# Proposal Summary/ Overview

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

### Name: Rep. Peggy Bennett

### Organization: MN House of Representatives

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*Is this proposal regarding:*

* *New or increased regulation of an existing profession/occupation? If so, complete this form, Questionnaire A.*
* *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.

podiatrist

2) Briefly describe the proposed change.

I was contacted by a podiatrist who practices medicine in Mason city, Iowa, who would like to provide podiatry services in Albert Lea at the MercyOne clinic. He is unable to do so at this time because of a date in Minnesota statute.

This doctor did his schooling in the 1980s. At that time, preceptorships were very common for podiatric licensure, along with residencies.

Podiatric preceptorships are essentially the same as residencies… one year program, same rotations through dermatology, internal medicine, orthopedic, etc. They rotate through the specialties just like residencies. Preceptorships were common in the 80s, but as everything evolved they were wrapped up into residencies which is now the common path for podiatric licensure.

I have been working with the Minnesota Board of Podiatric Medicine and this doctor in order to find a way to allow him to practice in Minnesota. According to my contacts with the board, the only way to fix this issue is by changing a date in Minnesota statute. The state of Iowa‘s graduation cutoff date for podiatry preceptorships is 1993. Minnesota’s is 1985. My proposal would change Minnesota’s graduation cutoff date to 1990.

Minnesota, and especially rural Minnesota, is experiencing a significant doctor shortage. Though changing this date in Minnesota statute will not affect a huge number of podiatrists because most with preceptorships are close to retirement, it has the potential of bringing a few more quality physicians like this one to Minnesota to help with our shortage. The MN Board of Podiatric Medicine has told me they are neutral on this proposal.

My goal, of course dependent upon chair and committee approval, is to get this legislation moving as soon as possible and hopefully to a floor vote as a standalone bill. The sooner we can get this change enacted, the sooner our local communities, including our seniors, can benefit from a needed podiatrist!

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.

HF3099, Bennett

SF3202, Dornink

### 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 assist the House Health Finance and Policy Committee in deciding which legislative 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?**
2. Define the occupations, practices, or practitioners who are the subject of this proposal.

Minnesota podiatrists

1. List any associations or other groups representing the occupation seeking regulation and the approximate number of members of each in Minnesota

None – I am working with an individual doctor on this issue.

1. Describe the work settings, and conditions for practitioners of the occupation, including any special geographic areas or populations frequently served.

Podiatrists serve all age groups and sectors of our society. Working with seniors in nursing homes is one of the special interests of the podiatrist I’m working with, in addition to regular podiatry needs of the community.

1. 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.

Podiatric medicine

1. **Specialized training, education, or experience (“preparation”) required to engage in the occupation** 
   1. What preparation is required to engage in the occupation? How have current practitioners acquired that preparation?

A requirements under current MN law as laid out by the MN Board of Podiatric Medicine

* 1. 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?

No extra costs. This simply changes a historical cutoff date for podiatrists to line up closer to our neighboring state to the south, Iowa.

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

As explained on page one, Iowa’s cuttoff date for the specific statute addressed in my bill is 1993. Minnesota’s date is 1985. Having these dates become more similar would help communities in southern MN that could benefit from Iowa podiatrists coming over the border to provide services at Minnesota clinics.

* 1. 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?

Does not apply

* 1. 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?

The date change I propose will not change any of these requirements.

1. **Supervision of practitioners**
   1. 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?

No change.

1. 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.

The Minnesota Board of Podiatric Medicine is the regulatory entity for podiatrists. My bill makes no changes to their authority or oversight.

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

No changes in competency.

1. **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.)**
2. 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.

Does not apply

1. Explain why existing civil or criminal laws or procedures are inadequate to prevent or remedy any harm to the public.

Does not apply

1. Explain why the proposed level of regulation has been selected and why a lower level of regulation was not selected.

Does not apply

1. **Implications for Health Care Access, Cost, Quality, and Transformation**
2. 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 bill has the potential to help with the physician shortages in Minnesota, specifically in podiatry in rural Minnesota and in our nursing homes.

1. 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.

Does not apply

1. 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?

Does not apply

1. 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)?

Does not apply

1. 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?

Does not apply

1. **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.

Does not apply

1. **Support for and opposition to the proposal**
2. What organizations are sponsoring the proposal? How many members do theseorganizations represent in Minnesota?

Does not apply.

1. List organizations, including professional, regulatory boards, consumer advocacy groups, and others, who support the proposal.

No other organizations or boards are involved in this. The MN Board of Podiatric Medicine has told me they are neutral on this proposal.

1. 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.

None that I am aware of.

1. What actions has the sponsor taken to minimize or resolve disagreement with those opposing or likely to oppose the proposal?

I have been working with the MN Board of Podiatric Medicine to get their input and thoughts. I want to make sure there is not harm done by this small change in statute.