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State of Minnesota

HOUSE OF REPRESENTATIVES

NINETY-THIRD SESSION

H. F. No. 3891

02/15/2024 Authored by Reyer, Pryor, Virnig, Feist, Norris and others
The bill was read for the first time and referred to the Committee on Health Finance and Policy

1.1 A bill for an act
1.2 relating to health; amending licensing requirements for graduates of foreign medical
1.3 schools; amending Minnesota Statutes 2022, section 147.037, by adding a
1.4 subdivision; Minnesota Statutes 2023 Supplement, section 147.037, subdivision
1.5 1.

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

1.7 Section 1. Minnesota Statutes 2023 Supplement, section 147.037, subdivision 1, is amended
1.8 to read:

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

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

1.13 (b) The applicant shall present evidence satisfactory to the board that the applicant is a
1.14 graduate of a medical or osteopathic school approved by the board as equivalent to accredited
1.15 United States or Canadian schools based upon its faculty, curriculum, facilities, accreditation,
1.16 or other relevant data. If the applicant is a graduate of a medical or osteopathic program
1.17 that is not accredited by the Liaison Committee for Medical Education or the American
1.18 Osteopathic Association, the applicant may use the Federation of State Medical Boards'
1.19 Federation Credentials Verification Service (FCVS) or its successor. If the applicant uses
1.20 this service as allowed under this paragraph, the physician application fee may be less than
1.21 \$200 but must not exceed the cost of administering this paragraph.

1.22 (c) The applicant shall present evidence satisfactory to the board that the applicant has
1.23 been awarded a certificate by the Educational Council for Foreign Medical Graduates, and

2.1 the applicant has a working ability in the English language sufficient to communicate with  
2.2 patients and physicians and to engage in the practice of medicine.

2.3 (d) The applicant shall present evidence satisfactory to the board of the completion of  
2.4 one year of graduate, clinical medical training in a program accredited by a national  
2.5 accrediting organization approved by the board. This requirement does not apply to an  
2.6 applicant who is admitted pursuant to the rules of the United States Department of Labor  
2.7 and:

2.8 (1) who was admitted as a permanent immigrant to the United States on or before October  
2.9 1, 1991, as a person of exceptional ability in the sciences according to Code of Federal  
2.10 Regulations, title 20, section 656.22(d); or

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

2.17 (e) The applicant must:

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

2.22 (2) if the examination in clause (1) was passed more than ten years ago and the applicant  
2.23 has not practiced medicine within the past ten years, either:

2.24 (i) pass the Special Purpose Examination of the Federation of State Medical Boards  
2.25 (SPEX) or the Comprehensive Osteopathic Medical Variable-Purpose Examination of the  
2.26 National Board of Osteopathic Medical Examiners (COMVEX). The applicant must pass  
2.27 the SPEX or COMVEX within no more than three attempts of taking the SPEX, COMVEX,  
2.28 or a combination of the SPEX and COMVEX; or

2.29 (ii) have a current certification by a specialty board of the American Board of Medical  
2.30 Specialties, the American Osteopathic Association, the Royal College of Physicians and  
2.31 Surgeons of Canada, or the College of Family Physicians of Canada; or

2.32 (3) if the applicant fails to meet the requirement established in section 147.02, subdivision  
2.33 1, paragraph (c), clause (2), because the applicant failed to pass within the permitted three

3.1 attempts each of steps or levels one, two, and three of the USMLE or the Comprehensive  
3.2 Osteopathic Medical Licensing Examination (COMLEX-USA), the applicant may be granted  
3.3 a license provided the applicant:

3.4 (i) has passed each of steps or levels one, two, and three within no more than four attempts  
3.5 for any of the three steps or levels with passing scores as recommended by the USMLE or  
3.6 COMLEX-USA program;

3.7 (ii) is currently licensed in another state; and

3.8 (iii) has current certification by a specialty board of the American Board of Medical  
3.9 Specialties, the American Osteopathic Association, the Royal College of Physicians and  
3.10 Surgeons of Canada, or the College of Family Physicians of Canada.

3.11 (f) The applicant must not be under license suspension or revocation by the licensing  
3.12 board of the state or jurisdiction in which the conduct that caused the suspension or revocation  
3.13 occurred.

3.14 (g) The applicant must not have engaged in conduct warranting disciplinary action  
3.15 against a licensee or have been subject to disciplinary action other than as specified in  
3.16 paragraph (f). If an applicant does not satisfy the requirements stated in this paragraph, the  
3.17 board may issue a license only on the applicant's showing that the public will be protected  
3.18 through issuance of a license with conditions or limitations the board considers appropriate.

3.19 Sec. 2. Minnesota Statutes 2022, section 147.037, is amended by adding a subdivision to  
3.20 read:

3.21 Subd. 1b. **Limited license.** (a) The board must issue a limited license to any person who  
3.22 satisfies the requirements of subdivision 1, paragraphs (a) to (c) and (e) to (g), and who:

3.23 (1) has practiced as a medical professional performing the duties of a physician for at  
3.24 least five years outside of the United States;

3.25 (2) submits sufficient evidence of an offer to practice within the context of a collaborative  
3.26 agreement within a hospital or clinical setting where the limited license holder and physicians  
3.27 work together to provide patient care; and

3.28 (3) provides services in a designated rural area or underserved urban community as  
3.29 defined in section 144.1501.

3.30 (b) A person issued a limited license under this subdivision must not be required to  
3.31 present evidence satisfactory to the board of the completion of one year of graduate clinical

4.1 medical training in a program accredited by a national accrediting organization approved  
4.2 by the board.

4.3 (c) An employer of a limited license holder must pay the limited license holder at least  
4.4 an amount equivalent to a medical resident in a comparable field.

4.5 (d) The board must issue a full and unrestricted license to practice medicine to a person  
4.6 who holds a limited license issued pursuant to paragraph (a) and who has:

4.7 (1) held the limited license for two years and is in good standing to practice medicine  
4.8 in this state;

4.9 (2) practiced for a minimum of 1,350 hours for each of the previous two years; and

4.10 (3) submitted a letter of recommendation in support of a full and unrestricted license  
4.11 from a physician who participated in the collaborative agreement.

4.12 (e) For purposes of this subdivision, "collaborative agreement" means a mutually agreed  
4.13 upon plan for the overall working relationship and collaborative arrangement between a  
4.14 holder of a limited license and one or more physicians licensed under this chapter that  
4.15 designates the scope of services that can be provided to manage the care of patients. The  
4.16 limited license holder and one of the collaborating physicians must have experience in  
4.17 providing care to patients with the same or similar medical conditions. The collaborating  
4.18 physician is not required to be physically present as long as the collaborating physician and  
4.19 limited license holder can easily contact each other by radio, telephone, or other  
4.20 telecommunication device.