

Budget Overview Brief



January 14, 2025

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MN House Fiscal Analysis

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This is an abridged version of the following documents: November 2024 General Fund & Consolidated Fund Statements and November 2024 Base Budget Books.

Minnesota Department of Human Services

Budget Program: Forecasted Programs

1) Activity: MinnesotaCare

Activities: The MinnesotaCare Program was established in 1992 as an 1115 Medicaid demonstration waiver to provide affordable health coverage for people with incomes too high for Medicaid but unable to afford other health insurance. It provided a subsidized program for children and parents and later expanded to include adults. Passage of the Affordable Care Act (ACA) in 2010, and subsequent state legislation, made many MinnesotaCare enrollees eligible for Medical Assistance (MA). Under the authority of the ACA, Minnesota established MinnesotaCare as a Basic Health Plan to provide health coverage for people with incomes between 138 percent and 200 percent of federal poverty guidelines. As a Basic Health Program (BHP), Minnesota receives federal funds equal to 95 percent of the advanced premium tax credits that would otherwise be available to eligible people enrolled in commercial health care coverage through MNSure rather than in MA where federal funding is tied to expenditures. In fiscal year 2023, federal Basic Health Plan funding covered 72 percent of MinnesotaCare's costs. The amount of federal funding varies year to year based on individual market premiums, enrollment, the geographic distribution of enrollees, and federal regulatory action. Federal BHP revenues are deposited into the BHP Trust Fund and used to fund eligible expenditures in the MinnesotaCare program. Historically, the BHP Trust Fund has had a surplus which has resulted in reductions to state expenditures. Today, MinnesotaCare provides comprehensive health care coverage for about 105,000 Minnesotans who pay no more than \$80 per month in standard premiums. However, changes made in the federal American Rescue Plan Act (ARPA) of 2021 reduced the highest premium to \$28 through Calendar Year 2022. This change was further extended through Calendar Year 2025 by the Inflation Reduction Act of 2022. The standard premium requirements from pre -pandemic will resume in January of 2026.

Funding:

- FY26 Health Care Access Fund: \$105.770m
- FY27 Health Care Access Fund: \$154.116m
- FY26 Federal: \$550.129m
- FY 27 Federal: \$550.129m

Statutes: Minnesota Statutes, chapter 256L provides the legal authority to operate the MinnesotaCare program. Many of the covered services, provider rates, and other elements

of the MinnesotaCare program overlap with the Medical Assistance program and are detailed in the Medical Assistance statute. The statutory authority for Medical Assistance is in M.S., chapter 256B.

2) Activity: Medical Assistance

Activities: Medical assistance financing is split up into 5 separate budget subcodes between two committees. The health finance and policy committee have two: 1) adults with no children and 2) families with children. Adults with no children: MA covered an average of 314,341 adults without dependent children per month. Under the Affordable Care Act the federal government pays 90 percent of the expenditures for this population. Total spending on this group was about \$3.7 billion, with about \$318 million coming from state funds. Families with children: Enrollees in this eligibility category include low - income pregnant women, children, parents and caretaker relatives. This segment of the MA program also includes funding for the Minnesota Family Planning Program (MFPP) and the MA Breast and Cervical Cancer Treatment program (MA -BC). MFPP provides coverage of family planning and related health care services for people not currently enrolled in MA or MinnesotaCare. MA -BC covers treatment costs for breast cancer, cervical cancer, or a precancerous cervical condition for women without health insurance. In FY 2023, this segment of MA funds supported an average of 883,449 people per month. Total spending on this group was over \$4.3 billion, about 41 percent of which came from state funds.

Funding:

- FY26 GF: \$2.073b
- FY 27 GF: \$2.177b
- FY 26 Health Care Access: \$1.002b
- FY 27 Health Care Access: \$864.495m
- FY26-27 Restricted Misc. Special Revenue: \$198.182m

Statutes: Minnesota Statutes, chapter 256B provides the legal authority for the Medical Assistance program

Budget Program: Grant Programs

3) Activity: Health Care Grants

Activities: the grants currently funded under this activity include: 1) In-Person Assister and Minnesota Community Application Agent (MNCAA) Programs; 2) Emergency Medical Assistance Referral and Assistance Grants; 3) Immunization Registry Grants; 4) Child and Teen Checkup Grants; and 5) Periodic Data Matching Grants

Funding:

- FY26-27 GF: \$9.622m

- FY26-27 Health Care Access: \$6.930m
- FY26-27 Federal: \$132.865m

Statutes: Minnesota Statutes, section 256.962 provides the authority to provide incentives for application assistance under the MNCAA program. Minnesota Statutes, section 256B.021 is the legal authority for grants related to reforms in the Medical Assistance program. Minnesota Statutes, section 62V.05 provides authority for the In -Person Assister program.

Minnesota Department of Health

Budget Program: Health Improvement

4) Activity: Child and Family Health

Activities: 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. 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. The Children and Youth with Special Health Needs (CYSHN) program provide trainings and grants to local public health agencies so that infants and children receive early and ongoing screening, intervention, and follow -up services. Family Home Visiting provides critical supports to families from a wide range of racial, ethnic, economic, and social backgrounds, family home connects pregnant individuals with appropriate prenatal care.

Funding:

- FY26-27 GF: \$98.356m
- FY26-27 SGSR Base: \$4.510m
- FY26-27 Restricted Misc. Special Revenue: \$300k
- FY26-27 Other Misc. Special Revenue: \$6k
- FY26-27 Federal Fund Base: \$359.303m
- FY26-27 Federal TANF Base: \$23.426m

Total Non-Additive FTEs FY26: 131.70

Total Non-Additive FTEs FY27: 129.34

Statutes:

- [M.S. 144.0548 Comprehensive Drug Overdose and Morbidity Prevention Act](#)

- [M.S. 144.064 The Vivian Act, Cytomegalovirus](#)
- [M.S. 144.125 -144.128 Tests of Infants for Heritable and Congenital Disorders](#)
- [M.S. 144.1251 Newborn Screening for Critical Congenital Heart Disease \(CCHD\)](#)
- [M.S. 144.1461 Dignity in Pregnancy and Childbirth](#)
- [M.S. 144.2215 Minnesota Birth Defects Information System](#)
- [M.S. 144.574 Dangers of Shaking Infants and Young Children](#)
- [M.S. 144.966 Early Hearing Detection and Intervention Program](#)
- [M.S. 145.88 Maternal and Child Health](#)
- [M.S. 145.891 Maternal and Child Health Nutrition Act of 1975](#)
- [M.S. 145.898 Sudden Infant Death](#)
- [M.S. 145.899 WIC Vouchers for Organics](#)
- [M.S. 145.901 Maternal Death Studies](#)
- [M.S.145.903 School -Based Health Centers](#)
- [M.S. 145.905 Location for Breast -Feeding](#)
- [M.S. 145.906 Postpartum Depression Education and Information](#)
- [M.S. 145.925 Family Planning Grants](#)
- [M.S. 145.9255 Minnesota Education Now and Babies Later](#)
- [M.S. 145.9261 Abstinence Education Grant Program](#)
- [M.S. 145.9265 Fetal Alcohol Syndrome Effects; Drug Exposed Infant](#)
- [M.S. 145.9571 Healthy Beginnings, Healthy Families Act](#)
- [M.S. 145A.17 Family Home Visiting Program](#)
- [M.S. 145A.145 Nurse Family Partnership Programs](#)
- [M.S. 145.87 Home Visiting for Pregnant Women and Families with Young Children](#)

5) Activity: Health Promotion and Chronic Disease

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

Funding:

- FY26-27 GF: \$43.983m
- FY26-27 Restricted Misc. Special Revenue: \$22.912m
- FY26-27 Other Misc. Special Revenue: \$3.004m
- FY26-27 Federal Fund Base: \$49.659m

Total Non-Additive FTEs FY26: 146.34

Total Non-Additive FTEs FY27: 145.09

Statutes:

- [M.S. 144.05 subd. 5 Firearms Data](#)
- [M.S. 144.0528 Comprehensive Drug Overdose and Morbidity Prevention Act](#)
- [M.S. 144.059 Palliative Care Advisory Committee](#)
- [M.S. 144.061 Early Dental Prevention Initiative](#)
- [M.S. 144.1462 Community Health Workers](#)
- [M.S. 144.197 Cannabis Education Programs](#)
- [M.S. 144.3885 Labor Trafficking Services Grant Program](#)
- [M.S. 144.492 -4 Stroke Centers and Stroke Hospitals](#)
- [M.S. 144.4941 STEMI Receiving Centers](#)
- [M.S. 144.6586 Notice of Rights to Sexual Assault Victim](#)
- [M.S. 144.661 - 144.665 Traumatic Brain and Spinal Cord Injuries](#)
- [M.S. 144.671 - 144.69 Cancer Reporting System](#)
- [M.S. 145.361 Long Covid and Related Conditions](#)
- [M.S. 145.4711 - 145.4713 Sexual Assault Victims](#)
- [M.S. 145.4715 Reporting Prevalence of Sexual Violence](#)
- [M.S. 145.4716 - 145.4718 Safe Harbor for Sexually Exploited Youth](#)
- [M.S. 145.56 Suicide Prevention](#)
- [M.S. 145.561 988 Suicide and Crisis Lifeline](#)
- [M.S. 145.867 Persons Requiring Special Diets](#)
- [M.S. 145.93 Poison Control System](#)
- [M.S. 145.958 Youth Violence Prevention](#)
- [M.S. 157.177 Sex Trafficking Prevention Training](#)
- [M.S. 256B.057 subd. 10 Certain Persons Needed Treatment for Breast or Cervical Cancer](#)

6) Activity: Community Health

Activities: 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 capabilities and advance community health by providing funding, guidance, technical assistance, and training.

Funding:

- FY26-27 GF: \$130.994m
- FY26-27 Restricted Misc. Special Revenue: \$7.530m

- FY26-27 Health Care Access Fund: \$35.856m
- FY26-27 Federal Fund: \$66.391m

Total Non-Additive FTEs FY26: 169.01

Total Non-Additive FTEs FY27: 168.98

Statutes:

- [M.S. 62Q.075 Local Public Accountability and Collaboration Plan](#)
- [M.S. 62Q.33 Local Government Health Functions](#)
- [M.S. 144.0759 Public Health AmeriCorps](#)
- [M.S. 144.196 Cannabis Data Collection and Biennial Reports](#)
- [M.S. 144.197 Cannabis Education Programs](#)
- [M.S. 144.396 Tobacco Use Prevention](#)
- [M.S. 144.397 Statewide Tobacco Cessation Services](#)
- [M.S. 145.4131 Recording and Reporting Abortion Data](#)
- [M.S. 145.4134 Commissioner's Public Report](#)
- [M.S. 145.986 Minnesota Statewide Health Improvement Program](#)
- [M.S. 145A Community Health Boards](#)

7) Activity: Health Policy

Activities: 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.

Funding:

- FY26-27 GF Base: \$63.731m
- FY26-27 SGSR: \$14.006m
- FY26-27 Restricted Misc. Special Revenue: \$16.513m
- FY26-27 Other Misc. Special Revenue: \$10k
- FY26-27 Federal Fund: \$4.982m
- FY26-27 Health Care Access: \$68.460m

Total Non-Additive FTEs FY26: 130.60

Total Non-Additive FTEs FY27: 130.34

Statutes:

- [M.S. 144.1501 Office of Rural Health and Primary Care, Health Professional Education Loan Forgiveness Act](#)
- [M.S. 144.211 – 144.227 Vital Statistics Act](#)
- [M.S. 144.695 -144.703 Minnesota Health Care Cost Information Act](#)
- [M.S. 144.706 -144.7069 Adverse Health Reporting System](#)
- [M.S. 62D Health Maintenance Organizations](#)
- [M.S. 62J.17 Capital Expenditure Reporting](#)
- [M.S. 62J.321 Health Economics Program](#)
- [M.S. 62J.38 Cost Containment from Group Purchasers](#)
- [M.S. 62J.321 Data Collection](#)
- [M.S. 62J.495 – 62J.497 Electronic Health Record Technology](#)
- [M.S. 62J.63 Center for Health Care Purchasing Improvement](#)
- [M.S. 62U.02 Payment Restructuring; Quality Incentive Payments](#)
- [M.S. 62U.04 Payment Reform; Health Care Costs; Quality Outcomes](#)

8) Activity: Health Equity

Activities: provide technical assistance, leadership development, and tools and resources based in health equity science and research. Contains office of American Indian health, office of African American health, and the office of diversity, equity, inclusion, and belonging.

Funding:

- FY26-27 GF Base: \$28.649m

Total Non-Additive FTEs FY26: 22

Total Non-Additive FTEs FY27: 22

Statutes:

- [Minn. Stat. §144.0754 Office of African American Health; Duties.](#)
- [Minn. Stat. §144.0755 African American Health State Advisory Council](#)
- [Minn. Stat. §144.0756 African American Special Emphasis Grant Program](#)
- [Minn. Stat. §144.0757 Office of American Indian Health](#)
- [Minn. Stat. §144.0758 American Indian Health Special Emphasis Grant](#)
- [Minn. Stat. §144.9821 Advancing Health Equity Through Capacity Building and Resource Allocation](#)

- [Minn. Stat. §145.928 Eliminating Health Disparities](#)
- [Minn. Stat. §145.9285 Community Solutions for Healthy Child Development Grant Program](#)

9) Activity: Emergency Preparedness and Response

Activities: provide public health and health care partners with funding, tools, and resources for emergency preparedness, response, and recovery. 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.

Funding:

- FY26-27 GF Base: \$10.872m

Total Non-Additive FTEs FY26: 6.67

Total Non-Additive FTEs FY27: 6.67

Statutes:

- [M.S. 12A.08 Natural Disaster; State Assistance](#)
- [M.S. 144.4197 Emergency Vaccine Administration; Legend Drug](#)
- [M.S. 145A Community Health Boards](#)
- [M.S. 151.37 Legend Drugs, Who May Prescribe, Possess](#)

Budget Program: Health Protection

10) Activity: Environmental Health

Activities: Drinking water protection program, food, pools, and lodging services inspections, environmental surveillance and assessments, indoor environments and radiation programs, well management program, water policy center.

Funding:

- FY26-27 GF: \$12.036m
- FY26-27 SGSR Base: \$66.796m
- FY26-27 Restricted Misc. Special Revenue: \$1.050m
- FY26-27 Environmental: \$4.030m
- FY26-27 Remediation: \$316k
- FY26-27 Federal Base: \$34.751m
- FY26-27 Drinking Water Revolving: \$816k

Total Non-Additive FTEs FY26: 301.21

Total Non-Additive FTEs FY27: 301.17

Statutes:

- [M.S. 144.411 Clean Indoor Air Act](#)
- [M.S. 144.496 1 Radon Licensing Act](#)
- [M.S. 103I.005 Minnesota Well Code](#)
- [M.S. 144.381 Safe Drinking Water Act](#)
- [M.S. 144.1222 Public Pools; Enclosed Sports Arenas](#)
- [M.S. 144.9501 Lead Poisoning Prevention Act](#)
- [M.S. 144.1201 Radiation Hazards](#)
- [M.S. 157 Food, Pools & Lodging Services](#)
- [M.S. 326.70 Asbestos Abatement Act](#)
- [M.S. 327 Hotels, Motels, Resorts, and Manufactured Homes](#)

11) Activity: Infectious Disease

Activities: Prevention of infectious diseases, identify and investigate infectious disease threats, mitigation of disease threats.

Funding:

- FY26-27 GF: \$12.219m
- FY26-27 Other Misc. Special Revenue: \$1.152m
- FY26-27 Environmental: \$4.030m
- FY26-27 Federal Base: \$266.141m

Total Non-Additive FTEs FY26: 355.10

Total Non-Additive FTEs FY27: 195.00

Statutes:

- Minnesota Rules, Chapter [4604](#) and [4605](#)
- [M.S. 121A.15](#)
- [M.S. 13.3805](#)
- [M.S. 144.05](#)
- [M.S. 144.12](#)
- [M.S. 144.3351](#)
- [M.S. 144.3441](#)
- [M.S. 144.4171 – 144.4185](#)

- [M.S. 144.4801 – 144.491](#)
- [M.S. 214.17 – 214.25](#)

12) Activity: Public Health Laboratory

Activities: detecting infectious disease outbreaks and public health threats, screening newborns for rare conditions to improve health outcomes, identifying chemical, radiological, and biological hazards, preparing for and responding to emergencies, and producing high quality laboratory data to inform public health decisions.

Funding:

- FY26-27 GF: \$7.224m
- FY26-27 SGSR Base: \$25.732m
- FY26-27 Restricted Misc. Special Revenue: \$350k
- FY26-27 Other Misc. Special Revenue: \$11.660m
- FY26-27 Federal Base: \$37.950m

Total Non-Additive FTEs FY26: 114.98

Total Non-Additive FTEs FY27: 114.98

Statutes:

- [M.S. 13.386 Treatment of Genetic Information Held by Government Entities & Other Persons](#)
- [M.S. 13.3805 Public Health Data](#)
- [M.S. 144.05 General Duties of the Commissioner](#)

13) Activity: Health Regulation

Activities: issue licenses and federal certifications, complete inspections, investigations, reviews, and audits, administer registries, taking compliance and enforcement actions, and providing information to consumers and providers.

Funding:

- FY26-27 GF: \$32.096m
- FY26-27 SGSR Base: \$50.119m
- FY26-27 Other Misc. Special Revenue: \$102k
- FY26-27 Federal Base: \$41.938m

Total Non-Additive FTEs FY26: 297.62

Total Non-Additive FTEs FY27: 297.62

Statutes:

- [M.S. 144.0572 Criminal history background checks on applicants, licensees, and other occupations regulated by commissioner of health](#)
- [M.S. 144.058 Spoken language health care interpreters](#)
- [M.S. 144.0724 Case mix](#)
- [M.S. 144.50 - .60 Hospital licensure](#)
- [M.S. 144.50 - .56 Boarding care licensure](#)
- [M.S. 144.50 - .56 Supervised living facility licensure](#)
- [M.S. 144A.001 - .1888 Nursing home licensure](#)
- [M.S. 144A.43 - .483 Home care licensure](#)
- [M.S. 144A.46 Office health facility complaints](#)
- [M.S. 144A.61 - .62 Nursing assistant registration](#)
- [M.S. 144A.70 - .74 Supplemental nursing services agencies](#)
- [M.S. 144A.75 - .756 Hospice licensure](#)
- [M.S. 144G Assisted living licensure](#)
- [M.S. 146A Complementary and alternative health care practices](#)
- [M.S. 146B Body art licensure](#)
- [M.S. 148.511 - .5198 Speech language pathologists, speech language pathology assistants and audiologists licensing](#)
- [M.S. 148.995 - .997 Doula registration](#)
- [M.S. 149A Mortuary science licensure](#)
- [M.S. 153A Hearing instrument dispensing](#)

Budget Program: Health Operations

14) Activity: Health Operations

Activities: communications, executive office, financial management, facility management, human resources, general counsel's office, internal audit, legislative affairs.

Funding:

- FY26-27 GF: \$45.923m
- FY26-27 Other Misc. Special Revenue: \$96.128m

Total Non-Additive FTEs FY26: 196.84

Total Non-Additive FTEs FY27: 196.84

Office of Emergency Medical Services*

*begins effective January 1, 2025

Activities: Establish and enforce standards and requirements for ambulance services, EMS personnel, and education programs. License ambulance services, registered medical response units, credential EMS personnel, and approve education programs. Conduct educational compliance seminars. Conduct rural ambulance assessments to help those services in Greater Minnesota obtain and maintain operational and organizational success. Investigate complaints, allegations of misconduct, and self-reported violations in a fair and timely manner, ensuring that the subjects of those investigations receive the necessary due process. Distribute state and federal grant funds that support the EMS community with retention and recruitment of personnel, ambulance/hospital communications, education reimbursement, equipment acquisition, and improving the pediatric care infrastructure.

Funding:

- **FY26-27 All Funds Base: \$13.266m**
- FY26-27 GF: \$12.356m
- FY26-27 Restricted Misc. Special Revenue: \$720k
- FY26-27 Federal: \$190k

Total Non-Additive FTEs FY26: 11.50

Total Non-Additive FTEs FY27: 13.75

Statutes:

- [Minnesota Statute 144E](#)
- [Minnesota Rules 4690](#)

MNSure

Activities: The MNSure marketplace offers health and dental plans through partnership with private insurance companies. These are known as qualified health plans (QHPs) or qualified dental plans. All private plans offer the same core set of benefits called essential health benefits which include preventive services, mental health and substance abuse services, emergency services, prescription drugs and hospitalization, and follow established limits on cost -sharing (deductibles, co -payments and out -of -pocket maximum amounts). Each private health and dental plan is reviewed by state regulators and approved to be sold through MNSure. Most Minnesotans purchasing a QHP qualify for advanced premium tax credits (APTC), which lower the cost of monthly premiums. Minnesotans can also access Medical Assistance (MA), Minnesota's Medicaid program, and MinnesotaCare, Minnesota's Basic Health Program through MNSure. MA is the largest of Minnesota's publicly funded health care programs, providing health care coverage each month to nearly 1.4 million low -income Minnesotans in 2023. Like MA, MinnesotaCare

provides health care coverage for people with low incomes, but has higher income limits. 105,000 Minnesotans were enrolled in MinnesotaCare coverage in 2023

Funding:

- FY26-27 Restricted Misc. Special Revenue: \$300k
- FY26-27 MN Health Insurance Exchange: \$98.860m

Total Non-Additive FTEs FY26: 195.75

Total Non-Additive FTEs FY27: 195.755

Statutes:

- [M.S. 62V](#)

Health Licensing Boards

15) Board of Behavioral Health & Therapy: (FY26-27 SGSR Base: \$2.338m)

- The Board of Behavioral Health and Therapy exists to regulate the practices of alcohol and drug counseling, professional counseling, and professional clinical counseling in the State of Minnesota

16) Board of Chiropractic Examiners: (FY26-27 SGSR Base: \$1.580m)

- The mission of the Minnesota Board of Chiropractic Examiners (MBCE) is to protect the public through effective licensure and enforcement of the statutes and rules governing the practice of chiropractic to ensure a standard of competent and ethical practice in the profession.

17) Board of Dentistry: (FY26-27 SGSR Base: \$8.416m)

- The mission of the Minnesota Board of Dentistry is to promote and protect public health and safety and ensure that every licensed dental professional practicing in the state meets the requirements for safe, competent, and ethical practice

18) Board of Dentistry Administrative Services Unit (ASU): (FY26-27 SGSR Base: \$5.094m)

- The Administrative Services Unit (ASU) provide s centralized planning and coordination of operational activities to 16 health -related licensing boards and 3 non -health licensing boards – the Board of Barber Examiners , Board of Cosmetologist Examiners , and the Emergency Medical Services Regulatory Board. The services provided include administrative services and facilities management, Continuity of Operations Plan (COOP) planning and

coordination, fiscal and legislative assistance, and liaison between the boards and various state agencies and departments. The ASU is funded by all the independent boards and now consists of 3 full -time staff members who perform shared business services and legislative support for all the boards. The CBC Program consists of 5 full -time staff members. ASU's annual budget is determined by the Executive Directors' Forum. As of Fiscal Year 2022, the ASU oversight board is the Minnesota Board of Dentistry. ASU is managed by the Management Committee of the Executive Directors' Forum, whose membership includes the Executive Director of the Minnesota Board of Dentistry.

19) Board of Dietetics and Nutrition Practice: (FY26-27 SGSR Base: \$434k)

- The Minnesota Board of Dietetics and Nutrition Practice protects the public through licensure of dietitians and nutritionists, establishment of continuing education standards, and investigation and resolution of complaints against licensees and unlicensed persons engaging in the practice

20) Board of Executives for Long-Term Services and Supports: (FY26-27 SGSR Base: \$1.472m)

- The Minnesota Board of Executives for Long -Term Services and Supports was initially established in 1970 within Minnesota Statutes 144A.19 – 144A.28 and Minnesota Rules 6400 to license nursing home administrators only. The board was modified in 2020 to the Board of Executives for Long -Term Services and Supports (BELTSS) to encompass the new licensure category of Licensed Assisted Living Directors and to recognize the national credential of the Licensed Health Service Executive in May 2019.

21) Board of Marriage & Family Therapy: (FY26-27 SGSR Base: \$914k)

- The Board of Marriage and Family Therapy's mission is to protect the public and ensure a standard of competent and ethical care through effective licensure and enforcement of the statutes and rules governing the practice of marriage and family therapy

22) Board of Medical Practice: (FY26-27 SGSR Base: \$12.180m)

- The Board enforces statutes and rules as established by the Minnesota Legislature to ensure that the people who practice medicine or as an allied health care professional are competent, ethical practitioners with the necessary knowledge and skills appropriate to their title and role. The Board ensures that physicians, and the seven allied healthcare professionals under the Board's regulation, including physician assistants, acupuncturists,

respiratory care therapists, traditional midwives, naturopathic doctors, genetic counselors , and athletic trainers, meet the minimum education and training requirements to obtain a license to practice in Minnesota. The Board also receives, investigates , and resolves complaints against the healthcare providers under its regulation.

23) Board of Nursing: (FY26-27 SGSR Base: \$12.550m)

- The Board of Nursing’s purpose is to protect the health, safety, and welfare of the public in their receipt of nursing services. The Board carries out its mission by regulating nursing education, licensure, and practice.

24) Board of Occupational Therapy Practice (FY26-27 SGSR Base: \$1.120m)

- The Board enforces statute related to ensuring competent, ethical occupational therapy services. Regulation of occupational therapy practitioners began in 1996 under the Minnesota Department of Health and moved to the Board in 2018. The Board carries out its mission by granting qualified applicants the privilege to practice in Minnesota and by investigating complaints related to the statutory obligation of licensed individuals to provide competent, safe, ethical care.

25) Board of Optometry: (FY26-27 SGSR Base: \$560k)

- The Minnesota Board of Optometry is responsible for protection of the public through the regulation of the Doctor of Optometry (OD’s) in the state of Minnesota. Regulation is accomplished through licensure examination, annual license renewal, continuing education requirements, as well as providing neutral investigations and resolution of complaints against licensees.

26) Board of Pharmacy: (FY26-27 SGSR Base: \$10.166m, FY26-27 GF Base: \$936k)

- The Board fulfills this mission through examination and licensure of pharmacists, regulation of the practice of pharmacy, regulation of the manufacturing and distribution of pharmaceuticals, inspection of licensed facilities, investigation of complaints, and the issuance of disciplinary orders and agreements for corrective action. Board staff also help educate pharmacists and others about laws, rules and best standards of practice. The Board provides information to the public on its website related to the practice of pharmacy and prescription drugs. The Board also administers several programs, including: The Minnesota Prescription Monitoring Program, the Opiate Product Fee Registration Program, and the Minnesota Insulin Safety Net Program.

27) Board of Physical Therapy: (FY26-27 SGSR Base: \$1.578m)

- The board license qualified applicants, and make sure that physical therapists (PTs) and physical therapist assistants (PTAs) maintain competence. We thoroughly investigate complaints against licensees, provide timely and impartial resolution, and when necessary, discipline licensees

28) Board of Podiatric Medicine: (FY26-27 SGSR Base: \$514k)

- The Minnesota Board of Podiatric Medicine was established in 1917. The Board's mission is to protect the public by extending the privilege to practice to qualified doctors of podiatric medicine (DPM), orthotists, prosthetists, prosthetist orthotists, pedorthists, fitters, and assistants, and investigating complaints relating to their competency or behavior.

29) Board of Psychology: (FY26-27 SGSR Base: \$5.562m)

- The Board ensures psychologists have the minimum training, education, and experience to practice psychology. The Board receives, investigates, and resolves complaints on psychologists. The Board offers educational conferences, seminars, and trainings to educate psychologists and the public on the rules and laws governing their practice

30) Board of Psychology Health Professional Services Program (FY26-27 SGSR Base: \$2.648m)

- The Health Professionals Services Program's (HPSP) mission is to protect the public by monitoring regulated health professionals whose illnesses may impair their ability to practice safely. HPSP achieves its mission by promoting early intervention, diagnosis, and treatment as an alternative to board discipline. Early intervention improves the chances for successful treatment before clinical skills are compromised and patients may be harmed. HPSP provides services to all of the health licensing boards in Minnesota. This enables all boards to access the same service while eliminating the need for duplicative services. It also enables health practitioners, their employers, and treatment providers easy access to program services and expertise.

31) Board of Social Work: (FY26-27 SGSR Base: \$4.070m)

- The Board's mission is to protect the public through licensing and regulation of the social work profession and ensure residents of Minnesota that licensed social workers are qualified, professional, ethical, and accountable.

32) Board of Veterinary Medicine: (FY26-27 SGSR Base: 888k)

- The mission of the Minnesota Board of Veterinary Medicine (BVM) is to promote, preserve, and protect the health, safety, and welfare of the public and animals. We achieve this through the effective control and regulation of the practice of veterinary medicine on behalf of animals and their owners. We ensure Minnesota veterinarians have the education and skills needed to become licensed, and that they will work to optimize animal health.

On January 24, 2025, the Minnesota Supreme Court held that 68 members are necessary to constitute a quorum of the House.
This document reflects proceedings that occurred before that decision was issued and are no longer active.
See *Simon v. Demuth*, No. A25-0066 (Minn. Jan. 24, 2025) (consolidated with *Hortman et al. v. Demuth et al.*, No. A25-0068) .