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[mn.gov/boards/medical-practice/](http://mn.gov/boards/medical-practice/)

**AT A GLANCE**

- 2,743 New credentials issued
- 28,728 Active credentials
- 708 New complaints received
- 726 Complaints resolved
- 400 Credentialed professionals monitored under disciplinary order
- The Board is made up of 11 physicians and 5 public members appointed by the Governor.
- 20 FTE Staff

**PURPOSE**

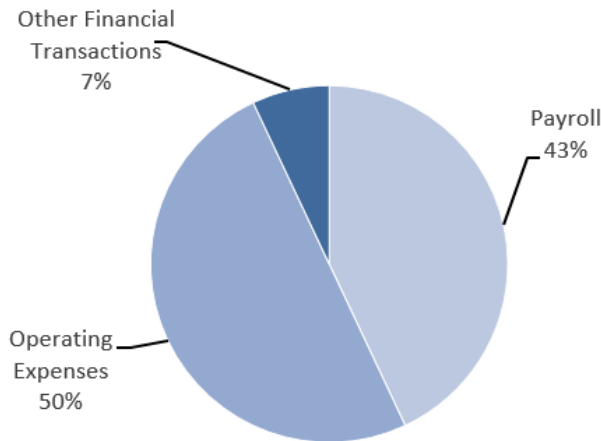
The Board of Medical Practice established July 1, 1887, is mandated by M.S. 214 & M.S. 147.01 to protect the public from the unprofessional, improper, incompetent, and unlawful practice of medicine. Laws and regulations provide authority to grant and govern the subsequent use of credentials to practice medicine and six 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 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

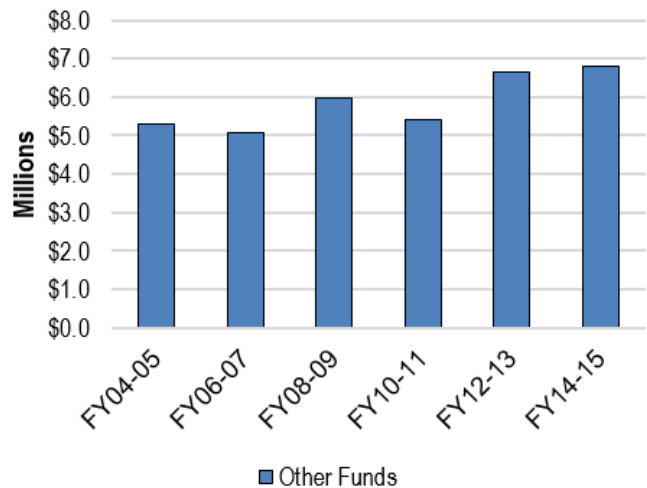
**BUDGET**

**Spending by Category  
FY 15 Actual**



Source: BPAS

**Historical Spending**



Source: Consolidated Fund Statement

The Board is funded by licensure fees. 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. The Board receives no general fund dollars.

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.

## RESULTS

<i>Type of Measure</i>	<i>Name of Measure</i>	<i>Previous</i>	<i>Current</i>	<i>Dates</i>
Quantity	Active Credentials	28,319	28,728	FY 14, 15
	New Complaints Received	633	708	FY 14, 15
Quality	Complaints Resolved	698	726	FY 14, 15
	Number of complaints resolved 90 – 180 days	283	336	FY 14, 15
Results	Disciplinary Actions	73	73	FY 14, 15
	Corrective Actions	18	5	14, 15

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Minnesota Statutes chapter 147 (<https://www.revisor.mn.gov/statutes/?id=147>) provides the Board of Medical Practice with legal authority to regulate medical practice for the purpose of public protection.

**Expenditures By Fund**

	Actual	Actual	Actual	Estimate	Forecasted Base		Governor's Recommendation	
	FY14	FY15	FY16	FY17	FY18	FY19	FY18	FY19
1201 - Health Related Boards	3,274	3,527	3,257	4,753	4,024	4,024	5,261	5,297
2000 - Restrict Misc Special Revenue	0	0	0	69	69	69	69	69
<b>Total</b>	<b>3,274</b>	<b>3,527</b>	<b>3,257</b>	<b>4,822</b>	<b>4,093</b>	<b>4,093</b>	<b>5,330</b>	<b>5,366</b>
<i>Biennial Change</i>				1,278		107		2,617
<i>Biennial % Change</i>				19		1		32
<i>Governor's Change from Base</i>								2,510
<i>Governor's % Change from Base</i>								31

**Expenditures by Program**

Program: Medical Practice Board of	3,274	3,527	3,257	4,822	4,093	4,093	5,330	5,366
<b>Total</b>	<b>3,274</b>	<b>3,527</b>	<b>3,257</b>	<b>4,822</b>	<b>4,093</b>	<b>4,093</b>	<b>5,330</b>	<b>5,366</b>

**Expenditures by Category**

Compensation	1,551	1,515	1,499	1,717	1,735	1,765	2,691	2,766
Operating Expenses	1,691	1,892	1,742	3,084	2,337	2,307	2,618	2,579
Other Financial Transactions	32	120	16	21	21	21	21	21
<b>Total</b>	<b>3,274</b>	<b>3,527</b>	<b>3,257</b>	<b>4,822</b>	<b>4,093</b>	<b>4,093</b>	<b>5,330</b>	<b>5,366</b>
<b><u>Full-Time Equivalents</u></b>	<b>19.6</b>	<b>18.9</b>	<b>18.6</b>	<b>19.0</b>	<b>19.0</b>	<b>19.0</b>	<b>28.0</b>	<b>28.0</b>

**1201 - Health Related Boards**

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY14	FY15	FY16	FY17	FY18	FY19	FY18	FY19
Balance Forward In	0	647	0	735	0	0	0	0
Direct Appropriation	3,867	3,905	3,933	3,984	3,984	3,984	5,207	5,243
Open Appropriation	0	0	36	34	40	40	54	54
Net Transfers	53	(546)	23	0	0	0	0	0
Cancellations	0	479	0	0	0	0	0	0
<b>Expenditures</b>	<b>3,274</b>	<b>3,527</b>	<b>3,257</b>	<b>4,753</b>	<b>4,024</b>	<b>4,024</b>	<b>5,261</b>	<b>5,297</b>
Balance Forward Out	646	0	735	0	0	0	0	0
<i>Biennial Change in Expenditures</i>				1,209		38		2,548
<i>Biennial % Change in Expenditures</i>				18		0		32
<i>Gov's Exp Change from Base</i>								2,510
<i>Gov's Exp % Change from Base</i>								31
Full-Time Equivalents	19.6	18.9	18.6	19.0	19.0	19.0	28.0	28.0

**2000 - Restrict Misc Special Revenue**

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY14	FY15	FY16	FY17	FY18	FY19	FY18	FY19
Receipts	0	0	0	69	69	69	69	69
<b>Expenditures</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>69</b>	<b>69</b>	<b>69</b>	<b>69</b>	<b>69</b>
<i>Biennial Change in Expenditures</i>				69		69		69
<i>Biennial % Change in Expenditures</i>						100		100
<i>Gov's Exp Change from Base</i>								0
<i>Gov's Exp % Change from Base</i>								0

# Medical Practice, Board of

## FY18-19 Biennial Budget Change Item

### Change Item Title: Small Agency Operating Increase

Fiscal Impact (\$000s)	FY 2018	FY 2019	FY 2020	FY 2021
General Fund				
Expenditures	0	0	0	0
Revenues	0	0	0	0
Other Funds				
Expenditures	25	54	54	54
Revenues	0	0	0	0
Net Fiscal Impact = (Expenditures – Revenues)	25	54	54	54
<b>FTEs</b>				

### Recommendation:

The Governor recommends \$79,000 in FY 2018-19 and \$108,000 in FY 2020-21 from the state government special revenue fund to support salary increases to appropriately staff and manage the work of the board. The amount recommended in FY 2018-19 represents a 1% increase to the board's base funding.

### Rationale/Background:

The Board currently employs 19 full time staff. Due to increased volume of applications across all regulated professions, increased responsibilities of staff, and need for professional and administrative support to conduct workforce development and carry out the work of the Board, the Governor recommends increased funding to assure appropriate staffing levels.

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

### Proposal:

Small Agency Increase:	FY2018	FY2019	FY2020	FY2021
Salary Increases (current staff increases)	\$25,000	\$54,000	\$54,000	\$54,000
<b>Total</b>	<b>\$25,000</b>	<b>\$54,000</b>	<b>\$54,000</b>	<b>\$54,000</b>

### 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.

Type of Measure	Name of Measure	Previous	Current	Dates
Quantity	Active Credentials	28,319	28,728	FY 14, 15
	New Complaints Received	633	708	FY 14, 15
Quality	Complaints Resolved	698	726	FY 14, 15
	Number of complaints resolved 90 – 180 days	283	336	FY 14, 15
Results	Disciplinary Actions	73	73	FY 14, 15
	Corrective Actions	18	5	14, 15

### Statutory Change(s):

N/A

## Medical Practice, Board of

### FY18-19 Biennial Budget Change Item

#### Change Item Title: Database Maintenance and Information Technology Services

Fiscal Impact (\$000s)	FY 2018	FY 2019	FY 2020	FY 2021
General Fund				
Expenditures	0	0	0	0
Revenues	0	0	0	0
Other Funds				
Expenditures	84	84	86	86
Revenues	0	0	0	0
Net Fiscal Impact = (Expenditures – Revenues)	84	84	86	86
<b>FTEs</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

#### Recommendation:

The Governor recommends \$168,000 in FY 2018-19 and \$172,000 in FY 2020-21 from the state government special revenue fund to cover the cost of maintenance to the Board's database and licensing system and to cover the costs of centralized MN.IT. The amount recommended in FY 2018-19 represents a 2.1% increase over the board's base funding.

#### Rationale/Background:

The Board updated its current database in FY2005. The Board's database is now ten years old and requires updates and enhancements to adequately track and manage an increasing volume and complexity of data. This request will allow the Board to add new license types authorized by the legislature, incorporate a process for conducting criminal background checks required by statute, enhance the Board's ability to receive and store data submitted in electronic forms, increase the efficiency of Board processes to issue credentials, process complaints, oversee compliance, conduct audits, and manage on-line services.

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

#### Proposal:

The Board has adapted the system currently in use, or soon to be in use, by 13 of 18 of the other Health-Related Licensing Boards in this building. This allows the Board to share ongoing maintenance costs with the other Health-Related Licensing Boards.

Upcoming IT Related Costs	FY2018	FY2019	FY2020	FY2021
Maintenance and modifications of database and licensing system	\$40,000	\$40,000	\$42,000	\$42,000
MN.IT 'switches' equipment and annual expenses	\$3,132	\$3,132	\$3,132	\$3,132
MN.IT voice and email services	\$10,431	\$10,431	\$10,431	\$10,431
Service Level Agreement Annual Rates	\$30,000	\$30,000	\$30,000	\$30,000
<b>Total</b>	<b>\$83,563</b>	<b>\$83,563</b>	<b>\$85,563</b>	<b>\$85,563</b>

#### Results:

Upgrades to the existing database will assure that the Board has the capacity to manage and secure an increasing amount of electronic data. With the nationwide conversion to electronic health records, the Board will have the capacity to receive and review health records submitted in electronic forms during complaint investigations. Upgrades will also assure the capacity to track and manage data relating to multiple license types under the Board authority and to add several new license types, including an interstate compact licensure process, medical faculty license and licensure for genetic counselors. These new licenses have been authorized to be processed under the Board's jurisdiction. Database maintenance and upgrades also will

assure the level of data security necessary to protect confidential health information and investigative data. The Board also expects to enable secure on-line application and complaint filing processes, as well as on-line application status reports on pending applications.

<i>Type of Measure</i>	<i>Name of Measure</i>	<i>Previous</i>	<i>Current</i>	<i>Dates</i>
Quantity	Add Medical Faculty License Add Genetic Counselor Licensing Add Letter of Qualification for the Interstate Medical Licensure Compact Manage Complaint Data	FY16=750	FY17 =5 FY17=110 FY17=100 FY17=800	08/01/16 to 06/30/18 08/01/16 to date 01/01/17 to date 07/01/16 to 06/30/17
Quality	Management of electronic data Security of personal health information and confidential data Online services		FY16 = 750 FY17 = 800	07/01/15 to 06/30/16 07/01/16 to date
Results	Capacity to receive electronic data Capacity to manage and secure electronic data Capacity to expand on-line services		Limited Ongoing Renewals 98%	Expand and enhance technology and online services from Jan 2017 through Dec 2021

**Statutory Change(s):**

N/A



## Medical Practice, Board of

### FY18-19 Biennial Budget Change Item

#### Change Item Title: New Fee and Move Fees from Rule to Statute

Fiscal Impact (\$000s)	FY 2018	FY 2019	FY 2020	FY 2021
General Fund				
Expenditures	0	0	0	0
Revenues	0	0	0	0
Other Funds				
Expenditures	0	0	0	0
Revenues	0	100	100	100
Net Fiscal Impact = (Expenditures – Revenues)	0	(100)	(100)	(100)
<b>FTEs</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

#### Recommendation:

The Governor recommends establishing a new fee at the Minnesota Board of Medical Practice for Medical Licensure Compact Assessment. This fee is expected to raise non-dedicated revenue in the state government special revenue fund of approximately \$100,000 annually starting in FY 2019. The Governor also recommends moving the board's fees from rule to statute.

The Board implements and codifies fees in the practice acts it regulates, including Minn. Stat. 147, 147A, 147B, 147C, 147D, 147E, 147F and 148.7801 – 148.7815.

#### Rationale/Background:

- Many fees are codified under MN Rule 5600.2500. The board is requesting to move all fees under MN Rule 5600.2500 to statute
- Although the physician license application fee is codified in statute (147.01, subd. 7) the physician renewal and several other fees are currently found in Minnesota Rules, 5600.2500. The board is requesting to move the remaining fees from rule to statute.
- The Minnesota Legislature enacted the Interstate Medical Licensure Compact in 2014. The Interstate Commission has set a target date of January 2017 to begin issuing licenses through the Compact. As a member state, Minnesota is obligated to comply with the Compact law. The related license application and annual renewal fees are established in MS 147.01, Subd. 7, and MN Rule 5600.2500.
- MS 147.0375 establishes a medical faculty license for qualified physicians. The related physician license application and annual renewal fees are established in MS 147.01, Subd. 7, and MN Rule 5600.2500.

#### Proposal:

*Interstate Medical Licensure Compact Assessment fee: Up to \$1,000*

MS 147.038 establishes an expedited process for physician licensure through an Interstate Medical Licensure Compact. Collection of associated fees through the Compact is authorized under MS 147.038, Art 6, Art. 7 and Art. 13. Fees for licensure are established by the member states. In Minnesota, physician licensure fees are authorized in MS 147.01, Subd. 7, and MN Rule 5600.2500 and include an application fee, annual registration renewal fee and other related licensure fees. The Compact authorizes an assessment to cover service fees for operation of the Interstate Compact by its Interstate Commission: The Governor recommends to assess application and annual registration renewal fees established for physicians and an assessment fee to offset service fees accrued to operate the Interstate Commission.

**New Fees – Interstate Medical Licensure Compact Assessment**

Fee Name	Statute	Current	Proposed	Difference	# FY 2018	Revenue	# FY 2019	Revenue
Interstate Medical Licensure Compact Assessment fee	147.038 Art 13d	Up to \$1,000	Up to \$1,000	\$0	0	\$0	100	\$100,000
Total New Revenue						\$0		\$100,000

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

Fee Name	Rule # / Statute	Current Fee Amount	Proposed Fee Amount
Physician Application Fee	MN Rule 5600.2500 A / M.S.147.01, Subd. 7	\$200	\$200
Physician Annual License	MN Rule 5600.2500 B	\$192	\$192
Physician Endorsement to Other States	MN Rule 5600.2500 C	\$40	\$40
Physician Emeritus License	MN Rule 5600.2500 D	\$50	\$50
Physician Temporary License	MN Rule 5600.2500 E	\$60	\$60
Physician Late Fee	MN Rule 5600.2500 F	\$60	\$60
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
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	MN Rule 5600.2500 V	\$20	\$20
Certification Letter	MN Rule 5600.2500 W	\$25	\$25
Verification of Status	MN Rule 5600.2500 X	\$10	\$10
Education or Training Program Approval Fee	MN Rule 5600.2500 Y	\$100	\$100
Report Creation and Generation	MN Rule 5600.2500 Z	\$60	\$60
Examination Administrative Fee (1) Half Day	MN Rule 5600.2500 AA (1)	\$50	\$50

Fee Name	Rule # / Statute	Current Fee Amount	Proposed Fee Amount
Examination Administrative Fee (2) Full Day	MN Rule 5600.2500 AA (2)	\$80	\$80
Interstate Medical Licensure Compact Physician Application fee	MN Rule 5600.2500 A / M.S.147.01, Subd. 7	\$200	\$200
Interstate Medical Licensure Compact Physician Renewal fee	MN Rule 5600.2500	\$192	\$192
Medical Faculty Physician Application fee	MN Rule 5600.2500 A / M.S.147.01, Subd. 7	\$200	\$200
Medical Faculty Physician Renewal fee	MN Rule 5600.2500	\$192	\$192

The renewal cycle for physician assistants under items H and I begins July 1. The duration of the permit issued under item L is one year.

**Results:**

Type of Measure	Name of Measure	Previous	Current	Dates
Quantity	Number of Minnesota Board of Medical Practice Licensees	28,916	30,365	6/30/2014 6/30/2016
Quality	Codify physician licensing fees in statute Authorize fees for new licensure for genetic counselors Authorize fees for new process for expedited licensure for physicians Authorize fees for new pathway for medical faculty physician licensure			8/1/2016 8/1/2014 8/1/2016
Results	Capacity to collect fees related to authorized licensing processes for multiple license types	110 GC 4 MFP 100 IMLC physicians		7/1/2017 8/1/2016 01/01/2017

**Statutory Change(s):**

Minnesota Rules 5600.2500 and Minnesota Statutes 147.01, Subd. 7.

147.01 BOARD OF MEDICAL PRACTICE.

Subd. 7. Physician application fee. The board may charge a:

- a. physician application fee of \$200
- b. physician annual registration renewal fee of \$192.
- c. physician endorsement to other states, \$40;
- d. physician emeritus license, \$50;
- e. physician temporary licenses, \$60;
- f. physician late fee, \$60;

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 147A.

## Medical Practice, Board of

### FY18-19 Biennial Budget Change Item

#### Change Item Title: New Board Staff

Fiscal Impact (\$000s)	FY 2018	FY 2019	FY 2020	FY 2021
General Fund				
Expenditures	0	0	0	0
Revenues	0	0	0	0
Other Funds				
Expenditures	278	276	276	276
Revenues	0	0	0	0
Net Fiscal Impact = (Expenditures – Revenues)	278	276	276	276
<b>FTEs</b>	<b>3</b>	<b>3</b>	<b>3</b>	<b>3</b>

#### Recommendation:

The Governor recommends \$554,000 in FY 2018-19 and \$552,000 in FY 2020-21 from the state government special revenue fund to address key public protection issues which require additional staff positions, including an assistant director, investigator, and an office and administrative specialist. The Board currently employs 19 full-time employees for all of its operations. The amount recommended in FY 2018-19 represents a 13.9% increase to the board's base funding.

#### Rationale/Background:

- Assistant Director: The Assistant Director position has been vacant for three years, following the retirements of the incumbent and former Executive Director. The current Executive Director has assumed all responsibilities for both positions in order to determine the needs of the office. Through the assessment of operational needs, the Executive Director has determined that high level administrative support is necessary to respond to expectations for the Board to carry out legal research, assist with legislative and policy initiatives, assist with workforce development and orientation of new Board and Advisory Council appointees, and participate in increased initiatives to respond to an evolving health care delivery and regulatory environment.
- Investigator – Licensure: The Licensure Unit lacks professional level support to assist with the analysis, drafting and presentation of complex initial license/registration applications and applications for renewal. With overall increases in applications, expanded license portability, and the addition of new licensure for genetic counselors and medical faculty, the Board anticipates the need for additional staff to provide the higher level of professional review and analysis necessary to prepare complex cases for review by the Licensure Committee, seven advisory councils, and the Board. The Board is also implementing processes for determining qualifications and issuing expedited licenses for physicians through the Interstate Medical Licensure Compact which requires a higher level of credentialing. In addition, the Board is implementing criminal background checks and updating its database. For these reasons, the unit requires professional level support to assist with staff training on new technology and internal processes.
- Office and Administrative Specialist Intermediate: The Board has not increased its licensure staff for more than two decades. During that time, the Board has been legislatively authorized to regulate several additional professions and 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 is entirely fee supported and receives no General Fund dollars to provide all services. Fees must be collected to cover direct and indirect expenditures, deposited as non-dedicated revenue into the State Government Special Revenue Fund (SGSRF). The Board is granted authority to use these fees by the Minnesota Legislature to pay for all expenses incurred by the Board. The board collects sufficient revenue to cover all expense and this change item increase.

**Proposal:**

- Assistant Director: The Assistant Director will support the activities of the Executive Director in carrying out the overall administrative duties of the Board, including but not limited to conducting legal and legislative research, drafting and reviewing contracts and legislative proposals, assisting with workforce development, orienting new Board and advisory council appointees, evaluating policies and procedures, and engaging with internal and external stakeholders.
- Investigator – Licensure: The Licensure Investigator will work with licensure unit staff, Attorney General’s staff and staff of the Health Professional Services Program to process complex applications, manage referrals for investigation and monitoring, and answer inquiries from staff and stakeholders. Duties include analyzing, preparing and presenting applications for review by the Licensure Committee, advisory councils and the Board; attend and facilitate council and committee meetings as directed by the Licensure Unit Supervisor; and monitor the status of cases referred for processing through the Board’s complaint review unit. The Investigator will assist with staff training and provide professional level support, as needed and directed by the Licensure Unit Supervisor.
- Office and Administrative Specialist Intermediate: The Office and Administrative Specialist intermediate will respond to inquiries regarding license/registration applications, processes and application status, and will work with other licensure staff to efficiently and accurately process an increasing number of license/registration applications.

<b>Additional Staff:</b>	<b>FY2018</b>	<b>FY2019</b>	<b>FY2020</b>	<b>FY2021</b>
Assistant Executive Director	\$126,000	\$127,000	\$127,000	\$127,000
Investigator	\$77,000	\$78,000	\$78,000	\$78,000
Office & Administrative Specialist Intermediate	\$70,000	\$71,000	\$71,000	\$71,000
One-Time purchase of equipment	\$5,000			
<b>Total</b>	<b>\$278,000</b>	<b>\$276,000</b>	<b>\$276,000</b>	<b>\$276,000</b>

**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 will be processed in a more timely and efficient manner, enabling health care providers to enter practice to fill healthcare workforce needs.
- Credentials will be issued in real time upon an applicant’s demonstration that minimum requirements have been met, enabling licensees/registrants to complete employment credentialing processes in a more timely manner.
- Complex issues will be processed by staff with the necessary professional expertise to analyze, summarize and present such information for consideration by the Licensure Committee, Advisory Councils and the Board. Currently, only the Licensure Supervisor has such expertise and cannot timely process the increased volume of complex cases.
- Greater responsiveness and efficiency in licensing 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 Executive Director will gain the necessary support to carry out policy and legislative initiatives.
- With medical practice becoming more specialized, the Board has experienced an increased need to contract with outside vendors for case specific expertise. The Assistant Director will work closely with staff, the Board and the Attorney General’s Office staff to assure that professional/technical contracts are drafted and managed appropriately.
- The Assistant Director will provide necessary legal research and support , and will work with the Executive Director to review and update policies, procedures and legislation that impacts the Board.
- 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):**

None required.

## Medical Practice, Board of

### FY18-19 Biennial Budget Change Item

#### Change Item Title: MN.IT Staff Move

Fiscal Impact (\$000s)	FY 2018	FY 2019	FY 2020	FY 2021
General Fund				
Expenditures	0	0	0	0
Revenues	0	0	0	0
Other Funds				
Expenditures	(119)	(119)	(119)	(119)
Revenues	0	0	0	0
Net Fiscal Impact = (Expenditures – Revenues)	(119)	(119)	(119)	(119)
<b>FTEs</b>	<b>(2)</b>	<b>(2)</b>	<b>(2)</b>	<b>(2)</b>

#### Recommendation:

The Governor recommends a base reduction at the Board of Medical Practice of \$238,000 biennially to support a shift of funds used to cover the cost of MN.IT at HLB IT staff. Currently IT staff are paid from budgets under the Administrative Services Unit, Board of Social Work, Board of Medical Practice and Board of Nursing. As a result of MN.IT enterprise solution merge, the Health Related Licensing Boards (HLB) request to merge all MN.IT at HLB IT shared staff and related spending to one IT Unit within the Administrative Services Unit.

#### Rationale/Background:

- MN.IT Services consolidation plan included moving state agency IT staff to MN.IT at HLB. The Health Related licensing boards want to merge funds used to pay for IT staff from individual boards budgets to the Administrative Services Unit IT budget. The IT staff now provide services to all 18 of the boards and are no longer providing services to a specific board.
- MN.IT at HLB IT staff consists of: 3 FTE's under the Administrative Services Unit, 1 FTE under Social Work, 2 FTE under Medical Practice and 2 FTE under Nursing.
- Through additional changes at MN.IT – 2 FTE under Administrative Services Unit, 1 FTE under Medical Practice will be moved to the new MN.IT rate Plan. That leaves the additional 5 FTE to be moved into one funding pool under ASU.
- This requests moves funds used to pay for MN.IT at HLB staff salaries from the Board of Social Work, Medical Practice and Nursing to the Administrative Services Unit.
- This request follows the enterprise solution as MN.IT has established an enterprise solution and moved staff to MN.IT central. The HLB's request to move all IT staff under the Administrative Services Unit.
- The current base budget for IT staff at Social Work is \$98,000 and at Nursing is \$218,000 and at Medical Practice is \$119,000, totaling \$435,000. The combined base budget is no longer sufficient to cover projected salaries. IT positions have been reallocated at higher levels. The based budget under these three boards is not sufficient. We are requesting to move staff under ASU and also increase the base budgets to continually fund these positions. Current base budget is short by \$109,000 in FY 18 and \$119,000 in FY 2019. This request reduces if need the base budget for Social Work, Nursing and Medical Practice and increases the Administrative Services Units base budget.
- ASU's current IT base budget is \$366,000. The request is for an increase of \$544,000 in FY 18 and \$554,000 in FY 19 for MN.IT at HLB IT Staff. This increase is will cover the additional amount needed to fund a combined HLB IT unit.
- This cost will be paid by the boards from fee revenue within the state government special revenue fund; the State's General Fund will not be impacted.

This request would be funded by fees collected by the health related licensing boards and deposited within the state government special revenue fund; the State's General Fund will not be impacted. Currently there are sufficient funds in the state government special revenue to cover the costs. The Board's is entirely fee supported and receives no General Fund dollars to provide all services.

**Proposal:**

ASU seeks a base budget increase of \$544,000 in FY 2018 and \$554,000 each year thereafter from the state government special revenue fund. This proposal also reduces state government special revenue fund appropriations at the Medical Practice Board totaling \$119,000 annually, at the Nursing Board totaling \$218,000 annually, and at the Social Work Board totaling \$98,000 annually. The net cost of this proposal, then, is \$109,000 in FY 2018 and \$119,000 each year thereafter, to fully budget for the actual cost of these 5.0 FTE.

This Increase will be used by ASU to:

- Cover salary and fringe costs of 5 FTE's at ASU for MN.IT at HLB IT staff.
- This increase will cover the costs anticipated by the eighteen health and non-health related boards listed below.

**IT Salary Costs at agency:**

Position	Board Name	FY 2014-2017 Base Budget	FY 2016 Actual Paid	FY 2017 Est Costs	FY 2018 Est Costs	FY 2019 Est Costs	FY 2018 Base Adjustment	FY 2019 Base Adjustment
Info System Manager	ASU	\$142,000	\$150,521	\$161,993	\$163,233	\$164,482	\$21,233	\$22,482
IT 4	Medical Practice	\$119,000	\$131,305	\$131,891	\$133,012	\$134,143	\$14,012	\$15,143
IT 3	Nursing	\$99,000	\$111,000	\$120,424	\$121,592	\$122,771	\$22,592	\$23,771
IT 5	Nursing	\$119,000	\$82,513	\$144,280	\$144,743	\$145,973	\$25,743	\$26,973
IT 4	Social Work	\$98,000	\$110,811	\$118,746	\$123,675	\$128,809	\$25,675	\$30,809
<b>Total</b>		\$577,000	\$586,150	\$677,334	\$686,255	\$696,178	\$109,255	\$119,178

**IT Salary Costs moved to rates:**

Position	Board Name	FY 2014-2017 Base Budget	FY 2016 Actual Paid	FY 2017 Est Costs	FY 2018 Est Costs	FY 2019 Est Costs	FY 2018 Base Adjustment	FY 2019 Base Adjustment
IT 4	Medical Practice	\$67,000	\$73,797	\$80,000				
IT 1	ASU	\$55,000	\$57,731	\$62,150	\$64,411	\$66,754		
IT 3	ASU	\$76,000	\$80,720	\$86,500				
<b>Total</b>		\$198,000	\$212,248	\$228,650				

The request for increase is the difference between our Base Budget FY 2014-2017 vs Estimate costs for FY 2018 and FY 2019.

**Results:**

- The Boards anticipate little or no impact on the Board's licensing program as a result of migration MN.IT at HLB IT staff into one MN.at one IT data center.

**Statutory Change(s):**

No statutory change is required for this initiative.

# Medical Practice, Board of - Health Professionals Services Program (HPSP)

## FY18-19 Biennial Budget Change Item

### Change Item Title: Move Program to a New Administering Board

Fiscal Impact (\$000s)	FY 2018	FY 2019	FY 2020	FY 2021
General Fund				
Expenditures	0	0	0	0
Revenues	0	0	0	0
Other Funds				
Expenditures	878	878	878	878
Revenues	40	40	40	40
Net Fiscal Impact = (Expenditures – Revenues)	838	838	838	838
<b>FTEs</b>	<b>8</b>	<b>8</b>	<b>8</b>	<b>8</b>

#### Recommendation:

The Governor recommends moving the administration of the Health Professionals Services Program's budget from the Board of Physical Therapy to the Board of Medical Practice, as allowed under M.S. 214.32. This proposal will not impact HPSP spending. This is a zero impact change recommendation. All expenditures and revenues reported on this change page are accompanied by corresponding reductions at the Board of Physical Therapy.

The mission of the HPSP is to protect the public by providing monitoring services to regulated health professionals whose illnesses may impair their ability to practice safely.

#### Rationale/Background:

The HPSP is a small program of the Minnesota Health Licensing Boards. Minn. Stat. 214.32(a) states: "...If the participating boards change which board is designated to provide administrative management of the program, any appropriation remaining for the program shall transfer to the newly designated board on the effective date of the change. The participating boards must inform the appropriate legislative committees and the commissioner of management and budget of any change in the administrative management of the program, and the amount of any appropriation transferred under this provision.

The Health Professional Services Program is funded by fees collected by the Health Related Licensing Boards. The Boards are entirely fee supported and receives no General Fund dollars to provide all services. Fees must be collected to cover direct and indirect expenditures, deposited as non-dedicated revenue into the State Government Special Revenue Fund (SGSRF). Currently the boards collect sufficient revenue to cover all expense for this program and this change item increase.

#### Proposal:

This proposal will move the HPSP budget to the newly designated Administering Board, the Board of Medical Practice. This is an administrative change and will have no impact on program services. Included in this proposal is a shift of direct appropriations of \$864,000 annually, open appropriations of an estimated \$14,000 annually, and \$40,000 annually in revenue from the Minnesota Department of Health.

#### Equity and Inclusion:

This proposal will not affect a specific protected class.



**Results:**

<i>Type of Measure</i>	<i>Name of Measure</i>	<i>Previous</i>	<i>Current</i>	<i>Dates</i>
Quantity	Number of practitioners referred	460	558	FY09 & FY15
Quality	Percent of monitoring contracts signed within 60 days	85%	93%	FY09 & FY15
Quantity	Number of practitioners discharged to their board due to non-compliance with monitoring*	283	312	FY09 & FY15
Quality	Percent of practitioners readmitted	26%	22%	FY09 & FY15

**Statutory Change(s):**

No statutory changes are needed.

# Medical Practice, Board of - Health Professionals Services Program (HPSP)

## FY18-19 Biennial Budget Change Item

### Change Item Title: HPSP Small Agency Operating Increase

Fiscal Impact (\$000s)	FY 2018	FY 2019	FY 2020	FY 2021
General Fund				
Expenditures	0	0	0	0
Revenues	0	0	0	0
Other Funds				
Expenditures	29	38	38	38
Revenues	0	0	0	0
Net Fiscal Impact = (Expenditures – Revenues)	29	38	38	38
<b>FTEs</b>				

### Recommendation:

The Governor recommends \$67,000 in FY 2018-19 and \$76,000 in FY 2020-21 from the state government special revenue fund to support increasing compensation and operating costs at the Health Professionals Services Program. This recommendation will allow the program to maintain current administrative support and service levels to the public

### Rationale/Background:

- The HPSP is a small program of the Minnesota Health Licensing Boards. The statutory obligation of the HPSP is "...to protect the public from persons regulated by the boards who are unable to practice with reasonable skill and safety by reason of illness, use of alcohol, drugs, chemicals, or any other materials, or as a result of any mental, physical, or psychological condition." (Minn. Stat. 214.31).
- The costs associated with salaries/benefits, rent, attorney general fees, and other operations are increasing.
- Roughly 85% of the HPSP's budget is directed toward salaries/benefits. Another 4% is directed toward rent. The remaining 11% addresses all other program expenses. Therefore, HPSP has very limited ability to absorb increases in costs without reducing staff.
- This proposal is intended to have an impact on staffing by eliminating the need to reduce staff to address other inflationary increases.

The Health Professional Services Program is funded by fees collected by the Health Related Licensing Boards. The Boards are entirely fee supported and receives no General Fund dollars to provide all services. Fees must be collected to cover direct and indirect expenditures, deposited as non-dedicated revenue into the State Government Special Revenue Fund (SGSRF). Currently the boards collect sufficient revenue to cover all expense for this program and this change item increase.

### Proposal:

- This initiative is to increase the HPSP's base budget to meet increasing costs associated with salaries/benefits, rent, disciplinary-related costs, and other operational costs.
- The increase will have a direct impact on the HPSP obligation to protect the public as it will enable the program to maintain current staffing which will keep caseloads at a level sufficient for timely responsiveness to participant needs and symptom exacerbations as well as treatment provider and work site supervisor concerns.

Small Agency Increase:	FY2018	FY2019	FY2020	FY2021
Salary Increases (current staffing)	\$12,000	\$19,000	\$19,000	\$19,000
Rent Increase (reflects small inflationary increases over seven year lease)	\$2,000	\$3,000	\$3,000	\$3,000
Other Operational Costs	\$5,000	\$5,000	\$5,000	\$5,000
Equipment replacement	\$6,000	\$6,000	\$6,000	\$6,000
Attorney General Fees	\$4,000	\$5,000	\$5,000	\$5,000
<b>Total</b>	<b>\$29,000</b>	<b>\$38,000</b>	<b>\$38,000</b>	<b>\$38,000</b>

**Results:**

<i>Type of Measure</i>	<i>Name of Measure</i>	<i>Previous</i>	<i>Current</i>	<i>Dates</i>
Quantity	Number of practitioners referred	460	558	FY09 & FY15
Quality	Percent of monitoring contracts signed within 60 days	85%	93%	FY09 & FY15
Quantity	Number of practitioners discharged to their board due to non-compliance with monitoring*	283	312	FY09 & FY15
Quality	Percent of practitioners readmitted	26%	22%	FY09 & FY15

**Statutory Change(s):**

No statutory changes are needed.

# Medical Practice, Board of - Health Professionals Services Program (HPSP)

## FY18-19 Biennial Budget Change Item

### Change Item Title: Information Technology Services

Fiscal Impact (\$000s)	FY 2018	FY 2019	FY 2020	FY 2021
General Fund				
Expenditures	0	0	0	0
Revenues	0	0	0	0
Other Funds				
Expenditures	12	12	12	12
Revenues	0	0	0	0
Net Fiscal Impact = (Expenditures – Revenues)	12	12	12	12
<b>FTEs</b>				

### Recommendation:

The Governor recommends \$24,000 biennially from the state government special revenue fund for increases in MN.IT information technology costs (i.e. internet, phone, software, hardware, support services). HPSP does not have sufficient funds to absorb ongoing increases in IT services.

The HPSP's operating budget is \$864,000 annually. This initiative will increase the HPSP's base budget by \$12,000 in fiscal year 2018 and \$12,000 in fiscal year 2019, representing a 1.4% increase to base funding.

### Rationale/Background:

- The HPSP is a small program of the Minnesota Health Licensing Boards. The statutory obligation of the HPSP is "...to protect the public from persons regulated by the boards who are unable to practice with reasonable skill and safety by reason of illness, use of alcohol, drugs, chemicals, or any other materials, or as a result of any mental, physical, or psychological condition." (Minn. Stat. 214.31).
- Roughly 85% of the HPSP's budget is directed toward salaries/benefits. Another 4% is directed toward rent. The remaining 11% addresses all other program expenses. Therefore, HPSP has very limited ability to absorb increases in MN.IT costs without impacting staff.

The Health Professional Services Program is funded by fees collected by the Health Related Licensing Boards. The Boards are entirely fee supported and receives no General Fund dollars to provide all services. Fees must be collected to cover direct and indirect expenditures, deposited as non-dedicated revenue into the State Government Special Revenue Fund (SGSRF). Currently the boards collect sufficient revenue to cover all expense for this program and this change item increase.

### Proposal:

- This initiative is to increase the HPSP's base budget to meet increasing costs associated with MN.IT services.
- The increase will have a direct impact on the HPSP obligation to protect the public as it will enable the program to maintain current staffing which will keep caseloads at a level sufficient for timely responsiveness to participant needs and symptom exacerbations as well as treatment provider and work site supervisor concerns.
- This initiative can be implemented when the funds are allocated.

MNIT Small Agency Increase:	FY2018	FY2019	FY2020	FY2021
• MNIT 'switches' annual rates for service and equipment	\$2,472	\$2,472	\$2,472	\$2,472
• MN.IT Services for voice, email, connectivity	\$3,548	\$3,548	\$3,548	\$3,548
• Service Level Agreement Rate Increase	\$6,264	\$6,264	\$6,264	\$6,264
<b>Total</b>	<b>\$12,284</b>	<b>\$12,284</b>	<b>\$12,284</b>	<b>\$12,284</b>

**Results:**

<i>Type of Measure</i>	<i>Name of Measure</i>	<i>Previous</i>	<i>Current</i>	<i>Dates</i>
Quantity	Number of practitioners referred	460	558	FY09 & FY15
Quality	Percent of monitoring contracts signed within 60 days	85%	93%	FY09 & FY15
Quantity	Number of practitioners discharged to their board due to non-compliance with monitoring*	283	312	FY09 & FY15
Quality	Percent of practitioners readmitted	26%	22%	FY09 & FY15

**Statutory Change(s):**

No statutory changes are needed.

# Medical Practice, Board of - Health Professionals Services Program (HPSP)

## FY18-19 Biennial Budget Change Item

### Change Item Title: Data Base Enhancements

Fiscal Impact (\$000s)	FY 2018	FY 2019	FY 2020	FY 2021
General Fund				
Expenditures	0	0	0	0
Revenues	0	0	0	0
Other Funds				
Expenditures	50	50	10	10
Revenues	0	0	0	0
Net Fiscal Impact = (Expenditures – Revenues)	50	50	10	10
<b>FTEs</b>				

### Recommendation:

The Governor recommends \$100,000 in FY 2018-19 and \$20,000 in FY 2020-21 from the state government special revenue fund for database improvements and ongoing base budget increase of \$10,000 annually for maintenance of the database at the Health Professionals Services Program (HPSP). The amount recommended in FY 2018-19 represents a 5.8% increase to the HPSP's base funding.

### Rationale/Background:

The HPSP is a small program of the Minnesota Health Licensing Boards. The statutory obligation of the HPSP is "...to protect the public from persons regulated by the boards who are unable to practice with reasonable skill and safety by reason of illness, use of alcohol, drugs, chemicals, or any other materials, or as a result of any mental, physical, or psychological condition." (Minn. Stat. 214.31). The database enhancements will improve the HPSP services.

- Fiscal Year 2018: Database intake template improvements (one time): \$25,000  
Case managers perform intake assessments for health professionals referred to the program who may have potentially impairing illnesses. Intakes include brief social, vocational, substance, psychiatric and medical histories. The data is written and then entered into the database. This proposal would enable case managers to perform intakes and enter the data in real time, thereby eliminating the need of writing and transferring the written data into the database. In addition, this proposal would improve the consistency in which data is gathered, the program's ability to query data, and provide meaningful reports.
- Fiscal Year 2018: Auto entry of toxicology screen results from laboratory into database (one time): \$25,000  
HPSP receives roughly 13,000 faxed toxicology screen results each year. Each result is manually entered into the database and filed. Enabling the laboratory to directly input toxicology screen results into the database would save significant staff time, printing and paper expenses and most importantly, eliminate data entry errors.
- Fiscal Year 2019: Case Management Portal (one time): \$50,000  
HPSP receives over 8,000 reports regarding participants annually (i.e. reports from work supervisors, treatment providers). Roughly half are faxed and the other half are mailed. HPSP staff enters the receipt of the data in the database and provides it to case managers for review. This creates a delay in case managers reviewing information. Establishing a portal for participants, their treatment providers and work supervisors to enter reports would enable case managers to review data in real time. It would decrease the use of paper and eliminate staff time needed for entering and filing the data. It could also enhance monitoring by providing an additional means for case managers to communicate with participants, their treatment providers and work supervisors.

The Health Professional Services Program is funded by fees collected by the Health Related Licensing Boards. The Boards are entirely fee supported and receives no General Fund dollars to provide all services. Fees must be collected to cover direct and indirect expenditures, deposited as non-dedicated revenue into the State Government Special Revenue Fund (SGSRF). Currently the boards collect sufficient revenue to cover all expense for this program and this change item increase.

**Proposal:**

The IT initiatives outlined are new and would improve HPSP’s monitoring services by making them more efficient and therefore more effective by:

- Enabling intake data to be entered in real time
- Creating a more consistent format for entering intake data and thereby improving the ability to query data
- Eliminating data entry errors
- Reducing reliance on paper
- Simplifying the submission of reports from participants, their treatment providers and work supervisors through a secure portal
- Enabling participants to review their monitoring compliance via a secure portal

The first two IT projects (intake template and auto entry of toxicology screen results) would start in fiscal year 2018 after funds are allocated and a contract is secured. They will be completed in fiscal year 2018. The third project would start in fiscal year 2019 and complete in fiscal year 2019. HPSP would work with MN.IT and IT contractors.

<b>Data Base Enhancements:</b>	<b>FY2018</b>	<b>FY2019</b>	<b>FY2020</b>	<b>FY2021</b>
• Database Intake Template Improvements (one-time)	\$25,000			
• Auto Entry of Toxicology Screen Results (one-time)	\$25,000			
• Case Management Portal (one-time)		\$50,000		
• Annual Maintenance of the data base (on-going)			\$10,000	\$10,000
<b>Total</b>	<b>\$50,000</b>	<b>\$50,000</b>	<b>\$10,000</b>	<b>\$10,000</b>

**Results:**

<i>Type of Measure</i>	<i>Name of Measure</i>	<i>Previous</i>	<i>Current</i>	<i>Dates</i>
Quantity	Number of practitioners referred	460	558	FY09 & FY15
Quality	Percent of monitoring contracts signed within 60 days	85%	93%	FY09 & FY15
Quantity	Number of practitioners discharged to their board due to non-compliance with monitoring*	283	312	FY09 & FY15
Quality	Percent of practitioners readmitted	26%	22%	FY09 & FY15

**Statutory Change(s):**

The proposals described would not require statutory changes.