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Board of Medical Practice

Agency Profile 1

AT A GLANCE**For FY2026:**

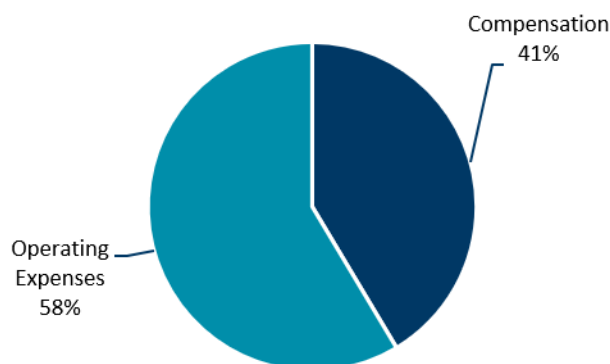
- 16-member Board comprised of 11 physicians and 5 public members appointed by the Governor
- Four Committees of the Board including Policy & Planning, Licensure, and two Complaint Review
- 7 Advisory Councils with a total of 46 council members
- 21 full-time staff
- 43,649 active credentials
- 4,677 new credentials issued
- 1,173 new complaints received
- 1,297 complaints resolved
- 41 new disciplinary and corrective actions entered into with credentialed professionals
- New pathway to licensure for internationally trained physicians

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.

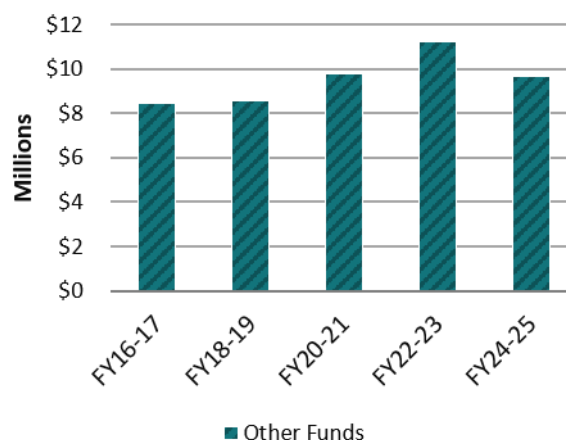
BUDGET

**Spending by Category
FY 2025 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 the 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.
- Impose and enforce corrective or disciplinary action when deemed appropriate for public protection.
- Issue Administrative Orders.
- Maintain a comprehensive data management system for processing applications, complaints, compliance, and continuing education audits.
- Engage with applicants, licensees, community partners, and the public about the Board's processes.
- Monitor and respond to legislative and policy trends.
- Collaborate 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 PA Licensure Compact.
- Work alongside other state 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

Part A: Performance Data

Measure	Measure type	Measure data source	Historical trend (FY25)	Most recent data (FY26)
New credentials issued	Quantity	Automated Licensure Management System	4,771	4,677
Time to issue credential after receipt of initial application	Quality	Automated Licensure Management System	Average number of days = 36 79.2% ≤ 60 days	Average number of days = 34 80.1% ≤ 60 days
Active credentialed healthcare providers	Quantity	Automated Licensure Management System	41,271	43,649
Number of credentials renewed online	Quality	Automated Licensure Management System	99.89%	99.90%
Complaints received	Quantity	Automated Licensure Management System	1,444	1,173
Complaints resolved	Quantity	Automated Licensure Management System	1,082	1,173
Complaints resolved (<180 days)	Quality	Automated Licensure Management System	336	363
New Disciplinary actions	Quantity	Automated Licensure Management System	27	31
New Corrective actions			10	10

Part B: Evidence of Effectiveness

The Board delivers services that have not yet been evaluated using randomized controlled trials or quasi-experimental methods. While the public protection functions of professional licensing boards are not typically subject to randomized controlled trials, substantial evidence supports the underlying theory that regulatory oversight reduces the risk of harm by establishing minimum qualifications, requiring continuing education, investigating complaints, and imposing corrective action when practitioners fail to meet professional standards.

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.