



# Board of Podiatric Medicine

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House Health and Human Services Policy Committee

Chair: Rep. Tina Liebling

1. What other professions are likely to be impacted by the proposed regulatory changes?  
None
2. What position, if any, have professional associations of the impacted professions taken with respect to your proposal?  
The Minnesota Podiatric Medicine Association (MPMA) Executive Committee and Legislative Committee have worked collaboratively with the Board to agree on acceptable language.
3. Please describe what efforts you have taken to minimize or resolve any conflict or disagreement described above. See Above

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1. How is this profession's scope of practice in the area of proposed changes currently defined and what failings or shortcomings are being addressed by the proposed changes to the profession's scope?  
The Board is proposing the following changes, which do not necessarily affect the scope of practice, but do affect the requirements for clinical residencies and CME's required for licensure and biennial renewals.
    - Align Board statutes and rules regarding applicants providing evidence of satisfactory completion of acceptable graduate training, which already is codified in Board rules. Currently statutes state completion of one year, and only three year residency programs are offered. Credentialing surveys regarding primary source verifications ask if the Board verifies successful completion of a residency program. This language update would clarify an issue causing conflict in licensure.
    - Update temporary permit language, to once again reflect only 3 year residency programs are offered and eliminate obsolete preceptorship language.
    - Require a re-entry program after being out of active practice for greater than 2 years to evaluate an individual's clinical competence. An applicant needs to be able to prove they can effectively practice in an increasingly complicated medical field, after an extended absence, for the Board to fulfill its' mission of public protection.
    - Require same number of CME's for out of state applicants as MN renewals.
    - Increase from 30 to 40 CME's required for license renewal, as most states are currently requiring even more than that, and allowing only 8 of them to be obtained online. States requiring 40 or above are Alaska, California, Connecticut, District of Columbia, Florida, Georgia, Hawaii, Illinois, Iowa, Kentucky, Louisiana, Maryland, Michigan, Mississippi, Nebraska, Nevada, New Hampshire, New Jersey, North Carolina, North Dakota, Ohio,

Oklahoma, Pennsylvania, Texas, Utah, Virginia, Washington, West Virginia, Wisconsin, Wyoming.

2. Does the specialized skill or training support the expansion of this occupation into the proposed areas of practice? There is no expansion of this occupation with the proposed changes.
3. How would the public benefit by the occupation's ability to practice in the new proposed areas of practice? There is no new proposed area of practice. The public would benefit from the increased numbers of CME's proposed.
4. Could Minnesotans effectively receive the impacted service by a means other than the proposed changes to scope of practice? N/A
5. How would the new or expanded services be compensated? What other costs and what savings would accrue and to whom? N/A
6. What, if any, economic impact is foreseeable as a result of the proposed change? N/A
7. What other professions are likely to be impacted by the proposed changes? None
8. What position, if any, have professional associations of the impacted professions taken with respect to your proposals? As stated earlier, the Board has worked closely with the only association affected by the changes, MPMA, to draft acceptable language to both entities.
9. Please describe what efforts you have undertaken to minimize or resolve any conflict or disagreement described above. See above

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