

Agency Purpose

The Board of Medical Practice was established July 1st, 1887, and is mandated by M.S. 214 and M.S. 147.01 to protect the public. In the interest of public health, safety, and welfare, and to protect the public from the unprofessional, improper, incompetent, and unlawful practice of medicine, it is necessary to provide laws and regulations to govern the granting and subsequent use of the license to practice medicine. In addition to physicians, the Board of Medical Practice also regulates six other allied health professions; Acupuncturists, Athletic Trainers, Naturopaths, Physician Assistants, Respiratory Therapists and Traditional Midwives.

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 individual licensees or registrants.

At a Glance

Credentialing Services

(as of July 30, 2010) Active Licensees

- 19,972 Physician Licensed
- 1,477 Physician Assistant Licensed
- 391 Acupuncturist Licensed
- 583 Athletic Trainers Licensed
- 11 Traditional Midwives Licensed
- 22 Naturopaths Registered
- 1,693 Respiratory Therapists Licensed
- 327 Telemedicine Licensed
- 477 Professional Firms

Discipline Services

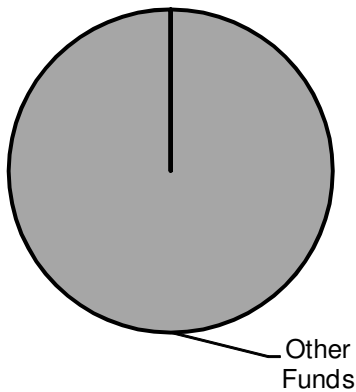
- Investigate 800 complaints annually against physician and other regulated professionals
- Enter 70 Disciplinary and corrective actions annually
- Assure monitoring of approximately 100 licensees and registrants in the Health Professional Services Program
- Monitor 400 credential professionals under disciplinary order

Staff: 24 FTE

Active Licensees: 24,953

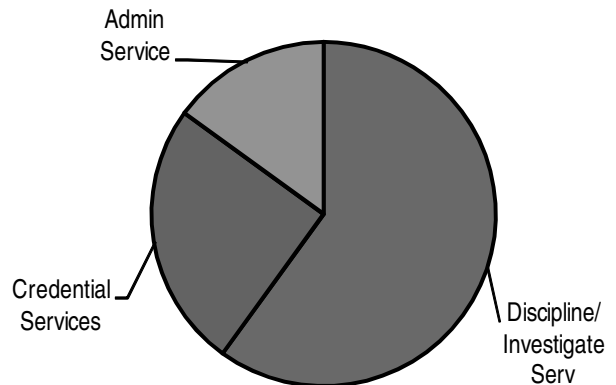
In Minnesota: 19,688

Est. FY 2010-11 Expenditures by Fund



Source: Consolidated Fund Statement.

Est. FY 2010-11 Expenditures by Service



Source: Board expenses allocated to the services provided by the board.

Strategies

The board regulates the practice of medicine and six other health practices by enforcing its rules and applicable laws and by monitoring continuing education, professional education requirements, quality review and investigating complaints.

The board has four major approaches to ensuring public safety by:

- ensuring that applicants for credentials have met all statutory requirements for license or registration;
- investigating and responding to public and agency inquiries, complaints, and reports regarding licensed and registered practitioners;
- implementing educational or disciplinary action with impaired or incompetent practitioners, thus ensuring that standards of care are met; and
- providing information and education about licensure requirements and standards of practice to the public and other interested audiences.

Operations

The board is made up of 11 physicians and five public members, all of whom are appointed by the governor. The board also regulates acupuncturists, athletic trainers, physician assistants, respiratory therapists, midwives, naturopaths, telemedicine and professional firms.

Approximately 24 board staff are employed to process licensing and complaint information for the board's review and to handle administrative functions. Historically, the board has licensed or registered 2,100 new practitioners each year. On an average, the board receives 700 – 900 complaints per year, resulting in approximately 66 disciplinary orders or corrective action agreements during that time frame.

Key Activity Goals & Measures

The board's key activity goals are outlined as:

- Protecting the health of Minnesotans by ensuring the quality of medical practice and other allied health professions and by enforcing the goals in our mission statement;
- Respect all of our constituents and the general public by making informed, fair, and even-handed decisions that protect the public;
- Ensure that all individuals who come before the board, either as complainants or respondents, fully understand the processes used by the board to protect the public;
- Strive for consistency and not discriminate with respect to gender, ethnicity, religion, disability status, or sexual orientation in our dealings with employees, public and licensees/registrants.

The board's measures are outlined as:

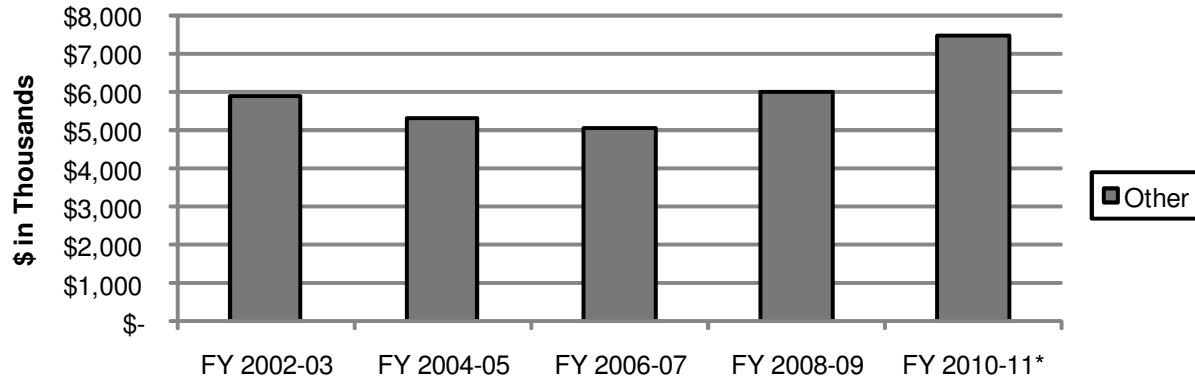
- Public protection – the board's website offers several services to the public including viewing disciplinary orders, access to information on complaint process and obtaining forms and information regarding how to file a complaint, and viewing individual licensee disciplinary history;
- Online services – the board offers license verification, address and contact information changes, license renewals, information for licensees/registrants and physician profiles;
- Public information – board website, newsletters, presentations, public outreach, brochures, real people answering the phone during business hours;
- Currently the board has 85% of its licensees using the online renewal service

Budget Trends Section

The board is responsible for collecting sufficient revenue to cover both direct and indirect expenditures. The board is estimated to collect \$9.872 million in FY 2010-11, which is 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 activities such as salaries, rent, costs for disciplinary/contested cases and operating expenditures. It also pays statewide indirect costs through an open appropriation. In FY 2010-11, total expenditures for these purposes are estimated at \$7.445 million. The chart below shows funding trends over the last five biennia for the direct and open appropriation.

Total Expenditures by Fund



*FY 2010-11 is estimated, not actual

Source data for the previous chart is the Minnesota Accounting and Procurement System (MAPS) as of 7/31/2010.

Board fees are also responsible for covering a prorated share of support functions provided outside of the Board itself. These include malpractice insurance (Volunteer Health Care Provider Program), statewide e-licensing system development and operations (Office of Enterprise Technology), centralized administrative support (Health Boards Administrative Services Unit), funding for services to health professionals (Health Professionals Services Program), monitoring program (Dept of Health – HIV/HBV/HCV program), and controlled substance program (Prescription Electronic Reporting). In FY 2010-11, some of the health boards’ reserves in the state government special revenue fund were also transferred to the general fund. The table below displays direct and open appropriation expenditures, external support costs (prorated share), and the general fund transfers (prorated share) estimated in FY 2010-11.

	FY 2010-11 (in thousands)
Board’s Direct and Open Appropriations	\$ 7,445
Board’s External Support Costs and Transfers (prorated Share)	
• Volunteer Health Care Provider Program	128
• E-licensing support	571
• Central administrative service unit	192
• Health professional service program	251
• General fund transfer	3,002
• HIV/HBV/HCV Dept of Health	68
• Prescription Electronic Reporting	282
Total	11,939
Fees Collected by Board	\$9,872
Prorated Surplus/(Deficit)	(2,067)

In most years, Board fee revenues exceed direct expenditures and external support costs, and as directed by law, the surplus is used to maintain a reserve in the state government special revenue fund. It should be noted here that the FY 2010-11 transfers to the General Fund, along with unanticipated increases in the support costs discussed above, have resulted in the Board’s fee revenue not covering its prorated costs and transfers.

External Factors Impacting Agency Operations

The number of licensees regulated by the Board continues to rise, as do the number of complaints and the complexity of the cases.

Contact

Minnesota Board of Medical Practice
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Minneapolis, Minnesota 55414-3246

The web site at: <http://www.bmp.state.mn.us> gives visitors easy access to useful information about medical practice. Types of information available through the web site include; regulatory news and updates, rules and Minnesota statutes, public notices, and forms.

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Dollars in Thousands

	Current		Forecast Base		Biennium 2012-13
	FY2010	FY2011	FY2012	FY2013	
<u>Direct Appropriations by Fund</u>					
State Government Spec Revenue					
Current Appropriation	3,682	3,682	3,682	3,682	7,364
Forecast Base	3,682	3,682	3,682	3,682	7,364
Change		0	0	0	0
% Biennial Change from 2010-11					0%
<u>Expenditures by Fund</u>					
Direct Appropriations					
State Government Spec Revenue	2,428	3,664	3,682	3,682	7,364
Open Appropriations					
State Government Spec Revenue	23	43	40	40	80
Total	2,451	3,707	3,722	3,722	7,444
<u>Expenditures by Category</u>					
Total Compensation	1,648	1,739	1,736	1,777	3,513
Other Operating Expenses	803	1,968	1,350	1,309	2,659
Transfers	0	0	636	636	1,272
Total	2,451	3,707	3,722	3,722	7,444
<u>Expenditures by Program</u>					
Medical Practice, Board Of	2,451	3,707	3,722	3,722	7,444
Total	2,451	3,707	3,722	3,722	7,444
Full-Time Equivalent (FTE)	23.8	23.8	23.8	23.8	

MEDICAL PRACTICE BOARD

Agency Revenue Summary

Dollars in Thousands

	Actual FY2010	Budgeted FY2011	Current Law		Biennium 2012-13
			FY2012	FY2013	
<u>Non Dedicated Revenue:</u>					
Departmental Earnings:					
State Government Spec Revenue	4,924	4,949	4,977	5,037	10,014
Other Revenues:					
State Government Spec Revenue	(432)	0	0	0	0
Total Non-Dedicated Receipts	4,492	4,949	4,977	5,037	10,014
<u>Dedicated Receipts:</u>					
Total Dedicated Receipts	0	0	0	0	0
Agency Total Revenue					
	4,492	4,949	4,977	5,037	10,014