

Table of Contents

Health

Agency Profile.....	1
Expenditures Overview (REVISED).....	3
Financing by Fund (REVISED).....	5
Change Item: Home Visiting for Pregnant and Parenting Teens.....	11
Change Item: Protect Vulnerable Adults in Health Care Settings (REVISED).....	14
Change Item: Preventing Opioid Overdoses in American Indian Communities.....	18
Change Item: Improving Health through Community-Driven Data.....	20
Change Item: Operating Adjustment.....	22
Change Item: Medical Cannabis.....	24
Change Item: Body Art Regulation (REVISED).....	26
Change Item: Health Occupations Program.....	29
Change Item: Drinking Water Protection (REVISED).....	32
Change Item: Food, Pools and Lodging.....	34
Change Item: Wells and Borings.....	37
Change Item: Technical Assistance for Infrastructure Improvement Review.....	39
Change Item: Source Water Protection (Clean Water Fund Activities).....	41
Change Item: Contaminants of Emerging Concern (Clean Water Fund Activities).....	43
Change Item: Private Well Protection (Clean Water Fund Activities).....	45
Change Item: Groundwater Restoration and Protection Strategies (Clean Water Fund Activities).....	47
Change Item: Virus Study (Clean Water Fund Activities).....	49
Change Item: Well Sealing (Clean Water Fund Activities).....	51
Change Item: Help Me Grow.....	53
Change Item: Nonrefundable Fee Clarification.....	55
Change Item Title: Network Waiver Appeals (NEW).....	56
Change Item: Establish Goal to Improve Water Quality 25% by 2025 (NEW).....	58
Health Improvement.....	60
Expenditures Overview (REVISED).....	61
Financing by Fund (REVISED).....	63
Community and Family Health.....	68
Expenditures Overview (REVISED).....	72
Financing by Fund (REVISED).....	73
Health Promotion and Chronic Disease.....	76
Expenditures Overview (REVISED).....	79
Financing by Fund (REVISED).....	80
Health Equity.....	82
Expenditures Overview (REVISED).....	84
Financing by Fund (REVISED).....	85
Statewide Health Improvement.....	87
Expenditures Overview (REVISED).....	89
Financing by Fund (REVISED).....	90
Health Partnerships.....	93
Expenditures Overview.....	95
Financing by Fund.....	96
Health Policy.....	98

Expenditures Overview.....	100
Financing by Fund.....	101
Medical Cannabis.....	105
Expenditures Overview.....	107
Financing by Fund.....	108
Health Protection.....	109
Expenditures Overview (REVISED).....	110
Financing by Fund (REVISED).....	112
Environmental Health.....	117
Expenditures Overview (REVISED).....	120
Financing by Fund (REVISED).....	122
Infectious Disease.....	126
Expenditures Overview (REVISED).....	129
Financing by Fund (REVISED).....	130
Public Health Laboratory.....	133
Expenditures Overview (REVISED).....	135
Financing by Fund (REVISED).....	136
Health Regulation.....	139
Expenditures Overview (REVISED).....	141
Financing by Fund (REVISED).....	142
Health Operations.....	145
Expenditures Overview (REVISED).....	146
Financing by Fund (REVISED).....	147
Health Operations.....	149
Expenditures Overview	152
Financing by Fund.....	153
Executive Office.....	155
Expenditures Overview (REVISED).....	158
Financing by Fund (REVISED).....	159
Federal Funds Summary (REVISED).....	161
Grants Funding Detail.....	176

<http://www.health.state.mn.us/>

AT A GLANCE

- Use the best scientific data and methods available to guide policies and actions that protect, maintain and improve the health of all Minnesotans and help ensure the conditions in which all people can be healthy.
- Successfully meet rigorous standards set by the Public Health Accreditation Board each year.
- Secure federal funding to support critical public health activities in the state—more than \$260 million in FY 2015.
- Provide guidance and oversight for nearly \$300 million in outgoing grants to 500 unique grantees.
- Maintain a highly skilled workforce of nearly 1,550 people that includes MDs, PHDs, nurses, health educators, biologists, chemists, epidemiologists and engineers.

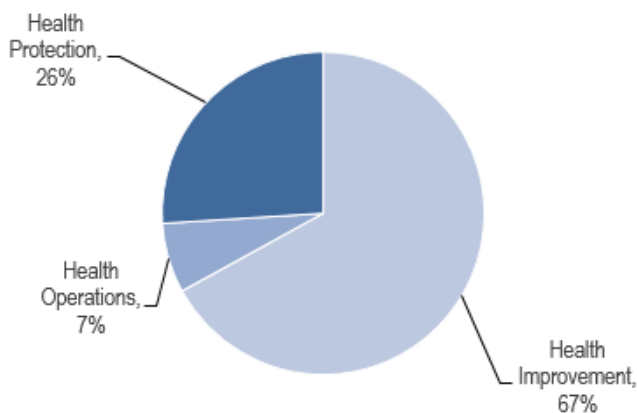
PURPOSE

The Minnesota Department of Health (MDH) mission is to protect, maintain and improve the health of all Minnesotans. MDH is the state's lead public health agency, responsible for operating programs that prevent infectious and chronic diseases, while promoting clean water and air, safe food, quality health care and healthy living. The department works to improve the equity of health outcomes in the state by incorporating health equity considerations into every decision or activity in which the department is engaged. MDH carries out its mission in close partnership with local public health departments, tribal governments, the federal government and many health-related organizations. In meeting its responsibilities, the department recognizes the strong relationship between population health and other government policies. As a result, MDH impacts many goals and outcomes for the state including:

- **All Minnesotans have optimal health**
- **Strong and stable families and communities**
- **People in Minnesota are safe**
- **A clean, healthy environment with sustainable uses of natural resources**
- **Minnesotans have the education and skills needed to achieve their goals**
- **Efficient and accountable government services**

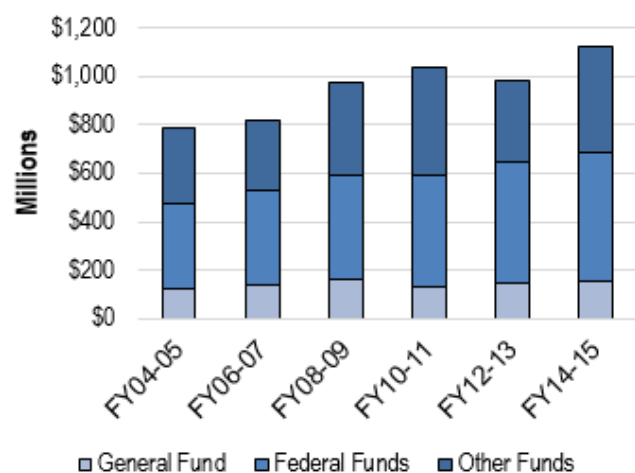
BUDGET

**Spending by Program
FY 15 Actual**



Source: SWIFT

Historical Spending



Source: Consolidated Fund Statement

STRATEGIES

The MDH vision is for health equity in Minnesota, where all communities are thriving and all people have what they need to be healthy. While Minnesota ranks as one of the healthiest states in the nation, a 2014 MDH report (http://www.health.state.mn.us/divs/chs/healthequity/ahe_leg_report_020114.pdf) found significant and persistent disparities in health outcomes. The report found these disparate outcomes exist because the opportunity to be healthy is not equally available everywhere for everyone in the state. Furthermore, these disparities have a negative impact on the health of all Minnesotans, preventing all Minnesotans from achieving their full health potential. For these reasons, MDH has made advancing health equity a major priority. Improving the health of those experiencing the greatest inequities will result in improved health outcomes for all.

MDH's Strategic Plan: 2015-2019 (<http://www.health.state.mn.us/about/strategicplan.pdf>) has several strategies for intentionally changing the way we approach our work:

- Build a shared understanding and internal capacity for advancing health equity.
- Identify and creatively address barriers to working differently.
- Change systems, structures and policies that perpetuate inequities and structural racism.
- Listen authentically to and partner with communities.
- Improve the collection, analysis and use of data for advancing health equity.
- Communicate our commitment to advancing health equity.

The Department of Health is governed by a number of statutes. Most sections governing department activities are in:

M.S. Chapters 144 (<https://www.revisor.mn.gov/statutes/?id=144>)

M.S. Chapters 145 (<https://www.revisor.mn.gov/statutes/?id=145>)

M.S. Chapter 145A (<https://www.revisor.mn.gov/statutes/?id=145A>)

M.S. Chapters 62J. (<https://www.revisor.mn.gov/statutes/?id=62j>)

Each activity narrative lists additional relevant statutes.

(Dollars in Thousands)

Expenditures By Fund

	Actual FY14	Actual FY15	Actual FY16	Estimate FY17	Forecasted Base		Governor's Recommendation	
					FY18	FY19	FY18	FY19
1000 - General	77,344	81,017	85,043	96,532	91,059	91,109	113,315	116,017
1100 - Medical Education & Research	79,788	79,614	79,942	79,022	78,841	78,841	78,841	78,841
1200 - State Government Special Rev	41,695	48,521	49,354	52,280	52,654	52,661	56,189	57,918
2000 - Restrict Misc Special Revenue	6,476	7,570	6,949	14,548	4,842	3,336	4,842	3,336
2001 - Other Misc Special Revenue	49,245	51,434	46,495	68,671	66,918	67,008	66,918	67,008
2302 - Clean Water Fund	3,579	5,381	5,460	5,368	0	0	4,573	5,082
2360 - Health Care Access	25,865	36,345	33,496	41,243	36,066	35,478	36,643	36,257
2403 - Gift	12	24	27	136	0	0	0	0
2800 - Environmental	648	1,192	640	829	734	734	742	748
2801 - Remediation Fund	216	283	213	291	252	252	256	258
3000 - Federal	258,482	255,282	238,605	269,790	254,070	243,036	254,070	243,036
3001 - Federal TANF	11,098	11,979	8,867	14,686	11,713	11,713	11,713	11,713
8201 - Drinking Water Revolving Fund	548	628	635	679	595	595	595	595
Total	554,997	579,271	555,724	644,074	597,744	584,763	628,697	620,809
<i>Biennial Change</i>				65,530		(17,291)		49,708
<i>Biennial % Change</i>				6		(1)		4
<i>Governor's Change from Base</i>								66,999
<i>Governor's % Change from Base</i>								6

Expenditures by Program

Program: Health Improvement	377,694	407,396	392,750	438,938	405,508	396,480	424,376	416,822
Program: Health Protection	134,996	128,704	124,445	159,530	146,325	142,373	157,092	156,387
Program: Health Operations	42,307	43,172	38,529	45,606	45,911	45,910	47,229	47,600
Total	554,997	579,271	555,724	644,074	597,744	584,763	628,697	620,809

Expenditures by Category

Compensation	119,426	140,639	127,104	158,095	145,889	140,132	155,098	151,856
Operating Expenses	108,910	91,083	99,703	133,628	125,471	122,818	132,510	128,895
Other Financial Transactions	5,376	5,288	4,879	6,171	4,835	4,833	8,235	4,833
Grants, Aids and Subsidies	320,292	341,635	322,187	343,559	319,382	314,812	330,687	333,057
Capital Outlay-Real Property	992	626	1,851	2,621	2,167	2,167	2,167	2,167
Total	554,997	579,271	555,724	644,074	597,744	584,763	628,697	620,809
Total Agency Expenditures	554,997	579,271	555,724	644,074	597,744	584,763	628,697	620,809
Internal Billing Expenditures	28,225	28,915	27,221	35,602	31,153	29,915	31,153	29,915
Expenditures Less Internal Billing	526,772	550,356	528,503	608,473	566,591	554,848	597,544	590,894

Full-Time Equivalents

1,477.5	1,527.9	1,391.6	1,565.0	1,456.3	1,388.8	1,557.5	1,511.8
---------	---------	---------	---------	---------	---------	---------	---------

1000 - General

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY14	FY15	FY16	FY17	FY18	FY19	FY18	FY19
Balance Forward In	743	3,995	836	5,127	0	0	0	0
Direct Appropriation	80,613	83,602	89,472	91,414	91,061	91,111	113,199	115,901
Net Transfers	30	(2,801)	75	(10)	(2)	(2)	116	116
Cancellations	171	942	213	0	0	0	0	0
Expenditures	77,344	81,017	85,043	96,532	91,059	91,109	113,315	116,017
Balance Forward Out	3,872	2,836	5,127	0	0	0	0	0
<i>Biennial Change in Expenditures</i>				23,214		593		47,757
<i>Biennial % Change in Expenditures</i>				15		0		26
<i>Gov's Exp Change from Base</i>								47,164
<i>Gov's Exp % Change from Base</i>								26
Full-Time Equivalents	142.1	157.9	143.6	154.3	131.0	124.4	182.2	189.4

1100 - Medical Education & Research

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY14	FY15	FY16	FY17	FY18	FY19	FY18	FY19
Balance Forward In	145	1,056	1,282	181	0	0	0	0
Receipts	75,054	75,054	75,054	75,054	75,054	75,054	75,054	75,054
Net Transfers	4,788	4,788	3,788	3,787	3,787	3,787	3,787	3,787
Expenditures	79,788	79,614	79,942	79,022	78,841	78,841	78,841	78,841
Balance Forward Out	198	1,282	181	0	0	0	0	0
<i>Biennial Change in Expenditures</i>				(438)		(1,282)		(1,282)
<i>Biennial % Change in Expenditures</i>				0		(1)		(1)
<i>Gov's Exp Change from Base</i>								0
<i>Gov's Exp % Change from Base</i>								0

1200 - State Government Special Rev

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY14	FY15	FY16	FY17	FY18	FY19	FY18	FY19
Balance Forward In	30	7,575	8	4,497	0	0	0	0
Direct Appropriation	48,911	51,026	53,920	52,594	52,730	52,738	56,265	57,995
Open Appropriation	77	0	0	0	0	0	0	0
Receipts	0	0	0	0	0	0	0	0
Net Transfers	(77)	(947)	(77)	(77)	(77)	(77)	(77)	(77)
Cancellations	0	9,125	0	4,734	0	0	0	0

1200 - State Government Special Rev

Expenditures	41,695	48,521	49,354	52,280	52,654	52,661	56,189	57,918
Balance Forward Out	7,246	8	4,497	0	0	0	0	0
<i>Biennial Change in Expenditures</i>				11,417		3,681		12,473
<i>Biennial % Change in Expenditures</i>				13		4		12
<i>Gov's Exp Change from Base</i>								8,792
<i>Gov's Exp % Change from Base</i>								8
Full-Time Equivalents	285.5	298.9	291.0	294.2	273.7	271.9	290.5	293.7

2000 - Restrict Misc Special Revenue

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY14	FY15	FY16	FY17	FY18	FY19	FY18	FY19
Balance Forward In	5,713	7,904	7,915	6,216	1,757	288	1,757	288
Direct Appropriation	3,937	3,937	3,937	3,937	3,937	3,937	3,937	3,937
Receipts	5,295	4,120	5,472	8,722	2,084	2,046	2,084	2,046
Net Transfers	(2,635)	(2,607)	(2,164)	(2,566)	(2,647)	(2,647)	(2,647)	(2,647)
Net Loan Activity	0	(488)	(1,995)	0	0	0	0	0
Expenditures	6,476	7,570	6,949	14,548	4,842	3,336	4,842	3,336
Balance Forward Out	5,834	5,296	6,216	1,757	288	288	288	288
<i>Biennial Change in Expenditures</i>				7,451		(13,318)		(13,318)
<i>Biennial % Change in Expenditures</i>				53		(62)		(62)
<i>Gov's Exp Change from Base</i>								0
<i>Gov's Exp % Change from Base</i>								0
Full-Time Equivalents	37.8	30.3	26.9	26.1	17.2	15.6	17.2	15.6

2001 - Other Misc Special Revenue

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY14	FY15	FY16	FY17	FY18	FY19	FY18	FY19
Balance Forward In	13,906	16,651	15,201	8,870	1,670	1,125	1,670	1,125
Receipts	50,106	47,984	39,985	61,471	66,373	66,363	66,373	66,363
Internal Billing Receipts	28,225	27,747	24,812	34,044	38,188	38,188	38,188	38,188
Net Transfers	88	23	180	0	0	0	0	0
Cancellations	0	25	0	0	0	0	0	0
Expenditures	49,245	51,434	46,495	68,671	66,918	67,008	66,918	67,008
Balance Forward Out	14,855	13,199	8,870	1,670	1,125	480	1,125	480
<i>Biennial Change in Expenditures</i>				14,486		18,761		18,761
<i>Biennial % Change in Expenditures</i>				14		16		16
<i>Gov's Exp Change from Base</i>								0

2001 - Other Misc Special Revenue

Gov's Exp % Change from Base							0
Full-Time Equivalents	437.7	443.5	337.4	397.9	395.7	394.8	395.7 394.8

2302 - Clean Water Fund

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY14	FY15	FY16	FY17	FY18	FY19	FY18	FY19
Balance Forward In	1,821	2,852	3,209	1,555	0	0	0	0
Direct Appropriation	4,635	4,935	3,913	3,812	0	0	4,573	5,082
Net Transfers	(290)	0	0	0	0	0	0	0
Cancellations	525	0	107	0	0	0	0	0
Expenditures	3,579	5,381	5,460	5,368	0	0	4,573	5,082
Balance Forward Out	2,063	2,406	1,555	0	0	0	0	0
Biennial Change in Expenditures				1,868		(10,828)		(1,173)
Biennial % Change in Expenditures				21		(100)		(11)
Gov's Exp Change from Base								9,655
Gov's Exp % Change from Base								2,413,750
Full-Time Equivalents	23.1	27.9	28.8	26.2	0.0	0.0	27.2	28.2

2360 - Health Care Access

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY14	FY15	FY16	FY17	FY18	FY19	FY18	FY19
Balance Forward In	4,642	11,751	8,005	5,786	0	0	0	0
Direct Appropriation	29,743	28,143	33,987	35,456	36,066	35,479	36,643	36,258
Open Appropriation	12	0	0	0	0	0	0	0
Net Transfers	(1,000)	(810)	(500)	0	0	0	0	0
Cancellations	111	747	2,209	0	0	0	0	0
Expenditures	25,865	36,345	33,496	41,243	36,066	35,478	36,643	36,257
Balance Forward Out	7,419	1,992	5,786	0	0	0	0	0
Biennial Change in Expenditures				12,529		(3,195)		(1,839)
Biennial % Change in Expenditures				20		(4)		(2)
Gov's Exp Change from Base								1,356
Gov's Exp % Change from Base								2
Full-Time Equivalents	56.1	67.3	63.0	72.6	65.9	65.6	71.9	73.6

2403 - Gift

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY14	FY15	FY16	FY17	FY18	FY19	FY18	FY19

2403 - Gift

	FY14	FY15	FY16	FY17	FY18	FY19	FY18	FY19
Balance Forward In	156	163	151	132	0	0	0	0
Receipts	15	11	8	4	0	0	0	0
Net Transfers	0	0	0	0	0	0	0	0
Expenditures	12	24	27	136	0	0	0	0
Balance Forward Out	161	151	132	0	0	0	0	0
<i>Biennial Change in Expenditures</i>				127		(163)		(163)
<i>Biennial % Change in Expenditures</i>				359		(100)		(100)
<i>Gov's Exp Change from Base</i>								0
<i>Gov's Exp % Change from Base</i>								0

2800 - Environmental

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY14	FY15	FY16	FY17	FY18	FY19	FY18	FY19
Balance Forward In	0	323	0	94	0	0	0	0
Net Transfers	869	869	734	734	734	734	742	748
Cancellations	0	0	0	0	0	0	0	0
Expenditures	648	1,192	640	829	734	734	742	748
Balance Forward Out	221	0	94	0	0	0	0	0
<i>Biennial Change in Expenditures</i>				(372)		(1)		21
<i>Biennial % Change in Expenditures</i>				(20)		0		1
<i>Gov's Exp Change from Base</i>								22
<i>Gov's Exp % Change from Base</i>								1
Full-Time Equivalents	4.6	7.3	5.9	4.5	4.8	4.7	4.8	4.7

2801 - Remediation Fund

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY14	FY15	FY16	FY17	FY18	FY19	FY18	FY19
Balance Forward In	0	36	0	39	0	0	0	0
Net Transfers	252	252	252	252	252	252	256	258
Cancellations	0	4	0	0	0	0	0	0
Expenditures	216	283	213	291	252	252	256	258
Balance Forward Out	36	0	39	0	0	0	0	0
<i>Biennial Change in Expenditures</i>				4		0		10
<i>Biennial % Change in Expenditures</i>				1		0		2
<i>Gov's Exp Change from Base</i>								10
<i>Gov's Exp % Change from Base</i>								2

2801 - Remediation Fund

Full-Time Equivalents	2.3	2.1	2.3	2.5	2.0	2.0	2.0	2.0
-----------------------	-----	-----	-----	-----	-----	-----	-----	-----

3000 - Federal

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY14	FY15	FY16	FY17	FY18	FY19	FY18	FY19
Balance Forward In	8,211	10,642	76	98	0	0	0	0
Receipts	260,767	244,642	238,627	269,694	254,070	243,036	254,070	243,036
Net Transfers	0	0	0	0	0	0	0	0
Expenditures	258,482	255,282	238,605	269,790	254,070	243,036	254,070	243,036
Balance Forward Out	10,496	0	98	0	0	0	0	0
<i>Biennial Change in Expenditures</i>				(5,370)		(11,289)		(11,289)
<i>Biennial % Change in Expenditures</i>				(1)		(2)		(2)
<i>Gov's Exp Change from Base</i>								0
<i>Gov's Exp % Change from Base</i>								0
Full-Time Equivalents	481.5	482.7	485.5	576.9	557.2	501.2	557.2	501.2

3001 - Federal TANF

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY14	FY15	FY16	FY17	FY18	FY19	FY18	FY19
Balance Forward In	0	31	0	0	0	0	0	0
Receipts	19,132	11,948	8,867	14,686	11,713	11,713	11,713	11,713
Expenditures	11,098	11,979	8,867	14,686	11,713	11,713	11,713	11,713
Balance Forward Out	8,034	0	0	0	0	0	0	0
<i>Biennial Change in Expenditures</i>				477		(126)		(126)
<i>Biennial % Change in Expenditures</i>				2		(1)		(1)
<i>Gov's Exp Change from Base</i>								0
<i>Gov's Exp % Change from Base</i>								0
Full-Time Equivalents	2.1	6.1	2.3	3.4	2.3	2.3	2.3	2.3

6000 - Miscellaneous Agency

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY14	FY15	FY16	FY17	FY18	FY19	FY18	FY19
Receipts	58	59	60	75	75	75	75	75
Net Transfers	(58)	(59)	(60)	(75)	(75)	(75)	(75)	(75)

8201 - Drinking Water Revolving Fund

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY14	FY15	FY16	FY17	FY18	FY19	FY18	FY19
Balance Forward In	0	37	87	84	0	0	0	0
Receipts	585	627	632	0	0	0	0	0
Net Transfers	0	0	0	595	595	595	595	595
Expenditures	548	628	635	679	595	595	595	595
Balance Forward Out	37	35	84	0	0	0	0	0
<i>Biennial Change in Expenditures</i>				138		(124)		(124)
<i>Biennial % Change in Expenditures</i>				12		(9)		(9)
<i>Gov's Exp Change from Base</i>								0
<i>Gov's Exp % Change from Base</i>								0
Full-Time Equivalents	4.7	3.9	4.8	6.4	6.4	6.4	6.4	6.4

Health

FY18-19 Biennial Budget Change Item

Change Item Title: Home Visiting for Pregnant and Parenting Teens

Fiscal Impact (\$000s)	FY 2018	FY 2019	FY 2020	FY 2021
General Fund				
Expenditures	12,478	18,522	25,500	25,500
Revenues	0	0	0	0
Other Funds				
Expenditures	0	0	0	0
Revenues	0	0	0	0
Net Fiscal Impact = (Expenditures – Revenues)	12,478	18,522	25,500	25,500
FTEs	4.50	4.50	4.50	4.50

Request:

The Governor recommends providing home visiting services to pregnant and parenting teens under age 20 in Minnesota. Teen parents and their children are at particularly high risk for poor maternal and child outcomes. Evidence-based home visiting can change the trajectory of teen families' lives, resulting in healthier births, fewer childhood injuries, and improved school readiness for children as well as fewer subsequent pregnancies and higher rates of employment for mothers.

The Governor recommends \$12.478 million in FY 2018, \$18.522 million in FY 2019, and \$25.500 million per year thereafter from the general fund for this initiative. When this initiative is fully phased-in over three years, evidence-based and emerging home visiting services will reach an additional 3,659 pregnant and parenting teens each year.

Rationale/Background:

Family home visiting is a voluntary service for pregnant women and child caregivers most in need of support. A trained home visiting professional conducts home visits that ideally begin during prenatal stages and continue throughout the early years of a child's life. These visits aim to link pregnant women with quality prenatal care, support parents early in their role as a child's first teacher, ensure that very young children develop in safe and healthy environments, and impart parenting skills and support that decrease the risk of child abuse. Depending on home visit assessments and family goals, a family may choose to work with a home visitor for up to two years or more. Decades of scientific research on evidence-based home visiting in the United States has demonstrated health and economic benefits. Evidence-based home visiting programs improve prenatal health, reduce childhood injuries, prevent subsequent unplanned pregnancies, improve school readiness, increased intervals between births and increase maternal employment.

In 2015, there were 2,406 births to teens under age 20. Current state and federal funding is only able to address about 20% of the home visiting needs among pregnant and parenting teens. Providing services to pregnant and parenting teens is a priority area for home visiting services given the strong evidence of poor outcomes for both teen parents and children born to teen parents: higher rates of premature birth, low birthweight, developmental delays, lower high-school graduation rates among teen parents, as well as increasing the risks of lifelong intergenerational poverty. This is a critical time to intervene in the lives of both the young mothers and their children. Evidence-based home visiting is an effective intervention that can serve as a key link to and coordinate with other early childhood interventions and community supports such as quality child care, early childhood special education and other services that collectively will make a difference in the lives of parents and children. By investing in home visiting services the state would assure a strong foundation and better outcomes for teen parents and their children.

Proposal:

This proposal builds on current federal and state funding to expand home visiting services to pregnant and parenting teens in Minnesota. Under this proposal, Minnesota's community health boards and tribal nations will provide teen parents with access to either short-term (4-7 visits) or long-term (2-3 years) visiting services delivered by qualified public health professionals using evidence-based or emerging models. We anticipate that approximately 83% of the families served will receive long-term home visiting services and 17% will receive short-term services. The cost of the initiative will increase over the first three years as new

families begin receiving services and as staffing and program capacity at the local level increase. With this funding, Minnesota will be able to provide home visiting services to 70 percent of all births to pregnant and parenting teens, recognizing that some proportion will not accept home visiting services or be reached despite the best efforts of local agencies. The Governor's home visiting proposal includes:

- Grant funding for community health boards, tribal nations and non-profits of \$26.8 million in the first biennium and \$23.3 million per year thereafter to provide home visiting services. Community health boards and tribes will receive first priority in awarding grants.
- Resources to provide training to agencies implementing evidence-based home visiting models and emerging programs under this initiative.
- 4.5 positions at the Minnesota Department of Health to design, manage, and evaluate the initiative.
- Purchase of a new statewide data collection and reporting system to support more efficient and robust data collection and analysis for the home visiting program. The new system will monitor progress toward quality measures and report outcomes at local, regional and state levels. Such a data system is essential to measuring the impacts and return on investment for this expansion of home-visiting services.

As a condition of their award, all grantees must seek applicable Medicaid reimbursement for home visiting services provided to eligible families. Income generated by grant supported activities must go back into the home visiting program.

To further expand the reach of home visiting services in Minnesota, the Governor also recommends increasing the Medical Assistance reimbursement for public health family home visiting delivered by providers using an evidence-based model. This proposal is included in the Governor's recommendations for the Department of Human Services.

Equity and Inclusion:

Communities of color—particularly Black, Latino and American Indian—have disproportionately higher rates of teen pregnancy compared to the state overall. This proposal helps to reduce health disparities by investing in early intervention services that benefit parenting teens, their children and future generations.

IT Related Proposals:

This proposal includes the purchase and ongoing maintenance of a new statewide data collection and reporting system for home visiting.

Results:

The Governor's home visiting initiative will scale up services beginning in FY 2018 and reach full capacity by FY 2020.

<i>Type of Measure</i>	<i>Name of Measure</i>	<i>Current</i>	<i>Target</i>	<i>Dates</i>
Quality	Eligible pregnant and parenting teen families in need who desire home visiting services that receive support	20%	80%	FY 2017/ FY 2020
Quantity	First-time pregnant and parenting teens in Minnesota receiving evidence-based home visiting services.	1,463	5,122	FY 2017/ FY 2020

Minnesota's home visiting program has a track record of improving maternal and newborn health, including increasing screenings for postpartum depression, child development, and family safety, as well as increasing access to health insurance. The Department of Health collects data about current home visiting services via a statewide, home visiting reporting system that is functionally limited. The program submits reports to the legislature in January of even-numbered years.

Type of Measure	Name of Measure	Previous	Current	Dates
Quality	Women who were screened for symptoms of postpartum depression using standardized tools within 3 months of their child's birth. Source: Minnesota Family Home Visiting program's data collection and reporting system	77%	89%	FFY 2013/ FFY 2015
Quality	Parents that discussed their child's developmental screening results with home visitors. Source: Minnesota Family Home Visiting program's data collection and reporting system	83%	100%	FFY 2013/ FFY 2015
Quality	Mothers that were screened for domestic violence by 3 months after the birth of their child. Source: Minnesota Family Home Visiting program's data collection and reporting system	64%	96%	FFY 2013/ FFY 2015
Quality	Families that completed a Home Safety Checklist by 6 months after birth with home visitors. Source: Minnesota Family Home Visiting program's data collection and reporting system	81%	91%	FFY 2013/ FFY 2015
Quality	Infants with a healthy length to weight ratio increased. Source: Minnesota Family Home Visiting program's data collection and reporting system	85%	92%	FFY 2013/ FFY 2015
Quality	The number of families that had insurance coverage increased. Source: Minnesota Family Home Visiting program's data collection and reporting system	94%	96%	FFY 2013/ FFY 2015

Statutory Change(s):

145A.17 Family Home Visiting Programs

Health

FY18-19 Biennial Budget Change Item

Change Item Title: Protect Vulnerable Adults in Health Care Settings

Fiscal Impact (\$000s)	FY 2018	FY 2019	FY 2020	FY 2021
Department of Health				
General Fund				
Expenditures	1,162	2,030	2,401	3,405
Revenues				
State Government Special Revenue				
Expenditures	688	688	1,032	1,032
Revenues	688	688	1,032	1,032
Department of Human Services				
General Fund				
Expenditures	132	143	203	207
Revenues				
Net Fiscal Impact = (Expenditures – Revenues)	1,294	2,173	2,604	3,612
Total FTEs	15.5	21.5	27	34.5

Recommendation:

The Governor recommends protecting the 125,000 vulnerable adults in licensed health care and home care settings by expanding the Minnesota Department of Health's (MDH) Office of Health Facility Complaints to keep pace with the seven-fold increase in maltreatment complaints. Current funding supports investigating only ten percent of complaints received from families and other community members and only one percent of incidents self-reported by providers, which requires prioritizing complaints alleging actual harm. This proposal allows MDH to double the number of investigations, complete investigations within statutorily required deadlines, and investigate allegations of moderate harm to prevent such situations from resulting in serious harm later on.

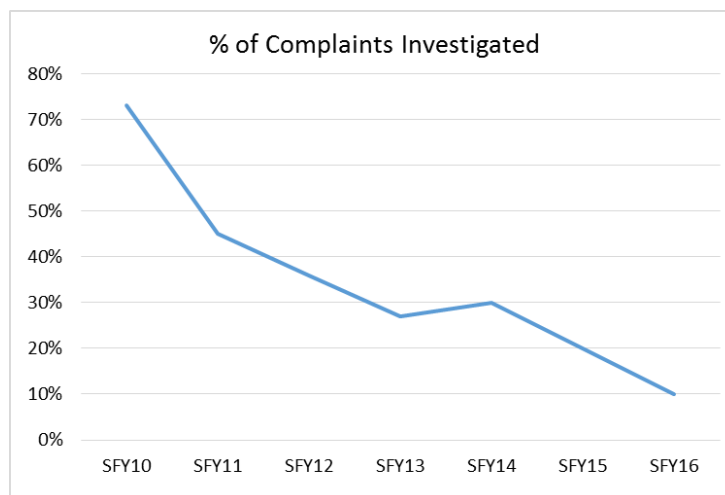
This proposal is revised from the the Governor's original recommendation released in January to further increase funding and to eliminate an assumption of additional federal funding to offset the cost of the expansion. Since January, the department has learned that the federal Centers for Medicare and Medicaid (CMS) is unlikely to match the proposed increase in state funds. The revised proposal is funded with \$3.192 million in FY 2018-19 and \$5.806 million in FY 2020-21 from the general fund, and an increase in fees paid by nursing home and home care providers of 10% in FY 2018 and another 5% in FY 2020.

By law, regulatory fees paid by nursing homes are considered an operating cost for the purposes of setting cost-based nursing home reimbursement rates. As a result, the increased fees being charged in this proposal will result in higher Medical Assistance rates which results in a general fund cost to the Department of Human Services.

Rationale/Background:

A vulnerable adult is anyone over 18 years of age who is vulnerable due to age or illness, physical or mental disabilities or psychiatric problems, and is reliant on people outside of the family for care. The Minnesota Vulnerable Adults Act ensures safe environments and services for vulnerable adults through a centralized reporting system for maltreatment complaints and coordinated investigation of suspected maltreatment by state and local agencies. Maltreatment includes abuse, both physical and emotional; neglect; and financial exploitation, including drug diversion. As one of the lead investigative agencies under the Vulnerable Adults Act, MDH's Office of Health Facility Complaints (OHFC) investigates maltreatment complaints for the 90,000 people receiving state-licensed home care and the 35,000 people receiving care in 2,600 state-licensed health care facilities such as nursing homes, hospitals, and hospices. OHFC investigates maltreatment complaints under a combination of the Vulnerable Adults Act, state licensure law, and federal Medicare and Medicaid regulations. Enforcement is done by responding to complaints of maltreatment and through regular inspections of health care settings. OHFC receives complaints from families

and other community members, as well as from facilities, which are required to report to OHFC allegations of possible maltreatment that occur in their facilities.



The number of maltreatment complaints has grown exponentially in recent years due to a rapidly aging population requiring service, and the creation of a statewide common entry point for complaints. The Minnesota Adult Abuse Reporting Center (MAARC) is a centralized system operated by the Department of Human Services that allows Minnesotans to easily report online or by phone allegations about maltreatment of vulnerable adults. Since FY 2010, maltreatment complaints received by OHFC have grown by nearly 600 percent, from less than 500 to nearly 3,500. After MAARC was implemented in July 2015, there was a 28% increase in complaints received from MAARC. The number of maltreatment complaints routed from MAARC is expected to increase further due to a current public awareness campaign. Provider self-reports are also growing substantially, from 3,115 in FY 2010 to 20,791 in FY 2016.

Due to the rapid growth of complaints, current funding is sufficient to investigate only ten percent of maltreatment complaints and one percent of provider self-reports alleging maltreatment. OHFC prioritizes current caseload based on severity of complaints, and is only able to investigate complaints alleging actual harm due to funding constraints. Failing to investigate the vast majority of complaints has serious consequences for vulnerable adults and their families:

Thousands of complaints are not investigated so maltreatment continues, and less severe issues may escalate to more serious harm. Complaints received in FY 2016 that did not result in serious harm and therefore were not investigated include:

- 4,128 falls
- 275 drug diversion
- 986 medication mismanagement
- 2,867 unexplained injuries
- 341 unexplained fractures
- 963 abuse by staff
- 965 emotional abuse by staff
- 4,031 resident to resident altercations

If less serious issues like these were addressed early on, individuals might not be seriously harmed in subsequent incidents. For example, one resident at a nursing home had numerous falls which did not result in any serious injury. No investigation was conducted and the resident continued to fall. Eventually one of the subsequent falls led to a serious injury and death.

Family members are not notified about the status and results of an investigation in a timely manner. Current law requires notifying complainants five days after an allegation of maltreatment is made about whether an investigation will be conducted. Unfortunately, it takes three weeks to review allegations and notify complainants. Investigations are supposed to be completed within 60 days but it takes two or three weeks to get an investigator on site and six to eight months to complete an investigation. As a result, only 15% of investigations are completed within 60 days. This deprives family members of knowing what is going on with their loved ones and also knowing whether they should intervene on their behalf. Further, because of the time it takes to complete investigations, the public does not know about complaints occurring in facilities where their loved ones live.

Facilities aren't required to make the changes necessary to protect vulnerable adults. Nursing homes are required to report to OHFC if an incident occurred and what changes the nursing home is making to eliminate this problem. At current staffing levels, OHFC can only verify that changes were made on about five percent of these self-reports. For 95% of reports received, OHFC must take the word of the facility that corrective actions were made. Subsequent surveys often find changes were not made or were not effective. In some situations, facility employees are the perpetrators of maltreatment. When OHFC is unable to adequately investigate complaints, the employees identified as alleged perpetrators could continue to abuse, neglect, or exploit vulnerable adults.

Total Maltreatment Complaint Allegations Received, Total Investigated and Total Not Investigated

	Total Complaint Allegations	Total Complaint Allegations Not Investigated	Percent of Complaint Allegations Not Investigated	Total Complaint Allegations Assigned for an Onsite Investigation	Percent Investigated Onsite
SFY10	493	133	27%	360	73%
SFY11	1,137	622	55%	515	45%
SFY12	1,223	787	64%	436	36%
SFY13	1,835	1,343	73%	492	27%
SFY14	1,816	1,280	70%	536	30%
SFY15	2,665	2,139	80%	526	20%
SFY16	3,419	3,071	90%	348	10%

Total Maltreatment Provider Self-Report Allegations Received, Total Investigated and Total Not Investigated

	Total Provider Self-Reports Allegations Received	Total Provider Self-Reports Allegations Not Investigated	Percent of Provider Self-Reports Allegations Not Investigated	Total Provider Self-Reports Allegations Assigned for an Onsite Investigation	Percent Provider Self-Reports Investigated Onsite
SFY10	3,115	2,884	93%	231	7%
SFY11	11,686	11,351	97%	335	3%
SFY12	15,444	15,120	98%	324	2%
SFY13	18,289	18,082	99%	207	1%
SFY14	18,233	18,006	99%	227	1%
SFY15	14,289	14,162	99%	127	1%
SFY16	20,791	20,689	99%	102	1%

Proposal:

This proposal increases the Office of Health Facility Complaints (OHFC) by 34 positions over four years – from 52 to 86.5 full time equivalents, including an additional 23.5 investigators. The new investigators would be a mix of registered nurses with expertise in health care as well as professionals with criminal justice/social service backgrounds to investigate financial exploitation and abuse. The proposal also includes staffing to focus on expanded data collection and reports, trends and analysis, and systems improvement.

Once fully phased in, the additional staffing capacity will allow OHFC to:

- Double the number of investigations
- Complete investigations within the required timeframes
- Provide the public and families with complete and timely investigation results
- Develop more efficient and streamlined processes devoted to conducting investigations, communicating with families, and helping providers correct problems and improve care

OHFC is funded by a mix of state general fund, federal Medicare and Medicaid dollars, and licensing fees paid by providers. Since the department does not anticipate the federal Centers for Medicare and Medicaid Services (CMS) will match the

proposed increase, this proposal is funded by a mix of general fund and fees. Together, nursing homes and home care providers account for 94 percent of complaints to OHFC, therefore the proposal is partially supported by increasing fees paid by these two provider types by 10 percent effective July 1, 2017, and by another 5 percent effective July 1, 2019. Regulation of federally-certified nursing homes is partially supported by federal Medicare and Medicaid funds. Because nursing facilities can include the cost of regulatory fees in payments they receive from Medicaid, there is a fiscal impact to the Medical Assistance program at the Department of Human Services associated with this proposal.

The following tables summarize the fee increases needed to support the proposal:

Home Care	Current Fee	Fee Increase 7/1/2017	New Fee 7/1/2017	Fee Increase 7/1/2019	New Fee 7/1/2019
greater than \$1,500,000	\$6,625	\$662	\$7,287	\$364	\$7,651
greater than \$1,275,000 and no more than \$1,500,000	\$5,797	\$579	\$6,376	\$319	\$6,695
greater than \$1,100,000 and no more than \$1,275,000	\$4,969	\$497	\$5,466	\$273	\$5,739
greater than \$950,000 and no more than \$1,100,000	\$4,141	\$414	\$4,555	\$228	\$4,783
greater than \$850,000 and no more than \$950,000	\$3,727	\$372	\$4,099	\$205	\$4,304
greater than \$750,000 and no more than \$850,000	\$3,313	\$331	\$3,644	\$182	\$3,826
greater than \$650,000 and no more than \$750,000	\$2,898	\$290	\$3,188	\$159	\$3,347
greater than \$550,000 and no more than \$650,000	\$2,485	\$248	\$2,733	\$137	\$2,870
greater than \$450,000 and no more than \$550,000	\$2,070	\$207	\$2,277	\$114	\$2,391
greater than \$350,000 and no more than \$450,000	\$1,656	\$166	\$1,822	\$91	\$1,913
greater than \$250,000 and no more than \$350,000	\$1,242	\$124	\$1,366	\$68	\$1,434
greater than \$100,000 and no more than \$250,000	\$828	\$83	\$911	\$46	\$957
greater than \$50,000 and no more than \$100,000	\$500	\$50	\$550	\$27	\$577
greater than \$25,000 and no more than \$50,000	\$400	\$40	\$440	\$22	\$462
No more than \$25,0000	\$200	\$20	\$220	\$11	\$231
Nursing Home	Current Fee	Fee Increase 7/1/2017	New Fee 7/1/2017	Fee Increase 7/1/2019	New Fee 7/1/2019
Nursing home per bed fee	\$91	\$9	\$100	\$5	\$105

IT Related Proposals:

The proposal includes ongoing funds for technical support to create more efficient, automated processes.

Results:

With the additional staff requested through this proposal, OHFC will be able to double the number of investigations, investigate more allegations of lesser harm that will prevent serious harm from occurring, and complete the investigations within statutory timeframes. This will result in safer and healthier environments for vulnerable adults, the ability of health care providers to focus on improving the overall care provided to vulnerable adults, and improve the care delivered by facility employees. The families of vulnerable adults will have more confidence that their family member receives the best care possible. The families searching for health care providers will have the most current information to help select a safe setting for their loved ones.

Statutory Change(s):

M.S. 144.122 License, Permit, and Survey Fees

M.S. 144A.472 Home Care Provider License

Health

FY18-19 Biennial Budget Change Item

Change Item Title: Preventing Opioid Overdoses in American Indian Communities

Fiscal Impact (\$000s)	FY 2018	FY 2019	FY 2020	FY 2021
General Fund				
Expenditures	4,000	0	0	0
Revenues	0	0	0	0
Other Funds				
Expenditures	0	0	0	0
Revenues	0	0	0	0
Net Fiscal Impact = (Expenditures – Revenues)	4,000	0	0	0
FTEs	1	0	0	0

Recommendation:

The Governor recommends \$4 million in FY 2018 for prevention grants to reduce the number of opioid overdoses in Minnesota's American Indian communities. Modeled on successful strategies used in other states, this proposal will support initiatives in eleven sovereign Tribal Nations and two urban American Indian communities to strengthen and affirm the family and cultural assets that are a proven way to reduce opioid use and addiction.

Rationale:

Minnesota ranks highest among all states in deaths due to drug overdose among American Indians/Alaska Natives. Specifically, opiate overdose deaths rates for American Indians in Minnesota were the highest in the nation in 2014 and in 2015 (57 deaths per 100,000), six times higher than the rates for whites. This disparity in opioid overdose deaths between American Indians and whites in Minnesota is also the highest in the nation. Drug overdose deaths continue to increase in Minnesota, rising 11 percent between 2014 and 2015 across the entire population.

American Indian opioid overdose rates and disparities were identified as the top issue at the Annual Governor's Summit of State and Tribal Leaders in July 2016. A more in-depth Tribal-State Opioid Summit was held in October 2016 and included representatives from 11 sovereign Tribal Nations and the Governor's Office, as well as the departments of Health, Public Safety and Human Services. At the Tribal-State Opioid Summit, Governor Mark Dayton stated:

"Long term solutions for substance abuse need to have broad horizons because the roots of substance abuse go beyond the individual person, specific substance, specific community or Tribal Nation. Addressing these root causes or conditions may help prevent or reduce other problems."

Summit participants recommended a public health root causes approach to prevent substance abuse and related harms by improving population health, reducing risks and promoting resiliency, and strengthening communities. Because of the importance of tradition and culture to the health and wellness of Tribal Nations, promoting individual tribal culture is an essential part of this framework.

Proposal:

This proposal provides a total of \$3.4 million in grants to Minnesota's 11 sovereign Tribal Nations and two urban American Indian organizations to prevent opioid use and addiction in their communities. Individual Tribal Nations and urban American Indian communities would use grant funds to select and implement activities within one or more of the following approaches:

- **Strengthen American Indian culture for health and prevention** – Strengthening the connections between tribal culture and a culture of health (as defined by the American Indian communities) might include promoting traditional foods with cooking and health education, sponsoring sober community events and cultural ceremonies, building greater appreciation for culture and health among American Indian youth, and increasing participation in cultural activities & ceremonies as a way to strengthen community and promote resiliency.

- **Reduce adverse childhood experiences for American Indian youth** – Building an understanding of how traumatic experiences in early life lead to chronic conditions as adults is important for preventing drug and alcohol addictions as well as other health problems like cancer and diabetes. Specific strategies will be identified by American Indian communities, through input processes that they will determine, since each tribe or urban American Indian community is distinct.
- **Build American Indian communities' ability to advocate for their own health** – These activities will promote community leadership and community readiness to change policies, systems, and environments to create the opportunity for health for all American Indians in Minnesota. Specific strategies again will be identified by each American Indian community.

To provide Tribal Nations and urban American Indian communities with support, data, and tools to achieve success in defining solutions to preventing opioid addiction in their communities, the proposal includes funding for a contract with a culturally-specific or American Indian organization to provide technical assistance. The proposal also includes funding for grant management, contract oversight, and related operating costs at the Minnesota Department of Health.

Equity and Inclusion:

This proposal promotes equity and inclusion by supporting Minnesota's American Indian communities' efforts to prevent opioid addiction and overdose deaths in their communities, identified as a top issue by Tribal and Urban American Indian leaders. Because of the importance of tradition and culture to the health and wellness of Tribal Nations, the proposal focuses on strengthening the family and cultural assets in American Indian communities that serve as the foundation for preventing opioid use and addiction. Rather than dictating which activities to pursue with grant funds, this proposal offers Tribal Nations and urban American Indian communities the opportunity to play a leadership role in defining the activities that will best create health in their respective communities, and identifying and selecting strategies that will improve their health.

Results:

American Indian communities will identify and select the strategies to prevent opioid overdoses in their communities and will also select the specific measures of success for this proposal. Overall, the proposal aims to reduce the number of drug overdose deaths by strengthening culture as a foundation for prevention.

<i>Type of Measure</i>	<i>Name of Measure</i>	<i>Previous</i>	<i>Current</i>	<i>Dates</i>
Quantity	Number and rate of American Indian drug overdose deaths	34 deaths 46.1/100,000	43 deaths 58.3/100,000	2014-2015
Results	Identify progress toward strengthened culture for health and prevention, reduction in adverse childhood experiences, and community ability to advocate for what creates health	To be determined	To be determined	2017-2020

Statutory Change(s):

None.

Health

FY18-19 Biennial Budget Change Item

Change Item Title: Improving Health through Community-Driven Data

Fiscal Impact (\$000s)	FY 2018	FY 2019	FY 2020	FY 2021
General Fund				
Expenditures	1,000	0	0	0
Revenues	0	0	0	0
Other Funds				
Expenditures	0	0	0	0
Revenues	0	0	0	0
Net Fiscal Impact = (Expenditures – Revenues)	1,000	0	0	0
FTEs	2	0	0	0

Recommendation:

The Governor recommends \$1 million in FY 2018 from the general fund for a community engagement effort to align population health data collection, analysis, and use with the state's changing demographics. This proposal will support community engagement with a broad range of stakeholders to assess current and future public health data needs and evaluate the effectiveness of existing state public health data systems. These community partners will help the Minnesota Department of Health develop methods to improve the effectiveness and availability of state health reporting to meet diverse communities' needs. Community-informed data is a powerful resource for policymakers' decision-making on a range of issues directly affecting population health, including transit corridor development, labor practices, paid leave, and criminal justice policies.

Rationale/Background:

Minnesota is consistently ranked as one of the healthiest states in the nation, but also has some of the worst health disparities and inequities between populations of color and the white community—a fact highlighted in the Advancing Health Equity report produced in 2014 by the Minnesota Department of Health (MDH) in collaboration with over a thousand people around the state.

The state's diverse communities, as well as their state and local elected officials, all rely on population health data to understand health threats and opportunities, and to inform policy decisions that can improve the health of populations experiencing health disparities caused by institutional and structural racism. Changing state demographics coupled with increasing awareness of the inter-connectedness of the social determinants of health (environmental, infectious and chronic diseases, and the social and community conditions that support health), require an alternative approach to data collection, analysis, and use. Engaging communities in a review how public health data is collected and used will ensure diverse communities and policymakers have the data necessary to identify current and future health needs and thereby inform policies that improve health and eliminate health disparities.

As described in the Advancing Health Equity report, successfully achieving health equity requires that communities most impacted by health disparities be involved in all aspects of health inequity monitoring, including determining what data is collected, how analysis is planned and conducted, and how data is interpreted and used. Directly involving diverse communities in the creation, interpretation, and dissemination of data will increase awareness of health disparities and inequities, make public health data more responsive to the needs of communities, and assure diverse communities are partners in creating policies, programs, and practices that address the root causes of health disparities.

Existing public health data is stored and managed in a patchwork of numerous information technology applications and databases in different formats, and small population sizes make it challenging to identify, compare, analyze, or disseminate the data to communities in a timely and effective manner to inform community decisions. New approaches to collecting and using public health data will require enhanced MDH data systems to improve the effectiveness and timeliness of health data for community decisions.

Proposal:

This proposal will support a partnership between MDH and communities experiencing health disparities to identify community public health data needs and review the effectiveness of state public health data systems to meet those needs. Through this partnership, MDH and community members will:

1. Identify barriers to engaging community partners in the collection, analysis, and dissemination of data and create processes to overcome these barriers.
2. Build a shared understanding of the importance of community experience and qualitative data in understanding what creates health, and develop processes for collecting and incorporating community experience and qualitative data into MDH public health data systems.
3. Strengthen MDH's capacity to serve as a health strategist partner for policymakers and diverse communities.
4. Identify opportunities to improve the collection and analysis of data with race, ethnicity, language and other demographic characteristics and develop principles to guide MDH collection and sharing of data on health disparities and health equity.
5. Develop MDH data stewards and staff capacity for community engagement and community-oriented participatory approaches, including:
 - Increasing the ability of staff to identify the values and assumptions guiding the collection and analysis of data
 - Determining the data being collected and how can it be used to inform decision-making;
 - Identifying stakeholders who should participate in determining the questions asked and metrics selected;
 - Defining the questions to be answered and determining how these answers will or could help improve the opportunity for health for the community; and
 - Identifying barriers to collection, analysis, distribution, and use of the data
6. Review MDH's current approach to organizing, securing, analyzing, and reporting data across its data systems and recommend changes to modernize MDH's data architecture and data analytics tools to increase the effectiveness and timeliness of data needed by communities.

To complete this work, MDH will contract with one or more community-based organizations to engage communities on the questions and issues listed above. MDH will also contract with a vendor to evaluate how MDH organizes data and could make better use of advanced data analytics tools. MDH will also hire two data specialists to work internally with data stewards to assess the repository of population health data within MDH and then engage with community stakeholders to conduct a joint analysis of the findings. Working with communities, MDH data specialists will create guidance for data stewards and recommendations to improve how MDH collects and organizes data to meet community needs.

Equity and Inclusion:

This proposal advances equity and inclusion by engaging communities affected by health disparities and demographic change with the opportunity to define their community needs for health data to inform policy decisions. It also provides direction and guidance to support changes within MDH to better align data systems to meet the needs of these communities.

IT Related Proposals:

This proposal includes funding for information technology support and contracts to create an MDH data architecture and provide guidance on the use of advanced data analytics tools.

Results:

This proposal expands the understanding of what information diverse communities need to create health. It identifies gaps between available population health data and data required by communities to support policy decisions that improve health and eliminate health disparities. It also creates a set of recommended changes for MDH practices, processes, and systems to more effectively collect, organize, secure, analyze, and report data.

Statutory Change(s):

None.

Health

FY18-19 Biennial Budget Change Item

Change Item Title: Operating Adjustment

Fiscal Impact (\$000s)	FY 2018	FY 2019	FY 2020	FY 2021
General Fund				
Expenditures	2,677	3,858	3,858	3,858
Revenues	0	0	0	0
Health Care Access Fund				
Expenditures	577	779	779	779
Revenues	0	0	0	0
Net Fiscal Impact = (Expenditures – Revenues)	3,254	4,637	4,637	4,637
FTEs	35	51	51	51

Recommendation:

The Governor recommends additional funding of \$3.254 million in FY 2018 and \$4.637 million each year thereafter to maintain the current level of service delivery at the Minnesota Department of Health.

Rationale/Background:

Each year, employer-paid health care contributions, pension contributions, FICA, and Medicare, along with other salary and compensation-related costs increase. Other operating costs, like rent and lease, fuel and utilities, and IT and legal services also grow. This cost growth puts pressure on agency operating budgets that remain flat from year to year.

Agencies face challenging decisions to manage these costs within existing budgets while maintaining the services Minnesotans expect. From year to year, agencies find ways to become more efficient with existing resources. However, cost growth typically outstrips efficiencies, and without additional resources added to agency budgets, service delivery erodes.

For the Minnesota Department of Health (MDH), an erosion of services could result in some or all of the following:

- Delays in forwarding reports of elevated blood lead levels in children to the appropriate local agencies for follow up; timely follow up is important so local agencies can identify the source of the lead and ensure the children receive appropriate follow up medical care.
- Decreased ability to ensure trauma care in rural hospitals meets minimum standards for rapid treatment of life-threatening injuries. Elimination of education and training for trauma hospital staff in rural areas.
- Less capacity to establish health risk limits used to determine when contaminants in groundwater pose a risk to human health; with 84,000 chemicals in use and 700 new chemicals introduced every year, updating risk limits regularly is important to keep pace with changes in the contaminants present in our environment.
- Delays in laboratory testing to determine if a person has been exposed to rabies; time is off the essence with rabies testing because giving rabies shots to people who don't need them puts people at risk for side effects and puts extra burden on the health care system since it is cheaper to do a rabies test than to administer the shots.
- Inability to properly maintain laboratory equipment used to test for infectious diseases like measles, mumps, influenza, and Zika, which could cause delays in testing if equipment doesn't function properly. MDH performs over 12,000 tests for these diseases each year. Rapid testing for these diseases is critical so that public health interventions can stop the spread of diseases. Also, since laboratory testing is less expensive than public health interventions that are ultimately unnecessary, maintaining rapid response capability in the laboratory ensures cost-effective use of public health resources.
- Less capacity to test for radiation in the environment near nuclear power plants, to ensure people living near power plants are not exposed to the harmful effects of radiation.
- Inability to meet state match requirements for federal funds used to increase access to oral health care for underserved populations in Minnesota.

- Less capacity to administer the Safe Harbor for Youth program which connects victims of sexual exploitation with supportive services, shelter, and housing. MDH staff coordinate a system of regional navigators who connect youth to services and train educators, law enforcement professionals, social service providers, and other community members on how to best serve youth who have been sexually exploited.
- Less flexibility to respond to state-level priorities and emergencies. More than half of MDH funding comes from federal grants with specific requirements, so general fund budgets are the primary funding to address state-specific priorities. As state budgets become more stretched, we are unable to respond as quickly or as effectively to local priorities as Minnesotans have come to expect.
- Decreased ability to ensure effective and appropriate use of grant dollars. More than half of MDH funding goes out the door in grants. With fewer grants management staff, MDH cannot monitor grantees' use of funds in accordance with state law and federal guidelines. With fewer staff, MDH cannot provide meaningful technical assistance to grantees and to evaluate how grant dollars improve public health.

Proposal:

The Governor recommends increasing agency operating budgets in the general fund and health care access fund to maintain the delivery of current services. For the Minnesota Department of Health, this funding will cover anticipated cost growth in employee compensation, including employer-paid insurance and pension contributions; technology services provided by MNIT, and leased space maintained by the Department of Administration.

Results:

This proposal is intended to allow agencies to continue to provide current levels of service and information to the public.

Statutory Change(s):

None.

Health

FY18-19 Biennial Budget Change Item

Change Item Title: Medical Cannabis

Fiscal Impact (\$000s)	FY 2018	FY 2019	FY 2020	FY 2021
General Fund				
Expenditures	150	150	150	150
Revenues				
State Government Special Revenue				
Expenditures	104	104	104	104
Revenues				
Net Fiscal Impact = (Expenditures – Revenues)	254	254	254	254
Total FTEs	1	1	1	1

Recommendation:

The Governor recommends increasing Office of Medical Cannabis appropriations by \$150,000 per year from the general fund and \$104,000 per year from the state government special revenue fund due to higher than anticipated costs for oversight of manufacturers and development and maintenance of the patient registry. Increased appropriations will allow the agency to maintain service levels and preserve the program's research and evaluation functions. The state government special revenue appropriation is offset by a recent increase in the regulatory fee paid by medical cannabis manufacturers.

Rationale/Background:

Minnesota's medical cannabis program was created in law in 2014 and began registering qualified patients on July 1, 2015. Less than two years into the program, actual costs are higher than anticipated when the program was created. As a result, appropriations must be aligned to actual experience in order to maintain current service levels, including the research and evaluation components that are the cornerstone of the program.

The patient registry is the hub of communication between patients, health care providers, manufacturers, and the Office of Medical Cannabis. It is a live, web-based, 24 hour, 7 days a week system and includes a component to support research and analytics. Original fiscal projections assumed development and maintenance of the patient registry would be approximately 25% of total program cost in the first year, and less than 10% of total program costs ongoing. Actual technology costs have been 13% in the first year and 39% in the second year. Going forward, technology costs are projected to be 18% of the total budget. This covers annual licensing for the software and ongoing costs of fixes and bugs that are a result of new releases. Since the registry is a 24 hours, 7 days a week web-based system, it also requires an on-call person after regular business hours in case the registry goes down.

Initial fiscal projections assumed manufacturer oversight to both manufacturers would cost about \$188,000 initially and \$163,000 per year ongoing to conduct inspections of two manufacturing and eight dispensing sites and verify compliance with all requirements. As we have gained experience with the program, regulatory compliance has become complex with manufacturers needing more attention than anticipated. This includes travel, daily communications, legal negotiations, and approximately ten inspections per month. While current law authorizes a chargeback to manufacturers for the costs associated with our oversight, the lower than expected patient count makes it difficult to pass on the higher cost of oversight without causing manufacturers to increase the cost of medical cannabis to program participants. M.S. 152.35 directs the commissioner of health to collect an annual fee from medical cannabis manufacturers equal to the cost of regulating and inspecting the manufacturers in a given year. As a result of higher regulatory costs, the Office of Medical Cannabis raised the manufacturer fee from \$94,000 per manufacturer (for a combined total of \$188,000 per year) to \$146,000 per manufacturer (for a combined total of \$292,000 per year) during FY 2017. The Office of Medical Cannabis requires an additional appropriation starting in FY 2018 in order to spend the increased fee revenue on regulatory activities.

A unique feature of Minnesota's medical cannabis law is the research element of the program. Survey administration to patients and their certifying health care practitioners are conducted in order to capture information on the types and degree of benefit

and negative effects the patient experiences as a result of medical cannabis treatment. Another survey inquires to patients who have not purchased medical cannabis for two months whether they have discontinued treatment and what their reasons are for doing so. These surveys, along with the observational data collected through the patient registry, assist in answering the questions asked at the development of this program by authors as to whether medical cannabis is helping patients. Higher than expected costs for the patient registry, manufacturer oversight, and legal defense threaten the ability to maintain these important research and evaluation activities, which are at the heart of Minnesota's unique medical cannabis program and are necessary for transparent and updated information of the program.

Proposal:

This proposal addresses higher than expected costs to operate the state's medical cannabis program as follows:

- Increases the general fund appropriation to reflect actual expenses of the program (\$150,000 per year).
- Increases the state government special revenue fund appropriation to reflect an increase in the manufacturer fee due to higher than anticipated costs to oversee the manufacturers (\$104,000 per year)

These changes are necessary to maintain current service levels and protect the important research and evaluation components of the program.

IT Related Proposals:

This proposal ensures the Office of Medical Cannabis budget is sufficient to cover the costs of the patient registry, a major IT application that is critical to the program. This proposal does not change the IT needs of the department.

Results:

Minnesota's medical cannabis program was implemented on an aggressive timeline, and continually enhances its on-line registry system and services to deliver the program to qualified individuals.

<i>Type of Measure</i>	<i>Name of Measure</i>	<i>Previous</i>	<i>Current</i>	<i>Dates</i>
Quantity	OMC inspections of manufacturers		28	2/1/15 – 6/30/16
Quantity	Total calls into OMC Call/Support Center		26,835	6/1/15 – 7/16/16
Results	Reported serious adverse events		0	6/1/15 – 7/16/16
Results	Reported diversion by law enforcement		0	6/1/15 – 7/16/16

Statutory Change(s):

None

Health

FY18-19 Biennial Budget Change Item

Change Item Title: Body Art Regulation

Fiscal Impact (\$000s)	FY 2018	FY 2019	FY 2020	FY 2021
General Fund				
Expenditures	0	0	0	0
Revenues	0	0	0	0
State Government Special Revenue				
Expenditures	277	277	277	277
Revenues	184	215	215	215
Net Fiscal Impact = (Expenditures – Revenues)	93	62	62	62
Total FTEs	2.3	2.3	2.3	2.3

Request:

The Governor recommends increasing appropriations by \$277,000 per year and fees by \$184,000 in the first year and \$215,000 per year thereafter to protect the safety of tattoos and piercings and to eliminate a structural deficit in the program. Minnesota's body art industry is larger and more complex to regulate than anticipated when body art regulation was enacted in 2010. As a result, the program is unable to perform timely inspection of new establishments and regular inspections of licensed establishments. This proposal would allow the program to inspect body art establishments within one year of issuing a provisional license and every two years thereafter, with followup inspections to ensure correction of any deficiencies noted. The proposal also includes changes to simplify implementation of the body art law and improve public protections.

Rationale/Background:

Body art regulation was enacted in 2010 to protect the health of individuals who seek body art services and to protect the blood supply from contamination. While licensure is not a guarantee that practices are safe, it does mean that licensed body artists have had training in bloodborne pathogens, the prevention of disease transmission, infection control, and aseptic technique; that new artists have had the opportunity to learn safe practices before working without supervision; that body art establishments provide evidence that they meet health and safety standards set out in statute before being licensed; and that establishments are inspected to ensure continuing compliance with statutory requirements.

When body art regulation was enacted, the initial fiscal projections assumed that body art was and would remain a small industry and that the level of complaints would be similar to other occupations regulated by the Minnesota Department of Health (MDH). Actual experience over the last six years demonstrates the industry is larger and more complex to regulate than expected. Currently there are more than 175 body art establishments (35 percent more than estimated) and 800 body artists (50 percent more than estimated). The program also receives significantly more complaints requiring follow up than expected (421 complaints since January 2011 compared to an estimated six per year). The body art industry also requires more effort to regulate than other licensed occupations due to some key differences such as the continuing demand for event permits and temporary licenses for guest artists; the numerous unlicensed artists perform traditional tattooing in permanent, semi-permanent, and temporary unlicensed locations, including operating out of vehicles; a disproportionate number of applications from individuals with criminal records and a disproportionate number of appeals from applicants denied licensure.

Due to the high number of appeals, legal costs for body art regulation are significantly higher than for other licensed occupations. Costs for services from the Attorney General's Office and the Office of Administrative Hearings totaled approximately \$32,000 in FY 2014, which is eight times higher than a different regulatory program overseeing four times more practitioners. Travel costs for the program are also high because 76 percent of establishments within state jurisdiction are over 40 miles from St. Paul, increasing the time and cost required to inspect each establishment.

The current allocation of \$65,000 per year supports only about 0.60 FTE for body art regulation. This staffing level is not sufficient to support timely inspection of new establishments, regular inspections of already-licensed establishments once every three years as required by statute, and investigation of all complaints received by the program. To better ensure the safety of

body art, the goal should be an inspection within one year of issuing a provisional license, and every two years thereafter, with followup inspections to ensure correction of any deficiencies noted. To maximize our resources and effectiveness, MDH has implemented a triage system to prioritize certain complaints and close complaints where there is little chance of conducting a satisfactory investigation and holding someone accountable. We refer complaints about unlicensed practice to local law enforcement, but do not have the resources to follow up with them or to forge relationships to enhance law enforcement action against unlicensed artists and establishments. We hear regularly from licensed artists who are very disappointed in the lack of action against unlicensed artists, which could ultimately be a disincentive for them to apply for and maintain licensure.

Since initial licensure and growth exceeded projections, fee revenues to support the program are higher than projected. Average annual revenues are approximately \$135,000. Although higher than the current allocation, these revenues are not sufficient to cover the staffing needed to properly regulate body art, which is closer to 2.9 FTE.

Beyond budget and staffing needs, changes to the laws governing body art are also needed to make compliance easier for practitioners, thereby reducing the number of violations and ensuing enforcement action. A number of changes can be made to simplify body art regulation without compromising the level of public protection afforded by current law.

Proposal:

This proposal increases appropriations and fees for body art regulation to protect the safety of tattoos and piercings and to eliminate a structural deficit in the program. Effective January 1, 2018, the proposal would:

- Increase the appropriation from \$65,000 to \$342,000 per year to support a total of 2.9 FTE as well as travel and legal costs for the program. Better aligning resources to program needs would allow MDH to provide more education for applicants, artists, the public, and law enforcement; to provide follow-up on a larger number of complaints; and to perform inspections for new establishments statewide within a year of opening, and to maintain a regular inspection schedule for licensed establishments.
- Increase fees by \$184,000 in the first year and \$215,000 each year thereafter to support the appropriation. Establishments and artists will first become subject to the increased fees when the license they hold on January 1, 2018, next expires. Because establishments are currently licensed for three years, increased revenues from establishment license fees will not be fully realized for several years. The following table shows the proposed fee necessary to support the program.

Fee types	Current Fee	Frequency	Proposed Fee	Proposed Frequency	Annualized Increase	% Increase
Body art license	\$100	Biennial	\$420	Biennial	\$320	320%
Dual body art technician license	\$100	Biennial	\$420	Biennial	\$320	320%
Temporary artist license	\$100	Annual	\$240	Annual	\$140	140%
Establishment license, provisional and renewal	\$1,000	Triennial	\$1,500	Biennial	\$417	42%
Guest artist license	\$50	One time	\$140	One time	\$90	180%
Temporary event permit	\$75	One time	\$200	One time	\$125	167%
Verification fee	\$0	On request	\$25	On request	\$25	NA
Late fee - Individual	\$75	As needed	\$150	As needed	\$75	100%
Late fee - Establishment	\$75	As needed	\$300	As needed	\$225	300%
Technical violation fee -full	\$0	NA	\$200	Monthly to 1 yr	\$200	NA
Technical violation fee - temp	\$0	NA	\$100	Monthly to 6 mo	\$100	NA
Technical violation fee - establishment	\$0	NA	\$300	Monthly to 6 mo	\$300	NA
Reissue provisional license	\$0	NA	\$350	As needed	\$350	NA
Establishment name or type change	\$0	NA	\$50	As needed	\$50	NA

This proposal also modifies provisions of the body art law to make compliance easier for body artists, simplify regulation, and improve public protection. Specifically, the proposal:

- Requires that body artists retain copies of consent forms.
- Specifies time parameters for applying for a new establishment license upon sale or relocation.
- Eliminates the requirement that an establishment be relicensed in the event of death of a spouse, dissolution of a 50/50 partnership; or sale of a minority interest.
- Allows a temporary license to be renewed twice rather than only once.
- Implements minimum standards for licensees who supervise temporary technicians.
- Provides for application for licensure after lapse.
- Prevents establishment owners with recent serious discipline from sponsoring a temporary event.
- Allows MDH discretion not to issue an establishment license to someone who has previously been disciplined for a serious offense relating to body art.
- Reinstates tattooing a minor as a gross misdemeanor.
- Restricts the number of times annually that the same individual or business can sponsor a temporary event.
- Makes tattooing or piercing in an unlicensed establishment a gross misdemeanor.
- Provides for renewal of license after lapse.
- Makes continuing to practice after expiration of license a nondisciplinary, technical violation for up to a year.

IT Related Proposals:

N/A

Results:

Increased staffing would support a reduction in the number of questions we receive; a higher rate of disciplinary action as we are able to investigate more complaints; better cooperation from law enforcement; and up-to-date inspections.

<i>Type of Measure</i>	<i>Name of Measure</i>	<i>Previous</i>	<i>Current</i>	<i>Dates</i>
Quantity	Number of complaints	70	58	7/2010 – 6/2016
Quantity	Number of complaints of unlicensed activities	47	42	7/2010 – 6/2016
Results	Percent of renewing establishments inspected in last renewal cycle	26%	33%	7/2012 – 6/2016

Statutory Change(s):

Minnesota Statutes, Sections 146B.02; 146B.03; 146B.07; 146B.10

Health

FY18-19 Biennial Budget Change Item

Change Item: Health Occupations Program

Fiscal Impact (\$000s)	FY 2018	FY 2019	FY 2020	FY 2021
General Fund				
Expenditures				
Revenues	0	0	0	0
State Government Special Revenue				
Expenditures	4	63	93	129
Revenues	147	173	205	209
Net Fiscal Impact = (Expenditures – Revenues)	(143)	(110)	(112)	(80)
Total FTEs	0.64	1.25	1.48	1.82

Recommendation:

The Governor recommends adjusting appropriations and fees for the Health Occupations Program to reflect increases in operating costs and the implementation of criminal background checks. Operating costs for regulation of occupational therapy practitioners, audiologists, speech-language pathologists, hearing instrument dispensers, and doulas, and for administering the hearing instrument dispenser examination, have risen due to salary increases, technology cost increases, a greater number of legal challenges, and growth in the number and needs of practitioners. A 2013 law requires implementing criminal background checks for occupational therapy practitioners, speech-language pathologists, audiologists, and hearing instrument dispensers by January 1, 2018. The proposal includes a mix of fee increases and surcharges to support operating costs and criminal background checks funded from the state government special revenue fund.

Rationale/Background:

The Health Occupations Program (HOP) regulates 4,912 occupational therapy practitioners, 1,780 speech-language pathologists, 470 audiologists, 238 hearing instrument dispensers, and less than 40 doulas (as of October 2016). State law requires that fees for regulatory programs within the Minnesota Department of Health be set at a level that approximates the cost of delivering the regulatory activities. Each year, operating costs rise due salary increases, increased need for and cost of technology, and service needs for a growing number of regulated practitioners.

HOP has responded to increasing costs by reducing staff time and shifting certain tasks to staff in lower classifications, however greater reductions compromise our ability to provide practitioners and the public with the quality of service they expect. Practitioners increasingly expect web-based processes, rapid processing of applications, and immediate response to questions and data requests. Also, a greater number of practitioners are challenging the results of investigations and disciplinary action. The rising number of contested cases entail costs for Attorney General services, administrative hearings, and the staff time to participate in hearings and settlement negotiations.

In addition to the factors affecting all HOP practitioner groups, individual groups face specific challenges that contribute to rising costs. Groups with low numbers of practitioners, such as doulas, hearing instrument dispensers, and audiologists, must spread the cost of regulation across their very small practitioner base. In contrast, the occupational therapy program is growing so rapidly—with 150 providers newly licensed in a recent six month-period—that additional staff must be added to keep up with the work. Finally, administering the exam for hearing instrument dispensers is an intensive effort that requires hiring of proctors with specialized skills and administration of three phases of the test individually to each applicant. Periodic fee increases are needed to keep pace with these rising operating costs.

A significant part of this proposal is funding the cost of criminal background checks for four practitioner groups as directed in a 2013 law aimed at ensuring the safety of health care clients in Minnesota. To meet this requirement, HOP will need to conduct approximately 1,350 criminal background checks on new applicants in 2018 and 2019, and another 7,650 background checks in 2020 and 2021 on practitioners who were licensed prior to 2018. Background checks will be performed by the Department of Human Services (DHS), which will charge a fee directly to practitioners to cover the DHS cost. Although practitioners will pay

directly for the cost of the background check, HOP will incur costs for staff time to review background check reports and make determinations based on the findings. Background checks conducted by DHS will also include a feature called RAP-back, where HOP will be notified if, at any time in the future, a practitioner who was subject to a background check is convicted of a crime or enters a plea or a criminal offense. HOP staff time will be needed ongoing to review and act on these RAP-back reports.

Proposal:

This proposal supports increased operating costs and implementation of criminal background checks for the Health Occupations Program. Increased costs for staff, technology, and contested cases affect all practitioner groups within HOP, while implementation of criminal background checks is required for occupational therapy practitioners, audiologists, speech-language pathologists, and hearing instrument dispensers under a 2013 law.

The 2013 law stated that the implementation of background checks should include existing practitioners and take into consideration that many practitioners are already subject to background studies when they seek employment in regulated facilities such as hospitals and nursing homes. To meet these directives, the proposal adds authority to perform background checks on existing licensees and to combine the licensing background check with the facility background study in cases where a practitioner is employed by a state-regulated facility. We anticipate beginning the combined criminal background check and background study on new applicants on January 1, 2018, as required by the 2013 legislation. We anticipate beginning the background check and combined study, when required, on existing licensees and certified practitioners on January 1, 2020. This latter process will be complete after one renewal cycle.

The four cost components of this proposal will be paid for as follows:

Cost component	Proposed Revenue source
Increased operating costs (all practitioner groups)	Increase HOP licensure fees – initial and renewal
DHS cost to conduct background checks (four groups)	DHS fee charged directly to practitioners
HOP cost to implement and process background checks for new applicants after January 1, 2018 (four groups)	Increase HOP licensure fees – initial only
HOP cost to implement and process background checks for existing licensees as of January 1, 2018 (four groups)	One-time surcharge on existing licensees

The proposed changes to HOP initial and renewal licensure fees are shown in the table below. These projections are based on experience in working with applicants who have self-reported violations and in receiving complaints about practitioners.

Practitioner Group	Fee Type	Current Fee	Proposed Fee	Increase
Occupational Therapy	Initial OT Fee	\$145	\$188.50	\$44.50
Occupational Therapy	Initial OTA fee	\$80	\$112.50	\$32.5
Occupational Therapy	OT Renewal Fee	\$145	\$173	\$28
Occupational Therapy	OTA Renewal Fee	\$80	\$96	\$16
Occupational Therapy	Late Fee	\$25	\$32	\$7
Speech-Language Pathology	Initial Fee	\$200	\$210.50	\$10.50
Audiology	Initial Fee	\$435	\$523	\$88
Audiology	Renewal Fee	\$435	\$510	\$75
Speech-Lang Pathology/Audiology	Late Fee	\$45	\$60	\$15
Audiology	Audiology HID Exam Fee	\$250	\$600	\$350
Hearing Instrument Dispensing	Initial Certification Fee	\$600	\$772.50	\$172.50
Hearing Instrument Dispensing	Certification Renewal Fee	\$600	\$750	\$150
Hearing Instrument Dispensing	Trainee Fees	\$200	\$230	\$30
Hearing Instrument Dispensing	Late Fee	\$200	\$260	\$60
Doulas	Application fee	\$130.00	\$185.00	\$55

The table below shows proposed surcharges for practitioners who were licensed prior to January 1, 2018. This surcharge will be assessed the first time a practitioner renews licensure after January 1, 2018. All existing licensees will have received a background check and paid the surcharge by FY 2022.

Practitioner Group	Surcharge Amount
Occupational Therapy	\$16.50
Speech-Language Pathologists	\$10.50
Audiologists	\$13.00
Hearing Instrument Dispensers	\$22.50

The 2013 legislation requiring background checks included an appropriation of \$111,000 per year to implement the checks, but did not include fee increases to support the appropriation. Since the \$111,000 per year is already in the base for this program, the recommended appropriation is \$111,000 less than the fee amounts raised under this proposal. The fee amounts are higher than the recommended appropriation in order to pay for the \$111,000 appropriation already in the base.

IT Related Proposals:

The proposal includes funding for routine IT support for HOP applications and staff. A change in how IT costs are allocated to the HOP budget caused an 18% increase in IT costs compared to prior years. These amounts were not funded within HOP budgets previously.

Results:

This proposal will allow HOP to maintain service levels amidst growth in practitioner groups and rising operating costs. For each practitioner group included in the background check requirement, HOP will track the number of records returned and the percent of practitioners who have a record; the nature or the crime or other act reported; and the number of and percent of applicants who are denied licensure as a result of a criminal record.

Statutory Change(s):

M.S. 148.514
M.S. 148.519
M.S. 148.5194
M.S. 148.6405
M.S. 148.6420
M.S. 148.6445
M.S. 148.997
M.S. 153A.14
M.S. 153A.17
M.S. 144.0571
M.S. 364.09
M.S. 245C.10

Health

FY18-19 Biennial Budget Change Item

Change Item Title: Drinking Water Protection

Fiscal Impact (\$000s)	FY 2018	FY 2019	FY 2020	FY 2021
State Government Special Revenue				
Expenditures	1,663	3,326	3,326	3,326
Revenues	1,663	3,326	3,326	3,326
Net Fiscal Impact = (Expenditures – Revenues)	0	0	0	0
FTEs	1.5	3	3	3

Request:

The Governor recommends an appropriation increase of \$1,663,000 in FY 2018 and \$3,326,000 per year thereafter from the state government special revenue fund for drinking water protection activities. With these funds, the Minnesota Department of Health (MDH) will:

- Deliver 24/7 emergency response for events affecting drinking water systems;
- Assume greater responsibility for regulating contaminants in public drinking water supplies and addressing Minnesota-specific contaminants that can harm human health;
- Maintain current service levels in the face of rising costs; and
- Reduce the amount of funding MDH must draw from the Drinking Water Revolving Fund to support program functions.

A drinking water connection fee increase of 22 cents per household per month would pay for the proposed appropriation.

Rationale/Background:

The Drinking Water Protection program at MDH ensures a safe and adequate supply of drinking water at all public water systems. This includes municipalities, manufactured housing developments, businesses, schools and other facilities that regularly serve water to more than 25 people. Protection activities include sampling and testing of public water systems, providing technical assistance, certifying water operators, informing the public and enforcing the federal Safe Drinking Water Act's standard for levels of contamination. It also includes drinking water source protection activities, with staff working with public water system staff to protect their sources of drinking water. This approach has provided Minnesota with a consistently high level of compliance with the Federal Safe Drinking Water Act.

The Drinking Water Protection program relies on three sources of funding:

1. State Government Special Revenue funds from "service connection fees" that municipal public water suppliers collect from building owners who are connected to their public water supply systems and from public water suppliers for review of proposed construction plans.
2. Federal funds from the Environmental Protection Agency either as a grant or as set-asides from the Drinking Water Revolving Fund.
3. Clean Water Funds for specific projects that carry no funding base and must be appropriated each biennium.

Federal funding for drinking water protection has remained flat or decreasing in recent years and is likely to decrease further in the future, while costs and expectations to provide services to public water systems keep going up. The Drinking Water Protection program is at the point that without additional revenue, services provided to public water systems will begin to decrease. This is likely to result in decreasing compliance by public water systems with federal drinking water quality standards defined by the Safe Drinking Water Act, and increasing potential for unsafe drinking water and adverse health outcomes for the public.

Proposal:

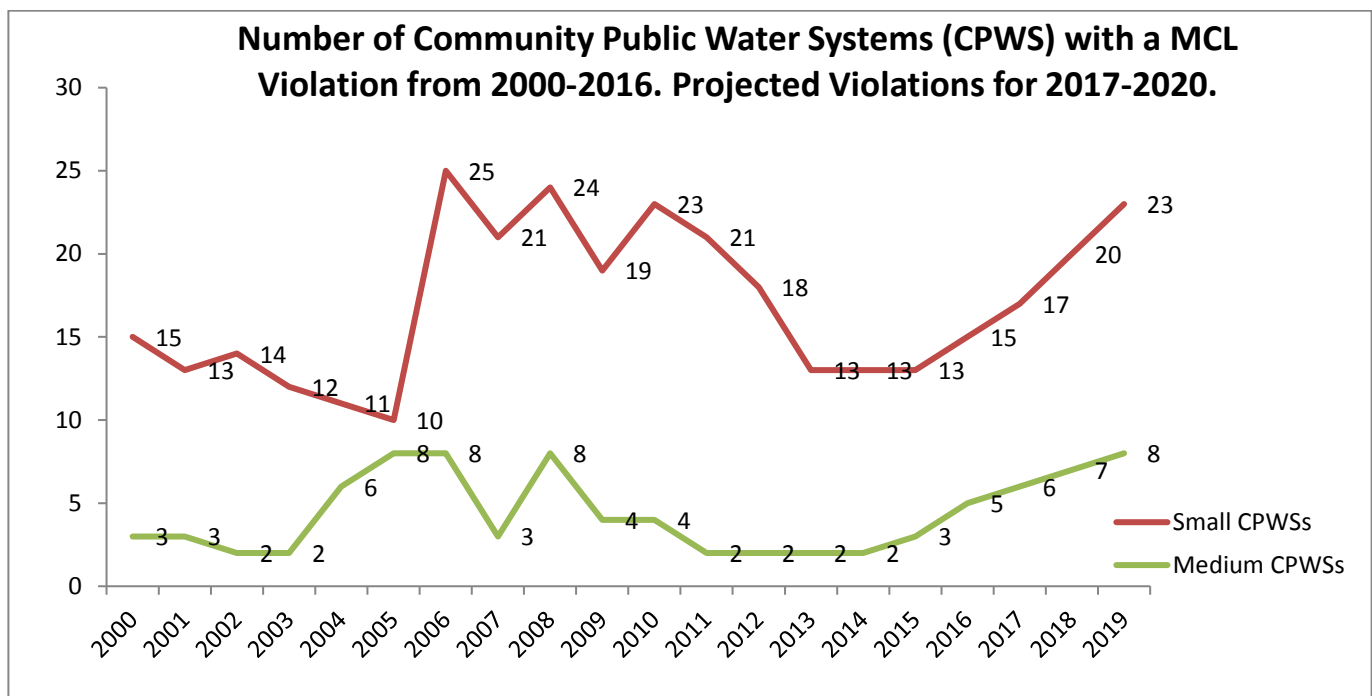
This proposal modifies an existing program and increases the public water service connection fee beginning January 1, 2018, from \$6.36 to \$9.00 per year, which is an increase of just \$0.22 per household per month. The additional revenue will maintain existing service levels in the face of rising costs, support three additional staff for emergency response and technical assistance to public water suppliers and the public, and reduce reliance on Drinking Water Revolving Funds. By shifting some program costs from the Drinking Water Revolving Fund to service connection fees, this proposal will free up to \$1-2 million annually for drinking water infrastructure loans to public water supply systems offered through the Public Facilities Authority, based on current cost and revenue projections. The increased fee affects roughly 1.26 million households, institutions and businesses connected to municipal water supplies. From a public health standpoint this proposal ultimately benefits all citizens and visitors to Minnesota, since almost everyone in Minnesota drinks water from a public supply daily or occasionally. The increase in appropriation supports scientific and programmatic experts at MDH to monitor and assist public water supply systems to provide drinking water that meets the standards of the Safe Drinking Water Act.

IT Related Proposals:

This proposal is inclusive of an information technology system investment for MDH to update its drinking water database from its aging system to the federal database currently under development by the Environmental Protection Agency.

Results:

There could be an increase in violations of federal drinking water standards among community public water supplies if the Department of Health must reduce water sampling and technical assistance to communities. The graph below reports actual data from 2000 to 2016 and projected data from 2017 to 2019. By 2016, the number of Maximum Contaminant Level (MCL) violations totaled 13 for small community water systems and 3 for medium community water systems. Projected data for 2017-2020 assumes this proposal is not implemented, resulting in over 30 potential violations per year combined among small and medium community water systems.



Statutory Change(s):

144.3831, Subd. 1 Safe Drinking Water Act

Health

FY18-19 Biennial Budget Change Item

Change Item Title: Food, Pools and Lodging

Fiscal Impact (\$000s)	FY 2018	FY 2019	FY 2020	FY 2021
General Fund				
Expenditures	0	0	0	0
Revenues	0	0	0	0
State Government Special Revenue				
Expenditures	799	799	799	799
Revenues	799	799	799	799
Net Fiscal Impact = (Expenditures – Revenues)	0	0	0	0
FTEs	6.3	6.3	6.3	6.3

Recommendation:

The Governor recommends an appropriation increase of \$799,000 in FY 2018 and thereafter from the state government special revenue fund to align retail food regulations between the Departments of Health and Agriculture. The proposal will increase inspection frequency of facilities based on their risk to transmit foodborne illness pathogens. Modifications to current fees will pay for the proposed appropriation increase.

Rationale/Background:

The Departments of Health and Agriculture share the responsibility for licensing and inspecting retail food establishments in Minnesota based on the retail food establishments primary mode of business. These businesses are licensed by one of the departments based on whether they sell more packaged grocery items or more food that customers consume on-site. In the past, food businesses were distinct enough that a retail food business could be considered one or the other, such as being classified as either a restaurant or a grocery store. Over time, however, the retail food business model has changed making this distinction less clear, leading to confusion and inconsistency during the licensing and inspection process.

The two departments have recognized that food inspection, at its core, is conducted to reduce the risk of injury and illness to the consumer and that retail food establishments should be regulated the same regardless of which department licenses the facility and performs the inspection. So, beginning in 2013, the departments began meeting to design a more efficient and consistent way to regulate retail food establishments.

A comparison of the departments' inspection programs revealed a number of differences:

- License terminology, fee amounts and effective date ranges.
- Policies and procedures for training inspection staff and performing inspections.
- Methods of obtaining compliance including tools used for performing inspections.
- Methods and authorities of enforcement.

Based on this comparison, the two departments began developing a plan to align many aspects of our retail food licensing and inspection programs with the intent of reducing confusion for the public, industry and state staff, and increase consistency for all regulated retail food establishments.

Proposal:

The increased appropriation provided by this proposal will allow the Department of Health to better align its retail food inspection program with the Department of Agriculture. The proposal encompasses two parts. The first part is a redistribution of which license fees food establishments pay based on the risk assessment of their food processes. Businesses wishing to lower their license fee or decrease the frequency of inspections can choose to change the way that they prepare food, which has the added benefit of reducing the number of ways they might be involved in a foodborne illness outbreak. The second part of this proposal is an increase to most food, pools and lodging license fees—most fee increases being as little as a few dollars a year. The

proposal reflects a 9.8% increase to license fees and a 15.2% increase to the hospitality fee. Some fee categories will be reduced or eliminated to better reflect the program resources expended to inspect those facilities. The proposal adds 6.3 FTEs at the Department of Health. Five FTEs will be used to fill positions lost due to attrition to ensure educational, inspection and outbreak response services are provided in a timely manner as well as maintaining capacity to continue working on aligning the department's retail food programs. The other 1.3 FTEs will be utilized to provide support for management of the alignment work conducted by the departments.

Fee Type	Current Fee	Proposed Fee	Change
Base Fee- Food, Beverage and Lodging	\$ 150.00	\$165.00	\$15.00
Base Fee- Manufactured Home Park	\$150.00	\$165.00	\$15.00
Base Fee- Recreational Camping Area <25	\$50.00	\$55.00	\$5.00
Base Fee- Recreational Camping Area <100	\$ 212.00	\$230.00	\$18.00
Base Fee- Recreational Camping Area 100+	\$300.00	\$330.00	\$30.00
Limited (Low)	\$60.00	\$110.00	\$50.00
Limited (medium)	\$60.00	\$245.00	\$185.00
Limited (high)	\$60.00	\$385.00	\$325.00
Small (low)	\$120.00	\$110.00	-\$10.00
Small (medium)	\$120.00	\$245.00	\$125.00
Small (high)	\$120.00	\$385.00	\$265.00
Medium (low)	\$310.00	\$110.00	-\$200.00
Medium (medium)	\$310.00	\$245.00	-\$65.00
Medium (high)	\$310.00	\$385.00	\$75.00
Large (low)	\$540.00	\$110.00	-\$430.00
large (medium)	\$540.00	\$245.00	-\$295.00
Large (high)	\$540.00	\$385.00	-\$155.00
Mobile food unit	\$60.00	\$85.00	\$25.00
seasonal permanent	\$60.00	\$85.00	\$25.00
seasonal temporary	\$60.00	\$85.00	\$25.00
food cart	\$60.00	\$85.00	\$25.00
special event	\$50.00	\$55.00	\$5.00
Beer and Wine Table Service	\$60.00	\$0.00	-\$60.00
Alcohol Service from a bar	\$165.00	\$175.00	\$10.00
Private water/sewer	\$60.00	\$60.00	\$0.00
Additional Food Service	\$150.00	\$175.00	\$25.00
Additional Inspection Fee	\$360.00	\$250.00	-\$110.00
Hotel/motel- Vacation Rental by Owner	\$10.00	\$11.00	\$1.00
lodging	\$10.00	\$11.00	\$1.00
resort	\$10.00	\$11.00	\$1.00
swimming pool	\$325.00	\$355.00	\$30.00
additional swimming pool	\$175.00	\$200.00	\$25.00
spa	\$175.00	\$200.00	\$25.00
additional spa	\$100.00	\$110.00	\$10.00
Hospitality	\$35.00	\$40.00	\$5.00
Manufactured Home Park Sites	\$4.00	\$5.00	\$1.00
Recreational Camping Area Sites- Dependent	\$4.00	\$5.00	\$1.00

Fee Type	Current Fee	Proposed Fee	Change
Recreational Camping Area Sites- Independent	\$4.00	\$5.00	\$1.00
Hazard Analysis and Critical Control Point Plan Review	\$0.00	\$500.00	\$500.00
Hazard Analysis and Critical Control Point Verification	\$0.00	\$175.00	\$175.00

Results:

Since 2008, the number of retail food facilities licensed by the Department of Health has risen from 10,800 to 14,500. In that same time the percentage of facilities that are not being inspected according to statutory requirements has dropped from 32% in 2008 to 2% in 2015. The percentage of facilities that are not being inspected according to statutory requirement has plateaued at 2 to 3% since 2013 and early indicators for 2016 show a negative trend towards a higher percentage of facilities not inspected in accordance with statute in 2016. This is due to resource constraints on the program and loss of positions due to attrition.

The intended outcome of the proposal is to reduce the rate of foodborne illnesses in the Minnesota. The rate of commonly occurring foodborne illnesses has been increasing slightly both nationally and in Minnesota. While the factors that impact this indicator are varied and diverse, at a high level the food preparation practices that are occurring in food establishments have been growing increasingly more complex. A shift towards licensing based on risk will allow the Departments of Health and Agriculture to address these emerging complexities.

Statutory Change(s):

157 Food, Beverage and Logging Establishments

327 Hotel, Motels, Resorts and Manufactured Homes

Health

FY18-19 Biennial Budget Change Item

Change Item Title: Wells and Borings

Fiscal Impact (\$000s)	FY 2018	FY 2019	FY 2020	FY 2021
General Fund				
Expenditures	0	0	0	0
Revenues	0	0	0	0
State Government Special Revenue				
Expenditures	0	0	0	0
Revenues	199	199	199	199
Net Fiscal Impact = (Expenditures – Revenues)	(199)	(199)	(199)	(199)
FTEs	1	1	1	1

Recommendation:

The Governor recommends an alignment of codes for wells and borings to protect public health and groundwater. This proposal would simplify administration processes, assure greater fairness among fee payers, improve protection of groundwater for well owners and address program needs at the Department of Health. These changes will result in an increase in revenue of \$199,000 annually to the state government special revenue fund to support this program's appropriation, which is currently greater than the revenue the program collects.

Rationale/Background:

Currently, 20% of Minnesotans use a private well for their primary drinking water source and 75% use groundwater as their source. This proposal will address the fees charged for administration of the well program to ensure that protection of the groundwater resource and private well owners is maintained, increase fairness and equity, simplify administrative processes and address program needs. The current well code has fees for licenses that are no longer in use or redundant. This proposal would reduce the number of licenses increasing program efficiency and reduce costs and administrative time for some well contractors. There are also some well construction activities for which fees are not currently charged yet there are costs for administration and oversight of the activities. There is an inequity in how fees are charged for monitoring well sites. This proposal will make that consistent and fair for all sites. This proposal also addresses the artificial distinction between monitoring wells and environmental boreholes redefining them as environmental wells. This proposal increases fees for most well construction activities to provide revenue necessary for managing the program and ensuring wells and boring are properly constructed, maintained and sealed in order to protect groundwater and drinking water. The proposal would eliminate the monitoring well maintenance fees for government agencies allowing those resources to be applied to other water management activities.

Proposal:

This proposal aligns well and boring fees to assure greater fee consistency and improves administrative efficiency:

- Place a \$225 cap on the certification fee for representatives of limited well/boring contractors who hold more than 3 certifications to be consistent with the license fee. Currently this would only affect 1 contractor for a reduction \$75 in revenue.
- Combine the pump license with the pit-less/screen license. Most contractors who have one of these licenses has the other since most of this type of work involves both of the activity types.
- Combine monitoring wells, environmental bore holes, and remedial wells into a single category "environmental well" and require a notification instead of a permit consistent with most other wells. While the construction requirements for these three types of well and boring are the same, there are different fees charged and use requirements.
- Require the certified responsible individual overseeing exploration to annually renew and pay an annual \$75 fee consistent with all other certified individuals.

- Require that licensed explorers pay a notification fee of \$275 commensurate with other water well notification for construction of each exploratory boring.
- Extend the monitoring well (environmental well) site fee to all other sites. Currently it is limited to motor fuel retail outlet, petroleum bulk storage site and agricultural chemical facility.
- Eliminate the dug well/drive-point and individual licenses that have become obsolete.
- Eliminate the \$50 monitoring well maintenance fee for government agencies allowing those resources to be applied to other water management activities.

The proposal also increases fees to increase oversight of well construction, maintenance and sealing activities. The table below summarizes the changes in fees. This proposal will allow the program to hire an additional staff person to maintain regulatory functions.

Proposed Well Fee Changes 2017			
Fee Type	Current Fee	Proposed Fee	Change
Well Notification Single Family	\$235	\$275	\$40
Variance Fee	\$235	\$275	\$40
Well Notification Community	\$235	\$275	\$40
Well Notification Irrigation	\$235	\$275	\$40
Well Notification Nocomm PWS	\$235	\$275	\$40
Well Notification Remedial	\$235	\$275	\$40
Variance Fee Disclosure	\$235	\$275	\$40
Well Sealing Notification	\$65	\$75	\$10
Heat Loop Permit <10 tons	\$235	\$275	\$40
Heat Loop Permit 10-50 Tons	\$235	\$275	\$40
Heat Loop Permit >50 tons	\$235	\$275	\$40
Monitoring Well Permit - Gov	\$235	\$275	\$40
Dewatering Permit Site Fee	\$1,175	\$1,375	\$200
Dewatering Permit	\$235	\$275	\$40
Elevator Boring Permit	\$235	\$275	\$40
Monitoring Well Permit	\$235	\$275	\$40
Monitoring Well Site Permit	\$235	\$275	\$40
Heat Pump Permit	\$235	\$275	\$40

Results:

The program currently inspects approximately 25% of new wells and borings to ensure compliance with the well code. In 2015, 95% of wells and borings met sanitary requirements. This proposal would help to improve that to 97%.

Type of Measure	Name of Measure	Current	Target	Dates
Quality	Wells and borings meeting sanitary requirements. <i>Source: Environmental Health program data</i>	95%	97%	2015 2018

Statutory Change(s):

103I. Wells, Borings and Underground Uses

Health

FY18-19 Biennial Budget Change Item

Change Item Title: Technical Assistance for Infrastructure Improvement Review

Fiscal Impact (\$000s)	FY 2018	FY 2019	FY 2020	FY 2021
General Fund				
Expenditures	230	230	230	230
Revenues	0	0	0	0
Other Funds				
Expenditures	0	0	0	0
Revenues	0	0	0	0
Net Fiscal Impact = (Expenditures – Revenues)	230	230	230	230
Total FTEs	2	2	2	2

Recommendation:

The Governor recommends \$230,000 per year from the general fund for two additional staff positions to review funding applications and inspect approved projects for drinking water improvements. This proposal complements the Governor's capital budget recommendation to invest \$167 million to help communities rehabilitate wastewater and drinking water infrastructure systems, expand capacity and meet water quality requirements.

Rationale/Background:

Due to concerns about water infrastructure across the state, the Governor's Office conducted a series of listening sessions to assess local needs. Communities in attendance all agreed that much more investment in Minnesota's water infrastructure is needed. This increased demand for drinking water infrastructure improvements is demonstrated by the sharp increase in proposed projects to be funded by the drinking water revolving fund administered by the Public Facilities Authority. In FY 2015 a total of \$338 million of projects were proposed. In FY 2016 requests increased to \$393 million and for FY 2017 the total estimated project cost is \$547 million.

There are approximately 970 community public water systems in Minnesota, serving 1.26 million houses, institutions and businesses. The Minnesota Department of Health (MDH) Drinking Water Protection Program, working through the Public Facilities Authority, provides below-market-rate loans to public water systems to improve wells, surface water intake structures, treatment plants and equipment, storage tanks and water distribution systems including pipes and water mains. While the number of proposed projects from community public water systems have increased dramatically over the last few years, MDH staffing levels to administer the program have remained the same.

Proposal:

This proposal is related to the Governor's proposal to invest \$167 million in general obligation bonding dollars for the Public Facilities Authority to fund municipal water infrastructure projects. MDH currently has five staff positions administering the drinking water projects funded by the Public Facilities Authority. These staff review and approve grant and loan applications, prioritize projects, review project plans prior to construction, approve environmental review and state historic preservation review documents, certify projects for funding to the Public Facilities Authority, provide technical assistance during the planning and construction phases and inspect completed projects. The Governor's proposal to increase funding drinking water improvements would increase MDH's work by approximately 50 percent. In order to meet increasing demand for water infrastructure improvements, the Governor proposes funding two additional positions at MDH. The staff would also verify federal requirements are being followed, complete on-site inspections and provide technical assistance prior to and during construction.

Results:

This proposal ensures that review, prioritization and approval of drinking water projects can happen in a timely manner and that MDH can be responsive to local requests for technical assistance. Municipalities will be able to meet drinking water quality goals more quickly, such as addressing contaminants in drinking water and replacing leaking, aging water mains.

Statutory Change(s):

None

Health

FY18-19 Biennial Budget Change Item

Change Item Title: Source Water Protection (Clean Water Fund Activities)

Fiscal Impact (\$000s)	FY 2018	FY 2019	FY 2020	FY 2021
General Fund				
Expenditures	0	0	0	0
Revenues	0	0	0	0
Clean Water Fund				
Expenditures	2,523	3,032	0	0
Revenues	0	0	0	0
Net Fiscal Impact = (Expenditures – Revenues)	2,523	3,032	0	0
Total FTEs	15	16	0	0

Recommendation:

The Governor recommends investing \$2.523 million in FY 2018 and \$3.032 million in FY 2019 from the clean water fund for source water protection activities. The proposal accelerates wellhead protection plan development and implementation, expands protection efforts for public water supplies that use surface waters as sources and increases integration of drinking water protection into Minnesota's new "One Watershed One plan" local water planning approach. The amount appropriated for this activity in the FY 2016-17 biennium was \$1,900,000 per year.

Rationale/Background:

The Clean Water Land and Legacy amendment in 2008 to the Minnesota Constitution has provided the impetus for change in many aspects of land and water resource management in the state. A key objective of the amendment is to protect drinking water sources. Source water protection connects water resource management with public health protection. Source water protection is a critical complement to other existing Safe Drinking Water Act programs. It focuses on safeguarding the sources of supply for the 80% of Minnesotans who receive their drinking water from public water systems. Prior appropriations from the clean water fund allowed MDH to increase the rate at which source water protection plans have been developed and implemented for public water systems. However, most public water systems have yet to complete planning efforts aimed at protecting their drinking water sources. The indicator used for Source Water Protection is the number (and associated population) of community public water systems in Minnesota with MDH-approved source water protection plans. That measure has been increasing in recent years in large part because of clean water fund support.

In addition, clean water fund investments have also stimulated the evolution and development of a host of other activities in the water resource management arena. The rapid change that is taking place within the context of water resources has exposed some limitations and shortcomings of the Source Water Protection program. The Governor therefore recommends 1) to continue the existing plan development and implementation work, and 2) to expand it for surface water systems and to dovetail cleanly with the planning and implementation efforts of local partners.

Proposal:

While Source Water Protection planning for groundwater-based public water systems is required under Minnesota Rules (4720.5500 – 4720.5590), resources available to conduct this work has hampered the pace of progress for the 960 community public water supplies in Minnesota. Additionally, there is neither the authority to mandate that surface water based public water systems engage in source water protection planning and implementation, nor the resources to induce them to do so voluntarily. Lastly, an integral part of effective implementation of source water protection activities requires that MDH strategically engage local officials. The framework for doing this is rapidly developing because of recent legislative directives and availability of clean water funds. MDH involvement in those efforts to provide a voice for drinking water protection requires significant time and effort from Source Water Protection staff.

Clean water funds will be used to continue providing assistance for Source Water Protection planning and implementation work, which has focused on communities with vulnerable water supplies and small public water systems that are challenged by health

equity issues. The increase in funding will address gaps in source water protection planning and implementation for surface water systems. There will also be an effort to increase coordination and integration with the state's comprehensive watershed planning efforts. Staff at MDH will provide technical expertise to communities and water system managers. Of the requested appropriation, \$617,000 in FY 2018 and FY \$950,000 in FY 2019 are for grants to local public water systems to advance source water protection efforts.

Results:

<i>Type of Measure</i>	<i>Name of Measure</i>	<i>Previous</i>	<i>Current</i>	<i>Dates</i>
Quantity	Public water systems with a source of supply protected with an approved source water protection plan. (total is approximately 960)	359	492	FY 2014 FY 2016
Results	Population served by public water systems with a source of supply protected with an approved source water protection plan (percentage of total population served by all community systems)	86%	88%	FY 2014 FY 2016

Statutory Change(s):

None

Health

FY18-19 Biennial Budget Change Item

Change Item Title: Contaminants of Emerging Concern (Clean Water Fund Activities)

Fiscal Impact (\$000s)	FY 2018	FY 2019	FY 2020	FY 2021
General Fund				
Expenditures				
Revenues	0	0	0	0
Clean Water Fund				
Expenditures	1,100	1,100	0	0
Revenues	0	0	0	0
Net Fiscal Impact = (Expenditures – Revenues)	1,100	1,100	0	0
Total FTEs	7	7	0	0

Recommendation:

The Governor recommends investing \$2.2 million from the clean water fund in FY 2018-19 to address contaminants of emerging concern. Studies are finding unexpected chemicals in lakes, rivers and groundwater and health officials need to understand if people's exposures to these chemicals could pose a health risk. There are over 84,000 chemicals in use, with 700 new chemicals being introduced every year. Contaminants of emerging concern (CECs) are often chemicals that the community knows little about, especially their potential impact on people's health. This proposal continues the agency's work to address health risks of CECs in drinking water. The amount appropriated for this activity in the FY 2016-17 biennium was \$1,100,000 per year.

Rationale/Background:

The Drinking Water Contaminants of Emerging Concern program investigates and communicates the exposure potential and health risk of contaminants of emerging concern in drinking water. The program develops human health-based drinking water guidance values (i.e., how much of a substance is safe to drink). These guidance values are developed using available toxicity and exposure information. MDH scientists calculate guidance values that will protect people who drink from a water source for different time periods, whether briefly, occasionally, or daily for a lifetime. The work of the program is facilitated by collaborative relationships with the public, various local, state and federal government agencies, academic organizations, non-profit groups, industry groups and drinking water and wastewater professional organizations.

Proposal:

This proposal maintains the scientific capacity of the CEC program to investigate and communicate the exposure potential and health risks of CECs in drinking water. MDH will collect new data and develop new models and methods in risk assessment for emerging concerns in water. The agency will also continue the work of the public health laboratory to test for CECs in water supplies. Additional effort will be put into developing rapid assessment values for groups of chemicals where appropriate, allowing for a greater program output that better meets customer needs. The agency will provide up to \$100,000 in grants each year to local or tribal governments, non-profits, academic institutions or water resource organizations to reduce the health impacts associated with exposure to CECs in drinking water. The proposal allows MDH to fully implement the recommendations of the University of Minnesota's review¹ of the CEC program chemical prioritization process, which was a legislative mandate in 2015.

¹ <http://www.health.state.mn.us/divs/eh/risk/guidance/dwec/index.html>

Results:

<i>Type of Measure</i>	<i>Name of Measure</i>	<i>Previous</i>	<i>Current</i>	<i>Dates</i>
Quantity	Full chemical reviews	10	10	Per biennium
	Technical assists	-	30	Per year
	Rapid Assessment Values	-	280	Per biennium

Statutory Change(s):

None

Health

FY18-19 Biennial Budget Change Item

Change Item Title: Private Well Protection (Clean Water Fund Activities)

Fiscal Impact (\$000s)	FY 2018	FY 2019	FY 2020	FY 2021
General Fund				
Expenditures	0	0	0	0
Revenues	0	0	0	0
Clean Water Fund				
Expenditures	400	400	0	0
Revenues	0	0	0	0
Net Fiscal Impact = (Expenditures – Revenues)	400	400	0	0
Total FTEs	3	3	0	0

Recommendation:

The Governor recommends investing \$800,000 from the clean water fund in FY 2018-19 to reduce risks from drinking water for private well owners. This proposal increases understanding of the magnitude and occurrence of contaminants in private wells, and it increases testing and treatment of private well water. As a result of this proposal, fewer new private wells will have arsenic levels above the drinking water standard. The amount appropriated for this activity in the FY 2016-17 biennium was \$325,000 per year.

Rationale/Background:

Approximately 1.1 million Minnesotans rely on a private well for their drinking water supply. In contrast to highly monitored water public water supplies, water from a private residential is not required to meet the Safe Drinking Water Act and any actions to sample or treat depends on the owner's initiative and vigilance. Minnesota Rules require that water quality samples from new private wells be collected and analyzed for Nitrate, Arsenic and Bacteria (wells cannot be put into service until the well tests negative for coliform bacteria). Approximately 10% of new wells have arsenic, and just under 1% have nitrate concentrations exceeding the drinking water standard (these standards are only enforceable in public water supplies, not private supply wells). Brochures are provided to well owners with elevated nitrate or arsenic; however, decisions about treatment and additional sampling are the responsibility of the well owner. There is little information about actions taken by well owners who have nitrate or arsenic concentrations above safe levels. This initiative will continue work started during the previous biennia to assess what actions people take and private well water quality issues to develop information and guidance to reduce risk to private well owners.

Proposal:

This proposal will further the goal set forth in the Clean Water Fund Roadmap of reducing the number of new wells with arsenic over the safe drinking water act standard by half by 2034. This proposal provides the resources to work toward this goal, however it will be difficult to measure a decline in the short term. This proposal will also provide resources to increase the rate of testing and treatment for private well owners. The actual percent increase will be determined as information on the current rate of testing and treatment that is currently being collected, is analyzed. The proposal supports and equips hydrological and health educator staff positions at MDH. Partners in this effort include Minnesota Department of Agriculture, Minnesota Pollution Control Agency, United States Geological Survey, local governmental agencies and private well owners. The proposal is inclusive of \$40,000 in grants in FY 2018-19 to local governments for education and outreach efforts.

Results:

This effort is intended to increase understanding of the occurrence and distribution of arsenic in groundwater so that there is a reduction of new private wells that have arsenic above the drinking water standard toward 5% by 2034. A baseline will also be established for what actions private well owners take when samples from their well exceed the standard for arsenic. Once that baseline is established, efforts to increase actions to address contaminants will be developed. There will also be evaluation of other contaminants impacting private wells. There will be a need for cooperation from well owners to provide information about

the actions they take. There will also be a continued need for cooperation from licensed well contractors to assist in providing information about well construction and sampling methods.

Statutory Change(s):

None

Health

FY18-19 Biennial Budget Change Item

Change Item Title: Groundwater Restoration and Protection Strategies (Clean Water Fund Activities)

Fiscal Impact (\$000s)	FY 2018	FY 2019	FY 2020	FY 2021
General Fund				
Expenditures	0	0	0	0
Revenues	0	0	0	0
Clean Water Fund				
Expenditures	200	200	0	0
Revenues	0	0	0	0
Net Fiscal Impact = (Expenditures – Revenues)	200	200	0	0
Total FTEs	1	1	0	0

Recommendation:

The Governor recommends investing \$400,000 from the clean water fund in FY 2018-19 for groundwater protection activities. This proposal supports the development of Groundwater Restoration and Protection Strategies (GRAPS) for selected watersheds that are engaged in developing a local comprehensive water plan, referred to as a One Watershed One Plan. The amount appropriated for this activity in the FY 2016-17 biennium was \$125,000 per year.

Rationale/Background:

Approximately 80% of Minnesotans get their drinking water from groundwater sources. Formal needs assessment studies conducted by the Freshwater Society,¹ the University of Minnesota,² DNR and MDH have demonstrably shown that local water resource managers and technical staff in Minnesota feel ill equipped to tackle groundwater management. At the same time, changes in the local water management framework in Minnesota are creating strong inducements for comprehensive approaches (i.e., surface water, groundwater, land use management, etc.). It is neither practical nor efficient to expect local units of government to build capacity and expertise relative to groundwater at a scale equivalent to what exists at the state level. Rather, the aim of this initiative is to leverage state resources to achieve beneficial outcomes relative to groundwater protection at the local level. Groundwater Restoration and Protection Strategies (GRAPS) is an MDH-led, multiple agency effort to distill state and local data, information and expertise on groundwater to help local implementers set management priorities, target resources to areas where they are most needed and to predict measurable outcomes.

The scope of this proposal is statewide. In effect, GRAPS projects will mostly coordinate with local comprehensive watershed scale water planning ("One Watershed, One Plan") being organized under the auspices of the Board of Water and Soil Resources (BWSR). BWSR is currently staging the watershed planning efforts at a rate of 6 to 8 per year. This roll-out favors rural areas of the state, where private drinking water wells are common. It is known that, relative to their urban counterparts, rural residents have less access to public water supplies and experience inequities in income and access to health care. Private well owners also are largely responsible for the operation, maintenance and monitoring of their private water supply. GRAPS is one of the very few organized approaches to consider the needs of private well owners within the framework of groundwater management, and thus advances health equity. Without this initiative, groundwater management to benefit all drinking water users will be uneven across the state.

Proposal:

This effort will build on existing efforts funded by the clean water fund to develop GRAPS across Minnesota. The GRAPS process and associated deliverables will provide clear and concise information and strategies to local water managers (i.e., counties, soil and water conservation districts and watershed districts). A key objective of this work is to provide the information and appropriate, actionable strategies for groundwater protection to local partners. These strategies will align with state and local priorities to justify their incorporation into local comprehensive watershed plans. In FY 2018 and 2019, proposed funds will

¹ http://www.health.state.mn.us/divs/eh/water/dwp_cwl/localimplem/report2016.pdf

² http://files.dnr.state.mn.us/waters/groundwater_section/gw-management_report_122315.pdf

continue supporting one FTE at MDH to facilitate interagency collaboration on GRAPS, grants totaling \$73,000 per year for a few key local partners to help pilot state/local collaboration on GRAPS and assistance to other agencies for their participation as needed. The efforts in FY 2018 and 2019 will expand the program to 2 to 3 watershed-focused GRAPS projects per year from 1 to 2 pilot projects per year in FY 2016 and 2017. There are approximately 62 watersheds in which BWSR will be conducting One Watershed One Plan comprehensive watershed planning over a ten year period. This project is also intended to be an intermediate step to develop practices for development of GRAPS that will used as pace of development of One Watershed One Plan increases.

Results:

Much of this initiative is driven by gaps identified in the qualitative needs assessments described earlier. Performance will be measured, in part, by comparison of future such assessments with the existing assessments. In addition, progress can be measured by the number of completed GRAPS projects. Two pilot projects are nearing completion. Another 2 to 3 are planned for FY 2018 and 2019.

Statutory Change(s):

None

Health

FY18-19 Biennial Budget Change Item

Change Item Title: Virus Study (Clean Water Fund Activities)

Fiscal Impact (\$000s)	FY 2018	FY 2019	FY 2020	FY 2021
General Fund				
Expenditures	0	0	0	0
Revenues	0	0	0	0
Clean Water Fund				
Expenditures	100	100	0	0
Revenues	0	0	0	0
Net Fiscal Impact = (Expenditures – Revenues)	100	100	0	0
Total FTEs	1	1	0	0

Recommendation:

The Governor recommends investing \$200,000 from the clean water fund in FY 2018-19 to continue a virus study. The previous clean water fund virus study found higher than expected detections of viruses and bacteria in groundwater-sourced drinking water and 88% of the public water systems monitored had a microbial detection at least once during the first year of monitoring. More in-depth analyses are needed to identify contaminant transport pathways, develop targeted control strategies and management tools to reduce public health risk. The amount appropriated for this activity was \$275,000 in FY 2016 and \$75,000 in FY 2017.

Rationale/Background:

A significant population in Minnesota drinks groundwater that has not undergone disinfection, including those who receive tap water from 25% of the small community public water supplies, the majority of the non-community public water systems, and the 1.1 million Minnesotans who get water from their own private wells. These populations could be subject to increased risk of illness from drinking their water. The Safe Drinking Water Act (SDWA) relies on source water protection, treatment and disinfection to reduce and address microbial contamination health risks.

The higher than expected occurrences of virus and pathogenic organisms cause concerns for regulators and public health agencies because monitoring for viruses in drinking water is prohibitive due to costs and technological limitations. Existing state and federal regulations and policies to protect groundwater-sourced drinking water may not be sufficient in protecting public health from viral contamination and waterborne illnesses.

More than 50% of drinking water outbreaks in the United States are due to the consumption of contaminated groundwater. However, outbreaks represent only the tip of the iceberg and it is likely that additional illnesses due to groundwater contamination go unreported or unrecognized.

Proposal:

This proposal is to further analyze results of the data collected as part of the previous clean water fund Virus Study. Additional data analyses are needed in order to identify contributing factors to the occurrence of the microbial detections and create science-based recommendations and/or policy changes. This is a continuation of work currently being done. Funding will retain one senior epidemiologist to continue data analysis and research.

This proposal is informed by data collected in the previous clean water fund Virus Study:

- Sampling is 99% complete.
- Virus data analysis will be completed during FY 2018-2019 and data analysis presented out.

Findings from the studies will be incorporated into current work with public water supplies and private well owners.

Results:

Results and recommendations will be documented in future Virus Study publications and have the potential to better protect Minnesota's groundwater drinking water sources and reduce public exposures to waterborne illnesses due to viral contamination.

Statutory Change(s):

None

Health

FY18-19 Biennial Budget Change Item

Change Item Title: Well Sealing (Clean Water Fund Activities)

Fiscal Impact (\$000s)	FY 2018	FY 2019	FY 2020	FY 2021
General Fund				
Expenditures	0	0	0	0
Revenues	0	0	0	0
Clean Water Fund				
Expenditures	250	250	0	0
Revenues	0	0	0	0
Net Fiscal Impact = (Expenditures – Revenues)	250	250	0	0
Total FTEs	0.2	0.2	0	0

Recommendation:

The Governor recommends investing \$500,000 from the clean water fund in FY 2018-19 for well sealing. This proposal uses funds for cost sharing to help Minnesotans seal unused wells and borings, increasing the number sealed by 200 per year. Well sealing eliminates the pathway for contaminants to reach groundwater aquifers that serve as the primary drinking water source for 75% of Minnesotans. The amount appropriated for this activity in the FY 2016-17 biennium was \$112,500 per year.

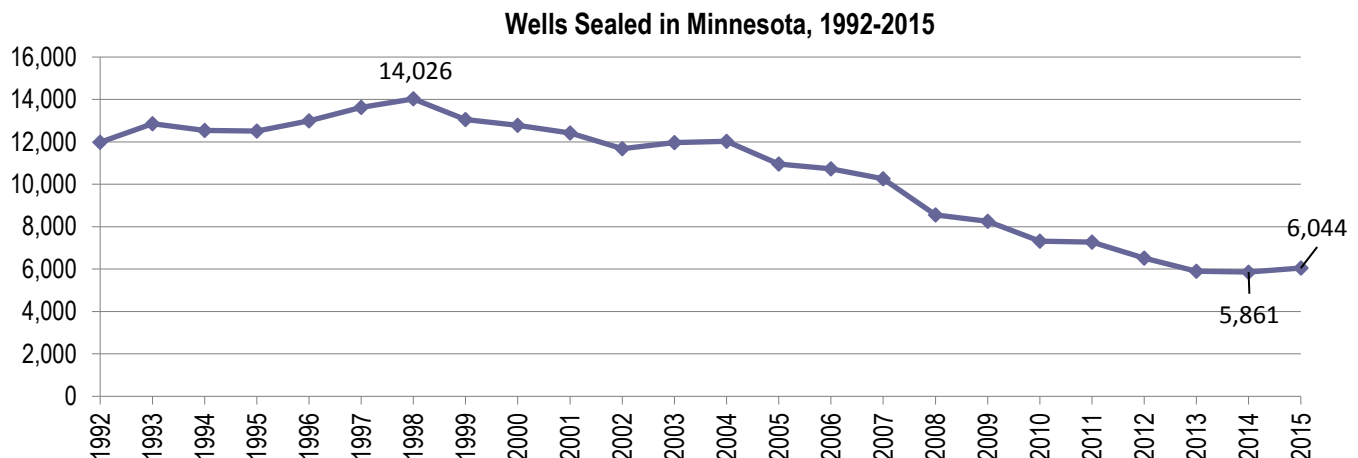
Rationale/Background:

Unused, unsealed wells, can pose a threat to groundwater quality and public health by providing a direct conduit from the surface to groundwater—allowing contaminants to travel deep into the ground, bypassing the natural protection usually provided by layers of clay, silt, and other geologic materials. Approximately 70% of Minnesotans use groundwater as their primary source of drinking water. Although Minnesota leads the nation in sealing unused wells (MDH was awarded the Groundwater Protection Award in 2006 by the National Ground Water Association), and has sealed 270,000 wells in the past 25 years, an estimated 500,000 unused wells remain unsealed.

Proposal:

This proposal will increase the number of unused wells sealed by 200 per year, removing potential pathways for contaminants to reach groundwater. The funds from this proposal provide incentive for well owners to seal wells they might not otherwise seal if they had to bear the entire cost. It also provides resources for unused public water supply wells that are often deep and large diameter. These wells can be very costly to seal, pose a significant risk to deep aquifers and can be a physical hazard. Wells must be sealed by a licensed well contractor. Well owners will need to apply for funding and get their wells sealed.

Results:



Wells no longer in use are required to be sealed by a licensed well contractor and over the past 23 years approximately 6,000 and 14,000 wells are sealed annually. The recent downward trend in sealing is likely related to several factors including a reduction in property transfers, early effort to get problem wells sealed and the downturn in the economy. While the financial assistance provided through this initiative is not sufficient to significantly reverse the recent trend it will increase the rate at which wells are sealed and provide incentive to seal wells that might not otherwise be sealed. The sealing of these wells will eliminate the pathway for contaminants to reach groundwater aquifers which serve as the primary drinking water source for 75% of Minnesotans.

Statutory Change(s):

None

Health

FY18-19 Biennial Budget Change Item

Change Item Title: Help Me Grow

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	0	0	0
Net Fiscal Impact = (Expenditures – Revenues)	0	0	0	0
Total FTEs	0	0	0	0

***MDH receives an annual transfer of \$118,000 to support 1 FTE under this recommendation. This change item narrative is for information only.**

Request:

The Governor recommends building upon the current Help Me Grow brand to develop a comprehensive, statewide, coordinated system of early identification, referral and follow-up for young children from birth to age three. Help Me Grow will work to connect children who have high needs and their families to existing services within Minnesota's strong system of early learning and development programs. The fiscal impact of this proposal is reflected in the Governor's recommendations for the Department of Education. Of the \$1.5 million general fund investment in Help Me Grow, the Minnesota Department of Health would receive a transfer of \$118,000 per year from the Department of Education for a position to help establish and support an effective referral system.

Rationale/Background:

Many early care and education programs exist to promote kindergarten readiness and academic success during the early elementary years. Because these programs are offered by a multitude of agencies funded by many sources it is often challenging for families to find and pay for needed services. Help Me Grow will enhance efforts to reduce or prevent the achievement gap between children with high needs and their peers by creating a navigation tool to connect children, especially those with high needs, to early intervention services.

Children with "high needs" includes children who are:

- In poverty, highly mobile or experiencing homelessness.
- English learners.
- Demonstrating developmental delays or disabilities.
- From families experiencing mental health concerns.

Identifying and linking at-risk children to community-based supports as early as possible is essential to optimal child development. Families, child health providers, and other professionals often have difficulty recognizing when children show early signs of developmental delays or behavioral health issues. The Help Me Grow initiative will help to prevent the educational gaps between children with high needs and their peers by effectively connecting children most in need to existing intervention services within Minnesota's strong system of early learning and development programs.

Minnesota's Help Me Grow system is built upon a model developed by the University of Connecticut Children's Hospital, and includes four essential components: health care provider outreach, community outreach, a centralized telephone access point, and data collection. The Department of Education, in partnership with the Minnesota departments of Health and Human Services, is seeking legislation that will ratify state affiliate status with the Help Me Grow Model developed by the Connecticut Children's Hospital.

Proposal:

Built upon meaningful collaboration across state agencies and public sectors, this proposal will expand Minnesota's existing Help Me Grow initiative to establish a more comprehensive system. When fully implemented and operational in 2018, more than 630,000 young children and their families from birth to grade three could benefit from the following components of Help Me Grow:

- A centralized access point (telephone, web-based, etc.) to services, staffed by highly trained early childhood specialists, who connect families to needed services and provide essential follow-up support. Computer hardware and software, used by call center personnel, will manage information on comprehensive early childhood services and supports available across Minnesota, and make and monitor referrals.
- Child health care provider outreach and education to promote the importance of periodic developmental and social emotional screening.
- A cost-effective mechanism to identify young children at risk for developmental and behavioral problems, and their linkage to community based services.
- Public awareness and outreach to providers and consumers of essential services.
- Efficient strategies for families to enroll in comprehensive services.
- An information infrastructure necessary to monitor the effectiveness and continuously improve the Help Me Grow system, including identification of gaps, barriers and lack of resources.

The Help Me Grow system will be implemented by non-profit entity, selected through a competitive process. A position at MDH is needed to engage providers in the system, provide technical assistance, support establishment of an effective referral system, and support data analysis and quality improvement processes.

Equity and Inclusion:

The Minnesota departments of Health, Human Services, and Education hosted a Help Me Grow summit in December 2013 to obtain community feedback on whether to expand to a more comprehensive Help Me Grow model. Over 100 community stakeholders representing health, human services, and education organization, as well as parents participated. Through a follow-up survey, 98 percent of respondents agreed that Minnesota should pursue expanding to a more comprehensive Help Me Grow system. Since the summit, a cross-agency planning team has received input from over 400 community stakeholders on how to best implement a more comprehensive system. These community stakeholders represented culturally and linguistically diverse populations, tribal nations, health care providers, education providers, human service and mental health providers, and families. Stakeholders also represented both greater Minnesota and Metro regions of the state.

Through this process recommendations have been made to ensure that Help Me Grow will be available to all Minnesota families with young children prenatal through age 8, regardless of income. Help Me Grow staff will provide targeted outreach to Minnesota's vulnerable populations to ensure timely connection and follow-up is made to community-based services. As a result, identifying and linking children to community-based supports as early as possible will support optimal child development thus resulting in children who enter school ready to learn.

Results:

Help Me Grow data collection and analysis procedures will require the centralized access entity to report on a set of key indicators that begins with a participant's initial inquiry to Help Me Grow and concludes with follow-up on service linkage referrals. Data will then be analyzed to identify gaps, barriers and lack of resources to inform a statewide continuous quality improvement process. Data tracked will include demographics, referral needs, number of children receiving screening and/or services, number of referrals made to each service/provider, cases where a service or program does not exist to meet the needs of children and families or there is a barrier to obtaining a service.

Health

FY18-19 Biennial Budget Change Item

Change Item Title: Nonrefundable Fee Clarification

Fiscal Impact (\$000s)	FY 2018	FY 2019	FY 2020	FY 2021
General Fund				
Expenditures				
Revenues	0	0	0	0
State Government Special Revenue				
Expenditures	0	0	0	0
Revenues	70	70	70	70
Net Fiscal Impact = (Expenditures – Revenues)	(70)	(70)	(70)	(70)
Total FTEs	0	0	0	0

Recommendation:

The Governor recommends clarifying that fees collected to support oversight of health facilities and home care are nonrefundable. Unlike for many fee programs at the Minnesota Department of Health and other agencies and boards, the statutes governing health facilities and home care licensure do not state that fees are nonrefundable. As a result, the department refunds to providers upon request their licensure fees if they do not obtain licensure for any reason, even though the department has incurred administrative burden and expenses to process and review the application. This proposal would retain approximately \$70,000 per year in fee revenue to the state government special revenue fund to support regulatory activities.

Rationale/Background:

The Minnesota Department of Health, Health Regulation Division regulates nursing homes, boarding care homes, hospitals, supervised living facilities, supplemental nursing services agencies, birth centers, hospices, freestanding outpatient surgical centers, and home care providers. Laws governing these regulatory programs require that providers submit an application fee each time they apply for licensure. While statutes for many other regulatory programs state that the fees are nonrefundable, the health facilities and home care statutes do not. As a result, the department issues refunds upon request to providers even in situations where an applicant withdrew the application prior to being issued a license, an applicant was disqualified from licensure based on the results of a background study, or if a license was denied or revoked during the initial or renewal application process.

Minn. Stat. sec 16A.1285 requires that license fees be set at a level that recovers the cost of regulation. Even in cases where an application is later withdrawn or licensure is not granted, the department has incurred expenses such as staff time to review applications, staff and travel costs to conduct surveys (inspections), and other related costs. Therefore, the fee amounts charged in these cases are still needed to offset the overall cost of regulation.

Proposal:

This change aligns the health facilities and home care regulatory programs with the other regulatory programs by clarifying that all licensing fees are nonrefundable. Language will be added to Minn. Stat. secs. 144.122(a) and 144A.472, subd. 7(g) stating that fees are nonrefundable effective July 1, 2017. The department would retain the ability to refund for mistakes such as a provider paid an incorrect fee amount when submitting an application.

Refunds to home care providers that would no longer be made under this proposal are approximately \$52,000 per year for around 18 applicants. Refunds to health facilities that would no longer be made under this proposal are approximately \$18,000 per year for 7 applicants.

Results:

This proposal will result in fewer refunds being issued and more funds being retained to support regulatory activities, helping fee amounts to balance program expenses.

Statutory Change(s):

Minn. Stat. sec. 144.122 and 144A.472.

Health

FY18-19 Biennial Budget Change Item

Change Item Title: Network Waiver Appeals

Fiscal Impact (\$000s)	FY 2018	FY 2019	FY 2020	FY 2021
General Fund				
Expenditures	411	0	0	0
Revenues	0	0	0	0
Net Fiscal Impact = (Expenditures – Revenues)	411	0	0	0
FTEs	0	0	0	0

Request:

The Governor recommends \$411,000 from the general fund in fiscal year 2018 for costs associated with network waiver appeals, as required by Minnesota Laws 2017, chapter 2, article 2, section 11. Costs to respond to appeals include attorney fees, administrative law judge fees, and legal expenses of the aggrieved provider if a network adequacy waiver issued by the Minnesota Department of Health is ultimately overturned. These costs would begin during fiscal year 2017 and conclude by the end of fiscal year 2019.

Rationale/Background:

Minnesota Laws 2017, chapter 2 enacted a number of significant policy changes for Minnesota's non-group insurance market. Four provisions of the new law have a fiscal impact on MDH, which regulates health maintenance organizations, county-based purchasers, and related organizations, and also reviews networks and service areas for all segments of the Minnesota private insurance markets. The four sections are:

- A new process to appeal network adequacy waivers granted by MDH under Minnesota Statutes, 62K.10, subdivision 5a;
- Allowing for-profit corporations to operate as health maintenance organizations (HMOs) in Minnesota;
- Continuity of care for individuals whose providers are no longer in-network (article 2, sec. 15); and
- New consumer protections when an enrollee receives services from a non-participating provider without the enrollee's knowledge ("surprise billing") (article 2, sec. 13).

Under Minnesota Statutes, section 62K.10, MDH annually reviews requests from health insurers for waivers from network adequacy requirements intended to ensure insurance products sold in the non-group market include a sufficient number of primary and specialty services within an applicable service area. Minnesota Laws 2017, chapter 2, creates a new appeal process for any health care provider aggrieved by MDH's issuance of a network adequacy waiver. Appeals from an aggrieved provider may be filed with an administrative law judge as a contested case hearing under Minnesota Statutes, sections 14.57 to 14.62 within 60 days of a waiver being granted, starting with waivers in effect January 1, 2017. The decision of the administrative law judge is subject to potential judicial review. Network adequacy waiver appeals may be filed for health insurance products sold in insurance plan years 2017, 2018 or 2019. The network adequacy waiver appeals law expires on December 31, 2018, but since waiver appeals are granted in the fall before the insurance plan year begins, MDH could receive appeals for plan years 2017, 2018, and 2019 under the law.

If MDH receives appeals to network adequacy waivers, the department will incur costs for Attorney General legal staff time, to prepare for and participate in contested case hearings, for administrative law judge fees for the hearings, and for the legal expenses of the prevailing party if an MDH network adequacy waiver is overturned. Based on experience with contested cases in other regulatory areas, MDH estimates an average cost of \$32,000 per appeal for legal and administrative law judge time. MDH could also be liable for an estimated \$29,000 per contested case for legal fees of the prevailing party if a network waiver is overturned.

At this time, the fiscal impacts of other changes in law included in Minnesota Laws 2017, chapter 2, are not definitively known and are not included in this proposal. MDH may experience additional costs to enforce additional complaints related to

additional for-profit health plans entering the market, complaints for violations of continuity of care protections, and complaints for violations of the consumer protections related to non-participating providers.

Proposal:

This proposal provides \$411,000 in FY 2018 from the general fund for costs in fiscal years 2017 through 2019 associated with a new network waiver appeals process created by Minnesota Laws 2017, chapter 2. This amount assumes MDH receives up to three appeals for each plan year, and is required to pay prevailing party legal expenses in one third of those cases.

IT Related Proposals:

None.

Results:

Health care providers will be able to utilize the network adequacy waiver appeals required by Minnesota Laws 2017, chapter 2.

Statutory Change(s):

None.

Health

FY18-19 Biennial Budget Change Item

Change Item Title: Establish Goal to Improve Water Quality 25% by 2025

Fiscal Impact (\$000s)	FY 2018	FY 2019	FY 2020	FY 2021
General Fund				
Expenditures	250	0	0	0
Other Funds				
Expenditures	0	0	0	0
Revenues	0	0	0	0
Net Fiscal Impact = (Expenditures – Revenues)	250	0	0	0
FTEs				

Recommendation:

The governor recommends \$250,000 from the general fund in FY2018 to conduct a stakeholder and public engagement process across Minnesota seeking input on how to reach a statewide goal to improve water quality by 25% by 2025.

Rationale/Background:

In the land of 10,000 lakes, Minnesotans expect clean, affordable water, no matter where they live. However, more than 40 percent of Minnesota's waters are listed as impaired or polluted. Drinking water is increasingly at risk from both pollution and aged-out infrastructure. Aquatic invasive species have infested more than 550 lakes statewide. Currently, the state is committed to clean water with the Clean Water, Land and Legacy Amendment until 2034. Each year about \$85 million from the Clean Water Fund is invested in various water management activities. Without additional action, the quality of Minnesota's waters is expected to improve only 6 to 8 percent by 2034. To ensure that Minnesota's fish are safe to eat, that our water is safe to drink and our lakes are safe for swimming, we need to do more. To move forward, citizens, government, businesses, and stakeholder groups must work together to identify regionally-specific priorities, create a shared vision for what a 25% improvement will look like for different parts of the state, and develop strategies to get us there. This budget initiative is designed to engage communities across Minnesota to collaborate on solutions to accelerate the pace of water quality improvement.

Proposal:

The Health Department, Department of Natural Resources, Pollution Control Agency, Department of Agriculture, Board of Water and Soil Resources, Metropolitan Council, Public Facilities Authority, and Environmental Quality Board are launching a collaborative civic engagement process from June through December 2017 to gather input on reaching a Water Quality Improvement Goal of 25% by 2025. This new initiative builds on existing water-quality improvement programs within state and local government, but has the distinct purpose of catalyzing local input on, and support towards, the 25% improvement goal. This civic engagement process will help to accelerate the pace of progress toward water quality improvements by providing citizens opportunities to shape local and regional-specific solutions for improving water quality in their communities.

The 2017 civic engagement process will include:

- Organizing ten town hall events in Greater Minnesota and in the Twin Cities Metro Region to gather input from citizens.
- Generating regionally specific educational "toolkits" for public dissemination with background information on water challenges and successes.
- Holding targeted meetings with key stakeholders in different regions of the state to discuss community needs and priorities.
- Developing online resources and platforms that support public involvement.
- Developing a final report with results from the public engagement process.

The Governor recommends \$250,000 from the general fund for agency activities necessary to support the planning and implementation of this civic engagement initiative. The funding would support technical and project-management staff time as well as additional costs related to producing educational materials and holding public meetings. Each agency will contribute to

this process based on their expertise and capacities. This proposal provides the following funding to agencies and allows them to transfer these resources as necessary for implementation:

- Agriculture Department: \$47,000
- Board of Water and Soil Resources: \$26,000
- Environmental Quality Board: \$67,000
- Health Department: \$30,000
- Natural Resources Department: \$26,000
- Pollution Control Agency: \$54,000

Results:

The budget initiative will enable the cooperating agencies to receive a significantly wider range of input regarding the 25% by 2025 Water Quality Improvement Goal than is currently provided for under existing programs and budgets. Agencies will report on the quantity of public participation across the various engagement forums (in-person meetings, online participation); the quality of ideas generated; and the extent of implementation. By December 15, 2017, the cooperating agencies will submit a report to the Governor and the Legislative Water Commission on the results of the public input process, including policy and budget recommendations.

Statutory Change(s):

The proposed legislative initiative will affect the following statute:

Section 103A.213

Program: Health Improvement**AT A GLANCE****ACTIVITIES**

- Community and Family Health
- Health Promotion and Chronic Disease
- Health Equity
- Statewide Health Improvement
- Health Partnerships
- Health Policy
- Medical Cannabis

PURPOSE & CONTEXT

Activities in the Health Improvement budget program are responsible for maintaining and improving the health of all Minnesotans. The purpose, services, results and authorizing statutes of each activity is described in the following pages. The fiscal page for Health Improvement reflects a summation of activities under this budget program area.

(Dollars in Thousands)

Expenditures By Fund

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY14	FY15	FY16	FY17	FY18	FY19	FY18	FY19
1000 - General	57,840	59,723	67,174	71,645	68,997	69,047	87,184	88,506
1100 - Medical Education & Research	79,788	79,614	79,942	79,022	78,841	78,841	78,841	78,841
1200 - State Government Special Rev	4,259	4,473	5,371	6,299	6,333	6,300	6,437	6,404
2000 - Restrict Misc Special Revenue	3,017	4,284	3,937	11,362	2,665	1,166	2,665	1,166
2001 - Other Misc Special Revenue	971	2,223	1,884	3,485	1,681	1,681	1,681	1,681
2360 - Health Care Access	25,865	36,345	33,432	41,177	36,066	35,478	36,643	36,257
2403 - Gift	6	12	21	74	0	0	0	0
2800 - Environmental	438	923	443	495	469	469	469	469
3000 - Federal	194,413	207,820	191,679	210,693	198,743	191,786	198,743	191,786
3001 - Federal TANF	11,098	11,979	8,867	14,686	11,713	11,713	11,713	11,713
Total	377,694	407,396	392,750	438,938	405,508	396,480	424,376	416,822
Biennial Change				46,598		(29,700)		9,510
Biennial % Change				6		(4)		1
Governor's Change from Base								39,210
Governor's % Change from Base								5

Expenditures by Budget Activity

Budget Activity: Community & Family Health	199,745	203,396	169,358	186,222	181,162	176,327	193,863	195,147
Budget Activity: Health Promo & Chronic Disease	20,421	22,773	24,009	32,461	31,396	29,415	35,563	29,684
Budget Activity: Health Equity	5,455	6,014	7,267	8,648	7,350	7,350	8,488	7,514
Budget Activity: Statewide Health Improvement	26,446	34,925	28,259	30,163	26,185	26,177	26,263	26,308
Budget Activity: Health Partnerships	15,067	16,799	38,694	40,276	39,091	38,829	39,097	38,839
Budget Activity: Health Policy	110,559	121,335	123,568	139,732	118,887	116,944	119,411	117,638
Budget Activity: Medical Cannabis	0	2,153	1,595	1,436	1,437	1,437	1,691	1,691
Total	377,694	407,396	392,750	438,938	405,508	396,480	424,376	416,822

Expenditures by Category

Compensation	35,592	42,949	42,664	56,485	49,954	46,506	51,937	48,363
Operating Expenses	30,278	26,020	29,803	40,347	36,274	35,060	39,664	36,843
Other Financial Transactions	4,208	5,148	4,674	5,469	4,678	4,676	8,078	4,676
Grants, Aids and Subsidies	307,614	333,278	315,609	334,882	312,848	308,483	322,943	325,185
Capital Outlay-Real Property	3	0	0	1,755	1,755	1,755	1,755	1,755
Total	377,694	407,396	392,750	438,938	405,508	396,480	424,376	416,822
Total Agency Expenditures	377,694	407,396	392,750	438,938	405,508	396,480	424,376	416,822
Internal Billing Expenditures	9,647	9,667	9,319	9,862	8,487	8,115	8,487	8,115

Expenditures by Category

Expenditures Less Internal Billing	368,048	397,728	383,431	429,076	397,022	388,364	415,890	408,706
---	----------------	----------------	----------------	----------------	----------------	----------------	----------------	----------------

Full-Time Equivalents

434.8	462.1	454.4	529.7	483.5	449.8	504.0	472.3
--------------	--------------	--------------	--------------	--------------	--------------	--------------	--------------

1000 - General

	Actual FY14	Actual FY15	Actual FY16	Estimate FY17	Forecast Base		Governor's Recommendation	
					FY18	FY19	FY18	FY19
Balance Forward In	495	2,208	509	2,190	0	0	0	0
Direct Appropriation	59,609	62,578	68,749	69,137	68,997	69,047	87,066	88,388
Net Transfers	17	(1,800)	319	319	0	0	118	118
Cancellations	170	754	213	0	0	0	0	0
Expenditures	57,840	59,723	67,174	71,645	68,997	69,047	87,184	88,506
Balance Forward Out	2,110	2,509	2,190	0	0	0	0	0
<i>Biennial Change in Expenditures</i>				21,257		(776)		36,870
<i>Biennial % Change in Expenditures</i>				18		(1)		27
<i>Gov's Exp Change from Base</i>								37,646
<i>Gov's Exp % Change from Base</i>								27
Full-Time Equivalents	73.3	84.7	85.1	91.1	73.9	73.4	87.4	86.9

1100 - Medical Education & Research

	Actual FY14	Actual FY15	Actual FY16	Estimate FY17	Forecast Base		Governor's Recommendation	
					FY18	FY19	FY18	FY19
Balance Forward In	145	1,056	1,282	181	0	0	0	0
Receipts	75,054	75,054	75,054	75,054	75,054	75,054	75,054	75,054
Net Transfers	4,788	4,788	3,788	3,787	3,787	3,787	3,787	3,787
Expenditures	79,788	79,614	79,942	79,022	78,841	78,841	78,841	78,841
Balance Forward Out	198	1,282	181	0	0	0	0	0
<i>Biennial Change in Expenditures</i>				(438)		(1,282)		(1,282)
<i>Biennial % Change in Expenditures</i>				0		(1)		(1)
<i>Gov's Exp Change from Base</i>								0
<i>Gov's Exp % Change from Base</i>								0

1200 - State Government Special Rev

	Actual FY14	Actual FY15	Actual FY16	Estimate FY17	Forecast Base		Governor's Recommendation	
					FY18	FY19	FY18	FY19
Balance Forward In	30	1,227	8	1,019	0	0	0	0
Direct Appropriation	5,326	5,426	6,264	6,182	6,215	6,182	6,319	6,286
Net Transfers	120	(26)	119	118	118	118	118	118
Cancellations	0	2,146	0	1,019	0	0	0	0
Expenditures	4,259	4,473	5,371	6,299	6,333	6,300	6,437	6,404
Balance Forward Out	1,218	8	1,019	0	0	0	0	0
<i>Biennial Change in Expenditures</i>				2,938		962		1,170

1200 - State Government Special Rev

Biennial % Change in Expenditures			34		8		10
Gov's Exp Change from Base							208
Gov's Exp % Change from Base							2
Full-Time Equivalents	35.9	38.6	40.4	42.1	40.1	41.1	41.1 42.1

2000 - Restrict Misc Special Revenue

	Actual FY14	Actual FY15	Actual FY16	Estimate FY17	Forecast Base		Governor's Recommendation	
					FY18	FY19	FY18	FY19
Balance Forward In	5,099	6,984	7,528	5,809	1,491	22	1,491	22
Direct Appropriation	3,937	3,937	3,937	3,937	3,937	3,937	3,937	3,937
Receipts	2,845	2,644	3,564	6,799	1,029	1,000	1,029	1,000
Net Transfers	(3,788)	(3,788)	(3,288)	(3,689)	(3,770)	(3,770)	(3,770)	(3,770)
Net Loan Activity	0	(488)	(1,995)	0	0	0	0	0
Expenditures	3,017	4,284	3,937	11,362	2,665	1,166	2,665	1,166
Balance Forward Out	5,076	5,005	5,809	1,491	22	22	22	22
Biennial Change in Expenditures				7,998		(11,468)		(11,468)
Biennial % Change in Expenditures				110		(75)		(75)
Gov's Exp Change from Base								0
Gov's Exp % Change from Base								0
Full-Time Equivalents	15.2	12.8	13.4	14.0	7.7	6.2	7.7	6.2

2001 - Other Misc Special Revenue

	Actual FY14	Actual FY15	Actual FY16	Estimate FY17	Forecast Base		Governor's Recommendation	
					FY18	FY19	FY18	FY19
Balance Forward In	1,769	2,099	2,139	1,988	222	177	222	177
Receipts	1,217	207	773	1,026	942	942	942	942
Net Transfers	0	75	960	694	694	694	694	694
Cancellations	0	25	0	0	0	0	0	0
Expenditures	971	2,223	1,884	3,485	1,681	1,681	1,681	1,681
Balance Forward Out	2,015	133	1,988	222	177	132	177	132
Biennial Change in Expenditures				2,175		(2,007)		(2,007)
Biennial % Change in Expenditures				68		(37)		(37)
Gov's Exp Change from Base								0
Gov's Exp % Change from Base								0
Full-Time Equivalents	12.8	13.8	13.3	15.9	10.1	9.9	10.1	9.9

2360 - Health Care Access

	Actual FY14	Actual FY15	Actual FY16	Estimate FY17	Forecast Base FY18 FY19		Governor's Recommendation FY18 FY19	
Balance Forward In	4,642	11,751	8,005	5,786	0	0	0	0
Direct Appropriation	29,743	28,143	33,987	35,456	36,066	35,479	36,643	36,258
Open Appropriation	12	0	0	0	0	0	0	0
Net Transfers	(1,000)	(810)	(565)	(65)	0	0	0	0
Cancellations	111	747	2,209	0	0	0	0	0
Expenditures	25,865	36,345	33,432	41,177	36,066	35,478	36,643	36,257
Balance Forward Out	7,419	1,992	5,786	0	0	0	0	0
<i>Biennial Change in Expenditures</i>				12,399		(3,065)		(1,709)
<i>Biennial % Change in Expenditures</i>				20		(4)		(2)
<i>Gov's Exp Change from Base</i>								1,356
<i>Gov's Exp % Change from Base</i>								2
Full-Time Equivalents	56.1	67.3	62.0	71.9	65.9	65.6	71.9	73.6

2403 - Gift

	Actual FY14	Actual FY15	Actual FY16	Estimate FY17	Forecast Base FY18 FY19		Governor's Recommendation FY18 FY19	
Balance Forward In	90	97	91	73	0	0	0	0
Receipts	10	6	2	1	0	0	0	0
Net Transfers	0	0	1	0	0	0	0	0
Expenditures	6	12	21	74	0	0	0	0
Balance Forward Out	94	91	73	0	0	0	0	0
<i>Biennial Change in Expenditures</i>				77		(95)		(95)
<i>Biennial % Change in Expenditures</i>				434		(100)		(100)
<i>Gov's Exp Change from Base</i>								0
<i>Gov's Exp % Change from Base</i>								0

2800 - Environmental

	Actual FY14	Actual FY15	Actual FY16	Estimate FY17	Forecast Base FY18 FY19		Governor's Recommendation FY18 FY19	
Balance Forward In	0	286	0	26	0	0	0	0
Net Transfers	637	637	469	469	469	469	469	469
Cancellations	0	0	0	0	0	0	0	0
Expenditures	438	923	443	495	469	469	469	469
Balance Forward Out	199	0	26	0	0	0	0	0
<i>Biennial Change in Expenditures</i>				(422)		0		0

2800 - Environmental

Biennial % Change in Expenditures			(31)		0	0
Gov's Exp Change from Base						0
Gov's Exp % Change from Base						0
Full-Time Equivalents	2.8	5.2	3.7	2.4	4.4	4.3

3000 - Federal

	Actual FY14	Actual FY15	Actual FY16	Estimate FY17	Forecast Base		Governor's Recommendation	
					FY18	FY19	FY18	FY19
Balance Forward In	5,431	6,703	73	92	0	0	0	0
Receipts	195,385	201,118	191,695	210,602	198,743	191,784	198,743	191,784
Net Transfers	0	0	3	0	0	0	0	0
Expenditures	194,413	207,820	191,679	210,693	198,743	191,786	198,743	191,786
Balance Forward Out	6,402	0	92	0	0	0	0	0
Biennial Change in Expenditures				139		(11,843)		(11,843)
Biennial % Change in Expenditures				0		(3)		(3)
Gov's Exp Change from Base								0
Gov's Exp % Change from Base								0
Full-Time Equivalents	236.6	233.6	234.2	288.9	279.2	246.9	279.2	246.9

3001 - Federal TANF

	Actual FY14	Actual FY15	Actual FY16	Estimate FY17	Forecast Base		Governor's Recommendation	
					FY18	FY19	FY18	FY19
Balance Forward In	0	31	0	0	0	0	0	0
Receipts	19,132	11,948	8,867	14,686	11,713	11,713	11,713	11,713
Expenditures	11,098	11,979	8,867	14,686	11,713	11,713	11,713	11,713
Balance Forward Out	8,034	0	0	0	0	0	0	0
Biennial Change in Expenditures				477		(126)		(126)
Biennial % Change in Expenditures				2		(1)		(1)
Gov's Exp Change from Base								0
Gov's Exp % Change from Base								0
Full-Time Equivalents	2.1	6.1	2.3	3.4	2.3	2.3	2.3	2.3

6000 - Miscellaneous Agency

	Actual FY14	Actual FY15	Actual FY16	Estimate FY17	Forecast Base		Governor's Recommendation	
					FY18	FY19	FY18	FY19
Receipts	58	59	60	75	75	75	75	75
Net Transfers	(58)	(59)	(60)	(75)	(75)	(75)	(75)	(75)

6000 - Miscellaneous Agency

Program: Health Improvement
Activity: Community and Family Health

<http://www.health.state.mn.us/divs/cfh/program/cfh>

AT A GLANCE

- Healthy food and nutrition services provided to over 193,000 pregnant women and young children.
- Prenatal, parenting, child safety and other support services provided to more than 10,000 pregnant and parenting women.
- Family planning counseling services provided to more than 48,000 high-risk individuals.
- Home visiting services provided to more than 9,200 at-risk families.
- More than 31,000 children with special health needs and their families connected to supports and services.
- Teen pregnancy prevention efforts reached more than 28,000 teens.
- Commodity foods provided to over 15,000 low-income seniors.

PURPOSE & CONTEXT

Research shows individuals' health outcomes can be greatly influenced by their early-life experiences. The Community and Family Health Division improves long-term health outcomes by providing early services to Minnesota children and families. The division's services focus on populations experiencing disparities in health outcomes: families living in poverty, families of color, American Indian families, and children and adolescents with special health care needs. The division seeks to improve those factors that predict a child's success: being born healthy; raised in a safe, stable and nurturing environment; early identification of problems and appropriate intervention; avoiding teen pregnancy and substance use; and graduating from high school

SERVICES PROVIDED

- **Improve outcomes for children by giving them the healthy food they need for a strong body and brain.** The WIC program improves the health and nutritional status of pregnant and postpartum women, infants, and young children, by providing breastfeeding resources and support, connecting families to community services, and providing personalized nutrition consultation and nutritious food. The program also authorizes, trains, and monitors Minnesota WIC food retailers.
- **Increase the proportion of pregnancies that are planned, so families are better prepared to raise a child.** The Maternal and Child Health program provides pre-pregnancy family planning funds, oversight and technical assistance to community-based grantees. The program ensures that family planning services are available to low-income and high risk individuals across the state.
- **Support adolescents and their families so adolescents are better prepared to do well in school and to graduate.** In partnership with grantees, local public health and youth-serving organizations, the Maternal and Child Health program offers teen and parent education, trains providers on supporting healthy behaviors and works with communities to support families in their development of strong, caring relationships with youth.
- **Identify children with special needs early so that they can receive services and support to help them perform better in school and in life.** The Children and Youth with Special Health Needs program develops standards, trains providers and provides funds to local public health agencies so that infants and children can access early, ongoing screening, intervention and follow-up services. Children with health, developmental, or social emotional challenges that are identified early and who receive appropriate support services are better able to catch up with their peers.
- **Support families at risk for child abuse and neglect, poor health, and poor school performance.** The Family Home Visiting program funds and provides grant oversight, training on best practices, and evaluation of public health efforts to improve the health and development of Minnesota's infants and young children. Evidenced-based home visiting programs have been shown to reduce child abuse and neglect, improve maternal and child health, improve a child's readiness for school and improve family economic stability.
- **Help children and youth with special health care needs reach their full potential.** The Children and Youth with Special Health Needs program follows infants and young children with special needs, including 46 specific birth

defects, those who are deaf or hard of hearing or have an inherited condition to ensure they are connected to public health, primary and specialty care and community resources. Children and families connected early to appropriate services do better than if they receive services later in life.

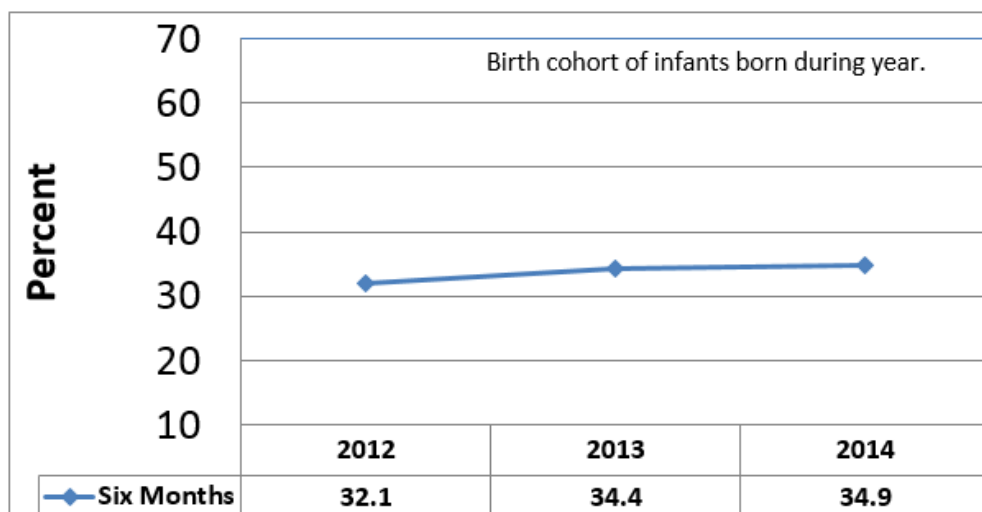
- **Help young children develop the skills they need to be ready for kindergarten.** The Children and Youth with Special Health Needs and Maternal and Child Health programs provide trainings and clinical assistance to health care providers to screen children for developmental and mental health delays, and screen their mothers for depression. The programs have established policies and clinical protocols and provide educational materials for clinics and others.
- **Improve the health of women so that babies are born healthy.** The Maternal and Child Health program encourages early access to prenatal care, provides necessary support services to high-risk pregnant women, and encourages preventive care and increased knowledge of healthy behaviors prior to and during pregnancy. The program collects, analyzes and reports data, develops standards and protocols and trains and shares best practices with providers.

RESULTS

Breastfeeding

Breastfed babies are less likely to suffer from serious illnesses, such as asthma and ear infections. There is a 15-30 percent reduction in adolescent and adult obesity rates if any breastfeeding occurred in infancy. The WIC program serves over 40 percent of infants born in Minnesota. The Minnesota WIC Program works in partnership with others to help create an environment supportive of breastfeeding.

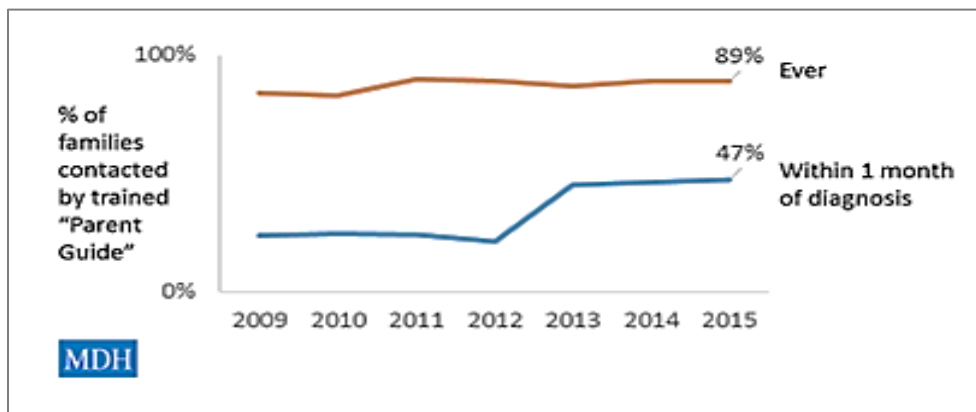
Percent of Minnesota WIC Infants Breastfeeding at Six Months of Age by Year



Families of Children who are Deaf and Hard of Hearing Connected to Family Support

Research shows that infants identified by six months of age and who receive early intervention services have significantly larger vocabularies and have better language skills than those whose hearing loss is discovered after six months. MDH actively follows up with families to assure they understand the importance of early identification and intervention. MDH works to improve the system so that there is timely connections to support services for every child born with a hearing loss.

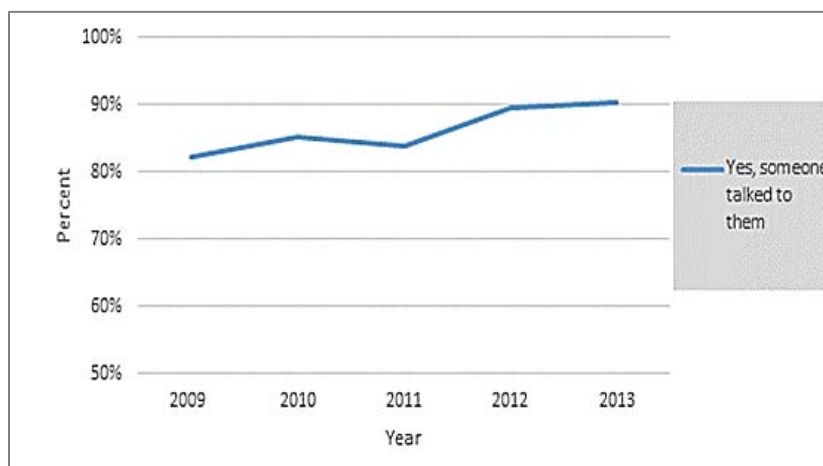
About 90% of families of children with permanent hearing loss were provided support from an experienced and trained parent guide.



Maternal Depression

One of the most common complications of having a child is maternal depression. A mother with maternal depression has an increased risk for other health problems. Maternal Depression can reduce the mother's interaction with her child, leading to delays in expected development. MDH assists clinics in implementing maternal depression screening of mothers during well-child visits. The family home visiting program administers maternal depression screenings, connecting at-risk mothers to further assessment and treatment.

Percent of postpartum women who report a health care provider talked with them about postpartum depression.



STATUTES

144.2215 Minnesota Birth Defects Information System (<https://www.revisor.mn.gov/statutes/?id=144.2215>)

144.574 Dangers of Shaking Infants and Young Children (<https://www.revisor.mn.gov/statutes/?id=144.574>)

144.966 Early Hearing Detection and Intervention Program (<https://www.revisor.mn.gov/statutes/?id=144.966>)

145.4235 Positive Abortion Alternatives Program (<https://www.revisor.leg.state.mn.us/statutes/?id=145.4235>)

145.4243 Woman's Right to Know Printed Information (<https://www.revisor.mn.gov/statutes/?id=145.4243>)
145.88 Maternal and Child Health (<https://www.revisor.mn.gov/statutes/?id=145.88>)
145.891 Maternal and Child Health Nutrition Act of 1975 (<https://www.revisor.mn.gov/statutes/?id=145.891>)
145.898 Sudden Infant Death (<https://www.revisor.mn.gov/statutes/?id=145.898>)
145.899 WIC Vouchers for Organics (<https://www.revisor.mn.gov/statutes/?id=145.899>)
145.901 Maternal Death Studies (<https://www.revisor.mn.gov/statutes/?id=145.901>)
145.905 Location for Breast-Feeding (<https://www.revisor.mn.gov/statutes/?id=145.905>)
145.906 Postpartum Depression Education and Information (<https://www.revisor.mn.gov/statutes/?id=145.906>)
145.925 Family Planning Grants (<https://www.revisor.mn.gov/statutes/?id=145.925>)
145.9255 Minnesota Education Now and Babies Later (<https://www.revisor.mn.gov/statutes/?id=145.9255>)
145.9261 Abstinence Education Grant Program (<https://www.revisor.mn.gov/statutes/?id=145.9261>)
145.9265 Fetal Alcohol Syndrome Effects; Drug Exposed Infant (<https://www.revisor.mn.gov/statutes/?id=145.9265>)
145A.14 Subd. 2a Tribal Governments (<https://www.revisor.mn.gov/statutes/?id=145A.14>)
145A.17 Family Home Visiting Program (<https://www.revisor.mn.gov/statutes/?id=145A.17>)

(Dollars in Thousands)

Expenditures By Fund

	Actual FY14	Actual FY15	Actual FY16	Estimate FY17	Forecast Base		Governor's Recommendation	
					FY18	FY19	FY18	FY19
1000 - General	39,512	34,504	16,425	18,312	18,093	18,093	30,794	36,913
1200 - State Government Special Rev	1,104	993	1,148	1,145	1,151	1,151	1,151	1,151
2000 - Restrict Misc Special Revenue	934	1,063	412	456	55	5	55	5
2001 - Other Misc Special Revenue	32	28	13	33	24	24	24	24
2403 - Gift	4	1	2	54	0	0	0	0
3000 - Federal	148,869	156,821	144,000	154,027	152,126	147,342	152,126	147,342
3001 - Federal TANF	9,290	9,987	7,357	12,196	9,713	9,713	9,713	9,713
Total	199,745	203,396	169,358	186,222	181,162	176,327	193,863	195,147
<i>Biennial Change</i>				(47,562)		1,910		33,431
<i>Biennial % Change</i>				(12)		1		9
<i>Governor's Change from Base</i>								31,521
<i>Governor's % Change from Base</i>								9

Expenditures by Category

Compensation	9,234	10,835	10,339	12,252	12,573	11,942	13,248	12,692
Operating Expenses	8,547	4,148	9,498	13,730	13,565	13,180	15,496	14,548
Other Financial Transactions	3,076	2,604	2,214	3,051	2,562	2,560	2,562	2,560
Grants, Aids and Subsidies	178,888	185,809	147,307	157,188	152,461	148,645	162,556	165,347
Total	199,745	203,396	169,358	186,222	181,162	176,327	193,863	195,147
Total Agency Expenditures	199,745	203,396	169,358	186,222	181,162	176,327	193,863	195,147
Internal Billing Expenditures	3,147	2,769	2,646	2,698	2,688	2,442	2,688	2,442
Expenditures Less Internal Billing	196,598	200,627	166,712	183,523	178,474	173,885	191,175	192,705
<u>Full-Time Equivalents</u>	111.7	114.9	107.2	121.8	121.7	115.4	128.2	122.9

1000 - General

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY14	FY15	FY16	FY17	FY18	FY19	FY18	FY19
Balance Forward In	0	391	0	219	0	0	0	0
Direct Appropriation	39,941	34,721	16,724	18,093	18,093	18,093	30,676	36,795
Net Transfers	(9)	(310)	36	0			118	118
Cancellations	101	298	116	0	0	0	0	0
Expenditures	39,512	34,504	16,425	18,312	18,093	18,093	30,794	36,913
Balance Forward Out	319	0	219	0	0	0	0	0
<i>Biennial Change in Expenditures</i>				(39,279)		1,449		32,970
<i>Biennial % Change in Expenditures</i>				(53)		4		95
<i>Gov's Exp Change from Base</i>								31,521
<i>Gov's Exp % Change from Base</i>								87
Full-Time Equivalents	26.7	25.0	25.2	29.4	24.5	24.5	31.0	32.0

1200 - State Government Special Rev

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY14	FY15	FY16	FY17	FY18	FY19	FY18	FY19
Balance Forward In	0	58	0	4	0	0	0	0
Direct Appropriation	1,033	1,033	1,033	1,033	1,033	1,033	1,033	1,033
Net Transfers	120	(26)	119	118	118	118	118	118
Cancellations	0	72	0	10	0	0	0	0
Expenditures	1,104	993	1,148	1,145	1,151	1,151	1,151	1,151
Balance Forward Out	49	0	4	0	0	0	0	0
<i>Biennial Change in Expenditures</i>				195		10		10
<i>Biennial % Change in Expenditures</i>				9		0		0
<i>Gov's Exp Change from Base</i>								0
<i>Gov's Exp % Change from Base</i>								0
Full-Time Equivalents	6.9	7.8	8.1	7.3	8.1	8.1	8.1	8.1

2000 - Restrict Misc Special Revenue

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY14	FY15	FY16	FY17	FY18	FY19	FY18	FY19
Balance Forward In	366	759	160	93	50	0	50	0
Receipts	949	305	346	413	5	5	5	5
Expenditures	934	1,063	412	456	55	5	55	5
Balance Forward Out	382	1	93	50	0	0	0	0

2000 - Restrict Misc Special Revenue

<i>Biennial Change in Expenditures</i>			(1,128)		(809)	(809)
<i>Biennial % Change in Expenditures</i>			(56)		(93)	(93)
<i>Gov's Exp Change from Base</i>						0
<i>Gov's Exp % Change from Base</i>						0
Full-Time Equivalents	5.1	2.3	1.7	2.2	0.2	0

2001 - Other Misc Special Revenue

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY14	FY15	FY16	FY17	FY18	FY19	FY18	FY19
Balance Forward In	30	5	0	9	0	0	0	0
Receipts	25	23	22	24	24	24	24	24
Expenditures	32	28	13	33	24	24	24	24
Balance Forward Out	23	0	9	0	0	0	0	0
<i>Biennial Change in Expenditures</i>				(14)		1		1
<i>Biennial % Change in Expenditures</i>				(23)		2		2
<i>Gov's Exp Change from Base</i>								0
<i>Gov's Exp % Change from Base</i>								0

2360 - Health Care Access

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY14	FY15	FY16	FY17	FY18	FY19	FY18	FY19
Full-Time Equivalents	0.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0

2403 - Gift

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY14	FY15	FY16	FY17	FY18	FY19	FY18	FY19
Balance Forward In	43	49	53	53	0	0	0	0
Receipts	10	6	2	1	0	0	0	0
Net Transfers	(3)							
Expenditures	4	1	2	54	0	0	0	0
Balance Forward Out	46	53	53	0	0	0	0	0
<i>Biennial Change in Expenditures</i>				50		(56)		(56)
<i>Biennial % Change in Expenditures</i>				905		(100)		(100)
<i>Gov's Exp Change from Base</i>								0
<i>Gov's Exp % Change from Base</i>								0

3000 - Federal

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY14	FY15	FY16	FY17	FY18	FY19	FY18	FY19
Balance Forward In	327	0	0	0	0	0	0	0
Receipts	148,541	156,821	144,000	154,026	152,125	147,341	152,125	147,341
Expenditures	148,869	156,821	144,000	154,027	152,126	147,342	152,126	147,342
<i>Biennial Change in Expenditures</i>				(7,663)		1,441		1,441
<i>Biennial % Change in Expenditures</i>				(3)		0		0
<i>Gov's Exp Change from Base</i>								0
<i>Gov's Exp % Change from Base</i>								0
Full-Time Equivalents	70.6	73.8	70.0	79.5	86.7	80.6	86.7	80.6

3001 - Federal TANF

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY14	FY15	FY16	FY17	FY18	FY19	FY18	FY19
Balance Forward In	0	31	0	0	0	0	0	0
Receipts	15,913	9,956	7,357	12,196	9,713	9,713	9,713	9,713
Expenditures	9,290	9,987	7,357	12,196	9,713	9,713	9,713	9,713
Balance Forward Out	6,623	0	0	0	0	0	0	0
<i>Biennial Change in Expenditures</i>				277		(126)		(126)
<i>Biennial % Change in Expenditures</i>				1		(1)		(1)
<i>Gov's Exp Change from Base</i>								0
<i>Gov's Exp % Change from Base</i>								0
Full-Time Equivalents	2.1	6.1	2.3	3.4	2.3	2.3	2.3	2.3

Program: Health Improvement
Activity: Health Promotion and Chronic Disease

<http://www.health.state.mn.us/divs/hpcd/index.html>

AT A GLANCE

- Registered 27,210 newly-diagnosed invasive cancers in 2013 in the Minnesota Cancer Surveillance System.
- Screened 10,500 low-income women for breast and/or cervical cancer in 2015 and detected 108 cancers.
- Provided grant funding to the Minnesota Brain Injury Association, which provided medical follow-up, employment, education and family counseling services in 2015 to 24,614 Minnesotans with a traumatic brain or spinal cord injury.
- Trained 130 people statewide to be Diabetes Prevention Program lifestyle coaches and to provide classes to people at risk of developing diabetes.
- Provided grant funding to the Poison Control System, which responded to 42,583 calls in 2015 regarding patients who either were poisoned or were in danger of being poisoned.

PURPOSE & CONTEXT

In the last 60 years, chronic diseases and injury have emerged as a significant threat to the overall health and well-being of people in Minnesota. Chronic diseases are ongoing, generally incurable illness or conditions, such as heart disease, asthma, cancer and diabetes. These diseases are often preventable and frequently manageable through early detection, improved diet, exercise and treatment therapy. Chronic diseases and injuries exact a substantial toll on the health of the population by contributing to long-term disability and often diminishing the quality of life. Chronic diseases accounted for the seven leading causes of death in Minnesota.

The occurrence and consequences of chronic diseases and injuries are not equally distributed across the population, but vary by gender, socioeconomic status, race and ethnicity, age, insurance status, geography and sexual orientation. The annual cost to the health care system of treating chronic diseases in Minnesota is more than \$5 billion, and the cost to Minnesota employers for missed workdays and lower

employee productivity is more than \$17 billion. However, the greatest burden of chronic diseases falls on those who become ill and their families. The Health Promotion and Chronic Disease Division provides leadership in the prevention and management of chronic diseases and injury, promotes health equity and reduces health disparities in chronic disease and injury.

Our Role

- Monitor the burden of chronic diseases and injury, as well as their associated risk factors.
- Use data to drive all activities.
- Improve the effective delivery and use of clinical services to prevent and manage chronic diseases and injury
- Ensure that communities support and health systems refer patients to programs that improve management of chronic conditions

SERVICES PROVIDED

We help health systems implement changes that support the delivery of high-quality care for all patients, with targeted efforts for those most likely to be disabled or die from chronic diseases and injuries.

- Promote collaboration among public health, health systems and primary care clinics to advance systems changes that improve the delivery of cancer screening and other clinical preventive services.
- Develop and promote the adoption of victim-centered services designed to heal the trauma experienced by sexually exploited youth.
- Support guidelines and quality measures for early identification and management of risk factors for chronic diseases such as obesity, asthma, pre-diabetes, diabetes, hypertension and high cholesterol in health and clinic systems.
- Providing grants to improve health care, such as school-based dental sealant programs, clinic-based cancer screening and poison control.
- Paying health care providers to offer free breast, cervical and colorectal cancer screening, follow-up cancer diagnostic services and counseling to low-income, uninsured and underinsured Minnesotans.

We facilitate community-clinical linkages to improve the management of chronic conditions.

- Disseminate self-care and management education programs statewide, such as the Diabetes Prevention, Chronic Disease Self-Management and fall prevention programs.
- Develop curriculum to train Community Health Workers to work effectively with underserved and at-risk populations to prevent and manage chronic diseases.
- Support health care providers and systems, public health agencies and community-based organizations to implement statewide plans for heart disease, stroke, cancer, diabetes, asthma, oral health and injury and violence prevention.
- Providing a grant for medical follow-up, employment, education and family counseling sessions to Minnesotans with a traumatic brain or spinal cord injury.

We develop, collect and disseminate data—including data on health disparities—to inform chronic disease and injury prevention and management initiatives.

- Operate a statewide registry of all newly-diagnosed cancer cases.
- Analyze and report on the prevalence, disparities and trends related to deaths and disabilities related to heart disease, stroke, cancer, asthma, arthritis, diabetes, oral diseases, injuries, violence and poisoning.
- Collect, analyze and report on occupational health—to identify rates and trends of workplace hazards, illnesses and injuries—and establish priorities for educational and intervention programs.
- Use environmental public health tracking data and biomonitoring technologies to identify possible linkages between chronic diseases and environmental exposures.

RESULTS

<i>Type of Measure</i>	<i>Name of Measure</i>	<i>Previous</i>	<i>Current</i>	<i>Dates</i>
Quantity	Number of youth provided trauma – informed, culturally appropriate services, per year through MDH Safe Harbor Programs ¹	358	700	SFY2014 SFY2015
Quality	Percent of callers to the poison control center funded by HPCD who were treated at the site of exposure ²	92%	92%	2003 2013
Quality	Percent of patients in HPCD's stroke registry hospitals receiving appropriate therapy ³	35%	87%	2008 2013
Quality	Percent of people served by the traumatic brain injury/spinal cord injury services program funded by HPCD who report being helped by the services and doing better in their life situation ⁴	10%	89.7%	2006 2015
Result	Average percent bodyweight lost by people participating in MDH-sponsored lifestyle intervention programs to prevent type 2 diabetes. ⁵	5.3%	4.3%	2007-09 2013-15

¹Safe Harbor program evaluation data, number of youth provided trauma informed, victim centered services in the MDH Safe Harbor grantee programs

² Minnesota Poison Control System, 2003 and 2015 Annual Reports

³ Minnesota Stroke Registry, 2008 and 2015, percent of eligible patients treated at participating hospitals and receiving tPA therapy

⁴ Minnesota Brain Injury Alliance program data, 2006 and 2013. Life situations are defined as school, work, family, and community.

⁵ Diabetes Prevention Program data, 2007-2009 and 2013-2015. In people with prediabetes, losing 5% of their body weight cuts the risk of developing type 2 diabetes in half.

Statutes:

144.05 subd. 5 Firearms Data (<https://www.revisor.mn.gov/statutes/?id=144.05>)
144.492 Stroke Centers and Stroke Hospitals (<https://www.revisor.mn.gov/statutes/?id=144.492>)
144.497 ST Elevation Myocardial Infarction (<https://www.revisor.mn.gov/statutes/?id=144.497>)
144.6586 Notice of Rights to Sexual Assault Victim (<https://www.revisor.mn.gov/statutes/?id=144.6586>)
144.661 - 144.665 Traumatic Brain and Spinal Cord Injuries (<https://www.revisor.mn.gov/statutes/?id=144.661>)
144.671 - 144.69 Cancer Surveillance System (<https://www.revisor.mn.gov/statutes/?id=144.671>)
144.995 - 144.998 Environmental Health Tracking and Biomonitoring (<https://www.revisor.mn.gov/statutes/?id=144.995>)
145.4711 - 145.4713 Sexual Assault Victims (<https://www.revisor.mn.gov/statutes/?id=145.4711>)
145.4715 Reporting Prevalence of Sexual Violence (<https://www.revisor.mn.gov/statutes/?id=145.4715>)
145.4716 - 145.4718 Safe Harbor for Sexually Exploited Youth (<https://www.revisor.mn.gov/statutes/?id=145.4716>)
145.56 Suicide Prevention (<https://www.revisor.mn.gov/statutes/?id=145.56>)
145.867 Persons Requiring Special Diets (<https://www.revisor.mn.gov/statutes/?id=145.867>)
145.93 Poison Control System (<https://www.revisor.mn.gov/statutes/?id=145.93>)
145.958 Youth Violence Prevention (<https://www.revisor.mn.gov/statutes/?id=145.598>)
256B.057 subd. 10 Certain Persons Needed Treatment for Breast or Cervical Cancer
(<https://www.revisor.mn.gov/statutes/?id=256B.057>)

(Dollars in Thousands)

Expenditures By Fund

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY14	FY15	FY16	FY17	FY18	FY19	FY18	FY19
1000 - General	5,024	6,725	8,241	9,922	9,704	9,754	13,871	10,023
2000 - Restrict Misc Special Revenue	1,242	1,375	998	3,811	916	803	916	803
2001 - Other Misc Special Revenue	58	92	26	51	25	25	25	25
2800 - Environmental	438	923	443	495	469	469	469	469
3000 - Federal	13,660	13,658	14,301	18,182	20,282	18,364	20,282	18,364
Total	20,421	22,773	24,009	32,461	31,396	29,415	35,563	29,684
<i>Biennial Change</i>				13,275		4,341		8,777
<i>Biennial % Change</i>				31		8		16
<i>Governor's Change from Base</i>								4,436
<i>Governor's % Change from Base</i>								7

Expenditures by Category

Compensation	9,536	11,012	10,808	17,374	15,420	13,718	15,769	13,955
Operating Expenses	4,630	4,116	4,800	5,842	6,132	6,204	6,550	6,236
Other Financial Transactions	67	85	101	36	34	34	3,434	34
Grants, Aids and Subsidies	6,185	7,560	8,300	9,209	9,810	9,460	9,810	9,460
Capital Outlay-Real Property	3	0	0	0	0	0	0	0
Total	20,421	22,773	24,009	32,461	31,396	29,415	35,563	29,684
Total Agency Expenditures	20,421	22,773	24,009	32,461	31,396	29,415	35,563	29,684
Internal Billing Expenditures	2,091	1,999	2,045	2,021	1,979	1,858	1,979	1,858
Expenditures Less Internal Billing	18,330	20,774	21,963	30,441	29,417	27,558	33,584	27,827
Full-Time Equivalents	116.8	124.0	114.2	151.1	152.9	126.4	155.9	129.4

1000 - General

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY14	FY15	FY16	FY17	FY18	FY19	FY18	FY19
Balance Forward In	0	594	0	866	0	0	0	0
Direct Appropriation	5,800	6,850	9,263	9,134	9,704	9,754	13,871	10,023
Net Transfers	(134)	(711)	(96)	(79)				
Cancellations	47	8	59	0	0	0	0	0
Expenditures	5,024	6,725	8,241	9,922	9,704	9,754	13,871	10,023
Balance Forward Out	594	0	866	0	0	0	0	0
<i>Biennial Change in Expenditures</i>				6,414		1,295		5,731
<i>Biennial % Change in Expenditures</i>				55		7		32
<i>Gov's Exp Change from Base</i>								4,436
<i>Gov's Exp % Change from Base</i>								23
Full-Time Equivalents	28.1	32.1	31.3	36.6	27.8	27.3	30.8	30.3

2000 - Restrict Misc Special Revenue

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY14	FY15	FY16	FY17	FY18	FY19	FY18	FY19
Balance Forward In	467	571	379	457	98	0	98	0
Receipts	1,272	840	1,075	3,354	801	787	801	787
Net Transfers				98	17	17	17	17
Expenditures	1,242	1,375	998	3,811	916	803	916	803
Balance Forward Out	497	37	457	98	0	0	0	0
<i>Biennial Change in Expenditures</i>				2,191		(3,090)		(3,090)
<i>Biennial % Change in Expenditures</i>				84		(64)		(64)
<i>Gov's Exp Change from Base</i>								0
<i>Gov's Exp % Change from Base</i>								0
Full-Time Equivalents	5.2	5.9	4.8	5.5	4.1	4.1	4.1	4.1

2001 - Other Misc Special Revenue

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY14	FY15	FY16	FY17	FY18	FY19	FY18	FY19
Balance Forward In	39	26	26	26	0	0	0	0
Receipts	51	92	25	25	25	25	25	25
Expenditures	58	92	26	51	25	25	25	25
Balance Forward Out	32	26	26	0	0	0	0	0
<i>Biennial Change in Expenditures</i>				(73)		(27)		(27)

2001 - Other Misc Special Revenue

Biennial % Change in Expenditures			(49)		(35)	(35)
Gov's Exp Change from Base						0
Gov's Exp % Change from Base						0
Full-Time Equivalents	0.4	0.9	0.0	0.0	0.0	0.0

2800 - Environmental

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY14	FY15	FY16	FY17	FY18	FY19	FY18	FY19
Balance Forward In	0	286	0	26	0	0	0	0
Net Transfers	637	637	469	469	469	469	469	469
Cancellations	0	0	0	0	0	0	0	0
Expenditures	438	923	443	495	469	469	469	469
Balance Forward Out	199	0	26	0	0	0	0	0
Biennial Change in Expenditures				(422)		0		0
Biennial % Change in Expenditures				(31)		0		0
Gov's Exp Change from Base								0
Gov's Exp % Change from Base								0
Full-Time Equivalents	2.8	5.2	3.7	2.4	4.4	4.3	4.4	4.3

3000 - Federal

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY14	FY15	FY16	FY17	FY18	FY19	FY18	FY19
Balance Forward In	49	0	0	2	0	0	0	0
Receipts	13,611	13,659	14,301	18,181	20,283	18,364	20,283	18,364
Expenditures	13,660	13,658	14,301	18,182	20,282	18,364	20,282	18,364
Balance Forward Out	0	0	2	0	0	0	0	0
Biennial Change in Expenditures				5,165		6,163		6,163
Biennial % Change in Expenditures				19		19		19
Gov's Exp Change from Base								0
Gov's Exp % Change from Base								0
Full-Time Equivalents	80.3	79.8	74.3	106.6	116.7	90.7	116.7	90.7

Program: Health Improvement

Activity: Health Equity

<http://www.health.state.mn.us/divs/che/>

AT A GLANCE

- Increase attention to health inequities—released a major report in 2014 that received widespread recognition in Minnesota and nationally documenting the structural inequities that result in poor health in some communities.
 - Distribute \$10 million in grants biannually to community-based organizations serving populations of color and American Indians through the Eliminating Health Disparities Initiative.
 - Provide technical assistance to more than 150 community-based organizations from populations of color and American Indian communities, and to Minnesota's 48 community health boards.
 - Conduct the Minnesota Student Survey and the Behavioral Risk Factor Surveillance System to interface with over 162,000 students and 15,000 adults to gauge the health status of Minnesotans and analyze health trends in Minnesota.
- Identify and invest in best practices for local public health, health care and community partners to provide culturally responsive services and advance health equity

PURPOSE & CONTEXT

Minnesota's population is increasingly diverse. Some groups face significant social, economic and environmental barriers such as structural racism and a widespread lack of economic and educational opportunities. To fulfill the MDH mission of protecting, maintaining and promoting the health of all Minnesotans, the opportunity for health for all must be created.

The Minnesota Center for Health Equity was created in 2014 to build the capacity of MDH to provide statewide leadership and support with regard to achieving health equity.

Our Role:

- Monitor and analyze health disparities and how they relate to health equity.
- Recommend changes to policies and systems, both within MDH and throughout the state, to better address health inequities.
- Use data to analyze and track the impact of state policies on health equity.

SERVICES PROVIDED

We serve as a technical resource for MDH, the State of Minnesota and community partners.

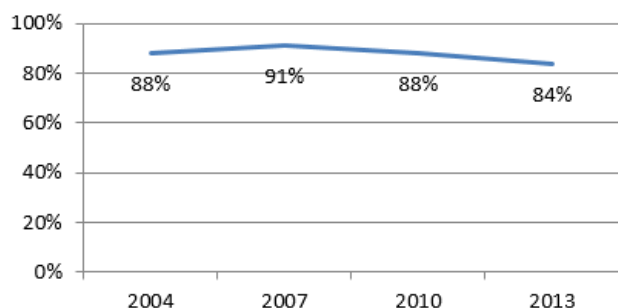
- **Collaborate with Minnesota communities experiencing health inequities to improve outcomes.** This collaboration includes strengthening the capacity of Minnesota communities to influence their opportunities for health by supporting community participation in decision-making processes at MDH and increasing the capacity of MDH and local health departments to develop relationships and work effectively with populations experiencing the greatest health inequities. We increase understanding and awareness about health disparities and health equity in Minnesota through a variety of methods including presentations, conferences and reports.
- **Collect, analyze and communicate health-related data through the Minnesota Center for Health Statistics (MCHS).** The MCHS coordinates health data collection efforts at the state and local level to make vital statistics available to the public and researchers across the state and the nation. It also builds the capacity of MDH programs and partners to collect and use health equity data, including support for the collection and analysis of specific race, ethnicity, preferred language, social and economic determinants and sexual preference data in relevant data sets.
- **Supports efforts to advance health equity through the Eliminating Health Disparities Initiative (EHDI) grants and new opportunities to improve health for all Minnesotans.** Working with EHDI grantees, MDH identifies, evaluates and shares successful evidence- and practice-based culturally relevant approaches for working with populations of color and American Indians.

Our key partners include community stakeholder groups (e.g., Health Equity Advisory Committee, Healthy Minnesota Partnership, Tribal Health Directors, State and Community Health Services Advisory Committee and other advisory stakeholder groups), community-based organizations, Eliminating Health Disparities Initiative grantees, Minnesota tribes, local health departments, the federal Office of Minority Health, other MDH programs and other Minnesota state agencies.

RESULTS

Measure 1

Percent of Schools Participating in the MN Student Survey



Source: MN Center for Health Statistics

Survey participation rates: The Minnesota Student Survey provides information about the student population to school districts, local health departments, university researchers, state agencies, non-profit community groups and others. The findings inform legislation, program design and planning and provide information for community forums on topics of interest to teachers, students and community members. The Minnesota Center for Health Statistics, in partnership with the Minnesota Department of Education, has maintained a high level of participation by Minnesota's school districts to ensure that the data collected are as comprehensive as possible

Measure 2

"I can describe the social problems of the diverse cultural groups in our service area."



Source: Stratis Health 2012

Recognition of structural inequities and the social and economic factors that contribute to disparities in health outcomes: A 2012 assessment found that only 35% of management and 58% of staff at MDH reported they could describe the social problems, such as poverty and unsafe housing, of the diverse cultural groups in their service area. This lack of knowledge impacts the development of health programs since social and economic factors are significant contributors to health outcomes. The Minnesota Center for Health Equity works to improve this capacity at MDH and to strengthen communities to create their own healthy futures through meaningful partnerships with diverse communities.

STATUTES

145.928 Eliminating Health Disparities (<https://www.revisor.mn.gov/statutes/?id=145.928>)

(Dollars in Thousands)

Expenditures By Fund

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY14	FY15	FY16	FY17	FY18	FY19	FY18	FY19
1000 - General	3,604	4,019	4,815	5,408	4,693	4,693	5,831	4,857
2000 - Restrict Misc Special Revenue	0	0	54	95	2	2	2	2
2403 - Gift	0	0	4	0	0	0	0	0
3000 - Federal	44	3	885	655	655	655	655	655
3001 - Federal TANF	1,808	1,992	1,510	2,490	2,000	2,000	2,000	2,000
Total	5,455	6,014	7,267	8,648	7,350	7,350	8,488	7,514
<i>Biennial Change</i>				4,446		(1,216)		86
<i>Biennial % Change</i>				39		(8)		1
<i>Governor's Change from Base</i>								1,302
<i>Governor's % Change from Base</i>								9

Expenditures by Category

Compensation	362	549	1,214	1,827	1,184	1,183	1,656	1,339
Operating Expenses	143	184	855	1,176	1,010	1,011	1,676	1,019
Other Financial Transactions	115	55	118	98	94	94	94	94
Grants, Aids and Subsidies	4,836	5,226	5,081	5,548	5,062	5,062	5,062	5,062
Total	5,455	6,014	7,267	8,648	7,350	7,350	8,488	7,514
Total Agency Expenditures	5,455	6,014	7,267	8,648	7,350	7,350	8,488	7,514
Internal Billing Expenditures	0	0	52	58	52	52	52	52
Expenditures Less Internal Billing	5,455	6,014	7,215	8,590	7,298	7,298	8,436	7,462
<u>Full-Time Equivalents</u>	4.4	5.9	12.2	12.9	12.0	12.0	16.0	14.0

1000 - General

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY14	FY15	FY16	FY17	FY18	FY19	FY18	FY19
Balance Forward In	0	140	354	715	0	0	0	0
Direct Appropriation	3,749	4,250	5,205	4,693	4,693	4,693	5,831	4,857
Net Transfers		(2)	(19)					
Cancellations	5	15	10	0	0	0	0	0
Expenditures	3,604	4,019	4,815	5,408	4,693	4,693	5,831	4,857
Balance Forward Out	140	354	715	0	0	0	0	0
<i>Biennial Change in Expenditures</i>				2,600		(838)		464
<i>Biennial % Change in Expenditures</i>				34		(8)		5
<i>Gov's Exp Change from Base</i>								1,302
<i>Gov's Exp % Change from Base</i>								14
Full-Time Equivalents	4.4	5.7	8.2	10.2	8.5	8.5	12.5	10.5

2000 - Restrict Misc Special Revenue

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY14	FY15	FY16	FY17	FY18	FY19	FY18	FY19
Balance Forward In	0	0	53	52	0	0	0	0
Receipts	0	0	54	43	2	2	2	2
Expenditures	0	0	54	95	2	2	2	2
Balance Forward Out	0	0	52	0	0	0	0	0
<i>Biennial Change in Expenditures</i>				149		(145)		(145)
<i>Biennial % Change in Expenditures</i>						(97)		(97)
<i>Gov's Exp Change from Base</i>								0
<i>Gov's Exp % Change from Base</i>								0
Full-Time Equivalents	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

2403 - Gift

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY14	FY15	FY16	FY17	FY18	FY19	FY18	FY19
Balance Forward In	5	5	5	0	0	0	0	0
Expenditures	0	0	4	0	0	0	0	0
Balance Forward Out	5	5	0	0	0	0	0	0
<i>Biennial Change in Expenditures</i>				5		(5)		(5)
<i>Biennial % Change in Expenditures</i>						(100)		(100)
<i>Gov's Exp Change from Base</i>								0

2403 - Gift

Gov's Exp % Change from Base				0
------------------------------	--	--	--	---

3000 - Federal

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY14	FY15	FY16	FY17	FY18	FY19	FY18	FY19
Receipts	44	3	885	655	655	655	655	655
Expenditures	44	3	885	655	655	655	655	655
Biennial Change in Expenditures				1,493		(230)		(230)
Biennial % Change in Expenditures				3,167		(15)		(15)
Gov's Exp Change from Base								0
Gov's Exp % Change from Base								0
Full-Time Equivalents	0.0	0.2	4.1	2.7	3.5	3.5	3.5	3.5

3001 - Federal TANF

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY14	FY15	FY16	FY17	FY18	FY19	FY18	FY19
Receipts	3,219	1,992	1,510	2,490	2,000	2,000	2,000	2,000
Expenditures	1,808	1,992	1,510	2,490	2,000	2,000	2,000	2,000
Balance Forward Out	1,411	0	0	0	0	0	0	0
Biennial Change in Expenditures				200		0		0
Biennial % Change in Expenditures				5		0		0
Gov's Exp Change from Base								0
Gov's Exp % Change from Base								0

Program: Health Improvement
Activity: Statewide Health Improvement

<http://www.health.state.mn.us/divs/oshii/>

AT A GLANCE

- Statewide Health Improvement Program (SHIP) provides \$17.5 million per year in funding and support to cities, counties and tribes across the state to create policy, systems, and environmental change that improves health.
- Tobacco-Free Communities provides \$3.2 million per year to counties, tribes and community organizations across the state to reduce tobacco use among youth in Minnesota and to promote statewide and local tobacco prevention activities
- OSHII oversees technical assistance contracts and grants to support the work of local grantees.

PURPOSE & CONTEXT

The Office of Statewide Health Improvement Initiatives (OSHII) supports all Minnesotans in leading healthier lives and building healthier communities by preventing chronic diseases well before they start. Success is achieved by leveraging local and state partnerships; strengthening communities' capacity; offering the best evidence-based strategies in policies, systems and environmental changes; and evaluating the effectiveness of these strategies.

Chronic diseases such as heart disease, stroke, diabetes and cancer are among the most common, costly and preventable of all health problems in the United States. In Minnesota, 64% of all adults, 22% of 11th graders, and 30% of third grade students are overweight or obese.

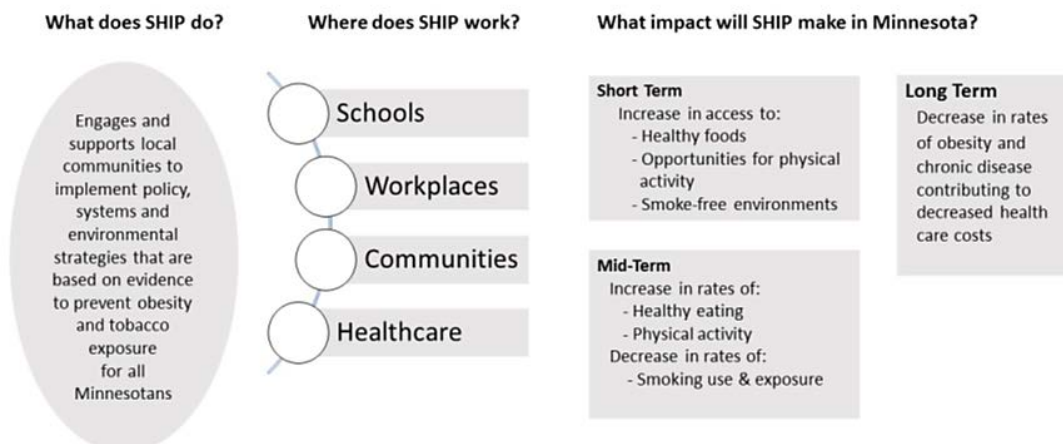
Furthermore, 14% of all Minnesota adults smoke and 19% of

Minnesota's high school students use tobacco products. The economic cost associated with obesity in Minnesota is \$2.8 billion and Minnesota spends \$2.9 billion in annual medical costs as a result of tobacco

SERVICES PROVIDED

- Provide grants and technical assistance to support local public health agencies and tribal governments in implementing evidence-based strategies to increase physical activity, improve nutrition and reduce tobacco use.
- Contract with regional and state-level partnerships to implement policy and systems changes in collaboration with local organizations.
- Support communities with grants and technical assistance to make healthy food options more available, increase physical activity and decrease tobacco use and exposure in school, community, worksite and health care settings.
- Providing technical assistance and support for statewide policy development to address healthy eating, tobacco use and alcohol misuse.

The Statewide Health Improvement Program (SHIP) Makes Minnesota Healthier



RESULTS

<i>Type of Measure</i>	<i>Name of Measure</i>	<i>Previous</i>	<i>Current</i>	<i>Dates</i>
Result	Cigarette smoking rate among high school students <i>Source: Minnesota Youth Tobacco Survey</i>	18.1%	10.6%	2011/2014
Result	Adult smoking rate <i>Source: Minnesota Youth Tobacco Survey</i>	16.1%	14.4%	2010/2014
Result	Adult overweight or obese rate <i>Source: Behavioral Risk Factor Surveillance System</i>	61.1%	64.1%	2013/2014
Result	9th Grade overweight or obese rate <i>Source: Minnesota Student Survey</i>	21.9%	22.2%	2010/2013

STATUTES

145.986 Minnesota Statewide Health Improvement Initiatives (<https://www.revisor.mn.gov/statutes/?id=145.986>)

144.396 Tobacco-Free Communities in Minnesota (<https://www.revisor.mn.gov/statutes/?id=144.396>)

(Dollars in Thousands)

Expenditures By Fund

	Actual FY14	Actual FY15	Actual FY16	Estimate FY17	Forecast Base		Governor's Recommendation	
					FY18	FY19	FY18	FY19
1000 - General	3,348	3,351	3,334	3,359	3,354	3,354	3,354	3,354
2000 - Restrict Misc Special Revenue	51	93	107	135	12	3	12	3
2001 - Other Misc Special Revenue	0	0	0	0	0	0	0	0
2360 - Health Care Access	14,749	24,510	20,515	21,283	17,434	17,434	17,512	17,565
2403 - Gift	2	0	0	0	0	0	0	0
3000 - Federal	8,297	6,970	4,302	5,386	5,386	5,387	5,386	5,387
Total	26,446	34,925	28,259	30,163	26,185	26,177	26,263	26,308
<i>Biennial Change</i>				(2,950)		(6,059)		(5,850)
<i>Biennial % Change</i>				(5)		(10)		(10)
<i>Governor's Change from Base</i>								209
<i>Governor's % Change from Base</i>								0

Expenditures by Category

Compensation	3,938	3,796	3,622	4,542	3,965	4,065	4,043	4,196
Operating Expenses	2,897	2,533	1,690	2,039	2,206	2,238	2,206	2,238
Other Financial Transactions	498	2,045	1,987	2,087	1,850	1,850	1,850	1,850
Grants, Aids and Subsidies	19,114	26,551	20,960	21,495	18,164	18,024	18,164	18,024
Total	26,446	34,925	28,259	30,163	26,185	26,177	26,263	26,308
Total Agency Expenditures	26,446	34,925	28,259	30,163	26,185	26,177	26,263	26,308
Internal Billing Expenditures	1,023	592	572	602	359	398	359	398
Expenditures Less Internal Billing	25,424	34,333	27,687	29,561	25,827	25,779	25,905	25,910
<u>Full-Time Equivalents</u>	45.3	43.8	40.0	47.1	40.9	41.9	41.9	42.9

1000 - General

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY14	FY15	FY16	FY17	FY18	FY19	FY18	FY19
Balance Forward In	0	1	0	5	0	0	0	0
Direct Appropriation	3,349	3,349	3,350	3,354	3,354	3,354	3,354	3,354
Net Transfers		1						
Cancellations	0	0	11	0	0	0	0	0
Expenditures	3,348	3,351	3,334	3,359	3,354	3,354	3,354	3,354
Balance Forward Out	1	0	5	0	0	0	0	0
<i>Biennial Change in Expenditures</i>				(6)		15		15
<i>Biennial % Change in Expenditures</i>				0		0		0
<i>Gov's Exp Change from Base</i>								0
<i>Gov's Exp % Change from Base</i>								0
Full-Time Equivalents	1.4	1.1	1.0	1.6	1.6	1.6	1.6	1.6

2000 - Restrict Misc Special Revenue

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY14	FY15	FY16	FY17	FY18	FY19	FY18	FY19
Balance Forward In	171	123	114	72	0	0	0	0
Receipts	3	42	65	64	12	3	12	3
Expenditures	51	93	107	135	12	3	12	3
Balance Forward Out	123	72	72	0	0	0	0	0
<i>Biennial Change in Expenditures</i>				97		(228)		(228)
<i>Biennial % Change in Expenditures</i>				67		(94)		(94)
<i>Gov's Exp Change from Base</i>								0
<i>Gov's Exp % Change from Base</i>								0
Full-Time Equivalents	0.0	0.0	0.5	0.6	0.0	0.0	0.0	0.0

2001 - Other Misc Special Revenue

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY14	FY15	FY16	FY17	FY18	FY19	FY18	FY19
Balance Forward In	0	0	0	0	0	0	0	0
Expenditures	0	0	0	0	0	0	0	0
Balance Forward Out	0	0	0	0	0	0	0	0
<i>Biennial Change in Expenditures</i>				0		0		0
<i>Biennial % Change in Expenditures</i>				308		(100)		(100)
<i>Gov's Exp Change from Base</i>								0

2001 - Other Misc Special Revenue

Gov's Exp % Change from Base				0
------------------------------	--	--	--	---

2360 - Health Care Access

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY14	FY15	FY16	FY17	FY18	FY19	FY18	FY19
Balance Forward In	2,096	8,705	7,194	3,849	0	0	0	0
Direct Appropriation	17,500	17,500	17,261	17,434	17,434	17,434	17,512	17,565
Net Transfers			0	0				
Cancellations	0	0	91	0	0	0	0	0
Expenditures	14,749	24,510	20,515	21,283	17,434	17,434	17,512	17,565
Balance Forward Out	4,847	1,695	3,849	0	0	0	0	0
Biennial Change in Expenditures				2,539		(6,930)		(6,721)
Biennial % Change in Expenditures				6		(17)		(16)
Gov's Exp Change from Base								209
Gov's Exp % Change from Base								1
Full-Time Equivalents	11.5	16.6	17.1	21.4	17.0	17.0	18.0	18.0

2403 - Gift

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY14	FY15	FY16	FY17	FY18	FY19	FY18	FY19
Balance Forward In	2	0	0	0	0	0	0	0
Expenditures	2	0	0	0	0	0	0	0
Balance Forward Out	0	0	0	0	0	0	0	0
Biennial Change in Expenditures				(2)		0		0
Biennial % Change in Expenditures				(90)		(100)		(100)
Gov's Exp Change from Base								0
Gov's Exp % Change from Base								0

3000 - Federal

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY14	FY15	FY16	FY17	FY18	FY19	FY18	FY19
Balance Forward In	207	206	0	0	0	0	0	0
Receipts	8,091	6,764	4,302	5,386	5,386	5,386	5,386	5,386
Expenditures	8,297	6,970	4,302	5,386	5,386	5,387	5,386	5,387
Balance Forward Out	1	0	0	0	0	0	0	0
Biennial Change in Expenditures				(5,578)		1,084		1,084

(Dollars in Thousands)

3000 - Federal

<i>Biennial % Change in Expenditures</i>				(37)	11		11	
<i>Gov's Exp Change from Base</i>							0	
<i>Gov's Exp % Change from Base</i>							0	
Full-Time Equivalents	32.4	26.1	21.4	23.5	22.3	23.3	22.3	23.3

Program: Health Improvement
Activity: Health Partnerships

<http://www.health.state.mn.us/divs/hpart/>

AT A GLANCE

- Maintain the strong and coordinated public health partnership between state and local governments.
- Support effective management of Minnesota's 48 community health boards.
- Coordinate emergency preparedness and response activities of MDH and support local public health and health care preparedness and response.
- Administer the \$43 million local public health grant and \$28 million per biennium in federal preparedness and response funds.

PURPOSE & CONTEXT

The Health Partnerships Division contributes to MDH's vision of "all communities thriving" by supporting Minnesota's local public health system and ensuring that all communities are ready to respond to public health emergencies. We also offer planning, facilitation and coaching to other programs within MDH on competencies, like quality improvement, community engagement and incident management.

Minnesota is facing many emergency preparation challenges. Whether it is the effects of climate change, the increase in flammable materials carried by rail and pipelines, shortages of health care staff, and widespread turnover of

local public health leadership, there is significant need for technical assistance and support from MDH.

SERVICES PROVIDED

- Provide subject-matter expertise and training to assist organizations statewide in preparing for, responding to and recovering from incidents affecting the public's health.
- Administer the Health Alert Network (HAN)—a system for rapidly notifying thousands of health care, public health and community partners about emerging disease threats, or other health hazards such as contaminated medications or food.
- Maintain surge capacity in order to receive, stage, store and rapidly distribute vaccines and medication to protect people in Minnesota and ensure communities are prepared to respond.
- Conduct risk assessments, detailed planning and testing of emergency response plans.
- Manage supplies and materials needed in a public health response, and coordinate with community partners to ensure systems essential for effective emergency response are in place and state and local health departments and in the health care system
- Develop policies, practices, and guidance with the State Community Health Services Advisory Committee to ensure public health services are optimally delivered.
- Provide facilitation and coaching of performance management, quality improvement and community engagement for MDH divisions and local health departments.
- Provide technical assistance, tools and training to assist health departments in effectively meeting their missions.
- Collect, analyze and disseminate data about public health financing, staffing and performance.
- Help MDH, local and tribal health department seek and maintain public health accreditation to ensure that Minnesota's public health system meets and exceeds national Public Health Accreditation Board standards.

RESULTS

Much of our work is focused on building workforce and organizational capacity within Minnesota's state-local public health system. Nearly all of this work is done in partnership with local public health, health care and other community partners.

<i>Type of Measure</i>	<i>Name of Measure</i>	<i>Previous</i>	<i>Current</i>	<i>Dates</i>
Quality	% of key national public health standards "fully met" by MN's Community Health Boards	54%	62%	2014 2015
Quality	% of MN's Community Health Boards demonstrating formal, organization-wide quality improvement efforts	11%	52%	2011 2015
Quality	% of Community Health Boards with Advanced Capabilities in Emergency Operations Coordination	NA	56%	2016
Quality	% of key national public health standards "fully met" by MN's Community Health Boards	54%	62%	2014 2015

STATUTES

12A.08 Natural Disaster; State Assistance (<https://www.revisor.mn.gov/statutes/?id=12A.08>)

144.4197 Emergency Vaccine Administration; Legend Drug (<https://www.revisor.mn.gov/statutes/?id=144.4197>)

145A Community Health Boards (<https://www.revisor.mn.gov/statutes/?id=145A>)

151.37 Legend Drugs, Who May Prescribe, Possess (<https://www.revisor.mn.gov/statutes/?id=151.37>)

(Dollars in Thousands)

Expenditures By Fund

	Actual FY14	Actual FY15	Actual FY16	Estimate FY17	Forecast Base		Governor's Recommendation	
					FY18	FY19	FY18	FY19
1000 - General	75	657	22,400	22,376	22,099	22,099	22,105	22,109
2000 - Restrict Misc Special Revenue	69	151	238	116	29	23	29	23
2001 - Other Misc Special Revenue	0	0	697	745	721	721	721	721
2403 - Gift	0	0	0	10	0	0	0	0
3000 - Federal	14,922	15,990	15,359	17,029	16,242	15,985	16,242	15,985
Total	15,067	16,799	38,694	40,276	39,091	38,829	39,097	38,839
<i>Biennial Change</i>				47,105		(1,050)		(1,034)
<i>Biennial % Change</i>				148		(1)		(1)
<i>Governor's Change from Base</i>								16
<i>Governor's % Change from Base</i>								0

Expenditures by Category

Compensation	2,757	3,026	5,318	6,550	5,864	5,684	5,870	5,694
Operating Expenses	2,038	2,209	1,848	1,833	1,670	1,624	1,670	1,624
Other Financial Transactions	181	181	149	139	132	132	132	132
Grants, Aids and Subsidies	10,091	11,383	31,380	31,754	31,425	31,389	31,425	31,389
Total	15,067	16,799	38,694	40,276	39,091	38,829	39,097	38,839
Total Agency Expenditures	15,067	16,799	38,694	40,276	39,091	38,829	39,097	38,839
Internal Billing Expenditures	1,169	1,280	925	929	841	801	841	801
Expenditures Less Internal Billing	13,897	15,519	37,769	39,348	38,250	38,028	38,256	38,038
<u>Full-Time Equivalents</u>	34.0	31.9	51.4	66.1	49.5	48.5	49.5	48.5

1000 - General

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY14	FY15	FY16	FY17	FY18	FY19	FY18	FY19
Balance Forward In	495	679	100	170	0	0	0	0
Direct Appropriation	96	2,286	22,057	21,783	22,099	22,099	22,105	22,109
Net Transfers	163	(80)	413	424				
Cancellations	0	127	1	0	0	0	0	0
Expenditures	75	657	22,400	22,376	22,099	22,099	22,105	22,109
Balance Forward Out	679	2,100	170	0	0	0	0	0
<i>Biennial Change in Expenditures</i>				44,044		(578)		(562)
<i>Biennial % Change in Expenditures</i>				6,014		(1)		(1)
<i>Gov's Exp Change from Base</i>								16
<i>Gov's Exp % Change from Base</i>								0
Full-Time Equivalents	0.7	1.6	4.3	3.6	2.7	2.7	2.7	2.7

2000 - Restrict Misc Special Revenue

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY14	FY15	FY16	FY17	FY18	FY19	FY18	FY19
Balance Forward In	3	37	27	20	0	0	0	0
Receipts	67	114	231	96	29	23	29	23
Expenditures	69	151	238	116	29	23	29	23
Balance Forward Out	0	0	20	0	0	0	0	0
<i>Biennial Change in Expenditures</i>				133		(301)		(301)
<i>Biennial % Change in Expenditures</i>				60		(85)		(85)
<i>Gov's Exp Change from Base</i>								0
<i>Gov's Exp % Change from Base</i>								0
Full-Time Equivalents	0.5	1.5	1.1	0.2	0.2	0.2	0.2	0.2

2001 - Other Misc Special Revenue

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY14	FY15	FY16	FY17	FY18	FY19	FY18	FY19
Balance Forward In	60	60	60	84	60	60	60	60
Receipts	0	0	11	28	28	28	28	28
Net Transfers			710	694	694	694	694	694
Expenditures	0	0	697	745	721	721	721	721
Balance Forward Out	60	60	84	60	60	60	60	60
<i>Biennial Change in Expenditures</i>				1,443		0		0

2001 - Other Misc Special Revenue

Biennial % Change in Expenditures						0	0
Gov's Exp Change from Base							0
Gov's Exp % Change from Base							0
Full-Time Equivalents	0.0	0.0	5.3	8.0	5.3	5.3	5.3

2403 - Gift

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY14	FY15	FY16	FY17	FY18	FY19	FY18	FY19
Balance Forward In	9	9	9	10	0	0	0	0
Net Transfers			1					
Expenditures	0	0	0	10	0	0	0	0
Balance Forward Out	9	9	10	0	0	0	0	0
Biennial Change in Expenditures				10		(10)		(10)
Biennial % Change in Expenditures				2,215		(100)		(100)
Gov's Exp Change from Base								0
Gov's Exp % Change from Base								0

3000 - Federal

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY14	FY15	FY16	FY17	FY18	FY19	FY18	FY19
Balance Forward In	4,368	5,781	0	0	0	0	0	0
Receipts	16,335	10,209	15,356	17,030	16,242	15,986	16,242	15,986
Net Transfers			3					
Expenditures	14,922	15,990	15,359	17,029	16,242	15,985	16,242	15,985
Balance Forward Out	5,781	0	0	0	0	0	0	0
Biennial Change in Expenditures				1,475		(160)		(160)
Biennial % Change in Expenditures				5		0		0
Gov's Exp Change from Base								0
Gov's Exp % Change from Base								0
Full-Time Equivalents	32.8	28.8	40.7	54.3	41.2	40.2	41.2	40.2

Program: Health Improvement
Activity: Health Policy

<http://www.health.state.mn.us/divs/hpsc/index.html>

AT A GLANCE

- Minnesota clinics now submit data on 12 measures of quality health care to drive quality improvement.
- 98% of health care claims are now submitted electronically, improving accuracy and driving down system costs.
- Minnesota Health Access Surveys show that the number of uninsured Minnesotans declined from 8.2% in 2013 to an unprecedented 4.3% in 2015, ensuring easier access to care.
- More than 600,000 birth and death certificates are issued annually from a secure statewide electronic system that also registers and stores records.
- Serious falls and retained foreign objects reported by Minnesota hospitals continued to decline, indicating safer care for Minnesota patients.
- 374 Minnesota primary care clinics (56%) are now certified as health care homes, providing high-quality, coordinated care to 3.7 million people and saving more than \$1 billion over 5 years.
- 78% of physicians accessing loan forgiveness programs to practice in rural communities stay for at least 10 years.

PURPOSE & CONTEXT

The Health Policy Division provides policymakers and other stakeholders with policy research, analysis, design and implementation of programs and reforms to improve health care value, quality and accessibility. We serve all Minnesota citizens, health care providers and professionals, purchasers, payers and policy makers.

Our role:

- Promote access to quality, affordable health care for vulnerable, underserved and rural populations.
- Streamline and reduce health care administrative burdens and costs.
- Promote the exchange of health information among providers.
- Certify and train clinics to be health care homes.
- Provide financial and technical assistance to community-based health systems.
- Issue timely vital records and accurate birth or death data for public health research.
- Support medical education to build a strong health workforce.
- Measure and report on the health care marketplace, access and quality of care, adverse health events and health workforce capacity to help target programs and funding to their best use.

SERVICES PROVIDED

- **Collect data and perform research** to inform policy makers; monitor and understand health care access and quality, market conditions and trends, health care spending, capital investments, health status and disparities, health behaviors and conditions and the impact of state/federal health and payment reform initiatives.
- **Monitor clinical quality and safety** in Minnesota health care facilities, through implementing the Statewide Quality Reporting and Measurement System and the Adverse Health Events system.
- Develop and certify primary care clinics as **health care homes** to ensure patient centered, coordinated care for Minnesotans.
- Provide **leadership and technical assistance** to health care organizations and consumers on effective use of health information technology, such as electronic medical records, to improve quality of care.
- Certify Minnesota's **health information exchange** providers to ensure that health information can be exchanged by providers across the continuum of care.
- Administer the **statewide hospital trauma system**, collect and analyze trauma data for quality improvement and interagency coordination and provide technical expertise to hospitals caring for trauma patients.
- Award up to \$60 million in Medical Education Research Costs funds each year to **clinical training sites** for health care providers.

- Analyze, provide financial support to and report on Minnesota's **rural and underserved urban health care delivery system** and health workforce in order to focus planning for future needs.
- Collaborate with providers, payers, consumers and other stakeholders to develop standards and best practices for exchange of business and administrative data to **increase efficiencies and reduce costs** in the health care system.
- Administer a secure web-based **vital records system** so health care providers can register accurate birth and death information, citizens can obtain birth and death records and health researchers have timely information that will help improve response to public health issues and emergencies.

RESULTS

Much of our work focuses on providing high-quality, reliable research, policy and data analysis and standards development work for legislators, policymakers, providers, payers and consumers. We provide these entities the information they need to improve healthcare quality and safety, reduce costs and improve population health.

In large part as a result of work led by our programs, Minnesota has made great strides:

- Increased use of electronic health records and health information exchange, with significant potential to reduce medical errors and provide quality, coordinated patient care.
- Established a robust, statewide trauma system that helps save lives by ensuring that trauma patients get the appropriate level of care as quickly as possible.
- Increased accuracy and timeliness of birth, death and fetal death records through a secure, web-based system.
- Demonstrated improved quality care outcomes for asthma, vascular care, diabetes, depression and colorectal measures through health care homes certification.

<i>Type of Measure</i>	<i>Name of Measure</i>	<i>Previous</i>	<i>Current</i>	<i>Dates</i>
Quality	Acute care hospitals exchanging clinical data with other health care providers	42%	84%	2010 2015
Quantity	Primary care clinics certified as health care homes	47	374	2010 2016
Quality	Hospitals participating in a statewide trauma system	0	128 or 94%	2005 2015
Quality	Medical examiners registering death electronically	47%	100%	2010 2016

STATUTES:

144.7067 Adverse Health Reporting System (MS 144.7063, 144.7065, 144.7067, 144.7069)

(<https://www.revisor.mn.gov/statutes/?id=144.7067>)

256B.0751 Health Care Homes (MS 256B.0751 – 256B.0753) (<https://www.revisor.mn.gov/statutes/?id=256B.0751>)

62J.63 Center for Health Care Purchasing Improvement (<https://www.revisor.mn.gov/statutes/?id=62J.63>)

62J.495 Electronic Health Record Technology (MS 62J.495 -62J.497) (<https://www.revisor.mn.gov/statutes/?id=62J.495>)

144.211 Vital Statistics Act (MS 144.211 – 144.227) (<https://www.revisor.mn.gov/statutes/?id=144.211>)

144.291 Minnesota Health Records Act (<https://www.revisor.mn.gov/statutes/?id=144.291>)

144.1501 Office of Rural Health and Primary Care, Health Professional Education Loan Forgiveness Act
(<https://www.revisor.mn.gov/statutes/?id=144.1501>)

62J.321 Health Economics Program (subd. 5) (<https://www.revisor.mn.gov/statutes/?id=62J.321>)

62U.04 Health Care Cost, Quality Outcomes and Payment Reform (<https://www.revisor.mn.gov/statutes/?id=62U.04>)

(Dollars in Thousands)

Expenditures By Fund

	Actual FY14	Actual FY15	Actual FY16	Estimate FY17	Forecast Base		Governor's Recommendation	
					FY18	FY19	FY18	FY19
1000 - General	6,277	8,360	11,198	11,561	10,347	10,346	10,372	10,392
1100 - Medical Education & Research	79,788	79,614	79,942	79,022	78,841	78,841	78,841	78,841
1200 - State Government Special Rev	3,154	3,434	3,389	4,427	4,453	4,420	4,453	4,420
2000 - Restrict Misc Special Revenue	721	1,601	2,128	6,749	1,652	330	1,652	330
2001 - Other Misc Special Revenue	881	2,104	1,147	2,656	911	911	911	911
2360 - Health Care Access	11,117	11,835	12,917	19,894	18,632	18,044	19,131	18,692
2403 - Gift	0	10	15	9	0	0	0	0
3000 - Federal	8,622	14,377	12,832	15,414	4,053	4,053	4,053	4,053
Total	110,559	121,335	123,568	139,732	118,887	116,944	119,411	117,638
<i>Biennial Change</i>				31,406		(27,469)		(26,251)
<i>Biennial % Change</i>				14		(10)		(10)
<i>Governor's Change from Base</i>								1,218
<i>Governor's % Change from Base</i>								1

Expenditures by Category

Compensation	9,765	12,869	10,312	13,032	10,038	9,005	10,350	9,487
Operating Expenses	12,022	11,612	10,599	15,199	11,162	10,275	11,374	10,487
Other Financial Transactions	271	162	105	57	6	6	6	6
Grants, Aids and Subsidies	88,500	96,693	102,552	109,688	95,926	95,903	95,926	95,903
Capital Outlay-Real Property	0	0	0	1,755	1,755	1,755	1,755	1,755
Total	110,559	121,335	123,568	139,732	118,887	116,944	119,411	117,638
Total Agency Expenditures	110,559	121,335	123,568	139,732	118,887	116,944	119,411	117,638
Internal Billing Expenditures	2,216	3,027	2,935	3,555	2,568	2,564	2,568	2,564
Expenditures Less Internal Billing	108,343	118,308	120,634	136,177	116,319	114,380	116,843	115,074
Full-Time Equivalents	122.7	133.2	115.9	120.6	96.6	95.6	101.6	103.6

1000 - General

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY14	FY15	FY16	FY17	FY18	FY19	FY18	FY19
Balance Forward In	0	403	55	214	0	0	0	0
Direct Appropriation	6,674	8,327	11,390	11,373	10,347	10,347	10,372	10,393
Net Transfers	(3)	(11)	(16)	(27)				
Cancellations	17	304	17	0	0	0	0	0
Expenditures	6,277	8,360	11,198	11,561	10,347	10,346	10,372	10,392
Balance Forward Out	377	55	214	0	0	0	0	0
<i>Biennial Change in Expenditures</i>				8,121		(2,066)		(1,995)
<i>Biennial % Change in Expenditures</i>				55		(9)		(9)
<i>Gov's Exp Change from Base</i>								71
<i>Gov's Exp % Change from Base</i>								0
Full-Time Equivalents	12.0	10.8	5.7	7.7	6.9	6.9	6.9	7.9

1100 - Medical Education & Research

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY14	FY15	FY16	FY17	FY18	FY19	FY18	FY19
Balance Forward In	145	1,056	1,282	181	0	0	0	0
Receipts	75,054	75,054	75,054	75,054	75,054	75,054	75,054	75,054
Net Transfers	4,788	4,788	3,788	3,787	3,787	3,787	3,787	3,787
Expenditures	79,788	79,614	79,942	79,022	78,841	78,841	78,841	78,841
Balance Forward Out	198	1,282	181	0	0	0	0	0
<i>Biennial Change in Expenditures</i>				(438)		(1,282)		(1,282)
<i>Biennial % Change in Expenditures</i>				0		(1)		(1)
<i>Gov's Exp Change from Base</i>								0
<i>Gov's Exp % Change from Base</i>								0

1200 - State Government Special Rev

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY14	FY15	FY16	FY17	FY18	FY19	FY18	FY19
Balance Forward In	30	1,169	8	1,015	0	0	0	0
Direct Appropriation	4,293	4,293	4,397	4,420	4,453	4,420	4,453	4,420
Cancellations	0	2,021	0	1,008	0	0	0	0
Expenditures	3,154	3,434	3,389	4,427	4,453	4,420	4,453	4,420
Balance Forward Out	1,169	8	1,015	0	0	0	0	0
<i>Biennial Change in Expenditures</i>				1,228		1,057		1,057

1200 - State Government Special Rev

Biennial % Change in Expenditures			19		14	14
Gov's Exp Change from Base						0
Gov's Exp % Change from Base						0
Full-Time Equivalents	29.0	30.9	28.2	26.8	24.0	25.0

2000 - Restrict Misc Special Revenue

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY14	FY15	FY16	FY17	FY18	FY19	FY18	FY19
Balance Forward In	4,092	5,494	6,795	5,115	1,344	22	1,344	22
Direct Appropriation	3,937	3,937	3,937	3,937	3,937	3,937	3,937	3,937
Receipts	554	1,342	1,793	2,829	180	180	180	180
Net Transfers	(3,788)	(3,788)	(3,288)	(3,787)	(3,787)	(3,787)	(3,787)	(3,787)
Net Loan Activity	0	(488)	(1,995)	0	0	0	0	0
Expenditures	721	1,601	2,128	6,749	1,652	330	1,652	330
Balance Forward Out	4,075	4,896	5,115	1,344	22	22	22	22
Biennial Change in Expenditures				6,556		(6,896)		(6,896)
Biennial % Change in Expenditures				282		(78)		(78)
Gov's Exp Change from Base								0
Gov's Exp % Change from Base								0
Full-Time Equivalents	4.4	3.1	5.3	5.5	3.2	1.9	3.2	1.9

2001 - Other Misc Special Revenue

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY14	FY15	FY16	FY17	FY18	FY19	FY18	FY19
Balance Forward In	1,639	2,008	2,052	1,869	162	117	162	117
Receipts	1,141	92	715	949	866	866	866	866
Net Transfers		75	250					
Cancellations	0	25	0	0	0	0	0	0
Expenditures	881	2,104	1,147	2,656	911	911	911	911
Balance Forward Out	1,899	46	1,869	162	117	72	117	72
Biennial Change in Expenditures				819		(1,982)		(1,982)
Biennial % Change in Expenditures				27		(52)		(52)
Gov's Exp Change from Base								0
Gov's Exp % Change from Base								0
Full-Time Equivalents	12.4	12.8	8.0	7.9	4.8	4.6	4.8	4.6

2360 - Health Care Access

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY14	FY15	FY16	FY17	FY18	FY19	FY18	FY19
Balance Forward In	2,546	3,046	810	1,936	0	0	0	0
Direct Appropriation	12,243	10,643	16,726	18,022	18,632	18,045	19,131	18,693
Open Appropriation	12	0	0	0	0	0	0	0
Net Transfers	(1,000)	(810)	(565)	(65)				
Cancellations	111	747	2,118	0	0	0	0	0
Expenditures	11,117	11,835	12,917	19,894	18,632	18,044	19,131	18,692
Balance Forward Out	2,572	297	1,936	0	0	0	0	0
<i>Biennial Change in Expenditures</i>				9,860		3,864		5,011
<i>Biennial % Change in Expenditures</i>				43		12		15
<i>Gov's Exp Change from Base</i>								1,147
<i>Gov's Exp % Change from Base</i>								3
Full-Time Equivalents	44.3	50.7	44.9	50.6	48.9	48.6	53.9	55.6

2403 - Gift

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY14	FY15	FY16	FY17	FY18	FY19	FY18	FY19
Balance Forward In	31	34	24	9	0	0	0	0
Net Transfers	3							
Expenditures	0	10	15	9	0	0	0	0
Balance Forward Out	34	24	9	0	0	0	0	0
<i>Biennial Change in Expenditures</i>				14		(24)		(24)
<i>Biennial % Change in Expenditures</i>				140		(100)		(100)
<i>Gov's Exp Change from Base</i>								0
<i>Gov's Exp % Change from Base</i>								0

3000 - Federal

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY14	FY15	FY16	FY17	FY18	FY19	FY18	FY19
Balance Forward In	481	715	73	91	0	0	0	0
Receipts	8,763	13,663	12,850	15,324	4,053	4,053	4,053	4,053
Expenditures	8,622	14,377	12,832	15,414	4,053	4,053	4,053	4,053
Balance Forward Out	620	0	91	0	0	0	0	0
<i>Biennial Change in Expenditures</i>				5,247		(20,141)		(20,141)
<i>Biennial % Change in Expenditures</i>				23		(71)		(71)
<i>Gov's Exp Change from Base</i>								0

(Dollars in Thousands)

3000 - Federal

Gov's Exp % Change from Base								0
Full-Time Equivalents	20.6	25.0	23.8	22.3	8.9	8.6	8.9	8.6

6000 - Miscellaneous Agency

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY14	FY15	FY16	FY17	FY18	FY19	FY18	FY19
Receipts	58	59	60	75	75	75	75	75
Net Transfers	(58)	(59)	(60)	(75)	(75)	(75)	(75)	(75)

Program: Health Improvement
Activity: Medical Cannabis

<http://www.health.state.mn.us/topics/cannabis/>

AT A GLANCE

- Began distributing medical cannabis to registered patients on July 1, 2015.
- Approved the enrollment of 1,936 patients and authorized 611 healthcare practitioners to certify patients—as of mid-2016.
- Oversee 2 manufacturers and 8 cannabis patient centers in Minnesota.
- Added Intractable Pain as a qualifying medical condition in 2016.

PURPOSE & CONTEXT

The Office of Medical Cannabis connects Minnesota residents with qualifying medical conditions to a registered manufacturer to obtain medical cannabis. Registered health care practitioners must first certify that a patient has a qualifying medical condition. Then patients must sign up for the MDH registry, and if approved, they may obtain medical cannabis in pill or liquid form from any of the eight distribution sites, which are supplied by two state-registered medical cannabis manufacturers.

Minnesota's medical cannabis program began distributing medical cannabis to registered patients on July 1, 2015.

State law requires Minnesota residents with one or more of the qualifying medical conditions who would like to access medical cannabis for therapeutic or palliative purposes to join the state's patient registry. An updated list of qualifying medical conditions is available on the Office of Medical Cannabis' website: <http://www.health.state.mn.us/topics/cannabis/patients/conditions.html>.

As of mid-2016, the following were qualified conditions for medical cannabis:

- Cancer or its treatment, accompanied by severe/chronic pain, nausea or severe vomiting, or cachexia or severe wasting
- Glaucoma
- HIV/AIDS
- Tourette's Syndrome
- Amyotrophic Lateral Sclerosis (ALS)
- Seizures, including those characteristic of epilepsy
- Severe and persistent muscle spasms, including those characteristic of multiple sclerosis
- Inflammatory Bowel Disease including Crohn's Disease
- Terminal illness, with a life expectancy of less than one year, if the illness or treatment produces severe/chronic pain, nausea or severe vomiting, cachexia or severe wasting
- Intractable Pain, as defined in Minnesota Statutes, section 152.125, subdivision 1

Current law requires patients to pay a fee of \$200 per year to enroll in the program. Patients who receive government assistance (e.g., Minnesota Care, Social Security disability, Supplemental Security Income, Medicaid, Medical Assistance and CHAMPVA¹) qualify for a reduced fee of \$50 per year. Approximately 57% of registered patients to date have qualified for the reduced enrollment fee, which must be done prior to the purchase of medical cannabis. By mid-2016, there were 1,936 approved patient enrollments with 1,737 patients enrolled and in an active status, meaning they were authorized to purchase, possess and use medical cannabis. The Office of Medical Cannabis has developed and continually enhanced its online registry system to deliver the program to qualified individuals.

The reach of program and scale of our work continues to grow:

We registered 210 designated caregivers and 251 parents/legal guardians by mid-2016 to assist registered access or administer medical cannabis, by mid-2016.

We registered 611 health care providers by mid-2016 to certify patients' qualifying medical conditions for the program.

¹ CHAMPVA is the Civilian Health and Medical Program of the Department of Veterans Affairs.

We registered two medical cannabis manufacturers on December 1, 2014 that are responsible for the cultivation, production and distribution of medical cannabis in the state. The manufacturers operate distribution facilities, or Cannabis Patient Centers (CPCs), in Bloomington, Eagan, Hibbing, Minneapolis, Moorhead, Rochester, St. Cloud and St. Paul.

We completed three rulemakings:

- Revisor's #04272 effective January 20, 2015
- Revisor's #04301, effective June 29, 2015
- Revisor's #04275, effective June 11, 2016

In 2015, the Office of Medical Cannabis established a process for considering the addition of intractable pain as a qualifying medical condition under the commissioner's authority in Minnesota Statutes, section 152.22, subdivision 14. The process included 13 public meetings around the state as well as an online comment submission process. MDH also established an advisory panel comprised of clinicians and medical providers to look at available medical evidence. On December 1, 2015, the commissioner of health announced the decision to add Intractable Pain as a qualifying medical condition effective August 1, 2016, subject to legislative review. MDH has formalized a similar process in rule to review the proposed addition of other qualifying conditions or treatment methods?

SERVICES PROVIDED

- Administer the statutorily required, secure patient registry through which qualified Minnesota residents can acquire medical cannabis to treat certain serious health conditions.
- Manage a process for health care practitioners to certify a patient that has been diagnosed with a qualifying medical condition and supervise the collection of data by participating practitioners.
- Register and oversee the two medical cannabis manufacturers that are responsible for the production and distribution of medical cannabis. The two manufacturers each operates four cannabis patient centers in the state for a total of eight.
- Inspect the cultivation, production and distribution facilities operated by the two medical cannabis manufacturers.
- Inform all participants in the system regarding the range of recommended dosages for each qualifying medical condition and the range of chemical compositions of any plant of the genus cannabis that will likely be medically beneficial for each of the qualifying conditions by reviewing and reporting existing medical and scientific literature.
- Conduct program evaluation based on patient and healthcare practitioner self-reported data submitted into the registry through surveys.
- Operate a call/support center to quickly and accurately respond to citizens needing information and assistance with the medical cannabis program and the patient registry.
- Provide technical support to and administer the Task Force on Medical Cannabis Therapeutic Research, which is responsible for evaluating the program and its impacts.
- Administer public petition process for citizens to propose additional qualifying medical conditions or delivery methods.

RESULTS

<i>Type of Measure</i>	<i>Name of Measure</i>	<i>Previous</i>	<i>Current</i>	<i>Dates</i>
Quantity	OMC inspections of manufacturers	N/A	28	2/1/15 – 6/30/16
Quantity	Total calls into OMC Call/Support Center	N/A	26,835	6/1/15 – 7/16/16
Results	Reported serious adverse events	N/A	0	6/1/15 – 7/16/16
Results	Reported diversion by law enforcement	N/A	0	6/1/15 – 7/16/16
Quantity	Presentations/Community outreach	N/A	152	1/1/2015 – 7/14/16

STATUTES

152.22 Medical Cannabis Patient Registry Program (152.22 – 152.37) (<https://www.revisor.mn.gov/statutes/?id=152.22>)

(Dollars in Thousands)

Expenditures By Fund

	Actual FY14	Actual FY15	Actual FY16	Estimate FY17	Forecast Base		Governor's Recommendation	
					FY18	FY19	FY18	FY19
1000 - General	0	2,106	761	708	708	708	858	858
1200 - State Government Special Rev	0	47	834	728	729	729	833	833
Total	0	2,153	1,595	1,436	1,437	1,437	1,691	1,691
<i>Biennial Change</i>				878		(157)		351
<i>Biennial % Change</i>				41		(5)		12
<i>Governor's Change from Base</i>								508
<i>Governor's % Change from Base</i>								18

Expenditures by Category

Compensation	0	862	1,052	908	909	909	1,000	1,000
Operating Expenses	0	1,217	513	528	528	528	691	691
Other Financial Transactions	0	17	0	0	0	0	0	0
Grants, Aids and Subsidies	0	57	30	0	0	0	0	0
Total	0	2,153	1,595	1,436	1,437	1,437	1,691	1,691
Total Agency Expenditures	0	2,153	1,595	1,436	1,437	1,437	1,691	1,691
Internal Billing Expenditures	0	0	143	0	0	0	0	0
Expenditures Less Internal Billing	0	2,153	1,452	1,436	1,437	1,437	1,691	1,691
<u>Full-Time Equivalents</u>	0	8.5	13.6	10.0	10.0	10.0	11.0	11.0

1000 - General

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY14	FY15	FY16	FY17	FY18	FY19	FY18	FY19
Balance Forward In	0	0	0	0	0	0	0	0
Direct Appropriation	0	2,795	761	708	708	708	858	858
Net Transfers		(687)						
Cancellations	0	2	0	0	0	0	0	0
Expenditures	0	2,106	761	708	708	708	858	858
Balance Forward Out	0	0	0	0	0	0	0	0
<i>Biennial Change in Expenditures</i>				(637)		(53)		247
<i>Biennial % Change in Expenditures</i>				(30)		(4)		17
<i>Gov's Exp Change from Base</i>								300
<i>Gov's Exp % Change from Base</i>								21
Full-Time Equivalents	0	8.5	9.5	2.0	2.0	2.0	2.0	2.0

1200 - State Government Special Rev

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY14	FY15	FY16	FY17	FY18	FY19	FY18	FY19
Direct Appropriation	0	100	834	729	729	729	833	833
Cancellations	0	53	0	1	0	0	0	0
Expenditures	0	47	834	728	729	729	833	833
<i>Biennial Change in Expenditures</i>				1,515		(104)		104
<i>Biennial % Change in Expenditures</i>				3,222		(7)		7
<i>Gov's Exp Change from Base</i>								208
<i>Gov's Exp % Change from Base</i>								14
Full-Time Equivalents	0	0.0	4.1	8.0	8.0	8.0	9.0	9.0

Program: Health Protection**AT A GLANCE**

- Environmental Health
- Infectious Disease
- Public Health Laboratory
- Health Regulation

PURPOSE & CONTEXT

Activities in the Health Protection budget program are responsible for protecting the health of all Minnesotans. The purpose, services, results and authorizing statutes of each activity is described in the following pages. The fiscal page for Health Protection reflects a summation of activities under this budget program area.

Expenditures By Fund

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY14	FY15	FY16	FY17	FY18	FY19	FY18	FY19
1000 - General	11,035	13,733	10,792	16,104	13,995	13,995	16,746	17,754
1200 - State Government Special Rev	37,437	44,048	43,982	45,980	46,320	46,361	49,751	51,514
2000 - Restrict Misc Special Revenue	3,080	2,927	3,004	3,167	2,169	2,164	2,169	2,164
2001 - Other Misc Special Revenue	18,517	19,739	13,639	28,443	27,447	27,537	27,447	27,537
2302 - Clean Water Fund	3,579	5,381	5,460	5,368	0	0	4,573	5,082
2360 - Health Care Access	0	0	64	66	0	0	0	0
2403 - Gift	4	3	1	45	0	0	0	0
2800 - Environmental	211	269	197	333	265	265	273	279
2801 - Remediation Fund	216	283	213	291	252	252	256	258
3000 - Federal	60,369	41,692	46,459	59,053	55,281	51,204	55,281	51,204
8201 - Drinking Water Revolving Fund	548	628	635	679	595	595	595	595
Total	134,996	128,704	124,445	159,530	146,325	142,373	157,092	156,387
Biennial Change				20,276		4,722		29,503
Biennial % Change				8		2		10
Governor's Change from Base								24,781
Governor's % Change from Base								9

Expenditures by Budget Activity

Budget Activity: Environmental Health	43,918	44,490	42,610	45,143	38,381	37,973	45,609	47,405
Budget Activity: Infectious Disease	29,445	26,352	26,873	35,303	30,620	26,781	30,887	27,101
Budget Activity: Public Health Laboratory	20,819	20,606	22,036	28,925	28,357	28,357	28,562	28,616
Budget Activity: Health Regulations	40,814	37,256	32,925	50,159	48,967	49,262	52,034	53,265
Total	134,996	128,704	124,445	159,530	146,325	142,373	157,092	156,387

Expenditures by Category

Compensation	63,213	74,347	72,463	87,802	83,091	80,780	90,313	90,643
Operating Expenses	57,625	45,346	43,632	62,147	56,259	54,822	58,594	57,430
Other Financial Transactions	564	99	84	48	38	38	38	38
Grants, Aids and Subsidies	12,606	8,289	6,579	8,676	6,534	6,329	7,744	7,872
Capital Outlay-Real Property	987	623	1,688	858	404	404	404	404
Total	134,996	128,704	124,445	159,530	146,325	142,373	157,092	156,387
Total Agency Expenditures	134,996	128,704	124,445	159,530	146,325	142,373	157,092	156,387
Internal Billing Expenditures	18,286	18,322	17,499	25,707	22,635	21,769	22,635	21,769
Expenditures Less Internal Billing	116,709	110,382	106,946	133,824	123,689	120,604	134,456	134,618

(Dollars in Thousands)

<u>Full-Time Equivalents</u>	833.7	858.0	809.4	893.9	831.8	798.0	898.4	879.5
-------------------------------------	-------	-------	-------	-------	-------	-------	-------	-------

1000 - General

	Actual FY14	Actual FY15	Actual FY16	Estimate FY17	Forecast Base		Governor's Recommendation	
					FY18	FY19	FY18	FY19
Balance Forward In	248	1,136	327	2,109	0	0	0	0
Direct Appropriation	12,009	13,020	12,513	14,053	13,919	13,919	16,670	17,678
Net Transfers	(111)	91	61	(59)	75	75	75	75
Cancellations	1	187	0	0	0	0	0	0
Expenditures	11,035	13,733	10,792	16,104	13,995	13,995	16,746	17,754
Balance Forward Out	1,111	327	2,109	0	0	0	0	0
<i>Biennial Change in Expenditures</i>				2,127		1,094		7,604
<i>Biennial % Change in Expenditures</i>				9		4		28
<i>Gov's Exp Change from Base</i>								6,510
<i>Gov's Exp % Change from Base</i>								23
Full-Time Equivalents	62.9	67.4	57.5	60.9	54.8	48.7	78.5	81.2

1200 - State Government Special Rev

	Actual FY14	Actual FY15	Actual FY16	Estimate FY17	Forecast Base		Governor's Recommendation	
					FY18	FY19	FY18	FY19
Balance Forward In	0	6,348	0	3,478	0	0	0	0
Direct Appropriation	43,585	45,600	47,656	46,412	46,515	46,556	49,946	51,709
Open Appropriation	77	0	0	0	0	0	0	0
Receipts	0	0	0	0	0	0	0	0
Net Transfers	(197)	(921)	(196)	(195)	(195)	(195)	(195)	(195)
Cancellations	0	6,979	0	3,715	0	0	0	0
Expenditures	37,437	44,048	43,982	45,980	46,320	46,361	49,751	51,514
Balance Forward Out	6,029	0	3,478	0	0	0	0	0
<i>Biennial Change in Expenditures</i>				8,478		2,719		11,303
<i>Biennial % Change in Expenditures</i>				10		3		13
<i>Gov's Exp Change from Base</i>								8,584
<i>Gov's Exp % Change from Base</i>								9
Full-Time Equivalents	249.6	260.3	250.6	252.1	233.7	230.8	249.4	251.6

2000 - Restrict Misc Special Revenue

	Actual FY14	Actual FY15	Actual FY16	Estimate FY17	Forecast Base		Governor's Recommendation	
					FY18	FY19	FY18	FY19
Balance Forward In	593	696	365	386	246	246	246	246
Receipts	1,895	1,319	1,902	1,904	1,046	1,040	1,046	1,040
Net Transfers	1,155	1,181	1,124	1,123	1,123	1,123	1,123	1,123

2000 - Restrict Misc Special Revenue

Expenditures	3,080	2,927	3,004	3,167	2,169	2,164	2,169	2,164
Balance Forward Out	563	269	386	246	246	246	246	246
Biennial Change in Expenditures				164		(1,839)		(1,839)
Biennial % Change in Expenditures				3		(30)		(30)
Gov's Exp Change from Base								0
Gov's Exp % Change from Base								0
Full-Time Equivalents	20.9	16.0	13.5	12.1	9.6	9.3	9.6	9.3

2001 - Other Misc Special Revenue

	Actual FY14	Actual FY15	Actual FY16	Estimate FY17	Forecast Base		Governor's Recommendation	
					FY18	FY19	FY18	FY19
Balance Forward In	3,910	4,504	3,803	3,786	1,448	948	1,448	948
Receipts	17,569	18,898	13,623	26,105	26,947	26,937	26,947	26,937
Net Transfers	142	5	0	0	0	0	0	0
Expenditures	18,517	19,739	13,639	28,443	27,447	27,537	27,447	27,537
Balance Forward Out	3,103	3,670	3,786	1,448	948	348	948	348
Biennial Change in Expenditures				3,827		12,902		12,902
Biennial % Change in Expenditures				10		31		31
Gov's Exp Change from Base								0
Gov's Exp % Change from Base								0
Full-Time Equivalents	237.4	244.3	198.9	243.3	247.2	246.5	247.2	246.5

2302 - Clean Water Fund

	Actual FY14	Actual FY15	Actual FY16	Estimate FY17	Forecast Base		Governor's Recommendation	
					FY18	FY19	FY18	FY19
Balance Forward In	1,821	2,852	3,209	1,555	0	0	0	0
Direct Appropriation	4,635	4,935	3,913	3,812	0	0	4,573	5,082
Net Transfers	(290)	0	0	0	0	0	0	0
Cancellations	525	0	107	0	0	0	0	0
Expenditures	3,579	5,381	5,460	5,368	0	0	4,573	5,082
Balance Forward Out	2,063	2,406	1,555	0	0	0	0	0
Biennial Change in Expenditures				1,868		(10,828)		(1,173)
Biennial % Change in Expenditures				21		(100)		(11)
Gov's Exp Change from Base								9,655
Gov's Exp % Change from Base								2,413,750
Full-Time Equivalents	23.1	27.9	28.8	26.2	0.0	0.0	27.2	28.2

2360 - Health Care Access

	Actual FY14	Actual FY15	Actual FY16	Estimate FY17	Forecast Base FY18 FY19		Governor's Recommendation FY18 FY19	
Balance Forward In	0	0	0	1	0	0	0	0
Net Transfers	0	0	65	65	0	0	0	0
Expenditures	0	0	64	66	0	0	0	0
Balance Forward Out	0	0	1	0	0	0	0	0
<i>Biennial Change in Expenditures</i>				130		(130)		(130)
<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
Full-Time Equivalents	0.0		1.0	0.7	0.0	0.0	0.0	0.0

2403 - Gift

	Actual FY14	Actual FY15	Actual FY16	Estimate FY17	Forecast Base FY18 FY19		Governor's Recommendation FY18 FY19	
Balance Forward In	54	51	41	42	0	0	0	0
Receipts	2	1	2	3	0	0	0	0
Net Transfers	0	(8)	0	0	0	0	0	0
Expenditures	4	3	1	45	0	0	0	0
Balance Forward Out	51	41	42	0	0	0	0	0
<i>Biennial Change in Expenditures</i>				38		(46)		(46)
<i>Biennial % Change in Expenditures</i>				503		(100)		(100)
<i>Gov's Exp Change from Base</i>								0
<i>Gov's Exp % Change from Base</i>								0

2800 - Environmental

	Actual FY14	Actual FY15	Actual FY16	Estimate FY17	Forecast Base FY18 FY19		Governor's Recommendation FY18 FY19	
Balance Forward In	0	37	0	68	0	0	0	0
Net Transfers	232	232	265	265	265	265	273	279
Cancellations	0	0	0	0	0	0	0	0
Expenditures	211	269	197	333	265	265	273	279
Balance Forward Out	21	0	68	0	0	0	0	0
<i>Biennial Change in Expenditures</i>				50		0		22
<i>Biennial % Change in Expenditures</i>				11		0		4
<i>Gov's Exp Change from Base</i>								22
<i>Gov's Exp % Change from Base</i>								4

2800 - Environmental

Full-Time Equivalents	1.8	2.0	2.2	2.1	0.5	0.4	0.5	0.4
-----------------------	-----	-----	-----	-----	-----	-----	-----	-----

2801 - Remediation Fund

	Actual FY14	Actual FY15	Actual FY16	Estimate FY17	Forecast Base		Governor's Recommendation	
					FY18	FY19	FY18	FY19
Balance Forward In	0	36	0	39	0	0	0	0
Net Transfers	252	252	252	252	252	252	256	258
Cancellations	0	4	0	0	0	0	0	0
Expenditures	216	283	213	291	252	252	256	258
Balance Forward Out	36	0	39	0	0	0	0	0
<i>Biennial Change in Expenditures</i>				4		0		10
<i>Biennial % Change in Expenditures</i>				1		0		2
<i>Gov's Exp Change from Base</i>								10
<i>Gov's Exp % Change from Base</i>								2
Full-Time Equivalents	2.3	2.1	2.3	2.5	2.0	2.0	2.0	2.0

3000 - Federal

	Actual FY14	Actual FY15	Actual FY16	Estimate FY17	Forecast Base		Governor's Recommendation	
					FY18	FY19	FY18	FY19
Balance Forward In	1,378	1,371	0	6	0	0	0	0
Receipts	60,361	40,321	46,465	59,049	55,282	51,205	55,282	51,205
Expenditures	60,369	41,692	46,459	59,053	55,281	51,204	55,281	51,204
Balance Forward Out	1,371	0	6	0	0	0	0	0
<i>Biennial Change in Expenditures</i>				3,451		974		974
<i>Biennial % Change in Expenditures</i>				3		1		1
<i>Gov's Exp Change from Base</i>								0
<i>Gov's Exp % Change from Base</i>								0
Full-Time Equivalents	231.0	234.1	249.7	287.5	277.7	253.9	277.7	253.9

8201 - Drinking Water Revolving Fund

	Actual FY14	Actual FY15	Actual FY16	Estimate FY17	Forecast Base		Governor's Recommendation	
					FY18	FY19	FY18	FY19
Balance Forward In	0	37	87	84	0	0	0	0
Receipts	585	627	632	0	0	0	0	0
Net Transfers	0	0	0	595	595	595	595	595
Expenditures	548	628	635	679	595	595	595	595
Balance Forward Out	37	35	84	0	0	0	0	0

8201 - Drinking Water Revolving Fund

<i>Biennial Change in Expenditures</i>			138		(124)	(124)
<i>Biennial % Change in Expenditures</i>			12		(9)	(9)
<i>Gov's Exp Change from Base</i>						0
<i>Gov's Exp % Change from Base</i>						0
Full-Time Equivalents	4.7	3.9	4.8	6.4	6.4	6.4

Program: Health Protection
Activity: Environmental Health

<http://www.health.state.mn.us/divs/eh/>

AT A GLANCE

- Test drinking water at more than 7,000 public water systems.
- Ensure safe food, drinking water, lodging, and swimming pools in 23,000 establishments statewide. Annually certify 12,000 food managers and support 35,304 active food managers.
- Test private wells and issue drinking water advisories in areas of contaminated groundwater. Test newly constructed drinking water supply wells for bacteria, nitrate, and arsenic.
- Assess multiple social, economic, exposure, and health factors that affect public health through Health Impact Assessments.
- Promote healthy indoor environments through education and assistance with: asbestos, lead, indoor arenas; Minnesota Clean Indoor Air Act; radon and indoor environmental quality in schools.

PURPOSE & CONTEXT

Whether it is clean air to breathe, clean water to drink, or wholesome food to eat, having a healthy environment is a key determinant for individual and community health. The Minnesota Department of Health's Environmental Health Division strives to protect, promote and improve public health in Minnesota by monitoring and managing environmental health risks and hazards around the state.

Our role:

- Ensure that food served in Minnesota restaurants and other food establishments is safe.
- Keep drinking water safe.
- Evaluate potential health risks from exposures to toxic environmental hazards.
- Keep our indoor environments healthy

SERVICES PROVIDED

Drinking Water Protection

- Ensure compliance with federal and state Safe Drinking Water Act standards in more than 7,000 public drinking water systems through inspection, contaminant monitoring, technical assistance, education and the protection of the systems' water resources.
- Enhance the Source Water Protection program, a prevention-based program that identifies sensitive ground water areas and promotes protective measures.
- Contribute to interagency activities to protect water resources through the Clean Water Fund, State Water Plan, the University of Minnesota's 25-year water plan. Provide technical assistance to the Public Facilities Authority.

Food, Pools and Lodging Services

- Ensure compliance with state health standards to ensure sanitary conditions in the state's approximately 23,000 hotels, schools, resorts, restaurants, manufactured home parks, recreational camping areas and children's camps.
- Ensure compliance with state health standards to ensure thousands of public swimming pools are safely constructed and maintained.
- Work with county, city and community health board partners through delegation agreements.
- Certify 12,000 food managers annually.
- Provide public information, education and technical assistance about safe food handling and hand-washing.

Environmental Surveillance and Assessment

- Evaluate potential health risks from exposures to toxic environmental hazards such as contaminated sport fish, waste disposal sites, operation of power plants, agricultural and industrial activities. Recommend actions to minimize exposures and manage risks.
- Contribute to growing scientific and risk assessment findings in children's environmental health, mining operations, and contaminated Minnesota groundwater.
- Design and test public health interventions intended to reduce the level of mercury and other contaminants in women of childbearing age and newborns, especially in the Lake Superior basin.
- Coordinate MDH activities related to health impact assessments and climate change adaptation.
- Conduct surveillance and mitigation of blood lead levels in children and promote healthy home environments.
- Assess risks from Drinking Water Contaminants of Emerging Concern (CEC) as part of the MDH Clean Water Fund activities.
- Provide a technical representative to the state Environmental Quality Board: <https://www.egb.state.mn.us/>

Indoor Environments and Radiation

- Inspect and provide compliance assistance to ensure public health protection in the areas of asbestos and lead abatement.
- Enforce the Minnesota Clean Indoor Air Act, which prohibits smoking in most indoor public areas and workplaces.
- Provide public information and education about the potential health effects of asbestos, lead, radon, mold and other indoor air contaminants.
- Register, inspect and provide technical assistance to all x-ray facilities and license the use of radioactive materials in order to protect the public from unnecessary radiation exposures .
- Conduct environmental radiation monitoring and sampling around Minnesota's two nuclear power plants.
- Participate in the State's Radiological Emergency Preparedness program and help local and state governmental agencies prepare for and respond to radiological emergencies and incidents.
- Provide technical assistance to schools in addressing indoor air quality concerns and other environmental health hazards that cause health problems for children

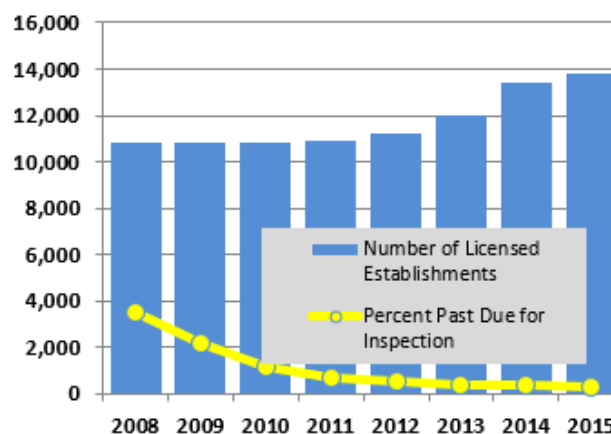
Well Management

- Protect public health and groundwater resources by ensuring the proper construction, maintenance and sealing of wells and borings.
- Contribute to interagency activities to protect water resources and public health through the Clean Water Fund by well sealing, and improving protection of those served by private wells.

RESULTS

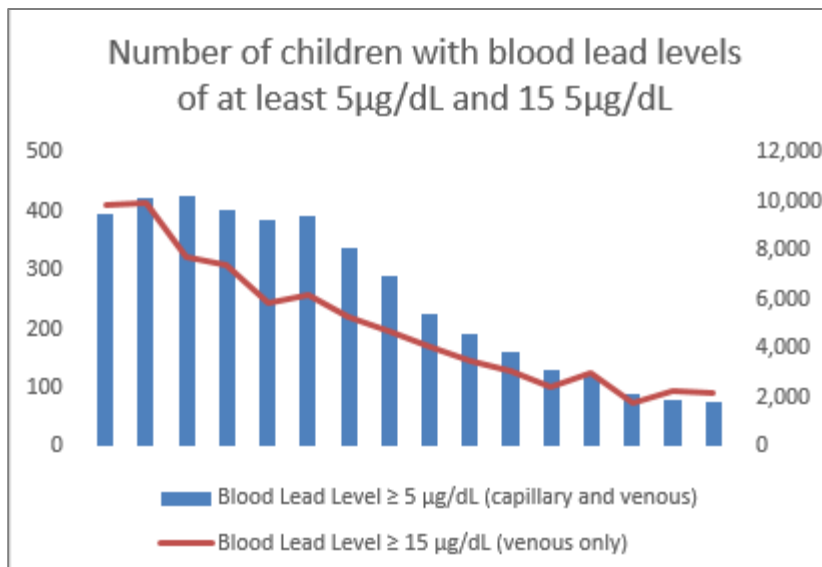
Food, Pools and Lodging Services Inspection Frequency:

Assurance that food service, pools and lodging services are provided in a safe manner to the public is important for public health. The frequency at which inspections of these establishments are conducted helps assure the safety of those operations. This data is from our licensing and inspection system.



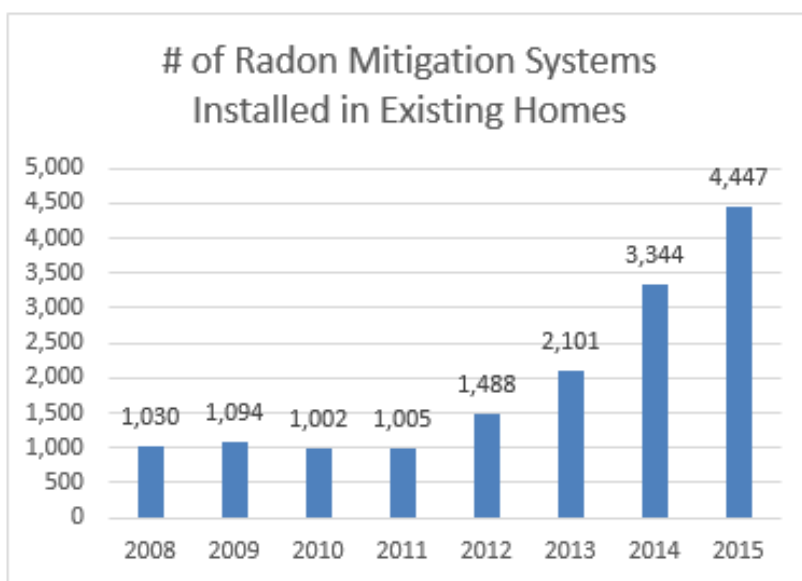
Children with Elevated Blood Lead Levels:

Children with elevated blood lead levels are at significant risk of health and development problems. Prevention and early intervention are critical aspects to reducing blood lead levels in children. This data is from our blood lead surveillance system.



Homes with Reduced Radon:

Homes with high radon present a greater risk to occupants for lung cancer. Improved construction and mitigation techniques along with testing homes at the time of sale can reduce the number of homes with high radon levels. This data is from our monitoring system.



144.12, 144.122, 144.383, 446.081 Drinking Water Protection (<https://www.revisor.mn.gov/statutes/?id=144>)
157, M.S. 327, 144.1222 Food, Pools & Lodging Services (<https://www.revisor.mn.gov/statutes/?id=157>)
144.9502, M.R. 4717.8000 Environmental Surveillance and Assessment (<https://www.revisor.mn.gov/rules/?id=144.9502>)
326.70, M.R. 4620, M.S. 144.9512, 144.1202, 144.412 Environmental Surveillance and Assessment
(<https://www.revisor.mn.gov/statutes/?id=326>)
103I.005 Well Management. (<https://www.revisor.mn.gov/statutes/?id=103I.005>)

(Dollars in Thousands)

Expenditures By Fund

	Actual FY14	Actual FY15	Actual FY16	Estimate FY17	Forecast Base		Governor's Recommendation	
					FY18	FY19	FY18	FY19
1000 - General	2,587	3,510	3,006	3,666	3,348	3,348	3,629	3,653
1200 - State Government Special Rev	21,190	22,554	22,917	24,043	24,077	24,118	26,539	28,243
2000 - Restrict Misc Special Revenue	1,432	1,423	1,162	1,328	1,159	1,159	1,159	1,159
2001 - Other Misc Special Revenue	4,418	4,128	4	9	5	5	5	5
2302 - Clean Water Fund	3,359	5,119	4,987	4,940	0	0	4,473	4,982
2403 - Gift	1	0	0	3	0	0	0	0
2800 - Environmental	211	269	197	333	265	265	273	279
2801 - Remediation Fund	216	283	213	291	252	252	256	258
3000 - Federal	9,956	6,573	9,489	9,850	8,680	8,231	8,680	8,231
8201 - Drinking Water Revolving Fund	548	628	635	679	595	595	595	595
Total	43,918	44,490	42,610	45,143	38,381	37,973	45,609	47,405
<i>Biennial Change</i>				(655)		(11,399)		5,261
<i>Biennial % Change</i>				(1)		(13)		6
<i>Governor's Change from Base</i>								16,660
<i>Governor's % Change from Base</i>								22

Expenditures by Category

Compensation	23,786	26,267	25,521	27,547	24,761	24,527	29,413	30,555
Operating Expenses	13,740	13,664	13,424	13,890	11,216	11,042	12,582	12,903
Other Financial Transactions	122	17	3	2	2	2	2	2
Grants, Aids and Subsidies	6,123	4,461	3,606	3,661	2,363	2,363	3,573	3,906
Capital Outlay-Real Property	148	80	56	43	39	39	39	39
Total	43,918	44,490	42,610	45,143	38,381	37,973	45,609	47,405
Total Agency Expenditures	43,918	44,490	42,610	45,143	38,381	37,973	45,609	47,405
Internal Billing Expenditures	5,620	6,202	5,689	6,173	5,512	5,456	5,512	5,456
Expenditures Less Internal Billing	38,298	38,288	36,921	38,969	32,868	32,516	40,096	41,948

Budget Activity: Environmental Health

Budget Activity Expenditure Overview

(Dollars in Thousands)

<u>Full-Time Equivalents</u>	300.1	302.2	286.3	275.7	256.8	247.0	294.1	287.5
-------------------------------------	-------	-------	-------	-------	-------	-------	-------	-------

1000 - General

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY14	FY15	FY16	FY17	FY18	FY19	FY18	FY19
Balance Forward In	243	484	0	318	0	0	0	0
Direct Appropriation	2,892	3,192	3,249	3,273	3,273	3,273	3,554	3,578
Net Transfers	(73)	(64)	75	75	75	75	75	75
Cancellations	0	102	0	0	0	0	0	0
Expenditures	2,587	3,510	3,006	3,666	3,348	3,348	3,629	3,653
Balance Forward Out	475	0	318	0	0	0	0	0
<i>Biennial Change in Expenditures</i>				575		24		610
<i>Biennial % Change in Expenditures</i>				9		0		9
<i>Gov's Exp Change from Base</i>								586
<i>Gov's Exp % Change from Base</i>								9
Full-Time Equivalents	21.3	24.5	20.8	25.2	26.3	20.7	28.5	23.7

1200 - State Government Special Rev

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY14	FY15	FY16	FY17	FY18	FY19	FY18	FY19
Balance Forward In	0	2,344	0	1,347	0	0	0	0
Direct Appropriation	23,531	23,506	23,772	23,985	24,077	24,118	26,539	28,243
Open Appropriation	77	0	0	0	0	0	0	0
Receipts	0	0	0	0	0	0	0	0
Net Transfers	(77)	(200)	492	492				
Cancellations	0	3,095	0	1,781	0	0	0	0
Expenditures	21,190	22,554	22,917	24,043	24,077	24,118	26,539	28,243
Balance Forward Out	2,341	0	1,347	0	0	0	0	0
<i>Biennial Change in Expenditures</i>				3,215		1,235		7,822
<i>Biennial % Change in Expenditures</i>				7		3		17
<i>Gov's Exp Change from Base</i>								6,587
<i>Gov's Exp % Change from Base</i>								14
Full-Time Equivalents	168.2	174.0	165.9	166.0	155.0	154.0	163.8	164.3

2000 - Restrict Misc Special Revenue

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY14	FY15	FY16	FY17	FY18	FY19	FY18	FY19
Balance Forward In	464	381	365	379	246	246	246	246
Receipts	136	130	52	72	36	36	36	36

2000 - Restrict Misc Special Revenue

Net Transfers	1,155	1,181	1,124	1,123	1,123	1,123	1,123	1,123
Expenditures	1,432	1,423	1,162	1,328	1,159	1,159	1,159	1,159
Balance Forward Out	323	269	379	246	246	246	246	246
<i>Biennial Change in Expenditures</i>				(366)		(172)		(172)
<i>Biennial % Change in Expenditures</i>				(13)		(7)		(7)
<i>Gov's Exp Change from Base</i>								0
<i>Gov's Exp % Change from Base</i>								0
Full-Time Equivalents	4.6	4.1	2.1	3.7	1.5	1.5	1.5	1.5

2001 - Other Misc Special Revenue

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY14	FY15	FY16	FY17	FY18	FY19	FY18	FY19
Balance Forward In	5	189	6	5	0	0	0	0
Receipts	4,595	3,945	4	5	5	5	5	5
Net Transfers			0					
Expenditures	4,418	4,128	4	9	5	5	5	5
Balance Forward Out	183	6	5	0	0	0	0	0
<i>Biennial Change in Expenditures</i>				(8,532)		(5)		(5)
<i>Biennial % Change in Expenditures</i>				(100)		(33)		(33)
<i>Gov's Exp Change from Base</i>								0
<i>Gov's Exp % Change from Base</i>								0
Full-Time Equivalents	30.4	27.3	0.0	0.0	0.0	0.0	0.0	0.0

2302 - Clean Water Fund

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY14	FY15	FY16	FY17	FY18	FY19	FY18	FY19
Balance Forward In	1,775	2,696	2,659	1,349	0	0	0	0
Direct Appropriation	4,430	4,430	3,899	3,741	0	0	4,473	4,982
Net Transfers	(428)	(150)	(150)	(150)				
Cancellations	512	0	73	0	0	0	0	0
Expenditures	3,359	5,119	4,987	4,940	0	0	4,473	4,982
Balance Forward Out	1,906	1,857	1,349	0	0	0	0	0
<i>Biennial Change in Expenditures</i>				1,450		(9,928)		(473)
<i>Biennial % Change in Expenditures</i>				17		(100)		(5)
<i>Gov's Exp Change from Base</i>								9,455
<i>Gov's Exp % Change from Base</i>								2,363,750
Full-Time Equivalents	21.2	25.4	24.8	24.4	0	0	26.2	27.2

2403 - Gift

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY14	FY15	FY16	FY17	FY18	FY19	FY18	FY19
Balance Forward In	3	2	2	3	0	0	0	0
Receipts	0	0	1	0	0	0	0	0
Expenditures	1	0	0	3	0	0	0	0
Balance Forward Out	2	2	3	0	0	0	0	0
<i>Biennial Change in Expenditures</i>				2		(3)		(3)
<i>Biennial % Change in Expenditures</i>				287		(100)		(100)
<i>Gov's Exp Change from Base</i>								0
<i>Gov's Exp % Change from Base</i>								0

2800 - Environmental

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY14	FY15	FY16	FY17	FY18	FY19	FY18	FY19
Balance Forward In	0	37	0	68	0	0	0	0
Net Transfers	232	232	265	265	265	265	273	279
Cancellations	0	0	0	0	0	0	0	0
Expenditures	211	269	197	333	265	265	273	279
Balance Forward Out	21	0	68	0	0	0	0	0
<i>Biennial Change in Expenditures</i>				50		0		22
<i>Biennial % Change in Expenditures</i>				11		0		4
<i>Gov's Exp Change from Base</i>								22
<i>Gov's Exp % Change from Base</i>								4
Full-Time Equivalents	1.8	2.0	2.2	2.1	0.5	0.4	0.5	0.4

2801 - Remediation Fund

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY14	FY15	FY16	FY17	FY18	FY19	FY18	FY19
Balance Forward In	0	36	0	39	0	0	0	0
Net Transfers	252	252	252	252	252	252	256	258
Cancellations	0	4	0	0	0	0	0	0
Expenditures	216	283	213	291	252	252	256	258
Balance Forward Out	36	0	39	0	0	0	0	0
<i>Biennial Change in Expenditures</i>				4		0		10

2801 - Remediation Fund

Biennial % Change in Expenditures			1		0		2
Gov's Exp Change from Base							10
Gov's Exp % Change from Base							2
Full-Time Equivalents	2.3	2.1	2.3	2.5	2.0	2.0	2.0

3000 - Federal

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY14	FY15	FY16	FY17	FY18	FY19	FY18	FY19
Balance Forward In	0	0	0	6	0	0	0	0
Receipts	9,956	6,573	9,494	9,845	8,680	8,231	8,680	8,231
Expenditures	9,956	6,573	9,489	9,850	8,680	8,231	8,680	8,231
Balance Forward Out	0	0	6	0	0	0	0	0
Biennial Change in Expenditures				2,809		(2,427)		(2,427)
Biennial % Change in Expenditures				17		(13)		(13)
Gov's Exp Change from Base								0
Gov's Exp % Change from Base								0
Full-Time Equivalents	45.7	38.7	63.3	45.4	65.2	62.1	65.2	62.1

8201 - Drinking Water Revolving Fund

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY14	FY15	FY16	FY17	FY18	FY19	FY18	FY19
Balance Forward In	0	37	87	84	0	0	0	0
Receipts	585	627	632	0	0	0	0	0
Net Transfers				595	595	595	595	595
Expenditures	548	628	635	679	595	595	595	595
Balance Forward Out	37	35	84	0	0	0	0	0
Biennial Change in Expenditures				138		(124)		(124)
Biennial % Change in Expenditures				12		(9)		(9)
Gov's Exp Change from Base								0
Gov's Exp % Change from Base								0
Full-Time Equivalents	4.7	3.9	4.8	6.4	6.4	6.4	6.4	6.4

Program: Health Protection
Activity: Infectious Disease

<http://www.health.state.mn.us/divs/idepc/>

AT A GLANCE

- Played a key role in solving numerous multistate foodborne outbreaks such as Salmonella associated with tomatoes, cucumbers, frozen tuna and a protein meal replacement, and E. coli 0157:H7 associated with flour. Investigated 203 intestinal disease outbreaks in 2015.
- Responded to 1,200 calls from healthcare providers and the public regarding Zika, resulting in nearly 900 specimens received and 26 travel or sexual activity related cases to date.
- Investigated nearly 5,500 tickborne disease reports in 2015, resulting in 1,176 confirmed cases of Lyme disease, 613 cases of anaplasmosis and 45 cases of babesiosis.
- Coordinate programs to immunize 70,000 babies each year to prevent serious diseases.
- Provided vaccine to 1 in every 3 children in Minnesota through the Minnesota Vaccines for Children Program (MnVFC). MnVFC provides vaccines at no cost to children who might not otherwise be vaccinated because of inability to pay. In 2015, MDH ordered over \$45 million worth of vaccine for the MnVFC Program.
- Managed treatment for 151 new tuberculosis cases and evaluated 685 new case contacts in 2013.
- Coordinated health screenings for 2,165 newly arrived refugees in 2015.
- Maintain a viral hepatitis tracking system to monitor trends in incidence of acute and chronic hepatitis B and C, including the increase in hepatitis C infections in adolescents and young adults that may be associated with injection opioid use.

PURPOSE & CONTEXT

The Infectious Disease Epidemiology, Prevention and Control Division provides statewide leadership to ensure Minnesotans are safe from infectious diseases.

Our role:

- Maintain systems to detect, investigate and mitigate infectious disease outbreaks and threats.
- Recommend policy for detecting, preventing or controlling infectious diseases.
- Coordinate with the health care and public health system to implement effective measures to prevent further transmission of diseases.
- Provide access to vaccines to prevent infectious diseases.
- Provide advice on diagnosis and treatment of rare infectious diseases (e.g., Ebola and Zika).
- Identify and prevent future outbreaks.
- Collaborate with community organizations, public and private providers, hospitals, laboratories and government officials at all levels.
- Evaluate the effectiveness of our infectious disease activities.

All Minnesota residents are served by IDEPC's work. Specific populations served include infants and children, adolescents, high-risk adults, older adults, those with chronic diseases, refugees, immigrants and other foreign-born individuals, patients in hospitals and long-term care facilities and health care workers.

SERVICES PROVIDED

Identify, investigate and mitigate infectious disease threats.

- Maintain a 24/7 system to detect and investigate cases of infectious disease.
- Lead efforts to detect and control emerging infectious diseases (e.g. Pandemic influenza, Ebola, Zika).
- Analyze disease reports to identify unusual patterns of infectious disease, detect outbreaks, identify the cause and implement control measures.
- Alert health professionals and the public about outbreaks and how to control them, including treatment consultation.
- Maintain foodborne illness hotline to receive complaints from the public and identify possible foodborne outbreaks.

- Manage treatment of and provide medications for tuberculosis patients to prevent spread of disease.
- Provide perinatal hepatitis B case management for both mother and child.
- Investigate reported health care associated infections or infection prevention breaches and work collaboratively with health care facilities to prevent the spread of infection and conduct follow-up on those who may have been exposed.
- Coordinate refugee screenings to identify and treat health problems;
- Provide vaccines and other medicine to prevent and control outbreaks of vaccine-preventable disease.
- Conduct interventions to facilitate testing, treatment and counseling of HIV, STD and tuberculosis patients and their contacts to prevent disease transmission.
- Provide technical support to local public health through eight regional epidemiologists located across the state.
- Notify federal officials, hospitals and clinics and the general public of the need to remove a product from the market or to not use or consume a specific product that is a public health threat.

Prevent infectious disease.

- Distribute publicly purchased vaccines for children whose families cannot afford them.
- Coordinate medical screening programs for newly arrived refugees.
- Provide leadership for ongoing development of a statewide immunization information system.
- Conduct studies on diseases of high concern to the public and the medical community.
- Provide education to health care practitioners on management of infectious diseases (telephone consultation, 24/7 on-call system, publications and MDH's website).
- Educate the public, including high-risk populations, on disease testing, treatment and prevention methods.
- Provide grants to local public health agencies and nonprofit organizations for infectious disease prevention activities.
- Provide assessment and technical assistance to health care facilities across the spectrum of care (e.g. hospitals, long term care) to enhance infection prevention and antibiotic stewardship.
- Fund STD and HIV testing and prevention activities.
- Involve high-risk communities, health care providers and concerned citizens in responding to infectious disease challenges.
- Promote Minnesota Syringe Access Initiative to provide clean syringes through pharmacies without a prescription for those who inject drugs to prevent the spread of infectious disease, such as hepatitis C and HIV.
- Alert the public where and when the risk of infectious disease is the greatest (e.g. Lyme disease, West Nile).
- Communicate current infectious disease information through the MDH website, the publication of Got Your Shots? and the Disease Control Newsletter.
- Evaluate the effectiveness of infectious disease public health programs by monitoring disease trends and outcomes.

RESULTS

Type of Measure	Name of Measure	Previous	Current	Dates
Result	Percentage of tuberculosis patients who complete therapy in 12 months. <i>Source: MDH TB Program Data</i>	96% N=133	93% N=122	2012 2014
Quality	Percentage of foodborne disease outbreak in which the source of the outbreak was identified. <i>Source: MDH Foodborne Outbreak Data</i>	63% N=41	55% N=61	2013 2015
Quality	Percentage of newly arriving refugees in Minnesota who have a health screening within three months of arrival. <i>Source: MDH Refugee Health Program Data</i>	96.5% N=2,109	96.0% N=2078	2013 2015

Type of Measure	Name of Measure	Previous	Current	Dates
Quality	Percentage of Adolescents Receiving >1 Tetanus, diphtheria and acellular pertussis [Tdap] vaccination <i>Source: National Immunization Survey-Teen, 2010, 2012, 2014</i>	85.6% N=322	87.2% N=286	2012 2014

STATUTES:

M.S. 13.3805 (<https://www.revisor.mn.gov/statutes/?id=13.3805>)

M.S. 121A.15 (<https://www.revisor.mn.gov/statutes/?id=121A.15>)

M.S. 144.05 (<https://www.revisor.mn.gov/statutes/?id=144.05>)

M.S. 144.12 (<https://www.revisor.mn.gov/statutes/?id=144.12>)

M.S. 144.3351 (<https://www.revisor.mn.gov/statutes/?id=144.3351>)

Minnesota Rules, Chapter 4604 and 4605. (<https://www.revisor.mn.gov/rules/?id=4604>)

(Dollars in Thousands)

Expenditures By Fund

	Actual FY14	Actual FY15	Actual FY16	Estimate FY17	Forecast Base		Governor's Recommendation	
					FY18	FY19	FY18	FY19
1000 - General	3,407	4,665	3,280	4,969	3,969	3,969	4,136	4,189
1200 - State Government Special Rev	167	175	181	207	214	214	214	214
2000 - Restrict Misc Special Revenue	520	594	931	985	460	455	460	455
2001 - Other Misc Special Revenue	2,627	1,084	854	1,954	1,944	2,044	1,944	2,044
2302 - Clean Water Fund	49	112	357	278	0	0	100	100
2403 - Gift	4	3	1	43	0	0	0	0
3000 - Federal	22,672	19,719	21,270	26,867	24,032	20,099	24,032	20,099
Total	29,445	26,352	26,873	35,303	30,620	26,781	30,887	27,101
<i>Biennial Change</i>				6,379		(4,776)		(4,189)
<i>Biennial % Change</i>				11		(8)		(7)
<i>Governor's Change from Base</i>								587
<i>Governor's % Change from Base</i>								1

Expenditures by Category

Compensation	14,298	15,138	14,688	21,468	18,550	16,073	18,791	16,367
Operating Expenses	8,549	7,311	9,194	8,882	7,971	6,815	7,997	6,841
Other Financial Transactions	112	51	54	12	2	2	2	2
Grants, Aids and Subsidies	6,483	3,828	2,937	4,941	4,096	3,891	4,096	3,891
Capital Outlay-Real Property	3	24	0	0	0	0	0	0
Total	29,445	26,352	26,873	35,303	30,620	26,781	30,887	27,101
Total Agency Expenditures	29,445	26,352	26,873	35,303	30,620	26,781	30,887	27,101
Internal Billing Expenditures	3,672	3,267	3,465	3,581	2,674	2,190	2,674	2,190
Expenditures Less Internal Billing	25,773	23,084	23,408	31,722	27,946	24,591	28,213	24,911
<u>Full-Time Equivalents</u>	181.4	186.8	174.6	215.5	180.9	160.2	183.9	163.2

1000 - General

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY14	FY15	FY16	FY17	FY18	FY19	FY18	FY19
Balance Forward In	0	500	274	1,000	0	0	0	0
Direct Appropriation	3,892	4,439	4,015	3,969	3,969	3,969	4,136	4,189
Net Transfers	0	0	(9)	0				
Cancellations	1	0	0	0	0	0	0	0
Expenditures	3,407	4,665	3,280	4,969	3,969	3,969	4,136	4,189
Balance Forward Out	484	274	1,000	0	0	0	0	0
<i>Biennial Change in Expenditures</i>				177		(310)		77
<i>Biennial % Change in Expenditures</i>				2		(4)		1
<i>Gov's Exp Change from Base</i>								387
<i>Gov's Exp % Change from Base</i>								5
Full-Time Equivalents	20.3	19.2	18.6	18.3	16.9	16.9	18.9	18.9

1200 - State Government Special Rev

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY14	FY15	FY16	FY17	FY18	FY19	FY18	FY19
Balance Forward In	0	47	0	33	0	0	0	0
Direct Appropriation	214	214	214	214	214	214	214	214
Cancellations	0	86	0	41	0	0	0	0
Expenditures	167	175	181	207	214	214	214	214
Balance Forward Out	47	0	33	0	0	0	0	0
<i>Biennial Change in Expenditures</i>				46		40		40
<i>Biennial % Change in Expenditures</i>				13		10		10
<i>Gov's Exp Change from Base</i>								0
<i>Gov's Exp % Change from Base</i>								0
Full-Time Equivalents	1.2	1.3	1.3	1.6	1.3	1.3	1.3	1.3

2000 - Restrict Misc Special Revenue

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY14	FY15	FY16	FY17	FY18	FY19	FY18	FY19
Balance Forward In	0	145	0	7	0	0	0	0
Receipts	610	449	938	978	461	455	461	455
Expenditures	520	594	931	985	460	455	460	455
Balance Forward Out	89	0	7	0	0	0	0	0
<i>Biennial Change in Expenditures</i>				802		(1,000)		(1,000)

2000 - Restrict Misc Special Revenue

Biennial % Change in Expenditures			72		(52)	(52)
Gov's Exp Change from Base						0
Gov's Exp % Change from Base						0
Full-Time Equivalents	6.6	6.0	7.0	4.2	4.0	4.0

2001 - Other Misc Special Revenue

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY14	FY15	FY16	FY17	FY18	FY19	FY18	FY19
Balance Forward In	2,030	1,915	2,469	1,952	1,448	948	1,448	948
Receipts	2,503	1,651	337	1,451	1,444	1,444	1,444	1,444
Expenditures	2,627	1,084	854	1,954	1,944	2,044	1,944	2,044
Balance Forward Out	1,906	2,481	1,952	1,448	948	348	948	348
Biennial Change in Expenditures				(903)		1,179		1,179
Biennial % Change in Expenditures				(24)		42		42
Gov's Exp Change from Base								0
Gov's Exp % Change from Base								0
Full-Time Equivalents	2.1	3.6	2.0	5.3	3.0	3.0	3.0	3.0

2302 - Clean Water Fund

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY14	FY15	FY16	FY17	FY18	FY19	FY18	FY19
Balance Forward In	0	156	550	207	0	0	0	0
Direct Appropriation	205	505	14	71	0	0	100	100
Cancellations	0	0	0	0	0	0	0	0
Expenditures	49	112	357	278	0	0	100	100
Balance Forward Out	156	550	207	0	0	0	0	0
Biennial Change in Expenditures				474		(635)		(435)
Biennial % Change in Expenditures				296		(100)		(68)
Gov's Exp Change from Base								200
Full-Time Equivalents	0.7	1.3	3.1	1.2	0.0	0.0	1.0	1.0

2403 - Gift

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY14	FY15	FY16	FY17	FY18	FY19	FY18	FY19
Balance Forward In	51	49	39	39	0	0	0	0
Receipts	2	1	1	3	0	0	0	0

(Dollars in Thousands)

2403 - Gift

Net Transfers	(8)							
Expenditures	4	3	1	43	0	0	0	0
Balance Forward Out	49	39	39	0	0	0	0	0
<i>Biennial Change in Expenditures</i>				36		(43)		(43)
<i>Biennial % Change in Expenditures</i>				524		(100)		(100)
<i>Gov's Exp Change from Base</i>								0
<i>Gov's Exp % Change from Base</i>								0

3000 - Federal

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY14	FY15	FY16	FY17	FY18	FY19	FY18	FY19
Balance Forward In	38	38	0	0	0	0	0	0
Receipts	22,671	19,681	21,271	26,868	24,032	20,098	24,032	20,098
Expenditures	22,672	19,719	21,270	26,867	24,032	20,099	24,032	20,099
Balance Forward Out	38	0	0	0	0	0	0	0
<i>Biennial Change in Expenditures</i>				5,746		(4,006)		(4,006)
<i>Biennial % Change in Expenditures</i>				14		(8)		(8)
<i>Gov's Exp Change from Base</i>								0
<i>Gov's Exp % Change from Base</i>								0
Full-Time Equivalents	150.5	155.4	142.5	185.0	155.6	135.0	155.6	135.0

Program: Health Protection
Activity: Public Health Laboratory

<http://www.health.state.mn.us/divs/phl/index.html>

AT A GLANCE

- Test for contaminants in the environment and for exposures to contaminants in people. In FY 2016, the lab received 41,458 samples and performed 139,529 analyses.
- Test for viruses and other germs that make people sick, as well as look for outbreaks related to food and water. In FY 2016, the lab performed 128,750 tests on 43,950 samples.
- Screen more than 68,000 newborn babies per year for more than 50 rare disorders including hearing loss and critical congenital heart disease.

PURPOSE & CONTEXT

The Public Health Laboratory detects infectious disease outbreaks and other public health threats; identifies rare chemical, radiological and biological hazards; prepares and responds to emergencies; and produces high-quality laboratory data used to inform public health decisions. We collaborate with local, state and federal officials; public and private hospitals; laboratories; and other entities throughout the state to test environmental and human samples for chemical contaminants, screen newborns for treatable conditions and test specimens for rare (e.g., rabies, polio, Ebola virus) and common (e.g. flu, norovirus) infectious diseases. These activities benefit all Minnesotans.

SERVICES PROVIDED

Environmental

- Test environmental samples including air, drinking and non-potable water, biological materials and solid materials for chemical, bacterial and radiological contaminants. For example, we test drinking and non-potable water for various nutrients that can, at high concentrations, be hazardous to human health and our environment.
- Develop methods and perform testing of potentially harmful chemicals in human samples (i.e., biomonitoring) collected from Minnesotan volunteers to help identify and address health equity concerns.
- Develop or adapt new methods for analyzing environmental samples for contaminants of emerging concern, which are chemicals or materials with a perceived, potential, or real threat to human health or that lack published health standards.
- Analyze an average of about 4,200 drinking water samples for Coliform/E. Coli bacteria per year with several hundred positive results.
- Provide rapid reports for positive results so that immediate steps are taken to make water safe for consumption.

Infectious Disease

- Test to find and describe germs including flu, parasites and other things that make people sick. Our testing also finds rare germs such as rabies, Ebola virus and Zika.
- Identify outbreaks related to food and water. We determine if a germ is resistant to antibiotics and figure out how it has become resistant.
- Report results to public health and health care professionals, who then offer treatment and stop the spread of germs.
- Ensure quick discovery and control of outbreaks to minimize the spread of illness.
- Coordinate with statewide labs who provide samples to the state and generate critical results in a timely fashion.

Newborn Screening

- Screen all Minnesota newborns for more than 50 treatable, hidden, rare disorders including hearing loss and critical congenital heart disease.
- Ensure that babies with treatable disorders are detected and receive follow-up testing and care, resulting in improved long-term health outcomes and quality of life for these babies and their parents.
- Educate Minnesota's new and expectant parents and medical providers about newborn screening to ensure the best possible outcomes for babies and families.

Emergency Preparedness and Response

- Detect and respond to many kinds of hazards, including harmful chemicals, radioactive materials and biological organisms that can make people sick.
- Serve as a member of Minnesota's Radiological Emergency Preparedness program, which responds in the event of a release of radioactive chemicals at Minnesota's nuclear power plants.
- Host the federal BioWatch air-monitoring program, which detects harmful germs in air samples.
- Operate the Minnesota Laboratory System, a communication and training system that trains public and private laboratories to be able to recognize and report possible agents of chemical, disease and other public health threats.
- Serve as a Laboratory Response Network Level 1 Chemical Threat preparedness laboratory to offer services in response to a mass casualty event involving harmful chemicals anywhere in the country.
- Ensure receipt of samples from hospitals, law enforcement, and other partners to aid rapid testing on clinical or environmental samples of concern (e.g., unknown white powders).
- Develop and maintain new testing methods to identify potentially harmful agents.

RESULTS

<i>Type of Measure</i>	<i>Name of Measure</i>	<i>Previous</i>	<i>Current</i>	<i>Dates</i>
Quantity	Newborns identified with treatable conditions.	477	555	FY13-FY14 / FY15-FY16
Quantity	Environmental Unknown sample cases (samples tested) from law enforcement and other partners for analysis of chemical or biological agents of concern.	36 (34)	26 (23)	FY15/FY16
Quantity	Human clinical specimens received from MN laboratories (number of positive tests) for confirmation detection of an infectious disease agent of concern.	56 (14)	109 (36)	FY15/FY16
Quality	Percent of Drinking Water samples positive for coliform or E. coli reported the same day as the results were read in the lab.	100%	100%	FY15/FY16

STATUTES

M.S. 144.05 General Duties of the Commissioner (<https://www.revisor.mn.gov/statutes/?id=144.05>)

M.S. 144.123 Fees for diagnostic laboratory services (<https://www.revisor.mn.gov/statutes/?id=144.123>)

M.S. 144.125 Tests of Infants for Heritable & Congenital Disorders (<https://www.revisor.mn.gov/statutes/?id=144.125>)

M.S. 144.1251 Newborn Screening for Critical Congenital Heart Disease (CCHD) (<https://www.revisor.mn.gov/statutes/?id=144.1251>)

M.S. 144.128 Commissioner's Duties (Newborn Screening) (<https://www.revisor.mn.gov/statutes/?id=144.128>)

M.S. 144.192 Treatment of Biological Specimens and Health Data (<https://www.revisor.mn.gov/statutes/?id=144.192>)

M.S. 144.193 Inventory of Biological and Health Data (<https://www.revisor.mn.gov/statutes/?id=144.193>)

M.S. 144.966 Early Hearing Detection (<https://www.revisor.mn.gov/statutes/?id=144.966>)

M.S. 144.97 Definitions (<https://www.revisor.mn.gov/statutes/?id=144.97>)

M.S. 144.98 Accreditation of Environmental Laboratories (<https://www.revisor.mn.gov/statutes/?id=144.98>)

M.S. 144.99 Enforcement (<https://www.revisor.mn.gov/statutes/?id=144.99>)

M.S. 13.386 Treatment of Genetic Information Held by Government Entities & Other Persons (<https://www.revisor.mn.gov/statutes/?id=13.386>)

13.3805 Public Health Data (<https://www.revisor.mn.gov/statutes/?id=13.3805>)

Minnesota Rules Chapter 4605 Communicable Diseases (<https://www.revisor.mn.gov/rules/?id=4605>)

Minnesota Rules Chapter 4740 Laboratories; Accreditation Requirements (<https://www.revisor.mn.gov/rules/?id=4740>)

Minnesota Rules 4615.0400 Definitions (<https://www.revisor.mn.gov/rules/?id=4615.0400>)

(Dollars in Thousands)

Expenditures By Fund

	Actual FY14	Actual FY15	Actual FY16	Estimate FY17	Forecast Base		Governor's Recommendation	
					FY18	FY19	FY18	FY19
1000 - General	2,277	2,370	1,704	3,055	2,383	2,383	2,588	2,642
1200 - State Government Special Rev	7,227	7,782	8,394	8,455	9,459	9,459	9,459	9,459
2000 - Restrict Misc Special Revenue	926	741	598	558	253	253	253	253
2001 - Other Misc Special Revenue	5,256	4,204	4,236	4,285	3,905	3,905	3,905	3,905
2302 - Clean Water Fund	171	150	115	150	0	0	0	0
3000 - Federal	4,961	5,359	6,989	12,422	12,357	12,357	12,357	12,357
Total	20,819	20,606	22,036	28,925	28,357	28,357	28,562	28,616
<i>Biennial Change</i>				9,537		5,752		6,216
<i>Biennial % Change</i>				23		11		12
<i>Governor's Change from Base</i>								464
<i>Governor's % Change from Base</i>								1

Expenditures by Category

Compensation	10,039	10,605	10,607	13,924	13,339	13,323	13,487	13,525
Operating Expenses	9,765	9,475	9,740	14,106	14,572	14,588	14,629	14,645
Other Financial Transactions	178	8	22	7	7	7	7	7
Grants, Aids and Subsidies	0	0	36	75	75	75	75	75
Capital Outlay-Real Property	837	518	1,632	814	365	365	365	365
Total	20,819	20,606	22,036	28,925	28,357	28,357	28,562	28,616
Total Agency Expenditures	20,819	20,606	22,036	28,925	28,357	28,357	28,562	28,616
Internal Billing Expenditures	3,140	3,097	3,174	3,894	3,686	3,686	3,686	3,686
Expenditures Less Internal Billing	17,678	17,510	18,862	25,031	24,671	24,671	24,876	24,930
<u>Full-Time Equivalents</u>	136.7	138.6	130.7	135.8	134.9	133.5	136.9	136.5

1000 - General

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY14	FY15	FY16	FY17	FY18	FY19	FY18	FY19
Balance Forward In	5	12	53	672	0	0	0	0
Direct Appropriation	2,321	2,475	2,323	2,383	2,383	2,383	2,588	2,642
Net Transfers	(38)	(19)						
Cancellations	0	45	0	0	0	0	0	0
Expenditures	2,277	2,370	1,704	3,055	2,383	2,383	2,588	2,642
Balance Forward Out	12	53	672	0	0	0	0	0
<i>Biennial Change in Expenditures</i>				111		7		471
<i>Biennial % Change in Expenditures</i>				2		0		10
<i>Gov's Exp Change from Base</i>								464
<i>Gov's Exp % Change from Base</i>								10
Full-Time Equivalents	20.5	22.9	17.3	16.8	9.2	8.8	11.2	11.8

1200 - State Government Special Rev

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY14	FY15	FY16	FY17	FY18	FY19	FY18	FY19
Balance Forward In	0	2,612	0	565	0	0	0	0
Direct Appropriation	9,705	9,564	9,570	9,577	9,577	9,577	9,577	9,577
Net Transfers	(120)	(721)	(611)	(610)	(118)	(118)	(118)	(118)
Cancellations	0	3,673	0	1,076	0	0	0	0
Expenditures	7,227	7,782	8,394	8,455	9,459	9,459	9,459	9,459
Balance Forward Out	2,358	0	565	0	0	0	0	0
<i>Biennial Change in Expenditures</i>				1,840		2,069		2,069
<i>Biennial % Change in Expenditures</i>				12		12		12
<i>Gov's Exp Change from Base</i>								0
<i>Gov's Exp % Change from Base</i>								0
Full-Time Equivalents	39.7	38.7	36.4	33.9	36.4	36.4	36.4	36.4

2000 - Restrict Misc Special Revenue

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY14	FY15	FY16	FY17	FY18	FY19	FY18	FY19
Balance Forward In	130	118	0	0	0	0	0	0
Receipts	896	623	598	558	253	253	253	253
Expenditures	926	741	598	558	253	253	253	253
Balance Forward Out	99	0	0	0	0	0	0	0

2000 - Restrict Misc Special Revenue

<i>Biennial Change in Expenditures</i>			(511)		(650)	(650)
<i>Biennial % Change in Expenditures</i>			(31)		(56)	(56)
<i>Gov's Exp Change from Base</i>						0
<i>Gov's Exp % Change from Base</i>						0
Full-Time Equivalents	8.1	4.4	2.9	2.9	1.7	1.6

2001 - Other Misc Special Revenue

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY14	FY15	FY16	FY17	FY18	FY19	FY18	FY19
Balance Forward In	495	830	1,219	1,228	0	0	0	0
Receipts	5,650	4,449	4,245	3,056	3,905	3,905	3,905	3,905
Net Transfers	0							
Expenditures	5,256	4,204	4,236	4,285	3,905	3,905	3,905	3,905
Balance Forward Out	890	1,075	1,228	0	0	0	0	0
<i>Biennial Change in Expenditures</i>				(939)		(711)		(711)
<i>Biennial % Change in Expenditures</i>				(10)		(8)		(8)
<i>Gov's Exp Change from Base</i>								0
<i>Gov's Exp % Change from Base</i>								0
Full-Time Equivalents	34.4	33.7	34.0	26.8	32.9	32.2	32.9	32.2

2302 - Clean Water Fund

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY14	FY15	FY16	FY17	FY18	FY19	FY18	FY19
Balance Forward In	47	0	0	0	0	0	0	0
Net Transfers	138	150	150	150				
Cancellations	14	0	35	0	0	0	0	0
Expenditures	171	150	115	150	0	0	0	0
<i>Biennial Change in Expenditures</i>				(56)		(265)		(265)
<i>Biennial % Change in Expenditures</i>				(17)		(100)		(100)
<i>Gov's Exp Change from Base</i>								0
<i>Gov's Exp % Change from Base</i>								0
Full-Time Equivalents	1.2	1.2	1.0	0.6	0.0	0.0	0.0	0.0

3000 - Federal

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY14	FY15	FY16	FY17	FY18	FY19	FY18	FY19

(Dollars in Thousands)

3000 - Federal

Balance Forward In	7	7	0	0	0	0	0	0
Receipts	4,961	5,352	6,990	12,422	12,358	12,359	12,358	12,359
Expenditures	4,961	5,359	6,989	12,422	12,357	12,357	12,357	12,357
Balance Forward Out	7	0	0	0	0	0	0	0
<i>Biennial Change in Expenditures</i>				9,091		5,303		5,303
<i>Biennial % Change in Expenditures</i>				88		27		27
<i>Gov's Exp Change from Base</i>								0
<i>Gov's Exp % Change from Base</i>								0
Full-Time Equivalents	32.8	37.7	39.1	54.8	54.6	54.5	54.6	54.5

Program: Health Protection

Activity: Health Regulation

<http://www.health.state.mn.us/divs/fpc/index.html>

AT A GLANCE

- Monitor 4,200 health care facilities and providers for safety and quality.
- Review qualifications and regulate more than 6,700 allied health practitioners.
- Monitor 9 health maintenance organizations and 3 county-based purchasing organizations providing health care to 1.1 million Minnesotans.
- Ensure criminal background checks are conducted on 136,000 applicants for employment in health facilities.
- Maintain a registry of more than 60,000 nursing assistants.
- Inspect 560 funeral establishments and license 1,300 morticians.
- Review more than 200,000 federal nursing home resident assessments to ensure accurate billing for services.
- Register more than 3,400 spoken language health interpreters.

PURPOSE & CONTEXT

The Health Regulation Division protects the health and safety of Minnesota's nursing home residents, home care clients, hospital patients, developmentally disabled clients, enrollees of health maintenance organizations (HMOs) and county-based purchasing plans, families obtaining services at funeral establishments, birth center clients, clients of body art establishments and other clients of allied health professional groups such as occupational interpreters, therapists and audiologists.

This work protects the health and safety of consumers of all ages. A great deal of the division's work focuses on protecting older Minnesotans and vulnerable adults. As baby boomers age over the next 20 years, this population will require more and more health services and the need for health protection will become even more important.

SERVICES PROVIDED

- Evaluate licensing or registration applications to ensure that minimum qualifications are met.
- Ensure that fire and safety inspections are conducted and that health facilities meet the physical plant requirements.
- Handle thousands of citizen calls each year, investigate complaints and initiate enforcement actions when appropriate against health facilities and providers found to be violating state or federal laws.
- Enforce the laws protecting persons from maltreatment under the Vulnerable Adults Act and Maltreatment of Minors Acts.
- Conduct audits of federally certified nursing homes to ensure they are billing appropriately for services provided
- Regulate funeral service providers to ensure proper care and disposition of the dead and ensure that pre-need funds paid by families are protected and available to pay for services when needed.
- Regulate body art establishments and technicians to ensure health and safety standards are followed.
- Regulate HMOs and County Based Purchasing entities to ensure compliance with statutes and rules governing financial solvency, quality assurance, network adequacy and consumer protection.
- Respond to emergencies in health facilities such as fire, tornadoes, floods and health provider strikes.

RESULTS

<i>Type of Measure</i>	<i>Name of Measure</i>	<i>Previous</i>	<i>Current</i>	<i>Dates</i>
Quantity	Federal standard: inspect each nursing home at least every 15.9 months	100%	100%	FFY14 FFY15
Quality	Total onsite Vulnerable Adults Act investigations completed within 60 days	40%	31%	SFY13 SFY14

STATUTES

148.511 Speech language pathologists and audiologists licensing (148.511 – 148.5198)

(<https://www.revisor.mn.gov/statutes/?id=144.511>)

146B Body Art (<https://www.revisor.mn.gov/statutes/?id=146B>)

148.995 Doula registry (<https://www.revisor.mn.gov/statutes/?id=148.995>)

153A Hearing instrument dispensing (<https://www.revisor.mn.gov/statutes/?id=153A>)

148.6401 Occupational therapists and assistants (<https://www.revisor.mn.gov/statutes/?id=148.6401>)

144A.46 Office health facility complaints (<https://www.revisor.mn.gov/statutes/?id=144A.46>)

149A Mortuary science; disposition of dead bodies (Chapter 306, 307) (<https://www.revisor.mn.gov/statutes/?id=149A>)

146A Complementary and alternative health care practices (<https://www.revisor.mn.gov/statutes/?id=146A>)

144.058 Spoken language health care interpreters (<https://www.revisor.mn.gov/statutes/?id=144.058>)

144A.43 Home care (144A.43-144A.44; 144A.471-144A.4798; 144A.481; 626.556-626.5572)

(<https://www.revisor.mn.gov/statutes/?id=144A.43>)

62D Health maintenance organizations (<https://www.revisor.mn.gov/statutes/?id=62D>)

144.0724 Case mix (256B.438) (<https://www.revisor.mn.gov/statutes/?id=144.0724>)

(Dollars in Thousands)

Expenditures By Fund

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY14	FY15	FY16	FY17	FY18	FY19	FY18	FY19
1000 - General	2,764	3,188	2,802	4,414	4,295	4,295	6,393	7,270
1200 - State Government Special Rev	8,852	13,537	12,490	13,275	12,570	12,570	13,539	13,598
2000 - Restrict Misc Special Revenue	202	169	313	297	297	297	297	297
2001 - Other Misc Special Revenue	6,216	10,323	8,544	22,195	21,594	21,584	21,594	21,584
2360 - Health Care Access	0	0	64	66	0	0	0	0
3000 - Federal	22,780	10,040	8,711	9,914	10,212	10,517	10,212	10,517
Total	40,814	37,256	32,925	50,159	48,967	49,262	52,034	53,265
<i>Biennial Change</i>				5,015		15,145		22,215
<i>Biennial % Change</i>				6		18		27
<i>Governor's Change from Base</i>								7,070
<i>Governor's % Change from Base</i>								7

Expenditures by Category

Compensation	15,090	22,336	21,647	24,864	26,441	26,857	28,622	30,196
Operating Expenses	25,571	14,896	11,274	25,268	22,499	22,378	23,385	23,042
Other Financial Transactions	153	24	5	28	28	28	28	28
Grants, Aids and Subsidies	0	0	0	0	0	0	0	0
Capital Outlay-Real Property	0	0	0	0	0	0	0	0
Total	40,814	37,256	32,925	50,159	48,967	49,262	52,034	53,265
Total Agency Expenditures	40,814	37,256	32,925	50,159	48,967	49,262	52,034	53,265
Internal Billing Expenditures	5,854	5,756	5,171	12,058	10,763	10,437	10,763	10,437
Expenditures Less Internal Billing	34,960	31,500	27,755	38,101	38,204	38,825	41,271	42,828
<u>Full-Time Equivalents</u>	215.6	230.4	217.8	266.9	259.2	257.2	283.6	292.3

1000 - General

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY14	FY15	FY16	FY17	FY18	FY19	FY18	FY19
Balance Forward In	0	140	0	120	0	0	0	0
Direct Appropriation	2,904	2,914	2,926	4,428	4,294	4,294	6,392	7,269
Net Transfers		174	(5)	(134)				
Cancellations	0	41	0	0	0	0	0	0
Expenditures	2,764	3,188	2,802	4,414	4,295	4,295	6,393	7,270
Balance Forward Out	140	0	120	0	0	0	0	0
<i>Biennial Change in Expenditures</i>				1,265		1,373		6,446
<i>Biennial % Change in Expenditures</i>				21		19		89
<i>Gov's Exp Change from Base</i>								5,073
<i>Gov's Exp % Change from Base</i>								59
Full-Time Equivalents	0.8	0.9	0.8	0.7	2.4	2.3	19.9	26.8

1200 - State Government Special Rev

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY14	FY15	FY16	FY17	FY18	FY19	FY18	FY19
Balance Forward In	0	1,345	0	1,533	0	0	0	0
Direct Appropriation	10,135	12,316	14,100	12,636	12,647	12,647	13,616	13,675
Net Transfers		0	(77)	(77)	(77)	(77)	(77)	(77)
Cancellations	0	125	0	817	0	0	0	0
Expenditures	8,852	13,537	12,490	13,275	12,570	12,570	13,539	13,598
Balance Forward Out	1,283	0	1,533	0	0	0	0	0
<i>Biennial Change in Expenditures</i>				3,377		(625)		1,372
<i>Biennial % Change in Expenditures</i>				15		(2)		5
<i>Gov's Exp Change from Base</i>								1,997
<i>Gov's Exp % Change from Base</i>								8
Full-Time Equivalents	40.5	46.2	46.9	50.7	40.9	39.0	47.8	49.6

2000 - Restrict Misc Special Revenue

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY14	FY15	FY16	FY17	FY18	FY19	FY18	FY19
Balance Forward In	0	52	0	0	0	0	0	0
Receipts	254	117	314	297	297	297	297	297
Expenditures	202	169	313	297	297	297	297	297
Balance Forward Out	52	0	0	0	0	0	0	0

2000 - Restrict Misc Special Revenue

<i>Biennial Change in Expenditures</i>				239		(17)	(17)
<i>Biennial % Change in Expenditures</i>				65		(3)	(3)
<i>Gov's Exp Change from Base</i>							0
<i>Gov's Exp % Change from Base</i>							0
Full-Time Equivalents	1.7	1.4	1.6	1.4	2.3	2.3	2.3

2001 - Other Misc Special Revenue

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY14	FY15	FY16	FY17	FY18	FY19	FY18	FY19
Balance Forward In	1,379	1,571	108	601	0	0	0	0
Receipts	4,820	8,853	9,037	21,594	21,594	21,584	21,594	21,584
Net Transfers	142	5	0					
Expenditures	6,216	10,323	8,544	22,195	21,594	21,584	21,594	21,584
Balance Forward Out	124	108	601	0	0	0	0	0
<i>Biennial Change in Expenditures</i>				14,200		12,439		12,439
<i>Biennial % Change in Expenditures</i>				86		40		40
<i>Gov's Exp Change from Base</i>								0
<i>Gov's Exp % Change from Base</i>								0
Full-Time Equivalents	170.5	179.7	162.9	211.2	211.3	211.3	211.3	211.3

2360 - Health Care Access

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY14	FY15	FY16	FY17	FY18	FY19	FY18	FY19
Balance Forward In	0	0	0	1	0	0	0	0
Net Transfers			65	65				
Expenditures	0	0	64	66	0	0	0	0
Balance Forward Out	0	0	1	0	0	0	0	0
<i>Biennial Change in Expenditures</i>				130		(130)		(130)
<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
Full-Time Equivalents	0.0	0.0	1.0	0.7	0	0	0	0

3000 - Federal

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY14	FY15	FY16	FY17	FY18	FY19	FY18	FY19

(Dollars in Thousands)

3000 - Federal

Balance Forward In	1,333	1,326	0	0	0	0	0	0
Receipts	22,773	8,714	8,710	9,914	10,212	10,517	10,212	10,517
Expenditures	22,780	10,040	8,711	9,914	10,212	10,517	10,212	10,517
Balance Forward Out	1,326	0	0	0	0	0	0	0
<i>Biennial Change in Expenditures</i>				(14,196)		2,104		2,104
<i>Biennial % Change in Expenditures</i>				(43)		11		11
<i>Gov's Exp Change from Base</i>								0
<i>Gov's Exp % Change from Base</i>								0
Full-Time Equivalents	2.0	2.3	4.8	2.4	2.3	2.3	2.3	2.3

Program: Health Operations**AT A GLANCE**

- Health Operations
- Executive Office

PURPOSE & CONTEXT

Health Operations provides leadership and support to all program and activity areas at MDH. The purpose, services, results and authorizing statutes of each activity is described in the following pages. The fiscal page for Health Operations reflects a summation of activities under this budget program area.

Expenditures By Fund

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY14	FY15	FY16	FY17	FY18	FY19	FY18	FY19
1000 - General	8,469	7,561	7,077	8,783	8,068	8,068	9,386	9,758
2000 - Restrict Misc Special Revenue	379	359	8	18	9	6	9	6
2001 - Other Misc Special Revenue	29,758	29,472	30,972	36,743	37,790	37,790	37,790	37,790
2403 - Gift	1	9	5	17	0	0	0	0
3000 - Federal	3,700	5,770	467	44	45	46	45	46
Total	42,307	43,172	38,529	45,606	45,911	45,910	47,229	47,600
Biennial Change				(1,344)		7,687		10,695
Biennial % Change				(2)		9		13
Governor's Change from Base								3,008
Governor's % Change from Base								3

Expenditures by Budget Activity

Budget Activity: Health Operations	33,508	32,101	33,838	39,695	40,085	40,083	41,403	41,773
Budget Activity: Executive Office	8,799	11,071	4,691	5,911	5,826	5,827	5,826	5,827
Total	42,307	43,172	38,529	45,606	45,911	45,910	47,229	47,600

Expenditures by Category

Compensation	20,621	23,343	11,977	13,808	12,845	12,846	12,849	12,850
Operating Expenses	21,007	19,717	26,269	31,134	32,939	32,936	34,253	34,622
Other Financial Transactions	604	40	121	655	120	120	120	120
Grants, Aids and Subsidies	72	69	0	0	0	0	0	0
Capital Outlay-Real Property	2	3	162	9	8	8	8	8
Total	42,307	43,172	38,529	45,606	45,911	45,910	47,229	47,600
Total Agency Expenditures	42,307	43,172	38,529	45,606	45,911	45,910	47,229	47,600
Internal Billing Expenditures	292	926	403	33	31	30	31	30
Expenditures Less Internal Billing	42,015	42,246	38,126	45,573	45,880	45,880	47,198	47,570

Full-Time Equivalents

209.0	207.8	127.8	141.5	141.0	141.0	155.0	160.0
--------------	--------------	--------------	--------------	--------------	--------------	--------------	--------------

1000 - General

	Actual FY14	Actual FY15	Actual FY16	Estimate FY17	Forecast Base		Governor's Recommendation	
					FY18	FY19	FY18	FY19
Balance Forward In	0	650	0	828	0	0	0	0
Direct Appropriation	8,995	8,004	8,210	8,224	8,145	8,145	9,463	9,835
Net Transfers	124	(1,092)	(305)	(269)	(77)	(77)	(77)	(77)
Cancellations	0	1	0	0	0	0	0	0
Expenditures	8,469	7,561	7,077	8,783	8,068	8,068	9,386	9,758
Balance Forward Out	650	0	828	0	0	0	0	0
<i>Biennial Change in Expenditures</i>				(170)		275		3,283
<i>Biennial % Change in Expenditures</i>				(1)		2		21
<i>Gov's Exp Change from Base</i>								3,008
<i>Gov's Exp % Change from Base</i>								19
Full-Time Equivalents	5.8	5.8	1.0	2.3	2.3	2.3	16.3	21.3

2000 - Restrict Misc Special Revenue

	Actual FY14	Actual FY15	Actual FY16	Estimate FY17	Forecast Base		Governor's Recommendation	
					FY18	FY19	FY18	FY19
Balance Forward In	21	224	22	20	20	20	20	20
Receipts	555	158	6	18	9	6	9	6
Net Transfers	(2)	0	0	0	0	0	0	0
Expenditures	379	359	8	18	9	6	9	6
Balance Forward Out	194	22	20	20	20	20	20	20
<i>Biennial Change in Expenditures</i>				(711)		(12)		(12)
<i>Biennial % Change in Expenditures</i>				(96)		(44)		(44)
<i>Gov's Exp Change from Base</i>								0
<i>Gov's Exp % Change from Base</i>								0
Full-Time Equivalents	1.7	1.5						

2001 - Other Misc Special Revenue

	Actual FY14	Actual FY15	Actual FY16	Estimate FY17	Forecast Base		Governor's Recommendation	
					FY18	FY19	FY18	FY19
Balance Forward In	8,228	10,047	9,259	3,096	0	0	0	0
Receipts	31,320	28,879	25,589	34,341	38,484	38,484	38,484	38,484
Internal Billing Receipts	28,225	27,747	24,812	34,044	38,188	38,188	38,188	38,188
Net Transfers	(54)	(58)	(780)	(694)	(694)	(694)	(694)	(694)
Expenditures	29,758	29,472	30,972	36,743	37,790	37,790	37,790	37,790
Balance Forward Out	9,737	9,397	3,096	0	0	0	0	0

2001 - Other Misc Special Revenue

<i>Biennial Change in Expenditures</i>				8,485		7,866		7,866
<i>Biennial % Change in Expenditures</i>				14		12		12
<i>Gov's Exp Change from Base</i>								0
<i>Gov's Exp % Change from Base</i>								0
Full-Time Equivalents	187.5	185.5	125.2	138.7	138.4	138.4	138.4	138.4

2403 - Gift

	Actual FY14	Actual FY15	Actual FY16	Estimate FY17	Forecast Base		Governor's Recommendation	
					FY18	FY19	FY18	FY19
Balance Forward In	13	15	19	17	0	0	0	0
Receipts	3	5	5	0	0	0	0	0
Net Transfers	0	8	(1)	0	0	0	0	0
Expenditures	1	9	5	17	0	0	0	0
Balance Forward Out	15	19	17	0	0	0	0	0
<i>Biennial Change in Expenditures</i>				12		(22)		(22)
<i>Biennial % Change in Expenditures</i>				118		(100)		(100)
<i>Gov's Exp Change from Base</i>								0
<i>Gov's Exp % Change from Base</i>								0

3000 - Federal

	Actual FY14	Actual FY15	Actual FY16	Estimate FY17	Forecast Base		Governor's Recommendation	
					FY18	FY19	FY18	FY19
Balance Forward In	1,402	2,568	3	0	0	0	0	0
Receipts	5,021	3,203	467	44	45	46	45	46
Net Transfers	0	0	(3)	0	0	0	0	0
Expenditures	3,700	5,770	467	44	45	46	45	46
Balance Forward Out	2,723	0	0	0	0	0	0	0
<i>Biennial Change in Expenditures</i>				(8,959)		(420)		(420)
<i>Biennial % Change in Expenditures</i>				(95)		(82)		(82)
<i>Gov's Exp Change from Base</i>								0
<i>Gov's Exp % Change from Base</i>								0
Full-Time Equivalents	13.9	15.0	1.6	0.5	0.3	0.3	0.3	0.3

Program: Health Operations

Activity: Health Operations

<http://www.health.state.mn.us/>

AT A GLANCE

- Provide human resource services to nearly 1,550 MDH employees across the state, including filling 476 positions in FY 2016 and delivering 162 development courses to 3,767 learners in FY 2016.
- Provide information technology services and support in 11 locations to MDH employees and 180 software applications, 256 servers and 2,150 personal computers.
- Oversee and guide nearly \$300 million in outgoing grants to 500 unique grantees.
- Maintain 500,000 square feet of space at four metro area and eight Greater Minnesota locations.
- Create and monitor nearly 750 budgets, process over 20,500 payment transactions and execute 1,700 contracts and grant agreements for MDH programs each year.

PURPOSE & CONTEXT

Office and divisions under Health Operations provide stewardship of human, capital and technology resources at MDH. We promote efficient and accountable government services by using business systems optimally and by listening to and working with management and staff to ensure that MDH's program needs are fully understood and properly addressed.

Financial Management ensures resources are properly tracked, budgets are well-planned and communicated and financial activities meet standards set by federal, state and private funders.

Human Resource Management attracts, develops and serves the department's highly qualified, diverse workforce while fostering a respectful, safe and inclusive work environment.

Facilities Management provides the facilities and support services needed for MDH programs to operate in a safe, secure, efficient and comfortable manner.

Agency Project Planning facilitates agency-wide, priority projects focused on innovative service delivery and provides guidance and standards on grants management.

MN.IT @ MDH provides and supports agency-wide and specialized technology systems and services through leadership, strategic planning, management, administration and technical support.

SERVICES PROVIDED

Financial Management provides stewardship of MDH financial resources.

- Centralize accounting, cash management and procurement of goods and contract/grant services.
- Monitor, financial reporting and technical assistance required for federal grants.
- Coordinate budget planning and reporting for all department resources.
- Guide to MDH employees on financial best practices and how to comply with financial laws, policies and procedures.

Human Resource Management provides strategic personnel management and development.

- Manage staffing, labor relations, health and safety activities
- Ensure accurate administration of compensation, benefits and payroll services.
- Offer training programs to strengthen employee capacity and develop future leaders.
- Promote an inclusive workplace with equal opportunity and affirmative action programs.
- Address complex employment issues by consulting with employees, supervisors and managers.

Facilities Management supports efficient operations.

- Provide space planning, physical security, lease management and operations support at all MDH locations.
- Centralize delivery, shipping/receiving, warehousing, fleet and duplicating services in metro locations as well as shared administrative support in district offices.

Agency Project Planning supports strong systems for health.

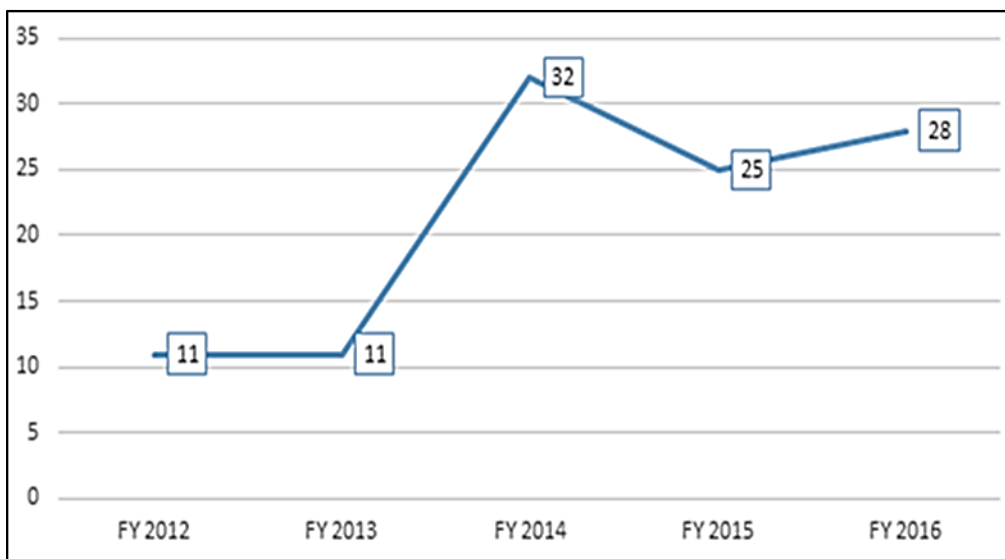
- Coordinate agency-wide priority projects focused on innovative service delivery, quality improvement and user adoption of new technologies.
- Coordinate governance and business ownership for central applications including SharePoint and the agency Grants Management System.
- Facilitate bimonthly grant manager workgroup meetings among nearly 250 MDH grant managers to share resources and improve consistency and effectiveness of outgoing grants.
- Develop and implement agency-wide grant management procedures and policies in compliance with federal and Office of Grants Management guidelines.
- Provide grant management training opportunities to increase proficiency and compliance.

MN.IT @ MDH ensures that technology meets business needs.

- Administer the Information Technology Service Level Agreement for the divisions and offices that defines partnerships, roles and responsibilities, service metrics and budgets.
- Provide expertise, planning and development of technology systems and data architectures.
- Supply high-level security for all departmental data, systems and communications.
- Manage communications networks and telecommunications systems.
- Administer networks and infrastructure connecting all employees and 11 building connections.
- Provide user support, training and problem resolution.

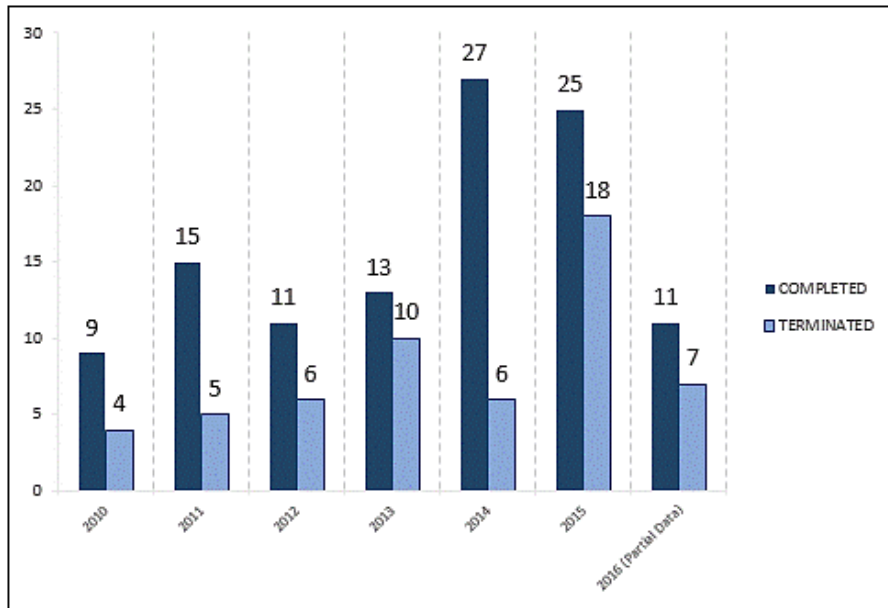
RESULTS

Percent of People Converted from AFSCME to MAPE Positions in the Same Fiscal Year



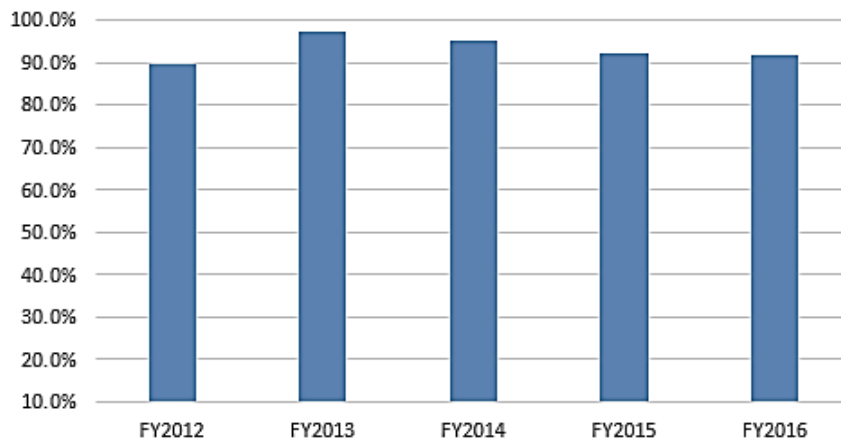
The value of a top performer is two to three times that of an average employee so the ability to retain stellar employees profoundly affects productivity and the department's bottom line. Our succession planning strategy is to develop identified employees' leadership skills in order to build an engaged workforce with longer term opportunities and abilities to advance. One example is the expansion of eligibility for AFSCME staff to complete for certain MAPE positions. In the past 3 years of implementation, promotions for AFSCME staff have doubled and tripled in this area. This has resulted in a defined career path, as well as significant savings in retention and retraining.

IT Projects Completed and Terminated



The chart above shows the IT project completion rates for the last 5.5 years and the attention that is being given to information technology Governance, which resulted in terminating projects that are not meeting the goals and objectives of the agency. The chart shows that the department is completing more projects per biennium than ever before. Also, the chart reflects the effort that MN.IT and MDH have put into ensuring that projects are well-planned and will meet objectives before moving forward in the project lifecycle.

Expense Reports Processed Within 60 days



Business expenses are taxable under IRS rules if not paid to employees within 60 days. The taxes are paid by both the employee and the employer. Reducing the percent of expense reports processed beyond 60 days saves the state and employees money.

STATUTES

Health Operations supports the work of all areas of MDH. Statutes governing MDH's work can be found primarily in Chapters

M.S. 144, (<https://www.revisor.leg.state.mn.us/statutes/?id=144>)

M.S. 145, (<https://www.revisor.leg.state.mn.us/statutes/?id=145>)

M.S. 145A (<https://www.revisor.leg.state.mn.us/statutes/?id=145A>)

M.S. 62J (<https://www.revisor.leg.state.mn.us/statutes/?id=62J>)

(Dollars in Thousands)

Expenditures By Fund

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY14	FY15	FY16	FY17	FY18	FY19	FY18	FY19
1000 - General	7,610	6,614	6,679	7,783	7,136	7,136	8,454	8,826
2000 - Restrict Misc Special Revenue	100	1	8	18	9	6	9	6
2001 - Other Misc Special Revenue	25,791	25,331	27,150	31,893	32,940	32,940	32,940	32,940
2403 - Gift	0	0	1	0	0	0	0	0
3000 - Federal	8	155	0	0	0	0	0	0
Total	33,508	32,101	33,838	39,695	40,085	40,083	41,403	41,773
<i>Biennial Change</i>				7,924		6,635		9,643
<i>Biennial % Change</i>				12		9		13
<i>Governor's Change from Base</i>								3,008
<i>Governor's % Change from Base</i>								4

Expenditures by Category

Compensation	12,878	14,011	8,267	9,047	8,171	8,171	8,175	8,175
Operating Expenses	20,047	18,047	25,311	30,006	31,808	31,805	33,122	33,491
Other Financial Transactions	581	32	98	633	98	98	98	98
Grants, Aids and Subsidies	0	9	0	0	0	0	0	0
Capital Outlay-Real Property	2	2	162	9	8	8	8	8
Total	33,508	32,101	33,838	39,695	40,085	40,083	41,403	41,773
Total Agency Expenditures	33,508	32,101	33,838	39,695	40,085	40,083	41,403	41,773
Internal Billing Expenditures	53	10	0	2	1	0	1	0
Expenditures Less Internal Billing	33,455	32,091	33,838	39,693	40,084	40,083	41,402	41,773
Full-Time Equivalents	153.4	149.4	96.0	95.4	95.4	95.4	109.4	114.4

1000 - General

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY14	FY15	FY16	FY17	FY18	FY19	FY18	FY19
Balance Forward In	0	563	0	828	0	0	0	0
Direct Appropriation	8,289	7,298	7,538	6,900	7,137	7,137	8,455	8,827
Net Transfers	(117)	(1,247)	(31)	55				
Expenditures	7,610	6,614	6,679	7,783	7,136	7,136	8,454	8,826
Balance Forward Out	563	0	828	0	0	0	0	0
<i>Biennial Change in Expenditures</i>				239		(190)		2,818
<i>Biennial % Change in Expenditures</i>				2		(1)		19
<i>Gov's Exp Change from Base</i>								3,008
<i>Gov's Exp % Change from Base</i>								21
Full-Time Equivalents	0.3	0.0	0.0	0.0	0.0	0.0	14.0	19.0

2000 - Restrict Misc Special Revenue

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY14	FY15	FY16	FY17	FY18	FY19	FY18	FY19
Balance Forward In	21	17	22	20	20	20	20	20
Receipts	96	6	6	18	9	6	9	6
Net Transfers		0						
Expenditures	100	1	8	18	9	6	9	6
Balance Forward Out	17	22	20	20	20	20	20	20
<i>Biennial Change in Expenditures</i>				(74)		(12)		(12)
<i>Biennial % Change in Expenditures</i>				(73)		(44)		(44)
<i>Gov's Exp Change from Base</i>								0
<i>Gov's Exp % Change from Base</i>								0

2001 - Other Misc Special Revenue

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY14	FY15	FY16	FY17	FY18	FY19	FY18	FY19
Balance Forward In	8,191	10,014	8,895	3,096	0	0	0	0
Receipts	30,901	28,776	25,497	34,259	38,402	38,402	38,402	38,402
Internal Billing Receipts	27,894	27,747	24,812	34,044	38,188	38,188	38,188	38,188
Net Transfers	(3,600)	(4,400)	(4,146)	(5,462)	(5,462)	(5,462)	(5,462)	(5,462)
Expenditures	25,791	25,331	27,150	31,893	32,940	32,940	32,940	32,940
Balance Forward Out	9,701	9,057	3,096	0	0	0	0	0
<i>Biennial Change in Expenditures</i>				7,921		6,838		6,838

2001 - Other Misc Special Revenue

<i>Biennial % Change in Expenditures</i>			15		12		12
<i>Gov's Exp Change from Base</i>							0
<i>Gov's Exp % Change from Base</i>							0
Full-Time Equivalents	153.0	149.4	96.0	95.4	95.4	95.4	95.4

2403 - Gift

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY14	FY15	FY16	FY17	FY18	FY19	FY18	FY19
Balance Forward In	1	1	1	0	0	0	0	0
Expenditures	0	0	1	0	0	0	0	0
Balance Forward Out	1	1	0	0	0	0	0	0
<i>Biennial Change in Expenditures</i>				1		(1)		(1)
<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

3000 - Federal

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY14	FY15	FY16	FY17	FY18	FY19	FY18	FY19
Receipts	163	155	0	0	0	0	0	0
Expenditures	8	155	0	0	0	0	0	0
Balance Forward Out	155	0	0	0	0	0	0	0
<i>Biennial Change in Expenditures</i>				(163)				
<i>Biennial % Change in Expenditures</i>				(100)				
Full-Time Equivalents	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Program: Health Operations
Activity: Executive Office

<http://www.health.state.mn.us/>

AT A GLANCE

- Convene and participate in forums with the public, legislators, Tribes and health organizations.
- Implement health equity strategies, which is the result of an awarding-winning [Advancing Health Equity](#) report that the department produced.
- Partner with tribes in Minnesota to address public health issues. Held the first Minnesota Indian Health Symposiums in July 2013 and November 2015, and convened related workgroups 2016.
- Hear from community members throughout Minnesota about their public health priorities. Held more than 25 “Pitch the Commissioner” events in 2012 through 2015.
- Host more than 100 members of the state's public health community each year at State of Public Health Forum. Public health professionals have gathered annually since 2013 to discuss emerging public health issues affecting the state.

PURPOSE & CONTEXT

The Executive Office provides vision and strategic leadership for creating effective public health policy in Minnesota. It also oversees the management of the department, including program and administrative functions. We carry out our mission in partnership with a wide range of external organizations that help to promote and protect the health of all Minnesotans. Our functions include planning, policy development, legislative relations, internal and external communications and legal services.

SERVICES PROVIDED

Commissioner's Office

- Develop and implement department policies and provide leadership to the state in developing public health priorities.
- Direct the annual development of public health strategies that guide agency activities and more effectively engage the department's public health partners.
- Direct strategic planning and implementation of department-wide initiatives.

Legislative Relations

- Lead and coordinate state legislative activities and monitor federal legislative activities to advance the departments' priorities and mission. Work closely with the governor's office, department divisions, legislators, legislative staff and other state agencies on the department's strategies and priorities.
- Serve as a contact for the public, other departments, legislators and legislative staff throughout the legislative session and during the interim.

Communications

- Lead and coordinate department communications on statewide public health issues and programs, with a special focus on coordinating public awareness and outreach related to emerging public health concerns.
- Work closely with news media—issuing nearly 100 news releases and advisories per year, responding to media inquiries and working with divisions to ensure that accurate, timely and clear information on a wide range of public health topics is shared with the public.

- Leads content development for and manage the use of the department's growing list of digital communications platforms, including social media and the nearly 30,000 pages of information on the department's website.
- Organize department-wide outreach events, including the department's state fair booth each August and the annual State of Public Health Forum held each April.
- Coordinate with MDH staff to maintain internal communications channels, sharing news of training opportunities, policy updates and other key information on the department's internal website.

Legal Services

- Serves the commissioner in a general counsel capacity, while providing overall direction to and oversight of legal services provided to MDH by in-house counsel and the Minnesota Office of the Attorney General.
- Responds to any legal need of the department, but have a primary focus in the areas of emergency preparedness, rulemaking, data practices and privacy, contracts, records management, delegations of authority and Health Insurance Portability and Accountability Act compliance. Act as a liaison with the Office of the Attorney General for MDH litigation and other legal services requested by MDH.

Internal Audit

- Provide independent, objective assurance to MDH management over a variety of financial and compliance matters and provides investigative and consulting services as needed.
- Improve agency policies and procedures to strengthen internal control structures. As a result, MDH received four "clean" single audit opinions from the Office of the Legislative Auditor in the last five years.

American Indian Health Director

- Provide consultation and liaison services between Minnesota Tribes and MDH staff.
- Advise the commissioner on current MDH efforts with Tribes and Urban American Indian group and organizations.
- Provides training on working with American Indians and coordination efforts within MDH divisions on issues related to American Indian health.

Workforce Diversity and Inclusion

- Guide MDH leaders on diversity and inclusion, affirmative action and equal opportunity approach to the agency's recruiting, hiring and retention processes.
- Lead the development of strategic training offered to MDH leaders and staff on topics related to diversity.
- Serve as a liaison to MDH staff offering investigative services to address issues related to discrimination and inequity.

State Epidemiologist and Medical Director

- Advise the commissioner on emergence, occurrence, prevalence and preventability of infectious and non-infectious diseases and conditions of public health importance.
- Provide medical and epidemiologic expertise for the development of strategic initiatives and policies to improve health.

RESULTS

<i>Type of Measure</i>	<i>Name of Measure</i>	<i>Previous</i>	<i>Current</i>	<i>Dates</i>
Quality	% of MDH employees who indicate they are satisfied or very satisfied with MDH as a place to work. (source: MDH all-employee survey)	74%	82%	2014- 2016
Quantity	Total subscribers to MDH email bulletins through GovDelivery	85,820	103,412	2015-2016
Quantity	Number of media inquiries handled by communications office	848	877	2015-2016
Quantity	Number of followers on social media channels on Facebook, Twitter, LinkedIn and Instagram. Launched LinkedIn and Instagram accounts in 2016.	11,367	16,509	2015-2016
Quality	Percent of legislative inquiries completed in 7 days or less	77%	88%	2014- 2015
Quantity	Percent of high-level agency internal controls rated "adequate" or "excellent" by agency management. Internal controls are methods used to control financial and other operational risks.	72%	87%	2012- 2016

STATUTES

Health Operations supports the work of all areas of MDH. Statutes governing MDH's work can be found primarily in Chapters

M.S. 144, (<https://www.revisor.leg.state.mn.us/statutes/?id=144>)

M.S. 145, (<https://www.revisor.leg.state.mn.us/statutes/?id=145>)

M.S. 145A (<https://www.revisor.leg.state.mn.us/statutes/?id=145A>)

M.S. 62J (<https://www.revisor.leg.state.mn.us/statutes/?id=62J>)

(Dollars in Thousands)

Expenditures By Fund

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY14	FY15	FY16	FY17	FY18	FY19	FY18	FY19
1000 - General	860	948	398	1,000	931	931	931	931
2000 - Restrict Misc Special Revenue	279	358	0	0	0	0	0	0
2001 - Other Misc Special Revenue	3,967	4,141	3,822	4,850	4,850	4,850	4,850	4,850
2403 - Gift	1	9	4	17	0	0	0	0
3000 - Federal	3,692	5,615	467	44	45	46	45	46
Total	8,799	11,071	4,691	5,911	5,826	5,827	5,826	5,827
<i>Biennial Change</i>				(9,268)		1,052		1,052
<i>Biennial % Change</i>				(47)		10		10
<i>Governor's Change from Base</i>								0
<i>Governor's % Change from Base</i>								0

Expenditures by Category

Compensation	7,744	9,332	3,710	4,761	4,674	4,675	4,674	4,675
Operating Expenses	960	1,670	958	1,128	1,131	1,131	1,131	1,131
Other Financial Transactions	23	8	23	22	22	22	22	22
Grants, Aids and Subsidies	72	60	0	0	0	0	0	0
Capital Outlay-Real Property	0	0	0	0	0	0	0	0
Total	8,799	11,071	4,691	5,911	5,826	5,827	5,826	5,827
Total Agency Expenditures	8,799	11,071	4,691	5,911	5,826	5,827	5,826	5,827
Internal Billing Expenditures	239	916	403	31	30	30	30	30
Expenditures Less Internal Billing	8,560	10,155	4,288	5,880	5,796	5,797	5,796	5,797
Full-Time Equivalents	55.6	58.4	31.8	46.1	45.6	45.6	45.6	45.6

1000 - General

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY14	FY15	FY16	FY17	FY18	FY19	FY18	FY19
Balance Forward In	0	87	0	0	0	0	0	0
Direct Appropriation	706	706	672	1,324	1,008	1,008	1,008	1,008
Net Transfers	241	155	(274)	(324)	(77)	(77)	(77)	(77)
Cancellations	0	1	0	0	0	0	0	0
Expenditures	860	948	398	1,000	931	931	931	931
Balance Forward Out	87	0	0	0	0	0	0	0
<i>Biennial Change in Expenditures</i>				(409)		465		465
<i>Biennial % Change in Expenditures</i>				(23)		33		33
<i>Gov's Exp Change from Base</i>								0
<i>Gov's Exp % Change from Base</i>								0
Full-Time Equivalents	5.6	5.8	1.0	2.3	2.3	2.3	2.3	2.3

2000 - Restrict Misc Special Revenue

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY14	FY15	FY16	FY17	FY18	FY19	FY18	FY19
Balance Forward In	0	207	0	0	0	0	0	0
Receipts	459	151	0	0	0	0	0	0
Net Transfers	(2)							
Expenditures	279	358	0	0	0	0	0	0
Balance Forward Out	177	0	0	0	0	0	0	0
<i>Biennial Change in Expenditures</i>				(637)				
<i>Biennial % Change in Expenditures</i>				(100)				
Full-Time Equivalents	1.7	1.5	0.0	0.0	0.0	0.0	0.0	0.0

2001 - Other Misc Special Revenue

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY14	FY15	FY16	FY17	FY18	FY19	FY18	FY19
Balance Forward In	37	34	365	0	0	0	0	0
Receipts	419	104	91	82	82	82	82	82
Internal Billing Receipts	331	0	0	0	0	0	0	0
Net Transfers	3,546	4,342	3,366	4,768	4,768	4,768	4,768	4,768
Expenditures	3,967	4,141	3,822	4,850	4,850	4,850	4,850	4,850
Balance Forward Out	36	339	0	0	0	0	0	0
<i>Biennial Change in Expenditures</i>				564		1,028		1,028

2001 - Other Misc Special Revenue

Biennial % Change in Expenditures				7		12		12
Gov's Exp Change from Base								0
Gov's Exp % Change from Base								0
Full-Time Equivalents	34.5	36.1	29.2	43.3	43.0	43.0	43.0	43.0

2403 - Gift

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY14	FY15	FY16	FY17	FY18	FY19	FY18	FY19
Balance Forward In	11	14	18	16	0	0	0	0
Receipts	3	5	5	0	0	0	0	0
Net Transfers		8	(1)					
Expenditures	1	9	4	17	0	0	0	0
Balance Forward Out	14	18	16	0	0	0	0	0
Biennial Change in Expenditures				11		(21)		(21)
Biennial % Change in Expenditures				105		(100)		(100)
Gov's Exp Change from Base								0
Gov's Exp % Change from Base								0

3000 - Federal

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY14	FY15	FY16	FY17	FY18	FY19	FY18	FY19
Balance Forward In	1,402	2,568	3	0	0	0	0	0
Receipts	4,858	3,048	467	44	45	46	45	46
Net Transfers			(3)					
Expenditures	3,692	5,615	467	44	45	46	45	46
Balance Forward Out	2,568	0	0	0	0	0	0	0
Biennial Change in Expenditures				(8,796)		(420)		(420)
Biennial % Change in Expenditures				(95)		(82)		(82)
Gov's Exp Change from Base								0
Gov's Exp % Change from Base								0
Full-Time Equivalents	13.8	15.0	1.6	0.5	0.3	0.3	0.3	0.3

FY 2018-19 Federal Funds Summary

(Dollars in thousands)

Federal Agency (CFDA)	Federal Award Name and Brief Purpose	New Grant	FY2016 Actual	FY2017 Estimate	FY2018 Budget	FY2019 Budget	Required State Match or MOE?	FTEs
ACF (93.235)	Abstinence Education Program - Reduce the teen pregnancy and sexually transmitted infections rates among 15-17 year olds.	-	256	1,246	796	796	Match	1
ACF (93.558)	Temporary Assistance for Needy Families (TANF) - Family Home Visiting and Pre-pregnancy family planning services - Promote family health and self-sufficiency through family home visiting programs. Provide low-income and high-risk individuals with access to pre-pregnancy family planning services.	-	7,357	12,215	9,713	9,713	-	3
CDC (93.073)	Birth Defects Information System - Supports surveillance of birth defects in Minnesota.	-	70	170	170	170	-	2
CDC (93.073)	Microcephaly Surveillance and Services - Supports surveillance of birth defects in Minnesota, specifically for microcephaly	-	0	200	200	200	-	2
CDC (93.283)	Birth Defects Information System - Research and prevention	-	106	0	0	0	-	1
CDC (93.314)	Early Hearing Detection and Intervention (EHDI) - Supports a centralized newborn hearing screening tracking and surveillance system capable of accurately identifying, matching, collecting, and reporting data.	-	28	0	0	0	-	0
CDC (93.314)	Early Hearing Detection and Intervention (EHDI) - Supports a centralized newborn hearing screening tracking and surveillance system capable of accurately identifying, matching, collecting, and reporting data.	-	0	50	50	50	-	0
CDC (93.758)	Preventive Health and Health Services (PHHS) Block Grant - Flexible funds that can be targeted to fill funding gaps in programs that deal with leading causes of death and disability, as well as the ability to respond rapidly to emerging health issues including outbreaks of foodborne infections and water borne diseases.	-	156	169	169	169	MOE	2
CDC (93.946)	Pregnancy Risk Assessment Monitoring System (PRAMS) - Monitors maternal experiences and behaviors just before, during and after pregnancy.	-	122	0	0	0	-	1
CDC (93.946)	Pregnancy Risk Assessment Monitoring System (PRAMS) - Monitors maternal experiences and behaviors just before, during and after pregnancy.	-	60	175	175	175	-	2
CMS (93.778)	Child & Teen Check Up - Early and periodic screening, diagnosis, and treatment	-	0	387	386	387	-	4

Federal Agency (CFDA)	Federal Award Name and Brief Purpose	New Grant	FY2016 Actual	FY2017 Estimate	FY2018 Budget	FY2019 Budget	Required State Match or MOE?	FTEs
DHHS (93.500)	Expectant Teens and Families - Supports pregnant and parenting women and men (under age 26) to accomplish their higher education/post-secondary education goals.	-	1,123	1,500	1,500	1,500	-	3
DOE (84.027)	Individuals with Disabilities Education Act (IDEA) - Technical assistance to local public health for identifying and serving infants and toddlers with disabilities.	-	249	60	60	60	-	1
DOE (84.181)	Individuals with Disabilities Education Act (IDEA) - Technical assistance to local public health for identifying and serving infants and toddlers with disabilities.	-	0	207	200	200	-	0
HRSA (93.092)	Personal Responsibility Education Program (PREP) - Supports efforts to decrease teen pregnancy/STIs in high-risk adolescent populations.	-	637	200	884	663	-	2
HRSA (93.110)	Children and Youth with ASD - Supports efforts to increase awareness of the signs and symptoms of Autism Spectrum Disorder/Developmental Delays (ASD/DD) and available resources for stakeholders; strengthen the infrastructure serving children with ASD/DD; and increase knowledge and empowerment of families and caregivers.	-	267	111	0	0	-	0
HRSA (93.110)	Integrated Community Systems - Supports efforts to increase the proportion of CYSHCN who receive integrated care through a patient/family-centered, health care home approach.	-	213	362	50	0	-	1
HRSA (93.110)	Minnesota State System Development Initiative - Supports efforts to align early childhood service system priorities and integrate their funding streams in order to maximize health, mental health, early care and education, parenting education and family support benefits to the children, families, and communities served.	-	109	100	100	100	-	1
HRSA (93.110)	State Early Childhood Comprehensive Service - State agency coordination of expansion of developmental screening activities.	-	137	7	0	0	-	0
HRSA (93.251)	Universal Newborn Screening and Hearing Program - Supports efforts to detect hearing impairments in infants and reduce or eliminate negative impacts through early intervention.	-	249	250	250	250	-	1
HRSA (93.505)	Maternal, Infant and Early Childhood Home Visiting (MIECHV 1) Formula Grant - Supports efforts to improve the health and developmental outcomes for at-risk children through voluntary evidenced-based home visiting programs.	-	1,206	1,206	142	0	MOE	0

Federal Agency (CFDA)	Federal Award Name and Brief Purpose	New Grant	FY2016 Actual	FY2017 Estimate	FY2018 Budget	FY2019 Budget	Required State Match or MOE?	FTEs
HRSA (93.505)	Maternal, Infant and Early Childhood Home Visiting (MIECHV II) Expansion Grant - Supports efforts to improve the health and developmental outcomes for at-risk children through voluntary evidenced-based home visiting programs.	-	6,891	10,077	0	0	MOE	7
HRSA (93.505)	Maternal, Infant and Early Childhood Home Visiting (MIECHV) - Supports efforts to improve the health and developmental outcomes for at-risk children through voluntary evidenced-based home visiting programs.	-	0	4,326	12,978	8,652	MOE	8
HRSA (93.994)	Maternal and Child Health Block Grant - Supports public health services to low-income, high-risk mothers and children, including children with special health needs.	-	9,186	9,200	9,200	9,200	Match	21
USDA (10.557)	Women, Infants and Children (WIC) - Peer breastfeeding	-	862	880	880	880	-	1
USDA (10.557)	Women, Infants and Children (WIC) - Rebates	-	26,563	27,000	27,000	27,000	-	0
USDA (10.557)	Women, Infants and Children (WIC) - Nutrition services and administration	-	31,541	32,000	32,000	32,000	-	35
USDA (10.557)	Women, Infants and Children (WIC) - Food	-	62,575	62,575	62,575	62,575	-	0
USDA (10.565)	Women, Infants and Children (WIC) - Commodity Supplemental Food Program (CSFP)	-	1,154	1,154	1,154	1,154	-	1
USDA (10.578)	Women, Infants and Children (WIC) - Electronic Benefits Transfer (EBT) Implementation	-	0	134	1,170	1,160	-	0
USDA (10.578)	Women, Infants and Children (WIC) - Infrastructure	-	0	156	35	0	-	0
USDA (10.578)	Women, Infants and Children (WIC) - Electronic Benefits Transfer (EBT) Planning	-	238	124	0	0	-	0
	Community and Family Healthy, subtotal		151,355	166,241	161,837	157,054		
ACF (93.558)	Temporary Assistance for Needy Families (TANF) - Eliminating Health Disparities - Provides statewide grants to community organizations to promote the reduction disparities in health outcomes for populations of color.	-	1,510	2,521	2,000	2,000	Match	0
CDC (93.336)	Behavioral Risk Factor Surveillance (BRFSS) - Supplemental Prevention and Public Health Funds (PPHF)	-	125	0	0	0	-	0
CDC (93.336)	Behavioral Risk Factor Surveillance (BRFSS) Telephone Surveys - Enhancement of the quality of data collected through the BRFSS survey.	-	219	248	248	248	-	1

Federal Agency (CFDA)	Federal Award Name and Brief Purpose	New Grant	FY2016 Actual	FY2017 Estimate	FY2018 Budget	FY2019 Budget	Required State Match or MOE?	FTEs
CDC (93.758)	Preventive Health and Health Services (PHHS) Block Grant - Flexible funds that can be targeted to fill funding gaps in programs that deal with leading causes of death and disability, as well as the ability to respond rapidly to emerging health issues including outbreaks of foodborne infections and water borne diseases.	-	262	212	212	212	MOE	3
DHHS (93.296)	African American Infant Mortality - Improve data collection and analysis of race/ethnicity data, support activities to prevent infant mortality, and strengthen community connections to eliminate health disparities.	-	156	195	195	195	-	2
DHHS (93.296)	African American Infant Mortality - Improve data collection and analysis of race/ethnicity data, support activities to prevent infant mortality, and strengthen community connections to eliminate health disparities.	-	59	0	0	0	-	1
	Health Equity, subtotal		2,396	3,176	2,655	2,655		
CDC (93.070)	Climate Resilience and Adaptation - Protect, maintain and improve public health through preparation and adaptation to climate change.	-	245	236	214	214	-	2
CDC (93.070)	Environmental Health Specialist (EHS) Network - Identify and prevent environmental factors contributing to foodborne and waterborne illness outbreaks.	-	85	154	154	154	-	0
CDC (93.070)	Health Impact Assessment - Helps communities, decision makers and practitioners make choices that improve public health through community design.	-	149	29	0	0	-	0
CDC (93.074)	Hospital Preparedness Program (HPP) and Public Health Emergency Preparedness (PHEP) Aligned Cooperative Agreements - Lab Supplement - Supports state, local and tribal public health preparedness and response to emergencies that affect the public's health	-	193	245	245	245	Match	2
CDC (93.161)	Biomonitoring of MN Great Lakes	-	55	0	0	0	-	0
CDC (93.240)	Agency for Toxic Substance and Disease Registry (ATSDR) Cooperative Agreement - Prevent or reduce exposures to hazardous sites and toxic substances through assessment, investigation and education.	-	451	452	452	452	-	3
CDC (93.262)	Occupational Health and Safety Surveillance - Determines rates, trends, and causes of work-related injury and illness.	-	10	10	10	10	-	0
CDC (93.323)	Epidemiology and Laboratory Capacity (ELC) - Supports public health infectious disease infrastructure for surveillance, laboratory capacity and IT capacity.	-	12	11	11	11	-	0

Federal Agency (CFDA)	Federal Award Name and Brief Purpose	New Grant	FY2016 Actual	FY2017 Estimate	FY2018 Budget	FY2019 Budget	Required State Match or MOE?	FTEs
CDC (93.753)	Lead Poisoning Prevention - Supports state lead poisoning prevention efforts that develop policies, educate the public and track blood-lead levels.	-	324	385	385	385	-	4
CDC (93.758)	Preventive Health and Health Services (PHHS) Block Grant - Flexible funds that can be targeted to fill funding gaps in programs that deal with leading causes of death and disability, as well as the ability to respond rapidly to emerging health issues including outbreaks of foodborne infections and water borne diseases.	-	0	81	0	0	MOE	1
EPA (66.032)	Indoor Radon - Provides education and technical assistance on reducing radon exposure primarily in residences.	-	433	387	0	0	Match	2
EPA (66.419)	Water Pollution Control Program - Surface water monitoring activities in streams, wetlands and lakes	-	71	67	67	67	Match	0
EPA (66.432)	State Public Water System Supervision (PWSS) - Implement supervisions and enforcement activities of the public water system.	-	2,702	2,503	2,503	2,503	Match	21
EPA (66.468)	Drinking Water Revolving Fund - Administration	-	0	595	595	595	-	7
EPA (66.468)	Drinking Water Revolving Fund - Management of set-aside activities.	-	3,744	3,273	3,273	3,273	-	19
EPA (66.469)	Great Lakes Consortium Fish - Work with eight states on evaluating fish consumption advisories and improve the delivery of information to the public.	-	0	323	323	323	-	0
EPA (66.469)	Great Lakes Restoration - Health Collaboration - Supports health collaboration in the Lake Superior basin.	-	395	135	0	0	-	0
EPA (66.469)	Great Lakes Restoration - Water Quality - Supports biomonitoring efforts of Lake Superior.	-	320	473	0	0	Match	0
EPA (66.608)	Drinking Water e-Portal - Compliance Monitoring Data Portal Implementation and Drinking Water e-Portal.	-	0	100	97	0	-	0
EPA (66.707)	Lead in Residences - Provides education and compliance assistance to the public and businesses that impact lead in residences.	-	316	393	352	0	-	3
	Environmental Health, subtotal		9,489	9,850	8,680	8,231		
CDC (93.069)	Public Health Emergency Preparedness (PHEP) - Supports state, local and tribal public health preparedness and response to emergencies that affect the public's health.	-	467	44	45	46	Match	1
	Executive Office, subtotal		467	44	45	46		
CDC (93.069)	Public Health Emergency Preparedness (PHEP) - Zika - Supports state, local and tribal public health preparedness and response to emergencies that affect the public's health, with specific focus on Zika.	-	0	256	256	0	MOE	2

Federal Agency (CFDA)	Federal Award Name and Brief Purpose	New Grant	FY2016 Actual	FY2017 Estimate	FY2018 Budget	FY2019 Budget	Required State Match or MOE?	FTEs
CDC (93.069)	Public Health Emergency Preparedness (PHEP) - Ebola supplement - Supports state, local and tribal public health preparedness and response to emergencies that affect the public's health, with specific focus on Ebola.	-	559	786	0	0	MOE	5
CDC (93.069)	Public Health Emergency Preparedness (PHEP) - Supports state, local and tribal public health preparedness and response to emergencies that affect the public's health.	-	8,095	8,819	8,819	8,819	MOE	28
CDC (93.758)	Preventive Health and Health Services (PHHS) Block Grant - Flexible funds that can be targeted to fill funding gaps in programs that deal with leading causes of death and disability, as well as the ability to respond rapidly to emerging health issues including outbreaks of foodborne infections and water borne diseases.	-	1,477	1,517	1,517	1,517	MOE	12
CDC (93.889)	Hospital Preparedness Program (HPP) - Bioterrorism - Supports healthcare systems and providers for readiness to respond to emergencies that require health care, including rapidly treating large numbers of patients.	-	4,116	3,742	3,742	3,742	MOE	6
DHHS (93.817)	Hospital Preparedness Program (HPP) Ebola - Preparation and response activities related to Ebola.	-	820	602	601	601	-	0
DHHS (93.817)	Hospital Preparedness Program (HPP) Ebola - Preparation and response activities related to Ebola.	-	289	1,306	1,306	1,306	-	1
	Health Partnerships, subtotal		15,359	17,029	16,242	15,985		
CDC (97.089)	Vital Statistics - Data provided through contracts between the national and jurisdictional vital registration systems for the registration of vital events – births, deaths, marriages, divorces, and fetal deaths.	-	0	209	123	123	-	0
CMS (93.624)	State Innovation Model (SIM)	-	9,294	11,173	0	0	-	7
CMS (93.778)	Health Information Technology - Planning grant	-	0	138	138	138	-	1
CMS (93.778)	Parent Recognition - Training and education to individuals who provide paternity documents and register births	-	106	90	0	0	-	1
DHHS (93.511)	Development of a MN Data Center - Enhance analytic and research capacity for use of Minnesota Health Claims Data Center	-	281	1,525	1,525	1,525	-	4
CDC (93.511)	Health Insurance Rate Review - Enhance analytic and research capacity for use of Minnesota Health Claims Data Center	-	151	325	325	325	-	2
DOE (84.372)	Statewide Longitudinal Education Data System (SLEDs)	-	32	79	79	79	-	0
HRSA (93.130)	Primary Care - Target site development for clinics interested in participating in National Health Service Corps programs.	-	231	191	191	191	-	2

Federal Agency (CFDA)	Federal Award Name and Brief Purpose	New Grant	FY2016 Actual	FY2017 Estimate	FY2018 Budget	FY2019 Budget	Required State Match or MOE?	FTEs
HRSA (93.165)	National Health Service Corps (NCHS) Loan Repayment - To encourage more medical professionals to practice in underserved areas	-	94	100	100	100	-	0
HRSA (93.241)	Rural Hospital Flexibility Program - Supports small hospital Health Insurance Portability and Accountability Act (HIPAA) compliance, patient safety, quality improvement, and Prospective Payment System (PPS) costs.	-	834	754	754	754	-	2
HRSA (93.301)	Small Rural Hospital Improvement - Strengthen Critical Access Hospitals and rural health systems; improve quality, safety and access.	-	1,434	768	768	768	-	0
HRSA (93.913)	State Office of Rural Health - Provides information and assistance to rural health care provider so that health services are available where needed, and to recruit and retain health professionals.	-	176	172	172	172	Match	1
HRSA (93.994)	Maternal and Child Health Block Grant - Supports public health services to low-income, high-risk mothers and children, including children with special health needs.	-	200	99	0	0	-	1
	Health Policy, subtotal		12,832	15,623	4,176	4,176		
CDC (93.068)	Alcohol Epidemiology Grant - Promoting Population Health through Increased Capacity in Alcohol	-	0	147	147	147	-	1
CDC (93.070)	Asthma - Supports statewide activities to train health professionals, educate individuals with asthma and their families, and explain asthma to the public.	-	577	625	625	723	-	5
CDC (93.070)	Environmental Public Health Tracking - Supports a tracking system to integrate data about environmental hazards with data about diseases that are possibly linked to the environment, and provide public access via a data portal.	-	916	850	850	850	-	7
CDC (93.094)	WISEWOMAN - Cardiovascular Disease Risk Reduction - Supports screening for cardiovascular disease (blood pressure, cholesterol, diabetes A1-C) and lifestyle change counseling for Sage Program participants	New	0	0	1,000	1,000	-	6
CDC (93.136)	Core Injury and Violence Prevention - Supports comprehensive injury prevention and control activities, with a focus on traumatic brain injury.	-	246	248	248	248	-	3
CDC (93.136)	Injury Prevention and Control Programs - Prescription drug overdose prevention	-	0	294	294	294	-	2
CDC (93.136)	National Violent Death Reporting System (NVDRS) - Provide communities with a clearer understanding of violent deaths.	-	183	229	229	229	-	3
CDC (93.136)	Rape Prevention and Education - Supports statewide prevention and education programs that address sexual violence.	-	535	702	702	702	-	3

Federal Agency (CFDA)	Federal Award Name and Brief Purpose	New Grant	FY2016 Actual	FY2017 Estimate	FY2018 Budget	FY2019 Budget	Required State Match or MOE?	FTEs
CDC (93.184)	Disabilities Prevention - Develop, implement, and measure the effectiveness of interventions that promote the health and wellness of people with disabilities and prevent secondary conditions across the lifespan	-	0	150	150	150	-	1
CDC (93.262)	National Institute for Occupational Safety and Health (NIOSH) Exploratory/Developmental Program - Conduct surveillance of serious injury with a relationship to agricultural work.	New	0	0	150	150	-	1
CDC (93.262)	Occupational Health and Safety Surveillance - Determines rates, trends, and causes of work-related injury and illness.	-	126	130	130	130	-	1
CDC (93.283)	Cancer Control Programs	-	81	0	0	0	-	0
CDC (93.283)	Cancer in MN Children - Supports enhancements to the cancer surveillance system to increase the rapidity of reporting for pediatric cancer cases.	-	299	142	142	142	-	2
CDC (93.283)	Cancer Prevention and Control - Focuses on a strategic approach to preventing and minimizing the impact of cancer through policies, systems, and environmental change. Funding also seeks to improve access to timely breast and cervical cancer screening and diagnostic services for MN's underserved women, and provides funding to support and maintain the MN statewide population-based cancer registry.	-	2,461	2,079	2,079	2,079	Match	17
CDC (93.283)	Oral Disease Prevention - Supports the development of state-level infrastructure to improve oral health in the state.	-	208	340	340	132	-	4
CDC (93.757)	State and Local Public Health Actions - Prevent obesity, diabetes, heart disease, and stroke.	-	991	1,056	1,056	0	-	5
CDC (93.758)	Preventive Health and Health Services (PHHS) Block Grant - Flexible funds that can be targeted to fill funding gaps in programs that deal with leading causes of death and disability, as well as the ability to respond rapidly to emerging health issues including outbreaks of foodborne infections and water borne diseases.	-	496	617	617	617	MOE	5
CDC (93.875)	Models of Collaboration - Public health program that utilizes the oral health infrastructure to impact chronic disease performance measures.	New	0	250	250	0	-	2

Federal Agency (CFDA)	Federal Award Name and Brief Purpose	New Grant	FY2016 Actual	FY2017 Estimate	FY2018 Budget	FY2019 Budget	Required State Match or MOE?	FTEs
CDC (93.919)	Cancer Prevention and Control - Focuses on a strategic approach to preventing and minimizing the impact of cancer through policies, systems, and environmental change. Funding also seeks to improve access to timely breast and cervical cancer screening and diagnostic services for MN's underserved women, and provides funding to support and maintain the MN statewide population-based cancer registry.	-	3,542	4,189	4,189	4,189	Match	18
CDC (93.946)	Sudden Death in the Young Registry - Identify and analyze all cases of sudden and unexplained deaths in children and youth in Minnesota to prevent further deaths.	-	34	57	57	57	-	1
CDC (93.956)	MN Stroke Registry Program - Supports a hospital-based stroke registry that is used to improve care for stroke patients.	-	569	750	750	750	-	6
DHHS (93.393)	Improving Risk Stratification for Colonoscopy Screening - Study the prevalence of colorectal cancer based on patient characteristics.	-	40	30	0	0	-	0
HRSA (93.059)	General, Pediatric, and Public Health Dentistry - Normandale CC Project & Communication Coordinator	-	0	30	2	0	-	0
HRSA (93.236)	Oral Health Work Force - Impact oral health disparities and increase access to quality oral health care by fostering innovation in existing systems, develop and pilot new programs that positively impact Minnesota's underserved populations.	-	0	500	500	0	-	3
HRSA (93.236)	Oral Health Workforce Activities	-	209	0	0	0	-	0
NIH (n/a)	Cancer Control through Tobacco Prevention - R01 or R21 Research Grant - Supports research activities designed to reduce cancer through tobacco cessation efforts including use of incentives and patient navigators.	New	0	0	1,000	1,000	-	3
SAMHSA (93.243)	Youth Suicide Prevention and Early Intervention - Build local capacity and strengthen the coordination, implementation and evaluation of statewide (including tribal communities) youth suicide prevention and early intervention strategies to decrease suicide by 10% in five years, 20% in 10 years towards zero deaths.	-	0	734	735	735	-	5
USDOJ (16.320)	Services for Trafficking Victims - Improve outcomes for child and youth victims of sex and labor trafficking.	-	0	957	957	957	-	1
CDC (93.800)	Integrating Colorectal Cancer - Supports promotion and provision of colorectal cancer screening.	-	803	1,311	1,311	1,311	-	5

Federal Agency (CFDA)	Federal Award Name and Brief Purpose	New Grant	FY2016 Actual	FY2017 Estimate	FY2018 Budget	FY2019 Budget	Required State Match or MOE?	FTEs
CDC (93.757)	State Public Health Actions - Prevent and control diabetes, heart disease, obesity, and associated risk factors, and promote school health.	-	1,389	1,389	1,389	1,389	-	5
CDC (93.945)	State Public Health Actions - Prevent and control diabetes, heart disease, obesity, and associated risk factors, and promote school health.	-	765	308	308	308	-	7
CDC (93.946)	Sudden Unexplained Infant Deaths - Identify and analyze all cases of SUID in Minnesota to prevent further deaths.	-	62	68	75	75	-	1
	Health Promotion and Chronic Disease, subtotal		14,301	18,182	20,282	18,364		
CMS (93.777)	Clinical Laboratory Improvement Amendments (CLIA) - Provides inspections of clinical laboratories to ensure they are meeting federal standards.	-	228	253	261	268	-	3
CMS (93.777)	Impact Hospice - Certify health care facilities and perform surveys and investigations of those facilities.	-	171	139	143	147	Match	2
CMS (93.777)	Medicare Title 18 - Certify health care facilities and perform surveys and investigations of those facilities.	-	7,997	9,522	9,808	10,102	Match	182
CMS (93.778)	Child & Teen Check Up - Early and periodic screening, diagnosis, and treatment	-	315	0	0	0	-	0
	Health Regulation, subtotal		8,711	9,914	10,212	10,517		
CDC (93.283)	Emerging Infections Program (EIP) - Minnesota is one of 10 states serving as a sentinel site for emerging infectious disease surveillance. Supports state operations for specialized studies of emerging infections.	-	2,809	2,810	0	0	-	20
CDC (93.317)	Emerging Infections Program (EIP) - Minnesota is one of 10 states serving as a sentinel site for emerging infectious disease surveillance. Supports state operations for specialized studies of emerging infections.	-	197	0	0	0	-	7
CDC (93.317)	Emerging Infections Program (EIP) - Minnesota is one of 10 states serving as a sentinel site for emerging infectious disease surveillance. Supports state operations for specialized studies of emerging infections.	-	0	88	440	440	-	0
CDC (93.317)	Emerging Infections Program (EIP) - Minnesota is one of 10 states serving as a sentinel site for emerging infectious disease surveillance. Supports state operations for specialized studies of emerging infections.	-	0	591	2,915	2,915	-	0
ACF (93.576)	Refugee Health Services - Supports state operations and grants to CHBs to ensure refugees receive a medical screening and healthy start as they resettle.	-	152	174	150	150	-	1
CDC (93.069)	Public Health Emergency Preparedness (PHEP) - Supports state, local and tribal public health preparedness and response to emergencies that affect the public's health.	-	786	1,571	1,564	1,564	MOE	11

Federal Agency (CFDA)	Federal Award Name and Brief Purpose	New Grant	FY2016 Actual	FY2017 Estimate	FY2018 Budget	FY2019 Budget	Required State Match or MOE?	FTEs
CDC (93.070)	Environmental Health Specialist (EHS) Network - Identify and prevent environmental factors contributing to foodborne and waterborne illness outbreaks.	-	29	39	39	39	-	2
CDC (93.116)	Tuberculosis Elimination - Supports TB prevention and control activities including state operations and grants to CHBs.	-	930	963	963	963	-	8
CDC (93.268)	Immunization Information System Sentinel Site - Supports promotion of immunizations across the lifespan thru state operations, vaccine-preventable disease surveillance, immunization information systems, implementation of the federal Vaccines for Children program, and grants to Community Health Boards.	-	217	300	300	300	-	2
CDC (93.268)	Immunization Information System Sentinel Site - Supports promotion of immunizations across the lifespan thru state operations, vaccine-preventable disease surveillance, immunization information systems, implementation of the federal Vaccines for Children program, and grants to Community Health Boards.	-	176	271	271	271	-	2
CDC (93.270)	Viral Hepatitis Prevention - Supports enhanced surveillance to monitor the disease burden of acute and chronic viral hepatitis. Funding awarded to bridge the 10-month gap between EIP funding for hepatitis surveillance and new Hepatitis Surveillance.	-	111	108	108	108	-	1
CDC (93.521)	Emerging Infections Program (EIP) Prevention and Public Health Fund - Minnesota is one of 10 states serving as a sentinel site for emerging infectious disease surveillance. Supports state operations for specialized studies of emerging infections.	-	397	459	730	0	-	1
CDC (93.283)	New Refugee Disease Surveillance - Supports activities to reduce infectious diseases among newly arrived refugees, including education, disease tracking and state operations.	-	63	107	0	0	-	2
CDC (93.521)	Emerging Infections Program (EIP) Prevention and Public Health Fund - Minnesota is one of 10 states serving as a sentinel site for emerging infectious disease surveillance. Supports state operations for specialized studies of emerging infections.	-	293	520	100	0	-	3
CDC (93.323)	Epidemiology and Laboratory Capacity (ELC) - Supports public health infectious disease infrastructure for surveillance, laboratory capacity and IT capacity.	-	2,055	3,387	3,387	3,387	-	22
CDC (93.521)	Epidemiology and Laboratory Capacity (ELC) - Supports public health infectious disease infrastructure for surveillance, laboratory capacity and IT capacity.	-	976	1,032	1,032	1,032	-	10

Federal Agency (CFDA)	Federal Award Name and Brief Purpose	New Grant	FY2016 Actual	FY2017 Estimate	FY2018 Budget	FY2019 Budget	Required State Match or MOE?	FTEs
CDC (93.521)	MN Statewide Immunization and Vaccine - Supports promotion of immunizations across the lifespan thru state operations, vaccine-preventable disease surveillance, immunization information systems, implementation of the federal Vaccines for Children program, and grants to Community Health Boards (CHBs).	-	4,070	3,243	3,243	3,243	-	18
CDC (93.539)	MN Immunization PPHF - Supports promotion of immunizations across the lifespan thru state operations, vaccine-preventable disease surveillance, immunization information systems, implementation of the federal Vaccines for Children program, and grants to Community Health Boards (CHBs).	-	1,340	2,550	2,550	2,550	-	12
CDC (93.733)	Immunization Information Systems - Supports use of the Assessment, Feedback, and Incentives, eXchange (AFIX) process to improve immunization service delivery and raise vaccination coverage levels.	-	100	300	28	0	-	2
CDC (93.733)	Strengthen Public Health Immunization Infrastructure and Performance - Minnesota Immunization Registry (MIIC) Infrastructure Enhancement.	-	1,045	539	133	0	-	6
CDC (93.733)	Vaccine Tracking System (VTrckS) PPHF - Order and manage publicly funded vaccines more efficiently.	-	252	252	41	0	-	2
CDC (93.755)	New Refugee Disease Surveillance - Prevention and Public Health Fund - Supports activities to reduce infectious diseases among newly arrived refugees, including education, disease tracking and state operations.	-	119	33	0	0	-	0
CDC (93.755)	Surveillance for Diseases Among Immigrants and Refugees - Minnesota Center Of Excellence Network - training and epidemiology In refugee health.	-	179	1,214	677	677	-	1
CDC (93.758)	Preventive Health and Health Services (PHHS) Block Grant - Flexible funds that can be targeted to fill funding gaps in programs that deal with leading causes of death and disability, as well as the ability to respond rapidly to emerging health issues including outbreaks of foodborne infections and water borne diseases.	-	471	429	429	429	MOE	5
CDC (93.815)	Epidemiology and Laboratory Capacity (ELC) - Supports public health infectious disease infrastructure for surveillance, laboratory capacity and IT capacity.	-	384	1,957	1,958	0	-	8

Federal Agency (CFDA)	Federal Award Name and Brief Purpose	New Grant	FY2016 Actual	FY2017 Estimate	FY2018 Budget	FY2019 Budget	Required State Match or MOE?	FTEs
CDC (93.940)	Comprehensive HIV Prevention - Supports AIDS/HIV prevention activities including state operations and grants to community-based organizations (CBOs). This grant also supports linking individuals living with HIV into care to reduce risk of transmission and susceptibility to other infections.	-	1,987	1,887	944	0	-	12
CDC (93.944)	HIV/AIDS Surveillance - Supports state operations for disease surveillance and outbreak control activities.	-	405	433	419	419	-	4
CDC (93.977)	Prevention of Sexually Transmitted Diseases - Enhances STD surveillance data to improve understanding of the population at risk for STDs.	-	205	300	300	300	-	1
CDC (93.977)	Prevention of Sexually Transmitted Diseases - Enhances STD surveillance data to improve understanding of the population at risk for STDs.	-	1,046	1,116	1,116	1,116	-	8
EPA (66.472)	Beach Monitoring Lake Superior - Supports water testing for e. coli at beaches along the Lake Superior Coast.	-	114	196	196	196	-	3
	Infectious Disease, subtotal		21,271	26,867	24,033	20,099		
CDC (93.184)	Disabilities Prevention - Develop, implement, and measure the effectiveness of interventions that promote the health and wellness of people with disabilities and prevent secondary conditions across the lifespan	-	0	150	150	150	-	1
CDC (93.305)	National Tobacco Control - Funding continues programmatic Efforts to reduce morbidity and its related risk factors and to reduce premature death associated with tobacco use. It also continues surveillance efforts to measure the public health impact of these programs.	-	975	991	991	991	-	9
CDC (93.735)	Ensuring Quitline Capacity - Enhances stop smoking opportunities for Minnesotans through health systems change.	-	275	270	270	270	-	1
CDC (93.758)	Preventive Health and Health Services (PHHS) Block Grant - Flexible funds that can be targeted to fill funding gaps in programs that deal with leading causes of death and disability, as well as the ability to respond rapidly to emerging health issues including outbreaks of foodborne infections and water borne diseases.	-	856	845	845	845	MOE	7
CDC (93.945)	State Public Health Actions - Prevent and control diabetes, heart disease, obesity, and associated risk factors, and promote school health.	-	111	666	666	666	-	5
CDC (93.757)	State Public Health Actions - Prevent obesity, diabetes, heart disease, and stroke.	-	1,734	2,464	2,464	2,465	-	3
	Statewide Health Improvement		4,302	5,386	5,386	5,387		

Federal Agency (CFDA)	Federal Award Name and Brief Purpose	New Grant	FY2016 Actual	FY2017 Estimate	FY2018 Budget	FY2019 Budget	Required State Match or MOE?	FTEs
CDC (93.283)	Emerging Infections Program (EIP) - Minnesota is one of 10 states serving as a sentinel site for emerging infectious disease surveillance. Supports state operations for specialized studies of emerging infections.	-	1,906	1,778	1,778	1,778	-	14
CDC (93.317)	Emerging Infections Program (EIP) - Minnesota is one of 10 states serving as a sentinel site for emerging infectious disease surveillance. Supports state operations for specialized studies of emerging infections.	-	56	0	0	0	-	0
CDC (93.521)	Emerging Infections Program (EIP) Prevention and Public Health Fund - Minnesota is one of 10 states serving as a sentinel site for emerging infectious disease surveillance. Supports state operations for specialized studies of emerging infections.	-	71	195	195	195	-	2
CDC (93.521)	Emerging Infections Program (EIP) Prevention and Public Health Fund - Minnesota is one of 10 states serving as a sentinel site for emerging infectious disease surveillance. Supports state operations for specialized studies of emerging infections.	-	0	450	450	450	-	5
CDC (93.283)	Emerging Infections Program (EIP); Cytomegalovirus (CMV) amendment - Minnesota is one of 10 states serving as a sentinel site for emerging infectious disease surveillance. Supports state operations for specialized studies of emerging infections. Specifically, CMV in public health clinical sensitivity study.	-	0	325	500	500	-	0
CDC (93.069)	Public Health Emergency Preparedness (PHEP) - Supports state, local and tribal public health preparedness and response to emergencies that affect the public's health	-	1,993	2,087	2,087	2,087	MOE	12
CDC (93.074)	Hospital Preparedness Program (HPP) and Public Health Emergency Preparedness (PHEP) Aligned Cooperative Agreements - Lab Supplement - Supplemental funding supports state, local and tribal public health laboratory preparedness and response to emergencies that affect the public's health.	-	358	550	100	100	MOE	0
CDC (93.116)	Tuberculosis Elimination - Supports TB prevention and control activities including state operations and grants to CHBs.	-	142	122	122	122	-	1
CDC (93.314)	Early Hearing Detection and Intervention (EHDI) - Supports a centralized newborn hearing screening tracking and surveillance system capable of accurately identifying, matching, collecting, and reporting data.	-	0	95	100	100	-	0
CDC (93.521)	Epidemiology and Laboratory Capacity (ELC) - Supports public health infectious disease infrastructure for surveillance, laboratory capacity and IT capacity.	-	406	609	609	609	-	3

Federal Agency (CFDA)	Federal Award Name and Brief Purpose	New Grant	FY2016 Actual	FY2017 Estimate	FY2018 Budget	FY2019 Budget	Required State Match or MOE?	FTEs
CDC (93.521)	Epidemiology and Laboratory Capacity (ELC) - Supports public health infectious disease infrastructure for surveillance, laboratory capacity and IT capacity.	-	838	4,400	4,500	4,500	-	24
CDC (93.815)	Epidemiology and Laboratory Capacity (ELC) - Supports public health infectious disease infrastructure for surveillance, laboratory capacity and IT capacity.	-	98	540	540	540	-	2
CMS (93.778)	Medical Assistance Program - Health information exchange planning for Minnesota Immunization Information Connection (MIIC) and public health laboratory.	-	0	276	276	276	-	0
DHHS (93.817)	Hospital Preparedness Program (HPP) Ebola - Part B - Preparation and response activities related to Ebola.	-	13	0	0	0	-	0
USDHS (97.091)	Biowatch - Maintains the Biowatch Program's early warning system through an ambient air-monitoring network in the Minneapolis-St. Paul Metropolitan area.	-	1009	995	1,100	1,100	-	6
	Public Health Laboratory, subtotal		6,989	12,422	12,357	12,357		
	Department of Health, total		247,471	284,735	265,906	254,872		

Narrative:

The Department of Health relies on substantial federal investments in order to protect, maintain and improve the health of all Minnesotans. In FY 2016, federal funding accounted for \$ 247 million—or nearly half—of all department expenditures. The largest sources of federal funding at the department originate from the U.S. Department of Agriculture's Women, Infants and Children's program (\$123 million or 49%), the Centers for Disease Control and Prevention (\$63 million or 25%) and the Health Resources and Services Administration (\$22 million 9%). The Department of Health also receives federal funding from the Environmental Protection Agency, Administration for Children and Families and the Office of the Secretary for Health and Human Services, among other federal sources. The department uses federal funding to plan for and respond to public health emergencies, supply and equip a modern laboratory, track the spread of deadly diseases and debilitating conditions, promote health, maintain a highly skilled workforce and support communities with expertise and grant funding.

Acronyms:

- ACF – Administration for Children and Families
- CDC – Centers for Disease Control and Prevention
- CFDA – Catalogue of Federal Domestic Assistance
- CMS – Centers for Medicare and Medicaid Services
- DHHS – U.S. Department of Health and Human Services
- DOE – U.S. Department of Education
- EPA – Environmental Protection Agency
- HRSA – Health Resources and Services Administration
- MOE – Maintenance of Effort
- NIH – National Institutes of Health
- SAMHSA - Substance Abuse and Mental Health Services Administration
- USDA – U.S. Department of Agriculture
- USDHS – U.S. Department of Homeland Security
- USDOJ – U.S. Department of Justice

Grants Funding Detail

MDH carries out its public health mission in close partnership with local public health departments, tribal governments and many health-related organizations. The agency offers a wide variety of grant opportunities using federal, state and other sources of funding. In FY 2016, MDH managed 130 different grant programs to over 500 organizations that totaled \$231,019,000, which was 42 percent of all agency expenditures that year. Expenditures for outgoing grants are expected to increase to \$239,207,000 in FY 2017.

The tables below provide details on outgoing grants by budget activity in FY 2016-17. The amounts do not include loan repayments and other types of subsidies. Agency expenditures for all forms of grants, aids and subsidies across all funding sources totaled \$322,187,000 in FY 2016, or 58 percent of all agency expenditures. Agency expenditures for all forms of grants, aids and subsidies are expected to increase to \$343,628,000 in FY 2017. Further details on grants, aids and subsidies are available in the budget program and activity fiscal pages in preceding sections of this book.

Department of Health – Outgoing Grants by Activity

(Dollars in thousands)

Activity	FY 2016	FY 2017
Community and Family Health	79,133	85,668
Center for Health Equity	7,892	7,142
Environmental Health	2,421	1,861
Health Policy	80,660	80,268
Health Partnerships	32,952	30,417
Health Promotion and Chronic Disease	7,880	11,964
Infectious Disease	3,413	3,484
Statewide Health Improvement	16,668	18,403
total	231,019	239,207

Community and Family Health

(Dollars in thousands)

Program Name Federal or State or Both (citation)	Purpose	Recipient Type(s) Eligibility Criteria	FY 2016	FY 2017
Abstinence Education - Federal Federal (144.0742)	Promote healthy youth development through education, community activities and parent support	RFP - Non Competitive Nonprofit Organizations; Community Health Boards	531	988
Abstinence Education - State State (145.9255)	Promote healthy youth development through education, community activities and parent support	RFP - Competitive Community Health Boards; Tribal Governments; Nonprofit Organizations	71	71
Birth Defects Information System State (144.2215-2219; 399M)	Support and linkage to community resources for infants born with a birth defect and their families	Formula Community Health Boards; Tribal Governments	209	250
Birth Defects Information System - Preconception State (144.0742)	Prevention of birth defects through preconception educational efforts	RFP - Competitive Nonprofit organizations; Clinics	387	250
Breastfeeding Peer Counseling (WIC) Federal (144.0742)	Promote and support breastfeeding among WIC recipients.	RFP - Competitive Community Health Boards; Tribal Governments; Nonprofit organizations	864	870

Program Name Federal or State or Both (citation)	Purpose	Recipient Type(s) Eligibility Criteria	FY 2016	FY 2017
Children and Youth with Special Health Needs Clinics State (144.0742)	Provide specialty diagnostic services in underserved regions of the state.	RFP - Competitive Government and non-profit organizations	160	160
Commodity Supplemental Food Program -CSFP (NAPS) Federal (144.0742)	Provide nutrition information and supplemental foods to elderly and age 5 children.	RFP - Competitive Nonprofit organizations	1,203	1,200
Families with Deaf Children State (144.966 subd. 3a)	Parent to parent support for families with young children who are deaf or have a hearing loss	RFP - Competitive Nonprofit organizations	300	300
Family Home Visiting Program - Tribal (TANF) and CHB (TANF) Federal (145A.17)	Promote family health and self-sufficiency	Formula Tribal Governments; Community Health Boards	7,827	7,827
Family Planning Special Projects/Family Planning-Greater MN/Family Planning TANF Federal; State (145.925)	Provide pre-pregnancy family planning services to high risk low income individuals. Support family planning clinics serving out state Minnesota that are experiencing financial need	RFP - Competitive Nonprofit organizations; Community Health Boards; Tribal Governments	6,353	6,353
Fetal Alcohol Spectrum Disorders State (145.9265)	Provide prevention and intervention services related to fetal alcohol spectrum disorder.	Single/Sole Source Nonprofit organization	2,000	2,000
Follow Along Federal (144.0742)	Supports local public health implementation of the Follow Along program	Formula Community Health Boards	162	162
Hearing Aid Loan Bank State (144.0742)	Support statewide hearing aid and instrument loan bank to families with children newly diagnosed with hearing loss from birth to the age of ten.	Single/Sole Source Nonprofit Organizations	69	69
Local Public Health to Tribal Governments State (154A.14 subd. 2a)	Develops and maintains an integrated system of American Indian tribal health services under tribal administration and within a system of state guidelines and standards.	Formula Tribal Governments	1,166	1,166
Maternal and Child Health Block Grant Federal (145.88 - 145.883)	Supports public health services to low-income, high-risk mothers and children.	Formula Community Health Boards	6,504	6,036
Maternal Wellbeing Innovative Program Other (144.0742)	Improving maternal and infant outcomes for high risk families	RFP - Competitive Nonprofit organizations	57	50
Maternal, Infant, and Early Childhood Home Visiting Program Formula Federal (144.0742)	Promotes evidence-based home visiting in high risk communities	Competitive Community Health Boards and Tribal Governments	2,145	5,340

Program Name Federal or State or Both (citation)	Purpose	Recipient Type(s) Eligibility Criteria	FY 2016	FY 2017
Maternal, Infant, and Early Childhood Visiting (MIECHV 1) Federal (144.0742)	Promotes evidence-based home visiting in high risk communities	Formula Community Health Boards	830	830
Maternal, Infant, and Early Childhood Visiting (MIECHV 2) Federal (144.0742)	Expands evidence-based home visiting to additional communities	Formula Community Health Boards	7,235	5,760
Maternal, Infant, and Early Childhood Visiting (new formula) Federal (144.0742)	Evidence-based home visiting in high risk communities - replaces MIECHV 1 and MIECHV 2	Competitive Community Health Boards and Tribal Governments	2,101	5,339
Minnesota Student Parent Support Initiative Federal (144.0742)	Supports pregnant and parenting young women and men to accomplish their higher education/post-secondary educational goals	RFP - Competitive Higher Education Inst.	1,500	1,500
Nurse Family Partnership State (144.0742)	Supports new or expanded Nurse Family Partnership programs serving first time mothers	RFP-Competitive Community Health Boards, Tribal Governments	575	2,000
Personal Responsibility Education Program (PREP) Federal (144.0742)	Promote personal responsibility and educate high risk adolescents regarding prevention of pregnancy and STIs utilizing evidence based curricula.	RFP - Competitive Nonprofit organizations, Community Health Boards, Tribal Governments	790	885
Positive Alternatives State (145.4235)	Provide support encouragement, and assistance to pregnant women and caring for their babies after birth.	RFP - Competitive Nonprofit organizations	3,357	3,357
Race to the Top Early Challenge Grant Federal (144.0742)	Support child care health consultation to child care providers in the 4 transformation zones	RFP - Competitive Community Health Boards; Tribal Governments; Nonprofit organizations	60	60
State Improvement Grant: Autism State Integration Federal (144.0742)	Increase awareness of the signs and symptoms of ASD/DD and available resources	Single/Sole Source Community Health Boards and nonprofit organizations	60	60
State Systems Integration Grant Federal (144.0742)	Supports efforts to increase the proportion of CYSHCN who receive care through a health care home	Single/Sole Source Nonprofit organizations	100	135
Sudden Infant Death Syndrome SIDS Federal (145.88 - 145.883)	Support to families who have experienced the death of an infant.	Single/Sole Source Nonprofit Organizations	50	50
Support Services for Deaf and Hard of Hearing - (Deaf Mentor and Deaf Role Model Program) State (144.966. subd. 3a)	Provide support services to parents of children who are deaf or have hearing loss and information on communication, educational and medical options	RFP - Competitive Nonprofit organizations	156	156

Program Name Federal or State or Both (citation)	Purpose	Recipient Type(s) Eligibility Criteria	FY 2016	FY 2017
Support Services for Deaf and Hard of Hearing - (MN H&V Parent to Parent Support State (144.966. subd. 3a)	Provide home-based education in American Sign Language for families of children who are deaf or have hearing loss.	RFP - Competitive Nonprofit organizations	349	349
Universal Newborn Hearing Screening Federal (144.0742)	Support efforts to reduce the number of infants lost to follow-up after a failed newborn hearing screening.	Formula Community Health Boards; Tribal Governments	76	95
Women, Infants and Children (WIC) Federal (144.0742)	Provides nutrition education and healthy foods to low- income pregnant women and young children.	RFP - Non Competitive Community Health Boards; Tribal Governments; Nonprofit organizations	31,886	32,000
		subtotal	79,133	85,668

Center for Health Equity

(Dollars in thousands)

Program Name Federal or State or Both (citation)	Purpose	Recipient Type(s) Eligibility Criteria	FY 2016	FY 2017
Eliminating Health Disparities Initiative Federal; State (145.928)	Improves the health of the four minority racial/ethnic groups in MN (American Indians, Asian Americans, African Americans, Latinos/Hispanics). Grants focus on 7 health priorities.	RFP - Competitive Community Health Boards; Local Government; Nonprofits	3,142	3,142
Health Equity Grants Federal; State (144.0742)	Supports projects that address health inequities and develop plans to improve conditions	RFP - Competitive Community Health Boards; Nonprofits	350	-
OMMH Federal TANF Federal (145.928)	Supports partnerships and engaging the communities	RFP - Competitive Community Health Boards; Local Government; NGOs	2,000	2,000
OMMH Federal TANF Federal (145.928)	Support teen pregnancy prevention activities in high risk populations	RFP - Competitive Community Health Boards; Local Government; Nonprofits	2,000	2,000
Organ Donation State (15 071 14 003 002)	Support development of organ donation in underserved communities	Single/Sole Source Nonprofits	200	-
Organ Donation State (15.071)	Support and promote organ donation in underserved communities	Single/Sole Source Nonprofits	200	-
Eliminating Health Disparities Initiative Federal; State (145.928)	Improves the health of the four minority racial/ethnic groups in MN (American Indians, Asian Americans, African Americans, Latinos/Hispanics). Grants focus on 7 health priorities.	RFP - Competitive Community Health Boards; Local Government; Nonprofits	3,142	3,142
Health Equity Grants Federal; State (144.0742)	Supports projects that address health inequities and develop plans to improve conditions	RFP - Competitive Community Health Boards; Nonprofits	350	-
		subtotal	7,892	7,142

Environmental Health

(Dollars in thousands)

Program Name Federal or State or Both (citation)	Purpose	Recipient Type(s) Eligibility Criteria	FY 2016	FY 2017
CDC/Lead Grants Federal (144.0742)	For planning and development to create education or research activities aimed at improving housing.	Single/Sole Source Community Health Boards; NGOs	30	30
Drinking Water Technical Assistance Federal (446A.081 subd. 2)	Provides technical assistance and training to owners and operators of public water systems.	Single/Sole Source Nonprofits	329	297
Drinking Water Wellhead/Source Water Technical Assistance Federal (446A.081 subd. 2)	Technical assistance for public water supplies to develop and implement source water protection and wellhead protection plans	Single/Sole Source Nonprofits	274	420
Drinking Water Wellhead/Source Water Technical Assistance 2 Federal (446A.081 subd. 2)	Technical assistance for public water supplies to develop and implement source water protection and wellhead protection plans	Single/Sole Source Nonprofits	141	-
GLRI 2013 Federal (144.0742)	Fish consumption guidelines and materials	Single/Sole Source Community Health Boards; Clinics; Hospitals	212	-
GLRI Water Quality Federal (144.0742)	Fish consumption advisement.	Single/Sole Source Clinics; Hospitals	53	53
Great Lakes Consortium Federal (15.061)	Fish consumption guidelines and materials	Single/Sole Source Higher Education Inst.	40	40
Healthy Homes State (144.0742)	Implement programs to prevent and mitigate the effects of exposure to housing-based health threats.	RFP - Competitive Community Health Boards; Nonprofits	240	240
Lead Base Program Grants State (144.0742)	For lead training to workers and property owners, and to provide lead cleaning services in housing for residential properties.	RFP - Competitive Nonprofits	479	479
SGSR Food/Pool/Lodging State (15.51 - 15.59)	Employee Interagency Agreement	Single/Sole Source Local Government	30	20
Source Water Protection (SWP) Competitive Grants State (114D.50)	Assist public water suppliers to protect the source of drinking water	RFP - Competitive	75	36
Source Water Protection (SWP) Ground Water Management State (114D.50)	Services related to the implementation of Groundwater Management and Source Water Protection activities.	Single/Sole Source Cities and/or Counties	20	20
Source Water Protection (SWP) Ground Water Management State (114D.50)	Services related to the implementation of Groundwater Management and Source Water Protection activities.	Single/Sole Source Cities and/or Counties	9	11
Source Water Protection (SWP) Plan Implementation Grants State (114D.50)	Assist public water suppliers to protect the source of drinking water	RFP - Competitive Public Water Supplies	357	170

Program Name Federal or State or Both (citation)	Purpose	Recipient Type(s) Eligibility Criteria	FY 2016	FY 2017
Source Water Protection (SWP) Transient Grants State (114D.50)	Assist public water suppliers to protect the source of drinking water	RFP - Competitive Public Water Supplies	100	13
Well Management Clean Water Fund Sealing Unused Public Wells State (13 137 002 008 00c)	Arsenic Study	RFP - Competitive Local Government	32	32
		subtotal	2,421	1,861

Health Policy

(Dollars in thousands)

Program Name Federal or State or Both (citation)	Purpose	Recipient Type(s) Eligibility Criteria	FY 2016	FY 2017
(SIM) Accountable Communities for Health (ACH) Federal (144.0742)	Grant program to support collaborations in meeting the clinical and social needs of a defined population.	RFP - Competitive Clinics; Hospitals	1,830	1,830
(SIM) Accountable Communities for Health (ACH) Expansion Grants Federal (144.0742)	Grant program to advance and expand current ACH models.	RFP-Competitive Clinics: Hospitals	-	448
(SIM) Accountable Health Model (Health Information Exchange) Federal (144.0742)	Funding for Health Information Exchange implementation among community collaboratives	RFP - Competitive Private Organizations	1,017	1,000
(SIM) ACH Learning Community Grant Federal (144.0742)	Provide technical assistance to ACH grantees.	RFP - Competitive Health Care Quality Improvement Organizations	88	88
(SIM) Emerging Professions Federal; State (144.0742)	Grant program to support broader adoption of Emerging Professions -- funding ended FY 16	RFP - Competitive Community Health Boards; Tribal Governments; Clinics; Hospitals	150	-
(SIM) Learning Communities Second Round Federal (144.0742)	Plan, implement, facilitate and evaluate a small focused quality improvement Learning Community.	RFP - Competitive Clinics; Nonprofits	-	50
(SIM) Oral Health Access Grant Federal (144.0742)	Support the integration of services between a HCH clinic and dental clinic to increase access for complex patients.	RFP - Competitive Clinics; Hospitals	-	100
(SIM) Practice Facilitation Grants Federal (144.0742)	Provide practice facilitation services to clinics and organizations to improve care coordination and integration of care.	RFP - Competitive Health Care Quality Improvement Organizations	-	55
(SIM) Practice Transformation Second Round Federal (144.0742)	Support practice transformation efforts to increase care coordination efforts and integration of care.	RFP - Competitive Clinics; Nonprofits	282	-

Program Name Federal or State or Both (citation)	Purpose	Recipient Type(s) Eligibility Criteria	FY 2016	FY 2017
(SIM) Practice Transformation Third Round Federal (144.0742)	Support practice transformation efforts that support Behavioral Health Home Certification.	RFP - Competitive Clinics, Nonprofits	240	-
(SIM) Primary Care Public Health Learning Community Federal (144.0742)	Support partners participation in a Learning Community facilitated by HCH.	RFP-Competitive Clinics; Community Health Boards	-	50
(SIM) Privacy and Security Federal (144.0742)	Legal analysis and education on privacy, security and consent management	RFP - Competitive Private Organizations	499	93
Clinical Dental Education Innovations Grants State (621.692)	To promote innovative clinical training for dental professionals and programs that increase access to dental care for underserved populations.	RFP - Competitive Clinics; Institutions of Higher Education	1,122	1,122
Community Clinic Grants State (145.9268)	Assist clinics to serve low- income populations, reduce uncompensated care burdens or improve care delivery infrastructure.	RFP - Competitive Clinics	561	561
Dental Safety Net Grants State (145.929)	Support for dental clinics that serve uninsured children	RFP - Competitive Clinics	113	113
Family Medicine Residency State (144.1912)	Assist rural family medicine residency programs	Formula Clinics; Hospitals	1,000	1,000
Federally Qualified Health Centers subsidy (FQHC) State (145.9269)	Support Minnesota FQHCs to continue, expand and improve services to populations with low incomes.	Formula Clinics	3,639	3,639
Home and Community Based Services (HCBS) Scholarship grant State (144.1503)	Funding to support HCBS employee scholarship programs	RFP - Competitive HCBS providers	950	950
Hospital Safety Net Grants State (145.929)	Support for hospitals that serve high-cost Emergency Medical Assistance (EMA) patients	RFP - Competitive Hospitals	1,350	1,350
Indian Health State (145A.14)	Provides health service assistance to Native Americans who reside off reservations -- RFP offered every two years.	RFP - Competitive Clinics	348	348
Loan Forgiveness Program State (144.1501; 144.0742)	Health education loan forgiveness for providers serving underserved areas or populations.	RFP - Competitive Individuals	3,240	3,240
Medical Education Research Costs (MERC) Federal; State (621.692)	The MERC trust fund was established to address the increasing financial difficulties of Minnesota's medical education organizations.	Formula Higher Education Inst.; Clinics; Hospitals	59,127	59,127
Mental Health Safety Net Grants State (145.929)	Support for mental health centers and clinics that serve uninsured children	RFP - Competitive Clinics	394	394

Program Name Federal or State or Both (citation)	Purpose	Recipient Type(s) Eligibility Criteria	FY 2016	FY 2017
Primary Care Residency Expansion Grant Program State (144.1506)	Trains medical residents in the specialties of family medicine, general internal medicine, general pediatrics, psychiatry, geriatrics or general surgery.	RFP - Competitive Clinics; Hospitals	1,500	1,500
Regional Trauma Advisory Councils Federal (144.0742)	Support activities of the regional trauma advisory council.	Single/Sole Source Nonprofits; Hospitals	30	30
Rural Hospital Capital Improvement State (144.148)	Update, remodel, or replace aging hospital facilities and equipment necessary to maintain the operations of small rural hospitals.	RFP - Competitive Hospitals	1,755	1,755
Rural Hospital Plan and Transition Grant State (144.147)	Assist with strategic planning; transition projects.	RFP - Competitive Hospitals	300	300
Small Hospital Improvement Federal (144.0742)	Supports small hospital Health Insurance Portability and Accountability Act (HIPAA) compliance, patient safety, quality improvement, and Prospective Payment System (PPS) costs.	Formula Hospitals	726	726
State Loan Repayment Program (SLRP) Federal; State (144.0742)	Health education loan forgiveness for physicians in rural and urban underserved areas.	RFP - Competitive Individuals	100	100
Summer Health Care Internship State (144.1464)	Funding for student internships in health care settings	RFP - Non Competitive Clinics; Hospitals	300	300
		subtotal	80,660	80,268

Note: SIM – State Innovation Model

Health Partnerships

(Dollars in thousands)

Program Name Federal or State or Both (citation)	Purpose	Recipient Type(s) Eligibility Criteria	FY 2016	FY 2017
Advance Care Planning State (144.0742)	Development of end of life care communication process for families, caretakers and health care providers	RFP - Competitive NGOs	250	-
Hospital Preparedness Program (HPP) Federal (144.0742)	Hospital Preparedness Program planning	Formula Hospitals; Other	2,640	2,620
Hospital Preparedness Program Ebola Part A Federal (144.0742)	Hospital Preparedness Program Ebola Preparedness and Response Activities	Formula Hospitals	948	948
Hospital Preparedness Program Ebola Part B Federal (144.0742)	Hospital Preparedness Program Ebola Preparedness and Response Activities - Regional Treatment Center	Single/Sole Source Hospitals	1,970	219
Local Public Health Grant State (144.0742)	Funding to Local Public Health priorities and activities	Formula Community Health Boards; Tribal Governments	21,771	21,771

Program Name Federal or State or Both (citation)	Purpose	Recipient Type(s) Eligibility Criteria	FY 2016	FY 2017
Public Health Emergency Preparedness (PHEP) Federal (144.0742)	Public Health Emergency Preparedness and Response planning	Formula Community Health Boards; Tribal Governments	4,189	4,187
Public Health Emergency Preparedness CRI Federal (144.0742)	Public Health Emergency Preparedness and Response planning - Cities Readiness Initiative (CRI)	Formula Community Health Boards; Other	672	672
Public Health Emergency Preparedness Ebola Federal (144.0742)	Public Health readiness planning for Ebola, Zika and other infectious disease	Formula Community Health Boards; Tribal Governments	513	-
subtotal			32,952	30,417

Health Promotion and Chronic Disease

(Dollars in thousands)

Program Name Federal or State or Both (citation)	Purpose	Recipient Type(s) Eligibility Criteria	FY 2016	FY 2017
Biomonitoring State (144.996 Subd. 2)	MN Family Environmental Exposure Tracking	Single/Sole Source Hospitals; Clinics	100	69
Cancer Research Federal (144.0742)	Risk Stratification for colonoscopy screenings	Single/Sole Source Clinics; Hospitals	86	40
Colorectal Cancer Federal (144.0742)	Promote and provide colorectal cancer screening.	Single/Sole Source Clinics; Hospitals; Nonprofits	155	395
Community Based Suicide Prevention Training Grant State (145.56)	Reduce suicide in selected age groups and populations in Minnesota.	RFP - Competitive Nonprofits	248	248
Environmental Public Health Tracking Federal (144.996 Subd. 2)	combine disparate data sources to track environmental exposure and health outcomes at tribal level	Single/Sole Source Nonprofits; Clinics	-	22
Minnesota Poison Control System State (145.93)	Identify appropriate home management or referral of cases of human poisoning; provide statewide information and education services.	RFP - Competitive Nonprofits	1,629	1,629
Minnesota Poison Control System State (145.93)	Identify appropriate home management or referral of cases of human poisoning; provide statewide information and education services.	RFP-Competitive Nonprofits	750	750
Oral Health Program Models of Collaboration Federal (144.0742)	Public health program that utilizes the oral health infrastructure to impact chronic disease performance measures.	Single/Sole Source Nonprofits; Healthcare Coalitions	-	75
Oral Health Workforce (HRSA) Federal (144.0742)	Evidence based prevention: School Based Sealant Programs, community water fluoridation and workforce support.	RFP - Competitive Higher Education Inst.; Nonprofits	63	134
Safe Harbor Comprehensive Services State (145.4716)	Comprehensive services, including trauma-informed, culturally-specific services for youth who are sexually exploited.	RFP - Competitive Nonprofits	900	900

Program Name Federal or State or Both (citation)	Purpose	Recipient Type(s) Eligibility Criteria	FY 2016	FY 2017
Safe Harbor Regional Navigators State (145.4717)	Regional navigators to facilitate resources to support sexually exploited youth.	RFP - Competitive Tribal Governments; Nonprofits	750	750
Sage Screening Program Federal; State (144.0742)	Provide breast and cervical cancer screening, diagnostic and follow-up services. Recruitment/outreach activities to increase and provide breast and cervical cancer screening.	Single/Sole Source Community Health Boards; Clinics; Hospitals; Nonprofits	54	355
Sexual Violence Prevention (PHHS block grant) Federal (144.0742)	Prevent sexual assault, provide services to victims of sexual assault, and provide public education regarding sexual assault.	Single/Sole Source Government organizations, schools, non-profit organizations;	10	110
Sexual Violence Prevention (RPE) Federal (144.0742)	Build primary prevention capacity of Minnesota's local public health and sexual assault coalition partners.	Single/Sole Source Nonprofits	250	290
State and Local Public Health Actions Federal (144.0742)	Community Wellness Grant (CWG) Prevention of obesity, diabetes, heart disease, and stroke.	RFP - Competitive; Single/Sole Source Community Health Boards; Nonprofit Organizations	1,332	4,409
State and Public Health Actions Federal (144.0742)	State and Public Health Actions Grant to Prevent obesity, diabetes, heart disease, and stroke.	Single/Sole Source Community Health Boards; Clinics; Hospitals; Nonprofits; Higher Education Inst	439	465
State Asthma Program Federal (144.0742)	Implement strategies that support the "Strategic Plan for Addressing Asthma in Minnesota."	Single/Sole Source Higher Education Inst; County, School Districts	5	40
Stroke Registry Federal (144.0742)	Implementation of state-based registries to measure and track acute stroke care to improve the quality of that care.	Single/Sole Source Nonprofits; Hospitals;	8	183
Traumatic Brain Injury Resource Facilitation State (171.29 subd. 2c)	Provide information and support for injured persons and their family members in order to improve life quality and outcomes.	Single/Sole Source Nonprofits	1,100	1,100
subtotal			7,880	11,964

Infectious Disease

(Dollars in thousands)

Program Name Federal or State or Both (citation)	Purpose	Recipient Type(s) Eligibility Criteria	FY 2016	FY 2017
CDC Enhanced Surveillance Federal (144.0742)	to consult with refugee and international adoption surveillance projects	Single/Sole Source Higher Education	6	2
Eliminating Health Disparities - Refugee Health State (144.0742)	Health screening and follow-up services for foreign-born persons with TB proportionally based on legislative formula.	Single/Sole Source Local Government	250	250
HIV Testing Federal (144.0742)	Testing high-risk individuals for HIV.	Single/Sole Source Higher Education Inst.; Local Government; Nonprofits	267	267

Program Name Federal or State or Both (citation)	Purpose	Recipient Type(s) Eligibility Criteria	FY 2016	FY 2017
HIV Prevention Federal; State (144.0742)	Health education/risk reduction and AIDS/HIV testing for high- risk individuals.	RFP - Competitive Higher Education Inst.; Local Government; Nonprofits	1,281	1,281
HIV Prevention State (144.0742)	Pre-Exposure Prophylaxis (PrEP) Projects to reach populations that continue to experience higher HIV infection rates	RFP - Competitive Higher Education Inst.; Local Government; Nonprofits	399	399
Immunization Practices Improvement Federal (144.0742)	Clinic site visits by local public health staff to check vaccine storage and handling, review immunization practices, and audit pediatric immunization records.	Single/Sole Source Local Government	175	175
Immunizations (MIIC) Federal (144.0742)	Support for regional coordinating centers for MIIC.	Single/Sole Source Local Government	425	425
Infection Control Epidemiology - APIC MN Federal (144.0742)	Advance education about infection prevention activities and other emerging diseases	Single/Sole Source Nonprofit	10	20
Partner Services Federal (144.0742)	Support to partners of STD/HIV patients	Single/Sole Source Local Government	173	173
Perinatal Hepatitis B Federal (144.0742)	Case management for perinatal hepatitis B.	Single/Sole Source Local Government	310	310
Refugee Health Outreach Grants Federal (144.0742)	Health screening and follow up services for foreign-born persons upon arrival in counties	Single/Sole Source Local Government	30	80
Somali Health State (144.0742)	To provide culturally specific health education on immunizations, MN Fet, child development (including autism) and other refugee health issues	Single/Sole Source Community Health Boards; Clinics; Hospitals	-	15
STD Grant Federal (144.0742)	Test high risk individuals for STDs.	RFP - Competitive Higher Education Inst.; Local Government; Nonprofits; Individuals	57	57
Tuberculosis Outreach Federal (144.0742)	Outreach Grants for TB case management services and medication purchase	Single/Sole Source Local Government	31	31
subtotal			3,413	3,484

Statewide Health Improvement

(Dollars in thousands)

Program Name Federal or State or Both (citation)	Purpose	Recipient Type(s) Eligibility Criteria	FY 2016	FY 2017
American Indian Tobacco Free Communities Grant State (144.396)	Grant program to reduce youth tobacco use and secondhand smoke exposure by creating tobacco-free environments.	Single/Sole Source Tribal Governments	1,000	1,000

Program Name Federal or State or Both (citation)	Purpose	Recipient Type(s) Eligibility Criteria	FY 2016	FY 2017
Statewide Health Improvement Program SHIP State (145.986)	Increase healthy behaviors and prevent the leading causes of illness and death. Tobacco & obesity. Improve the health of Minnesotans by reducing the burden of chronic disease through evidence based policy, systems, and environmental change strategies.	Formula with Application Community Health Boards; Tribal Governments	12,062	13,913
Statewide Health Improvement Program SHIP - American Indian State (145.986)	Increase healthy behaviors and prevent obesity. Improve the health of Minnesotans by reducing the burden of chronic disease through evidence based policy, systems, and environmental change strategies.	Single/Sole Source Tribal Governments	850	1,150
Statewide Health Improvement Program SHIP - Training/ TA State (145.986)	Training and technical assistance grants and P/T contracts	RFP/single source Nonprofits, Private; Higher Education Inst.	415	357
Tobacco Free Communities TFC State (144.396)	Grant program to reduce youth tobacco use and secondhand smoke exposure by creating tobacco-free environments.	RFP - Competitive Community Health Boards; Nonprofits	2,342	1,983
		subtotal	16,668	18,403