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Pursuant to the provisions of M.S. § 3.197, the Board hereby states that in preparing this report is 13,17203

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Executive Summary

The Minnesota Board of Chiropractic Examiners, () respectfully submits its report to the Commission on the Sunset Commission, M.S. § 3D.01 et seq. This Board is a quasi-judicial single program agency whose sole purpose is regulation of doctors of chiropractic in the State of Minnesota. The primary mission of the Board is to protect the public by enforcing the standards of safe practice and conduct, investigating and resolving complaints against licensed doctors of chiropractic, and providing information to Minnesota consumers. No other agency or entity in this state maintains this portion of this responsibility.

The Board is a fully empowered State agency which has the authority to enforce Statutes and Administrative Rules related to the practice of promulgated Administrative Rules and issue disciplinary or other enforcement actions. This Board is also required by federal law to report such actions to federal databases.

The Board was established in 1919, pursuant to M.S. § 148.01 et seq., and is administered primarily via M.S. § 148.06, while complaint resolution and enforcement activities are conducted pursuant to M.S. § 214.10, 214.103, and 144.292. Registration of Professional Firms is conducted pursuant to M.S. § 319B. Finally, the Board promulgates Minn. Rule Chapter 500¹.

The Board is composed of 7 members (five professional members and two public members) appointed by the Governor for staggered four year terms. The appointment of professionals for the purpose of regulation assures that the regulation is carried out by persons who have expertise in this specific profession, while the appointment of public members assures that the Board remains diligently focused on the protection of the public. This structure lends significant credibility to the regulatory

The Board receives NO money from the general fund. All of its operations are funded by license fees of those regulated. The Board has continued to maintain its functions in the face of dwindling resources and increased costs. The Board has accomplished this in large part through participation with the Administrative Services Unit and nationally recognized novel approach to an increased efficiency model, as well as innovative use of current technology.

¹ This paragraph submitted in satisfaction of the Sunset Advisory Commission; Preliminary Report Requirements, Adopted 11/21/2011. Paragraph(s) III.6 and 7.

² This Executive Summary submitted in satisfaction of the Sunset Advisory Commission; Preliminary Report Requirements, Adopted 11/21/2011. Paragraph(s) I

Introduction

While this report is specific to the Minnesota Board of Chiropractic Examiners, the deeply integrated / cooperative relationship of the Health Related Licensing Boards necessarily be regularly referenced herein. As will be described later, this board acts in a collaborative manner with the Health Related Licensing Boards, largely through a centralized Administrative Services Unit, which provides administrative services common to all of the HRLB -Related Licensing Boards serviced by this unit are:

- < Minnesota Board of Barber Examiners*
- < Minnesota Board of Behavioral Health and Therapy
- < Minnesota Board of Chiropractic Examiners
- < Minnesota Board of Cosmetology Examiners*
- < Minnesota Board of Dentistry
- < Minnesota Board of Dietetics and Nutrition Practice
- < Emergency Medical Services Regulatory Board*
- < Minnesota Board of Marriage and Family Therapy
- < Minnesota Board of Medical Practice
- < Minnesota Board of Nursing
- < Minnesota Board of Examiners for Nursing Home Administrators
- < Minnesota Board of Optometry
- < Minnesota Board of Pharmacy
- < Minnesota State Board of Physical Therapy
- < Minnesota Board of Podiatric Medicine
- < Minnesota Board of Psychology
- < State of Minnesota Board of Social Work
- < Minnesota Board of Veterinary Medicine

*The Board of Barbers Examiners, the Board of Cosmetology and the Emergency Medical Services Regulatory Board are not Health Related Licensing Boards. However, they are located in the same building, and have been participating with the other boards through the Administrative Services Unit. Therefore, they are included in this list.

u k SEEM.S. § 3D.10]

Although every effort is made to follow the sequence established by the legislation, it is believed that reversing the orders of paragraphs (1) and (2) will provide a more sequentially cohesive report thereby facilitating review by the Committee. The author hereby requests latitude for this mild indiscretion.

Section I. Key Functions, Powers, Duties, Mission

Minnesota Statutes) mission, goals, and objectives intended for the agency or advisory committee and of the problem or need that the agency or committee was intended to address and the extent to which its goals and objectives have been achieved and the problem or need has been addressed

The State began regulating doctors of chiropractic in 1919 when the Legislature established the Chiropractic Practice Act and established the Board as an independent agency. There have been subsequent modifications to the Practice Act including those in 1927, 1975, 1981, 1988, 2009. [§148.01 to 148.108]

- Ø Licensing To accomplish this function the Board evaluates professional and professional education, examines candidates for entry level competence, and examines candidates for their knowledge specific to Minnesota jurisprudence related to the Chiropractic Act
- Ø Complaint Resolution The Board receives, investigates, and resolves complaints, corrective action or disciplinary action where warranted to protect the public
- Ø Promote Continued Competency The Board registers continuing education sponsors, assesses Continuing Education programs for quality and compliance, and monitors licensee compliance with annual requirements.

In addition to licensing doctors of chiropractic the Board registers additional subtypes which are subordinate to the chiropractic license. These include:

- Ø Professional Firms;
- Ø Chiropractic Acupuncturists;
- Ø Animal Chiropractors
- Ø Independent Examiners;
- Ø Chiropractic Preceptors; and
- Ø Continuing Education Sponsors

Statutory Provisions/Board Structure

In general, the Board operates pursuant to the enabling act established by M.S. § 214 et seq. The Board of Chiropractic Examiners operates specifically under the authority of M.S. § 148.01-148.108. Under the provision of M.S. § 148.03 the Board consists of seven members appointed by the Governor to staggered four year terms; i.e. they are licensed doctors of chiropractic in current active practice. Additionally, there are two non-voting

purpose is to specifically represent the public interest (although all Board members are required to serve in protection of the public who are specifically prohibited from licensure in other health care professions, in order to avoid any conflict of interest). Currently the following members serve the Board:
[In alphabetical order]

Matthew J. Anderson, DC
Administrative Officer, Executive Committee
Complaint Panel
Located in Bloomington, MN
Appointed 05/21/2007
Reappointed 02/14/2011
Term Ends 01/05/2015

Ralph Stouffer, Ed.D.
Vice President, Executive Committee
Complaint Panel
Located in Roseville, MN
Appointed 03/31/2006
Reappointed 05/21/2007
2nd Reappointment 02/16/2011
Term Ends 01/08/2015

Robert P. Daschner, DC
Professional Member, NBCA Delegate, FCLB
Alternate Delegate, Complaint Panel
Located in Waseca, MN
Appointed 04/22/2008
Term Ends 01/02/2012

Kay Strobel
Public Member, Health Professionals Service
Program, Complaint Panel
Located in Red Wing, MN
Appointed 10/04/2010
Term Ends 01/07/2013

Howard A. Fidler, DC
Professional Member, RUC Committee
Complaint Panel
Located in St. Louis Park, MN
Appointed 04/28/2004
Reappointed 04/28/2008
Term Ends 01/02/2012

Richard R. Tollefson, DC
President, FCLB Delegate, NBCA Alternate
Delegate, Executive Committee, Complaint
Panel
Located in Coon Rapids, MN
Appointed 05/10/2005
Reappointed 02/24/2009
Term Ends 01/07/2013

Teresa L. Marshall, DC
Professional Member, RUC Committee
Located in Mankato, MN
Appointed 01/11/2002
Reappointed 03/31/2006
2nd Reappointment 01/19/2010
Term Ends 01/06/2014

The Board members generally provide the expertise necessary to establish and execute the policies of the board. This is particularly evidenced in complaint resolution matters where such expertise is necessary to properly evaluate the conduct of a licensee, to determine if they have acted within proper parameters or within the scope of the practice and what appropriate action should be taken. Currently, Board members are compensated at the rate of \$55 per hour. S.F.A.M. §. § 214.09, Sub. 3] With such minimal payment for what is often many hours of work, the services provided by the Board members can only be seen as a volunteer service, especially with regard to

professional members

order to provide these services to the Board.

These Board members, who work in the Minnesota community State government in addition to their role on these boards, put in extra hours to offer professional expertise to Minnesota state government. In collaboration with Board staff individuals are entrusted with the protection of public health and safety through licensing of health-related professionals, and through administration of complaints regarding the same. This is also one of many ways that the public has an opportunity to provide input and oversight to the Board.

Board Staff

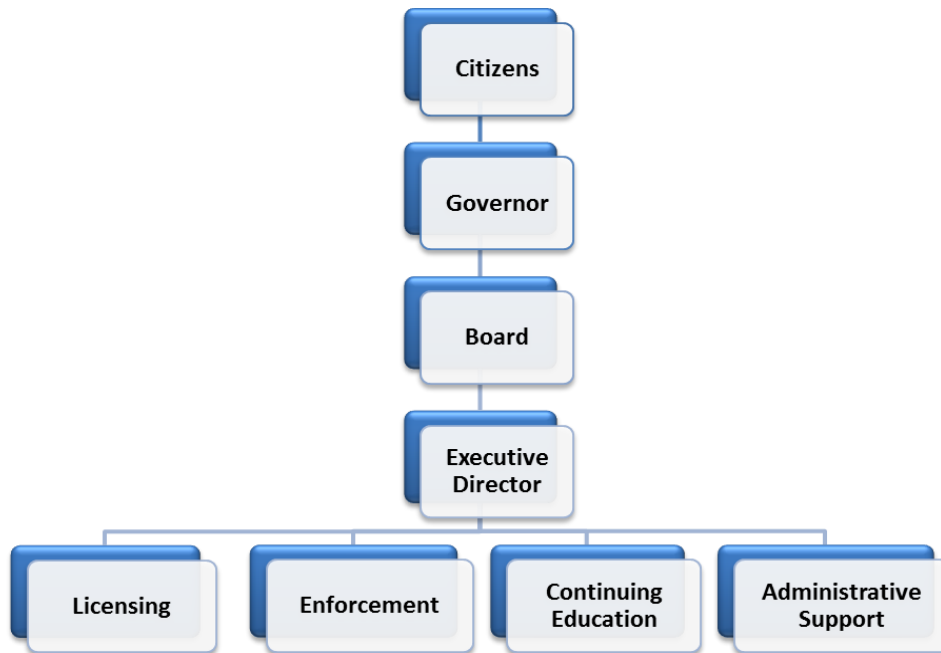
The Agency employs five persons³ (4 - The Board U , but has recently reduced staffing⁴ u - 7 u - position (previously an office supervisory position) to an administrative support/accounting level for the purpose of budgetary considerations.

While the Board members are appointed by the Governor for specific terms, the executive director of the Board is appointed by, and serves at the pleasure of the Board to state the executive director of the Board is the chief administrative officer for the board but is not a member of the board. In sum, the executive director maintains the records of the board, accounts for all fees received and expenditures made, supervises and directs employees servicing the board, performs other services as directed by the board, and essentially implements the policies established by the Board. The executive director is also the chief liaison with other State agencies, the Governor

³ This paragraph submitted in satisfaction of the Advisory Commission; Preliminary Report Requirements Adopted 11/21/2011. Paragraph (3) III

⁴ See M.S. §214.04, Subd. 3.

The Board has 4 additional staff positions which, under the direction of the executive director carry out the essential activities of the Board. The following organizational chart illustrates the staff and their related activities:



Details related to the above graphic include:

- Ø Licensing and registration, including initial and renewals of all licenses. This results in approximately 5,000 licensing/registration transactions per calendar year;
- Ø Complaint resolution and rule promulgation. This position has daily interactions with the Attorney General in the rule-making process, drafts legal documents, and administers the Administrative Rule promulgation process;
- Ø Reception, mail distribution and continuing education. In addition to routing all communications (via mail, and phone), this position registers continuing education accounts for all continuing education program approvals, and monitors well in excess of 60,000 hours of continuing education every year;
- Ø Administrative support and accounting. This position is a direct assistant to the executive director and is responsible for accounting, paying bills, monitoring finances, auditing of financial reports, monitoring supplies, and assisting the executive director in the preparation of analysis and reports such as this one;

It is a tribute to their dedication and skill that such a small staff is able to carry out such complex and numerous regulatory functions. Indeed, the staff is also well cross trained, having taken on the complete functions of other staff in unanticipated instances such as illness or military leave.

Mission

The mission of the Board is to protect the public health through effective licensure and enforcement of the Statutes and Rules governing the practice of chiropractic to ensure a standard of competent and ethical practice that promotes the economic and social welfare by ensuring that chiropractic professionals are qualified and competent, and adhere to established professional and legal standards. The Board achieves this mission

- Ø Ensuring that educational standards for prospective licensees and continuing education for licensees are maintained.
- Ø Licensing qualified individuals so that Minnesotans seeking to use their services will be able to identify those working in the field with the skills necessary to provide services in compliance with Minnesota Statutes and Rules.
- Ø Implementing disciplinary and compliance actions when licensees do not perform in compliance with standards.
- Ø Educating the public health related professions, practitioners, and standards.

The Board seeks to accomplish its regulatory function through service. To this end, the Board:

- Ø Strives to respond to all inquiries within 24 hours
- Ø Provides extraordinary public service through staffing phones during regular business hours. These persons are well trained with respect to their jobs, and at all times attempt to assist the public or licensees with an attitude of public service.
- Ø Maintains an active and robust website with regular updates containing information that affects the public or the profession
- Ø Provides notification to licensees of their status during the renewal periods.

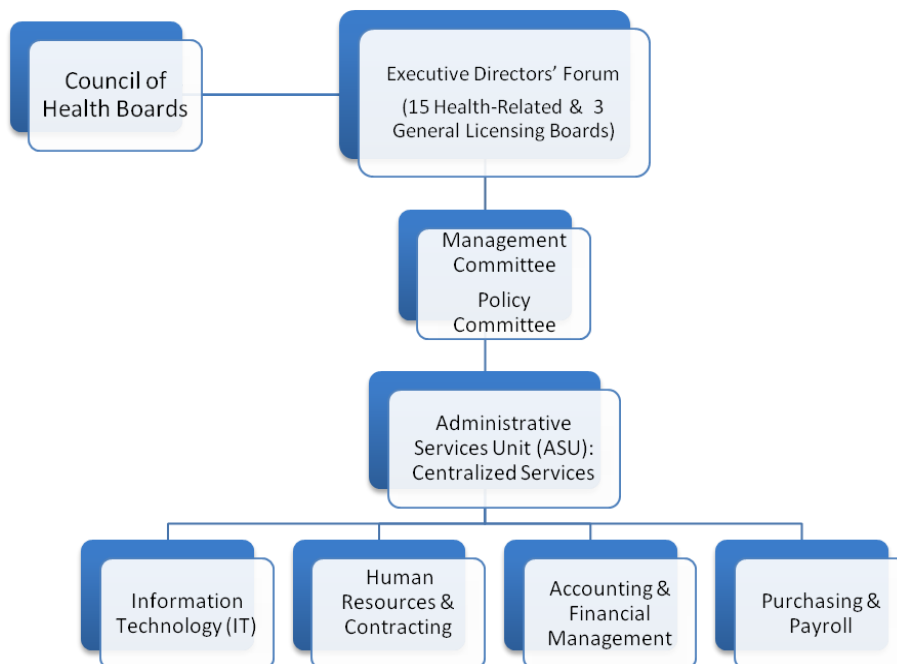
While this section provides a summary of the Board's goals, and objectives have been achieved, the Commission will hopefully appreciate that this is further elaborated upon, particularly in Section II of the Board's Self-Evaluation Report. The Board has met and surpassed its mission and objectives, while constantly striving to establish and improve efficiencies in the face of evolving demands.

Section II. Operations Efficiency and Effectiveness

Minnesota Statutes §D.10 (1) requires the Board to include its collaborative efforts for the purposes of achieving the Board's mission. The Board will take this to include its collaborative efforts for the purposes of achieving the Board's mission.

Administrative Services Unit

The Administrative Services Unit (ASU) (M.S. 214.07) is a unit of the HLB and consists of 7.12 FTE staff members who perform shared administrative and business services for all boards. ASU provides shared service to the Boards in the areas of finance, budgeting, purchasing, reporting, banking, human resources, professional and technical information technology and policy and planning efforts. The ASU is managed through the Executive Director's Forum, and the oversight of ASU is assigned on a rotating basis to one of the health boards; the current ASU oversight Board is the Minnesota Board of Examiners for Nursing Home Administrators. ASU is managed through the Executive Director's Forum. The following graph, illustrates the cooperative relationships described herein.



Management Committee

The Management Committee makes recommendations to the Executive Director on issues

the committee include the following:

- Ø Management of the Administrative Services Unit and review of ASU performance
- Ø Through the Administrative Services Unit administers shared conference rooms and shared equipment, such as copiers
- Ø # collaborative efforts
- Ø Developing recommended policies and procedures for all boards, and reviewing best practices
- Ø Oversight of the Administrative Services Unit

Policy Committee

The functions of policy committee have been to make recommendations to the Executive Director's Forum on issues relating to policy. The responsibilities of the committee included the following:

- Ø Reviewing legislative proposals
- Ø Making recommendations on legislative initiatives affecting all the boards
- Ø Undertaking efforts to make investigative data more readily available to share among health boards

Information Technology Workgroup

Under the auspices of the Executive Director, an Information Technology group has been in operation for several years. This group is responsible for coordination of all technological projects and implementation of technological improvements. The Health Relations Board has developed cooperative IT capabilities. This collaborative will now become part of the state's IT enterprise through the Office of Enterprise Technology. The graphic below provides an overview of the personnel, award winning outcomes, and standard

#	U	O
<ul style="list-style-type: none"> Collaborative financial resources to achieve a combination of developers, data base experts, and security credentialed staff members, including two Certified Information Systems Security Professionals (CISSIP) IT Administrator 	<ul style="list-style-type: none"> HLBs received National Association of State Chief Information Officers (NASCIO) award for its Continuity of Operations Plan (COOP) HLBs received national awards for work performed in IT security and emergency preparedness Minnesota Board of Medical Practice received the Minnesota Government Recognition Award Enforced strict passphrase policy across HLBs since 2006 which exceeds industry standards 	<ul style="list-style-type: none"> Advanced technology infrastructure that integrates storage area network (SAN) devices to centralized secure data storage Segmented internal network traffic and utilization of an active industry leading firewall Advanced technology typically utilized in larger agencies including: server virtualization and clustering, automated computer patching/updating and vulnerability scanning VMware clusters enable HLBs to manage server hardware with no downtime

The Board supports electronic technology to meet the efficient processes for Minnesota licensees. Currently the board is capable of electronic renewal of licenses and registrations as well as the services listed in the table below. The Chiropractic Board was the second agency in the State of Minnesota to launch an online license renewal program (in 1999/2000). This program would allow doctors of chiropractic to renew their license/registrations online. The Board currently experiences a utilization rate that hovers around 90%. Nearly a year ago we have this capacity more placing them many years in advance of the current effort by the Office of Enterprise Technology. The net result of this effort is a substantially increased ease of access for professionals with a commensurate dramatic reduction in the need to hire staff. The board response time to customer inquiries is typically immediate during normal business hours, but generally 2 hours. The Board uses advanced technology to provide interactive usable services to the public. The table below highlights some of the services found in the Board's website. (The Chiropractic Board website can be found at www.mnchiroboard.state.mn.us)⁵

h	O	
" Public recorders and compliance history	" Downloadable forms and applications	" Applications for license renewal
" Board disciplinary and adverse action reports	" Online license and registration renewal	" Submission of documents
" License verification	" Continued competency (CE) tracking	" Online access to the " K examination
" Data requests	" Address changes	" Application status
" Automated license verification for large employers or third party payers	" Secure credit card transactions	
" Automated licensure data with other state agencies	" License verifications for other jurisdictions	
	" Notification of license renewal	
	" E-newsletters	
	" E-mail updates regarding practice standard updates	

⁵ This paragraph submitted in satisfaction of the Advisory Commission: Preliminary Report Requirements Adopted 11/21/2011. Paragraph(s) III

While each Board maintains its autonomy in terms of regulating each profession for which it has its own expertise, the administrative requirements of the Boards are managed through shared activities via the Administrative Services Unit. In addition to sharing such services as previously addressed, the Boards also share certain facilities as they are located in the same building. Accordingly the building has several conference rooms which the Health Boards share and schedule according to a centralized online scheduler. In addition to this, some of the Boards have constructed their own offices as a result of higher volume use. On occasion one Board may utilize a conference room of another Board when such need arises. The Boards have always been very cooperative in allowing the sharing of such facilities.

Cooperative Activities for the Biennium ending June 30, 2010

Although independent state agencies, they cooperate on a number of activities for the purpose of maximizing efficiency. Examples of such cooperation would be:

Administrative Services Unit

As has been described, this is a centralized unit for the purposes of carrying on the common administrative functions of the Board.

Council of Health Boards

The health-related licensing boards may establish a Council of Health Boards consisting of representatives of the health-related licensing boards and the Emergency Medical Services Regulatory Board. When reviewing legislation or legislative proposals relating to the regulation of health occupations, the council shall include the commissioner of health or a designee. (SEE M.S. §214.02 (5) See additional discussion, pg. 56)

During the biennium, legislative requests were made to the Council to review proposed legislation of several emerging professions, and the Council sent the Legislature reports regarding the following:

- Ø Body Artists
- Ø Laboratory Technicians
- Ø Massage Therapists
- Ø Genetic Counselors
- Ø Review of Criminal Sexual Conduct as consideration in denial or revocation of professional license
- Ø Review of Minnesota Chapter 214 for process improvement

Health Professionals Services Program (HPSP)

Each health-related licensing board, including the Emergency Medical Services Regulatory Board under chapter 144E, shall either conduct a health professionals service program under sections 214.31 to 214.37 or a diversion program under section 214.38. [SEE ALSO M.S. § 214.29. 2011]

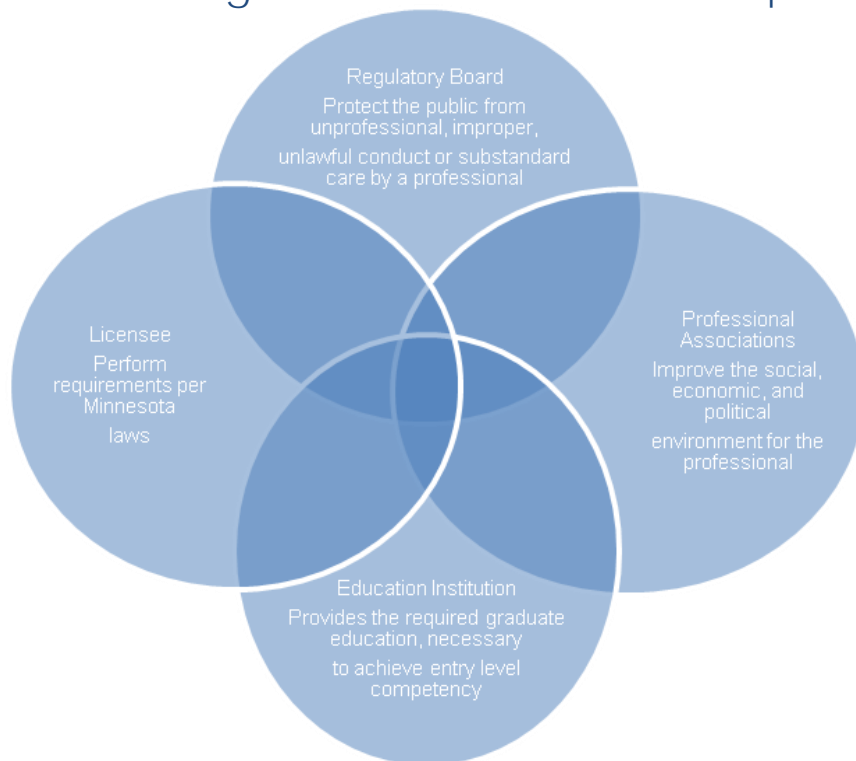
At present, all Health Licensing Boards, the Emergency Medical Services Regulatory Board, and additional professions regulated by the Department of Health participate in the HPSP

Voluntary Health Care Provider Program

Effective July 1, 2002 Minnesota Statutes section 214.40 required the Administrative Services Unit to create procedures to allow volunteer dentists, dental hygienists, physicians, physician assistants and nurses to apply for medical professional liability insurance while volunteering at charitable organizations.

As previously stated, this board acts in a collaborative manner with the Health Related Licensing Boards. However, as illustrated in the following graphic, there are other professional organizations with which the Board must interact to most effectively conduct its regulatory functions.

Organizational Relationships



As one can see from the preceding graphic, there is a triune of professional organizations which will impact the life. In that same manner, while not compelled by these organizations, the Board must be mindful of them as they can, and have, had impacts on the regulatory experience, if in no other manner than by legislative interaction. Accordingly, it seems fitting to include the limitations of each organization.

- Ø Educational Institutions: The educational institutions provide the essential education necessary for the applicant to achieve entry level competency. Once a student graduates, the educational institutions typically have no further jurisdiction over the graduate. Any further interaction with the graduate is purely voluntary (such as receiving continuing education participating with alumni organizations.)
- Ø Professional Associations: Professional associations exist to improve the social, economic, and political environment for the relative professions. They too, rely on voluntary participation and have no regulatory authority over the licensee.
- Ø Regulatory Board: The Board is the only state agency with jurisdiction to provide licensure or impose disciplinary action over the licensee.

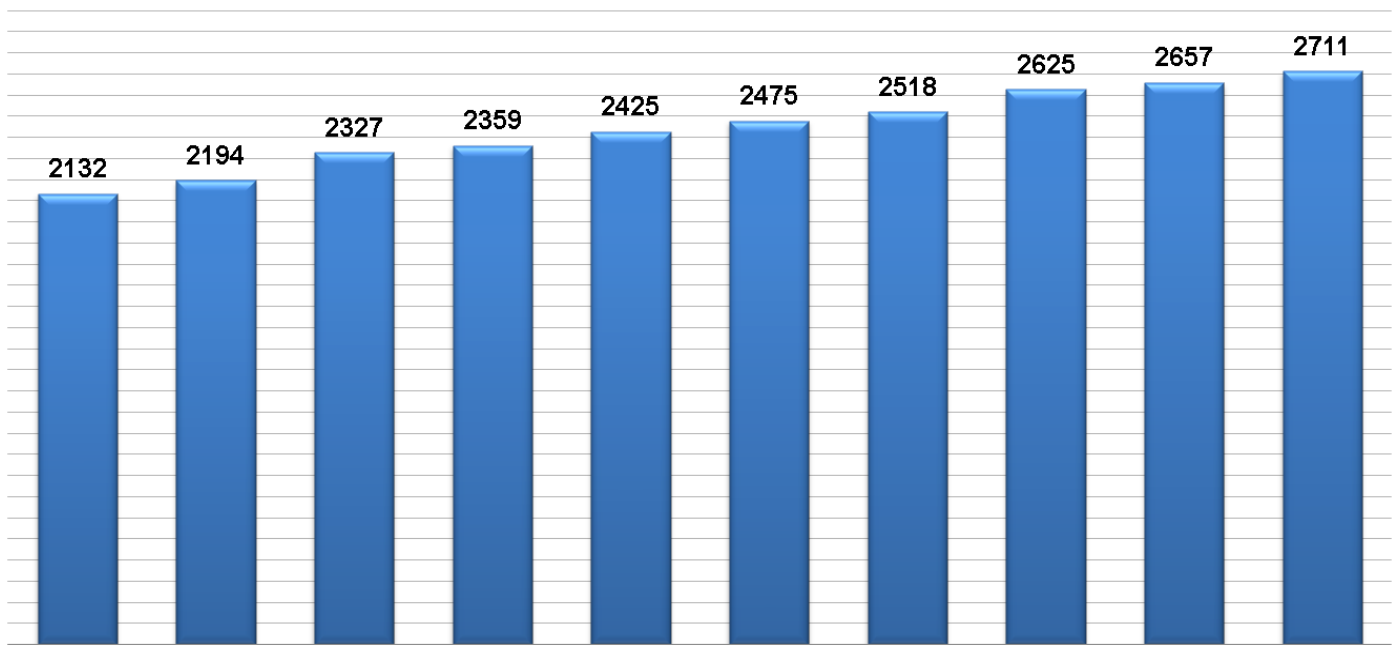
Number of Credentials Issued (All Boards)

- Ø As of June 30, 2010, a total of 252,724 persons were licensed or registered by the Health Licensing Boards.
- Ø A total of 260,158 credentials were issued or renewed during the biennium ending June 30, 2010.

Licensing and Registration

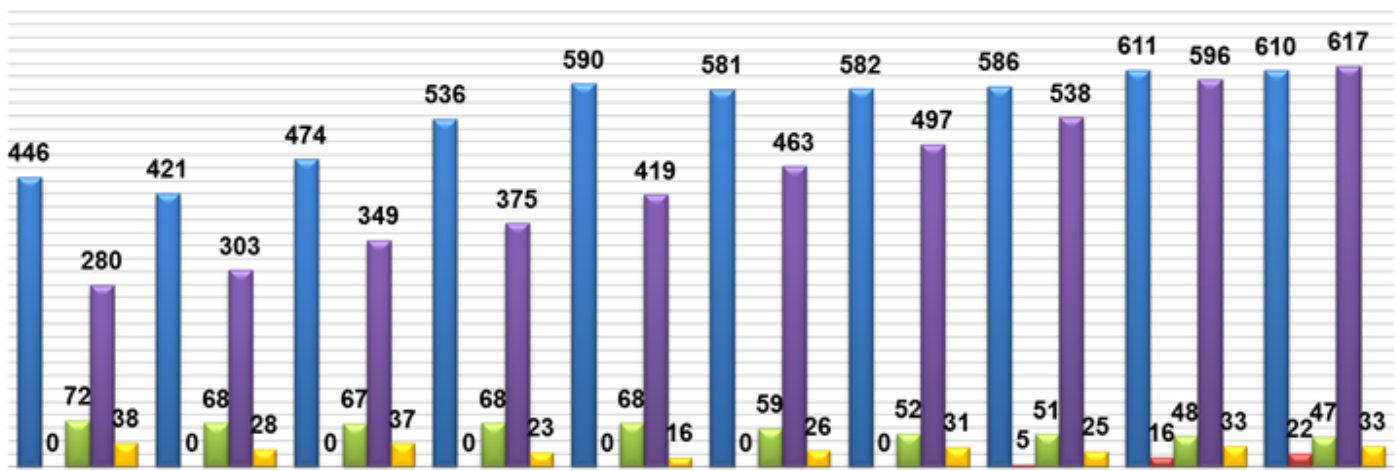
The Chiropractic Board licensed just over 2700 Doctors of Chiropractic and registered an additional 1329 registrants in a calendar year 2010. Over the 10 year period spanning 2001 to 2010 the number of licenses has risen from 2132 in 2001 to 2,711 in calendar year 2010 representing a 27% increase in the number of licenses. Additionally, the number of registrations overall has risen in that same period from 836 to 1329 representing a 58% increase in the number of registrations.

Chiropractic Licenses: Active and Inactive



Licensing Year 2001 Licensing Year 2002 Licensing Year 2003 Licensing Year 2004 Licensing Year 2005 Licensing Year 2006 Licensing Year 2007 Licensing Year 2008 Licensing Year 2009 Licensing Year 2010

Chiropractic Registrations

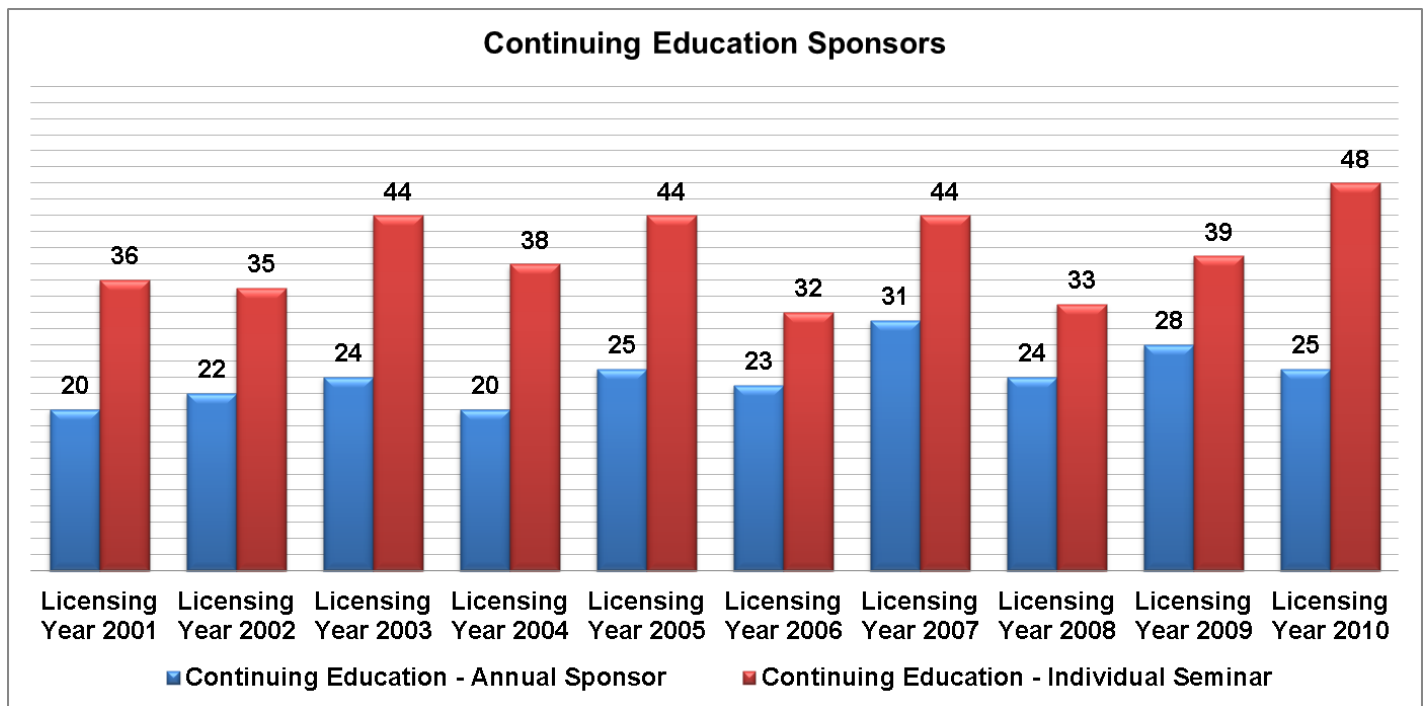


Licensing Year 2001 Licensing Year 2002 Licensing Year 2003 Licensing Year 2004 Licensing Year 2005 Licensing Year 2006 Licensing Year 2007 Licensing Year 2008 Licensing Year 2009 Licensing Year 2010

- Acupuncture Registration
- Animal Chiropractic Registration
- Independent Examiner Registration
- Professional Firms Registration
- Graduate Preceptor Registration

The Board was given authority to register animal chiropractors pursuant to legislation passed in 2008. Animal chiropractors may, after receiving their chiropractic licensure and additional training, apply for an animal chiropractic registration. With this registration they are authorized to provide chiropractic health care services in concurrence with a doctor of veterinary medicine. In 2008, there were five registered animal chiropractors. There are now 26. It is anticipated this practice will garner significant interest in coming years. The preceding chart illustrates that chiropractic acupuncture is gaining additional significant interest. Additional training and successful passage of a National Board of Chiropractic Examiners Acupuncture exam is required to obtain this registration.

The graph below illustrates the numbers of sponsors of continuing education activities of chiropractors during the past decade.



Continuing education (CE) sponsorships occur in two major configurations:

- Ø Annual Sponsors: These sponsors typically represent chiropractic state associations, or other larger entities that provide a greater number of CE programs. An annual sponsorship cost sponsor \$500, whereas an individual program sponsor \$100 to review and approve. Therefore those organizations providing more programs per year are better served purchasing an annual sponsorship. However, these sponsors also take on the added responsibility of reviewing and approving their own programs, with the rules provided by the Board.
- Ø Individual Sponsors: These sponsors pay a \$100 fee for the review and approval of individual programs. Those persons/organizations providing fewer programs are typically better served receiving approval in this manner.

This table illustrates a flatter, more stable sponsorship numbers do not change much over the years. However, there may be a change on the horizon, as the Federation of Chiropractic Licensing Boards has developed a nationalized review program, which would allow a centralized review of CE programs. Such review would allow doctors to take a single program and receive credit in all states in which s/he is licensed, which accept this program. The overall impact is expected to be minimal over the next few years, but with steady growth by the end of the decade.

Section III. Authority for Additional Activities Not Specified in Statute
 Minnesota Statutes) an identification of any activities of the agency in addition to those granted by statute and of the authority for those activities and the extent to which they are needed

Executive Director's Forum

The Executive Director's (ED) Forum consists of the Executive Director and independent board. The Forum meets at least once a month to discuss issues and concerns affecting all boards, and is governed by a standard set of Bylaws. The Forum was created with a goal of working together on matters of common concern, thus increasing the efficiency and effectiveness of each individual board. The Forum establishes committees to develop recommendations for consideration by the Forum. These committees include the Policy Committee and the Management Committee to assess fiscal efficiency, boards review general objectives and promote cooperation among the boards through the Executive Director's Forum. The Forum reviews general objectives, reviews policy, promotes inter cooperation, assesses fiscal efficiency, and eliminates duplication of similar effort. The Executive Director of each independent board meet monthly to collaborate and to address issues of shared concern, including policy development, legislative and technological improvements.

Some of the tasks accomplished through the action of the Executive Director include:

- Ø Virtualization of servers, resulting in substantial savings and greater storage capacity. On behalf of the Executive Director's Forum, a submission was made to the National Association of State Chief Information Officers (NASCIO) for Disaster Recovery Planning Project, which virtualized the Health Licensure Operations Plan (COOP). This project was recognized with a NASCIO award.
- Ø Further technological advances include addition of a Shared Storage Area Network tripling storage capacity of the Boards, and advances toward using technology at Board meetings to reduce reliance on paper documents.
- Ø Participation in cooperative efforts with the Department of Health regarding licensee / registrant investigations (in full compliance with Data Requirements Act), to establish ad hoc Just Culture / Health meetings which coordinate Department of Health investigations and Board investigations. This includes an exchange of information § 214.10.S. Subd. 8 (c). With the help of the Attorney General

sharing memo that permits joint investigations to be conducted among Health Boards and provides for sharing of investigative data.

- Ø Reviewing requirements and limitations pertaining to criminal background checks of applicants, and received updates on proposed legislation from law enforcement entities.
- Ø Standardization of online complaints throughout Health Licensing Boards. Review was undertaken, with cooperation and guidance from Attorney General standard information to complainants at the time of opening a complaint file, as well as standardization of appeal information in closing letters and auspices of a temporarily convened Chapter 214 Work Group.
- Ø Response to surveys regarding IT capacity, security and functionality.
- Ø - " and state requirements.
- Ø Policy committee regularly met to provide coordinated response for Boards regarding legislative initiatives.
- Ø A joint workforce planning report was completed, to prepare for ensuring qualified, competent workforce.
- Ø The ED Forum worked collaboratively in providing information to ensure that credentials of licensed health professionals are quickly available in case of a major emergency, as well as arranging for regular transfers of data between Department and health licensing databases.
- Ø Electronic governmental services were increased and improved, and include expanded information available online and greater interactivity, as well as heavy use by licensees of online renewal services.
- Ø Cooperative improvement by a CCSO (Computer Chief Security Officer) for the purposes of developing an HIVE security platform, utilizing data encryption and other security methods to ensure the highest possible security for the maintenance of confidential data.

Individual board staff and Executive Director participated in numerous organizations regarding health and safety, including:

- Ø Federation of Chiropractic Licensing Boards (an association of chiropractic licensing boards in this country as well as some other countries)
- Ø National Board of Chiropractic Examiners (the preeminent testing organization which examines all or nearly all candidates for Chiropractic licensure across the country).
- Ø Minnesota Alliance for Patient Safety
- Ø National Board of Medical Examiners' Note on Irregular Behavior and Score Validity for the United States Medical Licensing Examination.
- Ø National Association of Boards (NAB) Executive Committee
- Ø State Executive Forum and State Governance Committees of the National Association of Boards
- Ø Future Workforce Analysis Cabinet in Washington, D.C.
- Ø Association of Chiropractic Board Administrators (This author is its former President)
- Ø National Council of State Boards of Nursing Commitment to Ongoing Excellence (CORE) project
- Ø Minnesota Center for Nursing
- Ø Minnesota Alliance for Patient Safety
- Ø Home Care Advisory Group
- Ø)
- Ø Department of Human Services task force on standards
- Ø State Information Security Council
- Ø HPS Program Committee
- Ø Drive to Excellence Licensing Steering Committee
- Ø Drive To Excellence Procurement
- Ø Drive to Excellence Sourcing Communication
- Ø Drive To Excellence MAPS Project
- Ø Continuation of Operations Planning (COOP)

Section IV. Authority related to Fees, Inspections, Enforcement

Minnesota Statute § 148.10(4) requires an assessment of authority of the agency relating to inspections, enforcement

Listed below are all the fees which the Board is authorized to impose along with the Statutory and/or Rule authority for those fees. Previously the Board established fees via the rule promulgation process. Currently all fees must be approved by the Legislature. Its operations for this report, Board of Chiropractic, recognize that its fee structure in various places throughout the State Rule. It is the intention to seek authority through the Legislature to simply move all fees into M.S. § 148.08. The fees listed are a combination of typical licensure / registration fees (initial and renewal), as well as penalty fees for various failures on the part of the licensees.

In the meantime these fees are, and have been, necessary to conduct the operations of the Board. Significantly, license fees have not been raised by this Board since 1998. This Board has made every attempt to engage in the strongest and efficient approaches to creative administration for the purposes of forestalling the need to raise fees. For example, in 1999 this Board launched an online license renewal system. At that time the demand on the agency was so great as a result of the work required to individually process paper payments, combined with the increased number of license renewals being managed at the time, the Board was compelled to consider the hiring of additional staff. With the launch of the online license system, adding to the staff complement was forestalled for many years. (In fact, no staff has been hired to date, and currently no such hiring is under consideration.)

occurred during a financially challenging period for the Board. During this same period, Health Related Licensure Board was authorized by the Legislature and startup operations were undertaken in the same building that houses the Board of Chiropractic and the other Health Related Boards. Accordingly, the Executive Director of the Board of Chiropractic and one of his staff took the lead in helping the Board get established, dedicating some of their time to assist in the startup of the agency. This reduced some of the financial demand on the Chiropractic Board through salary sharing. Although this Board has successfully focused on budgetary efficiency, it can not be ignored that the agency continues to manage

⁶ The Board of Behavioral Health and Therapy (BBHT.) At its inception, a Board was appointed, but there was no administrative infrastructure. This author had the administrative expertise necessary to run the agency. Such an offer was made and accepted by the BBHT, lasting for a period of about 6 months.

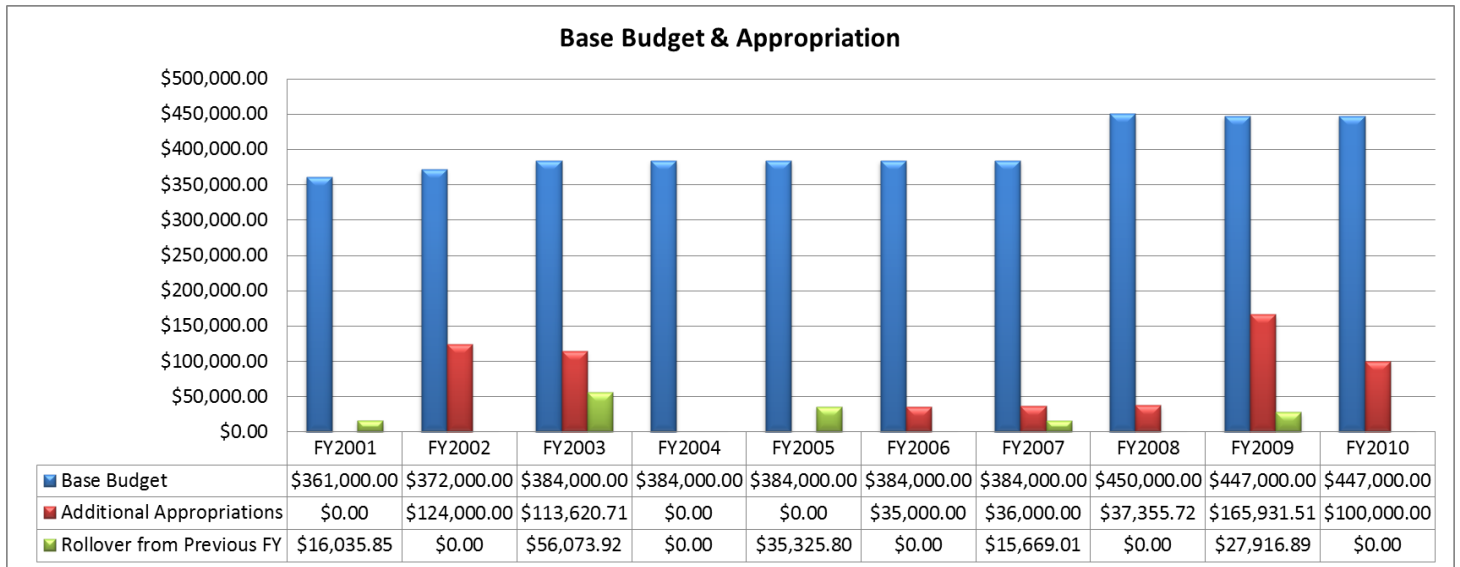
its operations in an atmosphere of continually rising costs salaries, rent, supplies, and other basic administrative needs. Couple this with the several balances for uses other than pro-act regulation, and the Board continues to operate in a challenging fiscal environment.

TITLE OF FEE	AMOUNT	AUTHORITIES
ACTIVE LICENSE RENEWAL/ ACTIVE FEE	\$200.00	M.S. § 148.07; Minn.R. 2500.1100 subpart 2
ACUPU CREDIT CARD CLEARING	\$1.50	M.S. § 16A.626
ACUPUNCTURE FEE	\$100.00	Minn.R. 2500.3000 subp. 2
ACUPUNCTURE INACTIVE RENEWAL	\$25.00	M.S. § 148.108, Subd. 2; Minn.R. 2500.3300
ACUPUNCTURE REINSTATEMENT	\$100.00	M.S. § 148.108, Subd. 3; Minn.R. 2500.3300
ACUPUNCTURE RENEWAL	\$50.00	Minn.R. 2500.3000, Subd. 2
APPLICANT TRANSFER	\$250.00	M.S. § 148.06; M.S. § 148.05; Minn.R. 2500.10
BOARD ORDERS	\$10.00	Minn.R. 2500.1150(C)
CE PENALTY	\$900.00	Minn.R. 2500.1800; Minn.R. 2500.1100
COPIES	\$7.50*	Minn.R. 2500.1150(F)
DC ACTIVE CREDIT CARD CLEARING	\$1.50	M.S. § 16A.626
DC INACTIVE CREDIT CARD CLEARING	\$1.50	M.S. § 16A.626
DISCIPLINARY FEE	\$100.00*	M.S. § 148.10, Subd. 3(3)
DUPLICATE LICENSE WALL CERTIFICATE FEE	\$10.00	Minn.R. 2500.1150(E)
FIRM CREDIT CARD CLEARING	\$1.50	M.S. § 16A.626
FOREIGN FIRM CREDIT CARD CLEARING	\$1.50	M.S. § 16A.626
IE FEE	\$150.00	Minn.R. 2500.1150(G)
IE RENEWAL	\$100.00	Minn.R. 2500.1150(H)
INACTIVE LICENSE RENEWAL/ INACTIVE FEE	\$150.00	Minn.R. 2500.2030
INACTIVE REINSTATE	\$100.00	Minn.R. 2500.2040
INDEP CREDIT CARD CLEARING	\$1.50	M.S. § 16A.626
LATE FEE	\$150.00*	M.S. § 148.07; Minn.R. 2500.1100 subpart 3
LAWBOOKS	\$10.00	
LETTER OF STANDING LICENSE VERIFICATION	\$10.00	2500.1150(D)
LISTS COMPLETE	\$100.00	Minn.R. 2500.1150(J)
LISTS PARTIAL	\$10.00	Minn.R. 2500.1150(J)
MAILING LABELS COMPLETE	\$150.00	Minn.R. 2500.1150(K)
MAILING LABELS PARTIAL	\$15.00	Minn.R. 2500.1150(K)
MISCELLANEOUS	\$0.00	Minn.R. 2500.1150(E)
OET SURCHARGE ACTIVE	\$20.00	M.S. § 16E.22
OET SURCHARGE APPLICANT	\$25.00	M.S. § 16E.22
OET SURCHARGE INACTIVE	\$15.00	M.S. § 16E.22
OET SURCHARGE MISC	\$0.00	M.S. § 16E.22
PRECEPTORSHIP FEE	\$100.00	Minn.R. 2500.2515, subpart 3
PRIOR LATE FEE	\$300.00*	M.S. § 148.07; Minn.R. 2500.1100 subpart 3
PRIOR RENEWAL	\$200.00	M.S. § 148.07; Minn.R. 2500.1900
REGRADE FEE	\$30.00	Minn.R. 2500.0750; Minn.R. 2500.1150(B)
SEMINAR FEE	\$100.00	Minn.R. 2500.1410(A)
SPONSORSHIP FEE	\$500.00	Minn.R. 2500.1410(A)
VOL RETIRED REINSTATE	\$100.00	Minn.R. 2500.2110

*These amounts are variable as an operation of law, and are contingent on prevailing circumstances. For example, the late fee and prior late fee are assessed as \$150.00 per month or portion thereof, and charges may be assessed on a per page basis.

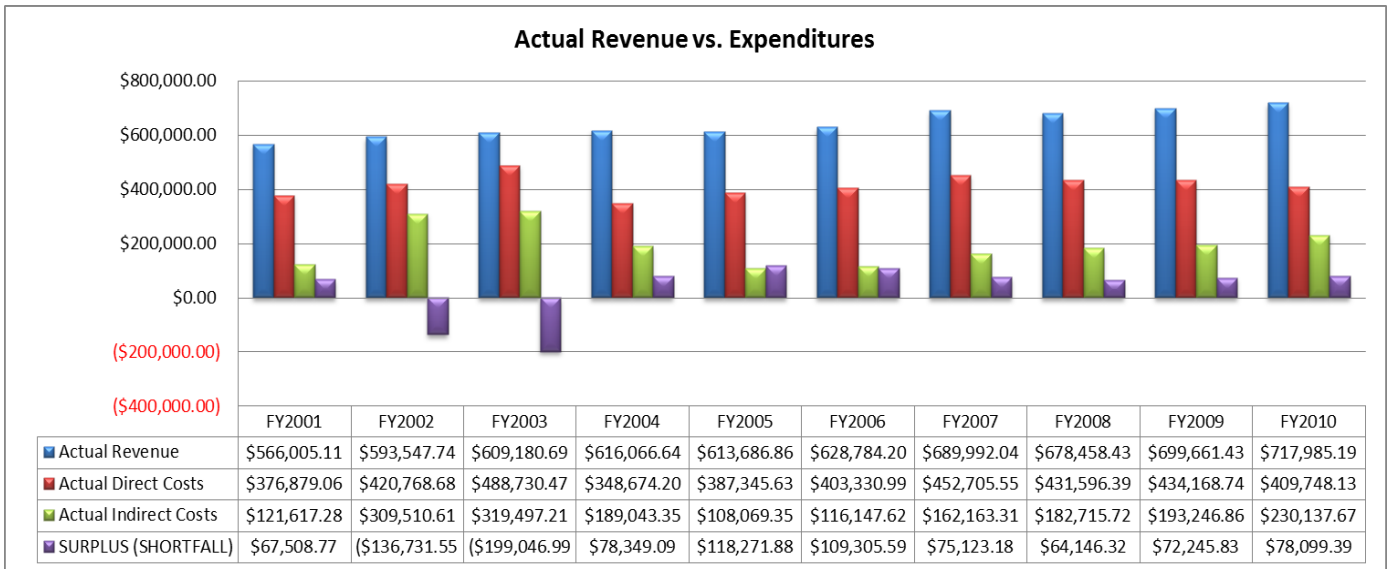
Budgetary Information

The table below illustrates the annual base budget appropriation for the fiscal period 2001 through 2011. The reader will observe that the period from FY 2001 through FY 2007, including FY 2007, remained relatively flat in terms of the appropriation provided by the Legislature.



The Commission may note that each odd numbered year shows an appropriated amount that is derived from the first year in the biennium representing those funds in the first year of the triennium which were not spent. The Commission's budgetary appropriation is influenced from two primary influences: 1) unusually high legal costs occurring as a result of contested proceedings; or 2) upgrading of technological infrastructure, such as purchase of new computer hardware or software upgrades to maintain current functionality. (An example of this was when the state converted the online payment system vendors from EZGov to US Bank. This conversion required writing of computer scripts to become compatible with the Banking system.)

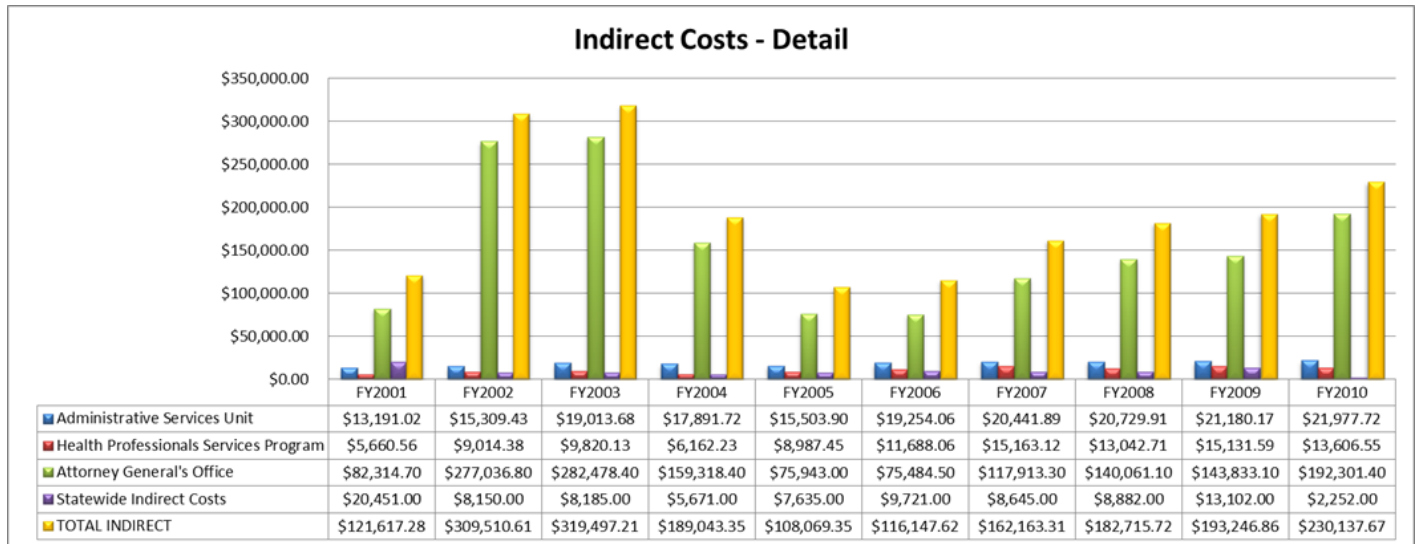
The next table illustrates the annual receipts, the annual direct expenditures, and annual indirect costs of this Board for the 10 year period 2000⁷. Consistent with the above graphic, there were years where expenditures appear higher than normal due to periodic purchases of computers (mentioned above, and about a 5 year schedule) and in some cases are the result of substantial legal losses. While this will be discussed in more detail later, cases which proceed to contested hearings can, and have, resulted in costs of \$100,000-\$200,000. Since it is impossible to predict when such an event will occur, the Board attempts to create an operating reserve for just such contingencies. In the last 10 years the Board has experienced two shortfalls resulting largely from substantial legal losses. This chart does not reflect the additional impact resulting from Legislative sweeps which will be described shortly.



⁷ This information submitted in satisfaction of the Advisory Commission; Preliminary Report Requirements Adopted 11/21/2011. Paragraph(s) III

Expenditures for Agency Services

The preceding table shows a line for actual expenditures paid to other state agencies for providing services to the Board. The table following will detail these expenditures



The highest costs illustrated in this chart relates to the Attorney General (which is the greatest contributor to indirect costs). This is especially notable in Fiscal Years 2002-2003. The Attorney General's costs are somewhat self-explanatory. Such expenditures result from previously referenced extraordinary legal costs, generally related to contested proceedings (to be described later in Section VII). These costs cannot be fully anticipated with any degree of accuracy, as the Board cannot know in advance when acquiring extensive legal resources will suddenly arise. As also previously stated, this is the very reason for maintaining a reserve fund.

From the preceding graphs, the Commission may conclude that the Board has experienced two shortfalls in the last ten years. However, the Board has actually experienced three such shortfalls. A review of the following table is instructive, the first shortfall was not impacted by a sweep, the second shortfall was severely exacerbated by a sweep, the third shortfall was fully caused by a sweep.

Although not observable from the data, there has been a significant increase in the utilization of expenditures related to enforcement, particularly over the last 10 years, as compared with the previous 10 years. This derives from several intersecting factors:

- Ø There is a substantial increase in the competition for the health care. This includes a significant increase in the denial of benefits or reduction of payments services provided by health plans while at the same time the cost of running such practices continues to increase. The net result is that doctors may at times, make poor choices which may be based more on financial need than on proper clinical judgment.
- Ø At times, the denial of benefits and subsequent review results in third party payers requesting a reimbursement for previously paid, funds while at the same time filing complaints.
- Ø Additionally, filing complaints with the regulatory Board results in third party payers being able to delay payment to the provider until the case is resolved with the Board. While many of these cases are dismissed for lack of evidence, nevertheless, there is almost always conducting a review investigation.

