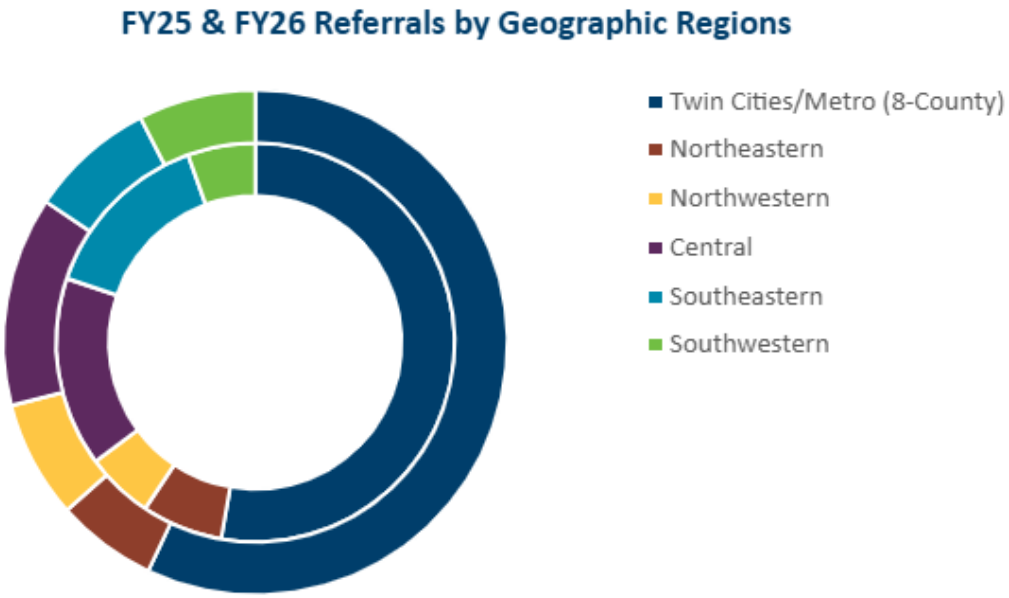
Fiscal Year 2026 Third Party Referrals Sources

In Fiscal Year 2026, HPSP experienced a 25% increase in third-party referrals compared to the average of the previous three years. While we did not see a significant uptick from FY25—which had already shown a substantial rise—we are pleased that third-party reporting has remained stable this fiscal year. Supervisor reports accounted for 43% of all referrals, up from 29% last year. All other referral sources followed similar patterns to previous years.



FY26 Referrals by Geographic Regions

The chart below illustrates referrals to HPSP for Minnesota-licensed health professionals in fiscal years 2025 (inner circle) and 2026 (outer circle). Overall, the data shows a steady and consistent trend across both years.



Northeastern (NE): Aitkin, Carlton, Cook, Itasca, Koochiching, Lake, and St. Louis counties
Northwestern (NW): Becker, Beltrami, Cass, Clay, Clearwater, Crow Wing, Hubbard, Kittson, Lake of the Woods, Mahnomen, Marshall, Norman, Otter Tail, Pennington, Polk, Red Lake, Roseau, Wadena and Wilkin counties
Twin Cities Metro Areas (TC): Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, Washington, and Wright counties
Southeastern (SE): Dodge, Fillmore, Freeborn, Goodhue, Houston, Le Sueur, Mower, Olmsted, Rice, Steele, Wabasha, Waseca, and Winona counties
Southwestern (SW): Blue Earth, Brown, Chippewa, Cottonwood, Faribault, Jackson, Lac qui Parle, Lincoln, Lyon, Martin, McLeod, Murray, Nicollet, Nobles, Pipestone, Redwood, Renville, Rock, Sibley, Watonwan, and Yellow Medicine counties
Central MN (CE): Benton, Chisago, Douglas, Grant, Isanti, Kanabec, Kandiyohi, Meeker, Mille Lacs, Morrison, Pine, Pope, Sherburne, Stearns, Stevens, Swift, Todd, and Traverse counties

PARTICIPATION

PARTICIPATION AGREEMENTS

HPSP continues to focus on meeting its goal of completing the intake process and establishing Participation Agreements (PA), when appropriate, within 60 days of a health professional's initial contact with the program. The initial contact by a case manager begins the assessment and intervention phase of intake. As in prior years, case managers may ask health professionals to voluntarily refrain from practice when needed to protect the public until appropriate assessments and monitoring can be arranged.

Fiscal Year ▸ Days to Sign ▾	FY23	FY24	FY25	FY26
0-7	6	12	6	2
8 14	15	18	20	10
15-30	36	52	48	37
31-60	71	88	111	108
61-90	29	32	49	51
91+	43	18	28	27
Total # of PAs Signed	**200**	**220**	**262**	**235**

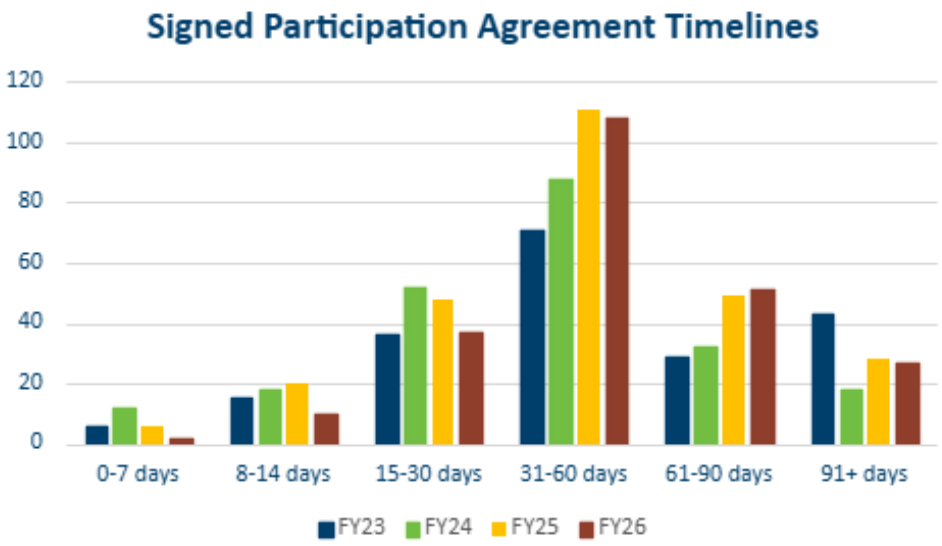
Despite the reduction in total agreements, the distribution of days-to-sign shows a meaningful shift in several time categories. The most significant change was a reduction in the number of Participation Agreements signed within the first 30 days. FY26 saw fewer agreements completed in the 0–7, 8–14, and 15–30-day ranges compared to FY25.

The program largely maintained its performance in the 31–60-day timeframe, which continues to represent most agreements. The number of agreements signed within this window remained relatively stable.

There was also a slight increase in agreements requiring 61–90 days, while agreements extending beyond 91 days decreased minimally. These shifts suggest that although some cases required additional time, fewer extended into the longest completion range compared to last year.

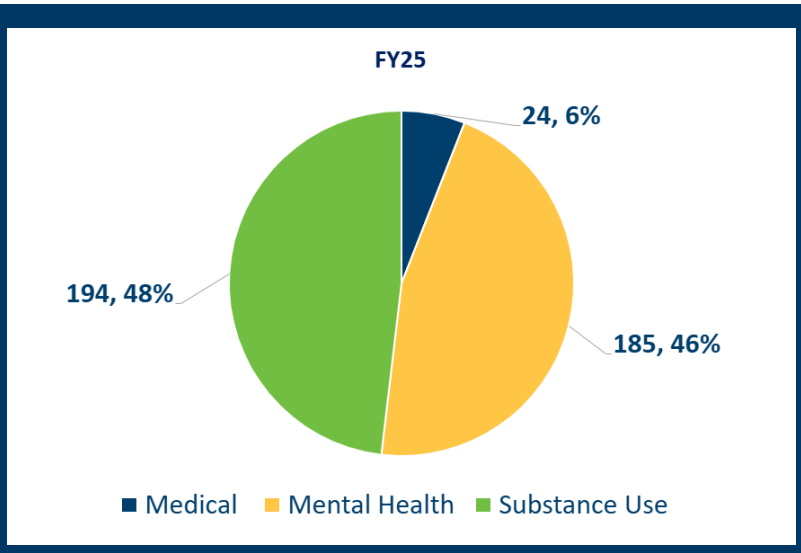
As in previous years, factors such as obtaining medical records, arranging specialized assessments, and variability in participant cooperation contributed to delays. These elements continue to influence the time from referral to signed Participation Agreement.
HPSP remains committed to timely, thorough intake processes that balance public protection with effective participant engagement.

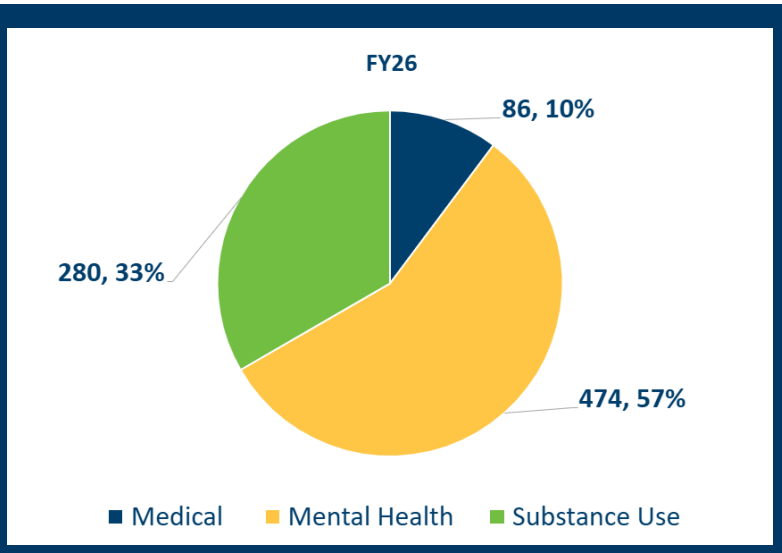
PARTICIPATION AGREEMENTS (continued)



ILLNESSES MONITORED

In Fiscal Year 2026, the distribution of illnesses monitored by HPSP shows a clear shift from the prior year. Mental health conditions make up a larger share of monitored cases this year, increasing to over half of all participants. Participants may be monitored for multiple conditions simultaneously, including mental health, medical, substance use, or co-occurring disorders within the same category.





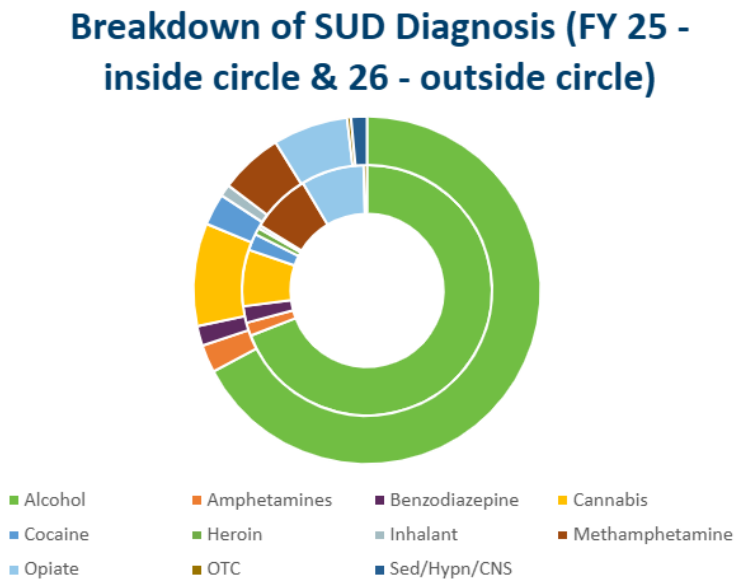
Substance use concerns, while still a substantial portion, represent a smaller percentage than in FY25. Medical conditions also grew proportionally, moving from a very small segment to a more noticeable share of participants.

Overall, the trend in FY26 reflects a continued rise in mental health-related monitoring, a proportional decline in substance-use cases, and steady growth in medical conditions. This shift highlights changing participant needs and the increasing prominence of mental health concerns within the program.

Illnesses By Diagnosis

Substance Use Disorder Diagnosis	Number of Participants in Fiscal Year 25	Number of Participants in Fiscal Year 26
Alcohol	161	183
Amphetamines	4	7
Benzodiazepine	5	5
Cannabis	17	26
Cocaine	5	8
Heroin	2	3
Inhalant	1	0
Methamphetamine	18	16
Opiate	19	19
OTC	1	1
Sed/Hypn/CNS	0	4

In summary, FY26 reflects a modest rise in diversity across substance use diagnoses, with alcohol maintaining its strong majority and several smaller categories becoming slightly more prominent.



Quote from a former HPSP Participant

When I started with HPSP my plan was to do what I had to do, say what I had to say to complete the requirements and then return to my drinking when I was finished. Somewhere along the way I realized I could do recovery and be happy – it wasn't impossible like I thought. I am forever grateful to HPSP and my employer for encouraging participation.

Illnesses By Diagnosis (continued)

Mental Health Diagnosis	Number of Participants in Fiscal Year 25	Number of Participants in Fiscal Year 26
Adjustment	10	11
Anxiety	28	146
ADHD	21	48
Bipolar	18	27
Depression	25	139
Anxiety/Depression*	108	0
Eating Disorder	5	5
Gambling	2	0
OCD	4	5
Personality	3	6
PTSD	40	64
Schizoaffective	1	2
Sexual Disorders	2	0
Other (MH)	7	9
Panic	0	8
Postpartum	0	1

*HPSP is moving away from Anxiety/Depression as a Diagnosis in our reporting

In FY26, HPSP transitioned away from using the combined Anxiety/Depression diagnosis, instead categorizing conditions separately. This change is reflected clearly in the data and helps explain several of the year-over-year shifts.

As a result of this reclassification, anxiety and depression diagnoses make up a much larger share in FY26. Anxiety becomes the most prominent diagnosis, followed by depression—together capturing the participants who previously fell under the combined category. ADHD,

bipolar disorder, PTSD, and several smaller diagnostic categories also show proportional upward movement, indicating broader growth across a range of mental health concerns.

With the combined Anxiety/Depression category no longer in use, its proportional decline to zero is expected and reflects a change in reporting practice rather than a reduction in participant needs. Other categories that show slight growth—such as OCD, personality disorders, panic, and postpartum disorders—contribute to a more diversified mental health profile.

Overall, the FY26 distribution highlights both the reporting transition and the increasing complexity of mental health presentations, with the most notable shifts occurring among diagnoses that now stand alone rather than being grouped together. Let me know if you'd like this in a more formal, narrative, or bullet-point format for your report.

HPSP saved my life. It was a very difficult journey. I have heard very scary stories about other states' monitoring programs- and I cannot be more thankful for Minnesota's program.

Quote from a former HPSP Participant

DISCHARGES

DEFINITIONS OF DISCHARGE CATERGORIES ***Represents discharges that will result in a report to the licensing board***
Completion
Participant satisfactorily completes the terms of the Participation Agreement.

DEFINITIONS OF DISCHARGE CATERGORIES (continued)

Represents discharges that will result in a report to the licensing board

Non-Compliance*

Participant violates the conditions of the Participation Agreement; case manager closes case and files a report with health care professional's regulatory board. Sub-categories of this include:

- Non-Compliance – Diversion
- Non-Compliance – Monitoring
- Non-Compliance Positive Screens
- Non-Compliance – Problem Screens
- Non-Compliance – Treatment

Voluntary Withdrawal*

Participant chooses to withdraw from the program prior to completion of the Participation Agreement; case manager closes case and files a report with the health care professional's regulatory board.

Ineligible, Monitored*

During monitoring, if the program determines that the health care professional is not eligible for program services as specified in statute, case manager files report with health care professional's regulatory board.

Sub-categories of this include**:**

Ineligible, Monitored (continued)

- Ineligible Monitored – Illness too severe
- Ineligible Monitored – License suspended/surrendered/revoked
- Ineligible Monitored – No active Minnesota license
- Ineligible Monitored – Violation of practice act

DEFINITIONS OF DISCHARGE CATERGORIES (continued)

Represents discharges that will result in a report to the licensing board

Ineligible, Not Monitored*

At time of intake, if the program determines that the health care professional is not eligible for program services as specified in statute, case manager files report with health care professional's regulatory board. Subcategories of this include:

- Ineligible Not Monitored – Illness too severe
- Ineligible Not Monitored – License suspended/surrendered/revoked
- Ineligible Not Monitored – No active Minnesota license
- Ineligible Not Monitored – Violation of practice act
- Ineligible Not Monitored – Previously discharged to the regulatory board

No contact*

Health care professional fails to contact HPSP following initial report received from third-party or board; case manager closes case and files a report with health care professional's regulatory board.

Non-Cooperation*

Health care professional cooperates initially but then ceases to cooperate before the Participation Agreement is signed; case manager closes case and files a report with health care professional's regulatory board.

Non-Jurisdictional

No diagnostic eligibility established; the case is closed. This can include no illness(es) or management of illness(es).

Discharges by Fiscal Year, Discharge Category and Board

Board	BBHT			BELTSS			CHIROPRACTIC		
Fiscal Year ▸ / Discharge Category ▾	FY24	FY25	FY26	FY24	FY25	FY26	FY24	FY25	FY26
Complete	9	11	12	1	0	3	2	2	0
Ineligible Monitored	1	1	1	0	0	0	0	0	0
Ineligible Not Monitored	0	2	1	0	0	1	1	1	0
No Contact	3	2	4	3	1	3	1	1	0
Non-Compliance	5	5	9	1	0	0	0	0	0
Non-Cooperative	6	7	9	1	3	2	2	2	0
Non-Jurisdictional	6	4	5	13	13	15	6	6	2
Voluntary Withdrawal	2	4	1	0	2	2	0	0	1
Deceased	0	0	0	0	0	0	0	0	0
Totals	**32**	**36**	**42**	**19**	**19**	**26**	**12**	**12**	**3**

Board	DENTISTRY			DEPT OF HEALTH			DIETETICS & NUTRITION		
Fiscal Year ▸ / Discharge Category ▾	FY24	FY25	FY26	FY24	FY25	FY26	FY24	FY25	FY26
Complete	7	6	2	-	-	-	0	0	0
Ineligible Monitored	0	0	1	-	-	-	0	0	0
Ineligible Not Monitored	0	0	1	-	-	-	0	0	0
No Contact	2	5	0	-	-	-	0	0	0
Non-Compliance	5	6	5	-	-	-	0	0	0
Non-Cooperative	3	4	5	-	-	-	0	1	0
Non-Jurisdictional	4	3	8	-	-	-	1	0	0
Voluntary Withdrawal	0	1	3	-	-	-	0	0	0
Deceased	0	0	0	-	-	-	0	0	0
Totals	**21**	**25**	**25**	**-**	**-**	**-**	**1**	**1**	**0**

Board	OFFICE OF EMS			MFT			MEDICAL PRACTICE		
Fiscal Year ▸ / Discharge Category ▾	FY24	FY25	FY26	FY24	FY25	FY26	FY24	FY25	FY26
Complete	3	0	9	1	0	2	27	39	29
Ineligible Monitored	2	2	1	0	0	0	2	3	2
Ineligible Not Monitored	0	0	0	0	0	0	1	1	1
No Contact	3	5	4	0	0	2	4	2	3

Non-Compliance	4	2	2	0	0	0	0	1	0
Non-Cooperative	5	4	5	0	0	0	1	9	6
Non-Jurisdictional	8	5	6	1	0	1	24	25	21
Voluntary Withdrawal	3	3	3	0	0	0	2	2	6
Deceased	0	0	0	0	0	0	0	0	0
Totals	**28**	**21**	**30**	**2**	**0**	**5**	**61**	**82**	**68**

Board	**NURSING**			**OCCUPATIONAL THERAPY**			**OPTOMETRY**		
Fiscal Year ▸ / **Discharge Category ▾**	**FY24**	**FY25**	**FY26**	**FY24**	**FY25**	**FY26**	**FY24**	**FY25**	**FY26**
Complete	84	77	93	1	1	0	0	0	2
Ineligible Monitored	10	13	8	0	0	0	0	0	0
Ineligible Not Monitored	6	6	5	0	0	0	0	0	0
No Contact	17	8	12	0	0	0	0	0	0
Non-Compliance	35	29	47	0	0	0	0	0	0
Non-Cooperative	31	26	35	1	0	2	0	0	0
Non-Jurisdictional	73	53	85	1	1	1	0	0	1
Voluntary Withdrawal	14	12	10	1	0	0	0	0	0
Deceased	3	2	2	0	0	0	0	0	0
Totals	**273**	**236**	**297**	**4**	**2**	**3**	**0**	**0**	**3**

Board	**PHARMACY**			**PHYSICAL THERAPY**			**PODIATRIC MEDICINE**		
Fiscal Year ▸ / **Discharge Category ▾**	**FY24**	**FY25**	**FY26**	**FY24**	**FY25**	**FY26**	**FY24**	**FY25**	**FY26**
Complete	4	3	6	3	1	3	0	0	0
Ineligible Monitored	0	0	1	0	0	0	0	0	0
Ineligible Not Monitored	1	2	0	0	0	0	0	0	0
No Contact	2	0	3	1	0	0	0	0	0
Non-Compliance	1	2	3	2	2	0	0	0	0
Non-Cooperative	1	1	4	1	1	0	1	0	0
Non-Jurisdictional	3	3	3	4	1	6	0	0	0
Voluntary Withdrawal	1	2	1	0	1	0	0	0	0
Deceased	1	0	0	0	0	0	0	0	0
Totals	**14**	**13**	**21**	**11**	**6**	**9**	**1**	**0**	**0**

Board	PSYCHOLOGY			SOCIAL WORK			VET MED		
Fiscal Year ▸ / Discharge Category ▾	FY24	FY25	FY26	FY24	FY25	FY26	FY24	FY25	FY26
Complete	1	3	1	6	4	6	4	0	1
Ineligible Monitored	0	0	0	0	1	1	0	0	0
Ineligible Not Monitored	0	0	1	0	1	2	0	1	1
No Contact	0	0	0	4	0	3	0	1	0
Non-Compliance	1	0	0	4	2	5	0	0	0
Non-Cooperative	0	1	1	2	5	2	0	2	1
Non-Jurisdictional	1	1	0	5	8	3	1	3	0
Voluntary Withdrawal	0	0	0	2	2	2	0	1	0
Deceased	0	0	0	0	0	1	0	0	0
Totals	**5**	**3**	**3**	**23**	**23**	**25**	**8**	**5**	**3**

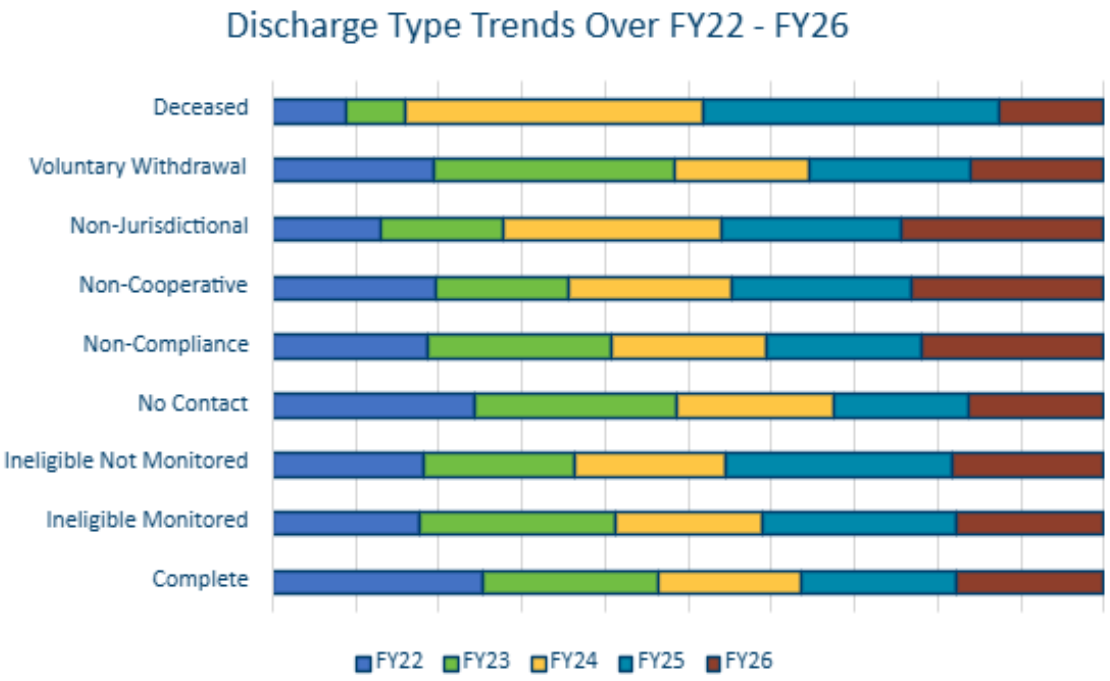
Quote from a former HPSP Participant

I had reached the point where my stress level was unmanageable. I was exhausted and could not bring myself to stop and examine what I needed to do to meet my needs. I am not sure I would have ever dealt with my life stressors and mental health without having an external brain, HPSP, gently pressuring me.

Overall Discharges by Discharge Category for FY22-FY26

Across the five fiscal years, the proportion of Complete discharges declines from 43% in FY22 to 30% in FY26, though it remains the most frequent discharge type. Ineligible categories remain relatively stable, while No Contact decreases slightly over time. Non-Compliance and non-cooperative discharges show modest increases, each rising to 13% in FY26. The most notable shift occurs in non-jurisdictional discharges, which grew from 15% in FY22 to 28% in FY26. Voluntary Withdrawals fluctuate but remain low overall, and Deceased cases stay minimal across all years.

DISCHARGES	FY22	FY23	FY25	FY24	FY26
Complete	168	166	149	148	**169**
Ineligible Monitored	11	17	19	15	**15**
Ineligible Not Monitored	6	10	13	11	**13**
No Contact	35	39	26	37	**34**
Non-Compliance	41	61	53	57	**71**
Non-Cooperative	44	43	58	58	**72**
Non-Jurisdictional	58	79	117	154	**157**
Voluntary Withdrawal	24	41	29	26	**28**
Deceased	1	0	3	4	**2**
Total Discharges in the FY	**388**	**456**	**467**	**510**	**562**



PARTICIPANT FEEDBACK

HPSP includes a Participant Survey in discharge letters and emails sent to participants upon both successful and unsuccessful discharge. The survey is also available on our website for participants to complete at any time. In FY26, 5.5% of discharged participants completed the survey.

While the survey covers a variety of topics, several key findings include:

- 65% completely agreed that HPSP staff were timely and professional.
- 64% completely agreed that HPSP helped them.
- 68% said they would recommend HPSP to others.

Beginning in FY27, we made changes to the survey to gather more comprehensive feedback about the participant's experience. We also plan to survey Treatment Providers and Worksite Monitors to better understand their experiences and gather feedback on their roles in the monitoring process.

BUDGET

HPSP is funded through a combination of annual board fees and board contributions based on program participation. Each participating licensing board pays an annual fee of $1,000, which equates to approximately $83.33 per month. In addition, each board contributes a proportional share of HPSP expenditure based on the number of HPSP enrollees and participants licensed with that board.

In FY26, the Board of Nursing and Board of Medical Practice accounted for 68.5% of HPSP funding due to the larger numbers of licensees. Behavioral Health and Therapy (BBHT), Social Work, Pharmacy, and Dentistry, collectively accounted for approximately 19% of program expenditures.

Total HPSP expenditures for FY26 were $1,295,739.76, representing an increase of $180,770.40 compared to FY25. Personnel costs continue to comprise the majority of the program budget, with 86% of expenditures dedicated to HPSP staff. Other significant expenses included lease costs (4%), MNIT/ALIMS technology and information systems support (4%), employee development and training (1.7%), and medical consultant services (1%).

The FY26 expenditure distribution reflects HPSP's continued commitment to public protection through effective participant monitoring, case management, and program oversight.

COMMITTEE MEMBERS AND STAFF

ADMINISTERING BOARD

The Board of Psychology and their Executive Director Sam Sands has served as the administering board for HPSP since FY24.

PROGRAM COMMITTEE

The Program Committee consists of one member from each participating board. By law, the Program Committee provides HPSP with guidance to ensure that the direction of HPSP is in accordance with its statutory authority. In 1997 the Program Committee established the following five goals to meet this responsibility:

1. The public is protected;
2. Individual clients are treated with respect;
3. The program is well-managed;
4. The program is financially secure; and
5. The program is operating consistently within its statutory authority.

REPRESENTING THE…	NAME
Board of Behavioral Health and Therapy	Bharati Acharya
Board of Chiropractic Examiners	Mary Noble (CHAIR)
Board of Dentistry	Samuel Ankrah
Board of Dietetics and Nutrition Practice	Susan Estes
Office of EMS	Amber Lage
Board of Occupational Therapy	Christine Hoepner
Board of Executives for Long Term Services and Supports	Deb Stock
Department of Health	Robert Dehler/Daphne Ponds
Board of Marriage and Family Therapy	Jennifer Mohlenhoff
Board of Medical Practice	Averi M. Turner
Board of Nursing	Tracy Sonterre-Rieger
Board of Optometry	Britt Heglund
Board of Pharmacy	Ben Maisenbach
Board of Physical Therapy	Allen Rasmussen
Board of Podiatric Medicine	Cyndee Fields

REPRESENTING THE…	NAME
Board of Psychology	Michael Thompson
Board of Social Work	Linda Gustafson
Board of Veterinary Medicine	Jody Grote (VICE CHAIR)

2025-2027 ADVISORY COMMITTEE

The Advisory Committee appointments are renewed on the odd numbered years beginning on February 1st. The Advisory Committee consists of people appointed by various health-related professional associations and two public members appointed by the Chair of the Program Committee.

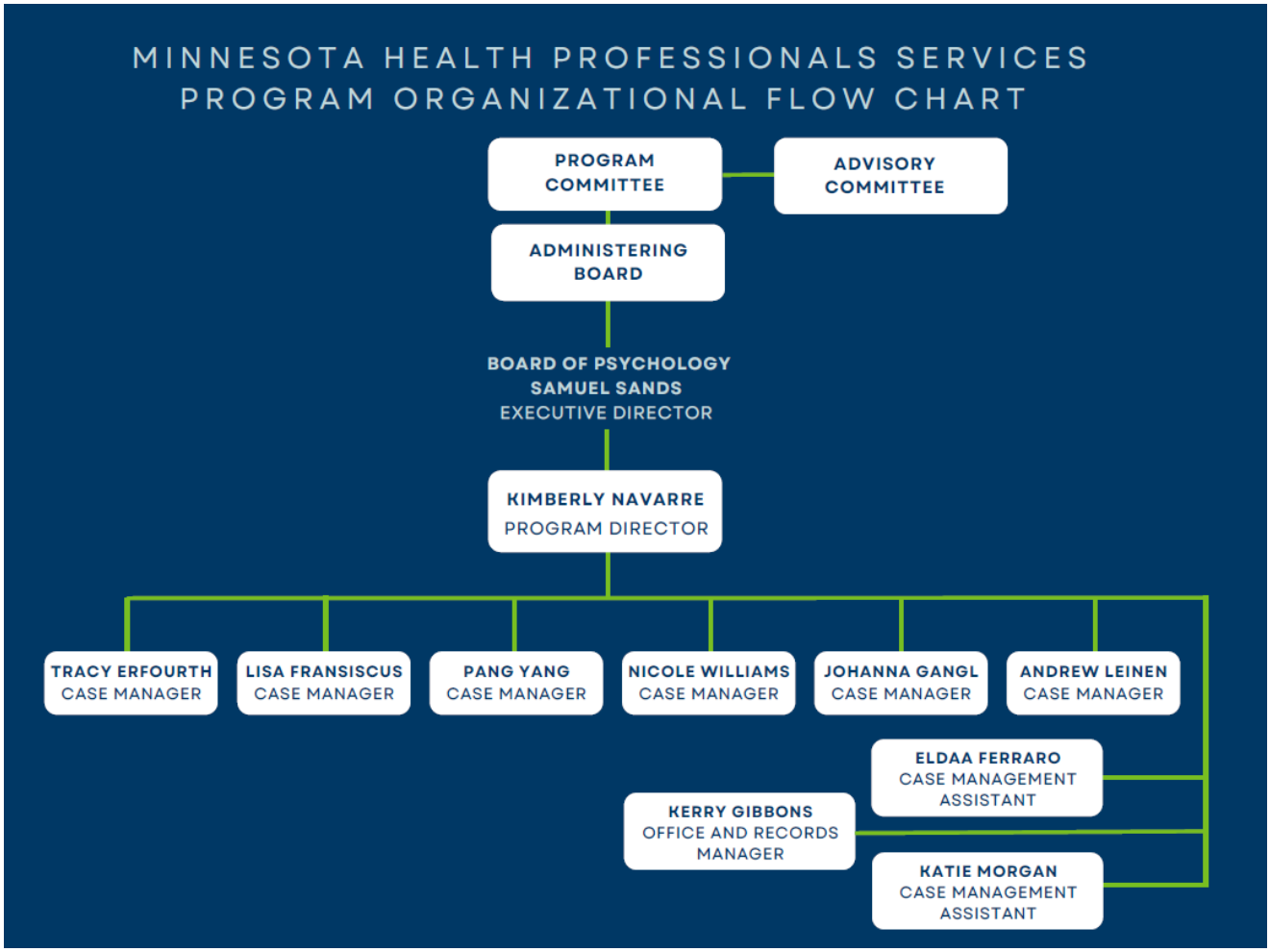
The Advisory Committee established the following goals:

1. Promote early intervention, diagnosis, treatment and monitoring for potentially impaired health care professionals;
2. Provide expertise to HPSP staff and Program Committee; and
3. Act as a liaison with membership.

ASSOCIATION	NAME
Dentist Concerned for Dentists	Charles Wilkinson
MN Academy of Nutrition and Dietetics	Lindsay Heidelberger
Minnesota Academy of Physician Assistants	Tracy Keizer
MN Acupuncture Association	Zuobiao Yuan
Minnesota Ambulance Association	Joe Newton
Minnesota Association of Marriage and Family Therapy	Calvin Hauer
Minnesota Association of Naturopathic Physicians	Dr. Aidanne MacDonald-Milewski
MN Chap. of National Assoc. of Social Workers	Michael Arieta
Minnesota Association of Veterinary Technicians	Jenny Glock
MN Chiropractic Association	Dr. Jake Dalbec
Minnesota Dental Association	Dr. James Omlie

ASSOCIATION	NAME
MN Society of Health Systems Pharmacists	S. Bruce Benson
Minnesota Licensed Practical Nurse Association (LPN)	Trisha Jensen
MN Medical Association	Stephanie Lindgren
Minnesota Nurses Association	OPEN
MN Occupational Therapy Association	Karen Sames
Minnesota Optometric Association	Georgiann Jensen Bohn
MN Organization of Leaders in Nursing	Lucy Furlong
MN Organization of Registered Nurses	Niki Gjere
Minnesota Pharmacists Association	Sue Anderson
Pharmacy Recovery Network	Laura Mahlendorf
Minnesota Podiatric Medicine Association	Dr. Kari Prescott
Minnesota Psychological Association	Ann Schissel
Minnesota Society of Addiction Medicine	Sandy Clark
MN Veterinary Association	Dr. Marcia Brower
MN Nurse Peer Support Network	Katy Callaway
Public Member	Joanne Kronstedt
Public Member	OPEN

HPSP STAFF



PROGRAM GOALS

In FY27, HPSP will focus on strengthening its team, enhancing the participant experience, and improving program operations. Priorities include pursuing staff expansion, supporting employee development through training and professional conferences, and improving caseload management practices.

To better support participants, HPSP will increase transparency through website enhancements, including FAQ page, resources, and how-to guides designed to improve understanding of various program aspects. Additional efforts will focus on improving portal access and use and advancing collection site accessibility initiatives.

Program goals include exploring committee operations, developing resources for new committee members, reviewing policies and workflows, and maintaining responsible fiscal stewardship. Together, these efforts support HPSP's commitment to its mission and values (integrity, excellence, accountability, respect, informed).

DATE: November 14, 2026 SUBJECT: Election of Board Officers for Calendar Year 2027

SUBMITTED BY: **Nominating Committee**

REQUEST FOR BOARD ACTION
MINNESOTA BOARD OF MEDICAL PRACTICE

REQUESTED ACTION:

Elect the following persons to the offices listed below for calendar year 2027:

President: Bruce Sutor, M.D.

Vice President: Julie Pazdernik, M.D.

Secretary: Allen Rasmussen, M.A.

MOTION BY: SECOND:

( ) PASSED ( ) PASSED AMENDED ( ) LAYED OVER ( ) DEFEATED

BACKGROUND:

The Nominating Committee of Chaitanya Anand, M.B.B.S., Miss Averi Turner and Anne Pereira, M.D. met on November 5, 2026, at 4:30 p.m. and bring the following motion:

Motion:

The Committee moves the following slate of candidates to elected office for 2027:

President: Bruce Sutor, M.D.

Vice President: Julie Pazdernik, M.D.

Secretary: Allen Rasmussen, M.A.

DATE: November 14, 2026

SUBJECT: Campaign Finance & Public Disclosure Form Completion Requirement

SUBMITTED BY: **Elizabeth A. Huntley, JD, CMBE, Executive Director**

REQUEST FOR BOARD ACTION
MINNESOTA BOARD OF MEDICAL PRACTICE

REQUESTED ACTION:

For Informational Purposes Only

MOTION BY: SECOND:

( ) PASSED ( ) PASSED AMENDED ( ) LAYED OVER ( ) DEFEATED

BACKGROUND:

Board members are required to complete a Campaign Finance and Public Disclosure form in January 2027. Board members will receive a notice from the Campaign Finance and Public Disclosure Board prior to January 2027. Failure to complete the form could result in a fine.

DATE: November 14, 2026 SUBJECT: IMLCC 2026 Annual Report

SUBMITTED BY: **Elizabeth A. Huntley, JD, CMBE, Executive Director**

REQUEST FOR BOARD ACTION
MINNESOTA BOARD OF MEDICAL PRACTICE

REQUESTED ACTION:

For Informational Purposes Only

MOTION BY: SECOND:

( ) PASSED ( ) PASSED AMENDED ( ) LAYED OVER ( ) DEFEATED

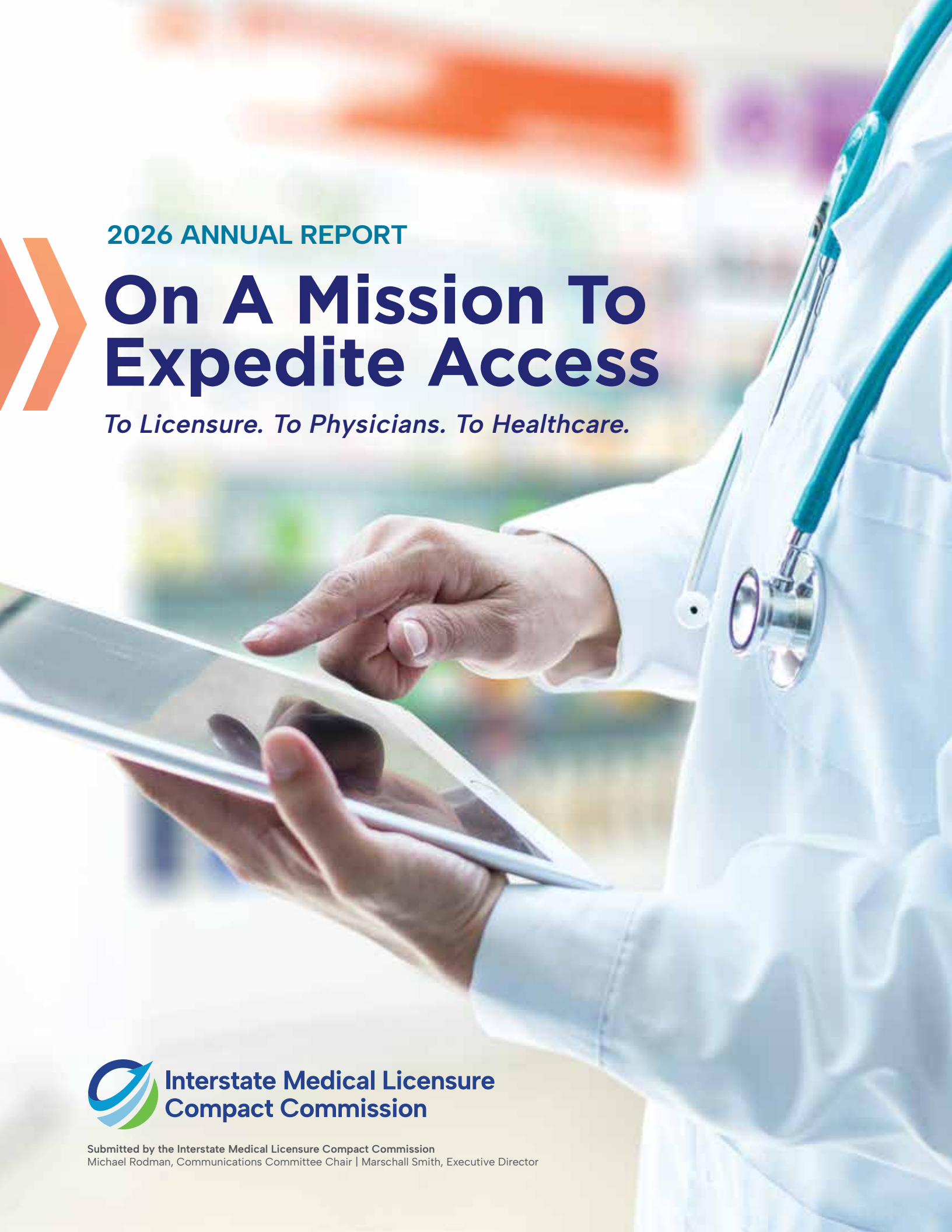
BACKGROUND:

See Attached Report

2026 ANNUAL REPORT

On A Mission To Expedite Access

To Licensure. To Physicians. To Healthcare.



Interstate Medical Licensure Compact Commission

Submitted by the Interstate Medical Licensure Compact Commission
Michael Rodman, Communications Committee Chair | Marschall Smith, Executive Director

The Single Most Impactful Legislative Solution To The Physician Shortage

Measurable Outcomes Reported By Our Member-States

10% Average Increase In License Applications
Across All Member-States

15-20% Increase In New License Applications
Reported In Some Member-States

41% Of All New Licenses Are Issued Through The IMLCC Process In Member-States

IMLCC Physician-Members Average 4+ Licenses

18% Apply for 7 or More Licenses

54% of IMLCC Physician-Members Intend To Serve Rural and Underserved Areas

2x Impact Of Any Other Action
Joining IMLCC Is Twice As Effective At Addressing The State Physician Shortages As Any/All Other Legislative Efforts Combined

A Non-Partisan Collaboration Supporting State-Based Medical Governance

- **FULL PASS-THROUGH LICENSURE FEES**
  Member-States Receive Full Amount Of Their Licensing And Renewal Fees
- **MEMBER-STATES ISSUE ALL LICENSES**
  And Share Physician Disciplinary Data
- **PHYSICIANS RECEIVE A FULL UNRESTRICTED LICENSE**
- **THERE IS NO IMLCC LICENSE**
  We Provide A Technology Solution and Expedited/Alternative Pathway To Licensure
- **STATE COMMISSIONERS PROVIDE LEADERSHIP**
  Every Member-State Has Representatives Appointed To The Compact Commission

EMERGING CENTERS OF EXCELLENCE

Interstate collaboration democratizes access to care for patients. It also expands research and learning opportunities for medical professionals. We're seeing new interstate centers of excellence emerging — enhancing access to physician mentorship in specialized areas of care.

EXPANDED OPPORTUNITIES

Multi-state licensed physicians create more opportunities for patient care. Rural and underserved areas benefit through access to more physicians in urban areas and in neighboring states.

REDUCED ECONOMIC BARRIERS TO CARE

Collaborative care reduces travel costs which disproportionately affect patients in remote and underserved communities.

ENHANCED PHYSICIAN PORTAL AND DELEGATE ACCESS

Physicians can now delegate critical but time-consuming licensure administration. Multi-Delegate access provides physicians, admins and employers access to new application management options — including full delegate access and editing privileges, delegate track-changes/auditing, and a separate physician sign-off/submission process.

The Physician Shortage Affects Every State

IMLCC can't create MORE physicians. But we CAN and DO give physicians broader access to patients in need — **without abandoning existing State-Based Physician licensing systems to accomplish it.**

Our technology bridges a critical national healthcare infrastructure gap — unifying the application and data-management process without changing or influencing State-Board authority over physician licensure, or the practice of medicine in each Member-State.

IMLCC Is An Interstate, Non-Partisan Collaboration

Representing 59 State Medical Licensure Boards In 44 States, DC And Guam

Addressing The Nationwide Physician Shortage

Where State Legislation, Licensure Boards And Collaborative Technology Meet

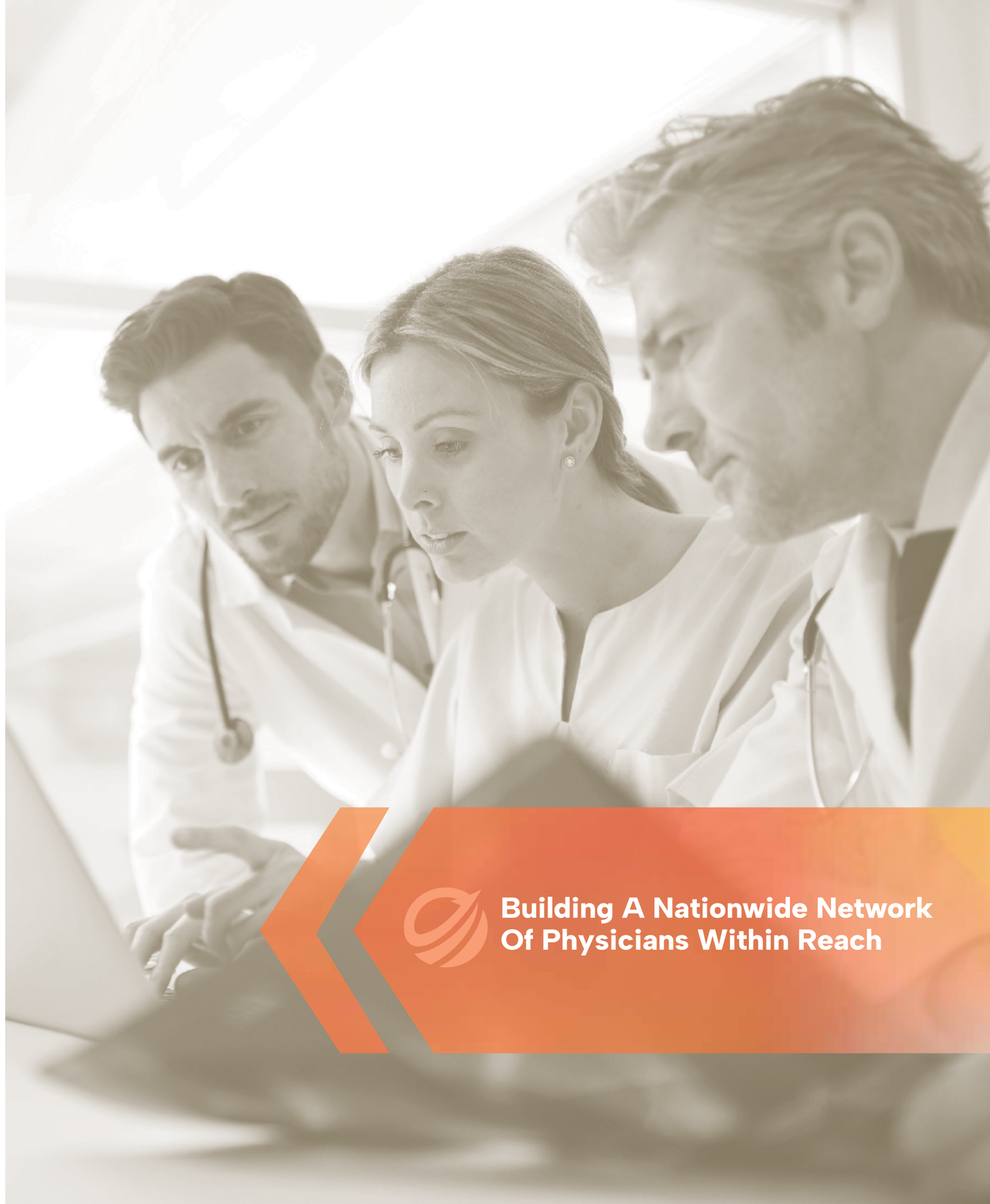
Providing A Secure, Unified Technology Bridge

A Licensure Application And Management Technology
Capable Of Supporting Our Complex State-Based Licensing Systems

Full Pass-Through Licensure Fees

Member-States Receive Full Amount Of Their Licensing And Renewal Fees

> *"The Compact does not ask states to abandon their standards; it asks them to trust a shared process built on state-based licensure, verification, and accountability. As more Member-Boards contribute accurate licensure information through the Member-Board API, that shared picture of physician credentials becomes stronger and more reliable. Every additional participating state increases the Compact's value — and its ability to connect patients with physicians across state lines."*
>
> — Michael Rodman
> Executive Director, Kentucky Board of Medical Licensure (2002-Present)
> Staff Fellow, Federation of State Medical Boards
> Commissioner, IMLCC



PATIENT ACCESS TO CARE IS PARAMOUNT

> **IMLCC is fundamentally about expanding access to care while maintaining confidence in physician licensure. For states considering membership, the key question is understanding that the process of relying on another Member-State's licensure certification of eligibility is safe and dependable. So, the resulting efficiencies increase the number of patients who can gain timely access to qualified physicians in your state.**

— Kenneth Cleveland, M.D.
Executive Director, MS State Board of Medical Licensure
IMLCC Chair

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Two important terms used through-out this document:

- The Interstate Medical Licensure Compact, aka IMLC, represents the process and activities related to the organization in general as established in statute.
- The Interstate Medical Licensure Compact Commission, aka IMLCC, represents the actions and activities of the compact's commissioners and staff.

Executive Director's Summary

April 2026 marked the IMLCC's ninth year of operations—and, in many ways, a turning point for the organization. Nine years may not be a traditional milestone, but the accomplishments of this past year make it clear that IMLCC has reached a new stage of maturity, scale, and impact.

When the IMLCC began, much of our work focused on demonstrating that the Physician Compact could deliver a faster, more efficient pathway to multi-state licensure while maintaining the high standards expected by state medical boards. Today, that question has largely been answered. **The IMLCC process has become an established part of the physician licensure landscape, increasingly recognized as an important tool for expanding access to high-quality physicians across the country.**

The FY2026 numbers tell some of that story:

- **41% of all new licenses issued by our Member-Boards came through the IMLCC process.** When we started tracking this data, 10% of the new licenses were via the IMLCC process. See the recently published New License Volume Report for more information.
- The Year 9-Data Study demonstrated the great work being done by our Member-Board staff and the IMLCC's capacity to scale to larger volume without sacrificing processing times or error rates. **About 50% of physicians are obtaining all their requested licenses in 7 days or less.**
- There are 44 Member-States, plus DC and Guam. **IMLCC Member-Boards represent over 70% of all the physicians licensed to practice in the U.S.**
- **There are 6 states who have not yet joined the compact, but active discussions around joining legislation are happening in 5 of those states.**
- We officially began the Enhanced Physician Portal (EPP) rollout in early January 2026. **By June, we had more than 7,000 active physician users.** By early 2027, the EPP will provide all 65,000+ Member-Physicians access to a centralized repository of their own licensure information.
- Every state that has joined the IMLCC and implemented the process has found new and exciting ways to expand care in their state. And the exploration of options for physician entrepreneurship, collaborative care, and the coalescing of physician expertise is really just starting. **Each month, between 1,000 and 1,500 new physicians apply for Letters of Qualification – requesting over 5,000 new licenses every month.**



June 2026

IMLCC Stats

44
Member States And 2 Territories

59
Licensing Boards

200,000+
Licenses Renewed

62,000+
Physician-Members

132,000+
Letters Of Qualification

223,000+
Licenses Issued

IMLCC Member-Boards Now Represent 70% Of All Physicians Licensed To Practice In The US

FY2026

Physician Licensing Application Processing Volume

(UNAUDITED)

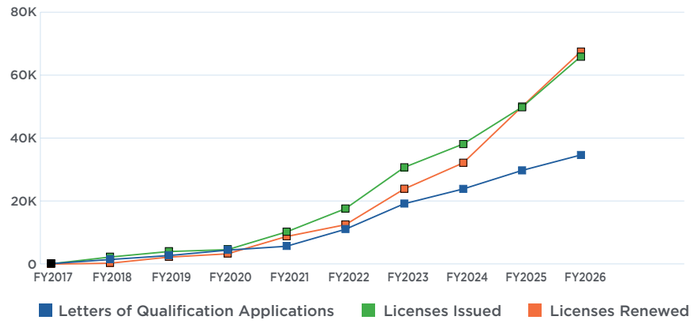
34,000+
Applications Processed
29,711 in FY2025
132,693 since April 2017

65,000+
Licenses Issued
49,818 in FY2025
223,143 since April 2017

67,000+
Licenses Renewed
50,046 in FY2025
200,533 since April 2017

Licensing Activity Since 2017

Annual Volume of Letters of Qualification Applications, Licenses Issued, and Licenses Renewed from FY2017



The IMLCC began issuing licenses in April 2017. FY2026 figures are unaudited and represent activity through June 30, 2026.

Perhaps the most notable measure of our progress is how the conversation surrounding the IMLCC has recently evolved. In our early years, we often focused on explaining why the Compact was needed, and explaining its value as an option for physicians and state medical boards. Today, the conversation is increasingly focused on what the IMLCC can make possible. Events and discussions over the past year—including sunset concerns in Michigan and legislative discussions in New Mexico—reflect a broader shift from **"Is the IMLCC an appropriate option?"** to **"How can we use the IMLCC to expand access to care and better meet the needs of patients, hospitals, clinics, and physicians?"**

We understand that there will be challenges ahead:

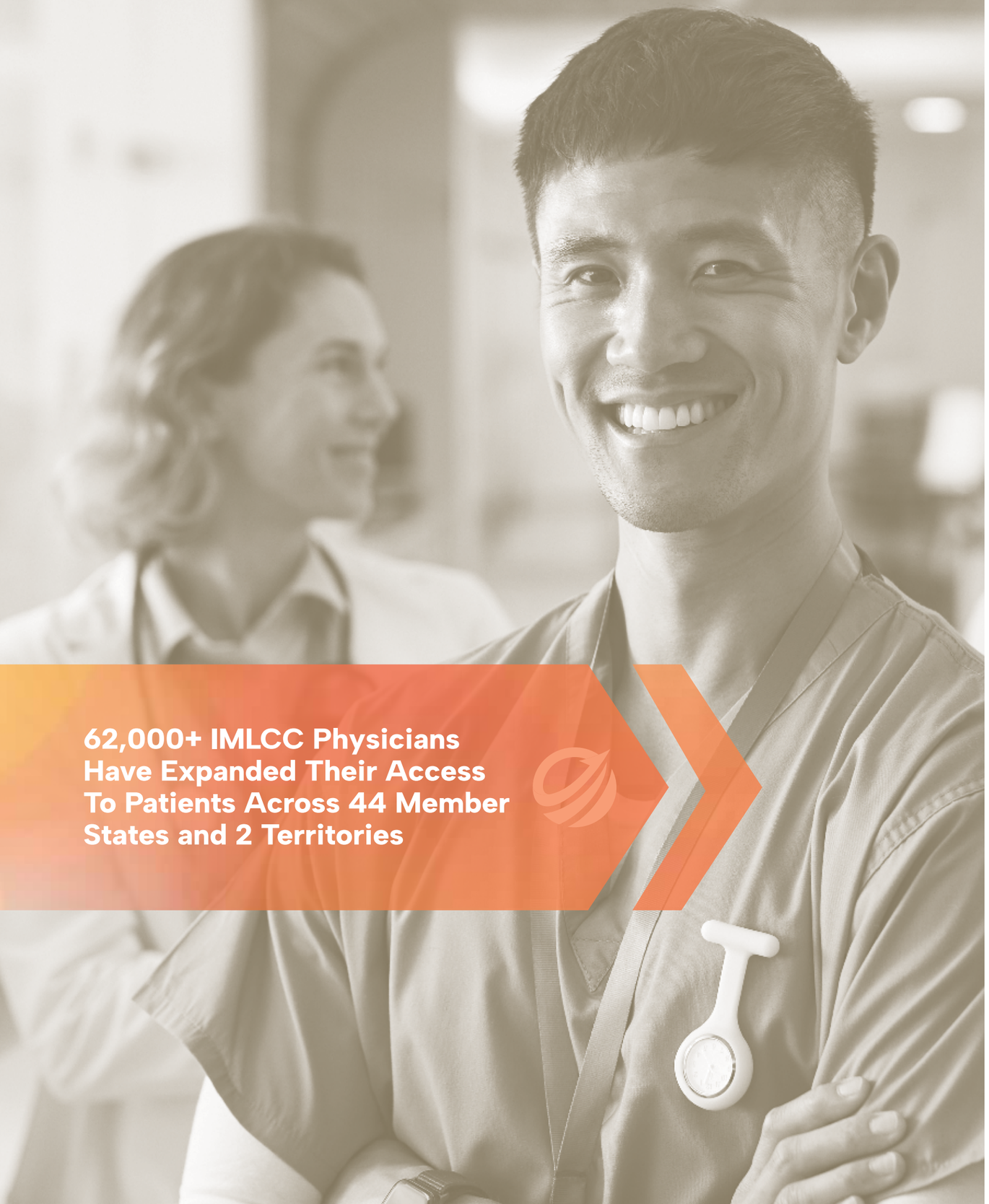
- How will AI play a role in the licensing process?
- What happens when patient needs are balanced against the cuts in reimbursement?
- What will happen to physician coverage in rural and underserved areas?
- How do physicians track increasing diverse renewal requirements and changing practice of medicine laws across multiple states?

Like most of us, I do not have all the answers. But I do know that the IMLCC will continue to provide the tools needed to help physicians, hospitals, clinics, and patients navigate the evolving challenges of health care access. We have already changed the way physicians are licensed in the United States, and we remain committed to making that process more efficient and responsive. At the same time, we are helping our Member-Boards explore new and better ways to expand access to care in a safe manner, based on the highest-quality standards of practice and care.

The IMLCC is strong, and it is growing. I am proud of the work that we do every day and the people who work at the IMLCC that make it all happen. At a recent employee gathering, one of our staff said, **"I am so proud to work at an organization that saves people's lives."**

That goes for me too.

Marschall Smith, IMLCC Executive Director



Executive Report

A Year Of Growth, Momentum And Impact

By every measure, Fiscal Year 2026 was a year of extraordinary growth and meaningful progress for the Interstate Medical Licensure Compact Commission. During this time, IMLCC continued to expand its reach, strengthen its operations and technology, and demonstrate measurable value to the physicians and state medical boards that rely on it.

IMLCC continues to demonstrate that when states collaborate to modernize physician licensure, the result is greater access to physicians, greater flexibility for physicians, and, most importantly, greater access to care for patients.

For our growing number of member jurisdictions, IMLCC continues to create substantial new efficiencies. As more physicians use the Compact, our streamlined data systems and automated workflows allow licensing staff to process applications more efficiently, with fewer opportunities for errors, and with greater access to accurate physician information. Our collaborative technology enables boards to reduce processing times and issue licenses more quickly, while freeing valuable staff time to focus on the more complex licensure matters that require expertise and judgment.

In this way, the growth of the Compact benefits not only physicians and patients but also strengthens the capacity and effectiveness of the state boards responsible for protecting the public.

New Federal Investment Elevates IMLC As A State Workforce Strategy

This year, the **Rural Health Transformation Program (RHTP) created a new economic incentive for compact membership.** The $50 billion federal initiative is designed to strengthen rural health care, expand access to care, and address workforce shortages. Importantly, the Centers for Medicare and Medicaid Services incorporated participation in interstate licensure compacts into the RHTP funding methodology, recognizing compacts as an effective workforce strategy. **This creates a direct connection between compact participation and the opportunity to maximize federal support.**

Through the RHTP, States receive a direct "Workload Funding" score increase if they participate in the IMLCC. The Centers for Medicare and Medicaid Services awards additional points for states that participate in the IMLC because they are "...removing administrative barriers to care." This score increase was a significant incentive for Alaska and New Mexico to join the Compact in 2026.

IMLCC Welcomes New Member States



Non-Member States

California
Massachusetts
New York
Oregon
South Carolina
Virginia

Non-Member Territories

Northern Mariana Islands
Puerto Rico
Virgin Islands



Expanding The Compact – 44 States And 2 Territories

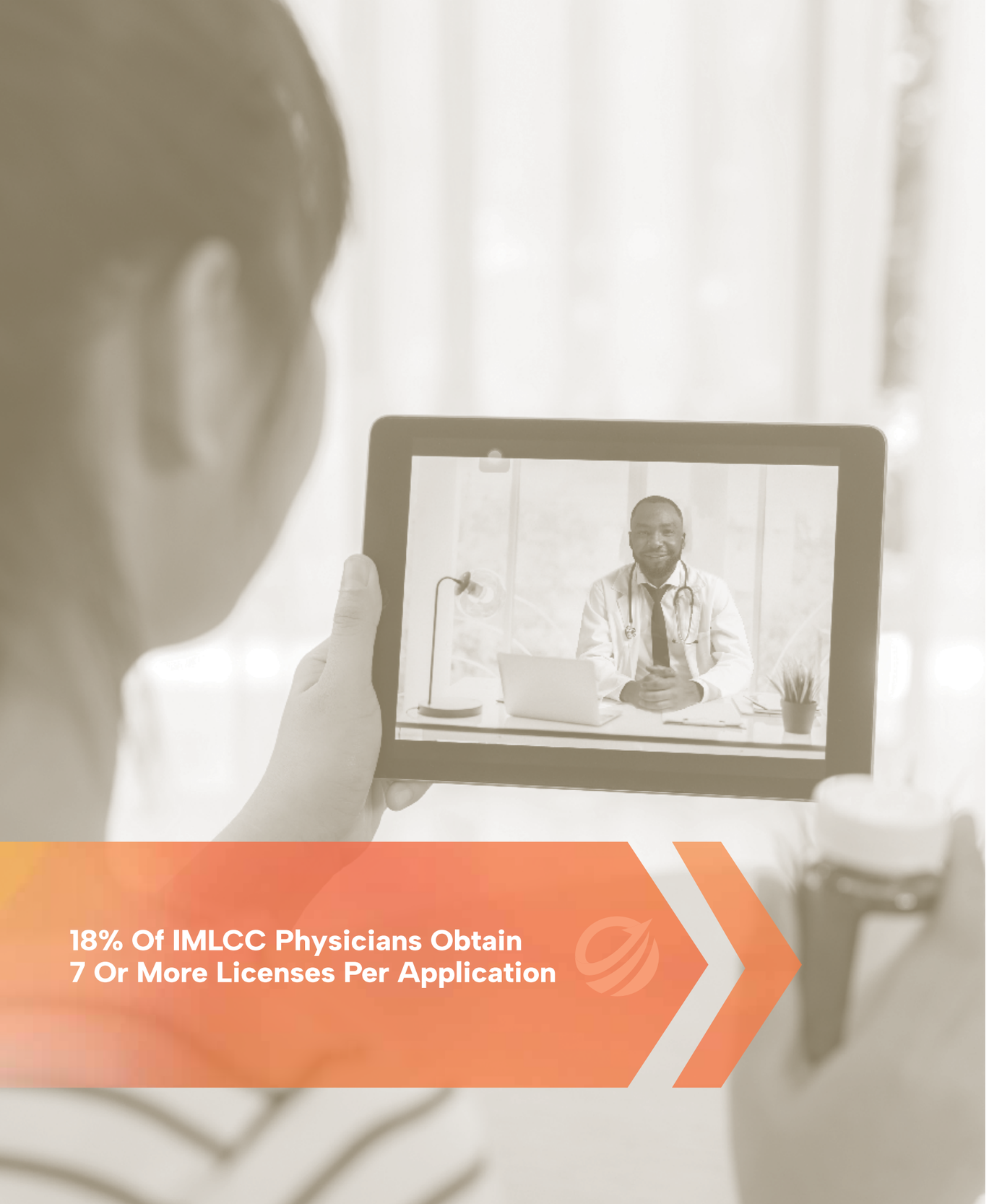
Every new Member-Jurisdiction strengthens the Compact. It creates another pathway for physicians to serve patients across state lines and adds capacity to a health care system facing persistent physician workforce challenges.

One of the most significant accomplishments of FY2026 was the continued expansion of IMLCC Membership. **New Mexico**, **North Carolina** and **Alaska** passed compact legislation, while **Pennsylvania** went live as a State of Principal License (SPL), and **Michigan** leadership passed legislation to re-affirm compact participation. This growth represents tens of thousands of physicians who can now respond more quickly to workforce needs, practice across state lines, provide telemedicine services, serve rural and underserved communities, and follow patients whose care extends beyond a single state.

Throughout FY2026, IMLCC staff devoted significant time to advocacy and education, working with state legislators, medical boards, professional organizations and other stakeholders to explain the value of Compact participation. We also expanded our direct engagement with state medical staff services organizations, where we were able to speak with the professionals who work every day to credential physicians and understand firsthand the practical value of the Compact.

The Commission also continued to strengthen its relationships with existing Member-Boards through training, meetings and direct operational support. Our success depends upon the partnership between the IMLCC and the state medical boards, and FY2026 reinforced just how effective that partnership has become.

> *“The impact is clear. In just a few months, the timeline [in North Carolina] for filling open or newly created physician positions has dropped from as long as four months to less than two weeks. The IMLC is a game-changer, and anyone interested in growing North Carolina’s physician workforce should understand its value.”*
>
> — Anuradha Rao-Patel, M.D.
> President, North Carolina Medical Board



Physicians Are Using The Compact — And Using It More

Perhaps the clearest evidence of the Compact's success is how physicians are using it.

The IMLCC is not simply attracting more physicians; participating physicians are increasingly using the Compact to obtain licenses in multiple jurisdictions. IMLCC data show that the average participating physician holds more than four licenses, while **18% of IMLCC physicians apply for 7 or more licenses.**

This tells us something important about the changing practice of medicine. Physicians increasingly need the ability to move beyond traditional geographic boundaries — whether to provide telemedicine, respond to workforce shortages, participate in regional health systems, create new centers of excellence, or expand services into rural and underserved communities.

The Compact makes all these activities possible for physicians — without changing state-based medical licensure. Each state continues to issue its own unrestricted medical license and retains full authority over the practice of medicine within its borders. The IMLCC simply provides a faster, more efficient alternative pathway for qualified physicians to obtain and manage those licenses.

IMLCC's impact is increasingly measurable. In FY2026, **41% of all new physician licenses were issued through the IMLCC process**. In some member states, the Compact was associated with increases of **15–20% in new license applications. About 50% of physicians are obtaining all their requested licenses in 7 days or less**. These numbers demonstrate that the Compact has moved well beyond being an alternative licensing pathway. **It has become an important component of the physician workforce infrastructure in participating states.**

Eligible Physician Population

According to the FSMB 2024 Census

76% Of Physicians Hold One Active Medical License
16% Hold Two Licenses
9% Hold Three Or More Licenses

Our service opportunity is significant. While roughly three-quarters of physicians hold a single state license, nearly one in four holds licenses in multiple states — representing a substantial population that could benefit from a more streamlined approach to multi-state licensure and renewal management.

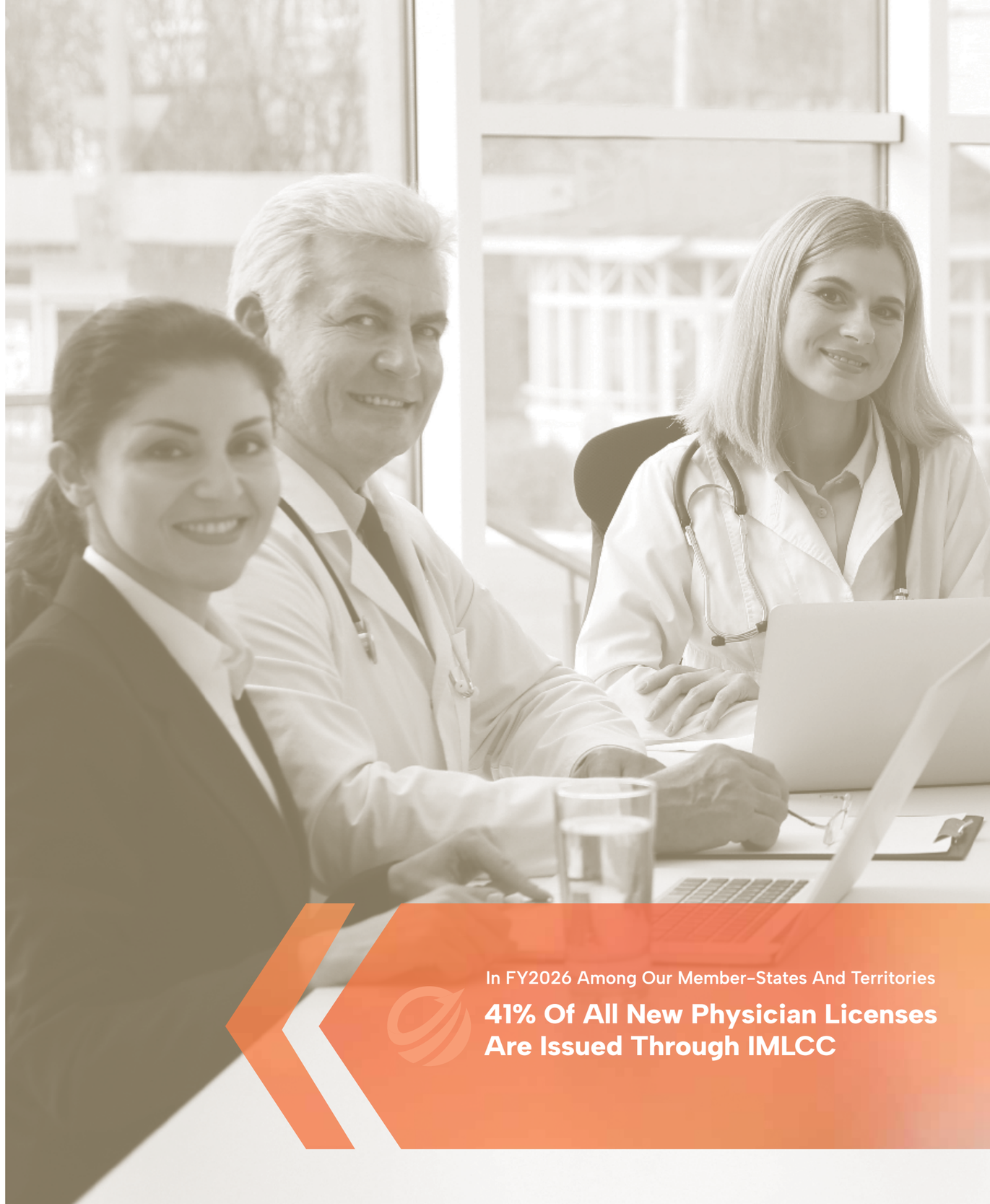
Expanding Our Capacity To Serve A Growing Compact

This level of growth requires a strong organization capable of supporting physicians and Member-Boards at scale. During FY2026, the IMLCC continued to invest in the technology, staffing and operational infrastructure necessary to support our rapidly growing organization.

This year we tested and launched the Enhanced Physician Portal (EPP), a major technology milestone. The new portal represents an important next step in improving the physician experience and modernizing the technology that supports both physicians and Member-Boards. It's more than a technology project. It is an investment in the future of compact-driven interstate licensure. The EPP will allow physicians to control and organize the process for maintaining multiple licenses in a single place, review the state specific requirements for renewals and provide Member-Boards with verified compliance – easing the burden on physicians and Member-Boards. By reducing administrative burdens and giving physicians better tools to manage their licensure, we allow physicians to spend less time managing paperwork and more time caring for patients.

Our Beta testing and review process provided an opportunity to work directly with physician users, identify usability improvements, address technical issues and incorporate feedback before broader implementation. We officially launched the EPP Phase 1 roll-out in January 2026, and by June, we had more than 7,000 active physician users.

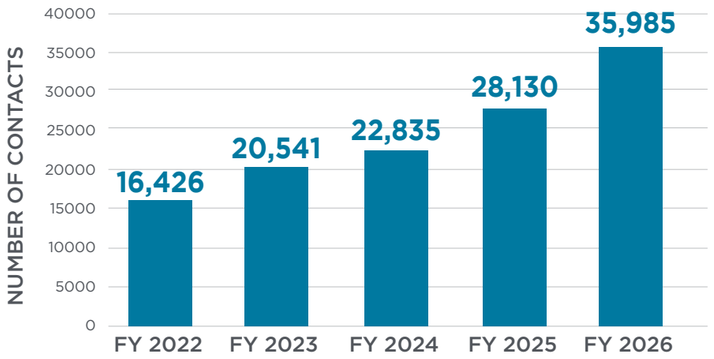
> *"IMLCC technology bridges a critical gap in our nation's healthcare infrastructure. We're building it to scale, and to serve our physicians and Member-Boards efficiently, securely, and reliably. Ultimately, our goal is to scale-up to meet the needs of every Licensing Board across all 50 states and 5 U.S. territories."*
>
> — Matt Robison, IMLCC Chief Information Officer



In FY2026 Among Our Member-States And Territories

41% Of All New Physician Licenses Are Issued Through IMLCC

Team Workload — A Steady Growth In Contact Volume

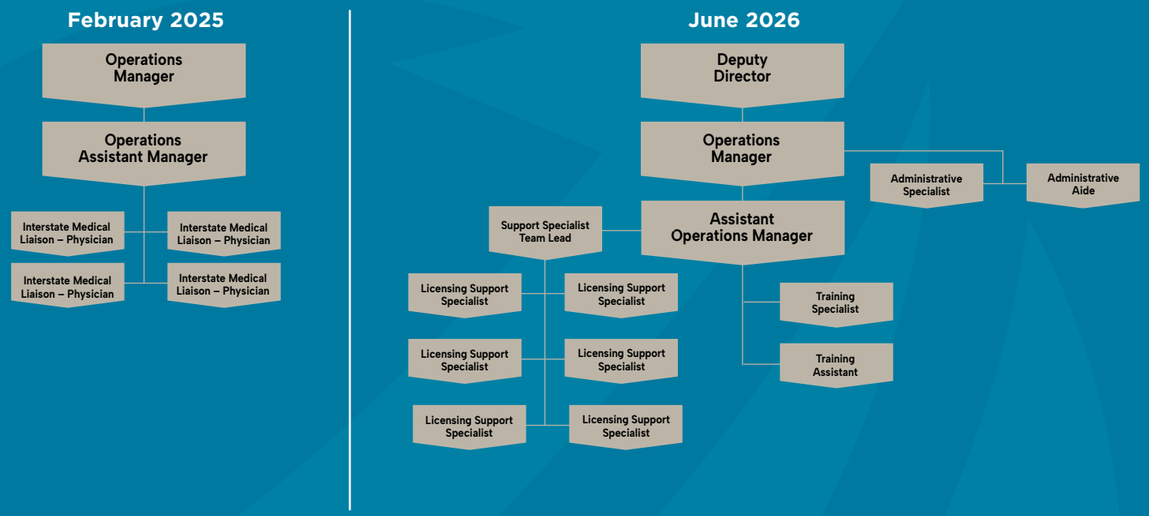


119%
Increase Over A 5 Year Time Period

Contact is defined as the initial email or telephone communication made to the Operations Unit.

The increase in volume is not limited to the number of contacts received. The nature and complexity of the work required to resolve those contacts has also evolved considerably.

Restructuring Our Growing Team



IMLCC Operations Expansion

Overall Contact Volume Has Increased By 243% Since FY2020.

The Operations Department has grown significantly in both staffing and scope of responsibilities over the last year. Its growth reflects more than an increase in headcount. The department has expanded in volume, complexity, specialization, systems, training requirements, research responsibilities, and administrative workload.

The team has evolved from a small group primarily focused on responding to physician contacts into a multifaceted operation that supports physicians, interacts with state medical boards, conducts extensive research, manages large-scale reporting and administrative processes, develops and maintains training programs and provides ongoing operational oversight.

The continued growth in contact volume demonstrates the need for the department's structure to evolve alongside the Compact. The current staffing model, org chart revisions, and new specialized positions will ensure that Operations can manage the increasing volume while maintaining accuracy, consistency, responsiveness and quality of service in FY2027 and beyond.

"We hear from physicians daily that are trying to navigate the complexities of multi-state licensure. Sometimes they are frustrated, sometimes overwhelmed – they call us because they simply need someone to listen and help them understand what comes next. Being able to answer questions and move them forward is incredibly rewarding. What I love most about my job is knowing that the work I do has an impact far beyond the phone call or email in front of me. This makes the work I do every day feel meaningful."

— Tammy Survine
IMLCC Licensing Support Specialist/Operations Team Lead

Expanding Technology, Responsibilities And Evolving The Team

The implementation of a new ticketing system in February 2026 is providing clearer visibility into the types of contacts being received, the issues requiring research, and the amount of work necessary to resolve those issues. This helps us improve team efficiency and accelerate resolution speeds.

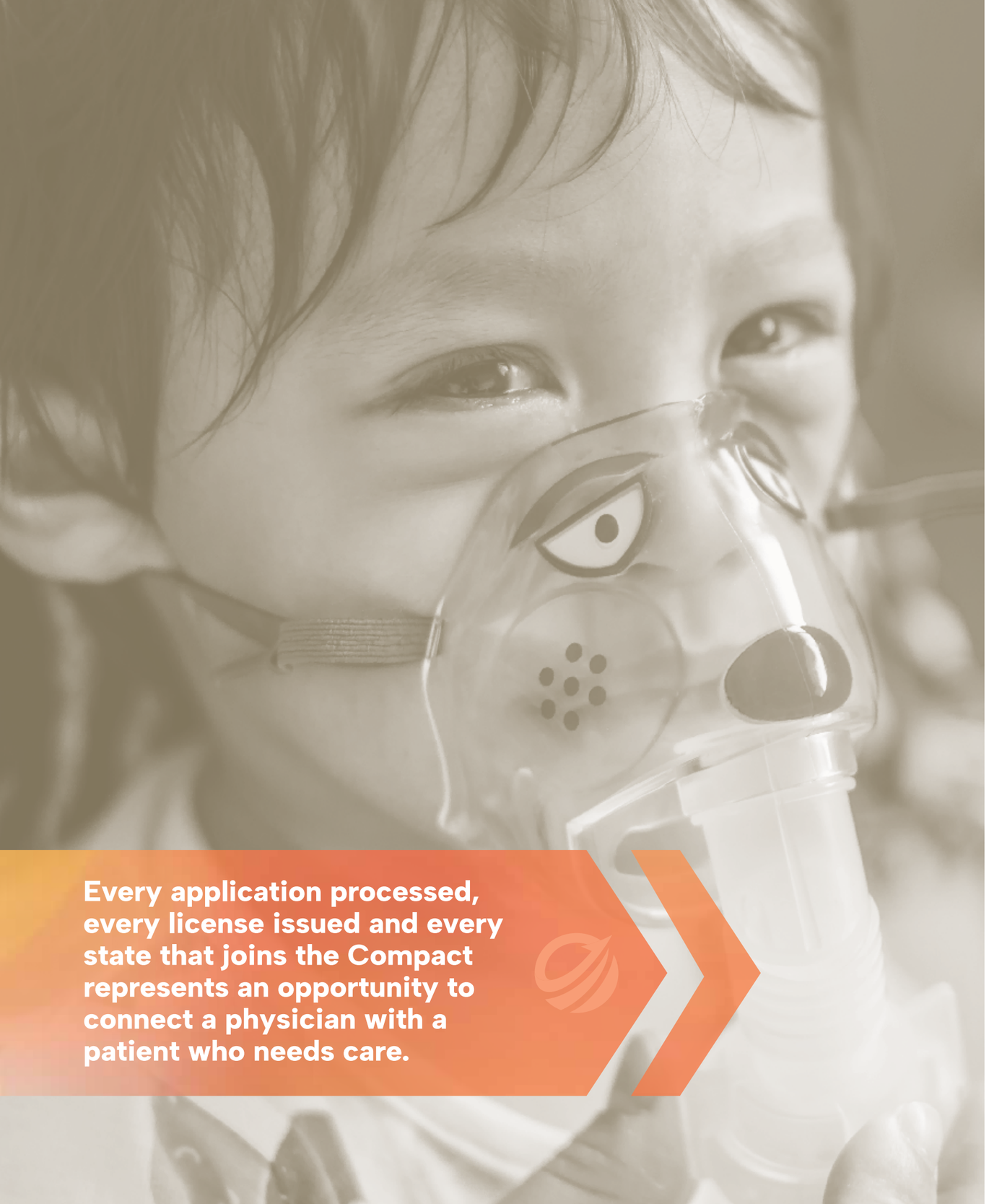
The Operations Support team has effectively evolved from a traditional customer support function into a research and licensing support team. Staff are responsible for assisting physicians with increasingly complex questions and issues involving licenses, Letters of Qualification (LOQs), expiration dates, state board requirements, systems, application issues and communication with medical boards. To research and resolve these issues, staff use internal systems, including CRM, EPP, and HappyFox Ticketing System. In addition, they research external sources such as State Medical Board websites, NPI Information, Board Certification, Disciplinary Actions, and other physician and licensing-related resources.

With increasing staff members to handle growing contact volumes, the Training function has also become a specialized and critical component of Operations. Training new staff is intensive and can require up to two months before an employee is ready to begin working with physicians. During the past year, we hired a Training Specialist responsible for onboarding new staff, developing internal staff training materials, providing training to State Board Staff, their new hires, as well as third-party Credentialers and Physician-User Delegates.

From March through June 2026, a total of 11 Medical Boards with 108 participants and 24 groups of Third-Party Vendors with 64 participants have completed training. Feedback has been incredibly positive. Training remains an ongoing resource available to all Board Staff for onboarding and refresher courses, as well as to Third-Party Vendors.

A new Administrative Specialist role has also been established for FY2027 to manage the growing volume of administrative responsibilities that would otherwise take time away from the Support and Management teams. These responsibilities require recurring monitoring, accuracy, follow-up, and coordination across multiple processes. Separating these functions into a dedicated administrative role will allow Support Specialists to remain focused on physician, delegate, and board support while allowing management to focus on oversight, workflow, staffing, quality and operational needs.





Every application processed, every license issued and every state that joins the Compact represents an opportunity to connect a physician with a patient who needs care.

A Powerful Measure Of Impact

Perhaps the most compelling measure of the IMLCC's impact is the scale at which the Compact is now being used.

At the end of FY2026, 62,000+ physicians had expanded their ability to provide care through the Compact. Member-Boards were processing an increasing volume of applications and licenses, while physicians were using the system to obtain licenses in more jurisdictions.

The preliminary FY2026 results tell the same story. IMLCC revenues increased by 45%, driven by the addition of new member-states and continued growth in Compact licensure activity. Distributions/pass-through fees to participating state boards increased by more than 30%, demonstrating that the growth in Compact activity directly benefits the states that participate.

This is organizational growth with a purpose. Every application processed, every license issued and every state that joins the Compact represents an opportunity to connect a physician with a patient who needs care.

> *"The RARE Foundation supports the IMLCC's efforts to expedite access to expert care through the adoption of Interstate Medical Licensure Compacts. For people living with rare diseases, access to specialized medical expertise can require extraordinary travel: 39% of rare disease patients report traveling more than 60 miles for care, while approximately 17% of rare disease families have faced the need to permanently relocate to be closer to one of the few experts who understands their condition. The Interstate Medical Licensure Compact helps address this challenge by making it easier for qualified physicians to obtain licenses across multiple states, expanding access to specialized care both in person and through telemedicine. For rare disease patients and families who may have limited treatment options and few specialists, the IMLCC is an important piece of healthcare infrastructure that can help connect patients with the expertise they need without making geography an additional barrier to care. The RARE Foundation supports continued expansion of the IMLCC as an important strategy for improving access to specialized care and reducing the extraordinary burdens that rare disease families face. The RARE Foundation is committed to supporting efforts by state legislatures and advocates to encourage the remaining non-participating states and territories to join the compact."*
>
> — The RARE Foundation

Looking Ahead

The IMLCC enters the next chapter from a position of considerable strength, and we have a responsibility to build on that momentum.

At our 2025 Annual Meeting, the Commission discussed the highly specialized expertise IMLCC leadership has accumulated through its experience building and implementing the Physician Compact. The Commission recognized an opportunity—and a responsibility—to leverage IMLCC's expertise and resources to support other emerging health-care compacts that may not otherwise have the capacity, resources, or professional numbers required to thrive. Authorized to proceed, we have since engaged in conversations with 3 compacts seeking assistance and submitted two RFPs. One of those conversations is currently active, and we are awaiting the release of a third RFP – which is scheduled in Spring/Summer 2027, pending successful passage of legislation for that compact during the 2027 legislative session.

We will continue working toward 100% state and territorial participation – as we believe that every state, every physician and every patient in every state/territory stands to benefit. We will continue investing in technology that makes the licensure process more efficient. We will continue providing our member-boards with the tools, data and support they need to succeed. And we will continue listening to physicians and the people who support them.

Our Commissioners, Member-Boards and staff should take great pride in what has been accomplished. The IMLCC has evolved from an innovative idea into a nationally significant component of the physician licensure system.

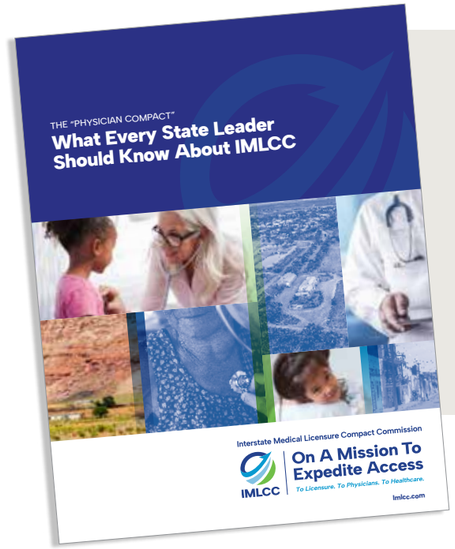
And we are not finished.

Our vision is to complete the map: 50 Member-States and 5 U.S. Member-Territories. And with every new member, every new physician and every license issued, we move closer to a health care system in which patient safety is preserved, state oversight of licensure is reinforced, and geography creates fewer barriers to patient care.



We believe EVERY U.S. State and Territory should become a member of IMLCC.

Patients Benefit.
Physicians Benefit.
States Benefit.



Advocacy Toolkit – What Every State Leader Should Know About IMLCC

Download IMLCC's most recent publication developed to support our advocates in Non-Member States.

www.imlcc.com/advocacy-toolkit

NEW

IMLCC Speakers Bureau

Have questions about the IMLCC and what it means for your state, physicians, or healthcare community? The IMLCC Speaker's Bureau is available to provide knowledgeable speakers — virtually or in person — to state leaders, medical boards, professional associations, hospital groups, and other organizations interested in learning more about the Compact. There is no fee for this service, and we welcome the opportunity to engage with groups of any size. We address topics such as:

- What the IMLCC process looks like from within the State Licensing Board — timeframes, gained efficiencies, technology implementation, benefits around licensure data-sharing across Member-Boards, API adoption and available funding.
- Member-State licensing staff on-boarding and IMLCC specialist support services.
- How our technology expedites licensure and decreases administrative overhead for both Member-Boards and Member Physicians.
- Delegate Access Functionality — How hospital groups, physician employers and medical admins can support physicians using new tools provided via the Enhanced Physician Portal.

We Can Provide Speakers For:
Legislators, Medical Boards, Conferences, Workshops, Professional Meetings, Hospital Groups/Employers, Patient Advocacy Groups, Non-Profits, Tribal Affiliates, Organizations Supporting Rural/Underserved Populations, and others.

Contact: **Karen Silas, Outreach Director**
KarenSilas@imlcc.com
Outreach@imlcc.com

Rulemaking And Policy Development

The Commission made the following decisions regarding rules and policy development.

Rules adopted: None

Rules amended: None

Bylaws adopted: None

Bylaws amended: None

Policies adopted: None

Policies amended:

- Policy #9 – Policy on Investment Strategies by changing the following; Paragraph II to name the key reserve funds; Paragraph III definition of "Cash Assets" and adding the term "ETF"; Paragraph VI by amending the responsibilities provided in subparagraph (6); Paragraph VIII by altering the investment time horizon in subparagraph (3), defined permitted investments in subparagraph (6)(ii), and amending language to exclude specific transactions from the prohibitions found in subparagraphs (8) (iii), (v), (vi), and (vii); Paragraph IX by excluding certain holds from the calculations found in subparagraph (2); Paragraph X by amending the target and range information found in the chart in subparagraph (3)
- Policy #10 – Policy on Reimbursement for Staff Travel and Official Functions by changing the amount reimbursed for meals from $75.00 to $150.00 per day
- Policy #11 – Policy on Ex-officio Members by changing the following: Paragraph I by amending the language to remove the citation to the IMLCC Bylaws; Paragraph III by amending the language to name the ex-officio members

Advisory Opinions issued or amended:

- Advisory Opinion – Opinion Number 09-2025 – Must a Member-Board comply with requirements established by the Interstate Commission Statute

Advisory Opinions amended: None

FY2026 AUDIT REPORTS

The IMLCC FY2026 audit process is underway. The audit is expected to be completed in late October and will be reviewed for approval by the Budget Committee in November 2026. All audit documents and reports are available for review on the IMLCC's webpage – https://imlcc.com/news/press-releases-and-publications/

FY2026 Annual Meeting – November 18, 2025

The IMLCC held its ninth annual meeting, both in-person and virtually in Aurora, Colorado. The meeting did not have a rulemaking hearing. The minutes from the meeting can be found on the IMLCC webpage at https://imlcc.com/wp-content/uploads/2026/05/2025-IMLC-Full-Commission-Meeting-Minutes-November-18-2025-Final.pdf

The FY2027 annual meeting is scheduled to be held in Savannah, Georgia on November 17, 2026.

Other IMLCC Meetings

The Commissioners met on May 12, 2026 to approve the FY2027 budget. Additional items included:

- Electing Commissioners to serve on the Special Nomination Committee as permitted by IMLCC Bylaws, Article XII;
- Discussion of non-qualified deferred compensation options;
- Selecting commission locations for 2027, 2028, and 2029. The meeting locations selected are:
  2027 – Jackson Hole, WY
  2028 – Washington, DC
  2029 – Portland, ME

The Officers met in the IMLCC offices on January 20, 2026 to create a strategic vision for 2026.

Committee Meetings

Executive Committee

- July 8, 2025
- August 12, 2025
- September 9, 2025
- October 14, 2025
- November 4, 2025
- November 17, 2025
- December 9, 2025
- January 13, 2026
- February 10, 2026
- April 21, 2026
- May 11, 2026
- May 19, 2026
- June 9, 2026

Budget Committee

- August 26, 2025
- October 21, 2025
- November 17, 2025
- January 22, 2026
- February 17, 2026
- March 17, 2026
- June 30, 2026

Communications Committee

- July 29, 2025
- August 26, 2025
- October 1, 2025
- November 17, 2025
- March 31, 2026
- June 30, 2026

Personnel Committee

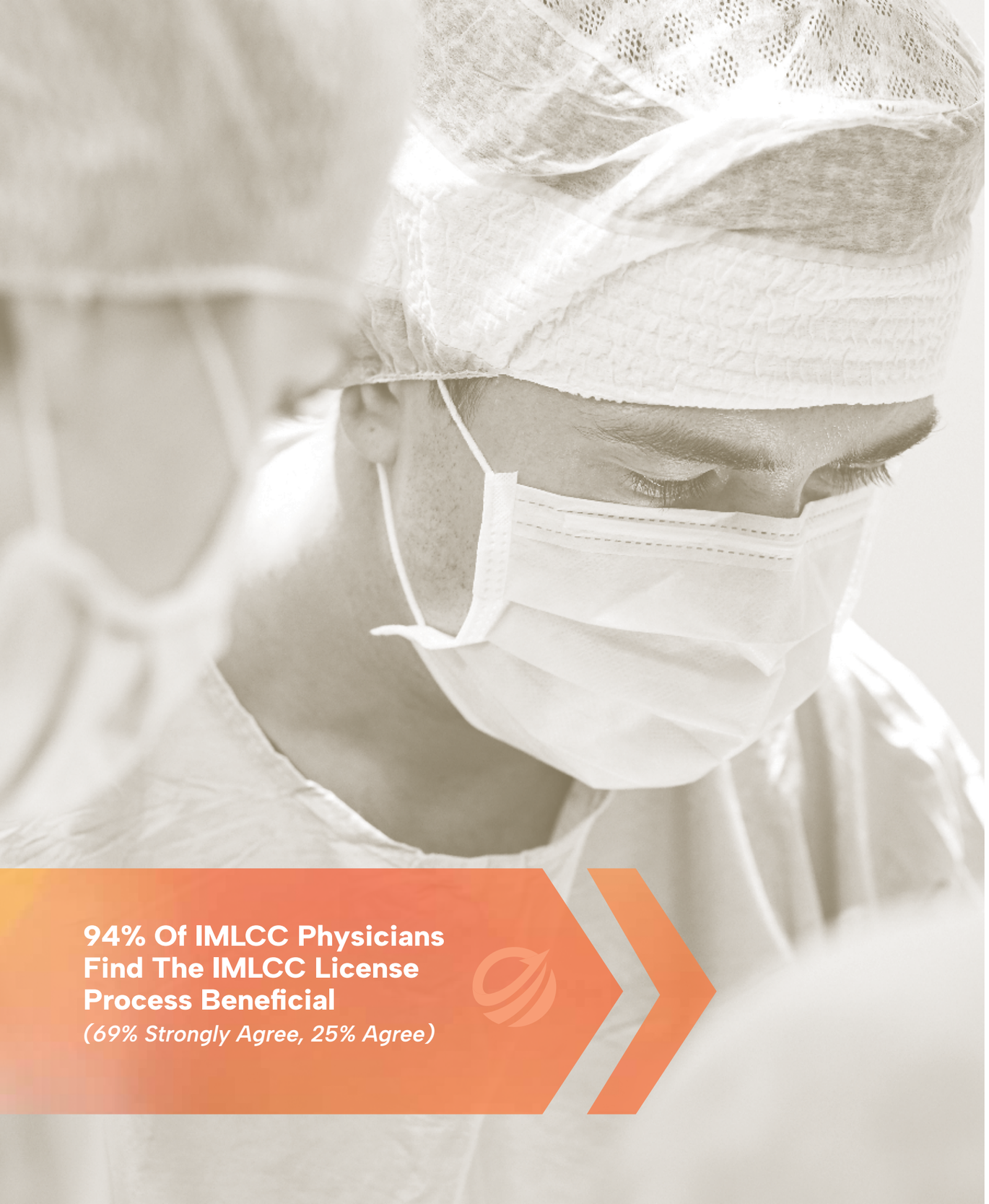
- July 31, 2025
- September 30, 2025
- November 17, 2025
- January 27, 2026
- February 24, 2026
- March 25, 2026

Technology Committee

- August 14, 2025
- October 9, 2025
- November 17, 2025
- January 8, 2026
- March 12, 2026
- May 14, 2026

Rules and Administrative Procedures Committee

- July 15, 2025
- August 19, 2025
- September 16, 2025
- November 17, 2025
- December 16, 2025
- January 27, 2026
- February 17, 2026
- April 7, 2026
- June 23, 2026



94% Of IMLCC Physicians Find The IMLCC License Process Beneficial

(69% Strongly Agree, 25% Agree)

Outreach And Educational Activities

The IMLCC Staff and Commissioners provided orientation training, onboarding instructions, and detailed operational discussion with the following boards:

- Tennessee Board of Medical Examiners
- Tennessee Board of Osteopathic Examination
- District of Columbia Medical Board
- North Carolina Medical Board
- Georgia Composite Medical Board
- New Mexico Board of Medicine
- Michigan Board of Medicine
- Michigan Board of Osteopathic Medicine and Surgery
- New Jersey State Board of Medical Examiners
- Alaska State Medical Board
- Wisconsin Medical Examining Board
- State Medical Board of Ohio
- Minnesota State Board of Medical Practice
- Medical Board of California
- Osteopathic Medical Board of California
- West Virginia Board of Medicine
- Nevada State Board of Medical Examiners
- Iowa Board of Medicine

Imlcc Staff Participated In The Following Outreach And Educational Activities During Fy2026

Regularly Scheduled Meetings:

- Monthly Member-Board Licensing Staff Conference Call
- SHARE Act Weekly Update Conference Call
- Interstate Healthcare Collaborative Monthly Conference Call
- Federation of State Medical Boards Technology Discussion Monthly Conference Call
- CE Broker/Propelus Quarterly Technology Conference Calls
- Bi-Monthly 3rd Party User Group Conference Call
- Counsel of State Government Compact Administrators Quarterly Meeting

July

- New Mexico Telehealth Alliance meeting
- Accreditation Council for Continuing Medical Education Conference Call

August

- National Conference of State Legislators – Legislative Summit
- Arizona State Board of Podiatry
- New Commissioner Q and A
- North Carolina Medical Board Podcast

September

- International Association of Medical Regulatory Authorities Annual Conference
- Michigan Rare Disease State Advocacy Day
- Recovery Friendly Leader Award Ceremony
- Massachusetts Telehealth Task Force meeting
- National Association of Medical Support Staff Annual Meeting
- EveryLife Foundation Legislative Event

October

- Federation of State Massage Therapy Boards Conference Call
- Interview with Source New Mexico
- PSYPACT Commission Conference Call
- Interview with Howard Center for Investigative Journalism, University of Maryland
- Department of Healthcare Access and Information, State of California Conference Call
- Think New Mexico Conference Call
- Massachusetts Telehealth Task Force meeting
- Accreditation Council for Continuing Medical Education Conference Call

November

- Children's Hospital of Philadelphia Conference Call
- New Mexico Legislature Testimony

December

- Presentation to CTel on clinical workforce shortages
- New Mexico Legislative Drafting Workgroup
- Connecticut Podiatric Medical Association presentation
- Council of State Governments National Conference
- Massachusetts Telehealth Task Force meeting

January
- New Mexico Legislative Drafting Workgroup
- CTel Telehealth Working Group
- Texas Department of Licensing and Regulation – Podiatric Medical Board discussion
- New Mexico House Hearing testimony
- Michigan House Speaker

February
- New Hampshire Podiatric Medical Society meeting
- Accreditation Council for Continuing Medical Education Conference Call
- Massachusetts Telehealth Task Force meeting
- Michigan Legislature testimony in both House and Senate committees

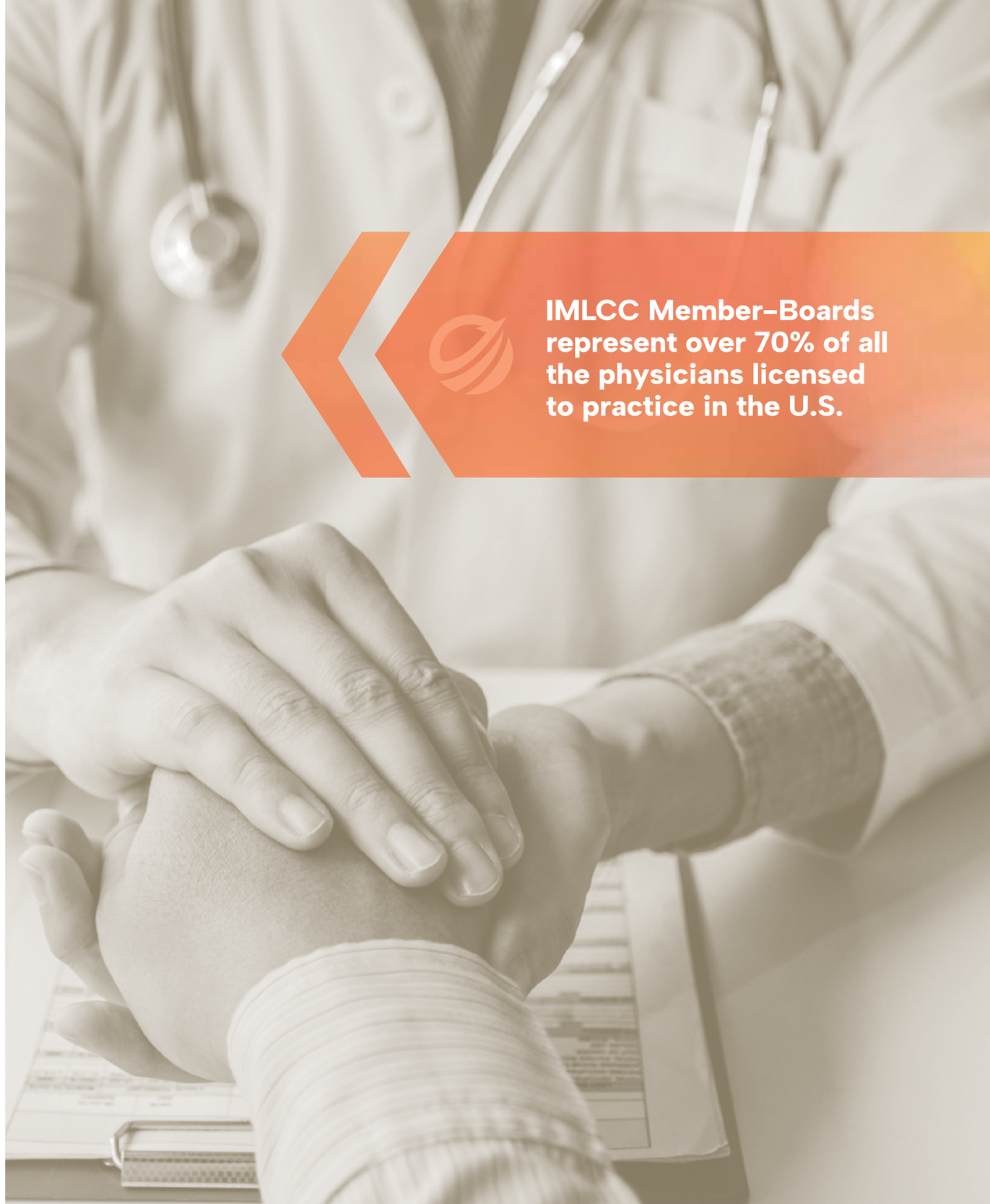
March
- Alaska Legislature testimony in both House and Senate committees
- Michigan Legislature testimony in both House and Senate committees
- Michigan Virtual News Conference
- New Commissioner Q and A
- North Carolina Medical Board – additional LOQ training
- Kansas State Board of Healing Arts – additional LOQ training

April
- Ohio Association of Medical Support Staff Conference
- Alaska Legislature testimony in both House and Senate committees
- Iowa Association of Medical Support Staff Conference
- Nebraska Association of Medical Support Staff Conference
- Washington State Association of Medical Support Staff Conference
- Minnesota Association of Medical Support Staff Conference
- Federation of State Medical Boards Annual Meeting
- Alaska Association of Medical Support Staff Conference Sponsorship
- Kansas Association of Medical Support Staff Conference
- Massachusetts Association of State Medical Support Staff Conference
- MD Anderson – delegate training
- Missouri Board of Healing Arts – additional LOQ, license, renewal, redesignation training (six sessions)
- Kansas State Board of Healing Arts – additional LOQ, license, renewal, and redesignation training (2 sessions)
- North Carolina Medical Board – additional LOQ reapply and redesignation training
- Hawaii Medical Board – additional license and renewal training
- West Virginia Board of Medicine – additional LOQ re-apply and redesignation training
- Louisiana Medical Board – additional LOQ, license, renewal, and redesignation training (three sessions)

May
- American Telemedicine Association Annual Meeting
- Alaska Legislature testimony in both House and Senate committees
- California Association of Medical Support Staff Conference
- Oregon Association of Medical Support Staff Conference
- Illinois Division of Professional Regulation – additional LOQ, license, renewal and redesignation training (three sessions)
- Pennsylvania State Board of Medicine – LOQ, license, renewal, and redesignation training (three-hour session)
- Evicore – delegate training
- Sonic Healthcare USA – delegate training
- Velosource – delegate training
- All Star Healthcare – delegate training
- Coaxion Radiology – delegate training
- MD Anderson – delegate training
- Oklahoma – LOQ, license, renewal and redesignation training (two sessions)

June
- Colorado Association of Medical Support Staff Conference
- Indiana Medical Licensing Board – LOQ, license, renewal, redesignation training (three-hour session)
- Accreditation Council for Continuing Medical Education Conference Call
- Rural Health Summit
- CTel Roundtable on Digital Health Markets
- Interstate Podiatric Medical License Compact system demonstration
- Utah MD Anderson Cancer Center - conference call
- Eagle Telemedicine – delegate training
- Accolade – delegate training
- Khealth – delegate training
- Imail – delegate training
- Telemed 2u - delegate training (three sessions)
- KMD Health - delegate training
- Locum Tenens - delegate training
- Medicushcs – delegate training (two sessions)
- Physician-Nurse licensing - delegate training
- Eye Florida
- Irving Rad
- TS Telemed
- Medicus Healthcare Solutions

The latest information about the IMLCC can be found by clicking on the "News" tab on our webpage at: https://www.imlcc.com/



> **With every new member, every new physician and every license issued, we move closer to a health care system in which patient safety is preserved, state oversight of licensure is reinforced, and geography creates fewer barriers to patient care.**

— Marschall Smith
IMLCC Executive Director

IMLCC Officers And Leadership

Commission Officers And Executive Committee Members



Kenneth Cleveland, M.D. (Mississippi)
Chair

Penny Judd (Tennessee)
Vice Chair

Sam Hunthausen (Montana)
Treasurer/Budget Committee Chair

Michael Rodman (Kentucky)
Communications Committee Chair

Mark Spangler (West Virginia)
Personnel Committee Chair

Jason Bohall (Arizona)
Rules and Administrative Procedures Committee Chair

Elizabeth Huntley (Minnesota)
Technology Committee Chair

Staff Leadership Team



Marschall Smith
Executive Director / IMLCC Secretary

Dave Clark
Deputy Director and Chief Operating Officer

Matthew Robison
Chief Technology Officer

Keyla Blanco
Chief Financial Officer

Chantelle Hougland
Communications Director

Karen Silas
Outreach Director

Roster of Commissioners

ALABAMA

Commissioner Tiffany Seamon (9/16/2021)
Personnel Committee Vice Chair

Commissioner Rebecca Robbins (12/22/2025)
Personnel Committee Member

ALASKA

Appointment Pending

Appointment Pending

ARIZONA

Commissioner Justin Bohall (11/15/2019)
Rules and Administrative Procedures Committee Chair
Executive Committee Member

Commissioner Raquel Rivera (5/13/2025)
Communications Committee Member

ARKANSAS

Appointment Pending

Appointment Pending

COLORADO

Commissioner Roland Flores, MD (11/21/2022)
Personnel Committee Member

Commissioner Paula Martinez (5/20/2024)
Technology Committee Member

CONNECTICUT

Appointment Pending

Appointment Pending

DELAWARE

Commissioner Shauna Slaughter (10/13/2022)
Budget Committee Member

Commissioner Joseph Rubacky, III, D.O. (10/13/2022)
Communications Committee Member

DISTRICT OF COLUMBIA

Commissioner Aisha Nixon (7/18/2023)
Budget Committee Member

Commissioner Harry Barbee, Ph.D. (12/17/2025)
Communications Committee Member

FLORIDA

Commissioner Watson Ducatel, DO (5/22/2024)
Rules and Administrative Procedures Committee Member

Commissioner Amy Derick, MD (8/11/2024)
Rules and Administrative Procedures Committee Member

GEORGIA

Commissioner JJ Marshall, MD (5/20/2022)
Communications Committee Member

Commissioner Jason Jones (4/02/2025)
Budget Committee Member

GUAM

Commissioner Kia Rahmani, MD (11/20/2018)
Personnel Committee Member

Appointment Pending

HAWAII

Commissioner Michael Jaffe, MD (12/21/2023)
Communications Committee Member

Commissioner Reid Horimoto (7/15/2025)
Budget Committee Member

IDAHO

Commissioner Tom Neal, MD (6/18/2025)
Communications Committee Member

Commissioner Nicki Chopski (4/04/2022)
Personnel Committee Member

ILLINOIS

Commissioner Shami Goyal, MD (8/20/2024)
Personnel Committee Member

Appointment Pending

INDIANA

Appointment Pending

Appointment Pending

IOWA

Commissioner Chad Stadsvold (10/24/2024)
Budget Committee Member

Commissioner Brandy Cloke (8/26/2026)
Committee Assignment Pending

KANSAS

Commissioner Thomas Estep, MD (12/13/2021)
Communications Committee Member

Commissioner Susan Gile (10/08/2021)
Rules and Administrative Procedures Committee Member

KENTUCKY

Commissioner Michael S. Rodman (6/20/2019)
Communications Committee Chair
Executive Committee Member

Commissioner Karan S. Shah, MD (9/20/2024)
Budget Committee Member

LOUISIANA

Commissioner Vincent A. Culotta, Jr. MD (12/02/2022)
Technology Committee Member

Commissioner Patricia Wilton, Esq. (12/16/2025)
Rules and Administrative Procedures Committee Member

MAINE

Commissioner Valerie Hunt (12/10/2024)
Personnel Committee Member

Commissioner Rachel MacArthur (10/10/2023)
Personnel Committee Member

MARYLAND

Commissioner Christine A. Farrelly (5/25/2018)
No Committee Assignment Per Request

Commissioner Ellen Douglas Smith (5/28/2018)
Communications Committee Member

MICHIGAN

Commissioner Dawn Gage (9/15/2021)
Technology Committee Member

Commissioner Amy Gumbrecht (6/01/2026)
Personnel Committee Member

MINNESOTA

Commissioner Elizabeth Huntley (03/29/2023)
Technology Committee Chair
Executive Committee Member

Commissioner Leopold Arko, MD (1/16/2026)
Technology Committee Member

MISSISSIPPI

Commissioner Kenneth Cleveland, MD (8/19/2019)
IMLCC Chair
Executive Committee Member

Commissioner Anna Boone (3/29/2021)
Personnel Committee Member

MISSOURI

Commissioner James Leggett (10/25/2024)
Budget Committee Member

Commissioner Marc Taormina, MD (12/15/2024)
Budget Committee Member

MONTANA

Commissioner Samuel Hunthausen (7/21/2021)
IMLCC Treasurer
Budget Committee Chair
Executive Committee Member

Commissioner James Guyer, MD (1/30/2026)
Technology Committee Member

NEBRASKA

Commissioner Vonda Apking (10/24/2023)
Technology Committee Member

Commissioner Wesley Zeger (11/18/2024)
Rules and Administrative Procedures Committee member

NEVADA

Commissioner Edward Cousineau, JD (12/04/2015)
Budget Committee Member

Commissioner Christopher Pascoe (7/15/2026)
Rules and Administrative Procedures Committee Member

NEW HAMPSHIRE

Commissioner Marc Bertrand, MD (11/13/2023)
Communications Committee Member

Commissioner Erica Lamy (5/01/2025)
Budget Committee Member

NEW JERSEY

Commissioner Kathleen Gater (10/13/2023)
Personnel Committee Member

Commissioner Marilyn Gorney-Daley, DO (3/01/2024)
Technology Committee Member

NEW MEXICO

Commissioner Monique Parks (9/10/2026)
Budget Committee Member

Commissioner Eileen Barrett (9/10/2026)
Communications Committee Member

NORTH CAROLINA

Commissioner Brian Blankenship (2/18/2026)
Technology Committee Member

Commissioner Thomas Mansfield (2/18/2026)
Rules and Administrative Procedures Committee Member

NORTH DAKOTA

Commissioner Lynette McDonald (9/12/2019)
Technology Committee Member

Commissioner Sandra DePountis (7/25/2025)
Rules and Administrative Procedures Committee Member

OHIO

Commissioner Yeshwant Reddy, MD (12/11/2023)
Communications Committee Member

Commissioner Stephanie Loucka (10/25/2021)
Rules and Administrative Procedures Committee Vice Chair

OKLAHOMA

Commissioner Christi Aquino (10/18/2019)
Communications Committee Member

Commissioner Sandra Benischek Harrison (7/15/2024)
Rules and Administrative Procedures Committee Member

PENNSYLVANIA

Commissioner Jamison Cassel (2/04/2026)
Personnel Committee Member

Commissioner Michele Smith (2/04/2026)
Communications Committee Member

RHODE ISLAND

Commissioner Staci Fischer, MD (1/27/2025)
Technology Committee Member

Commissioner Sajeev Handa, MD (1/27/2025)
Rules and Administrative Procedures Committee Member

SOUTH DAKOTA

Commissioner Margaret Hansen (7/21/2015)
Rules and Administrative Procedures Committee Member

Commissioner Clay Pavlis, MD (10/09/2024)
Communications Committee Member

TENNESSEE

Commissioner Stacy Tarr (3/27/2022)
Rules and Administrative Procedures Committee Member

Commissioner Penny Judd (9/12/2018)
IMLCC Vice Chair
Executive Committee Member

TEXAS

Commissioner Devinder Bhatia (6/10/2022)
Personnel Committee Member

Commissioner Robert Martinez (6/10/2022)
Budget Committee Member

UTAH

Commissioner Larry Marx (10/04/2016)
Rules and Administrative Procedures Committee Member

Appointment Pending

VERMONT

Commissioner David Herlihy (6/11/2020)
Personnel Committee Member

Commissioner Emily Carr (1/15/2026)
Budget Committee Member

WASHINGTON

Commissioner Kyle Karinen, JD (7/28/2023)
Technology Committee Member

Commissioner James Chaney (10/31/2023)
Budget Committee Member

WEST VIRGINIA

Commissioner Jonathan T. Osborne (10/21/2021)
Rules and Administrative Procedures Committee Member

Commissioner Mark A. Spangler (1/23/2017)
Personnel Committee Chair
Executive Committee Member

WISCONSIN

Commissioner Clarence Chou (10/21/2020)
Personnel Committee Member

Commissioner Thomas Ryan (5/01/2025)
Technology Committee Member

WYOMING

Commissioner Kevin Bohnenblust (7/30/2015)
Technology Committee Member

Commissioner Emily McGrady (6/23/2025)
Communications Committee Member

On A Mission To Expedite Access

To Licensure. To Physicians. To Healthcare.

Interstate Medical Licensure Compact Commission

www.imlcc.com

DATE: November 14, 2026 SUBJECT: Nominations for FSMB Elected Office Positions

SUBMITTED BY: **Elizabeth A. Huntley, JD, CMBE, Executive Director**

REQUEST FOR BOARD ACTION
MINNESOTA BOARD OF MEDICAL PRACTICE

REQUESTED ACTION:

For Informational Purposes Only

MOTION BY: SECOND:

( ) PASSED ( ) PASSED AMENDED ( ) LAYED OVER ( ) DEFEATED

BACKGROUND:

Leadership Positions – Application submission deadline is December 1, 2026

See attached information

FEDERATION OF STATE MEDICAL BOARDS

NOMINATIONS FOR FSMB ELECTED OFFICES

George M. Abraham, MD, MPH, Chair of the FSMB's Nominating Committee, invites FSMB Member Medical Boards to submit names of Board Member Fellows for the Nominating Committee to consider as candidates for elected office. Elections will be held at the FSMB's April 17, 2027, House of Delegates annual business meeting. Nominees may include physicians as well as non-physicians who are Board Member Fellows of the FSMB. Eligibility requirements, additional position-specific qualifications, responsibilities of elected positions, and necessary documentation are included on the following pages. **Please refer to this information when submitting your letters of nomination.**

Nomination Deadline

The Nominating Committee requests that all nominations be submitted by **11:59 pm CT** on **December 1, 2026**. **No nominations will be accepted after this deadline.**

Elected Positions

In accordance with the FSMB Bylaws, the Nominating Committee shall submit a roster of one or more candidates for each position. A candidate who runs for and is not elected to an elected office shall be ineligible to be nominated for any other elected office during the same election cycle. Positions to be filled in 2027 are as follows:

• Chair-elect	1 Board Member Fellow, to be elected for 3 years: one year as Chair-elect; one year as Chair; and one year as Immediate Past Chair
• Treasurer	1 Board Member Fellow, to be elected for a three-year term
• Directors-at-Large	3 Board Member Fellows, each to be elected for a three-year term*/**
• Nominating Committee	3 Board Member Fellows, each to be elected for a two-year term***/****

*In accordance with the with the FSMB Bylaws, *"At least three members of the Board, who are not Staff Fellows, shall be non-physicians, at least two of whom shall be a Member Medical Board public member."* Currently, there is one non-physician on the FSMB Board, who will continue serving through FY 2028 (May 2027-April 2028). Accordingly, **it is *required* that two non-physicians that are public members be elected in 2027; additional non-physicians may also be elected.**

**Should a current Board member whose term does not expire in May 2027 be elected Chair-elect and/or Treasurer then a 4th and/or 5th candidate will need to be elected to fill the remainder of that Board member's term.

***In accordance with the FSMB Bylaws, *"At least one elected member of the Nominating Committee shall be a public member."* Currently, there is one public member on the Nominating Committee, and that member's term will end in April 2027. Accordingly, **although additional public members may be elected in 2027, it will be required that a public member be elected this year.**

****No two Nominating Committee members shall be from the same Member Medical Board. Continuing members of the Committee are from **Arizona, Oregon, and Utah; therefore, no Nominating Committee candidates shall be from those Member Medical Boards.**

Eligibility Requirements

Any person who is or will be a Board Member Fellow of the FSMB **at the time of the election on Saturday, April 17, 2027,** is eligible for nomination. In accordance with Bylaws Article II, Section B, "*A Board Member Fellow is an individual member who as a result of appointment or confirmation is designated to be a member of a Member Medical Board. A Board Member Fellow shall be a Fellow of the FSMB during the member's period of service on a Member Medical Board, and for a period of sixty (60) months thereafter."*

A candidate for elected office should exhibit the following **Core Competencies**:

- Have a clear understanding of (and enthusiastically support) the vision, mission, and strategic goals of the FSMB (see attached FSMB Strategic Plan on page 7-8);
- Possess a positive outlook on the role and function of Member Medical Boards in the medical regulatory field;
- Bring a broad, national perspective to specific issues;
- Have adequate time and commitment necessary to fulfill the responsibilities of the office; and
- Demonstrate professionalism, personal integrity, and the ability to work effectively with others.

The following additional qualifications are suggested but not mandatory:

- **Chair-elect:** One or more years' experience on the FSMB Board of Directors and, if applicable, a commitment of time that may require reduction by one-third or more of patient care duties in medical practice.
- **Treasurer:** One or more years' experience on the FSMB Board of Directors and a strong working knowledge of the FSMB's financial statements and budget process.
- knowledge of the FSMB's financial statements and budget process.
- **Board of Directors and Nominating Committee:** 1) One or more years on a Member Medical Board, 2) FSMB committee or workgroup participation, and 3) prior attendance of **at least one** FSMB Annual Meeting.
- **Board of Directors:** Significant experience on a non-profit Board of Directors or Foundation may be considered an equivalent for one of the recommendations stated above.

Responsibilities

The *Responsibilities of Elected Positions* can be found on pages 4-5. Additionally, newly elected members of the Board will take part in the Investiture of the Board at the 2027 Annual Meeting on **Saturday, April 17,** and join the Board at its first meeting of the year, virtually, shortly after the Annual Meeting (Date TBD)**.**

Documentation Requirement

1. **Letter of Nomination**

   The letter of nomination **must** come from the nominee's Member Medical Board to the Nominating Committee and should specify: (1) the name of the nominee to be considered; (2) the office for which the nominee is being recommended; (3) a description of the nominee's ability to demonstrate the core competencies and/or additional position-specific qualifications stated above; (4) the nominee's agreement to the submission of his/her name for potential nomination; (5) the nominee's affirmation that he/she is aware of the time commitment required for the position to which he/she may be elected; and (6) the nominee's mailing address, daytime telephone number and email address.

   The letter of nomination should be addressed to:

   George M. Abraham, MD, MPH, Chair
   FSMB Nominating Committee

2. **Personal Statement (sample on page 7) (maximum 500-word limit).** The nominee should state why the nominee wants to serve in the position for which the nominee will be campaigning for election; how the nominee fulfills the core competencies and/or additional position-specific qualifications, and what the nominee will contribute to FSMB.

3. **Professional Accomplishments.** The nominee should submit **6-8** bullet points **(maximum 200-word limit)** reflecting accomplishments for which the nominee wishes to be recognized. **PLEASE DO NOT LIST FSMB AFFILIATIONS OR SERVICE, FSMB staff will provide this information.**

4. **CV Summary (maximum 5 pages) and/or bio.** Please provide relevant information including the nominee's education, current profession, important appointments, honors, awards, etc.

5. **Photograph – color (jpg).** A high-resolution head shot of the nominee is preferred.

6. **Candidate's Signatory Page (see "Documentation Submission" below).** The nominee **must submit an electronically signed confirmation** that the nominee, if selected as a candidate: 1) will be a Board Member Fellow as defined by the FSMB Bylaws at the time of the election on Saturday, **April 17, 2027**;
   2) is aware of the time commitment required for the position to which the nominee may be elected; and
   3) is disclosing any potential conflict(s) of interest.

Please note that should the Nominating Committee select the nominee for inclusion in its roster of candidates, the photo and all documents submitted will be posted on the FSMB Annual Meeting Website, and some of the information included in the Election Manual that will be distributed to the Annual Meeting attendees. Social security numbers and all other private information must be removed from the documents prior to submission.

Documentation Submission

Materials will need to be submitted electronically via the submission portal HERE. If you have questions, please contact Lauren Mitchell, Manager, BOD Liaison and Governance Support, at lmitchell@fsmb.org or 817-868-4060.

A confirmation acknowledging receipt of the nomination materials will be sent within two business days. If you do not receive confirmation, or for questions, please contact Ms. Mitchell as outlined above

RESPONSIBILITIES OF ELECTED POSITIONS

BOARD OF DIRECTORS

The FSMB Board of Directors is responsible for the control and administration of the FSMB and reports to the House of Delegates; the Board provides leadership in the development and implementation of the FSMB's Strategic Goals and the Board's Annual Action Plan; the Board is responsible for governing and conducting the business of the corporation, including supervising the President-CEO; and, under the leadership of the Chair and President-CEO, represents the FSMB to other organizations and promotes recognition of the FSMB as the premier organization concerned with medical licensure and discipline. The Board of Directors is the fiscal agent of the corporation.

GENERAL RESPONSIBILITIES

The Board of Directors is responsible for the following:

1. Setting goals, objectives, and priorities necessary to achieve the FSMB Strategic Goals.
2. Setting goals, objectives, and critical success factors for the President-CEO.
3. Ensuring effective management of the FSMB's financial resources.
4. Approving systems for assessing and addressing needs of Member Medical Boards.
5. Implementing adopted Board of Directors professional development and self-assessment plans.
6. Promoting use of FSMB services among targeted customer groups.
7. Enhancing communication with and among Member Medical Boards.
8. Enhancing support and education for Member Medical Board executives and their staff.

TIME COMMITMENT

Board Meetings

The Board of Directors will meet five times during the FY 2028 fiscal year:

April/May 2027 (approx. 2 hrs) – virtual, typically within 10 days following the 2027 annual meeting
July 7-11, 2027 – Ashville, NC *(a board retreat, includes travel days)*
October 13-16, 2027 – Boston, MA *(includes travel days)*
February 3-5, 2028 – Meeting location TBD
April 25-30, 2028 – Las Vegas, NV (preceding the Annual Meeting)
April/May 2028 (approx. 2 hrs) – virtual, typically within 10 days following the 2028 annual meeting

2028 Board of Directors Hill Visits

The Board of Directors may be asked to participate in "Hill Visits" (*dates TBD*) in Washington, DC. This is usually 2 days total including travel dates.

New Directors Orientation

Newly elected directors will be asked to participate in a New Directors Orientation in **June 2027** with the FSMB Chair, President-CEO and Executive Team either at the FSMB Euless, Texas offices or via Zoom *(meeting date TBD)*.

Subcommittees of the Board of Directors

All directors will be appointed to at least one (1) subcommittee of the Board of Directors, which include the Awards, Governance, and Planning Committees. Additionally, three (3) directors will be elected by the Board to participate on the Executive, Compensation, and Investment Committees with the officers of the Board.

NOMINATING COMMITTEE

The charge of the Nominating Committee as currently set forth in the FSMB Bylaws is to submit a roster of oneor more candidates for each of the offices and positions to be filled by election at the annual meeting of the House of Delegates. The Committee will communicate its roster of candidates to Member Medical Boards not fewer than sixty days prior to the annual meeting of the House of Delegates.

GENERAL RESPONSIBILITIES

The Nominating Committee is responsible for the following:

1. Soliciting nominations from Member Medical Boards for Board Member Fellows interested in seekingan elected FSMB position;
2. Assertively recruiting individuals who have the core competencies set forth on page 2 and who representdiversified backgrounds, experiences, and cultures;
3. Educating potential candidates on core competencies for FSMB leadership roles and the responsibilitiesassociated with respective leadership positions;
4. Reviewing letters of nomination and supporting material for each individual nominated or recruited asa candidate for election;
5. Verifying that candidates have the core competencies for FSMB leadership positions;
6. Verifying that queries of the FSMB Physician Data Center have been completed on physician and physician assistant candidates and that no board actions have been reported that could call into questionan individual's fitness for FSMB leadership;
7. Affirming that all candidates for elected leadership have disclosed any potential conflicts of interest.
8. Considering the importance of public member representation on the FSMB Board of Directors and assure the roster of candidates provides for election of adequate/qualified public representation;
9. Selecting and narrowing the roster of candidates to those who best demonstrate the core competenciesoutlined; have the necessary qualifications and eligibility for a position; and bring valuable talents and perspectives to the FSMB;
10. Preparing a report to the House of Delegates, which includes a roster of candidates for positions to be filled by election at the House of Delegates annual business meeting; and
11. Determining process for notifying candidates of the Nominating Committee's decisions as soon as possible following the Committee's winter meeting and provide the Nominating Committee report to the FSMB Board of Directors for information.

TIME COMMITMENT

Members of the Nominating Committee serve a single two-year term. Our newly elected Nominating Committee members are invited to join the incoming Committee Chair, outgoing Committee Chair, FSMB President & CEO, returning members of the Nominating Committee, and those who are rotating off the Committee for an informal **Nominating Committee Social (4:30-5:00 pm subject to change slightly)** on **Saturday, April 17, 2027,** preceding the Inauguration of the Chair, during the Annual Meeting. The Committee will meet again via videoconference in **August 2027, and April 2028 (dates TBD)** as well as in person or via videoconference in **January 2028.** In preparation for the January meeting, the Committee members will each interview the nominees. Members of the Committee will also receive scholarships to attend the FSMB's 2028 Annual Meeting, so they are onsite to solicit membership interest in elected and appointed positions.

SAMPLE PERSONAL STATEMENT

NAME: _____

CANDIDATE FOR: [Chair-elect, Board of Directors or Nominating Committee]

[SAMPLE TEXT – please describe your own experiences using your own words]
(maximum 500-word limit)

I am a candidate for [elected office]. Since beginning my medical career in a small rural town over 20 years ago, I have been involved in professionalism and upholding the higher standards of being a physician. Currently, I am the Chairman of the Department of [specialty] at the School of Medicine in [city].

My experiences with medical licensure began in 2015 when I was appointed to the advisory committee for athletic trainers of the [Member Medical Board]. Subsequently, I was appointed as a member of the [Member Medical Board] in 2018. I was elected Vice President in 2019 and have been serving as President since January 2020.

Since being appointed to the [Member Medical Board], I have been serving the [Member Medical Board] in many capacities, which have included [committee/workgroups, etc.].

Additionally, I have worked as [other professional experiences and associations].

It is with great anticipation that I am running for [elected office]. I have the energy, enthusiasm and experience to represent the FSMB. My qualifications are broad and strong, which will allow me to function well within a system that is focused on licensure, discipline and protection of the public.

FSMB STRATEGIC PLAN
(Approved May 6, 2023)

Our Vision

A medical regulatory system in which patients have access to high-quality health care, and the integrity of the practice of medicine is protected.

Our Mission

To serve as a national voice for state medical boards, supporting them with services and initiativesthat promote patient safety, the integrity of the practice of medicine, access to high-quality healthcare, and regulatory best practices.

Values

The FSMB, an organization of state medical boards, embraces these equally important values:

Public Protection: We promote the health, safety, and welfare of the public by providing outstanding service to the nation's state medical boards, which remains our highest priority.

Leadership: We demonstrate accountability, unity of purpose, resilience and commitment as we advance our mission and vision.

Integrity: We incorporate honesty, ethical behavior, consistency, open communication and transparency in our activities, seeking to build trust with those we serve.

Excellence: We maintain the highest standards of performance and a commitment to continuous improvement while demonstrating adaptability and innovation in developing new products and initiatives.

Collaboration: We build strong, mutually beneficial relationships, seeking new partners and opportunities for engagement and participation while placing an emphasis on the value of diversity, equity and inclusion in our work together.

Service: We provide timely, responsive, high-quality service to our stakeholders, includingour member boards, external partners and the public, continually seeking their input as we strive to meet changing needs.

Strategic Goals

- ***State Medical Board Support*:** Serve state medical boards by promoting regulatory best practices and providing operational resources that add to their effectiveness.

- ***Advocacy and Policy Leadership*:** Strengthen state medical regulation through impactful advocacy and policy development.

- ***Engagement:*** Build engagement and participation with state medical boards and other state, national and international organizations and government entities, seeking and advancing shared goals and outcomes.

- ***Communication:*** Raise awareness of the vital role of medical regulation and the work the FSMB, serving as a trusted source of information for state medical boards and the public.

- ***Education:*** Advance understanding of key issues in medical regulation by providing targeted educational programming and resources that meet the needs of state medical boards and the public.

- ***Technology and Data*****:** Enhance the FSMB's data integration and research capabilities, developing technology and data solutions that benefit state medical boards and promote the sharing of valuable information.

- ***Organizational Strength and Excellence*****:** Enhance the FSMB's efficiency, effectiveness and adaptability, strengthening resources in support of its mission while sustaining a diverse, equitable and inclusive workforce.

DATE: November 14, 2026 SUBJECT: PA Compact Commission Annual Report

SUBMITTED BY: **Tiernee Murphy, J.D., Deputy Director**

REQUEST FOR BOARD ACTION
MINNESOTA BOARD OF MEDICAL PRACTICE

REQUESTED ACTION:

For Informational Purposes Only

MOTION BY: SECOND:

( ) PASSED ( ) PASSED AMENDED ( ) LAYED OVER ( ) DEFEATED

BACKGROUND:

See Attached Report

2026 PA Compact Commission Annual Report

October 29, 2026

Chair Corner

Julia Cameron said, “Growth is an erratic forward movement: two steps forward, one step back. Remember that and be very gentle with yourself.” This seems to perfectly describe the second year of the PA Compact.

Thanks to the efforts of staff and the dedicated compact delegates, much has been achieved. We have updated bylaws, rules that create the basis for success in the future, and policies that help streamline and safeguard processes. We reviewed data systems and, following thoughtful discussion, selected a vendor to build the PA Compact database. All work that has combined to move the PA Compact two steps forward.

In addition, 30 states are now part of the compact. Over half the nation has joined the compact in just over three years. That is a testament to the work done by PAs at the state level to have the legislation passed and an indication of the demand for streamlined mobility.

Unfortunately, due to funding issues that spanned most of calendar year 2026, we were unable to sign a contract with the vendor and have them start work on the database (one step back).

However, we have secured the funding necessary to sign the contract and, as of October 1, 2026, work has started on the database. Based on a very aggressive schedule, the initial system should be completed, as scheduled, in early 2027.

Before PAs will be able to apply for privileges, several additional steps must occur. There will need to be future contracts with vendors to maintain and improve the database and onboard states. In addition, states will need to implement changes to their side to enable the flow of information. This will also require time and funds and, until states are onboarded and the system is being used regularly, the PA Compact remains dependent on the support of outside entities.

The experiences of the past year have made us stronger as an organization. While we hope that our short-term funding issues have been resolved, we understand that they cannot be taken for granted and that there is still much work to do to meet the expectations placed on us by the law, the states, PAs, funders and the public.

With that in mind, I look forward to the upcoming year and finding ourselves one step closer to a fully implemented and self-sufficient PA Compact.

– Tim Terranova, Compact Commission Chair

About the PA Compact

The PA Compact is an interstate occupational licensure compact for physician assistants/associates (PAs). The compact facilitates multistate practice for PAs, improves health care access for patients, and enhances public protection.

States joining the compact agree to recognize a valid, unencumbered license issued by another compact member state via a compact privilege. Licensed PAs utilizing the compact can obtain a privilege in each compact member state where they want to practice. PAs using a compact privilege must adhere to the laws and regulations of the state in which they are practicing.

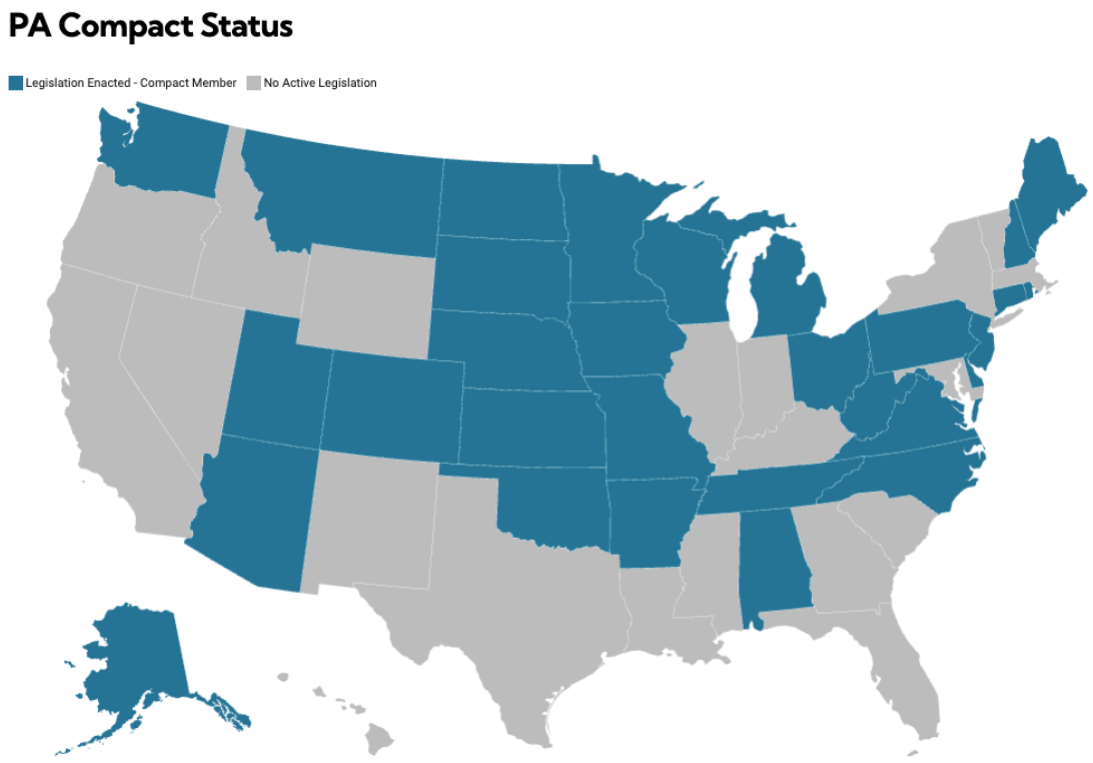
Legislative Update

As of October 29, 2026, there are 30 Compact Member States. Click here to view the latest map of legislation introduced in each state.

State	Bill Number	Enactment Date[1]	Effective Date[2]	Commissioner
Utah	SB 35	14-Mar-2023	3-May-2023	Richard Oborn
Delaware	SB 116	21-Jul-2023	21-Jul-2023	Alison Warren
Wisconsin	SB 400	7-Dec-2023	8-Dec-2023	Jean Fischer
Minnesota	HF 5247	24-May-2024	25-May-2024	Tiernee Murphy
Washington	HB 1917	13-Mar-2024	6-Jun-2024	Marisa Courtney
West Virginia	SB 667	9-Mar-2024	6-Jun-2024	Jamie Alley
Virginia	HB 324	4-Apr-2024	1-Jul-2024	Justin Hepner
Maine	LD 2043	23-Apr-2024	16-Jul-2024	Tim Terranova
Colorado	SB 24-018	17-May-2024	7-Aug-2024	Paula Martinez
Post-Inaugural Meeting				
Ohio	SB 28	24-Jul-2024	24-Oct-2024	Stephanie Loucka
Oklahoma	HB 3781	18-Apr-2024	1-Nov-2024	Valeska Barr
Nebraska	LB 1215	2-Apr-2024	1-Jan-2025	Vonda Apking
Tennessee	SB 1727	28-May-2024	1-Jan-2025	Tamara Bennett
Kansas	HB 2069	8-Apr-2025	1-Jul-2025	Susan Gile
Montana	HB 183	3-Apr-2025	1-Jul-2025	Brooke Yates

Iowa	HF 300	27-May-2025	1-Jul-2025	Amber Houge
Connecticut	HB 7287	30-Jun-2025	1-Jul-2025	Laura Morris
Arkansas	SB 101	18-Mar-2025	1-Oct-2025	Judy Brasda
North Carolina	H 67	1-Jul-2025	1-Apr-2026	Rob Patchett
New Jersey	HB 1622	9-Jan-2026	9-Jan-2026	TBD
North Dakota	A 4328	23-Jan-2026	23-Jan-2026	Grant Lannoye
Arizona	HB 2190	20-Feb-2026	24-Jul-2026	Raquel Rivera
South Dakota	HB 1146	9-Mar-2026	1-Jul-2026	Margaret Hansen
Alabama	HB 156	20-Apr-2026	1-Oct-2026	Matt Hart
Rhode Island	H 7127	12-Jun-2026	1-Jul-2026	Staci Fischer
Alaska	HB 110	22-Jun-2026	20-Sept-2026	Natalie Norberg
Missouri	HB 2974	13-Jul-2026	28-Aug-2026	Jennifer Skouse Voll
New Hampshire	HB 1772	15-Jul-2026	13-Sep-2026	Michael Gianunzio
Michigan	HB 4309	21-Jul-2026	20-Oct-2026	Amy Gumbrecht
Pennsylvania	HB 1961	22-Oct-2026	22-Oct-2026	TBD

Compact Map



Committee Synopsis

For meeting agendas and minutes, please see the PA Compact Meetings page.

Executive Committee

Member	Role	State/Affiliation
Tim Terranova	Chair	Maine
Marisa Courtney	Vice Chair	Washington
Vonda Apking	Interim Treasurer	Nebraska
Jamie Alley	Secretary	West Virginia
Paula Martinez	Executive At-Large	Colorado
Justin Hepner	Executive At-Large	Virginia
Amber Houge	Interim Executive At-Large	Iowa
Jennifer Kolb	Interim Ex-Officio	AAPA
Greg Thomas	Ex-Officio	NCCPA

The Executive Committee is empowered to act on behalf of the Commission between Commission meetings, except for rulemaking or amendment of the Compact. The committee consists of seven voting members, which are elected by the Commission from the current membership of the Commission, and two ex-officio, nonvoting members—one from a recognized national PA professional association and another from a recognized national PA certification organization. Jennifer Kolb serves as interim ex-officio on behalf of the American Academy of Physician Associates (AAPA), and Greg Thomas serves as ex-officio on behalf of the National Commission on Certification of Physician Assistants (NCCPA).

Since October 1, 2025, the Executive Committee has met fourteen times. Accomplishments of note include:

- Issued a data system Request for Proposals (RFP) and selected a data system vendor, Focus Consulting
- Convened a Technology Subcommittee to oversee data system development
- Approved four rules for Full Commission vote
- Approved five policies to facilitate compact administration

Communications Committee

Member	Role	State/Affiliation
Jean Fischer	Chair	Wisconsin

Laura Morris	Member	Connecticut
Laura Delaney	Member	Iowa
Chandni Bhakta	Member	Kansas
Rachel MacArthur	Member	Maine
Brooke Yates	Member	Montana
Camille Vassilakos	Member	Oklahoma
Justin Hepner	Member	Virginia
Mark Spangler	Member	West Virginia
Tim Terranova	Executive Committee Ex-Officio	Maine
Marisa Courtney	Executive Committee Ex-Officio	Washington
Jerica Kent	Non-Voting Member	Ohio
Greg Thomas	Ex-Officio	NCCPA

The Communications Committee, in consultation with the Chair of the Commission and the executive director, drafts and approves quarterly newsletters; suggests updates to the website; issues educational resources for the public and Member States; and creates Frequently Asked Questions regarding the Compact.

Since October 1, 2025, the Communications Committee has met five times. Accomplishments of note include:

- Issued four newsletters
- Published "State Preparation Guidelines" in anticipation of compact operationalization
- Added FAQs to PA Compact website based on questions sent to pacompact@csg.org

Finance Committee

Member	Role	State/Affiliation
Vonda Apking	Interim Chair	Nebraska
Elizabeth Huntley	Member	Minnesota
Jamie Alley	Member	West Virginia
Kyle Karinen	Member	Washington
Amy Embry	Member	Arkansas
Rob Patchett	Member	North Carolina
Darcie Magnuson	Member	Colorado
Matt Hart	Member	Alabama
Tim Terranova	Executive Committee Ex-Officio	Maine
Marisa Courtney	Executive Committee Ex-Officio	Washington
Sandra Harrison	Non-Voting Member	Oklahoma
Jennifer Kolb	Interim Ex-Officio	AAPA

Greg Thomas	Ex-Officio	NCCPA

The Finance Committee is responsible for providing financial oversight and ensure the Commission is operating within its budget; developing financial resources to achieve its purposes; proposing fees as authorized in the Compact; investigating potential funding resources; and suggesting a fiscal year for the Commission. The committee is chaired by the Treasurer of the Commission, who, with the assistance of the executive director, serves as the custodian of all Commission funds and monitors the Commission's fiscal policies and procedures.

Since October 1, 2025, the Finance Committee met five times. Former Treasurer and Finance Committee Chair Larry Marx entered retirement, and Commissioner Vonda Apking from Nebraska was appointed by the Executive Committee on October 14, 2026, to serve as Interim Treasurer and Interim Finance Committee Chair until an election can be held in 2027.

Accomplishments of note include:

- Quarterly budget reviews in December 2025, March 2026, and June 2026
- Gathered data on percentage of PAs holding multiple licenses to inform Commission fee setting
- Drafted FY27 budget for Full Commission approval

Rules Committee

Member	Role	State/Affiliation
Stephanie Loucka	Chair	Ohio
Tiernee Murphy	Member	Minnesota
Jamie Alley	Member	West Virginia
Valeska Barr	Member	Oklahoma
Susan Gile	Member	Kansas
Robert Sanders	Member	Wisconsin
Amber Houge	Member	Iowa
Margaret Hansen	Member	South Dakota
Amy Gumbrecht	Member	Michigan
Tim Terranova	Executive Committee Ex-Officio	Maine
Marisa Courtney	Executive Committee Ex-Officio	Washington
Laura Monick	Non-Voting Member	Ohio
Jennifer Kolb	Interim Ex-Officio	AAPA

It is the responsibility of the Rules Committee to develop uniform Compact rules, bylaw amendments, and policies for consideration by the Commission and concurrent implementation by the states; review existing rules and recommend necessary changes to

the Commission for consideration; and draft frequently asked questions that arise regarding statute, rules, bylaws, policies, and advisory opinions.

Since October 1, 2025, the Rules Committee has met nine times. Accomplishments of note include:

- Approved seven rules for Executive Committee consideration
- Approved five policies for Executive Committee adoption
- Approved bylaw amendments for Executive Committee consideration

Compact Development Timeline

Summer 2019	Compact project started.
Fall 2019	FSMB convenes meeting with state regulatory boards to discuss outline of compact.
November 2022	Compact legislation finalized and made available for state adoption.
April 2024	The compact activation threshold of seven participating states is met.
September 2024	Compact Commission holds its inaugural meeting.
October 2024	Executive, Rules, Finance, and Communications Committees convene and begin developing compact infrastructure.
April 2025	Data System Request For Information responses received and reviewed.
May 2025	Executive Committee begins developing Data System Request For Proposal (RFP).
October 20, 2025	Executive Committee releases Data System RFP.
November 14, 2025	Deadline for questions from vendors on the Data System RFP.
December 10, 2025	Executive Committee moves Draft Rules 3 and 4 to public comment period.
December 16, 2025	Draft Rule 3 – Compact Privilege and Draft Rule 4 – Data System are posted for public comment.
December 19, 2025	Submission deadline for data system proposals.
January 14, 2026	Executive Committee reviews data system proposals and identifies candidates for interviews.
January 16, 2026	Public comment period closes on Draft Rules 3 and 4.

February 9, 2026	Rules Committee reviews public comments on Draft Rules 3 and 4 and determines no substantive changes are necessary.
February 11, 2026	Executive Committee interviews data system vendors.
February 25, 2026	Executive Committee votes to accept data system proposal from Focus Consulting LLC.
March 11, 2026	Executive Committee requests nominations from Member States for volunteers to serve on the Technology Subcommittee.
April 6, 2026	Full Commission adopts Rule 3 – Compact Privilege and Rule 4 – Compact Data System, Confidentiality, and Information Sharing.
April 8, 2026	Executive Committee reviews Draft Rule 6 - Fees and holds rule in committee pending data system development and commission privilege fee determination by Finance Committee.
May 29, 2026	Draft Rule 5 – Joint Investigations and Draft Rule 7 – State Compliance are released for public comment.
June 10, 2026	• Memo on Subpoena Authority & Joint Investigations Process under the PA Compact approved for publication on PA Compact website. • Draft bylaw amendments are released for public comment.
June 28, 2026	Public comment period closes on draft Rules 5 and 7.
July 10, 2026	Public comment period closes on draft bylaw amendments.
July 20, 2026	• Rules Committee reviews public comments on draft Rules 5 and 7 and determines no substantive changes are necessary. Rules are transmitted to Full Commission for approval. • Rules Committee transmits draft bylaw amendments to Full Commission after no public comments were received.
August 10, 2026	Rules Committee transmits the following policies to Executive Committee for approval: • Policy on Policies • Policy on Code of Conduct • Policy on Virtual Meetings • Policy on Public Communications

August 12, 2026	• Executive Committee transmits draft budget for FY27 to Full Commission. • Executive Committee moves draft Rule 8 – Records Exempt from Disclosure and draft Rule 2 – Definitions to public comment.
September 4, 2026	Draft Rule 2 – Definitions and draft Rule 8 – Records Exempt from Disclosure released for public comment.
September 9, 2026	Executive Committee adopts Policies on Policymaking, Code of Conduct, Virtual Meetings, and Public Communications.
September 14, 2026	FY26 Funding Memorandum of Understanding signed by AAPA, NCCPA, and PA Compact Commission.
September 18, 2026	Full Commission approves: • FY27 budget • Bylaw amendments • Rule 5 – Joint Investigations • Rule 7 – State Compliance
September 25, 2026	Data system contract executed by Commission and Focus LLC.
September 28, 2026	Rules Committee transmits draft Policy 6 – Policy on Records Requests to Executive Committee.
October 1, 2026	Data system development planning and kick-off meeting with Commission Chair, staff, and Focus LLC.
October 4, 2026	Public comment period closes on draft Rules 2 and 8.

October 14, 2026	• Focus LLC provides project report during Executive Committee meeting.
	• Executive Committee:
	  ○ Approves Policy 6 – Policy on Records Requests
	  ○ Appoints Vonda Apking as Interim Treasurer
	  ○ Appoints Amber Houge as Interim Executive At-Large
	  ○ Calls for volunteers for Elections Committee

October 15, 2026	Technology Subcommittee participates in Technical Discovery Session with data system vendor.
October 21, 2026	Technology Subcommittee reviewed Sprint Demo #1.
Ongoing	Commission and committee meetings; rule and policy development; onboarding of new Member States to Commission.

Current – 2027	Data system development and onboarding of Member States to data system.
Early 2027 (projected)	Compact Commission begins issuing compact privileges to practice.

For questions or additional information, email pacompact@csg.org.

DATE: November 14, 2026 SUBJECT: Executive Director's Report

SUBMITTED BY: **Elizabeth A. Huntley, JD, CMBE, Executive Director**

REQUEST FOR BOARD ACTION
MINNESOTA BOARD OF MEDICAL PRACTICE

REQUESTED ACTION:

For Informational Purposes Only

MOTION BY: SECOND:

( ) PASSED ( ) PASSED AMENDED ( ) LAYED OVER ( ) DEFEATED

BACKGROUND:

Attached is the Executive Director's Report of activities since the September 12, 2026, Board meeting.

EXECUTIVE DIRECTOR'S REPORT

November 14, 2026

OPERATIONAL UPDATES:

We continue to work closely with our partners at SmART in preparation for budget planning for the upcoming biennium.

PARTNERSHIPS:

Federation of State Medical Boards (FSMB)

The 2027 Annual Meeting has been announced and will take place April 15 – 17, 2027, in Oklahoma City, OK. The meeting's theme is *Embracing Innovation, Ensuring Accountability.* Additional information regarding registration, travel, and accommodations will be shared at the January 2027, Board meeting.

Administrators in Medicine (AIM)

AIM's Fall Executive Workshop, *Emerging Regulatory Challenges and Public Protection* will be held on November 18 and 19, 2026. Topics include investigative practices, interstate compact licensure, legislative updates, and other emerging regulatory issues that are particularly relevant to medical boards.

Interstate Medical Licensure Compact Commission (IMLCC)

The Commission's Annual Meeting will be held on Tuesday, November 17, 2026, preceded by meetings of the Commission's six Committees on Monday, November 16. Minnesota's Commissioners Arko and Huntley will attend the meetings. The meeting provides an opportunity for all commissioners to engage in conversation regarding governance, policy developments, and advancing initiatives affecting member states.

OTHER BUSINESS:

Open seats are posted on the Secretary of State's website under "Boards and Commissions."

DATE: November 14, 2026 SUBJECT: Confirm 2027 & Select 2028 Board Meeting Dates

SUBMITTED BY: **Elizabeth A. Huntley, JD, CMBE, Executive Director**

REQUEST FOR BOARD ACTION
MINNESOTA BOARD OF MEDICAL PRACTICE

REQUESTED ACTION:

Establish the following dates for Board meetings during calendar years 2027 & 2028

MOTION BY: SECOND:

( ) PASSED ( ) PASSED AMENDED ( ) LAYED OVER ( ) DEFEATED

BACKGROUND:

2027 REGULAR BOARD MEETINGS	***2028 REGULAR BOARD MEETINGS***
January 9	January 8
March 13	March 11
May 8	May 13
July 10	July 8
September 11	September 9
November 13	November 11

DATE: Novemebr 14, 2026 SUBJECT: New Business

SUBMITTED BY: **Chaitanya Anand, M.B.B.S., Board President**

REQUEST FOR BOARD ACTION
MINNESOTA BOARD OF MEDICAL PRACTICE

REQUESTED ACTION:

For Informational Purposes Only

MOTION BY: SECOND:

( ) PASSED ( ) PASSED AMENDED ( ) LAYED OVER ( ) DEFEATED

BACKGROUND:

Any other new business to be discussed.

DATE: November 14, 2026 SUBJECT: Corrective or Other Actions

SUBMITTED BY: **Complaint Review Committees**

REQUEST FOR BOARD ACTION
MINNESOTA BOARD OF MEDICAL PRACTICE

REQUESTED ACTION:

For Informational Purposes Only

MOTION BY: SECOND:

( ) PASSED ( ) PASSED AMENDED ( ) LAYED OVER ( ) DEFEATED

BACKGROUND:

Attached are copies of the Corrective or other actions that were implemented since the September 12, 2026, Board Meeting.

TRUE AND EXACT
COPY OF ORIGINAL

BEFORE THE MINNESOTA
BOARD OF MEDICAL PRACTICE

In the Matter of the Medical License of
Alex Uspensky M.D.
Year of Birth: 1944
License Number: 28060

FINDINGS OF FACT, CONCLUSIONS, AND FINAL ORDER

The Minnesota Board of Medical Practice ("Board") Complaint Review Committee ("Committee") initiated a contested case proceeding in this matter pursuant to a Notice and Order for Prehearing Conference and Hearing ("Notice of Hearing"), served and filed on April 1, 2026, to determine whether discipline should be imposed against the medical license of Alex Uspensky, M.D. ("Respondent"). This matter was scheduled for a prehearing conference at the Minnesota Court of Administrative Hearings on May 11, 2026, before Administrative Law Judge Suzanne Todnem ("ALJ"). Carly Rasmussen, Assistant Attorney General, appeared at the prehearing conference on behalf of the Committee. There was no appearance at the prehearing conference by, or on behalf of, Respondent.

On May 12, 2026, the ALJ issued an Order to Show Cause notifying Respondent that he failed to appear and that the Committee had moved for default. Respondent did not contact the Court of Administrative Hearings as directed in the Order to Show Cause. On June 4, 2026, the ALJ issued Findings of Fact, Conclusions of Law, and Recommendation Upon Default ("ALJ's Report"), recommending that the Board take disciplinary action against Respondent's license. (A true and accurate copy of the ALJ's Report is attached and incorporated as Exhibit A.)

The Board convened to consider the matter at a regularly scheduled meeting of the Board on September 12, 2026. The Board's business address is 335 Randolph Avenue, Suite 140, St. Paul, Minnesota 55102. The following Board members were present: Chaitanya Anand, M.B.B.S., Bruce Anderson, Sarah Carter, M.D., Peter Henry, M.D., Julie Pazdernik, M.D., Anne

Pereira, M.D., MPH, FACP, Allen Rasmussen, MA, Bruce Sutor, M.D., Karen Thullner, MFA, Averi Turner, Duane Wallace R.Ph., and Jane Willett, D.O.

Theresa Flahaven, Assistant Attorney General, appeared on behalf of the Board's Complaint Review Committee. Respondent appeared before the Board without legal counsel. Hans A. Anderson, Assistant Attorney General, was present as legal advisor to the Board.

The following Board members did not participate in deliberations: Chaitanya Anand M.B., B.S., and Allen Rasmussen M.A. Board staff who assisted the Committee did not participate in the deliberations.

FINDINGS OF FACT

The Board has reviewed the record of this proceeding and accepts the June 4, 2026 ALJ's Report, and adopts and incorporates the ALJ's Report as findings of fact herein.[1] Paragraphs 4 and 5 of the ALJ's Conclusions of Law state:

> 4. Under Minn. R. 1400.6000, Respondent is in default as a result of his failure to appear at the scheduled prehearing conference and his failure to comply with the May 12, 2026, Order to Show Cause.
>
> 5. Under Minn. R. 1400.6000, when a party defaults by failing to appear at a prehearing conference without the prior consent of the judge, the allegations and the issues set out in the Notice and Order for Prehearing Conference and Hearing may be taken as true and deemed proven. The Judge therefore deems the allegations to be true.

The Notice and Order for Prehearing Conference and Hearing states as follows:

[1] The Findings of Fact and Conclusions of Law in the ALJ's Report have been non-substantively altered to conform to the Board's standard practices for orders.

1. Respondent was licensed by the Board to practice medicine and surgery in the State of Minnesota on August 8, 1983. Respondent was[2] board certified in psychiatry.

December 2022 Complaint

2. In December 2022, the Board received a complaint alleging that Respondent had not responded to multiple communication requests regarding patient care. Specifically, Respondent failed to communicate with a patient's long-term care facility about the treatment of the patient's schizophrenia.

3. The Board opened an investigation into the complaint and sent letters to Respondent informing him of his duty to cooperate and requesting a response to the allegations and medical records on January 5, February 10, and March 6, 2023. The letters were returned as "Return to Sender-Unclaimed-Unable to Forward." The Board sent a follow-up email on April 4, 2023, with the letters attached. Respondent did not respond to the Board's investigation. The Board sent its letters and email to the mailing address and email address Respondent placed on file with the Board.

4. A Notice of Conference was served to Respondent on August 28, 2023 at the address he placed on file with the Board. Respondent failed to appear at his scheduled conference with the Complaint Review Committee on October 9, 2023.

5. On November 6, 2023, Respondent attended his rescheduled conference. A decision on the matter was continued until the Committee had an opportunity to review the untimely medical records Respondent provided.

[2] The Board modified the ALJ's findings by changing "is" to "was" in this sentence to reflect that neither the Board nor the American Board of Medical Specialties identify that Respondent is currently board certified. The Board took notice of judicially cognizable facts and general facts within the specialized knowledge in making this modification per Minnesota Statutes section 14.60, subdivision 4.

6. On December 11, 2023, Respondent was notified by Board staff that the complaint was dismissed. Pursuant to Minnesota Statutes section 214.103, subdivision 8(b), the dismissal notice informed Respondent that "the investigation may be re-opened in the future if the Board receives information that was not previously considered during the initial investigation of the complaint or if the Board receives similar reports or complaints regarding [his] practice of medicine." The investigation was subsequently reopened following the Board's receipt of similar complaints as described below.

May 2024 Complaint

7. In May 2024, the Board received a complaint raising concerns about Respondent failing to timely address patient prescription requests. The complaint alleged that patients told Respondent several times that psychiatric medications need to be sent to the pharmacy in a timely manner or patients will experience symptoms from lack of access to medications.

8. The Board opened an investigation into the matter and sent letters to Respondent again informing him of his duty to cooperate and requesting a response to the allegations and medical records on June 28, July 25, and August 14, 2024. Respondent called and spoke with Board staff on August 23, 2024, about the matter. The Board then sent follow-up emails on September 6 and November 14, 2024, with one of the previously mailed letters attached. To date, the Board has not received Respondent's written response to the complaint nor has Respondent provided relevant records requested under Respondent's duty to cooperate fully and promptly with the investigation.

9. On March 6, 2025, the Committee met with Respondent at a conference pursuant to a Notice of Conference served on February 4, 2025.

10. On March 31, 2025, Respondent's license expired. Respondent continued to prescribe medications, including controlled substances, to patients without a valid license. Respondent renewed his license on June 6, 2025.

April 2025 and June 2025 Complaints

11. By letter dated April 11, 2025, the Board notified Respondent it received a new complaint regarding the inability of patients and other providers to contact Respondent regarding prescriptions and patient care matters. As part of the Board's investigation, it asked Respondent to respond to the allegations by April 28, 2025 and reminded Respondent of his duty to cooperate. Respondent did not respond.

12. By letter dated April 17, 2025, the Board notified Respondent that the Committee had additional questions following Respondent's March 6, 2025 conference and requested that Respondent provide specified records by May 5, 2025 under Respondent's duty to cooperate. Respondent did not provide the requested records.

13. By letter dated April 23, 2025, the Board notified Respondent it received a new complaint alleging Respondent inappropriately prescribed medications to a patient. As part of the Board's investigation, it asked Respondent to respond to the allegations and provide relevant patient records by May 7, 2025 under Respondent's duty to cooperate. Respondent did not provide the requested response or records.

14. By letters dated June 12, 2025 and June 16, 2025, the Board notified Respondent it received two additional complaints regarding Respondent's prescribing of controlled substances without a valid DEA license and a pharmacy refusing to fill prescriptions written by Respondent. The Board asked Respondent for his responses to the allegations and to provide related patient

records under his duty to cooperate with the Board's investigation. Respondent did not provide the requested responses or records.

15. The Board's investigation of complaints it received alleging Respondent inappropriately prescribed controlled substances revealed that Respondent prescribed controlled substances to approximately 145 separate patients from May 2024 to June 2025, including while his license was expired, and that Respondent prescribed excessive quantities of dextroamphetamine-amphetamine, an abusable controlled substance, as follows:

a. Between March 2024 and May 2025, Respondent wrote a patient monthly prescriptions for both 60 20mg tablets of dextroamphetamine-amphetamine and 60 20mg extended-release capsules of dextroamphetamine-amphetamine. As a result, Respondent prescribed the patient a combined total of 80mg dextroamphetamine-amphetamine per day. Respondent wrote four of those prescriptions—on April 4, 2025, April 11, 2025, and May 7, 2025—without a valid license.

b. Between March 2024 and March 2025, Respondent wrote another patient monthly prescriptions for both 60 10 mg tablets and 60 25 mg extended-release capsules of dextroamphetamine-amphetamine. As a result, Respondent prescribed the patient a combined total of 70mg dextroamphetamine-amphetamine per day. On April 21, 2025, without a valid license, Respondent wrote the patient prescriptions for 60 10mg tablets and 60 25mg extended-release capsules of dextroamphetamine-amphetamine. On May 27, 2025, again without a valid license, Respondent wrote the patient a prescription for 60 25mg extended-release capsules of dextroamphetamine-amphetamine.

16. On April 1, 2026, the Committee served the Notice of Hearing by mail to Respondent at his address on file with the Board.[3]

17. Following service of the Notice of Hearing, Respondent updated his address on file with the Board. On April 14, 2026, the Committee served a second copy of the Notice of Hearing by mail to Respondent at his updated address.

CONCLUSIONS

The Board has reviewed the record of this proceeding and accepts the June 4, 2026 ALJ's Report and adopts and incorporates the conclusions of law therein. Accordingly, the Board makes the following Conclusions:

1. The Board and the Administrative Law Judge have jurisdiction in this matter pursuant to Minnesota Statutes sections 14.50 and 147.141 (2024).

2. Respondent received timely and proper notice of the prehearing conference in this matter when the Board sent the Notice and Order for Hearing to Respondent's last known address.

3. The Committee and the Board have complied with all relevant procedural requirements of statute and rule.

4. Under Minnesota Rule 1400.6000, Respondent is in default because of his failure to appear at the scheduled prehearing conference and his failure to comply with the May 12, 2026, Order to Show Cause.

5. Under Minnesota Rule 1400.6000, when a party defaults by failing to appear at a prehearing conference without the prior consent of the judge, the allegations and the issues set

[3] The Board modified the ALJ's findings by adding this paragraph, Paragraph 16, and the paragraph below it, Paragraph 17, to clarify the Committee's efforts to serve Respondent with the Notice of Hearing as reflected in the record.

out in the Notice and Order for Prehearing Conference and Hearing may be taken as true and deemed proven. The Board therefore deems the allegations to be true.

6. Minnesota Statutes sections 147.091 and 147.141 provide that the Board may discipline a licensee who engages in conduct that violates the rules or law applicable to a licensee.

7. The Notice and Order for Prehearing Conference and Hearing alleged that Respondent exhibited conduct constituting the following grounds for disciplinary action under Minnesota Statutes section 147.091:[4]

a. Engaged in unethical or improper conduct, including but not limited to conduct likely to deceive, or defraud the public; conduct likely to harm the public; conduct that demonstrates a willful or careless disregard for the health, welfare, or safety of a patient; medical practice that is professionally incompetent; and conduct that 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, in violation of Minnesota Statutes section 147.091, subdivision 1(g).

b. Engaged in conduct that departs from or fails to conform to the minimal standards of acceptable and prevailing medical practice in which case proof of actual injury need not be established, in violation of Minnesota Statutes section 147.091, subdivision 1(k).

c. Engaged in inappropriate prescribing of a drug or device, in violation of Minnesota Statutes section 147.091, subdivision 1(s).

d. Failed to make reports as required by Minnesota Statutes section 147.111 or to cooperate with an investigation of the Board as required by section 147.131, in violation of section 147.091, subdivision 1(u).

[4] The Board modified the ALJ's conclusions by adding this Conclusion of Law to specify the statutory grounds upon which it is imposing disciplinary action against Respondent's license.

e. Practiced medicine under lapsed or nonrenewed credentials in violation of Minnesota Statutes section 147.091, subdivision 1(x).

8. Based upon the allegations contained in the Notice and Order for Hearing, the Board has grounds to take disciplinary action against Respondent's license.

9. An order by the Board taking disciplinary action against Respondent's license is in the public interest.

ORDER

Based on the foregoing Findings of Fact and Conclusions, the Board issues the following Order:

1. NOW, THEREFORE, IT IS HEREBY ORDERED that Respondent's license to practice medicine and surgery in Minnesota is **REPRIMANDED**.

2. IT IS FURTHER ORDERED that Respondent's license is **INDEFINITELY SUSPENDED**.

3. IT IS FURTHER ORDERED that during the period of suspension, Respondent shall not, in any manner, engage in any conduct that constitutes the practice of medicine and surgery in Minnesota, and shall not imply by words, conduct, or title that Respondent is authorized to practice medicine and surgery in the State of Minnesota.

4. IT IS FURTHER ORDERED that Respondent may petition for reinstatement of his license upon submission of satisfactory evidence that he is fit and competent to resume practice as a physician with reasonable skill and safety to patients. In his petition, Respondent shall include, at minimum, a written response to the allegations outlined in the Notice of Hearing served on April 1, 2026.

5. IT IS FURTHER ORDERED that upon petitioning for reinstatement, Respondent shall appear before the Committee to discuss his petition and practice plans. Upon hearing his petition, the Committee may recommend that the Board continue, modify, or remove the suspension or impose conditions or restrictions as deemed necessary.

Dated: September 14, 2026

MINNESOTA BOARD OF
MEDICAL PRACTICE



_____

BRUCE SUTOR, M.D.
Vice President

THIS DOCUMENT MAY CONTAIN NOT PUBLIC DATA

CAH 23-0903-41616

STATE OF MINNESOTA
COURT OF ADMINISTRATIVE HEARINGS

FOR THE BOARD OF MEDICAL PRACTICE

In the Matter of the Medical License of Alex Uspensky, M.D. Year of Birth: 1944 License Number: 28060

FINDINGS OF FACT, CONCLUSIONS OF LAW AND RECOMMENDATION UPON DEFAULT

This matter came on for a prehearing conference before Administrative Law Judge Suzanne Todnem on May 11, 2026.

Carly Rasmussen, Assistant Attorney General, appeared on behalf of the Minnesota Board of Medical Practice (Board). There was no appearance by, or on behalf of, Alex Uspensky (Licensee).

At the prehearing conference, the Panel requested a default recommendation be issued in its favor pursuant to Minn. R. 1400.6000 (2025) because there was no appearance by Licensee at the Prehearing Conference. On May 12, 2026, the Administrative Law Judge issued an Order to Show Cause to Licensee. The record in this matter closed on May 29, 2026, the deadline for Licensee's response.

STATEMENT OF THE ISSUES

1. Does the Board have grounds for disciplinary action against Licensee's medical license?

2. Did Licensee engage in unethical or improper conduct, in violation of Minn. Stat. § 147.091, subd. 1(g) (2024)?

3. Did Licensee engage in conduct that departs from or fails to conform to the minimal standards of acceptable and prevailing medical practice in which case proof of actual injury need not be established, in violation of Minn. Stat. § 147.091, subd. 1(k)?

4. Did Licensee engage in inappropriate prescribing of a drug or device, in violation of Minn. Stat. § 147.091, subd. 1(s)?

5. Did Licensee fail to make reports as required by Minn. Stat. § 147.111 (2024) or to cooperate with an investigation of the Board as required by § 147.131 (2024), in violation of Minn. Stat. § 147.091, subd. 1(u)?

6. Did Licensee practice medicine under lapsed or nonrenewed credentials in violation of Minn. Stat. § 147.091, subd. 1(x)?

SUMMARY OF RECOMMENDATION

Licensee is in default and recommends that the allegations in the Notice and Order for Prehearing Conference and Hearing (Notice and Order for Hearing) be accepted as true and deemed proven.

Based on the evidence in the hearing record, the Administrative Law Judge makes the following:

FINDINGS OF FACT

1. On April 1, 2026, the Notice and Order for Hearing in this matter was mailed to Licensee at his last known address.[1]

2. The Notice and Order for Hearing indicated that a prehearing conference would be held in this matter on May 11, 2026, at 9:30 a.m., by telephone conference.[2]

3. In conformity with Minn. R. 1400.5700 (2025), the Notice and Order for Hearing requires that any party intending to "appear at the prehearing conference and hearing must file a Notice of Appearance form and return it to the Administrative Law Judge within 20 days of the date of service" of the Notice and Order for Hearing.[3]

4. In conformity with Minn. R. 1400.6000, the Notice and Order for Hearing in this matter also includes the following statement:[4]

> Your failure to appear at the prehearing conference, settlement conference, or hearing may result in a finding that you are in default. A default means that the allegations contained in this Notice of Hearing may be taken as true or deemed proved without further evidence needing to be presented. If the allegations are taken as true or deemed proved, the Committee may recommend disciplinary action, which may be imposed by the full Board.

5. Licensee did not file a Notice of Appearance with the undersigned.

6. No one appeared at the May 11, 2026, Prehearing Conference on behalf of Licensee. No request was made for a continuance, nor was any communication received by the undersigned from Licensee prior to the May 11, 2026, Prehearing Conference.

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[1] Attachment A at Certificate of Service.
[2] Attachment A at 2.
[3] *Id.* at 1, 6.
[4] *Id*. at 6.

EXHIBIT A-2

7. Licensee's failure to appear at the prehearing conference was without consent of the Administrative Law Judge.

8. On May 12, 2026, Judge Todnem issued an Order to Show Cause notifying Licensee that he had failed to appear, and that the Panel requested that he be held in default. The Order to Show Cause was sent to Licensee's last known address registered with the Board. The Order to Show Cause required Licensee to contact the Court of Administrative Hearings no later than 4:30 p.m. on May 29, 2026, to explain his failure to appear.

9. Licensee is in default as a result of his failure to appear at the prehearing conference and because he failed to comply with the Order to Show Cause.

10. Pursuant to Minn. R. 1400.6000, the allegations contained in the Notice and Order for Hearing, appended hereto as Attachment A, are taken as true, deemed proven without further evidence, and incorporated by reference into these Findings of Fact.

Based on the Findings of Fact, the Administrative Law Judge makes the following:

CONCLUSIONS OF LAW

1. The Board and the Administrative Law Judge have jurisdiction in this matter pursuant to Minn. Stat. §§ 14.50 and 147.141 (2024).

2. Licensee received timely and proper notice of the prehearing conference in this matter when the Board sent the Notice and Order for Hearing to his last known address.

3. The Committee and the Board have complied with all relevant procedural requirements of statute and rule.

4. Under Minn. R. 1400.6000, Licensee is in default as a result of his failure to appear at the scheduled prehearing conference and his failure to comply with the May 12, 2026, Order to Show Cause.

5. Under Minn. R. 1400.6000, when a party defaults by failing to appear at a prehearing conference without the prior consent of the judge, the allegations and the issues set out in the Notice and Order for Prehearing Conference and Hearing may be taken as true and deemed proven. The Administrative Law Judge therefore deems the allegations to be true.

6. Minn. Stat. §§ 147.091, .141 provide that the Board may discipline a licensee who engages in conduct that violates the rules or law applicable to a licensee.

7. Based upon the allegations contained in the Notice and Order for Hearing, the Board has grounds to take disciplinary action against Licensee's license.

8. An order by the Board taking disciplinary action against Licensee's license is in the public interest.

Based upon the foregoing Conclusions of Law, the Administrative Law Judge makes the following:

RECOMMENDATION

The Board should take disciplinary action against the license of Alex Uspensky.

Dated: June 4, 2026

SUZANNE TODNEM
Administrative Law Judge

Reported: Default

NOTICE

This Report is a recommendation, not a final decision. The Board will make the final decision after a review of the record. The Board may adopt, reject or modify these Findings of Fact, Conclusions, and Recommendations. Under Minn. Stat. § 14.61 (2024), the Board shall not make a final decision until this Report has been made available to the parties to the proceeding for at least ten calendar days. The parties may file exceptions to this Report and the Board must consider the exceptions in making a final decision. Parties should contact the Executive Director of the Minnesota Board of Medical Practice, Suite 140, 335 Randolph Avenue, St. Paul, MN 55102, telephone (612) 548-2150, to ascertain the procedure for filing exceptions or presenting argument.

The record closes upon the filing of exceptions to the Report and the presentation of argument to the Board, or upon the expiration of the deadline for doing so. The Board must notify the parties and the Administrative Law Judge of the date the record closes. If the Board fails to issue a final decision within 90 days of the close of the record, this Report will constitute the final agency decision under Minn. Stat. § 14.62, subd. 2a (2024). In order to comply with this statute, the Board must then return the record to the Administrative Law Judge within ten working days to allow the Judge to determine the discipline to be imposed.

Under Minn. Stat. § 14.62, subd. 1 (2024), the Board is required to serve its final decision upon each party and the Administrative Law Judge by first-class mail or as otherwise provided by law.

ATTACHMENT A

THIS DOCUMENT IS NOT PUBLIC CAH Docket No. 23-0903-41616

STATE OF MINNESOTA
COURT OF ADMINISTRATIVE HEARINGS
FOR THE BOARD OF MEDICAL PRACTICE

In the Matter of the Medical License of
Alex Uspensky, M.D.
Year of Birth: 1944
License Number: 28060

NOTICE AND ORDER FOR PREHEARING CONFERENCE AND HEARING

TO: Alex Uspensky, M.D. ("Respondent"), Bassett Creek Medical Building, 5851 Duluth Street, Suite #315, Golden Valley, Minnesota 55422.

NOTICE

1. **A CONTESTED CASE HEARING REGARDING YOUR LICENSE WILL BE HELD AT A DATE AND TIME TO BE DETERMINED AT THE PREHEARING CONFERENCE SCHEDULED BELOW**. The Minnesota Board of Medical Practice ("Board") Complaint Review Committee ("Committee") has initiated a contested case proceeding to determine whether it should impose discipline against your license. A contested case hearing is a trial-like proceeding before an administrative law judge. The Committee's allegations against you are listed below. Do not throw these papers away. They are official papers that affect your rights. You have the right to contest the allegations and to provide evidence, testimony, and argument at the Hearing.

2. **YOU MUST APPEAR FOR THE PREHEARING CONFERENCE AND THE HEARING TO PROTECT YOUR RIGHTS**. The Prehearing Conference is an opportunity for you to ask any questions you may have and to schedule deadlines. The Hearing is your opportunity to tell your side of the story and to challenge the Committee's allegations. A Notice of Appearance form is enclosed with this Notice. You must sign and send the Notice of Appearance to the Court of Administrative Hearings within 20 days of the date of service of this Notice. You must also send the Notice of Appearance to the Committee's attorney.

3. **YOU MAY LOSE YOUR CASE IF YOU DO NOT APPEAR FOR THE PREHEARING CONFERENCE OR THE HEARING**. You are required to appear for the Prehearing Conference and the Hearing. If you do not appear, the Committee will ask the judge to find you in default. A default means that the judge could deem the allegations contained in this Notice to be true and proven, which would allow the Board to take further disciplinary action against your license.

4. **YOU HAVE THE RIGHT TO BE REPRESENTED BY A LAWYER**. You may wish to get legal help from a lawyer. A lawyer may be able to advise you of your rights and to represent you at the Hearing. If you do not have a lawyer, the Court of Administrative Hearings may have information about places where you can get legal assistance. Helpful information is available on the Court of Administrative Hearings' website at *https://mn.gov/oah/self-help/administrative-law-overview*. The website helps describe the "contested case hearing" process and provides sample forms for your reference. **Even if you cannot get legal help, you must still appear for the Hearing or you may lose your case.**

ORDER

IT IS HEREBY ORDERED that a prehearing telephone conference will be held on **May 11, 2026 at 9:30 a.m.** To participate in the prehearing telephone conference, dial **651-395-7448**, and enter conference code **593 833 368#.**

The Chief Administrative Law Judge for the Court of Administrative Hearings has assigned this matter to the Honorable Suzanne Todnem, Administrative Law Judge. **The Administrative Law Judge may be contacted by mail at P.O. Box 64620, St. Paul, Minnesota 55164-0620, or through the Administrative Law Judge's assistant Susan Day at 651-361-7855; Susan.Day@state.mn.us**.

The purpose of the hearing is to determine whether the facts in this matter, if proven by a preponderance of the evidence, constitute a violation under Minnesota Statutes chapter 147, entitling the Board to impose disciplinary action against your license.

The date, time, and location of the hearing will be decided by the Administrative Law Judge at the prehearing conference. The hearing will be conducted under the contested case procedures set out in Minnesota Statutes sections 14.57-.62 and in Minnesota Rules 1400.5010-.8400. Minnesota Statutes sections 147.001-.381, 214.10, and 214.103 may also apply to this proceeding. These laws are available on the internet at *www.revisor.mn.gov*.

The attorney for the Committee, Carly Rasmussen, Assistant Attorney General, may be contacted if you have any questions regarding the process or to discuss settlement options as follows:

Carly Rasmussen, Assistant Attorney General
445 Minnesota Street, Suite 600
St. Paul, MN 55101-2131
(651) 757-1315
carly.rasmussen@ag.state.mn.us

EXHIBIT A-7

ALLEGATIONS

1. Respondent was licensed by the Board to practice medicine and surgery in the State of Minnesota on August 8, 1983. Respondent is board certified in psychiatry.

December 2022 Complaint

2. In December 2022, the Board received a complaint alleging that Respondent had not responded to multiple communication requests regarding patient care. Specifically, Respondent failed to communicate with a patient's long-term care facility about the treatment of the patient's schizophrenia.

3. The Board opened an investigation into the complaint and sent letters to Respondent informing him of his duty to cooperate and requesting a response to the allegations and medical records on January 5, February 10, and March 6, 2023. The letters were returned as "Return to Sender-Unclaimed-Unable to Forward." The Board sent a follow-up email on April 4, 2023, with the letters attached. Respondent did not respond to the Board's investigation. The Board sent its letters and email to the mailing address and email address Respondent placed on file with the Board.

4. A Notice of Conference was served to Respondent on August 28, 2023 at the address he placed on file with the Board. Respondent failed to appear at his scheduled conference with the Complaint Review Committee on October 9, 2023.

5. On November 6, 2023, Respondent attended his rescheduled conference. A decision on the matter was continued until the Committee had an opportunity to review the untimely medical records Respondent provided.

6. On December 11, 2023, Respondent was notified by Board staff that the complaint was dismissed. Pursuant to Minnesota Statutes section 214.103, subdivision 8(b), the dismissal notice informed Respondent that "the investigation may be re-opened in the future if the Board receives information that was not previously considered during the initial investigation of the complaint or if the Board receives similar reports or complaints regarding [his] practice of medicine." The investigation was subsequently reopened following the Board's receipt of similar complaints as described below.

May 2024 Complaint

7. In May 2024, the Board received a complaint raising concerns about Respondent failing to timely address patient prescription requests. The complaint alleged that patients told Respondent several times that psychiatric medications need to be sent to the pharmacy in a timely manner or patients will experience symptoms from lack of access to medications.

8. The Board opened an investigation into the matter and sent letters to Respondent again informing him of his duty to cooperate and requesting a response to the allegations and medical records on June 28, July 25, and August 14, 2024. Respondent called and spoke with

Board staff on August 23, 2024, about the matter. The Board then sent follow-up emails on September 6 and November 14, 2024, with one of the previously mailed letters attached. To date, the Board has not received Respondent's written response to the complaint nor has Respondent provided relevant records requested under Respondent's duty to cooperate fully and promptly with the investigation.

9. On March 6, 2025, the Committee met with Respondent at a conference pursuant to a Notice of Conference served on February 4, 2025.

10. On March 31, 2025, Respondent's license expired. Respondent continued to prescribe medications, including controlled substances, to patients without a valid license. Respondent renewed his license on June 6, 2025.

April 2025 and June 2025 Complaints

11. By letter dated April 11, 2025, the Board notified Respondent it received a new complaint regarding the inability of patients and other providers to contact Respondent regarding prescriptions and patient care matters. As part of the Board's investigation, it asked Respondent to respond to the allegations by April 28, 2025 and reminded Respondent of his duty to cooperate. Respondent did not respond.

12. By letter dated April 17, 2025, the Board notified Respondent that the Committee had additional questions following Respondent's March 6, 2025 conference and requested that Respondent provide specified records by May 5, 2025 under Respondent's duty to cooperate. Respondent did not provide the requested records.

13. By letter dated April 23, 2025, the Board notified Respondent it received a new complaint alleging Respondent inappropriately prescribed medications to a patient. As part of the Board's investigation, it asked Respondent to respond to the allegations and provide relevant patient records by May 7, 2025 under Respondent's duty to cooperate. Respondent did not provide the requested response or records.

14. By letters dated June 12, 2025 and June 16, 2025, the Board notified Respondent it received two additional complaints regarding Respondent's prescribing of controlled substances without a valid DEA license and a pharmacy refusing to fill prescriptions written by Respondent. The Board asked Respondent for his responses to the allegations and to provide related patient records under his duty to cooperate with the Board's investigation. Respondent did not provide the requested responses or records.

15. The Board's investigation of complaints it received alleging Respondent inappropriately prescribed controlled substances revealed that Respondent prescribed controlled substances to approximately 145 separate patients from May 2024 to June 2025, including while his license was expired, and that Respondent prescribed excessive quantities of dextroamphetamine-amphetamine, an abusable controlled substance, as follows:

a. Between March 2024 and May 2025, Respondent wrote a patient monthly prescriptions for both 60 20mg tablets of dextroamphetamine-amphetamine and 60 20mg extended-release capsules of dextroamphetamine-amphetamine. As a result, Respondent prescribed the patient a combined total of 80mg dextroamphetamine-amphetamine per day. Respondent wrote four of those prescriptions—on April 4, 2025, April 11, 2025, and May 7, 2025—without a valid license.

b. Between March 2024 and March 2025, Respondent wrote another patient monthly prescriptions for both 60 10 mg tablets and 60 25 mg extended-release capsules of dextroamphetamine-amphetamine. As a result, Respondent prescribed the patient a combined total of 70mg dextroamphetamine-amphetamine per day. On April 21, 2025, without a valid license, Respondent wrote the patient prescriptions for 60 10mg tablets and 60 25mg extended-release capsules of dextroamphetamine-amphetamine. On May 27, 2025, again without a valid license, Respondent wrote the patient a prescription for 60 25mg extended-release capsules of dextroamphetamine-amphetamine.

ISSUES

Whether the forgoing conduct constitutes one or more of the following grounds for disciplinary action:

1. Engaged in unethical or improper conduct, including but not limited to conduct likely to deceive, or defraud the public; conduct likely to harm the public; conduct that demonstrates a willful or careless disregard for the health, welfare, or safety of a patient; medical practice that is professionally incompetent; and conduct that 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, in violation of Minnesota Statutes section 147.091, subdivision 1(g).

2. Engaged in conduct that departs from or fails to conform to the minimal standards of acceptable and prevailing medical practice in which case proof of actual injury need not be established, in violation of Minnesota Statutes section 147.091, subdivision 1(k).

3. Engaged in inappropriate prescribing of a drug or device, in violation of Minnesota Statutes section 147.091, subdivision 1(s).

4. Failed to make reports as required by Minnesota Statutes section 147.111 or to cooperate with an investigation of the Board as required by section 147.131, in violation of section 147.091, subdivision 1(u).

5. Practiced medicine under lapsed or nonrenewed credentials in violation of Minnesota Statutes, section 147.091, subdivision 1(x).

ADDITIONAL NOTICE

1. Your failure to appear at the prehearing conference, settlement conference, or hearing may result in a finding that you are in default. A default means that the allegations contained in this Notice of Hearing may be taken as true or deemed proved without further evidence needing to be presented. If the allegations are taken as true or deemed proved, the Committee may recommend disciplinary action, which may be imposed by the full Board.

2. If any party has good cause for requesting a delay of the hearing, the request must be made in writing to the Administrative Law Judge at least five days prior to the prehearing conference or hearing. A copy of the request must be served on the other party.

3. Any party intending to appear at the prehearing conference and hearing must file a Notice of Appearance form and return it to the Administrative Law Judge within 20 days of the date of service of this Notice and Order for Hearing. A copy must be served on the Board's Committee attorney. A Notice of Appearance form is enclosed.

4. If the Committee has alleged a violation of Minnesota Statutes section 147.091, subdivision 1(t), all parties have a right to request a probable cause hearing before an administrative law judge pursuant to Minnesota Statutes section 147.092. The motion for a hearing must be made to the Court of Administrative Hearings within 20 days of the filing date of the contested case and served upon the Board upon filing. If there is no request for a hearing, any portion of this Notice and Order for Prehearing Conference and Order relating to allegations of sexual misconduct will automatically become public.

5. At the hearing, all parties have the right to be represented by legal counsel, by themselves, or by a person of their choice (if not prohibited as the unauthorized practice of law). The parties are entitled to ask the Administrative Law Judge to issue subpoenas to compel witnesses to attend the hearing. The parties will have the opportunity to be heard orally, to present evidence and cross-examine witnesses, and to submit evidence and argument. Ordinarily the hearing is tape-recorded. The parties may request that a court reporter record the testimony at their expense.

6.. Persons attending the hearing should bring all evidence bearing on the case, including any records or other documents. If data that is not public is admitted into the record, it may become public data unless an objection is made and relief is requested under Minnesota Statutes section 14.60, subdivision 2. The Board's disciplinary hearings are closed to the public.

7. Requests for subpoenas for the attendance of witnesses or the production of documents at the hearing shall be made in writing to the Administrative Law Judge pursuant to Minnesota Rule 1400.7000. A copy of the subpoena request shall be served on the other parties. A subpoena request form is available at *https://mn.gov/oah/self-help/administrative-law-overview/subpoenas.jsp* or by calling (651) 361-7900.

8. This case may be appropriate for mediation. The parties are encouraged to consider requesting the Chief Administrative Law Judge assign a mediator so that mediation can be scheduled promptly.

9. The Court of Administrative Hearings conducts contested case proceedings in accordance with the Minnesota Rules of Professional Conduct and the Professionalism Aspirations adopted by the Minnesota Supreme Court. A Guide to Participating in Contested Case Proceedings at the Court of Administrative Hearings is available at *https://mn.gov/oah/self-help/administrative-law-overview* or by calling (651) 361-7900.

10. Any party who needs an accommodation for a disability in order to participate in this hearing process may request one. Examples of reasonable accommodations include wheelchair accessibility, an interpreter, or Braille or large-print materials. If any party requires an interpreter, including a foreign language interpreter, the administrative law judge must be promptly notified. To arrange for an accommodation or an interpreter, contact the Court of Administrative Hearings at P.O. Box 64620, St. Paul, Minnesota 55164-0620, or call (651) 361-7900 (voice) or (651) 361-7878 (TTY).

11. You may review the laws that apply to this process on the internet by going to *www.revisor.mn.gov*. The laws that govern the Contested Case Proceeding are contained in Minnesota Statutes sections 14.57-.62 and in Minnesota Rules 1400.5010-.8400. The laws regulating the profession of medical practice are contained in Minnesota Statutes chapter 147. You may also find helpful information by going to the Court of Administrative Hearings' website at *https://mn.gov/oah/self-help/administrative-law-overview*. If you have any other questions, you may contact the Committee's attorney.

Dated this 1st day of April 2026.

COMPLAINT REVIEW COMMITTEE OF THE
BOARD OF MEDICAL PRACTICE

By: _____
ELIZABETH A. HUNTLEY
Executive Director of the
Minnesota Board of Medical Practice

EXHIBIT A-12

THIS DOCUMENT IS NOT PUBLIC CAH Docket No. 23-0903-41616

STATE OF MINNESOTA
COURT OF ADMINISTRATIVE HEARINGS
FOR THE BOARD OF MEDICAL PRACTICE

In the Matter of the Medical License of
Alex Uspensky, M.D.
Year of Birth: 1944
License No. 28060

CERTIFICATE OF SERVICE

AARON OLSON, hereby certifies that on the 1st day of April 2026, at the City of St. Paul, County of Ramsey, and State of Minnesota, s/he served the attached **NOTICE AND ORDER FOR PREHEARING CONFERENCE AND HEARING** and **NOTICE OF APPEARANCE OF CARLY RASMUSSEN,** upon Respondent by depositing the same in the United States mail at said city and state, a true and correct copy thereof, properly enveloped with prepaid first-class postage, and addressed as follows:

PERSONAL AND CONFIDENTIAL **VIA U.S. MAIL**

Alex Uspensky, M.D.
Bassett Creek Medical Building
5851 Duluth Street, Suite #315
Golden Valley, MN 55422

DA

EXHIBIT A-13

THIS DOCUMENT IS NOT PUBLIC CAH Docket No. 23-0903-41616

STATE OF MINNESOTA
COURT OF ADMINISTRATIVE HEARINGS
FOR THE BOARD OF MEDICAL PRACTICE

In the Matter of the Medical License of
Alex Uspensky, M.D.
Year of Birth: 1944
License No. 28060

CERTIFICATE OF SERVICE

DONNA ACKERMAN, hereby certifies that on the 1st day of April 2026, at the City of St. Paul, County of Ramsey, and State of Minnesota, she served the attached **NOTICE AND ORDER FOR PREHEARING CONFERENCE AND HEARING** and **NOTICE OF APPEARANCE OF CARLY RASMUSSEN,** upon Respondent by transmitting a true and correct version of the documents as a .pdf attachment via electronic mail as follows:

PERSONAL AND CONFIDENTIAL

Alex Uspensky, M.D.
Bassett Creek Medical Building
5851 Duluth Street, Suite #315
Golden Valley, MN 55422

VIA EMAIL AT:
alex.uspensky@comcast.net

s Donna Ackerman
DONNA ACKERMAN

CERTIFICATE OF SERVICE

Re: ***In the Matter of the Medical License of Alex Uspensky, M.D.***
License Number: 28060
CAH Docket No.: 23-0903-41616

NICOLE R. FRANKLIN hereby certifies that on the 14th day of September 2026, at the City of Eagan, County of Dakota, and State of Minnesota, I caused to be served the attached **FINDINGS OF FACT, CONCLUSIONS, AND FINAL ORDER (WITH EXHIBIT A)** by transmitting the document as a .pdf attachment via electronic mail and/or by causing a true and correct copy thereof to be deposited in the United States mail at the City of St. Paul, County of Ramsey, and State of Minnesota, properly enveloped, with first class postage prepaid, addressed as follows:

VIA E-MAIL & U.S. MAIL:

PERSONAL & CONFIDENTIAL

Alex Uspensky, M.D.
7900 Excelsior Boulevard, Suite 104A
Hopkins, Minnesota 55343
E-mail: *alex.uspensky@comcast.net*

VIA E-MAIL ONLY:

Carly Rasmussen
Theresa Flahaven
Assistant Attorneys General
445 Minnesota Street, Suite 600
St. Paul, Minnesota 55101-2125
E-mail: *Carly.Rasmussen@ag.state.mn.us*
E-mail: *Theresa.Flahaven@ag.state.mn.us*

VIA E-MAIL ONLY:

The Honorable Suzanne Todnem
Administrative Law Judge
Court of Administrative Hearings
P.O. Box 64620
St. Paul, Minnesota 55164-0620
E-mail: *Suzanne.Todnem@state.mn.us*

/s/ Nicole R. Franklin
NICOLE R. FRANKLIN

MINNESOTA
BOARD OF MEDICAL PRACTICE

PUBLIC DOCUMENT

TRUE AND EXACT COPY OF ORIGINAL

September 28, 2026

Casey M. Woster, M.D.
2047 Bayard Avenue
St. Paul, MN 55116

RE: Agreement for Corrective Action, Dated February 2, 2026

Dear Dr. Woster:

The Complaint Review Committee of the Minnesota Board of Medical Practice has reviewed your Agreement for Corrective Action and documentation in support of satisfaction of the terms contained therein. The Committee concluded that the Agreement has been satisfied.

Thank you for your cooperation with this matter.

Sincerely,

Elizabeth Huntley
Executive Director

335 Randolph Avenue, Suite 140 | Saint Paul, MN 55102
Telephone (612) 617-2130 | Fax (612) 617-2166 | https://mn.gov/boards/medical-practice
MN Relay Service for Hearing Impaired (800) 627-3529
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MINNESOTA
BOARD OF MEDICAL PRACTICE

TRUE AND EXACT COPY OF ORIGINAL

PUBLIC DOCUMENT

October 7, 2026

Dr. Daniel Growney
1405 Road 11
York, NE 68467

RE: Agreement for Corrective Action, Dated May 14, 2026

Dear Dr. Growney:

The Complaint Review Committee of the Minnesota Board of Medical Practice has reviewed your Agreement for Corrective Action and documentation in support of satisfaction of the terms contained therein. The Committee concluded that the Agreement has been satisfied.

Thank you for your cooperation.

Sincerely,

Elizabeth Huntley
Executive Director

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TRUE AND EXACT
COPY OF ORIGINAL

BEFORE THE MINNESOTA

BOARD OF MEDICAL PRACTICE

In the Matter of the
Acupuncture License of
Xiangdong Yu, L.Ac.
Year of Birth: 1968
License Number: 1490

AGREEMENT FOR CORRECTIVE ACTION

This Agreement for Corrective Action ("Agreement") is entered into by and between Xiangdong Yu, L.Ac. ("Respondent"), and the Complaint Review Committee of the Minnesota Board of Medical Practice ("Committee") pursuant to the authority of Minnesota Statutes section 214.103, subdivision 6(a) (2024). Respondent has been advised by Board representatives that he may choose to be represented by legal counsel in this matter. Respondent elected to be represented by John P. Golbranson, Hellmuth & Johnson, 8050 West 78th Street, Edina, Minnesota 55439. The Committee was represented by Carly Rasmussen, Assistant Attorney General, 445 Minnesota Street, Suite 600, St. Paul, Minnesota 55101. Respondent and the Committee hereby agree as follows:

FACTS

1. For the purpose of this Agreement only, the Board may consider the following facts as true:

a. Respondent was licensed by the Board to practice as a licensed acupuncturist in the State of Minnesota on July 11, 2009.

b. In March 2024, the Board received a complaint alleging that Respondent overbilled claims, overlapped appointments, submitted claims without supporting documentation for services rendered, and violated policies regarding the use of non-credentialed providers. The

complaint further alleged that Respondent inappropriately billed interpreter and transportation services by signing falsified and incorrect service work orders.

c. On April 23, 2026, Respondent appeared before the Committee to discuss the allegations. Respondent stated that he sees up to fifteen patients per day for forty-five-minute to one-hour appointments. Respondent stated that he had a partner, who is a licensed acupuncturist and who used Respondent's name to bill insurance. Respondent states that he oversaw and supervised his partner's treatment of patients. Respondent explained that he bills patients for the time that he treats the patient, which includes placement of the needles in the patient and the needle retention period. Respondent stated that he does not remain in the room during the needle retention period to enhance his patient's relaxation and therapeutic treatment, but remains right outside the room and checks on the patient every few minutes. Respondent stated that he does his own billing, which typically occurs once per week or every other week depending upon Respondent's schedule. Respondent stated that many of his patients arrange for interpreters and transportation to and from Respondent's clinic. Respondent signs off on the documents for interpreter and transportation services but does not prepare the work orders for these services.

2. Based on the discussion, the Committee views Respondent's conduct as inappropriate under Minnesota Statutes sections 147B.07 and 147.091, subdivision 1 (g) (engaged in unethical or improper conduct, including but not limited to, conduct likely to deceive or defraud the public); and (o) (improperly managed medical records, including failure to maintain adequate medical records) (2024), and Respondent agrees that the conduct cited above constitutes a reasonable basis in law and fact to justify corrective action under these statutes.

CORRECTIVE ACTION

3. Respondent agrees to address the concerns referred to in paragraphs 1 and 2 by taking the following corrective action:

a. Within one year of the date of the Agreement, Respondent shall successfully complete pre-approved coursework in:

i. Billing and Coding for Acupuncture, including Insurance Billing;

ii. Ethics; and

iii. Medical Recording Keeping.

b. Within three months of successful completion of the above-referenced coursework, he shall write and submit a paper, for review and approval by the Committee, discussing what he has learned from the coursework and how he will implement this knowledge into his practice; and

c. This Agreement shall be satisfied upon Respondent's successful completion of the terms of the Agreement.

4. This Agreement shall become effective upon execution by the Committee and shall remain in effect until Respondent successfully completes the terms of the Agreement. Successful completion shall be determined by the Committee. Upon Respondent's signature and the Committee's execution of this Agreement, the Committee agrees to close the complaints resulting in the information referred to in paragraphs 1 and 2. Respondent understands and further agrees that if, after the matter has been closed, the Committee receives additional complaints similar to the information in paragraphs 1 and 2, the Committee may reopen the closed complaint.

5. If Respondent fails to satisfy the terms of the Agreement the Committee may, in its discretion, reopen the investigation and proceed according to Minnesota Statutes chapters 14, 147,

and 214. Failure to satisfy the terms of the Agreement constitutes failure to cooperate under Minnesota Statutes section 147.091, subdivision 1(u). In any subsequent proceeding, the Committee may use this Agreement as proof that Respondent's conduct, cited in the Facts above, justified action under these statutes.

6. Respondent understands that this Agreement does not constitute disciplinary action. Respondent further understands and acknowledges that this Agreement and any letter of satisfaction are classified as public data for purposes of Minnesota Statutes sections 13.02, subdivision 15, and 13.41, subdivision 5 (2024). Data regarding this Agreement may be provided to data banks as required by federal law or consistent with Board policy.

7. Respondent acknowledges reading and understanding this Agreement and entering into it voluntarily. This Agreement contains the entire agreement between the Committee and Respondent, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this Agreement.

Dated: 10/6/2026

Xiangdong Yu, L.Ac.
Respondent

Dated: 10/15/2026

FOR THE COMMITTEE

MINNESOTA
BOARD OF MEDICAL PRACTICE

TRUE AND EXACT COPY OF ORIGINAL

PUBLIC DOCUMENT

October 7, 2026

Dr. Michael J. Norgard
Sanford Healthcare
1245 Washing Avenue
Detroit Lakes, MN 56501

RE: Agreement for Corrective Action, Dated March 9, 2026

Dear Dr. Norgard:

The Complaint Review Committee of the Minnesota Board of Medical Practice has reviewed your Agreement for Corrective Action and documentation in support of satisfaction of the terms contained therein. The Committee concluded that the Agreement has been satisfied.

Thank you for your cooperation.

Sincerely,

Elizabeth Huntley
Executive Director

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BOARD OF MEDICAL PRACTICE

PUBLIC DOCUMENT

TRUE AND EXACT COPY OF ORIGINAL

November 2, 2026

Suzanne E. Pauly, M.D.
1125 216th Ave NE
East Bethel, MN 55011

RE: Agreement for Corrective Action, Dated March 16, 2026

Dear Dr. Pauly:

The Complaint Review Committee of the Minnesota Board of Medical Practice has reviewed your Agreement for Corrective Action and documentation in support of satisfaction of the terms contained therein. The Committee concluded that the Agreement has been satisfied.

Thank you for your cooperation with this matter.

Sincerely,

Elizabeth Huntley
Executive Director

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