AGENDA FOR
THE MINNESOTA BOARD OF MEDICAL PRACTICE
BOARD MEETING THAT WILL BE HELD ON:
MAY 12, 2018, 9:00 AM
AT:
2829 UNIVERSITY AVENUE
FOURTH FLOOR, CONFERENCE ROOM A
MINNEAPOLIS, MN 55414-3246

PUBLIC SESSION

President: Patricia J. Lindholm, M.D., FAAFP, Board President

1. Call to Order and Roll Call  

2. Minutes of the March 10, 2018, Board Meeting  

3. An Educational Overview of the Medical Cannabis Program in Minnesota  
   By Tom Arneson, M.D., M.P.H., Research Manager at the Office of  
   Medical Cannabis within the Minnesota Department of Health  

4. Federation of State Medical Boards’ (FSMB) Video of  
   Jon V. Thomas, M.D., M.B.A., Acceptance of the FSMB  
   Distinguished Service Award at the FSMBs’ Award Ceremony  
   on April 26, 2018  

5. Report of New Credentials, March 1 to April 30, 2018  

6. April 12, 2018, Licensure Committee Report  
   a) Meeting Minutes  
   b) Advisory Council on Licensed Traditional Midwifery Appointment  

7. March 13 and April 10, 2018, Policy & Planning Committee Report  
   a) April 10, 2018, Meeting Minutes  
   b) April 10, 2018, Policy & Planning Committee Agenda  
   c) March 13, 2018, Minutes  
   d) March 13, 2018, Policy & Planning Committee Agenda  

8. Tri-Regulatory Symposium Draft Agenda  

9. Federation of State Medical Boards 2018 Annual Meeting Review  

10. Outstate Board Meeting  

11. Executive Director’s Report  

12. Legislative Update  

13. New Business  

14. Corrective or Other Actions  
   Presentation Slides for Agenda Item 3:  
   Medical Cannabis in Minnesota Presentation  

   Additional Agenda Item:  
   Health Professionals Services Program (HPSP) Program Committee Report
## MINNESOTA BOARD OF MEDICAL PRACTICE

### ROLL CALL
**MAY 12, 2018**
**BOARD MEETING**

<table>
<thead>
<tr>
<th>NAME</th>
<th>CONGRESSIONAL DISTRICT</th>
<th>APPOINTMENT FROM</th>
<th>TO</th>
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<tbody>
<tr>
<td>LINDHOLM, Patricia J., M.D., FAAFP <em>(President)</em></td>
<td>7</td>
<td>10/30/13</td>
<td>1/20</td>
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<tr>
<td>RASMUSSEN, Allen G., M.A. <em>(Vice President)</em></td>
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<td>9/29/14</td>
<td>1/18</td>
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<td>TOWNLEY, Patrick R., M.D., J.D. <em>(Secretary)</em></td>
<td>5</td>
<td>6/06/16</td>
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<td>BURKLE, Christopher, M.D., J.D., FCLM</td>
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<td>JAFRI, Irshad H., M.B., B.S., FACP</td>
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<td>JOHNSON, Kelli, Ph.D.</td>
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<td>KAPLAN, Gerald T., M.A., L.P.</td>
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<td>LOMBARDO, Kathryn, M.D.</td>
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<td>SPAULDING, Kimberly W., M.D., M.P.H.</td>
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<td>1/20</td>
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<td>STATTON, Maria K., M.D., Ph.D.</td>
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<td>WILLET, Joseph R., D.O., FACOI</td>
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REQUEST FOR BOARD ACTION
MINNESOTA BOARD OF MEDICAL PRACTICE

REQUESTED ACTION:
Approve the minutes of the March 10, 2018, Board Meeting as circulated.

MOTION BY:_____________________SECOND:______________________________
(  )   PASSED      (  )   PASSED AMENDED     (  )   LAYED OVER     (  )   DEFEATED

BACKGROUND:
See attached Minutes.
The Minnesota Board of Medical Practice met on March 10, 2018, at its offices in Minneapolis, Minnesota.

The following Board members were present for both Public and Executive Sessions, unless otherwise indicated: Patricia J. Lindholm, M.D., FAAFP, President; Allen G. Rasmussen, M.A., Vice President; Patrick R. Townley, M.D., J.D, Secretary; Christopher Burkle, M.D., J.D., FCLM; Irshad H. Jafri, M.B., B.S., FACP; Kelli Johnson, Ph.D.; Kimberly W. Spaulding, M.D., M.P.H.; Maria K. Statton, M.D., Ph.D.; Jon V. Thomas, M.D., M.B.A.; and Joseph R. Willett, D.O., FACOI.

PUBLIC SESSION

Agenda Item 1: Call to Order and Roll Call
The meeting was called to order by Board President Patricia J. Lindholm, M.D., FAAFP. Roll call was taken by Board staff.

Additional Agenda Item: Presentation of Board Service Plaque to Mr. Rasmussen from the Minnesota Board of Dentistry
Dr. Lindholm presented Allen G. Rasmussen, M.A., with a plaque in recognition of his Board member service on the Minnesota Board of Dentistry from 2009 to 2017.

Additional Agenda Item: Board Meeting Format
Dr. Lindholm announced that, at the beginning of each public Board meeting, five minutes will be set aside to allow comments from members of the public regarding the current Board agenda. Each member of the public will be allowed one minute for comment.

The floor was opened to public members to make comments.

A member of the public, who had not reviewed the agenda prior to the Board meeting, wished to comment on agenda item 10, New Business. Dr. Lindholm stated it is not appropriate for a member of the public to add new business to the agenda. Time was called.

Agenda Item 2: Minutes of the January 13, 2018, Board Meeting
The minutes of the January 13, 2018, Board meeting were received and approved as circulated.

Agenda Item 3: Health Professional Services Program (HPSP) Annual Report
Monica Feider, MSW, LICSW, HPSP Program Manager, presented the Board’s participant information, provided a brief summary of HPSP’s Fiscal Year 2018 Mid-Year Report and updated the Board on HPSP’s Strategic Planning.

Ms. Feider thanked HPSP Program Committee Chair Allen Rasmussen, M.A., for his leadership on the Program Committee. She also thanked the Board for its support of the program and thanked Board staff for facilitating the hiring process for new employees.

Ms. Martinez informed the Board that Ms. Feider recently celebrated 20 years of state service at HPSP. The Board offered its congratulations on her service.

A question and answer session followed the presentation.
Agenda Item 4: Health Professionals Services Program (HPSP) Program Committee Report
HPSP Program Committee Chair Allen G. Rasmussen, M.A., provided a summary of the February 13, 2018, HPSP Program Committee meeting.

Dr. Charles Reznikoff, an addiction medicine physician at Hennepin County Medical Center, presented to the HPSP Program Committee on medical cannabis.

Ms. Feider provided an overview of HPSP’s Fiscal Year 2018 Mid-Year Report.

The next meeting of the Program Committee is scheduled for May 8, 2018, at 10:00 a.m. A presentation on the Minnesota Prescription Monitoring Program is scheduled.

Mr. Rasmussen noted that attendance at the HPSP Program Committee has improved significantly.

Agenda Item 5: Report of New Credentials, January 1 to February 28, 2018
An informational report was provided of licenses issued on a weekly basis by Board staff between January 1 and February 28, 2018.

Agenda Item 6: February 8, 2018, Licensure Committee Report
- a. Minutes
  Licensure Committee Chair Christopher Burkle, M.D., J.D., FCLM, presented the February 8, 2018, Licensure Committee meeting minutes.

- b. Acupuncture Advisory Council Appointments
  Dr. Burkle presented the Acupuncture Advisory Council Appointments.
  The Licensure Committee’s motion to reappoint the following members to the Acupuncture Advisory Council passed unanimously.
  o Dr. Michael Green, M.D., Physician Member
  o Debra Weiss, L.Ac., Acupuncture Practitioner Member

Agenda Item 7: February 6, 2018, Policy & Planning Committee Report
Allen G. Rasmussen, M.A., Chair of the Board’s Policy & Planning Committee, summarized the February 6, 2018, Policy & Planning Committee meeting discussions.

The Policy & Planning Committee plans to meet monthly during the legislative session.

Agenda Item 8: Federation of State Medical Boards (FSMB) 2018 Annual Meeting
The Board is unable to attend the FSMB Annual Meeting due to Governor Dayton’s travel restriction to North Carolina. Minnesota is one of approximately 14 states that have imposed travel restrictions to North Carolina.

Joseph R. Willett, D.O. FACO, is a candidate to the FSMBs’ Board of Directors and is also the Board’s Designated Voting Delegate. The FSMB has set-up electronic means for Dr. Willett to vote on all of the FSMBs’ resolutions and reports and to make his candidates speech for a seat on the FSMBs’ Board of Directors. Dr. Willett will be have a virtual connection to the Candidates Forum so he will be able to see the candidates and the audience. Dr. Willett invited Board members to watch the Candidates Forum.

Ms. Martinez will set up the FSMB Annual Meeting webcast in the Board’s conference room for Board members and staff to convene to watch portions of the Annual Meeting. Ms. Martinez will send an e-mail to Board members with additional details.

At the January 13, 2018, the Board nominated Jon V. Thomas, M.D., M.B.A., for the FSMBs’ Distinguished Service Award. Dr. Thomas will attend the FSMB Annual meeting to accept his award. The Board recognizes Dr. Thomas’ contributions to the healthcare system and regulatory processes over many years here in Minnesota, as well as the many contributions he has made at the national level.
Dr. Thomas stated that he received notice from the FSMB congratulating him on being selected to receive the FSMB Distinguished Service Award. Dr. Thomas stated that, without the team of Board members and staff supporting him, he wouldn’t have been able to achieve this award. He will miss working on the Board and the Complaint Review Committee. He believes that the Minnesota Board of Medical Practice is one of the best, if not the best, Boards in the country.

Ms. Martinez will explore scheduling a local Board dinner during the FSMB Annual Meeting.

Ms. Martinez stated that the FSMB has encouraged the Board to select an alternative Voting Delegate. Ms. Martinez asked if any Board member was interested in serving as the Board’s Alternative Voting Delegate. Maria K. Statton, M.D., Ph.D. volunteered. A motion was made and passed unanimously to elect Dr. Statton as the Board’s Alternative Voting Delegate to the Federation of State Medical Boards.

Included in the Board agenda are resolutions and reports that Dr. Willett will vote on as the Board’s Voting Delegate at the FSMB Annual meeting. The Board discussed the resolutions and reports.

- Under FSMB Board Reports, 18-4 Guidelines for the Structure and Function of a State Medical and Osteopathic Board. Two of the options were discussed as topics of potential interest to the Board, as follow:
  - “The Board should be authorized to issue a confidential (if allowed by state law), non-reportable, non-disciplinary letter of concern, or advisory letter to a licensee when evidence does not warrant formal discipline, but the Board has noted indications of possible errant conduct by the licensee that could lead to serious consequences and formal action if the conduct were to continue. In its letter of concern or advisory letter, the Board should also be authorized, at its discretion, to request clarifying information from the licensee.”
  - “A period of free public service, either medical or non-medical.”

Mr. Rasmussen noted that the Dentistry Board requires public service in its remedial actions, extensively. The Medical Board has required public service in a non-medical way in at least one in disciplinary action.

Ms. Martinez asked if the Board would like to direct Dr. Willett to raise questions about some of the options and to clarify whether the FSMB is endorsing or simply offering options. Ms. Martinez pointed out that the Minnesota Board of Medical Practice does not have legal authority to issue Letters of Concern, although some other Boards do.

The Board discussed the process for proposing resolutions through the FSMB.

The Board approved and proposed a resolution to the FSMB at its January 14, 2017, Board meeting for the FSMB to study the impact of mandatory use of prescription drug monitoring programs prior to prescribing an opioid. Dr. Willett sat on the workgroup that studied the resolution for a year. The FSMB work group is still working on the resolution.

Ms. Martinez noted that, at the November 11, 2017, Board meeting, the Board passed a motion to submit a resolution to the FSMB to evaluate the need for testing under time constraints as a necessary and explicit component of the United States Medical Licensing Examination.

Ms. Martinez encouraged Board members to review the resolutions and reports that were included in the Board agenda and contact Dr. Willett with any feedback. Ms. Martinez requested that Board members copy Ms. Martinez and Executive Assistant Cheryl Johnston with any feedback.

Agenda Item 9: Executive Director’s Report

Ms. Martinez summarized the Executive Director’s Report.
INTERSTATE MEDICAL LICENSURE COMPACT (IMLC)
The IMLC Commission (IMLCC) convened by conference call and webinar on February 16, 2018. New member states and commissioners were welcomed and committees reported on progress toward strategic goals. Minnesota’s Commissioners, Patrick Townley, M.D., and Ruth Martinez, M.A., serve on the IMLCC Bylaws and Rules Committee, which Ms. Martinez chairs.

The IMLCC Bylaws and Rules Committee will meet in the week of March 18, 2018. There are now two subgroups under the Bylaws and Rules Committee which are initiating rule writing related to collection and exchange of complaint and disciplinary information.

Nationally, over 700 licenses have been issued through the IMLC process. Minnesota has issued over 100 expedited licenses.

Minnesota continues to issue licenses as a member state, but remains unable to participate as a state of principal license, pending further legislation. The Board worked with the Minnesota Bureau of Criminal Apprehension and the CBC Oversight Committee to draft language responsive to concerns raised by the Federal Bureau of Investigation.

The full IMLCC will convene by conference call and webinar in May 2018 and in person in November 2018. All IMLCC meetings are public. Please refer to the IMLC website for meeting dates, agendas and minutes, committee reports, bylaws and rules, and other relevant information. A link to the website follows: https://imlcc.org/

ENGAGEMENT/OUTREACH/CONFERENCES/EVENTS

- Rotary Club Presentation
  On January 22, 2018, Ms. Martinez presented an overview of the Board of Medical Practice to the Bloomington Rotary Club. Ms. Martinez was invited by former Board member Peter Smyth, M.D., who participated in the presentation. The audience was very receptive and the presentation was recorded. Dr. Smyth sent greetings to the Board.

- 2018 Tri-Regulatory Symposium
  Plans continue for the second Minnesota Tri-Regulatory Symposium, tentatively scheduled for June 6 or 13, 2018, at a site to be determined. The meeting will be held in the morning and hosted by the Boards of Medical Practice, Nursing and Pharmacy. There will be presentations on topics of common interest.

  Dr. Charles Reznikoff, an addiction medicine physician at Hennepin County Medical Center has agreed to present an overview of opioid initiative research.

  If Board member have any suggestions for the 2018 Tri-Regulatory Symposium, please contact Ms. Martinez.

- Other Business
  The Board has completed updating its statute books. The updated compilation will include practice acts for all Board regulated professions, as well as other relevant sections of statutes and rules. Once printed, the statute books will be made available to Board members, advisory council members, medical coordinators, the Attorney General’s Office, and Board staff.

- Updated Logo and Business Cards
  As a statewide initiative, the Board has an updated logo. New business cards with the new logo will be ordered for Board members and staff.

LEGISLATIVE UPDATE
On November 16, 2017, Senator Fischbach instructed the Revisor of Statutes to cease or reduce all work creating legislation for the Executive Branch, of which the Health Licensing Boards (HLBs) are
members. The instruction followed Governor Dayton’s veto of funding for the Minnesota House of Representatives and Senate.

On February 20, 2018, the Minnesota Legislature convened for the 2018 session and took up the legislative funding issue. On February 27, 2018, with the passage of House File 399, the funding issue was resolved and the Legislative Coordinating Commission directed the Revisor of Statutes to resume the important work of drafting bills for state agencies.

House and Senate leadership established the following legislative committee deadlines:

1\textsuperscript{st} deadline – March 22, 2018 at midnight: The first deadline is for committees to act favorably on bills in the house of origin.

2\textsuperscript{nd} deadline – March 29, 2018 at midnight: The second deadline is for committees to act favorably on bills, or companions of bills, that met the first deadline in the other body.

3\textsuperscript{rd} deadline – April 20, 2018 at midnight: The third deadline is for committees to act favorably on major appropriation and finance bills.

Because this is a short session and with a brief period of time between the resumption of authority to draft bills and the first deadline for bills to pass through a committee, the Health Licensing Boards (HLBs) have been working diligently with legislative staff and authors to prepare bills for committee consideration. Ms. Martinez acknowledged attorney Lauren Bethke from the Revisors Office and Senate Lead Counsel Katie Cavanor for their work with the (HLBs) on proposed legislative language. Some Boards, including the Board of Medical Practice, have bills specific to their regulatory authority. The Boards have also collaborated on bills that impact all or several HLBs.

**Board of Medical Practice Legislation**

**H.F. 822/S.F. 614**
Modifying the Minnesota Athletic Trainers Practice Act, M.S. § 148.7801 – 7815.

- Moves registration to licensure
- Updates language

On March 8, 2018, the Senate Health and Human Services Reform and Policy Committee passed an amendment to the bill to remove scope of practice changes and moved the bill to the Senate floor. A hearing in the House is scheduled for March 20, 2018.

**H.F. 2753/SF 2310**
Modifying licensing requirements for foreign medical graduates, M.S. § 147.037.

- Proposes a supervised apprenticeship model in an outstate or underserved setting to create a pathway to licensure for foreign medical graduates lacking the required accredited clinical training.

On March 5, 2018, Senator Jim Abeler, the Senate bill’s chief author, accepted an amendment proposed by the Board of Medical Practice to eliminate the apprenticeship model and insert a reduction in the accredited clinical training requirement for foreign medical graduates from two years to one year and allowing the Board to consider expanding the clinical training programs it deems acceptable to satisfy the clinical training requirement.

Senator Abeler attended a Policy & Planning Committee meeting where the Board expressed its concerns regarding the bill’s apprenticeship model. At that meeting, Senator Abeler invited the Board to bring him an alternative. The Board did and Senator Abeler graciously and appreciatively accepted the alternative of a reduction in the accredited clinic training requirement for foreign medical graduates from two years to one year. The proposed amendment also allows the Board to consider expanding the clinical training programs it deems acceptable to satisfy the clinical training requirement.
Ms. Martinez thanked members of the Policy & Planning Committee and other Board members that attended the Policy & Planning Committee when Senator Abeler attended. Ms. Martinez thanked Licensure Unit Supervisor Molly Schwanz for suggesting the alternative plan. Ms. Martinez also thanked people at the Minnesota Medical Association that worked with the Board on this alternative plan and for their support.

The Board invited the House author Representative Kiel to adopt the alternative language, the Board has not received a response yet. Ms. Martinez is confident the bill will pass in the Senate but doesn’t know if it will pass in the House. At the Senate hearings, senators from both parties were complimentary to the Board for engaging in a legislative process to reduce obstacles to licensure.

**H.F. 3536/S.F. 2865**
Eliminating term limits for Physician Assistant Advisory Council members.

- The Physician Assistant (PA) Advisory Council is one of seven advisory councils to the Board of Medical Practice, providing expertise for allied professions regulated by the Board.
- The PA Advisory Council is the only council that has term limits for its members.

On March 8, 2018, the Senate Health and Human Services Reform and Policy Committee passed an amendment to the bill to delete an effective date and moved the bill to the Senate floor. In the absence of a stated effective date, all policy bills become effective on August 1.

The bill passed easily through committees in the Senate and Ms. Martinez is hopeful that it will also pass through committees in the House.

**Bill Introduction Pending**
Establishing birth month renewal cycles for allied professions regulated by the Board; recapturing fees; and adding genetic counselors as an allied profession under the authority of the Board.

- Six allied professions, with the exception of athletic trainers, will move to a birth month renewal cycle, beginning in 2019 – M.S. § 147A – G,
- Fees are moved from rule to the individual practice acts for each of the Board’s regulated professions – because no fees are added or increased, there is no fiscal impact.
- Genetic counselors are added to M.S. § 147.012 recognizing the Board’s authority to oversee allied professions.

The bill was jacketed on March 8, 2018, and signatures will be secured by March 13, 2018. Ms. Martinez thanked Legal Analyst Kate Van-Etta Olson and Lauren Bethke for their hard work in drafting the language for the bill.

Ms. Martinez explained that all allied health professions renew on June 30 of each year, which occurs at the busiest time for the Licensure Unit. Renewing by birth month will spread renewals over the calendar year and will be easier for licensees to remember when they renew.

**Health Licensing Board Legislation**

**Bill Introduction Pending**
Modifying sections of M.S. § 214 related to criminal background checks (CBCs), data sharing and temporary suspension; and modifying M.S. § 364 related to exceptions to the criminal rehabilitation act.

- Under the criminal background section:
  - Eliminate implementation language, since all HLBs implemented CBC for new licensure applicants as of January 1, 2018.
  - Clarify validity of CBC for one year.
  - Create exemption from CBC for an individual applying for a second license type with the same HLB within one year of completing a CBC for another license within the same Board.
  - Remove 90-day time period for refusal to consent or submit fingerprints.
  - Establish consistent reference to national criminal history records checks.
Authorize alternative method of CBC after applicant has submitted two, rather than three, sets of unreadable fingerprints.

- Under M.S. § 214.10 Subd. 8(d), add language to explicitly prohibit sharing of criminal history record information.
- Under M.S. § 214.077, increase the maximum timeline from 30 – 60 days between receipt of the Administrative Law Judge’s report and the Board’s hearing on final action, following a temporary suspension of license and completion of an administrative hearing.

The bill has bipartisan support and will be introduced on March 12, 2018.

Board staff is hopeful that this bill will satisfy federal criminal background check requirements and that the FBI will approve the language so that Minnesota can participate as a state of principle license in the Interstate Medical Licensure Compact (IMLC).

**Bills Being Monitored**
The Board is tracking a number of bills, including but not limited to the following:

**H.F. 95/S.F. 623**
Mandatory opioid continuing education for health professionals and reimbursement for acupuncture services

**H.F. 1134/S.F. 752**
Limiting the time to fill prescriptions for opioid drugs to 30 days after issuance of the prescription.

**H.F. 1219/S.F. 843**
MN PMP restrictions on a prescriber’s authority to prescribe controlled substances.

**H.F. 1413/S.F. 1151**
Clinical lactation service licensing created, fees established; amended to establish authority under Board of Medical Practice.

The profession may not be a good fit under the authority of the Board of Medical Practice. Ms. Martinez believes it is unlikely the bill will progress this session.

**H.F. 3023/S.F. 2957**
Mandatory opioid CE for physicians.
(Senate HHS Reform and Policy hearing scheduled for March 13).

Although the HLBs are not enthusiastic about topic specific mandatory continuing education, they have opted not to oppose the bill. Board members agreed that mandatory education is often years behind current practice.

**H.F. 3060/S.F. 3218**
Healthcare providers required to obtain a direct secure messaging address.

**H.F. 3061/S.F. 2886**
Primary care residency programs grants expansion.

**H.F. 3396/S.F. 3033**
Health care providers and plans required to provide price transparency to patients and enrollees.

**H.F. 3401/S.F. 3107**
Opiate prescriptions limited to a seven-day supply.

**H.F. 3449**
Providers required to provide patients with written estimates of charges.
The Secretary of State is directed to collect data on veteran status from applications for appointment to state agencies, Boards, councils, commissions and task forces. This bill could impact Board members or applicants for Board appointment. Ms. Martinez is unclear if the collection of data on veteran status is to show preference to veterans or if it is for gathering data to determine how engaged veterans are in serving on Boards, councils, commissions, and task forces.

H.F. 3534
Opioid reduction pilot program established and money appropriated.

H.F. 3568
Medical cannabis manufacturer registration and patient registry program provisions modified
The bill has only been introduced in the House.

Ms. Martinez reminded Board members that they are invited to participate in the Center for Telehealth & e-Health Law (Ctel) conference call scheduled for Monday, March 12, 2018, at 11:30 am Central Standard time. Board members were previously sent an e-mail by Board staff with details of the Ctel conference call.

Ms. Martinez does not have an update to a bill to protect Board members from being sued by the Federal Trade Commission. Ms. Martinez may have more information before the April 10, 2018, Policy & Planning Committee meeting.

Agenda Item 10: New Business

- CPEP Report
  Dr. Lindholm provided a report of her recent two-day visit to the Center for Personalized Education for Physicians (CPEP) Learning Summit visit. CPEP invites Board members and staff each year to a CPEP Learning Summit to observe the components of a comprehensive clinical competence assessment, learn how structured education plans can address documented clinical deficiencies, and apply those lessons in an interactive case study session. Dr. Lindholm felt it was worthwhile and encouraged other Board members to attend CPEP’s Learning Summit.

  The Board’s committees may refer respondents for assessment to determine whether to take action or to evaluate remediation of practice skills. Participation in a CPEP practice skills assessment or learning plan has been required in some Board actions. If the Board requires a licensee to be assessed by CPEP in the investigational process, the Board pays the costs for the assessment. If CPEP is a requirement of an Order, typically the Board requires the licensee to pay the associated costs.

  Ms. Martinez stated that many Board members have attended the CPEP Learning Summit, primarily those serving on Complaint Review Committees. CPEP continues to expand its programs and is recognized for its skills assessment program. CPEP also offers a documentation course and has several other good education programs.

  Dr. Lindholm suggested that CPEP provide a two hour webinar or presentation about the program to Board members. We will explore whether there is interest in a CPEP webinar or presentation and determine an appropriate venue.

- Paperless Technology Change
  Ms. Martinez informed the Board that there may be changes in paperless technology. MNiT Central advised the Boards that it will no longer provide support for the iPads or any newly purchased Surface Pros. Ms. Martinez is exploring alternate technology. Ms. Martinez noted that laptops would be leased through MNiT and the Board would pay a monthly maintenance fee. The laptops will likely be ordered soon. Ms. Martinez will update the Board at the May 12, 2018, Board meeting.
Agenda Item 11: Corrective or Other Actions
Corrective and other actions were presented for Board information only.

Dr. Lindholm adjourned the public session of the Board meeting.
The following Board members were present for both Public and Executive Sessions, unless otherwise indicated: Patricia J. Lindholm, M.D., FAAFP, President; Allen G. Rasmussen, M.A., Vice President; Patrick R. Townley, M.D., J.D, Secretary; Christopher Burkle, M.D., J.D., FCLM; Irshad H. Jafri, M.B., B.S., FACP; Kelli Johnson, Ph.D.; Kimberly W. Spaulding, M.D., M.P.H.; Maria K. Statton, M.D., Ph.D.; Jon V. Thomas, M.D., M.B.A.; and Joseph R. Willett, D.O., FACOI

SONAL A. SIDHWANI, M.D., B.S.
On recommendation of the Complaint Review Committee, the Board approved the Stipulation and Order for indefinite suspension signed by Dr. Sidhwani.

DR. ANCA I. ZAMFIRESCU
On recommendation of the Complaint Review Committee, the Board approved the Order of Unconditional License.

There being no further business, the meeting was adjourned.

Patrick R. Townley, M.D., J.D.
Secretary
MN Board of Medical Practice

Date: May 4, 2018
DATE: May 12, 2018
SUBJECT: Educational Overview of the Medical Cannabis Program in Minnesota
Provided by Tom Arneson, M.D., M.P.H.

SUBMITTED BY: Patricia J. Lindholm, M.D., FAAFP, Board President

REQUEST FOR BOARD ACTION
MINNESOTA BOARD OF MEDICAL PRACTICE

REQUESTED ACTION:

For information only.

MOTION BY: ___________________ SECOND: ___________________
( ) PASSED ( ) PASSED AMENDED ( ) LAYED OVER ( ) DEFEATED

BACKGROUND:

Tom Arneson, M.D., M.P.H., will provide an Educational Overview of the Medical Cannabis Program in Minnesota. Dr. Arneson is the Research Manager at the Office of Medical Cannabis within the Minnesota Department of Health.
DATE: May 12, 2018

SUBJECT: Federation of State Medical Boards’ Video of Jon V. Thomas, M.D., M.B.A., Acceptance of the FSMB Distinguished Service Award at the FSMB Award Ceremony on April 26, 2018

SUBMITTED BY: Patricia J. Lindholm, M.D., FAAFP, Board President

REQUEST FOR BOARD ACTION
MINNESOTA BOARD OF MEDICAL PRACTICE

REQUESTED ACTION:

For information only.

MOTION BY: ____________________  SECOND: ____________________

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

BACKGROUND:

A video of Jon V. Thomas, M.D., M.B.A., accepting the FSMB Distinguished Service Award at the FSMB Award Ceremony on April 26, 2018, will be shown for the Board.
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:

For information only, attached are listings of new credentials issued from March 1, 2018 to April 30, 2018.
Minnesota Board of Medical Practice
New Credential Summary in March and April 2018

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### New Credential Summary for 03/29/2018

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New Credential Summary for 03/29/2018

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New Credential Summary for 03/29/2018

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### Minnesota Board of Medical Practice
### New Credential Summary for 04/05/2018

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Minnesota Board of Medical Practice
New Credential Summary for 04/26/2018

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<td>Expire Date</td>
<td>Seq #</td>
</tr>
<tr>
<td>-----------------------------</td>
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<td>-------</td>
</tr>
<tr>
<td>Czarniecki, Megan Latchaw M.S.</td>
<td></td>
<td>1164</td>
<td>08/31/2019</td>
<td>42</td>
</tr>
</tbody>
</table>
REQUESTED ACTION:

Approve the actions of the Licensure Committee.

MOTION BY:  SECOND:

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

BACKGROUND:

See attached April 12, 2018, Licensure Committee Meeting Minutes.
LICENSURE COMMITTEE MEETING
Minnesota Board of Medical Practice
University Park Plaza, 2829 University Avenue SE, Suite 500
Minneapolis, MN 55414-3246

April 12, 2018

FINAL MINUTES

The Licensure Committee ("Committee") met on April 12, 2018, at 1:00 p.m. in the Board of Medical Practice conference room.

Committee Members Present: Christopher Burkle, M.D., J.D., FCLM; Allen Rasmussen, M.A.; and Kimberly Spaulding, M.D., M.P.H.

ADMINISTRATIVE ISSUES:

Appointment of Chair to the Licensure Committee: A motion passed to elect Dr. Christopher Burkle as Chair of the Committee.

Additional Meeting Dates for 2018, Scheduled at 1:00 p.m., are:
• June 14
• August 9
• October 11
• *December 6

*December 6, 2018 LC alt. due to CRC and HOL

Physicians Requesting Resigned/Inactive Status: For information only, the Committee was provided with the list of 86 requests.

Physician Requesting Resignation Under Order: For information only, the Committee was provided with the list of one (1) request.

Athletic Trainer Requesting Resigned/Inactive Status: For information only, the Committee was provided with the list of one (1) request.

Medical Faculty Physician Requesting Resigned/Inactive Status: For information only, the Committee was provided with the list of one (1) request.

Telemedicine Registrant Requesting Resigned/Inactive Status: For information only, the Committee was provided with the list of one (1) request.
ADVISORY COUNCIL APPOINTMENTS:

Advisory Council on Licensed Traditional Midwifery: The Committee agreed to recommend the following application to the Board in May, 2018:
- Tavniah Betts, CPM, LTM

APPLICATION REVIEWS:

- REDACTED: The Committee reviewed REDACTED’s application and recommended that the Board approve licensure pursuant to a Stipulation and Order, based on Minn. Stat. §147.091, subd. 1, (d) and (s), including the following:

Upon this Stipulation and all of the files, records, and proceedings herein, and without any further notice or hearing herein, Applicant does hereby consent that the Board may make and enter an Order DISCIPLINING and CONDITIONING Applicant's license to practice medicine and surgery in the State of Minnesota as follows:

a. Applicant is granted a license to practice medicine and surgery in the State of Minnesota.
b. Applicant’s license is REPRIMANDED.
c. Applicant’s license is conditioned upon successfully completing the following courses approved in advance by the Board:
   1) Controlled substance prescribing; and,
   2) Ethics.
   Successful completion shall be determined by the Board or its designee and must be accomplished within six months from the date of this Order.
d. Applicant may petition for reinstatement of an unconditional license after completion of the terms of the Order. Upon hearing Applicant's petition, the Complaint Review Committee may recommend that the Board continue, modify, or remove the conditions as deemed necessary.

- REDACTED: The Committee reviewed REDACTED’s application and approved issuance of an unrestricted license.
DISCUSSION:

• REDACTED: The Committee reviewed REDACTED’s request for CME extension beyond staff authorization, and approved completion of activities by the end of September, 2018.

• REDACTED: The Committee reviewed REDACTED’s supporting documentation for REDACTED, in conjunction with the April, 2018 REDACTED Advisory Council meeting minutes and requested an appearance, in June, to discuss concerns surrounding scope of practice and protected health information.

• REDACTED: Upon review of REDACTED’s request and supporting documentation, the Committee approved issuance of a license, granting an extension to the number of attempts permitted to pass the United States Medical Licensing Examination, pursuant to Minnesota Statutes §147.02, Subd. 1b.

• REDACTED: Upon review of REDACTED’s request and supporting documentation, the Committee approved issuance of a license, granting an extension to the number of attempts permitted to pass the United States Medical Licensing Examination, pursuant to Minnesota Statutes §147.02, Subd. 1b.
DATE: May 12, 2018
SUBJECT: Advisory Council on Licensed Traditional Midwifery Appointment

SUBMITTED BY: Licensure Committee

REQUEST FOR BOARD ACTION
MINNESOTA BOARD OF MEDICAL PRACTICE

REQUESTED ACTION:

Appoint the following person to the remainder of a recently vacated four-year term to the Advisory Council on Licensed Traditional Midwifery with term ending January, 2020:

Midwife Member
- Tavniah Leigh Betts

MOTION BY: SECOND: ( ) PASSED ( ) PASSED AMENDED ( ) LAYED OVER ( ) DEFEATED

BACKGROUND:

Advisory Council on Licensed Traditional Midwifery members are appointed to four-year terms (Minn. Stat. §147D.25). The Board shall appoint a replacement to fill the vacancy created when the Council member's terms expire or are vacated. The following Council member's term was vacated in March, 2018:

Council Member | Position
--- | ---
Kim Garrett | Midwife Member

Two applications have been received for the midwife member position. Applications have been received from the following:
- Tavniah Betts, CPM, LTM
- Jean Hartley, CPM, LTM

The Licensure Committee is recommending Tavniah Betts for appointment to the Council.

See attached applications.
Application for the position Licensed Traditional Midwife

Part I: Position Sought

Agency Name: Advisory Council On Licensed Traditional Midwifery
Position: Licensed Traditional Midwife

Part II: Applicant Information

Name: Tavniah Leigh Betts @gmail.com
Phone:
Mailing Address:
Email:
County: St. Louis
Felony Conviction: No
Mn House District: 07A
US House District: 8
Recommended by the Appointing Authority: True

Part III: Appending Documentation

Cover Letter and Resume

<table>
<thead>
<tr>
<th>Type</th>
<th>File Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cover Letter</td>
<td>application/pdf</td>
</tr>
<tr>
<td>Resume</td>
<td>application/pdf</td>
</tr>
</tbody>
</table>

Additional Documents (.doc, .docx, .pdf, .txt)

https://commissionsandappointments.sos.state.mn.us/ApplicationAdditionalDocument/ApplicationFinal/14818
Part IV: Optional Statistical Information

Gender: No Answer
Disability: No Answer
Age:
Political Affiliation: No Answer
Ethnicity: No Answer
Hispanic, Latino or Spanish origin: No Answer

Part V: Signature

Signature: Tavniia Betts
Date: 3/16/2018 4:34:54 PM
Application for the position Licensed Traditional Midwife

Part I: Position Sought

Agency Name: Advisory Council On Licensed Traditional Midwifery
Position: Licensed Traditional Midwife

Part II: Applicant Information

Name: Jean Hartley
Phone:
Mailing Address:
Email:
County: Sherburne
Felony Conviction: No
Mn House District: 31A
US House District: 6
Recommended by the Appointing Authority: False

Part III: Appending Documentation

Cover Letter and Resume

<table>
<thead>
<tr>
<th>Type</th>
<th>File Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resume</td>
<td>application/vnd.openxmlformats-officedocument.wordprocessingml.document</td>
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</tbody>
</table>

Additional Documents (.doc, .docx, .pdf, .txt)

<table>
<thead>
<tr>
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<th>File Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>[Link]</td>
</tr>
</tbody>
</table>
Part IV: Optional Statistical Information

Gender: Female
Disability: No
Age:
Political Affiliation: No Answer
Ethnicity: White or Caucasian
Hispanic, Latino or Spanish origin: No

Part V: Signature

Signature: Jean Hartley
Date: 3/7/2018 7:27:18 PM

AGENCY DETAILS

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DATE: May 12, 2018
SUBJECT: Policy & Planning Committee Report
March 13 and April 10, 2018

SUBMITTED BY: Policy & Planning Committee

REQUEST FOR BOARD ACTION
MINNESOTA BOARD OF MEDICAL PRACTICE

REQUESTED ACTION:

Approve the actions of the Policy & Planning Committee.

MOTION BY: ____________________ SECOND: ________________________

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

BACKGROUND:

Policy & Planning Committee Report:
  a. April 10, 2018, Minutes
  b. April 10, 2018, Agenda
  c. March 13, 2018, Minutes
  d. March 13, 2018, Agenda
The Committee, chaired by Allen Rasmussen, M.A, and attended by Patrick Townley, M.D., J.D., met at 1:00 p.m. at the Board offices, Suite 500 conference room. The Committee was assisted by Board staff Ruth Martinez, Molly Schwanz, Elizabeth Huntley and Kate Van Etta-Olson. Members of the public also attended. The Committee considered the following items:

1. **Revising Minn. Stat. §§ 147.02, 147.03, 147.037: USMLE attempt limits Step 1 and 2**

   Board staff brought to the Committee’s attention the fact that the Board turns away otherwise qualified candidates for medical licensure because the candidate failed to pass the USMLE Steps in three attempts. Board staff presented research related to how other state boards limit the number of attempts to take the USMLE. Specifically, 25 states have no limit on USMLE Steps 1 and 2. Currently, Minnesota law permits only medical or military exceptions to the 3 attempt limit.

   The Committee members discussed the issue and raised concern that eliminating the cap on the number of attempts would lower the bar to licensure. The Committee recommended the issue be brought to the full Board for discussion at a Board meeting.

2. **Minnesota e-Health Summit – June 14, 2018:**

   Board staff presented the Committee with information related to the Minnesota e-Health Summit which is scheduled for June 14, 2018. While limited information was available for the meeting, Board staff will provide additional materials to Board members for the May 12, 2018 Board meeting. Committee members agreed to encourage Board members to attend the e-Health Summit.

3. **Federation of Associations of Regulatory Boards (FARB) Comprehensive Regulatory Training for Board Members – August 10, 2018:**

   Board staff presented the Committee with information related to a Health-Licensing Boards initiative to bring in FARB to give training to Board members and staff. The training is anticipated to be one day and cover the following topics: an analysis of the law, governance and administrative management; role of the board; role of the board member; discipline and appeals; outreach and social media; and immunity.

   The Committee agreed to encourage as many Board members as possible to attend the training on August 10, 2018.

4. **Legislative Updates:**

   Board staff provided an update on the status of current legislative bills.

   Board staff updated the Committee on the status of the Board's bill related to amendments to the criminal background check, temporary suspension timeline, and exemption from the criminal rehab act. In order to timely have the matter heard in the Senate, Senator Benson amended her bill, S.F. 3417, to include the language in the Board’s bill (S.F. 3180). The matter continues to progress in the House.

   Board staff updated the Committee on the status of the International Medical Graduates’ (IMG) bill for an alternative pathway to licensure through the apprenticeship model. In the Senate, Senator Abeler’s bill has been amended to eliminate the apprenticeship model and reduce the current clinical training requirements for licensure from two years to one year for IMGs. In the House, Representative Kiel’s bill has not been amended and is currently scheduled for a hearing on April 16, 2018 at 4:30p.m. Both Chair Allen Rasmussen and Executive Director Ruth Martinez are planning to attend the hearing.

   Board staff updated the Committee on the status of the Board’s bill related to birth month renewal cycle conversion for the allied professions. The bill is likely to pass.
Board staff updated the Committee on the status of the athletic trainers’ bill – moving the profession from registration to licensure – which is progressing in both houses and is on track to pass.

Board staff updated the Committee on the current status of a bill requiring mandatory opioid continuing medical education (CME) which is expected to pass. The current version of the bill contains a sunset provision so that each licensee subject to the CME requirement will only have to complete two hours of opioid prescribing CME once.

5. **Other Business:**

Board staff gave the Committee members an update on MNIT which is no longer supporting Board iPads. Board staff informed the Committee members that MNIT plans to have Board members use laptops going forward that will be purchased by MNIT and leased to the Board with a service contract. Board staff will keep Board members apprised of any updates.

Board staff was asked to provide feedback on MNIT’s performance to legislators. The Board staff provided feedback related to MNIT’s inefficiencies and lack of cost transparency, while complementing MNIT employees.

There being no other business, the meeting was adjourned.
Policy & Planning Committee
April 10, 2018
1:00 p.m.,
Suite 500 Conference Room
Agenda

1. Revising Minn. Stat. §§ 147.02, 147.03, 147.037
   - Removing limit on attempts for USMLE Steps 1 and 2

2. Minnesota e-Health Summit – June 14, 2018

3. Federation of Associations of Regulatory Boards (FARB) Comprehensive Regulatory Training for Board Members – August 10, 2018

4. Legislative Updates

5. Other Business
Examination and Training Requirements – Comparison Across States

States that have no limit on attempts for USMLE Steps 1 and 2:
1. AL
2. AZ
3. CA
4. CO
5. CT
6. DC
7. FL
8. GA
9. HI
10. KS
11. LA
12. MA
13. ME
14. MD
15. MS
16. MT
17. NV
18. NJ
19. NY
20. OR
21. PA
22. PR
23. VT
24. VA
25. WA
26. WV

States that have no limit on attempts for COMLEX:
1. AL
2. AZ
3. CA
4. CO
5. CT
6. DC
7. DE
8. FL
9. HI
10. ID
11. MD
12. ME
13. MS
States that accept GME completed in foreign countries other than Canada for credit towards licensure:
1. AR
2. CT
3. IL
4. ME
5. NE
6. NH (including 10 years of practice)
7. NY
8. OH
9. OK
10. RI (UK only)
## Administration of the U.S. Medical Licensing Examination Steps 1 and 2

<table>
<thead>
<tr>
<th>Number of times candidates for licensure may take USMLE Step 1</th>
<th>Number of times candidates for licensure may take USMLE Step 2</th>
<th>Amount of time within which Steps 1 and 2 of USMLE must be passed</th>
</tr>
</thead>
<tbody>
<tr>
<td>AL No limit</td>
<td>No limit</td>
<td>No limit</td>
</tr>
<tr>
<td>AK No limit</td>
<td>No limit</td>
<td>No limit</td>
</tr>
<tr>
<td>AZ-M No limit</td>
<td>No limit</td>
<td>No limit</td>
</tr>
<tr>
<td>AZ-O N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>AR No limit</td>
<td>No limit</td>
<td>No limit</td>
</tr>
<tr>
<td>CA-M No limit</td>
<td>No limit</td>
<td>No limit</td>
</tr>
<tr>
<td>CA-O N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>CO No limit</td>
<td>No limit</td>
<td>No limit</td>
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<tr>
<td>CT No limit</td>
<td>No limit</td>
<td>No limit</td>
</tr>
<tr>
<td>DE No limit</td>
<td>No limit</td>
<td>No limit</td>
</tr>
<tr>
<td>DC No limit</td>
<td>No limit</td>
<td>7 yrs (all 3 steps)</td>
</tr>
<tr>
<td>FL-M No limit</td>
<td>No limit</td>
<td>No limit</td>
</tr>
<tr>
<td>FL-O N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>GA No limit</td>
<td>No limit</td>
<td>7 yrs (all 3 steps); 10 yrs for MD/PhDs</td>
</tr>
<tr>
<td>GU N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>HI No limit</td>
<td>No limit</td>
<td>No limit</td>
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<tr>
<td>ID 3 (Pass on 3rd attempt)</td>
<td>3 (Pass on 3rd Attempt)</td>
<td>7 yrs (all 3 steps)</td>
</tr>
<tr>
<td>IL 5</td>
<td>5</td>
<td>7 yrs (all 3 steps)</td>
</tr>
<tr>
<td>IN 3</td>
<td>3</td>
<td>10 yrs (all steps)</td>
</tr>
<tr>
<td>IA 6</td>
<td>6</td>
<td>10 yrs (all steps)</td>
</tr>
<tr>
<td>KS No limit</td>
<td>No limit</td>
<td>10 yrs (all steps)</td>
</tr>
<tr>
<td>KY 4</td>
<td>4</td>
<td>No limit</td>
</tr>
<tr>
<td>LA No limit</td>
<td>No limit</td>
<td>No limit</td>
</tr>
<tr>
<td>ME-M No limit</td>
<td>No limit</td>
<td>7 yrs (all 3 steps)</td>
</tr>
<tr>
<td>ME-O N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>MD No limit</td>
<td>No limit</td>
<td>No limit</td>
</tr>
<tr>
<td>MA No limit</td>
<td>No limit</td>
<td>7 yrs (all 3 steps)</td>
</tr>
<tr>
<td>MI-M No more than 3 attempts for any step</td>
<td>No more than 3 attempts for any step</td>
<td>Must satisfy requirements of FSMB</td>
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<tr>
<td>MI-O N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>MN 3</td>
<td>5 yrs or before end of training (Step or level 2)</td>
<td>No limit</td>
</tr>
<tr>
<td>MS No limit</td>
<td>No limit</td>
<td>No limit</td>
</tr>
<tr>
<td>MO 3</td>
<td>3</td>
<td>7 yrs (all 3 steps)</td>
</tr>
<tr>
<td>MS No limit</td>
<td>No limit</td>
<td>No limit</td>
</tr>
<tr>
<td>MT No limit</td>
<td>No limit</td>
<td>7 yrs (all 3 steps)</td>
</tr>
<tr>
<td>NE 4</td>
<td>4</td>
<td>10 yrs (all steps)</td>
</tr>
<tr>
<td>NV-M No limit</td>
<td>No limit</td>
<td>7 yrs (for all 3 steps and 9 total attempts); no more than 9 attempts on Step 2 (10 yrs for MD/PhD programs)</td>
</tr>
<tr>
<td>NV-O N/A</td>
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<td>N/A</td>
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<tr>
<td>NH 3</td>
<td>3</td>
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<td>NJ-M No limit</td>
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<td>7 yrs (all 3 steps)</td>
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<td>NJ-M No limit</td>
<td>No limit</td>
<td>7 yrs (all 3 steps)</td>
</tr>
<tr>
<td>NM-M 6</td>
<td>6</td>
<td>7 yrs (all 3 steps)</td>
</tr>
<tr>
<td>NM-O N/A</td>
<td>N/A</td>
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<td>No limit</td>
</tr>
<tr>
<td>NC 3</td>
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<td>No limit</td>
</tr>
<tr>
<td>ND 3</td>
<td>3</td>
<td>7 yrs (all 3 steps)</td>
</tr>
<tr>
<td>OH 5</td>
<td>5</td>
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<tr>
<td>OK-M 3</td>
<td>3</td>
<td>10 yrs (all 3 steps)</td>
</tr>
<tr>
<td>OK-O N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>OR No limit</td>
<td>No limit</td>
<td>7 yrs (all 3 steps)</td>
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<td>PA-M No limit</td>
<td>No limit</td>
<td>No limit</td>
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<tr>
<td>PA-O N/A</td>
<td>N/A</td>
<td>N/A</td>
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<td>PR No limit</td>
<td>No limit</td>
<td>7 yrs</td>
</tr>
<tr>
<td>RI 3</td>
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<td>7 yrs</td>
</tr>
<tr>
<td>SC 3</td>
<td>3</td>
<td>10 yrs (all steps)</td>
</tr>
<tr>
<td>SD 3</td>
<td>3</td>
<td>10 yrs (all steps); 10 yrs for MD/PhDs; no more than 2 failures of any step</td>
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<td>TN-M 4</td>
<td>4</td>
<td>No limit</td>
</tr>
<tr>
<td>TN-O N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>TX 3</td>
<td>3</td>
<td>7 calendar yrs (all 3 steps); 2 years after required GME for MD/PhDs; time frame waived if practicing in an MUA or HPQA</td>
</tr>
<tr>
<td>UT-M 3</td>
<td>3</td>
<td>7 yrs (10 yrs for MD/PhD programs)</td>
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<tr>
<td>UT-O N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
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<td>VT-M No limit</td>
<td>No limit</td>
<td>No limit</td>
</tr>
<tr>
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<td>N/A</td>
<td>N/A</td>
</tr>
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<td>WI N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>WA-M No limit</td>
<td>No limit</td>
<td>10 yrs (all 3 steps)</td>
</tr>
<tr>
<td>WA-O N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>WV-M No limit</td>
<td>No limit</td>
<td>10 yrs</td>
</tr>
<tr>
<td>WV-O N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>WI 3</td>
<td>3</td>
<td>10 yrs (all 3 steps)</td>
</tr>
<tr>
<td>WY 7 attempts (all 3 steps)</td>
<td>7 attempts (all 3 steps)</td>
<td>7 attempts (all 3 steps)</td>
</tr>
<tr>
<td>State</td>
<td>Number of times candidates for licensure may take COMLEX</td>
<td>Time limit for completion of all levels of COMLEX</td>
</tr>
<tr>
<td>-------</td>
<td>--------------------------------------------------------</td>
<td>--------------------------------------------------</td>
</tr>
<tr>
<td>AL</td>
<td>No limit</td>
<td>No limit</td>
</tr>
<tr>
<td>AK</td>
<td>2 attempts per level</td>
<td>7 yrs</td>
</tr>
<tr>
<td>AZ-M</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>AZ-O</td>
<td>No limit</td>
<td>No limit</td>
</tr>
<tr>
<td>AR</td>
<td>3 attempts per level</td>
<td>No limit</td>
</tr>
<tr>
<td>CA-M</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>CA-O</td>
<td>No limit</td>
<td>No limit</td>
</tr>
<tr>
<td>CO</td>
<td>No limit</td>
<td>7 yrs</td>
</tr>
<tr>
<td>CT</td>
<td>No limit</td>
<td>No limit</td>
</tr>
<tr>
<td>DE</td>
<td>No limit</td>
<td>No limit</td>
</tr>
<tr>
<td>DC</td>
<td>No limit</td>
<td>7 yrs; 10 yrs for DO/PhD candidates</td>
</tr>
<tr>
<td>FL-M</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>FL-O</td>
<td>No limit</td>
<td>N/A</td>
</tr>
<tr>
<td>GA</td>
<td>3 attempts</td>
<td>No limit</td>
</tr>
<tr>
<td>GU</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>HI</td>
<td>No limit</td>
<td>No limit</td>
</tr>
<tr>
<td>ID</td>
<td>No limit</td>
<td>No limit</td>
</tr>
<tr>
<td>IL</td>
<td>5 attempts total</td>
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<tr>
<td>IN</td>
<td>5 attempts per level</td>
<td>7 yrs</td>
</tr>
<tr>
<td>IA</td>
<td>6 attempts for Levels 1 and 2; 3 attempts for Level 3</td>
<td>10 yrs</td>
</tr>
<tr>
<td>KS</td>
<td>3 attempts for Level 3</td>
<td>7 yrs</td>
</tr>
<tr>
<td>KY</td>
<td>4 attempts per level</td>
<td>10 yrs</td>
</tr>
<tr>
<td>LA</td>
<td>4 attempts at Levels 2 or 3</td>
<td>10 yrs</td>
</tr>
<tr>
<td>ME-M</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>ME-O</td>
<td>No limit</td>
<td>No limit</td>
</tr>
<tr>
<td>MD</td>
<td>No limit</td>
<td>No limit</td>
</tr>
<tr>
<td>MA</td>
<td>3 attempts for Level 3; 1 yr of GME before 4th attempt</td>
<td>7 yrs</td>
</tr>
<tr>
<td>MI-M</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>MI-O</td>
<td>6</td>
<td>7 yrs</td>
</tr>
<tr>
<td>MN</td>
<td>3 attempts</td>
<td>5 yrs or before end of training (Step 2 or Level 2)</td>
</tr>
<tr>
<td>MS</td>
<td>No limit</td>
<td>No limit</td>
</tr>
<tr>
<td>MO</td>
<td>3 attempts</td>
<td>No limit</td>
</tr>
<tr>
<td>MP</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>MT</td>
<td>No limit</td>
<td>No limit</td>
</tr>
<tr>
<td>NE</td>
<td>4 attempts per level</td>
<td>10 yrs</td>
</tr>
<tr>
<td>NV-M</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>NV-O</td>
<td>No limit</td>
<td>No limit</td>
</tr>
<tr>
<td>NH</td>
<td>3 attempts</td>
<td>No limit</td>
</tr>
<tr>
<td>NJ</td>
<td>5 attempts</td>
<td>7 yrs</td>
</tr>
<tr>
<td>NM-M</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>NM-O</td>
<td>No limit</td>
<td>No limit</td>
</tr>
<tr>
<td>NY</td>
<td>No limit</td>
<td>No limit</td>
</tr>
<tr>
<td>NC</td>
<td>3 attempts per level</td>
<td>No limit</td>
</tr>
<tr>
<td>ND</td>
<td>3 attempts per level</td>
<td>7 yrs</td>
</tr>
<tr>
<td>OH</td>
<td>5 attempts per level</td>
<td>10 yrs</td>
</tr>
<tr>
<td>OK-M</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>OK-O</td>
<td>No limit</td>
<td>No limit</td>
</tr>
<tr>
<td>OR</td>
<td>3 attempts for Level 3; plus 1 yr GME for 4th attempt</td>
<td>7 yrs</td>
</tr>
<tr>
<td>PA-M</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>PA-O</td>
<td>No limit</td>
<td>No limit</td>
</tr>
<tr>
<td>PR</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>RI</td>
<td>3 attempts per level</td>
<td>No limit</td>
</tr>
<tr>
<td>SC</td>
<td>3 attempts per level (2 with ABMS/ABO certification)</td>
<td>10 yrs</td>
</tr>
<tr>
<td>SD</td>
<td>3 attempts per level</td>
<td>7 yrs</td>
</tr>
<tr>
<td>TN-M</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>TN-O</td>
<td>No limit</td>
<td>No limit</td>
</tr>
<tr>
<td>TX</td>
<td>3 attempts per level</td>
<td>7 yrs (2 years past required GME for DO/PhD applicants)</td>
</tr>
<tr>
<td>UT-M</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>UT-O</td>
<td>3 attempts per level</td>
<td>7 yrs (10 yrs for DO/PhD candidates)</td>
</tr>
<tr>
<td>VT-M</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>VT-O</td>
<td>7 yrs</td>
<td>N/A</td>
</tr>
<tr>
<td>VA</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>WA-M</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>WA-O</td>
<td>No limit</td>
<td>No limit</td>
</tr>
<tr>
<td>WV-M</td>
<td>No limit</td>
<td>No limit</td>
</tr>
<tr>
<td>WV-O</td>
<td>No limit</td>
<td>No limit</td>
</tr>
<tr>
<td>WI</td>
<td>3</td>
<td>7 yrs (8 yrs for DO/PhD candidates)</td>
</tr>
<tr>
<td>WY</td>
<td>7 attempts</td>
<td>7 yrs (8 yrs for DO/PhD candidates)</td>
</tr>
<tr>
<td>State</td>
<td>Has state board requirements for appointment to GME program other than ECFMG certificate or limited license</td>
<td>May accept GME completed in foreign countries other than Canada for credit toward license</td>
</tr>
<tr>
<td>-------</td>
<td>-------------------------------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>AL</td>
<td>X (residency permit required)</td>
<td>—</td>
</tr>
<tr>
<td>AK</td>
<td>X (residency permit required)</td>
<td>—</td>
</tr>
<tr>
<td>AZ-M</td>
<td>X (residency permit required)</td>
<td>—</td>
</tr>
<tr>
<td>AZ-O</td>
<td>N/A</td>
<td>—</td>
</tr>
<tr>
<td>AR</td>
<td>X</td>
<td>—</td>
</tr>
<tr>
<td>CA-M</td>
<td>X (Postgraduate Training Authorization Letter (PTAL) required)</td>
<td>—</td>
</tr>
<tr>
<td>CA-O</td>
<td>N/A</td>
<td>—</td>
</tr>
<tr>
<td>CO</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>CT</td>
<td>X (residency permit required)</td>
<td>X</td>
</tr>
<tr>
<td>DE</td>
<td>X (residency permit required)</td>
<td>—</td>
</tr>
<tr>
<td>DC</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>FL-M</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>FL-O</td>
<td>N/A</td>
<td>—</td>
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<tr>
<td>GA</td>
<td>—</td>
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</tr>
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<td>GU</td>
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<td>IL</td>
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<td>X</td>
</tr>
<tr>
<td>IN</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>KS</td>
<td>X (residency permit required)</td>
<td>—</td>
</tr>
<tr>
<td>KY</td>
<td>X (residency permit required for 2nd yr)</td>
<td>—</td>
</tr>
<tr>
<td>LA</td>
<td>X (passage of 2 or more USMLEs)</td>
<td>—</td>
</tr>
<tr>
<td>ME-M</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>ME-O</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>MD</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>MA</td>
<td>X (passage of 2 or more USMLEs)</td>
<td>N/A</td>
</tr>
<tr>
<td>MI-M</td>
<td>X (certification of medical education)</td>
<td>—</td>
</tr>
<tr>
<td>MI-O</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>MN</td>
<td>X (residency permit required)</td>
<td>—</td>
</tr>
<tr>
<td>MS</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>MO</td>
<td>X</td>
<td>—</td>
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<tr>
<td>MP</td>
<td>—</td>
<td>—</td>
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<tr>
<td>MT</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>NE</td>
<td>—</td>
<td>X</td>
</tr>
<tr>
<td>NY-M</td>
<td>X</td>
<td>—</td>
</tr>
<tr>
<td>NY-O</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>NH</td>
<td>—</td>
<td>X (including 10 years of practice)</td>
</tr>
<tr>
<td>NJ</td>
<td>X (residency intern permit required)</td>
<td>—</td>
</tr>
<tr>
<td>NM-M</td>
<td>N/A</td>
<td>—</td>
</tr>
<tr>
<td>NM-O</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>NY</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>NC</td>
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<td>—</td>
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<tr>
<td>ND</td>
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<tr>
<td>OH</td>
<td>N/A</td>
<td>X</td>
</tr>
<tr>
<td>OK-M</td>
<td>—</td>
<td>X</td>
</tr>
<tr>
<td>OK-O</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>OR</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>PA-M</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>PA-O</td>
<td>N/A</td>
<td>—</td>
</tr>
<tr>
<td>PR</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>RI</td>
<td>—</td>
<td>X (UK only)</td>
</tr>
<tr>
<td>SC</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>SD</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>TN-M</td>
<td>—</td>
<td>X (specialty board must be ABA recognized)</td>
</tr>
<tr>
<td>TN-O</td>
<td>N/A</td>
<td>—</td>
</tr>
<tr>
<td>TX</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>UT-M</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>UT-O</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>VT-M</td>
<td>X</td>
<td>—</td>
</tr>
<tr>
<td>VT-O</td>
<td>N/A</td>
<td>—</td>
</tr>
<tr>
<td>WI</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>WA-M</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>WA-O</td>
<td>N/A</td>
<td>—</td>
</tr>
<tr>
<td>WV-M</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>WV-O</td>
<td>N/A</td>
<td>—</td>
</tr>
<tr>
<td>WY</td>
<td>—</td>
<td>—</td>
</tr>
</tbody>
</table>

Note: X = yes; — = no; N/A = Not applicable; Blank = Not available at publication date.
147.02 EXAMINATION; LICENSING.

Subdivision 1. United States or Canadian medical school graduates. The board shall issue a license to practice medicine to a person not currently licensed in another state or Canada and who meets the requirements in paragraphs (a) to (f).

(a) An applicant for a license shall file a written application on forms provided by the board, showing to the board's satisfaction that the applicant is of good moral character and satisfies the requirements of this section.

(b) The applicant shall present evidence satisfactory to the board of being a graduate of a medical or osteopathic medical school located in the United States, its territories or Canada, and approved by the board based upon its faculty, curriculum, facilities, accreditation by a recognized national accrediting organization approved by the board, and other relevant data, or is currently enrolled in the final year of study at the school.

(c) The applicant must have passed an examination as described in clause (1) or (2).

(1) The applicant must have passed a comprehensive examination for initial licensure prepared and graded by the National Board of Medical Examiners, the Federation of State Medical Boards, the Medical Council of Canada, the National Board of Osteopathic Examiners, or the appropriate state board that the board determines acceptable. The board shall by rule determine what constitutes a passing score in the examination.

(2) The applicant taking the United States Medical Licensing Examination (USMLE) or Comprehensive Osteopathic Medical Licensing Examination (COMLEX-USA) must have passed steps or levels one, two, and three. Step or level three must be passed within five years of passing step or level two, or before the end of residency training. The applicant must pass each of steps or levels one, two, and three with passing scores as recommended by the USMLE program or National Board of Osteopathic Medical Examiners within three attempts. The applicant taking combinations of Federation of State Medical Boards, National Board of Medical Examiners, and USMLE may be accepted only if the combination is approved by the board as comparable to existing comparable examination sequences and all examinations are completed prior to the year 2000.

(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.

(e) The applicant may make arrangements with the executive director to appear in person before the board or its designated representative to show that the applicant satisfies the requirements of this section. The board may establish as internal operating procedures the procedures or requirements for the applicant's personal presentation.

(f) The applicant shall pay a nonrefundable fee established by the board. Upon application or notice of license renewal, the board must provide notice to the applicant and to the person whose license is scheduled to be issued or renewed of any additional fees, surcharges, or other costs which the person is obligated to pay as a condition of licensure. The notice must:

(1) state the dollar amount of the additional costs; and

(2) clearly identify to the applicant the payment schedule of additional costs.
(g) 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.

(h) 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 (g). If the 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 and limitations the board considers appropriate.

(i) If the examination in paragraph (c) was passed more than ten years ago, the applicant must either:
   
   (1) pass the special purpose examination of the Federation of State Medical Boards with a score of 75 or better within three attempts; or
   
   (2) 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.

Subd. 1a. Examination extension; active military service. The board may grant an extension to the time period required to pass the United States Medical Licensing Examination (USMLE) as specified in subdivision 1, paragraph (c), clause (2), if an applicant is mobilized into active military service, as defined in section 190.05, subdivision 5, during the process of taking the USMLE, but before passage of all steps. Proof of active military service must be submitted to the board on the forms and according to the timelines of the board.

Subd. 1b. Examination extension; medical reasons. The board may grant an extension to the time period and to the number of attempts permitted to pass the United States Medical Licensing Examination (USMLE) as specified in subdivision 1, paragraph (c), clause (2), if an applicant has been diagnosed with a medical illness during the process of taking the USMLE, but before passage of all steps, or fails to pass a step within three attempts due to the applicant's medical illness. Proof of the medical illness must be submitted to the board on forms and according to the timelines of the board.

Subd. 2. [Repealed, 1985 c 247 s 26]

Subd. 2a. Temporary permit. The board may issue a temporary permit to practice medicine to a physician eligible for licensure under this section only if the application for licensure is complete, all requirements in subdivision 1 have been met, and a nonrefundable fee set by the board has been paid. The permit remains valid only until the meeting of the board at which a decision is made on the physician's application for licensure.

Subd. 3. [Repealed, 1971 c 485 s 6]

Subd. 4. [Repealed, 1984 c 432 art 2 s 55]

Subd. 5. Procedures. The board shall adopt a written statement of internal operating procedures describing procedures for receiving and investigating complaints, reviewing misconduct cases, and imposing disciplinary actions.

Subd. 6. Disciplinary actions must be published. At least annually, the board shall publish and release to the public a description of all disciplinary measures taken by the board. The publication must include, for each disciplinary measure taken, the name and business address of the licensee, the nature of the misconduct, and the disciplinary measure taken by the board.
Subd. 6a. Exception to publication requirement. The publication requirement does not apply to disciplinary measures by the board which are based exclusively upon grounds listed in section 147.091, subdivision 1, clause (l) or (r).

History: (5707) RLs 2296; 1909 c 474 s 1; 1927 c 188 s 2; 1937 c 203 s 1; 1953 c 290 s 1; 1959 c 346 s 1; 1963 c 45 s 2; 1967 c 416 s 2; 1969 c 6 s 25; 1969 c 927 s 2; 1971 c 485 s 2; 1973 c 638 s 2; 1974 c 42 s 1; 1975 c 93 s 1, 2; 1976 c 222 s 33; 1983 c 290 s 17; 1985 c 247 s 4-6; 1986 c 444; 1988 c 557 s 1, 6; 1989 c 282 art 2 s 39; 1990 c 576 s 6; 1993 c 21 s 2, 3; 1Sp1993 c 1 art 5 s 7; 1998 c 254 art 1 s 37; 1999 c 33 s 1; 2006 c 188 s 1; 2006 c 199 s 1; 2007 c 13 art 1 s 11; 2007 c 123 s 4, 5; 2013 c 44 s 3; 2016 c 119 s 3; 1Sp2017 c 6 art 11 s 2
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 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 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.

Subd. 2. Temporary permit. The board may issue a temporary permit to practice medicine to a physician eligible for licensure under this section only if the application for licensure is complete, all requirements in subdivision 1 have been met, and a nonrefundable fee set by the board has been paid. The permit remains
valid only until the meeting of the board at which a decision is made on the physician's application for licensure.

Subd. 3. Exception. Notwithstanding subdivision 2, the board may issue a temporary permit to practice medicine to an applicant who has not satisfied the requirements of subdivision 1, paragraph (c), clause (2), item (i) or (ii), but has satisfied all other requirements for licensure under this section, and has paid a nonrefundable fee set by the board. The permit remains valid for six months.

History: (5709) 1905 c 236 s 1; 1913 c 139 s 1; 1919 c 251 s 1; 1927 c 188 s 3; 1953 c 290 s 2; 1963 c 45 s 3; 1975 c 92 s 1; 1977 c 7 s 1; 1985 c 247 s 8; 1986 c 444; 1991 c 106 s 1; 1992 c 513 art 6 s 28; 1993 c 19 s 1; 1993 c 21 s 4; 1999 c 33 s 2; 2004 c 268 s 12; 2004 c 288 art 7 s 5; 2006 c 188 s 2; 2008 c 189 s 3; 2016 c 119 s 4; 1Sp2017 c 6 art 11 s 3
147.037 LICENSING OF FOREIGN MEDICAL SCHOOL GRADUATES; TEMPORARY PERMIT.

Subdivision 1. Requirements. The board shall issue a license to practice medicine to any person who satisfies the requirements in paragraphs (a) to (g).

(a) The applicant shall satisfy all the requirements established in section 147.02, subdivision 1, paragraphs (a), (e), (f), (g), and (h).

(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 two years of graduate, clinical medical training in a program located in the United States, its territories, or Canada and accredited by a national accrediting organization approved by the board. This requirement does not apply:

(1) to an applicant who is 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);

(2) to an applicant holding a valid license to practice medicine in another country and 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; or

(3) to an applicant who is licensed in another state, has practiced five years without disciplinary action in the United States, its territories, or Canada, has completed one year of the graduate, clinical medical training required by this paragraph, and has passed the Special Purpose Examination of the Federation of State Medical Boards within three attempts in the 24 months before licensing.

(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 program in accordance with section 147.02, subdivision 1, paragraph (c), clause (2), or the Medical Council of Canada; and

(2) have a current license from the equivalent licensing agency in another state or country 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, 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 each of steps one, two, and three of the USMLE 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 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.

Subd. 1a. Temporary permit. The board may issue a temporary permit to practice medicine to a physician eligible for licensure under this section only if the application for licensure is complete, all requirements in subdivision 1 have been met, and a nonrefundable fee set by the board has been paid. The permit remains valid only until the meeting of the board at which a decision is made on the physician's application for licensure.

Subd. 2. Medical school review. The board may contract with any qualified person or organization for the performance of a review or investigation, including site visits if necessary, of any medical or osteopathic school prior to approving the school under section 147.02, subdivision 1, paragraph (b), or subdivision 1, paragraph (b), of this section. To the extent possible, the board shall require the school being reviewed to pay the costs of the review or investigation.

History: 1985 c 247 s 9; 1986 c 444; 1991 c 106 s 2; 1993 c 21 s 5,6,13; 1994 c 433 s 1; 1995 c 18 s 2; 1999 c 33 s 3; 2004 c 270 s 2; 2007 c 123 s 6; 2008 c 189 s 4; 2016 c 119 s 5
Dear Healthcare Advocate:

We are happy to announce an exciting opportunity for you to share and connect with hundreds of health advocates from around the state of Minnesota. On Thursday, June 14, we will once again host the Minnesota e-Health Summit at the Earle Brown Heritage Center in Brooklyn Center. The Minnesota e-Health Summit is locally designed and hosted, focusing on successes, challenges, and future planning by and with Minnesota leaders and peers...it is Minnesota's premier e-Health forum!

The year 2018 is a year of action in Minnesota, as reflected in the conference title "Act Today, Impact Tomorrow", with e-Health playing a prominent role in combating the opioid epidemic, with pending legislative and program changes related to health information exchange, and in response to a rapidly changing technology and services environment. This year's conference will also highlight the work around HIE, as well as emerging technologies such as Artificial Intelligence and others. We anticipate 300 healthcare and IT professionals from hospitals, clinics, government agencies, health plan organizations, public health organizations, colleges and universities, long-term care facilities and pharmacies to attend the summit which is celebrating its 14th year of success. Many of these are directors, administrators and other leaders who influence or make purchasing decisions.

This is a great opportunity for you to participate in this important discussion while promoting your brand and sharing your product and service. We hope you will consider joining us as a sponsor or an exhibitor at this year's MN e-Health Summit.

Sincerely,

Marty LaVenture, PhD, MPH
Co-chair of the MN e-Health Summit planning committee
Director, Office of Health Information Technology and e-Health, MDH

Jennifer Lundblad, PhD, MBA
Co-chair of the MN e-Health Summit planning committee
President and CEO, Stratis Health

DEPARTMENT OF HEALTH
FARB MISSION

To promote excellence in regulation for public protection by providing expertise and innovation from a multi-professional perspective.

In keeping with its mission statement, FARB provides a forum for interaction among individuals and agencies involved in regulatory law and the licensing of professionals with the goal of protecting the public. Relevant associations, individuals, and other organizations that seek to strengthen and uphold the standards of licensed professionals and the protection of the public are invited to participate.

Visit the FARB website at www.FARB.org for more information about FARB and its meetings.

FARB PROGRAMS

Conferences
- January FARB Forum focusing on Regulatory Boards
- October FARB RLS (Regulatory Law Seminar) focusing on Regulatory Law
- July FARB Leadership focusing on FARB Governing Member collaboration

Comprehensive Regulatory Training for Board Members (CRT)

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Board Review Service

1466 Techny Road
Northbrook, IL 60062

www.FARB.org
COURSE CONTENT

The Federation of Associations of Regulatory Boards (FARB) is proud to present Comprehensive Regulatory Training for Board Members (CRT). This interactive training is designed to provide comprehensive training for board members, staff, investigators, attorneys, and other stakeholders in the professional regulatory licensing system. FARB contracts with Atkinson & Atkinson, LLC, to develop and customize the training materials and provide the presenter/facilitator for each session. This course has been developed to cover all aspects of regulation and board operations and can be tailored to meet the needs of your agency. Our goal is to improve the effectiveness and efficiency of boards by giving their members the tools and information they need to fulfill their duties as protectors of the public. In particular, new board members benefit from the training through emphasis on their responsibilities and the challenges of their unique role. Indeed, education of and adherence to essential roles and responsibilities enhances the immunity protections afforded governmental agencies.

COURSE OBJECTIVES

CRT will provide board members with comprehensive review of the law, governance and board operations in order to:
• Increase board member knowledge
• Enhance agency efficiency
• Promote effectiveness in regulation
• Identify issues and potential resolutions
• Strengthen best practices in board operations

TRAINING AGENDA

1. An Analysis of the Law, Governance and Administrative Management
   a. Statutes
   b. Rules and Regulations
   c. Policies

2. Role of Board
   a. Scope of Authority
   b. Relationship with Legislature
   c. Relationship with Staff
   d. Relationship with Outside Entities

3. Role of Board Member
   a. Individual Responsibilities
   b. Personal Agendas
   c. Conflict of Interest

4. Discipline and Appeals
   a. Complaints through Disposition
   b. Quasi-Judicial Proceedings

5. Outreach & Social Media
   a. Interaction with Other Boards
   b. Use of Website and Social Media

6. Immunity
   a. Absolute Immunity
   b. Qualified Immunity
   c. Administrative Procedure

CONTINUING EDUCATION

CRT for Board Members may qualify as Continuing Education in your jurisdiction. Attendees will be provided with speaker biographies and detailed materials that may be submitted to the relevant entity for approval.

FEES AND TIME COMMITMENT

• Course fees are based on length of session and number of attendees.
• FARB suggests working with other boards in your jurisdiction to coordinate joint training sessions. This enhances the opportunity to benefit from inter-disciplinary discussions and reduces the cost of the training for participating boards.
• Training sessions vary in length based upon the needs of each board and can be adjusted from half-day to multi-day timeframes.
• Conducting CRT in conjunction with a regularly scheduled board meeting can simplify coordination and increase attendance.
• Please contact our office to discuss the specific needs of your agency.

ABOUT ATKINSON & ATKINSON, LLC

CRT was developed by Dale J. Atkinson of the law firm Atkinson & Atkinson, LLC. For over 25 years, Mr. Atkinson has represented numerous associations of regulatory boards in all matters relating to their operations as not-for-profit corporations, including regulatory activities, education and accreditation, disciplinary actions, model legislation and applications, and all phases of the development and administration of licensure examination programs.

PARTICIPATING ORGANIZATIONS

Mr. Atkinson currently conducts CRT for associations of regulatory boards and individual state regulatory boards. These sessions consistently generate enthusiastic feedback. Successful participants include:

American Association of Veterinary State Boards
Association of Regulatory Boards of Optometry
Association of Social Work Boards
Association of State and Provincial Psychology Boards
Delaware Department of State
Federation of Chiropractic Licensing Boards
Federation of State Boards of Physical Therapy
Federation of State Massage Therapy Boards
International Conference of Funeral Service Examining Boards
Louisiana State Licensing Board for Contractors
Mississippi Board of Architecture
Mississippi Board of Social Work
National Association of Boards of Pharmacy
National Board for Certification in Occupational Therapy
National Council of Architectural Registration Boards
North Carolina Acupuncture Licensing Board
North Carolina Board of Massage and Body Work Therapy
Model
Board Member
Code of Conduct

Revised September 21, 2016

Federation of Associations of Regulatory Boards
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INTRODUCTION

The Federation of Associations of Regulatory Boards (FARB) is pleased to introduce the FARB Model Board Member Code of Conduct. Whether the discussion concerns licensing or disciplinary decisions, open meeting or public record questions, or any of the myriad other topics included in professional regulation, one thing is clear: public protection starts with the board members. It is the hope of the FARB Board of Directors that introduction of this model document will provoke a conscious conversation among regulators about expectations for board member qualifications and behavior.

FARB is a not-for-profit and tax exempt association under 501(c)(3) of the Internal Revenue Code. FARB governing members are federations and associations of regulatory boards from a wide variety of the regulated professions. In addition to its educational conferences, FARB develops and distributes model documents which promote uniformity, benefitting both the regulatory community and the public.

The FARB Uniform Model Practice Act, the Model Application for Licensure and Renewal, the Model Consent Agreement, and this new Model Board Member Code of Conduct are guides for regulatory boards, departments, or agencies. To assist in its implementation, the FARB presents its Model Board Member Code of Conduct in legislative format. FARB recognizes that, in the short term, individual constituencies may find it more appropriate to adopt the Code as a rule or policy of the regulatory entity.

The FARB Model Board Member Code of Conduct sets forth behavioral expectations for individual members of the regulatory authority of a designated profession. It guides board members in the fulfillment of their regulatory roles. By establishing specific standards, it becomes a tool to assist in the recruitment and selection of members for regulatory boards and can serve as a means of evaluating potential nominees. It also establishes the expected behaviors and actions of individuals serving on the board and provides a rationale for removal of board members whose service fails to meet expectations or is otherwise unacceptable.

FARB is pleased to provide this new and improved document to legislators, regulatory boards, attorneys, appointing authorities, and the regulatory community. While the principles contained in this Code have widespread applicability, in adapting this Code for use in your particular jurisdiction, please consult your substantive and procedural state laws and seek legal advice as necessary. To the extent any users have comments or suggestions to improve the document, please forward your remarks to the FARB Executive Director at FARB@FARB.org.
AN ACT TO ESTABLISH A BOARD MEMBER CODE OF CONDUCT

Section 1. Statement of Purpose.

(1) The purpose of this part is to set forth a code of conduct particular to members serving on professional and occupational regulatory boards, commissions, or councils. A board member code of conduct defines the expected character and conduct of such individuals and establishes a standard for removal from serving in order to sustain public confidence in the ability of a regulatory board to carry out its mission to protect the public health, safety, and welfare through the regulation of professions and occupations in the State of [______].

(2) Pursuant to [CITATION], the practice of the regulated professions in the State of [______] is deemed to affect the public health, safety, and welfare and is subject to regulation and control in the public interest. It is further declared to be a matter of public interest and concern that the practice of [PROFESSION], as defined under this Act, merit and receive the confidence of the public and that only qualified persons be permitted to engage in the practice of [PROFESSION] in the State of [______]. This Act shall be liberally construed to carry out these objectives and purposes.

(3) In the interest of this public protection perspective and to set forth the mandates of the relevant agency of the state legislatively delegated with the authority to enforce laws and promulgate and enforce rules, board members shall at all times maintain a perspective consistent with the enforcement of the relevant law in the interest of public protection. Board members are required to adhere to the code of conduct set forth herein and other applicable ethical obligations imposed upon public servants.

Section 2. Definitions.

(1) Adjudicatory Proceedings – a proceeding before the board in which the legal rights, duties, or privileges of specifically named persons are required by constitutional right or by any provision of [STATE] law to be determined after an opportunity for a hearing before the board.

(2) Agency – the state board, commission, department or officer authorized by law to make rules or to determine adjudicatory proceedings.

(3) Board – the board of [PROFESSION] created in [CITATION].

(4) Board Member – any individual appointee to the board, whether a licensed member of the profession or a public member.

(5) Executive Director – an individual employed by the board who is responsible for the performance of the administrative functions under the oversight of the board and such other duties as the board may direct.

(6) Good Standing – a license that is not restricted in any manner and which allows the licensee full practice privileges.
Throughout this Act, the terms “law” and “rule” are utilized in place of words like statute, code, and regulation. A State may wish to replace “law” and “rule” with more specific language tailored to the requirements of the State’s laws and practices.

(7) Industry Trade Association – an organization that promotes the business of the profession and participates in public relations activities that include, but are not limited to, advertising, education, political donations, lobbying, and publishing.

(8) Presiding Officer – the individual or body of individuals in whom the ultimate legal authority of the agency is vested by any provision of law.

Section 3. Executive Branch Appointee. Pursuant to [CITATION], board members are appointed by and accountable to the executive branch of government. Each board member must adhere to relevant executive branch policies as well as the legislatively enacted practice act and rules duly promulgated thereunder.

Section 4. Personal Performance of Duties – Practice.

(1) A board member shall:
   (a) maintain a working knowledge of the laws, rules, policies, and procedures under the jurisdiction of the board,
   (b) regularly attend and meaningfully participate in board meetings and other board proceedings that may be required,
   (c) if practicing as a member of the regulated occupation or profession, be licensed in good standing, and
   (d) act professionally in all interactions with other board members, executive director, board staff, consultants, advisors, other state officers and employees, and the public.

Section 5. Conflict of Interest – Ethics.

(1) A board member shall:
   (a) comply with conflict of interest and ethics laws and rules including, but not limited to, [CITATION],
   (b) decline to deliberate, participate, or otherwise attempt to affect the outcome of any matter before the board when to do so may result in a conflict of interest or the appearance of a conflict of interest,
   (c) comply with the requirements of the open meetings and public records laws of this state regarding all communications, whether written or electronic, between board members and between board members and board staff including, but not limited to, emails, social media, and telephone text messages,
   (d) follow applicable communication protocols regarding dissemination of board information, including maintaining confidentiality of matters discussed in executive session and under the attorney-client privilege, and
   (e) exercise licensing and rulemaking decisions independent of external influences.
(2) A board member shall not:

(a) have private contracts or business dealings with the board, other than board member compensation or reimbursement as may be otherwise provided by law,

(b) receive any payment or benefit from transactions of the board, other than the benefit derived from licensure by the board if the board member is a licensee of the board,

(c) solicit or receive a gift or favor from any person, company, organization, or any intermediary interest which may compromise or appear to compromise the independent judgment of the board member regarding fulfillment of any board or board member obligations,

(d) attempt to obtain favorable treatment by the board for any individual or entity, and

(e) use his or her position on the board to advance any private interest.


(1) In fulfilling their responsibilities to the licensing board, a board member shall at all times maintain a perspective consistent with the enforcement of the relevant laws and rules in the interest of public protection, and not in protection of the professional interests of the licensees.

(2) A board member shall not be an officer or hold any leadership position in state or national industry trade associations or other organizations serving the profession of [PROFESSION] during the term of the board member’s appointment to the board. In this capacity, a leadership position is defined as including, but not limited to, a voting member of the executive board, service on an ethics committee, membership committee, examination committee, or other committee or similar position of the association or organization.

(3) A board member shall not be a registered lobbyist for any professional organization or industry trade association.

Section 7. Communication Protocols.

(1) As an agency of the state legislatively delegated with the authority to enforce laws and promulgate and enforce rules, board members shall recognize the parameters of the board’s authority and ensure the board maintains its public protection mission in undertaking all of its duties and responsibilities.

(2) Within the parameters of the board’s authority, board members shall:

(a) ensure the effectiveness and efficiencies of the board,

(b) delegate to and oversee administrative functions of the board staff, including certain activities identified to occur between board meetings,

(c) select leadership of officers of the board to preside over the customary board activities including, but not limited to, board meetings, committee structures,
Throughout this Act, the terms “law” and “rule” are utilized in place of words like statute, code, and regulation. A State may wish to replace “law” and “rule” with more specific language tailored to the requirements of the State’s laws and practices.

application and renewal processing, complaint processing, rulemaking, and matters related to board budgets, and

(d) recognize the importance of communications related to board business and adopt policies that establish communication protocols and assure that the majority opinions of the board are promoted.

(3) A board member shall:

(a) authorize and provide general direction to the executive director to address day-to-day administrative decisions including, but not limited to, personnel matters,

(b) make requests for board staff assistance through approved procedures including, but not limited through, the presiding officer or the executive director,

(c) refer board staff and members of the public who attempt to use individual board members as an avenue to influence board decisions to the executive director, and

(d) provide other general direction and delegate functions and tasks to the executive director as appropriate under law.

Section 8. Disclosure of Board Information.

(1) A board member shall:

(a) obtain the permission, vote, or approval of the board as to the information that may be shared when speaking on behalf of the board,

(b) promptly refer any requests for comment by the media to designated board staff unless such comment has been previously sanctioned and approved by a board majority to speak on behalf of the board, and

(c) exercise due diligence to avoid any breach of duty as a board member arising out of negligence, intentional action or omission, or unauthorized communication with any individuals.

(2) All information disseminated by board members shall be factual and limited to information that is otherwise appropriate to be disclosed to the public.

(3) This section shall not be construed to limit the freedom of expression of a board member as an individual member of the public.

Section 9. Removal from Service – For Cause.

(1) A board member may be removed from the board for cause including, but not limited to:

(a) ceasing to meet the qualifications for board membership,

(b) being found guilty of a felony or unlawful act that involves moral turpitude, or conviction of any crime other than a minor traffic offense,

(c) being found guilty of malfeasance, misfeasance, or nonfeasance in relation to board duties,
Throughout this Act, the terms "law" and "rule" are utilized in place of words like statute, code, and regulation. A State may wish to replace "law" and "rule" with more specific language tailored to the requirements of the State's laws and practices.

(d) being declared mentally incompetent by a court of competent jurisdiction,
(e) a final adjudication by a recognized body, including the courts, that the board member has violated this Act or the board's practice act, or that the board member has misused the position to obtain any financial or material gain, or any advantage personally or for another, through such office,
(f) the refusal or inability for any reason to perform the duties of a board member in an efficient, responsible, and professional manner, or
(g) failing to attend [NUMBER] successive board meetings without just cause as determined by the board.

Section 10. Conflict with Other Laws.

(1) The provisions of this Act shall not excuse any board member from adherence to any other state or federal law or rule and to the extent this Act conflicts with such law or rule, the state or federal law or rule shall prevail.

(2) To the extent possible, the provisions of this Act shall be interpreted to coincide and be read to coexist with all other laws of this State. In the event this Act is alleged to conflict with any other provisions of law, this Act shall prevail to the extent the statutory provisions at stake involve substantive issues related to the practice of [PROFESSION]. If the alleged conflict addresses procedural issues related to administrative processes, the Administrative Procedures Act [CITATION] shall prevail. In all other respects, conflict of laws issues shall be determined by interpretation and construction principles.
The Committee, chaired by Allen Rasmussen, M.A, and attended by Patrick Townley, M.D., J.D., met at 1:00 p.m. at the Board offices, 4th floor conference room A. Board President Patricia J. Lindholm, M.D., was also in attendance. The Committee was assisted by Board staff Ruth Martinez, Molly Schwanz, Elizabeth Huntley and Kate Van Etta-Olson. Members of the public also attended. The Committee considered the following items:

1. **In the matter of legislative updates:** Board staff provided an update on the status of current legislative bills.

   **H.F. 3680:** The Committee reviewed and discussed H.F. 3680 which proposes Graduate Registered Physicians as an alternative pathway to licensure. Executive Director Ruth Martinez is setting up a meeting with Rep. Knoblach who is the author of the bill. The Committee discussed the ability of a single supervising physician to provide the experience of a comprehensive residency program.

   **S.F. 2917:** The Committee reviewed and discussed S.F. 2917 related to advanced practice registered nurses being permitted to prescribe Suboxone and similar medications for opioid abuse disorder. The focus of the discussion was related to whether or not physician assistants would be impacted and/or allowed to prescribe Suboxone under the proposed legislation.

   **H.F. 3023:** Board staff updated the Committee on the current status of a bill requiring mandatory opioid continuing medical education (CME). Executive Director Ruth Martinez met with the bill’s author, Rep. Dean, to discuss the bill and Rep. Dean was receptive to including a sunset provision in the bill. The requirement for opioid CMEs would sunset in January 1, 2023. H.F. 3023 had a committee hearing in the house on March 13, 2018 at 3:00 p.m.

   Board staff updated the Committee on the status of the Board’s bill related to amendments to the criminal background check and temporary suspension timeline was introduced in both the House and the Senate. Board staff is hopeful the bill will receive hearings in both the House and the Senate before the March 22, 2018 first hearing deadline.

   Board staff updated the Committee on the status of the Board’s bill related to birth month renewal cycle conversion for the allied professions. The bill has been dropped in the Senate and will be dropped in the House after signatures are secured.

   No action was required.

2. **Other Business:** Committee Chairman Allen Rasmussen raised the issue of the day of the week of the Board meeting. Specifically, it has been brought to the Board’s attention that having the Board meeting on Saturdays deters individuals who are religiously unable to attend a Saturday meeting from applying to serve on the Board. The Committee discussed the matter and expressed openness to discussing the matter further and speaking with the whole Board regarding the concern.

   There being no other business, the meeting was adjourned.
Policy & Planning Committee
March 13, 2018
1:00 p.m.,
Fourth Floor, Conference Room A
Agenda

1. Legislative Updates

2. Other Business
Minnesota Tri-Regulatory Symposium Agenda
June 6, 2018
Minnesota History Center
345 West Kellogg Boulevard
St. Paul, MN  55102

Regulatory Collaboration on Opioid Crisis

7:30 – 8:00 a.m. Registration

8:00 – 8:30 a.m. Breakfast/Introductions
   Welcome
   Michelle Harker, Board of Nursing President

8:30 – 9:45 a.m. Joint Board Meeting
   Joint Meeting Chair - Stuart Williams, Board of Pharmacy President
   Naloxone Legislative Update
   Cody Wiberg, Board of Pharmacy Executive Director
   Joint Statement on Naloxone

9:45 – 10:00 a.m. Break

10:00 – 10:45 a.m. Presentation
   Introduction
   Ruth Martinez, Board of Medical Practice Executive Director
   Addiction Medicine
   Dr. Charles Reznikoff, Internal Medicine and Addiction Medicine at Hennepin County Medical Center

10:45 – 11:30 a.m. Presentation
   Introduction
   Shirley A. Brekken, Board of Nursing Executive Director
   Interprofessional Practice
   Dr. Sheila Specker, Psychiatry and Addiction Medicine Program at University of Minnesota

11:30 – 11:45 a.m. Closing
   Patricia Lindholm, Board of Medical Practice President
Board of Medical Practice

Christopher Burkle, MD, JD, FCLM
Irshad H. Jafri, MB, BS, FACP
Kelli Johnson, PhD
Gerald T. Kaplan, MA, LP
Patricia J. Lindholm, MD, FAAFP (President)
Kathryn Lombardo, MD
William Parham, MD, FACP, FCCP
Allen G. Rasmussen, MA (Vice President)
Kimberly Spaulding, MD, MPH
Maria K. Statton, MD, PhD
Patrick Townley, MD, JD (Secretary)
Joseph R. Willett, DO, FACOI

Board of Nursing

Joann Brown, RN
Julie Frederick, DBA, MBA, BSN, RN
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Christine K. Norton, MA
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Sheila A. Robley, LPN
Steven P. Strand, BSN, RN
Eric Thompson, LPN
Pa Chua Vang, LPN
Laurie Warner

Board of Pharmacy

Andrew R. Behm, PharmD, CGP
James R. Bialke, MA
Kurt L. Henn, PharmD, RPh
Stacy Jasse, PharmD, RPh
Samantha Schirmer, MS
Rabih Nahas, BS Pharm, RPh
Mary V. Phipps, PharmD, RPh (Vice President)
Joseph B. Stanek, PharmD, RPh
Stuart T. Williams, JD (President)
DATE: May 12, 2018
SUBJECT: Federation of State Medical Boards Annual Meeting Review

SUBMITTED BY: Ruth M. Martinez, M.A., Executive Director

REQUEST FOR BOARD ACTION
MINNESOTA BOARD OF MEDICAL PRACTICE

REQUESTED ACTION:
Discussion.

MOTION BY: ___________________ SECOND: ___________________
(  ) PASSED      (  ) PASSED AMENDED     (  ) LAYED OVER     (  )
DEFEATED

BACKGROUND:

Review of the annual meeting of the Federation of State Medical Boards (FSMB) resolution, reports, and elections.
REQUESTED ACTION:

Board members to determine if they would like to schedule an outstate meeting, and if so, select a location and date.

MOTION BY: ____________________  SECOND: ________________________
(  ) PASSED    (  ) PASSED AMENDED   (  ) LAYED OVER   (  ) DEFEATED

BACKGROUND:

The Board held its September 23, 2017, Board meeting at the Sanford Bemidji Medical Center with the assistance of Board member Maria K. Statton, M.D., Ph.D.

Board members should determine if they would like to schedule an outstate meeting, and if so, select a location and date.

To ensure there is enough time to plan an outstate Board meeting, the decision should be made today.
REQUEST FOR BOARD ACTION
MINNESOTA BOARD OF MEDICAL PRACTICE

REQUESTED ACTION:

For information only.

MOTION BY: ___________________ SECOND: ___________________
( ) PASSED ( ) PASSED AMENDED ( ) LAYED OVER ( ) DEFEATED

BACKGROUND:

Attached is the Executive Director’s Report of activities since the last board meeting.
INITIATIVES
The Board continues to participate in and monitor initiatives to facilitate best practices and provide educational resources related to opioid medications and other controlled substances, including the following:

Minnesota Opioid Prescribing Guidelines: First edition, 2018
On April 26, 2018, Minnesota published its first edition of opioid prescribing guidelines. In 2015, Governor Dayton and the Minnesota Legislature established the Opioid Prescribing Improvement Program (OPIP). As part of its work, OPIP convened the Opioid Prescribing Work Group, an advisory body to OPIP, charged with advancing the program’s work, including developing statewide guidelines on appropriate opioid prescribing. The guidelines were developed and published as a joint effort of the Minnesota medical community, Minnesota Department of Health and Minnesota Department of Human Services. The guidelines are posted on the Board’s website, as well as on the OPIP website from the links, below:

https://mn.gov/dhs/opioid-guidelines/


https://mn.gov/dhs/assets/2017-09-opip-report_tcm1053-319647.pdf


Minnesota Department of Health Opioid Dashboard

http://www.health.state.mn.us/divs/healthimprovement/opioid-dashboard/

State Opioid Oversight Project (SOOP)
The SOOP group convened on April 20, 2018, to review and update participants on the status of a state and federal opioid bills, upcoming conferences and collaborative initiatives, including the April 28, 2018 National Prescription Drug Take Back Day and the May 1, 2018 7th Annual Harm Reduction Summit at the White Earth Nation in Mahnomen. The group continues its work to advance initiatives related to opioid prescribing.

Governor’s Office
Governor Dayton requested the Minnesota e-Health Advisory Committee to focus on opioids and actionable recommendations. Following is a link to the Governor’s letter:


At its meeting in December 2017, the group endorsed final recommendations on leveraging e-health to respond to and prevent opioid misuse and overdose. Following is a link to the final recommendations:

http://www.health.state.mn.us/e-health/advcommittee/docs/recommendations.pdf

Attorney General’s Office
The Board of Medical Practice continues to be listed as a supporter on Attorney General Lori Swanson’s Dose of Reality website, accessible at:

https://doseofreality.mn.gov/
The tri-regulatory Boards of Medical Practice, Nursing and Pharmacy will convene the second Minnesota Tri-Regulatory Symposium on June 6, 2018 at the Minnesota History Center. Presenters include Dr. Charles Reznikoff, an addiction medicine physician at Hennepin County Medical Center and an interprofessional practice panel, facilitated by Dr. Sheila Specker, an addiction psychiatrist and associate professor at the University of Minnesota. All Board members should plan to attend the Tri-Regulatory Symposium. Details will be forwarded.

ENGAGEMENT/OUTREACH/CONFERENCES/EVENTS
The Board continues its engagement with internal and external stakeholder groups.

Mitchell Hamline School of Law: April 17, 2018
Elizabeth Huntley and Ruth Martinez were invited to present an overview of the Board’s mission and operations to law students at the Mitchell Hamline School of Law. The students, whose diverse backgrounds include health care and law enforcement, are part of a cohort from across the country.

Minnesota Association of Medical Staff Services (MAMSS): April 27, 2018
Ms. Martinez was invited to present an overview of the Board of Medical Practice, including a review of current initiatives and legislation, at the annual meeting of MAMSS in Plymouth. The presentation was well-attended and the audience was quite receptive. MAMSS leadership suggested that the Board should return for the 2019 annual meeting to present on relevant topics.

Interstate Collaboration in Healthcare Conference Call
Stakeholders convene on the first Friday of each month by teleconference. Representatives from the Minnesota Health Licensing Boards and other state and national stakeholders participate on the calls.

Meetings with Professional Associations
Board representatives meet regularly with leadership from professional associations and other stakeholders in the healthcare delivery system.

FEDERAL BUREAU OF INVESTIGATION (FBI) AUDIT: MAY 8, 2018
Several of the Health Licensing Boards and the Criminal Background Checks Program for the Health Licensing Boards underwent audits by the Federal Bureau of Investigation (FBI).

INTERSTATE MEDICAL LICENSURE COMPACT (IMLC)
The IMLC Commission (IMLCC) will convene by conference call at 2:00 p.m. Central Time on May 18, 2018. There are now 24 member states in the IMLC, with legislation pending in additional states. The Commission will act on a budget proposal and committees will report on progress toward strategic goals.

All IMLCC meetings are public. Please refer to the IMLC website, the Board website or the license portability website for meeting agendas and minutes, committee reports, bylaws and rules, and other relevant information.

https://imlcc.org/
https://mn.gov/boards/medical-practice/applicants/imlc/
http://www.licenseportability.org/

ALIMS DATABASE UPDATE PROJECT
Progress continues on the Board’s project to update its ALIMS database.
OTHER BUSINESS

News Release:  U.S. Department of Labor
On April 12, 2018, the U.S. Department of Labor announced grants to help reform licensing requirements and increase license portability. For details, please refer to the press release, attached and accessible through the link, below:

https://www.dol.gov/newsroom/releases/osec/osec20180412

This topic was also addressed during a panel discussion on the opening day of the 2018 FSMB Annual Meeting.

Accreditation Council for Graduate Medical Education (ACGME):  Document on the Use of Individual Milestone Data by External Entities for High Stakes Decisions:
On April 23, 2018, FSMB President and CEO Dr. Humayun Chaudhry notified state medical boards of a document created by the ACGME to address appropriate access to and use of individual milestone data being requested by some regulatory boards from hospitals and residency program directors. Please refer to Dr. Chaudhry’s email communication and attached document.

American Medical Association (AMA) Policy:  Appropriate Use of Objective Tests for Obstructive Sleep Apnea (H-35.963)
On April 25, 2018, the Board received notice from the AMA Advocacy Program Manager that, at its Interim Meeting of the House of Delegates in November 2017, the AMA adopted a new policy related to testing for sleep apnea. The policy may be accessed from the following link:


Miscellaneous
- Updated statute books are available to Board members, advisory council members, medical coordinators, and AGO and BMP staff.
- Minnesota state employee union contracts were approved by the Legislature and retroactive payments are being made to employees.
U.S. Department of Labor Announces Grants to Help Reform Occupational Licensing Rules

The U.S. Department of Labor recently announced $7.5 million in funds available to states, and associations of states, to aid in reviewing and streamlining occupational licensing rules. Specifically, the funds will be available to review, eliminate and reform state licensing requirements, and to promote portability of state licenses. In addition, funding will be available to post-secondary institutions and occupational licensing partners to address licensure barriers for veterans and transitioning service members.

U.S. Secretary of Labor Alexander Acosta stated, “Excessive licensing raises the cost of entry, often prohibitively, for many careers, barring Americans from good, family-sustaining jobs. These grants are part of the Department of Labor’s efforts to eliminate and streamline excessive licensing requirements. If licenses are unnecessary, eliminate them. If they are necessary for health and safety, then streamline them and work with other states for reciprocity.”
WASHINGTON, DC – As part of the U.S. Department of Labor's ongoing efforts to encourage occupational licensing reform, the Department today announced $7.5 million in funds to help review and streamline occupational licensing rules. Funds will be available to states, and associations of states, to review, eliminate and reform licensing requirements, and to promote portability of state licenses. Additionally, grant funding will be available to post-secondary institutions and occupational licensing partners to address barriers to licensure for veterans and transitioning service members.

"Excessive licensing raises the cost of entry, often prohibitively, for many careers, barring many Americans from good, family-sustaining jobs. In 1950, only 1 in 20 jobs required an occupational license. Today, more than 1 in 4 require a license to work," said U.S. Secretary of Labor Alexander Acosta. "These grants are part of the Department of Labor's efforts to eliminate and streamline excessive licensing requirements. If licenses are unnecessary, eliminate them. If they are necessary for health and safety, then streamline them and work with other states for reciprocity."

**Grant Funds for States to Review and Streamline Licensing Requirements:**

Individual states may apply for between $100,000 and $450,000 for a three-year grant. An existing association of states can apply for up to $1 million for a three-year grant. The Department intends to make funding available for up to 20 states, and may also fund one to two associations of states.

Successful applicants will objectively analyze the relevant licensing criteria, potential portability issues, and whether licensing requirements are overly broad or burdensome. Importantly, applicants should provide specific plans of action designed to reduce excessive licensing. Applicants are also encouraged to consider the potential of alternative approaches to licensing that would be adequate to protect public health and safety (such as professional certification).

**Grant Funds to Address Licensure Challenges for Veterans and Transitioning Service Members:**

To address barriers to licensure for veterans and transitioning service members, applicants for funded projects will select one or more licensed occupations, and conduct academic credit and gap analyses between military education and training in selected licensed occupations. Based on these analyses, grantees will develop bridge training curricula customized to close those gaps to enable veterans to qualify for state licensure in the selected occupation. Each awardee will identify and address licensing requirements in high-demand occupation areas such as transportation, healthcare, protective service, and mechanical/construction occupations. Successful applicants will support the development and wide dissemination of appropriate accelerated educational and licensing programs.

For additional information on grant eligibility and how to apply for funds, visit [http://www.grants.gov](http://www.grants.gov).

**OSEC News Release: 04/12/2018**

**Contact Name:** Eric Holland

**Email:** holland.eric.w@dol.gov

**Phone Number:** (202) 693-4676

**Release Number:** 18-0587-NAT
Hello Everyone,

Our colleagues at the Accreditation Council for Graduate Medical Education (ACGME) have recently made us aware that some state medical and osteopathic boards - as part of their duty to investigate complaints - have asked hospitals and residency program directors for access to individual “Milestone” training information about graduates of their programs who are now in practice and may be under investigation. The ACGME has also been in communication with hospital legal counsels, residency program directors, designated institutional officials (DIOs) and others, who have asked ACGME for direction on how to respond to such requests.

To address this issue, the ACGME has created a document (see attached) that articulates its position regarding the appropriate - and inappropriate - use of Milestone training evaluations.

The issue of physicians-in-training and their ability to be candidly mentored and supervised by experienced educators and clinicians is an important one, as is the need of state medical boards and other regulators to fulfill their mission to protect the public.

The Use of Individual Milestones Data by External Entities for High Stakes Decisions document that is attached is also available on the ACGME (www.acgme.org) website under “Resources.” It is also currently on the ACGME’s home page under “What’s New.”

If you have any questions or concerns, you may forward them to me, and I am happy to forward them to our contacts at ACGME for their response.

We are looking forward to seeing many of you later this week in Charlotte!

Thank you,

Hank

Humayun J. Chaudhry, D.O., D.Sc. (Hon.), M.S., MACP, MACOI
President and CEO

From: Humayun Chaudhry <hchaudhry@fsmb.org>
Sent: Monday, April 23, 2018 12:29 PM
To: Humayun Chaudhry <hchaudhry@fsmb.org>
Subject: For State Medical and Osteopathic Boards: ACGME Milestones
Use of Individual Milestones Data by External Entities for High Stakes Decisions - A Function for Which they Are not Designed or Intended

Abstract
The Milestones are a new educational and formative assessment methodology designed to help promote improvement in every specialty and subspecialty graduate medical education program in the United States. Milestones were not designed or intended for use by external entities, such as state medical licensing boards or credentialing entities, to inform or make high stakes decisions. The ACGME is concerned that graduate medical education programs may artificially inflate individual Milestones assessment data if the Milestones are used for high stakes decisions. Their value would risk being lost as an honest and valuable training assessment tool for continuous improvement and professional development.

The Milestones
The Milestones are an attempt to create a common language of professional development of resident and fellow physicians in each medical specialty and subspecialty. In July 2013, they were first implemented in residency programs by the ACGME in seven specialties, and subsequently they have been incorporated into accredited residency and fellowship programs in all specialties and subspecialties in the United States.1

The primary goal of the Milestones is to drive improvement in educational experiences and assessment of residents and fellows in diverse clinical teaching settings across the country.

Milestones are narrative descriptions of the development of resident and fellow abilities in each of the six clinical Competencies defined by the ACGME and the American Board of Medical Specialties (ABMS):

- Practice-based Learning and Improvement
- Patient Care and Procedural Skills
- Systems-based Practice
- Medical Knowledge
- Interpersonal and Communication Skills
- Professionalism

Although these six domains of clinical competency are common to all specialties and subspecialties, the Milestones’ developmental narratives are tailored to each specialty.

Residents and fellows are periodically assessed on the Milestones as they progress from the beginning to completion of a residency or fellowship program. The results serve as one of many

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1 In Academic Year 2017-2018, there are approximately 134,000 residents and fellows in almost 10,000 residency and fellowship programs in the United States.
guides for program personnel to chart the educational course of each resident and fellow. To be effective in this regard, the assessments must be rigorous, accurate, and honest.

Currently, over 150 sets of specialty and subspecialty Milestones have been completed and are in use in all ACGME-accredited residency and fellowship programs in the United States. The ACGME estimates that, to date, over 900 physicians and other experts throughout the United States have contributed over 27,000 volunteer hours in the development of the specialty and subspecialty Milestones.

The Milestones have been recognized by the public and the physician community in the United States as a promising approach to transforming graduate medical education. As highlighted in the 2014 National Academy of Medicine report, *Graduate Medical Education that Meets the Nation’s Health Needs*:

> The ACGME is currently implementing its “Next Accreditation System” (NAS) for all specialties. The new system was specifically developed to enhance the ability of the accreditation process to promote the training of physicians for practice in the 21st century. Assessments of educational outcomes and the clinical learning environment are key components of the NAS and are based on six core competencies—patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism and systems-based practice.

Much work remains to be done to determine the extent to which the Milestones are useful and valid tools for use in residency and fellowship programs. However, based upon what has been learned, drafting is about to begin on the next version of the Milestones, with completion of all revised specialty and subspecialty Milestones targeted for between 2018 and 2023.

**Intended Use of the Milestones in Residencies and Fellowships**

The Milestones provide a framework (i.e., a frame of reference or rubric) for a required periodic assessment of a resident or fellow in relation to a developmental description of attainment of specific, more granular sub-competencies over the course of the training curriculum. They guide the judgment of the program and the faculty members evaluating the residents and fellows in their respective programs; they do not and were not intended to represent (1) the totality of a specialty or subspecialty discipline, (2) complete assessment of all knowledge, skills, and attitudes, or (3) a complete overall determination of a resident’s or fellow’s abilities. Moreover, they are tools used to provide an interim identification of progress in competency areas toward that necessary for unsupervised practice.

There is currently no “expected” or established rate of resident or fellow progression in Milestones achievement. Different residents and fellows learn different skills and concepts in

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2 *Graduate Medical Education that Meets the Nation’s Health Needs*, page 47, National Academy of Medicine (2014).
different orders and at different rates. This is explicitly recognized in a position statement of
the Federation of State Medical Boards from 1998 and still in effect today:

According to the ACGME, today there is wide variation in the timing and sequence of
the various training elements among the 7000+ residency programs in the United
States, and it is therefore impossible for state medical boards to discern, prior to
completion of postgraduate training, which applicants for licensure have achieved
appropriate training that qualifies them for a full and unrestricted license to practice
medicine.3

ACGME-accredited residency and fellowship programs prepare the next generation of
physicians, and the program directors of these programs are expected to attest to the
preparedness of those who successfully complete their programs to serve the public
independently in their respective specialties and subspecialties.

In the Milestones framework, everything else prior to the program director’s final judgment of
readiness or non-readiness for independent practice is interim; the responsibility for the final
judgment rests with the program director and supersedes all interim assessments. The
ACGME’s accreditation requirements recognize the centrality of the program and program
director’s overall judgment relating to an individual resident’s/fellow’s readiness or non-
readiness for independent practice.

The judgment of the program, using a comprehensive and multifaceted approach to
assessment, is paramount in determining the readiness of a resident or fellow to enter practice.
The ACGME is sometimes asked whether a resident's Milestones data supersedes a program
director's judgment of readiness or non-readiness for independent practice. In fact, the reverse
is true. As stated above, a program director's final, holistic, overall judgment at the end of the
residency program supersedes all interim assessments, as it represents the summative
evaluation of the knowledge, skills, attitudes, and behaviors of the graduating resident at the
time of graduation.

As noted above, the ACGME is already beginning a process to revise the Milestones. The
rationale for revising the Milestones relates to their primary purpose: to facilitate the
improvement of programs and guide more effective professional development. This revision
process is another reason why the Milestones should not be used for high stakes decisions;
once they have been revised, a new cycle of evaluation and research will begin to study the
validity of the revised Milestones.

Non-Intended Use of Milestones by State Medical Licensing Boards

The ACGME does not have evidence that individual Milestones data can be validly used in any
other context beyond provision of individual resident and fellow feedback, especially for any

3 Position of the Federation of State Medical Boards in Support of Postgraduate Training and Licensure Standards,
adopted as policy by the Federation of State Medical Boards in 1998, page 3.
higher stakes decisions. In recognition of this, the following disclaimer appears at the beginning of the published Milestones in each specialty and subspecialty:

The Milestones are designed only for use in evaluation of resident physicians in the context of their participation in ACGME-accredited residency or fellowship programs. The Milestones provide a framework for the assessment of the development of the resident physician in key dimensions of the elements of physician competency in a specialty or subspecialty. They neither represent the entirety of the dimensions of the six domains of physician competency, nor are they designed to be relevant in any other context.

“Nor are they designed to be relevant in any other context” is intended to preclude the use of the Milestones in the context of physician licensure, or any other higher stakes use.

Consistent with this, the 26 ABMS member certifying boards and the certifying boards of the American Osteopathic Association do not use individual Milestones data for the purpose of assessing physician applicants for specialty board certification. Although ACGME accreditation requirements provide for residency and fellowship use of the Milestones, the ACGME does not review identified individual Milestones data for accreditation purposes. Instead, it views the data in aggregate, using the program as the unit of analysis.

The ACGME assumes that most state medical licensing boards (including osteopathic medical boards) heed the ACGME declaration that the Milestones are not designed for any non-residency use. Nevertheless, the ACGME has learned of instances in which several state medical licensing boards have requested and used individual Milestones data for their decision on an individual physician’s license.

This is a non-designed and non-intended use of Milestones data. For licensure decisions after completion of a residency, it ignores the program director’s judgment of readiness for independent practice upon completion of the residency. For licensure decisions before and after completion of a residency, (1) it ignores the disclaimer for this use included at the beginning of each set of Milestones; (2) it is inappropriate to compare one specialty’s Milestones assessments against another, as specialty programs have different content and different durations; and (3) all states grant general licenses rather than specialty licenses, and the Milestones are specialty-specific. For licensure decisions before completion of a residency, it ignores the fact that each Milestones assessment is against the entirety of the curriculum, residency programs in the same specialty do not necessarily order the curriculum in the same

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4 Aggregate Milestones data (as opposed to individual Milestones data) are used to facilitate national improvement efforts in curriculum and program design.

5 In addition, on a state by state basis, state statutes and/or case law may protect individual Milestones data from submission to the state medical licensing board, as well as from production in litigation and under state public records acts.
way, and the same residency program may alter the order of its curriculum from year to year as part of its improvement process.

**Potential Negative Consequences of Non-Intended Use of Individual Milestones Data:**

**State Medical Licensing Boards**

One consequence of this non-designed and non-intended use of the Milestones by state medical licensing boards might be an adverse licensure decision being reversed on administrative review if Milestones data were used as part of the decision. This is a real possibility when the ACGME, as an original and continuing developer of the Milestones, clearly declares that Milestones data is not designed or intended for that purpose.

But there is a second and more universal consequence. Milestones assessment occurs within a learning context. Residency and fellowship programs use the Milestones to guide a learning course on a per-resident/per-fellow basis, as each individual physician learner progresses to clinical independence in the specialty or subspecialty. Integrity in the assessment process is necessary to the function of the learning process.

The ACGME is concerned that the graduate medical education community would artificially inflate Milestones assessment data were the Milestones to be used, or perceived to be used, for individual licensing decisions by state medical licensing boards. Their value would risk being lost as an accurate and honest training assessment tool.

**Conclusion**

The Milestones are a framework of assessments for the six general Competencies, intended as one among many tools to inform and guide the learner and the members of the faculty as the learner progresses through the residency or fellowship curriculum. They are not designed or intended to supplant the overall judgment of the program director as to the ability of the individual learner to perform particular clinical tasks during the residency or fellowship, or to enter the independent practice of medicine upon completion of the residency or fellowship.

It is important that the individual Milestones assessments be used and maintained within each residency and fellowship program to preserve them as robust and accurate tools in the learning process. Without such limitation of use, the residency or fellowship program might be tempted to artificially assess the individual more positively for the consumption of a state medical board, and thus jeopardize the Milestones as a learning and teaching tool.

According to its website, the Federation of State Medical Boards (FSMB) represents the 70 state medical and osteopathic licensing boards within the United States. According to its website, the “ultimate objective” of the FSMB is “to promote excellence in medical practice, licensure, and regulation as the national resource and voice on behalf of state medical boards in their
Consistent with this objective is preservation of the Milestones system through limiting its use to within each residency and fellowship program, which is the only use for which it is designed or intended.

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6 Full quote from website of the Federation of State Medical Boards, accessed December 29, 2017:
The Federation of State Medical Boards (FSMB) is a national nonprofit representing the 70 medical and osteopathic boards of the United States and its territories. Since its founding, the FSMB has grown in the range of services it provides – from assessment tools to policy documents, from credentialing to disciplinary alert services – while continuing to serve the interests of its member boards. The ultimate objective is to promote excellence in medical practice, licensure, and regulation as the national resource and voice on behalf of state medical boards in their protection of the public.
REQUESTED ACTION:

For information only.

MOTION BY: _________________________  SECOND: _________________________
( ) PASSED   ( ) PASSED AMENDED  ( ) LAYED OVER  ( ) DEFEATED

BACKGROUND:

Executive Director Ruth Martinez will report on the status of legislation impacting the Board.
DATE: May 12, 2018       SUBJECT: New Business

SUBMITTED BY: Patricia J. Lindholm, M.D., FAAFP, Board President

REQUEST FOR BOARD ACTION
MINNESOTA BOARD OF MEDICAL PRACTICE

REQUESTED ACTION:

MOTION BY: ___________________ SECOND: _________________________
( ) PASSED      ( ) PASSED AMENDED     ( ) LAYED OVER     ( ) DEFEATED

BACKGROUND:

Any other new business to be discussed.
REQUEST FOR BOARD ACTION
MINNESOTA BOARD OF MEDICAL PRACTICE

REQUESTED ACTION:

MOTION BY: ____________________, SECOND: ____________________
(  ) PASSED      (  ) PASSED AMENDED     (  ) LAYED OVER     (  ) DEFEATED

BACKGROUND:

For information only, attached are copies of Corrective or Other Actions that were implemented between March 1 and April 30, 2018.
March 15, 2018

Bruce Burness Cunningham, D.O.
Cuyuna Regional Medical Center
320 E. Main Street
Crosby, MN 56441

RE: Agreement for Corrective Action, Dated March 16, 2017

Dear Dr. Cunningham:

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,

Ruth M. Martinez
Executive Director
In the Matter of the
Medical License of
Jeffrey A. Bucci, M.D.
Year of Birth: 1970
License No. 50,385

BEFORE THE MINNESOTA
BOARD OF MEDICAL PRACTICE

The above-entitled matter came on for hearing at a regularly scheduled meeting of the Minnesota Board of Medical Practice ("Board") on March 10, 2018, convened at 2829 University Avenue S.E., Fourth Floor, Conference Room A, Minneapolis, Minnesota 55414. The following members of the Board were present: Christopher Burkle, M.D., J.D., FCLM; Irshad H. Jafri, M.B., B.S., FACP; Kelli Johnson, Ph.D.; Patricia J. Lindholm, M.D., FAAFP; Allen G. Rasmussen, M.A.; Kimberly W. Spaulding, M.D., M.P.H.; Maria K. Statton, M.D., Ph.D.; Jon V. Thomas, M.D., M.B.A.; Patrick R. Townley, M.D., J.D.; and Joseph R. Willett, D.O., FACOI. Noah Lewellen, Assistant Attorney General, appeared on behalf of the Board’s Complaint Review Committee. Jeffrey A. Bucci, M.D. ("Respondent"), did not appear. Gregory J. Schaefer, Assistant Attorney General, was present as legal advisor to the Board. Kelli Johnson, Ph.D.; Jon V. Thomas, M.D., M.B.A.; and Joseph R. Willett, D.O., FACOI, were members of the Complaint Review Committee ("Committee") that initially reviewed this matter and therefore did not participate in deliberations or vote in the matter.

On October 18, 2017, the Committee served Respondent with a Notice and Order for Prehearing Conference and Hearing ("Notice of Hearing"). The Notice of Hearing informed Respondent that a prehearing conference was scheduled for December 8, 2017, and that he was
required to file a Notice of Appearance with the Court within 20 days of the date of the Notice of
Hearing. The Notice of Hearing further notified Respondent that failure to appear at the
prehearing conference could result in default findings being entered against Respondent and the
allegations in the Notice of Hearing to be deemed true and proven.

The above-entitled matter came on for a prehearing conference on December 8, 2017,
before Administrative Law Judge ("ALJ") LauraSue Schlatter. Noah Lewellen, Assistant
Attorney General, represented the Committee. Respondent made no appearance. The
Committee requested entry of default pursuant to Minn. R. 1400.6000.

On December 22, 2017, the ALJ issued Findings of Fact, Conclusions of Law, and
Recommendation Upon Default ("ALJ's Report"), recommending the Board take disciplinary
action against Respondent's license. (A true and accurate copy of the ALJ's Report, dated
December 19, 2017, is attached hereto and incorporated herein as Exhibit A.)

Based on the testimony, records, and arguments in this matter, the Board makes the
following:

**FINDINGS OF FACT**

The Board has reviewed the record of this proceeding and hereby accepts the ALJ's
Report and accordingly adopts and incorporates by reference the Findings of Fact therein.

**CONCLUSIONS OF LAW**

Based on the foregoing Findings of Fact, the Board makes the following conclusions of
law:

1. The Administrative Law Judge and the Board have the authority to conduct this
contested case proceeding, to consider whether Respondent has violated provisions of Minnesota
Statutes chapter 147, and to make findings, conclusions, and orders on that subject.
2. The Committee gave Respondent proper and timely notice of the hearing in this matter and has fulfilled all relevant substantive and procedural requirements of Minnesota law and rules.

3. The Board has reviewed the record of this proceeding and hereby accepts the ALJ’s Report and accordingly adopts and incorporates by reference the Conclusions of Law therein.

4. Respondent failed to appear at the December 8, 2017, prehearing conference. Accordingly, the allegations in the Notice of Hearing are therefore taken as true and deemed proven that Respondent violated Minn. Stat. § 147.091, subd. 1(b) (renewing his license through fraud by providing a false answer on his renewal application), 147.091, subd. 1(d) (failing to report charges regarding his medical license brought in another state), 147.091, subd. 1(g) (engaging in unethical or improper conduct), 147.091, subd. 1(k) (engaging in conduct that departed from or failed to conform to the minimal standards of acceptable and prevailing medical practice), and 147.091, subd. 1(u) (failing to make a report to the Board or cooperate with an investigation of the Board).

5. As a result of the statutory violations set forth above, the Board has the power to take disciplinary action against Respondent’s license as set forth in Minn. Stat. § 147.091.

6. 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:

NOW, THEREFORE, IT IS HEREBY ORDERED that the license of Respondent to practice medicine in the State of Minnesota is disciplined as follows:

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1. Respondent’s license is INDEFINITELY SUSPENDED.

2. During the period of suspension, Respondent shall not in any manner practice medicine or surgery in Minnesota.

3. Respondent may petition for reinstatement of his license in Minnesota upon submission of satisfactory evidence that he is fit and competent to resume practice with reasonable skill and safety. Satisfactory evidence shall include, but is not limited to, written statements from all treating healthcare professionals, including but not limited to, chemical dependency counselors and primary care and mental health practitioners, that Respondent is fit and competent to resume practice with reasonable skill and safety to patients.

4. Respondent shall sign all necessary releases allowing the Board access to all medical, mental health, evaluation, therapy, chemical dependency, or other records from any treating health professional or evaluator. Respondent shall allow the Board or its designee to communicate with all treating health professionals.

5. Upon petitioning for reinstatement, Respondent shall appear before the Committee to discuss his petition and progress. Upon hearing Respondent’s petition, the Committee may deny the petition or may recommend that the Board continue, modify, or remove the suspension or impose conditions or restrictions as deemed necessary.

6. Within ten days of receipt of this Findings of Fact, Conclusions, and Final Order, Respondent shall provide the Board with a list of all hospitals and skilled nursing facilities at which Respondent currently has medical privileges, a list of all states in which Respondent is licensed or has applied for licensure, and the addresses and telephone numbers of Respondent’s residences and all work sites. The information shall be sent to Ruth M. Martinez, Minnesota
Board of Medical Practice, University Park Plaza, 2829 University Avenue S.E., Suite 500, Minneapolis, Minnesota 55414-3246.

7. Respondent’s violation of any part of this Order shall constitute grounds for further Board action under Minnesota Statutes section 147.091, subdivision 1(f) (2017 supp.).

Dated: 3-19-18

MINNESOTA BOARD OF MEDICAL PRACTICE

PATRICIA J. LINDHOLM, M.D., FAAFP
President
STATE OF MINNESOTA
OFFICE OF ADMINISTRATIVE HEARINGS
FOR THE BOARD OF MEDICAL PRACTICE

In the Matter of the Medical License of
J.B., M.D.

FINDINGS OF FACT,
CONCLUSIONS OF LAW,
AND RECOMMENDATION
UPON DEFAULT

This matter came on for a prehearing conference before Administrative Law
Judge LauraSue Schlatter on December 8, 2017.

Noah Lewellen, Assistant Attorney General, appeared on behalf of the Minnesota
Board of Medical Practice (Board). There was no appearance by, or on behalf of,
Respondent Jeffrey A. Bucci (Respondent).

During the December 8, 2017, prehearing conference, the Panel moved that a
default recommendation be issued pursuant to Minn. R. 1400.6000 (2017) because
there was no appearance by Respondent at the Prehearing Conference. Respondent
did not file a response to the Panel's motion. The record in this matter closed on
December 18, 2017.

STATEMENT OF THE ISSUES

1. Did the Licensee engage in conduct that falls within one or more of the
following grounds for disciplinary action:

   a. Renewal of his license through fraud by providing a false answer on
      his renewal application, in violation of Minn. Stat. § 147.091, subd. 1(b) (2016);

   b. Failure to report any charges regarding his medical license brought
      in another state or jurisdiction, in violation of Minn. Stat. § 147.091, subd. 1(d)
      (2016);

   c. Engaging in any unethical or improper conduct, in violation of Minn.
      Stat. § 147.091, subd. 1(g) (2016);

   d. Engaging in conduct that departed from or failed to conform to the
      minimal standards of acceptable and prevailing medical practice, such that proof
      of actual injury need not be established, in violation of Minn. Stat. § 147.091,
      subd. 1(k) (2016);
e. Failure to make a report to the Board, as required by Minn. Stat. §147.111, subd. 4, or to cooperate with an investigation of the Board as required by Minn. Stat. § 147.131, in violation of Minn. Stat. § 147.091, subd. 1(u) (2016).

2. Is the imposition of discipline against the Licensee’s license in the public interest?

SUMMARY OF RECOMMENDATION

The Administrative Law Judge concludes that Respondent 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 October 18, 2017, a Notice and Order for Hearing in this matter was mailed to Respondent at his last known address.¹

2. The Notice and Order for Hearing indicated that a prehearing telephone conference would be held in this matter on December 8, 2017, at 9:30 a.m.

3. In conformity with Minn. R. 1400.5700 (2017), 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.²

4. In conformity with Minn. R. 1400.6000, the Notice and Order for Hearing in this matter also includes the following statement:

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.³

5. Respondent did not file a Notice of Appearance with the undersigned.

¹ Attachment A at Affidavit of Service.
² Id. at 6.
³ Id.
6. No one appeared at the December 8, 2017, prehearing telephone conference on behalf of Respondent. No request was made for a continuance, nor was any communication received by the undersigned from Respondent prior to the December 8, 2017, prehearing telephone conference.

7. Respondent's failure to appear at the prehearing conference was without consent of the Administrative Law Judge.

8. Because Respondent failed to appear at the prehearing conference, Respondent is in default.

9. 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 Minnesota Board of Medical Practice and the Administrative Law Judge have jurisdiction in this matter pursuant to Minn. Stat. §§ 14.50 and 214.10 (2016).

2. The Respondent 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 Board has complied with all relevant procedural requirements of statute and rule.

4. Under Minn. R. 1400.6000, the Respondent is in default as a result of his failure to appear at the scheduled prehearing conference.

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. § 147.141 (2016) provides that the Minnesota Board of Medical Practice 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 the Respondent's license.
8. An order by the Board taking disciplinary action against the Respondent's license is in the public interest.

Based upon the foregoing Conclusions of Law, the Administrative Law Judge makes the following:

RECOMMENDATION

The Administrative Law Judge recommends that the Minnesota Board of Medical Practice take disciplinary action against the license of Jeffrey A. Bucci.

Dated: December 19, 2017

LAURASUE SCHLATTER
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 (2016), 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 Ruth Martinez, Executive Director of the Minnesota Board of Medical Practice, Suite 400, 2829 University Avenue SE, Minneapolis, Minnesota 55414, (612) 548-2149, 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 (2016). 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 imposed.
Under Minn. Stat. § 14.62, subd. 1 (2016), 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

STATE OF MINNESOTA
OFFICE OF ADMINISTRATIVE HEARINGS
FOR THE BOARD OF MEDICAL PRACTICE

NOTICE AND ORDER FOR
PREHEARING CONFERENCE AND HEARING

IN THE MATTER OF THE
MEDICAL LICENSE OF
JEFFREY A. BUCI, M.D.
YEAR OF BIRTH: 1970
LICENSE NO. 50,385

TO: JEFFREY A. BUCI, M.D. ("RESPONDENT"), 26 PARTRIDGE LANE, BOXFORD, MASSACHUSETTS 01921; NORTH SHORE PSYCHIATRY CENTER, LLC, 100 CONIFER HILL DRIVE, SUITE 501, DANVERS, MASSACHUSETTS 01923

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 THIS CONTESTED CASE PROCEEDING TO DETERMINE WHETHER IT SHOULD IMPOSE DISCIPLINE AGAINST YOUR LICENSE. A CONTESTED CASE HEARING IS A TRIAL-LIKE PROCEEDING THAT IS HELD 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 COMMITTEE'S ATTORNEY WITHIN 20 DAYS OF THE DATE OF THIS NOTICE. YOU MUST ALSO SEND THE NOTICE OF APPEARANCE TO THE OFFICE OF ADMINISTRATIVE HEARINGS WITHIN 20 DAYS OF THE DATE OF THIS NOTICE.

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 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 Office of Administrative Hearings may have information about places where you can get legal assistance. Helpful information is available on the Office of Administrative Hearings’ website at http://mn.gov/oah/administrative-law/contestedcases. 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 December 8, 2017 at 9:30 a.m. To participate in the prehearing telephone conference, dial 1-888-742-5095, and enter conference code 8055960270#. The Office of Administrative Hearings is located at 600 North Robert Street, St. Paul, MN 55101, telephone (651) 361-7900.

The Chief Administrative Law Judge of the Office of Administrative Hearings has assigned this matter to Laura Sue Schlatler, 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 Lisa Armstrong at (651) 361-7888 or lisa.armstrong@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 of the Minnesota Medical Practice Act, entitling the Board to impose disciplinary action against Licensee’s license.

The date, time, and location of the hearing will be decided by the Administrative Law Judge at the prehearing conference. The hearing will follow the contested case procedures stated in Minnesota Statutes sections 14.57 to 14.62 and in Minnesota Rules 1400.5010 to 1400.8400. Minnesota Statutes sections 148.171 to 148.285, 214.10, and 214.103 may also apply to this proceeding. These laws are available on the internet at www.revisor.mn.gov. A copy of these materials may also be purchased from the Minnesota Book Store, telephone (651) 297-3000.

The attorney for the Committee, Noah Lewellen, Assistant Attorney General, may be contacted if you have any questions regarding the process or to discuss settlement options as follows:

Noah Lewellen  
Assistant Attorney General  
445 Minnesota Street, Suite 1400  
St. Paul, MN 55101-2131  
(651) 757-1420
BACKGROUND

1. Respondent was licensed by the Board to practice medicine and surgery in the State of Minnesota on January 12, 2008. Respondent is board-certified in family medicine and psychiatry. Respondent is also licensed to practice medicine in the State of Massachusetts under Registration and License Number 238671.

ALLEGATIONS

2. On May 20, 2015, the Massachusetts Board of Registration of Medicine ("Massachusetts Board") received a complaint alleging that Respondent impermissibly altered a patient's medical record. Respondent was made aware of the complaint by certified mail on July 2, 2015. The complaint was dismissed by the Massachusetts Board on December 22, 2015.

3. On September 13, 2015, Respondent submitted his annual Application for Physician License Renewal to the Board. On his renewal application, Respondent answered "No" to the following question: "Since your last renewal, have you been notified of any investigations by any state medical board, medical society, or any hospital of any complaints against you relative to the practice of medicine, or have you been reprimanded or censured by any medical society or licensing board?"

4. On October 25, 2016, Respondent signed a Voluntary Agreement Not To Practice Medicine with the Massachusetts Board, with an effective date of November 3, 2016 ("Massachusetts Agreement"). The Board received notification of the Massachusetts Agreement in January 2017.

5. Under the terms of the Massachusetts Agreement, Respondent agreed to cease his practice of medicine in the Commonwealth of Massachusetts until such time that the Massachusetts Board determines that the Massachusetts Agreement should be modified or terminated; or until the Massachusetts Board takes other action against Respondent's license to practice medicine; or until the Massachusetts Board takes final action. A copy of the Massachusetts Agreement is incorporated by reference herein and is attached hereto as Exhibit A.

6. On October 13, 2016, Respondent submitted his annual Application for Physician License Renewal to the Board. On his renewal application, Respondent again answered "No" to the question, "Since your last renewal, have you been notified of any investigations by any state medical board, medical society, or any hospital of any complaints against you relative to the practice of medicine or have you been reprimanded or censured by any medical society or licensing board?"

7. In January and February 2017, the Board sent several requests to Respondent, by U.S. Mail and electronic mail, asking for additional information regarding the Massachusetts Agreement. Respondent did not respond to any of the Board's inquiries.
8. In September 2017, the Board received information from the Massachusetts Board regarding an ongoing investigation into Respondent's practice at the North Shore Psychiatric Center ("NSPC") in Massachusetts. While employed at NSPC, the following occurred:

a. Respondent invited a social worker to join his practice at NSPC in early 2012 or 2013. Some of the social worker's clients were also patients of Respondent's. In March 2016, Respondent removed personal items belonging to the social worker from the social workers' office. Respondent refused to return the social worker's personal items until the social worker called Respondent personally. As a result of Respondent's actions, at least one client meeting with the social worker was canceled. The social worker left NSPC shortly thereafter.

b. In early 2016, Respondent hired his girlfriend, a nurse practitioner, to work at NSPC. Another physician at NSPC fired the nurse practitioner from the clinic after discovering Respondent's relationship with the nurse practitioner and identifying questionable billing practices by the nurse practitioner.

c. In July 2016, another physician at NSPC ("Physician 1") confronted Respondent about clinic staffing and Respondent's alcohol use. Respondent yelled at Physician 1, and a staff member heard what sounded like people pushing one another. When Respondent emerged from the room, he had a scratch on his lip. NSPC canceled Respondent's remaining patients that day.

d. In August 2016, NSPC received a phone call from a patient stating that Physician 1's profile on NSPC's website had been hacked. Physician 1's profile had been edited to state that Physician 1 suffered from PTSD and instead of going for treatment Physician 1 takes it out on Physician 1's patients. Respondent was responsible for editing the content of NSPC's website.

e. In July and August 2016, Respondent purchased a motorcycle vacation trip, women's clothing, and a home entertainment system on NSPC's office credit card.

f. Patients were routinely required to book appointments with Respondent at least three months in advance. Throughout 2016, Respondent canceled patients' appointments with little or no notice to the patient. For example:

i. In the spring of 2016, Respondent canceled a patient's appointment and then walked by the patient in the parking lot of the clinic without speaking to the patient. Also in the spring of 2016, Respondent canceled a patient's appointment as the patient was walking into the clinic.

ii. In August 2016, Respondent sent a text message to the clinic and instructed that his appointments for the next week be canceled because he was checking himself into the hospital.
iii. On October 20, 2016, Respondent sent a text message to NSPC’s receptionist to cancel his appointments stating he was checking himself into the hospital for the next month.

g. In the summer of 2016, Respondent failed to appear at work as scheduled. Respondent’s mother and sister found Respondent distraught with syringes on a nearby table. Respondent stated the syringes were for vitamin B12 shots for himself and for treatments for his pet Chihuahua.

h. On September 9, 2016, the police were called to conduct a welfare check on Respondent after he sent a text message to a coworker/family member, and mentioned a knife to the throat. The police reported Respondent appeared fine and told the police he was going to work. Respondent did not present to work on September 9, 2016.

i. On October 16, 2016, Respondent instructed a staff member at NSPC to direct patients who were providing payment by check to write checks made out to Respondent, rather than to NSPC. Respondent also directed patients to use a credit card machine in his office, rather than the credit card machine used generally by NSPC.

**ISSUES**

Whether the foregoing conduct constitutes one or more of the following grounds for disciplinary action:

1. Respondent’s renewal of his license through fraud by providing a false answer on his renewal application, in violation of Minnesota Statutes section 147.091, subdivision 1(b).

2. Respondent’s medical license being revoked, suspended, restricted, limited, or subject to other disciplinary action in another state or jurisdiction, and failure to report any charges regarding his medical license brought in another state or jurisdiction, in violation of Minnesota Statutes section 147.091, subdivision 1(d).

3. Respondent’s engaging in any unethical or improper conduct, in violation of Minnesota Statutes section 147.091 subdivision 1(g).

4. Respondent’s engaging in conduct that departed from or failed 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).

5. Respondent’s failure to make a report to the Board, as required by Minnesota Statutes section 147.111, subdivision 4, or to cooperate with an investigation of the Board as required by Minnesota Statutes section 147.131, in violation of Minnesota Statutes section 147.091, subdivision 1(u).
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 you have good cause for requesting a delay of the prehearing conference or hearing, your 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 Committee.

3. If you attend to appear at the prehearing conference and hearing, you 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. A copy must be served on the Board’s Committee attorney. A Notice of Appearance form is enclosed.

4. At the hearing, all parties have the right to be represented by a lawyer, 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.

5. 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 Minn. Stat. § 14.60, subd. 2. The Board’s disciplinary hearings shall be closed to the public in accordance with Minn. Stat. § 148.181, subd. 3.

6. 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 Minn. R. 1400.7000. A copy of the subpoena request shall be served on the other parties. A subpoena request form is available at www.oah.state.mn.us or by calling (651) 361-7900.

7. 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.

8. The Office 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 Office of Administrative Hearings is available at www.oah.state.mn.us or by calling (651) 361-7900.
9. 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 Office of Administrative Hearings at P.O. Box 64620, St. Paul, MN 55164-0620, or call (651) 361-7900 (voice) or (651) 361-7878 (TTY).

10. 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 to 14.62 and in Minnesota Rules 1400.5010 to 1400.8400. The laws regulating the profession of medicine are contained in Minnesota Statutes chapter 147. You may also find helpful information by going to the Office of Administrative Hearings’ website at http://mn.gov/oah/administrative-law/contestedcases. If you have any other questions, you may contact the Committee’s attorney.

Dated this 17th day of October, 2017.

COMPLAINT REVIEW COMMITTEE OF
THE BOARD OF MEDICAL PRACTICE

By: [Signature]

242
AFFIDAVIT OF SERVICE

Re: In the Matter of the Medical License of Jeffrey A. Bucci, M.D.
License No. 50,385; OAH Docket No. 80-0903-34776

STATE OF MINNESOTA  
COUNTY OF RAMSEY

TAMMIE L. REEVES, being first duly sworn, deposes and says:

That at the City of St. Paul, County of Ramsey and State of Minnesota, on March 20, 2018, s/he caused to be served the FULLY EXECUTED FINDINGS OF FACT, CONCLUSIONS, AND FINAL ORDER (WITH EXHIBIT A ATTACHED), by personally delivering to and/or depositing the same in the United States mail at said city and state, true and correct copy(ies) thereof, properly enveloped with prepaid first-class postage, and addressed to:

BY U.S. MAIL

Jeffrey A. Bucci
26 Partridge Lane
Boxford, MA 01921

BY U.S. MAIL

The Honorable LauraSue Schlatter
Administrative Law Judge
Office of Administrative Hearings
P.O. Box 64620
St. Paul, MN 55164-0620

HAND-DELIVERED

Noah Lewellen
Assistant Attorney General
445 Minnesota Street, Suite 1400
St. Paul, MN 55101-2131

Subscribed and sworn to before me on March 20, 2018.

TAMMIE L. REEVES

JENNIFER JOY LUND
NOTARY PUBLIC

243
BEFORE THE MINNESOTA
BOARD OF MEDICAL PRACTICE
COMPLAINT REVIEW COMMITTEE

In the Matter of the Medical License of
Lisa N. O. Erhard, M.D.
Birth Year: 1963
License Number: 33,512

AGREEMENT FOR CORRECTIVE ACTION

This Agreement for Corrective Action ("Agreement") is entered into by and between Lisa N. O. Erhard, M.D. ("Respondent"), and the Complaint Review Committee of the Minnesota Board of Medical Practice ("Committee") pursuant to the authority of Minn. Stat. § 214.103, subd. 6(a) (2017). Respondent has been advised by Board representatives that Respondent may choose to be represented by legal counsel in this matter. Respondent has chosen to be represented by Barbara Zurek, Meagher & Geer, P.L.L.P., 33 S. Sixth Street, Suite 4400, Minneapolis, Minnesota 55402, (612) 347-9184. The Board was represented by Deputy Attorney General, Karen Olson, 1400 Bremer Tower, 445 Minnesota Street, St. Paul, Minnesota 55101, (651) 296-7575. Respondent and the Committee hereby agree as follows:

FACTS

1. This agreement is based upon the following facts:

   a. Respondent was licensed by the Board to practice medicine and surgery in the State of Minnesota on June 30, 1990. Respondent is board-certified in obstetrics and gynecology.

   b. In 2012 and 2016, Respondent ordered and used in her practice injectables from an unauthorized manufacturer. Respondent did not maintain medical records on all of the patients on which she used the unauthorized injectables.
c. In 2016, Respondent improperly prescribed large quantities of a controlled substance to herself in order to then prescribe the controlled substance to patients.

2. On October 16, 2017, Respondent met with the Committee to discuss the information set forth in paragraph 1, above. Based on the discussion, the Committee views Respondent's conduct as inappropriate under Minn. Stat. § 147.091, subd. 1(f) (violating federal law which relates to the practice of medicine) and (k) (conduct that departs from or fails to conform to the minimal standards of acceptable and prevailing medical practice), 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 paragraph 1 by taking the following corrective action:

   a. Respondent shall successfully complete a medical records management course, approved in advance by the Committee or its designee, within six months of the date of this Agreement.

   b. Respondent shall develop a quality control policy, for review and approval by the Committee, addressing the use of compounded medications and off-label use, within six months of the date of this Agreement.

4. The 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 the Agreement, the Committee agrees to close the complaint(s) resulting in the information referred to in paragraph 1. Respondent understands and further
agrees that if, after the matter has been closed, the Committee receives additional complaints similar to the information in paragraph 1, the Committee may reopen the closed complaint(s).

5. If Respondent fails to complete the corrective action satisfactorily or if the Committee receives additional complaints similar to the allegations described in paragraph 1, the Committee may, in its discretion, reopen the investigation and proceed according to Minn. Stat. chs. 147, 214, and 14. Failure to complete corrective action satisfactorily constitutes failure to cooperate under Minn. Stat. § 147.131 (2017). In any subsequent proceeding, the Committee may use as proof of the allegations of paragraphs 1 and 2 Respondent’s agreements herein.

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.

7. Respondent hereby acknowledges having read and understood this agreement and having voluntarily entered into it. 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: 3/21/18

Lisa N. O. Erhard, M.D.
Respondent

Dated: 3/21/18

FOR THE COMMITTEE
AFFIDAVIT OF SERVICE BY U.S. MAIL

Re: In the Matter of the Medical License of Lisa N.O. Erhard, M.D.
License No. 33,512

STATE OF MINNESOTA )
COUNTY OF RAMSEY ) ss.

ANGELA BRINDAMOUR, being first duly sworn, deposes and says:

That at the City of St. Paul, County of Ramsey and State of Minnesota, on March 22, 2018, she caused to be served the attached AGREEMENT FOR CORRECTIVE ACTION, 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 to:

CONFIDENTIAL

Ms. Barbara Zurek
Meagher & Geer, P.L.L.P.
33 S. Sixth Street, Suite 4400
Minneapolis, MN 55402

Subscribed and sworn to before me on March 22, 2018.

NOTARY PUBLIC
In the Matter of the
Medical License of
Blair A. Nelson, M.D.
Year of Birth: 1972
License Number: 43,550

1. The Minnesota Board of Medical Practice ("Board") is authorized pursuant to
Minn. Stat. §§ 147.001 through 147.37 to license, regulate, and discipline persons who apply for,
petition, or hold licenses to practice medicine and surgery in the State of Minnesota and is
further authorized pursuant to Minn. Stat. §§ 214.10 and 214.103 to review complaints against
physicians, to investigate such complaints, and to initiate appropriate disciplinary action.

2. Blair A. Nelson, M.D. ("Respondent"), has been and now is subject to the
jurisdiction of the Board from which he holds a license to practice medicine and surgery in the
State of Minnesota.

3. On July 8, 2017, the Board issued a Stipulation and Order ("July 2017 Order")
suspending Respondent's license and staying the suspension contingent upon his compliance
with certain terms and conditions including, but not limited to, participating in the Health
Professionals Services Program ("HPSP") and fully complying with all terms and conditions of
his HPSP Participation Agreement and Monitoring Plan. The July 2017 Order expressly states
that the Complaint Review Committee is authorized to issue an Order of Removal of Stayed
Suspension if it has probable cause to believe that Respondent has failed to comply with any of
the requirements for staying the suspension of his license as outlined in the July 2017 Order, or
has failed to comply with his HPSP Participation Agreement and Monitoring Plan. A copy of
the July 2017 Order is attached as Exhibit 1.

4. The Complaint Review Committee has probable cause to believe that Respondent
has failed to comply with one or more of the requirements for staying the suspension of
Respondent’s license and has failed to comply with his HPSP Participation Agreement and
Monitoring Plan.

NOW THEREFORE, pursuant to the above recitals, the Board issues the following:

ORDER

1. IT IS HEREBY ORDERED that the stay of suspension set forth in the Stipulation
and Order dated July 8, 2017, is REMOVED, and Respondent’s license to practice medicine
and surgery in the State of Minnesota is SUSPENDED immediately.

2. IT IS FURTHER ORDERED that Respondent’s license to practice medicine and
surgery in the State of Minnesota shall remain suspended until the Board makes a final
determination in this matter. During the period of suspension, Respondent shall not in any
manner practice medicine and surgery in the State of Minnesota.

3. IT IS FURTHER ORDERED that Respondent’s violation of this Order shall
provide grounds for further disciplinary action pursuant to Minn. Stat. § 147.091.

4. IT IS FURTHER ORDERED that the terms of this Order are adopted and
implemented this 30th day of March, 2018.

MINNESOTA BOARD OF
MEDICAL PRACTICE
COMPLAINT REVIEW COMMITTEE

By: ____________________
BEFORE THE MINNESOTA
BOARD OF MEDICAL PRACTICE

In the Matter of
the Application of
Blair A. Nelson, M.D.
Year of Birth: 1972
Application Number: 43,550

STIPULATION AND ORDER

IT IS HEREBY STIPULATED AND AGREED, by and between Blair Allen Nelson, M.D. ("Applicant"), and the Licensure Committee of the Minnesota Board of Medical Practice ("Board"), as follows:

1. Applicant is subject to the jurisdiction of the Board to which he applied for a license to practice medicine and surgery in the State of Minnesota.

2. Applicant has been advised by Board representatives that he may choose to be represented by legal counsel. Although aware of this opportunity, Applicant has elected not to be represented by counsel. The Licensure Committee was represented by Gregory J. Schaefer, Assistant Attorney General, 445 Minnesota Street, Suite 1400, St. Paul, Minnesota 55101-2131.

FACTS

3. For the purpose of this Stipulation, the Board may consider the following facts as true:

   a. On or about March 28, 2016, Applicant submitted an Application to Practice Medicine ("Application") to the Board, with appropriate supporting documentation.

   b. Applicant was previously licensed to practice medicine in the State of Minnesota from May 12, 2001, to May 9, 2015.
c. In 2012, Applicant self-referred to the Health Professionals Services Program ("HPSP") and signed a Participation Agreement with HPSP for monitoring of his recovery from chemical dependency, depression, and anxiety. Applicant violated the terms of his HPSP Participation Agreement and was reported to the Board.

d. In 2013, Applicant appeared before the Board's Complaint Review Committee and entered into a Stipulation and Order for a stayed suspension. Applicant violated the terms of that Order and his license was indefinitely suspended by Order dated January 11, 2014.

e. Between November 2011 and October 2014, Applicant participated in five different long-term residential rehabilitation treatment programs.

f. On May 9, 2015, Applicant voluntarily surrendered his license following notifications received by the Board that Applicant had authorized prescriptions for controlled substances on multiple occasions after his license was suspended. His voluntary surrender permitted the Board to reopen its investigation should Applicant seek re-licensure.

g. Applicant does not currently hold a valid license to practice medicine in any state.

h. On February 9, 2017, the Licensure Committee reviewed Applicant's application and supporting documentation, including reports from Applicant's treatment providers stating that Applicant had successfully abstained from chemical use for at least two years. The Licensure Committee determined that Applicant did not meet the minimum requirements for Minnesota medical licensure at that time due to not being currently specialty board-certified or having passed the Specialty Purpose Examination ("SPEX"). The Licensure
Committee recommended that, once Applicant passed the SPEX, Applicant be granted licensure with conditions and restrictions based upon his history of chemical abuse.

i. On April 6, 2017, Applicant successfully passed the SPEX.

STATUTES

4. The Licensure Committee views Applicant’s practices as inappropriate in such a way as to require Board action under Minn. Stat. § 147.091, subd. 1(i) (inability to practice medicine by reason of illness), and (r) (becoming addicted to a drug or intoxicant) (2016), and Applicant agrees that the conduct cited above constitutes a reasonable basis in law and fact to justify the disciplinary action under these statutes.

REMEDY

5. Upon this Stipulation and all of the files, records, and proceedings herein, and without any further notice or hearing herein, Applicant does hereby consent that the Board may make and enter an Order SUSPENDING Applicant’s license to practice medicine and surgery in the State of Minnesota. The suspension is STAYED contingent upon Applicant’s compliance with the following terms and conditions:

   a. Applicant shall participate in the HPSP and fully comply with all terms and conditions of his HPSP Participation Agreement and Monitoring Plan, including any modifications resulting from this Stipulation and Order. Failure to comply with the HPSP Monitoring Plan, including any modifications, shall constitute a violation of this Order.

   b. Applicant shall not prescribe controlled substances. Applicant may petition to resume prescribing controlled substances no sooner than six months from resuming practice. Upon hearing Applicant’s petition, the Complaint Review Committee may recommend
that the Board continue, modify, or remove the limitation or impose conditions and restrictions as deemed necessary:

c. Applicant shall not have access to controlled substances in the work or educational setting.

d. Applicant shall not prescribe, administer, or dispense any prescription drug or drug sample for his own use, his family members' use, or for any person who is not in an established physician/patient relationship with Applicant.

e. Applicant shall practice in a supervised practice setting.

f. Applicant may petition for reinstatement of an unconditional license no sooner than three years from the date of this Order and upon submission of proof, satisfactory to the Board, of at least three years of documented, uninterrupted recovery. Upon hearing Applicant's petition, the Complaint Review Committee may recommend that the Board continue, modify, or remove the suspension or impose conditions and restrictions as deemed necessary.

g. Upon petitioning, Applicant shall sign all necessary releases allowing the Board access to all medical, mental health, and chemical dependency records from any treating professional, evaluator, facility, or others from whom Applicant has sought or obtained treatment, support, or assistance, including documentation of compliance with HPSP monitoring.

6. Within ten days of the date of this Order, Applicant shall provide the Board with a list of all hospitals and skilled nursing facilities at which Applicant currently has medical privileges, a list of all states in which Applicant is registered or licensed, or has applied for registration or licensure, and the addresses and telephone numbers of Applicant's residence and all work sites. Within seven days of any change, Applicant shall provide the Board with new address and telephone number information. The information shall be sent to Ruth M. Martinez,
Minnesota Board of Medical Practice, University Park Plaza, 2829 University Avenue S.E., Suite 500, Minneapolis, Minnesota 55414.

7. In the event Applicant resides or practices outside the State of Minnesota, Applicant shall promptly notify the Board in writing of the location of his residence and all work sites. Periods of residency or practice outside of Minnesota will not be credited toward any period of Applicant's suspended, limited, or conditioned license in Minnesota unless Applicant demonstrates that practice in another state conforms completely with Applicant's Minnesota license to practice medicine.

8. If the Complaint Review Committee has probable cause to believe that Applicant has failed to comply with any of the requirements for staying the suspension of his license as set forth in paragraph 5 above, or has failed to comply with the HPSP Participation Agreement and Monitoring Plan, the Complaint Review Committee may remove the stay of suspension and suspend Applicant's license pursuant to the procedures outlined below:

a. The removal of the stayed suspension shall take effect upon service of an Order of Removal of Stayed Suspension ("Order of Removal"). Applicant agrees that the Complaint Review Committee is authorized to issue an Order of Removal, which shall remain in effect and shall have the full force and effect of an order of the Board until the Board makes a final determination pursuant to the procedures outlined in paragraph 9 below, or until the suspension is dismissed and the order is rescinded by the Complaint Review Committee. The Order of Removal shall confirm the Complaint Review Committee has probable cause to believe Applicant has failed to comply with or has violated one or more of the requirements for staying the suspension of Applicant's license.
b. Applicant further agrees an Order of Removal issued pursuant to this paragraph shall be deemed a public document under the Minnesota Government Data Practices Act. Applicant waives any right to a hearing before removal of the stayed suspension.

c. The Complaint Review Committee shall schedule a hearing before the Board pursuant to paragraph 9 below to be held within 60 days of service of the Order of Removal.

9. If the Complaint Review Committee issues an Order of Removal pursuant to paragraph 8 above, the following shall apply:

a. The Complaint Review Committee shall mail Applicant a notice of the violation alleged by the Complaint Review Committee and of the time and place of the hearing referred to in paragraph 8.c. above. Applicant shall submit a response to the allegations at least three days prior to the hearing. If Applicant does not submit a timely response to the Board, the allegations may be deemed admitted.

b. At the hearing before the Board, the Complaint Review Committee and Applicant may submit affidavits made on personal knowledge and argument based on the record in support of their positions. The evidentiary record before the Board shall be limited to such affidavits and this Stipulation and Order. Applicant waives a hearing before an administrative law judge and waives discovery, cross-examination of witnesses, and other procedures governing administrative hearings or civil trials.

c. At the hearing, the Board will determine whether to impose additional disciplinary action, including additional conditions or limitations on Applicant's practice, or revocation of Applicant's license.
d. The Complaint Review Committee, at its discretion, may schedule a conference with Applicant prior to the hearing before the Board to discuss the allegations and to attempt to resolve the allegations through agreement.

10. In the event the Board in its discretion does not approve this settlement, this Stipulation is withdrawn and shall be of no evidentiary value and shall not be relied upon nor introduced in any disciplinary action by either party hereto except that Applicant agrees that should the Board reject this Stipulation and if this case proceeds to hearing, Applicant will assert no claim that the Board was prejudiced by its review and discussion of this Stipulation or of any records relating hereto.

11. Applicant waives any further hearings on this matter before the Board to which Applicant may be entitled by Minnesota or United States constitutions, statutes, or rules and agrees that the Order to be entered pursuant to the Stipulation shall be the final Order herein.

12. Applicant hereby acknowledges that he has read and understands this Stipulation and has voluntarily entered into the Stipulation without threat or promise by the Board or any of its members, employees, or agents. This Stipulation contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this Stipulation.

Dated: 6/23/17                 Dated: 7-8-17

[Signature]
BLAIR ALLEN NELSON, M.D.
Applicant

[Signature]
For the Licensure Committee
ORDER

Upon consideration of this Stipulation and all the files, records, and proceedings herein,

IT IS HEREBY ORDERED that Applicant is GRANTED a license to practice medicine and surgery in the State of Minnesota.

IT IS FURTHER ORDERED that Applicant’s license is SUSPENDED and that the suspension is STAYED upon the CONDITION that Applicant must comply with the requirements outlined in the Stipulation, including specifically the requirement that Applicant must participate in the Health Professionals Services Program. All other terms of this Stipulation are hereby adopted and implemented by the Board on this 4th day of July, 2017.

MINNESOTA BOARD OF MEDICAL PRACTICE

By:
BEFORE THE MINNESOTA
BOARD OF MEDICAL PRACTICE

In the Matter of the
Medical License of
Blair A. Nelson, M.D.
Year of Birth: 1972
License Number: 43,550

TO: Blair A. Nelson, M.D., 4505 Victor Path #2, Hugo, MN 55038.

I.

Removal of Stay of Suspension and Imposition of Suspension

RESPONDENT IS HEREBY NOTIFIED that the Minnesota Board of Medical Practice ("Board") through its Complaint Review Committee ("Committee") has removed Respondent’s stay of suspension, thereby imposing the suspension of Respondent’s license to practice as a physician and surgeon in the State of Minnesota. The Committee has probable cause to believe that Respondent has failed to comply with or has violated one or more of the requirements for staying the suspension outlined in the Board’s Stipulation and Order dated July 8, 2017 ("July 2017 Order") attached as Exhibit 1. The Board served a copy of the July 2017 Order on Respondent on July 10, 2017.

Respondent shall not engage in any act which constitutes the practice of medicine and surgery and shall not imply by words or conduct that Respondent is authorized to practice medicine and surgery in the State of Minnesota.

II.

Hearing

RESPONDENT IS FURTHER NOTIFIED that the Committee has initiated a hearing before the Board to present the allegations referenced in section IV., below. This hearing could
affect Respondent's license to practice medicine in the State of Minnesota, since the allegations may be grounds for additional disciplinary action, including but not limited to continuation of the suspension or revocation of Respondent's license. The hearing will be held on May 12, 2018 at 11:30 a.m. in Conference Room A, University Park Plaza, 2829 University Avenue S.E., Minneapolis, Minnesota 55414-3246.

In presenting its allegations to the Board, the Committee may submit additional affidavits and written and oral argument in support of its position that additional disciplinary action should be taken against Respondent. Respondent has the right to appear at the hearing and to submit a response to the Committee's allegations, affidavits made on the personal knowledge of the affiant, and written and oral argument.

Respondent may submit a response to the allegations referenced in section IV., at least three days prior to the hearing. If Respondent does not submit a timely response to the Board, the allegations may be deemed admitted.

If Respondent needs a reasonable accommodation for a disability in order to participate in the hearing, such an accommodation can be made available upon request. Examples of reasonable accommodations include wheelchair accessibility, an interpreter, or Braille or large-print materials. To arrange an accommodation, Respondent may contact Laurie Hanrahan at the Board of Medical Practice, University Park Plaza, 2829 University Avenue S.E., Suite 500, Minneapolis, Minnesota 55414-3246, or Respondent may call Voice: (612) 548-2153; or, TDD: 1-800-627-3529.
III.

Background Information

1. Respondent was most recently licensed by the Board to practice medicine and surgery in the State of Minnesota on July 8, 2017. Respondent was previously licensed to practice medicine in the State of Minnesota from May 12, 2001 to May 9, 2015.

2. In 2012, Respondent self-referred to the Health Professionals Services Program ("HPSP") and signed a Participation Agreement with HPSP for monitoring for recovery from chemical dependency, depression, and anxiety. Respondent violated the terms of his HPSP Participation Agreement and was reported to the Board.

3. In 2013, Respondent appeared before the Board's Complaint Review Committee and entered into a Stipulation and Order, dated September 7, 2013 ("2013 Board Order") that included a stayed suspension. Respondent violated the terms of the 2013 Board Order and on October 8, 2013, an Order of Removal of Stayed Suspension was adopted and implemented. Respondent's license was indefinitely suspended pursuant to a Stipulation and Order dated January 11, 2014. On May 9, 2015, Respondent voluntarily surrendered his license while under Order.


5. On or about March 28, 2016, Respondent submitted an Application to Practice Medicine to the Board, with appropriate supporting documentation.

6. On February 9, 2017, the Board's Licensure Committee reviewed Respondent's application and supporting documentation, including reports from Respondent's treatment providers stating that Respondent had successfully abstained from chemical use for at least
two years. The Board’s Licensure Committee determined that Respondent did not meet the minimum requirements for Minnesota medical licensure at that time due to not being currently Specialty Board Certified or having passed the Special Purpose Exam ("SPEX"). The Board’s Licensure Committee recommended that, once Respondent passed the SPEX, Respondent be granted licensure with conditions and restrictions based upon his history of chemical abuse.

7. On April 6, 2017, Respondent successfully passed the SPEX.

8. On July 8, 2017, the Board issued the July 2017 Order which gave Respondent a license to practice medicine and surgery that was conditioned based on his violations of Minn. Stat. § 147.091, subd. 1(1) (inability to practice medicine by reason of illness) and (r) (becoming addicted to a drug or intoxicant) (2017).

9. Under the terms of the July 2017 Order, Respondent was required, in part, to participate in HPSP and fully comply with all terms and conditions of his HPSP Participation Agreement and Monitoring Plan, which required him, in part, to abstain from alcohol, controlled substances as defined by the Minnesota Board of Pharmacy, and any other mood-altering substances.

10. Pursuant to the July 2017 Order, the Committee has the right to resolve any alleged violations of the July 2017 Order by removing the stay of suspension followed by a hearing before the Board.

IV.

Allegations

The Committee has probable cause to believe that Respondent has engaged in the following conduct in violation of his July 2017 Order:
1. On October 30, 2017, HPSP notified the Board that Respondent submitted a urine screen on September 15, 2017 that tested positive for amphetamine. Due to the positive screen, HPSP required Respondent to obtain a new chemical health assessment and follow recommendations.

2. On November 27, 2017, Respondent submitted his written response to the Board regarding the September 15, 2017 urine screen that tested positive for amphetamine. In his response, Respondent denied amphetamine use and stated he had not inappropriately taken any controlled substances since October 1, 2014.


4. On January 25, 2018, Respondent submitted his written response to the Board regarding the December 18, 2017 dilute screen. Specifically, Respondent stated he had been diligent about HPSP guidelines, was frustrated about the December 18, 2017 dilute urine specimen and asked the Board to recognize his three and half years of sobriety shown by over a hundred urine screens.

5. On February 19, 2018, Respondent began a low intensity outpatient chemical health program as recommended by the new chemical health assessment he underwent as required by HPSP in September 2017.

6. On February 27, 2018, HPSP notified the Board that Respondent admitted to taking Adderall on February 17, 2018 in response to a positive amphetamine screen collected on February 20, 2018. Respondent also admitted to taking Adderall on September 14, 2017 which caused his positive amphetamine screen collected on September 15, 2017.
On March 9, 2018, Respondent submitted his written response to the Board regarding taking the February 27, 2018 report and admitted using Adderall.

V.

Grounds for Disciplinary Action

The foregoing conduct would constitute the following grounds for additional disciplinary action:

1. Violating a rule promulgated by the Board or an order of the Board, a state, or federal law which relates to the practice of medicine in violation of Minn. Stat. § 147.091, subd. 1(f).

2. Unable to practice medicine with reasonable skill and safety to patients by reason of the following, including but not limited to: illness; intoxication; use of drugs, narcotics, chemicals, or any other type of substance; mental condition; physical condition; diminished cognitive ability; loss of motor skills; or deterioration through the aging process in violation of Minn. Stat. § 147.091, subd. 1(l).

3. Becoming addicted or habituated to a drug or intoxicant in violation of Minn. Stat. § 147.091, subd. 1(r).

4. Failing to make reports as required by Minn. Stat. § 147.111 or to cooperate with an investigation of the board as required by Minn. Stat. § 147.131 in violation of Minn. Stat. § 147.091, subd. 1(u).

5. Violating the terms of his health professionals services program participation agreement in violation of Minn. Stat. § 214.355.
VI.

Issues

The issues to be determined at the hearing are:

1. Whether Respondent engaged in the conduct alleged above; and
2. Whether Respondent's conduct provides grounds justifying the Board to take additional disciplinary action against Respondent.

VII.

Notice Pursuant to the Minnesota Government Data Practices Act

The Committee is seeking data from Respondent which may be considered private or confidential under the Minnesota Government Data Practices Act, Minn. Stat. § 13.01, et seq. (2017). Minn. Stat. § 13.04, subd. 2, requires the Board to notify Respondent of the following four matters before Respondent is asked to supply any private or confidential information about himself:

1. The data being collected are part of an investigation into Respondent's conduct and will be used by the Board in evaluating complaints made against Respondent to determine whether Respondent has violated any statutes or rules the Board is empowered to enforce.

2. Pursuant to Minn. Stat. § 147.131 (2017), Respondent is required to cooperate fully with the Board. Cooperation includes responding fully and promptly to any questions raised by or on behalf of the Board relating to the subject of the investigation, executing all releases requested by the Board, providing copies of client records, and appearing at conferences or hearings scheduled by the Board or its staff. A refusal to answer a question or questions, based on a valid assertion under the Fifth Amendment of the Constitution that Respondent's answer would expose Respondent to a substantial and real threat of implicating himself in a
crime, will not be considered to be non-cooperation. However, if Respondent chooses to assert a right not to answer because of the Fifth Amendment, a decision regarding the matter at issue will be made on the basis of the information available to the Board without Respondent's answers.

3. If Respondent supplies the data requested and they show a violation of any of the statutes or rules enforced by the Board, Respondent may be subject to disciplinary or other action. However, if Respondent refuses to supply requested data (except refusal based on a substantial and real threat of self-incrimination in a criminal proceeding), the Board has the authority under Minn. Stat. §§ 147.091, subd. 1(u), and 147.141 (2017) to take disciplinary or other action for failure to cooperate with an investigation. If Respondent chooses to exercise a constitutional right to refuse to answer, the Board will base its decision whether to pursue action against Respondent based on the other information which is available to the Board.

4. Respondent is advised that data which Respondent supplies will be accessible to staff of the Board and the Office of the Attorney General. The data may be released to other persons and/or governmental entities who have statutory authority to review the data, investigate specific conduct and/or take appropriate legal action, including but not limited to, law enforcement agencies, courts, and other regulatory agencies. If the Board institutes a formal disciplinary action against Respondent that is litigated, the information Respondent supplies could become public.

VIII.
Additional Information

RESPONDENT IS FURTHER NOTIFIED that Respondent may choose to be, though need not be, represented by counsel in these proceedings. The Committee is represented by Karen Olson, Deputy Attorney General, 1400 Bremer Tower, 445 Minnesota Street, St. Paul,
Minnesota 55101, telephone (651) 296-7575.

The decision to initiate this proceeding was made by the Committee and not by the Board as a whole. Members of the Committee will not participate in the Board’s deliberations. In addition, the Board will be advised by an attorney other than Ms. Olson.


MINNESOTA BOARD OF MEDICAL PRACTICE

RUTH M. MARTINEZ
Executive Director
In the Matter of
the Application of
Blair A. Nelson, M.D.
Year of Birth: 1972
Application Number: 43,550

BEFORE THE MINNESOTA
BOARD OF MEDICAL PRACTICE

STIPULATION AND ORDER

IT IS HEREBY STIPULATED AND AGREED, by and between Blair Allen Nelson, M.D. ("Applicant"), and the Licensure Committee of the Minnesota Board of Medical Practice ("Board"), as follows:

1. Applicant is subject to the jurisdiction of the Board to which he applied for a license to practice medicine and surgery in the State of Minnesota.

2. Applicant has been advised by Board representatives that he may choose to be represented by legal counsel. Although aware of this opportunity, Applicant has elected not to be represented by counsel. The Licensure Committee was represented by Gregory J. Schaefer, Assistant Attorney General, 445 Minnesota Street, Suite 1400, St. Paul, Minnesota 55101-2131.

FACTS

3. For the purpose of this Stipulation, the Board may consider the following facts as true:

a. On or about March 28, 2016, Applicant submitted an Application to Practice Medicine ("Application") to the Board, with appropriate supporting documentation.

b. Applicant was previously licensed to practice medicine in the State of Minnesota from May 12, 2001, to May 9, 2015.
c. In 2012, Applicant self-referred to the Health Professionals Services Program ("HPSP") and signed a Participation Agreement with HPSP for monitoring of his recovery from chemical dependency, depression, and anxiety. Applicant violated the terms of his HPSP Participation Agreement and was reported to the Board.

d. In 2013, Applicant appeared before the Board's Complaint Review Committee and entered into a Stipulation and Order for a stayed suspension. Applicant violated the terms of that Order and his license was indefinitely suspended by Order dated January 11, 2014.

e. Between November 2011 and October 2014, Applicant participated in five different long-term residential rehabilitation treatment programs.

f. On May 9, 2015, Applicant voluntarily surrendered his license following notifications received by the Board that Applicant had authorized prescriptions for controlled substances on multiple occasions after his license was suspended. His voluntary surrender permitted the Board to reopen its investigation should Applicant seek re-licensure.

g. Applicant does not currently hold a valid license to practice medicine in any state.

h. On February 9, 2017, the Licensure Committee reviewed Applicant's application and supporting documentation, including reports from Applicant's treatment providers stating that Applicant had successfully abstained from chemical use for at least two years. The Licensure Committee determined that Applicant did not meet the minimum requirements for Minnesota medical licensure at that time due to not being currently specialty board-certified or having passed the Specialty Purpose Examination ("SPEX"). The Licensure
Committee recommended that, once Applicant passed the SPEX, Applicant be granted licensure with conditions and restrictions based upon his history of chemical abuse.

i. On April 6, 2017, Applicant successfully passed the SPEX.

STATUTES

4. The Licensure Committee views Applicant’s practices as inappropriate in such a way as to require Board action under Minn. Stat. § 147.091, subd. 1(l) (inability to practice medicine by reason of illness), and (r) (becoming addicted to a drug or intoxicant) (2016), and Applicant agrees that the conduct cited above constitutes a reasonable basis in law and fact to justify the disciplinary action under these statutes.

REMEDY

5. Upon this Stipulation and all of the files, records, and proceedings herein, and without any further notice or hearing herein, Applicant does hereby consent that the Board may make and enter an Order SUSPENDING Applicant’s license to practice medicine and surgery in the State of Minnesota. The suspension is STAYED contingent upon Applicant’s compliance with the following terms and conditions:

a. Applicant shall participate in the HPSP and fully comply with all terms and conditions of his HPSP Participation Agreement and Monitoring Plan, including any modifications resulting from this Stipulation and Order. Failure to comply with the HPSP Monitoring Plan, including any modifications, shall constitute a violation of this Order.

b. Applicant shall not prescribe controlled substances. Applicant may petition to resume prescribing controlled substances no sooner than six months from resuming practice. Upon hearing Applicant’s petition, the Complaint Review Committee may recommend
that the Board continue, modify, or remove the limitation or impose conditions and restrictions as deemed necessary.

c. Applicant shall not have access to controlled substances in the work or educational setting.

d. Applicant shall not prescribe, administer, or dispense any prescription drug or drug sample for his own use, his family members’ use, or for any person who is not in an established physician/patient relationship with Applicant.

e. Applicant shall practice in a supervised practice setting.

f. Applicant may petition for reinstatement of an unconditional license no sooner than three years from the date of this Order and upon submission of proof, satisfactory to the Board, of at least three years of documented, uninterrupted recovery. Upon hearing Applicant’s petition, the Complaint Review Committee may recommend that the Board continue, modify, or remove the suspension or impose conditions and restrictions as deemed necessary.

g. Upon petitioning, Applicant shall sign all necessary releases allowing the Board access to all medical, mental health, and chemical dependency records from any treating professional, evaluator, facility, or others from whom Applicant has sought or obtained treatment, support, or assistance, including documentation of compliance with HPSP monitoring.

6. Within ten days of the date of this Order, Applicant shall provide the Board with a list of all hospitals and skilled nursing facilities at which Applicant currently has medical privileges, a list of all states in which Applicant is registered or licensed, or has applied for registration or licensure, and the addresses and telephone numbers of Applicant’s residence and all work sites. Within seven days of any change, Applicant shall provide the Board with new address and telephone number information. The information shall be sent to Ruth M. Martinez,
Minnesota Board of Medical Practice, University Park Plaza, 2829 University Avenue S.E., Suite 500, Minneapolis, Minnesota 55414.

7. In the event Applicant resides or practices outside the State of Minnesota, Applicant shall promptly notify the Board in writing of the location of his residence and all work sites. Periods of residency or practice outside of Minnesota will not be credited toward any period of Applicant's suspended, limited, or conditioned license in Minnesota unless Applicant demonstrates that practice in another state conforms completely with Applicant's Minnesota license to practice medicine.

8. If the Complaint Review Committee has probable cause to believe that Applicant has failed to comply with any of the requirements for staying the suspension of his license as set forth in paragraph 5 above, or has failed to comply with the HPSP Participation Agreement and Monitoring Plan, the Complaint Review Committee may remove the stay of suspension and suspend Applicant’s license pursuant to the procedures outlined below:

   a. The removal of the stayed suspension shall take effect upon service of an Order of Removal of Stayed Suspension (“Order of Removal”). Applicant agrees that the Complaint Review Committee is authorized to issue an Order of Removal, which shall remain in effect and shall have the full force and effect of an order of the Board until the Board makes a final determination pursuant to the procedures outlined in paragraph 9 below, or until the suspension is dismissed and the order is rescinded by the Complaint Review Committee. The Order of Removal shall confirm the Complaint Review Committee has probable cause to believe Applicant has failed to comply with or has violated one or more of the requirements for staying the suspension of Applicant's license.
b. Applicant further agrees an Order of Removal issued pursuant to this paragraph shall be deemed a public document under the Minnesota Government Data Practices Act. Applicant waives any right to a hearing before removal of the stayed suspension.

c. The Complaint Review Committee shall schedule a hearing before the Board pursuant to paragraph 9 below to be held within 60 days of service of the Order of Removal.

9. If the Complaint Review Committee issues an Order of Removal pursuant to paragraph 8 above, the following shall apply:

   a. The Complaint Review Committee shall mail Applicant a notice of the violation alleged by the Complaint Review Committee and of the time and place of the hearing referred to in paragraph 8.c. above. Applicant shall submit a response to the allegations at least three days prior to the hearing. If Applicant does not submit a timely response to the Board, the allegations may be deemed admitted.

   b. At the hearing before the Board, the Complaint Review Committee and Applicant may submit affidavits made on personal knowledge and argument based on the record in support of their positions. The evidentiary record before the Board shall be limited to such affidavits and this Stipulation and Order. Applicant waives a hearing before an administrative law judge and waives discovery, cross-examination of witnesses, and other procedures governing administrative hearings or civil trials.

   c. At the hearing, the Board will determine whether to impose additional disciplinary action, including additional conditions or limitations on Applicant's practice, or revocation of Applicant's license.
d. The Complaint Review Committee, at its discretion, may schedule a conference with Applicant prior to the hearing before the Board to discuss the allegations and to attempt to resolve the allegations through agreement.

10. In the event the Board in its discretion does not approve this settlement, this Stipulation is withdrawn and shall be of no evidentiary value and shall not be relied upon nor introduced in any disciplinary action by either party hereto except that Applicant agrees that should the Board reject this Stipulation and if this case proceeds to hearing, Applicant will assert no claim that the Board was prejudiced by its review and discussion of this Stipulation or of any records relating hereto.

11. Applicant waives any further hearings on this matter before the Board to which Applicant may be entitled by Minnesota or United States constitutions, statutes, or rules and agrees that the Order to be entered pursuant to the Stipulation shall be the final Order herein.

12. Applicant hereby acknowledges that he has read and understands this Stipulation and has voluntarily entered into the Stipulation without threat or promise by the Board or any of its members, employees, or agents. This Stipulation contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this Stipulation.

Dated: 6/23/17

BLAIR ALLEN NELSON, M.D.
Applicant

Dated: 7/8/17

For the Licensure Committee

PATRICIA ANDREWS, M.D.
ORDER

Upon consideration of this Stipulation and all the files, records, and proceedings herein,

IT IS HEREBY ORDERED that Applicant is GRANTED a license to practice medicine and surgery in the State of Minnesota.

IT IS FURTHER ORDERED that Applicant’s license is SUSPENDED and that the suspension is STAYED upon the CONDITION that Applicant must comply with the requirements outlined in the Stipulation, including specifically the requirement that Applicant must participate in the Health Professionals Services Program. All other terms of this Stipulation are hereby adopted and implemented by the Board on this 21st day of


MINNESOTA BOARD OF MEDICAL PRACTICE

By:

[Signature]
AFFIDAVIT OF SERVICE BY U.S. MAIL

Re: In the Matter of the Medical License of Blair A. Nelson, M.D.
License Number: 43,550

STATE OF MINNESOTA )
COUNTY OF RAMSEY ) ss.

ANGELA BRINDAMOUR, being first duly sworn, deposes and says:

That at the City of St. Paul, County of Ramsey and State of Minnesota, on March 30, 2018, she caused to be served the ORDER OF REMOVAL OF STAYED SUSPENSION and NOTICE OF REMOVAL OF STAY OF SUSPENSION, IMPOSITION OF SUSPENSION, AND HEARING (WITH EXHIBIT 1), upon respondent by depositing in the United States mail at said city and state, a true and correct copy thereof, properly enveloped, with first-class postage prepaid, and addressed to:

PERSONAL & CONFIDENTIAL

Blair A. Nelson, M.D.
4505 Victor Path #2
Hugo, MN 55038

Subscribed and sworn to before me on this 30th day of March, 2018.

Notary Public

DONNA M. KINNEY
NOTARY PUBLIC - MINNESOTA
My Commission Expires
January 31, 2020
Most states have some variety of medical cannabis program.
However:

- State medical cannabis programs are illegal under current federal law
Brief History

• Documentation of therapeutic use of cannabis for thousands of years in India and China

• 1839: William O’Shaughnessy – Irish physician working in India studied medical uses of cannabis; introduced it to European medicine when he returned to London

• 1894: Queen Victoria’s physician praises therapeutic value of cannabis in the first issue of *Lancet*. (Queen Victoria was treated with cannabis for dysmenorrhea)

• Sir William Osler, one of the founders of Johns Hopkins School of Medicine wrote the famous first textbook of internal medicine in 1892. It included his assessment that cannabis was the best treatment for migraine headache.
Brief History (continued)

- Recreational use of cannabis started in the Southwest around 1900, introduced by Mexican workers crossing the border.

- American doctors wrote millions of prescriptions for cannabis each year in the 1920s.

- 1937: Marijuana Tax Act: small annual tax on all involved with commercial use of cannabis, including physicians. AMA testified against it. Initiated federal gov’t regulation.

- 1970: Controlled Substances Act: controlled substances assigned to five schedules based on medical usefulness and abuse potential. Cannabis “temporarily” assigned to Schedule 1 – but ended up sticking there.
• 1985: dronabinol (MARINOL) – synthetic THC – approved by FDA for treating loss of appetite and weight loss in AIDS patients. Later also approved for cancer-induced nausea and vomiting

• 1988: after two years of hearing on rescheduling, Drug Enforcement Agency Chief Admin Law Judge recommended cannabis be rescheduled, “one of the safest therapeutic agents known to man.” Rejected by DEA

• 1996: California Proposition 215 – first state medical marijuana program
Minnesota’s program is different:

• No smokeable or plant form marijuana (only liquids and oils in capsule, tincture, or vaporized form. Topical preparations of oils allowed starting August, 2017)

• Commitment to learning from experience with the program (reports and observational studies on effectiveness, side effects, etc.)
Qualifying Medical Conditions

• Cancer – with severe or chronic pain, or nausea, or cachexia
• Glaucoma
• HIV/AIDS
• Tourette’s Syndrome
• Amyotrophic Lateral Sclerosis
• Seizures, including those characteristic of epilepsy
Qualifying Medical Conditions (continued)

• Severe and persistent muscle spasms, including those characteristic of multiple sclerosis
• Inflammatory Bowel Disease, including Crohn’s Disease
• Terminal Illness with life-expectancy < 1 year – with severe or chronic pain, or N/V, or cachexia
• Intractable Pain (effective August 1, 2016)
• PTSD (effective August 1, 2017)
Adding Qualifying Medical Conditions

- The MN medical cannabis statute gives the Health Commissioner authority to add qualifying medical conditions.

- Process for citizens to petition to add additional conditions. During the June/July 2017 petition window petitions for nine conditions were received and considered.

- On December 1, 2017, the Commissioner announced his decision to add autism and obstructive sleep apnea to the list of qualifying medical conditions.

- Certification for autism and obstructive sleep apnea starts July 1; patients enrolled in the program for these conditions can start getting medical cannabis at Cannabis Patient Centers August 1.
Patients

• Must be Minnesota resident (no reciprocity with other state medical cannabis programs)

• Must enroll in registry and agree that data in registry can be used for aggregate reports and research May line up designated caregiver(s), who must register, undergo background check, and be approved

• Annual enrollment fee of $200 (reduced to $50 for persons receiving state medical assistance)

• Cost of medical cannabis will be out of pocket; manufacturers may provide discounts for financial hardship
Overview of MN Medical Cannabis Program

1. Patient has a qualifying condition
2. Healthcare practitioner certifies condition
3. Patient registers information, proof of I.D., and payment
4. Approved patient is added to registry
5. Medical cannabis may now be obtained at any of the cannabis patient centers across the state

DID YOU KNOW THAT MINNESOTA IS THE FIRST STATE PROGRAM IN THE COUNTRY TO OFFER ONLY SMOKE-FREE MEDICAL CANNABIS?

- NO SMOKE
- NO PLANTS
- PILL
- LIQUID
- OIL

*Care-giver may represent a patient by applying and meeting conditions including a background check.

MDH
Minnesota Department of Health

mn.gov/medicalcannabis
9622 Active Patients (as of April 12, 2018)

- 66% Intractable pain
- 15% Severe and persistent muscle spasms
- 14% PTSD
- 10% Cancer
- 5% Seizures
- 4% Inflammatory bowel disease
- 1% Terminal illness, Tourette syndrome, HIV/AIDS, Glaucoma
- < 1% ALS

Note: 14% of patients >1 condition
<table>
<thead>
<tr>
<th>Age distribution</th>
<th>0-4</th>
<th>(&lt;1%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>5-17</td>
<td>(2%)</td>
</tr>
<tr>
<td></td>
<td>18-24</td>
<td>(4%)</td>
</tr>
<tr>
<td></td>
<td>25-35</td>
<td>(16%)</td>
</tr>
<tr>
<td></td>
<td>36-49</td>
<td>(28%)</td>
</tr>
<tr>
<td></td>
<td>50-64</td>
<td>(33%)</td>
</tr>
<tr>
<td></td>
<td>65+</td>
<td>(18%)</td>
</tr>
</tbody>
</table>

Gender: M/F 49%/51%
The Department of Health will only register a caregiver if a health care practitioner has certified the patient needs a caregiver.

Registered caregivers apply to and register with the Department of Health separately from the patient under their care.

Caregivers must be at least 21 years and must pass a background check. Persons who have been convicted of a state or federal felony violation of a controlled substances law are disqualified.

Limit of one patient per caregiver, unless patients share same address.
Certifying Health Care Practitioners

- Physicians, APRNs, or PAs
- Participation is voluntary; protection from disciplinary action by Medicine, Nursing, and Pharmacy Boards for participation
- Register in the program registry system (once)
- Certify patient has qualifying condition (and annual recertification)
- Indicate (when appropriate) patient has disability causing inability to access or administer medical cannabis (allows patient to line up caregiver)
- Acknowledge medical relationship with patient and sufficient knowledge of history, physical findings and testing results to certify diagnosis; treatment plan; available for ongoing care
- Agree to provide health record data at request of Commissioner
- Certifying practitioner able to view product purchases and use instructions, symptom scores, side effects
As of April 12, 2018:

1177 registered

- 77% physicians
- 16% advanced practice registered nurses
- 7% physician assistants
Cumulative Number of Registered HCPs
Cannabis flower
Cannabis trichomes
Two grower/manufacturer/distributors, each with one growing/manufacturing site and 4 distribution centers. Patients not limited to which distribution centers they can visit.

- [http://minnesotamedicalsolutions.com/](http://minnesotamedicalsolutions.com/)

Pharmacist at distribution center consults with patient and recommends formulation and dose (max 30 day supply) Patient symptom measures and side effects captured at each visit to distribution center
Extraction and Refining

- Harvesting
- Drying
- Cutting/shredding
- Supercritical CO2 extraction (high pressure liquid CO2)
- Separation (sometimes) – to isolate specific cannabinoids
- Mixing (sometimes) – to adjust THC:CBD ratio

- Note: Sativex – approved for use in Canada, UK, multiple European countries and elsewhere, is a cannabis extraction product.
Extract Components

• **Cannabinoids**
  - >80 types of these 21-carbon molecules

• **Main cannabinoids**
  - THC (tetrahydrocannabinol) – psychoactive. Analgesic, anti-nausea/vomiting, more. Marinol is synthetic THC.
  - CBD (cannabidiol) - not psychoactive. Anti-inflammatory, anti-epileptic, analgesic, more

• **Terpenes**
  - Aromatic compounds – give distinctive aromas
  - Pharmacologically active. Some evidence of synergistic action with cannabinoids, but much more study needed to define clinical role.

• **Other (flavonoids, fats, more)**
Endocannabinoid System

- New knowledge over the past 30 years
- Complex systems of receptors and ligands modulating nerve discharge and immune system
- Endocannabinoids are molecules produced by the body that are similar to the phytocannabinoids found in the cannabis plant (e.g. THC, CBD).
- Best characterized endocannabinoids: anandamide and 2-AG (2-arachidonoyl glycerol)
- Cannabinoid receptors:
  - CB1 – mostly in central nervous system, especially brain (but few in brain stem), some in peripheral and GI nerve systems
  - CB2 – mostly on T-cells, also B-cells and macrophages
  - Additional receptors are being identified
• Different medical cannabis products in MN are characterized by different ratios of THC:CBD and mode of delivery (capsule/oral suspension, tincture, oil for vaporization, topical)

• The two manufacturers each determine their product line, which will evolve over time. But each specific product is to remain consistent as long as it is produced.

• Current products listed on the two companies’ web sites (links on Office of Medical Cannabis web site).
Laboratory Testing

• Content – cannabinoid profile

• Contamination:
  • Metals
  • Pesticides
  • Microbials
  • Residual solvents

• Consistency and stability
Packaging

• Plain (minimize appeal to children)
• Tamper evident
• Child-resistant
• Names reflect medical cannabis nature
• Label
  • Chemical composition
  • Dosage/directions
  • Date of manufacture/batch number
  • Patient name/DOB/address
  • Caregiver name (if any)
Adverse Event Reporting

- “Serious adverse incident” means any adverse incident that results in or would lead, without intervention, to hospitalization, significant disability, life-threatening situation, or death
- Required reporting of serious adverse incidents: patient, patient’s certifying health care practitioner, patient’s registered caregiver, parent/legal guardian
- Contact manufacturer to report (or contact MDH if manufacturer unknown)
- Manufacturer must investigate each report and submit to MDH a report documenting their findings
Cannabinoid Pharmacokinetics

• Absorption
  • Vaporized: peak blood concentration at 5-10 min. Peak CNS effect delayed (around 15 min?) by blood/brain barrier crossing. Higher bioavailability than oral
  • Oral: peak blood concentration at 2-4 hours and more prolonged effect (4-6 hours) than with vaporized (3-4 hours)
  • Oromucosal: similar to oral

• Distribution
  • Highly lipophilic with much taken up by fatty tissues and released slowly. Plasma protein binding – 97% (11-hydroxy THC metabolite strongly binds albumin)

Cannabinoid Pharmacokinetics (continued)

• Metabolism
  • Metabolized in liver through Cytochrome P450 system
  • Oral – higher blood levels of active metabolite 11-hydroxy THC due to first-pass metabolism. Part of reason for longer duration of effect (4-6 hours) with oral route

• Excretion
  • Feces (65%) and urine (20%)
  • After 5 days 80-90% of total dose excreted

Acute Intoxication Effects

• Vary based on:
  • Composition of product, route of administration, and dose
  • Patient experience with cannabis
  • ( Likely ) factors related to individual differences in endocannabinoid system and cannabinoid metabolism

• Common adverse effects – typically mild and resolve spontaneously
  • Dizziness, fatigue, dry mouth, lightheadedness, euphoria/dysphoria, ( long list )
More Serious Acute Intoxication Effects

- Psychotic episode
- Anxiety/panic attack
- Cognitive dysfunction
- Altered perception and reaction time
**Caution**: much of the existing evidence is based on recreational use of street marijuana. Many studies are cross-sectional, where determining causality is problematic.

- **Effect on brain development** – esp. childhood/adolescence
  - Synapse formation, reduced functional connectivity
  - Cognition, memory, school performance
- **Psychotic mental illness** – exacerbation; earlier expression
- **Addiction** – cannabis use disorder develops in around 9% of recreational marijuana users; how this applies to the various products in the MN medical cannabis program is not known

Clinical Trials Relevant to Minnesota’s Program

- Summary of clinical trials relevant to MN qualifying conditions and cannabis extraction products or synthetic THC posted on Office of Medical Cannabis website [http://www.health.state.mn.us/topics/cannabis/practitioners/dosage.pdf](http://www.health.state.mn.us/topics/cannabis/practitioners/dosage.pdf)

- Number and quality of trials varies by condition

- General insights from reviewing the literature:
  - Serious adverse events rare
  - Individual variability
  - Effective for only portion of patients
  - Side effects common and generally mild and dose-related
Learning from Participants’ Experience

• Observational study from data reported by patient and their certifying health care practitioner
  • Patient-reported data at time of each medical cannabis purchase
  • Surveys
• Adverse event reporting
Patient-Reported Benefit (first year cohort)

- No Response: 4%
- 1--No Benefit: 4%
- 2: 3%
- 3: 3%
- 4: 10%
- 5: 13%
- 6: 21%
- 7--Great Deal of Benefit: 43%
### ≥30% Symptom Reduction (first year cohort)

<table>
<thead>
<tr>
<th>Condition</th>
<th>Standard &amp; Symptom Measure</th>
<th># of Patients Reporting at Moderate to Severe Levels at Baseline</th>
<th>% of Patients Reporting at Moderate to Severe Levels at Baseline</th>
<th>% of Patients Achieving ≥30% Symptom Improvement within 4 months of First Purchase out of all Moderate to Severe Baseline Scorers (n)</th>
<th># of Patients with Data in 4-mo Period Following Initial ≥30% Symptom Improvement</th>
<th>% of Patients Who Achieved ≥30% Symptom Improvement that Maintained it for at Least 4 months (n)</th>
<th>% of Patients that Both Achieved ≥30% Symptom Improvement and Retained that Degree of Improvement for at Least 4 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Patients - Collapsed Across Conditions (n = 1512)</td>
<td>Anxiety</td>
<td>1185</td>
<td>78.4</td>
<td>53.8 (638)</td>
<td>460</td>
<td>53.1 (339)</td>
<td>28.6</td>
</tr>
<tr>
<td></td>
<td>Appetite Lack</td>
<td>963</td>
<td>63.7</td>
<td>53.7 (517)</td>
<td>383</td>
<td>57.1 (295)</td>
<td>30.6</td>
</tr>
<tr>
<td></td>
<td>Depression</td>
<td>1000</td>
<td>66.1</td>
<td>56.8 (568)</td>
<td>419</td>
<td>56.7 (322)</td>
<td>32.2</td>
</tr>
<tr>
<td></td>
<td>Disturbed Sleep</td>
<td>1323</td>
<td>87.5</td>
<td>50.3 (665)</td>
<td>519</td>
<td>52.0 (346)</td>
<td>26.2</td>
</tr>
<tr>
<td></td>
<td>Fatigue</td>
<td>1381</td>
<td>91.3</td>
<td>40.2 (555)</td>
<td>415</td>
<td>48.6 (270)</td>
<td>19.6</td>
</tr>
<tr>
<td></td>
<td>Nausea</td>
<td>864</td>
<td>57.1</td>
<td>55.6 (480)</td>
<td>362</td>
<td>59.2 (284)</td>
<td>32.9</td>
</tr>
<tr>
<td></td>
<td>Pain</td>
<td>1312</td>
<td>86.8</td>
<td>36.3 (476)</td>
<td>329</td>
<td>45.0 (214)</td>
<td>16.3</td>
</tr>
<tr>
<td></td>
<td>Vomiting</td>
<td>480</td>
<td>31.7</td>
<td>60.2 (289)</td>
<td>213</td>
<td>57.8 (167)</td>
<td>34.8</td>
</tr>
</tbody>
</table>
### ≥30% Symptom Reduction (first year cohort)

<table>
<thead>
<tr>
<th>Condition</th>
<th>Condition-Specific Symptom Measure</th>
<th># of Patients Included in Analysis</th>
<th>% of Patients Achieving Threshold Symptom Improvement within 4 months of First Purchase (n)</th>
<th># of Patients with Data in 4-mo Period Following Initial Threshold Symptom Improvement</th>
<th>% of Patients Who Achieved Threshold Symptom Improvement that Maintained it for at Least 4 months (n)</th>
<th>% of Patients that Both Achieved Threshold Symptom Improvement and Retained that Degree of Improvement for at Least 4 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Muscle Spasms</td>
<td>Weekly Spasms Frequency</td>
<td>629</td>
<td>48.0 (302)</td>
<td>225</td>
<td>57.6 (174)</td>
<td>27.6</td>
</tr>
<tr>
<td>Cancer: Nausea/Vomiting</td>
<td>Chemo-Induced Nausea</td>
<td>147</td>
<td>37.4 (55)</td>
<td>29</td>
<td>34.5 (19)</td>
<td>12.9</td>
</tr>
<tr>
<td>Cancer: Cachexia/Wasting</td>
<td>Weight</td>
<td>147</td>
<td>13.6 (20)</td>
<td>15</td>
<td>45.0 (9)</td>
<td>6.1</td>
</tr>
<tr>
<td>Seizures</td>
<td>Weekly Seizure Frequency</td>
<td>262</td>
<td>68.3 (179)</td>
<td>150</td>
<td>70.9 (127)</td>
<td>48.5</td>
</tr>
<tr>
<td>Crohn’s Disease</td>
<td># Liquid Stools</td>
<td>41</td>
<td>51.2 (21)</td>
<td>17</td>
<td>57.1 (12)</td>
<td>29.3</td>
</tr>
<tr>
<td></td>
<td>Abdominal Pain</td>
<td>73</td>
<td>53.4 (39)</td>
<td>29</td>
<td>35.9 (14)</td>
<td>19.2</td>
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<tr>
<td></td>
<td>General Well-Being</td>
<td>15</td>
<td>46.7 (7)</td>
<td>5</td>
<td>28.6 (2)</td>
<td>13.3</td>
</tr>
<tr>
<td></td>
<td>Measures Combined</td>
<td>102</td>
<td>51.0 (52)</td>
<td>41</td>
<td>42.3 (22)</td>
<td>21.6</td>
</tr>
<tr>
<td></td>
<td>Weight</td>
<td>102</td>
<td>20.6 (21)</td>
<td>18</td>
<td>57.1 (12)</td>
<td>11.8</td>
</tr>
<tr>
<td>Terminal Illness: Cachexia/Wasting</td>
<td>Weight</td>
<td>29</td>
<td>20.7 (6)</td>
<td>5</td>
<td>50.0 (3)</td>
<td>10.3</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>Weight</td>
<td>48</td>
<td>14.6 (7)</td>
<td>3</td>
<td>42.9 (3)</td>
<td>6.3</td>
</tr>
<tr>
<td>Tourette Syndrome</td>
<td>Weekly Tic Frequency</td>
<td>28</td>
<td>60.7 (17)</td>
<td>15</td>
<td>76.5 (13)</td>
<td>46.4</td>
</tr>
<tr>
<td>ALS</td>
<td>Weekly Spasms Frequency</td>
<td>18</td>
<td>33.3 (6)</td>
<td>4</td>
<td>66.7 (4)</td>
<td>22.2</td>
</tr>
<tr>
<td></td>
<td>0-10 Spasticity Scale</td>
<td>15</td>
<td>20.0 (3)</td>
<td>3</td>
<td>100.0 (3)</td>
<td>20.0</td>
</tr>
</tbody>
</table>
Patients Certified for Intractable Pain (Aug-Dec, 2016)

- PEG Scale (patient-reported 3-item scale assessing pain intensity and interference with enjoyment of life and general activity):
  - 42% achieved ≥30% reduction; 22% both achieved and maintained ≥30% reduction, on average, over next four months

- Clinician pain scale assessment (six months):
  - 41% achieved ≥30% reduction

- Among patients using opioid medications when they started medical cannabis, 64% were able to reduce or eliminate opioid usage after six months (data from healthcare provider surveys)
Patient Survey Comments

- “After serving in the Marines from 2005-2009 my body has many ailments (arthritis, IBS, pinch nerve, fused disk, and others) and my PTSD was not always easy to handle. This program helps me a great deal in living a normal life that is comfortable and being able to continue my professional career. Before medical marijuana I was miss work too often and also miss out on life’s daily joys. Now I can do much more.”

- “At first it helped a lot but my seizures have returned.”

- “Within 1 week of use, my tics disappeared and have stayed gone even with occasional use. This has never happened previously in my life, so it is very effective”
• “My back pain is manageable and my spasms have stopped once I use the medication. I have also found that I sleep better at night and my agitation has stabilized. I seem to be getting along with this medication and it has given me absolutely no problems, but rather benefits. I am also doing very well in school now that I can focus on the capstone courses that I am taking at [name of college] instead of having to shift and turn and be constantly bothered by my pain and spasms.”

• “I did feel I was more comfortable socially (taking continuing education classes on my own), when normally I would not have considered due to social anxiety. However, I was taking it for pain which it did not help”
• “I am able to participate in social activities again without feeling drugged all the time. Prescription pain medications had many negative side effects which the cannabis does not have for me. I have been able to discontinue the use of 60 mg of morphine and 15-20 mg of oxycodone per day. I’m a different person, much happier (even my granddaughter noticed the change!).”

• “Medical cannabis has not made a difference to me. I have never used it before and was a little hesitant to try. When I did I found that I had no relief of pain and I didn’t like the way I felt so I discontinued use.”
• 15% of patients reported ≥1 adverse effect

• Of all reported adverse effects:
  • 47% mild (symptoms do not interfere with daily activities)
  • 44% moderate (symptoms may interfere with daily activities)
  • 9% severe (symptoms interrupt usual daily activities)

• As of May 8, 2018: two reports of serious adverse events – both cannabinoid hyperemesis syndrome. Both patients recovered fully after discontinuing the high THC products they were using.
Thank you!

Tom Arneson
Tom.Arneson@state.mn.us
http://www.health.state.mn.us/topics/cannabis/
REQUESTED ACTION:
For information only.

MOTION BY: SECOND:
( ) PASSED   ( ) PASSED AMENDED   ( ) LAYED OVER   ( ) DEFEATED

BACKGROUND:
Mr. Rasmussen is the Board’s representative and Chair of the Health Professionals Services Program (HPSP) Program Committee. Attached is his report of the May 8, 208, HPSP Program Committee meeting.
HPSP Report

The Health Professionals Services Program (HPSP) Program Committee met on May 8, 2018, at 10:00 a.m. Representatives from 13 of the 17 Minnesota Health Related Licensing Boards were in attendance (agenda and meeting minutes attached).

An overview of the HPSP Case Management Process was presented by the HPSP staff (presentation attached).

Shannon Whitman from the Board of Pharmacy gave a presentation explaining the Minnesota Prescription Monitoring Program (presentation attached).

Jennifer Mohlenhoff Executive Director of the Board of Marriage and Family Therapy and the Chairperson of the Executive Directors’ Forum, provided an update of the Forum meetings since the HPSP Program Committee’s February meeting (summary attached).

The next HPSP Program Committee meeting is scheduled for August 14, 2018, at 10:00 a.m.

The meeting was adjourned at 11:32 a.m.

Respectfully Submitted,

Allen Rasmussen
HPSP Program Committee Chair
PROGRAM COMMITTEE MEETING AGENDA

DATE: TUESDAY, MAY 8, 2018
TIME: 10:00am to 11:30am
LOCATION: University Park Plaza, 2829 University Ave, Minneapolis, MN, Conference Room 4A

AGENDA ITEMS:

I. Convene and introductions (Allen Rasmussen, Chair)
II. Review minutes from February 13, 2018 meeting (Allen Rasmussen)
III. Review proposed agenda (Allen Rasmussen)
IV. Presentation: Shannon Whitman, Board of Pharmacy: The Minnesota Prescription Monitoring Program
V. Presentation: An Overview of HPSP Case Management Processes (HPSP staff)
VI. Report: Executive Director’s Forum (Jennifer Mohlenhoff)
VII. Adjourn (Allen Rasmussen)

Future Program Committee meetings will be held from 10:00 A.M. to 11:30 P.M. on the following dates:

- Tuesday, August 14, 2018
- Tuesday, November 13, 2018
- Tuesday, February 12, 2019
- Tuesday, May 14, 2019
- Tuesday, August 13, 2019
- Tuesday, November 12, 2019

Committee members are appointed by Boards

- PLEASE RSVP -

Please contact Charlotte Dukes prior to the meeting at 651-642-0487 or email Monica Feider at Monica.Feider@state.mn.us to verify whether you will be attending.
MEMBERS IN ATTENDANCE:

<table>
<thead>
<tr>
<th>P.C. Member</th>
<th>Board</th>
<th>Present</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yvonne Hunshamer</td>
<td>Behavioral Health</td>
<td></td>
</tr>
<tr>
<td>Nestor Riano</td>
<td>Chiropractic Examiners</td>
<td>X</td>
</tr>
<tr>
<td>Ruth Dahl</td>
<td>Dentistry</td>
<td></td>
</tr>
<tr>
<td>Barb Danchik-Dykes</td>
<td>Dept. Health</td>
<td>X</td>
</tr>
<tr>
<td>Margaret Schreiner</td>
<td>Dietetics and Nutrition</td>
<td>X</td>
</tr>
<tr>
<td>Matt Simpson</td>
<td>Emergency Services</td>
<td></td>
</tr>
<tr>
<td>Jennifer Mohlenhoff</td>
<td>Marriage and Family</td>
<td>X</td>
</tr>
<tr>
<td>Allen Rasmussen</td>
<td>Medical Practice</td>
<td>X</td>
</tr>
<tr>
<td>Christine Norton</td>
<td>Nursing</td>
<td></td>
</tr>
</tbody>
</table>

P.C. Member | Board                        | Present |
-------------|------------------------------|---------|
| Randy Snyder| Nursing Home Administ.       | X       |
| Randy Snyder| Optometry                    | X       |
| James Bake   | Pharmacy                     |         |
| Kathy Polhamus(Vice Chair)| Physical Therapy| X       |
| Margaret Schreiner| Podiatric Medicine | X       |
| Samuel Sands | Psychology                   |         |
| Kate Zacker-Pale Laura McGrath| Social Work | X       |
| Julia Wilson  | Jody Grote                   |         |

OTHERS IN ATTENDANCE: Monica Feider, Tracy Erfourth, Bettina Oppenheimer, Kurt Roberts, and Kimberly Zillmer (HPSP staff), Judy Reeve (Board of Nursing), Jodi White (Board of Social Work), and Jennifer Whitman (Board of Pharmacy, Prescription Monitoring Program).

AGENDA:

I. Convene and Introductions: Allen Rasmussen convened the meeting at 10:02am. Introductions were made.

II. Review of Minutes: The minutes from the November 14, 2017 Program Committee meeting were accepted.

III. Review of Agenda: The agenda for this meeting was accepted.

IV. Overview of HPSP Case Management Processes: Monica Feider introduced the case management process. Tracy Erfourth described the intake process. Kimberly Zillmer described the development and content of Participation Agreements. Staff addressed questions related to supervision of interns who assess/treat health care professionals for HPSP participation. A question was raised about the oversight of toxicology screens. Monica reported that HPSP has a zero dollar contract with HCMC, as HPSP does not pay for screens. A request for proposals is put forth every two to five years for the contract. A question was asked about lab personnel qualifications. Monica reported that the lab is accredited and that no screens are reported to HPSP as positive unless they have been confirmed through additional testing and reviewed by the medical review officer. A question was asked about whether HPSP has a statutory obligation to protect the public. Monica reported that public protection is at the core of HPSP’s enabling legislation. Questions were raised about HPSP contact with boards and work site monitors. Staff addressed these questions as well. Due to limited time, the monitoring process was not presented at this meeting. A copy of the presentation will be provided to Committee members so it will not be reviewed in its entirety in the minutes.

V. The Minnesota Prescription Monitoring Program: Shannon Whitman, Program Administrator, for the Minnesota Board of Pharmacy’s Prescription Monitoring Program (MN-PMP) provided the Committee with an overview of the MN-PMP. She reviewed states that have prescription monitoring programs and how the MN-PMP interacts with some of them. She provided information about who can access the MN-PMP data and statistical information about its utilization. Licensees must sign authorizations for HPSP staff to obtain data from the MN-PMP. A copy of her presentation will be provided to Committee members.

VI. Executive Directors Forum: Due to limited time, Jennifer Mohlenhoff did not present on the Executive Director’s Forum. Instead, she provided her written report, which was distributed to Committee members.

VII. Adjourn – Meeting adjourned at 11:33am. The next meeting is scheduled for August 14, 2018.

Thank you for your participation on the Program Committee. Minutes respectfully submitted by the staff of the HPSP.
Intake, Case Management and Monitoring Processes
This presentation is a general overview of the Health Professionals Services Program’s (HPSP) intake, case management and monitoring processes.
How do licensees learn about HPSP?

- Boards
- Treatment providers
- Supervisors
- Colleagues
- Employee health
- Attorneys
- Friends
- Professional support groups
- Associations

Regardless of how one is referred to HPSP, the intake and monitoring processes are almost identical.
Notifying and Reporting to Boards

- **Board Referrals**
  - Date of participant contacts the program
  - Date participant signs Participation Agreement
  - Non-Compliance
  - All violations of Participation Agreements for persons referred with discipline

- **Other Referral Sources**
  - Practice act violations outside the authority of HPSP
  - Non-compliance
Intake
Intake

First Steps

• CM describes program
• CM provides Tennessen – describes what we do with the data we receive about the licensee and information we are required to report
• CM reviews eligibility per statute
• Ask if they would like to go forward with intake and if they do...

In some cases, licensees come directly to HPSP to complete the intake interview. In these cases, the intake is completed in person.
Intake

CM performs intake interview over the phone or in person and obtains brief:

• Social history
• Vocational history
• Medical history
• Psychiatric history
• Substance history

The information obtained in the intake determines next step
Intake

Vocational History:

• What is profession?
• Where do you work?
• What kind of setting?
• What hours?
• Length of time in the profession?
• Where worked over the past five years?
• Ever disciplined by board or employer?
Intake

Social History:
• Living situation?
• Family?
• Support system?
• Major stresses?
• Medical Insurance?
• Other issues?
Intake

Medical History:

• Current medical conditions?
  • Chronic or acute?
  • Providers and treatments?
  • Chronic pain?
• Current medications? Who prescribes?
• Primary care physician and clinic?
• Specialists? Who and where?
• Pharmacy?
• Gastric bypass?
Intake

Psychiatric history:

• Family history? Suicide?
• Have you ever attempted suicide?
• When were you first diagnosed?
• Symptoms – past and present? How do they impact your life and ability to work?
• Treatment history?
• Hospitalizations?
• Current treatment and providers?
Intake

Substance history for each substance:

• When was your first use of the substance?
• Progression of use?
• Last 12 months?
• Date of last use?
• Treatment history (When? Where? How long sober after? Complete?)
• Current provider/assessment?
• Consequences (work, legal, medical, family...)
• Current and past recovery activities – what helped you stay sober?
HPSP Definition of Diversion

The inappropriate acquisition of controlled or other potentially abusable substances.

Note the term “diversion” is umbrella terminology in which stealing drugs from the work place is included. Methods of diversion vary greatly, as does the impact and potential impact on patients.
Intake

Substance history - diversion:

• Did you divert? How?
• What drugs?
• Timeframe?
• Progression of use?
• How, when and where did you use?
• Were you caught? How?
• Took from family or friends?
• Wrote or altered prescription?
• Ordered from internet?

HPSP Definition of Diversion: The inappropriate acquisition of controlled or other potentially abusable substances.
Intake

If the licensee does not have a current provider or needs an assessment (i.e. psychiatric, substance use), HPSP asks them to:

1. Contact their insurance for options
2. For substance use assessment - if no insurance & depending on income, may contact county Rule 25 providers
3. For mental health and no insurance, may contact county mental health
4. CM may provide names of local programs, health care professional-specific programs, or those that meet licensees specific needs (gender, trauma, dual diagnosis)
5. CM may look for resources at SAMHSA website

*For substance use assessments, we ask that there be a minimum of two collateral contacts along with HPSP contact*
Intake

Initial Plan – Refrain from Practice Scenarios

• Licensee is in residential treatment and contacts HPSP per the recommendation of counselor
• Third party refers licensee to HPSP due to erratic behavior at work
• Employee health tells licensee to report to HPSP due to ... (employer may or may not make third party referral)
• Licensee contacts HPSP because employer put them on a MLOA following alcohol-related incident at work and told them to contact program (employer may or may not make third party referral)
Intake

CM sends enrollment materials:

• Enrollment form with Tennessen

• Authorizations for:
  • Treatment providers
  • Assessments (i.e. substance use, psychiatric, neurological...)
  • Employers (direct supervisor, employee health..)
  • Prescription Monitoring Program
  • Others (probation, employee health, credentialing) ...with request to return materials in ten days

• If materials are not returned in ten days, a second letter is sent, extending due date by seven days from date of letter

• If materials are not completed and returned, the licensee is discharged
Enrollment Materials Received

Upon receipt of enrollment form and authorizations, the CM:

• Contacts assessors for diagnosis, treatment records and/or recommendations
• Contacts providers for diagnosis, treatment records and continuing care plan
• May contact employer to check on work performance
• Collects pertinent medical records
• May check status with probation
• May obtain data from employee health
• Obtains PMP records
A note about assessments...

Each health-related professional practice act has its own requirements for licensure and utilization of graduate students, interns, fellows and/or residents. For these, assessments/treatment must be reviewed and signed off on by a licensed supervisor, director or professional.

*HPSP has no authority over how agencies use graduate students, interns, fellows or residents. This is governed by the regulatory board.*
148F.11 EXCEPTIONS TO LICENSE REQUIREMENT.

Subd. 2. Students.
Nothing in sections 148F.001 to 148F.11 shall prevent students enrolled in an accredited school of alcohol and drug counseling from engaging in the practice of alcohol and drug counseling while under qualified supervision in an accredited school of alcohol and drug counseling.

Subd. 4. Alcohol and drug counseling practicum.
"Alcohol and drug counseling practicum" means formal experience gained by a student and supervised by a person either licensed under this chapter or exempt under its provisions, as part of an accredited school or educational program of alcohol and drug counseling.
Assessments

• Barriers to obtaining timely assessments
  • Licensee (i.e. resistance, denial, financial, no insurance...)
  • The type of assessment (waiting lists)

• If a licensee does not agree with the outcome of an assessment, they may obtain a second assessment/opinion – or if the assessment is incomplete, HPSP may ask for second assessment/opinion

• Licensees are not always forthcoming or provide accurate information

• If we receive differing diagnoses or recommendations, HPSP may have the licensee meet with our consulting addiction medicine psychiatrist for an independent review
Non-jurisdictional Discharges

• Not everyone who is referred to HPSP engages in monitoring
• Non-jurisdictional discharges take place when there is not an illness identified to monitor or the licensee is appropriately addressing their illness
• In fiscal year 2017, 22% of all discharges were non-jurisdictional
Participation Agreement
A Participation Agreement is a signed contract between HPSP and the licensee, with general, illness-related and practice specific terms.

- Terms of Participation Agreements are based on:
  - Licensee’s illness and risk to patients per profession
  - Treatment provider recommendations
  - National norms
    - National Council of State Boards of Nursing
    - Federation of State Physician Health Programs
  - Current research
  - HPSP experience
  - Board expectations (based on years of collaboration)
Develop Participation Agreement

• If an illness is identified that warrants monitoring, CMs develop Participation Agreements that protects the public while promoting appropriate illness management.

• Participation Agreements are either mailed to licensees or provided in person at HPSP.

• The licensee is given ten days to sign and return the Participation Agreement – if it is not signed and returned within ten days, they are sent a second and final letter extending due date by seven days.

• If it is not signed and returned, the licensee will be discharged to their Board.
Participation Agreement Terms

• General Terms
  • Provide HPSP with quarterly participant updates
  • Inform HPSP of changes in work, home address, phone number, supervisor, providers....
  • Obtain a primary care physician
  • Obtain a work site monitor – if working in regulated field
  • Keep authorizations current
Participation Agreement Terms

• **Illness Related Terms**
  • Enter and complete treatment
  • Follow treatment recommendations
    • Psychiatrist or therapist
    • Continuing care groups
    • Mutual support groups and professional support groups
    • Pain management program....
  • Provide random tox screens
  • Provide copies of RX for controlled substances within three days and keep a medication log
  • Comply with toxicology screening protocols
  • ......
Participation Agreement Terms

• Practice Related – *profession & practice specific*
  • Work site monitor reports
  • No or supervised access to controlled substances
  • Refrain from practice
  • No working doubles
  • No working night shifts
  • Limit # hours per day or week
  • No working alone
  • No working as preceptor
  • No working in home health care
  • .....
Participation Agreement – Practice Restrictions

• HPSP incorporates practice restrictions that protect the public as well as create a safe work environment for participants.
• HPSP provides practice restrictions in writing to employers.
• HPSP may collaborate with employers regarding practice restrictions or limitations. Because each work setting is different, practice restrictions may need to be tailored to a specific practice setting (i.e. pharmacies).
Compliance Forms

Each participant who signs a Participation Agreement is given a folder with:

• Participant update forms
• Mutual support group forms (if has SUD)
• Professionals support group forms (if has SUD)
• Medication log
• Sample work site monitor form and handout
• Sample treatment provider form and handout
Monitoring
Reports documenting compliance with the terms of the Participation Agreement are due quarterly (on the 15\textsuperscript{th} of January, April, July, and October):

- Participant update
- Treatment provider reports (psychiatrist, therapist...)
- Work site monitor reports
- Mutual support group attendance or sponsor form
- Professional support group attendance or sponsor form
- Medication logs (monthly)
- ......
Monitoring Between Quarters

Case managers communicate with:

- Participants (screens, treatment, overdue reports..)
- Treatment providers – compliance?
- Work site monitors – performance?
- Others (i.e attorneys, probation officers, credentialing, child protection..)
Monitoring Compliance

• Participants are provided written notification two weeks after quarter date if reports are not received

• Case managers follow-up if reports are not received following the above written notification
Toxicology Screening in August

Information on HPSP’s toxicology screening process will be reviewed at the August Program Committee meeting.
TODAY’S OBJECTIVE

- What is a PMP/PDMP, why do we need one?
- What is the national status of PMPs?
- Minnesota’s intent of the PMP
- What does the PMP contain (and not contain)?
- Getting the most data possible out of the PMP
- Controlled Substance Insight Alerts (CSIAs)
- Looking at the future...
The Epidemic

Opioid-involved deaths continue to increase in Minnesota, driven by heroin and other synthetic opioids (i.e. fentanyl, tramadol)

www.health.state.mn.us/divs/healthimprovement/opioid-dashboard/
Status of PDMP/PMPs

Status of Prescription Drug Monitoring Programs (PDMPs)

* Click on state abbreviation to view PDMP contacts *

Research is current as of August 24, 2017

*Missouri does not have a state-wide PDMP
PROGRAM OVERVIEW

- Created January 2010
- Staffing:
  - Manager, Administrator and Pharmacist Consultant
- 44,000 approved users
- >1M Queries (2016)

- External Clientele:
  - 40,000+ Prescribers
  - 8,700 Pharmacists
  - Medical Examiners/Coroners
  - Law Enforcement
  - Health Licensing Boards
  - MN citizens
WHAT IS THE INTENT OF THE MN PRESCRIPTION MONITORING PROGRAM?

Intended to:
- Promote public health and welfare by
  - Detecting diversion abuse, and misuse of MN classified controlled substances
  - Acting as a source of information for prescribers and pharmacists
  - Acting as an investigative tool for law enforcement and medical examiners.

NOT Intended to:
- Prevent people from obtaining needed drugs
- Decrease the number of doses dispensed
WHAT DATA IS IN THE PMP?

- MN controlled substances II-V, gabapentin, butalbital
- MN Licensed Pharmacies
- Dispensing Prescribers (excluding Vets)
- VA
- Indian Health Services
- Opioid Treatment Facilities
- Hospital Pharmacies
- Automated Dispensing Machines
- Pharmacies that never dispense MN reported prescriptions
- Exempt
DIRECT ACCESS

- OTP
- Medical Examiners/Coroners
- Restricted Recipient Program
- Prescribers
- Pharmacists

INDIRECT ACCESS

- PMP
- Law Enforcement
- Patients/recipients
- Health Licensing Boards
STATES CONNECTED WITH MN

Updated February 2018
Prescriber Permissible Use of the MN PMP Data

**Without Patient Consent**

- **Prescribers** of controlled substances with a valid DEA number who are:
  - Prescribing or considering prescribing a controlled substance for a current patient;
  - Providing emergency medical treatment for which access to the data may be necessary;
  - Providing care and the prescriber has reason to believe, based on clinically valid indications, that the patient is potentially abusing a controlled substance;

**With Patient Consent**

- **Prescribers** of controlled substances with a valid DEA number who are:
  - Providing other medical treatment for which access is necessary for a clinically valid purpose.
THE FIGHT AGAINST PRESCRIPTION DRUG ABUSE

Controlled Substance Insight Alert (CSIA)
CONTROLLED SUBSTANCE INSIGHT ALERTS (CSIAs)

Goals:
- To reduce prescription drug abuse, misuse, and diversion
- To decrease the number of individuals that meet the threshold
- To increase utilization of the PMP

Confirm, Contact, Discuss
In 2016, 122 recipients filled prescriptions from 20 or more different prescribers.

One recipient obtained prescriptions from 53 different prescribers.
RESPONSE TO CSIA’S

- Positive Feedback
- Increase in prescriber registration
- Increase in queries performed
- Overall increase awareness of patient activity
**Future Plans - Minnesota**

- More user friendly report
- Integration into workflow (EHR)
- Continued connection with other states and districts

*Reducing prescription drug abuse and improving patient care*
HPSP Program Committee
Tuesday, May 8, 2018
10:00 AM, Conference Room A

1) Meetings held March 6, April 3, May 1
2) Management Committee: Review of 2017 legislative appropriation language resulted in allocation of add’l funds back to individual boards (approximately 1% of budget appropriation per board); it was thought such funds were appropriated to ASU for shared HLB services. Other available ASU shared funds were allocated to: hiring of add’l HR staff person; website vendor for limited board use (1 week per board); assist with funding for main floor security person; funding for lease space/space planning contract; and ASU workflow processing software/system. ASU funding formula for FY20-21 under review.
3) Policy Committee: Monitoring legislation changing Minn. Stat. 214 re: criminal background checks, temp suspension actions. Changes to HLB budgeting process not pursued this session. Finalizing recommendations on “standard” ethical disclosure questions for license renewal.
4) CBC: Staff increased; add’l staff may still be needed. This will require cost discussion by boards. BCA blackout in March; fully operational again. Several boards notified of audit of CBC program; this is common for new entities conducting CBCs.
6) HR: Facilitated FLSA training, position description drafting training. Continuing to interact with MMB re: HR Audit. Will provide mandatory sexual harassment training to all managers & supervisors in May.
7) MN.IT: New IT Project Management process system now operational. Building guest WiFi system updated on all floors. ALIMS boards hosting learning luncheons to assist staff in collaboratively understanding database functions. HLBs will be having a new CBTO (Chief Budget Technology Officer) assigned.
8) MN Attorney General’s Office: AGO staff assisted CBC with responding to inquiry seeking permission to utilize outside fingerprinting vendors by license applicants. AGO staff also assisting Policy Committee in final review & recommendations re: standard ethical questions for license renewal.