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State of Minnesota
HOUSE OF REPRESENTATIVES

EIGHTY-EIGHTH SESSION

H. F. No. 1115

03/04/2013 Authored by Allen and Laine

The bill was read for the first time and referred to the Committee on Health and Human Services Policy

1.1 A bill for an act
1.2 relating to health; making changes to the Medical Practice Act; amending
1.3 Minnesota Statutes 2012, sections 147.001; 147.01, subdivision 1; 147.02,
1.4 subdivision 1; proposing coding for new law in Minnesota Statutes, chapter 147.

1.5 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

1.6 Section 1. Minnesota Statutes 2012, section 147.001, is amended to read:

1.7 **147.001 SCOPE AND PURPOSE.**

1.8 Subdivision 1. Scope. Sections 147.01 to 147.37 may be cited as the "Minnesota
1.9 Medical Practice Act."

1.10 Subd. 2. Purpose. The primary responsibility and obligation of the Board of
1.11 Medical Practice is to protect the public.

1.12 In the interest of public health, safety, and welfare, and to protect the public from the
1.13 unprofessional, improper, incompetent, and unlawful practice of medicine, it is necessary
1.14 to provide laws and regulations to govern the granting and subsequent use of the license to
1.15 practice medicine.

1.16 Sec. 2. Minnesota Statutes 2012, section 147.01, subdivision 1, is amended to read:

1.17 Subdivision 1. **Creation; terms.** The Board of Medical Practice consists of 16
1.18 residents of the state of Minnesota appointed by the governor. Ten board members must
1.19 hold a degree of doctor of medicine and be licensed to practice medicine under this
1.20 chapter. Not less than one board member must hold a degree of doctor of osteopathy and
1.21 either be licensed to practice osteopathy under Minnesota Statutes 1961, sections 148.11 to
1.22 148.16; prior to May 1, 1963, or be licensed to practice medicine under this chapter. Five
1.23 board members must be public members as defined by section 214.02. The governor shall

2.1 make appointments to the board which reflect the geography of the state. In making these
2.2 appointments, the governor shall ensure that no more than one public member resides in
2.3 each United States congressional district, and that at least one member who is not a public
2.4 member resides in each United States congressional district. The board members holding
2.5 the degree of doctor of medicine must, as a whole, reflect the broad mix of expertise of
2.6 physicians practicing in Minnesota. A member may be reappointed but shall not serve more
2.7 than eight years consecutively. Membership terms, compensation of members, removal of
2.8 members, the filling of membership vacancies, and fiscal year and reporting requirements
2.9 are as provided in sections 214.07 to 214.09. The provision of staff, administrative
2.10 services and office space; the review and processing of complaints; the setting of board
2.11 fees; and other provisions relating to board operations are as provided in chapter 214.

2.12 Sec. 3. Minnesota Statutes 2012, section 147.02, subdivision 1, is amended to read:

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

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

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

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

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

2.30 (2) The applicant taking the United States Medical Licensing Examination (USMLE)
2.31 must have passed steps one, two, and three. Step three must be passed within five years of
2.32 passing step two, or before the end of residency training. The applicant must pass each of
2.33 steps one, two, and three with passing scores as recommended by the USMLE program
2.34 within three attempts. The applicant taking combinations of Federation of State Medical
2.35 Boards, National Board of Medical Examiners, and USMLE may be accepted only if the

3.1 combination is approved by the board as comparable to existing comparable examination
3.2 sequences and all examinations are completed prior to the year 2000.

3.3 (d) The applicant shall present evidence satisfactory to the board of the completion
3.4 of one year of graduate, clinical medical training in a program accredited by a national
3.5 accrediting organization approved by the board or other graduate training approved
3.6 in advance by the board as meeting standards similar to those of a national accrediting
3.7 organization.

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

3.12 (f) The applicant shall pay a fee established by the board by rule. The fee may not be
3.13 refunded. Upon application or notice of license renewal, the board must provide notice
3.14 to the applicant and to the person whose license is scheduled to be issued or renewed of
3.15 any additional fees, surcharges, or other costs which the person is obligated to pay as a
3.16 condition of licensure. The notice must:

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

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

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

3.22 (h) The applicant must not have engaged in conduct warranting disciplinary action
3.23 against a licensee, or have been subject to disciplinary action other than as specified in
3.24 paragraph (g). If the applicant does not satisfy the requirements stated in this paragraph,
3.25 the board may issue a license only on the applicant's showing that the public will be
3.26 protected through issuance of a license with conditions and limitations the board considers
3.27 appropriate.

3.28 (i) If the examination in paragraph (c) was passed more than ten years ago, the
3.29 applicant must either:

3.30 (1) pass the special purpose examination of the Federation of State Medical Boards
3.31 with a score of 75 or better within three attempts; or

3.32 (2) have a current certification by a specialty board of the American Board of
3.33 Medical Specialties, of the American Osteopathic Association Bureau of Professional
3.34 Education, the Royal College of Physicians and Surgeons of Canada, or of the College
3.35 of Family Physicians of Canada.

4.1 Sec. 4. **[147.0911] DIVERSIONARY PROGRAM.**

4.2 A person licensed under this chapter who is unable to practice with reasonable skill
4.3 and safety by reason of illness; use of alcohol, drugs, chemicals, or any other materials; or
4.4 as a result of a mental, physical, or psychological condition, may participate in the health
4.5 professional services program under sections 214.31 to 214.36, if the person meets the
4.6 eligibility requirements.

4.7 Sec. 5. **[147.61] OVERSIGHT OF ALLIED HEALTH PROFESSIONS.**

4.8 The board has responsibility for the oversight of the following allied health
4.9 professions: physician assistants under chapter 147A; acupuncture practitioners under
4.10 chapter 147B; respiratory care practitioners under chapter 147C; traditional midwives
4.11 under chapter 147D; registered naturopathic doctors under chapter 147E; and athletic
4.12 trainers under sections 148.7801 to 148.7815.