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SUNSET COMMISSION: HEALTH LICENSING BOARDS SECTION 31 – FEES

Administrative Services Unit – Health Licensing Boards
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In compliance with Minn. Stat. § 3.197, this report cost approximately \$2,432.74 to prepare.

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I. Legislative charge and background

Pursuant to the Sunset Commission legislative mandates, each health-related licensing board, as defined in section 214.01, subdivision 2, is required to report to the legislature “on the degree to which fees imposed comply with Minnesota Statutes, sections 214.055 and 214.06.”¹ The legislation also states that “[i]f a board determines that its fees are expected to produce more revenue than needed to recover expenditures during a five-year period, the board must propose reductions in those fees according to section 16A.1283.”²

Minnesota Statutes section 214.01, subd. 2, defines the “health licensing boards” as including the Boards of Nursing Home Administrators, Medical Practice, Nursing, Chiropractic Examiners, Optometry, Physical Therapy, Psychology, Social Work, Marriage and Family Therapy, Behavioral Health and Therapy, Dietetics and Nutrition, Dentistry, Pharmacy, Podiatric Medicine, and Veterinary Medicine (collectively “the Boards”).³

The Boards submit this report through the Administrative Services Unit (“ASU”), the Boards’ shared business unit.

II. Legislation

Minn. Stat. § 214.055 states, “A health-related licensing board that is created on or after September 1, 1995, must establish a fee structure which fully recovers its expenditures during a five-year period.” Minn. Stat. § 214.055 (2012).

Minn. Stat. § 214.06, subd. 1, sets forth the following mandates for the Boards’ fee structures, revenues and expenditures, and accumulated balances:

¹ LAWS OF MINNESOTA 2012, CHAPTER 278, Article 2, Section 31 [REPORT; HEALTH RELATED LICENSING BOARD FEES].

² Id.

³ Although the Office of Unlicensed Complementary and Alternative Care Practice (“OCAP”) is defined as a health licensing board under Minn. Stat. § 214.01, subd., OCAP was created within the Minnesota Department of Health (“MDH”) as a consumer protection activity. OCAP does not license practitioners and is not a board. Because it is housed in MDH, the fees information sought by the Sunset Commission legislation is under MDH’s control.

- In accordance with Minn. Stat. § 16A.1283, fees “shall be an amount sufficient so that the total fees collected by each board will be based on anticipated expenditures,” including expenditures for the programs authorized in section 214. Minn. Stat. § 214.06, subd. 1 (2012).
- A health-related licensing board may, however, “have anticipated expenditures in excess of anticipated revenues in a biennium by using accumulated surplus revenues from fees collected by that board in previous bienniums.” Id.
- “A health-related licensing board may accumulate up to one year of operating funds, and then shall propose a fee reduction according section 16A.1283.” Id.⁴
- “A health-related licensing board shall not spend more money than the amount appropriated by the legislature for the biennium.” Id.

Minn. Stat. § 214.06, subd. 1a, goes on to require that fees received by the Boards “must be credited to the health occupations licensing account in the state government special revenue fund” and that the “fees collected must be used only by the boards identified in section 214.01, subdivision 2, and only for the purposes of the programs they administer.” Minn. Stat. § 214.06, subd. 1a (2012). The legislature provides an exception to the mandates for surcharges, which are required to be paid as a separate assessment by the individuals regulated by the board and not included as part of a fee increase. Minn. Stat. §214.06, subd. 1b (2012).

III. Boards’ Compliance with Legislative Mandates on Fees

All the Boards have been in existence more than five years, so Minn. Stat. § 214.055’s mandate of expenditure recovery within the first five years is no longer timely.

The Boards’ remaining legislative mandates with respect to fees can be summarized as follows: (1) fees must be sufficient so that the total fees collected will cover the board’s anticipated expenditures; (2) the board may have anticipated expenditures greater than anticipated revenues in a biennium by using accumulated

⁴ Minn. Stat. §16A.1283 states that the Boards, and all other executive agencies, “may not impose a new fee or increase an existing fee unless the new fee or increase is approved by law.” Minn. Stat. § 16A.1283(a) (2012). The section also defines fees to include “any charge for goods, services, regulation, or licensure and ... charges for admission to or for use of public facilities owned by the state.” Id.

surplus revenues from fees collected in previous bienniums; (3) the board may accumulate up to one year of operating funds; and (4) the board may not spend more than the amount the legislature appropriated to the board.

Although the boards operate as individual entities for many purposes, the Boards use positive accumulated balances from one board to offset negative accumulated balances for other boards.

Moreover, individual Boards have, on occasion, received authorization from the legislature to use Board funds that have accumulated in the special revenue fund for one-time expenses, such as technological upgrades or contested cases that are anticipated to be unusually costly. For example, in FY 2006-07, the Minnesota Board of Medical Practice received a \$1,000,000 appropriation to fund a contested case against Fatih Uckun, M.D., the Parker Hughes Cancer Center physician and founder. In FY 2008-09, the Minnesota Board of Medical Practice received a \$650,000 appropriation to fund a technology project. Also in FY 2008-08, the Minnesota Board of Veterinary Medicine received a \$70,000 appropriation to fund extraordinary legal costs incurred due to contested cases. In FY 2012-13, the Administrative Services Unit received a \$1,861,000 one-time appropriation to fund a shared disciplinary, regulatory, licensing, and information management system.

The Boards have also contributed to the general fund. In FY 2004-05, FY 2008-09, and FY 2010-11, the Boards transferred a total of \$16,290,000 to the general fund.

In the charts below, FY2013 has higher anticipated expenditures than most of the other FYs depicted. FY2013 includes funds not spent in FY 2012 that carried to FY 2013 for available spending. The \$1,861,000 appropriation to the Administrative Services Unit for the shared disciplinary, regulatory, licensing and information management system is reflected in each of the boards' FY 2013 expenditures on a pro rata basis. At this time, it is not known if the legislature will authorize the Boards to move forward with the shared disciplinary, regulatory, licensing and information management system. If the legislature does not provide such authority and the funds are not spent at the end of FY 2013, the funds will cancel back to the Boards' accumulated balance account of the special revenue fund.

Total Boards

	Anticipated revenues	Anticipated expenditures	Anticipated revenues less anticipated expenditures	Accumulated balance
2012	18,930,439	14,582,537	4,347,902	14,435,736
2013	19,522,316	24,039,484	(4,517,168)	10,491,568
2014	19,490,466	18,810,500	679,966	11,171,534
2015	19,619,089	18,825,500	793,589	11,965,123
2016	19,683,001	18,830,500	852,501	12,817,624
2017	19,905,245	18,830,500	1,074,745	13,892,369

For each of the above years except 2013, the Boards' total fees are sufficient to meet anticipated expenditures. In 2013, the Boards will rely on funds in their accumulated balance account of the special revenue fund to meet the anticipated expenditures in excess of the anticipated revenues. In each of the above years, the total balance in the accumulated balance account is less than one year of total operating expenditures. Moreover, the Boards anticipate a collective \$200,000 per year expenditure for 2012, 2013, 2014, 2015, 2016, and 2017 for legal costs, which will need to be paid out of the total accumulated balances for each of those years set forth above.

The Boards are in compliance with Minn. Stat. § 214.06.

Board of Medical Practice

	Anticipated revenues	Anticipated expenditures	Anticipated revenues less anticipated expenditures	Accumulated balance
2012	4,646,066	3,512,974	1,133,091	5,152,638
2013	5,074,610	6,771,208	(1,696,598)	3,299,039
2014	5,171,947	4,508,000	663,947	3,962,987
2015	5,270,267	4,508,000	762,267	4,725,254
2016	5,369,130	4,508,000	861,130	5,586,384
2017	5,468,599	4,508,000	960,599	6,546,983

For each of the above years except 2013, the Board of Medical Practice's fees are sufficient to cover anticipated expenditures. In 2013, the Board of Medical Practice will rely on funds in its accumulated balance account of the special revenue fund to meet the anticipated \$1,696,598 shortfall.

In 2013 and 2014, the total balance in the accumulated balance account is less than one year of total operating expenditures. In 2012, 2015, 2016, and 2017, the total balance in the accumulated balance account is slightly greater than one year of total operating expenditures. The excess over operating expenses will be used to offset other boards' anticipated losses and negative accumulated balances, as set forth below.

The Board of Medical Practice is in compliance with Minn. Stat. § 214.06.

Board of Nursing

	Anticipated revenues	Anticipated expenditures	Anticipated revenues less anticipated expenditures	Accumulated balance
2012	5,063,079	3,904,224	1,158,855	5,409,424
2013	5,091,000	6,242,423	(1,151,423)	4,258,000
2014	4,994,000	5,063,000	(69,000)	4,189,000
2015	4,909,000	5,063,000	(154,000)	4,035,000
2016	4,725,000	5,063,000	(268,000)	3,767,000
2017	4,816,000	5,063,000	(247,000)	3,520,000

In 2012, the Board of Nursing's fees are sufficient to cover anticipated expenses. In 2013 to 2017, the Board of Nursing will rely on funds in its accumulated balance account of the special revenue fund to meet the anticipated shortfalls.

In 2012, the total balance in the accumulated balance account is greater than one year of total operating expenses for that year. Nevertheless, the Board of Nursing projects a spend-down of the accumulated balance for years 2013 through 2017. As a result in 2013 through 2017, the accumulated balance is less than one year of total operating expenses.

The Board of Nursing is in compliance with Minn. Stat. § 214.06.

Board of Pharmacy

	Anticipated revenues	Anticipated expenditures	Anticipated revenues less anticipated expenditures	Accumulated balance
2012	2,189,045	1,651,424	537,622	877,970
2013	2,176,643	2,923,314	(746,672)	131,298
2014	2,176,643	2,325,000	(148,358)	(17,059)
2015	2,176,643	2,325,000	(148,358)	(165,417)
2016	2,176,643	2,330,000	(153,358)	(318,774)
2017	2,176,643	2,330,000	(153,358)	(472,132)

In 2012, the Board of Pharmacy's fees are sufficient to cover anticipated expenditures. In 2013 and 2014, the Board of Pharmacy will rely on funds in its accumulated balance account of the special revenue fund to meet the anticipated shortfalls. The Board of Pharmacy anticipates that funds in the anticipated expenditures for 2013 will not be spent and, therefore, these unspent funds will reduce expenditures and cancel back to the accumulated balance account of the special revenue fund.

In 2014 through 2017, the Board of Pharmacy may rely on the cancelled-back funds to meet the anticipated shortfalls. The Board of Pharmacy plans to re-evaluate fees during its FY 2015-16 budget. If the Board is unable to meet anticipated shortfalls after the cancelled-back funds and before any potential fee increase, the Board of Pharmacy may rely on other boards' accumulated funds to meet a short-term shortfall.

The Board of Pharmacy is in compliance with Minn. Stat. §214.06.

Board of Dentistry

	Anticipated revenues	Anticipated expenditures	Anticipated revenues less anticipated expenditures	Accumulated balance
2012	1,443,142	1,395,669	47,473	53,151
2013	1,618,472	1,754,151	(135,680)	47,471
2014	1,667,805	1,584,000	83,804	131,275

2015	1,734,537	1,584,000	150,537	281,812
2016	1,793,710	1,584,000	209,710	491,522
2017	1,862,682	1,584,000	278,682	770,204

In 2012, 2014, 2015, 2016, and 2017, the Board of Dentistry's anticipated revenues exceed its anticipated expenditures. In 2013, the Board of Dentistry will rely on funds in its accumulated balance account of the special revenue fund to meet the shortfall. For every year set forth above, the Board of Dentistry will maintain an accumulated balance of less than one year's operating expenses.

The Board of Dentistry is in compliance with Minn. Stat. § 214.06.

Board of Chiropractic Examiners

	Anticipated revenues	Anticipated expenditures	Anticipated revenues less anticipated expenditures	Accumulated balance
2012	800,469	550,424	250,045	473,380
2013	824,608	764,183	60,425	533,806
2014	849,258	682,000	167,258	701,063
2015	874,359	682,000	192,359	893,422
2016	900,110	682,000	218,110	1,111,532
2017	926,513	682,000	244,513	1,356,044

In each of the years listed above, the Board of Chiropractic Examiners' anticipated revenues exceed its anticipated expenditures. For years 2012 through 2014, the Board of Chiropractic Examiners will maintain a balance in its accumulated balance account of the special revenue fund that is less than one year's operating expenses.

In 2015 through 2017, the Board of Chiropractic Examiners will maintain a balance in its accumulated balance account greater than one year's operating expenses, but the excess over operating expenses will be used to offset other boards' anticipated losses and negative accumulated balances, as set forth below and above.

The Board of Chiropractic Examiners is in compliance with Minn. Stat. § 214.06.

Board of Optometry

	Anticipated revenues	Anticipated expenditures	Anticipated revenues less anticipated expenditures	Accumulated balance
2012	125,813	109,528	16,285	87,600
2013	119,709	167,794	(48,085)	39,515
2014	119,274	139,000	(19,726)	19,789
2015	119,274	139,000	(19,726)	63
2016	119,274	139,000	(19,726)	(19,663)
2017	119,274	139,000	(19,726)	(39,389)

In 2012, the Board of Optometry's anticipated revenues exceed its anticipated expenditures. In 2013 through 2017, however, the anticipated revenues are less than anticipated expenditures. During 2013 through 2015, the Board of Optometry will rely on its accumulated balance account in the special revenue fund to meet the shortfall. Moreover, the Board of Optometry anticipates that funds in the anticipated expenditures for 2013 will not be spent, and, therefore, these unspent funds will reduce expenditures and cancel back to the accumulated balance account of the special revenue fund.

In 2016 and 2017, the Board of Optometry may rely on the cancelled-back funds to meet the anticipated shortfalls. The Board of Optometry plans to re-evaluate fees during the FY 2015-16 budget. If the Board is unable to meet anticipated shortfalls after the cancelled-back funds and before any potential fee increase, the Board of Optometry may rely on other boards' accumulated funds to meet a short-term shortfall.

The Board of Optometry is in compliance with Minn. Stat. §214.06.

Board of Nursing Home Administrators

	Anticipated revenues	Anticipated expenditures	Anticipated revenues less anticipated expenditures	Accumulated balance
2012	196,590	138,263	58,327	140,640

2013	196,000	392,924	(196,924)	(56,284)
2014	196,000	239,000	(43,000)	(99,284)
2015	194,560	239,000	(44,440)	(143,724)
2016	194,560	239,000	(44,440)	(188,164)
2017	194,710	239,000	(44,290)	(232,454)

For 2012, the Board of Nursing Home Administrators' anticipated revenues exceed its anticipated expenditures. In 2013 through 2017, however, the anticipated revenues are less than anticipated expenditures. During 2013, the Board of Nursing Home Administrator will rely on its accumulated balance account in the special revenue fund to partially meet the shortfall. Moreover, the Board of Nursing Home Administrators anticipates that funds in the anticipated expenditures for 2013 will not be spent, and, therefore, these unspent funds will reduce expenditures and cancel back to the accumulated balance account of the special revenue fund.

In 2013 through 2017, the Board of Nursing Home Administrators may rely on the cancelled-back funds to meet the anticipated shortfalls. The Board of Nursing Home Administrators plans to re-evaluate fees during the FY 2015-16 budget. If the Board is unable to meet anticipated shortfalls after the cancelled-back funds and before any potential fee increase, the Board of Nursing Home Administrators may rely on other boards' accumulated funds to meet a short-term shortfall.

The Board of Nursing Home Administrators is in compliance with Minn. Stat. §214.06.

Board of Social Work

	Anticipated revenues	Anticipated expenditures	Anticipated revenues less anticipated expenditures	Accumulated balance
2012	1,022,505	1,044,230	(21,725)	637,498
2013	1,031,000	1,509,747	(278,747)	158,751
2014	1,041,000	1,306,000	(265,000)	(106,249)
2015	1,051,000	1,306,000	(255,000)	(361,249)
2016	1,036,000	1,306,000	(270,000)	(631,249)
2017	1,042,000	1,306,000	(264,000)	(895,249)

From 2012 through 2017, the Board of Social Work projects it will not collect sufficient anticipated revenues to meet the anticipated expenditures. However, legislation enacted in 2012 to modify current licensing exemptions will result in increased numbers of applicants and licensees and increased revenues, beginning January 1, 2013. In 2012 through 2014, the Board of Social Work will rely on its accumulated balance account in the special revenue fund to meet the shortfall. Moreover, the Board of Social Work anticipates that funds in the anticipated expenditures for 2013 will not be spent, and, therefore, these unspent funds will reduce expenditures and cancel back to the accumulated balance account of the special revenue fund.

In 2015 through 2017, the Board of Social Work may rely on the cancelled-back funds to meet the anticipated shortfalls. The Board of Social Work plans to re-evaluate fees during the FY 2015-16 budget. If the Board is unable to meet anticipated shortfalls after the cancelled-back funds and before any potential fee increase, the Board of Social Work may rely on other boards' accumulated funds to meet a short-term shortfall.

The Board of Social Work is in compliance with Minn. Stat. § 214.06.

Board of Marriage and Family Therapy

	Anticipated revenues	Anticipated expenditures	Anticipated revenues less anticipated expenditures	Accumulated balance
2012	298,340	215,596	82,744	332,564
2013	304,345	284,046	20,299	352,863
2014	312,345	243,000	69,345	422,208
2015	318,345	243,000	75,345	497,553
2016	318,345	243,000	75,345	572,898
2017	318,345	243,000	75,345	648,243

For 2012 through 2017, the Board of Marriage and Family will collect anticipated revenues in excess of anticipated expenditures. For 2012 through 2017, the Board of Marriage and Family Therapy's accumulated balance in the special revenue fund will exceed one year's operating expenses. The excess over operating expenses will be used to offset other boards' anticipated losses and negative accumulated balances, as set forth below.

The Board of Marriage and Family Therapy is in compliance with Minn. Stat. § 214.06.

Board of Podiatric Medicine

	Anticipated revenues	Anticipated expenditures	Anticipated revenues less anticipated expenditures	Accumulated balance
2012	110,185	73,046	37,139	89,942
2013	86,000	129,278	(43,278)	46,665
2014	99,250	106,000	(6,750)	39,915
2015	89,250	106,000	(16,750)	23,165
2016	99,250	106,000	(6,750)	16,415
2017	89,250	106,000	(16,750)	(335)

In 2012, the Board of Podiatric Medicine will collect anticipated revenues in excess of anticipated expenditures. From 2013 through 2017, the Board of Podiatric Medicine will not collect sufficient anticipated revenues to meet the anticipated expenditures. From 2012 through 2017, the Board of Podiatric Medicine will rely on its accumulated balance account in the special revenue fund to meet the shortfall. Moreover, the Board of Podiatric Medicine anticipates that funds in the anticipated expenditures for 2013 will not be spent and, therefore, these unspent funds will reduce expenditures and cancel back to the accumulated balance account of the special revenue fund. In 2017, the Board of Podiatric Medicine may also rely on these cancelled-back funds to meet any shortfall.

The Board of Podiatric Medicine is in compliance with Minn. Stat. § 214.06.

Board of Veterinary Medicine

	Anticipated revenues	Anticipated expenditures	Anticipated revenues less anticipated expenditures	Accumulated balance
2012	241,215	240,804	411	252,913
2013	340,000	416,261	(76,261)	176,653
2014	344,500	333,500	11,000	187,653

2015	348,500	333,500	15,000	202,653
2016	352,500	333,500	19,000	221,653
2017	356,500	333,500	23,000	244,653

In 2012, 2014, 2015, 2016, and 2017, the Board of Veterinary Medicine will collect anticipated revenues in excess of anticipated expenditures. In 2013, the Board of Veterinary Medicine will not collect sufficient anticipated revenues to meet anticipated expenditures, however, the Board of Veterinary Medicine will rely on its accumulated balance in the special revenue fund to meet the shortfall. From 2013 through 2017, the Board of Veterinary Medicine will maintain a balance in its accumulated balance account of the special revenue fund that is less than one year's operating expenses.

The Board of Veterinary Medicine is in compliance with Minn. Stat. § 214.06.

Board of Dietetics & Nutrition Practice

	Anticipated revenues	Anticipated expenditures	Anticipated revenues less anticipated expenditures	Accumulated balance
2012	91,868	69,194	22,673	127,913
2013	86,535	196,001	(109,466)	17,881
2014	86,535	138,000	(51,465)	(33,584)
2015	86,535	138,000	(51,465)	(85,049)
2016	86,535	138,000	(51,465)	(136,514)
2017	86,535	138,000	(51,465)	(187,979)

In 2012, the Board of Dietetics & Nutrition Practice will collect anticipated revenues in excess of anticipated expenditures. From 2013 through 2017, the Board of Dietetics & Nutrition Practice will not collect anticipated revenues sufficient to meet anticipated expenditures. In 2013, the Board of Dietetics & Nutrition Practice will rely on its accumulated balance in the special revenue fund to meet the shortfall. Moreover, the Board of Dietetics & Nutrition Practice anticipates that funds in the anticipated expenditures for 2013 will not be spent, and, therefore, these unspent funds will reduce expenditures and cancel back to the accumulated balance account of the special revenue fund.

In 2014 through 2017, the Board of Dietetics & Nutrition Practice may rely on the cancelled-back funds to meet the anticipated shortfalls. The Board of Dietetics & Nutrition Practice plans to re-evaluate fees during the FY 2015-16 budget. If the Board is unable to meet anticipated shortfalls after the cancelled-back funds and before any potential fee increase, the Board of Dietetics & Nutrition Practice may rely on other boards' accumulated funds to meet a short-term shortfall.

The Board of Dietetics & Nutrition Practice is in compliance with Minn. Stat. § 214.06.

Board of Psychology

	Anticipated revenues	Anticipated expenditures	Anticipated revenues less anticipated expenditures	Accumulated balance
2012	1,166,964	915,664	251,300	845,074
2013	1,144,275	1,265,633	(121,358)	723,715
2014	1,144,275	1,160,000	(15,725)	707,990
2015	1,162,750	1,160,000	2,750	710,740
2016	1,162,750	1,160,000	2,750	713,490
2017	1,162,750	1,160,000	2,750	716,240

In 2012, 2015, 2016, and 2017, the Board of Psychology will collect anticipated revenues in excess of anticipated expenditures. In 2013 and 2014, the Board of Psychology will not collect anticipated revenues sufficient to meet anticipated expenditures, however, the Board of Psychology will rely on its accumulated balance in the special revenue fund to meet the shortfall. The Board of Psychology will maintain a balance in its accumulated balance account of the special revenue fund that is less than one year's operating expenses.

The Board of Psychology is in compliance with Minn. Stat. § 214.06.

Board of Physical Therapy

	Anticipated revenues	Anticipated expenditures	Anticipated revenues less anticipated expenditures	Accumulated balance
2012	507,122	368,808	138,314	423,303
2013	500,050	537,164	(37,114)	386,187
2014	500,050	433,000	67,050	453,239
2015	482,550	433,000	49,550	502,789
2016	482,550	433,000	49,550	552,339
2017	482,550	433,000	49,550	601,889

In 2012, 2014, 2015, 2016, and 2017, the Board of Physical Therapy will collect anticipated revenues in excess of anticipated expenditures. In 2013, the Board of Physical Therapy will not collect anticipated revenues sufficient to meet its anticipated expenditures, however, the Board of Physical Therapy will rely on its accumulated balance in the special revenue fund to meet the shortfall. In 2012, 2014, 2015, 2016, and 2017, the Board of Physical Therapy will maintain a balance in its accumulated balance account greater than one year's operating expenses, but the excess over operating expenses will be used to offset other boards' anticipated losses and negative accumulated balances, as set forth below and above.

The Board of Physical Therapy is in compliance with Minn. Stat. § 214.06.

Board of Behavioral Health and Therapy

	Anticipated revenues	Anticipated expenditures	Anticipated revenues less anticipated expenditures	Accumulated balance
2012	1,028,036	392,688	635,349	332,293
2013	929,070	685,355	243,715	576,008
2014	787,585	551,000	236,585	812,593
2015	801,520	566,000	235,520	1,048,113
2016	796,645	566,000	230,645	1,278,758
2017	802,895	566,000	236,895	1,515,653

From 2012 through 2017, the Board of Behavioral Health and Therapy has collectively taken in anticipated revenues in excess of anticipated expenditures. In 2012 and 2013, the Board of Behavioral Health and Therapy will maintain a balance in its accumulated balance account less than one year's operating expenses. From 2014 through 2017, the Board of Behavioral Health and Therapy will maintain a balance in its accumulated balance account greater than one year's operating expenses, but the excess over operating expenses will be used to offset other boards' anticipated losses and negative accumulated balances, as set forth above.

The Board of Behavioral Health and Therapy is in compliance with Minn. Stat. 214.06.

IV. Conclusion

In conclusion, the Boards are in compliance with legislative mandates on fees. All fees collected are deposited into the state government special revenue fund. The Boards receive a direct appropriation from the state government special revenue fund to cover all expenses. The Boards do not receive any general funds. By law, the Boards are responsible for collecting sufficient revenue to cover all expenditures, and, as demonstrated above, the Boards are fulfilling that responsibility.