

	PAGE
Agency Profile	2
Agency Fiscal Page (Gov Rec)	6
Change Summary	7
Agency Change Items	
⇒ Convert To Dedicated Funding.....	8
Agency Revenue Summary Fiscal Page	9
⇒ Designates that this item is a change item	

Agency Purpose

The Minnesota Board of Podiatric Medicine Minnesota was established in 1916 and is mandated by M.S. 214, M.S. 153.01 – 153.26 and Minnesota Rules 6900. The board is responsible for the regulation of podiatrists and public safety and protection of all citizens in the state of Minnesota. Regulation and public safety and protection are accomplished through licensure examination and renewal, as well as by the investigation of complaints.

The mission of the board is to:

- extend the privilege to practice to qualified applicants, and
- investigate complaints relating to the competency or behavior of individual licensees or individuals with permits issued by the board.

In addition, the board responds to inquiries regarding scope of practice, provides license verification information to credentialing agencies, and initiates legislative changes, as needed, to update the practice act for podiatric medicine.

The board's activities are guided by the following principles:

- responsibility for public safety will be fulfilled with respect for due process and adherence to laws and rules;
- customer services will be delivered in a respectful, responsive, timely, communicative, and nondiscriminatory manner;
- government services will be accessible, purposeful, responsible, and secure; and
- business functions will be delivered with efficiency, accountability and a willingness to collaborate.

At a Glance

Licensing & Credentialing Service

- 205 Podiatrists
- 112 Biennial Renewals FY2010
- 709 License Verifications FY2010
- Six License Applications FY2010
- 40 Professional Corporations
- 13 Temporary Permits

Professional Development/Continuing Education

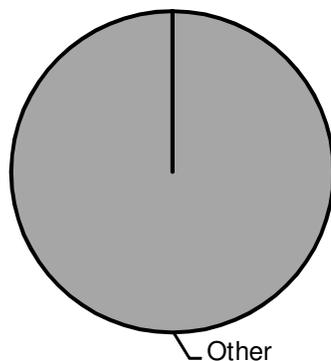
- Review over 3,360 continuing medical education hours (CME's) provided by over 50 sponsors

- Review and approve CME's not pre-approved by CPME as prescribed in statute
- Administer, score and review jurisprudence exams with podiatrists
- Educational conferences held with licensees

Complaints & Discipline Resolution Service

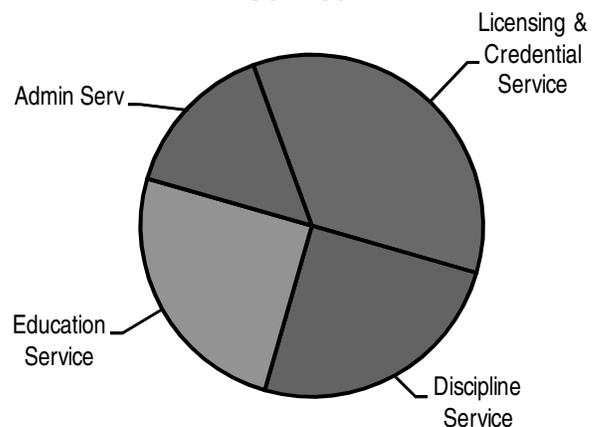
- Ten Complaints received
- Six complaints resolved
- Several Requests for Unconditional Licenses
- National Practitioner Data Bank discipline reports
- Public Inquiries

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

Core functions of the Board are established to protect the public by ensuring that professionals comply with the Board's rules and practice in a professional, legal, and ethical manner. The Board's core functions are:

- responding to public and agency inquiries, complaints and reports regarding licensure and conduct on applicants, permit holders, licensees and unlicensed practitioners;
- reviewing complaints of alleged violations of statutes and rules, holding disciplinary conferences with licensees, and taking legal action to suspend or revoke the licenses of podiatrists who fail to meet standards;
- setting and administering educational requirements and examination standards for licensure as a podiatrist; and providing information and education about licensure requirements and standards of practice to the public and other interested audiences.

Operations

The board is comprised of five podiatrists and two public members, all of whom are appointed by the Governor. The board is staffed by a 0.5 full time equivalent position. Services are delivered by issuing licenses to qualified individuals, renewal certificates to licensees meeting continuing medical education requirements, temporary permits to individuals completing residencies, and license verifications to credentialing services and medical facilities. The agency protects the public by investigating complaints and holding educational and disciplinary conferences with licensees. The Complaint Review Committee (CRC) is comprised of three board members. Board orders for disciplinary actions and Agreements for Corrective Action further protect the public.

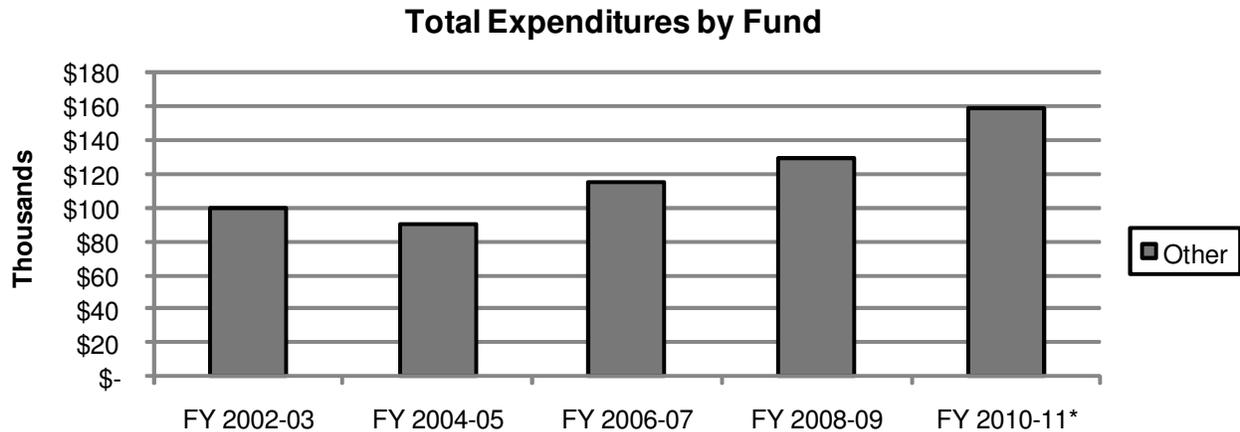
Key Activity Goals & Measures

- **maintain excellence in the practice of podiatric medicine;**
 - ensure applicants for credentials have met all statutory requirements and have a thorough understanding of Minnesota statutes;
 - keep licensees informed of changes affecting the practice of podiatric medicine via newsletters, emails, phone interaction and board website;
 - review and approve continuing medical education hours to promote and ensure high-quality education and continuous improvement, resulting in highest quality patient care and healthy Minnesotans;
 - maintain qualified residency programs in Minnesota which have decreased from four to three over the past seven years; all residency programs in Minnesota have migrated from one or two year residencies to three year surgical residencies in order to offer more extensive instruction in various medical specialties, and the development of increased skills in the surgical and conservative management of foot and ankle pathology; temporary permit holders increased from seven to 13 in 2011.
- **Provide effective public safety and protection.**
 - respond quickly and thoroughly to complaints and when appropriate take disciplinary or corrective action against a licensee when in violation of the practice act; hold educational and disciplinary conferences with licensees when necessary. Minnesota had an increase of 29 licensed podiatrists from June of 2003 to June of 2010, an increase of 16%. However, as the number of licensed podiatrists increased by 16%, the average number of complaints received on an annual basis declined by 1%.
 - promptly report disciplinary actions to the National Practitioner Data Bank and to all parties who have requested such notification;
 - provide immediate access to information on the complaint process and to the printing of complaint forms through the board's web site;
- **Administrative services will be cost-efficient and services designed to meet the needs of the people who use them.**
 - allow licensees, permit holders and citizens online access to information about podiatric medicine;
 - offer online payment for license verifications through the board's web site;
 - provide immediate access to application forms, license renewal forms, board newsletters, names and contact information for board members, and copies of the board's statutes and rules through the web site;
 - offer online biennial license renewal;
 - new license applications will be processed within 48 hours upon receipt of all required documentation from applicant;
 - 90% of requests for license verifications will be fulfilled within 48 hours of receipt at the board office;

Budget Trends

The board is responsible for collecting sufficient revenue to cover both direct and indirect expenditures. The board is estimated to collect \$182,000 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 \$156,000. The chart below shows funding trends over the last five biennia for the direct and open appropriation.



* FY 2010-11 is estimated, not actual

Source data for the previous chart is the Minnesota Accounting and Procurement System (MAPS) as of 07/31/10.

Board fees are also responsible for covering a prorated share of support functions provided outside of the Board itself. These include legal support (Attorney General), 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) 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	\$ 156
Board's External Support Costs and Transfers (prorated Share)	
• Attorney General support	28
• E-licensing support	8
• Central administrative service unit	8
• Health professional service program	2
• Prescription Electronic Reporting	3
• General fund transfer	33
	Total 238
Fees Collected by Board	\$182
Prorated Surplus/(Deficit)	(56)

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.

The number of licensees regulated by the Board continues to rise, as do the number of complaints and the complexity of the cases. The average age of Minnesota licensed podiatrists is 47 years old with 68% being under 50 years old and only 6% over 60 years of age; 39 of the 205 podiatrists are women; the public as medical consumers are becoming increasingly adept at researching licensees before choosing a doctor; the board is seeing increasing numbers of new licensees practicing in numerous states.

Contact

Minnesota Board of Podiatric Medicine
2829 University Avenue South East, Suite 430
Minneapolis, Minnesota 55414
<http://www.podiatricmedicine.state.mn.us>
E-mail: podiatricmedicine@state.mn.us
Phone: (612) 548-2175
Fax: (612) 617-2698
Ruth Grendahl, Executive Director

<i>Dollars in Thousands</i>					
	Current		Governor Recomm.		Biennium
	FY2010	FY2011	FY2012	FY2013	2012-13
<u>Direct Appropriations by Fund</u>					
State Government Spec Revenue					
Current Appropriation	71	71	71	71	142
Recommended	71	71	0	0	0
Change		0	(71)	(71)	(142)
% Biennial Change from 2010-11					-100%
 <u>Expenditures by Fund</u>					
Direct Appropriations					
State Government Spec Revenue	63	86	0	0	0
Statutory Appropriations					
State Government Spec Revenue	0	0	96	86	182
Total	63	86	96	86	182
 <u>Expenditures by Category</u>					
Total Compensation	51	48	48	49	97
Other Operating Expenses	12	38	48	37	85
Total	63	86	96	86	182
 <u>Expenditures by Program</u>					
Podiatry, Board Of	63	86	96	86	182
Total	63	86	96	86	182
 Full-Time Equivalent (FTE)	 0.5	 0.5	 0.5	 0.5	

<i>Dollars in Thousands</i>				
	FY2011	Governor's Recomm.		Biennium
		FY2012	FY2013	2012-13
<i>Fund: STATE GOVERNMENT SPEC REVENUE</i>				
FY 2011 Appropriations	71	71	71	142
Subtotal - Forecast Base	71	71	71	142
Change Items				
Convert to Dedicated Funding	0	(71)	(71)	(142)
Total Governor's Recommendations	71	0	0	0
<i>Fund: STATE GOVERNMENT SPEC REVENUE</i>				
Planned Open Spending	0	6	6	12
Change Items				
Convert To Dedicated Funding	0	(6)	(6)	(12)
Total Governor's Recommendations	0	0	0	0
<i>Fund: STATE GOVERNMENT SPEC REVENUE</i>				
Planned Statutory Spending	0	0	0	0
Change Items				
Convert to Dedicated Funding	0	96	86	182
Total Governor's Recommendations	0	96	86	182

PODIATRY BOARD

Change Item: Convert to Dedicated Funding

Fiscal Impact (\$000s)	FY 2012	FY 2013	FY 2014	FY 2015
Health Related Boards Fund (171)				
Direct Appropriated Account				
Expenditures	\$(71)	\$(71)	\$(71)	\$(71)
Non-Dedicated Revenue	(96)	(86)	(96)	(96)
Open Appropriated Account				
Expenditures	(6)	(6)	(6)	(6)
Dedicated Account				
Expenditures	96	86	96	96
Dedicated Revenue	96	86	96	96
Transfer In	0	0	0	0
Net Fiscal Impact	\$19	\$9	\$19	\$19

Recommendation

The Governor recommends changing the way appropriations are made to the health related licensing boards that operate in the state government special revenue fund. Under this proposal, the boards' funding would be converted from direct appropriations to dedicated appropriations, giving each board spending authority equal to its fee revenue and any accumulated balance. The net effect of this change is the difference between the board's current base appropriations and projected revenues.

Rationale

This proposal places ownership in the boards' 183 appointed members to be efficient and cost effective in setting their spending levels, while providing continued legislative oversight in the setting of the boards' fees. It encourages the boards to find efficiencies and ensures the fees paid by each occupation are dedicated to the boards' mission to protect the public and ensure that Minnesota citizens receive quality care by qualified licensed health professionals. The establishment of the dedicated appropriation will improve the boards' management of resources and transparency for licensees.

The health related licensing boards are fee-supported organizations that receive no General Fund dollars. The boards currently collect and deposit fees as non-dedicated special revenue into the health related boards account in the state government special revenue fund (171). The legislature then provides a direct appropriation from these revenues to each board for its operating expenses. Unlike agencies that receive direct appropriations from the General Fund, the boards must ensure that licensing fees are collected to recover each board's direct and indirect expenditures to maintain the solvency of the state government special revenue fund. For this reason, the health boards already operate much like agencies with dedicated appropriations—except that they must seek appropriation authority to gain access to their existing fee revenue.

This proposal changes the boards' non-dedicated revenue to dedicated revenue within the same fund and provides each board with a dedicated appropriation from the board's revenue. Additionally, the current accumulated fund balance within the health related boards account will be transferred to individual boards based on each board's contribution to the balance. M.S. 16A.1283 requires that all fee increases be approved by the legislature, so even with a dedicated funding arrangement, the boards must still seek legislative action to increase spending beyond current law fee revenues.

Key Goals and Measures

Minnesota Milestone: Government in Minnesota will be cost-efficient, and services will be designed to meet the needs of the people who use them. Minnesotans expect their state and local governments to spend money carefully and effectively.

Measures:

- Transparency of fees and expenditures
- The level of service provided to licensees and Minnesota citizens.

Statutory Change: Minnesota Statutes Chapter 148

PODIATRY BOARD

Agency Revenue Summary

Dollars in Thousands

	Actual FY2010	Budgeted FY2011	Governor's Recomm. FY2012 FY2013		Biennium 2012-13
<u>Non Dedicated Revenue:</u>					
Departmental Earnings:					
State Government Spec Revenue	96	86	0	0	0
Other Revenues:					
State Government Spec Revenue	(7)	0	0	0	0
Total Non-Dedicated Receipts	89	86	0	0	0
<u>Dedicated Receipts:</u>					
Departmental Earnings:					
State Government Spec Revenue	0	0	96	86	182
Total Dedicated Receipts	0	0	96	86	182
Agency Total Revenue	89	86	96	86	182