# Proposal Summary/ Overview

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

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### Organization: \_\_\_\_MN Board of Medical Practice\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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.

Physicians and other health care professions regulated by the Board of Medical Practice

2) Briefly describe the proposed change.

Expand Board authority to impose a civil penalty to discourage similar violations; add acceptance of the Comprehensive Osteopathic Medical Variable-Purpose Examination (COMVEX) of the National Board of Osteopathic Medical Examiners; make technical updates to references related to osteopathic physicians, organizations and examinations; remove a requirement for notarization of a document for acupuncture applicants; repeal MN Rules, parts 5610.0100; 5610.0200, and 5610.0300, that were replaced by the Professional Firms Act (MN Stats. chapter 319B).

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.

Authors not yet identified.

### 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.

Physicians, physician assistants, respiratory therapists, acupuncturists, athletic trainers, genetic counselors, naturopathic doctors, traditional midwives.

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

MN Medical Association, MN Academy of Physician Assistants, MN Society of Respiratory Care, MN Acupuncture Association, MN Athletic Trainers’ Association, MN Genetic Counselors Association, MN Association of Naturopathic Doctors, MN Council of Certified Professional Midwives (membership in organizations is not known)

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

Statewide, clinics, hospitals, and other health care settings, including home health care.

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.

Medicine and surgery, and affiliated health care practices

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?

Education, training and examination requirements currently established in statute for all professions listed.

* 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.

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

At least ten other health related licensing boards have longstanding language authorizing the added authority for imposing a civil penalty to discourage further misconduct. The addition of this language to practice acts enforced by the Board of Medical Practice would align with other health related licensing boards’ existing authority.

* 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?

N/A to the proposed changes

* 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?

N/A to the proposed changes

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?

N/A to the proposed changes

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 regulatory entity already exists.

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

N/A to the proposed changes

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.

N/A to the proposed changes, as all impacted professions are already regulated by the Board of Medical Practice.

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

Civil penalty authority for the Board of Medical Practice is currently limited to imposing a civil penalty to cover instigative costs or ill-gotten gains. The proposed added authority to deter further misconduct would enhance the Board’s ability to carry out its mandate to protect the public.

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

This is a low level of regulation to enhance public protection.

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?

No impact.

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.

No impact.

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?

No impact on compensation or cost.

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)?

No impact.

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?

No cost. A fiscal note will be provided if requested following bill introduction.

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.

Statistical data will be compiled and analyzed to evaluate if there is any reduction in repeated misconduct.

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

The Board of Medical Practice, as the regulatory entity, is bringing this bill forward.

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

Unknown at this time, although the draft bill has been made available to professional associations and the public through the Board’s Policy and Planning Committee public agenda.

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.

The MN Medical Association has voiced some concern but has not stated opposition.

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

We are open to discussing any questions or concerns raised by stakeholders and are willing to consider modification, if necessary, to address concerns.