

## Proposal Summary/ Overview

**To be completed by proposal sponsor. (500 Word Count Limit for this page)**

**Name:** \_\_\_\_Alice Mann\_\_\_\_

**Organization:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

*Is this proposal regarding:*

- *New or increased regulation of an existing profession/occupation? If so, complete this form, Questionnaire A. Yes*
- *Increased scope of practice or decreased regulation of an existing profession? If so, complete Questionnaire B.*
- *Any other change to regulation or scope of practice? If so, please contact the Committee Administrator to discuss how to proceed.*

1) State the profession/occupation that is the subject of the proposal.

International Medical Graduates/International practicing physicians

2) Briefly describe the proposed change.

Would allow internationally practicing physicians to practice under a collaborative agreement for 2 years in an underserved area in MN. Following successful completion, along with passing all STEP medical exams, the physician would be eligible for an unrestricted medical license.

3) If the proposal has been introduced, provide the bill number and names of House and Senate sponsors. If the proposal has not been introduced, indicate whether legislative sponsors have been identified. If the bill has been proposed in previous sessions, please list previous bill numbers and years of introduction.

SF3611- Sen. Alice Mann

HF3891- Rep. Liz Reyer

## **Questionnaire A: New or increased regulation (adapted from Mn Stat 214.002 subd 2 and MDH Scope of Practice Tools)**

This questionnaire is intended to help legislative committees decide which proposals for new or increased regulation of health professions should receive a hearing and advance through the legislative process. It is also intended to alert the public to these proposals and to narrow the issues for hearing.

This form must be completed by the sponsor of the legislative proposal. The completed form will be posted on the committee's public web page. At any time before the bill is heard in committee, opponents may respond in writing with concerns, questions, or opposition to the information stated and these documents will also be posted. The Chair may request that the sponsor respond in writing to any concerns raised before a hearing will be scheduled.

A response is not required for questions which do not pertain to the profession/occupation (indicate "not applicable"). Please be concise. Refer to supporting evidence and provide citation to the source of the information where appropriate.

New or increased regulation of health professions is governed by Mn State 214. Please read and be familiar with those provisions before submitting this form.

While it is often impossible to reach complete agreement with all interested parties, sponsors are advised to try to understand and to address the concerns of any opponents before submitting the form.

### **1) Who does the proposal impact?**

- a. Define the occupations, practices, or practitioners who are the subject of this proposal.  
International medical graduates who have practiced medicine for at least 5 years outside of the USA
- b. List any associations or other groups representing the occupation seeking regulation and the approximate number of members of each in Minnesota
- c. Describe the work settings, and conditions for practitioners of the occupation, including any special geographic areas or populations frequently served.

This will increase access to physicians in rural areas, increase the physician workforce and diversify the workforce

- d. Describe the work duties or functions typically performed by members of this occupational group and whether they are the same or similar to those performed by any other occupational groups.

**2) Specialized training, education, or experience (“preparation”) required to engage in the occupation**

- a. What preparation is required to engage in the occupation? How have current practitioners acquired that preparation?

Currently, in order to practice medicine again, fully licensed, practicing internal doctors must undergo residency in MN. This is unnecessary years of repeat training and takes away residency spots from new graduates who actually need it.

- b. Would the proposed regulation change the way practitioners become prepared? If so, why and how? Include any change in the cost of entry to the occupation. Who would bear these costs?

Yes – instead of residency, International medical graduates will have to have 5 years practice experience, passed all 3 STEP exams, practiced for 2 years under a supervising physician in an underserved area.

- c. Is there an existing model of this change being implemented in another state? Please list state, originating bill and year of passage?

**Tennessee:**

<https://wapp.capitol.tn.gov/apps/Billinfo/default.aspx?BillNumber=SB1451&ga=113>  
<https://www.capitol.tn.gov/Bills/113/Bill/SB1451.pdf>

**Illinois:**

<https://ilga.gov/legislation/103/SB/PDF/10300SB1298ham003.pdf>

**Florida:**

<https://www.flsenate.gov/Session/Bill/2024/7016>

- d. If current practitioners in Minnesota lack any training, education, experience, or credential that would be required under the new regulation, how does the proposal address that lack?

N/A

- e. Would new entrants into the occupation be required to provide evidence of preparation or be required to pass an examination? If not, please explain why not. Would current practitioners be required to provide such evidence? If not, why not?

Yes – evidence of previous practice and passing all 3 STEP exams

**3) Supervision of practitioners**

- a. How are practitioners of the occupation currently supervised, including any supervision within regulated institution or by a regulated health professional? How would the proposal change the provision of supervision?

International graduates would need 2 years of supervision.

- b. Does a regulatory entity currently exist or does the proposal create a regulatory entity? What is the proposed scope of authority of the entity? (For example, will it have authority to develop rules, determine standards for education and training, assess practitioners' competence levels?) Has the proposed change been discussed with the current regulatory authority? If so, please list participants and date.

Medical Licensing board (Elizabeth Huntley, mainly), we've worked closely with them and MDH (Lisa Thimjom, mainly) to draft this language over the course of interim.

- c. Do provisions exist to ensure that practitioners maintain competency? Describe any proposed change.

**4) Level of regulation (See Mn Stat 214.001, subd. 2, declaring that "no regulations shall be imposed upon any occupation unless required for the safety and well-being of the citizens of the state." The harm must be "recognizable, and not remote." Ibid.)**

- a. Describe the harm to the public posed by the unregulated practice of the occupation or by the continued practice at its current degree of regulation.
- b. Explain why existing civil or criminal laws or procedures are inadequate to prevent or remedy any harm to the public.

- c. Explain why the proposed level of regulation has been selected and why a lower level of regulation

was not selected.

**5) Implications for Health Care Access, Cost, Quality, and Transformation**

- a. Describe how the proposal will affect the availability, accessibility, cost, delivery, and quality of health care, including the impact on unmet health care needs and underserved populations. How does the proposal contribute to meeting these needs?

This will increase the physician workforce, will diversify the workforce and will open up much needed resident spots for new medical graduates who need the training.

- b. Describe the expected impact of the proposal on the supply of practitioners and on the cost of services or goods provided by the occupation. If possible, include the geographic availability of proposed providers/services. Cite any sources used.

Will place more physicians into underserved and high need areas.

- c. Does the proposal change how and by whom the services are compensated? What costs and what savings would accrue to patients, insurers, providers, and employers?

no

- d. Describe any impact of the proposal on an evolving health care delivery and payment system (e.g., collaborative practice, innovations in technology, ensuring cultural competency, value-based payments)?

Improve cultural competency as we diversify the workforce

- e. What is the expected regulatory cost to state government? Is there an up-to-date fiscal note for the proposal? How are the costs covered under the proposal?

No expected regulatory cost

**6) Evaluation/Reports**

Describe any plans to evaluate and report on the impact of the proposal if it becomes law, including focus and timeline. List the evaluating agency and frequency of reviews.

We can keep track of how many more physicians will be practicing and where

**7) Support for and opposition to the proposal**

- a. What organizations are sponsoring the proposal? How many members do these organizations represent in Minnesota?
  
  
  
  
  
  
  
  
  
  
- b. List organizations, including professional, regulatory boards, consumer advocacy groups, and others, who support the proposal.
  
  
  
  
  
  
  
  
  
  
- c. List any organizations, including professional, regulatory boards, consumer advocacy groups, and others, who have indicated concerns/opposition to the proposal or who are likely to have concerns/opposition. Explain the concerns/opposition of each, as the sponsor understands it.
  
  
  
  
  
  
  
  
  
  
- d. What actions has the sponsor taken to minimize or resolve disagreement with those opposing or likely to oppose the proposal?