

## **Table of Contents**

### **Board of Medical Practice**

<i>Agency Profile</i> .....	1
Agency Expenditure Overview .....	4
Agency Financing by Fund .....	5
Agency Change Summary .....	6

**AT A GLANCE****For FY2024:**

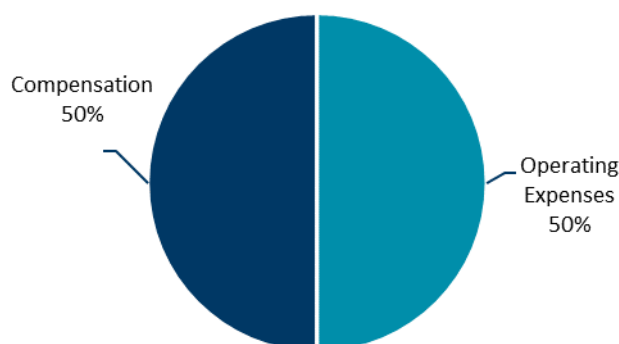
- 16-member Board comprised of 11 physicians and 5 public members appointed by the Governor
- 7 Advisory Councils
- 23 full time equivalent staff
- 40,768 active credentials
- 4,829 new credentials issued
- 1,266 new complaints received
- 1,005 complaints resolved
- 50 new disciplinary and corrective actions entered into with credentialed professionals

**PURPOSE**

The Minnesota Board of Medical Practice (Board) was established on July 1, 1887, and is charged with protecting the public. The Board enforces statutes and rules as established by the Minnesota Legislature to ensure that the people who practice medicine or as an allied health care professional are competent, ethical practitioners with the necessary knowledge and skills appropriate to their title and role. The Board ensures that physicians, and the seven allied healthcare professionals under the Board's regulation, including physician assistants, acupuncturists, respiratory care therapists, traditional midwives, naturopathic doctors, genetic counselors, and athletic trainers, meet the minimum education and training requirements to obtain a license to practice in Minnesota. The Board also receives, investigates, and resolves complaints against the healthcare providers under its regulation.

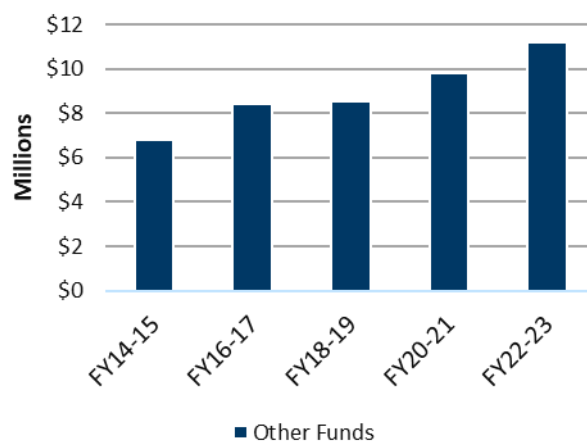
**BUDGET**

**Spending by Category  
FY 2023 Actual**



Source: Budget Planning & Analysis System (BPAS)

**Historical Spending**



Source: Consolidated Fund Statement

The Board is funded by licensure fees and receives no general fund dollars. Minnesota Statutes section 214.06, subdivision 1(a) compels the Board to collect fees in the amount sufficient to cover direct and indirect expenditures. Funds are deposited as non-dedicated revenue into the state government special revenue fund. From this fund, the Board receives a direct appropriation to pay for agency expenses such as salaries, rent, costs associated with the processes needed for contested cases and disciplinary proceedings, and operating expenditures. It also pays statewide indirect costs through an open appropriation.

In addition to Board operations, licensure fees fund activities that support the health regulatory boards collaborative. These include the Administrative Services Unit (inter-board), Small Agency Resource Team, the Health Professionals Services Program (inter-board), Prescription Monitoring Program (through Pharmacy Board), Office of the Attorney General for investigative and legal services, Criminal Background Check Program (inter-board), and the Voluntary Healthcare Provider Program (inter-board).

## STRATEGIES

### To meet the charge and mission of the Board, we:

- Provide information and education about licensing and registration requirements for physicians and the seven allied professionals under the Board's regulation.
- Analyze initial applications for credentials to ensure minimum requirements, including the requisite education and training, are met.
- Review annual credential renewals to determine if information reported requires follow-up for possible action against the credential.
- Investigate and resolve complaints.
- Conduct corrective or disciplinary action when deemed appropriate for public protection.
- Issue Administrative Orders.
- Monitor compliance for licensees subject to Board action.
- Maintain a comprehensive data management system for processing applications, complaints, compliance, and continuing education audits.
- Engage with applicants, licensees, and the public about the Board's processes.
- Partner with local and national organizations on matters related to the licensing and regulation of physicians and the seven other allied healthcare providers under the Board's regulation.
- Conduct ongoing analysis of best practices for a regulatory board to ensure effective and sound decision making.
- Actively participate in the Interstate Medical Licensure Compact, which is well-established, and as an inaugural member of the Physician Assistant Licensure Compact.
- Collaborate and assist other governmental entities, including Minnesota's other health regulatory boards, the Minnesota Departments of Human Services, Health, and Revenue and the Health Professionals Services Program, on matters involving licensed health care professionals in Minnesota.

## RESULTS

Measure name	Measure type	Measure data source	Historical trend (FY23)	Most recent data (FY24)
New credentials issued	Quantity	Automated Licensure Management System	4,712	4,829
Time to issue credential after receipt of initial application	Quality	Automated Licensure Management System	Average number of days = 50 70.2% <=60 days	Average number of days = 42 75.6% <=60 days

Measure name	Measure type	Measure data source	Historical trend (FY23)	Most recent data (FY24)
Active credentialed healthcare providers	Quantity	Automated Licensure Management System	38,915	40,768
Number of credentials renewed online	Quality	Automated Licensure Management System	89.48%	86.23%
Complaints received	Quantity	Automated Licensure Management System	1,184	1,266
Complaints resolved	Quantity	Automated Licensure Management System	925	1,005
Complaints resolved (<180 days)	Quality	Automated Licensure Management System	350	405
New Disciplinary actions	Quantity	Automated Licensure Management System	27	36
New Corrective actions			19	14
Disciplinary actions completed	Quantity	Automated Licensure Management System	15	14
Corrective actions completed			13	14

---

Minnesota Statutes chapters 147 (<https://www.revisor.mn.gov/statutes/?id=147>), 147A – F 14(<https://www.revisor.mn.gov/statutes/cite/147a>, <https://www.revisor.mn.gov/statutes/cite/147b>, <https://www.revisor.mn.gov/statutes/cite/147C>, <https://www.revisor.mn.gov/statutes/cite/147D>, <https://www.revisor.mn.gov/statutes/cite/147e>, <https://www.revisor.mn.gov/statutes/cite/147f>) and 148.7801 – 148.7815 (<https://www.revisor.mn.gov/statutes/cite/148.7801>) provide the Board of Medical Practice with legal authority to regulate medical practice and allied health professions for the purpose of public protection.

Minnesota Statutes chapter 214.32, Subd. 1(a) and (b) (<https://www.revisor.mn.gov/statutes/cite/214.32>) provides the Board of Medical Practice with the designated legal authority to provide administrative management of the Health Professionals Services Program for the purpose of public protection. The Health Professionals Services Program is legally authorized under Minnesota Statutes chapter 214.31 (<https://www.revisor.mn.gov/statutes/cite/214.31>)

(Dollars in Thousands)

	Actual FY22	Actual FY23	Actual FY24	Estimate FY25	Forecast Base	
					FY26	FY27

### Expenditures by Fund

1201 - Health Related Boards	5,550	5,470	4,436	7,439	6,113	6,067
2000 - Restrict Misc Special Revenue	100	108	108	129	120	120
<b>Total</b>	<b>5,650</b>	<b>5,579</b>	<b>4,544</b>	<b>7,568</b>	<b>6,233</b>	<b>6,187</b>
Biennial Change				884		308
Biennial % Change				8		3

### Expenditures by Program

Board of Medical Practice	5,650	5,579	4,544	7,568	6,233	6,187
<b>Total</b>	<b>5,650</b>	<b>5,579</b>	<b>4,544</b>	<b>7,568</b>	<b>6,233</b>	<b>6,187</b>

### Expenditures by Category

Compensation	2,760	2,809	1,977	2,376	2,468	2,529
Operating Expenses	2,868	2,759	2,528	5,152	3,725	3,618
Capital Outlay-Real Property		0				
Other Financial Transaction	22	10	39	40	40	40
<b>Total</b>	<b>5,650</b>	<b>5,579</b>	<b>4,544</b>	<b>7,568</b>	<b>6,233</b>	<b>6,187</b>

Total Agency Expenditures	5,650	5,579	4,544	7,568	6,233	6,187
Internal Billing Expenditures			8			
<b>Expenditures Less Internal Billing</b>	<b>5,650</b>	<b>5,579</b>	<b>4,536</b>	<b>7,568</b>	<b>6,233</b>	<b>6,187</b>

### Full-Time Equivalents

<b>30.50</b>	<b>30.35</b>	<b>21.98</b>	<b>24.22</b>	<b>24.22</b>	<b>24.22</b>
--------------	--------------	--------------	--------------	--------------	--------------

(Dollars in Thousands)

	Actual	Actual	Actual	Estimate	Forecast Base	
	FY22	FY23	FY24	FY25	FY26	FY27
1201 - Health Related Boards						
Balance Forward In		552		1,355		
Direct Appropriation	5,912	5,868	5,779	6,084	6,113	6,067
Transfers In		54	13			
Transfers Out		440				
Cancellations		563				
Balance Forward Out	362		1,355			
Expenditures	5,550	5,470	4,436	7,439	6,113	6,067
Biennial Change in Expenditures				855		305
Biennial % Change in Expenditures				8		3
Full-Time Equivalents	30.50	30.35	21.98	24.22	24.22	24.22

**2000 - Restrict Misc Special Revenue**

Balance Forward In	39	30	22	9		
Receipts	90	99	95	120	120	120
Balance Forward Out	29	20	9			
<b>Expenditures</b>	<b>100</b>	<b>108</b>	<b>108</b>	<b>129</b>	<b>120</b>	<b>120</b>
Biennial Change in Expenditures				29		3
Biennial % Change in Expenditures				14		1

(Dollars in Thousands)

	FY25	FY26	FY27	Biennium 2026-27
<b>Direct</b>				
<b>Fund: 1201 - Health Related Boards</b>				
FY2025 Appropriations	6,084	6,084	6,084	12,168
Base Adjustments				
Current Law Base Change		29	(17)	12
Forecast Base	6,084	6,113	6,067	12,180
<b>Dedicated</b>				
<b>Fund: 2000 - Restrict Misc Special Revenue</b>				
Planned Spending	129	120	120	240
Forecast Base	129	120	120	240
<b>Revenue Change Summary</b>				
<b>Dedicated</b>				
<b>Fund: 2000 - Restrict Misc Special Revenue</b>				
Forecast Revenues	120	120	120	240
<b>Non-Dedicated</b>				
<b>Fund: 1201 - Health Related Boards</b>				
Forecast Revenues	7,971	7,971	7,971	15,942