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Medical Practice, Board of

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mn.gov/boards/medical-practice/

AT A GLANCE

- 2,901 New credentials issued
- 31,359 Active credentials
- 899 New complaints received
- 774 Complaints resolved
- 85 Disciplinary and Corrective actions against credentialed professionals
- 187 Credentialed professionals monitored under disciplinary or corrective actions
- The Board is comprised of 11 physicians and 5 public members appointed by the Governor
- 20 FTE Staff

FY 2017 data (transactions in one year)

PURPOSE

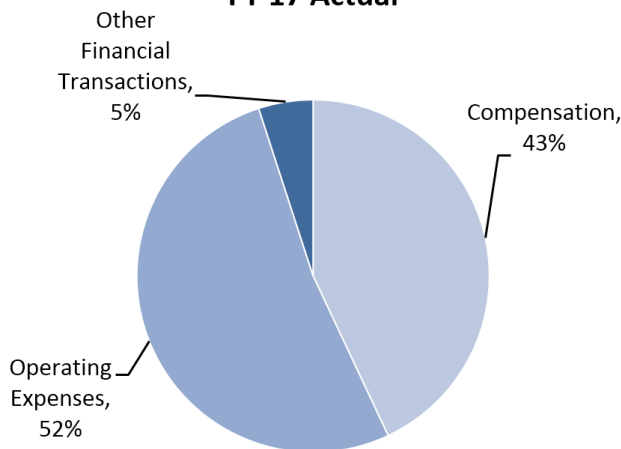
The Board of Medical Practice (Board) established on July 1, 1887, is mandated by M.S. 214 & M.S. 147.01 to protect the public from the improper and unlawful practice of medicine. The Board carries out its mission by granting qualified applicants the privilege to practice in Minnesota and by investigating complaints relating to the competency or behavior of credentialed individuals.

The Board contributes to the statewide outcomes of:

- **All Minnesotans have optimal health**
- **People in Minnesota are safe**
- **Efficient and accountable government services**

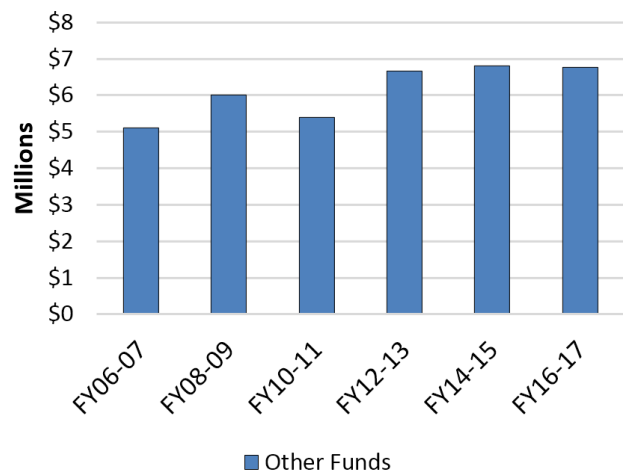
BUDGET

**Spending by Category
FY 17 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 disciplinary/contested cases, and operating expenditures. It also pays statewide indirect costs through an open appropriation.

In addition to Board operations, licensure fees fund activities that support multiple boards and/or other agencies. Some of these are: the Administrative Services Unit (interboard), Health Professionals Services Program (interboard), HIV, HBV and HCV Prevention Program (Department of Health), Prescription Monitoring Program (Pharmacy Board), Office of the Attorney General for legal services, Criminal Background Check Program (interboard), and the Voluntary Healthcare Provider Program (interboard).

STRATEGIES

- The Board regulates professional practice and enforces applicable laws and rules by issuing credentials, monitoring continuing professional education requirements, engaging in quality review and investigating complaints.
- The Board ensures minimum standards of care through education and corrective or disciplinary actions against impaired or incompetent practitioners.
- The Board provides information and education about licensing and registration requirements, as well as professional profile and enforcement actions to the public, the professions and other interested audiences.
- The Board provides administrative management of the Health Professionals Services Program, ensures that the program is operating in accordance with its statutory authority, sets the budget for the program, enters into contracts on behalf of the program and provides guidance on general operations of the program.

RESULTS

<i>Type of Measure</i>	<i>Name of Measure</i>	<i>Previous</i>	<i>Current</i>	<i>Dates</i>
Quantity	Active credentials	29,421	31,359	FY 16, 17
	New credentials issued	2,901	3,518	FY 16, 17
Quantity	Complaints received	804	899	FY 16, 17
Quality	Complaints resolved	730	774	FY 16, 17
	Number of complaints resolved (<180 days)	563	586	FY 16, 17
Results	Disciplinary actions	80	85	FY 16, 17
	Corrective actions	6	11	FY 16, 17

Minnesota Statutes chapters 147 (<https://www.revisor.mn.gov/statutes/?id=147>), 147A – F (<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.

Minnesota Statutes chapter 214.32, Subd. 1(a) and (b) (<https://www.revisor.mn.gov/statutes/cite/214.32>) provides the Board of Medical Practice with the designated legal authority to provide administrative management of the Health Professionals Services Program for the purpose of public protection. The Health Professionals Services Program is legally authorized under Minnesota Statutes chapter 214.31 (<https://www.revisor.mn.gov/statutes/cite/214.31>)

Medical Practice, Board of

Agency Expenditure Overview

(Dollars in Thousands)

	Actual FY16	Actual FY17	Actual FY18	Estimate FY19	Forecast Base		Governor's Recommendation	
					FY20	FY21	FY20	FY21
<u>Expenditures by Fund</u>								
1201 - Health Related Boards	4,077	4,370	3,858	6,729	5,405	5,405	6,067	6,050
2000 - Restrict Misc Special Revenue			36	81	69	70	69	70
Total	4,077	4,370	3,893	6,810	5,474	5,475	6,136	6,120
Biennial Change				2,256		246		1,553
Biennial % Change				27		2		15
Governor's Change from Base								1,307
Governor's % Change from Base								12
<u>Expenditures by Program</u>								
Medical Practice Board	4,077	4,370	3,893	6,810	5,474	5,475	6,136	6,120
Total	4,077	4,370	3,893	6,810	5,474	5,475	6,136	6,120
<u>Expenditures by Category</u>								
Compensation	2,225	2,206	2,148	2,716	2,820	2,854	3,139	3,209
Operating Expenses	1,836	1,948	1,737	3,747	2,627	2,594	2,970	2,884
Other Financial Transaction	16	216	8	347	27	27	27	27
Total	4,077	4,370	3,893	6,810	5,474	5,475	6,136	6,120
<u>Full-Time Equivalents</u>								
	26.28	25.78	24.85	29.48	30.48	30.48	32.48	32.48

(Dollars in Thousands)

	Actual FY16	Actual FY17	Actual FY18	Estimate FY19	Forecast Base		Governor's Recommendation	
					FY20	FY21	FY20	FY21
1201 - Health Related Boards								
Balance Forward In		790		1,416				
Direct Appropriation	4,797	4,862	5,232	5,296	5,351	5,351	6,013	5,996
Open Appropriation	45	43	41	17	54	54	54	54
Transfers In	23	62						
Transfers Out	14	394						
Cancellations		992						
Balance Forward Out	774		1,416					
Expenditures	4,077	4,370	3,858	6,729	5,405	5,405	6,067	6,050
Biennial Change in Expenditures				2,139		223		1,530
Biennial % Change in Expenditures				25		2		14
Governor's Change from Base								1,307
Governor's % Change from Base								12
Full-Time Equivalent	26.28	25.78	24.85	29.48	30.48	30.48	32.48	32.48

2000 - Restrict Misc Special Revenue

Balance Forward In				13				
Receipts			49	68	69	70	69	70
Balance Forward Out			13					
Expenditures			36	81	69	70	69	70
Biennial Change in Expenditures				117		22		22
Biennial % Change in Expenditures						19		19
Governor's Change from Base								0
Governor's % Change from Base								0

(Dollars in Thousands)

	FY19	FY20	FY21	Biennium 2020-21
Direct				
Fund: 1201 - Health Related Boards				
FY2019 Appropriations	5,296	5,296	5,296	10,592
Base Adjustments				
Current Law Base Change		48	48	96
Pension Allocation		7	7	14
Forecast Base	5,296	5,351	5,351	10,702
Change Items				
Operating Adjustment		134	134	268
HPSP Operating Adjustment		59	78	137
New Staffing		150	150	300
HPSP - Database Document Management Enhancement		50		50
Attorney General Increase		69	83	152
ALIMS (E-licensing) Database and Document Management System		200	200	400
Total Governor's Recommendations	5,296	6,013	5,996	12,009
Open				
Fund: 1201 - Health Related Boards				
FY2019 Appropriations	17	17	17	34
Base Adjustments				
Forecast Open Appropriation Adjustment		37	37	74
Forecast Base	17	54	54	108
Total Governor's Recommendations	17	54	54	108
Dedicated				
Fund: 2000 - Restrict Misc Special Revenue				
Planned Spending	81	69	70	139
Forecast Base	81	69	70	139
Total Governor's Recommendations	81	69	70	139
Revenue Change Summary				
Dedicated				
Fund: 2000 - Restrict Misc Special Revenue				
Forecast Revenues	68	69	70	139
Total Governor's Recommendations	68	69	70	139
Non-Dedicated				
Fund: 1201 - Health Related Boards				

(Dollars in Thousands)

	FY19	FY20	FY21	Biennium 2020-21
Forecast Revenues	6,267	6,329	6,391	12,720
Total Governor's Recommendations	6,267	6,329	6,391	12,720

Medical Practice, Board of

FY 2020-21 Biennial Budget Change Item

Change Item Title: Operating Adjustment

Fiscal Impact (\$000s)	FY 2020	FY 2021	FY 2022	FY 2023
General Fund				
Expenditures	0	0	0	0
Revenues	0	0	0	0
State Government Special Revenue Fund				
Expenditures	134	134	134	134
Revenues	0	0	0	0
Net Fiscal Impact = (Expenditures – Revenues)	134	134	134	134
FTEs				

Recommendation:

The Governor recommends additional funding of \$268,000 in the FY 2020-2021 biennium to maintain the current level of service delivery at the Board of Medical Practice.

Rationale/Background:

Each year, the cost of doing business rises—employer-paid health care contributions, FICA and Medicare, along with other salary and compensation-related costs increase. Other operating costs, like rent and lease, fuel and utilities, and IT and legal services also grow. This cost growth puts pressure on agency operating budgets that remain flat from year to year.

The Board currently employs 20 full time staff. The Board is entirely fee supported and receives no General Fund dollars to carry out all services. Fees must be collected to cover all direct and indirect expenditures and are deposited as non-dedicated revenue into the State Government Special Revenue Fund (SGSRF). The Minnesota Legislature makes appropriations from the fund to pay for expenses incurred by the Board.

Proposal:

The Governor recommends increasing agency operating budgets to maintain the delivery of current services. For the Board of Medical Practice, this funding will cover known employee compensation growth, staff development and conference traveling, rent, and other operating costs.

The Board has experienced staff turnover following retirements and internal promotions. The Board will seek opportunities for staff development and enhance capacity through participation in educational activities and networking opportunities both in-state and out-of-state, including but not limited to educational conferences, national meetings, regulatory work groups, and health-related events.

Small Agency Increase:	FY2020	FY2021	FY2022	FY2023
Salary Increases (current staff increases)	\$54,000	\$54,000	\$54,000	\$54,000
In-State Travel Increases	\$25,000	\$25,000	\$25,000	\$25,000
Out-of-State Travel Increases	\$25,000	\$25,000	\$25,000	\$25,000
Staff Development	\$5,000	\$5,000	\$5,000	\$5,000
Equipment and Supplies	\$25,000	\$25,000	\$25,000	\$25,000
Total	\$134,000	\$134,000	\$134,000	\$134,000

Equity and Inclusion:

The Board does not discriminate on the basis of race, ethnicity, gender, sexual orientation, or disability. The positive impact of this change will be to continue to provide services for all people of the State of Minnesota without discrimination.

Results:

The ability to adequately staff the Board will assure more efficient delivery of services to clients, assure that the Board’s work and mission are carried out competently, and assure the capacity to recruit and retain a skilled and dedicated workforce.

The ability to train and develop Board staff will assure effective and efficient delivery of Board services to the public and other stakeholders, assure that the Board’s work and mission are carried out competently, and assure the capacity to recruit and retain a skilled and dedicated workforce.

The ability to participate in educational and networking opportunities will optimize Board members’ Board staff and Board representatives’ performance.

The ability to maintain a fully-functioning office with optimal supplies and equipment will allow the Board to carry out its mission to protect the public.

Type of Measure	Name of Measure	Previous	Current	Dates
Quantity	Active credentials	29,421	31,359	FY 16 & FY 17
	New credentials issued	2,901	3,518	FY 16 & FY 17
	Complaints received	804	899	FY 16 & FY 17
Quality	Complaints resolved	730	774	FY 16 & FY 17
	Number of complaints resolved (,180 days)	563	586	FY 16 & FY 17
Results	Disciplinary actions	80	85	FY 16 & FY 17
	Corrective actions	6	11	FY 16 & FY 17

Statutory Change(s):

No statutory change is required.

Medical Practice, Board of

FY 2020-21 Biennial Budget Change Item

Change Item Title: Health Professionals Services Program Operating Adjustment

Fiscal Impact (\$000s)	FY 2020	FY 2021	FY 2022	FY 2023
General Fund				
Expenditures	0	0	0	0
Revenues	0	0	0	0
State Government Special Revenue Fund				
Expenditures	59	78	78	78
Revenues	0	0	0	0
Net Fiscal Impact = (Expenditures – Revenues)	59	78	78	78
FTEs	0	0	0	0

Recommendation:

The Governor recommends additional funding of \$137,000 in the FY 2020-2021 biennium to maintain the current level of service delivery at The Board of Medical Practice for the Health Professionals Services Program (HPSP).

Rationale/Background:

Each year, the cost of doing business rises—employer-paid health care contributions, FICA and Medicare, along with other salary and compensation-related costs increase. Other operating costs, like rent and lease, fuel and utilities, and IT and legal services also grow. This cost growth puts pressure on agency operating budgets that remain flat from year to year.

The Health Professional Service Program is a small program of the Minnesota health related licensing boards. HPSP is funded by the health related licensing boards (95.94%), the Emergency Medical Services Regulatory Board (3.75%) and the Department of Health (0.31%). The health related licensing boards’ funding comes from licensing fees, which are placed in the State Government Special Revenue Fund (not a part of the General Fund).

Proposal:

The Governor recommends increasing agency operating budgets to maintain the delivery of current services. For the Health Professionals Services Program within the Board of Medical Practice, this funding will cover known employee compensation growth and IT database maintenance. IT cost growth drivers may include dedicated MN.IT staff compensation-related increases, increased volume usage of enterprise IT services, increased software licensing costs, and/or application support and maintenance cost increases. This initiative will be implemented when the funds are allocated.

Small Agency Increase:	FY2020	FY2021	FY2022	FY2023
Salary Increases (current staffing)	\$49,000	\$68,000	\$68,000	\$68,000
MN.IT Services - Data Base Maintenance	\$10,000	\$10,000	\$10,000	\$10,000
Total	\$59,000	\$78,000	\$78,000	\$78,000

Equity and Inclusion:

The Board does not discriminate on the basis of race, ethnicity, gender, sexual orientation, or disability. The positive impact of this change will be to continue to provide services for all people of the State of Minnesota without discrimination.

IT Related Proposals:

A portion of this proposal includes a request for database maintenance through MN.IT Services.

<i>Category</i>	<i>FY 2020</i>	<i>FY 2021</i>	<i>FY 2022</i>	<i>FY 2023</i>	<i>FY 2024</i>	<i>FY 2025</i>
Payroll						
Professional/Technical Contracts	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000
Infrastructure						
Hardware						
Software						
Training						
Enterprise Services						
Staff costs (MNIT or agency)						
Total	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000
MNIT FTEs						
Agency FTEs						

Results:

This proposal is intended to allow agencies to continue to provide current levels of service and information to the public.

<i>Type of Measure</i>	<i>Name of Measure</i>	<i>Previous</i>	<i>Current</i>	<i>Dates</i>
Quantity	Number of referrals	460	423	FY17-18
Quantity	Number of discharges	424	460	FY17-18
Quality	Number discharged, no illness to monitor	101	79	FY17-18
Results	Number of monitoring contracts signed	214	213	FY17-18

Statutory Change(s):

This proposal does not require statutory changes.

Medical Practice, Board of

FY 2020-21 Biennial Budget Change Item

Change Item Title: New Staffing

Fiscal Impact (\$000s)	FY 2020	FY 2021	FY 2022	FY 2023
General Fund				
Expenditures	0	0	0	0
Revenues	0	0	0	0
State Government Special Revenue Fund				
Expenditures	150	150	152	154
Revenues	0	0	0	0
Net Fiscal Impact = (Expenditures – Revenues)	150	150	152	154
FTEs	2	2	2	2

Recommendation:

The Governor recommends funding for two staff positions at the Minnesota Board of Medical Practice.

Rationale/Background:

The Complaint Review Unit has experienced significant increases in the number of complaints received annually. The Board anticipates the need for additional staff to timely process complaints to assure public protection. Additionally, the Board has been legislatively authorized to regulate additional professions, join a medical licensure compact, and implement criminal background checks for new applicants. The Board currently regulates physicians and seven allied health professions. In the last ten years, the number of providers regulated by the Board has increased by 10,000. Efficiencies gained through enhanced technology no longer adequately address the increased work load.

The Board currently employs 20 full-time staff for all of its operations.

The Board is entirely fee supported and receives no General Fund dollars to provide all services. Fees must be collected to cover all direct and indirect expenditures and are deposited as non-dedicated revenue into the State Government Special Revenue Fund (SGSRF). The Minnesota Legislature makes appropriations from the fund to pay for expenses incurred by the Board. The Board collects sufficient revenue to cover all expense and this change item increase.

Proposal:

The Investigator will respond to inquiries from the public, licensees and stakeholders; will assure timely processing of complaints; will manage investigative processes; and will facilitate licensing actions necessary to protect the public. The Office and Administrative Specialist Intermediate will respond to inquiries from the public, licensees and stakeholders, will support the administrative operations of the Board, and will work with all staff to efficiently and accurately process the work of the Board.

Additional Staff:	FY2020	FY2021	FY2022	FY2023
Investigator Salary Increases (current staff increases)	\$77,000	\$78,000	\$79,000	\$80,000
Office & Administrative Specialist Intermediate	\$70,000	\$72,000	\$73,000	\$74,000
One-time purchase of equipment (for each new position)	\$3,000	\$0	\$0	\$0
Total	\$150,000	\$150,000	\$152,000	\$154,000

Equity and Inclusion:

The positive impact of this change will be for all people of the State of Minnesota, without discrimination.

Results:

Hiring new staff will enable the Board to meet the increased demands of the agency. The addition of these three positions will assure that:

- The increased volume of applications and complaints will be processed in a more timely and efficient manner.
- Applications and complaints will be processed by staff with the necessary expertise to analyze, summarize and present such information for consideration by the Boards' Committees, Advisory Councils and the Board.
- Greater responsiveness and efficiency in licensing and regulatory processes will reduce overall costs while providing a higher level of service.
- With appropriate staffing levels, overtime will be reduced and employee retention will improve.
- The Administrative Unit will gain the necessary support to carry out operational functions.
- Employee recruitment, training and retention will assure a strong and dedicated workforce to carry out the Board's mission of public protection.

Statutory Change(s):

No statutory change is required.

Medical Practice, Board of

FY 2020-21 Biennial Budget Change Item

Change Item Title: HPSP Database Document Management Enhancement

Fiscal Impact (\$000s)	FY 2020	FY 2021	FY 2022	FY 2023
General Fund				
Expenditures	0	0	0	0
Revenues	0	0	0	0
State Government Special Revenue Fund				
Expenditures	50	0	0	0
Revenues	0	0	0	0
Net Fiscal Impact = (Expenditures – Revenues)	50	0	0	0
FTEs	0	0	0	0

Recommendation:

The Governor recommends a one-time appropriation to make enhancements to the Health Professionals Services Program’s (HPSP) CMS database’s reporting capabilities and document management at the Board of Medical Practice.

Rationale/Background:

HPSP is a program of the Minnesota Health Licensing Boards. Enhancements to the current database and document management system (DMS) are necessary to adequately capture intake and compliance data, improve effective and efficient processing of data, timely identify and respond to noncompliance with monitoring, and create queries and reports. Upgrading the database and DMS will directly and positively impact the program’s effectiveness and efficiency, as well as positively impact stakeholder engagement with the program.

The HPSP is funded by the health related licensing boards (95.94%), the Emergency Medical Services Regulatory Board (3.75%) and the Department of Health (0.31%). The health related licensing boards’ funding comes from licensing fees, which are nondedicated revenue to the State Government Special Revenue Fund (not part of the General Fund).

Proposal:

This is a new project that will improve the efficiency and effectiveness of HPSP’s DMS by enhancing its ability to collect, enter, and analyze data in two primary ways:

- The case management intake template will be further developed to:
 - Increase the number of fields that may be queried for data management, reporting and quality assurance and improvement purposes
 - Enhance data input mechanisms to increase the accuracy and consistency of intake data, and streamline the data entry process
 - Remove barriers for inputting and saving data
- Enable creation of queries/reports/documents to:
 - Enable staff to effectively use the DMS for tracking and reporting purposes
 - Increase efficiency in monitoring and reporting processes
 - Enable staff to establish and modify data field formats for compiling and querying data on specific populations (i.e. nurses, physicians) or conditions;

- Add additional document management fields, as deemed necessary to carry out program processes

It will also improve data management operations. HPSP plans to start the project in fiscal year 2020 after funds are allocated and a contract is secured. A contract will start in fiscal year 2021 for ongoing database and DMS maintenance.

Equity and Inclusion:

This proposal will not affect a specific protected class. It will impact health care practitioners with potentially impairing illnesses that are licensed or regulated in Minnesota.

IT Related Proposals:

This funding proposal supports enhancements of IT infrastructure.

<i>Category</i>	<i>FY 2020</i>	<i>FY 2021</i>	<i>FY 2022</i>	<i>FY 2023</i>	<i>FY 2024</i>	<i>FY 2025</i>
Payroll						
Professional/Technical Contracts	\$50,000					
Infrastructure						
Hardware						
Software						
Training						
Enterprise Services						
Staff costs (MNIT or agency)						
Total	\$50,000					
MNIT FTEs						
Agency FTEs						

Results:

<i>Type of Measure</i>	<i>Name of Measure</i>	<i>Previous</i>	<i>Current</i>	<i>Dates</i>
Quantity	Number of referrals	460	423	FY17 & FY18
Quantity	Number of discharges	424	460	FY17 & FY18
Quality	Number discharged, no illness to monitor	101	79	FY17 & FY18
Results	Number of monitoring contracts signed	214	213	FY17 & FY18

Statutory Change(s):

This proposal does not require statutory changes.

Medical Practice, Board of

FY 2020-21 Biennial Budget Change Item

Change Item Title: Attorney General Increases

Fiscal Impact (\$000s)	FY 2020	FY 2021	FY 2022	FY 2023
General Fund				
Expenditures	0	0	0	0
Revenues	0	0	0	0
State Government Special Revenue Fund				
Expenditures	69	83	97	111
Revenues	0	0	0	0
Net Fiscal Impact = (Expenditures – Revenues)	69	83	97	111
FTEs				

Recommendation:

The Governor recommends funding for a base budget increase to support anticipated increases in legal services provided by the Attorney General’s Office for the Board of Medical Practice.

Rationale/Background:

The Attorney General’s Office anticipates hourly rate increases for attorney and legal assistant services. The Board has seen an approximate 50% increase in the volume of complaints filed. The Attorney General’s Office reviews all complaints filed with the Board, provides legal counsel to Board Committees and litigates cases on behalf of the Board. Costs for all legal services are expected to increase. Each category of services are based on service rate increases of \$2.00 per hour and an increased volume of complaints.

The Board is entirely fee supported and receives no General Fund dollars to carry out all services. Fees must be collected to cover all direct and indirect expenditures and are deposited as non-dedicated revenue into the State Government Special Revenue Fund (SGSRF). The Minnesota Legislature makes appropriations from the fund to pay for expenses incurred by the Board. The Board collects sufficient revenue to cover all expenses.

Proposal:

This proposal reflects increased rates and volume of service. This change will not require an increase in license fees for any of the Board’s regulated professionals and will enhance the ability to carry out the Board’s mandate of public protection.

Attorney General Increase:	FY2020	FY2021	FY2022	FY2023
Attorney fees	\$266,000	\$270,000	\$274,000	\$278,000
Legal assistant fees	\$425,000	\$435,000	\$445,000	\$455,000
Total	\$691,000	\$705,000	\$719,000	\$733,000
Less Current Base Budget	-\$622,000	-\$622,000	-\$622,000	-\$622,000
Total Increase	\$69,000	\$83,000	\$97,000	\$111,000

Equity and Inclusion:

The Board does not discriminate on the basis of race, ethnicity, gender, sexual orientation, or disability. The positive impact of this change will be to continue to provide services for all people of State of Minnesota without discrimination.

Results:

This will assure all necessary legal services will be in place.

Statutory Change(s):

No statutory change is required.

Medical Practice, Board of

FY 2020-21 Biennial Budget Change Item

Change Item Title: Automated Licensure Information Management System (ALIMS) Database and Document Management System

Fiscal Impact (\$000s)	FY 2020	FY 2021	FY 2022	FY 2023
General Fund				
Expenditures	0	0	0	0
Revenues	0	0	0	0
State Government Special Revenue Fund				
Expenditures	200	200	100	40
Revenues	0	0	0	0
Net Fiscal Impact = (Expenditures – Revenues)	200	200	100	40
FTEs				

Recommendation:

The Governor recommends funding to support completion of the upgrade and ongoing maintenance of the new Automated Licensure Information Management System (ALIMS) database and document management system for the Board of Medical Practice.

Rationale/Background:

The Board's legacy database is currently being upgraded to the new ALIMS platform which is being implemented across multiple health licensing boards. The base budget increase will cover vendor contract to complete and maintain database upgrades.

The Board is entirely fee supported and receives no General Fund dollars to carry out all services. Fees must be collected to cover all direct and indirect expenditures and are deposited as non-dedicated revenue into the State Government Special Revenue Fund (SGSRF). The Minnesota Legislature makes appropriations from the fund to pay for expenses incurred by the Board. The Board collects sufficient revenue to cover all expenses. The board collects sufficient revenue to cover all expense and this change item increase.

Proposal:

This change will not require an increase in license fees for any of the Board's regulated professionals and will enhance the ability to carry out the Board's mandate of public protection.

Centralized IT Increase:	FY2020	FY2021	FY2022	FY2023
Professional/Technical IT vendor contracts	\$200,000	\$200,000	\$100,000	\$40,000
Total	\$200,000	\$200,000	\$100,000	\$40,000

Equity and Inclusion:

The positive impact of this change will be for all people of the State of Minnesota, without discrimination.

IT Related Proposals:

<i>Category</i>	<i>FY 2020</i>	<i>FY 2021</i>	<i>FY 2022</i>	<i>FY 2023</i>	<i>FY 2024</i>	<i>FY 2025</i>
Payroll						
Professional/Technical Contracts	\$200,000	\$200,000	\$100,000	\$40,000	\$40,000	\$40,000
Infrastructure						
Hardware						
Software						
Training						
Enterprise Services						
Staff costs (MNIT or agency)						
Total	\$200,000	\$200,000	\$100,000	\$40,000	\$40,000	\$40,000
MNIT FTEs						
Agency FTEs						

Results:

Assure completion of the upgrade and maintenance of the new ALIMS database which will create efficiencies, implement enhanced technology and access to information and services, streamline processes and increase data security.

Statutory Change(s):

No statutory change is required.

Medical Practice, Board of

FY 2020-21 Biennial Budget Change Item

Change Item Title: Move Fees from Rule to Statute

Fiscal Impact (\$000s)	FY 2020	FY 2021	FY 2022	FY 2023
General Fund				
Expenditures	0	0	0	0
Revenues	0	0	0	0
State Government Special Revenue Fund				
Expenditures	0	0	0	0
Revenues	0	0	0	0
Net Fiscal Impact = (Expenditures – Revenues)	0	0	0	0
FTEs				

Recommendation:

The Governor recommends making technical corrections to codify fee authority under the practice acts for each profession regulated by the Board of Medical Practice. This would be a technical correction to capture fees in the individual practice acts.

Rationale/Background:

In 2017, legislation was passed that moved current fees from rule to statute, as shown in the table below, and repealed Minn. Rules section 5600.2500, however not all fees were captured under the individual practice acts. This proposal will recapture current fees and codify them in the practice acts for professions it regulates, including Minn. Stat. 147, 147A, 147B, 147C, 147D, 147E, 147F, and 148.7801 – 148.7815.

Proposal:

This change will not require an increase in license fees for any of the Board’s regulated professionals.

Current Fees – Move from MN Rule 5600.2500 to MN Statute.

Fee Name	Rule # / Statute	Current Fee Amount	Proposed Fee Amount
Physician Assistant Application Fee	MN Rule 5600.2500 G	\$120	\$120
Physician Assistant Annual Registration (prescribing)	MN Rule 5600.2500 H	\$135	\$135
Physician Assistant Annual Registration (no prescribing)	MN Rule 5600.2500 I	\$115	\$115
Physician Assistant Temporary Registration	MN Rule 5600.2500 J	\$115	\$115
Physician Assistant Temporary Permit	MN Rule 5600.2500 K	\$60	\$60
Physician Assistant Locum Tenens Permit	MN Rule 5600.2500 L	\$25	\$25
Physician Assistant Late Fee	MN Rule 5600.2500 M	\$50	\$50
Acupuncture Temporary Permit	MN Rule 5600.2500 N	\$60	\$60
Acupuncture Inactive Status Fee	MN Rule 5600.2500 O	\$50	\$50
Respiratory Care Annual Registration	MN Rule 5600.2500 P	\$90	\$90
Respiratory Care Application Fee	MN Rule 5600.2500 Q	\$100	\$100
Respiratory Care Late Fee	MN Rule 5600.2500 R	\$50	\$50

Fee Name	Rule # / Statute	Current Fee Amount	Proposed Fee Amount
Respiratory Care Inactive Status	MN Rule 5600.2500 S	\$50	\$50
Respiratory Care Temporary Permit	MN Rule 5600.2500 T	\$60	\$60
Respiratory Care Temporary Registration	MN Rule 5600.2500 U	\$90	\$90
Duplicate License or Registration Fee (all regulated professions)	MN Rule 5600.2500 V	\$20	\$20
Certification Letter (all regulated professions)	MN Rule 5600.2500 W	\$25	\$25
Education or Training Program Approval Fee	MN Rule 5600.2500 Y	\$100	\$100
Report Creation and Generation (all regulated professions)	MN Rule 5600.2500 Z	\$60	\$60
Examination Administrative Fee (1) Half Day (all regulated professions)	MN Rule 5600.2500 AA (1)	\$50	\$50
Examination Administrative Fee (2) Full Day (all regulated professions)	MN Rule 5600.2500 AA (2)	\$80	\$80

Equity and Inclusion:

The positive impact of this change will be for all professionals regulated by the Board, without discrimination.

Results:

The ability to capture all current fees for professions regulated by the Board in appropriate sections of statute.

Statutory Change(s):

Minnesota Rules 5600.2500 and Minnesota Statutes 147D.27.

- a. traditional midwifery annual registration, \$100;
- b. traditional midwifery application fee, \$100;
- c. traditional midwifery late fee, \$75;
- d. traditional midwifery inactive status, \$50;
- e. traditional midwifery temporary permit, \$75;
- f. traditional midwifery certification fee, \$25;
- g. duplicate license or registration fee, \$20;
- h. certification letter, \$25;
- i. education or training program approval fee, \$100;
- j. report creation and generation, \$60 per hour billed in quarter-hour increments with a quarter-hour minimum; and
- k. examination administrative fee:
 - (1) half day, \$50; and
 - (2) full day, \$80.

The revenue generated from the fees must be deposited in an account in the state government special revenue fund.

Statutory Change(s):

Minnesota Rules 5600.2500 and Minnesota Statutes 147E.27.

- a. naturopathic doctor certification fee, \$25;
- b. naturopathic doctor duplicate license fee, \$20;
- c. naturopathic doctor emeritus registration fee, \$50;

- d. naturopathic doctor certification fee, \$25;
- e. duplicate license or registration fee, \$20;
- f. education or training program approval fee, \$100;
- g. report creation and generation, \$60 per hour billed in quarter-hour increments with a quarter-hour minimum; and
- h. examination administrative fee:
 - (1) half day, \$50; and
 - (2) full day, \$80.

The revenue generated from the fees must be deposited in an account in the state government special revenue fund.

Statutory Change(s):

Minnesota Rules 5600.2500 and Minnesota Statutes 147F.17.

- a. genetic counselor certification fee, \$25;
- b. duplicate license fee, \$20;
- c. education or training program approval fee, \$100;
- d. report creation and generation, \$60 per hour billed in quarter-hour increments with a quarter-hour minimum; and
- e. examination administrative fee:
 - (1) half day, \$50; and
 - (2) full day, \$80.

The revenue generated from the fees must be deposited in an account in the state government special revenue fund.

Statutory Change(s):

Minnesota Rules 5600.2500 and Minnesota Statutes 148.7815

- a. athletic trainer certification fee, \$25;
- b. athletic trainer duplicate license fee, \$20;
- c. naturopathic doctor certification fee, \$25;
- d. duplicate license or registration fee, \$20;
- e. education or training program approval fee, \$100;
- f. report creation and generation, \$60 per hour billed in quarter-hour increments with a quarter-hour minimum; and
- g. examination administrative fee:
 - (1) half day, \$50; and
 - (2) full day, \$80.

The revenue generated from the fees must be deposited in an account in the state government special revenue fund.

Program: Board of Medical Practice

Activity: Board of Medical Practice

mn.gov/boards/medical-practice/

AT A GLANCE

BOARD OF MEDICAL PRACTICE

- 31,359 active credentials
- 2,901 New credentials issued
- 85 Actions against credentialed professionals (74 disciplinary actions and 11 corrective actions)
- 187 credentialed professionals currently subject to monitoring pursuant to an action (removal of resigned, cancelled, surrendered, revoked, and deceased individuals)
- The Board is comprised of 11 physicians and 5 public members appointed by the Governor
- 20 Full Time Employees (FTE) Board of Medical Practice; 8 FTE Health Professionals Services Program

FY 2017 data (transactions in one year)

PURPOSE & CONTEXT

The Board of Medical Practice (Board) established on July 1, 1887, is mandated by M.S. 214 & M.S. 147.01 to protect the public from the improper and unlawful practice of medicine. Laws and regulations provide authority to grant and govern the subsequent use of credentials to practice medicine and seven allied health professions; Acupuncturists, Athletic Trainers, Genetic Counselors, Naturopathic Doctors, Physician Assistants, Respiratory Therapists, and Traditional Midwives.

The Board also serves as the designated administering board for the Health Professionals Services Program, a confidential monitoring program that serves the health-related licensing boards pursuant to M.S. 214.31.

The Board carries out its mission of public protection by granting qualified applicants the privilege to practice in Minnesota and by investigating complaints relating to the competency or behavior of credentialed individuals.

SERVICES PROVIDED

The Board uses the licensure and registration fees of the professions it regulates to fund the operations and services provided by the Board. The Board also manages HPSP's funds for the operations and services provided under the program's authority utilizing the following strategies:

- The Board regulates professional practice and enforces applicable laws and rules by issuing credentials, monitoring continuing professional education requirements, and engaging in quality review and investigating complaints.
- The Board ensures minimum standards of care through education and corrective or disciplinary actions against impaired or incompetent practitioners.
- The Board provides information and education about licensing and registration requirements, as well as professional profile and enforcement actions to the public, the professions, and other interested audiences.
- The Board provides administrative management of the Health Professionals Services Program, ensures that the program is operating in accordance with its statutory authority, sets the budget for the program, enters into contracts on behalf of the program and provides guidance on general operations of the program.

Primary services for the Board include:

1. **Licensure:** The Board assures that applicants have met minimum licensure and registration standards established by the Board. These standards include primary source verification that the applicant has successfully completed accredited education and training, and has successfully passed a qualifying national examination. The Board also establishes that the applicant is competent to practice in the credentialed profession by reviewing the applicant’s background and fitness to practice. As of January 1, 2018, all applicant’s for initial licensure are required to complete a fingerprint based criminal background check, providing additional information for the Board to consider when making licensure decisions.
2. **Continued Competence:** The Board requires continuing education for all credentialed professionals under its regulatory authority. The Board conduct CE audits to assure compliance with educational requirements.
3. **Complaint Investigation and Resolution:** The Board investigates and resolves all jurisdictional complaints against health care professionals under its regulatory authority. Deviations from minimum practice standards are identified and conduct that places patients at risk is addressed through appropriate disciplinary, corrective and educational remedies. Appropriate and timely resolution of complaints assures public protection.

RESULTS

<i>Type of Measure</i>	<i>Name of Measure</i>	<i>Previous</i>	<i>Current</i>	<i>Dates</i>
Quantity	Active credentials	29,421	31,259	FY 16, 17
Quantity	New complaints	2,901	3,518	FY 16, 17
	Complaints received	804	899	FY 16, 17
Quality	Complaints resolved	730	774	FY 16, 17
	Complaints resolved within 180 days	563	586	FY 16, 17
	Percent of online renewals	98.8	98.6	FY 16, 17
Results	Disciplinary actions	80	85	FY 16, 17
	Corrective actions	6	11s	FY 16, 17

Minnesota Statutes chapters 147 (<https://www.revisor.mn.gov/statutes/?id=147>), 147A – F (<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.

Minnesota Statutes chapter 214.32, Subd. 1(a) and (b) (<https://www.revisor.mn.gov/statutes/cite/214.32>) provides the Board of Medical Practice with the designated legal authority to provide administrative management of the Health Professionals Services Program for the purpose of public protection.

Medical Practice Operations

Activity Expenditure Overview

(Dollars in Thousands)

	Actual FY16	Actual FY17	Actual FY18	Estimate FY19	Forecast Base		Governor's Recommendation	
					FY20	FY21	FY20	FY21
<u>Expenditures by Fund</u>								
1201 - Health Related Boards	3,257	3,501	3,088	5,573	4,467	4,467	5,020	5,034
2000 - Restrict Misc Special Revenue			36	81	69	70	69	70
Total	3,257	3,501	3,124	5,654	4,536	4,537	5,089	5,104
Biennial Change				2,020		295		1,415
Biennial % Change				30		3		16
Governor's Change from Base								1,120
Governor's % Change from Base								12
<u>Expenditures by Category</u>								
Compensation	1,499	1,504	1,489	1,931	2,025	2,060	2,295	2,347
Operating Expenses	1,742	1,821	1,629	3,402	2,490	2,456	2,773	2,736
Other Financial Transaction	16	177	6	321	21	21	21	21
Total	3,257	3,501	3,124	5,654	4,536	4,537	5,089	5,104
<u>Full-Time Equivalent</u>								
	18.56	18.36	18.02	21.00	21.00	21.00	23.00	23.00

Medical Practice Operations

Activity Financing by Fund

(Dollars in Thousands)

	Actual FY16	Actual FY17	Actual FY18	Estimate FY19	Forecast Base		Governor's Recommendation	
					FY20	FY21	FY20	FY21
1201 - Health Related Boards								
Balance Forward In		750		1,224				
Direct Appropriation	3,933	3,984	4,277	4,332	4,427	4,427	4,980	4,994
Open Appropriation	36	34	35	17	40	40	40	40
Transfers In	23	53						
Transfers Out		380						
Cancellations		941						
Balance Forward Out	735		1,224					
Expenditures	3,257	3,501	3,088	5,573	4,467	4,467	5,020	5,034
Biennial Change in Expenditures				1,903		273		1,393
Biennial % Change in Expenditures				28		3		16
Governor's Change from Base								1,120
Governor's % Change from Base								13
Full-Time Equivalent	18.56	18.36	18.02	21.00	21.00	21.00	23.00	23.00

2000 - Restrict Misc Special Revenue

Balance Forward In				13				
Receipts			49	68	69	70	69	70
Balance Forward Out			13					
Expenditures			36	81	69	70	69	70
Biennial Change in Expenditures				117		22		22
Biennial % Change in Expenditures						19		19
Governor's Change from Base								0
Governor's % Change from Base								0

Program: Board of Medical Practice
Activity: Health Professionals Services Program

mn.gov/boards/hpsp/

AT A GLANCE

- Serves the 16 health regulatory boards, the Emergency Services Regulatory Board, the Department of Health, and the practitioners they regulate
- Over 400 health practitioners referred annually
- Over 400 health practitioners discharged annually
- An average of 550 health practitioners are active in HPSP at any given time

NOTE: HPSP is a program providing services on behalf of the State agencies that regulate healthcare professionals. HPSP’s structure requires that its budget and oversight be assigned to one of the Health Regulatory Boards. In FY2015, the Board of Physical Therapy acted as the administering board for HPSP and remained the fiscal agent through FY2016-2017. The Board of Medical Practice became the administering board for HPSP in FY2017 and the fiscal agent for HPSP beginning FY2018 and moving forward.

PURPOSE & CONTEXT

People in Minnesota Are Safe

The Health Professionals Services Program’s (HPSP) mission is to protect the public by monitoring regulated health professionals whose illnesses may impair their ability to practice safely. HPSP achieves its mission by promoting early intervention, diagnosis, and treatment as an alternative to board discipline. Early intervention improves the chances for successful treatment before clinical skills are compromised and patients may be harmed.

Efficient and Accountable Government Services

HPSP provides services to all of the health related licensing boards in Minnesota. This enables all boards to access the same service while eliminating the need for duplicative services. It also enables health practitioners, their employers, and treatment providers easy access to program services and expertise.

SERVICES PROVIDED

Health practitioners self-refer or are referred to HPSP for the monitoring of their substance, psychiatric, and/or other medical disorders which may impair their ability to practice safely. HPSP protects the public by immediately intervening with health practitioners who are unsafe to practice, which directly contributes to the statewide outcome that **people in Minnesota are safe**. Additionally, HPSP’s enabling legislation allows some practitioners to report to HPSP without board involvement, allowing them to benefit from HPSP monitoring outside of board disciplinary processes.

To accomplish its mission, HPSP provides the following services to regulated health practitioners in Minnesota:

- Determine whether health practitioners have potentially impairing illnesses that warrant monitoring and implement immediate practice restrictions if appropriate (HPSP interventions start even before monitoring contracts are signed)
- Create and implement monitoring contracts for health practitioners with potentially impairing illnesses

- Monitor health practitioners' professional practice, continuing care, and compliance with monitoring contracts
- Report practitioners who are unsafe to practice or who violate the conditions of their monitoring contracts to their regulatory board
- Provide outreach and education to professional schools, health care employers, treatment programs, and other stakeholders about HPSP services

RESULTS

HPSP protects the public by implementing monitoring contracts that require accountability and provide structure for practitioners to manage their illnesses, while also monitoring their work performance. HPSP protects the public by identifying and addressing non-compliance with treatment and monitoring or performance issues. This includes reporting or discharging practitioners to their regulatory boards where they may face disciplinary action. The measurements below do not show factors that contribute to practitioner non-compliance with monitoring (i.e. financial resources, insurance, stable support system).

<i>Type of Measure</i>	<i>Name of Measure</i>	<i>Previous</i>	<i>Current</i>	<i>Dates</i>
Quantity	Number of practitioners referred	501	423	FY14 & FY18
Quantity	Number of practitioners discharged to their board due to non-compliance with monitoring.	321	255	FY14 & FY18
Quality	Percent of monitoring contracts signed within 60 days	90%	93%	FY14 & FY18

M.S. 214.31 to M.S. 214.37 (<https://www.revisor.mn.gov/statutes/?id=214.31>) provides the legal authority for HPSP.

Health Professionals Services Program

Activity Expenditure Overview

(Dollars in Thousands)

	Actual FY16	Actual FY17	Actual FY18	Estimate FY19	Forecast Base		Governor's Recommendation	
					FY20	FY21	FY20	FY21
<u>Expenditures by Fund</u>								
1201 - Health Related Boards	820	869	769	1,156	938	938	1,047	1,016
Total	820	869	769	1,156	938	938	1,047	1,016
Biennial Change				236		(49)		138
Biennial % Change				14		(3)		7
Governor's Change from Base								187
Governor's % Change from Base								10
<u>Expenditures by Category</u>								
Compensation	725	702	659	785	795	794	844	862
Operating Expenses	95	128	108	345	137	138	197	148
Other Financial Transaction	1	39	2	26	6	6	6	6
Total	820	869	769	1,156	938	938	1,047	1,016
<u>Full-Time Equivalents</u>	7.72	7.42	6.83	8.48	9.48	9.48	9.48	9.48

Health Professionals Services Program

Activity Financing by Fund

(Dollars in Thousands)

	Actual FY16	Actual FY17	Actual FY18	Estimate FY19	Forecast Base		Governor's Recommendation	
					FY20	FY21	FY20	FY21
1201 - Health Related Boards								
Balance Forward In		39		192				
Direct Appropriation	864	878	955	964	924	924	1,033	1,002
Open Appropriation	9	9	6		14	14	14	14
Transfers In		8						
Transfers Out	14	14						
Cancellations		51						
Balance Forward Out	39		192					
Expenditures	820	869	769	1,156	938	938	1,047	1,016
Biennial Change in Expenditures				236		(49)		138
Biennial % Change in Expenditures				14		(3)		7
Governor's Change from Base								187
Governor's % Change from Base								10
Full-Time Equivalent	7.72	7.42	6.83	8.48	9.48	9.48	9.48	9.48