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 13, 2022
12:00 p.m.

1. Update on Board of Medical Practice Legislation
2. Update on Other Potential Legislation Impacting the Board/Professions
3. Discuss April Meeting Date
4. Future Meeting Dates

February 10, 12:00 PM
March 10, 12:00 PM
* April 14, 12:00 PM (TBD)
May 12, 12:00 PM
June 9, 12:00 PM
July 14, 12:00 PM
August 11, 12:00 PM
September 8, 12:00 PM
October 13, 12:00 PM
November 10, 12:00 PM
December 8, 12:00 PM
A bill for an act
relating to health; modifying licensure requirements for the practice of medicine
and acupuncture; strengthening forms of disciplinary action for physicians and
physician's assistants; repealing professional corporation rules; amending Minnesota
Statutes 2020, sections 147.03, subdivision 1; 147.037, subdivision 1; 147A.16;
147B.02, subdivision 7; Minnesota Statutes 2021 Supplement, section 147.141;
repealing Minnesota Rules, parts 5610.0100; 5610.0200; 5610.0300.
BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:
Section 1. Minnesota Statutes 2020, section 147.03, subdivision 1, is amended to read:
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 (SPEX) within three attempts; or

Section 1.
(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 within the required three attempts each of steps or levels one, two, and three of the USMLE within the required three attempts or the Comprehensive Osteopathic Medical Licensing Examination (COMLEX-USA), the applicant may be granted a license provided the applicant:

(i) has passed each of steps or levels one, two, and three within no more than four attempts for any of the three steps or levels with passing scores as recommended by the USMLE or COMLEX-USA 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.
(b) The applicant shall present evidence satisfactory to the board that the applicant is a graduate of a medical or osteopathic school approved by the board as equivalent to accredited United States or Canadian schools based upon its faculty, curriculum, facilities, accreditation, or other relevant data. If the applicant is a graduate of a medical or osteopathic program that is not accredited by the Liaison Committee for Medical Education or the American Osteopathic Association, the applicant may use the Federation of State Medical Boards' Federation Credentials Verification Service (FCVS) or its successor. If the applicant uses this service as allowed under this paragraph, the physician application fee may be less than $200 but must not exceed the cost of administering this paragraph.

c) The applicant shall present evidence satisfactory to the board that the applicant has been awarded a certificate by the Educational Council for Foreign Medical Graduates, and the applicant has a working ability in the English language sufficient to communicate with patients and physicians and to engage in the practice of medicine.

d) The applicant shall present evidence satisfactory to the board of the completion of one year of graduate, clinical medical training in a program accredited by a national accrediting organization approved by the board or other graduate training approved in advance by the board as meeting standards similar to those of a national accrediting organization. This requirement does not apply to an applicant who is admitted pursuant to the rules of the United States Department of Labor and:

1) to an applicant who was admitted as a permanent immigrant to the United States on or before October 1, 1991, as a person of exceptional ability in the sciences according to Code of Federal Regulations, title 20, section 656.22(d); or

2) to an applicant holding a valid license to practice medicine in another country and was issued a permanent immigrant visa after October 1, 1991, as a person of extraordinary ability in the field of science or as an outstanding professor or researcher according to Code of Federal Regulations, title 8, section 204.5(h) and (i), or a temporary nonimmigrant visa as a person of extraordinary ability in the field of science according to Code of Federal Regulations, title 8, section 214.2(o),

provided that a person under clause (1) or (2) is admitted pursuant to rules of the United States Department of Labor.

e) The applicant must:

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

(2) 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 SPEX or the Comprehensive Osteopathic Medical Variable-Purpose Examination of the National Board of Osteopathic Medical Examiners (COMVEX). The applicant must pass the SPEX or COMVEX within no more than three attempts of taking the SPEX, COMVEX, or a combination of the SPEX and COMVEX; or

(ii) have a current certification by a specialty board of the American Board of Medical Specialties, of the American Osteopathic Association, of 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 within the required three attempts each of steps or levels one, two, and three of the USMLE within the required three attempts or COMLEX-USA, the applicant may be granted a license provided the applicant:

(i) has passed each of steps or levels one, two, and three within no more than four attempts for any of the three steps or levels with passing scores as recommended by the USMLE or COMLEX-USA 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, the Royal College of Physicians and Surgeons of Canada, or the College of Family Physicians of Canada.

(f) 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.

(g) 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 (f). 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.
Sec. 3. Minnesota Statutes 2021 Supplement, section 147.141, is amended to read:

147.141 FORMS OF DISCIPLINARY ACTION.

When the board finds that a licensed physician or a physician registered under section 147.032 has violated a provision or provisions of sections 147.01 to 147.22, it may do one or more of the following:

(1) revoke the license;

(2) suspend the license;

(3) revoke or suspend registration to perform interstate telehealth;

(4) impose limitations or conditions on the physician's practice of medicine, including limiting the scope of practice to designated field specialties; the imposition of retraining or rehabilitation requirements; the requirement of practice under supervision; or the conditioning of continued practice on demonstration of knowledge or skills by appropriate examination or other review of skill and competence;

(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;

(6) order the physician to provide unremunerated professional service under supervision at a designated public hospital, clinic, or other health care institution; or

(7) censure or reprimand the licensed physician.

Sec. 4. Minnesota Statutes 2020, section 147A.16, is amended to read:

147A.16 FORMS OF DISCIPLINARY ACTION.

(a) When the board finds that a licensed physician assistant has violated a provision of this chapter, it may do one or more of the following:

(1) revoke the license;

(2) suspend the license;

(3) impose limitations or conditions on the physician assistant's practice, including limiting the scope of practice to designated field specialties; imposing retraining or rehabilitation requirements; or limiting practice until demonstration of knowledge or skills by appropriate examination or other review of skill and competence;
(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; or

(5) censure or reprimand the licensed physician assistant.

(b) Upon judicial review of any board disciplinary action taken under this chapter, the
reviewing court shall seal the administrative record, except for the board's final decision,
and shall not make the administrative record available to the public.

Sec. 5. Minnesota Statutes 2020, section 147B.02, subdivision 7, is amended to read:

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 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 determine 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.

Sec. 6. REPEALER.

Minnesota Rules, parts 5610.0100; 5610.0200; and 5610.0300, are repealed.