

SENATE

STATE OF MINNESOTA

NINETY-THIRD SESSION

S.F. No. 3611

(SENATE AUTHORS: MANN, Abeler, Klein, Morrison and Maye Quade)		
DATE	D-PG	OFFICIAL STATUS
02/15/2024	11585	Introduction and first reading
		Referred to Health and Human Services
03/07/2024	11943a	Comm report: To pass as amended and re-refer to State and Local Government and Veterans
03/20/2024	12453	Author added Maye Quade

1.1

A bill for an act

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relating to health; amending licensing requirements for graduates of foreign medical

1.3

schools; authorizing the commissioner of health to remedy certain violations by

1.4

employers of limited license holders; requiring employers of limited license holders

1.5

to carry medical malpractice insurance; requiring limited license holders to provide

1.6

periodic certification to the medical board; amending Minnesota Statutes 2022,

1.7

section 147.037, by adding a subdivision; Minnesota Statutes 2023 Supplement,

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section 144.99, subdivision 1.

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

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Section 1. Minnesota Statutes 2023 Supplement, section 144.99, subdivision 1, is amended

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to read:

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Subdivision 1. **Remedies available.** The provisions of chapters 103I and 157 and sections

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115.71 to 115.77; 144.12, subdivision 1, paragraphs (1), (2), (5), (6), (10), (12), (13), (14),

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and (15); 144.1201 to 144.1204; 144.121; 144.1215; 144.1222; 144.35; 144.381 to 144.385;

1.15

144.411 to 144.417; 144.495; 144.71 to 144.74; 144.9501 to 144.9512; 144.97 to 144.98;

1.16

144.992; 147.037, subdivision 1b, paragraph (c); 326.70 to 326.785; 327.10 to 327.131;

1.17

and 327.14 to 327.28 and all rules, orders, stipulation agreements, settlements, compliance

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agreements, licenses, registrations, certificates, and permits adopted or issued by the

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department or under any other law now in force or later enacted for the preservation of

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public health may, in addition to provisions in other statutes, be enforced under this section.

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

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read:

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Subd. 1b. **Limited license.** (a) The board must issue a limited license to any person who

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satisfies the requirements of subdivision 1, paragraphs (a) to (c) and (e) to (g), and who:

(1) pursuant to a license or other authorization to practice, has practiced medicine, as defined in section 147.081, subdivision 3, clauses (2) to (4), for at least 60 months in the previous ten years outside of the United States, after completing a residency program or a postgraduate medical training program that is substantially similar to a residency program;

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

(3) provides services in a designated rural area or underserved urban community as defined in section 144.1501; and

(4) submits two letters of recommendation in support of a limited license, which letters must include one from a physician with whom the applicant previously worked and one from an administrator of the hospital or clinical setting in which the applicant previously worked. The letters of recommendation must attest to the applicant's good medical standing.

(b) A person issued a limited license under this subdivision must not be required to 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.

(c) An employer of a limited license holder must pay the limited license holder at least an amount equivalent to a medical resident in a comparable field. The employer must carry medical malpractice insurance covering a limited license holder for the duration of the employment. The commissioner of health may issue a correction order under section 144.99, subdivision 3, requiring an employer to comply with this paragraph. An employer must not retaliate against or discipline an employee for raising a complaint or pursuing enforcement relating to this paragraph.

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

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

(2) practiced for a minimum of 1,692 hours per year for each of the previous two years; and

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

3.1 (e) A limited license holder must submit to the board, every six months or upon request,
3.2 a statement certifying whether the person is still employed as a physician in this state and
3.3 whether the person has been subjected to professional discipline as a result of the person's
3.4 practice. The board may suspend or revoke a limited license if a majority of the board
3.5 determines that the licensee is no longer employed as a physician in this state by an employer.
3.6 The licensee must be granted an opportunity to be heard prior to the board's determination.
3.7 A licensee may change employers during the duration of the limited license if the licensee
3.8 has another offer of employment. In the event that a change of employment occurs, the
3.9 licensee must still work the amount of hours required under paragraph (d), clause (2), to be
3.10 eligible for a full and unrestricted license to practice medicine.

3.11 (f) For purposes of this subdivision, "collaborative agreement" means a mutually agreed
3.12 upon plan for the overall working relationship and collaborative arrangement between a
3.13 holder of a limited license and one or more physicians licensed under this chapter that
3.14 designates the scope of services that can be provided to manage the care of patients. The
3.15 limited license holder and one of the collaborating physicians must have experience in
3.16 providing care to patients with the same or similar medical conditions. The collaborating
3.17 physician is not required to be physically present, but the limited license holder must have
3.18 one-on-one practice reviews provided in person or through eye-to-eye electronic media
3.19 while maintaining visual contact, with each collaborating physician, for at least two hours
3.20 per month, and the collaborating physician and limited license holder can easily contact
3.21 each other by radio, telephone, or other telecommunication device.

3.22 (g) The board must not grant a license under this section unless the applicant possesses
3.23 federal immigration status that allows the applicant to practice as a physician in the United
3.24 States.