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mn.gov/boards/podiatric-medicine/

AT A GLANCE

FY17,

Credentialing Services

- 19 temporary permits issued
- 90 license renewals

Professional Development/Continuing Education

- 4,050 Continuing Medical Education (CME) hours reviewed
- Approved 7 CME Sponsorships
- Conducted 15 DPM Interviews
- Administered 15 Jurisprudence Exams

Complaint Review

- 2 Formal Actions

PURPOSE

The Minnesota Board of Podiatric Medicine was established in 1916. The Board mission is to protect the public by extending the privilege to practice to qualified doctors of podiatric medicine (DPM) and investigating complaints relating to their competency or behavior. In FY17 the Board received administrative responsibilities from the legislature for the same oversight of the following new licensee types - prosthetists, orthotists, pedorthists, prosthetist orthotists, assistants, and fitters. It required the Board to create an Orthotics, Pedorthics, and Prosthetics Advisory Council that met by November 1, 2016 with full licensure completed by January 1, 2018.

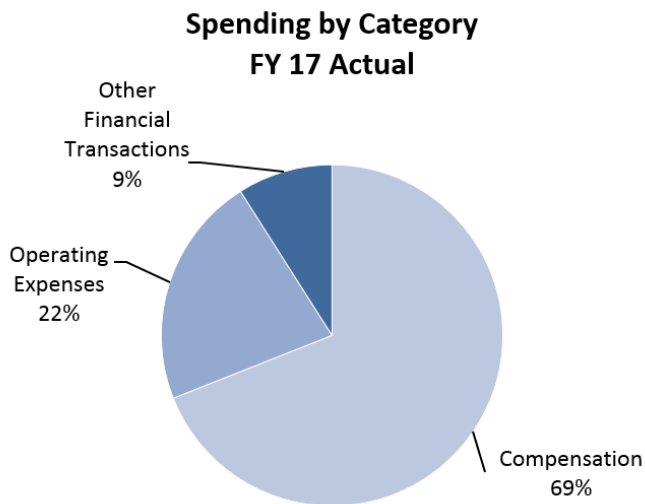
The Board accomplishes its mission by:

- Responding to public and agency inquiries, complaints and reports regarding licensure and conduct of applicants, permit holders, licensees and unlicensed practitioners;
- Reviewing allegations of statute and rule violations, holding disciplinary conferences with licensees, and taking formal action to suspend or revoke the licenses of DPM who fail to meet standards;
- Setting and administering educational requirements and examination standards for DPM licensure; and providing information and education about licensure requirements and standards of practice to the public and other interested audiences.

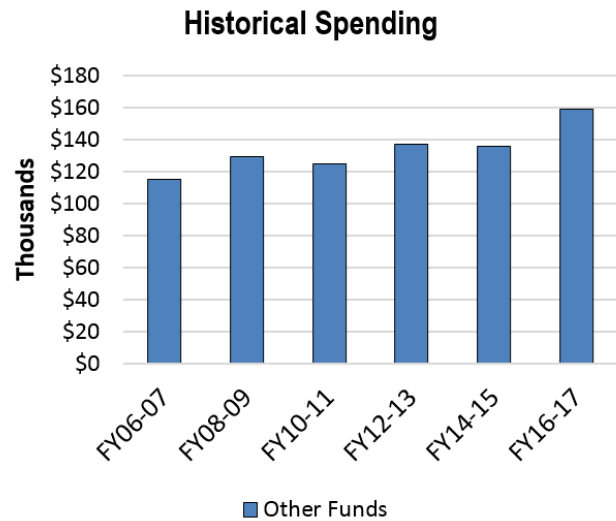
The Board of Podiatric Medicine contributes to the following statewide outcomes:

- A thriving economy that encourages business growth and employment opportunities
- Minnesotans have the education and skills needed to achieve their goals
- All Minnesotans have optimal health
- Strong and stable families and communities
- People in Minnesota are safe
- Efficient and accountable government services

BUDGET



Source: Budget Planning & Analysis System (BPAS)



Source: Consolidated Fund Statement

The Board is funded by licensure fees and receives no general fund dollars. Minnesota Statutes section 214.06, subdivision 1(a) compels the Board to collect fees in the amount sufficient to cover direct and indirect expenditures. Funds are deposited as non-dedicated revenue into the state government special revenue fund. From this fund, the Board receives a direct appropriation to pay for agency expenses such as salaries, rent, costs associated with disciplinary/contested cases and operating expenditures. It also pays statewide indirect costs through an open appropriation.

In addition to Board operations, licensure fees fund activities that support multiple boards and/or other agencies. Some of these are: the Administrative Services Unit (interboard), Health Professionals Services Program (interboard), Prescription Monitoring Program (Pharmacy Board), Office of the Attorney General for legal services, and the Criminal Background Check Program (interboard).

STRATEGIES

The Board of Podiatric Medicine is guided by these principles:

- Responsibility for public protection will be fulfilled with respect for due process and adherence to laws and rules;
- Customer services will be delivered in a respectful, responsive, timely, communicative, and nondiscriminatory manner;
- Government services will be accessible, purposeful, responsible, and secure; and
- Business functions will be delivered with efficiency, accountability, and a willingness to collaborate.

The Board's licensure strategies are accomplished through licensure of applicants who meet set standards of education, examination, supervised practice, continuing education, and ethical practice. The number of licensed DPMs in Minnesota has increased 9% over the past four years. This reflects the growing need for their services and the demand is expected to continue with an aging population.

The Board's Complaint Resolution Committee (CRC) is authorized by Minnesota Statutes, Chapter 214 to receive, investigate and resolve complaints regarding conduct or standard of care.

The Board's administrative strategies are advanced through responsive, efficient, and cost-effective services that include a commitment to technology upgrades, helping to achieve this goal. The new Automated Licensing

Information Management System (ALIMS), now offers online applications for the first time. Online renewals and verifications are now received in real time, creating significant efficiencies.

The Board is comprised of seven volunteer members appointed by the Governor - five DPM and two public members who receive a per diem and mileage reimbursement for meetings. The full Board meets quarterly and the Complaint Review Committee (CRC) more frequently.

RESULTS

<i>Type of Measure</i>	<i>Name of Measure</i>	<i>Previous</i>	<i>Current</i>	<i>Dates</i>
Quality	Number of licensees	227	247	2014 2017
Quality	Number of new license applications	10	15	2015 2017
Quantity/Quality	Percent and number of license verifications made online	95% 933	97% 957	2015 2017
Quantity	Number of complaints received/investigated	12	11	2015 2017
Quality	Licenses granted within 2 days upon receipt of all documentation	100%	100%	2015 2017

The statutory authority for the Minnesota Board of Podiatric Medicine is located in Chapter 153.01 – 153.26, 153B <https://www.revisor.mn.gov/statutes/?id=153.01>.

The rules are located in MN Rules Chapter 6900. <https://www.revisor.mn.gov/rules/?id=6900>.

Additional statutes pertaining to all health licensing boards are found in Chapters 13, 16, and 214.

(Dollars in Thousands)

	Actual FY16	Actual FY17	Actual FY18	Estimate FY19	Forecast Base		Governor's Recommendation	
					FY20	FY21	FY20	FY21

Expenditures by Fund

1201 - Health Related Boards	67	92	103	295	209	209	209	209
2000 - Restrict Misc Special Revenue			9	2	2	2	2	2
Total	67	92	113	297	211	211	211	211
Biennial Change				251		12		12
Biennial % Change				158		3		3
Governor's Change from Base								0
Governor's % Change from Base								0

Expenditures by Program

Podiatry Board	67	92	113	297	211	211	211	211
Total	67	92	113	297	211	211	211	211

Expenditures by Category

Compensation	59	64	62	154	129	134	129	134
Operating Expenses	8	20	50	140	82	77	82	77
Other Financial Transaction		8		3				
Total	67	92	113	297	211	211	211	211

Full-Time Equivalents

	0.45	0.56	0.52	1.12	1.12	1.12	1.12	1.12
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(Dollars in Thousands)

	Actual FY16	Actual FY17	Actual FY18	Estimate FY19	Forecast Base		Governor's Recommendation	
					FY20	FY21	FY20	FY21
1201 - Health Related Boards								
Balance Forward In		11		96				
Direct Appropriation	78	154	199	199	199	199	199	199
Open Appropriation					10	10	10	10
Cancellations		73						
Balance Forward Out	11		96					
Expenditures	67	92	103	295	209	209	209	209
Biennial Change in Expenditures				239		20		20
Biennial % Change in Expenditures				151		5		5
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents	0.45	0.56	0.52	1.12	1.12	1.12	1.12	1.12

2000 - Restrict Misc Special Revenue

Receipts			10	2	2	2	2	2
Balance Forward Out			0					
Expenditures			9	2	2	2	2	2
Biennial Change in Expenditures				11		(7)		(7)
Biennial % Change in Expenditures						(64)		(64)
Governor's Change from Base								0
Governor's % Change from Base								0

(Dollars in Thousands)

	FY19	FY20	FY21	Biennium 2020-21
Direct				
Fund: 1201 - Health Related Boards				
FY2019 Appropriations	199	199	199	398
Forecast Base	199	199	199	398
Total Governor's Recommendations	199	199	199	398
Open				
Fund: 1201 - Health Related Boards				
Base Adjustments				
Forecast Open Appropriation Adjustment		10	10	20
Forecast Base		10	10	20
Total Governor's Recommendations		10	10	20
Dedicated				
Fund: 2000 - Restrict Misc Special Revenue				
Planned Spending	2	2	2	4
Forecast Base	2	2	2	4
Total Governor's Recommendations	2	2	2	4
Revenue Change Summary				
Dedicated				
Fund: 2000 - Restrict Misc Special Revenue				
Forecast Revenues	2	2	2	4
Total Governor's Recommendations	2	2	2	4
Non-Dedicated				
Fund: 1201 - Health Related Boards				
Forecast Revenues	127	328	127	455
Total Governor's Recommendations	127	328	127	455