

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 WILL MEET ELECTRONICALLY BY WEBEX:

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**AGENDA FOR
THE MINNESOTA BOARD OF MEDICAL PRACTICE
POLICY & PLANNING COMMITTEE
JANUARY 7, 2021
10:30 A.M.**

1. Board of Medical Practice: Technical changes to practice acts
 - a. Medical Practice Act: Minn. Stat. 147.03 [see attached]
 - b. Acupuncture Practice Act: Minn. Stat. 147B. 02 [see attached]
 - c. Medical Practice Act and Physician Assistant Practice Act: Minn. Stat. 147.141(5) and 147A.16(4) [see attached]
 - d. Modifications related to 2020 changes to the Physician Assistant Practice Act
2. Review of state and federal legislative initiatives
3. Other Business

2021 Policy & Planning Committee Meeting Dates (10:00 a.m. unless otherwise noted)

- February 1, 10:30 a.m.
- March 1
- April 5
- May 3
- June 7
- July 12
- August 2
- September 13
- October 4
- November 1
- December 6

147.03 LICENSURE BY ENDORSEMENT; RECIPROCITY; TEMPORARY PERMIT.

Subdivision 1. Endorsement; reciprocity.

(a) The board may issue a license to practice medicine to any person who satisfies the requirements in paragraphs (b) to (e).

(b) The applicant shall satisfy all the requirements established in section [147.02, subdivision 1](#), paragraphs (a), (b), (d), (e), and (f).

(c) The applicant shall:

(1) have passed an examination prepared and graded by the Federation of State Medical Boards, the National Board of Medical Examiners, or the United States Medical Licensing Examination (USMLE) program in accordance with section [147.02, subdivision 1](#), paragraph (c), clause (2); the National Board of Osteopathic Medical Examiners; or the Medical Council of Canada; and

(2) have a current license from the equivalent licensing agency in another state or Canada and, if the examination in clause (1) was passed more than ten years ago, either:

(i) pass the Special Purpose Examination of the Federation of State Medical Boards with a score of 75 or better within three attempts; or

(ii) have a current certification by a specialty board of the American Board of Medical Specialties, of the American Osteopathic Association, the Royal College of Physicians and Surgeons of Canada, or of the College of Family Physicians of Canada; or

(3) if the applicant fails to meet the requirement established in section [147.02, subdivision 1](#), paragraph (c), clause (2), because the applicant failed to pass each of steps one, two, and three of the USMLE or COMLEX within the required three attempts, the applicant may be granted a license provided the applicant:

(i) has passed each of steps one, two, and three with passing scores as recommended by the USMLE or COMLEX program within no more than four attempts for any of the three steps;

(ii) is currently licensed in another state; and

(iii) has current certification by a specialty board of the American Board of Medical Specialties, the American Osteopathic Association Bureau of Professional Education, the Royal College of Physicians and Surgeons of Canada, or the College of Family Physicians of Canada.

(d) The applicant must not be under license suspension or revocation by the licensing board of the state or jurisdiction in which the conduct that caused the suspension or revocation occurred.

(e) The applicant must not have engaged in conduct warranting disciplinary action against a licensee, or have been subject to disciplinary action other than as specified in paragraph (d). If an

applicant does not satisfy the requirements stated in this paragraph, the board may issue a license only on the applicant's showing that the public will be protected through issuance of a license with conditions or limitations the board considers appropriate.

(f) Upon the request of an applicant, the board may conduct the final interview of the applicant by teleconference.

147B.02 LICENSURE.

Subd. 7. Licensure requirements.

(a) After June 30, 1997, an applicant for licensure must:

(1) submit a completed application for licensure on forms provided by the board, which must include the applicant's name and address of record, which shall be public;

(2) unless licensed under subdivision 5 or 6, submit ~~a notarized copy of a~~ evidence satisfactory to the board of current NCCAOM certification;

(3) sign a statement that the information in the application is true and correct to the best of the applicant's knowledge and belief;

(4) submit with the application all fees required; and

(5) sign a waiver authorizing the board to obtain access to the applicant's records in this state or any state in which the applicant has engaged in the practice of acupuncture.

(b) The board may ask the applicant to provide any additional information necessary to ensure that the applicant is able to practice with reasonable skill and safety to the public.

(c) The board may investigate information provided by an applicant to whether the information is accurate and complete. The board shall notify an applicant of action taken on the application and the reasons for denying licensure if licensure is denied.

147.141(5) FORMS OF DISCIPLINARY ACTION.

(5) impose a civil penalty not exceeding \$10,000 for each separate violation, the amount of the civil penalty to be fixed so as to deprive the physician of any economic advantage gained by reason of the violation charged, to discourage similar violations, or to reimburse the board for the cost of the investigation and proceeding;

147A.16(4) FORMS OF DISCIPLINARY ACTION.

(4) impose a civil penalty not exceeding \$10,000 for each separate violation, the amount of the civil penalty to be fixed so as to deprive the physician assistant of any economic advantage gained by reason of the violation charged, to discourage similar violations, or to reimburse the board for the cost of the investigation and proceeding;

Rationale:

There is strong precedent for this amending language. Ten other health-related licensing boards have the added authority to impose a penalty as a deterrent to future misconduct.