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Department of Health

https://www.health.state.mn.us/

AT A GLANCE

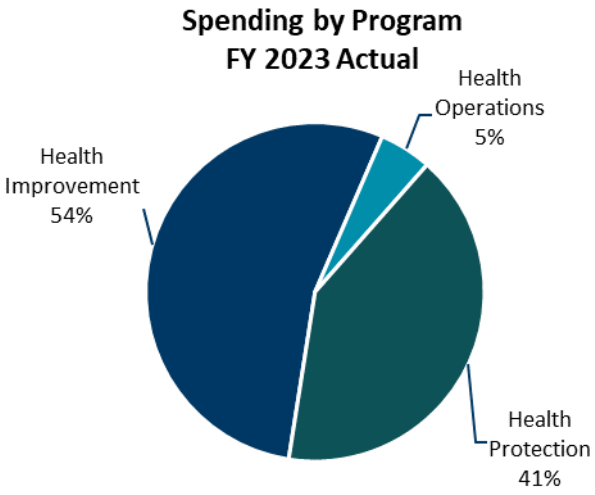
- Manage annual budgetary resources of $877 million.
- Secure annual federal funding of $349 million to support critical public health activities.
- Provide guidance and oversight for over $309 million in annual outgoing grants to more than 500 unique grantees across the state.
- Maintain a highly skilled workforce of 1,789 staff that includes doctors, nurses, health educators, biologists, chemists, epidemiologists, and engineers.
- Meet rigorous standards set by the Public Health Accreditation Board.

PURPOSE

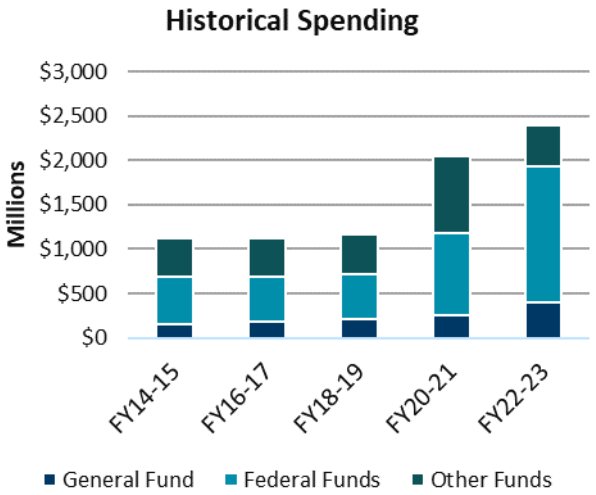
The Minnesota Department of Health (MDH) mission is to protect, maintain, and improve the health of all Minnesotans. MDH is the state's lead public health agency, responsible for operating programs that prevent infectious and chronic diseases while promoting and ensuring clean water and air, safe food, quality health care, and healthy living. The department works to improve the health of all communities in the state by incorporating the best evidence and health equity considerations into our decisions and activities.

MDH carries out its mission in close partnership with local public health departments, tribal governments, the federal government, health care delivery organizations in acute and long-term care, and many health-related organizations. In meeting its responsibilities, the department also recognizes the strong connection between overall population health and a wide range of government policies from economic development to education to transportation. The department uses the best scientific data and methods available to prevent illness and injury, propose strategies to improve the availability and quality of health care, and help ensure the conditions in which all people can be healthy.

BUDGET



Source: Budget Planning & Analysis System (BPAS)



Source: Consolidated Fund Statement

STRATEGIES

While Minnesota ranks as one of the healthiest states in the nation, significant disparities in health outcomes persist because the opportunity to be healthy is not equally available for everyone in the state. The MDH vision is one of health equity, meaning a state in which all communities are thriving, and all people have what they need to be healthy. Improving the health of those experiencing the greatest inequities will result in improved health outcomes for all.

Our key strategies for protecting, maintaining, and improving Minnesotans' health include:

- Maintaining a nation-leading position in disease investigation and response, environmental health protection, and laboratory science.
- Reinforcing our partnerships with the state's tribal public health partners and local public health organizations to ensure a strong public health infrastructure in all corners of the state.
- Working with cross-sector partners in health care and beyond to change policies and practices at the community level to support greater opportunities for promoting health and reducing risks, both to improve the health of the population and to reduce future health care costs.

The Department of Health is primarily governed by the following statutes:
M.S. 144 (https://www.revisor.mn.gov/statutes/?id=144)
M.S. 145 (https://www.revisor.mn.gov/statutes/?id=145)
M.S. 145A (https://www.revisor.mn.gov/statutes/?id=145A)
M.S. 62J (https://www.revisor.mn.gov/statutes/?id=62j)
Each budget activity narrative lists additional relevant statutes.

(Dollars in Thousands)

	Actual FY22	Actual FY23	Actual FY24	Estimate FY25	Forecast Base FY26	Forecast Base FY27	Governor's Recommendation FY26	Governor's Recommendation FY27
Expenditures by Fund								
1000 - General	144,775	258,154	260,911	340,612	267,889	265,591	267,318	266,066
1100 - Medical Education & Research	78,984	68,405	92					
1200 - State Government Special Rev	66,735	75,077	81,906	83,687	80,616	80,547	98,781	98,547
2000 - Restrict Misc Special Revenue	2,964	3,497	11,398	54,157	24,327	24,328	24,327	24,328
2001 - Other Misc Special Revenue	46,916	41,702	57,331	84,499	56,034	56,034	56,034	56,034
2050 - Environment & Natural Resources	180							
2302 - Clean Water	6,416	7,550	9,508	21,677			14,370	15,770
2360 - Health Care Access	34,645	36,811	47,321	62,062	53,354	50,962	54,765	53,819
2403 - Gift	0	6	16	74				
2800 - Environmental	647	1,182	811	3,033	2,015	2,015	2,015	2,015
2801 - Remediation	239	246	293	331	316	316	316	316
3000 - Federal	934,107	423,258	451,847	935,278	534,702	354,560	534,702	354,560
3001 - Federal TANF	11,579	11,737	11,713	11,713	11,713	11,713	11,713	11,713
3010 - Coronavirus Relief	40,066							
3015 - ARP-State Fiscal Recovery	81,121	21,532	2,832	570				
8201 - Drinking Water Revolving	666	725	7,666	413	408	408	408	408
Total	**1,450,040**	**949,880**	**943,644**	**1,598,106**	**1,031,374**	**846,474**	**1,064,749**	**883,576**
Biennial Change				141,830		(663,902)		(593,425)
Biennial % Change				6		(26)		(23)
Governor's Change from Base								70,477
Governor's % Change from Base								4
Expenditures by Program								
Health Improvement	810,151	508,859	551,489	795,096	554,999	546,998	553,537	547,001
Health Protection	591,132	391,643	331,423	707,102	405,260	228,540	439,095	263,610
Health Operations	48,757	49,378	60,733	95,908	71,115	70,936	72,117	72,965
Total	**1,450,040**	**949,880**	**943,644**	**1,598,106**	**1,031,374**	**846,474**	**1,064,749**	**883,576**
Expenditures by Category								
Compensation	176,822	183,398	215,051	547,103	267,439	245,173	297,604	277,811
Operating Expenses	798,232	332,796	281,028	518,482	337,012	190,174	340,912	193,909
Grants, Aids and Subsidies	472,983	433,448	440,777	530,847	426,190	410,394	425,500	411,123

(Dollars in Thousands)

	Actual FY22	Actual FY23	Actual FY24	Estimate FY25	Forecast Base FY26	Forecast Base FY27	Governor's Recommendation FY26	Governor's Recommendation FY27
Capital Outlay-Real Property	1,663	3,490	6,130	1,363	578	578	578	578
Other Financial Transaction	340	(3,252)	658	311	155	155	155	155
Total	**1,450,040**	**949,880**	**943,644**	**1,598,106**	**1,031,374**	**846,474**	**1,064,749**	**883,576**
Total Agency Expenditures	1,450,040	949,880	943,644	1,598,106	1,031,374	846,474	1,064,749	883,576
Internal Billing Expenditures	67,085	58,584	43,413	39,285	39,334	34,858	39,334	34,858
Expenditures Less Internal Billing	**1,382,955**	**891,296**	**900,232**	**1,558,821**	**992,040**	**811,616**	**1,025,415**	**848,718**
Full-Time Equivalents	**1,644.49**	**1,789.15**	**1,923.39**	**2,598.03**	**1,938.17**	**1,774.13**	**2,109.39**	**1,945.35**

(Dollars in Thousands)

	Actual FY22	Actual FY23	Actual FY24	Estimate FY25	Forecast Base FY26	Forecast Base FY27	Governor's Recommendation FY26	Governor's Recommendation FY27
1000 - General								
Balance Forward In	395	22,810	1,537	50,509				
Direct Appropriation	165,001	292,744	287,847	290,928	267,984	265,686	267,413	266,161
Transfers In	1,329	1,072	34,122	9,691	8,458	8,109	8,458	8,109
Transfers Out	1,548	7,089	12,025	10,516	8,553	8,204	8,553	8,204
Cancellations	678	49,930	63					
Balance Forward Out	19,724	1,453	50,507					
Expenditures	**144,775**	**258,154**	**260,911**	**340,612**	**267,889**	**265,591**	**267,318**	**266,066**
Biennial Change in Expenditures				198,594		(68,043)		(68,139)
Biennial % Change in Expenditures				49		(11)		(11)
Governor's Change from Base								(96)
Governor's % Change from Base								(0)
Full-Time Equivalents	166.75	213.66	271.68	305.71	297.77	297.51	313.57	313.31
1100 - Medical Education & Research								
Balance Forward In	427	434	92					
Receipts	78,991	68,134						
Transfers In	150	150						
Transfers Out	150	266						
Balance Forward Out	433	47						
Expenditures	**78,984**	**68,405**	**92**					
Biennial Change in Expenditures				(147,298)		(92)		(92)
Biennial % Change in Expenditures				(100)				
Governor's Change from Base								0
Governor's % Change from Base								
Full-Time Equivalents	1.06	0.88	0.11					
1200 - State Government Special Rev								
Balance Forward In		8,598		2,771				
Direct Appropriation	71,278	73,195	84,678	81,159	80,616	80,547	98,781	98,547
Transfers Out		1,540		243				
Cancellations		5,176						
Balance Forward Out	4,543		2,772					
Expenditures	**66,735**	**75,077**	**81,906**	**83,687**	**80,616**	**80,547**	**98,781**	**98,547**

(Dollars in Thousands)

	Actual FY22	Actual FY23	Actual FY24	Estimate FY25	Forecast Base FY26	Forecast Base FY27	Governor's Recommendation FY26	Governor's Recommendation FY27
Biennial Change in Expenditures				23,782		(4,430)		31,735
Biennial % Change in Expenditures				17		(3)		19
Governor's Change from Base								36,165
Governor's % Change from Base								22
Full-Time Equivalents	347.84	390.02	418.20	415.86	415.86	415.86	507.04	507.04

2000 - Restrict Misc Special Revenue

Balance Forward In	7,430	8,680	24,735	32,302	3	3	3	3
Receipts	2,592	21,186	18,026	20,711	23,180	23,181	23,180	23,181
Transfers In	1,046	1,078	1,150	7,697	4,897	4,897	4,897	4,897
Transfers Out			212	6,550	3,750	3,750	3,750	3,750
Net Loan Activity	136	50						
Balance Forward Out	8,240	27,497	32,302	3	3	3	3	3
Expenditures	**2,964**	**3,497**	**11,398**	**54,157**	**24,327**	**24,328**	**24,327**	**24,328**
Biennial Change in Expenditures				59,094		(16,900)		(16,900)
Biennial % Change in Expenditures				915		(26)		(26)
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents	6.36	7.82	6.65	12.30	17.68	17.68	17.68	17.68

2001 - Other Misc Special Revenue

Balance Forward In	18,131	14,519	26,806	28,475	10	10	10	10
Receipts	38,181	44,153	56,569	56,034	56,034	56,034	56,034	56,034
Internal Billing Receipts	32,316	37,310	46,985	47,951	47,951	47,951	47,951	47,951
Transfers In	300		2,500					
Transfers Out	684	1,036	46					
Balance Forward Out	9,012	15,935	28,499	10	10	10	10	10
Expenditures	**46,916**	**41,702**	**57,331**	**84,499**	**56,034**	**56,034**	**56,034**	**56,034**
Biennial Change in Expenditures				53,212		(29,762)		(29,762)
Biennial % Change in Expenditures				60		(21)		(21)
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents	324.50	349.01	351.01	333.53	329.93	329.93	329.93	329.93

(Dollars in Thousands)

	Actual FY22	Actual FY23	Actual FY24	Estimate FY25	Forecast Base FY26	Forecast Base FY27	Governor's Recommendation FY26	Governor's Recommendation FY27
2050 - Environment & Natural Resources								
Balance Forward In	214							
Cancellations	33							
Expenditures	**180**							
Biennial Change in Expenditures				(180)		0		0
Biennial % Change in Expenditures								
Governor's Change from Base								0
Governor's % Change from Base								
2302 - Clean Water								
Balance Forward In	4,713	5,614	4,854	6,599				
Direct Appropriation	5,955	5,955	11,296	15,078	0	0	14,370	15,770
Cancellations	24	234	43					
Balance Forward Out	4,227	3,785	6,599					
Expenditures	**6,416**	**7,550**	**9,508**	**21,677**			**14,370**	**15,770**
Biennial Change in Expenditures				17,219		(31,185)		(1,045)
Biennial % Change in Expenditures				123		(100)		(3)
Governor's Change from Base								30,140
Governor's % Change from Base								
Full-Time Equivalents	19.74	21.11	25.67	33.82			52.74	52.74
2360 - Health Care Access								
Balance Forward In	4,214	8,644	7,123	8,772				
Direct Appropriation	37,512	36,832	49,051	53,290	53,354	50,962	54,765	53,819
Transfers Out		623						
Cancellations	351	1,741	81					
Balance Forward Out	6,730	6,302	8,772					
Expenditures	**34,645**	**36,811**	**47,321**	**62,062**	**53,354**	**50,962**	**54,765**	**53,819**
Biennial Change in Expenditures				37,928		(5,067)		(799)
Biennial % Change in Expenditures				53		(5)		(1)
Governor's Change from Base								4,268
Governor's % Change from Base								4

(Dollars in Thousands)

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY22	FY23	FY24	FY25	FY26	FY27	FY26	FY27
Full-Time Equivalents	58.89	68.41	69.14	86.25	85.50	85.50	97.00	97.00

2403 - Gift

Balance Forward In	116	157	159	155	80	80	80	80
Receipts	38	6	13					
Transfers Out				1				
Balance Forward Out	154	157	155	80	80	80	80	80
Expenditures	**0**	**6**	**16**	**74**				
Biennial Change in Expenditures				84		(90)		(90)
Biennial % Change in Expenditures				1,320		(100)		(100)
Governor's Change from Base								0
Governor's % Change from Base								

2800 - Environmental

Balance Forward In		359	0	1,018				
Transfers In	932	932	1,829	2,015	2,015	2,015	2,015	2,015
Cancellations		109						
Balance Forward Out	285		1,018					
Expenditures	**647**	**1,182**	**811**	**3,033**	**2,015**	**2,015**	**2,015**	**2,015**
Biennial Change in Expenditures				2,015		186		186
Biennial % Change in Expenditures				110		5		5
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents	3.64	4.99	5.25	10.94	10.94	10.94	10.94	10.94

2801 - Remediation

Balance Forward In		20		15				
Transfers In	257	257	308	316	316	316	316	316
Cancellations		31						
Balance Forward Out	18		15					
Expenditures	**239**	**246**	**293**	**331**	**316**	**316**	**316**	**316**
Biennial Change in Expenditures				139		8		8
Biennial % Change in Expenditures				29		1		1

(Dollars in Thousands)

	Actual FY22	Actual FY23	Actual FY24	Estimate FY25	Forecast Base FY26	Forecast Base FY27	Governor's Recommendation FY26	Governor's Recommendation FY27
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents	1.78	1.70	2.21	2.21	2.21	2.21	2.21	2.21

3000 - Federal

Balance Forward In	13,866	5,043	13,390	4,703	160	160	160	160
Receipts	920,622	418,799	443,162	930,735	534,702	354,560	534,702	354,560
Balance Forward Out	381	584	4,705	160	160	160	160	160
Expenditures	**934,107**	**423,258**	**451,847**	**935,278**	**534,702**	**354,560**	**534,702**	**354,560**
Biennial Change in Expenditures				29,760		(497,863)		(497,863)
Biennial % Change in Expenditures				2		(36)		(36)
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents	696.23	719.60	756.87	1,381.67	762.54	598.76	762.54	598.76

3001 - Federal TANF

Receipts	11,579	11,737	11,713	11,713	11,713	11,713	11,713	11,713
Expenditures	**11,579**	**11,737**	**11,713**	**11,713**	**11,713**	**11,713**	**11,713**	**11,713**
Biennial Change in Expenditures				110		0		0
Biennial % Change in Expenditures				0		0		0
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents	2.06	2.55	1.89	1.89	1.89	1.89	1.89	1.89

3010 - Coronavirus Relief

Balance Forward In	62,831							
Direct Appropriation	20,737							
Cancellations	43,503							
Expenditures	**40,066**							
Biennial Change in Expenditures				(40,066)		0		0
Biennial % Change in Expenditures								
Governor's Change from Base								0
Governor's % Change from Base								

(Dollars in Thousands)

	Actual FY22	Actual FY23	Actual FY24	Estimate FY25	Forecast Base FY26	Forecast Base FY27	Governor's Recommendation FY26	Governor's Recommendation FY27
Full-Time Equivalents	7.66							

3015 - ARP-State Fiscal Recovery

Balance Forward In		30,730						
Direct Appropriation	127,170	2,411	3,466	570	0	0	0	0
Cancellations	24,591	11,609	634					
Balance Forward Out	21,458							
Expenditures	**81,121**	**21,532**	**2,832**	**570**				
Biennial Change in Expenditures				(99,251)		(3,402)		(3,402)
Biennial % Change in Expenditures				(97)		(100)		(100)
Governor's Change from Base								0
Governor's % Change from Base								
Full-Time Equivalents	4.09	4.72	0.21					

6000 - Miscellaneous Agency

Balance Forward In	8	54	10					
Receipts	71	69	65					
Transfers Out	25	113	75					
Balance Forward Out	54	10						

8201 - Drinking Water Revolving

Receipts			6,815	413	408	408	408	408
Transfers In	672	725	851					
Balance Forward Out	6							
Expenditures	**666**	**725**	**7,666**	**413**	**408**	**408**	**408**	**408**
Biennial Change in Expenditures				6,688		(7,263)		(7,263)
Biennial % Change in Expenditures				481		(90)		(90)
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents	3.89	4.68	14.50	13.85	13.85	13.85	13.85	13.85

(Dollars in Thousands)

	FY25	FY26	FY27	Biennium 2026-27
Direct				
Fund: 1000 - General				
FY2025 Appropriations	**291,128**	**291,128**	**291,128**	**582,256**
Base Adjustments				
All Other One-Time Appropriations		(19,384)	(20,334)	(39,718)
Current Law Base Change		(2,709)	(4,057)	(6,766)
Approved Transfer Between Appropriation	0			
Allocated Reduction	(200)	(200)	(200)	(400)
Programs and Services Moving to DCYF		(921)	(921)	(1,842)
Minnesota Paid Leave Allocation		70	70	140
Forecast Base	**290,928**	**267,984**	**265,686**	**533,670**
Change Items				
Infectious Disease Prevention, Early Detection, and Outbreak Response		1,300	1,300	2,600
Operating Adjustment		1,002	2,029	3,031
State Trauma Advisory Council				
American Indian Health Special Emphasis Grants				
Maternal and Child Health Advisory Task Force				
Restoring Funding to Local Public Health Cannabis Grants				
Reduce Cannabis Poison Control Grants		(72)	(71)	(143)
Reduce Cannabis Youth Grants		(124)	(110)	(234)
Reduce Emergency Preparedness and Response Sustainability Grants		(427)	(423)	(850)
Reduce HCBS Scholarship Grants and Loan Forgiveness Program		(250)	(250)	(500)
Reduce Public Health Infrastructure Pilot Projects Grants		(2,000)	(2,000)	(4,000)
Total Governor's Recommendations	**290,928**	**267,413**	**266,161**	**533,574**
Fund: 1200 - State Government Special Rev				
FY2025 Appropriations	**81,159**	**81,159**	**81,159**	**162,318**
Base Adjustments				
Current Law Base Change		(543)	(612)	(1,155)
Forecast Base	**81,159**	**80,616**	**80,547**	**161,163**
Change Items				
Assisted Living Licensure Implementation		1,555	1,555	3,110
Food, Pools, and Lodging License Fees and Delegated Agency Support		5,483	5,483	10,966
Engineering Plan Review Fees		224	224	448
Public Water Supply Fee		7,827	7,827	15,654
Radioactive Materials		200	200	400
Asbestos Abatement Language Clarification and Fee Increase		176	176	352
X-ray Radiation Inspection Fee Restructure		993	828	1,821
Licensing and Certification Fee Increases		1,707	1,707	3,414
Total Governor's Recommendations	**81,159**	**98,781**	**98,547**	**197,328**

(Dollars in Thousands)

	FY25	FY26	FY27	Biennium 2026-27
Fund: 2302 - Clean Water				
FY2025 Appropriations	**15,078**	**15,078**	**15,078**	**30,156**
Base Adjustments				
One-Time Legacy Fund Appropriations		(15,078)	(15,078)	(30,156)
Forecast Base	**15,078**			
Change Items				
Clean Water Legacy - Beach Portal		300	300	600
Clean Water Legacy - Drinking Water Contaminants of Emerging Concern		5,925	5,925	11,850
Clean Water Legacy - Future of Drinking Water		250	250	500
Clean Water Legacy - Groundwater and Restoration Protection Strategies		1,750	1,750	3,500
Clean Water Legacy - Private Well Initiative		2,300	3,700	6,000
Clean Water Legacy - Source Water Protection		3,845	3,845	7,690
Total Governor's Recommendations	**15,078**	**14,370**	**15,770**	**30,140**
Fund: 2360 - Health Care Access				
FY2025 Appropriations	**53,290**	**53,290**	**53,290**	**106,580**
Base Adjustments				
All Other One-Time Appropriations		(1,000)	(1,000)	(2,000)
Current Law Base Change		1,064	(1,328)	(264)
Forecast Base	**53,290**	**53,354**	**50,962**	**104,316**
Change Items				
Operating Adjustment		1,411	2,857	4,268
Total Governor's Recommendations	**53,290**	**54,765**	**53,819**	**108,584**
Fund: 3015 - ARP-State Fiscal Recovery				
FY2025 Appropriations	**570**	**570**	**570**	**1,140**
Base Adjustments				
All Other One-Time Appropriations		(570)	(570)	(1,140)
Forecast Base	**570**			
Total Governor's Recommendations	**570**			
Dedicated				
Fund: 2000 - Restrict Misc Special Revenue				
Planned Spending	**54,157**	**24,327**	**24,328**	**48,655**
Forecast Base	**54,157**	**24,327**	**24,328**	**48,655**
Total Governor's Recommendations	**54,157**	**24,327**	**24,328**	**48,655**
Fund: 2001 - Other Misc Special Revenue				
Planned Spending	**84,499**	**56,034**	**56,034**	**112,068**

(Dollars in Thousands)

	FY25	FY26	FY27	Biennium 2026-27
Forecast Base	84,499	56,034	56,034	112,068
Total Governor's Recommendations	84,499	56,034	56,034	112,068
Fund: 2403 - Gift				
Planned Spending	74			
Forecast Base	74			
Total Governor's Recommendations	74			
Fund: 3000 - Federal				
Planned Spending	935,278	534,702	354,560	889,262
Forecast Base	935,278	534,702	354,560	889,262
Total Governor's Recommendations	935,278	534,702	354,560	889,262
Fund: 3001 - Federal TANF				
Planned Spending	11,713	11,713	11,713	23,426
Forecast Base	11,713	11,713	11,713	23,426
Total Governor's Recommendations	11,713	11,713	11,713	23,426
Fund: 8201 - Drinking Water Revolving				
Planned Spending	413	408	408	816
Forecast Base	413	408	408	816
Total Governor's Recommendations	413	408	408	816
Revenue Change Summary				
Dedicated				
Fund: 2000 - Restrict Misc Special Revenue				
Forecast Revenues	20,711	23,180	23,181	46,361
Total Governor's Recommendations	20,711	23,180	23,181	46,361
Fund: 2001 - Other Misc Special Revenue				
Forecast Revenues	56,034	56,034	56,034	112,068
Total Governor's Recommendations	56,034	56,034	56,034	112,068
Fund: 3000 - Federal				
Forecast Revenues	930,735	534,702	354,560	889,262
Total Governor's Recommendations	930,735	534,702	354,560	889,262
Fund: 3001 - Federal TANF				
Forecast Revenues	11,713	11,713	11,713	23,426

(Dollars in Thousands)

	FY25	FY26	FY27	Biennium 2026-27
Total Governor's Recommendations	**11,713**	**11,713**	**11,713**	**23,426**
Fund: 8201 - Drinking Water Revolving				
Forecast Revenues	**413**	**408**	**408**	**816**
Total Governor's Recommendations	**413**	**408**	**408**	**816**
Non-Dedicated				
Fund: 1000 - General				
Forecast Revenues	**1,223**	**1,223**	**1,223**	**2,446**
Total Governor's Recommendations	**1,223**	**1,223**	**1,223**	**2,446**
Fund: 1200 - State Government Special Rev				
Forecast Revenues	**71,064**	**71,111**	**71,099**	**142,210**
Change Items				
Assisted Living Licensure Implementation		3,609	3,609	7,218
Food, Pools, and Lodging License Fees and Delegated Agency Support		5,483	5,483	10,966
Engineering Plan Review Fees		224	224	448
Public Water Supply Fee		7,975	7,975	15,950
Well Management Fee Increase		772	772	1,544
Radioactive Materials		358	358	716
Asbestos Abatement Language Clarification and Fee Increase		364	364	728
HMO Fee Structure		420	422	842
X-ray Radiation Inspection Fee Restructure		869	869	1,738
Licensing and Certification Fee Increases		1,707	1,707	3,414
Total Governor's Recommendations	**71,064**	**92,892**	**92,882**	**185,774**

Change Item Title: Infectious Disease Prevention, Early Detection, and Outbreak Response

Fiscal Impact ($000s)	FY 2026	FY 2027	FY 2028	FY 2029
General Fund				
Expenditures	1,300	1,300	1,300	1,300
Revenues	0	0	0	0
Other Funds				
Expenditures	0	0	0	0
Revenues	0	0	0	0
Net Fiscal Impact = (Expenditures – Revenues)	1,300	1,300	1,300	1,300
FTEs	**8**	**8**	**8**	**8**

Recommendation:

The Governor recommends funding of $1,300,000 in FY 2026 and $1,300,000 in each subsequent year from the general fund for infectious disease prevention and control activities at the Minnesota Department of Health (MDH).

The Minnesota Department of Health (MDH) has the crucial responsibility of protecting citizens from health threats. MDH requires sustainable and predictable funding to support foundational public health activities like disease tracking and response, communication, and ensuring we continue to strive toward our mission to protect, maintain, and improve the health of all Minnesotans.

Rationale/Background:

Infectious diseases are a threat to all Minnesotans. Over time, decreased funding and emerging and increasing health threats have left Minnesotans more vulnerable to infectious diseases, such as measles, rabies, avian influenza, Legionnaires' disease, HIV infection, syphilis, Lyme disease, salmonellosis, Ebola, multidrug-resistant organism infections, and other new and emerging infections. MDH staff are the first ones notified when someone is impacted by a serious infectious disease. Minnesotans expect us to be there to identify and stop the spread of these diseases and provide guidance.

MDH works in partnership with local public health, tribal health, health care providers, long-term care facilities, and community-serving organizations and they rely on our expertise, knowledge, and guidance to prevent and control diseases. We test samples to determine what is causing illness and to identify outbreaks. We talk to people who are sick to find out what caused their illness. We then remove the source, which prevents additional spread and potential outbreaks of the disease.

The proposed activities are 100% federally funded, and those funds have decreased to a level that can no longer sustain MDH programs. At the same time that federal funding is decreasing and costs are going up, Minnesota is experiencing a significant increase in cases of disease and also a significant demographic transformation. For example:

- Twelve new diseases were added to the communicable disease rule since 2017.
- The state is experiencing an increasing number of measles cases. In 2024, there were 70 measles cases identified, and 52 of those cases were part of an outbreak that began in May 2024. The cases were mostly in children (ages 7 months through 12 years), 68 out of 70. Moreover, 78% of children hospitalized were 6 years old or younger.
- Vectorborne diseases (caused by mosquitoes and ticks) have significantly increased, especially in greater Minnesota, which accounts for 60% of tickborne diseases cases. It is not only local diseases, like Lyme

disease, that are increasing but also diseases like malaria and dengue that Minnesotans get when traveling. Since 2000, Minnesota has documented six new vectorborne diseases.

- Diseases acquired from animals (zoonotic). Since March 2022, MDH has investigated over 2,401 farm worker exposures to the H5N1 influenza virus ("bird flu"). We also monitored high-risk exposures to H5N1 in 1023 people, some requiring daily contact for 45 straight days. That monitoring communication was done in seven different languages. Since 2019, MDH has provided over 13,750 rabies consultation calls and tested over 12,300 animals for the rabies virus. To date in 2024, MDH has spent over 450 hours providing rabies consultations. Health care costs may increase as recommended rabies post-exposure prophylaxis treatment could be overprescribed or delayed. Moreover, the risk of human rabies cases would increase with reduced capacity to provide laboratory testing, risk assessments and recommendations to the public and health care providers.
- With over one million residents aged 65 and older, this population now surpasses the number of school-age children in our state. By 2030, more than one in five Minnesotans will be 65 or older. Older adults living in congregate settings, such as nursing homes or assisted living, are at a greater risk of contracting infectious disease such as multidrug-resistant organisms (MDROs), influenza, COVID-19, and Respiratory Syncytial Virus (RSV).

This proposal directly impacts a number of the One Minnesota goal priorities. Specifically, "Children and Families and Thriving Communities, Housing, and Workforce" are shown through proactive prevention and control activities to prevent spread of disease and curb outbreaks to protect all Minnesotans no matter where they live in the state and helping to ensure Minnesota's overall workforce and communities are healthy. "Equity and Inclusion" is shown by proactively providing accessible services to all people.

Proposal:

Ensure MDH can perform prevention and control activities, including investigating diseases, identifying outbreak sources, conducting laboratory testing, alerting the public and health care systems about health threats, and developing activities and guidelines to prevent the spread of the disease and curb outbreaks.

Request:

Annual budget request of $1,300,000 to sustain the agency's current level of service in critical areas. Specifically:

- Six epidemiologists with infectious disease expertise to conduct case investigation, provide technical assistance, education, and guidance to local public health, tribal health, community organizations, providers, professional organizations, and the public.
- One communications specialist to ensure that public health messages are accessible and understandable for all, such as elderly Minnesotans, people living in rural areas, people living with disabilities, and people who speak languages other than English.
- One laboratory staff in the MDH public health lab to provide test results to identify disease and link cases.
- $50,000 for public health lab equipment maintenance and supplies to ensure accurate and timely lab test results.

Over the last decade, federal funding for this crucial work has either remained the same or been cut, while costs have increased. For example:

- Funding for our work with Tickborne diseases through a CDC grant has been inconsistent over the years yet costs are increasing as well as disease incidence. For example, we received $1,109,464 in 2019, and in 2024 we only got $866,051 from our two largest grants combined.
- The Upper Midwest Agricultural Safety and Health Center (UMASH) federal funding amount that we had received for 10 years was eliminated. UMASH works on diseases associated with agriculture, especially among people living and/or working on farms with food production animals. People who live and/or work in these settings are eight times more likely to be diagnosed with disease like E. coli O157, salmonella, and cryptosporidium.

- MDH received $300,000 in one-time federal funding in 2022 for measle outbreak work. That money has been expended, and we haven't received any additional funding even though we had a recent measles outbreak and could possibly have more in the future. These outbreaks are very resource intensive.
- MDH does not receive funding for our rabies hotline, which received 2,275 calls in 2023.
- MDH does not receive funding to support rabies laboratory testing staff (e.g. 2,276 samples tested in 2023), and funding for testing supplies has been cut.

Without this funding, MDH will not be able to offer the information and services that Minnesotans have come to expect. For example:

- MDH works to prevent measles from becoming endemic again through laboratory testing, surveillance, communication, and outreach to all Minnesotans. Additionally, it seeks to strengthen partnerships and community engagement to ensure effective management of all vaccine preventable diseases.
- MDH serves a critical role when new vectorborne diseases arrive by providing guidance to health care providers, conducting risk assessments for the public, and offering laboratory testing that might not be available anywhere else.
- MDH provides infection control, testing capacity and health expertise to the veterinary community and the animal agriculture workforce, which consists largely of rural and immigrant populations.
- MDH won’t be able to provide robust outbreak response to those in long term care facilities in both greater Minnesota and the Twin Cities area.

Impact on Children and Families:

Infectious diseases affect Minnesotans of all ages, but children can be significantly impacted by these diseases.

There were 27 foodborne outbreaks in childcare settings and 63 foodborne outbreaks in schools in 2023 (with 2,447 reported illnesses). Outbreak follow-up included individualized epidemiologist consultation and support for the childcare provider to stop transmission and for parents with questions or concerns about illness transmission.

Vectorborne diseases affect Minnesotans of all ages and can sometimes be severe, resulting in hospitalizations and even death. Children are particularly impacted by certain diseases, like Lyme disease and La Crosse encephalitis.

Many vaccine-preventable diseases disproportionally affect children.

- Measles disproportionally affects young children. As stated in the background section, the state experienced 70 measles cases in 2024 with the majority (68) cases in children under 12. Moreover, 78% of children hospitalized were 6 years old or younger.
- There has also been a sharp increase in Pertussis in 2024, with a large among of outbreaks occurring among high-school age children; the median age of all cases is 14 years. Outbreak follow-up includes individualized epidemiologist consultation and coordination with the school (or childcare provider) to provide education and awareness materials and to support response efforts to minimize transmission.

Equity and Inclusion:

MDH is committed to providing excellence in public health services, independent of where you live, where you were born, or how you identify. We are deeply committed to our mission to protect, maintain, and improve the health of all Minnesotans.

This proposal would allow MDH to continue to translate and make available educational and prevention messages in languages other than English. As diseases changes, so do the people impacted, and it’s important to make sure that resources are available and accessible for all Minnesotans, including those newly arrived who may not be familiar with the risks associated with infectious disease in Minnesota.

People who identify as American Indian, African American, Hispanic/Latine, LGBTQ+, people who inject drugs, and people who are experiencing homelessness/unstable housing are disproportionally impacted by certain infectious

diseases, including, but not limited to, staph, RSV, chicken pox, measles, strep pneumo, N. meningiditis, hepatitis C, HIV, STIs, Carbapenem-resistance Enterobacterales, Salmonella, and Giardia.

Without state funding, inequities in disease incidence and care will get worse.

MDH has built relationships with a network of trusted messengers within affected communities that we will continue to use to share key messages about the proposal process, as appropriate. We also utilize our subject-specific newsletters, contact lists, and diverse media outlets.

Tribal Consultation:
Does this proposal have a substantial direct effect on one or more of the Minnesota Tribal governments?

_X_ Yes
__ No

MDH has ongoing relationships with all Tribes that share geography with Minnesota and the urban tribal partners, such as Native American Community Cancel (NACC). We share infectious disease data with them and collaborate with Tribes on routine infectious disease work and outbreaks. We also provide technical assistance in all our infectious diseases areas as requested by the tribe. MDH's infectious disease division has an embedded American Indian Coordinator who collaborates with the Tribes and organizations that serve American Indians. This position, in addition to the regular leadership meetings with Tribal directors, will be utilized to communicate appropriate information related to this proposal and potential concerns.

IT Costs:
None

Results:
Part A: Performance Measures
The overall goal of the strategies is to maintain capacity to serve our partners and the people of Minnesota to prevent unnecessary disease, severe outcomes, and mortality from infectious diseases. This means implementing core public health activities around testing, identifying, and preventing infectious diseases. MDH will collect the performance measures below to help evaluate the success of these programs.

The evidence that exists is iterated in the performance measures in the table below. We also discuss evidence-based information in Part B.

Measure	Measure type	Measure data source	Most recent data	Projected value without funding	Projected value if funding received
% of calls on our rabies hotline answered in real time and % rabies positive test results follow up in real-time.	Quantity	REDCap database recording calls and REDCap database for animal rabies test results.	2,439 hotline calls (2024) and 240 animal rabies test results followed up on (2024)	We would only be able to follow up on hotline calls in real-time 20% of the time but would continue to follow up on animal rabies positive test results.	Work would continue as before.

% of vectorborne inquiries answered or requests for outreach	Quantity	Completed requests for insect ID, materials, presentations, slides, etc.	In 2024, we responded to over 220 unique requests for information, help, data, etc.	This will be drastically reduced – will cut tick ID program, won't have materials to send, etc. Maybe less than 50 requests fulfilled or fewer.	Maintain current level of service to the public.
# of outbreaks* and case investigations that receive timely and thorough investigation	Quantity	Communicable disease reporting data will be utilized to identify outbreaks and clusters of disease and outbreaks reports will summarize the timeliness of interventions.	150 (2023)	10	Maintain 150
% of specimens tested at the Public Health Laboratory completed within the expected turnaround time.	Quantity	Laboratory Information System Quality Metrics Dashboard	86.5% 08/01/2023-08/01/2024	65%	86.5%

* This includes investigations and clusters of outbreaks due to viral and invasive bacterial pathogens for example meningitis, *Hemophilus influenzae*, group A streptococcus, *Staphylococcus aureus*, RSV, MERS and COVID-19.

Part B: Use of Evidence

1. Have you previously conducted a formal quantitative or qualitative program evaluation that informed the contents of this proposal? No
2. Are you planning to conduct a formal qualitative or quantitative program evaluation related to this proposal? Not at this time. MDH would need funding for program evaluators for each activity to conduct a formal evaluation. Indicate what kind(s) of evaluation you will be conducting. Select all that apply.
   - [X] No formal evaluation planned at this time
   - [ ] Not yet determined
   - [ ] Needs Assessment
   - [ ] Process or Implementation Evaluation
   - [ ] Summative Impact Evaluation (Randomized Control Trial (RCT) or Quasi-Experimental Design)
   - [ ] Summative Evaluation other than an Impact Evaluation
   - [X] Other (please describe or link): MDH collects data on cases and outbreaks of infectious disease and systematically and routinely reviews and evaluates it, but there is no funding for any "formal evaluations." The Centers for Disease Control and Prevention (CDC) requires specific reporting requirements that programs must meet to receive federal funds. The laboratory also monitors and evaluates testing volumes and turnaround time as part of its quality management system.

Statutory Change(s):

None

Change Item Title: Operating Adjustment

Fiscal Impact ($000s)	FY 2026	FY 2027	FY 2028	FY 2029
General Fund				
Expenditures	1,002	2,029	2,029	2,029
Revenues	0	0	0	0
Other Funds				
Expenditures	1,411	2,857	2,857	2,857
Revenues	0	0	0	0
Net Fiscal Impact = (Expenditures – Revenues)	2,413	4,886	4,886	4,886
FTEs	**19.3**	**19.3**	**19.3**	**19.3**

Recommendation:

The Governor recommends additional funding of $1.002 million in FY 2026 and $2.029 million in each subsequent year from the general fund, and $1.411 million in FY 2026 and $2.857 million in each subsequent year from the health care access fund to help address operating cost increases at the Minnesota Department of Health (MDH).

Rationale/Background:

The cost of operations rises each year due to increases in employer-paid health care contributions, FICA, and Medicare, along with other salary and compensation-related costs. 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 year to year.

Agencies face challenging decisions to manage these rising costs within existing budgets, while maintaining the services Minnesotans expect. From year to year, agencies find ways to become more efficient with existing resources. For MDH, the following efficiencies have been implemented to help offset rising operating costs:

- consolidation and reduction of facilities and office space in St. Paul and out-state district offices, capitalizing on the opportunity provided by the unprecedented shift to hybrid work arrangements for staff, and
- on-going review and reduction of required cloud infrastructure usage through assessment of agency technology applications and services.

For FY 2026-27, agencies will need to continue to find additional efficiencies and leverage management tools to help address budget pressures. Holding open vacancies in certain programs or delaying hiring in other programs are examples of ways agencies manage through constrained operating budgets. Such decisions are difficult and must be weighed against a program's ability to conduct business with less staffing and its impact to service delivery. Agencies will need additional tools and flexibility, similar to those available in the private sector and other government entities, to help address operating pressures in upcoming biennium.

Without additional resources to address these cost pressures, both in funding and in flexibility to manage internal budgets, services delivered to Minnesotans will be impacted.

Proposal:

The Governor recommends increasing agency operating budgets to support current services. For MDH, this funding will help cover expected growth in employee compensation and insurance and other operating costs.

Additionally, the Governor recommends providing Minnesota Department of Health with additional management tools to address upcoming operating pressures. This includes:

- the authority to transfer administrative funding between programs, with approval of Minnesota Management and Budget and notification to the legislature,
- the ability to retain up to 10 percent of competitively awarded grants if administrative funding is not already appropriated, and
- the ability for executive branch agencies to carryforward unexpended non-grant operating appropriations for the second year of a biennium into the next beginning in FY 2025 (costs carried in standalone change item in MMB Non-Operating Budget Book).

These new authorities will provide agencies with additional flexibility to manage through cost pressures within agency divisions and prioritize needs to help minimize impacts on services to Minnesotans.

Dollars in Thousands

Net Impact by Fund	FY 26	FY 27	FY 26-27	FY 28	FY 29	FY 28-29
General Fund	1,002	2,029	3,031	2,029	2,029	4,058
Health Care Access Fund	1,411	2,857	4,268	2,857	2,857	5,714
Total All Funds	**2,413**	**4,886**	**7,317**	**4,886**	**4,886**	**9,772**

Fund	Component Description	FY 26	FY 27	FY 26-27	FY 28	FY 29	FY 28-29
GF	Compensation	1,002	2,029	3,031	2,029	2,029	4,058
HCAF	Compensation	1,411	2,857	4,268	2,857	2,857	5,714

Results:

This recommendation is intended to help the Minnesota Department of Health address rising cost pressures and mitigate impacts to current levels of service and information to the public.

Change Item Title: State Trauma Advisory Council

Fiscal Impact ($000s)	FY 2026	FY 2027	FY 2028	FY 2029
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
FTEs	**0**	**0**	**0**	**0**

Recommendation:

The Governor recommends a reauthorization of the State Trauma Advisory Council (STAC), which is set to expire on June 30, 2025, until June 30, 2035. This request has minimal costs to the agency.

The Trauma Advisory Council meets four times a year. Minimal expenditures for member per diems are covered within the statewide trauma system's $1,100,000 base budget. Reauthorization of the Trauma Advisory Council would continue this approach; no new appropriation is required.

Rationale/Background:

Trauma (injury) is the leading cause of death in Minnesotans ages 1-44 years. The number of potential years of life lost before age 65 due to unintentional injury is greater than any other cause. Total deaths from unintentional injury are more than double cancer and cardiovascular disease combined. In addition, elderly patients are disproportionately represented in Minnesota's trauma data. This highlights the need for injury prevention initiatives and timely access to appropriate trauma services for the elderly and rural populations. Sudden life-threatening injuries occur across all ZIP codes effecting all disparity statuses. The focus is always to ensure the common good of all Minnesotans regardless of status or location.

Currently, 98% of Minnesotans live within 60 minutes of a state-designated trauma hospital. Minnesota's trauma system is a coordinated network of over 120 hospitals and approximately 300 ambulance services working collaboratively to optimize the care provided to seriously injured people. This organized system ensures that seriously injured people are promptly transported and cared for at hospitals with resources to match their needs.

The Trauma Advisory Council plays a key role in guiding the statewide trauma system. Under Minnesota Statutes, section 144.608, the Trauma Advisory Council is directed to advise, consult with, and make recommendations to the commissioner on the development, maintenance, and improvement of the statewide trauma system. In this role, the Trauma Advisory Council oversees the designation process of trauma hospitals described in Minnesota Statutes, section 144.605, revises designation criteria, provides analysis of data collected through the trauma system, and coordinates with the state's emergency medical services lead agency on appointments to the six regional trauma advisory councils.

The Trauma Advisory Council is the commissioner's subject matter expert needed to ensure this system of care and safety-net remains performance and quality-driven and networked across the entire state.

Proposal:

This proposal is to reauthorize the Trauma Advisory Council for an additional 10 years. The proposal is budget neutral. Per diem costs for STAC members are minimal and already included in the statewide trauma system base budget. As noted above, continuation of the STAC provides the ongoing leadership and advisory capacity of the statewide trauma system to the commissioner. Without the Trauma Advisory Council, the commissioner would not be able to meet the trauma system obligations under Minnesota Statutes, sections 144.602-144.608.

Impact on Children and Families:

Trauma (i.e., injury) is a tremendous burden on families and their communities. For the severely injured person, the time between sustaining an injury and receiving critical care is the most important predictor of survival – the "golden hour." The chance of survival diminishes with time despite the availability of resources and modern technology; therefore, a well-coordinated and executed trauma system enhances the chance of survival regardless of proximity to an urban trauma center. Maintaining and improving Minnesota's Statewide Trauma System, including the pediatric trauma hospitals, is an important means to ensure children, families, and all Minnesotans have the best chance to survive and rehabilitate from sudden trauma.

Equity and Inclusion:

This proposal reauthorizes the Trauma Advisory Council to continue its leadership role in ensuring access to critical life-saving care from injuries for all Minnesotans regardless of protected class. Minnesota has one of the most broadly inclusive trauma designation systems in the country. Six designation levels exist (two are pediatric-specific). Any hospital can participate at a level appropriate to their resources, in which all injured people receive standardized and coordinated care. Remarkably, nearly all Minnesota hospitals voluntarily participate in the system, ensuring a coordinated network of care across all levels and areas of the state. This is especially important for rural Minnesota, where resources are most scarce.

Tribal Consultation:

Does this proposal have a substantial direct effect on one or more of the Minnesota Tribal governments?

__ Yes
_X_ No

Results:

As of 2021, Minnesota is remarkably covered with coordinated life-saving injury care resources:

- 98 percent of Minnesotans live within 60 minutes of a trauma hospital.
- 82 percent of Minnesotans live within 60 minutes of a Level 1 or 2 trauma hospital.
- 72 percent of Minnesota children live within 60 minutes of a pediatric trauma hospital.
- All Minnesotans benefit from this standardized surgical and emergency medicine foundation for local, regional, and statewide disaster responses.

Reauthorizing the Trauma Advisory Council will assure continue access to coordinated and emerging clinical quality trauma care across the entire state.

Part A: Performance Measures

The Trauma Advisory Council currently has two significant work assignments.

1. Because of the ongoing health care workforce shortages experienced in all areas of the state, chronic delays in transfer of critical trauma patients to higher levels of care are commonplace. To address this, the Trauma Advisory Council is undergoing a thorough review and modification of hospital designation criteria for Level 3 and 4 hospitals to address the reality that some critical patients will need ongoing care before transfers are available.

2. The other upcoming work assignment of the Trauma Advisory Council is to adopt clinical and system performance measures. Based on industry best practices, a sampling of what they intend to consider includes:
   - EMS compliance with major trauma triage and transport requirements.
   - Emergency Department lengths of stay stratified by designation level and Injury Severity Score (ISS).
   - Delays in transfers.
   - Trauma admits that subsequently required transfer.
   - Over and under triage stratified by level of designation.
   - Deaths stratified by ISS and age.
   - Various clinical measures associated with emergent recognition and treatment of life-threatening injuries.
   - Overuse of diagnostic tests.

Part B: Use of Evidence

1. Have you previously conducted a formal quantitative or qualitative program evaluation that informed the contents of this proposal?
   Performance Measure 1 - Yes. Level 3 and 4 trauma hospital designation criteria have been updated twice before in the past, based on quantitative data collected by clinical subject matter experts during on-site hospital designation reviews, which occur cyclically every three years. System-level performance metrics and outcomes are presented to the Trauma Advisory Council and discussed in public forums. Multidisciplined and geographically diverse stakeholder workgroups are charged to address issues identified by the Trauma Advisory Council. Quarterly progress is presented at public meetings, with the final products widely circulated for 3-6 months for public comment, before final changes are made and adopted.

   Performance Measure 2 is in developmental stages as additional resources are being identified.

2. Are you planning to conduct a formal qualitative or quantitative program evaluation related to this proposal? Indicate what kind(s) of evaluation you will be conducting. Select all that apply.

   ___ No formal evaluation planned at this time
   ___ Not yet determined
   ___ Needs Assessment
   ___ Process or Implementation Evaluation
   ___ Summative Impact Evaluation (Randomized Control Trial (RCT) or Quasi-Experimental Design)
   ___ Summative Evaluation other than an Impact Evaluation
   _X_ Other (please describe or link): As describe above based on healthcare workforce shortages and systemic delays in transfers.

Part C: Evidence-Based Practices

The Trauma Advisory Council, in partnership with the Emergency Medical Services Regulatory Board, has entered into a data sharing agreement with the University of Minnesota to conduct focused research on rural trauma outcomes. This research is promising and will open opportunities for the Trauma Advisory Council to direct further research based on the results.

Statutory Change(s):

M.S. 144.608, Subd. 2(b)

Change Item Title: PFAS Biomonitoring in Firefighters

Fiscal Impact ($000s)	FY 2026	FY 2027	FY 2028	FY 2029
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
FTEs	**0**	**0**	**0**	**0**

Recommendation:

The Governor recommends a change item in the Minnesota Pollution Control Agency (MPCA) budget that impacts transfers in the Minnesota Department of Health (MDH) budget. The "PFAS Biomonitoring in Firefighters" change item includes an extension to onetime funding for the PFAS Biomonitoring in Firefighters project until June 30, 2027, and a $175,000 increase in transfer authority from MPCA to MDH in the original appropriation. This change does not include a request for additional appropriation of funds but utilizes unspent funds.

Rationale/Background:

Please see the "PFAS Biomonitoring in Firefighters" item in the MPCA Budget Recommendations Book.

Proposal:

This recommendation would change an existing appropriation in Minnesota Session Law 2023, Chapter 60, Article 1, section 2, subdivision 2R. $500,000 was appropriated to MPCA for one-time use until June 30, 2025, with the authority to transfer up to $250,000 to MDH. The Governor recommends increasing the transfer authority to MDH to $425,000 and extending its availability until June 30, 2027. This would not include increasing the total appropriation.

Dollars in Thousands

Net Impact by Fund	FY 25	FY 26	FY 27	FY 25-27	FY 28	FY 29	FY 28-29
General Fund	0	0	0	0	0	0	0
Total All Funds	**0**	**0**	**0**	**0**	**0**	**0**	**0**

Fund	Component Description	FY 25	FY 26	FY 27	FY 25-27	FY 28	FY 29	FY 28-29
GF	Transfer from MPCA	(175)	0	0	(175)	0	0	0
GF	Transfer into MDH	175	0	0	175	0	0	0

Impact on Children and Families:

Please see the "PFAS Biomonitoring in Firefighters" item in the MPCA Budget Recommendations Book.

Equity and Inclusion:

Please see the "PFAS Biomonitoring in Firefighters" item in the MPCA Budget Recommendations Book.

Tribal Consultation:
Please see the “PFAS Biomonitoring in Firefighters” item in the MPCA Budget Recommendations Book.

Results:
Please see the “PFAS Biomonitoring in Firefighters” item in the MPCA Budget Recommendations Book.

Statutory Change(s):
Please see the “PFAS Biomonitoring in Firefighters” item in the MPCA Budget Recommendations Book.

Change Item Title: American Indian Health Special Emphasis Grants

Fiscal Impact ($000s)	FY 2026	FY 2027	FY 2028	FY 2029
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
FTEs	**0**	**0**	**0**	**0**

Recommendation:

The Governor recommends amending Minnesota Statutes, section 144.0758, regarding the American Indian Health Special Emphasis Grants, to remove the competitive grant award requirement in state engagements with Tribal Nations. The 2023 legislature established the American Indian Health Special Emphasis Grants to develop programs targeted to address continuing and persistent health disparities of Minnesota's American Indian population. The intent is to apply up to $1,500,000 of the American Indian Special Emphasis funding to all interested Tribal Nations with a funding formula. Minnesota Statutes, section 144.0758 must be amended to remove the competitive grant award requirement with Tribal Nations as it creates unnecessary barriers to funding and government-to-government relationships with Tribal Nations. Removing the competitive grant award requirements for Tribal Nations aligns with the principles of tribal sovereignty and self-determination and respects the sovereignty of Tribal Nations to address Tribal health disparities with Tribal solutions.

Rationale/Background:

American Indian adults, children, and families experience significant health disparities both nationally and in Minnesota[1]. These health disparities are influenced by state and federal policies which created many of the modern systemic barriers to opportunities. These systemic barriers impact generalized social determinants of health such as access to adequate healthcare; access to high-quality; culturally affirming education; economic security; and food security. They also impact Indigenous social determinants of health – those determinants unique to American Indian people because of systemic racism and their social and political status – and include cultural identity; access to tribal language, traditional lands, food, and cultural practices for healing. Coupled with historical underfunding of resources, American Indian people experience the highest rate of poverty, highest rate of health disparities, lowest graduation rates, high unemployment, and lower access to nutritional foods.[2] These outcomes were disproportionality exacerbated by the COVID-19 pandemic.

The losses experienced by American Indians are not confined to a single period in history but rather they are ongoing and present in their daily lives. The American Indian experience of historical trauma is both a source of intergenerational trauma responses and increases risk for long-term distress and substance abuse disorders. Studies have shown anxiety/affective disorders and substance dependence are correlated with historical loss associated symptom. Intergenerational trauma is also perpetuated through gestational stress, which can be

[1] *The Health of American Indian Families in Minnesota: A Data Book...*
https://www.health.state.mn.us/people/womeninfants/womenshealth/amerindianreport.pdf

[2] *The Health of American Indian Families in Minnesota: A Data Book...*
https://www.health.state.mn.us/people/womeninfants/womenshealth/amerindianreport.pdf

caused by difficult life events, depression and anxiety, economic inequality, racism, and poverty, among other factors. Stress experienced in this way modifies the developmental biology in offspring, increasing their risk for everything from diabetes and heart disease to obesity, and lowering their ability to be resilient and handle stress well. In adulthood, American Indian individuals may find that any stress compounds the mental and physical impact of that early stress.[3]

In 2023, the Minnesota legislature established the Office of American Indian Health to address the unique public health needs of American Indian Tribal communities in Minnesota. In addition, it funded $2 million for the American Indian Health Special Emphasis Grants under Minnesota Statutes, section 144.0758 to plan and develop programs targeted to address continuing and persistent health disparities of Minnesota's American Indian population and improve American Indian health outcomes; identify disparities in American Indian health arising from cumulative and historical discrimination; and plan and develop community-based solutions to addressing identified disparities in American Indian health. In administering the grants, the department is required to develop a request for proposals, provide technical assistance to potential qualifying organizations or entities, review responses to requests for proposals, and award grants.

This proposal directly aligns with the One Minnesota priority goal of equity and inclusion. The American Indian Health Special Emphasis grant works to uplift American Indian communities who experience significant health disparities compared to other groups. The American Indian Health Special Emphasis grant program is one small step in working to remedy the longstanding injustices American Indians have endured for generations.

Proposal:

The Governor recommends removing the competitive grant award requirement for Tribal Nations in Minnesota for the American Indian Special Emphasis grants under Minnesota Statutes, section 144.0758. In acknowledgement of the sovereignty of Tribal Nations, section 144.01758 must be amended to remove the unnecessary barriers created by competitively awarding the American Indian Special Emphasis grants with Tribal Nations as it creates unnecessary barriers to funding and conflicts with the government-to-government relationship the state holds with Tribal Nations. This recommednation will direct up to $1,500,000 of the American Indian Special Emphasis grants to all interested Tribal Nations using a population-based funding formula. The remaining general fund appropriation of $500,000 will continue to be awarded competitively to urban American Indian organizations. Removing the competitive requirement for Tribal Nations removes the burden for Tribes to write a grant proposal in response to a request for proposal. It also reduces burden in the department in the administration of the competitive review process, including in developing the request for proposals and review of proposals.

Impact on Children and Families:

American Indian children and families need opportunities to build resilience stemming from the significant and often toxic stress and trauma experiences by genocide and colonization. Providing opportunities for American Indian children and families to learn skills for self-regulation, social connection, cultural identity, as well the opportunity to experience both joy and grief as a community are critical for everyone. Experiencing healthy outlets for grief and recovery will help children build a positive identify, self-determination, and self-efficacy. This recommendation will afford the historic opportunity to not just mitigate the impact of the trauma endured by children, but create stronger communities that will foster resilience, connection, and cultural healing.

Equity and Inclusion:

This project fully and directly aligns with the state's goals for equity and inclusion, and specifically builds capacity around equity and inclusion for American Indian communities.

[3] Ehlers CL, Gizer IR, Gilder DA, Ellingson JM, Yehuda R. Measuring historical trauma in an American Indian community sample: contributions of substance dependence, affective disorder, conduct disorder and PTSD. Drug Alcohol Depend. 2013 Nov 1;133(1):180-7. doi: 10.1016/j.drugalcdep.2013.05.011. Epub 2013 Jun 20. PMID: 23791028; PMCID: PMC3810370.

Communication will be a regular and ongoing occurrence to inform American Indian partners. Communications may take the form of regular grantee check-ins with program staff, drop in office-hours, grantee webinars, and individual grant meetings to identify what supports are needed and identification of outcome measures. Health Equity work is centered on leading with community voice and community solutions; therefore, ensuring a solid and robust communication plan is critical.

Tribal Consultation:
Does this proposal have a substantial direct effect on one or more of the Minnesota Tribal governments?

☒Yes
☐No

Impacted Minnesota Tribal Governments
All 11 federally recognized Tribes:

- Bois Forte Band of Chippewa
- Fond du Lac Band of Lake Superior Chippewa
- Grand Portage Band of Lake Superior Chippewa
- Leech Lake Band of Ojibwe
- Lower Sioux Indian Community
- Mille Lacs Band of Ojibwe
- Prairie Island Indian Community
- Red Lake Nation
- Shakopee Mdewakanton Sioux Community
- Upper Sioux Community
- White Earth Nation

Anticipated impacts:

Minnesota Department of Health recognizes the unique political status of the 11 sovereign nations that share geography with the state of Minnesota and implements Minnesota Statute 10.65, which outlines the government-to-government relationship between the state of Minnesota, its state agencies, and the 11 sovereign nations. With this implementation, Minnesota Department of Health involves Tribal Government and their Tribal Health Directors in shared decision-making with matters of public health with Tribal implication. This process allows for timely and meaningful consultation. Tribal consultation, connection, and collaboration promotes and supports culturally appropriate public health approaches.

This proposal was presented to Tribal health directors with no issues in a closed session after MDH's quarter Tribal and Urban Indian Health Directors meeting. It will be presented to elected Tribal Government officials during an upcoming joint agency Tribal Legislative Summit. A common theme arising in Tribal consultations is the need for low-barrier, direct funding. The proposal centers Tribal sovereignty and allows Tribes and urban American Indian organizations to use this funding for a wide-spread, culturally responsible solutions that fit the needs of the community.

Tribal health directors can participate in an additional follow-up consultation to review budget and legislative proposals with Tribal impact, including this proposal. Executive leadership continues to encourage Tribal government officials to reach out for further discussion.

Results:

Part A: Performance Measures

1. Describe the overall goal and expected outcome(s) of the programs and activities supported by the change item (1 to 3 sentences). How would we know that this change item was successful and over what period of time? This should align with the intended results noted in the rationale/background section.

The goal of this statutory change will be to reduce the burden on American Indian Tribes in obtaining state funding. By removing the competitive language requirement from Minnesota Statute, section 144.0758, this will honor tribal sovereignty and improve government-to-government relations.

Measure	Measure type	Measure data source	Most recent data	Projected change
# of grants awarded	quantity	Internal grant reports	9 out of 11 Tribes	11 out of 11 Tribes
Average grant awarded	quantity	Internal grant reports	$75,883	$90,900
% of grantees receiving first time award	quantity	Internal grant reports	82% (9 out of 11 Tribes)	100% (11 out of 11 Tribes)

Part B: Use of Evidence

1. Have you previously conducted a formal quantitative or qualitative program evaluation that informed the contents of this proposal? If so, please briefly describe the evaluation.
2. Are you planning to conduct a formal qualitative or quantitative program evaluation related to this proposal? Indicate what kind(s) of evaluation you will be conducting. Select all that apply.

_X_ No formal evaluation planned at this time
___ Not yet determined
___ Needs Assessment
___ Process or Implementation Evaluation
___ Summative Impact Evaluation (Randomized Control Trial (RCT) or Quasi-Experimental Design)
___ Summative Evaluation other than an Impact Evaluation
___ Other (please describe or link)

Statutory Change(s):

Minnesota Statutes, section 144.0758

Change Item Title: Early Hearing Detection & Intervention Sunset Clause

Fiscal Impact ($000s)	FY 2026	FY 2027	FY 2028	FY 2029
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
FTEs	**0**	**0**	**0**	**0**

Recommendation:

The Governor recommends eliminating the sunset clause for the Newborn Hearing Screening Advisory Committee in Minnesota Statutes, section 144.966. The Advisory Committee was established in 2007 when hearing screening was added to the newborn screening panel. At that time, there was a fee increase to cover the costs of this addition to the screening process, which continues to fund the Department of Health's support for the Advisory Committee; no additional appropriation is needed.

Rationale/Background:

Minnesota Statutes section 144.966 governs Minnesota's Early Hearing Detection and Intervention program and directs the work of the Newborn Hearing Screening Advisory Committee. Section 144.966, Subd. 2 (e) contains a sunset clause on the group. Since the advisory group's creation, the sunset date has been modified or extended multiple times.

This proposal strikes the sunset date and amends the language of section 144.966 to no longer contain a sunset date for the advisory group. Elimination of a sunset date aligns with the intent of the remainder of the statute because the remaining directives of section 144.966 rely upon the advice and counsel of the EHDI advisory group, removal of the sunset date eliminates the need to perpetually update the statute as the sunset date approaches as has been the case in several previous sessions. This reduces administrative burden.

Proposal:

This is not a new initiative. This is a continuation of an advisory committee that is authorized by statute, and which has not sunset since its initial inception despite repeated sunset dates (each of which has been extended).

No additional funds are requested, as the funding for this advisory committee is covered by fee revenue from Minnesota's Newborn Screening panel.

However, this proposal enables continuation of the Early Hearing Detection and Intervention program. Under this recommendation, the Minnesota Department of Health would be able to continue its work in Early Hearing Detection and Intervention uninterrupted. Without the extension of the Advisory Committee, the work of the Early Hearing Detection and Intervention program cannot continue as the programming and policies developed by the Minnesota Department of Health's Early Hearing Detection and Intervention program, as mandated in Minnesota Statutes, section 144.966, relies upon the advice and counsel of the Newborn Hearing Screening Advisory Committee. It is essential that this advisory group continue beyond the sunset date of June 30, 2025.

Additionally, given the reliance of section 144.966 on the group, and the repeated extensions to the sunset date, administrative burden would be reduced if the sunset date clause were struck from section 144.966.

The Commissioner supports this proposal because it allows the work of the Minnesota Department of Health's Early Hearing Detection and Intervention program to continue. This proposal is not controversial, and the date for the Newborn Hearing Advisory Committee has been extended multiple times during past legislative sessions.

M.S. 144.966 requires coordination between the Departments of Health, Education, and Children, Youth, and Families to establish a Newborn Hearing Advisory Committee. These agencies are aware of the sunset clause and supportive of the effort to remove the clause.

Impact on Children and Families:

Minnesota Statutes, section 144.966 directly impacts families, children, and youth who experience hearing loss, which places them at higher risk for disparities in multiple domains, including educational, health, and financial. The work of Minnesota's Early Hearing Detection and Intervention program builds on public and private efforts to ensure all are screened for hearing loss, and that those with hearing loss are accurately diagnosed as early as possible to help ensure access to public, private and community-based resources that can help these children thrive.

This policy increases access to each of these elements through ensuring that the important work of the Early Hearing Detection and Intervention program can continue with the expertise of the Advisory Committee. The expertise of the Advisory Committee informs on services, policies, and programming that have a direct impact on Minnesota's families and children who are at risk for hearing loss, which provides stronger foundations for a healthy start.

Undiagnosed hearing loss places children at significant disadvantage relative to their fully hearing peers. Early diagnosis helps alleviate barriers to positive health outcomes. The work of Minnesota's Newborn Hearing Advisory Screening Committee informs efforts to diagnose children as quickly and early as possible, helping to decrease any barriers that children with hearing loss may otherwise experience.

The Early Hearing Detection and Intervention program was first created because of community-led efforts to provide a public health-based approach to detection of and intervention for hearing loss among Minnesota's newborns and children. The creation and sustenance of the Advisory Committee is essential for the continued work of the Early Hearing Detection and Intervention program.

Equity and Inclusion:

All communities have newborns at risk of hearing loss. Minnesota's Early Hearing Detection and Intervention program, as guided in Minnesota Statute, section 144.966, was created because of gaps in services as identified by those impacted by hearing loss. Undiagnosed hearing loss places families and children at higher risk for disparities in multiple domains, including educational, health, and financial. Section 144.966, subd. 2's Advisory Committee provides community-based and professional guidance for the programming instructed by section 144.966, which reduces barriers to intervention in each of these domains. Without the experiences of those who serve on this board, MDH cannot effectuate the statute purpose to be responsive to the needs of those with who are at risk of and may experience hearing loss, therein increasing, rather than decreasing, disparities across multiple life domains. Removal of the sunset clause allows for continuation of the important work of the advisory group.

Tribal Consultation:

Does this proposal have a substantial direct effect on one or more of the Minnesota Tribal governments?

___ Yes

_X_ No

Results:

Not applicable. This proposal is not measuring the performance of the Newborn Hearing Screening Advisory Committee.

Part B: Use of Evidence- Not Applicable

1. Have you previously conducted a formal quantitative or qualitative program evaluation that informed the contents of this proposal? If so, please briefly describe the evaluation.
2. Are you planning to conduct a formal qualitative or quantitative program evaluation related to this proposal? Indicate what kind(s) of evaluation you will be conducting. Select all that apply.

   _X_ No formal evaluation planned at this time

   ___ Not yet determined

   ___ Needs Assessment

   ___ Process or Implementation Evaluation

   ___ Summative Impact Evaluation (Randomized Control Trial (RCT) or Quasi-Experimental Design)

   ___ Summative Evaluation other than an Impact Evaluation

   ___ Other (please describe or link):

Part C: Evidence-Based Practices -Not Applicable

Statutory Change(s):

M.S. 144.966

Change Item Title: Maternal and Child Health Advisory Task Force

Fiscal Impact ($000s)	FY 2026	FY 2027	FY 2028	FY 2029
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
FTEs	**0**	**0**	**0**	**0**

Recommendation:

The Governor recommends amending the language of Minnesota Statutes, section 145.8811 to convert the Maternal and Child Health Advisory Task Force into an Advisory Committee. Additional costs would be minimal and covered by the Department of Health's current funding, so no additional appropriation is needed.

Rationale/Background:

This proposal amends the language of Minnesota Statutes, section 145.8811 regarding the Maternal and Child Health Advisory Task Force by replacing "task force" with "committee" throughout. This change creates parity with similar advisory groups for time spent by members on maternal and child health public health activities. The current nomenclature as an "advisory task force" is inconsistent with Minnesota Statutes, section 15.014 because, by definition, an advisory task force functions for a limited time (M.S. 15.014, subd. 1). The Maternal Child Health Task Force statute, section 145.8811, subd. 3, articulates that the task force shall not sunset.

Effectively, the replacement of "task force" with "advisory committee" in statute clarifies that members are entitled to reimbursement for their expenses and for their time spent serving Minnesota's children, youth and families as requested. M.S. 15.059, Subd. 3(a) Members of the advisory councils and committees may be compensated at the rate of $55 a day spent on council or committee activities, when authorized by the council or committee, plus expenses in the same manner and amount as authorized by the commissioner's plan adopted under Minnesota Statutes, section 43A.18, subdivision 2. Members who, as a result of time spent attending council or committee meetings, incur childcare expenses that would not otherwise have been incurred, may be reimbursed for those expenses upon council or committee authorization.

Proposal:

This recommendation is a change to an existing advisory committee that amends the language of Minnesota Statutes, section 145.8811 by replacing "task force" with "committee" throughout in reference to the Maternal and Child Health Advisory Task Force. This provides parity for the work completed by group members, allowing for reimbursement of community member time spent on maternal child health activities.

This would not require additional funding. The funding for the Maternal Child Health advisory group originates from Title V MCH Block Grant federal funding that is already allocated for operation of the group because the group assists in meeting the deliverables of the federal grant. This proposal seeks a language change to clarify that group members who are community members and not otherwise paid for their participation in the group (i.e., through their employment) can receive compensation for their time spent on group activities.

Under this recommendation, the Department would be capable of compensating community representatives with lived experience who inform Department work. This allows increased trust of the Minnesota Department of Health's efforts to engage with community. The Commissioner supports this proposal because it provides equitable compensation to advisory committee members who provide expertise and insight from their own lived experiences. Properly naming this group as an "advisory committee," rather than a "task force," allows for reimbursement for those who contribute to the group their expertise from their personal lived experiences. This expertise allows opportunity for the Department to identify and respond to health equity gaps.

Impact on Children and Families:

This policy increases capacity of community-based members to participate in the statutorily mandated Maternal Child Health advisory group. This allows for community-based members to fairly receive compensation for their time spent on the important activities of the Maternal Child Health advisory group, which informs on health care needs of Minnesota's mothers and children, as well as the impact of programs administered by the Minnesota Department of Health that impact the health outcomes of Minnesota's families and children.

This policy increases access to each of these elements through compensation for the expertise offered by those with lived experience who can inform on gaps in services, policy, and programming. The voice of these individuals helps inform services, policies, and programming that have a direct impact on Minnesota's families and children.

Research demonstrates that in addition to professional expertise from the field of maternal and child health, the voices and expertise of those with lived experiences can most articulate gaps in services, policies, and programs. Understanding of these gaps informs program and policy development and implementation, which leads to better outcomes for Minnesota's next generation.

Those with lived experiences who have participated in the Maternal Child Health advisory group have articulated the inequities they experience when they are not equitably compensated for their time spent on the group activities.

Equity and Inclusion:

All communities with lived experience with disparate health outcomes for families and children in Minnesota benefit from the proposed amendment, as this language change allows for equitable reimbursement of those with lived experiences who come from and represent communities of protected classes and veterans. Lack of reimbursement for time spent on the Maternal Child Health advisory group activities is a barrier to participation of those with lived experiences. Professionals who inform group activities are already reimbursed for their time spent through their employment; some of the most valuable insight for the group activities comes from those with lived experiences. To remove this barrier, the group name must be changed in statute to allow for reimbursement of time spent by community members on group activities. Reimbursement for time spent on the advisory group activities will be included as notice of openings are shared with communities.

Tribal Consultation:

Does this proposal have a substantial direct effect on one or more of the Minnesota Tribal governments?

__ Yes
_x_ No

Results:

Not applicable. This proposal is not measuring the performance of the MCH Advisory Committee.

Part B: Use of Evidence – Not applicable

1. Have you previously conducted a formal quantitative or qualitative program evaluation that informed the contents of this proposal? If so, please briefly describe the evaluation.
2. Are you planning to conduct a formal qualitative or quantitative program evaluation related to this proposal? Indicate what kind(s) of evaluation you will be conducting. Select all that apply.

   _X_ No formal evaluation planned at this time
   ___ Not yet determined
   ___ Needs Assessment
   ___ Process or Implementation Evaluation
   ___ Summative Impact Evaluation (Randomized Control Trial (RCT) or Quasi-Experimental Design)
   ___ Summative Evaluation other than an Impact Evaluation
   ___ Other (please describe or link):

Part C: Evidence-Based Practices - Not applicable

Statutory Change(s):

Minnesota Statutes, section 145.8811, subdivision 3

Change Item Title: Restoring Funding to Local Public Health Cannabis Grants

Fiscal Impact ($000s)	FY 2026	FY 2027	FY 2028	FY 2029
General Fund SUD				
Expenditures	0	0	0	0
Cancellations	(2,500)	(2,500)	(2,500)	(2,500)
General Fund Cannabis				
Expenditures	2,500	2,500	2,500	2,500
Cancellations	0	0	0	0
Net Fiscal Impact = (Expenditures – Revenues)	0	0	0	0
FTEs	**0**	**0**	**0**	**0**

Recommendation:

The Governor recommends reducing the appropriation in the general fund to the Department of Health for substance use treatment, recovery, and prevention grants under Minnesota Statutes, section 342.72 by $2.5 million and increasing, by the same amount, the appropriation for cannabis and substance misuse prevention grants for local and Tribal health departments under Minnesota Statutes, section 144.197, in FY 2026 and each subsequent year. As a result of legislation passed during the 2024 session, the funding for the cannabis and substance misuse prevention grants will be reduced from $10,000,000 in fiscal year 2025 to $6,350,000 in fiscal year 2026. This proposal partially restores funding for those grants, which provide critical funding to local and Tribal health departments to implement prevention programs that are catered to the needs of the communities they serve. This proposal involves existing funding with no net impact on the Department of Health budget.

Rationale/Background:

In 2023, the Minnesota legislature legalized cannabis for adult recreational use and made historic investments in cannabis misuse prevention. As cannabis products become more widely available, prevention programs will be critical to avoiding the adverse health effects that can result from misuse.

During the 2024 legislative session, Minnesota Statutes, section 144.197 was amended so that prevention programs could address other substances, in addition to cannabis, to maximize the impact of these programs and better address shared risk and protective factors. Funding for grants to local and Tribal health departments was also reduced from $10,000,000 per fiscal year to $6,350,000 per fiscal year, starting in fiscal year 2026 – a 36.5% reduction in total funding under this appropriation. Also, during the 2024 legislative session, administration of the substance use treatment, recovery, and prevention grants under Minnesota Statutes, section 342.72, originally to be administered by the Office of Cannabis Management, shifted to MDH.

Cannabis and substance misuse grant funds under Minnesota Statutes, section 144.197 provide MDH's primary funding source for dedicated investments to local and Tribal public health partners for upstream, population-focused prevention. MDH's substance misuse prevention efforts will also involve initiatives managed directly by the agency—such as media campaigns focused on youth and pregnant and breastfeeding individuals—but efforts by local and Tribal agencies will be a critical component of statewide efforts to prevent the misuse of cannabis and other substances. MDH relies on local and Tribal partners to identify unique needs in their communities, deliver programming that is responsive to those needs, and leverage local partnerships. MDH seeks to support these partners by providing technical assistance, research, surveillance data, information about best practices, and sufficient financial support through grants. The cut to funding starting in fiscal year 2026 will reduce grant

amounts significantly and severely impact the ability of local partners to effectively prevent substance misuse in their communities.

The total appropriation in fiscal year 2025 is $10,000,000, out of which just under $1,094,000 is appropriated to MDH by law for administrative expenses. MDH has allocated $1,500,000 for grants to Tribal Nations. Grants to Tribal Nations will not be reduced in fiscal year 2026, as per the 2024 session law. In fiscal year 2025, there is $7,406,000 remaining to distribute to community health boards, but this amount will be cut in half—reduced by $3,650,000—in fiscal year 2026. Distributing the reduced amount to 51 community health boards will result in smaller awards for many local health departments across the state. The fluctuation in funding from fiscal year 2025 to 2026 and the reduced on-going amount will create barriers to building stable and effective programs. Reallocating $2,500,000 to partially restore grant funds will reduce these barriers.

Reallocating the funding results in a reduction of funding for substance use, recovery, and prevention grants from $5,500,000 to $3,000,000 per fiscal year. These are competitive grants that will complement MDH's work under the Comprehensive Drug Overdose and Prevention Act under Minnesota Statutes, section 144.0528. They provide an important opportunity for MDH to fund recovery, treatment, and prevention for populations and strategies that have not received adequate investment through other programs and initiatives. These grants are an essential component of MDH's efforts to address substance misuse, but the reduction in funding can be accommodated by adjusting the scope, objectives, and number of grantees for these grant programs. MDH does not have this flexibility with respect to the cannabis and substance misuse prevention grants for local and Tribal health departments – those funds must be divided to all Community Health Boards (51) and Tribal Nations (11) that accept funding, no matter how much total funding is available. Repurposing these funds allows MDH to maintain a sufficient investment in cannabis and substance misuse prevention at the local level, while retaining significant funding for discretionary grants for substance use treatment, recovery, and prevention.

Proposal:

The total budget for cannabis and substance misuse prevention grants for local and Tribal health departments is currently set to reduce from $10,000,000 in fiscal year 2025 to $6,350,000 in fiscal year 2026 and thereafter. The Governor recommends reallocating funding to offset the reduction, resulting in a total budget of $8,850,000 in FY 2026 and onward. Starting in FY 2026, the funding would be used to increase grants to community health boards from $3,756,000 to $6,256,000 annually. If funds are reallocated, the full amount of $2,500,000 will be used to increase grant amounts to community health boards. MDH has sufficient funding for administrative expenses through the existing appropriation – moving the $2,500,000 will not require additional administrative funds.

Reallocating the funding results in a reduction of funding for substance use, recovery, and prevention grants from $5,500,000 to $3,000,000 per fiscal year.

Impact on Children and Families:

The Department of Health is receiving funding for prevention programs for youth and pregnant and breastfeeding individuals, but that work must be done in conjunction with local efforts that are catered to unique local needs. This proposal will provide enhanced funding for local public health departments to prevent the misuse of cannabis and other substances for children, youth, pregnant individuals, and parents, thereby reducing the adverse effects of substance misuse on families. Substance misuse by pregnant and breastfeeding individuals causes harm to the individual and to the fetus or infant, and substance misuse by family members can contribute to adverse childhood experiences. Locally driven prevention initiatives can help prevent these harms to children and families.

Equity and Inclusion:

The Department of Health provides data on substance use for populations across the State of Minnesota, and the burdens associated with substance use are not equally distributed across racial and ethnic groups. For instance, in 2021, American Indian Minnesotans were ten times as likely to die from a drug overdose than white Minnesotans. Black Minnesotans were more than three times as likely to die from drug overdose than white Minnesotans.

According to the 2022 BRFSS survey, a higher proportion of American Indians (32.8%) and multiracial residents (23.3%) are current cannabis users than white residents (12.3%). Data for different populations and substances will vary by region, and providing grant funds to Tribal Nations and local public health partners will empower those partners to combat the health inequities that exist in their communities.

The Office of Statewide Health Improvement Initiatives will administer grants to Community Health Boards. This office, through its SHIP program, has identified the following equity goals, which will guide how these grants are administered:

- **Authentic Community Engagement**: equity-related goals should be defined by the communities the work is focused on. Partnerships with communities are not intermittent, public health listens to the community and allows the community to lead the work, and partnerships are long-lasting and sustaining. Community will be involved in a wide array of decision-making, including identifying outcomes, co-creating a theory of change and activities, adapting evidence-based practices, choosing data collection methods, and sharing results and next action steps with community.
- **Process/implementation goals** will be embedded into the authentic community engagement goal to ask how much we did and how well did we do it as we work towards authentic community engagement.
- **Decisions rooted in local data** - Available data sources that are presently used to define equity at a community or population level are leveraged for decision-making. This goal will be used to inform the authentic community engagement goal by identifying local focus on communities that need to be engaged.

Tribal Consultation:

Does this proposal have a substantial direct effect on one or more of the Minnesota Tribal governments?

☐Yes
☒No

This proposal does not impact funding for cannabis and substance misuse grants to Tribal Nations under Minnesota Statutes, section 144.197. The Department of Health has consulted with Tribal Health Directors about the cannabis and substance misuse grants for Tribal Nations described in Minnesota Statutes, section 144.197. Funding for those grants will not be impacted by the funding reduction in fiscal year 2026 – funding for those grants will be maintained and is not contingent upon this proposal.

Results:

Part A: Performance measures

This change item aims to support statewide effort to prevent cannabis and substance misuse within the new retail and legal landscape that is emerging after adult recreational cannabis use was legalized. This is a brand-new grant program, and development of appropriate long-term performance measures is still underway. MDH receives funding for various kinds of surveillance of substance use, opioid overdose, and cannabis use. MDH will review baseline data and work to establish measurable and achievable long-term goals related to results and population outcomes. In the short-term – as the program develops and MDH works with grantees to co-create effective prevention strategies and performs program evaluations – MDH will use the measures listed in the box below, as interim measures suited to the early phases of program development and implementation.

MDH will foster collaboration with staff across the agency that have expertise in substance use prevention to ensure grant requirements, guidelines, and technical assistance are informed by relevant data, best practices, and established prevention frameworks/models. MDH is also working to ensure that local health departments and Tribal Nations have enough flexibility to create prevention initiatives and strategies that are catered to the unique needs of their local communities. MDH aims to co-create prevention strategies with local partners and, through reporting and program evaluation, identify evidence-based and practice-based strategies that are working well across the State. Subsequent grant requirements and guidelines will be created in light of those findings.

Measure	*Measure Type*	*Measure data source*	*Most recent data*	*Projected change*
Grantee support outreach: *# of contacts with: Grants managers. TA providers, MDH SMEs (quantity)*	Quantity	Quarterly Redcap reporting	n/a – new program and measure.	n/a – new program and measure.
Grantee customer service survey: *Qualitative feedback related to interactions with grants managers, TA providers, MDH SMEs (quality)*	Quality	Annual Redcap narrative survey	n/a – new program and measure.	n/a – new program and measure.
Grantee approved expenditure alignment: Grants fiduciary adherence	Result	Budget workplan and invoice reviews	n/a – new program and measure.	n/a – new program and measure.

See information about the survey in the table above. This qualitative reporting will help MDH understand if grantees are getting the technical assistance they need to develop and implement effective prevention strategies and initiatives. Other qualitative reporting measures will be developed over time, as described above.

Part B: Use of Evidence

1. Have you previously conducted a formal quantitative or qualitative program evaluation that informed the contents of this proposal? If so, please briefly describe the evaluation.
   No, this is a new grant program, starting in fiscal year 2025.
2. Are you planning to conduct a formal qualitative or quantitative program evaluation related to this proposal? Indicate what kind(s) of evaluation you will be conducting. Select all that apply.

   ___ No formal evaluation planned at this time
   ___ Not yet determined
   ___ Needs Assessment
   _X_ Process or Implementation Evaluation
   ___ Summative Impact Evaluation (Randomized Control Trial (RCT) or Quasi-Experimental Design)
   ___ Summative Evaluation other than an Impact Evaluation
   ___ Other (please describe or link):

Statutory Change(s):

This proposal will require an amendment to 2024 Session Law: Chapter 127, Article 53, Sec. 3 and Chapter 125, Article 8, Section 3.

Change Item Title: Assisted Living Licensure Implementation

Fiscal Impact ($000s)	FY 2026	FY 2027	FY 2028	FY 2029
General Fund				
Expenditures	0	0	0	0
Revenues	0	0	0	0
State Government Special Revenue Fund				
Expenditures	1,555	1,555	1,555	1,555
Revenues	3,609	3,609	3,609	3,609
Net Fiscal Impact = (Expenditures – Revenues)	(2,054)	(2,054)	(2,054)	(2,054)
FTEs	**7**	**7**	**7**	**7**

Recommendation:

The Governor recommends an additional appropriation of $1.555 million in FY 2026 and $1.555 million in each subsequent year from the state government special revenue fund for the Department of Health to maintain adequate oversight of health and safety requirements in assisted living facilities. In addition, the Governor recommends increasing the assisted living licensure fee by $50 per resident beginning in FY 2026, which will raise an estimated $3.609 million in FY 2026 and $3.609 million in each subsequent year to the state government special revenue fund. This revenue will cover the costs of the increased appropriation and the current revenue shortfall in the program budget.

The Governor also recommends adding a new level of violation for both assisted living and home care licensees. Adding this new violation will allow the department to split fines apart, with the higher fine reflecting actual harm, and not the potential for harm.

Rationale/Background:

The legislature established assisted living licensure in 2019 and established an appropriation based on estimates of the likely number of future licensees. Now that the third year of the licensure is complete, the department has more accurate estimates of revenue based on the number of participating providers than prior to the passage of the assisted living licensure law. At the beginning of 2022, there were 2,000 assisted living providers, 25% higher than the original estimates. In the beginning of August 2024 this number had risen to over 2,200 facilities. Some providers do close their license, but even with factoring in closures there has been an average of 14 new licenses per month since January 1, 2023. The higher-than-expected number of assisted living licenses means the workload for the department continues to rise, from licensing to survey, to enforcement and reconsideration. The state-wide health assessment indicates that the proportion of Minnesotans older than 65 is expected to increase between 2030 to 2050 more than ever before. To ensure proper care and services are provided to this aging population the department needs to stay ahead of this workload.

Per Minn. Stat. 16A.1285 subdivision 2, regulatory fees must be set at a level that neither significantly over recovers nor under recovers costs, including overhead costs, involved in providing the services. The increased cost of licensing and enforcement of assisted living facilities coupled with the initial underestimation of the number of potential licensed facilities at the time Assisted Living Licensure was being implemented, resulted in under recovering costs. This proposal will realign the dollars to ensure that the fees taken in are equal to the cost of administering the license and will balance expenses and revenues collected going forward starting in FY26.

Both assisted living and home care licensure provide the commissioner with various fine and penalty enforcement mechanisms. Currently, there are four levels of violations. However, the Level 3 violation is too broad and covers multiple scenarios. Therefore, the department is proposing dividing Level 3 into a Level 3 and a Level 4 and adding a new Level 5 violation. This will allow for a better differentiation of fines that may be issued, with the higher fine reflecting actual harm, and not the potential for harm.

Statutory language directs fine and penalty funds to be used for recommendations made from the Home Care and Assisted Living Program Advisory Council under Minnesota Statutes, section 144A.4799 to the commissioner. To help clarify the availability and use of those funds, the department is making language changes.

This recommendation meets the One Minnesota goal that government systems are aligned and support all people in Minnesota. By ensuring that the assisted living program has the resources it needs for adequate oversight in assisted living facilities, the department will ensure that regulated facilities meet appropriate health and safety standards helping that protect Minnesotans through access to proper care and services.

Proposal:

Since assisted living licensure implementation, the department has received a constant stream of new license applications and change of ownership applications. This workload is in addition to the required licensing survey cycle for assisted living providers. Knowing that the two-year survey cycle took three years to complete, the Governor is recommending additional funding through a per resident fee increase to help manage the increasing workload. The recommendation to increase fees to maintain adequate agency staffing is to ensure department staff can carry out regulatory aspects of this work as required by statute. This work, which involves many different areas of oversight, including onsite assessment of a facility's compliance with the quality and safety requirements of the statute, helps protect the health and safety of Minnesotans in assisted living facilities. The fees currently collected do not cover the costs of work required from the statutes by the department.

In addition to staff costs, this recommendation includes travel and communication funding. Inspections and surveys of facilities require engineers, nurse evaluators, and sanitarians to travel to the facilities; and communication support is essential for understanding and knowledge of this work for providers and the public. Also, Attorney General Office funding is included to cover costs incurred by the department when providers appeal findings, which they have statutory rights to, which may result in a hearing.

Additionally, the Governor recommends revising statutory language regarding fine amounts collected from providers to accurately reflect the potential and actual harms to patients.

Dollars in Thousands

Net Impact by Fund	FY 26	FY 27	FY 26-27	FY 28	FY 29	FY 28-29
State Government Special Revenue	(2,054)	(2,054)	(4,108)	(2,054)	(2,054)	(4,108)
Total All Funds	**(2,054)**	**(2,054)**	**(4,108)**	**(2,054)**	**(2,054)**	**(4,108)**

Fund	Component Description	FY 26	FY 27	FY 26-27	FY 28	FY 29	FY 28-29
SGSR	Compensation	1,455	1,455	2,910	1,455	1,455	2,910
SGSR	Other Operating Costs	100	100	200	100	100	200
SGSR	Revenue	(3,609)	(3,609)	(7,218)	(3,609)	(3,609)	(7,218)

Impact on Children and Families:

This proposal will ensure that regulated facilities meet appropriate health and safety standards helping to protect Minnesotans through access to proper care and services. This is not only beneficial to the residents but also for the people who care about them and visit them.

Equity and Inclusion:

Providing additional resources to ensure safety for people in assisted living and home care will help more Minnesotans stay healthy and avoid additional health concerns. Surveys help ensure a basic safety standard across the state and make sure that someone's zip code doesn't determine the quality of care they receive.

The department will communicate changes in the penalty structure to provider association stakeholders and advocacy groups. The department routinely meets with provider associations and elder advocacy/consumer groups including, but not limited to, the Long-Term Care Imperative, the Residential Provider Association of Minnesota, the Alzheimer's Association, AARP, Elder Voice Advocates and the Minnesota Elder Justice Center to communicate the proposal ideas and allow for collaboration amongst the stakeholders. The department will continue to engage with the provider associations and elder advocacy/consumer groups on a monthly and/or bi-monthly basis and will increase meetings and communications as needed to address questions or concerns as they arise.

Tribal Consultation:

Does this proposal have a substantial direct effect on one or more of the Minnesota Tribal governments?

☐Yes
☒No

IT Costs

None

Results:

Type of Measure	*Name of Measure*	*Current*	*FY26*	*FY27*
Quantity	Number of assisted living licenses	2,209	2,377	2,545
Quantity	Meet statutory guidelines for number of assisted living inspection surveys per year	No	No	Yes, if funding is approved

Part A: Performance Measures

The goal is to have enough funding supported by collected fees to conduct the regulatory work as set forward in MN Statutes 144G. MDH will conduct quality review annually to ensure the regulatory work is being accomplished. We will know the results are successful when all the regulatory work has been completed within the required timeframes.

MDH has identified hours required to conduct the work and has identified needed resources to ensure completion. The first cycle of Assisted Living Licensure surveys took more than 3 years to complete even though the statutes indicate all surveys must be conducted every 2 years.

Data collected of staff work completion will be used to help measure the efficiency of work conducted. The implementation of Quality Assurance measures for review of citation frequency and scope and level, will help inform success. This work, which involves many different areas of oversight, including onsite assessment of a facility's compliance with the quality and safety requirements of the statute, helps protect the health and safety of Minnesotans in assisted living facilities.

MDH has implemented methods to collect data in order to accurately calculate workload. This enables us to more accurately and efficiently understand the increases in assisted living facilities and resource requirements, over time.

Part B: Use of Evidence

2. Have you previously conducted a formal quantitative or qualitative program evaluation that informed the contents of this proposal? If so, please briefly describe the evaluation. HRD currently reviews the number, scope/level and frequency of citations, in addition to timeframes for completion of work.
3. Are you planning to conduct a formal qualitative or quantitative program evaluation related to this proposal? Indicate what kind(s) of evaluation you will be conducting. Select all that apply.
   _X_ No formal evaluation planned at this time
   ___ Not yet determined
   ___ Needs Assessment
   ___ Process or Implementation Evaluation
   ___ Summative Impact Evaluation (Randomized Control Trial (RCT) or Quasi-Experimental Design)
   ___ Summative Evaluation other than an Impact Evaluation
   ___ Other (please describe or link):

Statutory Change(s):

Minnesota Statutes 144A.474, 144A.475, 144G.31, 144G.20

Change Item Title: Food, Pools and Lodging License Fees and Delegated Agency Support

Fiscal Impact ($000s)	FY 2026	FY 2027	FY 2028	FY 2029
General Fund				
Expenditures	0	0	0	0
Revenues	0	0	0	0
State Government Special Revenue				
Expenditures	5,483	5,483	5,483	5,483
Revenues	5,483	5,483	5,483	5,483
Net Fiscal Impact = (Expenditures – Revenues)	0	0	0	0
FTE	**25.7**	**25.7**	**25.7**	**25.7**

Recommendation:

The Governor recommends an and increased appropriation of $5.483 million in FY2026 and $5.483 million in each subsequent year from the state government special revenue fund for the Department of Health (MDH) to maintain education, licensing, construction plan review and inspections at food and beverage, lodging, public swimming pools, manufactured home parks, recreational camping areas and youth camps. The Governor also recommends increasing the associated establishment licensing and technology fees to raise revenues by an estimated $5.483 million in 2016 and $5.483 million in each subsequent year to cover the new expenditures. In addition, this recommendation includes aligning the collection schedule of the Statewide Hospitality Fee from establishments licensed by the 26 local delegated agency programs.

Rationale/Background:

The Minnesota Department of Health (MDH) shares the responsibility for licensing and inspecting retail food establishments with the Minnesota Department of Agriculture based on the retail food establishments primary mode of business. In 2017 MDH shifted the licensing of retail food establishments to a licensing structure based on the food safety risk associated with the menu and preparation practices of the retail food establishment. Some of the license fees were reduced while others were increased. While program revenue was stable from 2017 to 2023, the operating expenses for staff salaries and benefits, MNIT costs, equipment, and supplies have increased beyond the existing appropriation. As a result, the department has been unable to fill staff positions required to maintain statutory obligations since the budget shortfall that began in 2023. In addition to retail food, MDH is responsible for licensing and inspecting lodging establishments, public swimming pools, manufactured home parks, recreational camping areas and youth camps. Through this proposal MDH is working to lay a foundation to maintain statutory mandated inspection frequency, maintain the time it takes to review construction plans, provide support and education to the regulated community and delegated agencies. Through maintained inspection frequency at retail food establishments, we hope to reduce the rate of common foodborne illness in the population. The food preparation practices that are occurring in food establishments have been growing increasingly more complex. Inspections at lodging establishments, public swimming pools, manufactured home parks, recreational camping areas and youth camps aim to reduce illnesses and injuries related to these establishments.

The number of establishment licenses issued as well as the number of required inspections has increased significantly since our last fee modification in 2017. In FY17, there were 14,500 licenses issued. In FY24, there were 16,443 licenses issued and 16,736 inspections conducted. Additionally, the Statewide Hospitality Fee (SHF) is

used to support evaluation of delegated agency programs, routine meetings of regulatory staff, standardization of all staff conducting Food Pools, Lodging and Support (FPLS) inspections, review of delegated agency ordinances for food, lodging, manufactured home parks, recreational camping areas, public swimming pool and youth camp ordinances, the creation of fact sheets to FPLS licensed establishments, a 24 hour contact list for use in emergencies, assisting delegated agencies in hiring, training, on-boarding new inspectors, answering Food Code, Lodging Code, Pool Code, Manufactured Home Park Rule, Recreational Camping Area Rule and Youth Camp Rule delegated agency questions and attending regional public health meetings. The SHF is currently collected in two ways. For establishments licensed by MDH, the SHF is included in their initial or annual license invoice. For establishments licensed by delegated agencies, the delegated agency sends a list of their licensed establishments to MDH and MDH bills the establishments. This method of SHF collection is difficult to administer, time consuming, unpopular with both delegated agencies and delegated agency licensed establishments and only results in 64% of these invoices being paid. Shifting the payment of the SHF by the licensed establishment at the time of licensure by the delegated agency will result in a more equitable payment of the SHF by both MDH licensed establishments and delegated agency licensed establishments.

Proposal:

This recommendation represents a funding increase to maintain an existing program. Partners include the Minnesota Department of Agriculture and locally delegated agencies. Through increased funding MDH hopes to reduce the rate of common foodborne illnesses contracted by individuals that eat at restaurants in Minnesota and reduce illnesses and injuries for persons staying at hotels, swimming in public pools, living at a manufactured home park, staying at a campground, or going to a children's camp. Young children, the elderly and immunocompromised individuals are more susceptible to negative outcomes and long-term health conditions from contracting a food or waterborne illness. Controlling risk factors for illness and injury helps result in fewer illnesses, less wasted food, and less costs to the business due to illnesses or injuries occurring.

The recommended fee increase will be used to maintain the oversight, staff training and evaluation of the 26 delegated agency programs to ensure uniformity and consistency statewide. Fees for the Certified Food Protection Manager (CFPM) and Registered Environmental Health Specialist credential are used to provide oversight of these credentials. This proposal reflects a 70% increase to the license fees, a 25% increase to the hospitality fee, a 43% increase to the CFPM credential and a 38% increase to the Registered Environmental Health Specialist credential. This proposal reflects a 60% increase to our overall budgeted revenue.

In addition, this recommendation also includes aligning the collection schedule of the Statewide Hospitality Fee. The current process of collecting the fees from establishments licensed by delegated agencies is time-consuming and often results in only 64% of the invoices being paid to MDH and inadequate funding for the delegated agency support. MDH proposes to modify statute to require collection of SHF by the delegated agencies at the time of licensing each year with the fees collected due to MDH by July 1 annually.

A new technology fee is also being recommended for each license or credential. Currently the program has limited funds for maintenance and improvements to our aging licensing and inspection systems. Using up to date software will enable better data reporting and a new licensing and credentialing system will allow licensees and credential holders to apply and renew online versus the current paper system of application and renewal. New and upgraded data systems will allow us to make data driven decisions to identify which violations that are more likely to lead to illness or injury are being cited more frequently. We can then focus our education and interventions based on the risks identified.

Costs in this recommendation are for staff training, salaries and fringe benefits, vehicles and mileage, hardware and software, rule revision expenses, enforcement costs, MNIT support, as well as equipment needed to conduct inspections such as test kits and thermometers.

This recommendation also includes a change in the way that the Statewide Hospitality Fee is collected from establishments licensed by delegated agencies. Under this proposal, delegated establishments collect this fee annually at time of licensure and remit these payments to MDH by July 1 of each year.

Dollars in Thousands

Net Impact by Fund	FY 26	FY 27	FY 26-27	FY 28	FY 29	FY 28-29
State Government Special Revenue	0	0	0	0	0	0
Total All Funds	**0**	**0**	**0**	**0**	**0**	**0**

Fund	Component Description	FY 26	FY 27	FY 26-27	FY 28	FY 29	FY 28-29
SGSR	Compensation	4,449	4,449	8,898	4,449	4,449	8,898
SGSR	IT	72	72	144	72	72	144
SGSR	Other Operating Costs	962	962	1,924	962	962	1,924
SGSR	Revenue	(5,483)	(5,483)	(10,966)	(5,483)	(5,483)	(10,966)

Impact on Children and Families:

Young children are more likely to have long term health complications or even die from food or waterborne illnesses. Increased capacity to conduct inspections in a timely manner will identify illness and injury risk factors sooner so steps can be taken to correct and prevent these factors from occurring in the future.

Improving our licensing and credentialing system will provide ease of access to wage earners in families decreasing licensing gaps.

Equity and Inclusion:

All Minnesotans deserve a safe and healthy place to eat, swim and sleep. This fee proposal will ensure FPLS staff can monitor and maintain safe establishments for all Minnesotans. This will provide greater access to all citizens and especially disadvantaged groups who are licensed by MDH. This proposal does not negatively impact any specific groups. The current licensing structure aligns business owner's decisions on how they wish to prepare food with both the cost of their license and how frequently they are inspected. The lower the risk of their food preparation practices and menu, the lower the cost of their license and frequency of inspection. Other license categories and credentials are charged the same fee as comparable businesses with similar amenities such as the same number of rooms in a hotel, the existence of a swimming pool or the same number of sites at a campground or manufactured home park.

Impacted regulated communities will be communicated with through existing channels and mechanisms.

Tribal Consultation:

Does this proposal have a substantial direct effect on one or more of the Minnesota Tribal governments?

☐Yes
☒No

IT Costs:

Category	*FY 2026*	*FY 2027*	*FY 2028*	*FY 2029*	*FY 2030*	*FY 2031*
Payroll						
Professional/Technical Contracts						
Infrastructure						
Hardware						
Software						
Training						
Enterprise Services						
Staff costs (MNIT or agency)	15	142	198	208	218	229
Total	**15**	**142**	**198**	**208**	**218**	**229**
MNIT FTEs						
Agency FTEs						

Results:

Part A: Performance Measures

The rate of common foodborne illnesses is a national and statewide population measure that has been trending upwards in recent years, with a reduction happening during the COVID-19 pandemic. Through increased inspection frequency, MDH hopes to drive the rate of common foodborne illness down.

Measure	Measure type	Measure data source	Most recent data	Projected change
Foodborne Illness infections of Campylobacter, Salmonella, Listeria and Shiga toxin-producing Escherichia coli per year per 100,000 population.	Quantity	Healthy People 2030 data collected through the CDC's FoodNet portal.	36 foodborne infections of Campylobacter, Salmonella, Listeria and Shiga toxin-producing Escherichia coli/100,000 population in 2022.	Reduction in the number of foodborne infections to 27/100,000 population by 2030.

In addition to the rate of common foodborne illnesses (above), MDH also assesses our inspection performance by determining the percentage of facilities that are overdue for inspection based on the inspection requirements set forth in M.S. 157.20. This performance measure is gathered annually. Since 2016, the number of facilities licensed by MDH has risen from 14,500 to 16,443. Since 2015, the percentage of facilities that are not being inspected according to statutory requirements has risen from 2% to 5% in 2024. During this same time period, four locally delegated programs have returned to MDH responsibility, which has added an additional 410 establishments that require inspections. A memorandum of understanding with the Health Regulation Division to conduct foodservice inspections at assisted living facilities, for which we do not collect license fees for, has increased the overall workload of our field inspectors to a nearly unmanageable load. Projected budget shortfalls will leave the section no choice but to not fill vacated positions, which will keep the agency from meeting its statutory obligations. This will force field inspectors have to cover larger territories, which results in longer drive time to and from regulated

establishments, which can delay response time in situations where an immediate presence is needed such as an outbreak or complaint investigation.

The collection of the SHF by delegated agencies at the time of initial licensing or renewal on an annual basis will result in lower costs to administer the collection of this fee. It will also increase the amount of SHF collected from licensed establishments from approximately 64% to 100%. This will reduce the inequity to MDH licensed establishments that has been created by the current system of collecting the SHF. The increase in the collection rate of the SHF from locally delegated agency licensed establishments will ensure all establishments are paying the required fee, whether they are licensed by MDH or by a delegated agency, which will allow MDH to maintain current levels of fact sheet development, delegated agency evaluation and ordinance review, consultation related to food, pools, lodging, manufactured home park, recreational camping area and youth camp requirements and training of delegated agency staff.

Statutory Change(s):

Minnesota Statutes, section 157.16
Minnesota Statutes, section 327.15
Minnesota Statutes, section 144.1222
Minnesota Rules 4695.2800

FY 2026-27 Biennial Budget Change Item

Change Item Title: Engineering Plan Review Fees

Fiscal Impact ($000s)	FY 2026	FY 2027	FY 2028	FY 2029
General Fund				
Expenditures	0	0	0	0
Revenues	0	0	0	0
Other Funds				
Expenditures	224	224	224	224
Revenues	224	224	224	224
Net Fiscal Impact = (Expenditures – Revenues)	0	0	0	0
FTEs	**1.08**	**1.08**	**1.08**	**1.08**

Recommendation:

The Governor recommends increased funding of $224,000 in FY 2026 and $224,000 in each subsequent year from the state government special revenue fund for the Department of Health to support its increasing workload from conducting engineering construction plan reviews. The Governor also recommends raising the associated fees by 50% for nursing homes, hospitals, and other health care facility types, now to include assisted living, to increase revenue by an estimated $224,000 in FY 2026 and $224,000 in each subsequent year to cover the increased costs. Due to the rising cost of construction projects and increased complexity, the Governor recommends adding fee levels for projects with costs beyond $1.5 million. Fee increases range from a low of $15 for construction costs between $0 to $10,000 to a high of $5,100 for construction costs over $50 million.

Rationale/Background:

The department is required to conduct engineering plan reviews for construction of new spaces in regulated health care facilities and for modifications to existing spaces. The complexity and number of plan review requests are increasing with the expansion and modernization of nursing homes, hospitals and other health care entities. Fees have not been increased since 2013, while plan designs have become more complex. Plan review fees vary based on the expected cost of the construction project. Plan review fees in the lowest tiers do not cover the staff time required to read the technical documents submitted by emailed request and prepare the documents for review.

By ensuring the engineering team has the resources it needs for adequate review of construction plans the department will ensure that regulated facilities meet appropriate health and safety standards, helping to protect Minnesotans through access to proper care and services.

Proposal:

This recommendation implements a 50% increase across all categories of engineering construction plan review fees to cover current expenses and add categories for projects beyond $1,500,000. Plan review fees will be adjusted to reflect the actual staff time required by professional engineering staff to review plans, which has grown due to the increasing complexity, volume, and faster timelines of construction projects. This includes travel and communication funding. Inspections of facilities do require engineers to travel to the facilities and communication support is essential for understanding and knowledge of this work for providers and the public.

Dollars in Thousands

Net Impact by Fund	FY 26	FY 27	FY 26-27	FY 28	FY 29	FY 28-29
State Government Special Revenue	0	0	0	0	0	0
Total All Funds	**0**	**0**	**0**	**0**	**0**	**0**

Fund	Component Description	FY 26	FY 27	FY 26-27	FY 28	FY 29	FY 28-29
SGSR	Compensation	215	215	430	215	215	430
SGSR	IT	9	9	18	9	9	18
SGSR	Revenue	(224)	(224)	(448)	(224)	(224)	(448)

Impact on Children and Families:

Ensuring regulated facilities meet appropriate engineering standards helps protect vulnerable Minnesotans in those facilities as well as those who visit them.

Equity and Inclusion:

Funding will ensure timely, consistent, and equitable reviews of engineering construction plans to ensure quality standards for all regulated facilities.

The department routinely meets with provider associations and elder advocacy/consumer groups including, but not limited to, the Long-Term Care Imperative, the Residential Provider Association of Minnesota, the Alzheimer's Association, AARP, Elder Voice Advocates, and the Minnesota Elder Justice Center to communicate the proposal ideas and allow for collaboration amongst the stakeholders. The department will continue to engage with the provider associations and elder advocacy/consumer groups on a monthly and/or bi-monthly basis and will increase meetings and communications as needed to address questions or concerns as they arise.

Tribal Consultation:

Does this proposal have a substantial direct effect on one or more of the Minnesota Tribal governments?

☐Yes
☒No

IT Costs:

None

Results:

Part A: Performance Measures

This proposal implements a 50% increase in fees across all categories of engineering construction plan review fees, including assisted living facilities, and adds categories.

MDH will utilize a time tracking application to monitor and review time required for the professional engineering staff reviews. MDH will utilize quality assurance metrics to track and monitor the efficiency of reviews. It is anticipated additional professional engineering staff will need to be hired to meet the ongoing needs and ensure efficiency is met to reduce wait periods for health care providers. With the improved time-tracking data, and the implementation of quality assurance metrics, the department will be better equipped to identify staffing needs to meet the ongoing timelines of health care providers who are conducting remodels, and new build projects, and will ensure all current building code standards for safety are considered and upheld.

Measure	Measure type	Measure data source	FY 2021	FY 2022	FY 2023	FY 2024	Projected change
Number of engineering construction plans reviewed per year	Quantity	HRD databases	178	198	166	173	TBD
Engineering fee revenue sufficiently supports cost of work	Results	HRD databases	No	No	No	No	Yes, with increased funding

Part B: Use of Evidence

1. Have you previously conducted a formal quantitative or qualitative program evaluation that informed the contents of this proposal? If so, please briefly describe the evaluation. N/A
2. Are you planning to conduct a formal qualitative or quantitative program evaluation related to this proposal? Indicate what kind(s) of evaluation you will be conducting. Select all that apply.
   _X_ No formal evaluation planned at this time
   ___ Not yet determined
   ___ Needs Assessment
   ___ Process or Implementation Evaluation
   ___ Summative Impact Evaluation (Randomized Control Trial (RCT) or Quasi-Experimental Design)
   ___ Summative Evaluation other than an Impact Evaluation
   ___ Other (please describe or link):

Statutory Change(s):

Minnesota Statutes, section 144.554

Change Item Title: Public Water Supply Fee

Fiscal Impact ($000s)	FY 2026	FY 2027	FY 2028	FY 2029
General Fund				
Expenditures	0	0	0	0
Revenues	0	0	0	0
State Government Special Revenue Fund				
Expenditures	7,827	7,827	8,148	8,148
Revenues	7,975	7,975	7,975	7,975
Net Fiscal Impact = (Expenditures – Revenues)	(148)	(148)	173	173
FTEs	**43**	**43**	**39**	**39**

Recommendation:

The Governor recommends additional funding of $7.827 million in FY 2026, $7.827 million in FY 2027, and annual $8.148 million in each subsequent year from the state government special revenue fund for the Department of Health's Drinking Water Program. To support the increased funding, the Governor also recommends a $5.50 increase to the service connection fee for community public water systems, which will generate an estimated $7.975 million in FY 2026 and $7.975 million in each subsequent year. The current fee is $9.72 per service connection.

Rationale/Background:

80% of Minnesotans rely on public water systems (PWSs) for their daily drinking water, with almost 7000 PWSs across the state providing this vital commodity. Safe and adequate water from these PWSs is also essential for sustaining commercial and economic activities across the state. The federal Safe Drinking Water Act (SDWA) is the primary regulation that provides the necessary oversight and assistance that PWSs rely on to ensure safe and sufficient drinking water across the state to the public water consumers. MDH is the Minnesota agency responsible for implementing SDWA in the state, under a primacy agreement with the Unites States Environmental Protection Agency (U.S.EPA). The Drinking Water Protection Program (DWP) at MDH implements the SDWA in the state, providing both regulatory oversights, and a wide variety of compliance and technical assistance to PWSs. The partnership between MDH DWP and the PWSs across the state provides for safe and sufficient drinking water for everyone, everywhere in Minnesota. The state has one of the highest compliance rates in the nation due to the effective implementation of the SDWA. The funding for the MDH DWP Program faces pressure due to projected reductions in federal funding, inflationary pressures, need to maintain and add staff to implement continual expansion in the SDWA, and need to expand field roles related to sampling and inspections at PWSs.

MDH Drinking Water Protection Program funding will soon be insufficient to cover expansions in the Safe Drinking Water Act (SDWA) requirements as mandated by US EPA, along with significant projected reductions in Federal Funding, increased sampling requirements, and inadequate staffing for expanded roles required to administer new rules. Of this proposed increase, an increase of $5 per service connection, corresponding to approximately $7,250,000 annually, will maintain 39 essential existing drinking water protection program FTEs. An additional $0.50 increase per service connection fee, corresponding to $725,000 annually, will be used to modernize and maintain the drinking water program database. Without this step, the database will be unable to meet the current and future demands of administering the SDWA in Minnesota. This $0.50 increase per service connection could be considered for modification after fiscal year 2029. It will have generated approximately $2,900,000 over the

timeframe fiscal year 2026 to fiscal year 2029. This amount is approximately 1/3 of the total projected costs of replacing/modernizing the MDH drinking water program database.

The intended result is to maintain the capacity of the MDH DWP Program to provide the necessary regulatory oversight and technical assistance to the nearly 7000 PWSs in the state needed to ensure safe and sufficient drinking water for everyone, everywhere in Minnesota. 80% of Minnesotans rely on a PWSs for their daily drinking water. The proposal also adds the necessary capacity to the MDH DWP Program to grow services in several new areas into which the SDWA is expanding. MDH DWP Program capacity development in these areas is necessary to assist the PWSs in complying and ensuring compliance with the SDWA.

Proposal:

The safe drinking water service connection fee, paid by community public water systems, was last increased in 2019 to $9.72 per service connection. This recommendation increases the service connection fee by $5.50 per service connection to account for the significant inflationary pressures since then, the projected deep reductions in federal funding, and the numerous changes in the SDWA that have occurred since then and are being planned in the next few years.

The MDH DWP is facing a projected reduction in the range of $60,000,000 to $70,000,000 in current levels of federal funding. Based on federal allowances, a portion of the federal funding is used to support programmatic operations. The portion of this funding currently supports over 40 FTE in the DWP Program. This shortfall will need to be made up to maintain the current level of regulatory oversight and technical assistance that is provided to PWSs. MDH is also going to be required to provide additional oversight and support to PWSs stemming from expansions of the SDWA in several critical areas. These include the addition of PFAS contaminants to the regulated category, cybersecurity requirements, enhanced lead and copper regulations, increased consumer confidence reporting, increased regulation of microbial and disinfection by products, and increased oversight of operation and maintenance of PWSs. A portion of the proposed $5.50 per service connection fee annually ($0.50 per service connection fee annually) is essentially a technology surcharge as the drinking water program database is unable to meet the current operational needs of the program and will not be able to support program functionality to administer the additions and enhancements to the SDWA that are in the process of being implemented. The remaining $5 proposed increase per service connection fee annually will help to maintain 39 critical FTEs that will potentially be impacted by federal funding reductions.

Administrative or programmatic capacity

The projected reduction in federal funding will need to be balanced to maintain 39 critical FTEs that will be impacted. In addition to maintaining current program activities, the FTE will also be needed to accomplish new regulatory and technical assistance work in key expanded arear of the SDWA, including but not limited to:

- Lead and copper
- Consumer reporting
- Cybersecurity
- Microbial and disinfection byproducts
- PFAS
- Data management
- Enhanced surveys and inspections of public water systems to prevent operation and maintenance problems

IT system

Modernize the drinking water protection program database to improve structure and functionality such that SDWA requirements can be fully implemented.

Forecasted Programs
The required expansions in the activities and operations of the MDH DWP will assist the almost 7000 PWSs in the state continue to provide safe and adequate drinking water to their customers – who make up 80% of Minnesota's population.

Dollars in Thousands

Net Impact by Fund	FY 26	FY 27	FY 26-27	FY 28	FY 29	FY 28-29
State Government Special Revenue	(148)	(148)	(296)	173	173	346
Total All Funds	**(148)**	**(148)**	**(296)**	**173**	**173**	**346**

Fund	Component Description	FY 26	FY 27	FY 26-27	FY 28	FY 29	FY 28-29
SGSR	Compensation	7,827	7,827	15,654	7,246	7,246	14,492
SGSR	IT	0	0	0	902	902	1,804
SGSR	Revenue	(7,975)	(7,975)	(15,950)	(7,975)	(7,975)	(15,950)

Impact on Children and Families:
Safeguarding our water sources for drinking water is an important foundation for protecting and improving the health of children and families, and for keeping our communities vibrant. While this program primarily works with public water systems, it coordinates its efforts with other programs such as Groundwater Restoration and Protection Strategies (GRAPs) and Private Well Initiative (PWI) to develop data, tools, and information of value to multiple constituencies. These help to leverage our impact to provide better outcomes for children and families.

Equity and Inclusion:
MDH DWP has added, and we intend to maintain staff and program resources to address the needs of small public water systems. These systems often face the same challenges as larger systems but have fewer available technical and financial resources with which to address them. DWP also continues to create tools and practices to integrate health equity throughout the program.

Describe the communication plan you will be using to ensure that the identified communities or groups are updated on the proposal process and how you will address any concerns.

Tribal Consultation:
Does this proposal have a substantial direct effect on one or more of the Minnesota Tribal governments?

☐Yes
☒No

IT Costs
Note that the costs reflected below are only a portion of the overall total MNIT cost estimate for drinking water data system improvements. Specifically, the costs below are only ongoing maintenance and support costs for years beyond FY27. Other MNIT-estimated costs are captured in separate general fund proposal for drinking water data system modernization.

Category	*FY 2026*	*FY 2027*	*FY 2028*	*FY 2029*	*FY 2030*	*FY 2031*
Payroll						
Professional/Technical Contracts			675,000	675,000	675,000	675,000
Infrastructure						

Category	*FY 2026*	*FY 2027*	*FY 2028*	*FY 2029*	*FY 2030*	*FY 2031*
Hardware						
Software						
Training						
Enterprise Services						
Staff costs (MNIT or agency)			227,144	227,144	227,144	227,144
Total			**902,144**	**902,144**	**902,144**	**902,144**
MNIT FTEs						
Agency FTEs						

Results:

Part A: Performance Measures

The overall goal is to ensure continued oversight and support for public water supply systems across the state to ensure water from those systems are safe for human consumption.

The Safe Drinking Water Act (SDWA) is a long-standing federal requirement that is carried out under state authority in 49 of 50 states. The SDWA ensures that no matter where you are in the country you will have access to safe drinking water from public water systems.

Continuing to maintain the frequency of inspections, response to emergencies and rate of compliance for public water systems.

Type of Measure	*Name of Measure*	*Current Value*	*Date*	*Projected Value (without)*	*Projected Value (with)*	*Date*
Quantity	Sanitary Survey Frequency	Every 18 months	1/1/25	Every 36 months	Maintain Every 18 months	1/1/27
Quality	On call emergency response team	24 hours, 7 days a week and holidays	1/1/25	Limited to business hours and working days only	Maintain 24 hours, 7 days a week and holidays	1/1/27
Results	Compliance rate of public water systems with safe drinking water standards	>95%	1/1/25	<90%	95%-98%	1/1/28

Part B: Use of Evidence

1. Have you previously conducted a formal quantitative or qualitative program evaluation that informed the contents of this proposal? If so, please briefly describe the evaluation. - N/A
2. Are you planning to conduct a formal qualitative or quantitative program evaluation related to this proposal? Indicate what kind(s) of evaluation you will be conducting. Select all that apply.
   - [X] No formal evaluation planned at this time
   - [ ] Not yet determined.
   - [ ] Needs Assessment

___ Process or Implementation Evaluation
___ Summative Impact Evaluation (Randomized Control Trial (RCT) or Quasi-Experimental Design)
___ Summative Evaluation other than an Impact Evaluation
___ Other (please describe or link):

Part C: Evidence-based practices (optional)
N/A

Statutory Change(s):
Minnesota Statutes, section 144.3831

Change Item Title: Well Management Fee Increase

Fiscal Impact ($000s)	FY 2026	FY 2027	FY 2028	FY 2029
General Fund				
Expenditures	0	0	0	0
Revenues	0	0	0	0
State Government Special Revenue Fund				
Expenditures	0	0	0	0
Revenues	772	772	772	772
Net Fiscal Impact = (Expenditures – Revenues)	0	0	0	0
FTEs	**0**	**0**	**0**	**0**

Recommendation:

The Governor recommends increasing fees collected by the Department of Health related to well management to increase revenues to the state government special revenue fund by an estimated $772,000 in FY 2026 and $772,000 in each subsequent year. This includes fees for notifications and permits for well and boring construction, maintenance, and sealing, well contractor licensing and registration, well disclosure certificates, and variances to the Minnesota Well Code. The additional revenue will address a budget shortfall in the support of staff and program costs since 2017 and will ensure the department is able to continue to ensure protection of public health and the groundwater.

Rationale/Background:

The Well Management program is responsible for regulating the construction, maintenance, and sealing of wells and borings to ensure these activities are conducted in a manner that protects public health, groundwater, and the environment. While program revenue was stable from 2012 to 2016, the operating expenses for staff salaries and benefits, MNIT costs, equipment, and supplies have increased beyond the existing appropriation. As a result, the department has been unable to fill staff positions required to maintain statutory obligations since the budget shortfall that began in 2017. At the same time, the program is experiencing significant demands related to new geothermal technology that contributes to the governor's initiatives of clean energy by 2040.

Approximately 70 percent of all Minnesotans rely on groundwater as their primary source of drinking water, and 1.5 million Minnesotans rely on private wells. The Well Management program undertakes functions to ensure wells and borings used for drinking water, irrigation, industry, environmental monitoring, remediation, hydraulic elevators, exploratory borings and other purposes are properly constructed, maintained, and sealed (when removed from service), thereby protecting both public health and our invaluable groundwater resources.

Since 2012, Well Management program revenue has remained steady between about $3,300,000 and $3,500,000 per year and have decreased to under $3,100,000 the past two fiscal years. Most of our revenue results from well construction notifications, disclosures, well sealing notifications, and maintenance permits. Since 2012, about 6,000 to 7,000 new wells and borings were constructed in Minnesota per year, with between 5,000 and 6,000 wells sealed. Well and boring sealing notification has generally declined since 1998, and notably sealing notifications to the department have decreased 37 percent overall in the past eight years (FY 2016 to FY 2024). The department is proposing a fee increase to support the necessary work to ensure the program can focus on communicating to private well owners that unused wells and borings must be sealed.

Since 2016, revenue from new and renewing well and boring contractor companies decreased 30%, well contractor new and renewing licenses decreased 15 percent, and registration of drill rigs decreased 8%. While well and boring construction work and revenues have remained relatively stable over the past 8 years, with decreasing contractors and companies, program costs have increased substantially. The primary drivers of increased expenditures are increases in operating costs, staff salaries and benefits, and MNIT costs.

Since 2019, interest in geothermal technology has increased in Minnesota and significantly more since February 2023 when the governor signed into law an energy bill for 100 percent clean energy by 2040. The WM program permits geothermal heating and cooling systems and has received attention from new developing manufacturers in and outside of Minnesota that would like to sell geothermal technologies providing low-emissions heating and cooling to buildings. The section sees benefits in clean energy technologies like geothermal systems and we recognize that there is potential groundwater, drinking water, and public health risks that need to be addressed. The program has spent a significant amount of time working with manufacturers and researching these systems. In addition, these systems do not meet our current rule requirements, which has led to significant number of variance requests and resulting on-site inspection time to ensure public health and groundwater are protected. This work requires additional staff time, discussions with outside agencies and stakeholders, and often in-state travel to modernize antiquated rules needed to be to support this new technology. Fees have not been adjusted to recover the additional program expenditures and continue increased efforts to regulate clean energy technologies.

Proposal:

The Governor recommends increasing the associated fees for license and company fees, notifications, permits, registrations, disclosures, state core function fees, and variances by an average of 40 percent.

The additional revenue from this recommendation will cover the Well Management program's current budget shortfall and allow it to perform its regulatory responsibilities effectively. As a result, the program will be able to maintain statewide coverage of at least 25% field inspection of wells and borings and respond promptly to inquiries and requests from private well owners, licensed well and boring contractors, other government agencies, delegated partners, and members of the public. Additional resources available under this proposal would be used to update rules, to educate the public and partners, and for strategic planning for future investments to address inefficiencies in program administration.

This recommendation will result in resources available to ensure wells and borings across the state are constructed in a manner that protects public health and the environment. The population that is most directly impacted are private well owners. Many private well owners live in rural areas and do not have access to a public water supply. They do not have the same oversight of their drinking water source as those using a public water supply. The primary oversight of their drinking water source occurs when their well is constructed. The resources generated by this proposal will reduce risk to private well users by ensuring the Well Management program can inspect wells for proper location, construction, repair, and ultimate sealing, and by maintaining the ability to address the questions and concerns of private well owners and licensed well and boring contractors.

Dollars in Thousands

Net Impact by Fund	FY 26	FY 27	FY 26-27	FY 28	FY 29	FY 28-29
State Government Special Revenue	(772)	(772)	(1,544)	(772)	(772)	(1,544)
Total All Funds	**(772)**	**(772)**	**(1,544)**	**(772)**	**(772)**	**(1,544)**

Fund	Component Description	FY 26	FY 27	FY 26-27	FY 28	FY 29	FY 28-29
SGSR	Revenue	(772)	(772)	(1,544)	(772)	(772)	(1,544)

IT Costs:

N/A

Equity and Inclusion:

This proposal will protect all Minnesotans by ensuring that wells and borings do not become contamination pathways by assuring their proper construction, maintenance, and sealing.

Tribal Consultation:

Does this proposal have a substantial direct effect on one or more of the Minnesota Tribal governments?

☐Yes
☒No

Results:

Part A: Performance Measures

The fee increase will support our work to ensure wells and borings do not become contamination pathways by inspecting for proper construction and sealing. The results of this proposal will be sufficient resources to regulate the construction, maintenance, and sealing of wells and borings. Since 2019, the section has decreased inspection staff as a result of budget constraints and the inspection rate has been reduced by 30 percent. In addition, the fee increase will support future work to ensure we are providing outreach and education to private well owners, licensed well and boring contractors, other government agencies, delegated partners, and members of the public.

Continued services will be provided for well construction and maintenance activities across the state. Historical activities indicate fully resourcing these activities will achieve desired results. Data will be collected through programmatic operations including licensing and compliance activities.

Measure	Measure type	Measure data source	Most recent data	Projected change
Engage Partners: Communicate with and support the regulated community.	Quality	Establish # of well code violations per year to determine reoccurrence of violation. Establish trainings to educate and reduce the # of reoccurring violations to the well code.	N/A	Provide education for the regulated community to reduce health-based violations.
Ensure compliance to well code	Results	At a minimum, inspect at least 25% of all notifications submitted to the section each year	Inspections decreased by 30%	Inspect notifications to ensure wells and borings do not become contamination pathways by inspecting for proper construction and sealing

Part B: Use of Evidence

1. Have you previously conducted a formal quantitative or qualitative program evaluation that informed the contents of this proposal? If so, please briefly describe the evaluation.
2. Are you planning to conduct a formal qualitative or quantitative program evaluation related to this proposal? Indicate what kind(s) of evaluation you will be conducting. Select all that apply.
   - X No formal evaluation planned at this time
   - ___ Not yet determined
   - ___ Needs Assessment
   - ___ Process or Implementation Evaluation

___ Summative Impact Evaluation (Randomized Control Trial (RCT) or Quasi-Experimental Design)
___ Summative Evaluation other than an Impact Evaluation
___ Other (please describe or link):

Part C: Evidence-Based Practices
N/A

Statutory Change(s):
Minnesota Statutes, chapter 103I

FY 2026-27 Biennial Budget Change Item

Change Item Title: Radioactive Materials

Fiscal Impact ($000s)	FY 2026	FY 2027	FY 2028	FY 2029
General Fund				
Expenditures	0	0	0	0
Revenues	0	0	0	0
State Government Special Revenue Fund				
Expenditures	200	200	200	200
Revenues	358	358	358	358
Net Fiscal Impact = (Expenditures – Revenues)	(158)	(158)	(158)	(158)
FTEs	**1**	**1**	**1**	**1**

Recommendation:

The Governor recommends an increased appropriation of $200,000 in FY 2026 and $200,000 in each subsequent year from the state government special revenue fund for the Department of Health to increase its administrative capacity in its radioactive materials regulatory program. The Governor also recommends increasing associated fees by an average of 33 percent to increase revenue by an estimated $358,000 in FY 2026 and $358,000 in each subsequent year, to cover this increased funding and the program's current budget shortfall. This would include annual and application fees for specific licenses, amendment fees, reciprocity fees, and registration fees for generally licensed devices. The increase will ensure the department is able to maintain the current level of service of inspecting licensees at the required frequency, responding to radiological incidents, ensuring radioactive material security, and safeguarding the public from the hazards of radiation.

Rationale/Background:

In 2006, the state entered into an agreement with the Nuclear Regulatory Commission (NRC), which transferred licensing and related regulatory authority over by-product, source, and special nuclear materials to the state, and established Minnesota Statutes, sections 144.1201-144.1205 and Minnesota Rules, chapter 4731. Fees to operate the program were incorporated into Minnesota Statutes, section 144.1205, and were established at 75 to 80% of 2004 NRC fees. The legislature restructured and increased the fees in 2021 but revenue has not kept up with current operating expenses for required agreement state activities. The benefit to state licensees, as an Agreement State, is that most of Minnesota's annual licensing fees are significantly lower than NRC fees (18 – 89%), depending on license type.

The agreement with the NRC requires Minnesota to maintain a program that is adequate to protect public health and safety and compatible with the NRC's program. This is evaluated through a periodic audit known as the Integrated Materials Performance Evaluation Program (IMPEP). The last IMPEP review noted concern in the audit report that Minnesota had vacant positions that were not filled in a timely manner putting Minnesota on increased oversight and a shortened audit schedule. Since that IMPEP review, the program has hired additional technical staff but without additional funding the program will be unable to maintain the highly qualified staff required to adequately protect public health and safety from unnecessary radiation.

Proposal:

The Governor recommends to increasing fees for annual licenses, license applications, license amendments, reciprocity, and general license device registrations because appropriations from the state government special

revenue fund for this activity currently exceed collected revenue. The Governor also recommends additional funding to hire a new technical staff position to keep pace with current program activity including emerging technologies within the scope of existing authority. The fee increases and SGSR appropriation increase are intended to balance revenues so that the radioactive materials program can perform its statutory and state agreement regulatory functions. Under this proposal, most radioactive materials licensees in the state will still pay less than NRC fees. The proposed fee structure continues to benefit Minnesota licensees.

Dollars in Thousands

Net Impact by Fund	FY 26	FY 27	FY 26-27	FY 28	FY 29	FY 28-29
State Government Special Revenue	(158)	(158)	(316)	(158)	(158)	(346)
Total All Funds	**(158)**	**(158)**	**(316)**	**(158)**	**(158)**	**(346)**

Fund	Component Description	FY 26	FY 27	FY 26-27	FY 28	FY 29	FY 28-29
SGSR	Compensation	192	192	384	192	192	384
SGSR	Other Operating Costs	8	8	16	8	8	16
SGSR	Revenue	(358)	(358)	(716)	(358)	(358)	(716)

Impact on Children and Families:

This proposal will protect all Minnesotans from the hazards associated with the use of radioactive materials for medical, industrial, and academic purposes.

Equity and Inclusion:

This proposal will protect all Minnesotans from the hazards associated with the use of radioactive materials for medical, industrial, and academic purposes.

Tribal Consultation:

Does this proposal have a substantial direct effect on one or more of the Minnesota Tribal governments?

☐Yes
☒No

IT Costs

None

Results:

Part A: Performance Measures

As part of the agreement state program Minnesota must maintain a program that meets NRC's technical and quality criteria to protect public health and safety and is compatible with the NRC's program. If deficiencies are identified, NRC has remedial measures to assist a state's program including program probation, heightened oversight, or suspension or termination of the agreement.

The overall goal of the program is to protect public health and safety from radiation hazards from the use of radioactive materials. In achieving this goal, we also want to be responsive to our radioactive materials licensees by processing licensing actions in a timely manner. The program has been short staffed and got even more behind during the COVID response. Until the program is fully staffed with fully trained employees it will be difficult to be responsive to all licensee needs in a timely manner. In addition, a delay in performing licensing actions and inspections could cause a delay in identifying health and safety issues.

With a full complement of fully trained staff, the radioactive materials program will be more responsive to issues with licensees, including processing amendments to allow licensees to expand their program, identifying

compliance issues, and responding to events. Currently, the unit is prioritizing activities that impact health and safety and licensee needs most by prioritizing response to events and license amendments.

Type of Measure	*Name of Measure*	*Current Value*	*Date*	*Projected Value (without)*	*Projected Value (with)*	*Date*
Quantitative	Time to review amendments (days)	49	2023-2024	49	30	12/2027
Quantitative	Time to review renewals (days)	401	2023-2024	401	90	12/2027
Quantitative	Time inspection done after due date (days)	274	2023-2024	274	60	12/2027

Part B: Use of Evidence

1. Have you previously conducted a formal quantitative or qualitative program evaluation that informed the contents of this proposal? If so, please briefly describe the evaluation. No
2. Are you planning to conduct a formal qualitative or quantitative program evaluation related to this proposal? Indicate what kind(s) of evaluation you will be conducting. Select all that apply.

___ No formal evaluation planned at this time
___ Not yet determined
___ Needs Assessment
___ Process or Implementation Evaluation
___ Summative Impact Evaluation (Randomized Control Trial (RCT) or Quasi-Experimental Design)
___ Summative Evaluation other than an Impact Evaluation
_X_ Other (please describe or link): *See* Part A. NRC performs periodic audits (Integrated Materials Performance Evaluation Program) to evaluate Minnesota's performance.

Statutory Change(s):

This proposal will require a statutory change in Minnesota Statutes, section 144.1205 to amend the fees for the radioactive materials licenses and registrations.

Change Item Title: Asbestos Abatement Language Clarification and Fee Increase

Fiscal Impact ($000s)	FY 2026	FY 2027	FY 2028	FY 2029
General Fund				
Expenditures	0	0	0	0
Revenues	0	0	0	0
State Government Special Revenue Fund				
Expenditures	176	176	176	176
Revenues	364	364	364	364
Net Fiscal Impact = (Expenditures – Revenues)	(188)	(188)	(188)	(188)
FTEs	**1**	**1**	**1**	**1**

Recommendation:

The Governor recommends an increased appropriation of $176,000 in FY 2026 and $176,000 in each subsequent year from the state government special revenue fund for the Department of Health to increase its administrative capacity in its asbestos abatement regulatory program. The Governor also recommends increasing project permit fees for asbestos abatement work to generate additional estimated revenues of $364,000 in FY 2026 and $364,000 in each subsequent year. The Legislature increased fees for asbestos abatement credentials and permit fees in 2021 but revenues have not kept pace with the operating expenses and additional funds are needed to maintain the current level of service to protect the public from asbestos exposure.

Rationale/Background:

The Department of Health is charged with protecting the public from the dangerous health effects of asbestos by enforcing the credentials, work practices, and training needed to safely remove asbestos. When asbestos is disturbed, microscopic fibers become airborne and can cause serious health effects when inhaled. These health effects include serious respiratory diseases such as asbestosis, mesothelioma, and lung cancer. Containment of asbestos fibers during removal is critical because the slightest movement or breeze can cause them to become airborne and remain in the air for up to two to three days, often spreading far from the area where they originated.

The Asbestos Abatement Act contains a vague provision with respect to intent to performing work that has caused confusion in recent years. The statute reads: “A person within the state intending [emphasis added] to directly perform or cause to be performed through subcontracting or similar delegation any asbestos-related work either for financial gain or with respect to the person's own property shall first apply for and obtain a license from the commissioner.” Because intent is difficult to establish, a person can disturb or remove asbestos and claim that they did not intend to do so. This limits the department’s ability to enforce the statute and effectively protect public health.

Asbestos contractors often disturb or remove asbestos inadvertently because they were either unaware of or did not intend to remove asbestos-containing material at the work site. Because asbestos is still found in over 3,000 building materials, the risk of inadvertent asbestos removal is high. It is also dangerous because no preventive methods are used to contain the potential release of asbestos fibers when the asbestos-containing material is removed or disturbed. It is the department’s position that individuals in the building and construction industry must make a good faith effort to determine if the work they are doing might involve asbestos-containing material in order to protect the occupants and public from inadvertent harm of asbestos exposure.

Proposal:

This recommendation amends Minnesota Statutes, section 326.72, subdivision 1, by striking the word "intending" and by increasing permit fees by one percent for asbestos abatement projects. It also amends Minnesota Statutes, section 326.72, subdivision 3a, by adding the training course permit and renewal fee amounts that are currently in Minnesota Rules, part 4620.3702. The recommended increase will support ongoing program operations including vehicle lease and in-state travel costs and laboratory analysis costs for samples that are frequently collected during site inspections. The proposal adds one staff position to work across the asbestos and lead compliance programs to perform data analysis, communications, and stakeholder outreach. Program inspectors currently perform these activities, but a dedicated position would permit technical staff to conduct more field inspections.

Asbestos Abatement Fee Categories	Units	Current Fee	Proposed increase
Project Permit Fee	798	2% fee, averages $671	3% fee, averages $336
Single/Multi-Family Project Permit Fee	1253	$35 flat fee or 2%, averages $93	3% fee, averages $46
Air Monitoring Fee	252	2% fee, averages $203	3% fee, averages $152
Total Proposed Increase			**$ 364,000**

Dollars in Thousands

Net Impact by Fund	FY 26	FY 27	FY 26-27	FY 28	FY 29	FY 28-29
State Government Special Revenue	(188)	(188)	(376)	(188)	(188)	(376)
Total All Funds	**(188)**	**(188)**	**(376)**	**(188)**	**(188)**	**(376)**

Fund	Component Description	FY 26	FY 27	FY 26-27	FY 28	FY 29	FY 28-29
SGSR	Compensation	149	149	298	149	149	298
SGSR	Other Operating Costs	27	27	54	27	27	54
SGSR	Revenue	(364)	(364)	(728)	(364)	(364)	(728)

Impact on Children and Families:

This proposal impacts the department's ability to enforce asbestos-related work. This proposal does not directly improve access to resources and services within the community.

The scope of this proposal does not impact access to affordable and quality childcare and early education, access to mental health supports, and stable housing for children and families. Keeping Minnesotans safe from the harmful effects of asbestos exposure will improve the lives of the next generation.

Equity and Inclusion:

Clear statutory language will help the department's oversight and enforcement asbestos-related work in the state and this, in turn, will help reduce inequities for Native, Black, Latine/Latinx, Asian American Minnesotans, people with disabilities, people in the LGBTQ+ community, other protected classes, and veterans. The potential positive impact on the identified groups is preventing unnecessary exposure to asbestos. Asbestos exposure can cause serious respiratory diseases such as asbestosis, mesothelioma, and lung cancer and the department's proposal would put the department in a better position to prevent these negative health outcomes. We will develop a communication plan using the media and social media available to the department as the proposal moves forward. We will offer to meet in person or virtually to discuss any questions or concerns.

Tribal Consultation:
Does this proposal have a substantial direct effect on one or more of the Minnesota Tribal governments?

☐Yes
☒No

Results:
Part A: Performance measures
Currently the department inspects approximately 10% of notified asbestos abatement projects. With the addition of one FTE to assume administrative, reporting, training, and communications activities currently being performed by technical field staff, the department is targeting an inspection rate of 30% of notified asbestos abatement projects to meet EPA expectations. Field inspections are conducted and prioritized according to program to potential harm to public health and staffing resources.

Type of Measure	***Name of Measure***	***Current Value***	***Date***	***Projected Value (without)***	***Projected Value (with)***	***Date***
Quantity	Number of notified asbestos project inspections	10%	FY2024	10%	25-30%	12/2026

Part B: Use of Evidence

1. Have you previously conducted a formal quantitative or qualitative program evaluation that informed the contents of this proposal? If so, please briefly describe the evaluation.
    a. Not conducted
2. Are you planning to conduct a formal qualitative or quantitative program evaluation related to this proposal? Indicate what kind(s) of evaluation you will be conducting. Select all that apply.

___ No formal evaluation planned at this time
_X_ Not yet determined
___ Needs Assessment
___ Process or Implementation Evaluation
___ Summative Impact Evaluation (Randomized Control Trial (RCT) or Quasi-Experimental Design)
___ Summative Evaluation other than an Impact Evaluation
___ Other (please describe or link):

Statutory Change(s):
Minnesota Statutes, section 326.72

Change Item Title: HMO Fee Structure

Fiscal Impact ($000s)	FY 2026	FY 2027	FY 2028	FY 2029
General Fund				
Expenditures	0	0	0	0
Revenues	0	0	0	0
State Government Special Revenue Fund				
Expenditures	0	0	0	0
Revenues	420	422	443	454
Net Fiscal Impact = (Expenditures – Revenues)	(420)	(422)	(443)	(454)
FTEs	**0**	**0**	**0**	**0**

Recommendation:

The Governor recommends increasing Health Maintenance Organization (HMO) fees to support the higher workload associated with increasing complexity of HMO licensure and regulation. This recommendation would generate estimated revenues of $420,000 in FY 2026 and would increase in each subsequent year. HMO fees are set in rule and have not been updated in 25 years, with the last increase occurring in 1999; these fees must be moved from rule into statute, repealing the relevant rule sections. This recommendation would increase two HMOs fees – the annual renewal fee and the HMO application fee.

Rationale/Background:

Regulation of HMOs is funded in large part through fees collected from organizations at the point of licensure application and then annually at license renewal. HMO regulation has become significantly more complex over the last 25 years. The Affordable Care Act ushered in new federal regulation and created new requirements for monitoring federal compliance, the Minnesota legislature adds health care coverage mandates nearly every session, and the corporate structures of health care entities continue to become more complex. In 2017, the legislature allowed, for the first time, for-profit HMOs and HMOs that are domiciled (headquartered) in other states to obtain HMO licenses; many of these entities lack familiarity with Minnesota's regulatory processes and licensure requirements. None of these changes have been reflected in increased fees; HMO fees have remained at the same level since 1999. This, in addition to growing personnel and other operating costs over time, necessitates an increase in fees.

The one-time HMO application fee is collected when an entity applies to obtain an initial certificate of authority to operate in Minnesota, currently $3,000. The proposal increases the HMO application fee to $10,000. Although it is difficult to predict how this part of the insurance market may change, we estimate one new HMO application per year.

The annual renewal fee consists of a base fee for each HMO and a per member fee. The base fee is currently $21,500 and the per member fee is $0.70. The proposal increases the annual base fee to $30,000, and the per member fee to $0.88.

The proposed increase in fees impacts the HMOs differently based on the number of enrollees they have. Those with no enrollees in a given year will experience only the $8,500 increase in the base fee, while those with membership over 100,000 will experience the greatest increases.

Proposal:

This recommendation would make three changes to the existing fee structure for HMOs:

1. It would increase the initial, one-time HMO application fee from the current level of $3,000 to $10,000 and is intended to address rising costs since 1999 when the fee was last increased.
2. It would increase the annual renewal fee for HMO licenses from the current level of $21,500 (base fee) plus $0.70/member to $30,000 (base fee) plus $0.88/member, also to address rising costs since 1999 when the fee was last increased.
3. It would move the application fee and the annual renewal fee from Minnesota Rules, part 4685.2800 into statute and eliminate the current fee language in rule.

These changes would allow MDH to maintain an effective system of initial certification and ongoing HMO licensure and compliance in the face of rising costs and complexity.

Dollars in Thousands

Net Impact by Fund	FY 26	FY 27	FY 26-27	FY 28	FY 29	FY 28-29
State Government Special Revenue	(420)	(422)	(842)	(443)	(454)	(897)
Total All Funds	**(420)**	**(422)**	**(842)**	**(443)**	**(454)**	**(897)**

Fund	Component Description	FY 26	FY 27	FY 26-27	FY 28	FY 29	FY 28-29
SGSR	Revenue	(420)	(422)	(842)	(443)	(454)	(897)

Impact on Children and Families:

While other health insurance companies are regulated by the Department of Commerce, the legislature specifically tasked the Department of Health with regulating HMOs. Regulation of HMOs is focused on providing comprehensive managed health care, with a specific focus on enrollee health beyond that required for other health insurance companies. In addition, nonprofit HMOs play a unique role in the state Medicaid program, which provides coverage to over 850,000 families, including about one-third of Minnesota children. Maintaining a robust licensure and compliance system will ensure these families and children continue to receive access to high quality health care. Through HMO Collaboration plans, for which MDH provides guidance, HMOs also share their activities and goals related to community benefit and public health collaboration.

Equity and Inclusion:

MDH reviews plans offered by HMOs to ensure they are compliant with federal and state nondiscrimination laws. This includes reviewing for compliance with new coverage mandates, which can be designed to require treatment for protected classes, for example, the gender-affirming care mandate from the 2024 Legislative session. MDH also evaluates provider networks to ensure access and availability, assesses for mental health parity, and maintains a structure for quality assurance audits. This proposal will allow MDH to preserve and build upon these processes, all of which are designed to ensure an equitable system of coverage for all Minnesotans. MDH currently has monthly meetings with the two health plan stakeholder groups, which includes discussing legislative proposals. Further, MDH conducts individual meetings with plans following each filing year to identify areas for improvement and evaluating compliance.

Tribal Consultation:

Does this proposal have a substantial direct effect on one or more of the Minnesota Tribal governments?

☐Yes
☒No

IT Costs:

None

Results:

Part A: Performance measures

This is not a change to an existing program, and it is not a new program. Increased funding will allow MDH to ensure HMOs are in compliance with state and federal law in a more timely and efficient manner, meaning resources may be expended on proactive review. The outcome will be improved internal processes, enhanced collaboration with partner agencies, and higher quality HMO products to better serve the health care needs of Minnesotans.

Part B: Use of Evidence

1. Have you previously conducted a formal quantitative or qualitative program evaluation that informed the contents of this proposal? If so, please briefly describe the evaluation.
   No, we have not.
2. Are you planning to conduct a formal qualitative or quantitative program evaluation related to this proposal? Indicate what kind(s) of evaluation you will be conducting. Select all that apply.

   _X_ No formal evaluation planned at this time
   ___ Not yet determined
   ___ Needs Assessment
   ___ Process or Implementation Evaluation
   ___ Summative Impact Evaluation (Randomized Control Trial (RCT) or Quasi-Experimental Design)
   ___ Summative Evaluation other than an Impact Evaluation
   ___ Other (please describe or link):

Statutory Change(s):

Changes will be needed to Minnesota Statutes, sections 62D.21 and 62D.211. The corresponding fees need to be removed from Minnesota Rules, part 4685.2800.

Change Item Title: X-ray Radiation Inspection Fee Restructure

Fiscal Impact ($000s)	FY 2026	FY 2027	FY 2028	FY 2029
General Fund				
Expenditures	0	0	0	0
Revenues	0	0	0	0
State Government Special Revenue Fund				
Expenditures	993	828	828	828
Revenues	869	869	869	869
Net Fiscal Impact = (Expenditures – Revenues)	124	(41)	(41)	(41)
FTEs	**4.4**	**4.4**	**4.4**	**4.4**

Recommendation:

The Governor recommends an increased appropriation of $993,000 in FY 2026 and $828,000 in each subsequent year from the state government special revenue fund for the Department of Health's X-Ray Radiation Inspection Program. The Governor also recommends an increase in fees for x-ray equipment and the base facility registration fee to support statewide registration, support compliance and education programs, and to protect the health and safety of occupational workers and the public from unnecessary exposure to ionizing radiation. This would generate estimated revenues of $869,000 in FY 2026 and $869,000 in each subsequent year. The fee increase is needed to support two existing FTE to fulfill statutory obligations; to replace testing equipment used during on-site inspections, to update administrative rules governing ionizing radiation, and for two new FTE needed to fulfill statutory obligations. The department is also proposing to implement a program to regulate service providers and the critical work they perform in repairing, calibrating, assembling, and testing x-ray equipment. Lastly, the Governor recommends a statutory change regarding the inspection of x-ray equipment from a 4-year time interval policy for all x-ray equipment to one that is risk-based and considers the incremental danger to human health based on radiation output, and reauthorization for rulemaking authority for certain x-ray uses that were authorized in 2017 and 2019.

Rationale/Background:

MDH works to protect and improve the health of all Minnesotans. One of the many ways we do this work is by enforcing the laws and rules for the use and operation of ionizing radiation producing equipment. The number of facility and equipment registrations requiring inspection has increased exponentially during the past 15 years. Service providers play an important and essential role protecting public health by verifying that x-ray equipment is functioning properly by assembling, installing, calibrating, and repairing these units according to manufacturer specifications, and federal and state regulations. Since 2007, Minnesota Rules has required that service providers register annually with the commissioner and self-report their qualifications before servicing x-ray equipment in the state. However, neither Minnesota Statutes or the rules specify educational or training requirements for service providers nor does the Department verify these requirements.

Proposal:

X-ray fees for facility registration and equipment

The fee amounts have been in place since 2009, except security screening that was added in 2019. Since that time, the number of facilities has increased by 69% and the number of x-ray equipment (tubes) has increased by 82%. As a result of this growth, the department is unable to maintain the current level of service to meet statutory requirements and perform inspections at the required 4-year frequency. While program revenue was

stable prior to 2016, the operating expenses for staff salaries and benefits, MNIT costs, equipment, and supplies have increased beyond the existing appropriation. As a result, the department has been unable to fill staff positions required to maintain statutory obligations since the budget shortfall that began in 2017. Due to this growth, the department is proposing to add two new FTE consisting of: 1) an industrial hygienist 3 position to support regulatory activities for x-ray service providers, assist with timely inspections of all x-ray equipment and facilities, and related enforcement activities; and 2) a management analyst 2 to perform data analysis, data reporting, and trend analysis to support program planning and implementation activities. The department will also maintain two existing FTE with this proposed fee increase.

X-ray Fee Categories	Units	Current Fee	Proposed increase
Base Facility	4800	$100	$55
Medical or Veterinary equipment	8100	$100	$30
Dental X-ray equipment	11400	$40	$20
Radiation Therapy/Accelerator	75	$500	$500
Industrial Accelerator	10	$150	$150
Security Screening System	45	$100	$60
Service Provider	800	$0	$115
Total Proposed Increase			**$ 869,000**

Service Providers

Health systems and other registered facilities rely on service providers to repair and calibrate x-ray equipment so that patients and operators of the equipment are adequately protected from unnecessary radiation. Service providers must have appropriate technical skills and experience to work competently with high energy output equipment to ensure that x-ray equipment is operating safely. The department registers approximately 800 service providers and has a responsibility to ensure that x-ray equipment is assembled properly and that shielding plans, radiation protection surveys, and equipment performance evaluations are prepared by board certified medical and health physicists or by individuals who have who have the required education and training working under the supervision of a health or medical physicist. As with other x-ray professionals, the department is proposing to require scope of practice qualifications for all categories of service providers, including installers and vendors. The department is limited in its ability to protect public health and hold service providers fully accountable without statutory requirements for their practice.

Reauthorization for Rulemaking Authority

The department is seeking reauthorization for rulemaking authority for certain x-ray uses that were authorized in 2017 and 2019 and requesting $135,000 to cover rulemaking costs as part of the recommended fee increase.

The department began revising the x-ray rule chapter (M Rules, Chapter 4732) in 2016 but the rulemaking has been on hold since the start of the Covid-19 pandemic. The department initiated the rulemaking using its permanent authority under Minnesota Statutes, section 144.12, subdivision 1(14). However, since the rulemaking began, the use of hand-held dental x-ray equipment was authorized in 2017 and the use of security screening in detention and correctional facilities was authorized in 2019. The department has not adopted rules governing these x-ray uses.

The department intends to complete this rulemaking chapter revision. However, the department's counsel has advised that the department seek reauthorization for rulemaking authority regarding the subject matter of the 2017 and 2019 legislative changes. Both handheld dental x-ray and security screening established new uses of radiation, the use of which is governed by the department's rules, thereby indirectly authorizing rules on those topics. Since rules were not proposed within the 18-month period under M.S. 14.125, it is likely that an administrative law judge will find that the department's authority to adopt these rules has expired. Currently, the

department administers the use of security screening x-ray systems through the variance process. Statutory requirements for handheld dental x-ray equipment use are sufficient but the department intends to adopt additional safety and public health protection provisions. Without legislative reauthorization, the department risks wasting resources in the event an administrative law judge disallows proposed rules governing those uses.

Inspection Frequency

The past twenty years have seen significant advances in x-ray technology. Newer x-ray systems emit lower levels of radiation and are much safer for the patient and x-ray operator. However, other more powerful x-ray systems like cone beam computed tomography (CBCT), is increasingly more common in dental offices. There are approximately 880 3-D dental CBCT units registered with the Department compared to 345 units only five years ago – a 63% increase. These x-ray systems emit radiation up to 10 times higher than that of intraoral and extraoral radiography used in dentistry. Accordingly, these x-ray systems should be inspected more frequently to ensure that the equipment is operating safely and that facilities are following their radiation safety plans. To achieve this balance, the department is recommending that x-ray equipment be inspected according to the radiation exposure risk to occupational and public health instead inspecting all pieces of x-ray equipment at least once every four years. Implementing a risk-based inspection schedule provides the department with the flexibility to inspect more dangerous equipment more frequently and assign a longer-term frequency to x-ray units that do not pose as much potential harm. This part of the department's proposal requires a policy change in Minnesota Statutes, section 144,121, subdivision 2.

Dollars in Thousands

Net Impact by Fund	FY 26	FY 27	FY 26-27	FY 28	FY 29	FY 28-29
State Government Special Revenue	124	(41)	83	(41)	(41)	(82)
Total All Funds	**124**	**(41)**	**83**	**(41)**	**(41)**	**(82)**

Fund	Component Description	FY 26	FY 27	FY 26-27	FY 28	FY 29	FY 28-29
SGSR	Compensation	742	742	1,484	742	742	1,484
SGSR	Other Operating Costs	251	86	337	86	86	172
SGSR	Fee Revenue	(869)	(869)	(1,738)	(869)	(869)	(1,738)

Impact on Children and Families:

This proposal impacts the department's ability to continue performing routine, quality inspections of the growing number of facilities with x-ray equipment and other sources of ionizing radiation. This proposal does not directly improve access to resources and services within the community but rather ensures that the x-ray equipment being used in safe manner for the operator, patient, and the public.

The scope of this proposal does not impact access to affordable and quality childcare and early education; access to mental health supports; and stable housing for children and families.

Protecting operators, patients, and the public from the harmful effects of unnecessary radiation will improve the lives the next generation of Minnesotans.

Equity and Inclusion:

Department oversight and inspections of x-ray equipment and x-ray use in all facilities in the state will help reduce inequities for Native, Black, Latine/Latinx, Asian American Minnesotans, people with disabilities, people in the LGBTQ+ community, other protected classes, incarcerated individuals, and veterans.

The potential positive impact on the identified groups is preventing unnecessary exposure to ionizing radiation.

The effects of over-exposure to ionizing radiation include radiation burns and cancer. Limited and low doses of radiation are used routinely for diagnostic purposes to treat injury and disease. Ensuring that the dose of radiation is as low as reasonably achievable is the goal of all radiation safety programs where x-ray equipment is used. In the case of security screening, the department's oversight and inspections will ensure that operators of these x-

ray systems have the necessary training and that the screening systems meet the requirements for safe, non-diagnostic exposure of incarcerated individuals.

The department will inform its X-ray advisory committee of the department's intent to pursue legislative changes that are consistent with past policy discussions. We will ask for input and comment on the proposal from the advisory committee's broader constituencies. We will develop a communication plan using available media and social media available to the department as the proposal moves forward.

Tribal Consultation:

Does this proposal have a substantial direct effect on one or more of the Minnesota Tribal governments?

☐Yes
☒No

IT Costs

None.

Results:

Part A: Performance measures

Type of Measure	*Name of Measure*	*Current Value*	*Date*	*Projected Value (without)*	*Projected Value (with)*	*Date*
Quantity	# of post-registration credential audits	0	n/a	0	325	12/2026
Quality	Accuracy in registration	0	n/a	0	75%	12/2026
Results	Reduction in violations to registrants for service provider errors	250	FY 2024	500 potential violations	80% reduction in safety violations	12/2026

Part B: Use of Evidence

1. Have you previously conducted a formal quantitative or qualitative program evaluation that informed the contents of this proposal? If so, please briefly describe the evaluation. Yes. X-ray program routinely tracks and monitors the safety and regulatory violations levied against facilities related to the work of independent service providers.
2. Are you planning to conduct a formal qualitative or quantitative program evaluation related to this proposal? Indicate what kind(s) of evaluation you will be conducting. Select all that apply.

___ No formal evaluation planned at this time
___ Not yet determined
___ Needs Assessment
___ Process or Implementation Evaluation
___ Summative Impact Evaluation (Randomized Control Trial (RCT) or Quasi-Experimental Design)
___ Summative Evaluation other than an Impact Evaluation
_X_ Other (please describe or link): X-ray program will continue to monitor and respond to inspection and violation data.

Statutory Change(s):

Minnesota Statutes, sections 144.121, 144.1215

Change Item Title: Licensing and Certification Licensure Implementation

Fiscal Impact ($000s)	FY 2026	FY 2027	FY 2028	FY 2029
General Fund				
Expenditures	0	0	0	0
Revenues	0	0	0	0
Other Funds				
Expenditures	1,707	1,707	1,707	1,707
Revenues	1,707	1,707	1,707	1,707
Net Fiscal Impact = (Expenditures – Revenues)	0	0	0	0
FTEs	**8**	**8**	**8**	**8**

Recommendation:

The Governor recommends an increased appropriation of $1.707 million in FY 2026 and $1.707 million in each subsequent year from the state government special revenue fund to strengthen the Department of Health's health care licensing program's administrative capacity. The Governor also recommends increasing associated fees to raise revenues by an estimated $1.707 million in FY 2026 and $1.707 million in each subsequent year to cover these costs to increase staffing to ensure adequate oversight of health and safety requirements in health care licensees.

Rationale/Background:

The department is seeking additional funding to help keep on top of the continued increasing workload. Fee revenue recovers the department's costs to process licenses and registrations, inspect facilities/licensees, conduct onsite surveys, coordinate inspections by the state Fire Marshal, conduct background studies, investigate complaints, issue deficiency orders, and collect fines and penalties. Expenditures for these license types have exceeded revenues from licensing fees. The department is requesting fee increases to keep up with the statutory requirements and increasing workloads and to assist with balancing revenues and expenditures.

While not all license types have increased significantly, the amount of regulatory work and the complexity of the work has increased. The department has been short in collecting license fees for many years. To cover the costs, the department has pulled the needed money to continue our regulatory work from other areas. At this time, the department cannot squeeze funding from other programs anymore. The department requests an increase in license fees in order to continue funding the work in the coming years.

By ensuring the department has the resources it needs for oversight of health and safety requirements in health care facilities/licensees, the department will ensure that regulated licensee meet appropriate health and safety standards, helping to protect Minnesotans through access to proper care and services.

Proposal:

The recommendation to increase fees for adequate agency staffing is to ensure department staff can carry out regulatory aspects of this work as required by statute. This work, which involves many different areas of oversight, including onsite assessment of a licensee's compliance with the quality and safety requirements of the statute, helps protect the health and safety of Minnesotans in health care facilities/licensees. The fees currently collected do not cover the breadth of work required from the statutes by the department. Adjusting licensing fees will reflect the actual staff time required by staff to administer and enforce, which is growing increasing more complex.

Dollars in Thousands

Net Impact by Fund	FY 26	FY 27	FY 26-27	FY 28	FY 29	FY 28-29
State Government Special Revenue	0	0	0	0	0	0
Total All Funds	**0**	**0**	**0**	**0**	**0**	**0**

Fund	Component Description	FY 26	FY 27	FY 26-27	FY 28	FY 29	FY 28-29
SGSR	Compensation	1,620	1,620	3,240	1,620	1,620	3,240
SGSR	Other Operating Costs	87	87	174	87	87	174
SGSR	Revenue	(1,707)	(1,707)	(3,414)	(1,707)	(1,707)	(3,414)

Impact on Children and Families:

This proposal will ensure that regulated licensees meet appropriate health and safety standards helping to protect Minnesotans through access to proper care and services. This is not only beneficial to the residents but also for the people who care about them and visit them.

Equity and Inclusion:

Providing additional resources to ensure safety for people in health care licensees will help more Minnesotans stay healthy and avoid additional health concerns.

Tribal Consultation:

Does this proposal have a substantial direct effect on one or more of the Minnesota Tribal governments?

___ Yes
_X_ No

IT Costs:

None

Results:

Type of Measure	Name of Measure	2024-2025 Biennial Budget Data	2026-2027 Biennial Budget Data
Quantity	Number of Ambulatory Surgery Centers	78	92
Quantity	Number of Birth Centers	8	9
Quantity	Number of Boarding Care Homes	20 facilities, 1,302 beds	17 facilities, 1,166 beds
Quantity	Number of Hospice Providers	119	104
Quantity	Number of Hospital Providers	125 facilities, 15,807 hospital beds, 1,827 bassinets	125 facilities, 15,818 hospital beds, 1,819 bassinets
Quantity	Number of Nursing Home Providers	350 facilities, 25,111 beds	339 facilities, 24,129 beds
Quantity	Number of Out-Patient Surgical Centers	8	8
Quantity	Number of Prescribed Pediatric Extended Care Centers	0	0

Type of Measure	Name of Measure	2024-2025 Biennial Budget Data	2026-2027 Biennial Budget Data
Quantity	Number of Supervised Living Facilities/ICFIID	199 facilities, 4307 beds	190 facilities, 4,280 beds
Quantity	Number of Supplemental Nursing Services Agencies	321	338

Part B: Use of Evidence

1. Have you previously conducted a formal quantitative or qualitative program evaluation that informed the contents of this proposal? If so, please briefly describe the evaluation.
2. Are you planning to conduct a formal qualitative or quantitative program evaluation related to this proposal? Indicate what kind(s) of evaluation you will be conducting. Select all that apply.

   _X_ No formal evaluation planned at this time
   ___ Not yet determined
   ___ Needs Assessment
   ___ Process or Implementation Evaluation
   ___ Summative Impact Evaluation (Randomized Control Trial (RCT) or Quasi-Experimental Design)
   ___ Summative Evaluation other than an Impact Evaluation
   ___ Other (please describe or link):

Statutory Change(s):

Minnesota Statues 144.122, 144A.753, 144A.71

Change Item Title: Clean Water Legacy – Beach Portal

Fiscal Impact ($000s)	FY 2026	FY 2027	FY 2028	FY 2029
General Fund				
Expenditures	0	0	0	0
Revenues	0	0	0	0
Clean Water Fund				
Expenditures	300	300	0	0
Revenues	0	0	0	0
Net Fiscal Impact = (Expenditures – Revenues)	300	300	0	0
FTEs	**1.5**	**1.5**	**0**	**0**

Recommendation:

The Governor recommends an investment of $300,000 in FY 2026 and $300,000 in FY 2027 from the Clean Water Fund for the Department of Health to optimize the statewide beach portal. The creation of the statewide beach portal was funded during fiscal years 2024-2025 under the Clean Water Fund. The recommended amount for 2026-2027 is the same amount requested and funded for 2024-2025.

Rationale/Background:

The goal of beach monitoring is to determine if the beach water is safe for recreational activities and to minimize the risk of recreational water illnesses. Beach testing is conducted at the discretion of the entity responsible for the beach (e.g., local public health agency, park district, county). This includes the frequency of monitoring and criteria used for issuing an advisory. The creation of a centralized state beach portal with funding from the 2024-2025 Clean Water Funds created the first centralized source for statewide beach monitoring results and data on beach monitoring trends.

This proposal will optimize the statewide beach portal, by evaluating and expanding the functionality of the portal, to ensure Minnesotans and tourists can find all beach alerts for anywhere in the state, including beach monitoring results. Decision making regarding whether a beach is monitored will remain a local decision.

This proposal is aligned with the vision of the strategic plan of the Clean Water Council that Minnesota will have fishable and swimmable waters throughout the state. Furthermore, it makes Minnesotans aware of crucial issues impacting water quality.

This proposal aligns with the One Minnesota Plan's priority of Healthy Minnesotans, aiming to work together to keep all Minnesotans healthy from waterborne disease.

Proposal:

This change to an existing program is for the optimization of the statewide beach portal that allows Minnesotans and visitors to go to one online location to access information on any recreational water testing conducted or beach closures currently in place. The creation of the statewide portal was funded under the Clean Water Fund during fiscal years 2024-2025. This ongoing funding will allow not only for the beach portal to continue operating, but for the refinement and expanded functionality. The 1.5 FTEs supported by this proposal will serve to coordinate and optimize the portal, including serving as a liaison and data support for portal partners. This proposal also includes a portal hosting and maintenance contract estimated at $76,000 annually.

This recommendation complements the beach monitoring that is being conducted by many local public health agencies, counties, and park boards. Additionally, it pairs well with the work being done by partner agencies, particularly the Minnesota Pollution Control Agency, on harmful algal blooms or other potential health alerts at beaches, on being able to notify the public.

Dollars in Thousands

Net Impact by Fund	FY 26	FY 27	FY 26-27	FY 28	FY 29	FY 28-29
Clean Water	300	300	600			
Total All Funds	**300**	**300**	**600**			

Fund	Component Description	FY 26	FY 27	FY 26-27	FY 28	FY 29	FY 28-29
CWF	Compensation	224	224	448			
CWF	Portal Contract	76	76	152			

Impact on Children and Families:

Maintaining access to swimmable waters is important for healthy children and families in all of our communities.

Equity and Inclusion:

The statewide beach portal affects all Minnesotans who depend on swimmable waters and provides low barrier access to potential health alerts at any beach.

Tribal Consultation:

Does this proposal have a substantial direct effect on one or more of the Minnesota Tribal governments?

___ Yes
_X_ No

IT Costs:

None

Results:

Part A: Performance measures

The overall goal is to optimize the statewide beach portal. Successful implementation is expected within the first year and will be measured by the following measure in the table below.

The evidence that exists is iterated in the performance measures in the table below.

The quality measure is iterated in the performance measure below.

Measure	Measure type	Measure data source	Most recent data	Projected change
Development of a statewide beach portal	Quantity	Statewide Beach Portal	In process - 1 beach portal	NA
New education and outreach materials developed	Quantity	Internal data - annual total number of educational and outreach materials developed	2	4

Measure	Measure type	Measure data source	Most recent data	Projected change
Percentage of local jurisdictions conducting beach monitoring submitting results	Quality	Statewide Beach Portal	In process: 0	85

Part B: Use of Evidence

1. Have you previously conducted a formal quantitative or qualitative program evaluation that informed the contents of this proposal? No
2. Are you planning to conduct a formal qualitative or quantitative program evaluation related to this proposal? No, we would need more funding to do a formal evaluation and hire a program evaluator.

_X_ No formal evaluation planned at this time
___ Not yet determined
___ Needs Assessment
___ Process or Implementation Evaluation
___ Summative Impact Evaluation (Randomized Control Trial (RCT) or Quasi-Experimental Design)
___ Summative Evaluation other than an Impact Evaluation
___ Other (please describe or link):

Statutory Change(s):

None

Change Item Title: Clean Water Legacy – Drinking Water Contaminants of Emerging Concern

Fiscal Impact ($000s)	FY 2026	FY 2027	FY 2028	FY 2029
General Fund				
Expenditures	0	0	0	0
Revenues	0	0	0	0
Clean Water Fund				
Expenditures	5,925	5,925	0	0
Revenues	0	0	0	0
Net Fiscal Impact = (Expenditures – Revenues)	5,925	5,925	0	0
FTEs	**24.41**	**24.41**	**0**	**0**

Recommendation:

The Governor recommends an investment of $5.925 million in FY26 and $5.925 million in FY27 from the Clean Water Fund for the Department of Health (MDH) to continue providing health risk guidance for contaminants of emerging concern (CECs) in drinking water and, more specifically, respond to new studies and information related to the health effects of per- and polyfluoroalkyl substances (PFAS). This funding supports staffing and laboratory capacity and includes the supplemental funding provided in FY25 to increase capacity in the fish consumption guidance program.

The recommendation supports expert toxicologists, epidemiologists and risk assessors who develop health-based water guidance values used to provide health risk context for PFAS and other CECs detected or anticipated to be found in Minnesota's waters. It also supports staff to analyze, develop, and communicate fish consumption guidance for PFAS and other CECs in Minnesota fish.

There is a need to greatly increase both public health laboratory and accredited laboratory capacity for analyzing for the PFAS family of chemicals. The proposal supports the department's Public Health Laboratory in expanding its PFAS testing capacity and developing new capabilities to look for currently unidentified PFAS chemicals that are currently unregulated as well as the PFAS newly adopted in the PFAS National Primary Drinking Water Regulation (NPDWR) in 2024. The proposal also supports the Minnesota Environmental Laboratory Accreditation Program (MNELAP), which accredits the many laboratories that will continue testing and be bringing on PFAS testing methods in response to USEPA regulations and CECs.

Rationale/Background:

There is an interrelated body of work being completed on the PFAS problem in Minnesota. It relies on staff from the Minnesota Department of Agriculture, MPCA, DNR and MDH to identify, report, and manage PFAS impacts. This cumulative body of work is grounded on providing children and families living or working in Minnesota with critical information about PFAS and other CECs so they can make more informed lifestyle decisions as outlined in the Children and Families target area of the *One Minnesota* plan.

Toxicological reviews play a large role in managing risks from CECs because health-based guidance values, developed by MDH, are used by MDA, DNR and MPCA to understand if environmental detections present a human health risk. Without the sampling and analyses provided by MPCA, MDA, DNR and MDH, Minnesotans wouldn't know they are being exposed, and therefore wouldn't know to make different choices to protect their health. Additionally, coordinated response programs would not happen, such as public meetings where toxicological and exposure information is shared with affected community members.

PFAS are a family of chemicals that have been widely used for decades in non-stick and stain-resistant consumer products, food packaging, fire-fighting foam, and industrial processes. These chemicals are extremely stable and do not breakdown in the environment. PFAS can be measured in the blood of most people around the world. Like other CECs, most PFAS have little to no toxicological information available.

Health risk guidance (ESA)

To protect public health, MDH needs expertise to incorporate new toxicological methods and data streams into Minnesota's current risk assessment methods. Since 2002, MDH has been able to derive health-based water guidance values for six PFAS. Recent monitoring by MDH has shown that Minnesotans are currently being exposed to at least 13 or more PFAS that have no MDH (or federal) water guidance values. Deriving guidance for these PFAS, with more expected to be added to the list as sampling continues, drives the need for additional toxicologists, risk assessors, and epidemiologists to move quickly and provide much needed health risk context for drinking water detections. Minnesota does not receive federal resources to support risk assessment work needed to protect public health in relation to this evolving problem.

Public Health Lab

The department's Public Health Laboratory (PHL) has been testing for PFAS for the past 20 years and was one of the first labs in the country to develop a test for PFAS in drinking water. The PHL has also led in developing biomonitoring methods for PFAS in serum, and testing of dust, soil and produce. New methods must be developed to understand the full impact of PFAS on Minnesota waters and Minnesotans. These analyses require specialized training and equipment. The volume of samples evaluated by the PHL has also been steadily increasing over time as more sampling is completed by external partners to better describe the scope of PFAS contamination in Minnesota. This volume is expected to further increase with the new 2024 EPA NPDWR regulations for a limited number of PFAS in public water systems. The demand for environmental laboratory analytical expertise in this arena has significantly outpaced the current laboratory capacity of the PHL. They are currently unequipped to deal with the expected needs for PFAS testing in the coming years.

MNELAP

A robust environmental lab accreditation program will help ensure that public and private labs conducting testing on the waters of the state are providing reliable PFAS results. The department requires accredited environmental laboratories to meet the national standards in staffing, data collection, and rigor so that laboratories generate accurate data for various federal and state environmental programs and clients. The department's laboratory accreditation program was established through EPA primacy to ensure safe drinking water for all Minnesota residents, by supporting a robust system of laboratories that can reliably test water quality across the state and disseminate the results.

This cumulative body of work outlined in this proposal addresses the Safe and Thriving Communities, Housing, Workforce and Healthy Minnesotans, and Children & Families target areas outlined in the Governor's *One Minnesota* plan. By ensuring the harmful impacts from PFAS and other CEC's are reduced, actionable work related to these target areas will be accomplished.

Proposal:

Funding obtained through this initiative allows for CEC programmatic work to continue at MDH along with newer areas of work associated with PFAS. The proposal consists of three parts: health risk guidance for contaminants of emerging concern (ESA); Public Health Laboratory capacity; and accredited laboratory capacity.

Health-based guidance values developed by the CEC initiative are used by partnering state agencies including MDA, DNR, and MPCA to identify, sample, analyze, and inform the public of chemical findings in the environment. CWF funding for the CEC initiative supports this vital coordination work and health protection for people across the state.

Since 2002, MDH and its partners have worked to characterize and evaluate the environmental and public health impacts of PFAS in Minnesota. The scope of the problem has become so large that new approaches and additional staffing are required. This is particularly true because these chemicals are highly persistent both in the environment and in the human body, making this a long-term problem. It is also an area of active research as new understandings of the dangers of exposure to PFAS are continually being made.

Health risk guidance (ESA)

Core toxicology and risk assessment staffing levels at MDH have not changed much over the past twenty years, yet the problem has grown in both size and complexity. This proposal includes $30,000 in ESA grants annually. It also allows the program to include human health data (epidemiology studies) in PFAS risk assessments, which improves their quality and accuracy. Since the last round of funding, MDH hired a computational toxicologist to aid in the development of new methods to review PFAS and other CECs more quickly and with newer types of toxicological information and reduce the time to develop new guidance. This is particularly important as many PFAS, and CECs have little to no human health data yet are detected in groundwater used for drinking water across the state. Being able to respond to these kinds of environmental detections with new cutting-edge methods and epidemiological approaches is critical to protecting the health of Minnesotans who are being exposed through drinking water. This proposal supports 12.41 existing FTEs working with health risk guidance. Staff include research scientists, epidemiologists, planners, and communications specialists. Other operating costs are estimated at $58,000.

Component Elements	Cost (in thousands)
Grants	30
Program Implementation FTE's	2,546
Program Implementation OOC	58
ESA Total	**2,634**

Public health laboratory capacity

New health-based limits suggest PFAS are toxic in drinking water at exceptionally low concentrations (in the parts per quadrillion) and therefore, highly sensitive instruments are needed to detect these compounds. This funding will be used to purchase new laboratory instruments and extraction equipment that is needed in the PHL to detect and report PFAS at these low concentrations and to meet anticipated increases in demand for these services.

In addition, to fully understand the extent of PFAS contamination in Minnesota, the PHL needs new testing methods and equipment that can identify thousands of PFAS in one analysis. New testing methods will allow the laboratory to understand the contribution of thousands PFAS in the environment beyond the current two dozen. This will help MDH and other state agencies better understand the extent of the PFAS problem in Minnesota's waters and the environment.

Existing staff (four chemists, two analysts, two data quality assurance staff, and one supervisor) for the MDH CEC analytical unit in the PHL will be sustained through this proposal. This proposal requires IT support for advanced equipment as well as other operating costs such as lab testing supplies, instrument service contracts, ongoing instrumentation as well as research and education.

Component Elements	Cost (in thousands)
Program Implementation FTE's	1,522
Program Implementation - IT	50
Program Implementation - OOC	1,021
Public Health Lab Total	**2,593**

Accredited laboratory capacity

This proposal also sustains the funding for three staff to ensure that accredited private environmental laboratories can perform and report PFAS analytical results that align with the Minnesota PFAS Blueprint for preventing, managing, and cleaning up PFAS contaminated areas and for implementing the EPA NPDWR for six PFAS. These services will be accomplished through increased assessor oversight and evaluation of accredited labs, proficiency testing evaluation, data review, compliant and enforcement follow-up on accredited labs, and ensuring labs are in compliance with updated state and federal regulations. IT costs include database enhancements while other operating costs include ongoing training and conferences.

Component Elements	Cost (in thousands)
Program Implementation FTE's	527
Program Implementation IT	150
Program Implementation OOC	21
MNELAP Total	**698**

Dollars in Thousands

Net Impact by Fund	FY 26	FY 27	FY 26-27	FY 28	FY 29	FY 28-29
Clean Water	5,925	5,925	11,850			
Total All Funds	**5,925**	**5,925**	**11,850**			

Fund	Component Description	FY 26	FY 27	FY 26-27	FY 28	FY 29	FY 28-29
CWF	Compensation	4,595	4,595	9,190			
CWF	IT Costs	200	200	400			
CWF	Other Operating Costs	1,100	1,100	2,200			

Impact on Children and Families:

Fetuses, infants and children are usually more heavily exposed to chemicals in drinking water than adults. Following exposure to chemicals, this sensitive population can experience health impacts later in adulthood. CEC initiative scientists consider how contaminants of emerging concern, including PFAS, impacts sensitive populations through the work outlined in this proposal. As guidance values for PFAS continue to fall, our proposal also allows the PHL to detect PFAS and other contaminants at increasingly lower values than it can today. This critical work will help ensure the well-being and health of families and children in Minnesota which directly aligns with the Governor's *One Minnesota Plan* priorities.

Equity and Inclusion:

The development of health-based guidance values in water includes an exposure review methodology to identify how people are being exposed to chemicals and to what concentrations. Part of this funding request will update the exposure review methodology used to identify specific communities and populations that may be more sensitive to PFAS. The current exposure methodology does not specifically call out processes to look at historically underserved populations and communities. Enhancing our processes to capture available data in this area would help us make sure we are addressing health equity and environmental justice concerns for all Minnesotans. Information about the toxicity of PFAS found in Minnesota's waters related to sensitive populations and communities would be shared with risk managers in other programs at MDH and at other state agencies for public communication activities.

Tribal Consultation:

Does this proposal have a substantial direct effect on one or more of the Minnesota Tribal governments?

☐Yes
☐No

The tribal nations in Minnesota have not been consulted about this issue as they relate directly to US EPA for their community systems. Likewise, they are not required to respond to our state guidance values. However, given the ubiquitous nature of PFASs, we expect that their groundwater sources of drinking water are potentially affected as well. Data, information, and health risk guidance that we gain from this initiative may be helpful to tribal nations as well.

IT Costs

Category	*FY 2026*	*FY 2027*	*FY 2028*	*FY 2029*	*FY 2030*	*FY 2031*
Payroll-Ongoing Salary Support for PHL	$50,000	$50,000				
Professional/Technical Contracts						
Infrastructure						
Hardware						
Software						
Training						
Enterprise Services						
Staff costs (MNIT or agency)-MNELAP	$150,000	$150,000				
Total						
MNIT FTEs						
Agency FTEs						

Results:

Part A: Performance Measures

Funding provided through this proposal will support the department's planned CEC initiatives during the upcoming biennium. This includes expanding the PHL's testing capacity and laboratory methodologies in order to meet new PFAS drinking water requirements under the EPA NPDWR which was federally promulgated in 2024. Other goals include supporting the MNELAP accreditation program with FTEs and a database enhancement, developing new health-based guidance values for chemical exposure risk assessments, and increasing the department's capacity to assess human health risks from fish containing CEC's in Minnesota. The cumulative effects from this progressive work will result in improving the health and well being of all Minnesotans in alignment with the Governor's *One Minnesota* plan.

Many of the proposed metrics outlined in the table below are currently tracked by the department's CEC program and represent tangible actions to improve the human health of Minnesotans through reducing exposures to CEC's in Minnesota's environment. By supporting this proposal these efforts will be enhanced leading to greater progressive gains towards these public health objectives.

Measure	**Measure type**	**Measure data source**	**Most recent data**	**Projected change**
PHL capacity for PFAS testing in MN drinking water	Quantity	Number (annual count) of samples processed and reported from PHL	5,000	8,000

Measure	Measure type	Measure data source	Most recent data	Projected change
PHL capacity for PFAS testing of fish in MN	Quantity	Number (annual count) of samples processed and reported from PHL	500	1,000
PHL capacity for Total Oxidizable Fluorine precursors and Total Organic Fluorine	Quantity	Number (annual count) of samples processed and reported from PHL	0	500+ (projected)
Number of new health-based water guidance values created	Quantity	Number (annual count) of new Health-based guidance values (in water) created	0	12+
Develop methodology for contaminants of emerging concern	Result	Number (biennial total) of new methodologies created for contaminants of emerging concern	NA	3 (projected)
Enhancement and upgrade of an online accreditation system that meets MNIT Security and Regulations	Result	Number of enhanced systems to track and view accredited laboratories	0	1

Part B: Evidence-based practices:

1. Have you previously conducted a formal quantitative or qualitative program evaluation that informed the contents of this proposal? If so, please briefly describe the evaluation.

Part B is not applicable for the proposed results and outcomes in this proposal.

2. Are you planning to conduct a formal qualitative or quantitative program evaluation related to this proposal? Indicate what kind(s) of evaluation you will be conducting. Select all that apply.

___ No formal evaluation planned at this time
___ Not yet determined
___ Needs Assessment
___ Process or Implementation Evaluation
___ Summative Impact Evaluation (Randomized Control Trial (RCT) or Quasi-Experimental Design)
___ Summative Evaluation other than an Impact Evaluation
___ Other (please describe or link):

Part B is not applicable for the proposed results and outcomes in this proposal.

Part C: Evidence-Based Practices:
Part C is not applicable for the proposed results and outcomes in the proposal.

Statutory Change(s):

None

Change Item Title: Clean Water Legacy – Future of Drinking Water

Fiscal Impact ($000s)	FY 2026	FY 2027	FY 2028	FY 2029
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
FTEs	**0.9**	**0.9**	**0**	**0**

Recommendation:
The Governor recommends an investment of $250,000 in FY 2026 and $250,000 in FY 2027 from the Clean Water Fund for the Department of Health for strategic planning and policy development that will protect Minnesota's drinking water from new threats and challenges and address inequities in access to safe drinking water. The activities proposed include implementing the multi-agency Drinking Water Action Plan (in development with previous funding), conducting a cost-benefit analysis of interventions to protect private well users, policy development focused on risk management of emerging threats, and follow-up on select recommendations from the University of Minnesota's Future of Drinking Water report. The recommended funding is the same as the amount appropriated in the 2024-2025 biennium for this activity.

Rationale/Background:
Minnesotans expect to be able to go anywhere in the state and be confident that the water they drink is safe. Safe, sufficient, and affordable drinking water is an essential service for all Minnesotans that aligns with the mission of the department. People who drink from private wells do not have the same protections as those who drink from more highly regulated public water supplies. Yet even for public water systems, new threats that are not addressed by the federal Safe Drinking Water Act are increasing in recent years. The presence of new contaminants, our expanded knowledge about the health effects from contaminants, aging public infrastructure, and workforce shortages all threaten the safety of Minnesota's drinking water. This initiative engages the water agencies, state and national experts, and local partners to develop and implement an action plan and policies that go beyond current regulatory requirements to address emerging threats and ensure long-term, safe, and sufficient drinking water in Minnesota that will support the Thriving Communities, Children & Families, Housing, and Healthy Minnesotan target areas from the Governor's One Minnesota plan. Implementing recommendations from the University of Minnesota's (UMN) Future of Drinking Water report described in this proposal will complete actionable work in this critical area.

Proposal:
Previous funding of this initiative led to the development of a multi-agency Drinking Water Action Plan to help ensure everyone, everywhere in Minnesota has safe and sufficient drinking water. The Plan was developed in coordination with water agencies in the executive branch along with the Metropolitan Council. This proposal will fund implementation of the Drinking Water Action Plan and design a structured approach to ensure periodic review and assessment of Plan progress.

Additionally, this initiative will focus on implementation of select recommendations from the UMN Future of Drinking Water report that will better prepare both public water suppliers and private well owners to adapt to an

uncertain future and conduct a cost-benefit analysis of interventions to protect private well users that can guide future program development.

The recommendation will sustain the funding for two partial FTEs in the Water Policy Center to provide strategic direction for the work and implement the Plan and future work. A contract will provide applied economic expertise in the areas of cost/benefit analysis and comparative risk assessment of multiple contaminants, both of which are in the UMN report recommendations. The proposal also includes funding for a cost/benefit analysis of different types of interventions to protect private well users that can guide program development. Last biennium's funding supported initial development of the Plan, a systematic evaluation of the integration of drinking water protection across agencies and partnerships, gathering Minnesotans' perspectives and priorities related to drinking water.

Dollars in Thousands

Net Impact by Fund	FY 26	FY 27	FY 26-27	FY 28	FY 29	FY 28-29
Clean Water	250	250	500			
Total All Funds	**250**	**250**	**500**			

Fund	Component Description	FY 26	FY 27	FY 26-27	FY 28	FY 29	FY 28-29
CWF	Compensation	187	187	374			
CWF	Professional Contract	63	63	126			

Impact on Children and Families:

Access to a plentiful supply of safe and affordable drinking water is an essential condition for healthy children, families, and a healthy economy. Water contaminants such as nitrate and manganese, are especially risky for fetuses and infants with health effects that can affect their development or can lead to death. A recent assessment of county and city regulations found little regulation of the water quality in wells that serve rental properties that do not serve enough customers to be covered by the Safe Drinking Water Act. Any actions depend on the initiative of the property owner and there is no data on water quality, frequency of testing, or actions taken to ensure the drinking water is safe for the renter.

Equity and Inclusion:

Health equity will be woven into the public engagement and policy options for ensuring equitable access to safe drinking water through public and private water supplies. Initial concerns include: many smaller, rural systems lack large customer bases to share the costs of new infrastructure; private well owners are responsible for testing and treating for contaminants in their well, but often lack technical understanding or financial resources for testing and treatment; and both public water systems and private well owners bear the cost of treating for contamination from sources outside of their control.

Tribal Consultation:

Does this proposal have a substantial direct effect on one or more of the Minnesota Tribal governments?

☐Yes
☒No

IT Costs

None

Results:

Part A: Performance Measures

Funding obtained through this proposal will be used to implement the multi-agency Drinking Water Action Plan to help ensure everyone, everywhere in Minnesota has safe and sufficient drinking water. Various recommendations presented in the Action Plan will be operationalized over the upcoming biennium including economic cost-benefit analysis for potential drinking water solutions and technical support for private well owners to name a few. These actions will result in improving the health and wellbeing for all Minnesotans in alignment with the Governor's *One Minnesota* plan.

The proposed metrics presented below align with recommendations made in the UMN Future of Drinking Water report that will better prepare both public water suppliers and private well owners to adapt to an uncertain future and conduct a cost-benefit analysis of interventions to protect private well users that can guide future program development.

Measure	Measure type	Measure data source	Most recent data	Projected change
Incorporating recommendations from UMN report into program work and policies	Quality	Number of recommendations incorporated during the biennium	0	2
Proactive solutioning of emerging drinking water threats through policy and planning initiatives	Quantity and Results	Number of emerging threats to drinking water identified during the biennium. Number of solutions developed for emerging threats to drinking water during the biennium	2	2

Part B: Evidence-based practices:

1. Have you previously conducted a formal quantitative or qualitative program evaluation that informed the contents of this proposal? If so, please briefly describe the evaluation.

Part B is not applicable for the proposed results and outcomes in this proposal.

2. Are you planning to conduct a formal qualitative or quantitative program evaluation related to this proposal? Indicate what kind(s) of evaluation you will be conducting. Select all that apply.

___ No formal evaluation planned at this time
___ Not yet determined
___ Needs Assessment
___ Process or Implementation Evaluation
___ Summative Impact Evaluation (Randomized Control Trial (RCT) or Quasi-Experimental Design)
___ Summative Evaluation other than an Impact Evaluation
___ Other (please describe or link):

Part B is not applicable for the proposed results and outcomes in this proposal.

Part C: Evidence-Based Practices:

Part C is not applicable for the proposed results and outcomes in the proposal.

Statutory Change(s):

None

FY 2026-27 Biennial Budget Change Item

Change Item Title: Clean Water Legacy – Groundwater and Restoration Protection Strategies

Fiscal Impact ($000s)	FY 2026	FY 2027	FY 2028	FY 2029
General Fund				
Expenditures	0	0	0	0
Revenues	0	0	0	0
Clean Water Fund				
Expenditures	1,750	1,750	0	0
Revenues	0	0	0	0
Net Fiscal Impact = (Expenditures – Revenues)	1,750	1,750	0	0
FTEs	**6**	**6**	**0**	**0**

Recommendation:

The Governor recommends an investment of $1.75 million in FY 2026 and $1.75 million in FY 2027 from the Clean Water Fund for the Department of Health for groundwater protection activities. Of the annual appropriation, $275,000 is for grants. This recommendation supports the development of Groundwater Restoration and Protection Strategies (GRAPS) for watersheds that are engaged in developing a local comprehensive water plan, referred to as the "One Watershed One Plan." The increased budget will bring needed support to the GRAPS program resulting in the capacity required to deliver core services and technical support to local governments for groundwater protection.

This recommended funding is more than double the $1,500,000 appropriated in the 2024-2025 biennium for this activity. This will add program capacity to produce and improve groundwater data delivery and technical support for local government partners engaged in comprehensive watershed planning and implementation activities through the Groundwater Restoration and Protection Strategies (GRAPS) initiative. Specifically, it will support three new FTEs engaged in the GRAPS process and local county Soil and Water Conservation Districts.

Rationale/Background:

Three out of four Minnesotans rely on groundwater as their source of drinking water. Therefore, it's imperative to ensure these resources are protected for today and future generations. As local governments and resource professionals look for solutions, the GRAPS process is an effective tool in identifying regional concerns and strategies to protect and preserve groundwater, answering questions that are important for local decision makers. Having proven this concept with local governments, the aim is to facilitate local efforts to benefit groundwater resource restoration and protection. Key efforts include 1) migrating data and information to online tools; 2) coordinating GRAPS work with local comprehensive watershed planning so that local partners have the resources they need in a timely manner; and 3) building local capacity through education, outreach, and financial assistance. These key efforts will be achieved by building internal capacity to continue to build on the success of the GRAPS program.

As the GRAPS program continues to grow it has become clear that it lacks the capacity required to meet the needs of local government partners. As a small program, a significant barrier is our capacity to keep pace with the planning efforts of the One Watershed One Plan (1W1P) for which GRAPS provides content regarding groundwater and drinking water concerns for a given watershed. This lack of capacity further limits our ability to invest in new products and tools that further enhance our partners understanding of the resource concerns. An investment in new staff will greatly improve our ability to meet the expectations of our local government partners and beyond.

Outcomes from this proposal will benefit the Safe and Thriving Communities, Housing, Workforce and Healthy Minnesotans, and the Children and Families target areas from the Governor's *One Minnesota* plan. By developing groundwater protection planning tools and strategies through GRAPS, actionable progress toward these goals will be met.

Proposal:

This recommendation builds on existing efforts supported by the clean water fund to develop GRAPS for every 'One Watershed One Plan' watershed in Minnesota. The GRAPS process and associated deliverables provides 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 information and recommend 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 fiscal years 2026 and 2027, proposed funding continues to support facilitation of interagency collaboration on GRAPS reports, provide grants ($275,000 annually) to local partners building capacity on groundwater issues across the state, including Tribal areas, while investing in staff capacity and infrastructure to develop new tools and products that meet the needs of our local partners. This request increases programmatic capacity, doubling the current staff from three to six FTEs dedicated to the GRAPS process. This is a critical need to help keep pace with the number of 1W1P planning grants awarded, plus support the ancillary activities requested by our partners to engage in groundwater protection.

In addition to the FTEs, programmatic capacity will be enhanced by sustained support of the groundwater specialist that provides regional groundwater expertise that is currently lacking at the local level. The pilot position targets areas of the state at greatest risk to groundwater contamination.

In addition to the increase in programmatic capacity, the GRAPS initiative will continue to: 1) tailor existing data and develop tools to meet local partner needs (including the development of 3D geologic models--accomplished through a contract with Minnesota Geological Survey ($80,000); 2) increase local staff capacity, training and education, and strategy development; and 3) provide grant funding to support sustained groundwater protection.

Furthermore, the increase will provide stability to the County Well Index (CWI) through a $250,000 contract with Minnesota Geological Survey. CWI is also known as the Minnesota Well Index (MWI) and is a key geologic database utilized by all agencies that manage groundwater. The CWI database is instrumental for the development of GRAPS tools and products.

Dollars in Thousands

Net Impact by Fund	FY 26	FY 27	FY 26-27	FY 28	FY 29	FY 28-29
Clean Water	1,750	1,750	3,500			
Total All Funds	**1,750**	**1,750**	**3,500**			

Fund	Component Description	FY 26	FY 27	FY 26-27	FY 28	FY 29	FY 28-29
CWF	Compensation	1,099	1,099	2,198			
CWF	Grants	275	275	550			
CWF	Other Operating Costs	376	376	752			

Impact on Children and Families:

A plentiful and affordable supply of safe drinking water is essential for healthy children, families, and a robust economy. As three out of four Minnesotans rely on groundwater as their source of drinking water, the GRAPS initiative plays a key role in protecting and restoring this resource into the future.

Equity and Inclusion:

Currently, water rates in Greater Minnesota consume a larger percentage of monthly income than in metropolitan areas. Disparities exist between large, well-funded public water systems and smaller systems that lack sufficient customer bases to fund operations and infrastructure. The infusion of resources through this proposal will increase the GRAPS program's ability to provide key technical assistance, groundwater resource planning, and education services to smaller communities across the state and will enhance the deployment of this information in a more equitable manner for all Minnesotans.

Tribal Consultation:

Does this proposal have a substantial direct effect on one or more of the Minnesota Tribal governments?

☐Yes
☒No

IT Costs

None

Results:

Part A: Performance Measures

The department's deliverables produced through the GRAPS process are proven strategies to help inform local water managers develop actionable strategies for groundwater protection serving their communities throughout the State. This proposal will enhance the department's existing GRAPS development capacity and develop critically needed training and technical tools for local partners to effectively implement the 1W1P initiative. Successful implementation will result in the development of GRAPS reports for each 'One Watershed One Plan' watershed in Minnesota with associated training support for the department's local partners. This work will further advance the health and wellbeing of all Minnesotans in alignment with the Governor's One Minnesota plan.

Many of the proposed metrics outlined in the table below are currently tracked by the department's GRAPS program and represent tangible actions to improve the human health of Minnesotans through watershed planning activities with local partners. By supporting this proposal these efforts will be enhanced leading to greater progressive gains towards these public health objectives.

Measure	Measure type	Measure data source	Most recent data	Projected change
GRAPS reports generated for use in One Watershed, One Plan initiative	Quantity	Number (annual count) of reports generated	10	10/ 2 years
GRAPS trainings delivered to local partners involved in One Watershed, One Plan initiative (in-person or hybrid trainings)	Quantity	Number (annual count) of trainings offered to local partners	3	4/ 2 years
Issuance of grants to build capacity with local environmental partners involved with GRAPS	Quantity	Number (biennial total) of grants issued to local public health partners	6	10/ 2 years
Development of regional aquifer technical materials (e.g. 3D subsurface models) in partnership with the MN Geological Survey (MGS) for environmental professionals.	Quantity	Number (biennial total) of technical material products developed	1	2/2 years

Part B: Evidence-based practices:

1. Have you previously conducted a formal quantitative or qualitative program evaluation that informed the contents of this proposal? If so, please briefly describe the evaluation.

Part B is not applicable for the proposed results and outcomes in this proposal.

2. Are you planning to conduct a formal qualitative or quantitative program evaluation related to this proposal? Indicate what kind(s) of evaluation you will be conducting. Select all that apply.

___ No formal evaluation planned at this time
___ Not yet determined
___ Needs Assessment
___ Process or Implementation Evaluation
___ Summative Impact Evaluation (Randomized Control Trial (RCT) or Quasi-Experimental Design)
___ Summative Evaluation other than an Impact Evaluation
___ Other (please describe or link):

Part B is not applicable for the proposed results and outcomes in this proposal.

Part C: Evidence-Based Practices:
Part C is not applicable for the proposed results and outcomes in the proposal.

Statutory Change(s):
None

Change Item Title: Clean Water Legacy – Private Well Initiative

Fiscal Impact ($000s)	FY 2026	FY 2027	FY 2028	FY 2029
General Fund				
Expenditures	0	0	0	0
Revenues	0	0	0	0
Clean Water Fund				
Expenditures	2,300	3,700	0	0
Revenues	0	0	0	0
Net Fiscal Impact = (Expenditures – Revenues)	2,300	3,700	0	0
FTEs	**4.8**	**4.8**	**0**	**0**

Recommendation:

The Governor recommends an investment of $2.3 million in FY 2026 and $3.7 million in FY 2027 from the Clean Water Fund for the Department of Health to reduce health risks for the 1.1 million people in Minnesota who get their drinking water from a private well. Grants make up $3,480,000 of the total investment. Funding will be used to provide technical assistance to private well users for well testing and mitigation and to build a sustainable and supportive statewide system that makes well testing and mitigation easy and affordable. These strategies will help meet the Clean Water Council's goal of offering well testing to all households with private wells by 2034. While these efforts will benefit all private well users across Minnesota, there will be a special focus on addressing nitrate in private well water in southeast Minnesota. This focus addresses the directives issued to Minnesota State Agencies from U.S. Environmental Protection Agency in November 2023.

The recommended funds described in this initiative includes the supplemental $2,790,000 Clean Water Funds that were appropriated in state fiscal year 2025 to provide well testing and inventory in southeast Minnesota with the previous 2024-25 Private Well Initiative request.

Rationale/Background:

About 1,100,000 Minnesotans rely on private wells for their drinking water. The Minnesota Department of Health (MDH) estimates that about half of private wells in Minnesota may have at least one of five common contaminants in well water (coliform bacteria, nitrate, arsenic, manganese, or lead) at a level that could present a health risk if not mitigated through water treatment or well repairs. The Minnesota Well Code provides some protection from contamination through location and construction requirements, but private well owners are responsible for testing their well water and addressing water quality issues. MDH recommends private well owners test every year for coliform bacteria and nitrate and at least once for arsenic, lead, and manganese. A 2016 survey of private well households found that less than 20% had tested their well water within the last two years.

This initiative will identify where private wells are in Minnesota and will ensure every private well owner understands the importance of testing their well water, knows how to test their water, has the opportunity to do so, and has technical assistance available to address water quality issues if needed. The initiative also aligns with the requests the U.S. EPA directed to Minnesota to address nitrate in groundwater in southeast Minnesota, with a specific emphasis on ensuring private wells are identified, offered an opportunity to test, and offered mitigation to address nitrate water quality issues. Finally, this initiative is supported by the Clean Water Council's goal to "Ensure that private well users have safe, sufficient, and equitable access to drinking water" by identifying risks to private well water, funding testing of private well water, supporting selected mitigation activities for private well users, and identifying policy options that will accelerate the reduction in the number of unsafe private wells.

This cumulative body of work outlined in this proposal addresses the Safe and Thriving Communities, Housing, Workforce and Healthy Minnesotans, and Children & Families target areas outlined in the Governor's One Minnesota plan. By enabling the department to provide the technical assistance and services described above to private well owners, actionable work will occur towards these target areas.

Proposal:

The goal of this initiative is to ensure that all Minnesotans who get their drinking water from a private well have safe water at the tap. This goal has been an ongoing initiative since 2016 but did not receive funding in the 2022-2023 biennium. This proposal will enable the department to:

- **Better understand and explain the occurrence and distribution of contaminants in private wells** in Minnesota. This includes identifying if there are additional common contaminants in Minnesota private well water.
- **Develop education, outreach, and technical assistance** for private well users about testing private well water for common contaminants (coliform bacteria, nitrate, arsenic, lead, and manganese) and mitigation solutions if private wells are impacted. A statewide assessment of private well users' knowledge, attitudes, and behaviors will inform and drive education and outreach approaches. Existing approaches include developing new materials and online trainings, translating materials, and sharing materials with partners.
- **Develop and strengthen partnerships** with local governments, professional organizations, and nonprofit organizations to support private well users. Activities include hosting the Private Well Forum, online training for real estate professionals, outreach to rental property owners and renters, and supporting the development of the peer-to-peer learning Minnesota Private Well Stewardship Network.
- **Make private well water quality data accessible** to the public and partners. This includes determining the platform for where data could be housed, the sources from which data will be pulled, and how the data will be displayed.
- **Develop model policies** that local partners could adopt to better protect private well users.
- **Establish a statewide well testing and inventory program.** This will build off lessons learned through 10 previous and current pilot grants.
- **Support efforts to address nitrate in private wells in southeast Minnesota.**

This recommendation will fund 4.8 FTEs who will focus on technical assistance for private well households, strategic planning, project design and implementation, health communications and outreach, partnership engagement, grant management, and initiative oversight.

Dollars in Thousands

Net Impact by Fund	FY 26	FY 27	FY 26-27	FY 28	FY 29	FY 28-29
Clean Water	2,300	3,700	6,000			
Total All Funds	**2,300**	**3,700**	**6,000**			

Fund	Component Description	FY 26	FY 27	FY 26-27	FY 28	FY 29	FY 28-29
CWF	Compensation	899	899	1,798			
CWF	Grants	1,040	2,440	3,480			
CWF	Other Operating Costs	361	361	722			

Impact on Children and Families:

Private well testing and mitigation of drinking water quality issues in households with children will help ensure that children are consuming water that is safe for them to drink and will not negatively affect their health or development in the short-term or long-term. The developing baby, infants, and children are especially vulnerable to health effects from contaminants in drinking water such Blue Baby Syndrome, gastrointestinal illnesses, and other waterborne diseases. Babies drink more water per pound of body weight than older children and adults; as such, they are at higher risk of being affected by contaminants in private well water. In addition to acute health

issues, contaminants such as arsenic, manganese, and lead in drinking water can have long-term effects on children and their development; they can reduce intelligence in children; cause problems with memory, attention, and motor skills; damage the brain, kidney, and nervous system; slow development; and lead to problems with behavior and hearing.

Equity and Inclusion:

This proposal focuses on health equity for people who get their drinking water from a private well. Private well users are in every county, come from a variety of socio-economic and ethnic backgrounds and include people of color, Native Americans, people with disabilities, people in the LGBTQ community, other protected classes, and Veterans. Private well users are not afforded the same water quality safeguards as people who get their drinking water from public water systems. This proposal aims to reduce the disparities between public water system users and private well users, and it also aims to understand and identify how to address the disparities among private well users by combining sociodemographic data with private well data to guide program development and decision-making.

Tribal Consultation:

Does this proposal have a substantial direct effect on one or more of the Minnesota Tribal governments?

☐Yes
☒No

IT Costs

None

Results:

Part A: Performance Measures

1. Describe the overall goal and expected outcome(s) of the programs and activities supported by the change item (1 to 3 sentences). How would we know that this change item was successful and over what period of time? This should align with the intended results noted in the rationale/background section.

   The goal of this initiative is to ensure that all Minnesotans who get their drinking water from a private well have safe water at the tap. The funding provided through this proposal will enable the department to enhance and build out a variety of existing technical assistance services to private well owners during the next biennium (see proposal section for specific activities). The cumulative progressive actions from this work will result in improving the health and wellbeing of all Minnesotans in alignment with the Governor's *One Minnesota* plan.

2. Describe the evidence that exists that the proposed change item will achieve the expected outcome(s) noted above (up to a paragraph, include charts as applicable). Evidence can be in evidence-based practices, qualitative or quantitative program evaluation, community or professional knowledge, logic model, or performance measurement data. If proposed efforts involve components of an evidence-based practice or were informed by a previously conducted formal program evaluation, fill out Part B.

The proposed metrics and program areas outlined in the table below are currently tracked by the department and represent tangible actions to improve the human health of Minnesotans through providing technical assistance services, targeted education programs, and testing services to private well owners in Minnesota. By supporting this proposal these efforts will be enhanced leading to greater progressive gains towards these public health objectives.

Measure	Measure type	Measure data source	Most recent data	Projected change (estimated totals)
Educational materials distributed to external partners	Quantity	Number (annual total) of educational materials sent to local partners	85,616	130,000
Volunteers actively participating in the Private Well Steward Network	Quantity	Number (annual total) of volunteers participating in the Private Well Steward Network	0	30
Translation of private well communication materials into non-English speaking languages	Quality (percentage)	Percentage (annual percentage) of private well communication materials translated into non-English speaking languages	0%	50% of total per year
Development of private well testing capabilities through local partners	Quality	Percentage (biennial total) of partners with private well testing capabilities	2	8
Household testing of private wells in MN using CWF	Result	Number (annual) of private wells tested throughout Minnesota using CWF dollars	388	10,000
Household testing of private wells in SE MN for nitrates	Result	Number (annual count) of households with private wells in SE MN that completed testing for nitrates	38	7,200
Incorporation of private wells into the MN County Well Index (CWI)	Results	Percent (annual) of private wells added to the MN CWI	78%	11% increase each year of biennium

Part B: Use of Evidence

1. Have you previously conducted a formal quantitative or qualitative program evaluation that informed the contents of this proposal? If so, please briefly describe the evaluation.
2. Are you planning to conduct a formal qualitative or quantitative program evaluation related to this proposal? Indicate what kind(s) of evaluation you will be conducting. Select all that apply.

   ___ No formal evaluation planned at this time
   ___ Not yet determined
   ___ Needs Assessment
   ___ Process or Implementation Evaluation
   ___ Summative Impact Evaluation (Randomized Control Trial (RCT) or Quasi-Experimental Design)
   ___ Summative Evaluation other than an Impact Evaluation
   ___ Other (please describe or link):

Part B is not applicable for the proposed results and outcomes in this proposal.

Part C: Evidence-Based Practices:

Part C is not applicable for the proposed results and outcomes in the proposal.

Statutory Change(s):

None

Change Item Title: Clean Water Legacy – Source Water Protection

Fiscal Impact ($000s)	FY 2026	FY 2027	FY 2028	FY 2029
General Fund				
Expenditures	0	0	0	0
Revenues	0	0	0	0
Clean Water Fund				
Expenditures	3,845	3,845	0	0
Revenues	0	0	0	0
Net Fiscal Impact = (Expenditures – Revenues)	3,845	3,845	0	0
FTEs	**15.1**	**15.1**	**0**	**0**

Recommendation:

The Governor recommends an investment of $3.845 million in FY 2026 and $3.845 million in FY 2027 from the Clean Water Fund for the Department of Health (MDH) for source water protection activities. Of the total investment, $1.55 million is for grants. The proposal maintains wellhead protection plan development and implementation efforts, increases funds available to grants to public water systems, accelerates protection efforts for public water supplies that use surface waters as sources, increases integration of drinking water protection into Minnesota's new "One Watershed One Plan" local water planning approach, and provides for development of a drinking water ambient monitoring program.

Rationale/Background:

Protecting drinking water sources (groundwater, rivers, and lakes) is the most equitable and cost-effective approach to safeguarding our drinking water today and for future generations. This funding facilitates planning and implementation specific to local needs for protecting drinking water sources. The development of plans for individual public water systems opens resources for those systems and their partners to conduct implementation activities for long term protection. Additionally, program resources are being directed towards 1) enhancing the characterization of water quality conditions using rigorous screening, monitoring, and analysis and 2) fulfilling the Clean Water Council and department strategic objectives of securing long-term protection for the most vulnerable lands in drinking water supply management areas (DWSMAs) statewide. Characterization of water quality conditions are done in partnership with the MDH Public Health laboratory which provides water analysis capacity.

Proposal:

This recommendation maintains existing capacity to deliver source water protection planning and implementation assistance to approximately 970 community water systems statewide. Formal source water protection plans developed through these efforts are increasingly important to local units of government because they unlock state and federal resources for implementation available through program partners (e.g., grant and cost share dollars from the Minnesota Board of Water and Soil Resources, U.S. Department of Agriculture, and Environmental Protection Agency). This proposal also supports implementation efforts directly by delivering $775,000 in grants to about 125 public water systems annually. These planning and implementation activities reflect directly on three objectives of the Clean Water Council's strategic plan.

This recommendation will also allow the program to accelerate work for systems that rely on surface water sources of drinking water supply. Such systems serve the largest populations, are among the most vulnerable to contamination in the state and, for related reasons, are significantly more complicated to prepare and coordinate than are source water protection plans for groundwater systems. Currently, two full-time equivalent (FTE) staff

are dedicated to surface water work. Progress in this area would help advance two key objectives of the Clean Water Council's strategic plan.

The department will continue development of programmatic capacity to support drinking water ambient monitoring efforts. The activities of this program will address increasing interest and evolving concerns about chemicals in water supplies, especially those that are not regulated by the Safe Drinking Water Act. Examples include per- and polyfluoroalkyl substances (PFAS), pharmaceuticals, and other related compounds. The work funded by this proposal will help set priorities for future characterization efforts, establish possible management options, and inform the development of health-based guidance. The overall aim is to reduce uncertainties about water quality of resources used for both public and private drinking water supplies, improve public health outcomes, and increase trust in public water systems.

The funding received for this proposal will support over 15 full or partial FTEs, mostly in various hydrologist and planning classifications. It's estimated to cost $271,000 per year for Public Health Lab water analysis. The budget covers one FTE responsible for administration of the grants program, as well as grants in the amount of $800,000 for fiscal year 2026 and $850,000 for fiscal year 2027.

Dollars in Thousands

Net Impact by Fund	FY 26	FY 27	FY 26-27	FY 28	FY 29	FY 28-29
Clean Water	3,845	3,845	7,690			
Total All Funds	**3,845**	**3,845**	**7,690**			

Fund	Component Description	FY 26	FY 27	FY 26-27	FY 28	FY 29	FY 28-29
CWF	Compensation	2,799	2,799	5,598			
CWF	Grants	775	775	1,550			
CWF	Other Operating Costs	271	271	271			

Impact on Children and Families:

Safeguarding our water sources for drinking water is an important foundation for protecting and improving the health of Minnesotans and ensures thriving communities and safe drinking water for children and families. While this program primarily works with public water systems, it coordinates its efforts with other programs such as Groundwater Restoration and Protection Strategies (GRAPs) and Private Well Initiative (PWI) to develop data, tools, and information of value to multiple constituencies. These help to leverage our impact to provide better outcomes for children and families.

Equity and Inclusion:

MDH intends to maintain staff and program resources to assist the needs of small public water systems. These systems often face the same challenges as larger systems but have fewer available technical and financial resources with which to address them. Additionally, the source water protection grants program provides priority scoring points for public water systems operating in areas that are disadvantaged by income. The ambient monitoring program fills a significant gap in data on private well water quality for the 1.1 million Minnesotans that rely on private wells. Services afforded through this proposal will be communicated to stakeholders throughout Minnesota through the MDH Source Water Protection Program, MN Clean Water Council and other stakeholder groups.

Tribal Consultation:

Does this proposal have a substantial direct effect on one or more of the Minnesota Tribal governments?

☐Yes
☒No

IT Costs

This proposal does not include IT components.

Results:

Part A: Performance Measures

The overall goal of this program is to protect Minnesota's sources of drinking water; rivers, lakes and groundwater that supply both public water systems and private wells. Activities supported by this change item should result in actionable protection plans for public water systems, implementation of those plans supported by grants and technical assistance, and better information on water quality in those sources. Ultimately, effective source water protection should result in reduction of costs for treatment and more equitable access to safe drinking water into the future.

The process is a science-based planning that is tailored to individual public water system situation needs with specific actions designed to address risks identified by technical staff in collaboration with communities. Evidence of the effectiveness of these actions comes from groundwater science, past state and national experience, and best practices in groundwater protection.

The program maintains an online collection of success stories, a story map with examples, and is creating a dashboard that will track acres of protection in vulnerable drinking water supply management areas. Effective protection is difficult to measure because it is proactive and prevents an outcome. Avoiding contamination of sources is a time-tested and proven way of reducing treatment costs for public drinking water, in addition to morbidity and mortality reduced from exposure to contaminated water.

Measure	Measure type	Measure data source	Most recent data	Projected change (estimated)
Public water system operators completing source water protection planning	Result	Number (annual count) of public water suppliers completing source water protection planning products	28	30
Ambient groundwater monitoring activities completed by public water suppliers	Quantity	Number (annual count) of public water suppliers implementing ambient groundwater monitoring programs	0	5
Source Water Protection grants issued to public water suppliers	Quality	Number (annual count) of Source Water Protection grants issued to public water suppliers for Source Water Protection implementation activities	125-150	150

Part B: Use of Evidence

Part B is not applicable for the proposed results and outcomes in this proposal.

Part C: Evidence-Based Practices:

Part C is not applicable for the proposed results and outcomes in the proposal.

Statutory Change(s):

None

Change Item Title: Reduce Cannabis Poison Control Grants

Fiscal Impact ($000s)	FY 2026	FY 2027	FY 2028	FY 2029
General Fund				
Expenditures	(72)	(71)	(71)	(71)
Revenues	0	0	0	0
Other Funds				
Expenditures	0	0	0	0
Revenues	0	0	0	0
Net Fiscal Impact = (Expenditures – Revenues)	(72)	(71)	(71)	(71)
FTEs	**0**	**0**	**0**	**0**

Request:
The Governor recommends an appropriation reduction from the general fund of $72,000 in fiscal year 2026 and $71,000 in each subsequent year to accomplish savings in the Cannabis Poison Control Grant Program.

Rationale/Background:
The work funded by this appropriation enhances work outlined in Minnesota Statute section 145.93 to focus on cannabis and cannabis-related incidents. It expands the Poison Control Center's ability to provide an appropriate and adequate telephone poison information service to the public and health professionals 24 hours a day at no cost to users, including professional development and technical resources necessary for the provision of this 911-style statewide service as it pertains to an increase in use due to the legalization of cannabis.

The grant is awarded in its entirety (current base of $795,000) to Hennepin Healthcare to run the Cannabis Poison Control hotline. Hennepin Healthcare will still be able to run this program with a reduced grant, though it will likely decrease its capacity to meet the increased demand since legalization.

Proposal:
This proposal will reduce the appropriation for a Cannabis Poison Control Grant to accomplish savings for FY2026 and beyond. These reductions will not prevent us from continuing the important work for which these funds were established, however, we cannot guarantee the capacity to meet the full need of the Poison Control Center considering the legalization of cannabis.

Impact on Children and Families:
Calls to poison control centers increase with legalization of cannabis, most often due to children ingesting cannabis unintentionally. Decreasing the capacity of the Poison Control Center may impede the ability of the Poison Control Center to meet the need of children and young families who unintentionally ingest cannabis. The decrease in funding may also decrease the Poison Control Center's ability to advertise their services in case of an emergency.

Equity and Inclusion:
There is no direct impact on equity and inclusion.

Tribal Consultation:
Does this proposal have a substantial direct effect on one or more of the Minnesota Tribal governments?

__ Yes
_x_ No

IT Costs:
None

Results:
None

Statutory Change(s):
None

Change Item Title: Reduce Cannabis Prenatal Funding

Fiscal Impact ($000s)	FY 2026	FY 2027	FY 2028	FY 2029
General Fund				
Expenditures	0	0	(1,113)	(1,113)
Revenues	0	0	0	0
Other Funds				
Expenditures	0	0	0	0
Revenues	0	0	0	0
Net Fiscal Impact = (Expenditures – Revenues)	0	0	(1,113)	(1,113)
FTEs	**0**	**0**	**0**	**0**

Request:
The Governor recommends an appropriation reduction from the general fund of $1,113,000 in fiscal year 2028 and $1,113,000 in each subsequent year to accomplish savings in the Maternal Child Health Cannabis and Substance Misuse Prevention and Education Prenatal Program.

Rationale/Background:
The Maternal Child Health Cannabis Prenatal Program was established as a coordinated program to educate pregnant individuals, lactating individuals, and individuals who may become pregnant on the adverse health effects of prenatal exposure to cannabis products and on the adverse health effects experienced by infants and children who are exposed to cannabis products in breast milk, from secondhand smoke, or from ingesting cannabinoid products. Additionally, the program must also provide education on substance use disorders, signs of substance use disorders, and treatment options for persons with a substance use disorder. This program was created in response to the legalization of cannabis products in Minnesota to ensure the safety and wellbeing of pregnant people and their infants, children, and families.

This program was identified as a source of potential savings in fiscal year 2028 and beyond as the activities completed in Fiscal years 2025, 2026, and 2027 include the research and development of materials for media campaigns and educational prevention outreach. In FY28 the materials will already be developed and an ongoing contract with a vendor to develop more materials will not be necessary.

Proposal:
The proposal reduces $1,113,000 in fiscal year 2028 and subsequent years, from a total budget of $1,834,000. Maintaining the current funding through fiscal year 2027 allows us to implement a statewide media campaign and move towards a scaled approach in fiscal year 2028. The remaining amount of funding allocated for outreach in fiscal year 2028 ($325,993) will support the development of printed educational materials with distribution directly to partner organizations, staff outreach and education directly to direct service providers, and limited social media purchases.

The reduction in fiscal year 2028 will have limited impact on staff operations, contracts, vendors, or grantees.

Impact on Children and Families:
This reduction will have limited impact on children and families, as materials will be developed before the budget reduction in 2028.

Equity and Inclusion:
The contract for the research and development of educational materials will include intentional focus and engagement across populations and communities in Minnesota.

Tribal Consultation:
Does this proposal have a substantial direct effect on one or more of the Minnesota Tribal governments?

__ Yes
X No

Materials will be available for Tribes to use. This reduction will not impact the accessibility of the materials to Tribal governments.

IT Costs:
None

Results:
Educational and marketing materials will still be developed and be available for use.

Statutory Change(s):
None

FY 2026-27 Biennial Budget Change Item

Change Item Title: Reduce Cannabis Youth Grants

Fiscal Impact ($000s)	FY 2026	FY 2027	FY 2028	FY 2029
General Fund				
Expenditures	(124)	(110)	(110)	(110)
Revenues	0	0	0	0
Other Funds				
Expenditures	0	0	0	0
Revenues	0	0	0	0
Net Fiscal Impact = (Expenditures – Revenues)	(124)	(110)	(110)	(110)
FTEs	**0**	**0**	**0**	**0**

Request:

The Governor recommends an appropriation reduction from the general fund of $124,000 in fiscal year 2026 and $110,000 in each subsequent year to accomplish savings in the Cannabis Youth Grants Program.

Rationale/Background:

The Youth Cannabis Grants Program provides funding for community-led initiatives to prevent youth use of cannabis and cannabis products – this includes youth using cannabis knowingly as well as unintentional use due to adult mishandling of cannabis products (e.g., toddlers eating cannabis gummies that are not properly stored). Pursuant to Minnesota Statute 144.197, subdivision 1, communities are funded to use a research-based framework and data-driven decision-making to implement strategies to prevent substance misuse and promote healthy behaviors which includes preventing youth cannabis use, underage drinking, tobacco use, and other substance use. The current base funding for this grant program is $1.5 million.

Proposal:

This proposal will reduce the appropriation for Cannabis Youth Grants to accomplish savings in fiscal year 2026 and beyond. While these reductions will impact the department's capacity in this area, the important work for which these funds were established will be able to continue. Additionally, with the range of funding that came from the 2023 Adult Use Cannabis bill, MDH continues to be well positioned to support programming that will help our youth live the full, dynamic, and connected lives that are the best protection against substance misuse.

Impact on Children and Families:

The Cannabis Youth Grants focus on prevention for youth and those that influence youth, including family members. A decrease in funding limits the reach of these youth-serving programs.

Equity and Inclusion:

These initiatives are focused on communities with a high Social Vulnerability for Drug Use score – meaning communities that are at greater risk for drug use (due to availability, lack of treatment resources, etc.). Reductions in this funding will impact the geographic coverage of these coalitions and the ability to have these research-based strategies reach across the state. Communities that will benefit greatly from these youth prevention efforts will not receive adequate support to raise awareness and skills to prevent youth substance use, increasing the possibility of youth substance use, substance use disorder, and potential for overdose and other negative effects of substance use and misuse.

Tribal Consultation:
Does this proposal have a substantial direct effect on one or more of the Minnesota Tribal governments?

__ Yes
_x_ No

IT Costs:
None

Results:
None

Statutory Change(s):
None

FY 2026-27 Biennial Budget Change Item

Change Item Title: Reduce Emergency Preparedness and Response Sustainability Grants

Fiscal Impact ($000s)	FY 2026	FY 2027	FY 2028	FY 2029
General Fund				
Expenditures	(427)	(423)	(423)	(423)
Revenues	0	0	0	0
Other Funds				
Expenditures	0	0	0	0
Revenues	0	0	0	0
Net Fiscal Impact = (Expenditures – Revenues)	(427)	(423)	(423)	(423)
FTEs	**0**	**0**	**0**	**0**

Request:

The Governor recommends an appropriation reduction from the general fund of $427,000 in FY 2026 and $423,000 in each subsequent year to accomplish savings in the Emergency Preparedness and Response Sustainability Grants Program.

Rationale/Background:

The Emergency Preparedness and Response Sustainability Grants have provided $8,400,000 annually to support local public health and tribal health emergency preparedness planning, response and recovery. These grants are achieving the intended purpose of supporting preparedness, response, and recovery funding at local levels to meet the public health needs of Minnesotans during natural disasters, infectious disease outbreaks and other types of disasters. The department determined that this grant program could sustain a 5% decrease and still maintain its effectiveness in supporting local public health and tribal health capacity for emergency preparedness, response and recovery.

Proposal:

This proposal will reduce the appropriation for the Emergency Preparedness and Response Grant Program to accomplish savings in FY 2026 and beyond. Even with a reduced appropriation, the grants are necessary to meet the need for state, local, and tribal public health with funding to build and maintain capacity and infrastructure emergency preparedness, response and recovery across the state. Grants continue to be distributed to Community Health Boards and Tribal Nations to support the governmental public health's system readiness to respond. Local public health and tribal health will identify emergency preparedness, response, and recovery activities that will specifically increase their jurisdictional capacities and will include:

- Dedicated public health emergency preparedness staff in every local public health agency.
- Training local public health staff, tribal staff and partners to increase capacity and capability for responding to emergencies and supporting community recovery from disasters.
- Strengthening partnerships between local public health and community organizations to increase capacity to support local communities experiencing the effects of natural disasters, infectious disease outbreaks or other emergencies impacting people's health.
- Updating and testing local public health emergency response plans to support rapid response when communities are impacted by disasters and other public health emergencies.

Impact on Children and Families:

No significant impact to children or families with this proposal.

Equity and Inclusion:
Health equity was considered both in the development of the funding formula and the grant requirements. The funding formula ensures all Tribal Nations receive sufficient funding to make investments in public health emergency preparedness. In allocating funding to Community Health Boards, the Social Vulnerability Index (SVI) for counties was calculated and applied to the overall formula. Health equity is also an essential component in the grant guidance provided to Community Health Boards (CHBs). This guidance included requirements to assess and address gaps in health equity as it relates to their emergency preparedness, response, and recovery plans, policies and activities.

Tribal Consultation:
Does this proposal have a substantial direct effect on one or more of the Minnesota Tribal governments?

__ Yes
X No

IT Costs:
None

Results:
None

Statutory Change(s):
None

FY 2026-27 Biennial Budget Change Item

Change Item Title: Reduce Home and Community-based Services Employee Scholarship Grants and Loan Forgiveness Program

Fiscal Impact ($000s)	FY 2026	FY 2027	FY 2028	FY 2029
General Fund				
Expenditures	(250)	(250)	(250)	(250)
Revenues	0	0	0	0
Other Funds				
Expenditures	0	0	0	0
Revenues	0	0	0	0
Net Fiscal Impact = (Expenditures – Revenues)	(250)	(250)	(250)	(250)
FTEs	**0**	**0**	**0**	**0**

Request:

The Governor recommends an appropriation reduction from the general fund of $250,000 in fiscal year 2026 and $250,000 in each subsequent year to accomplish savings in the Home and Community-based Services (HCBS) Employee Scholarship Grants and Loan Forgiveness Program.

Rationale/Background:

The Home and Community-based Services (HCBS) Employee Scholarship Grants and Loan Forgiveness Program is an existing program, authorized by Minnesota Statutes Sec. 144.1503, that funds employee scholarship programs at assisted living facilities, adult day care facilities, and home care services provider organizations. The program also repays qualified educational loans for employees nominated by HCBS provider organizations. Scholarships and loan forgiveness cover costs related to education in nursing and other health care fields for employees working in direct-care HCBS roles. The HCBS Employee Scholarship Grants and Loan Forgiveness Program can operate with a reduction in funding. In recent years, largely due to the impact of the COVID pandemic, some grantee organizations have needed additional time to spend down their grant funds or have not been able to spend them down completely. The program remains in high demand among HCBS providers, however; in 2024, applicants requested $3.62 million in funding, nearly two and a half times the available funding.

Proposal:

This proposed change would reduce the HCBS Employee Scholarship Grants and Loan Forgiveness Program budget in fiscal year 2026 and in each subsequent year by $250,000. The program currently awards $1,450,000 annually, with about two-thirds of the funding granted to HCBS organizations for employee scholarships and one-third awarded in loan forgiveness directly to individuals. Grant awards for scholarships typically range from $12,000 to $125,000 per organization over three years. The current standard loan forgiveness award to individuals is $12,000 over two years.

The reduction in grant funds would result in fewer organizations receiving grants for employee scholarships and fewer direct-care workers receiving loan forgiveness awards. This reduction would not significantly impact the needed staff support for internal operations and grant administration. External partners would be impacted by the reduction in funds available to support workforce development and retention through scholarships and loan forgiveness.

Impact on Children and Families:
The reduction in funding for this program will indirectly impact children and families served by HCBS direct care workers by potentially reducing the number of direct care workers who remain in the field of HCBS services because they cannot afford to continue their education without this support.

Equity and Inclusion:
HCBS direct care workers are among the lowest-paid health care professionals. Reducing the amount of assistance available to them to pursue education and training to advance in their careers may result in fewer persons choosing careers in these fields. As the HCBS direct care workforce has greater diversity than many other healthcare professions in Minnesota, the funding reduction would disproportionately impact members of diverse communities.

Tribal Consultation:
Does this proposal have a substantial direct effect on one or more of the Minnesota Tribal governments?

__ Yes
x No

IT Costs:
None

Results:
None

Statutory Change(s):
None

Change Item Title: Reduce Public Health Infrastructure Pilot Projects Grant Program

Fiscal Impact ($000s)	FY 2026	FY 2027	FY 2028	FY 2029
General Fund				
Expenditures	(2,000)	(2,000)	(2,000)	(2,000)
Revenues	0	0	0	0
Other Funds				
Expenditures	0	0	0	0
Revenues	0	0	0	0
Net Fiscal Impact = (Expenditures – Revenues)	(2,000)	(2,000)	(2,000)	(2,000)
FTEs	**0**	**0**	**0**	**0**

Request:
The Governor recommends a general fund appropriation reduction of $2,000,000 in fiscal year 2026 and $2,000,000 in each subsequent year to accomplish savings in the Public Health Infrastructure Pilot Projects grant program.

Rationale/Background:
The Public Health Infrastructure Pilot Projects grant program provides funding to selected community health boards and Tribal governments to pilot new public health delivery models. Funded projects implement innovative models across multiple jurisdictions to identify new ways to fund, structure, and strengthen the public health system. These projects are a key strategy in making the public health system more seamless and responsive. Promising models are emerging and due to the time and relationships needed to identify and implement new cross-jurisdictional models and uptake of the grant program has been slower than anticipated. Even with a reduced appropriation, the department will be able to continue funding these projects.

Proposal:
This proposal will reduce the appropriation for the Public Health Infrastructure Pilot Projects grant program to accomplish annual savings starting in FY 2026. The current annual allocation of $6 million for the Public Health Infrastructure Pilot Projects grant program funds between 10-15 innovation projects for a two-year period. With a reduction of $2,000,000 the remaining funding will be $4,000,000. This will result in a reduction in the number and/or size of grants available to community health boards and Tribal governments.

Impact on Children and Families:
None

Equity and Inclusion:
This could have an impact on the number of projects that build capacity to advance health equity and the number of projects with Tribal governments.

Tribal Consultation:
Does this proposal have a substantial direct effect on one or more of the Minnesota Tribal governments?

X Yes
__ No

This would have an impact on the availability of funds to Tribal governments.

IT Costs:
None

Results:
None

Statutory Change(s):
None

Program: Health Improvement

AT A GLANCE

- Provided nutrition services for over 163,000 pregnant women, infants, and young children.
- Promotes policy, systems, and environmental changes through its State Health Improvement Partnership (SHIP) program, which operates in 87 counties and 10 Tribal Nations and involves collaboration with over 6,400 local partners such as schools and worksites.
- Increased participation in prevention services across eight priority areas by 142%, between 2019 and 2023, for people from communities most impacted by health inequities.
- Distributed over $70M million annually in grants and loans to health care professionals and provider organizations to ensure that rural and underserved communities have access to care.
- Partnered with over 430 clinics statewide to provide direct screening services to 7,000 uninsured and underinsured individuals for breast and cervical cancer and cardiovascular health annually.

PURPOSE AND CONTEXT

The Health Improvement program is focused on an upstream approach to public health, examining and addressing the root causes of disease and inequities rather than reacting to symptoms. By working to address power imbalances, social determinants of health, health equity, health policy, and health literacy, the Health Improvement Program aims to improve the long-term health and wellbeing of all Minnesotans.

The Health Improvement program contains a cohesive set of activities designed to maintain and improve the health of all Minnesotans. Activities are built on the values of collaboration and accountability.

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

SERVICES PROVIDED

- **Child and Family Health:** Provides collaborative public health leadership that supports and strengthens systems to ensure healthy families and communities, with a focus on populations experiencing the greatest inequities in maternal and child health outcomes statewide. Administers programs focused on prenatal care; pregnancy planning; screening and services for children with special needs; nutrition for mothers, infants, and young children; and one-on-one support and education for pregnant people and families.
- **Health Promotion and Chronic Disease Prevention:** Advances health equity by collaboratively preventing and reducing the impacts of chronic disease, violence, injury, and disability. This is done through collecting, analyzing, and sharing relevant data; promoting policies and programs that help prevent chronic disease; providing cancer screenings to uninsured and under-insured residents; supporting suicide and violence prevention programs and services; and administering substance misuse prevention and recovery programs.
- **Community Health:** Provides funding, guidance, technical assistance, and training to local and Tribal health departments to build foundational public health capabilities and advance health equity. Community Health administers grants to strengthen Minnesota's public health systems; collects and reports data about the public health system; conducts a statewide health assessment; assists with accreditation for MDH and local and Tribal health departments; collects, analyzes, and shares statistics

from health surveys; and provides funding and technical assistance for local and Tribal health departments to promote health and well-being through policy, systems, and environmental change.

- **Health Policy**: Supports the health care delivery and payment systems, ensuring they are efficient, effective, equitable, and affordable for Minnesotans. Health Policy researches health care spending, insurance coverage, and other critical policy topics; supports rural and underserved urban health care systems; collects and analyzes health care workforce data; regulates health maintenance organizations; supports initiatives to create a more affordable and coordinated health care system; and administers the vital records system containing birth and death records.
- **Health Equity Performance measure and program impact evaluation** Creates ways to evaluate and measure health equity that are community-led, research-driven, and learning centered. This service is provided by mobilizing data, research, and evaluation to support MDH divisions, making data accessible to communities through improving access and data dashboards, and developing a life cycle approach to research and evaluation that addressed equity at each part of the data collection phase, and using equity-relevant metrics based on current and community-informed practice.
- **Community Engagement:** Assists with improving and sustaining community partnerships to strategically embed community-centered solutions to advance health. Support advisory bodies such as the HEAL Council and CSA Council to provide oversight and co-decision making for MDH priorities, develop and implement best practices for community engagement, and elevate community priorities through MDH channels.
- **Policy and Systems Change:** Works to advance and embed health equity and racial justice across the agency through equitable policy making and strategic systems change interventions. This work is achieved through policy review, systems change capacity building, health equity impact assessments, and other work as needed.
- **Diversity, Equity, Inclusion, and Belonging:** Advances diversity, equity, and inclusion principles and practices and improving employee engagement and belonging. Services provided include training, coaching, facilitation, and capacity building for MDH staff and leadership, and enhancing Human Resource related offerings and services.
- **American Indian Health**: Supports and promotes health in American Indian communities. This is accomplished through improving partnerships, targeting initiatives, and increasing public investments in housing, transportation, education, health care, economic opportunity, and criminal justice.
- **African American Health:** Identifying and addressing health disparities impacting African American community through policy and systems change, increased partnerships and initiatives, and increased partnerships.
- **Health Equity Strategy and Innovation:** Serves as a technical resource for the agency and its state and community partners to increase cultural understanding and deepen working relationships across program areas; identifies promising practices with communities experiencing the greatest health disadvantages; and amplifies and supports the work of communities most impacted by health inequities by leveraging data and evaluation, showcasing best practices, and administering grant programs.

RESULTS

Program Narrative results are included throughout their respective Budget Activities.

(Dollars in Thousands)

	Actual FY22	Actual FY23	Actual FY24	Estimate FY25	Forecast Base FY26	Forecast Base FY27	Governor's Recommendation FY26	Governor's Recommendation FY27
Expenditures by Fund								
1000 - General	112,413	131,437	201,639	256,667	212,970	211,012	210,097	208,158
1100 - Medical Education & Research	78,984	68,405	92					
1200 - State Government Special Rev	10,424	11,337	10,687	10,719	9,258	9,258	9,258	9,258
2000 - Restrict Misc Special Revenue	2,221	2,446	10,618	49,015	23,627	23,628	23,627	23,628
2001 - Other Misc Special Revenue	822	443	2,508	5,975	1,510	1,510	1,510	1,510
2360 - Health Care Access	34,645	36,811	47,321	62,062	53,354	50,962	54,765	53,819
2403 - Gift	0	3	7	3				
3000 - Federal	521,784	246,241	266,902	398,372	242,567	238,915	242,567	238,915
3001 - Federal TANF	11,579	11,737	11,713	11,713	11,713	11,713	11,713	11,713
3010 - Coronavirus Relief	40,066							
3015 - ARP-State Fiscal Recovery	(2,786)			570				
Total	**810,151**	**508,859**	**551,489**	**795,096**	**554,999**	**546,998**	**553,537**	**547,001**
Biennial Change				27,575		(244,588)		(246,047)
Biennial % Change				2		(18)		(18)
Governor's Change from Base								(1,459)
Governor's % Change from Base								(0)
Expenditures by Activity								
Child and Family Health	168,442	205,869	224,673	272,949	244,900	242,901	244,900	242,901
Health Promotion and Chronic Disease	41,571	47,786	64,189	137,137	78,720	77,287	76,024	74,606
Community Health	458,597	127,363	152,150	222,424	120,639	119,379	121,139	119,879
Health Policy	137,728	123,640	83,602	130,268	85,438	82,264	86,599	84,871
Office of Medical Cannabis	3,812	4,201	4,617	10				
Health Equity			12,799	18,028	14,354	14,295	14,354	14,295
Emergency Preparedness and Response			9,459	14,280	10,948	10,872	10,521	10,449
Total	**810,151**	**508,859**	**551,489**	**795,096**	**554,999**	**546,998**	**553,537**	**547,001**
Expenditures by Category								
Compensation	52,905	59,726	77,802	193,969	95,843	93,654	97,254	96,511
Operating Expenses	356,941	61,553	73,767	140,809	65,510	62,892	65,510	62,892
Grants, Aids and Subsidies	400,195	387,369	399,630	460,317	393,645	390,451	390,772	387,597
Capital Outlay-Real Property	8	189	187					

(Dollars in Thousands)

	Actual FY22	Actual FY23	Actual FY24	Estimate FY25	Forecast Base FY26	Forecast Base FY27	Governor's Recommendation FY26	Governor's Recommendation FY27
Other Financial Transaction	102	22	103	1	1	1	1	1
Total	**810,151**	**508,859**	**551,489**	**795,096**	**554,999**	**546,998**	**553,537**	**547,001**
Total Agency Expenditures	810,151	508,859	551,489	795,096	554,999	546,998	553,537	547,001
Internal Billing Expenditures	18,361	21,930	14,873	13,547	11,461	11,298	11,461	11,298
Expenditures Less Internal Billing	**791,790**	**486,929**	**536,616**	**781,549**	**543,538**	**535,700**	**542,076**	**535,703**
Full-Time Equivalents	**493.79**	**549.44**	**645.73**	**683.47**	**573.47**	**569.57**	**584.97**	**581.07**

(Dollars in Thousands)

	Actual FY22	Actual FY23	Actual FY24	Estimate FY25	Forecast Base FY26	Forecast Base FY27	Governor's Recommendation FY26	Governor's Recommendation FY27
1000 - General								
Balance Forward In	223	14,811	1,537	26,699				
Direct Appropriation	126,251	126,937	230,209	234,888	215,788	213,865	212,915	211,011
Transfers In	265		3,778	2,808	2,914	2,744	2,914	2,744
Transfers Out	786	2,421	7,156	7,728	5,732	5,597	5,732	5,597
Cancellations	548	6,437	31					
Balance Forward Out	12,993	1,453	26,698					
Expenditures	**112,413**	**131,437**	**201,639**	**256,667**	**212,970**	**211,012**	**210,097**	**208,158**
Biennial Change in Expenditures				214,457		(34,324)		(40,051)
Biennial % Change in Expenditures				88		(7)		(9)
Governor's Change from Base								(5,727)
Governor's % Change from Base								(1)
Full-Time Equivalents	76.17	112.08	153.85	182.77	176.86	176.60	176.86	176.60
1100 - Medical Education & Research								
Balance Forward In	427	434	92					
Receipts	78,991	68,134						
Transfers In	150	150						
Transfers Out	150	266						
Balance Forward Out	433	47						
Expenditures	**78,984**	**68,405**	**92**					
Biennial Change in Expenditures				(147,298)		(92)		(92)
Biennial % Change in Expenditures				(100)				
Governor's Change from Base								0
Governor's % Change from Base								
Full-Time Equivalents	1.06	0.88	0.11					
1200 - State Government Special Rev								
Balance Forward In		2,497		1,704				
Direct Appropriation	11,967	11,305	12,392	9,258	9,258	9,258	9,258	9,258
Transfers Out		1,540		243				
Cancellations		925						
Balance Forward Out	1,543		1,705					
Expenditures	**10,424**	**11,337**	**10,687**	**10,719**	**9,258**	**9,258**	**9,258**	**9,258**

(Dollars in Thousands)

	Actual FY22	Actual FY23	Actual FY24	Estimate FY25	Forecast Base FY26	Forecast Base FY27	Governor's Recommendation FY26	Governor's Recommendation FY27
Biennial Change in Expenditures				(355)		(2,890)		(2,890)
Biennial % Change in Expenditures				(2)		(14)		(14)
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents	56.13	64.21	63.90	46.56	46.56	46.56	46.56	46.56

2000 - Restrict Misc Special Revenue

Balance Forward In	5,956	6,078	20,920	27,860	3	3	3	3
Receipts	1,035	18,891	16,408	20,011	22,480	22,481	22,480	22,481
Transfers In	1,046	1,078	1,150	7,697	4,897	4,897	4,897	4,897
Transfers Out				6,550	3,750	3,750	3,750	3,750
Net Loan Activity	136	50						
Balance Forward Out	5,952	23,651	27,860	3	3	3	3	3
Expenditures	**2,221**	**2,446**	**10,618**	**49,015**	**23,627**	**23,628**	**23,627**	**23,628**
Biennial Change in Expenditures				54,967		(12,378)		(12,378)
Biennial % Change in Expenditures				1,178		(21)		(21)
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents	4.03	4.35	3.38	8.49	13.87	13.87	13.87	13.87

2001 - Other Misc Special Revenue

Balance Forward In	4,031	4,483	4,514	4,475	10	10	10	10
Receipts	661	772	2,493	1,510	1,510	1,510	1,510	1,510
Transfers Out		1,036						
Balance Forward Out	3,870	3,776	4,499	10	10	10	10	10
Expenditures	**822**	**443**	**2,508**	**5,975**	**1,510**	**1,510**	**1,510**	**1,510**
Biennial Change in Expenditures				7,218		(5,463)		(5,463)
Biennial % Change in Expenditures				571		(64)		(64)
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents	1.94	0.96	1.10	3.60				

2360 - Health Care Access

(Dollars in Thousands)

	Actual FY22	Actual FY23	Actual FY24	Estimate FY25	Forecast Base FY26	Forecast Base FY27	Governor's Recommendation FY26	Governor's Recommendation FY27
Balance Forward In	4,214	8,644	7,123	8,772				
Direct Appropriation	37,512	36,832	49,051	53,290	53,354	50,962	54,765	53,819
Transfers Out		623						
Cancellations	351	1,741	81					
Balance Forward Out	6,730	6,302	8,772					
Expenditures	**34,645**	**36,811**	**47,321**	**62,062**	**53,354**	**50,962**	**54,765**	**53,819**
Biennial Change in Expenditures				37,928		(5,067)		(799)
Biennial % Change in Expenditures				53		(5)		(1)
Governor's Change from Base								4,268
Governor's % Change from Base								4
Full-Time Equivalents	58.89	68.41	69.14	86.25	85.50	85.50	97.00	97.00

2403 - Gift

Balance Forward In	47	79	79	84	80	80	80	80
Receipts	32	3	12					
Transfers Out				1				
Balance Forward Out	79	79	84	80	80	80	80	80
Expenditures	**0**	**3**	**7**	**3**				
Biennial Change in Expenditures				8		(10)		(10)
Biennial % Change in Expenditures				300		(100)		(100)
Governor's Change from Base								0
Governor's % Change from Base								

3000 - Federal

Balance Forward In	12,585	3,919	12,315	3,886	160	160	160	160
Receipts	509,366	242,639	258,475	394,646	242,567	238,915	242,567	238,915
Balance Forward Out	168	318	3,888	160	160	160	160	160
Expenditures	**521,784**	**246,241**	**266,902**	**398,372**	**242,567**	**238,915**	**242,567**	**238,915**
Biennial Change in Expenditures				(102,750)		(183,792)		(183,792)
Biennial % Change in Expenditures				(13)		(28)		(28)
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents	285.85	296.00	352.36	353.91	248.79	245.15	248.79	245.15

(Dollars in Thousands)

	Actual FY22	Actual FY23	Actual FY24	Estimate FY25	Forecast Base FY26	Forecast Base FY27	Governor's Recommendation FY26	Governor's Recommendation FY27
3001 - Federal TANF								
Receipts	11,579	11,737	11,713	11,713	11,713	11,713	11,713	11,713
Expenditures	**11,579**	**11,737**	**11,713**	**11,713**	**11,713**	**11,713**	**11,713**	**11,713**
Biennial Change in Expenditures				110		0		0
Biennial % Change in Expenditures				0		0		0
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents	2.06	2.55	1.89	1.89	1.89	1.89	1.89	1.89
3010 - Coronavirus Relief								
Balance Forward In	62,831							
Direct Appropriation	20,737							
Cancellations	43,503							
Expenditures	**40,066**							
Biennial Change in Expenditures				(40,066)		0		0
Biennial % Change in Expenditures								
Governor's Change from Base								0
Governor's % Change from Base								
Full-Time Equivalents	7.66							
3015 - ARP-State Fiscal Recovery								
Direct Appropriation				570	0	0	0	0
Cancellations	2,786							
Expenditures	**(2,786)**			**570**				
Biennial Change in Expenditures				3,356		(570)		(570)
Biennial % Change in Expenditures								
Governor's Change from Base								0
Governor's % Change from Base								
6000 - Miscellaneous Agency								
Balance Forward In	8	54	10					
Receipts	71	69	65					

Program Financing by Fund

(Dollars in Thousands)

	Actual FY22	Actual FY23	Actual FY24	Estimate FY25	Forecast Base FY26	Forecast Base FY27	Governor's Recommendation FY26	Governor's Recommendation FY27
Transfers Out	25	113	75					
Balance Forward Out	54	10						

Program: Health Improvement
Activity: Child and Family Health

https://www.health.state.mn.us/about/org/cfh/index.html

AT A GLANCE

- Nutrition services for over 163,000 pregnant women, infants, and young children.
- Breastfeeding peer counseling services for over 8,400 women.
- Family planning counseling services for more than 20,563 individuals.
- Connected over 2800 families of infants with a newborn screening condition or birth defect to early intervention and local supports.
- Home visiting services for more than 6,500 families (>47,000 visits) in 87 counties and nine tribal nations.
- Fifty-eight percent of children served by home visiting received a developmental screen and 63% of prenatal caregivers received a depression screening.
- Bereavement support and referral services for over 524 families experiencing a fetal or infant death.
- Provides evidence-based curriculum for teen pregnancy prevention for 2050 youth and 600 parents.

PURPOSE AND CONTEXT

Health outcomes for people are greatly influenced by early-life experiences. Our activities improve long-term health outcomes by supporting Minnesota's children and families. Services focus on populations experiencing the greatest disparities in health outcomes, including families living in poverty, families of color, American Indian families, and children and adolescents with special health care needs and disabilities.

In our work, we advance factors that predict a child's lifelong success:

- Healthy births.
- Safe, stable, and nurturing environments for families.
- Access to adequate nutrition.
- Early identification of health, developmental, or social-emotional issues and provision of appropriate interventions.
- Prevention of unintended pregnancy.
- Abstaining from substance use.

SERVICES PROVIDED

Enhance the health and wellbeing of pregnant and postpartum people, promoting optimal birth outcomes for infants and aim to reduce racial, ethnic, and socioeconomic disparities in maternal and infant health. The Maternal and Child Health (MCH) program administers grants and programs to encourage early access to prenatal care, provides support services and preventative care to high-risk pregnant people prior to and during pregnancy to reduce risk of birth defects and other adverse pregnancy outcomes. MCH addresses factors that impact birth outcomes such as substance use disorders, access and availability of midwifery and doula care, and promoting infant safe sleep activities. MCH offers comprehensive statewide surveillance to identify maternal deaths and opportunities for prevention. It also oversees the distribution of grants and programs focused on enhancing maternal and infant health outcomes through population health strategies.

The Women Infant Children (WIC) Supplemental Nutrition program serves nearly 40% of all infants born in Minnesota, improving the nutrition of pregnant and postpartum women, infants, and young children through nutrition education, breastfeeding resources, and targeted supplemental foods.

Increase the proportion of planned pregnancies so families are better prepared to raise a child. The Maternal and Child Health program provides pre-pregnancy family planning grants to reproductive health providers and local public health to ensure that family planning services are accessible to low-income and high-risk individuals.

Assure early childhood screening so that children receive services and support for school readiness and success. The Children and Youth with Special Health Needs (CYSHN) program provides trainings and grants to local public health agencies so that infants and children receive early and ongoing screening, intervention, and follow-up services. Our Maternal and Child Health program develops and trains health care providers and school nurses on screening protocols.

Help children and youth with special health care needs reach their full potential. The CYSHN program addresses inequities experienced by families in accessing and paying for quality services and supports to care for their children by improving care coordination, transition from pediatric to adult health care, and ensuring families are connected early to local public health, primary and specialty care, and community resources.

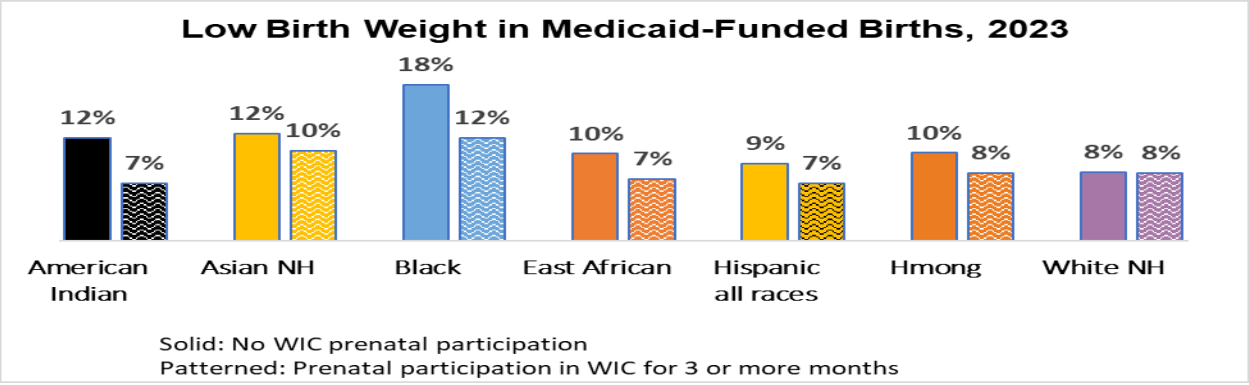
Family Home Visiting promotes health equity. By providing critical supports to families from a wide range of racial, ethnic, economic, and social backgrounds, family home visiting meets families where they are, connecting pregnant individuals with appropriate prenatal care, empowering parents to have responsive parent-child relationships, and assuring children are screened and referred to early childhood services. These are just a few key activities that address the social and economic factors that drive health disparities.

Support teens and their families so teens are successful in school, avoid unintended pregnancies, and become healthy, self-reliant adults. We provide teen pregnancy prevention and healthy youth development grants to local public health departments, schools, and non-profits. Additionally, we provide grants to school-based health centers delivering mental health support and clinical services for students and train pediatric providers, school nurses, and other youth providers in best practices in adolescent health.

RESULTS

Performance Data

Among Medicaid-funded births in Minnesota, women participating in WIC for three or more months during pregnancy were less likely to have an infant of low birth weight (less than 2500 grams), compared to those who did not participate in WIC during pregnancy.

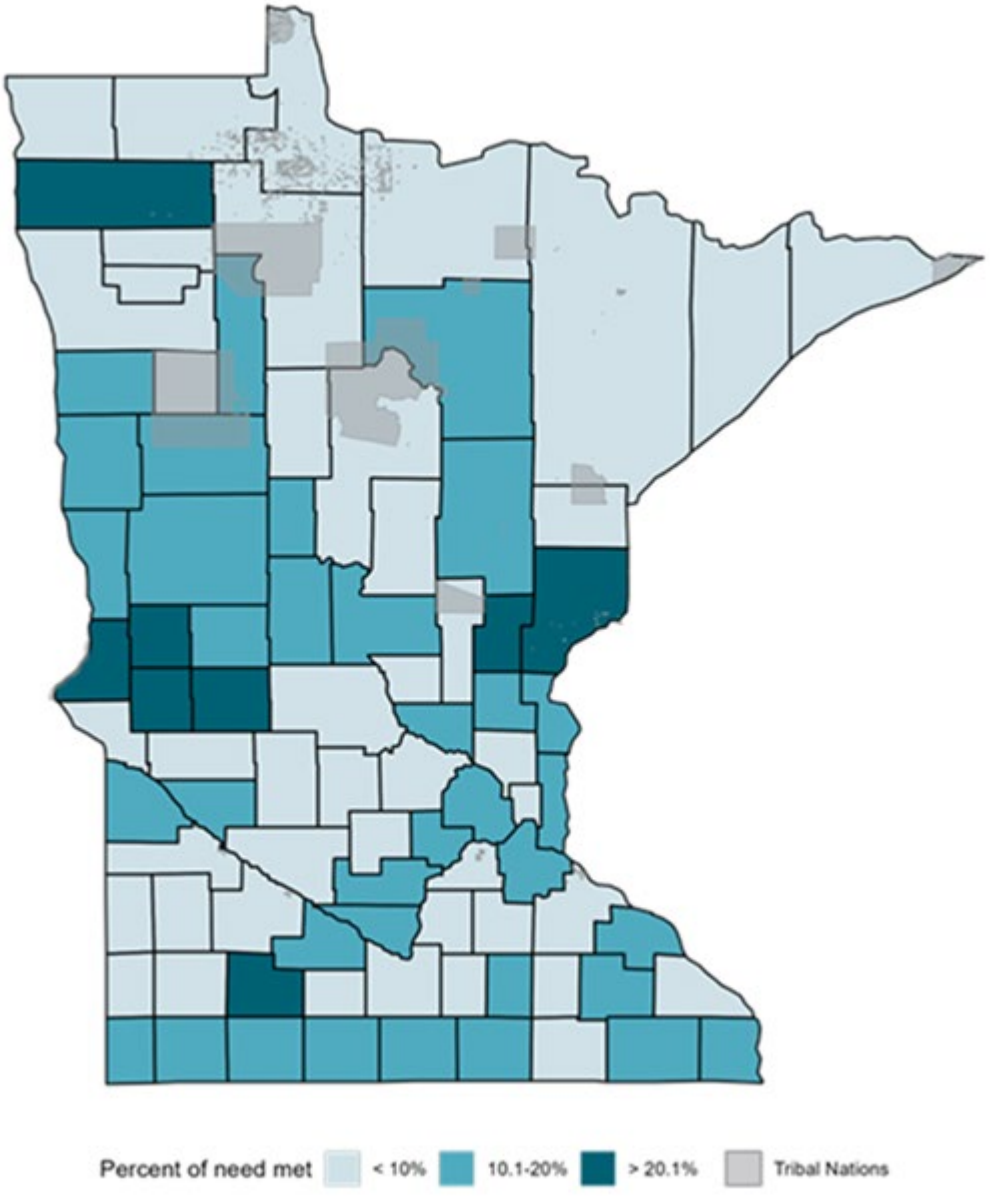


Source: Minnesota Vital Records and Minnesota WIC Information System

Families served by family home visiting in Minnesota

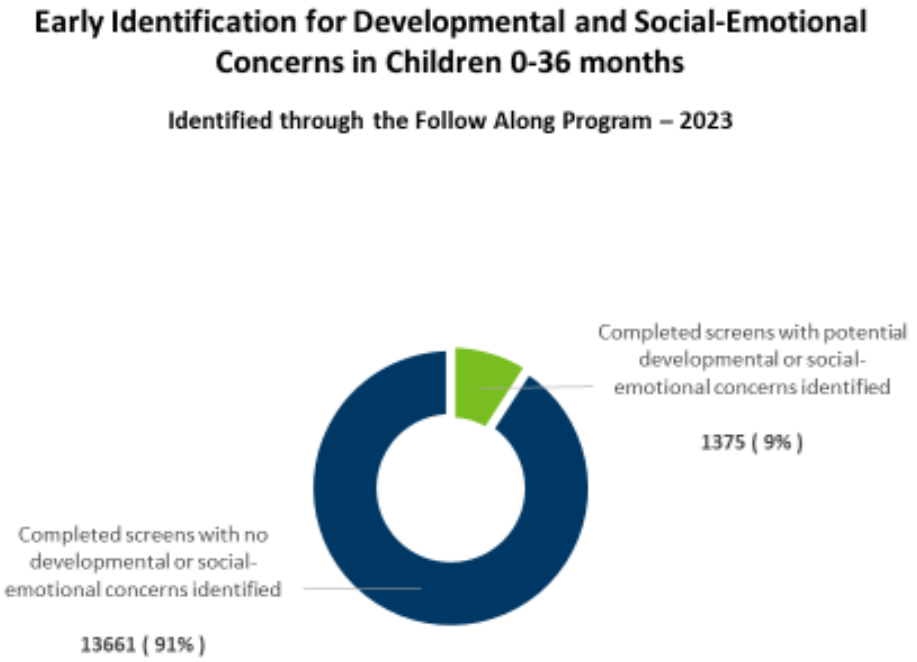
Using U.S. Census estimates, there are nearly 65,000 families who could benefit from family home visiting (i.e., families with young children living below 185% of the Federal Poverty Level). Figure 1 displays the percent of families who participated in family home visiting by county in 2023.

Figure 1: Percent of eligible families with young children served by family home visiting, by county in 2023



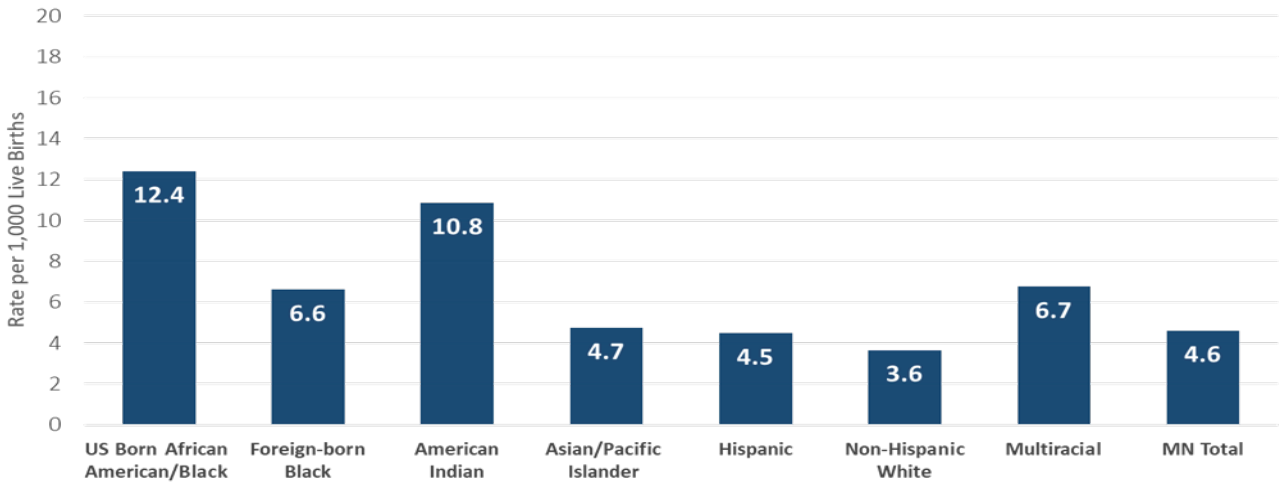
Early Identification for Developmental and Social-Emotional Concerns in Children 0-36 months identified through the Follow Along Program – 2023

Through screening and follow-up, the Follow Along Program identifies risks and provides early connections to interventions, which positively impact a child's developmental trajectory and reduces adverse outcomes. In 2023, 1375 young children were identified with potential developmental or social-emotional concerns and received follow-up/connection to services.



Minnesota infant mortality rates by selected maternal race/ethnicity & nativity, 2018-2022:

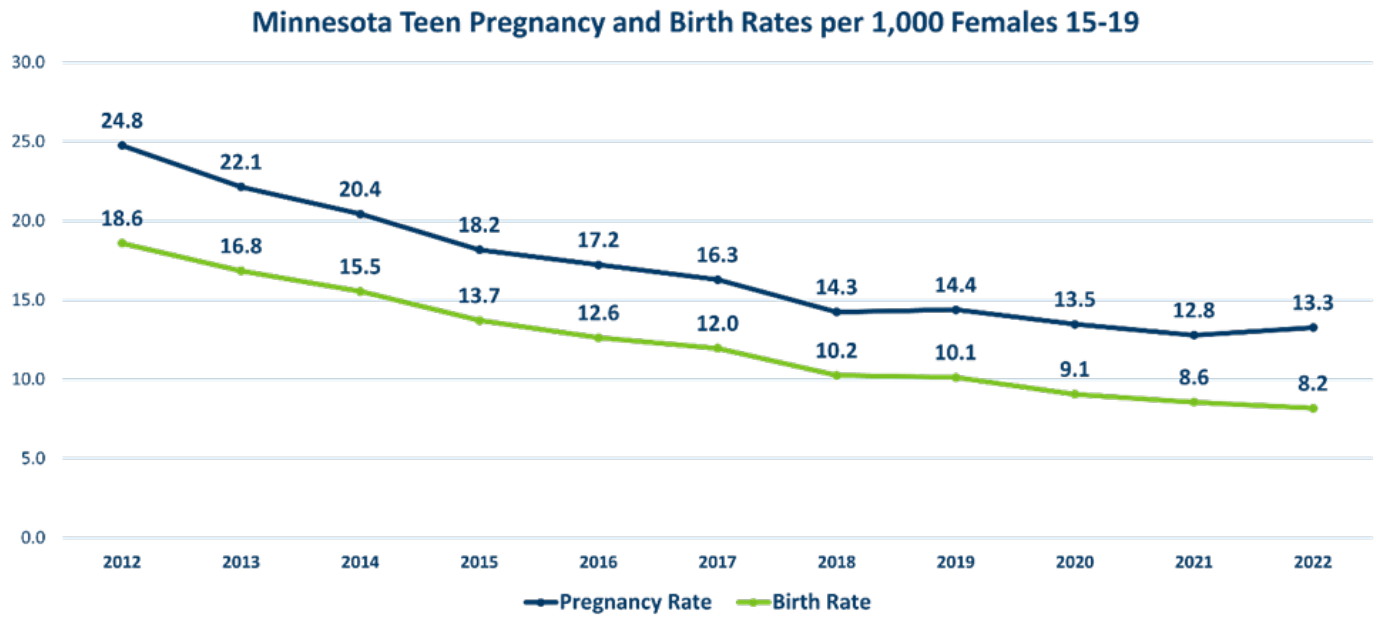
Minnesota's infant mortality rate has declined by 38% since 1990, from a high of 7.3 deaths per 1,000 live births to 4.5 in 2022. Despite Minnesota's favorable infant mortality rate and ranking, substantial variation by race and ethnicity remains due to systemic racism and the impact of social determinants of health. Infants born to U.S.-born Black and American Indian women have the highest rates of mortality (12.4 and 10.8 respectively) compared to other racial and ethnic populations in the state.



Source: Linked Birth-Infant Death Minnesota Resident Period Cohort Data File

Minnesota teen pregnancy and birth rate per 1,000 females 15-19

Teen pregnancy and birth rates have been declining in Minnesota. From 2012 to 2022, the pregnancy rate has decreased 46.4% from 24.8 to 13.3 per 1,000 females 15-19. Similarly, the teen birth rate has decreased 56.0% from 18.6 to 8.2 per 1,000 females 15-19.



Source: Center for Health Statistics, Minnesota Department of Health 2024

Evidence of Effectiveness

Evidence-based practice:	Source:	FY 24-25 Expenditures
Family Home Visiting Models: Family Connects, Early Head Start, Family Spirit, Healthy Families America, Maternal Early Childhood Sustained Home Visiting, Nurse Family Partnership, Parents as Teachers	Department of Health and Human Services Home Visiting Evidence of Effectiveness, https://homvee.acf.hhs.gov/	In 2023, $35 million in state and federal home visiting funds were awarded to 79 grantees across three grants.

Financial operations related to Help Me Connect will transfer to the Department of Children, Youth, and Families starting on July 1, 2025.

STATUTES

M.S. 144.0548 Comprehensive Drug Overdose and Morbidity Prevention Act (https://www.revisor.mn.gov/statutes/cite/144.0528)
M.S. 144.064 The Vivian Act, Cytomegalovirus (https://www.revisor.mn.gov/statutes/cite/144.064)
M.S. 144.125-144.128 Tests of Infants for Heritable and Congenital Disorders (https://www.revisor.mn.gov/statutes/cite/144.125)
M.S. 144.1251 Newborn Screening for Critical Congenital Heart Disease (CCHD) (https://www.revisor.mn.gov/statutes/cite/144.1251)
M.S. 144.1461 Dignity in Pregnancy and Childbirth (https://www.revisor.mn.gov/statutes/cite/144.1461)
M.S. 144.2215 Minnesota Birth Defects Information System (https://www.revisor.mn.gov/statutes/?id=144.2215)
M.S. 144.574 Dangers of Shaking Infants and Young Children (https://www.revisor.mn.gov/statutes/?id=144.574)
M.S. 144.966 Early Hearing Detection and Intervention Program (https://www.revisor.mn.gov/statutes/?id=144.966)

M.S. 145.88 Maternal and Child Health (https://www.revisor.mn.gov/statutes/?id=145.88)
M.S. 145.891 Maternal and Child Health Nutrition Act of 1975 (https://www.revisor.mn.gov/statutes/?id=145.891)
M.S. 145.898 Sudden Infant Death (https://www.revisor.mn.gov/statutes/?id=145.898))
M.S. 145.899 WIC Vouchers for Organics (https://www.revisor.mn.gov/statutes/?id=145.899)
M.S. 145.901 Maternal Death Studies (https://www.revisor.mn.gov/statutes/?id=145.901)
M.S.145.903 School-Based Health Centers(https://www.revisor.mn.gov/statutes/cite/145.903)
M.S. 145.905 Location for Breast-Feeding (https://www.revisor.mn.gov/statutes/?id=145.905)
M.S. 145.906 Postpartum Depression Education and Information (https://www.revisor.mn.gov/statutes/?id=145.906)
M.S. 145.925 Family Planning Grants (https://www.revisor.mn.gov/statutes/?id=145.925)
M.S. 145.9255 Minnesota Education Now and Babies Later (https://www.revisor.mn.gov/statutes/?id=145.9255)
M.S. 145.9261 Abstinence Education Grant Program (https://www.revisor.mn.gov/statutes/?id=145.9261)
M.S. 145.9265 Fetal Alcohol Syndrome Effects; Drug Exposed Infant (https://www.revisor.mn.gov/statutes/?id=145.9265)
M.S. 145.9571 Healthy Beginnings, Healthy Families Act (https://www.revisor.mn.gov/statutes/cite/145.9571)
M.S. 145A.17 Family Home Visiting Program (https://www.revisor.mn.gov/statutes/?id=145A.17)
M.S. 145A.145 Nurse Family Partnership Programs (https://www.revisor.mn.gov/statutes/2021/cite/145A.145)
M.S. 145.87 Home Visiting for Pregnant Women and Families with Young Children (https://www.revisor.mn.gov/statutes/cite/145.87)

(Dollars in Thousands)

	Actual FY22	Actual FY23	Actual FY24	Estimate FY25	Forecast Base FY26	Forecast Base FY27	Governor's Recommendation FY26	Governor's Recommendation FY27
Expenditures by Fund								
1000 - General	34,334	36,928	53,306	59,429	49,461	48,895	49,461	48,895
1200 - State Government Special Rev	1,467	1,611	2,087	2,376	2,255	2,255	2,255	2,255
2000 - Restrict Misc Special Revenue	4	2	94	294	150	150	150	150
2001 - Other Misc Special Revenue	4	7	27	16	3	3	3	3
3000 - Federal	123,047	157,583	157,446	198,551	181,318	179,885	181,318	179,885
3001 - Federal TANF	9,586	9,737	11,713	11,713	11,713	11,713	11,713	11,713
3015 - ARP-State Fiscal Recovery				570				
Total	**168,442**	**205,869**	**224,673**	**272,949**	**244,900**	**242,901**	**244,900**	**242,901**
Biennial Change				123,311		(9,821)		(9,821)
Biennial % Change				33		(2)		(2)
Governor's Change from Base								0
Governor's % Change from Base								0
Expenditures by Category								
Compensation	11,495	13,849	16,767	28,703	20,786	20,348	20,786	20,348
Operating Expenses	10,934	11,175	12,463	22,860	16,794	15,951	16,794	15,951
Grants, Aids and Subsidies	146,013	180,846	195,438	221,386	207,320	206,602	207,320	206,602
Other Financial Transaction	1	0	5					
Total	**168,442**	**205,869**	**224,673**	**272,949**	**244,900**	**242,901**	**244,900**	**242,901**
Total Agency Expenditures	168,442	205,869	224,673	272,949	244,900	242,901	244,900	242,901
Internal Billing Expenditures	4,114	4,115	3,258	3,073	3,061	2,943	3,061	2,943
Expenditures Less Internal Billing	**164,329**	**201,754**	**221,416**	**269,876**	**241,839**	**239,958**	**241,839**	**239,958**
Full-Time Equivalents	**102.10**	**121.87**	**137.74**	**134.88**	**131.70**	**129.34**	**131.70**	**129.34**

(Dollars in Thousands)

	Actual FY22	Actual FY23	Actual FY24	Estimate FY25	Forecast Base FY26	Forecast Base FY27	Governor's Recommendation FY26	Governor's Recommendation FY27
1000 - General								
Balance Forward In		2,370		2,136				
Direct Appropriation	36,445	36,515	56,546	58,377	50,326	49,750	50,326	49,750
Transfers In			200	54				
Transfers Out	129	1,499	1,301	1,138	865	855	865	855
Cancellations		458	3					
Balance Forward Out	1,982		2,135					
Expenditures	**34,334**	**36,928**	**53,306**	**59,429**	**49,461**	**48,895**	**49,461**	**48,895**
Biennial Change in Expenditures				41,473		(14,379)		(14,379)
Biennial % Change in Expenditures				58		(13)		(13)
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents	20.63	31.29	38.61	43.31	40.67	40.67	40.67	40.67

1200 - State Government Special Rev								
Balance Forward In		110		121				
Direct Appropriation	1,484	2,140	2,208	2,255	2,255	2,255	2,255	2,255
Cancellations		639						
Balance Forward Out	17		121					
Expenditures	**1,467**	**1,611**	**2,087**	**2,376**	**2,255**	**2,255**	**2,255**	**2,255**
Biennial Change in Expenditures				1,385		47		47
Biennial % Change in Expenditures				45		1		1
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents	6.82	8.10	10.61	12.25	12.25	12.25	12.25	12.25

2000 - Restrict Misc Special Revenue								
Balance Forward In	6	8	18	18				
Receipts	6	6	94	276	150	150	150	150
Balance Forward Out	8	12	18					
Expenditures	**4**	**2**	**94**	**294**	**150**	**150**	**150**	**150**
Biennial Change in Expenditures				382		(88)		(88)
Biennial % Change in Expenditures				5,838		(23)		(23)
Governor's Change from Base								0

(Dollars in Thousands)

	Actual FY22	Actual FY23	Actual FY24	Estimate FY25	Forecast Base FY26	Forecast Base FY27	Governor's Recommendation FY26	Governor's Recommendation FY27
Governor's % Change from Base								0
Full-Time Equivalents			0.46	0.46	0.46	0.46	0.46	0.46

2001 - Other Misc Special Revenue

Balance Forward In	7	13	23	13				
Receipts	18	21	16	3	3	3	3	3
Transfers Out		3						
Balance Forward Out	21	23	13					
Expenditures	**4**	**7**	**27**	**16**	**3**	**3**	**3**	**3**
Biennial Change in Expenditures				32		(37)		(37)
Biennial % Change in Expenditures				295		(86)		(86)
Governor's Change from Base								0
Governor's % Change from Base								0

2403 - Gift

Balance Forward In	1	1	1	1	1	1	1	1
Balance Forward Out	1	1	1	1	1	1	1	1

3000 - Federal

Balance Forward In	174	1,815	106	293				
Receipts	122,886	155,870	157,633	198,258	181,318	179,885	181,318	179,885
Balance Forward Out	13	102	293					
Expenditures	**123,047**	**157,583**	**157,446**	**198,551**	**181,318**	**179,885**	**181,318**	**179,885**
Biennial Change in Expenditures				75,367		5,206		5,206
Biennial % Change in Expenditures				27		1		1
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents	72.59	79.93	86.17	76.97	76.43	74.07	76.43	74.07

3001 - Federal TANF

Receipts	9,586	9,737	11,713	11,713	11,713	11,713	11,713	11,713
Expenditures	**9,586**	**9,737**	**11,713**	**11,713**	**11,713**	**11,713**	**11,713**	**11,713**
Biennial Change in Expenditures				4,102		0		0

(Dollars in Thousands)

	Actual FY22	Actual FY23	Actual FY24	Estimate FY25	Forecast Base FY26	Forecast Base FY27	Governor's Recommendation FY26	Governor's Recommendation FY27
Biennial % Change in Expenditures				21		0		0
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents	2.06	2.55	1.89	1.89	1.89	1.89	1.89	1.89

3015 - ARP-State Fiscal Recovery

Direct Appropriation		570	0	0	0	0
Expenditures		**570**				
Biennial Change in Expenditures		570		(570)		(570)
Biennial % Change in Expenditures						
Governor's Change from Base						0
Governor's % Change from Base						

Program: Health Improvement
Activity: Health Promotion and Chronic Disease

https://www.health.state.mn.us/about/org/hpcd/index.html

AT A GLANCE

- In 2024, HPCD is providing $62 million in outgoing grants to support non-profit organizations, local health departments, screening clinics, Tribal nations and communities, and community-based organizations in Minnesota. This funding is critical to build and sustain partnerships that help prevent diseases, injuries, violence, substance use, and disabilities throughout the State.
- About 49% ($37 million) of HPCD's funding is from the State's general fund.
- About two-thirds of HPCD's funding is dedicated to injury and violence prevention activities, including: substance misuse prevention, suicide prevention, human trafficking, and violence prevention. The remaining one-third is for chronic disease prevention activities, including cancer, asthma, diabetes, cardiovascular health, oral health, arthritis, and Alzheimer's and related dementias. In 2023-24, we also worked with partners to train over 120 community health workers.
- HPCD employs approximately 190 Minnesotans with expertise in data collection, analysis, and reporting; communication; technical assistance; and program planning and implementation.

PURPOSE AND CONTEXT

The Health Promotion and Chronic Disease Division (HPCD) advances health equity by collaboratively preventing and reducing the impacts of chronic disease, violence, injury, and disability. We partner with community-based organizations, local public health, Tribal Nations and communities, health care providers, and many others.

SERVICES PROVIDED

- We work to advance health equity and reduce health disparities in Minnesota.
- We develop, implement, and support culturally respectful programs designed to reduce and prevent chronic diseases and conditions, injuries, substance misuse, and violence.
- We collect, share, and use data to inform actions at the community, state, and national levels.
- We address social determinants of health and collaborate with diverse partners to strengthen impact.

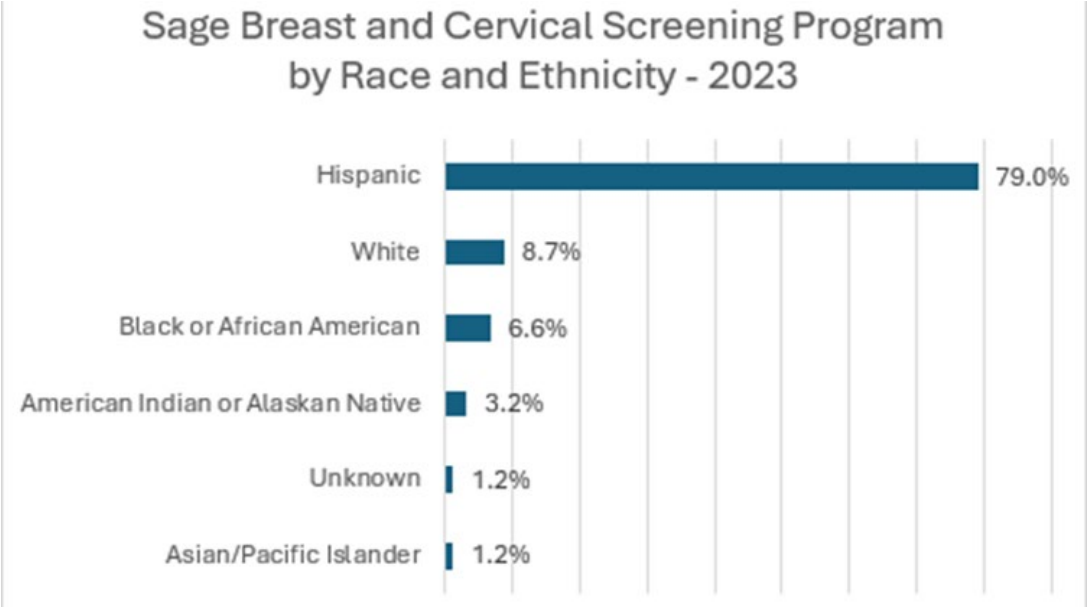
RESULTS

Serving diverse populations to reduce cancer screening disparities

The Sage Program partners with over 430 clinics statewide to provide direct screening services to 7,000 uninsured and underinsured individuals for breast and cervical cancer and cardiovascular health annually. Sage collaborates with community organizations, Tribal Nations, health systems and providers, local universities, and other governmental agencies to continue to increase reach into diverse communities.

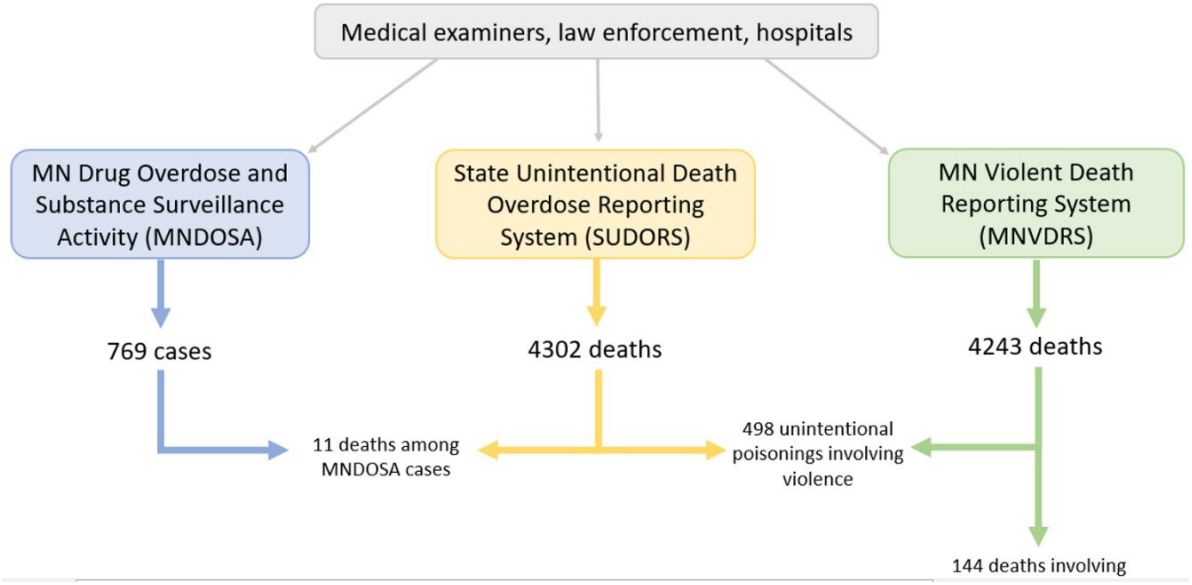
Sage additionally supports cancer screening by working with clinics to improve their health systems through implementation of evidence-based interventions.

Sage maintains a call center that delivers patient navigation services in multiple languages to over 9,500 Minnesotans annually. Navigators support underserved populations by connecting them with conveniently located screening clinics, scheduling appointments, coordinating follow-up visits, arranging transportation and interpreters, and providing health coaching.



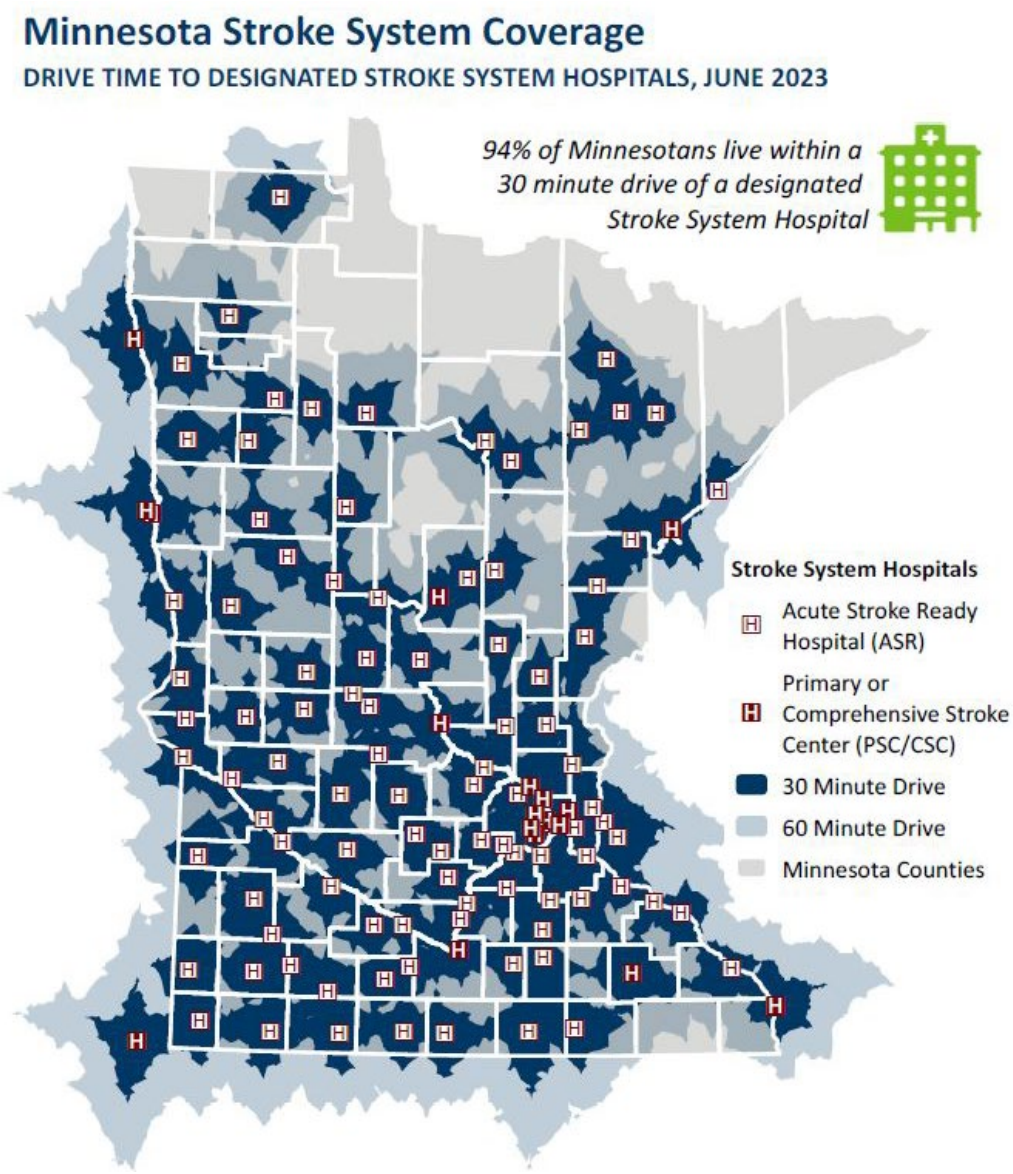
In 2013, people of color and American Indians comprised 46% of Sage breast and cervical patients. By 2023, this percentage increased to 90%.

Analyzing and using data to prevent violence, overdoses, and substance use (2019-2022)



Since 2019, MDH's Injury and Violence Prevention Section has collected critical data from medical examiners, law enforcement, and hospitals to understand the circumstances of over 9,000 violent and overdose deaths and cases of acute substance use, including suicides and intimate partner violence. Data on these deaths highlight the intersections of violence, substance use, and mental health, while pointing to common factors that can reduce risk. Findings inform effective solutions such as targeted naloxone distribution, harm reduction services, culturally responsive prevention programs, housing support, and funding for organizations that address shared risk of violent and overdose deaths. Data from 2023 show a slight decline in drug overdose deaths; however, the risk of overdose death continues to be disproportionately high among American Indian and Black communities in Minnesota.

Expanding access to designated stroke centers



The Minnesota stroke system of care ensures all hospitals are equipped and ready to provide the best care possible for suspected stroke patients. MDH is charged with collecting, analyzing, and reporting on stroke data, as well as implementing clinical practice, policy, and systems changes that reflect best practices and national guidelines, and positively impact health outcomes for stroke patients.

From 2013-2022:

- There was a 16.1 percentage point increase in patients receiving imaging within 25 minutes, rising from 56.1% to 72.2%.
- The proportion of patients receiving medication to treat stroke within 60 minutes of arrival to a hospital has increased from 73.5% to 80.9%.
- In 2023, a decade following the enactment of Minnesota Statute 144.492, 94% of Minnesotans now live within a 30-minute drive of a stroke system hospital, and 99% have access within 60 minutes.

STATUTES

M.S. 144.05 subd. 5 Firearms Data (https://www.revisor.mn.gov/statutes/?id=144.05)
M.S. 144.0528 Comprehensive Drug Overdose and Morbidity Prevention Act (https://www.revisor.mn.gov/statutes/cite/144.0528)
M.S. 144.059 Palliative Care Advisory Committee (https://www.revisor.mn.gov/statutes/cite/144.059)
M.S. 144.061 Early Dental Prevention Initiative (https://www.revisor.mn.gov/statutes/cite/144.061)
M.S. 144.1462 Community Health Workers (https://www.revisor.mn.gov/statutes/cite/144.1462)
M.S. 144.197 Cannabis Education Programs (https://www.revisor.mn.gov/statutes/cite/144.197)
M.S. 144.3885 Labor Trafficking Services Grant Program (https://www.revisor.mn.gov/statutes/cite/144.3885)
M.S. 144.492-4 Stroke Centers and Stroke Hospitals (https://www.revisor.mn.gov/statutes/?id=144.492)
M.S. 144.4941 STEMI Receiving Centers (https://www.revisor.mn.gov/statutes/cite/144.4941)
M.S. 144.6586 Notice of Rights to Sexual Assault Victim (https://www.revisor.mn.gov/statutes/?id=144.6586)
M.S. 144.661 - 144.665 Traumatic Brain and Spinal Cord Injuries (https://www.revisor.mn.gov/statutes/?id=144.661)
M.S. 144.671 - 144.69 Cancer Reporting System (https://www.revisor.mn.gov/statutes/?id=144.671)
M.S. 145.361 Long Covid and Related Conditions (https://www.revisor.mn.gov/statutes/cite/145.361)
M.S. 145.4711 - 145.4713 Sexual Assault Victims (https://www.revisor.mn.gov/statutes/?id=145.4711)
M.S. 145.4715 Reporting Prevalence of Sexual Violence (https://www.revisor.mn.gov/statutes/?id=145.4715)
M.S. 145.4716 - 145.4718 Safe Harbor for Sexually Exploited Youth (https://www.revisor.mn.gov/statutes/?id=145.4716)
M.S. 145.56 Suicide Prevention (https://www.revisor.mn.gov/statutes/?id=145.56)
M.S. 145.561 988 Suicide and Crisis Lifeline (https://www.revisor.mn.gov/statutes/cite/145.561)
M.S. 145.867 Persons Requiring Special Diets (https://www.revisor.mn.gov/statutes/?id=145.867)
M.S. 145.93 Poison Control System (https://www.revisor.mn.gov/statutes/?id=145.93)
M.S. 145.958 Youth Violence Prevention (https://www.revisor.mn.gov/statutes/?id=145.958)
M.S. 157.177 Sex Trafficking Prevention Training (https://www.revisor.mn.gov/laws/2018/0/Session+Law/Chapter/179/)
M.S. 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)

	Actual FY22	Actual FY23	Actual FY24	Estimate FY25	Forecast Base FY26	Forecast Base FY27	Governor's Recommendation FY26	Governor's Recommendation FY27
Expenditures by Fund								
1000 - General	14,109	15,748	33,173	44,192	40,498	39,934	37,802	37,253
2000 - Restrict Misc Special Revenue	1,294	1,594	1,739	9,314	11,456	11,456	11,456	11,456
2001 - Other Misc Special Revenue	108		1,831	1,506	1,502	1,502	1,502	1,502
2403 - Gift	0		4					
3000 - Federal	26,059	30,444	27,442	82,125	25,264	24,395	25,264	24,395
Total	**41,571**	**47,786**	**64,189**	**137,137**	**78,720**	**77,287**	**76,024**	**74,606**
Biennial Change				111,969		(45,319)		(50,696)
Biennial % Change				125		(23)		(25)
Governor's Change from Base								(5,377)
Governor's % Change from Base								(3)
Expenditures by Category								
Compensation	14,685	15,322	17,177	66,699	20,024	19,870	20,024	19,870
Operating Expenses	8,123	10,593	10,188	26,146	14,765	14,163	14,765	14,163
Grants, Aids and Subsidies	18,763	21,819	36,822	44,292	43,931	43,254	41,235	40,573
Capital Outlay-Real Property		51						
Other Financial Transaction		2	3					
Total	**41,571**	**47,786**	**64,189**	**137,137**	**78,720**	**77,287**	**76,024**	**74,606**
Total Agency Expenditures	41,571	47,786	64,189	137,137	78,720	77,287	76,024	74,606
Internal Billing Expenditures	3,151	3,706	3,136	2,423	2,103	2,058	2,103	2,058
Expenditures Less Internal Billing	**38,420**	**44,080**	**61,053**	**134,714**	**76,617**	**75,229**	**73,921**	**72,548**
Full-Time Equivalents	**139.07**	**141.53**	**146.54**	**144.07**	**143.49**	**142.24**	**143.49**	**142.24**

(Dollars in Thousands)

	Actual FY22	Actual FY23	Actual FY24	Estimate FY25	Forecast Base FY26	Forecast Base FY27	Governor's Recommendation FY26	Governor's Recommendation FY27
1000 - General								
Balance Forward In		1,351		3,442				
Direct Appropriation	15,403	14,839	37,448	41,655	41,360	40,796	38,664	38,115
Transfers In	265		281	851	851	851	851	851
Transfers Out		253	1,103	1,756	1,713	1,713	1,713	1,713
Cancellations	324	189	10					
Balance Forward Out	1,235		3,443					
Expenditures	**14,109**	**15,748**	**33,173**	**44,192**	**40,498**	**39,934**	**37,802**	**37,253**
Biennial Change in Expenditures				47,508		3,067		(2,310)
Biennial % Change in Expenditures				159		4		(3)
Governor's Change from Base								(5,377)
Governor's % Change from Base								(7)
Full-Time Equivalents	32.16	40.10	43.99	51.49	50.41	50.41	50.41	50.41
2000 - Restrict Misc Special Revenue								
Balance Forward In	598	584	988	450				
Receipts	177	540	51	7,717	10,309	10,309	10,309	10,309
Transfers In	1,046	1,078	1,150	1,147	1,147	1,147	1,147	1,147
Balance Forward Out	527	608	450					
Expenditures	**1,294**	**1,594**	**1,739**	**9,314**	**11,456**	**11,456**	**11,456**	**11,456**
Biennial Change in Expenditures				8,164		11,859		11,859
Biennial % Change in Expenditures				283		107		107
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents	0.92	0.82	1.37	1.37	7.37	7.37	7.37	7.37
2001 - Other Misc Special Revenue								
Balance Forward In	108	10	303	14	10	10	10	10
Receipts	10	293	1,542	1,502	1,502	1,502	1,502	1,502
Transfers Out		0						
Balance Forward Out	10	303	14	10	10	10	10	10
Expenditures	**108**		**1,831**	**1,506**	**1,502**	**1,502**	**1,502**	**1,502**
Biennial Change in Expenditures				3,229		(333)		(333)
Biennial % Change in Expenditures						(10)		(10)

(Dollars in Thousands)

	Actual FY22	Actual FY23	Actual FY24	Estimate FY25	Forecast Base FY26	Forecast Base FY27	Governor's Recommendation FY26	Governor's Recommendation FY27
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents	0.94							

2403 - Gift

Balance Forward In	25	31	33	29	29	29	29	29
Receipts	6	2	0					
Balance Forward Out	31	33	29	29	29	29	29	29
Expenditures	**0**		**4**					
Biennial Change in Expenditures				4		(4)		(4)
Biennial % Change in Expenditures								
Governor's Change from Base								0
Governor's % Change from Base								

3000 - Federal

Balance Forward In	31	261	14					
Receipts	26,028	30,184	27,428	82,125	25,264	24,395	25,264	24,395
Balance Forward Out		1	0					
Expenditures	**26,059**	**30,444**	**27,442**	**82,125**	**25,264**	**24,395**	**25,264**	**24,395**
Biennial Change in Expenditures				53,063		(59,908)		(59,908)
Biennial % Change in Expenditures				94		(55)		(55)
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents	105.05	100.61	101.18	91.21	85.71	84.46	85.71	84.46

Program: Health Improvement
Activity: Community Health

https://www.health.state.mn.us/about/org/ch/index.html

AT A GLANCE

- Monitor and analyze the performance and impact of Minnesota's governmental public health system.
- Provide support, training, and technical assistance on public health practice to Minnesota's community health boards and Tribal nations.
- Distribute funds to 51 community health boards to support local public health practice and foundational public health work.
- Connect, strengthen, and amplify health equity efforts and community issues using a regional and relational approach, through nearly 50 regional and state gatherings and over 450 one-on-one networking meetings since August 2022.
- Implement the State Health Improvement Partnership program (SHIP) in all 87 counties and with 10 Tribal nations, including collaboration with over 6,400 partners such as schools and worksites.
- Conduct health surveys that provide crucial data on health behaviors and trends in Minnesota, including the Minnesota Student Survey (every 3 years), the Behavioral Risk Factor Surveillance System (annual), Youth Tobacco Survey (every 3 years), and School Health Profiles (every 2 years).
- Analyze and share statistics on key public health issues, including cannabis use, births and deaths, and population characteristics and demographics.
- Help Minnesotans quit using commercial tobacco products through Quitline (adults), My Life My Quit (youth), and Hey Norm! (youth vaping); by June 2023, more than 18,000 Minnesotans had enrolled in Quitline, and Hey Norm! social media ads and posts were viewed more than 27 million times in 2023.

PURPOSE AND CONTEXT

State, local, and Tribal public health departments in Minnesota have a unique responsibility to detect, prevent, and respond to public health challenges, and work in partnership to carry out these responsibilities effectively. Health departments need skills and capabilities to support community health and wellbeing programs and coordinate across sectors on all the different factors that influence communities' health. Minnesota's public health system is undergoing a significant transformation to address new and longstanding gaps, so that every community can expect a basic level of public health protections. Community Health is comprised of three Centers: Public Health Practice, Health Statistics and Statewide Health Improvement Initiatives. The three centers work across the Department of Health (MDH), with local and Tribal health departments, and with multiple community partners, to build foundational capabilities and advance health equity by providing funding, guidance, technical assistance, and training.

SERVICES PROVIDED

Public health practice

- Provide training, technical assistance, and coaching to health departments on foundational public health capabilities, including health equity, communications, leadership, workforce development, organizational performance management, quality improvement, community assessment, and community partnership development.
- Bring together local elected officials and local health directors in the State Community Health Services Advisory Committee, to develop policies, practices, and guidance to ensure everyone in Minnesota has access to quality public health, regardless of where they live.

- Through Regional Health Equity Networks, work alongside community, local public health, and Tribal health to build relationships, support existing work and activities that build capacity, provide a space to share expertise and provide resources, and influence policy, structural, and system changes to provide the best health and wellness outcomes for all.
- Collect, analyze, and share data about the public health system including financing, staffing, and performance.
- Help MDH and local and Tribal health departments seek and maintain national public health accreditation.
- Conduct the statewide health assessment alongside the Healthy Minnesota Partnership, to tell the story of health in Minnesota and describe how systems and policies impact population health; use assessment findings in the statewide health improvement framework, a multi-year action plan to address priorities identified together with the Healthy Minnesota Partnership.

Health statistics

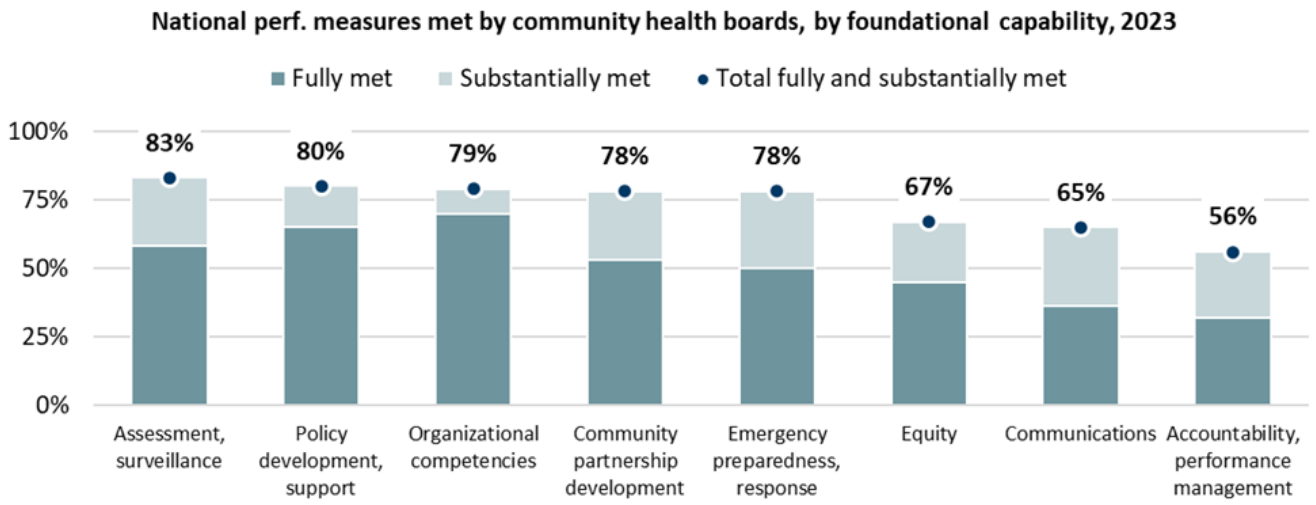
- Collect, analyze, and share data on health statistics; design and implement public health surveys, and coordinate health data collection efforts at the local level.
- Aggregate, analyze, and share data on key public health issues like cannabis use, births and deaths, population characteristics and demographics, and more
- Provide state, local, and Tribal public health staff with technical assistance and consultation on health statistics and respond to partner requests for state and county vital statistics data.
- Provide staffing and direction to the MDH Institutional Review Board.

Statewide health improvement Initiatives

- Provide funding for and technical assistance to support local and Tribal health departments to create community-level policy, systems, and environmental changes.
- Increase Minnesotans' access to programs and services that promote health and well-being in schools, workplaces, early childhood settings, health care systems, and community settings.
- Work with local public health, Tribal nations, and communities to design and implement community-led approaches and trauma-informed practices to address structural based health inequities such as lack of access to healthy food options in urban food deserts, safety issues that limit physical activity, or the intentional targeting of commercial tobacco products marketed to African American and American Indian communities.
- Provide comprehensive technical assistance through peer-to-peer and content-specific consultation calls, webinars, and communities of practice.
- Work with partners to build their capacity to collect data to assess progress and the impact of evidence-based activities.
- Assist Minnesotans who are attempting to quit using commercial tobacco products through the administration of evidence-based cessation services, including a statewide telephone-based Quitline, My Life My Quit for youth, and the online Hey Norm! campaign for youth vaping, and statewide public awareness activities that encourage using tobacco cessation services.

RESULTS

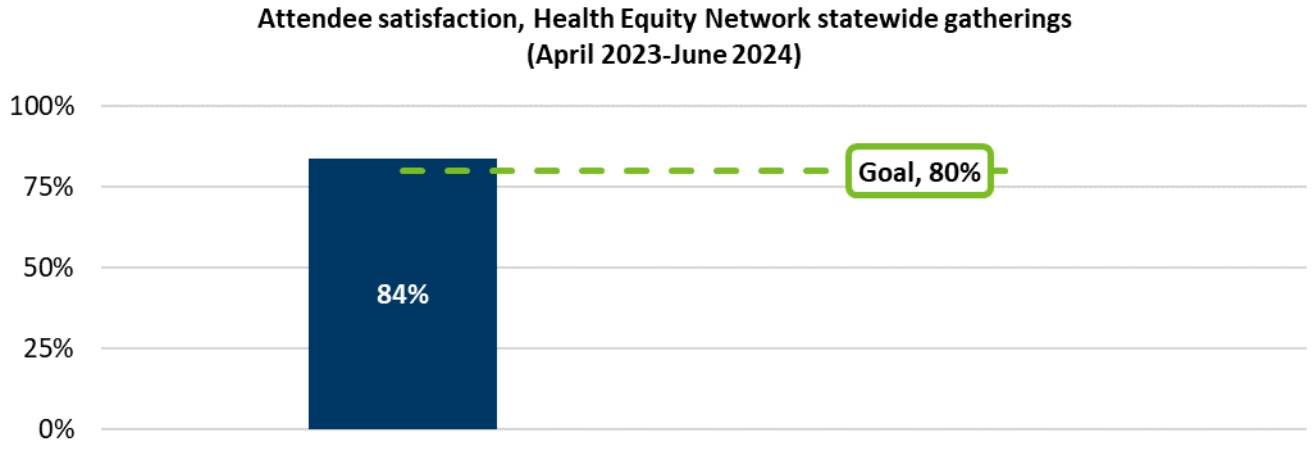
NATIONAL PUBLIC HEALTH PERFORMANCE MEASURES MET BY COMMUNITY HEALTH BOARDS



To effectively serve Minnesotans and ensure that where someone lives doesn't determine the level of public health protection they can access, the governmental public health system must fulfill an agreed-upon set of foundational public health responsibilities, including the capabilities noted above.

Minnesota's community health boards can fully or substantially meet many national public health measures within these foundational capabilities. A State Community Health Services Advisory Committee workgroup helps consider the performance measures for which the public health system should collect data, and staff from the Center for Public Health Practice coordinate coaching and technical assistance to improve performance on these key measures.

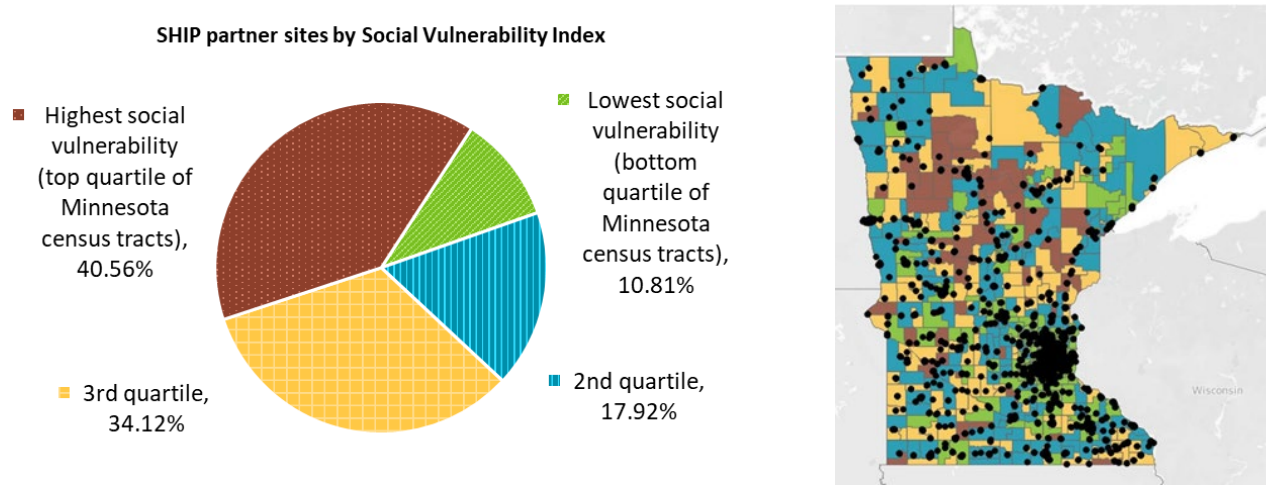
HEALTH EQUITY NETWORK PARTICIPANT SATISFACTION



The Minnesota Health Equity Networks work to connect, strengthen, and amplify health equity efforts and community issues using a regional and relational approach, growing healthy communities from the ground up.

Since beginning in 2023, Minnesota's Health Equity Networks have hosted 51 state and regional gatherings with over 2,000 participants from across the state. An overwhelming majority of participants are satisfied with gatherings' relevance, organization, and opportunities for discussion.

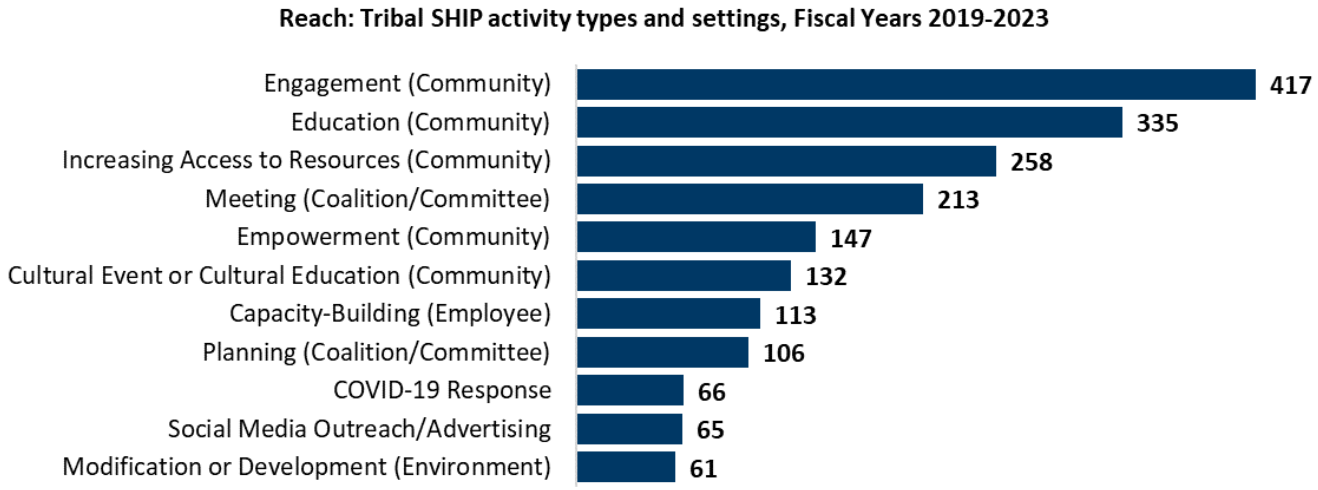
STATEWIDE HEALTH IMPROVEMENT PARTNERSHIP (SHIP) PARTNER SITES LOCATED IN AREAS WITH HIGH SOCIAL VULNERABILITY



Most Statewide Health Improvement Partnership (SHIP) partner sites can be found in counties with greater social vulnerability, as seen above.

Social vulnerability is the ability of communities to survive or thrive when confronted by external stresses on human health, including natural or human-caused disasters or disease outbreaks. Demographic and socioeconomic factors like poverty, lack of access to transportation, and crowded housing make locations more socially vulnerable. The Social Vulnerability Index (SVI) is a percentile-based index of a county-level vulnerability to disaster; Minnesota census tracts are grouped into four even quartiles of SVI.

REACH OF TRIBAL STATEWIDE HEALTH IMPROVEMENT PARTNERSHIP (SHIP) AND TRIBAL TOBACCO GRANTS PROGRAM



Minnesota's Tribal SHIP and Tribal Tobacco Grants Program help provide opportunities for tribal communities to implement culturally-driven healthy eating, active living, and traditional and commercial tobacco efforts, and

work in collaboration with other Tribal programs with similar goals to make a larger impact within their communities.

Tribes throughout Minnesota improve the health of their communities by elevating cultural wisdom and initiating intergenerational engagement. Tribes are also actively changing the culture of health within their communities by enacting culturally appropriate and community-specific commercial tobacco cessation services and policies, planting and expanding agricultural, medicinal, and community gardens, educating members on the importance of healthy lifestyles, ensuring the built environment is conducive to healthy behaviors and establishing health policies as well as other initiatives.

Evidence-based practice:	**Source:**	**FY 24-25 Expenditures**
Statewide Health Improvement Partnership (SHIP)	SHIP local public health partners work closely with schools, worksites, health care partners, and community-based organizations to implement strategies to increase access and consumption of healthy food, access and participation in physical activity and decrease first use and promote cessation of commercial tobacco. Consistent with Minnesota's Results First Initiative of statewide activities in 2022-2023 SHIP work plans, a full 82% are evidence-based and an additional 18% are theory-based which are projects that test and refine solid advances in programming.	SHIP (both local public health grants and Tribal health grants) and our MDH admin costs for SHIP total $17.5M annually

STATUTES

M.S. 62Q.075 Local Public Accountability and Collaboration Plan (https://www.revisor.mn.gov/statutes/2023/cite/62Q.075)
M.S. 62Q.33 Local Government Health Functions (https://www.revisor.mn.gov/statutes/2023/cite/62Q.33)
M.S. 144.0759 Public Health AmeriCorps (https://www.revisor.mn.gov/statutes/2023/cite/144.0759)
M.S. 144.196 Cannabis Data Collection and Biennial Reports (https://www.revisor.mn.gov/statutes/cite/144.196)
M.S. 144.197 Cannabis Education Programs (https://www.revisor.mn.gov/statutes/2023/cite/144.197)
M.S. 144.396 Tobacco Use Prevention (https://www.revisor.mn.gov/statutes/2023/cite/144.396)
M.S. 144.397 Statewide Tobacco Cessation Services (https://www.revisor.mn.gov/statutes/cite/144.397)
M.S. 145.4131 Recording and Reporting Abortion Data (https://www.revisor.mn.gov/statutes/cite/145.4131);
M.S. 145.4134 Commissioner's Public Report (https://www.revisor.mn.gov/statutes/cite/145.4134)
M.S. 145.986 Minnesota Statewide Health Improvement Program (https://www.revisor.mn.gov/statutes/2023/cite/145.986)
M.S. 145A Community Health Boards (https://www.revisor.mn.gov/statutes/?id=145A)

(Dollars in Thousands)

	Actual FY22	Actual FY23	Actual FY24	Estimate FY25	Forecast Base FY26	Forecast Base FY27	Governor's Recommendation FY26	Governor's Recommendation FY27
Expenditures by Fund								
1000 - General	50,221	57,432	57,538	70,938	65,497	65,497	65,997	65,997
2000 - Restrict Misc Special Revenue	153	73	514	25,923	3,765	3,765	3,765	3,765
2001 - Other Misc Special Revenue	5	0	2	12				
2360 - Health Care Access	17,364	17,906	18,683	19,686	17,928	17,928	17,928	17,928
2403 - Gift	0	2	0					
3000 - Federal	351,582	49,950	75,413	105,865	33,449	32,189	33,449	32,189
3001 - Federal TANF	1,992	1,999						
3010 - Coronavirus Relief	40,066							
3015 - ARP-State Fiscal Recovery	(2,786)							
Total	**458,597**	**127,363**	**152,150**	**222,424**	**120,639**	**119,379**	**121,139**	**119,879**
Biennial Change				(211,386)		(134,556)		(133,556)
Biennial % Change				(36)		(36)		(36)
Governor's Change from Base								1,000
Governor's % Change from Base								0
Expenditures by Category								
Compensation	14,568	16,153	24,065	65,444	30,650	29,433	30,650	29,433
Operating Expenses	324,716	26,038	36,652	45,905	16,533	16,533	16,533	16,533
Grants, Aids and Subsidies	119,204	85,015	91,163	111,075	73,456	73,413	73,956	73,913
Capital Outlay-Real Property	8	138	187					
Other Financial Transaction	101	19	83					
Total	**458,597**	**127,363**	**152,150**	**222,424**	**120,639**	**119,379**	**121,139**	**119,879**
Total Agency Expenditures	458,597	127,363	152,150	222,424	120,639	119,379	121,139	119,879
Internal Billing Expenditures	6,585	9,424	5,007	5,068	3,314	3,314	3,314	3,314
Expenditures Less Internal Billing	**452,012**	**117,938**	**147,144**	**217,356**	**117,325**	**116,065**	**117,825**	**116,565**
Full-Time Equivalents	**137.10**	**152.44**	**200.22**	**238.84**	**139.01**	**138.98**	**139.01**	**138.98**

(Dollars in Thousands)

	Actual FY22	Actual FY23	Actual FY24	Estimate FY25	Forecast Base FY26	Forecast Base FY27	Governor's Recommendation FY26	Governor's Recommendation FY27
1000 - General								
Balance Forward In		6,773		1,796				
Direct Appropriation	56,824	54,367	58,204	68,520	64,875	64,875	65,375	65,375
Transfers In			1,429	900	900	900	900	900
Transfers Out	517	517	298	278	278	278	278	278
Cancellations	189	3,191	1					
Balance Forward Out	5,897		1,796					
Expenditures	**50,221**	**57,432**	**57,538**	**70,938**	**65,497**	**65,497**	**65,997**	**65,997**
Biennial Change in Expenditures				20,823		2,518		3,518
Biennial % Change in Expenditures				19		2		3
Governor's Change from Base								1,000
Governor's % Change from Base								1
Full-Time Equivalents	14.72	27.64	23.34	31.32	31.32	31.32	31.32	31.32
2000 - Restrict Misc Special Revenue								
Balance Forward In	95	65	14,599	22,158				
Receipts	128	17,762	8,072	3,765	3,765	3,765	3,765	3,765
Transfers In				6,550	3,750	3,750	3,750	3,750
Transfers Out				6,550	3,750	3,750	3,750	3,750
Balance Forward Out	70	17,754	22,158					
Expenditures	**153**	**73**	**514**	**25,923**	**3,765**	**3,765**	**3,765**	**3,765**
Biennial Change in Expenditures				26,210		(18,907)		(18,907)
Biennial % Change in Expenditures				11,588		(72)		(72)
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents	0.37	0.02		4.80	4.80	4.80	4.80	4.80
2001 - Other Misc Special Revenue								
Balance Forward In	17	13	13	12				
Receipts	1	0	0					
Transfers Out		0						
Balance Forward Out	13	13	12					
Expenditures	**5**	**0**	**2**	**12**				
Biennial Change in Expenditures				9		(14)		(14)

(Dollars in Thousands)

	Actual FY22	Actual FY23	Actual FY24	Estimate FY25	Forecast Base FY26	Forecast Base FY27	Governor's Recommendation FY26	Governor's Recommendation FY27
Biennial % Change in Expenditures				197		(100)		(100)
Governor's Change from Base								0
Governor's % Change from Base								

2360 - Health Care Access

Balance Forward In	2,639	2,804	2,613	1,758				
Direct Appropriation	17,679	17,679	17,828	17,928	17,928	17,928	17,928	17,928
Cancellations	235	129	0					
Balance Forward Out	2,719	2,448	1,758					
Expenditures	**17,364**	**17,906**	**18,683**	**19,686**	**17,928**	**17,928**	**17,928**	**17,928**
Biennial Change in Expenditures				3,098		(2,513)		(2,513)
Biennial % Change in Expenditures				9		(7)		(7)
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents	13.35	17.19	20.48	25.35	24.60	24.60	24.60	24.60

2403 - Gift

Balance Forward In	13	39	39	50	50	50	50	50
Receipts	26	1	11					
Balance Forward Out	39	39	50	50	50	50	50	50
Expenditures	**0**	**2**	**0**					
Biennial Change in Expenditures				(1)		0		0
Biennial % Change in Expenditures				(83)				
Governor's Change from Base								0
Governor's % Change from Base								

3000 - Federal

Balance Forward In	12,265	1,698	12,020	3,433				
Receipts	339,330	48,320	66,828	102,432	33,449	32,189	33,449	32,189
Balance Forward Out	13	69	3,434					
Expenditures	**351,582**	**49,950**	**75,413**	**105,865**	**33,449**	**32,189**	**33,449**	**32,189**
Biennial Change in Expenditures				(220,254)		(115,640)		(115,640)
Biennial % Change in Expenditures				(55)		(64)		(64)

(Dollars in Thousands)

	Actual FY22	Actual FY23	Actual FY24	Estimate FY25	Forecast Base FY26	Forecast Base FY27	Governor's Recommendation FY26	Governor's Recommendation FY27
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents	101.00	107.59	156.40	177.37	78.29	78.26	78.29	78.26

3001 - Federal TANF

Receipts	1,992	1,999						
Expenditures	**1,992**	**1,999**						
Biennial Change in Expenditures				(3,992)		0		0
Biennial % Change in Expenditures				(100)				
Governor's Change from Base								0
Governor's % Change from Base								

3010 - Coronavirus Relief

Balance Forward In	62,831							
Direct Appropriation	20,737							
Cancellations	43,503							
Expenditures	**40,066**							
Biennial Change in Expenditures				(40,066)		0		0
Biennial % Change in Expenditures								
Governor's Change from Base								0
Governor's % Change from Base								
Full-Time Equivalents	7.66							

3015 - ARP-State Fiscal Recovery

Cancellations	2,786							
Expenditures	**(2,786)**							
Biennial Change in Expenditures				2,786		0		0
Biennial % Change in Expenditures								
Governor's Change from Base								0
Governor's % Change from Base								

Program: Health Improvement
Activity: Health Policy

https://www.health.state.mn.us/about/org/hp/index.html

AT A GLANCE

- The Health Economics Program conducts research and advanced economic analysis of health care market trends, policy options, and impacts to inform state policy makers.
- Managed Care Systems annually approves 46 medical and 3 dental provider networks and 96 pharmacy benefit manager networks that serve Minnesotans statewide.
- The Office of Rural Health and Primary Care conducts workforce research to inform policy makers and annually distributes over $70M million in grants and loans to health care professionals and provider organizations to ensure that rural and underserved communities have access to care.
- Minnesota's Health Care Homes certification program includes 427 (62%) primary care clinics that coordinate care among the primary care team, specialists, and community partners to ensure patient-centered whole person care and improve health equity and well-being.
- To optimize efficiency and patient outcomes, the Center for Health Information Policy and Transformation promotes adoption and use of standardized electronic health record systems by Minnesota's hospitals and local public health systems, clinics and nursing homes, and health plans.
- The Adverse Events Reporting System reviews between 350-500 adverse health events that occur annually at Minnesota's hospitals and ambulatory surgical centers and supports facilities in learning from factors leading to the event and preventing future harm.
- The Office of Vital Records operates Minnesota's vital records system that tracks more than 120,000 annual vital events, such as birth and death certificates, and 17,000 active users of the Minnesota Registration and Certification system.

PURPOSE AND CONTEXT

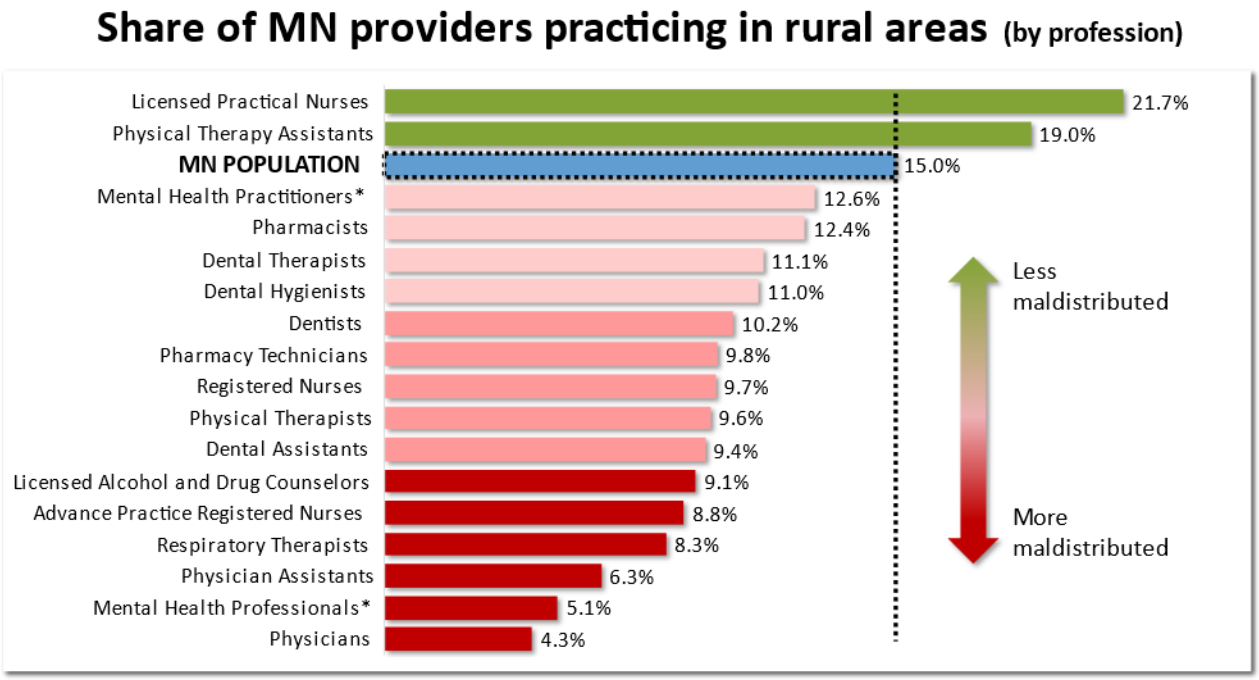
We support consumers, policymakers, and the health care delivery and payment system with information, workforce funding, education, and oversight of health care delivery and access to care. We provide statewide leadership on health care policy, market trends, research, and information exchange; administer loan forgiveness programs for the health care workforce; regulate hospital trauma center designations; regulate products offered by health maintenance organizations (HMOs); and manage the statewide vital record system for birth and death records.

Our role is to:

- Measure and report on the health care marketplace, access and quality of care, prescription drug prices, patient safety, and health workforce capacity.
- License and regulate health maintenance organization (HMO) products to ensure that HMO and Medicaid enrollees have adequate access to health care providers and quality insurance coverage.
- Support health professional education and research and provide loan forgiveness to build a strong health workforce in rural and underserved areas.
- Promote the secure exchange of health information among health care providers.
- Train and certify primary care clinics to be Health Care Homes that provide high quality, patient-centered and coordinated, team-based care.
- Issue timely birth and death certificates and provide accurate vital records data for public health research.

SERVICES PROVIDED

- Award workforce education loan repayments and grants, to encourage a continuum of core health services throughout the state.
- Administer the statewide vital records system that provides birth and death registrations, certificates, and amendments, helping consumers obtain needed identity documents for REAL ID and other benefits and services.
- Monitor and advise on health care access and quality, market conditions and trends, health care spending, drug prices, health status and disparities, health behaviors and conditions, and the impact of state and federal reform initiatives.
- Manage the Minnesota All Payer Claims Database (MN APCD), a statewide database of de-identified health care claims data and produce public use files that offer a unique opportunity for the public and researchers to learn about the costs, impacts and health outcomes of health care services and prescription drugs.
- Measure and improve clinical quality and safety in Minnesota by implementing the Statewide Quality Reporting and Measurement system and the Adverse Health Events reporting system, conducting quality audits of managed care plans, and certifying primary care clinics as Health Care Homes.
- Administer the statewide hospital trauma system by certifying trauma center designations, analyzing trauma data, and providing technical expertise to hospitals caring for trauma patients.
- Engage health organizations across the care continuum to best use their technology and data to advance health equity and support health and wellbeing.
- Certify Health Care Homes, which have been shown to improve quality outcomes for asthma, vascular care, diabetes, depression, and colorectal measures and improving patient satisfaction.
- Increase efficiencies and reduce costs in the health care system by developing standards and best practices for the exchange of business and administrative data.
- Convene and engage stakeholders annually through the statewide rural health conference (450 attendees), Health Care Homes learning days (150 attendees), and e-health conference (300 attendees).



Data source: MDH analysis of 2024 administrative records from MN licensing boards. The definition of "rural" areas is based o n Rural-Urban Commuting Area methodology developed by the U.S. Department of Agriculture.
*Mental Health Practitioners include Licensed Professional Counselors, Licensed Independent Social Workers, Licensed Social W orkers, and Licensed Graduate Social Workers. Mental Health Professionals include Licensed Independent Clinical Social Workers, Licensed Marriage and Family Therapists, Licensed Professional Clinical Counselors, and Licensed Psychologists.

Public Use Files from the Minnesota All Payer Claims Database (MN APCD), 2020-2024

Type of Measure	Name of Measure	2020	2021	2022	2023	2024 (projected)
Quantity	MN APCD public use file downloads	*486*	348	680	719	1448
Quantity	Unique APCD public use file users	*166*	81	169	188	396

Certified Health Care Homes and county representations, 2019 to 2024

Type of Measure	Name of Measure	2019	2020	2021	2022	2023	2024
Quantity	Certified health care homes in MN	*378*	389	411	388	401	427
Quantity	Level 2 clinics					70	70
Quantity	Level 3 clinics						
Quantity	Minnesota counties with a certified health care home	*64*	68	69	69	70	70

The Office of Vital Records registrations and stakeholder management, 2019-2024

Type of Measure	Name of Measure	2019	2020	2021	2022	2023
Quantity	Birth registrations	65,100	62,633	63,515	62,910	62,039
Quantity	Death registrations	45,396	52,194	51,455	51,340	49,846
Quantity	Vital record amendments and/or replacements	6,157	5,064	5,195	6,956	7,171
Quantity	Data report requests fulfilled	6,574	6,730	6,507	7,057	6,877

STATUTES

M.S. 144.1501 Office of Rural Health and Primary Care, Health Professional Education Loan Forgiveness Act (https://www.revisor.mn.gov/statutes/cite/144.1501)
M.S. 144.211 – 144.227 Vital Statistics Act (https://www.revisor.mn.gov/statutes/cite/144.211 – https://www.revisor.mn.gov/statutes/cite/144.227)
M.S. 144.695 -144.703 Minnesota Health Care Cost Information Act (https://www.revisor.mn.gov/statutes/cite/144.695 – https://www.revisor.mn.gov/statutes/cite/144.703)
M.S. 144.706-144.7069 Adverse Health Reporting System (https://www.revisor.mn.gov/statutes/cite/144.7067)
M.S. 62D Health Maintenance Organizations (https://www.revisor.mn.gov/statutes/cite/62D)
M.S. 62J.17 Capital Expenditure Reporting (https://www.revisor.mn.gov/statutes/cite/62J.17)
M.S. 62J.321 Health Economics Program (https://www.revisor.mn.gov/statutes/cite/62J.321)
M.S. 62J.38 Cost Containment from Group Purchasers (https://www.revisor.mn.gov/statutes/cite/62J.38)
M.S. 62J.321 Data Collection (https://www.revisor.mn.gov/statutes/cite/62J.321)
M.S. 62J.495 – 62J.497 Electronic Health Record Technology (https://www.revisor.mn.gov/statutes/cite/62J.495 – https://www.revisor.mn.gov/statutes/cite/62J.497)
M.S. 62J.63 Center for Health Care Purchasing Improvement (https://www.revisor.mn.gov/statutes/cite/62J.63)

M.S. 62U.02 Payment Restructuring; Quality Incentive Payments (https://www.revisor.mn.gov/statutes/cite/62U.02)
M.S. 62U.04 Payment Reform; Health Care Costs; Quality Outcomes (https://www.revisor.mn.gov/statutes/cite/62U.04)

(Dollars in Thousands)

	Actual FY22	Actual FY23	Actual FY24	Estimate FY25	Forecast Base FY26	Forecast Base FY27	Governor's Recommendation FY26	Governor's Recommendation FY27
Expenditures by Fund								
1000 - General	13,619	20,767	33,928	49,790	32,212	31,519	31,962	31,269
1100 - Medical Education & Research	78,984	68,405	92					
1200 - State Government Special Rev	5,274	6,088	5,420	8,343	7,003	7,003	7,003	7,003
2000 - Restrict Misc Special Revenue	769	776	8,271	13,484	8,256	8,257	8,256	8,257
2001 - Other Misc Special Revenue	706	435	649	4,441	5	5	5	5
2360 - Health Care Access	17,280	18,904	28,638	42,376	35,426	33,034	36,837	35,891
2403 - Gift		1	3	3				
3000 - Federal	21,095	8,264	6,602	11,831	2,536	2,446	2,536	2,446
Total	**137,728**	**123,640**	**83,602**	**130,268**	**85,438**	**82,264**	**86,599**	**84,871**
Biennial Change				(47,498)		(46,168)		(42,400)
Biennial % Change				(18)		(22)		(20)
Governor's Change from Base								3,768
Governor's % Change from Base								2
Expenditures by Category								
Compensation	10,733	12,519	14,907	27,672	18,933	18,553	20,344	21,410
Operating Expenses	10,778	11,430	12,365	38,538	15,762	14,724	15,762	14,724
Grants, Aids and Subsidies	116,216	99,689	56,319	64,057	50,742	48,986	50,492	48,736
Other Financial Transaction	0	2	12	1	1	1	1	1
Total	**137,728**	**123,640**	**83,602**	**130,268**	**85,438**	**82,264**	**86,599**	**84,871**
Total Agency Expenditures	137,728	123,640	83,602	130,268	85,438	82,264	86,599	84,871
Internal Billing Expenditures	3,773	4,143	2,897	2,983	2,983	2,983	2,983	2,983
Expenditures Less Internal Billing	**133,955**	**119,497**	**80,705**	**127,285**	**82,455**	**79,281**	**83,616**	**81,888**
Full-Time Equivalents	**101.24**	**115.35**	**122.32**	**137.01**	**130.60**	**130.34**	**142.10**	**141.84**

(Dollars in Thousands)

	Actual FY22	Actual FY23	Actual FY24	Estimate FY25	Forecast Base FY26	Forecast Base FY27	Governor's Recommendation FY26	Governor's Recommendation FY27
1000 - General								
Balance Forward In	223	3,617	1,537	15,083				
Direct Appropriation	16,798	20,435	49,278	36,084	33,055	32,413	32,805	32,163
Transfers In			1,378	513	673	503	673	503
Transfers Out	140	152	3,168	1,890	1,516	1,397	1,516	1,397
Cancellations	35	1,680	16					
Balance Forward Out	3,227	1,453	15,082					
Expenditures	**13,619**	**20,767**	**33,928**	**49,790**	**32,212**	**31,519**	**31,962**	**31,269**
Biennial Change in Expenditures				49,331		(19,987)		(20,487)
Biennial % Change in Expenditures				143		(24)		(24)
Governor's Change from Base								(500)
Governor's % Change from Base								(1)
Full-Time Equivalents	8.66	13.05	27.98	27.98	25.79	25.53	25.79	25.53
1100 - Medical Education & Research								
Balance Forward In	427	434	92					
Receipts	78,991	68,134						
Transfers In	150	150						
Transfers Out	150	266						
Balance Forward Out	433	47						
Expenditures	**78,984**	**68,405**	**92**					
Biennial Change in Expenditures				(147,298)		(92)		(92)
Biennial % Change in Expenditures				(100)				
Governor's Change from Base								0
Governor's % Change from Base								
Full-Time Equivalents	1.06	0.88	0.11					
1200 - State Government Special Rev								
Balance Forward In		940		1,340				
Direct Appropriation	5,766	5,741	6,760	7,003	7,003	7,003	7,003	7,003
Transfers Out		400						
Cancellations		193						
Balance Forward Out	492		1,340					
Expenditures	**5,274**	**6,088**	**5,420**	**8,343**	**7,003**	**7,003**	**7,003**	**7,003**

(Dollars in Thousands)

	Actual FY22	Actual FY23	Actual FY24	Estimate FY25	Forecast Base FY26	Forecast Base FY27	Governor's Recommendation FY26	Governor's Recommendation FY27
Biennial Change in Expenditures				2,401		243		243
Biennial % Change in Expenditures				21		2		2
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents	35.03	37.86	34.31	34.31	34.31	34.31	34.31	34.31

2000 - Restrict Misc Special Revenue

Balance Forward In	5,256	5,421	5,314	5,234	3	3	3	3
Receipts	723	582	8,191	8,253	8,256	8,257	8,256	8,257
Net Loan Activity	136	50						
Balance Forward Out	5,346	5,277	5,234	3	3	3	3	3
Expenditures	**769**	**776**	**8,271**	**13,484**	**8,256**	**8,257**	**8,256**	**8,257**
Biennial Change in Expenditures				20,210		(5,242)		(5,242)
Biennial % Change in Expenditures				1,308		(24)		(24)
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents	2.74	3.51	1.55	1.86	1.24	1.24	1.24	1.24

2001 - Other Misc Special Revenue

Balance Forward In	3,900	4,447	4,175	4,436				
Receipts	632	458	934	5	5	5	5	5
Transfers Out		1,033						
Balance Forward Out	3,825	3,437	4,460					
Expenditures	**706**	**435**	**649**	**4,441**	**5**	**5**	**5**	**5**
Biennial Change in Expenditures				3,948		(5,080)		(5,080)
Biennial % Change in Expenditures				346		(100)		(100)
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents	1.00	0.96	1.10	3.60				

2360 - Health Care Access

Balance Forward In	1,575	5,840	4,510	7,014				
Direct Appropriation	19,833	19,153	31,223	35,362	35,426	33,034	36,837	35,891

(Dollars in Thousands)

	Actual FY22	Actual FY23	Actual FY24	Estimate FY25	Forecast Base FY26	Forecast Base FY27	Governor's Recommendation FY26	Governor's Recommendation FY27
Transfers Out		623						
Cancellations	116	1,612	81					
Balance Forward Out	4,011	3,854	7,013					
Expenditures	**17,280**	**18,904**	**28,638**	**42,376**	**35,426**	**33,034**	**36,837**	**35,891**
Biennial Change in Expenditures				34,830		(2,554)		1,714
Biennial % Change in Expenditures				96		(4)		2
Governor's Change from Base								4,268
Governor's % Change from Base								6
Full-Time Equivalents	45.54	51.22	48.66	60.90	60.90	60.90	72.40	72.40

2403 - Gift

Balance Forward In	7	7	6	3				
Balance Forward Out	7	6	3					
Expenditures		**1**	**3**	**3**				
Biennial Change in Expenditures				5		(6)		(6)
Biennial % Change in Expenditures						(100)		(100)
Governor's Change from Base								0
Governor's % Change from Base								

3000 - Federal

Balance Forward In	115	146	175	160	160	160	160	160
Receipts	21,122	8,264	6,586	11,831	2,536	2,446	2,536	2,446
Balance Forward Out	142	146	160	160	160	160	160	160
Expenditures	**21,095**	**8,264**	**6,602**	**11,831**	**2,536**	**2,446**	**2,536**	**2,446**
Biennial Change in Expenditures				(10,926)		(13,451)		(13,451)
Biennial % Change in Expenditures				(37)		(73)		(73)
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents	7.21	7.87	8.61	8.36	8.36	8.36	8.36	8.36

6000 - Miscellaneous Agency

Balance Forward In	8	54	10					
Receipts	71	69	65					

(Dollars in Thousands)

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY22	FY23	FY24	FY25	FY26	FY27	FY26	FY27
Transfers Out	25	113	75					
Balance Forward Out	54	10						

Program: Health Improvement
Activity: Office of Medical Cannabis

https://www.health.state.mn.us/people/cannabis/index.html

During the 2023 and 2024 legislative sessions, the Minnesota Legislature enacted various laws and statutory changes that moved the Office of Medical Cannabis from the Minnesota Department of Health to the newly established Office of Cannabis Management. The following fiscal pages include actual expenditures for the Medical Cannabis budget activity at the Department of Health for fiscal years 2022 to 2025. For the forecast base, consult the Office of Cannabis Management budget book.

(Dollars in Thousands)

	Actual FY22	Actual FY23	Actual FY24	Estimate FY25	Forecast Base FY26	Forecast Base FY27	Governor's Recommendation FY26	Governor's Recommendation FY27
Expenditures by Fund								
1000 - General	129	562	1,437	10				
1200 - State Government Special Rev	3,684	3,639	3,181					
Total	**3,812**	**4,201**	**4,617**	**10**				
Biennial Change				(3,386)		(4,627)		(4,627)
Biennial % Change				(42)		(100)		(100)
Governor's Change from Base								0
Governor's % Change from Base								
Expenditures by Category								
Compensation	1,423	1,884	2,703	2				
Operating Expenses	2,389	2,317	1,915	8				
Grants, Aids and Subsidies		0						
Other Financial Transaction		0	0					
Total	**3,812**	**4,201**	**4,617**	**10**				
Total Agency Expenditures	3,812	4,201	4,617	10				
Internal Billing Expenditures	738	541	576					
Expenditures Less Internal Billing	**3,075**	**3,659**	**4,042**	**10**				
Full-Time Equivalents	**14.28**	**18.25**	**23.99**					

(Dollars in Thousands)

	Actual FY22	Actual FY23	Actual FY24	Estimate FY25	Forecast Base FY26	Forecast Base FY27	Governor's Recommendation FY26	Governor's Recommendation FY27
1000 - General								
Balance Forward In		700		1,007				
Direct Appropriation	781	781	2,607					
Transfers Out			164	997				
Cancellations		919						
Balance Forward Out	652		1,006					
Expenditures	**129**	**562**	**1,437**	**10**				
Biennial Change in Expenditures				756		(1,447)		(1,447)
Biennial % Change in Expenditures				109		(100)		(100)
Governor's Change from Base								0
Governor's % Change from Base								
Full-Time Equivalents			5.01					
1200 - State Government Special Rev								
Balance Forward In		1,447		243				
Direct Appropriation	4,717	3,424	3,424					
Transfers Out		1,140		243				
Cancellations		92						
Balance Forward Out	1,033		243					
Expenditures	**3,684**	**3,639**	**3,181**					
Biennial Change in Expenditures				(4,142)		(3,181)		(3,181)
Biennial % Change in Expenditures				(57)				
Governor's Change from Base								0
Governor's % Change from Base								
Full-Time Equivalents	14.28	18.25	18.98					
2403 - Gift								
Balance Forward In	1	1	1	1				
Transfers Out				1				
Balance Forward Out	1	1	1					

Program: Health Improvement
Activity: Health Equity

https://www.health.state.mn.us/communities/equity/index.html

AT A GLANCE

- Provide support and guidance to the Minnesota Department of Health (MDH) and local public health on equitable community engagement.
- Provide internal capacity building, coaching, technical assistance, guidance, support, and tools to embed racial and health equity lenses for program design, planning, implementation, and evaluation; procurement; and grantmaking.
- Foster accountability and performance to build health and racial equity science into state public health.
- Strengthen the work between MDH and communities most impacted by health inequities and disparities.
- Embed diversity, equity, inclusion, and belonging (DEIB) strategies throughout MDH to proactively and consistently promote a diverse, equitable, inclusive, and accessible workplace that values and uplifts employees.

PURPOSE AND CONTEXT

The Health Equity Bureau champions transformative health equity practices grounded in principles of equity, justice, and empowerment. We strive for a future where all communities are thriving, healthy, and liberated from systemic and structural oppression. We build equity foundational capabilities for Minnesota public health to transform the systems, policies, practices, and relationships that maintain unjust power imbalances, structural racism, and colonialism by centering community-driven initiatives that move away from deficit models and instead measure the impacts rooted in well-being, resiliency, and vibrancy. We provide technical assistance, leadership development, and tools and resources based in health equity science and research. We're committed to leading the state in community-designed innovative and transformative initiatives that measure impactful outcomes that address equity.

SERVICES PROVIDED

Health Equity Capacity and Systems, Policy, and Practices Transformation, and Health Equity Strategists

- Develop continuous learning opportunities for MDH employees to better understand structural racial and health inequities, including those amongst rural communities.
- Prepare MDH supervisors with the knowledge, skills, ideologies, and lenses to dismantle structural racism in their leadership roles across the agency.
- Develop and evaluate internal policies, practices, and guidance to ensure equity.
- Embed and assess health equity outcomes in the agency-wide strategic planning process.
- Formulate a health equity funding strategy to prepare grants in collaboration with divisional and community partners to uplift communities addressing equity issues.
- Recommend community-based research and performance measures to develop and analyze outcomes to determine short and long-term impacts.

Equity Science and Research

- Measure and interpret equity science data in public health practice. Provide technical assistance in data collection, analysis, interpretation, and dissemination. Instruct how publication and data interpretation may reinforce or negatively exacerbate inequities, or conversely, close gaps and reduce disparities.

- Propose data disaggregation by race, ethnicity, gender and sexual orientation, data sharing, and respond to public requests for health equity data and resources.
- Organize MDH programs and community stakeholders to measure the impact of health inequities on the populations they serve. Coordinate with community partners that serve on councils in association with grants in the Health Equity Bureau.
- Analyze patterns and factors that contribute to health inequities that come from historical and contemporary injustices that create barriers to health and well-being.
- Build evidence to guide programs, policy, communications, and future scientific studies focused on eliminating inequities in relation to the social determinants of health.

Equity in Public Health Grantmaking

- Establish a framework and provide technical assistance throughout the department to ensure grantmaking policies and practices across all divisions prioritize equity, transparency, and accessibility.
- Amplify the work of communities most impacted by health inequities by leveraging data and evaluation and showcasing best practices.
- Administer the following grant programs:
    - Eliminating Health Disparities Initiative: Provides grants to 32 grantees to close the gap in the health status of populations of color and American Indians compared to whites in eight specific priority areas.
    - Capacity Strengthening Grants: Supports and strengthens CBOs that serve BIPOC, LGBTQIA+, and people living with disabilities, to be better equipped to apply for and receive grants and contracts from MDH and other state agencies.
    - Community Solutions: Provides grants for the improvement of child development outcomes to reduce racial disparities in children's health and development from prenatal to grade three, while also promoting racial and geographic equity.

Community Engagement

- Engage with diverse communities to address the multifaceted and cultural needs of the community to drive systemic change that achieves long-term and sustainable health outcomes.
- Advocate and collaborate with the community for empowerment and capacity building.
- Provide vaccination, testing, and health recovery services to underserved communities most impacted by the Covid-19 pandemic.
- Provide consultation and liaison services to MDH staff that work with Minnesota's diverse cultural communities.

Office of American Indian Health (OAIH)

- Engage with communities on the underlying structural and systemic issues that contribute to poor health outcomes in Tribal Nations.
- Provide technical assistance to tribal and American Indian urban community leaders to develop the infrastructure to address public health emergencies.
- Work across the MDH to improve the health and well-being of Minnesota American Indian communities and ensure Tribal/urban Indian communities and their perspectives are represented in all public health initiatives.

Office of African American Health (OAAH)

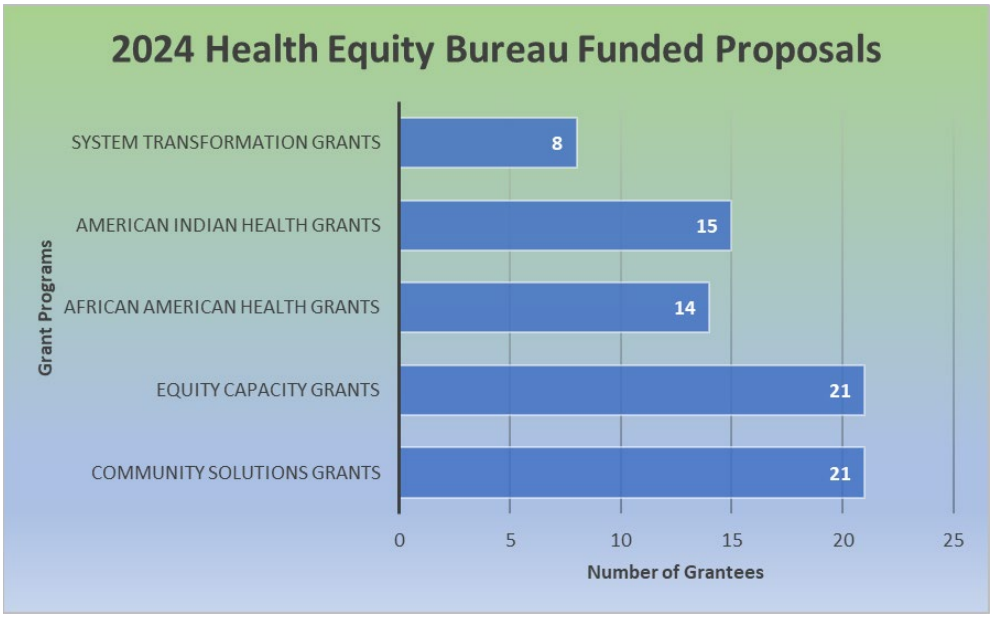
- Identify disparities impacting African American health arising from cumulative and historical discrimination and disadvantages in multiple systems.
- Develop community-driven solutions incorporating a multisector approach to addressing identified disparities impacting African American health.

- Administer the “Paths to Black Health” grant program which invests in community solutions to enhance the health of the African American community in Minnesota.

Office of Diversity, Equity, Inclusion, and Belonging

- Provide policy development, review, and reporting centered on diversity, equity, inclusion, and belonging at MDH.
- Aid in the recruitment, retention, and promotion of a diverse workforce, and facilitate capacity building for equitable connections and improved employee engagement.
- Embed MDH policies and procedures with Diversity, Equity, Inclusion, and Belonging principles.

RESULTS



Eliminating Health Disparities Initiative Grant Program

- Between 2019 - 2023, we increased participation of individuals in prevention services across eight priority areas by 142% who lived marginalized communities most impacted by inequities through our Eliminating Health Disparities Initiative (EHDI) grant program.

Community Solutions Fund

- Children’s Dental Services serves 2,600 America Indian, Latinx, Somali, Hmong, and Karen children from prenatal to grade 3, and 400 pregnant women. They are provided culturally tailored oral health care and education by the end of this project. This takes place across Minnesota, but specifically in the Twin Cities 7-County Metro Area and in the following counties: Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, Washington, Aitkin, Becker, Clearwater, Hubbard, Koochiching, Mahnomen, Mille Lacs, and Red Lake Counties.
- Wicoie Nandagikendan, located in Minneapolis, MN, is a national leader in language immersion at the early childhood level with a pre-K program. Out of the 115 Indigenous languages spoken in the U.S. today, 34 are in danger of becoming extinct, and 79 will go extinct within a generation without serious intervention. Eighty seven percent of students in the program receive free or reduced lunch. Funds support indigenous food as a vehicle to shift food choices at the early childhood level to impact healthier lifestyle outcomes. They are working with Gatherings Café and Dream of Wild Health to create indigenous preschool and elementary school breakfast, lunch, and snack menus that meet school lunch requirements of the U.S. Department of Agriculture (USDA) and Minnesota Department of Education (MDE).

People reached through the Eliminating Health Disparities Initiative by priority populations.

Target Population	2020	2021	2022	2023	Grand Total
African/ African American	113,415	151,664	241,605	217,125	723,809
American Indian	57,759	111,274	116,957	29,702	315,692
Asian American/ Asian-PI	19,765	26,025	146,192	169,518	361,500
Hispanic/ Latinx	28,555	29,850	37,927	28,343	124,675
Others/Multiracial	17,262	108,394	49,807	129,430	304,893
Total	**236,756**	**427,207**	**592,488**	**574,118**	**1,830,569**

- Since 2019, we increased our efforts to serve more communities most impacted by inequities through our Eliminating Health Disparities Initiative (EHDI) grant program.

Number of People Reached by Priority Health Areas

Priority Health Areas	2020	2021	2022	2023	Grand Total
Breast & Cervical Cancer	5,373	12,628	50,501	75,783	144,285
Diabetes	13,923	59,758	32,788	77,009	183,478
Heart Disease & Stroke	5,222	27,226	20,564	40,097	93,109
HIV/AIDS and STIs	108,637	122,837	240,725	262,556	734,755
Immunizations	20,724	41,122	27,311	21,854	111,011
Infant Mortality	51,812	99,435	113,431	1,340	266,018
Teen Pregnancy	17,152	40,531	38,013	65,999	161,695
Unintentional Injury & Violence	13,913	23,670	69,455	29,480	136,518
Total	**236,756**	**427,207**	**592,788**	**574,118**	**1,830,869**

- The EHDI program provides prevention services in multiple priority health areas, having served over 1,000,000 community members since program inception since 2001, many of which deal with one or more health inequities.

STATUTES

Minn. Stat. §144.0754 Office of African American Health; Duties.
(https://www.revisor.mn.gov/statutes/cite/144.0754)
Minn. Stat. §144.0755 African American Health State Advisory Council
(https://www.revisor.mn.gov/statutes/cite/144.0755)
Minn. Stat. §144.0756 African American Special Emphasis Grant Program
(https://www.revisor.mn.gov/statutes/cite/144.0756)
Minn. Stat. §144.0757 Office of American Indian Health
(https://www.revisor.mn.gov/statutes/cite/144.0757)
Minn. Stat. §144.0758 American Indian Health Special Emphasis Grant
(https://www.revisor.mn.gov/statutes/cite/144.0758)
Minn. Stat. §144.9821 Advancing Health Equity Through Capacity Building and Resource Allocation
(https://www.revisor.mn.gov/statutes/cite/144.9821)
Minn. Stat. §145.928 Eliminating Health Disparities
(https://www.revisor.mn.gov/statutes/cite/145.928)
Minn. Stat. §145.9285 Community Solutions for Healthy Child Development Grant Program
(https://www.revisor.mn.gov/statutes/cite/145.9285)

(Dollars in Thousands)

	Actual FY22	Actual FY23	Actual FY24	Estimate FY25	Forecast Base FY26	Forecast Base FY27	Governor's Recommendation FY26	Governor's Recommendation FY27
Expenditures by Fund								
1000 - General			12,799	18,028	14,354	14,295	14,354	14,295
Total			**12,799**	**18,028**	**14,354**	**14,295**	**14,354**	**14,295**
Biennial Change				30,827		(2,178)		(2,178)
Biennial % Change						(7)		(7)
Governor's Change from Base								0
Governor's % Change from Base								0
Expenditures by Category								
Compensation			1,643	3,975	3,976	3,976	3,976	3,976
Operating Expenses			167	2,946	582	523	582	523
Grants, Aids and Subsidies			10,988	11,107	9,796	9,796	9,796	9,796
Other Financial Transaction			1					
Total			**12,799**	**18,028**	**14,354**	**14,295**	**14,354**	**14,295**
Full-Time Equivalents			**11.57**	**22.00**	**22.00**	**22.00**	**22.00**	**22.00**

(Dollars in Thousands)

	Actual FY22	Actual FY23	Actual FY24	Estimate FY25	Forecast Base FY26	Forecast Base FY27	Governor's Recommendation FY26	Governor's Recommendation FY27
1000 - General								
Balance Forward In				2,465				
Direct Appropriation			15,545	15,843	14,639	14,574	14,639	14,574
Transfers In			490	490	490	490	490	490
Transfers Out			770	770	775	769	775	769
Cancellations			1					
Balance Forward Out			2,465					
Expenditures			**12,799**	**18,028**	**14,354**	**14,295**	**14,354**	**14,295**
Biennial Change in Expenditures				30,827		(2,178)		(2,178)
Biennial % Change in Expenditures						(7)		(7)
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents			11.57	22.00	22.00	22.00	22.00	22.00

Program: Health Improvement
Activity: Emergency Preparedness and Response

https://www.health.state.mn.us/about/org/cfh/index.html

AT A GLANCE

- Coordinate the emergency response activities for MDH, in partnership with community health boards, tribal governments, eight regional health care preparedness coalitions, other state agencies, and community-based partners during a public health emergency.
- Maintain a strategic stockpile of critical medical supplies for response to infectious disease and other public health emergencies.
- Distribute funds to 51 community health boards, 10 tribal nations, and eight regional health care coalitions, to support local community health and emergency preparedness activities.

PURPOSE AND CONTEXT

The purpose of Emergency Preparedness and Response (EPR) is to protect and maintain the health of all Minnesotans through our response to a wide range of emergencies, incidents, and large-scale events (e.g., pandemics, floods, Super Bowl) which may affect the public's health. We provide public health and health care partners with funding, tools, and resources for emergency preparedness, response, and recovery. We work in partnership with Homeland Security Emergency Management and other state partners to plan for, respond to, and recover from incidents that impact the public's health.

SERVICES PROVIDED

State, local, and tribal public health departments in Minnesota have a unique responsibility to prevent and respond to emergencies impacting the public's health. Health departments need staff who have specific skills and capabilities to respond and coordinate across community sectors when emergencies occur. EPR supports response readiness by:

- Leading the department's response to, and recovery from, disasters, public health emergencies, and large-scale events in coordination with federal, state, and local partners.
- Ensuring a cohort of trained staff (strike team members) who can quickly and effectively stand up and maintain an MDH response structure in the event of a public health emergencies.
- Providing training and exercises to build response capacity within MDH and support our local public health and tribal health partners in becoming response ready.
- Maintaining the MDH Business Continuity Plan to ensure the agency can deliver priority services when directly impacted by a disaster or emergency.
- Enhancing preparedness for public health emergencies by providing funding and guidance to local public health, tribal nations, and health care coalitions for planning, training, and exercising response activities.
- Supporting, with guidance and resources, local public health, tribal health, health care systems, health care coalitions, and response partners during an emergency.
- Maintaining a 24/7 on-call system for notifications from federal agencies, local governments, and other state agencies regarding emergency incidents.
- Administering an alert network to rapidly notify health care, public health, and community partners about emerging disease threats or other health hazards such as contaminated medications or food.
- Preparing to rapidly receive, stage, store, and distribute vaccines, medication, and other critical supplies to protect people and communities when needed during an emergency.

RESULTS

Performance Data

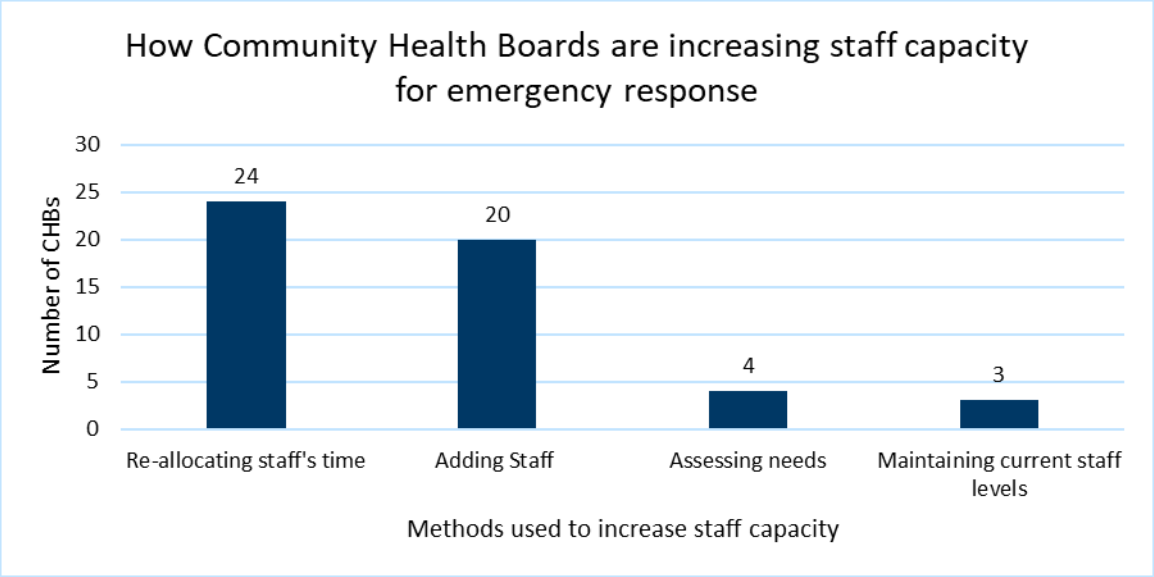
In 2024, Response Sustainability Grant Funding supported MDH and Community Health Board agencies in improving and maintaining their response readiness. To achieve a public health response ready system, emphasis has been placed on staff capacity and capability for state and local public health and plan readiness for MDH.

MDH response tools created in 2024 include:

- Updated 23 emergency response plans
- Developed a new Incident Command System (ICS) Playbook to identify appropriate response teams based on type of emergencies (e.g., infectious diseases, floods), and activate emergency response teams using standard procedures.
- Revised Readiness Training Plan of requirements for MDH responders

In 2020, at the start of COVID-19, MDH had 54 trained staff who could quickly and effectively stand up and maintain a response structure in the event of a public health emergency. By the end of 2025, MDH's goal is to have 175 trained members.

In 2024, MDH provided funding to Community Health Board service agencies (CHBs) to increase their staff capacity to respond to emergencies. CHBs determine the best and most useful methods for doing this, including increasing the number of FTEs dedicated to emergency preparedness and response or increasing training and education for current staff. Forty-four of 51 CHBs increased staffing through reallocation of existing staff time (24) and through new hires (20). Four CHBs are conducting assessments to determine their emergency preparedness staffing needs, and three CHBs are using the funds to maintain their current staffing levels.

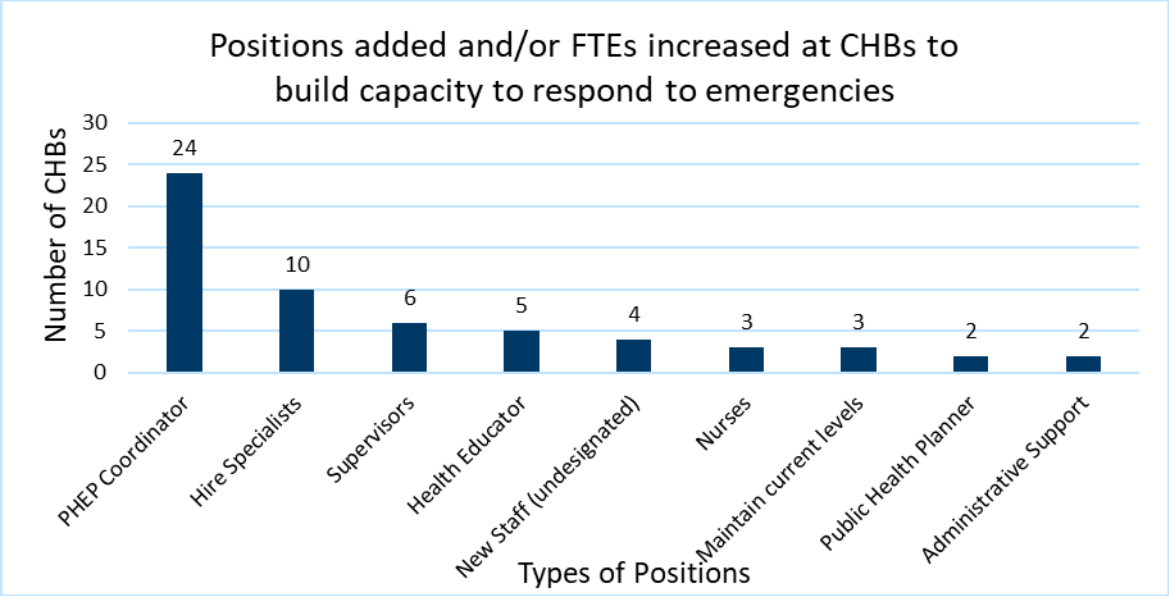


Source: CHB Response Sustainability Work Plans, April 2024

CHBs are using several strategies to increase their capacity to prepare for, respond to, and recover from disasters and large-scale events effectively and efficiently. The next two graphs provide an overview of how they are addressing issues.

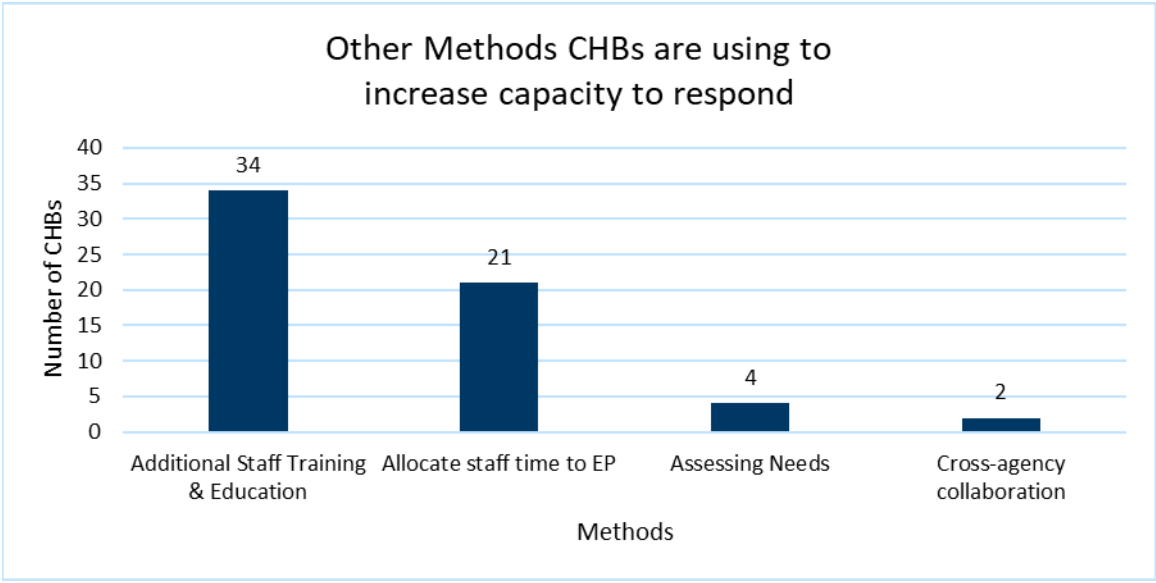
The first graph features types of positions. Twenty-four CHBs are increasing the FTEs of their public health emergency preparedness (PHEP) coordinator or adding additional PHEP coordinator FTEs. Ten CHBs are hiring staff with specialized skills such as communications, environmental health specialists, community engagement

specialists, community resiliency specialists, and community health workers. Six CHBs are increasing supervisor time or adding supervisors who will be specifically engaged in emergency preparedness, while five are adding or increasing health educator time. CHBs are also hiring staff to work in multiple areas (4), adding emergency preparedness-focused nurses (3), public health planner (2), or expanding administrative support (2). Three CHBs are focused on maintaining current staffing levels, which would have decreased without this funding.



Source: CHB Response Sustainability Work Plans, April 2024

The second graph illustrates multiple methods CHBs are using to increase their agencies' capacities to quickly respond to emergencies. Thirty-four CHBs will train additional staff in their agency to increase their ability to rapidly surge staffing during a response. Twenty-one CHBs are allocating additional staff time to work on emergency preparedness. Two CHBs are specifically focusing on strengthening cross-agency work efforts within their agency. Four are assessing their agency responses, staff, and the gaps they need to address to decide the best methods for improving their readiness to respond.



Source: CHB Response Sustainability Work Plans, April 2024

STATUTES

M.S. 12A.08 Natural Disaster; State Assistance (https://www.revisor.mn.gov/statutes/?id=12A.08
M.S. 144.4197 Emergency Vaccine Administration; Legend Drug
(https://www.revisor.mn.gov/statutes/?id=144.4197)
M.S. 145A Community Health Boards (https://www.revisor.mn.gov/statutes/?id=145A)
M.S. 151.37 Legend Drugs, Who May Prescribe, Possess (https://www.revisor.mn.gov/statutes/?id=151.37)

(Dollars in Thousands)

	Actual FY22	Actual FY23	Actual FY24	Estimate FY25	Forecast Base FY26	Forecast Base FY27	Governor's Recommendation FY26	Governor's Recommendation FY27
Expenditures by Fund								
1000 - General			9,459	14,280	10,948	10,872	10,521	10,449
Total			**9,459**	**14,280**	**10,948**	**10,872**	**10,521**	**10,449**
Biennial Change				23,739		(1,919)		(2,769)
Biennial % Change						(8)		(12)
Governor's Change from Base								(850)
Governor's % Change from Base								(4)
Expenditures by Category								
Compensation			541	1,474	1,474	1,474	1,474	1,474
Operating Expenses			17	4,406	1,074	998	1,074	998
Grants, Aids and Subsidies			8,900	8,400	8,400	8,400	7,973	7,977
Total			**9,459**	**14,280**	**10,948**	**10,872**	**10,521**	**10,449**
Full-Time Equivalents			**3.35**	**6.67**	**6.67**	**6.67**	**6.67**	**6.67**

(Dollars in Thousands)

	Actual FY22	Actual FY23	Actual FY24	Estimate FY25	Forecast Base FY26	Forecast Base FY27	Governor's Recommendation FY26	Governor's Recommendation FY27
1000 - General								
Balance Forward In				770				
Direct Appropriation			10,581	14,409	11,533	11,457	11,106	11,034
Transfers Out			352	899	585	585	585	585
Balance Forward Out			770					
Expenditures			**9,459**	**14,280**	**10,948**	**10,872**	**10,521**	**10,449**
Biennial Change in Expenditures				23,739		(1,919)		(2,769)
Biennial % Change in Expenditures						(8)		(12)
Governor's Change from Base								(850)
Governor's % Change from Base								(4)
Full-Time Equivalents			3.35	6.67	6.67	6.67	6.67	6.67

Program: Health Protection

https://www.health.state.mn.us/about/org/index.html

AT A GLANCE

- Responsible for overseeing and regulating public water systems, restaurants, lodging, swimming pools, drinking water wells, and radiation equipment, plus provide guidance around what concentration of a chemical will make you sick.
- Track, manage and control disease spread in all communities through a multipronged approach with many partners and utilizing vaccines when available for a disease.
- Provide laboratory testing for chemical, biological, infectious diseases, and rare but treatable conditions, all of which is used to make informed decisions that help keep people from getting sick.
- Monitor 5,080 health care facilities and providers for safety and quality, and review qualifications and regulate more than 9,500 health professionals.

PURPOSE AND CONTEXT

Health – as an individual, a family, and a community – is a cornerstone of well-being and a necessary foundation for fulfilling one's potential. Protecting the health of Minnesotans from hidden harms, such as infectious diseases, health care-related injuries or maltreatment, rare conditions, or environmental risks, is critical for ensuring all Minnesotans and all Minnesota communities can thrive. The Health Protection budget program is built on a foundation of peer-reviewed science, trust, and integrity to achieve the best public health outcomes. This budget program leverages state funds to reduce the community impacts of infectious diseases and protects individuals receiving health care in hospitals, nursing homes, assisted living facilities and other establishments licensed by Minnesota Department of Health (MDH), while also helping to ensure that Minnesotans can expect safe food and drinking water and up to standard regulations in specific establishments.

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

SERVICES PROVIDED

- **Environmental Health:** Ensures that food served in Minnesota restaurants and other food establishments are safe, while also keeping drinking water safe. Additionally, evaluates the potential health risks from exposures to toxic environmental hazards, while also keeping our indoor environments safe and healthy.
- **Infectious Disease:** Maintains systems to detect, investigate and mitigate infectious disease outbreaks and threats, while recommending policy for the prevention of controlling of infectious diseases. Provides access to testing, vaccines, and medications to diagnose, prevent, and treat infectious diseases. Additionally, creates and maintains relationships to support infectious disease prevention and response for groups impacted by increased disparities, including people experiencing homelessness, tribes and indigenous populations, immigrants, the LGBTQ community, people in correctional settings, and seasonal agricultural and food processing workers.
- **Public Health Laboratory:** Provides testing for rare and common infectious diseases, while also screening newborns for rare, serious, and treatable conditions. Additionally, tests environmental and biological samples for chemical, bacterial and radiological contaminants.
- **Health Regulation:** Responsible for issuing state licenses and certifications, while also administering registries. Takes enforcement action where licenses are out of compliance, while providing information to consumers and provides. Additionally, completes inspections, investigations, reviews, and audits.

RESULTS

Program Narrative results are included throughout their respective Budget Activities.

(Dollars in Thousands)

	Actual FY22	Actual FY23	Actual FY24	Estimate FY25	Forecast Base FY26	Forecast Base FY27	Governor's Recommendation FY26	Governor's Recommendation FY27
Expenditures by Fund								
1000 - General	23,666	114,321	48,537	46,948	31,868	31,707	33,168	33,007
1200 - State Government Special Rev	56,311	63,739	71,219	72,968	71,358	71,289	89,523	89,289
2000 - Restrict Misc Special Revenue	742	1,051	764	5,121	700	700	700	700
2001 - Other Misc Special Revenue	6,847	4,736	5,053	19,702	6,460	6,460	6,460	6,460
2050 - Environment & Natural Resources	180							
2302 - Clean Water	6,416	7,550	9,508	21,677			14,370	15,770
2403 - Gift	0	4	9	42				
2800 - Environmental	647	1,182	811	3,033	2,015	2,015	2,015	2,015
2801 - Remediation	239	246	293	331	316	316	316	316
3000 - Federal	411,511	176,559	184,730	536,867	292,135	115,645	292,135	115,645
3015 - ARP-State Fiscal Recovery	83,908	21,532	2,832					
8201 - Drinking Water Revolving	666	725	7,666	413	408	408	408	408
Total	**591,132**	**391,643**	**331,423**	**707,102**	**405,260**	**228,540**	**439,095**	**263,610**
Biennial Change				55,749		(404,725)		(335,820)
Biennial % Change				6		(39)		(32)
Governor's Change from Base								68,905
Governor's % Change from Base								11
Expenditures by Activity								
Environmental Health	50,301	55,162	83,561	148,220	73,563	73,548	102,312	103,532
Infectious Disease	458,944	245,140	147,870	435,845	228,149	51,363	229,749	52,963
Public Health Laboratory	33,448	35,829	37,529	52,628	41,461	41,461	41,461	41,461
Health Regulation	48,440	55,512	62,462	70,409	62,087	62,168	65,573	65,654
Total	**591,132**	**391,643**	**331,423**	**707,102**	**405,260**	**228,540**	**439,095**	**263,610**
Expenditures by Category								
Compensation	107,079	104,850	115,731	324,384	142,868	122,791	170,620	150,543
Operating Expenses	409,373	237,080	168,092	310,517	229,117	85,076	233,017	88,811
Grants, Aids and Subsidies	72,788	46,079	41,147	70,530	32,545	19,943	34,728	23,526
Capital Outlay-Real Property	1,655	3,301	5,938	1,363	578	578	578	578
Other Financial Transaction	238	333	516	308	152	152	152	152
Total	**591,132**	**391,643**	**331,423**	**707,102**	**405,260**	**228,540**	**439,095**	**263,610**

(Dollars in Thousands)

	Actual FY22	Actual FY23	Actual FY24	Estimate FY25	Forecast Base FY26	Forecast Base FY27	Governor's Recommendation FY26	Governor's Recommendation FY27
Total Agency Expenditures	591,132	391,643	331,423	707,102	405,260	228,540	439,095	263,610
Internal Billing Expenditures	48,147	36,250	28,504	25,738	27,873	23,560	27,873	23,560
Expenditures Less Internal Billing	**542,986**	**355,393**	**302,919**	**681,364**	**377,387**	**204,980**	**411,222**	**240,050**
Full-Time Equivalents	**1,005.07**	**1,077.34**	**1,111.96**	**1,717.55**	**1,167.86**	**1,007.72**	**1,319.78**	**1,159.64**

(Dollars in Thousands)

	Actual FY22	Actual FY23	Actual FY24	Estimate FY25	Forecast Base FY26	Forecast Base FY27	Governor's Recommendation FY26	Governor's Recommendation FY27
1000 - General								
Balance Forward In	172	4,217		10,928				
Direct Appropriation	27,180	154,228	38,196	36,685	32,833	32,458	34,133	33,758
Transfers In			24,410	364	97	97	97	97
Transfers Out	578	1,665	3,110	1,029	1,062	848	1,062	848
Cancellations	130	42,459	31					
Balance Forward Out	2,978		10,927					
Expenditures	**23,666**	**114,321**	**48,537**	**46,948**	**31,868**	**31,707**	**33,168**	**33,007**
Biennial Change in Expenditures				(42,502)		(31,910)		(29,310)
Biennial % Change in Expenditures				(31)		(33)		(31)
Governor's Change from Base								2,600
Governor's % Change from Base								4
Full-Time Equivalents	87.53	98.17	111.47	112.05	110.02	110.02	118.02	118.02
1200 - State Government Special Rev								
Balance Forward In		6,100		1,067				
Direct Appropriation	59,311	61,890	72,286	71,901	71,358	71,289	89,523	89,289
Cancellations		4,251						
Balance Forward Out	3,000		1,067					
Expenditures	**56,311**	**63,739**	**71,219**	**72,968**	**71,358**	**71,289**	**89,523**	**89,289**
Biennial Change in Expenditures				24,137		(1,540)		34,625
Biennial % Change in Expenditures				20		(1)		24
Governor's Change from Base								36,165
Governor's % Change from Base								25
Full-Time Equivalents	291.71	325.81	354.30	369.30	369.30	369.30	460.48	460.48
2000 - Restrict Misc Special Revenue								
Balance Forward In	1,440	2,569	3,781	4,421				
Receipts	1,557	2,294	1,616	700	700	700	700	700
Transfers Out			212					
Balance Forward Out	2,256	3,812	4,420					
Expenditures	**742**	**1,051**	**764**	**5,121**	**700**	**700**	**700**	**700**
Biennial Change in Expenditures				4,093		(4,485)		(4,485)
Biennial % Change in Expenditures				228		(76)		(76)

(Dollars in Thousands)

	Actual FY22	Actual FY23	Actual FY24	Estimate FY25	Forecast Base FY26	Forecast Base FY27	Governor's Recommendation FY26	Governor's Recommendation FY27
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents	2.33	3.47	3.27	3.81	3.81	3.81	3.81	3.81

2001 - Other Misc Special Revenue

Balance Forward In	7,220	7,508	8,980	13,242				
Receipts	5,074	5,886	6,862	6,460	6,460	6,460	6,460	6,460
Transfers In	300		2,500					
Transfers Out	684		46					
Balance Forward Out	5,063	8,658	13,243					
Expenditures	**6,847**	**4,736**	**5,053**	**19,702**	**6,460**	**6,460**	**6,460**	**6,460**
Biennial Change in Expenditures				13,173		(11,835)		(11,835)
Biennial % Change in Expenditures				114		(48)		(48)
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents	181.33	189.39	190.93	144.17	144.17	144.17	144.17	144.17

2050 - Environment & Natural Resources

Balance Forward In	214							
Cancellations	33							
Expenditures	**180**							
Biennial Change in Expenditures				(180)		0		0
Biennial % Change in Expenditures								
Governor's Change from Base								0
Governor's % Change from Base								

2302 - Clean Water

Balance Forward In	4,713	5,614	4,854	6,599				
Direct Appropriation	5,955	5,955	11,296	15,078	0	0	14,370	15,770
Cancellations	24	234	43					
Balance Forward Out	4,227	3,785	6,599					
Expenditures	**6,416**	**7,550**	**9,508**	**21,677**			**14,370**	**15,770**
Biennial Change in Expenditures				17,219		(31,185)		(1,045)

(Dollars in Thousands)

	Actual FY22	Actual FY23	Actual FY24	Estimate FY25	Forecast Base FY26	Forecast Base FY27	Governor's Recommendation FY26	Governor's Recommendation FY27
Biennial % Change in Expenditures				123		(100)		(3)
Governor's Change from Base								30,140
Governor's % Change from Base								
Full-Time Equivalents	19.74	21.11	25.67	33.82			52.74	52.74

2403 - Gift

Balance Forward In	44	53	51	42				
Receipts	6							
Balance Forward Out	50	50	42					
Expenditures	**0**	**4**	**9**	**42**				
Biennial Change in Expenditures				47		(51)		(51)
Biennial % Change in Expenditures				1,281		(100)		(100)
Governor's Change from Base								0
Governor's % Change from Base								

2800 - Environmental

Balance Forward In		359	0	1,018				
Transfers In	932	932	1,829	2,015	2,015	2,015	2,015	2,015
Cancellations		109						
Balance Forward Out	285		1,018					
Expenditures	**647**	**1,182**	**811**	**3,033**	**2,015**	**2,015**	**2,015**	**2,015**
Biennial Change in Expenditures				2,015		186		186
Biennial % Change in Expenditures				110		5		5
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents	3.64	4.99	5.25	10.94	10.94	10.94	10.94	10.94

2801 - Remediation

Balance Forward In		20		15				
Transfers In	257	257	308	316	316	316	316	316
Cancellations		31						
Balance Forward Out	18		15					
Expenditures	**239**	**246**	**293**	**331**	**316**	**316**	**316**	**316**

(Dollars in Thousands)

	Actual FY22	Actual FY23	Actual FY24	Estimate FY25	Forecast Base FY26	Forecast Base FY27	Governor's Recommendation FY26	Governor's Recommendation FY27
Biennial Change in Expenditures				139		8		8
Biennial % Change in Expenditures				29		1		1
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents	1.78	1.70	2.21	2.21	2.21	2.21	2.21	2.21

3000 - Federal

Balance Forward In	1,281	1,124	1,074	817				
Receipts	410,444	175,701	184,473	536,050	292,135	115,645	292,135	115,645
Balance Forward Out	213	266	817					
Expenditures	**411,511**	**176,559**	**184,730**	**536,867**	**292,135**	**115,645**	**292,135**	**115,645**
Biennial Change in Expenditures				133,527		(313,817)		(313,817)
Biennial % Change in Expenditures				23		(43)		(43)
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents	409.03	423.30	404.15	1,027.40	513.56	353.42	513.56	353.42

3015 - ARP-State Fiscal Recovery

Balance Forward In		30,730						
Direct Appropriation	127,170	2,411	3,466					
Cancellations	21,805	11,609	634					
Balance Forward Out	21,458							
Expenditures	**83,908**	**21,532**	**2,832**					
Biennial Change in Expenditures				(102,608)		(2,832)		(2,832)
Biennial % Change in Expenditures				(97)				
Governor's Change from Base								0
Governor's % Change from Base								
Full-Time Equivalents	4.09	4.72	0.21					

8201 - Drinking Water Revolving

Receipts			6,815	413	408	408	408	408
Transfers In	672	725	851					
Balance Forward Out	6							

Program Financing by Fund

(Dollars in Thousands)

	Actual FY22	Actual FY23	Actual FY24	Estimate FY25	Forecast Base FY26	Forecast Base FY27	Governor's Recommendation FY26	Governor's Recommendation FY27
Expenditures	**666**	**725**	**7,666**	**413**	**408**	**408**	**408**	**408**
Biennial Change in Expenditures				6,688		(7,263)		(7,263)
Biennial % Change in Expenditures				481		(90)		(90)
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents	3.89	4.68	14.50	13.85	13.85	13.85	13.85	13.85

Program: Health Protection
Activity: Environmental Health

https://www.health.state.mn.us/about/org/eh/index.html

AT A GLANCE

- Inspect, test, and provide technical assistance to nearly 7,000 public water systems.
- Ensure safe food, drinking water, lodging, and swimming pools in 26,000 establishments statewide.
- Certify 12,000 food managers and support 36,000 active food managers annually.
- Regulate the installation of 6,500 new wells and the sealing of 7,000 unused wells annually.
- Provide educational support that empowers 470,000 private well owners to keep their drinking water safe.
- Promote healthy indoor environments and the reduction of unnecessary radiation exposure for over 11,000 facilities and individual contractors.
- Evaluates potential health risks to the public from existing and emerging exposures to toxic environmental hazards.
- Tracks exposure to lead statewide and implements programs to reduce exposure from housing, drinking water, and other sources.

PURPOSE AND 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. Environmental Health strives to protect, maintain, and improve public health in Minnesota by monitoring and managing environmental health risks and hazards. We do this by:

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

SERVICES PROVIDED

Drinking Water Protection Program

- Ensures compliance with safe drinking water standards at nearly 7,000 public drinking water systems through inspection, contaminant monitoring, plan review, technical assistance, and operator education.
- Promotes prevention-based protective measures for Minnesota's ground and surface waters.
- Works with partners to maintain and upgrade drinking water infrastructure in the state.

Food, Pools, and Lodging Services

- Ensures sanitary conditions in the state's approximately 26,000 public swimming pools, hotels, schools, resorts, restaurants, manufactured home parks, recreational camping areas, and children's camps.
- Directly licenses and regulates about half of the hospitality businesses across the state and provides training, guidance, and technical assistance to the 28 delegated partners that license and regulate the remaining half of hospitality businesses.
- Provides public information, education, training, and assistance about safe food handling and handwashing to reduce the risk of foodborne illness.

Environmental Surveillance and Assessment

- Evaluates potential health risks to the public from exposures to toxic environmental hazards and recommends actions to minimize exposures and manage risks.
- Develops risk assessment data used by government agencies and others to protect the public from environmental risks, such as those that threaten drinking water sources.
- Monitors and characterizes lead testing of Minnesota children and performs in -home lead risk assessment activities to reduce lead levels in children's blood.
- Informs the public regarding trends in environmental hazards, including potential health impacts of climate change.

Indoor Environments and Radiation Programs

- Protects the public from environmental exposure to asbestos, lead hazards, and radiation by licensing, permitting, compliance assistance, and conducting inspection s of industry and workers.
- Enforces the Minnesota Clean Indoor Air Act, which prohibits smoking in most indoor public areas and workplaces.
- Provides public and schools with information about the potential health effects of asbestos, lead, radon, mold, and other indoor air contaminants.
- Protects the public from unnecessary radiation through licensing.

Well Management Program

- Protects public health and groundwater by establishing construction and sealing standards for wells and borings used for drinking water and other purposes.
- Licenses and educates contractors who construct, repair, and seal wells and borings.

Water Policy Center

- Collaborates with other water resource management activities across the Executive Branch and local government partners to protect drinking water, recreational waters, and public health.
- Expands private well protection actions through educational strategies and grants that increase voluntary efforts to test and mitigate geologic and human -caused contamination.

RESULTS

Food, Pools, and Lodging Services

The table below presents the quantity of licensing and regulatory activities conducted by Food, Pools, and Lodging Services Section (FPLS). The data does not include activities conducted by delegated partners.

Licensing and regulatory activities conducted by FPLS

Item	FY20*	FY21*	FY22**	FY23	FY24
# of establishment licenses issued	14,306	14,179	15,418	15,725	16,443
# of complaints investigated	918	2,934	988	816	809
# of construction plans received	706	777	999	1,096	1,162

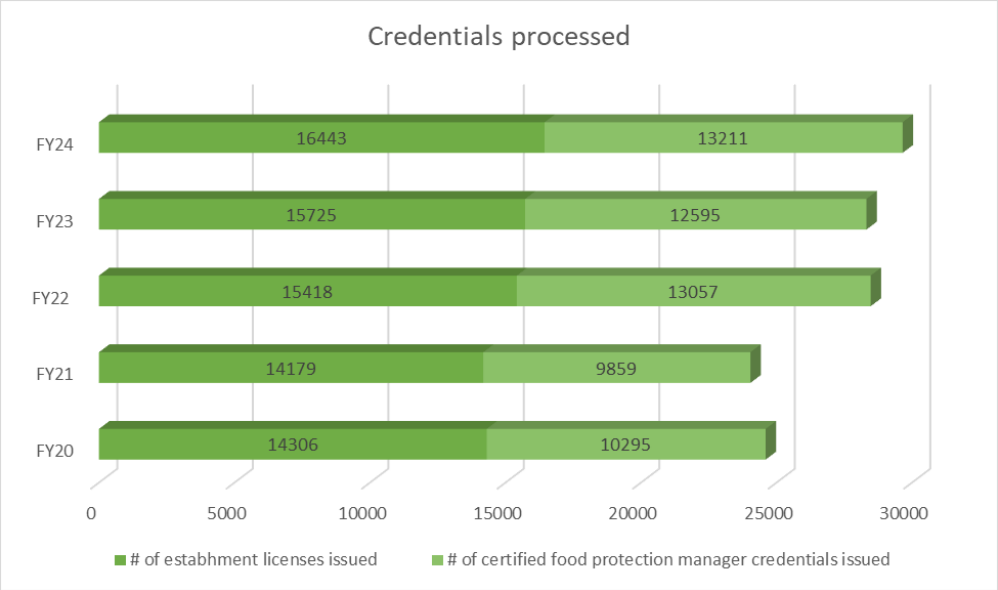
*COVID-19 pandemic related Executive Orders, licensed establishment closures/restrictions, regulatory staff reassignment to COVID-19 response and Executive Order enforcement activities may have impacted the numbers for fiscal years 2020 and 2021.

**In fiscal year 2022, FPLS became responsible for licensing and inspection in two counties that were previously delegated to local agencies. This added to the license and inspection numbers. Also in fiscal year 2022, FPLS discontinued licensing the food service in Assisted Living Facilities as this responsibility was transferred to the Health Regulation Division (HRD). FPLS will continue to conduct food safety inspections at all Assisted Living Licensed facilities in coordination with HRD survey activities.

In fiscal year 2025, FPLS will become responsible for the licensing and inspection in two counties that were previously delegated to local agencies. Due to the responsibilities for the additional counties in fiscal years 2022 and 2025, as well as the large workload for inspections at Assisted Living Licensed facilities, FPLS has had to prioritize the work of the section.

The graphs below show the number of food establishment licenses and credentials that were processed over the past five years and the number of inspections done over the same period.

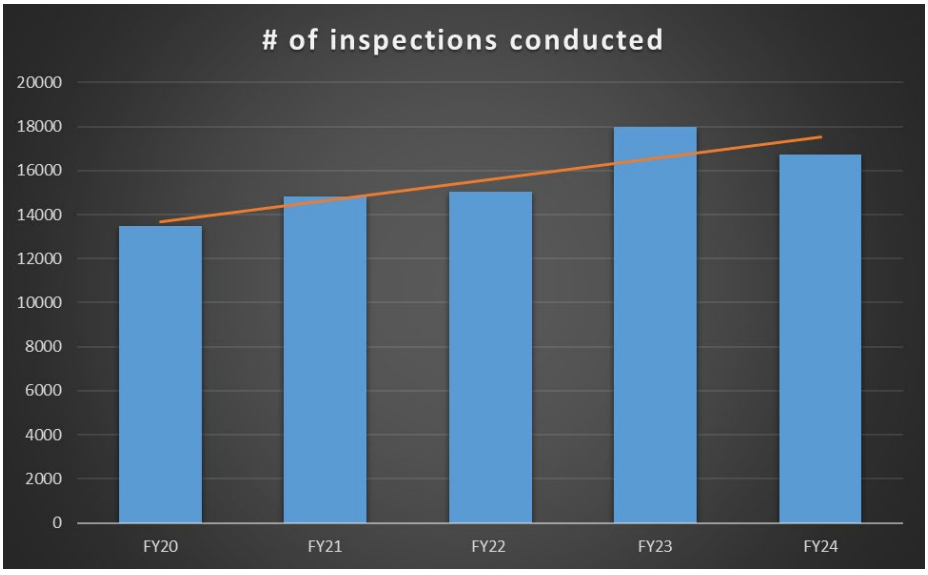
Credentials Processed:



The number of licenses and credentials continues to increase over time. The lower values for fiscal year 2020 and fiscal year 2021 may reflect the negative impacts of the COVID pandemic on the hospitality industry. The Environmental Health Division is currently implementing a system to issue and manage credentials electronically.

The number of licenses and credentials continues to increase over time. The lower values for fiscal year 2020 and fiscal year 2021 may reflect the negative impacts of the COVID pandemic on the hospitality industry. The Environmental Health Division is currently implementing a system to issue and manage credentials electronically.

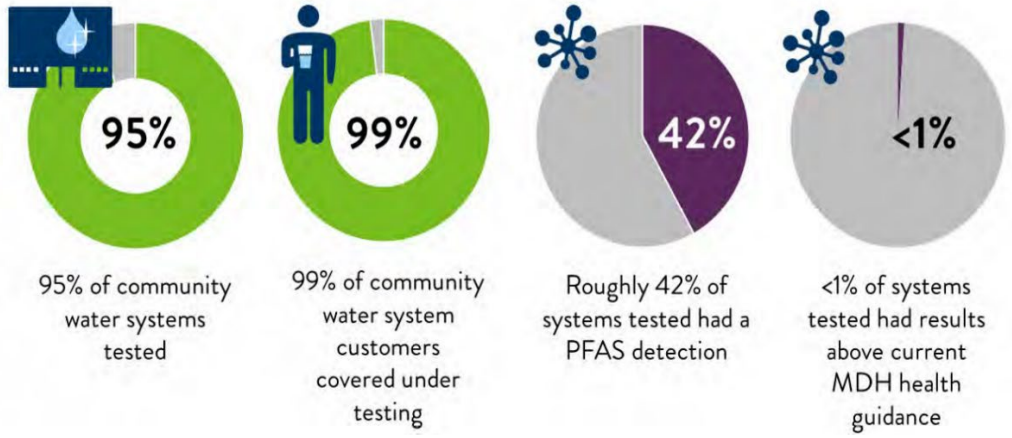
Number of Inspections Conducted:



The number of inspections continues to increase along with the number of licenses and credentials. The Environmental Health Division carefully tracks and adjusts inspector territories to ensure that facilities are addressed within appropriate timeframes.

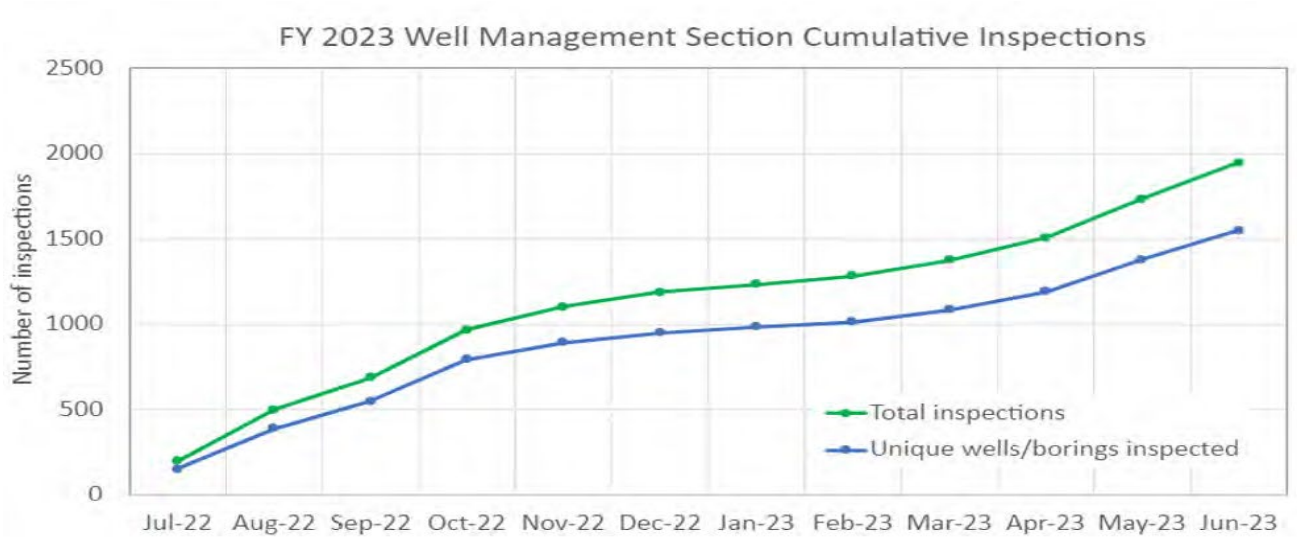
Statewide PFAS Testing for Community Water Systems Wraps Up

The Drinking Water Protection Section is wrapping up an initiative to test drinking water for per- and polyfluoroalkyl substances (PFAS) across all community water systems in the state. This project aimed to evaluate whether Minnesotans are exposed to PFAS at levels above health-based guidance values in drinking water. The approximately 4.4 million Minnesota residents who get their drinking water from a community public water system can access their system's results through an interactive dashboard developed by MDH. Of the 970 community water systems in the state, 921 participated in the voluntary testing, which together serve over 99% of community water system customers statewide. PFAS is a topic of increasing national interest, and the U.S. Environmental Protection Agency has proposed enforceable limits for six PFAS. Minnesota has taken a proactive approach to addressing PFAS in our communities and our environment, which makes the state and its public water systems well-positioned for these national developments.



Inspection and Compliance of Minnesota's Private Wells and Borings

Approximately 70 percent of all Minnesotans rely on groundwater as their primary source of drinking water, and one million Minnesotans rely on private wells. Well Management Section field staff performed more than 1,500 inspections on wells and borings used for drinking water, irrigation, industry, groundwater monitoring, heat pumps, and/or hydraulic elevators to help ensure they were safe during fiscal year 2023.



STATUTES

M.S. 144.411 Clean Indoor Air Act (https://www.revisor.mn.gov/statutes/cite/144.411)
M.S. 144.4961 Radon Licensing Act (https://www.revisor.mn.gov/statutes/cite/144.4961)
M.S. 103I.005 Minnesota Well Code (https://www.revisor.mn.gov/statutes/?id=103I.005)
M.S. 144.381 Safe Drinking Water Act (https://www.revisor.mn.gov/statutes/cite/144.381)
M.S. 144.1222 Public Pools; Enclosed Sports Arenas (https://www.revisor.mn.gov/statutes/cite/144.1222)
M.S. 144.9501 Lead Poisoning Prevention Act (https://www.revisor.mn.gov/statutes/cite/144.9501)
M.S. 144.1201 Radiation Hazards (https://www.revisor.mn.gov/statutes/cite/144.1201)
M.S. 157 Food, Pools & Lodging Services (https://www.revisor.mn.gov/statutes/?id=157)
M.S. 326.70 Asbestos Abatement Act (https://www.revisor.mn.gov/statutes/?id=326.70)
M.S. 327 Hotels, Motels, Resorts, and Manufactured Homes (https://www.revisor.mn.gov/statutes/cite/327)

(Dollars in Thousands)

	Actual FY22	Actual FY23	Actual FY24	Estimate FY25	Forecast Base FY26	Forecast Base FY27	Governor's Recommendation FY26	Governor's Recommendation FY27
Expenditures by Fund								
1000 - General	3,667	4,463	21,515	15,446	6,018	6,018	6,018	6,018
1200 - State Government Special Rev	29,467	31,117	32,902	34,068	33,398	33,398	48,077	47,912
2000 - Restrict Misc Special Revenue	237	324	564	606	525	525	525	525
2050 - Environment & Natural Resources	180							
2302 - Clean Water	6,308	7,454	9,494	21,092			14,070	15,470
2800 - Environmental	647	1,182	811	3,033	2,015	2,015	2,015	2,015
2801 - Remediation	239	246	293	331	316	316	316	316
3000 - Federal	8,890	9,652	10,317	73,231	30,883	30,868	30,883	30,868
8201 - Drinking Water Revolving	666	725	7,666	413	408	408	408	408
Total	**50,301**	**55,162**	**83,561**	**148,220**	**73,563**	**73,548**	**102,312**	**103,532**
Biennial Change				126,318		(84,670)		(25,937)
Biennial % Change				120		(37)		(11)
Governor's Change from Base								58,733
Governor's % Change from Base								40
Expenditures by Category								
Compensation	29,325	33,000	38,318	72,514	44,474	44,462	67,412	67,400
Operating Expenses	16,314	17,785	38,603	30,068	16,305	16,302	19,933	19,765
Grants, Aids and Subsidies	4,598	4,358	5,230	44,836	12,782	12,782	14,965	16,365
Capital Outlay-Real Property			1,380	800				
Other Financial Transaction	63	19	30	2	2	2	2	2
Total	**50,301**	**55,162**	**83,561**	**148,220**	**73,563**	**73,548**	**102,312**	**103,532**
Total Agency Expenditures	50,301	55,162	83,561	148,220	73,563	73,548	102,312	103,532
Internal Billing Expenditures	8,517	9,019	9,454	8,773	7,121	7,118	7,121	7,118
Expenditures Less Internal Billing	**41,783**	**46,143**	**74,108**	**139,447**	**66,442**	**66,430**	**95,191**	**96,414**
Full-Time Equivalents	**270.11**	**293.19**	**322.41**	**841.68**	**301.21**	**301.17**	**427.55**	**427.51**

(Dollars in Thousands)

	Actual FY22	Actual FY23	Actual FY24	Estimate FY25	Forecast Base FY26	Forecast Base FY27	Governor's Recommendation FY26	Governor's Recommendation FY27
1000 - General								
Balance Forward In		1,154		8,909				
Direct Appropriation	5,148	4,974	6,322	6,478	6,197	6,197	6,197	6,197
Transfers In			24,313	267				
Transfers Out	231	235	212	208	179	179	179	179
Cancellations	118	1,430						
Balance Forward Out	1,132		8,908					
Expenditures	**3,667**	**4,463**	**21,515**	**15,446**	**6,018**	**6,018**	**6,018**	**6,018**
Biennial Change in Expenditures				28,831		(24,925)		(24,925)
Biennial % Change in Expenditures				355		(67)		(67)
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents	17.74	22.28	30.36	30.94	30.33	30.33	30.33	30.33
1200 - State Government Special Rev								
Balance Forward In		2,640		182				
Direct Appropriation	30,524	30,524	33,084	33,886	33,398	33,398	48,077	47,912
Cancellations		2,047						
Balance Forward Out	1,057		182					
Expenditures	**29,467**	**31,117**	**32,902**	**34,068**	**33,398**	**33,398**	**48,077**	**47,912**
Biennial Change in Expenditures				6,386		(174)		29,019
Biennial % Change in Expenditures				11		(0)		43
Governor's Change from Base								29,193
Governor's % Change from Base								44
Full-Time Equivalents	181.03	181.38	197.90	197.90	197.90	197.90	273.00	273.00
2000 - Restrict Misc Special Revenue								
Balance Forward In	139	148	125	81				
Receipts	238	283	520	525	525	525	525	525
Balance Forward Out	140	107	81					
Expenditures	**237**	**324**	**564**	**606**	**525**	**525**	**525**	**525**
Biennial Change in Expenditures				609		(120)		(120)
Biennial % Change in Expenditures				108		(10)		(10)
Governor's Change from Base								0

(Dollars in Thousands)

	Actual FY22	Actual FY23	Actual FY24	Estimate FY25	Forecast Base FY26	Forecast Base FY27	Governor's Recommendation FY26	Governor's Recommendation FY27
Governor's % Change from Base								0
Full-Time Equivalents	1.15	1.48	2.42	2.42	2.42	2.42	2.42	2.42

2050 - Environment & Natural Resources

Balance Forward In	214							
Cancellations	33							
Expenditures	**180**							
Biennial Change in Expenditures				(180)		0		0
Biennial % Change in Expenditures								
Governor's Change from Base								0
Governor's % Change from Base								

2302 - Clean Water

Balance Forward In	4,373	5,351	4,854	6,314				
Direct Appropriation	5,955	5,955	10,996	14,778	0	0	14,070	15,470
Cancellations	0	67	42					
Balance Forward Out	4,020	3,785	6,314					
Expenditures	**6,308**	**7,454**	**9,494**	**21,092**			**14,070**	**15,470**
Biennial Change in Expenditures				16,824		(30,586)		(1,046)
Biennial % Change in Expenditures				122		(100)		(3)
Governor's Change from Base								29,540
Governor's % Change from Base								
Full-Time Equivalents	19.67	20.86	25.54	31.92			51.24	51.24

2800 - Environmental

Balance Forward In		359	0	1,018				
Transfers In	932	932	1,829	2,015	2,015	2,015	2,015	2,015
Cancellations		109						
Balance Forward Out	285		1,018					
Expenditures	**647**	**1,182**	**811**	**3,033**	**2,015**	**2,015**	**2,015**	**2,015**
Biennial Change in Expenditures				2,015		186		186
Biennial % Change in Expenditures				110		5		5
Governor's Change from Base								0

(Dollars in Thousands)

	Actual FY22	Actual FY23	Actual FY24	Estimate FY25	Forecast Base FY26	Forecast Base FY27	Governor's Recommendation FY26	Governor's Recommendation FY27
Governor's % Change from Base								0
Full-Time Equivalents	3.64	4.99	5.25	10.94	10.94	10.94	10.94	10.94

2801 - Remediation

Balance Forward In		20		15				
Transfers In	257	257	308	316	316	316	316	316
Cancellations		31						
Balance Forward Out	18		15					
Expenditures	**239**	**246**	**293**	**331**	**316**	**316**	**316**	**316**
Biennial Change in Expenditures				139		8		8
Biennial % Change in Expenditures				29		1		1
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents	1.78	1.70	2.21	2.21	2.21	2.21	2.21	2.21

3000 - Federal

Balance Forward In		7	0	2				
Receipts	8,890	9,644	10,319	73,229	30,883	30,868	30,883	30,868
Balance Forward Out			2					
Expenditures	**8,890**	**9,652**	**10,317**	**73,231**	**30,883**	**30,868**	**30,883**	**30,868**
Biennial Change in Expenditures				65,006		(21,797)		(21,797)
Biennial % Change in Expenditures				351		(26)		(26)
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents	41.21	55.82	44.23	551.50	43.56	43.52	43.56	43.52

8201 - Drinking Water Revolving

Receipts			6,815	413	408	408	408	408
Transfers In	672	725	851					
Balance Forward Out	6							
Expenditures	**666**	**725**	**7,666**	**413**	**408**	**408**	**408**	**408**
Biennial Change in Expenditures				6,688		(7,263)		(7,263)
Biennial % Change in Expenditures				481		(90)		(90)

(Dollars in Thousands)

	Actual FY22	Actual FY23	Actual FY24	Estimate FY25	Forecast Base FY26	Forecast Base FY27	Governor's Recommendation FY26	Governor's Recommendation FY27
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents	3.89	4.68	14.50	13.85	13.85	13.85	13.85	13.85

Program: Health Protection
Activity: Infectious Disease

https://www.health.state.mn.us/about/org/idepc/index.html

AT A GLANCE

- Interviewed 587 farm workers potentially exposed to Avian Influenza (H5N1) on poultry and dairy farms; 510 identified as at risk.
- Responded to 275 foodborne, waterborne, person-to-person, zoonotic outbreaks.
- Distributed over $52 million in no cost vaccines to nearly half of Minnesota's children and over 50,000 uninsured adults.
- Sent immunization reminder texts to over 353,000 Minnesotans using the Minnesota Immunization Information Connection (MIIC) data and technology.
- Investigated 1,671 cases of syphilis and ensured treatment for 1,516.
- Implemented new programs and initiatives to address increases in syphilis and HIV that primarily impact persons experiencing homelessness and persons who use injection drugs.
- Managed care and diagnostics for 277 presumed and confirmed Tuberculosis cases, provided treatment for 173 cases, and evaluated 512 exposed contacts.
- Conducted 110 infection prevention assessments at healthcare and long-term care facilities.
- Funded the testing of 4,731 individuals for HIV through community-based partners.
- Coordinated over 2,900 newcomers, including refugees and Ukrainian Humanitarian Parolees, with their domestic medical exams upon arrival to Minnesota in 2023.

PURPOSE AND 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.
- Collect, analyze, and publish data on infectious diseases that informs prevention and control actions.
- Recommend policy for detecting, preventing, or controlling infectious diseases.
- Coordinate with the health care and public health systems to prevent spread of diseases.
- Partner with state agencies, local public health, and tribal nations to prevent and control infectious diseases.
- Create and maintain relationships to support infectious disease prevention and response for groups impacted by increased disparities, including people experiencing homelessness, tribes and indigenous, immigrants, LGBTQ, correctional settings, and seasonal agricultural and food processing workers.
- Provide access to testing, vaccines, and medications to diagnose, prevent, and treat infectious diseases.
- Provide advice to health care providers on diagnosis and management of emerging infectious diseases (e.g., highly pathogenic avian influenza, mpox, COVID-19, Ebola, and Zika).
- Evaluate the effectiveness of our infectious disease activities.
- Coordinate with Centers for Disease Control and other states on national prevention and disease efforts.

SERVICES PROVIDED

Prevention of infectious disease

- Alert health care providers, local public health, tribes, and the public about outbreaks and how to prevent disease spread.
- Manage tuberculosis treatment and provide medications for patients to prevent disease spread.
- Investigate healthcare-associated infections or infection prevention breaches, work collaboratively with health care facilities to prevent the spread of infection, and conduct follow-up on those who were exposed to infectious disease.
- Collaborate with health care providers, local public health, tribal health, and community-based organizations to educate the public, especially high-risk populations, on disease testing, treatment, and prevention.
- Provide funding and technical assistance to local public health agencies, tribal health, and nonprofit organizations for infectious disease prevention activities.
- Evaluate the effectiveness of infectious disease public health programs by monitoring disease trends and outcomes.
- Provide multilingual travelers' health messaging and resources to travelers and communities with high rates of travel to protect their health and reduce the importation of travel related illness.
- Distribute publicly purchased vaccine for adults and children whose families cannot afford them.
- Maintain and modernize the Minnesota Immunization Information Connection (MIIC) which provides immunization data to providers, health plans, tribal health, local public health, and the public to ensure Minnesotans get the right vaccines at the right time.

Identify and investigate infectious disease threats

- Collect, analyze, and routinely post respiratory disease (flu, RSV, COVID-19) data on, number of hospitalizations, and deaths.
- Maintain a 24/7 system to detect, investigate, and control cases of infectious disease, including routine and emerging diseases such as measles, meningitis, rabies exposure, COVID-19, mpox, Ebola, and Zika.
- Analyze disease reports to identify unusual patterns of infectious disease, detect outbreaks, identify the cause, and implement control measures.
- Maintain a foodborne illness hotline to receive complaints from the public and identify possible foodborne outbreaks quickly.
- Coordinate refugee medical screenings to identify and treat health problems.
- Use MIIC data to identify populations with low immunization rates and inform programming.

Mitigation of disease threats

- Alert the public where and when the risk of infectious disease is the greatest.
- Involve high-risk communities, health care providers, and concerned citizens in responding to infectious disease challenges.
- Enhance infection prevention and antibiotic stewardship by providing assessment and technical assistance to health care facilities.
- Provide evidence-based guidance to high priority settings including jails and prisons, long-term care facilities, K-12 schools, childcare, institutions of higher education, and shelters.
- Facilitate and develop resources on the responsible use and protection of all antimicrobials for human, animal, and environmental health.

RESULTS

Measure name	Measure type	Measure data source	Historical trend	Most recent data
Minnesota Vaccine for Children Program doses* distributed **Doses means all ACIP recommended vaccines*	Quantity	Vaccine ordering and distribution data is collected in CDC's Vaccine Tracking system.	In 2022, distributed 742,995 doses to providers across the state who serve eligible children. With more pediatric vaccines coming to market each year, we expect this number to continue to increase.	804,975 doses distributed (1/1/2023-12/31/2023)
Percent of eligible tuberculosis patients who complete therapy in 12 months*	Quality	Data is from the National Tuberculosis Indicators Project	Since the national decrease during the COVID-19 pandemic, TB incidence in MN has quickly risen to pre-pandemic numbers. Minnesota consistently meets or exceeds national averages (86.8%) for treatment completion in 12 months	2021: MN: 89.2%
Percent of infants born to hepatitis B positive pregnant persons who received appropriate and timely follow up at birth	Quality	Data are reported to MDH Perinatal Hepatitis B Prevention Program by all birthing hospitals in the state.	The percentage of infants born to hepatitis B positive persons that receive appropriate and timely follow up is high and this trend has remained stable over the last 10 years." (national average 98%)	2022-2023: 99.4% (648/652)
Percent of people who received positive test results through MDH-funded HIV testing programs who were referred to care	Quality	Data are reported to MDH from MDH-funded HIV testing programs	In 2022, (75%) people who received positive HIV test results were referred to care. In 2023, the number of people who received positive HIV test results and were referred to care more than doubled to people but the percentage referred to care has remained similar over the years even with increasing numbers.	2023: 76%

**2021 data is the most recent year with finalized TB treatment completion data.*

Evidence-based practice:	Source:	FY 24-25 Expenditures
A small portion of vaccine purchased through the Uninsured and Undervaccinated Adult Vaccine (UUAV) program was directly funded through state funds in FY 24.	Reducing out-of-pocket costs as an intervention to improve coverage of vaccines recommended for routine use among children, adolescents, and adults. *https://www.thecommunityguide.org/media/pdf/Vaccination Provider-Assessment-and-Feedback.pdf*	$1.470 million in FY24 and FY25 to supplement federal funds

STATUTES AND RULES
Minnesota Rules, Chapter 4604 and 4605.
(https://www.revisor.mn.gov/rules/?id=4604)(https://www.revisor.mn.gov/rules/4605/)
M.S. 121A.15 (https://www.revisor.mn.gov/statutes/?id=121A.15)
M.S. 13.3805 (https://www.revisor.mn.gov/statutes/?id=13.3805)
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)
M.S. 144.3441 (https://www.revisor.mn.gov/statutes/cite/144.3441)
M.S. 144.4171 – 144.4185 (https://www.revisor.mn.gov/statutes/cite/144.4171)
M.S. 144.4801 – 144.491 (https://www.revisor.mn.gov/statutes/cite/144.4801)
M.S. 214.17 – 214.25 (https://www.revisor.mn.gov/statutes/cite/214.17)

(Dollars in Thousands)

	Actual FY22	Actual FY23	Actual FY24	Estimate FY25	Forecast Base FY26	Forecast Base FY27	Governor's Recommendation FY26	Governor's Recommendation FY27
Expenditures by Fund								
1000 - General	3,754	91,179	8,039	11,309	6,190	6,029	7,490	7,329
2000 - Restrict Misc Special Revenue	224	393	6	1				
2001 - Other Misc Special Revenue	3,339	1,526	1,502	8,384	576	576	576	576
2302 - Clean Water	51	75	15	585			300	300
2403 - Gift	0	4	9	42				
3000 - Federal	367,668	130,431	135,467	415,524	221,383	44,758	221,383	44,758
3015 - ARP-State Fiscal Recovery	83,908	21,532	2,832					
Total	**458,944**	**245,140**	**147,870**	**435,845**	**228,149**	**51,363**	**229,749**	**52,963**
Biennial Change				(120,368)		(304,203)		(301,003)
Biennial % Change				(17)		(52)		(52)
Governor's Change from Base								3,200
Governor's % Change from Base								1
Expenditures by Category								
Compensation	30,811	33,022	33,014	178,625	40,563	20,377	42,087	21,901
Operating Expenses	359,193	169,030	77,003	231,363	167,660	23,662	167,736	23,738
Grants, Aids and Subsidies	68,075	41,568	35,843	25,617	19,686	7,084	19,686	7,084
Capital Outlay-Real Property	812	1,472	1,823	200	200	200	200	200
Other Financial Transaction	52	47	187	40	40	40	40	40
Total	**458,944**	**245,140**	**147,870**	**435,845**	**228,149**	**51,363**	**229,749**	**52,963**
Total Agency Expenditures	458,944	245,140	147,870	435,845	228,149	51,363	229,749	52,963
Internal Billing Expenditures	27,348	15,933	8,835	4,306	8,057	3,747	8,057	3,747
Expenditures Less Internal Billing	**431,595**	**229,206**	**139,035**	**431,539**	**220,092**	**47,616**	**221,692**	**49,216**
Full-Time Equivalents	**303.39**	**312.18**	**294.48**	**364.32**	**355.10**	**195.00**	**364.60**	**204.50**

(Dollars in Thousands)

	Actual FY22	Actual FY23	Actual FY24	Estimate FY25	Forecast Base FY26	Forecast Base FY27	Governor's Recommendation FY26	Governor's Recommendation FY27
1000 - General								
Balance Forward In		508		1,413				
Direct Appropriation	4,544	132,114	11,958	9,952	6,223	6,018	7,523	7,318
Transfers In			97	97	97	97	97	97
Transfers Out	300	500	2,571	153	130	86	130	86
Cancellations	13	40,943	31					
Balance Forward Out	478		1,413					
Expenditures	**3,754**	**91,179**	**8,039**	**11,309**	**6,190**	**6,029**	**7,490**	**7,329**
Biennial Change in Expenditures				(75,584)		(7,129)		(4,529)
Biennial % Change in Expenditures				(80)		(37)		(23)
Governor's Change from Base								2,600
Governor's % Change from Base								21
Full-Time Equivalents	13.07	14.89	16.11	16.11	14.69	14.69	22.69	22.69
2000 - Restrict Misc Special Revenue								
Balance Forward In		164	6	1				
Receipts	356	344						
Balance Forward Out	132	115	1					
Expenditures	**224**	**393**	**6**	**1**				
Biennial Change in Expenditures				(610)		(7)		(7)
Biennial % Change in Expenditures				(99)		(100)		(100)
Governor's Change from Base								0
Governor's % Change from Base								
Full-Time Equivalents	0.17	0.90	0.05					
2001 - Other Misc Special Revenue								
Balance Forward In	6,353	5,644	5,383	7,808				
Receipts	930	1,228	1,474	576	576	576	576	576
Transfers In	300		2,500					
Transfers Out	684		46					
Balance Forward Out	3,560	5,346	7,808					
Expenditures	**3,339**	**1,526**	**1,502**	**8,384**	**576**	**576**	**576**	**576**
Biennial Change in Expenditures				5,022		(8,734)		(8,734)
Biennial % Change in Expenditures				103		(88)		(88)

(Dollars in Thousands)

	Actual FY22	Actual FY23	Actual FY24	Estimate FY25	Forecast Base FY26	Forecast Base FY27	Governor's Recommendation FY26	Governor's Recommendation FY27
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents	5.54	6.56	5.57	5.57	5.57	5.57	5.57	5.57

2302 - Clean Water

Balance Forward In	274	242		285				
Direct Appropriation			300	300	0	0	300	300
Cancellations	24	167						
Balance Forward Out	199		285					
Expenditures	**51**	**75**	**15**	**585**			**300**	**300**
Biennial Change in Expenditures				473		(600)		0
Biennial % Change in Expenditures				374		(100)		0
Governor's Change from Base								600
Governor's % Change from Base								
Full-Time Equivalents	0.07	0.25	0.13	1.90			1.50	1.50

2403 - Gift

Balance Forward In	44	53	51	42				
Receipts	6							
Balance Forward Out	50	50	42					
Expenditures	**0**	**4**	**9**	**42**				
Biennial Change in Expenditures				47		(51)		(51)
Biennial % Change in Expenditures				1,281		(100)		(100)
Governor's Change from Base								0
Governor's % Change from Base								

3000 - Federal

Balance Forward In	409	468	438	102				
Receipts	367,260	129,973	135,131	415,422	221,383	44,758	221,383	44,758
Balance Forward Out	2	9	102					
Expenditures	**367,668**	**130,431**	**135,467**	**415,524**	**221,383**	**44,758**	**221,383**	**44,758**
Biennial Change in Expenditures				52,892		(284,850)		(284,850)
Biennial % Change in Expenditures				11		(52)		(52)

(Dollars in Thousands)

	Actual FY22	Actual FY23	Actual FY24	Estimate FY25	Forecast Base FY26	Forecast Base FY27	Governor's Recommendation FY26	Governor's Recommendation FY27
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents	280.45	284.86	272.41	340.74	334.84	174.74	334.84	174.74

3015 - ARP-State Fiscal Recovery

Balance Forward In		30,730						
Direct Appropriation	127,170	2,411	3,466					
Cancellations	21,805	11,609	634					
Balance Forward Out	21,458							
Expenditures	**83,908**	**21,532**	**2,832**					
Biennial Change in Expenditures				(102,608)		(2,832)		(2,832)
Biennial % Change in Expenditures				(97)				
Governor's Change from Base								0
Governor's % Change from Base								
Full-Time Equivalents	4.09	4.72	0.21					

Program: Health Protection
Activity: Public Health Laboratory

https://www.health.state.mn.us/about/org/phl/index.html

AT A GLANCE

- Provide testing for viruses and other microbes that make people sick, as well as look for outbreaks related to food and water. In fiscal year 2023, the lab performed 74,153 tests on 49,048 samples. In fiscal year 2024, the lab performed 93,172 tests on 53,061 samples.
- Screen for rare, serious conditions in newborn babies, allowing for early identification and medical intervention. The lab screened 61,754 newborns and 60,059 newborns in fiscal years 2022 and 2023, respectively. PHL now screens for 63 conditions after adding two conditions in FY23-24. Approximately 485 babies were found to have a condition on the newborn screening panel and were provided with care.
- Provide testing for contaminants in the environment and evaluate exposures to contaminants in people. In fiscal year 2023, the lab received 49,068 samples and performed 132,692 analyses. In fiscal year 2024, the lab received 48,372 samples and performed 138,694 analyses.

PURPOSE AND CONTEXT

The Public Health Laboratory collaborates with local, state, and federal officials, public and private hospitals, laboratories, and other entities throughout the state to keep Minnesotans safe. Services include:

- Detecting infectious disease outbreaks and public health threats.
- Screening newborns for rare conditions to improve their health outcomes.
- Identifying chemical, radiological, and biological hazards.
- Preparing for and responding to emergencies.
- Producing high-quality laboratory data to inform public health decisions.

SERVICES PROVIDED

Testing samples for rare and common infectious diseases.

- Test to identify disease-causing microbes including influenza, measles, Salmonella, Legionella, and other things that make people sick.
- Test for rare and/or emerging threats such as mpox, COVID-19, rabies, and antibiotic-resistant organisms in congregate living settings, such as Candida auris.
- Test to determine if a microbe is resistant to antibiotics and determine how it has become resistant, estimate vaccine efficacy, and determine why some germs cause more severe disease.
- Perform DNA sequencing to identify outbreaks caused by exposure to contaminated food and water.
- Ensure quick discovery and control of outbreaks to minimize the spread of illness.
- Report results to public health and health care professionals who offer treatment and stop the spread of disease-causing microbes.

Screening newborns for rare, serious, and treatable conditions.

- Screen all Minnesota newborns for 63 treatable, hidden, rare disorders including hearing loss and critical congenital heart disease.
- Ensure detection of treatable disorders and that babies receive follow-up testing and care, resulting in improved long-term health outcomes and quality of life for babies and their parents.
- Educate Minnesota's new and expectant parents and medical providers about newborn screening.

- Began congenital cytomegalovirus (cCMV) screening in February 2023 and Krabbe disease screening in February 2024. Begin screening for Guadinomethyltransferase (GAMT) deficiency and Duchenne Muscular Dystrophy (DMD) in early 2025. Begin screening for Muccopolysacharidosis (MPS) Type II by the end of 2025.

Testing Environmental and Biological Samples for Chemical, Bacterial, and Radiological Contaminants

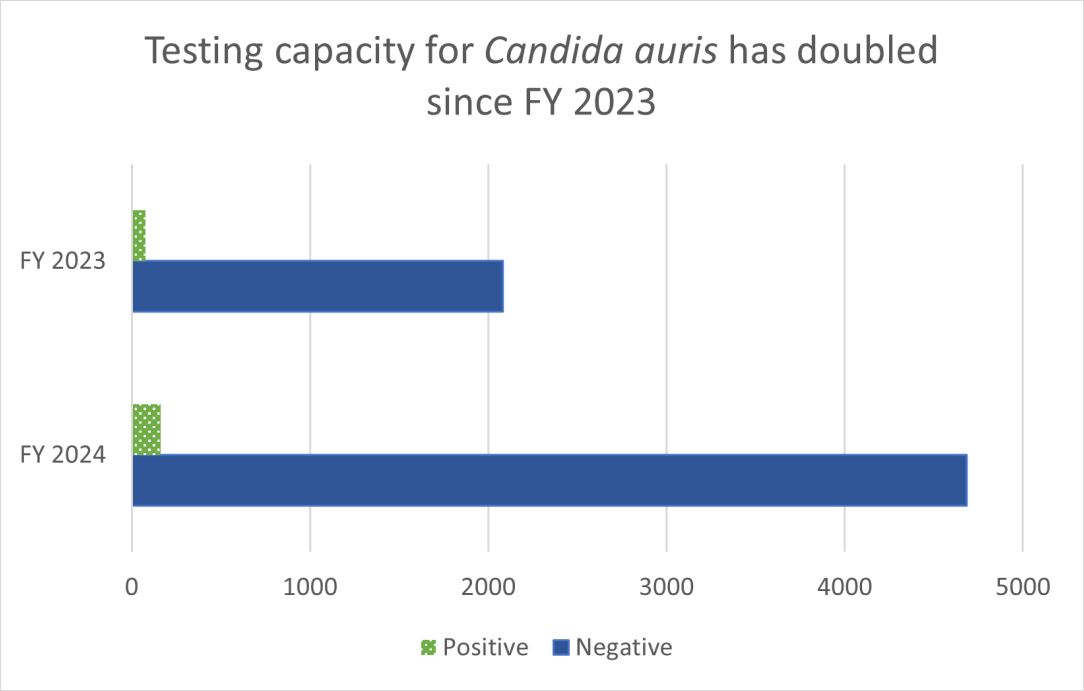
- Test drinking and non-drinking water for various compounds hazardous to human health and the environment.
- Develop methods to test potentially harmful chemicals in human samples, including drugs of abuse and other emerging public health threats, to help identify the source and reduce or eliminate exposures.
- Develop new methods for analyzing environmental samples for chemicals or materials with a perceived, potential, or real threat to human health or those that lack published health standards (e.g., expanded PFAS testing and monitoring).

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 would respond in the event of a release of radioactive chemicals at Minnesota's nuclear power plants.
- Detect harmful germs in air samples through an air-monitoring program.
- Train public and private laboratories to recognize and report possible chemical agents, contagious disease, and other public health threats.
- Respond quickly to a mass casualty event involving harmful chemicals anywhere in the country.
- Conduct rapid testing on clinical or environmental samples of concern (e.g., unknown white powders) and develop and maintain new testing methods of identifying potentially harmful agents.

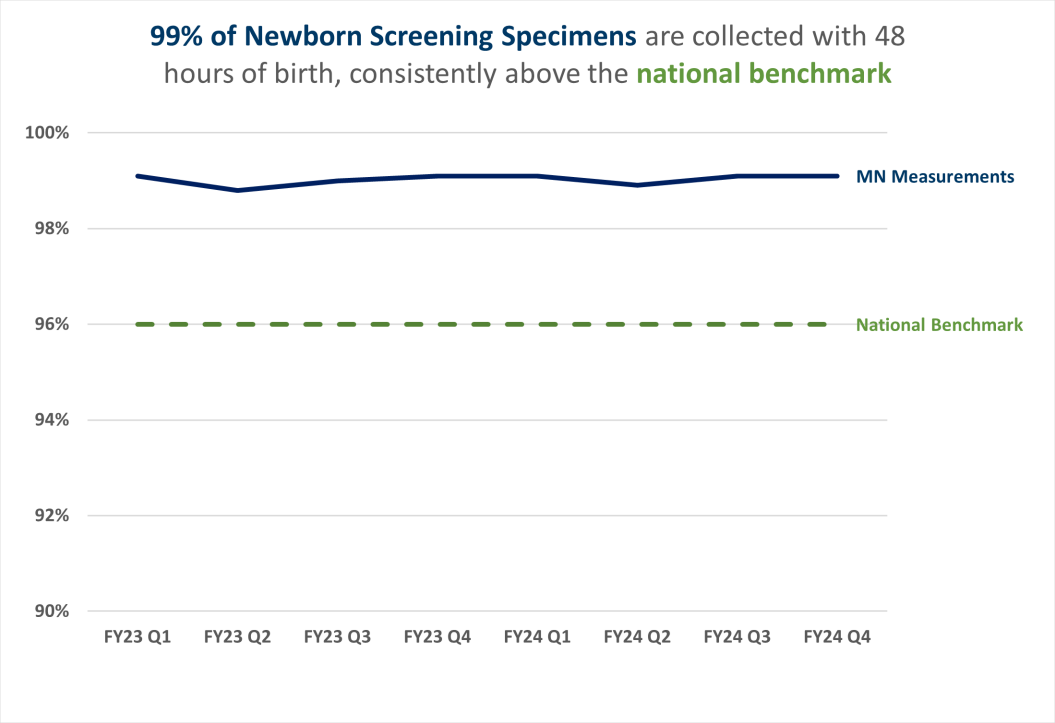
RESULTS

Number of specimens tested for Candida auris in fiscal year 2023 and 2024



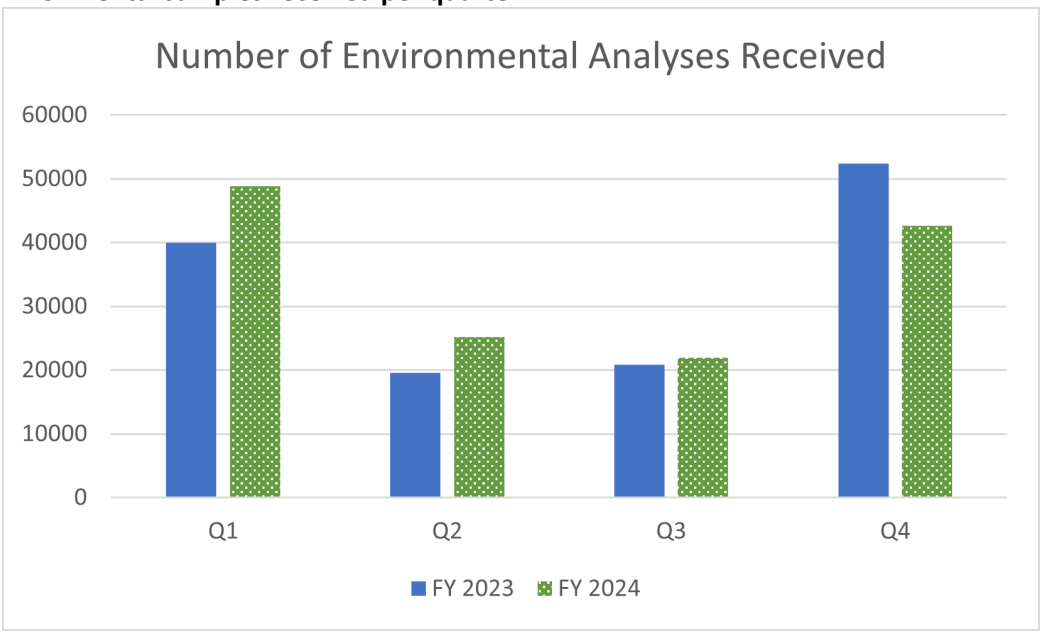
MDH has been working to increase capacity to detect Candida auris, a globally emerging fungus that causes severe illness and death. Hospitals and clinics use this information for patient treatment and to help stop the spread of these germs to other patients and the community.

Percent of newborn screening samples collected within 48 hours of birth in fiscal years 2023 and 2024



Collecting newborn screening samples within 48 hours of birth helps to quickly identify infants at risk for newborn screening disorders and allows medical actions to occur swiftly with conditions listed on the screening panel. Early actions result in better health outcomes. Minnesota has exceeded the national benchmark for all quarters reported.

Number of environmental samples received per quarter



STATUTES

M.S. 13.386 Treatment of Genetic Information Held by Government Entities & Other Persons (https://www.revisor.mn.gov/statutes/?id=13.386)
M.S. 13.3805 Public Health Data (https://www.revisor.mn.gov/statutes/?id=13.3805)M.S. 144.05 General Duties of the Commissioner (https://www.revisor.mn.gov/statutes/?id=144.05)

(Dollars in Thousands)

	Actual FY22	Actual FY23	Actual FY24	Estimate FY25	Forecast Base FY26	Forecast Base FY27	Governor's Recommendation FY26	Governor's Recommendation FY27
Expenditures by Fund								
1000 - General	2,798	2,036	3,651	3,965	3,612	3,612	3,612	3,612
1200 - State Government Special Rev	10,312	11,442	11,650	13,687	12,866	12,866	12,866	12,866
2000 - Restrict Misc Special Revenue	165	198	164	175	175	175	175	175
2001 - Other Misc Special Revenue	3,508	4,530	4,634	8,645	5,833	5,833	5,833	5,833
2302 - Clean Water	57	21						
3000 - Federal	16,608	17,603	17,431	26,156	18,975	18,975	18,975	18,975
Total	**33,448**	**35,829**	**37,529**	**52,628**	**41,461**	**41,461**	**41,461**	**41,461**
Biennial Change				20,880		(7,235)		(7,235)
Biennial % Change				30		(8)		(8)
Governor's Change from Base								0
Governor's % Change from Base								0
Expenditures by Category								
Compensation	14,226	15,043	17,319	32,567	17,823	17,823	17,823	17,823
Operating Expenses	18,253	18,730	17,164	19,399	23,117	23,117	23,117	23,117
Grants, Aids and Subsidies	13	15	43	77	77	77	77	77
Capital Outlay-Real Property	842	1,829	2,735	361	376	376	376	376
Other Financial Transaction	115	213	268	224	68	68	68	68
Total	**33,448**	**35,829**	**37,529**	**52,628**	**41,461**	**41,461**	**41,461**	**41,461**
Total Agency Expenditures	33,448	35,829	37,529	52,628	41,461	41,461	41,461	41,461
Internal Billing Expenditures	5,874	6,847	4,214	3,322	3,361	3,361	3,361	3,361
Expenditures Less Internal Billing	**27,574**	**28,982**	**33,315**	**49,306**	**38,100**	**38,100**	**38,100**	**38,100**
Full-Time Equivalents	**144.41**	**151.71**	**158.08**	**114.98**	**114.98**	**114.98**	**114.98**	**114.98**

(Dollars in Thousands)

	Actual FY22	Actual FY23	Actual FY24	Estimate FY25	Forecast Base FY26	Forecast Base FY27	Governor's Recommendation FY26	Governor's Recommendation FY27
1000 - General								
Balance Forward In	172	116		433				
Direct Appropriation	2,652	2,690	4,377	3,825	3,830	3,830	3,830	3,830
Transfers Out		690	293	293	218	218	218	218
Cancellations		80						
Balance Forward Out	26		433					
Expenditures	**2,798**	**2,036**	**3,651**	**3,965**	**3,612**	**3,612**	**3,612**	**3,612**
Biennial Change in Expenditures				2,781		(392)		(392)
Biennial % Change in Expenditures				58		(5)		(5)
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents	17.07	17.34	21.74	21.74	21.74	21.74	21.74	21.74
1200 - State Government Special Rev								
Balance Forward In		631		821				
Direct Appropriation	10,447	12,818	12,471	12,866	12,866	12,866	12,866	12,866
Cancellations		2,008						
Balance Forward Out	135		821					
Expenditures	**10,312**	**11,442**	**11,650**	**13,687**	**12,866**	**12,866**	**12,866**	**12,866**
Biennial Change in Expenditures				3,584		395		395
Biennial % Change in Expenditures				16		2		2
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents	35.46	42.22	41.34	44.40	44.40	44.40	44.40	44.40
2000 - Restrict Misc Special Revenue								
Receipts	165	198	164	175	175	175	175	175
Expenditures	**165**	**198**	**164**	**175**	**175**	**175**	**175**	**175**
Biennial Change in Expenditures				(24)		11		11
Biennial % Change in Expenditures				(7)		3		3
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents	1.01	1.09	0.80	1.39	1.39	1.39	1.39	1.39

(Dollars in Thousands)

	Actual FY22	Actual FY23	Actual FY24	Estimate FY25	Forecast Base FY26	Forecast Base FY27	Governor's Recommendation FY26	Governor's Recommendation FY27
2001 - Other Misc Special Revenue								
Balance Forward In	867	1,864	2,259	2,812				
Receipts	4,144	4,658	5,188	5,833	5,833	5,833	5,833	5,833
Balance Forward Out	1,503	1,992	2,812					
Expenditures	**3,508**	**4,530**	**4,634**	**8,645**	**5,833**	**5,833**	**5,833**	**5,833**
Biennial Change in Expenditures				5,241		(1,613)		(1,613)
Biennial % Change in Expenditures				65		(12)		(12)
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents	22.68	24.56	23.72	24.27	24.27	24.27	24.27	24.27
2302 - Clean Water								
Balance Forward In	66	21	1					
Cancellations			1					
Balance Forward Out	9							
Expenditures	**57**	**21**						
Biennial Change in Expenditures				(78)		0		0
Biennial % Change in Expenditures				(100)				
Governor's Change from Base								0
Governor's % Change from Base								
3000 - Federal								
Balance Forward In	871	550	404	403				
Receipts	15,948	17,142	17,430	25,753	18,975	18,975	18,975	18,975
Balance Forward Out	211	89	403					
Expenditures	**16,608**	**17,603**	**17,431**	**26,156**	**18,975**	**18,975**	**18,975**	**18,975**
Biennial Change in Expenditures				9,375		(5,637)		(5,637)
Biennial % Change in Expenditures				27		(13)		(13)
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents	68.19	66.50	70.48	23.18	23.18	23.18	23.18	23.18

Program: Health Protection
Activity: Health Regulation

https://www.health.state.mn.us/about/org/hrd/index.html

AT A GLANCE

- Monitor 4,699 health care facilities and providers for safety and quality.
- Review qualifications and regulate approximately 3,300 health professionals.
- Maintain a registry of more than 46,524 active nursing assistants.
- Inspect 523 funeral establishments, 92 crematoriums, and license 1,122 morticians.
- Audit approximately 6,000 federal nursing home resident health assessments to ensure accurate submission, completion, and billing for services.
- License and inspect 283 body art establishments and 2,438 body art technicians.
- Review plans and inspect approximately 489 healthcare construction projects per year with total construction costs over $1.5 billion.
- Register more than 2,950 spoken language health interpreters.
- Facilitate public hearings to inform the public about hospitals closing, reducing services, or moving services.
- Enhance a culture of safety by providing collaborative spaces for providers to express barriers to compliance and from that, working together on solutions that improve compliance and maintain consumer protections.

PURPOSE AND CONTEXT

Health Regulation Division (HRD) staff at the Minnesota Department of Health perform a variety of important regulatory functions to protect Minnesotans, such as:

- Issuing state licenses and federal certifications.
- Completing inspections, investigations, reviews, or audits.
- Administering registries.
- Taking compliance or enforcement actions when necessary.
- Providing information to consumers and providers.

HRD works with many different types of providers and organizations including, but not limited to, healthcare facilities, health professions, body artists and piercers, and mortuary science. Our regulatory activities protect Minnesotans from before birth with our doula registry program, to after death with our oversight of morticians and funeral establishments. We maintain a strong relationship with the Centers for Medicare and Medicaid Services (CMS) for the many health facilities that are federally certified. We protect the health and safety of Minnesota's nursing home and assisted living residents, home care clients, hospital patients, people with intellectual disabilities, families obtaining services at funeral establishments, birth center clients, body art establishment clients, and other clients of health care.

Much of our work focuses on protecting older Minnesotans and vulnerable adults. As Minnesota's population ages over the next 20 years, older residents will require an increasing amount of health services and the need for health protection will become even more important.

SERVICES PROVIDED

Licensing and Surveys

- Evaluate license, registration, or federal certification submissions from applicants against minimum standards to ensure all providers meet minimum qualifications and are qualified to practice.
- Conduct surveys of facilities and providers to verify compliance with state and/or federal laws, regulations and rules as appropriate to their license, registration, or certification and protect the health, safety, and welfare of residents.
- Ensure that life safety code inspections are conducted and that health facilities meet physical plant requirements that protect the health and safety of patients and residents.
- Review funeral service providers to ensure pre-need funds paid by families are protected and available to pay for services when needed.
- Regulate body art establishments and technicians to prevent blood borne infections.
- Conduct audits of federally certified nursing homes resident assessments to ensure facilities are accurately completing the health assessment and billing Medicaid appropriately for services provided.

Number of Incident Reports Received by State Fiscal Year and Facility				
	FY 2021	**FY 2022**	**FY 2023**	**FY 2024**
State Licensed Facilities or Providers	7,381	10,861	12,659	13,113
Federally Certified Facilities or Providers	10,907	9,868	9,802	8,972
Total Incident Reports Received	**18,288**	**20,729**	**22,461**	**22,085**

Number of Licensed Nursing Homes, Assisted Living Facilities, and Home Care Provider Agencies				
	FY 2021	**FY 2022**	**FY 2023**	**FY 2024**
Nursing Homes	367	362	357	353
Assisted Living Facilities	0	2,130	2,250	2,345
Home Care Providers	1,624	1,574	776*	690
Total	**1,991**	**4,066**	**3,383**	**3,388**

* The new assisted living license replaced the home care license in many situations.

Complaints, Investigations, and Enforcement

- Respond to thousands of citizens' 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 the Maltreatment of Minors Act.
- Verify health facilities have properly taken steps to protect residents in the event of any type of emergency not limited to fires, tornadoes, floods, public health emergencies/pandemic and health provider strikes, based on facility assessment of risk.

RESULTS

The table below displays the number of nursing home facilities, assisted living facilities and home care providers inspected. This data was provided through the department's Health Regulation systems database.

Type of Measure	Name of Measure	FY2022*	FY2023*	FY2024*
Quantity	Number of nursing home facilities inspected	216	309	283 and ongoing
Quantity	Number of assisted living facilities inspected	334**	654	651
Quantity	Number of home care providers inspected	113	52	238

* The federal fiscal year is defined as October 1 to September 30 of the following year. The state fiscal year is defined as July 1 to June 30 of the following year.
** Assisted living licensure was implemented on August 1, 2021 (fiscal year 2022).

STATUTES

M.S. 144.0572 Criminal history background checks on applicants, licensees, and other occupations regulated by commissioner of health (https://www.revisor.mn.gov/statutes/cite/144.0572)
M.S. 144.058 Spoken language health care interpreters (https://www.revisor.mn.gov/statutes/cite/144.058)
M.S. 144.0724 Case mix (https://www.revisor.mn.gov/statutes/cite/144.0724)
M.S. 144.50 - .60 Hospital licensure (https://www.revisor.mn.gov/statutes/cite/144.50)
M.S. 144.50 - .56 Boarding care licensure (https://www.revisor.mn.gov/statutes/cite/144.50)
M.S. 144.50 - .56 Supervised living facility licensure (https://www.revisor.mn.gov/statutes/cite/144.50)
M.S. 144A.001 - .1888 Nursing home licensure (https://www.revisor.mn.gov/statutes/cite/144A.001)
M.S. 144A.43 - .483 Home care licensure (https://www.revisor.mn.gov/statutes/cite/144A.43)
M.S. 144A.46 Office health facility complaints (https://www.revisor.mn.gov/statutes/cite/144A.46)
M.S. 144A.61 - .62 Nursing assistant registration (https://www.revisor.mn.gov/statutes/cite/144A.61)
M.S. 144A.70 - .74 Supplemental nursing services agencies (https://www.revisor.mn.gov/statutes/cite/144A.70)
M.S. 144A.75 - .756 Hospice licensure (https://www.revisor.mn.gov/statutes/cite/144A.75)
M.S. 144G Assisted living licensure (https://www.revisor.mn.gov/statutes/cite/144G)
M.S. 146A Complementary and alternative health care practices (https://www.revisor.mn.gov/statutes/cite/146A)
M.S. 146B Body art licensure (https://www.revisor.mn.gov/statutes/cite/146B)
M.S. 148.511 - .5198 Speech language pathologists, speech language pathology assistants and audiologists licensing (https://www.revisor.mn.gov/statutes/cite/148.511)
M.S. 148.995 - .997 Doula registration (https://www.revisor.mn.gov/statutes/cite/148.995)
M.S. 149A Mortuary science licensure (https://www.revisor.mn.gov/statutes/cite/149A)
M.S. 153A Hearing instrument dispensing (https://www.revisor.mn.gov/statutes/cite/153A)

(Dollars in Thousands)

	Actual FY22	Actual FY23	Actual FY24	Estimate FY25	Forecast Base FY26	Forecast Base FY27	Governor's Recommendation FY26	Governor's Recommendation FY27
Expenditures by Fund								
1000 - General	13,447	16,643	15,332	16,228	16,048	16,048	16,048	16,048
1200 - State Government Special Rev	16,532	21,181	26,667	25,213	25,094	25,025	28,580	28,511
2000 - Restrict Misc Special Revenue	116	136	31	4,339				
2001 - Other Misc Special Revenue	0	(1,320)	(1,083)	2,673	51	51	51	51
3000 - Federal	18,346	18,873	21,516	21,956	20,894	21,044	20,894	21,044
Total	**48,440**	**55,512**	**62,462**	**70,409**	**62,087**	**62,168**	**65,573**	**65,654**
Biennial Change				28,919		(8,616)		(1,644)
Biennial % Change				28		(6)		(1)
Governor's Change from Base								6,972
Governor's % Change from Base								6
Expenditures by Category								
Compensation	32,717	23,785	27,079	40,678	40,008	40,129	43,298	43,419
Operating Expenses	15,612	31,535	35,321	29,687	22,035	21,995	22,231	22,191
Grants, Aids and Subsidies	103	138	31					
Capital Outlay-Real Property		0		2	2	2	2	2
Other Financial Transaction	8	54	31	42	42	42	42	42
Total	**48,440**	**55,512**	**62,462**	**70,409**	**62,087**	**62,168**	**65,573**	**65,654**
Total Agency Expenditures	48,440	55,512	62,462	70,409	62,087	62,168	65,573	65,654
Internal Billing Expenditures	6,407	4,450	6,001	9,337	9,334	9,334	9,334	9,334
Expenditures Less Internal Billing	**42,033**	**51,062**	**56,461**	**61,072**	**52,753**	**52,834**	**56,239**	**56,320**
Full-Time Equivalents	**287.16**	**320.26**	**336.99**	**396.57**	**396.57**	**396.57**	**412.65**	**412.65**

(Dollars in Thousands)

	Actual FY22	Actual FY23	Actual FY24	Estimate FY25	Forecast Base FY26	Forecast Base FY27	Governor's Recommendation FY26	Governor's Recommendation FY27
1000 - General								
Balance Forward In		2,438		173				
Direct Appropriation	14,836	14,450	15,539	16,430	16,583	16,413	16,583	16,413
Transfers Out	47	240	34	375	535	365	535	365
Cancellations		6						
Balance Forward Out	1,342		173					
Expenditures	**13,447**	**16,643**	**15,332**	**16,228**	**16,048**	**16,048**	**16,048**	**16,048**
Biennial Change in Expenditures				1,471		536		536
Biennial % Change in Expenditures				5		2		2
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents	39.65	43.66	43.26	43.26	43.26	43.26	43.26	43.26
1200 - State Government Special Rev								
Balance Forward In		2,829		64				
Direct Appropriation	18,340	18,548	26,731	25,149	25,094	25,025	28,580	28,511
Cancellations		197						
Balance Forward Out	1,808		64					
Expenditures	**16,532**	**21,181**	**26,667**	**25,213**	**25,094**	**25,025**	**28,580**	**28,511**
Biennial Change in Expenditures				14,167		(1,761)		5,211
Biennial % Change in Expenditures				38		(3)		10
Governor's Change from Base								6,972
Governor's % Change from Base								14
Full-Time Equivalents	75.22	102.21	115.06	127.00	127.00	127.00	143.08	143.08
2000 - Restrict Misc Special Revenue								
Balance Forward In	1,301	2,257	3,649	4,339				
Receipts	798	1,469	932					
Transfers Out			212					
Balance Forward Out	1,984	3,590	4,339					
Expenditures	**116**	**136**	**31**	**4,339**				
Biennial Change in Expenditures				4,118		(4,370)		(4,370)
Biennial % Change in Expenditures				1,638		(100)		(100)
Governor's Change from Base								0

(Dollars in Thousands)

	Actual FY22	Actual FY23	Actual FY24	Estimate FY25	Forecast Base FY26	Forecast Base FY27	Governor's Recommendation FY26	Governor's Recommendation FY27
Governor's % Change from Base								

2001 - Other Misc Special Revenue

Balance Forward In			1,339	2,622				
Receipts			201	51	51	51	51	51
Balance Forward Out		1,320	2,622					
Expenditures	**0**	**(1,320)**	**(1,083)**	**2,673**	**51**	**51**	**51**	**51**
Biennial Change in Expenditures				2,910		(1,488)		(1,488)
Biennial % Change in Expenditures				(220)		(94)		(94)
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents	153.11	158.27	161.64	114.33	114.33	114.33	114.33	114.33

3000 - Federal

Balance Forward In		98	232	310				
Receipts	18,346	18,942	21,593	21,646	20,894	21,044	20,894	21,044
Balance Forward Out	0	168	309					
Expenditures	**18,346**	**18,873**	**21,516**	**21,956**	**20,894**	**21,044**	**20,894**	**21,044**
Biennial Change in Expenditures				6,253		(1,534)		(1,534)
Biennial % Change in Expenditures				17		(4)		(4)
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents	19.18	16.12	17.03	111.98	111.98	111.98	111.98	111.98

Program: Health Operations

AT A GLANCE

- Provide human resource services to over 2000 staff advancing the health of Minnesotans.
- Manage nine facilities, including the headquarters and Public Health Laboratory in St. Paul and seven regional district offices throughout Greater Minnesota.
- From July 2023-June 2024, processed and ensured compliance with state and federal regulations 2,612 grants, 1,245 professional/technical contracts, 6,652 commodity/service purchases, 33,275 invoices, and 2,525 receipts.
- From May 2023-June 2024, completed 19 risk assessments to aid in ensuring agency operations and functions are properly managed and have the greatest chance of success.
- From July 2023-June 2024, led 24 projects with local public health partners and 64 internally to support data interoperability, collection, assessment, dissemination, and visualization to assist in data-driven decision making.
- From October 2023-June 2024, the Cultural Communications team conducted 479 consultations, translations, and reviews of materials, along with trainings, to provide culturally and linguistically appropriate public health information.

PURPOSE AND CONTEXT

Health Operations provides organizational leadership and operational support for employees and programs within the agency to ensure strong stewardship of human, financial, and technical resources. We strive to achieve efficient and accountable government services by promoting strong internal controls, evaluating process improvement opportunities, and using project management and continuous improvement tools. We assist the agency in navigating complex and sensitive legal and compliance issues. We partner closely with a wide range of external organizations to extend the reach and excellence of our work, and with MNIT staff at MDH to manage our information technology resources and ensure that technology meets our business needs. In addition, we endeavor to maximize the potential of employees and the department by designing and executing a strategy that provides new tools and ongoing resources to employees, including education on addressing workplace burnout; building social cohesion across the agency, developing a trauma-responsive workforce; and cultivating a happier and healthier workplace.

The work of Health Operations assists the Department of Health in its mission to protect, maintain, and improve the health of all Minnesotans, and supports One Minnesota goals, especially those related to providing high-quality customer experience, ensuring government systems support Minnesotans, creating an inclusive environment and retaining workforce, while advancing equitable procurement.

SERVICES PROVIDED

- **Agency Projects and Planning:** Provides a standardized framework for project management and drives project delivery and continuous improvement services to advance the department's strategic priorities and initiatives. Provides technology consulting, governance, and support to grow user adoption of agencywide shared applications that builds and enhances the efficiency and effectiveness and digital maturity of the department.
- **Communications:** Ensures that accurate, timely, clear, and culturally relevant information on a wide range of public health topics and emerging disease issues is shared with the key audiences through the appropriate modes of communication (e.g., digital, print, verbal, etc.).

- **Data Strategy and Interoperability:** Promotes, in close partnership with MNIT, centralized decision-making in technology adoption and business management, leading to increased efficiencies, resource consolidation, and improved transparency in governance processes. It enables the Minnesota Department of Health (MDH) to strategically invest in technology, enhancing data utilization and decision-making to improve accessibility, transparency, and accountability in collaboration with local public health authorities for the benefit of Minnesotans' health.
- **Executive Office:** Provides department-wide leadership for all public health issues and operations.
- **Facility Management**: Provides space planning, physical security, lease management, fleet services, and building operations support at MDH district offices, with a focus on sustainability and reducing the impact of our operations on the environment.
- **Financial Management**: Provides stewardship of risk management controls over MDH financial resources. This is accomplished by ensuring alignment of agency financial activities with state statutes, policies, and procedures through centralized accounting and procurement services, oversight of cash management and financial reporting for federal grants, agency budget planning and fiscal analysis for the Governor and the Legislature, budget analysis, monitoring and trend planning for agency receipts and operations, and guidance in grant and contract standards for the agency.
- **General Counsel's Office:** Provides a variety of legal services including advising agency and program leaders about often novel, complex, and sensitive legal and compliance issues to help decision making and mitigate risk.
- **Human Resource Management:** Provides strategic personnel management and workforce development, promotes equity, diversity, and inclusion, manages employee and labor relations, administers benefits and payroll, ensures a safe work environment and coordinates training programs.
- **Internal Audit:** Provides independent, objective assurance, and consulting activities to MDH management over a variety of financial, programmatic and compliance matters. Staff evaluate and improve the effectiveness of risk management, internal controls, and various governance processes.
- **Legislative Relations:** Coordinates state legislative activities and monitors federal legislative actions to advance the department's priorities and mission and serve as a point of contact for the public, other departments, legislators, and legislative staff.

RESULTS

Program Narrative results are included throughout their respective Budget Activities.

(Dollars in Thousands)

	Actual FY22	Actual FY23	Actual FY24	Estimate FY25	Forecast Base FY26	Forecast Base FY27	Governor's Recommendation FY26	Governor's Recommendation FY27
Expenditures by Fund								
1000 - General	8,696	12,396	10,735	36,997	23,051	22,872	24,053	24,901
2000 - Restrict Misc Special Revenue	2	0	15	21				
2001 - Other Misc Special Revenue	39,247	36,523	49,769	58,822	48,064	48,064	48,064	48,064
2403 - Gift	0			29				
3000 - Federal	812	458	214	39				
Total	**48,757**	**49,378**	**60,733**	**95,908**	**71,115**	**70,936**	**72,117**	**72,965**
Biennial Change				58,506		(14,590)		(11,559)
Biennial % Change				60		(9)		(7)
Governor's Change from Base								3,031
Governor's % Change from Base								2
Expenditures by Activity								
Health Operations	48,757	49,378	60,733	95,908	71,115	70,936	72,117	72,965
Total	**48,757**	**49,378**	**60,733**	**95,908**	**71,115**	**70,936**	**72,117**	**72,965**
Expenditures by Category								
Compensation	16,838	18,822	21,518	28,750	28,728	28,728	29,730	30,757
Operating Expenses	31,919	34,163	39,169	67,156	42,385	42,206	42,385	42,206
Capital Outlay-Real Property	0		6					
Other Financial Transaction	1	(3,607)	39	2	2	2	2	2
Total	**48,757**	**49,378**	**60,733**	**95,908**	**71,115**	**70,936**	**72,117**	**72,965**
Total Agency Expenditures	48,757	49,378	60,733	95,908	71,115	70,936	72,117	72,965
Internal Billing Expenditures	577	405	36					
Expenditures Less Internal Billing	**48,179**	**48,974**	**60,697**	**95,908**	**71,115**	**70,936**	**72,117**	**72,965**
Full-Time Equivalents	**145.63**	**162.37**	**165.70**	**197.01**	**196.84**	**196.84**	**204.64**	**204.64**

(Dollars in Thousands)

	Actual FY22	Actual FY23	Actual FY24	Estimate FY25	Forecast Base FY26	Forecast Base FY27	Governor's Recommendation FY26	Governor's Recommendation FY27
1000 - General								
Balance Forward In		3,782		12,882				
Direct Appropriation	11,570	11,579	19,442	19,355	19,363	19,363	20,365	21,392
Transfers In	1,064	1,072	5,934	6,519	5,447	5,268	5,447	5,268
Transfers Out	184	3,003	1,759	1,759	1,759	1,759	1,759	1,759
Cancellations		1,034						
Balance Forward Out	3,753		12,882					
Expenditures	**8,696**	**12,396**	**10,735**	**36,997**	**23,051**	**22,872**	**24,053**	**24,901**
Biennial Change in Expenditures				26,639		(1,809)		1,222
Biennial % Change in Expenditures				126		(4)		3
Governor's Change from Base								3,031
Governor's % Change from Base								7
Full-Time Equivalents	3.05	3.41	6.36	10.89	10.89	10.89	18.69	18.69
2000 - Restrict Misc Special Revenue								
Balance Forward In	34	33	34	21				
Receipts	0	1	2					
Balance Forward Out	33	34	21					
Expenditures	**2**	**0**	**15**	**21**				
Biennial Change in Expenditures				34		(36)		(36)
Biennial % Change in Expenditures				2,102		(100)		(100)
Governor's Change from Base								0
Governor's % Change from Base								
2001 - Other Misc Special Revenue								
Balance Forward In	6,880	2,529	13,312	10,758				
Receipts	32,446	37,495	47,215	48,064	48,064	48,064	48,064	48,064
Internal Billing Receipts	32,316	37,310	46,985	47,951	47,951	47,951	47,951	47,951
Balance Forward Out	79	3,500	10,757					
Expenditures	**39,247**	**36,523**	**49,769**	**58,822**	**48,064**	**48,064**	**48,064**	**48,064**
Biennial Change in Expenditures				32,821		(12,463)		(12,463)
Biennial % Change in Expenditures				43		(11)		(11)
Governor's Change from Base								0
Governor's % Change from Base								0

(Dollars in Thousands)

	Actual FY22	Actual FY23	Actual FY24	Estimate FY25	Forecast Base FY26	Forecast Base FY27	Governor's Recommendation FY26	Governor's Recommendation FY27
Full-Time Equivalents	141.23	158.66	158.98	185.76	185.76	185.76	185.76	185.76

2403 - Gift

Balance Forward In	25	25	28	29				
Receipts		3	1					
Balance Forward Out	25	28	29					
Expenditures	**0**			**29**				
Biennial Change in Expenditures				29		(29)		(29)
Biennial % Change in Expenditures								
Governor's Change from Base								0
Governor's % Change from Base								

3000 - Federal

Receipts	812	458	214	39				
Expenditures	**812**	**458**	**214**	**39**				
Biennial Change in Expenditures				(1,017)		(253)		(253)
Biennial % Change in Expenditures				(80)		(100)		(100)
Governor's Change from Base								0
Governor's % Change from Base								
Full-Time Equivalents	1.35	0.30	0.36	0.36	0.19	0.19	0.19	0.19

Program: Health Operations
Activity: Health Operations

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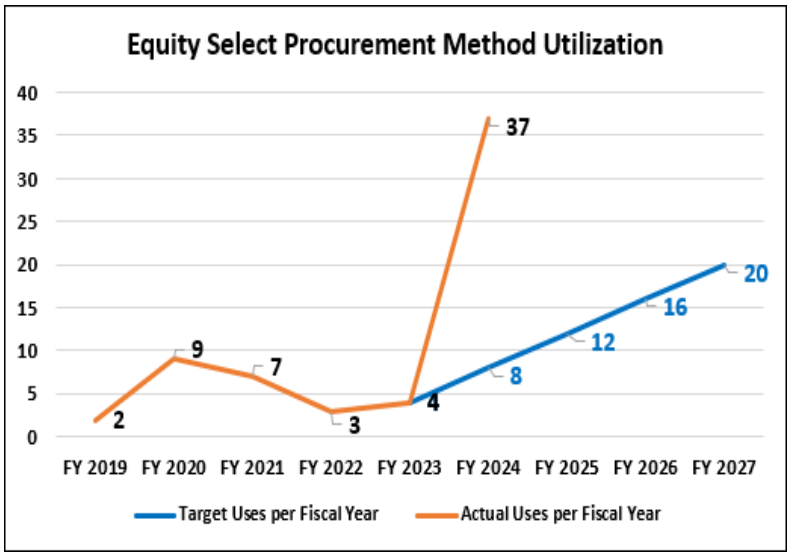
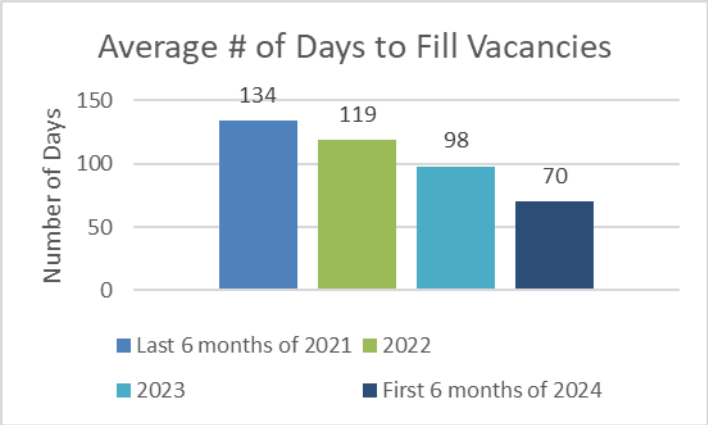
RESULTS

Equity Select Procurement Above Targets



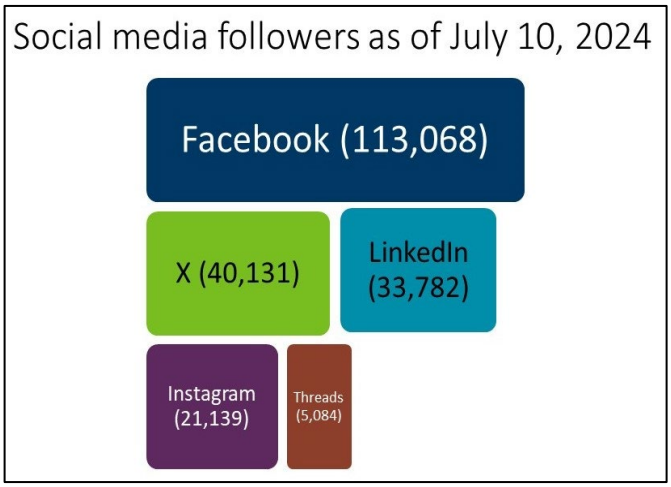
In the 2023 legislative session, the legislature expanded procurement authority to allow direct-select contracting with a state certified vendor up to $100,000. Vendors eligible to participate in this procurement method are certified by the Department of Administration's Office of State Procurement as a Targeted Group, Economically Disadvantaged and/or Veteran-Owned small business. Increasing use of the Equity Select procurement method, which was previously limited to $25,000, is a key focus area of the One Minnesota Results Framework for the Equitable Procurement goal area, and education on the availability and implementation of this option has been a focus of MDH Financial Management and Health Operations. In the graph above, Actual Uses per Fiscal Year is the number of times the Equity Select purchasing option was used to secure a vendor. The Target Uses per Fiscal Year is the Governor's target for numbers of Equity Select uses.

Significant Reduction in Time to Fill Vacancies



This chart reflects the average number of days to fill a vacancy, starting with the day a request to fill a vacancy was submitted to Human Resources Management and ending with the acceptance of an offer. From the last six months of 2021 to the first six months of 2024, the average number of days to fill a vacancy was cut nearly in half. Health Operations, in particular Human Resources Management, led the effort to reduce the amount of time to fill vacancies, and partnered closely with programs across the Health Department. Significant improvement in the time to fill vacancies aids programs across the department in their ability to carry out their public health work, helps promote MDH as a desirable place to work, and supports retention of current staff. It also directly aligns with One Minnesota goals, in particular the goal to provide high-quality customer experience, ensuring government systems support Minnesotans, and creating an inclusive environment and retaining workforce.

Information Communicated Via Multiple Channels



Effective communication is essential to achieving the mission of the Minnesota Department of Health, and to advancing the One Minnesota goal of providing high-quality customer experience. The Department of Health uses social media channels—Facebook, Instagram, Threads, X, and LinkedIn—to share information with various audiences around the state. A graphic showing the number followers on these platforms is included. Messages shared include educational messages about health issues, news releases, information about how to protect your health, resources for the public or partners, stories of public health work happening at MDH and around the state, job postings, and more. In addition, we share similar information on our website, and the number of visitors to the website have averaged over 36.2 million per year from July 2018 – June 2023. We also leverage news releases to share important public health information, averaging 66 per year from July 2018 – June 2023.

(Dollars in Thousands)

	Actual FY22	Actual FY23	Actual FY24	Estimate FY25	Forecast Base FY26	Forecast Base FY27	Governor's Recommendation FY26	Governor's Recommendation FY27
Expenditures by Fund								
1000 - General	8,696	12,396	10,735	36,997	23,051	22,872	24,053	24,901
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2001 - Other Misc Special Revenue	39,247	36,523	49,769	58,822	48,064	48,064	48,064	48,064
2403 - Gift	0			29				
3000 - Federal	812	458	214	39				
Total	**48,757**	**49,378**	**60,733**	**95,908**	**71,115**	**70,936**	**72,117**	**72,965**
Biennial Change				58,506		(14,590)		(11,559)
Biennial % Change				60		(9)		(7)
Governor's Change from Base								3,031
Governor's % Change from Base								2
Expenditures by Category								
Compensation	16,838	18,822	21,518	28,750	28,728	28,728	29,730	30,757
Operating Expenses	31,919	34,163	39,169	67,156	42,385	42,206	42,385	42,206
Capital Outlay-Real Property	0		6					
Other Financial Transaction	1	(3,607)	39	2	2	2	2	2
Total	**48,757**	**49,378**	**60,733**	**95,908**	**71,115**	**70,936**	**72,117**	**72,965**
Total Agency Expenditures	48,757	49,378	60,733	95,908	71,115	70,936	72,117	72,965
Internal Billing Expenditures	577	405	36					
Expenditures Less Internal Billing	**48,179**	**48,974**	**60,697**	**95,908**	**71,115**	**70,936**	**72,117**	**72,965**
Full-Time Equivalents	**145.63**	**162.37**	**165.70**	**197.01**	**196.84**	**196.84**	**204.64**	**204.64**

(Dollars in Thousands)

	Actual FY22	Actual FY23	Actual FY24	Estimate FY25	Forecast Base FY26	Forecast Base FY27	Governor's Recommendation FY26	Governor's Recommendation FY27
1000 - General								
Balance Forward In		3,782		12,882				
Direct Appropriation	11,570	11,579	19,442	19,355	19,363	19,363	20,365	21,392
Transfers In	1,064	1,072	5,934	6,519	5,447	5,268	5,447	5,268
Transfers Out	184	3,003	1,759	1,759	1,759	1,759	1,759	1,759
Cancellations		1,034						
Balance Forward Out	3,753		12,882					
Expenditures	**8,696**	**12,396**	**10,735**	**36,997**	**23,051**	**22,872**	**24,053**	**24,901**
Biennial Change in Expenditures				26,639		(1,809)		1,222
Biennial % Change in Expenditures				126		(4)		3
Governor's Change from Base								3,031
Governor's % Change from Base								7
Full-Time Equivalents	3.05	3.41	6.36	10.89	10.89	10.89	18.69	18.69
2000 - Restrict Misc Special Revenue								
Balance Forward In	34	33	34	21				
Receipts	0	1	2					
Balance Forward Out	33	34	21					
Expenditures	**2**	**0**	**15**	**21**				
Biennial Change in Expenditures				34		(36)		(36)
Biennial % Change in Expenditures				2,102		(100)		(100)
Governor's Change from Base								0
Governor's % Change from Base								
2001 - Other Misc Special Revenue								
Balance Forward In	6,880	2,529	13,312	10,758				
Receipts	32,446	37,495	47,215	48,064	48,064	48,064	48,064	48,064
Internal Billing Receipts	32,316	37,310	46,985	47,951	47,951	47,951	47,951	47,951
Balance Forward Out	79	3,500	10,757					
Expenditures	**39,247**	**36,523**	**49,769**	**58,822**	**48,064**	**48,064**	**48,064**	**48,064**
Biennial Change in Expenditures				32,821		(12,463)		(12,463)
Biennial % Change in Expenditures				43		(11)		(11)
Governor's Change from Base								0
Governor's % Change from Base								0

(Dollars in Thousands)

	Actual FY22	Actual FY23	Actual FY24	Estimate FY25	Forecast Base FY26	Forecast Base FY27	Governor's Recommendation FY26	Governor's Recommendation FY27
Full-Time Equivalents	141.23	158.66	158.98	185.76	185.76	185.76	185.76	185.76

2403 - Gift

Balance Forward In	25	25	28	29				
Receipts		3	1					
Balance Forward Out	25	28	29					
Expenditures	**0**			**29**				
Biennial Change in Expenditures				29		(29)		(29)
Biennial % Change in Expenditures								
Governor's Change from Base								0
Governor's % Change from Base								

3000 - Federal

Receipts	812	458	214	39				
Expenditures	**812**	**458**	**214**	**39**				
Biennial Change in Expenditures				(1,017)		(253)		(253)
Biennial % Change in Expenditures				(80)		(100)		(100)
Governor's Change from Base								0
Governor's % Change from Base								
Full-Time Equivalents	1.35	0.30	0.36	0.36	0.19	0.19	0.19	0.19

Minnesota Department of Health

Federal Funds Summary

(Dollars in Thousands)

Federal Agency and ALN	Federal Grant Name Brief Purpose	FY 2024 Actual	FY 2025 Revised	FY 2026 Revised	FY 2027 Revised	Required State Match or MOE?	FTEs
HRSA 93.994	Maternal and Child Health Services - Supports public health services to low-income, high-risk mothers and children, including children with special health needs.	$ 9,703	$ 9,259	$ 9,256	$ 9,256		11.0
USDA 10.557	Women, Infants and Children - Admin - Nutrition services and administration.	$ 36,959	$ 40,041	$ 40,000	$ 40,000		37.0
USDA 10.557	Women, Infants and Children - Food - Eligible food purchases.	$ 65,525	$ 86,513	$ 80,000	$ 80,000		
USDA 10.557	Women, Infants and Children - Rebates - Formula rebate contract.	$ 25,276	$ 30,586	$ 30,000	$ 30,000		
USDA 10.557	Women, Infants and Children - Commodity Food Supply Program - Provides nutritious food to low-income elderly individuals.	$ 912	$ 1,050	$ 1,050	$ 1,050		0.4
USDA 10.557	Women, Infants and Children - Breastfeeding Peer Counseling - Peer breastfeeding.	$ 1,440	$ 1,735	$ 1,600	$ 1,600		
HRSA 93.251	Universal Newborn Hearing Screening and Hearing Program - Supports efforts to detect hearing impairments in infants and reduce any negative impacts through early intervention.	$ 222	$ 543	$ 235	$ 235		
CDC 93.323	Epidemiology and Laboratory Capacity - Epidemiology & Lab Capacity for Infectious Diseases	$ 68	$ -	$ -	$ -		
CDC 93.314	Early Hearing Detection & Intervention - Supports a centralized newborn hearing screening tracking and surveillance system capable of accurately identifying, matching, collecting, and reporting data.	$ 33	$ -	$ -	$ -		0.6
HHS 93.08	Sickle Cell Data Collection - To establish a robust and sustainable Sickle Cell Disease surveillance and epidemiologic system that is integrated within the Mn Department of Health Newborn Screening and Longitudinal Follow-Up programs.	$ 53	$ -	$ -	$ -		
DOJ 16.831	Second Chance Act Juvenile Justice and Delinquency Prevention - Addressing the Needs of Incarcerated Parents and their Minor Children - Promote services in local correctional facilities and communities by improving and supporting parent-child relationships, mental health and well-being, and reduce out-of-home placements that may lead to reduced recidivism, violent crime, and increased community support.	$ 25	$ -	$ -	$ -		
CDC 93.946	Pregnancy Risk Assessment Monitoring System - Monitors maternal experiences and behaviors just before, during and after pregnancy.	$ 172	$ 1,985	$ 175	$ 175		

Federal Agency and ALN	Federal Grant Name Brief Purpose	FY 2024 Actual	FY 2025 Revised	FY 2026 Revised	FY 2027 Revised	Required State Match or MOE?	FTEs
CDC 93.073	Minnesota Birth Defects Info Systems - Supports surveillance of birth defects in Minnesota.	$ 389	$ 661	$ 375	$ 300		
HRSA 93.11	Early Childhood Comprehensive Systems: Health Integration Prenatal-to-Three Program - Build integrated maternal and early childhood systems of care that are equitable, sustainable, comprehensive, and inclusive of the health system, and that promote early developmental health and family well-being and increase family-centered access to care and engagement of the prenatal-to-3 year old population.	$ 292	$ 333	$ 275	$ 25		
USDA 10.578	Women, Infants and Children - Infrastructure - Infrastructure improvements.	$ 244	$ 1,013	$ 1,900	$ 950		
HHS 93.088	Minnesota Maternal Death Context - Advancing System Improvements for Key Issues in Women's Health - Minnesota Maternal Death Context - To reduce maternal violent death and to expand maternal mortality surveillance and implement evidence-based interventions to improve maternal health outcomes.	$ 25	$ -	$ -	$ -		
HRSA 93.092	Personal Responsibility Education Program - Supports efforts to decrease teen pregnancy/STIs in high-risk adolescent populations.	$ 782	$ 1,026	$ 906	$ 906		
HRSA 93.11	Maternal Health Innovation - State Maternal Health Innovation Program - To align and strengthen the implementation of maternal health programs to improve maternal health outcomes. Funding will build capacity for data collection and quality improvement work, implementation of statewide quality improvement care initiatives, and support for building a skilled maternal health workforce to reduce maternal morbidity and mortality.	$ 771	$ 2,420	$ 1,000	$ 1,000		4.0
HHS 93.137	Black Youth Mental Health - Demonstrating Effective Policies to Promote Black Youth Mental Health - Improve Black youth mental health by identifying, analyzing, implementing, and evaluating specific policy changes. Partnership with the Brooklyn Bridge Alliance for Youth.	$ 475	$ 533	$ 100	$ -		0.4

Federal Agency and ALN	Federal Grant Name Brief Purpose	FY 2024 Actual	FY 2025 Revised	FY 2026 Revised	FY 2027 Revised	Required State Match or MOE?	FTEs
CDC 93.073	Congenital Heart Defects - Population-based Surveillance of Outcomes, Needs, and Well-being of Children and Adolescents with Congenital Heart Defects - To establish a population-based cohort of children and adolescents living with congenital heart defects to participate in a survey intended to improve understanding of healthcare barriers, needs and experiences of caregivers, and strengths and limitations of population-based surveillance among children and adolescents with congenital heart defects.	$ 331	$ 469	$ 400	$ 100		1.8
USDA 10.557	Women, Infants and Children - Technology for a Better Experience - To plan for and implement technology projects and other modernization efforts that improve the Women, Infants and Children participant experience and streamline operations to reduce unnecessary administrative burden.	$ 101	$ 174	$ 51	$ -		0.7
USDA 10.557	Women, Infants and Children - Shopping Experience - Women, Infant, and Children Shopping Experience - To improve the in-store shopping experience of WIC shoppers by improving participant access to vendors. Funds will support project management of the WIC Online Ordering Pilot.	$ 191	$ 363	$ 93	$ -		2.3
HRSA 93.11	Minnesota State Systems Development - State Systems Development Initiative	$ 98	$ 102	$ 100	$ 100		
HRSA 93.11	Newborn Screen System Priorities - Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health	$ 34	$ -	$ -	$ -		0.6
HHS 93.235	Sexual Risk Avoidance Education - Reduce the teen pregnancy and sexually transmitted infections rates.	$ 535	$ 851	$ 693	$ 693		
CDC 93.946	MN SUID/SDY Registry & Prev. - Sudden Unexpected Infant Death and Sudden Death in the Young case registry.	$ 39	$ 60	$ 30	$ 30		
DOJ 16.831	Second Chance Act Juvenile Justice and Delinquency Prevention - Addressing the Needs of Incarcerated Parents and their Minor Children - Promote services in local correctional facilities and communities by improving and supporting parent-child relationships, mental health and well-being, and reduce out-of-home placements that may lead to reduced recidivism, violent crime, and increased community support.	$ 179	$ 296	$ 250	$ 250		
CDC 93.946	Preventing Maternal Mortality - Sudden Unexpected Infant Death and Sudden Death in the Young case registry.	$ 284	$ 116	$ -	$ -		

Federal Agency and ALN	Federal Grant Name Brief Purpose	FY 2024 Actual	FY 2025 Revised	FY 2026 Revised	FY 2027 Revised	Required State Match or MOE?	FTEs
USDA 10.557	Women, Infants and Children - Modernization Grant - Women, Infants and Children innovation and modernization efforts to increase participation and redemption of benefits.	$ 93	$ 883	$ 300	$ 230		
HRSA 93.87	Maternal, Infant, and Early Childhood Home Visiting Grant Program - This grant supports the work of the Mn Department of Health Family Home Visiting Section to promote and implement high-quality home visiting services throughout the State of Minnesota.	$ 10,490	$ 10,144	$ 10,900	$ 11,400		16.0
USDA 10.557	Women, Infants and Children - Breastfeeding Performance Bonus Award - To improve breastfeeding rates among program participants by providing awards in the greatest improvement category.	$ -	$ 100	$ 44	$ -		
HHS 93.088	Surveil to Eliminate Maternal Mortality - Reduce the teen pregnancy and sexually transmitted infections rates.	$ -	$ 746	$ 495	$ 495		
USDA 10.557	Women, Infants and Children - Midwest States WIC Online Ordering Project (SWOOP) - Midwest States WIC Online Ordering Project (Midwest SWOOP) - A pilot project to enhance the WIC shopping experience by allowing participants to shop online to redeem supplemental food benefits. Partnership is with two other Midwest states, Iowa and Nebraska.	$ 357	$ 1,427	$ -	$ -		
HHS 93.778	Child and Teen Checkups - Supports provider training for early and periodic screening, diagnosis and treatment.	$ 363	$ 603	$ 585	$ 585		
ACF 93.434	Minnesota PreSchool Development Birth thru Five years - Improves child development outcomes related to the well-being of children of color and American Indian children to enter kindergarten prepared and ready to succeed. Improves the transition from early care and education settings to elementary school through collaboration and coordination of early childhood care. Align and coordinate systems in order to ease navigation through the system for families.	$ 332	$ 3,102	$ -	$ -		
DOE 84.027	Individuals with Disabilities Education Act Part B - Technical assistance to local public health for identifying and serving infants and toddlers with disabilities. Pass-through federal award from the Minnesota Department of Education.	$ 59	$ 61	$ 60	$ 60		

Federal Agency and ALN	Federal Grant Name Brief Purpose	FY 2024 Actual	FY 2025 Revised	FY 2026 Revised	FY 2027 Revised	Required State Match or MOE?	FTEs
HRSA 93.11	Pediatric Mental Health Care Access - Pediatric Mental Health Care Access New Area Expansion - Expand and enhance reach of the statewide psychiatric consultation service provider and online mental health resource directory tool (Fast Tracker) to link children and adolescents with mental health treatment.	$ 559	$ 1,156	$ 445	$ 445		0.2
CDC 93.991	Preventive Block Grant - Preventive Health and Health Services Block Grant.	$ 36	$ -	$ -	$ -		
USDA 10.565	Women, Infants and Children - Commodity Supplemental Food Program - Supplemental food for eligible participants.	$ -	$ 200	$ -	$ -		
	H120111 - Child and Family Health	**$ 157,446**	**$ 198,551**	**$ 181,318**	**$ 179,885**		**75.0**
CDC 93.366	Minnesota Actions to Improve Oral Health Work Force - Decrease dental caries, oral health disparities and other co-morbid chronic diseases associated with poor oral health.	$ 311	$ 1,564	$ 495	$ 495		
CDC 93.946	Minnesota Sudden Unexpected Infant Death and Sudden Death in the Young Registry & Prevention - The Sudden Unexpected Infant Death and Sudden Death in the Young Case Registry	$ 144	$ 467	$ 400	$ 400		
CDC 93.435	Prevent and Manage Diabetes & Heart Disease - The Innovative Cardiovascular Health Program	$ 1,077	$ 4,723	$ -	$ -		
CDC 93.323	Epidemiology and Laboratory Capacity - Epidemiology and Laboratory Capacity - Core	$ 112	$ 117	$ -	$ -		
CDC 93.07	Minnesota Comprehensive Asthma Control - Minnesota Comprehensive Asthma Control	$ 739	$ 1,436	$ 738	$ 738		
CDC 93.07	Biomonitoring in Preschool Children - Establishes a statewide biomonitoring program for systematically measuring exposures to chemicals of concern in children.	$ 433	$ -	$ -	$ -		
CDC 93.136	Overdose Data to Action Making a Difference in Minnesota - Overdose Data to Action in States	$ 1,146	$ -	$ -	$ -		
OJP 16.32	Minnesota's Safe Harbor Expansion - Services for Trafficking Victims	$ 266	$ 2,434	$ -	$ -		
CDC 93.8	Colorectal Cancer Screening - Increase colorectal cancer screening through use of evidence-based interventions and other strategies in partnership with health systems. Provide screen and follow-up services for a limited number of eligible people.	$ 957	$ 1,531	$ 750	$ 900		

Federal Agency and ALN	Federal Grant Name Brief Purpose	FY 2024 Actual	FY 2025 Revised	FY 2026 Revised	FY 2027 Revised	Required State Match or MOE?	FTEs
CDC 93.81	Minnesota Stroke Program - Paul Coverdell National Acute Stroke Program National Center for Chronic Disease Prevention and Health Promotion	$ 719	$ 689	$ 875	$ 875		
CDC 93.262	Minnesota Occupational Health & Safety Surveillance - Occupational Health and Safety Surveillance	$ 175	$ 155	$ 160	$ 160		
CDC 93.136	Core State Injury Prev. Prgram - To reduce unintentional injuries, self-directed injuries, and death by engaging in state-based data and surveillance, strengthening strategic collaborations and partnerships, conducting assessment and evaluation, and monitoring the effectiveness of State Injury Prevention Program activities.	$ 385	$ 618	$ 400	$ 400		
CDC 93.136	Preventing Adverse Childhood Experiences - Preventing Adverse Childhood Experiences Data to Action	$ 213	$ -	$ -	$ -		
CDC 93.845	Minnesota Reducing Alcohol's Impact - Alcohol Epidemiology Grant	$ 203	$ 641	$ 167	$ 167		
HRSA 93.088	Minnesota Maternal Death Context Project - Minnesota Maternal Death Context - Advancing System Improvements for Key Issues in Women's Health	$ 347	$ 817	$ 300	$ 300		
SAMHSA 93.243	988-Nat'l Suicide Prevention - To recruit, hire, and train behavioral health workforce to staff local 988 Lifeline centers to respond, intervene, and provide follow-up.	$ 1,622	$ -	$ -	$ -		
CDC 93.898	Minnesota Cancer Prevention and Control Program - Cancer Prevention and Control	$ 4,647	$ 7,269	$ 5,589	$ 5,229		
CDC 93.136	Minnesota Violent Death Reporting System - National Violent Death Reporting System	$ 297	$ 331	$ 279	$ 279		
HRSA 93.243	Youth Suicide Prevention - Youth Suicide Prevention and Early Intervention	$ 714	$ 1,316	$ 735	$ 735		
HRSA 93.236	Oral Health Workforce Activities - Grants to States to Support Oral Health Workforce Activities	$ 309	$ 741	$ 650	$ 400		
CDC 93.073	Fetal Alcohol Syndrome Disorder - Understanding Clinical Data and Pathways to Inform Surveillance of Children with Fetal Alcohol Spectrum Disorders	$ 429	$ 1,191	$ -	$ -		
DOJ 16.838	Opioid, Stimulant, and Substance Abuse - Comprehensive Opioid, Stimulant, and Substance Abuse Site-based Program	$ 2,048	$ 9,098	$ -	$ -		

Federal Agency and ALN	Federal Grant Name Brief Purpose	FY 2024 Actual	FY 2025 Revised	FY 2026 Revised	FY 2027 Revised	Required State Match or MOE?	FTEs
CDC 93.426	Advanced Equity for Healthy Hearts - To advance the adoption and use of electronic health records or health information technology, to identify, track, and monitor measures for clinical and social services and support needs to address health care disparities and health outcomes for adults at highest risk of cardiovascular disease with a focus on hypertension and high cholesterol.	$ 597	$ 2,653	$ 1,100	$ 1,100		
HRSA 93.516	Community Health Worker and Paraprofessional Training Program - To expand the public health workforce through the training of new Community Health Workers and paraprofessionals and extend the knowledge and skills in order to increase access to care, improve public health emergency response, and address the public health needs of undeserved communities.	$ 735	$ 2,205	$ 400	$ -		
DOJ 16.834	Improve Outcomes-Trafficking - Services for Trafficking Victims	$ 450	$ 1,750	$ -	$ -		
CDC 93.988	Health Equity & Diabetes - Specially Selected Health Projects	$ 509	$ 1,191	$ 1,050	$ 1,050		
CDC 93.945	Addressing Arthritis - Minnesota Public Health Approaches to Addressing Arthritis	$ 267	$ 833	$ 500	$ 500		
CDC 93.136	Overdose Data to Action Making a Difference in Minnesota - Rape Prevention and Education - Supports statewide prevention and education programs that address sexual violence.	$ 1,415	$ 13,700	$ 4,120	$ 4,120		
CDC 93.334	BOLD 2.0 Dementia Infrastruct. - Public Health Programs to Address Alzheimer's Disease and Related Dementias	$ 519	$ 720	$ 600	$ 600		
CDC 93.426	Minnesota Cardiovascular Health - The Innovative Cardiovascular Health Program	$ 435	$ 3,815	$ 1,350	$ 1,350		
CDC 93.136	Minnesota ACEs Prevention and Surveillance - Injury Prevention and Control Research and State and Community Based Programs	$ 165	$ 672	$ 485	$ 485		
CDC 93.436	Minnesota Wise Woman Sage Plus - Well-Integrated Screening and Evaluation for Women Across the Nation	$ 951	$ 1,742	$ 100	$ 100		
CDC 93.945	Minnesota Rondo Social Determinants Of Health Accelerator Project - Closing the Gap with Social Determinants of Health Accelerator Plans	$ 67	$ 208	$ -	$ -		
CDC 93.08	Sickle Cell Data Collection - Public Health Approach to Blood Disorders	$ 151	$ 456	$ 384	$ 375		
SAMHSA 93.243	Minnesota 988 Lifeline Capacity - 988 State and Territory Cooperative Agreements	$ 1,042	$ 9,818	$ 2,907	$ 2,907		

Federal Agency and ALN	Federal Grant Name Brief Purpose	FY 2024 Actual	FY 2025 Revised	FY 2026 Revised	FY 2027 Revised	Required State Match or MOE?	FTEs
CDC 93.136	Sexual Violence Prevention - Sexual Violence Prevention in Minnesota	$ 893	$ 829	$ 730	$ 730		
CDC 93.262	Managing Stress in Agriculture - Bend, Don't Break - Managing Stress in Agriculture	$ 2	$ 98	$ -	$ -		
HHS 93.234	TBI - Traumatic Brain Injury	$ 88	$ 3	$ -	$ -		
CDC 93.136	Not a Number Program (funding comes from Univ of New Hampshire through CDC) - Supports comprehensive injury and violence prevention and control activities focused on suicide and adverse childhood events prevention.	$ 21	$ 21	$ -	$ -		
DOJ 16.838	Linkage to Care Across Minnesota - Reduce opioid abuse and overdose fatalities and mitigate impacts on crime victims through collaboration between law enforcement agencies and public health entities. Pass-through federal award from Minnesota Department of Public Safety.	$ 1,119	$ 5,385	$ -	$ -		1.5
CDC 93.991	Preventive Block Grant - Preventive Health and Health Services Block Grant	$ 269	$ -	$ -	$ -		
DOJ/NIJ 16.56	Field-Initiated Action Research Partnerships - To build partnerships that are led by and meet the needs and missions of local criminal justice and service provider entities.	$ -	$ 650	$ -	$ -		
CDC 93.421	Medicaid Beneficiary EnrollMinnesota - Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health	$ 189	$ -	$ -	$ -		
NHTSA/DOT 20.616	Trauma Data ImprovMinnesota - National Highway Traffic Safety Administration - Crash Outcome Data Evaluation System	$ 262	$ 238	$ -	$ -		
	H120112 - Health Promotion and Chronic Disease	**$ 27,442**	**$ 82,125**	**$ 25,264**	**$ 24,395**		**1.5**
HHS 93.817	Hospital Preparedness Program Ebola Prep - Hospital Preparedness Program - Ebola Preparedness and Response Activities	$ 1,937	$ -	$ -	$ -		
HHS 93.889	TP17-1701 PHEP/HPP Coop - PHEP - Prepares the state's health care system to save lives during emergencies and disasters.	$ 8,640	$ 2,601	$ 3,424	$ 3,424		5.7
HHS 93.889	TP17-1701 PHEP/HPP Coop - HPP - Prepares the state's health care system to save lives during emergencies and disasters.	$ 5,271	$ 7,551	$ 3,424	$ 3,424		5.7
CDC 93.439	Physical Activity & Nutrition - State Physical Activity and Nutrition Program	$ 653	$ 1,251	$ -	$ -		
CDC 93.354	Crisis Response - Response to influenza A/H5N1 virus with pandemic potential and other respiratory disease threats to communities.	$ -	$ 1,170	$ 1,170	$ -		

Federal Agency and ALN	Federal Grant Name Brief Purpose	FY 2024 Actual	FY 2025 Revised	FY 2026 Revised	FY 2027 Revised	Required State Match or MOE?	FTEs
CDC 93.387	National and State 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.	$ 1,589	$ 1,603	$ 1,596	$ 1,596		
CDC 93.336	Behavioral Risk Factor Surveillance Telephone Survey - Enhancement of the quality of health data collected through the Behavioral Risk Factor Surveillance survey.	$ 1,209	$ 650	$ 500	$ 500		0.5
CDC 93.967	Strengthen MN's PH Infrastrctr - To meet critical infrastructure needs by expanding the public health workforce; advancing data modernization; and building the foundational capabilities identified as weaknesses during the Covid-19 response, including equity, communications, and community partnership development.	$ 6,644	$ 31,017	$ 12,000	$ 12,000		
USDA 10.331	Gus Schumacher Nutrition Incentive Grant Program - Improve dietary health through the increased consumption of fruits and vegetables through a "produce prescription" and reduce individual and household food insecurity.	$ 89	$ 787	$ 90	$ -		
HHS 93.008	MRC STTRONG - Medical Reserve Corps Small Grant Program	$ 526	$ 2,270	$ -	$ -		
CDC 93.069	Public Health Emergency Preparedness - Supports state, local and tribal public health preparedness and response to emergencies that affect the public's health.	$ -	$ 11,981	$ -	$ -		
ASPR 93.889	Public Health Emergency Preparedness - Supports state, local and tribal public health preparedness and response to emergencies that affect the public's health.	$ -	$ 20,151	$ 3,424	$ 3,424		
HHS 93.912	Region V Public Health Training - Mn Department of Health will serve as a Community-Based Training Partner to engage in activities and deliverables over the four-year project period including participation on advisory boards, leadership institute, facilitation of student field placements, blog posts, and dissemination and recruitment.	$ 16	$ 21	$ 21	$ 21		
HHS 93.421	NACDD Phys. Activity & Nut. - Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation’s Health	$ 114	$ 39	$ -	$ -		

Federal Agency and ALN	Federal Grant Name Brief Purpose	FY 2024 Actual	FY 2025 Revised	FY 2026 Revised	FY 2027 Revised	Required State Match or MOE?	FTEs
HHS 93.391	Address Covid-19 Health Disparities Among Populations at High Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities - Build on best practices to expand or develop new mitigation and prevention resources and services to reduce Covid-19 disparities. A portion of funds will be dedicated to rural areas to ensure equitable access to Covid-19 related services.	$ 7,703	$ 4,797	$ 3,900	$ 3,900		3.2
CDC 93.069	COVID Workforce Development - Supports state, local and tribal public health preparedness and response to emergencies that affect the public's health.	$ 11,426	$ 5,347	$ -	$ -		1.4
CDC 93.323	ELC COVID PPP - Increase Covid-19 testing across the state and improve the public health infrastructure that supports an effective response to disease outbreaks such as improving surveillance and reporting of electronic health data and strengthening laboratory testing.	$ 25,336	$ 3,410	$ -	$ -		
CDC 93.991	Preventive Block Grant - Preventive Health and Health Services	$ 1,144	$ 3,348	$ -	$ -		
CDC 93.991	Preventive Health Block Grant - Preventive Health and Health Services Block Grant	$ 2,852	$ 3,364	$ -	$ -		
CDC 93.991	Preventive Block Grant - Preventive Health and Health Services Block Grant	$ -	$ 4,500	$ 3,900	$ 3,900		
HHS 93.889	Hospital Preparedness Program COVID Supplement #2 - National Bioterrorism Hospital Preparedness Program	$ 170	$ -	$ -	$ -		
HHS 93.008	National Association of County and City Health Officials (NACCHO) Medical Reserve Corps (MRC) Grant Program - Bolsters local community's preparedness and emergency response infrastructures. Pass-through federal award from National Association of County and City Health Officials.	$ 94	$ 7	$ -	$ -		
	H120113 - Community Health	**$ 75,413**	**$ 105,865**	**$ 33,449**	**$ 32,189**		**16.5**
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.	$ 219	$ 227	$ 223	$ 223		1.4
HRSA 93.13	State Primary Care Offices - Support primary care service delivery and workforce to serve medically-underserved populations through community-based providers; site development for participating in National Health Service Corps programs.	$ 226	$ 282	$ 206	$ 206		1.4

Federal Agency and ALN	Federal Grant Name Brief Purpose	FY 2024 Actual	FY 2025 Revised	FY 2026 Revised	FY 2027 Revised	Required State Match or MOE?	FTEs
HRSA 93.301	Small Rural Hospital Improvement - Strengthen Critical Access Hospitals and rural health systems; improve quality, safety and access.	$ 734	$ 1,176	$ 844	$ 844		1.0
HRSA 93.241	Rural Hospital Flexibility Program - Supports critical access hospitals in quality improvement, patient safety, performance improvement, and provision of rural emergency medical services.	$ 891	$ 1,050	$ 1,050	$ 1,050		2.1
HRSA 93.493	Community Project Funding - Funds to implement a mobile version of the Rural Obstetric Simulation Training that will be provided on-site at Community Memorial Hospital in Cloquet	$ 183	$ 359	$ -	$ -		
HRSA 93.165	National Health Service Corps Loan Repayment - To encourage more medical professionals to practice in underserved areas.	$ 650	$ 640	$ 90	$ -		
CDC 93.136	Overdose Data to Action Making a Difference in Minnesota - Overdose Data to Action in States	$ 10	$ -	$ -	$ -		
HHS 93.778	Health Access Survey - DHS Health Care Access Survey	$ 250	$ 50	$ -	$ -		
FDA 93.103	Comparing Care Coordination - Comparing Care Coordination Patient-Centered Outcomes Research Institute	$ 76	$ -	$ -	$ -		
HRSA 93.155	SHIP COVID Testing/Mitigation - Rural Health Research Centers	$ 3,224	$ 7,694	$ -	$ -		
ACF 93.563	Child Support Enforcement - Filing voluntary parentage acknowledgements and replacing the associated birth record. Pass-through federal award from Minnesota Department of Human Services.	$ 139	$ 353	$ 123	$ 123		
	H120116 - Health Policy	**$ 6,602**	**$ 11,831**	**$ 2,536**	**$ 2,446**		**5.8**
DOE 81.041	Creating Community-Led Energy Future - Assistance to support innovative clean energy planning to benefit disadvantage communities.	$ -	$ 505	$ -	$ -		
CDC 93.069	Public Health Emergency Preparedness - Supports state, local and tribal public health preparedness and response to emergencies that affect the public's health.	$ 229	$ -	$ -	$ -		
CDC 93.323	Epidemiology and Laboratory Capacity Legionella - Epidemiology and Laboratory Capacity for Infectious Diseases (Epidemiology and Laboratory Capacity)	$ 36	$ -	$ -	$ -		
CDC 93.07	Biomonitoring in PS Children - Establishes a statewide biomonitoring program for systematically measuring exposures to chemicals of concern in children.	$ 77	$ -	$ -	$ -		

Federal Agency and ALN	Federal Grant Name Brief Purpose	FY 2024 Actual	FY 2025 Revised	FY 2026 Revised	FY 2027 Revised	Required State Match or MOE?	FTEs
HUD 14.900	Housing and Urban Development Healthy Homes - Assist local governments in undertaking comprehensive programs to identify and control lead-based paint hazards in rental and owner-occupied housing populations.	$ 463	$ -	$ -	$ -		
EPA 66.444	Lead Testing in School and Child Care Program Drinking Water Grant - Assist local and tribal educational agencies in testing for lead contamination in drinking water at schools and child care facilities in partnership with Minnesota Department of Education and Minnesota Department of Human Services.	$ 402	$ 2,848	$ 312	$ 312		2.3
EPA 66.032	Indoor Radon Program - EPA - Implement a statewide radon mitigation program to reduce the burden of lung cancer.	$ 75	$ -	$ -	$ -		
CDC 93.07	Environmental Health Services Network - Identify and prevent environmental factors contributing to foodborne and waterborne illness outbreaks.	$ 147	$ -	$ -	$ -		
CDC 93.07	Strengthening Env Health Capacity - Environmental Public Health and Emergency Response - Identify and address environmental health hazards and build internal capacity for data gathering, program evaluation, and visualization.	$ 225	$ 163	$ 143	$ 143		0.6
EPA 66.419	106 Water Pollution Control Program - To support investigative monitoring activities that are not related to compliance monitoring activities conducted by the Public Water Supply Supervision Program. Mn Department of Health has very limited capabilities to assist public water suppliers without it.	$ 46	$ 714	$ -	$ -		
CDC 93.262	Occupational Health and Safety Surveillance - Determines rates, trends, and causes of work-related injury and illness.	$ 10	$ -	$ -	$ -		1.3
EPA 66.605	Health Performance Partnership - Performance Partnership Grant - State Lead Program Grants	$ 242	$ 636	$ 231	$ 231		
CDC 93.197	Childhood Lead Poisoning Prevention - Supports state lead poisoning prevention efforts that develop policies, educate the public and track blood-lead levels.	$ 403	$ 1,409	$ 470	$ 470		2.7
EPA 66.444	Minnesota Lead Testing - Assist local and tribal educational agencies in testing for lead contamination in drinking water at schools and child care facilities in partnership with Minnesota Department of Education (MDE) and Minnesota Department of Human Services (DHS).	$ 154	$ 430	$ -	$ -		

Federal Agency and ALN	Federal Grant Name Brief Purpose	FY 2024 Actual	FY 2025 Revised	FY 2026 Revised	FY 2027 Revised	Required State Match or MOE?	FTEs
CDC 93.07	Minnesota 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.	$ 726	$ 970	$ 615	$ 615		5.9
EPA 66.442	Danube Infrastructure Upgrades - Facilitate compliance with national primary drinking water regulations in Askov, MN through infrastructure improvements. Session 20-day is for City of Danube.	$ 505	$ 505	$ -	$ -		
EPA 66.432	State Public Water System Supervision - To develop and implement a public water system supervision program to adequately enforce the National Primary Drinking Water Regulations and the requirements of the Safe Drinking Water Act.	$ 3,774	$ 10,489	$ 2,857	$ 2,857		9.6
CDC 93.24	Minnesota APPLETREE Coop Agrmt-ATSDR - Agency for Toxic Substance and Disease Registry Cooperative Agreement	$ 607	$ 607	$ 486	$ 486		
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.	$ 123	$ 463	$ 281	$ 281	Match	0.5
EPA 66.032	State/Tribal Indoor Radon Program - Implement a statewide radon mitigation program to reduce the burden of lung cancer.	$ 419	$ 790	$ 501	$ 501		1.0
EPA 66.442	Emerging Contaminants in Small or Disadvantaged Communities Workplan - Emerging Contaminants in Small or Disadvantaged Communities Grant will coordinate funding with Drinking Water State Revolving Fund funding partners to effectively and efficiently assist water systems impacted by emerging contaminants. Mn Department of Health will target assistance to water systems that have been issued a state health risk advisory for an emerging contaminants.	$ 176	$ 29,225	$ 9,572	$ 9,572		
EPA 66.442	City of Elysian - Facilitate compliance with national primary drinking water regulations through infrastructure improvements.	$ 913	$ -	$ -	$ -		
HUD 14.900	HUD Lead Hazard Reduction - Lead Hazard Reduction Grant Program	$ 133	$ 5,091	$ 962	$ 962		
CDC 93.07	State Biomonitoring Programs - Enhance the state-wide biomonitoring program to measure exposures to chemicals of concern in children that may be found in drinking water, air pollution, agricultural pesticides, and other sources.	$ -	$ 838	$ 838	$ 838		

Federal Agency and ALN	Federal Grant Name Brief Purpose	FY 2024 Actual	FY 2025 Revised	FY 2026 Revised	FY 2027 Revised	Required State Match or MOE?	FTEs
FDA 93.103	Standardization & Communication Center - Funding will support standardization of inspection staff to achieve uniformity in food inspections across the state and support building a secure Communication Center SharePoint site to house training modules, resources, and code interpretations. Pass through funding from the National Environmental Health Association.	$ 115	$ 157	$ 100	$ 100		
EPA 66.468	Drinking Water State Revolving Fund - Drinking Water State Revolving Fund - State Public Water System Supervision	$ 197	$ 17,338	$ 13,500	$ 13,500		
FDA 93.103	National Environmental Health Association Annual Education Conference - Funding to attend training on the Voluntary National Retail Food Regulatory Program Standards for the regulation of foodservice and retail food establishments. Pass through funding from the National Environmental Health Association.	$ 2	$ 2	$ -	$ -		
FDA 93.103	Improvement Toward Std 8 and 9 - Improvement toward Standard 6 Funding will support standardization of inspection staff to achieve uniformity in food inspections across the state and support building a secure Communication Center SharePoint site to house training modules, resources, and code interpretations. Pass through funding from the National Environmental Health Association.	$ 5	$ 13	$ -	$ -		
EPA 66.046	Climate Pollution Reduction - Funding is for the planning of and development of ambitious climate action and air pollution reduction plans and to implement measures from those plans.	$ 112	$ 38	$ 15	$ -		
	H120331 - Environmental Health	**$ 10,317**	**$ 73,231**	**$ 30,883**	**$ 30,868**		**23.8**
EPA 66.472	Beach Monitoring Lake Superior - Supports water testing for e. coli at beaches along the Lake Superior Coast.	$ 149	$ 307	$ 228	$ 228		1.7
CDC 93.317	Emerging Infections Program - Emerging Infections Programs	$ 5,133	$ -	$ -	$ -		
CDC 93.069	Public Health Emergency Preparedness - Supports state, local and tribal public health preparedness and response to emergencies that affect the public's health.	$ 366	$ 15	$ -	$ -		3.0
CDC 93.94	Integrated HIV Surveillance and Prevention Programs - Support an integrated HIV prevention and surveillance program to prevent new HIV infections and achieve viral suppression among persons living with HIV and supports healthy outcomes.	$ 2,393	$ 9,107	$ 3,000	$ 3,000		14.2

Federal Agency and ALN	Federal Grant Name Brief Purpose	FY 2024 Actual	FY 2025 Revised	FY 2026 Revised	FY 2027 Revised	Required State Match or MOE?	FTEs
CDC 93.977	Strengthening STD Prevention and Control for Health Departments - Increase the capacity of Mn Department of Health to prevent and control STD's through surveillance and outreach to focus on those populations bearing the greatest burden of disease.	$ 3,923	$ 6,627	$ 5,275	$ 5,275		10.0
CDC 93.268	Immunization & Vaccines for Children - Minnesota Statewide Immunization and Vaccine for Children	$ 7,638	$ 10,606	$ 9,132	$ 8,582		
CDC 93.323	Epidemiology and Lab Cap - ELC - Supports public health infectious disease infrastructure for surveillance, laboratory capacity and IT capacity.	$ 7,417	$ 3,634	$ -	$ -		
CDC 93.136	Overdose Data to Action Making a Difference in Minnesota - Overdose Data to Action in States	$ 1	$ -	$ -	$ -		
CDC 93.116	Tuberculosis Elimination and Laboratory - Supports tuberculosis prevention and control activities including state operations and grants to Community Health Boards.	$ 1,463	$ 1,513	$ 1,500	$ 1,500		6.9
CDC 93.283	Centers of Excellence in Newcomer Health - Advancing the Centers of Excellence in Newcomer Health	$ 1,601	$ 1,041	$ 1,000	$ 1,000		
CDC 93.07	Environmental Health Specialist Network - Identify and prevent environmental factors contributing to foodborne and waterborne illness outbreaks.	$ 73	$ 214	$ 193	$ 193		
CDC 93.27	Viral Hep Surv and Prevention - Integrated Viral HEP Surv and Prevention	$ 282	$ 348	$ 315	$ 315		
CDC 93.116	Strengthening Civil Surgeons' Capacity to Improve Latent Tuberculosis Infection Surveillance - To enhance current latent tuberculosis infection surveillance among refugee and immigrants, improve latent tuberculosis infection treatment outcomes, and increase reporting by civil surgeons.	$ 316	$ -	$ -	$ -		
CDC 93.354	Public Health Emergency Response: Cooperative Agreement for Emergency Response - Supplemental funding for Mpox response to increase vaccine accessibility, demand, and uptake among recommended populations, and strengthen preparedness for potential reintroduction cases of Mpox.	$ 190	$ 22,464	$ -	$ -		2.0
CDC 93.323	Epidemiology and Laboratory Capacity - Epidemiology and Laboratory Capacity - NVSS Supp 2	$ -	$ 116,587	$ 14,518	$ 14,518		
CDC 93.243	Treatment for Individuals Experiencing Homelessness - To provide support to homeless service sites, encampments, and other congregate living facilities for the detection and mitigation of COVID-19 outbreak.	$ -	$ 1,128	$ 1,000	$ 1,000		

Federal Agency and ALN	Federal Grant Name Brief Purpose	FY 2024 Actual	FY 2025 Revised	FY 2026 Revised	FY 2027 Revised	Required State Match or MOE?	FTEs
CDC 93.262	Upper Midwest Agricultural Safety and Health - Safety and Health - Conduct outreach and surveillance for zoonotic diseases in agricultural workers.	$ 77	$ 163	$ 120	$ 120		1.0
CMS 93.778	Special Medicaid Recall Remind - Special Medicaid Recall Remind	$ 1	$ 44	$ -	$ -		
HRSA 93.917	Ryan White - Supplemental - Improve HIV prevention, care, treatment and support. Pass through from Department of Human Services (DHS).	$ -	$ 3,150	$ 1,535	$ 1,535		
CMS 93.778	Immunization Recall Notice - Minnesota Immunization Information Connection recall notices.	$ 128	$ 854	$ 423	$ 423		
CDC 93.823	Midwest Disease and Analytics Preparedness - Component 3 - To build modeling and analytic capacity in health departments across the country to aid in anticipating infectious disease outbreaks and empowering public health leaders to make more informed decisions and take action to protect their communities during public health emergencies.	$ 6	$ 2,472	$ 1,415	$ 1,415		
CDC 93.421	Influenza and Zoonotic Education amount Youth in Agriculture Program - Collaborate with animal health and agricultural communities to promote effective disease prevention and preparedness through promotion of youth zoonotic disease education and infection mitigation behaviors. Pass-through federal award from the Council of State and Territorial Epidemiologists.	$ 65	$ 20	$ 8	$ 8		
HHS 93.778	DHS MIIC Regional Notices - To support electronic health record technology, Minnesota Immunizationization Information Connection (MIIC), that stores electronic Immunizationization records. Pass through funds from the Minnesota Department of Human Services.	$ 318	$ -	$ -	$ -		
HHS 93.283	University of Minnesota COVID Tracing - UMN COVID19 Contract Tracing YR2	$ 132	$ 30	$ -	$ -		
CDC 93.084	Global Travelers' Health National Research Center Consortium, Guidance, and Outreach Programs - Reduce the number of malaria cases among U.S. travelers to West Africa by expanding message creation for malaria prevention. Pass through funding from the Massachusetts General Hospital. - Reduce the number of malaria cases among U.S. travelers to West Africa by expanding message creation for malaria prevention. Pass through funding from the Massachusetts General Hospital.	$ 34	$ 52	$ 51	$ 51		0.5

Federal Agency and ALN	Federal Grant Name Brief Purpose	FY 2024 Actual	FY 2025 Revised	FY 2026 Revised	FY 2027 Revised	Required State Match or MOE?	FTEs
ACF 93.566	Refugee Cash and Medical Assistance Program - Coordinate all refugee medical screening activities and develop a statewide system to ensure health assessments are performed for refugees. Pass through funding from the Minnesota Department of Human Services.	$ 699	$ 400	$ 400	$ 400		1.5
CDC 93.323	Epidemiology and Laboratory Capacity PPHCE Act - Epidemiology and Laboratory Capacity - Emerging Infections Programs	$ 1,720	$ 310	$ 101	$ 65		
CDC 93.317	Emerging Infections Programs COVID19 IDEPC - Emerging Infections Programs - Covid Infectious Disease Epidemiology Prevention and Control	$ 303	$ -	$ -	$ -		
CDC 93.421	Enhance Identification and Investigation of Unexplained Respiratory Deaths - Develop and implement protocols to identify and investigate unexplained respiratory deaths occurring outside the healthcare setting in collaboration with medical examiners/coroner partners. Pass-through federal award from the Council of State and Territorial Epidemiologists.	$ 160	$ -	$ -	$ -		0.8
CDC 93.323	Epidemiology and Laboratory Capacity Covid19 CARES ACT - Epidemiology and Laboratory Capacity - Coronavirus Aid, Relief, and Economic Security Act	$ 547	$ 297	$ 114	$ 482		
CDC 93.268	Immunization Grant COVID19 CARES Act - Performs population-based tracking on the spread of infectious and emerging infectious diseases specifically addressing the COVID-19 public health emergency.	$ 864	$ 90	$ 90	$ -		
CDC 93.323	Epidemiology and Laboratory Capacity-Reopening Schools - Epidemiology and Laboratory Capacity - Covid Reopening Schools	$ 9,515	$ 834	$ -	$ -		
CDC 93.268	Immunization COVID19 Public Health - COVID19-INDIRECT	$ 59,074	$ 127,588	$ 171,000	$ 3,000		
CDC 93.268	Immunization COVID Vaccine #4 - This component will cover a range of COVID-19 vaccination activities. Funds may be used for obligations prior to enactment related to vaccine promotion, preparedness, tracking, and distribution.	$ 12,479	$ 98,524	$ 6,403	$ -		
CDC 93.268	Immunization Vax COVID Supplement #4 - Supports public health infectious disease infrastructure for surveillance, laboratory capacity and IT capacity. Supports healthcare provider training on healthcare acquired infections as part of the COVID-19 response activities.	$ 2,600	$ 1,350	$ 675	$ -		
CDC 93.268	Immunization COVID Equity - SUPP 3 EQUITY CCC CBO FQS	$ 99	$ 2,150	$ 1,070	$ -		

Federal Agency and ALN	Federal Grant Name Brief Purpose	FY 2024 Actual	FY 2025 Revised	FY 2026 Revised	FY 2027 Revised	Required State Match or MOE?	FTEs
CDC 93.323	Epidemiology and Laboratory Capacity Data Modernization - Epidemiology and Laboratory Capacity - Data Modernization	$ 1,015	$ 1,100	$ 600	$ 600		
CDC 93.323	Epidemiology and Laboratory Capacity Detect Mitigation & Confinement - Epidemiology and Laboratory Capacity - Detect Mitigation & Confinement	$ 3,244	$ 1,256	$ 4	$ -		
CDC 93.323	Epidemiology and Laboratory Capacity Covid Homeless - Epidemiology and Laboratory Capacity - Covid Testing in Homeless Sites & Other Congregate Facilities	$ 888	$ 25	$ -	$ -		
CDC 93.323	Epidemiology and Laboratory Capacity Covid SHARP - Epidemiology and Laboratory Capacity - Covid Sharps	$ 1,636	$ 206	$ 220	$ 55		
CDC 93.323	Epidemiology and Laboratory Capacity Covid Strike SNF - Epidemiology and Laboratory Capacity - Covid Travelers	$ 2,799	$ -	$ -	$ -		
CDC 93.323	Epidemiology and Laboratory Capacity Covid Strike NH&LTC - To provide critical resources to support healthcare infection prevention and control activities and epidemiologic surveillance related activities to detect, monitor, mitigate, and prevent the spread of SARS-CoV-2/COVID-19 in healthcare settings. Funds Long Term Care/Nursing Home Strike Teams to build and maintain the infection prevention infrastructure necessary to support resident, visitor, and facility healthcare personnel safety.	$ 3,789	$ -	$ -	$ -		
CDC 93.323	Epidemiology and Laboratory Capacity Covid Yr2 Travelers - Epidemiology and Laboratory Capacity - Covid	$ 182	$ 25	$ -	$ -		
CDC 93.317	Emerging Infections Programs COVID CARES - Emerging Infections Programs - Covid Coronavirus Aid, Relief, and Economic Security Act	$ 382	$ -	$ -	$ -		
CDC 93.317	Emerging Infections Programs COVID CRRSA - Emerging Infections Programs - Covid Coronavirus Response and Relief Supplemental Appropriation Act	$ 1,315	$ -	$ -	$ -		
CDC 93.323	Epidemiology and Laboratory Capacity Lab Data Exchange - Epidemiology and Laboratory Capacity - Lab Data Exchange	$ 266	$ 993	$ 993	$ 993		
CDC 93.991	Preventive Block Grant H12Y22R - Preventive Health and Health Services Block Grant	$ 186	$ -	$ -	$ -		
	H120332 - Infectious Disease Total	**$ 135,467**	**$ 415,524**	**$ 221,383**	**$ 44,758**		**41.5**
DHS 97.091	Homeland Security Bio-Watch - Maintains the Bio-Watch Program's early warning system through an ambient air monitoring network in the Minneapolis-St. Paul Metropolitan area.	$ 1,171	$ 1,379	$ 1,059	$ 1,059		3.1

Federal Agency and ALN	Federal Grant Name Brief Purpose	FY 2024 Actual	FY 2025 Revised	FY 2026 Revised	FY 2027 Revised	Required State Match or MOE?	FTEs
CDC 93.069	Hospital Preparedness Program - Public Health Emergency Preparedness	$ 2,424	$ -	$ -	$ -		
CDC 93.323	Epidemiology and Laboratory Capacity - Epidemiology and Laboratory Capacity - Core Lab Component	$ 7,225	$ 2,375	$ -	$ -		
CDC 93.07	Biomonitoring Surveillance in Pre-School Children - Establishes a statewide biomonitoring program for systematically measuring exposures to chemicals of concern in children.	$ 578	$ 567	$ 558	$ 558		
CDC 93.116	Tuberculosis Elimination - Supports TB prevention and control activities including state operations and grants to CHBs.	$ 125	$ 57	$ -	$ -		0.8
CDC 93.314	Early Hearing Detection & Intervention - Supports a centralized newborn hearing screening tracking and surveillance system capable of accurately identifying, matching, collecting, and reporting data.	$ 124	$ 169	$ 169	$ 169		0.6
CDC 93.069	PHL FDA Whole Genome Seq FBP - Supports state, local and tribal public health preparedness and response to emergencies that affect the public's health.	$ 135	$ 501	$ 134	$ 134		
CDC 93.084	Pathogen Genomics CoE - U.S. Public Health Pathogens Genomics Centers of Excellence	$ 1,864	$ 12,706	$ 3,600	$ 3,600		
HRSA 93.11	Newborn Screen Sys Priorities - State Newborn Screening System Priorities Program	$ 45	$ 366	$ 345	$ 345		
HHS 97.091	BioWatch Support Supplemental - Homeland Security Bio-Watch Support	$ 25	$ 75	$ 75	$ 75		
CDC 93.136	Overdose Data to Action in States - To enhance the ability of state heath departments to track and prevent non-fatal and fatal overdoses while also identifying emerging drug threats.	$ 232	$ -	$ -	$ -		
CDC 93.317	Emerging Infection Program - 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.	$ 2,533	$ 6,599	$ 13,000	$ 13,000		
HHS 93.393	10,000 Families Study - To investigate radon and chemicals of concern in drinking water which are suspected risk factors for hematologic cancers. Pass through funds from the University of Minnesota.	$ 55	$ 99	$ -	$ -		
CDC 93.084	U.S. Public Health Pathogens Genomics Centers of Excellence - Create and apply novel genomic and bioinformatic tools to monitor and respond to a wide range of public health threats.	$ 3	$ -	$ -	$ -		

Federal Agency and ALN	Federal Grant Name Brief Purpose	FY 2024 Actual	FY 2025 Revised	FY 2026 Revised	FY 2027 Revised	Required State Match or MOE?	FTEs
NIH 93.113	HHEAR - Targeted Analysis - Environmental Health	$ 135	$ -	$ -	$ -		
CDC 93.421	Council of State and Territorial Epidemiologists Enhance Identification and Investigation of Unexplained Respiratory Deaths - Develop and implement protocols to identify and investigate unexplained respiratory deaths occurring outside the healthcare setting in collaboration with medical examiners/coroner partners. Pass-through federal award from the Council of State and Territorial Epidemiologists.	$ 102	$ 35	$ 35	$ 35		0.8
CDC 93.323	Epidemiology and Laboratory Capacity - Covid-19 - Increase Covid-19 testing across the state and improve the public health infrastructure that supports an effective response to disease outbreaks.	$ 494	$ 1,228	$ -	$ -		6.3
CDC 93.323	Epidemiology and Laboratory Capacity Covid - Behavioral Risk Factor Surveillance Telephone Survey	$ 163	$ -	$ -	$ -		
	H120333 - Public Health Laboratory	**$ 17,431**	**$ 26,156**	**$ 18,975**	**$ 18,975**		**11.6**
CMS 93.777	Case Mix Review - Certify health care facilities and perform surveys and investigations of those facilities.	$ 1,800	$ 2,805	$ 2,252	$ 2,389		9.0
CMS 93.777	Clinical Laboratory Improvement Amendment - Provides inspections of clinical laboratories to ensure they are meeting federal standards.	$ 322	$ 494	$ 359	$ 372		2.5
CMS 93.777	Impact Hospice - Certify health care facilities and perform surveys and investigations of those facilities.	$ 120	$ 372	$ 135	$ 135		1.3
CMS 93.777	State Survey and Certification of Health Care Providers - Medicaid - Certify health care facilities and perform surveys and investigations of those facilities	$ 8,211	$ 7,689	$ 7,648	$ 7,648		44.0
CMS 93.777	State Survey and Certification of Health Care Providers - Medicare - Certify health care facilities and perform surveys and investigations of those facilities	$ 11,063	$ 10,596	$ 10,500	$ 10,500		62.0
	H120335 - Health Regulation	**$ 21,516**	**$ 21,956**	**$ 20,894**	**$ 21,044**		**118.8**
CDC 93.323	Epidemiology and Laboratory Capacity - Epidemiology and Laboratory Capacity - Data Strategy Interoperability	$ 124	$ -	$ -	$ -		
CDC 93.421	Public Health - Fast Healthcare Interoperability Resource - The overarching goal is to advance the implementation consistency and readiness of the current and new versions of Integrating Healthcare Enterprise (IHE) technical implementation guides that include Fast Healthcare Interoperability Resource (FHIR) technical standards for adoption by the healthcare industry.	$ 90	$ 39	$ -	$ -		

Federal Agency and ALN	Federal Grant Name Brief Purpose	FY 2024 Actual	FY 2025 Revised	FY 2026 Revised	FY 2027 Revised	Required State Match or MOE?	FTEs
	H120441 - Health Operations	**$ 214**	**$ 39**	**$ -**	**$ -**		**0.0**
	3000 Federal Fund – Agency Total	**$ 451,847**	**$ 935,278**	**$ 534,702**	**$ 354,560**		**294.4**
HHS 93.053	Family & Nutrition Grants CHB Grants - Nutritious meals	$ 3,357	$ 3,357	$ 3,357	$ 3,357		
HHS 93.87	Home Visiting Grants CHB Grants - To strengthen and improve maternal and child health programs, improve service coordination for at-risk communities, and identify and provide comprehensive evidence-based home visiting services to families who reside in at-risk communities through implementing evidence-based home visiting.	$ 3,751	$ 3,751	$ 3,751	$ 3,751		
HHS 93.872	Home Visiting Tribal Grants - To strengthen and improve maternal and child health programs, improve service coordination for at-risk communities, and identify and provide comprehensive evidence-based home visiting services to families who reside in at-risk communities through implementing evidence-based home visiting.	$ 978	$ 978	$ 978	$ 978		
HHS 93.11	Infant Mortality Grants - Promotes safety and quality of care during and immediately after childbirth and addresses the high rates of maternal morbidity and mortality in the U.S	$ 2,471	$ 2,471	$ 2,471	$ 2,471		
HHS 93.797	Sexual & Reproductive Grants - To enhance and expand access to reproductive health and maternal health coverage and services	$ 1,156	$ 1,156	$ 1,156	$ 1,156		
	3001 TANF Fund – Agency Total	**$ 11,713**	**$ 11,713**	**$ 11,713**	**$ 11,713**		**0.0**
USDT 21.027	Adult Vaccines & Telehealth - Covers a range of Covid-19 vaccination activities.	$ 2,832	$ -	$ -	$ -		
USDT 21.027	Reproductive Health - To enhance and expand access to reproductive health and maternal health coverage and services	$ -	$ 570	$ -	$ -		
	3015 ARP-State Fiscal Recovery Fund – Agency Total	**$ 2,832**	**$ 570**	**$ -**	**$ -**		**0.0**
	Federal Fund – Agency Total	**$ 466,392**	**$ 947,561**	**$ 546,415**	**$ 366,273**		**294.4**

(Dollars in Thousands)

Program Name Federal or State or Both (citation)	Purpose/ Recipient Type(s) Eligibility Criteria	FY 2024	FY 2025	FY 2026	FY 2027
Health Improvement					
General Fund					
Stillbirth Prevention Grant- (24 127 67 003 02a)	Sole Source "Healthy Birth Day Inc."	$ -	$ 200	$ -	$ -
Midwifery Services Grant- (24 127 67 003 02b)	Sole Source "Chosen Vessels Midwifery Services"	$ -	$ 250	$ -	$ -
American Indian Birth Grant- (24 127 67 003 02c)	Sole Source "Birth Justice Collaborative"	$ -	$ 350	$ -	$ -
Grant- (24 127 67 003 02d)	Sole Source "Birth Justice Collaborative"	$ -	$ 250	$ -	$ -
Family Planning Grants (MS 145.925)	RFP – Competitive Nonprofit organizations, community health boards, and tribal governments	$ 11,550	$ 11,550	$ 11,550	$ 11,550
Fetal Alcohol Syndrome Grants (MS 145.9265; 145.267)	Single Sole Source Nonprofit organization	$ 3,222	$ 3,222	$ 3,222	$ 3,222
Hearing Aid Loan Bank Grants (MS 144.0742)	Single Sole Source Nonprofit Organization	$ 69	$ 69	$ 69	$ 69
Special Health Needs Grants (MS 144.05; 23 070 20 003 002)	RFP - Competitive Clinics	$ 160	$ 160	$ 160	$ 160
Birth Defects Information System (MS 144.2215)	Non-competitive – Formula Community health boards	$ 432	$ 432	$ 432	$ 432
Families with Deaf and Hard of Hearing Children Grants (MS 144.966 Subd 3a(1))	RFP-Competitive Nonprofit organizations	$ 590	$ 590	$ 590	$ 590
American Sign Language for Families Grants (MS 144.966 Subd 3a(2))	RFP-Competitive Nonprofit organizations	$ 156	$ 156	$ 156	$ 156
Nurse Family Partnership (MS 145A.145)	RFP - Competitive Tribal governments, community health boards, nonprofit organizations	$ 2,000	$ 2,000	$ 2,000	$ 2,000
Evidence-based Home Visiting Grants (MS 145.87)	RFP- Competitive Nonprofit organizations, community health boards, and Tribal governments	$ 16,740	$ 15,345	$ 15,345	$ 15,345

Program Name Federal or State or Both (citation)	Purpose/ Recipient Type(s) Eligibility Criteria	FY 2024	FY 2025	FY 2026	FY 2027
Healthy Babies Grant- (23 070 20 003 2x)	Sole Source "Amherst H. Wilder Foundation for the African American Babies Coalition" initiative.	$ 260	$ 260	$ 520	$ -
Perinatal Quality Grants (MS 145.9572)	Competitive 1-Grantee Non-Profit	$ 300	$ 200	$ -	$ -
Infant Mortality Grants (MS 145.9574)	Competitive & Competitive (11 sovereign tribal) Nonprofit organizations, Tribal Governments & community health boards	$ 6,080	$ 5,465	$ 1,000	$ 1,000
Childhood Screening Grants (MS 145.9575)	Non-competitive Community-based organizations, community health boards, and Tribal Nations	$ 975	$ 975	$ 500	$ 500
Model Jail Practices Grants (MS 145.9576)	Non-competitive County jails, county governments, tribal governments, nonprofit organizations.	$ 685	$ 665	$ -	$ -
Sole Source Transition Grants (MS 145.9571 to 145.9576; 23 070 20 003 2g2)	Four sole-source grants of $100,000 each "Face to Face", "Cradle of Hope", "Division of Indian Work", and "Minnesota Prison Doula Project"	$ 400	$ -	$ -	$ -
Home Visiting Priority Grants- (MS 145.87 Subd. 1e; 23 070 20 003 2i)	Competitive Community health boards, nonprofit organizations, and Tribal nations	$ 1,800	$ 1,800	$ 1,800	$ 1,800
School Health Grants- (MS 145.903; 23 070 20 003 2o)	Non-Competitive School districts & school-based health centers.	$ 800	$ 1,300	$ 2,300	$ 2,300
Drug Overdose Grants- (MS 144.0528)	Non-Competitive To entities and organizations focused on addressing and preventing the negative impacts of drug overdose and morbidity.	$ 350	$ 355	$ 370	$ 370
Local Public Health Grants (MS 145A.131)	Formula Community health boards	$ 28,665	$ 28,665	$ 28,665	$ 28,665
Tobacco Use Prevention Grants (MS 144.396)	Competitive Community health boards, nonprofit organizations, colleges and universities, professional health associations, health care organizations, and local units of government.	$ 4,921	$ 4,921	$ 4,921	$ 4,921
Public Health Infrastructure (MS 145A.131)	Formula Community health boards	$ 6,000	$ 6,000	$ 6,000	$ 6,000
Transformation CHB Grants- (MS 145A.131 Subd. 1f)	Funding formula. Community health board	$ 9,844	$ 9,844	$ 9,844	$ 9,844
AmeriCorps Grant- (MS 144.0759)	RFP - Non Competitive Non Profit Organization	$ 321	$ 321	$ 321	$ 321

Program Name Federal or State or Both (citation)	Purpose/ Recipient Type(s) Eligibility Criteria	FY 2024	FY 2025	FY 2026	FY 2027
Cannabis CHB Grants- (MS 144.197, subdivision 4)	Non Competitive Local health departments	$ -	$ 7,406	$ 3,756	$ 3,756
Cannabis Tribal Grants- (MS 144.197, subdivision 4)	Non Competitive Tribal health departments	$ -	$ 1,500	$ 1,500	$ 1,500
Response Sustainability Grants- (MS 145A.135)	Formula Community health boards and Tribal public health departments	$ 8,400	$ 8,400	$ 8,400	$ 8,400
Tribal Public Health Infrastructure (MS 145A.14; 211 007 16 003 02c)	Formula Tribal governments	$ 500	$ 500	$ 500	$ 500
Tribal Governments Grants (MS 145A.14 2a)	Formula Tribal governments	$ 1,166	$ 1,166	$ 1,166	$ 1,166
Eliminating Health Disparities Initiative (MS 145.928)	RFP - Competitive Community health boards; tribal governments; faith-based organizations; social service and community nonprofit organizations; community clinics	$ 3,142	$ 3,142	$ 3,142	$ 3,142
Equity Capacity Grants- (MS 144.9821)	RFP - Competitive Organizations or entities that work with diverse communities such as people of color, American Indians, LGBTQIA+ communities, and people with disabilities in metro and rural communities.	$ 916	$ 916	$ -	$ -
Community Solutions Grants- (MS 145.9285)	RFP - Competitive Organizations or entities that work with communities of color and American Indian communities; Tribal Nations and Tribal organizations as defined in section 658P of the Child Care and Development Block Grant Act of 1990; organizations or entities focused on supporting healthy child development.	$ 2,730	$ 2,730	$ 2,415	$ 2,415
African American Health Grants- (MS 144.0756)	RFP - Competitive. Nonprofit organizations or entities that work with African American communities or are focused on addressing disparities impacting the health of African American communities.	$ 1,000	$ 1,000	$ 1,000	$ 1,000
American Indian Health Grants- (MS 144.0757)	RFP – Competitive American Indian Tribal communities	$ 1,000	$ 1,000	$ 1,000	$ 1,000
Transformation Tribal Grants- (MS 145A.14 Subd. 2b)	RFP - Competitive Tribal governments	$ 535	$ 535	$ 535	$ 535
Rural Hospital Capital Grants (MS 144.148)	RFP - Competitive Rural hospitals	$ 1,755	$ 1,755	$ 1,755	$ 1,755
Indian Health Grants (MS 145A.14 2)	RFP – Competitive Clinics for American Indians who reside off reservation	$ 174	$ 174	$ 174	$ 174

Program Name Federal or State or Both (citation)	Purpose/ Recipient Type(s) Eligibility Criteria	FY 2024	FY 2025	FY 2026	FY 2027
Community Clinic Grants (MS 145.9268)	RFP - Competitive Community clinics	$ 311	$ 311	$ 311	$ 311
Advanced Life Support Grants (MS 144.6062)	Non-competitive Rural medical personnel	$ 508	$ 508	$ 508	$ 508
Dental Safety Net Grants (MS 145.929 1)	Competitive formula Nonprofit organizations (oral health providers)	$ 50	$ 50	$ 50	$ 50
Mental Safety Net Grants (MS 145.929 2)	Competitive formula Community mental health centers and nonprofit community mental health clinics	$ 175	$ 175	$ 175	$ 175
Hospital Safety Net Grants (MS 145.929 3)	Competitive formula Hospitals	$ 590	$ 590	$ 590	$ 590
Federally Qualified Health Centers (FQHC) Subsidy Grants (MS 145.9269)	Formula Federally qualified health center	$ 2,425	$ 2,425	$ 2,425	$ 2,425
Critical Access Dental Grants- (23 070 04 097)	RFP - Competitive Critical access dental provider	$ 2,375	$ -	$ -	$ -
MERC Formula Grants (MS 62J.692 4b) See also: 1100 MERC Formula Grants	Formula Higher education institutions, clinics, and hospitals	$ 1,000	$ 1,000	$ 1,000	$ 1,000
Health Professional Loan Forgiveness (MS 144.1501) See also: 2360 Health Professional Loan Forgiveness	RFP - Competitive Individuals	$ 2,625	$ -	$ -	$ -
Mental Health Loan Forgiveness (MS 144.1501)	RFP - Competitive Individuals	$ 1,600	$ 1,600	$ 1,600	$ 1,600
Health Professionals Clinical Training Expansion Grants (MS 144.1505 2, 5, MS 144.1505 Subd 5)	RFP - Competitive Health professional training programs	$ 500	$ 500	$ 500	$ 500
Primary Care Residency Expansion Grants (MS 144.1506; 15 071 14 003 002; MS 144.1506 Subd 5)	RFP - Competitive primary care residency program	$ 1,500	$ 1,500	$ 1,500	$ 1,500
Home and Community Based Services (HCBS) Scholarship Grants (MS 144.1503), MS 144.1503 Subd 7	RFP - Competitive HCBS providers	$ 1,450	$ 1,450	$ 1,450	$ 1,450

Program Name Federal or State or Both (citation)	Purpose/ Recipient Type(s) Eligibility Criteria	FY 2024	FY 2025	FY 2026	FY 2027
Workplace Safety Grants- (23 070 04 109)	RFP - Competitive. Long-term care facilities, acute care hospitals that are staffed for 49 beds or less and located in a rural area, critical access hospitals, medical clinics, dental clinics, and community health clinics.	$ 4,400	$ -	$ -	$ -
FQHC Apprenticeship Grants- (MS 145.9272)	RFP - Non competitive Nonprofit organization of community health centers at federally qualified health centers.	$ 690	$ 690	$ 690	$ 690
Psychiatry Resident Grants- (MS 144.1506)	RFP - Competitive Primary care residency program	$ 400	$ 400	$ 400	$ 400
Pediatric Mental Health Grants- (MS 144.1509; 23 070 20 003 2aa)	Non-competitive Pediatric primary care clinics	$ 900	$ 900	$ 900	$ 900
Cultural Community Grants- (MS 144.1511; 23 070 20 003 2bb)	RFP - Competitive Individuals	$ 450	$ 450	$ 450	$ 450
Dental Innovation Grants- (MS 144.1913)	RFP - Competitive Teaching institutions and clinical training sites	$ 1,122	$ 1,122	$ 1,122	$ 1,122
Drug Overdose Grants- (MS 144.0528)	RFP - Non competitive Entities and organizations focused on addressing and preventing the negative impacts of drug overdose and morbidity	$ 6,820	$ 7,520	$ 7,520	$ 7,520
Poison Control System Grants (MS 145.93)	RFP - Competitive Non-profit organizations, for-profit organizations, and units of government	$ 2,379	$ 2,379	$ 2,379	$ 2,379
Suicide Prevention Grants (MS 145.56)	RFP - Competitive Local public health and social service agencies, non-profit organizations; units of government, schools and/or school districts, health care organizations, faith communities, and emergency response organizations	$ 3,298	$ 1,977	$ 1,977	$ 1,977
Sage Cancer Screening Grants (MS 144.05; 23 070 20 003 002; 24 127 67 014 +Legal Cite2 only in FY 2024)	Single sole sources Nonprofit organizations and clinics	$ 518	$ 518	$ 518	$ 518
Safe Harbor Provider Grants (MS 145.4717)	RFP - Non-Competitive Regional organizations	$ 4,120	$ 4,120	$ 4,120	$ 4,120
Substance Use Grants- (MS 342.72; 24 121 01 003 000; MS 16B.98)	The commissioner of health to develop an appropriate application process, establish grant requirements, determine what organizations are eligible to receive grants.	$ -	$ 4,950	$ 4,950	$ 4,950
Volunteer Advancement Grant- (24 127 67 014 000 pp)	Sole source "Minnesota Alliance for Volunteer Advancement"	$ 278	$ -	$ -	$ -

Program Name Federal or State or Both (citation)	Purpose/ Recipient Type(s) Eligibility Criteria	FY 2024	FY 2025	FY 2026	FY 2027
Community Care Hub Grants- (24 127 53 019; 24 125 08 003 02a)	Sole Source Community care hub	$ -	$ 500	$ -	$ -
Community Health Worker Grant- (MS 144.1462)	RFP - Competitive Not-for-profit community organization	$ 750	$ 750	$ 750	$ 750
Long COVID Grants- (MS 145.361)	RFP - Non Competitive Community and organizational partners	$ 900	$ 900	$ 900	$ 900
Emmett Till Grants- (23 070 04 104; 23 070 20 003 2s)	Competitive Individuals	$ 500	$ -	$ -	$ -
Alzheimer's Awareness Grants- (23 070 20 003 2v)	RFP - Competitive Community-based organizations	$ 80	$ 80	$ 80	$ 80
Labor Trafficking Grants- (MS 144.3885)	RFP-Competitive Nonprofit organizations, nongovernment, local public health dept, social service agency, tribal government, local unit of government, school/school district, health care organization, or other agency with experience with labor trafficking.	$ 500	$ 500	$ 500	$ 500
988 Lifeline Grants- (MS 145.561 subd 4 d & e)	Sole source MN Commissioner of Public Safety	$ 4,000	$ -	$ -	$ -
Special Guerrilla Units Grant- (23 070 20 003 2mm)	Sole Source "Special Guerrilla Units Veterans and Families of the United States of America"	$ 250	$ 250	$ 500	$ -
Safe Harbor Navigator Grants- (23 070 20 003 2nn)	Sole Source Regional navigator in northwestern Minnesota	$ 270	$ 270	$ 270	$ 270
Cannabis Youth Grants- (24 127 53 019; 24 121 01 006 000; MS 144.197 Subd. 1)	Non Competitive Local health departments	$ -	$ 1,500	$ 1,500	$ 1,500
Cannabis Poison Control Grants- (MS 145.93; 24 127 53 019; 24 121 01 006 000)	RFP Competitive Poison information centers, profit or nonprofit, or units of government.	$ 910	$ 795	$ 795	$ 795
Health Care Access Fund					
Statewide Health Improvement Grants (MS 145.986 Subd. 1a)	Competitive Community health boards and Tribal governments	$ 14,634	$ 14,634	$ 14,634	$ 14,634
Rural Clinical Training Grants- (MS 144.1507; MS 144.1505)	RFP - Competitive Rural residency training programs & community-based ambulatory care centers.	$ 1,010	$ 2,550	$ 4,060	$ 3,600
Intl Medical Residency Grants- (MS 144.1911)	RFP - Competitive Nonprofit organizations and eligible postsecondary educational institutions	$ 420	$ 420	$ 420	$ 420

Program Name Federal or State or Both (citation)	Purpose/ Recipient Type(s) Eligibility Criteria	FY 2024	FY 2025	FY 2026	FY 2027
Site-Based Training Grants- (MS 144.1508; 23 070 20 003 2n3)	RFP - Competitive Hospital, medical center, clinic	$ 5,654	$ 5,550	$ 4,657	$ 3,451
Mental Health Grants- (23 070 20 003 2n4)	Sole source Mental health professionals	$ 1,000	$ 1,000	$ -	$ -
Health Professional Loan Forgiveness (MS 144.1501; MS 144.1501 Subd 2b) See also: 1000 Health Professional Loan Forgiveness	RFP - Competitive Individuals	$ 4,115	$ 6,740	$ 6,740	$ 6,740
MERC Formula Grants (MS 62J.692) See also: 1100 MERC Formula Grants	Formula Higher education institutions, clinics, and hospitals	$ 1,000	$ 1,000	$ 1,000	$ 1,000
Community Clinic Grants (MS 145.9268)	RFP - Competitive Community clinics	$ 250	$ 250	$ 250	$ 250
Rural Hospital Planning and Transition Grants (MS 144.147)	RFP - Competitive Rural hospitals	$ 300	$ 300	$ 300	$ 300
Greater Minnesota Residency Grants (MS 144.1912)	Formula Not-for-profit clinics and hospitals that have a family medicine residency program.	$ 1,000	$ 1,000	$ 1,000	$ 1,000
Health Care Intern Grants (MS 144.1464)	Formula Hospitals, clinics, nursing facilities, and home care providers	$ 300	$ 300	$ 300	$ 300
National Health Service Match Federal NHSC Match Grants (MS 144.05; 23 070 20 003 002)	RFP - Competitive Individuals	$ 100	$ 100	$ 100	$ 100
Federally Qualified Health Centers (FQHC) Subsidy Grants (MS 145.9269)	Formula Federally qualified health center	$ 219	$ 219	$ 219	$ 219
International Medical Graduates Residency Grants (MS 144.1911)	RFP - Competitive Individuals	$ 867	$ 867	$ 867	$ 867
Dental Safety Net Grants (MS 145.929 Subd 1)	Competitive formula Nonprofit organizations (oral health providers)	$ 63	$ 63	$ 63	$ 63
Mental Safety Net Grants (MS 145.929 subd2)	Competitive formula Community mental health centers and nonprofit community mental health clinics	$ 219	$ 219	$ 219	$ 219
Hospital Safety Net Grants (MS 145.929 subd3)	Competitive formula Hospitals	$ 725	$ 725	$ 725	$ 725

Program Name Federal or State or Both (citation)	Purpose/ Recipient Type(s) Eligibility Criteria	FY 2024	FY 2025	FY 2026	FY 2027
Health Protection					
General Fund					
Lead Abatement Grants (MS 144.9512)	RFP - Competitive Nonprofit organizations	$ 479	$ 479	$ 479	$ 479
Healthy Homes Grants (MS 144.9513)	RFP - Competitive Nonprofit organizations and community health boards, community action agencies	$ 240	$ 240	$ 240	$ 240
Lead Remediation Grants- (MS 145.9275)	RFP - Competitive Schools and licensed child care settings	$ 146	$ 239	$ 239	$ 239
Skin Lightening Grant- (23 070 20 003 3d)	Sole Source Beautywell Project	$ 100	$ 100	$ -	$ -
Refugee Health & TB Grants (MS 144.0742; MS 144.05)	Formula Community health boards	$ 245	$ 245	$ 245	$ 245
HIV Prevention Grants (MS 145.924)	RFP - Competitive Community health boards, state agencies, state councils, and non-profit organizations	$ 1,281	$ 1,281	$ 1,281	$ 1,281
Tuberculosis Grants (MS 144.0742; MS 144.05)	Non-competitive Community health boards	$ 115	$ 115	$ 115	$ 115
Syringe Services Grants- (MS 144.0528)	RFP Competitive To entities and organizations focused on addressing and preventing the negative impacts of drug overdose and morbidity	$ 960	$ 960	$ 960	$ 960
HIV Prevention Equity Grants- (MS 145.924)	RFP Competitive Community health boards, state agencies, state councils, non profit organizations	$ 1,264	$ 1,264	$ -	$ -